NHS
The Clatterbridge Cancer Centre
NHS Foundation Trust

Annual Report & Accounts

From 1st April 2017 to 31st March 2018

To provide the best cancer care to the people we serve

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Introduction

Message from the Chair and Chief Executive

Welcome to our annual report for the financial year 2017/18 and an opportunity to celebrate our achievements, activity and performance across The Clatterbridge Cancer Centre, and also importantly, share our vision and priorities.

It's been another busy and ambitious year for the Trust, as we continue with our drive to transform cancer care for all our patients across Cheshire and Merseyside.

Our focus and aspiration at The Clatterbridge Cancer Centre is to provide our patients with the highest quality care and treatment.

Once again, thanks to the efforts and hard work of our wonderful staff, the past year has seen huge progress in our ambitions as we push ourselves to achieve more in terms of our care and support for patients and their families, as well as driving forward research and education.

The 1st of July marked a milestone in our plans to transform cancer care in the region, with the bringing together of the treatment of people with blood cancers and solid tumours.

Haemato-oncology had previously been split between The Royal Liverpool University Hospital and Aintree University Hospital, with The Clatterbridge Cancer Centre providing services for all other types of cancer.

From 1st July the management of the Royal Liverpool University Hospital haemato-oncology service, and its 120 members of staff, transferred to The Clatterbridge Cancer Centre.

From now on patients will experience seamless access to the same services and levels of care no matter what type of cancer they have. This includes counselling, psychological and peer support, financial advice and therapies.

It also means more opportunity to make greater advances in research which will further improve specialist care for the regions cancer patients.

The last twelve months has also seen us start work on building our new cancer hospital in Liverpool.

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

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

The new hospital will be in addition to our existing hospitals in Wirral and Aintree, and our chemotherapy and outpatient services in other hospitals across the region.

We have worked closely with staff and patient representatives on the design of the new building and we are all very excited to now see our plans taking shape in what will be a landmark for the area.

Partnership working has always been integral to The Clatterbridge Cancer Centres' success and last year we were delighted to build further on our existing collaborations.

Working closely with our clinicians as well as commissioners and providers from across the region, we have continued to develop our innovative new care models to ensure we deliver the best possible outcomes for our patients now and into the future.

Our proposed new clinical model will reduce waiting times for first appointments and start of treatment and give all patients the same access to clinical trials and supportive services. In addition we will continue to take our exceptional care as close to patients' homes as possible.

Over the past twelve months the Trust has also lead the Cheshire & Merseyside Cancer Alliance; a transformation programme to develop and deliver a range of initiatives from prevention through to support for patients living with and beyond cancer across the region.

Working with clinical leaders and local partners, a core Alliance team has been established, hosted by the Trust, to drive this agenda forward and focus on delivering best practice and experience for patients.

Our on-going contribution to The Cheshire & Merseyside Cancer Alliance will strengthen our goal of delivering the highest quality care and treatment and ensure we continue to offer our patients personalised care with better cure rates and fewer side effects.

Quality is at the very heart of everything we do and we have remained one of the top performing foundation trusts in England.

We continue to receive positive feedback from patients about our service and standards of care, scoring better than most other trusts nationally in both the National Inpatient Survey and the patient Friends and Family Test.

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

Following Wendy William's decision to stand down as Chair with effect from 31st December 2017 the Trust appointed Vice Chairman Phil Edgington as Chair from January 1st 2018 following 3 years as a Non-Executive at Clatterbridge.
The Trust has also recently accepted the resignation of Chief Executive Andrew Cannell following 9 years as Chief Executive and 6 years as Financial Director before that.

Ann Farrar has been appointed as Interim Chief Executive from April 2018 until a substantive Chief Executive can be appointed in the coming months.

Ann brings with her a wealth of NHS leadership experience, which will be invaluable to us as we move forward on our journey.

On behalf of the Trust we would like to thank Andrew and Wendy for the significant work they have undertaken during their time at The Clatterbridge Cancer Centre. They have overseen an important period of change for the organisation as part of plans to transform cancer care in the region.

We would also like to thank our governors, volunteers and everyone else who is involved in providing care to our patients and making our trust an organisation of which we can all be rightly proud. Their passion and commitment has ensured we are able to provide the very best care for our patients both now and into the future.

Phil Edgington, Chair

Ann Farrar, Interim Chief Executive

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.

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 £133m 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 1st August 2006. It is the only NHS cancer centre in England dedicated solely to the provision of radiotherapy and chemotherapy to patients with cancer.

The Clatterbridge Cancer Centre's Wirral-based treatment centre houses the Delamere Day-Case Unit which offers specialist chemotherapy in comfortable treatment bays. It also operates specialist, weekly chemotherapy clinics in eight of the region's other hospitals, to ensure that patients are within just a few miles of world-class chemotherapy treatment. The Centre annually delivers 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 Trust is currently investing £158 million to build a new cancer centre in Liverpool. The Trust has a guaranteed maximum price (GMP) with Laing O'Rourke for the construction costs, but there is a risk that with the delay in completion of the new Royal Liverpool University Hospital (due to the insolvency of Carillion), further delays could have a financial impact on our project. The CCC project team continue to work with our contractors Laing O'Rourke to address any consequences of the delay to the new Royal.

The majority (89%) 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 2017/18 approximately 34% 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 2017/18 we agreed a block contract with our main commissioner for the entire year.
- Agreeing local tariffs with commissioners for 66% 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 2017/18 and the 2018/19 programme has been identified.

The Trusts risk and control framework is described within the Annual Governance Statement, see pages 86 –100.

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 34 indicators include:

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

Trust Board, Committees and Sub-Committees review in detail, aspects of performance within the scope of their terms of reference. Meeting reports are generated and presented at the forum into which each meeting reports; this is one method of escalating any issues, concerns and risks.

Quarterly Performance Reviews are held for each Directorate and major Corporate Service, with the Executive Team challenging each Senior Management Team on progress against Annual Business Plans and a range of performance measures, as well as reviewing risks and opportunities.

In 2017/18 the Trust embarked on a journey to develop real time, online dashboards to support the work of committees, the performance review process and senior teams' day to day management requirements.

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 £3.81m	Achieved actual surplus of £5.75m
• Earnings before Interest, Tax, Depreciation and Amortisation (EBITDA) of £11.60m	Achieved actual EBITDA of £13.65m
• I&E surplus margin of 3.7%	Achieved margin of 4.7%
• EBITDA margin of 10.1%	Margin of 9.6%
• 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 1

NHSI financial risk ratings 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.

Activity – Solid Tumour

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 2017/18 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 175 patients per annum and activity is quite volatile year on year. Radiotherapy underperformed during the year, due to a reduction in Prostate fractionation from 32 fractions per standard treatment to 20 fractions per standard treatment. The contract has been rebased in 2018/19 to reflect this reduction. The number of patients admitted to the hospital as in-patients increased slightly during the year. Although there are more patients being admitted, there has been a reduction in the length of stay.

Activity	2017/18 Actual	2017/18 Plan	% Variance	% Growth Forecast 2018/19
Chemotherapy attends	107,388	102,497	4.8%	5.0%
Radiotherapy attends	89,447	102,779	-13.0%	1.9%
Proton Therapy attends	1,168	1,066	9.5%	0%
Admitted patient care: spells	2,529	2,941	-14.0%	1.0%
Admitted patient care: day cases	1,277	846	51.0%	1.0%
Out-patient consultations	122,359	111,670	9.6%	1.0%

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 second year of its two 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 11% of income is derived from:

- Undertaking research & development
- Education and training
- Hosting non-clinical services, such as the Cancer Alliance. 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 – Haemato-Oncology

On 1 July 2017, the Trust took over the Haemato-Oncology service from the Royal Liverpool University Hospital. Activity for this new service was above plan (July 2017 to March 2018) and is shown in the table below:

Activity	2017/18 Actual	2017/18 Plan	% Variance	% Growth Forecast 2018/19
Chemotherapy attends	2,411	1,593	51.4%	5.0%
Bone Marrow Transplants	80	71	13.3%	10.5%
Admitted patient care: spells	337	261	29.1%	1.0%
Admitted patient care: day cases	3,120	2,836	10.0%	1.0%
Out-patient consultations	13,545	11,914	13.7%	1.0%

Investment Activity

The Trust invested £21.36 million in capital expenditure on buildings and replacement of capital equipment in 2017/18. The main schemes were:

- £19.05 million on Building for the Future.
- £ 0.97 million Electronic Patient Record (EPR) replacement system
- £ 0.38 million Immobilisation equipment
- £ 0.18 million Papillion equipment

The Trust is planning capital expenditure in 2018/19 of £83.3 million. The main schemes will include continued expenditure relating to Building for the future and the continuation of the on-going equipment enhancement and replacement programme. A total of £152.6 million of capital expenditure is planned over the next 5 years which will include building of the new cancer centre run by Clatterbridge Cancer Centre in the centre of Liverpool. Laing O'Rourke's work on the construction of the new cancer centre commenced in June 2017 following signature of the construction contract, and has continued to make good progress since then. The insolvency of Carillion, and subsequent impact on the handover of the new Royal Liverpool Hospital has delayed work on various connections from the new Royal to the new cancer centre, however the respective project teams have worked closely together to identify ways to resolve this. The project remains on track to hand over in the spring of 2020, with clinical services due to commence in the summer of the same year.

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 deliver a high quality of patient care to all our patients.

Subsidiaries

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

i. Putting patients first: improved patient experience through improved access to dispensing services.

ii. Drive efficiencies and strive to improve services: reduce patient waiting times and develop a more customer focussed service.

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

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

Clatterbridge PropCare Services Ltd was established in 2016 as a registered company and 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.

Charitable Funding

The Board of The Clatterbridge Cancer Centre are also the Corporate Trustee of The Clatterbridge Cancer Centre Charitable Funds. During 2017/18 £168k has been spent by the Charity in support of the Foundation Trust. The main areas of expenditure were:

- Improving patients welfare - £ 16k
- Improving staff welfare - £ 1k
- Research & Development - £151k

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 and
- The Clatterbridge Pharmacy Limited (a wholly owned subsidiary)
- Clatterbridge Prop Care 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	5.75
The Clatterbridge Cancer Charity	1.33
The Clatterbridge Pharmacy Limited	0.40
Clatterbridge PropCare Services Ltd	0.19
Total Group Surplus	**7.67**

Performance of our Key Clinical Services

Developing our Services

Chemotherapy Services

The Chemotherapy Services Directorate provides systemic anti-cancer therapy (SACT), supportive therapies and outpatient services for patients across Cheshire and Merseyside and the Isle of Man. The Directorate has close links with all external key providers, including within the Cancer Alliance (North West Coast Strategic Clinical Network), 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 7 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. Parenteral cancer treatment manufacturing and dispensing through Medicines and Healthcare Regulatory Authority (MHRA) licensed production facilities. Pharmacy dispensing provision, through the Clatterbridge Pharmacy Ltd.
- **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.

Developments in 2017/18

Our position
The prediction of 5% growth in chemotherapy year on year (based on attends for treatment) has been exceeded in 2017. The rationale for this can be explained by significant changes in the frequency and complexity of treatment regimens now available to patients.

In addition, NICE approval of different Immunotherapy Treatments have seen activity increase approximately 9% in 2017 with more than 50,000 treatments being given each year, either at CCC-Wirral or CCC satellite sites.

Further advances in immunotherapies will result in a significant rise in activity above the predicted 5% predicted chemotherapy growth. A recent review of activity indicates an additional 5% Immunotherapy growth across tumour groups (2018/19) and a further 2.5% IO growth on top of chemotherapy growth year on year. In addition the bisphosphonate service continues to grow to 90% uptake of eligible patients by November 2019.

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%.

Care for the future
From January 2018, chemotherapy nursing teams have been physically based at four sector hubs, whereas previously the teams started and ended theor working day at CCC-Wirral. This service improvement has allowed for longer treatment days at the hub sites (so that longer infusions can be delivered more locally) and a greater choice for patients in where they receive their treatment. This change will improve equity of access to research trials across the hub model. Pharmacy assistants are positioned at the hubs to support the nursing staff in organising treatments and minimise waste in dispensed medicines. Each hub also has a dedicated pharmacist who is responsible for:

- Prescribing-SACT & support medicines (side effects & dose intensity).
- Complex patient medicines reconciliation
- Expert medicines advice
- Prescription screening
- Training & education
- Medicines security
- Patient reviews
- Medication storage and minimising waste in dispensed medicines
- Shared care agreements

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.

The ‘Chemotherapy at Home’ project has been rolled out across the network. This service has received outstanding feedback from our patients and has received an international award for innovation. The service has recently expanded to include workplace treatments in response to patient feedback.

The Trust is the first service in the country to offer an adjuvant Bisphosphonate service to patients with breast cancer. This service was commended within the CQC

inspection, and won an international award for partnership working and innovation.

Connecting for the future
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 (traditional supported by local trusts via SLAs).This has improved patient waiting times at all treatment clinics.

Workforce for the future
Nurse Consultants and consultant pharmacist posts have been developed and successfully appointed to, in order to support the medical workforce gap.The increase in the number of Non-Medical Prescribers (NMP) 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. Over 33% of all SACT prescriptions is prescribed by an NMP.

Building for the future
The expansion of the OPD facility at CCC-Aintree has been completed. This will have a positive impact on OPD waiting times at the Aintree site and will improve team working within specific tumour specialities.

Similarly expansion of OPD facility at CCC Wirral (March 18 completion) will support a further 5 clinic rooms and provide much needed space for patient consultations, allowing consultants to form ‘tumour hubs’ for parallel clinics and supportive team networking.

Radiation Services

Radiation Services provide an external beam radiotherapy service, brachytherapy, Papillon, low energy proton service and imaging services for the Trust.

- **External beam radiotherapy** – provision to patients across Merseyside and Cheshire, Isle of Man and parts of North Wales. The service at CCC is one of the largest in England with over 90,000 attendances delivered annually. The service is provided from two locations; CCC Wirral which delivers the majority of treatment attendances and currently all planning attendances and CCC Aintree delivering external beam treatments and SRS services. From 2018/19 planning will also be delivered at CCC Aintree.

- **Brachytherapy –** provision to patients across Merseyside and Cheshire, Isle of Man and North Wales. The specialist skin brachytherapy service also takes referrals from across England as many other providers have little experience in this area. All brachytherapy services are provided from CCC Wirral.

- **Papillon Contact Radiotherapy –** provision to patients from across the UK. Papillon is only offered in 4 centres in England at present and as the most well established service CCC receives significant referrals from across the UK. Services are provided at CCC Wirral.

- **National Centre for Eye Proton Therapy** – provision of a low energy proton service to patients across the UK although 5-10% of referrals annually originate outside of the UK. Eye proton services are rare across the world and CCC treats circa 200 patients per year.

- **Imaging** - the Diagnostic Imaging Department provides a range of services, mostly for cancer patients across Merseyside and Cheshire although some services are provided on behalf of Wirral University Teaching Hospitals (Nuclear Medicine). All services are provided from CCC Wirral and include 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. From 2018/19 the Imaging Services will offer some CT from CCC Aintree.

Developments in 2017/18

- Appointment of 4 Consultant Radiographers in breast, prostate and palliative radiotherapy – supporting the medical workforce gap, developing the 4 tier model in Radiotherapy and raising the profile of CCC.

- Installation and commissioning of a Varian TrueBeam linear accelerator (Linac) as a replacement for one of the older linear accelerators at the Wirral site – continuing commitment to provide high quality technical radiotherapy.

- Standardisation within Radiotherapy with the move of planning from being split across three planning systems to using one only – this has improved efficiency (staff training) and safety.

- Move to paperless working in Radiotherapy from hardcopy scripts for the vast majority of external beam radiotherapy – improving efficiency and utilising technology.

- Development of ultrasound guided biopsy – increasing access to Clinical Trials.

- Commenced work to move towards ISAS accreditation.

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 patients to receive their specialist cancer treatment.

It comprises of a broad range of clinical and non-clinical services that collectively support each patient's journey:

- Three wards comprising of 74 beds, including a dedicated four bed Teenage and Young Adult (TYA) unit, and a two bedded step up area
- Patient hotline, assessment and admission service
- Nurse led intervention service (PICs & PORTs)
- Nurse led lymphedema service
- Advanced Nursing team (CNS & ANP) across all tumour groups
- Palliative Care team
- Allied health professionals, comprising of physiotherapy, occupational therapy, speech & language therapy, dietetics
- Associated health professionals in social work and additional needs
- Psychological support service
- Patient services, supporting front of house and other duties
- MacMillan advice and support service, including benefits advise

Developments in 2017/18

The service has responded to change in need across the Trust, making advancements in the following areas:

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 PICCs in 15/16 to 1300 PICCs 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.

Metastatic Spinal Cord Compression (MSCC) Service

A new service created in 2017 to provide a NICE compliant provision to manage patients within the footprint who have the clinical emergency of a MSCC. The launch of the pathway has brought together professionals across multiple Trusts to deliver rapid acute responses and treatment delivery.

Enhanced Supportive Care Programme

A new initiative, recognising the benefits that specialist palliative care can offer through cost effective, life-extending approaches to treatment of patients with incurable cancer. It is based on 6 key principles: early involvement in the treatment pathway, supportive care teams that work together, a more positive approach, cutting edge evidence based practice, technology to improve communication, best practice in chemotherapy.

Clinical Utilisation Review

Clinical Utilisation Review (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. The system captures real time delays, interruptions, gaps and barriers in and to patient care, supporting effective patient flow management, and providing evidence to support service redesign and efficiency savings.

Introduction of Therapies 6 Day Service
Physiotherapy, Occupational Therapy and Dietetics have introduced a 6 day service as part of the Keogh standards for providing a timely Multi-Disciplinary Team (MDT) review. One therapist from each team supported by a therapy assistant work every Saturday to facilitate discharge planning and improve workflow throughout the week, with the aim of contributing to reducing lengths of stay.

Innovation award, skin service
In 2017, the skin cancer team won the Nursing Times Award in Cancer Nursing for developing standardised management guidelines to help staff recognise and treat the immune-mediated side-effects of immunotherapy treatment, a relatively new treatment in mainstream cancer care, which can stabilise disease, and even achieve a complete response, in cancers traditionally classified as having a poor prognosis.

TYA service
The permanent implementation of a full time TYA Clinical Nurse Specialist, funded by Teenage Cancer Trust, has allowed early integration work of haemato-oncology and oncology in view of the future joined up model within a larger TYA unit in the new Liverpool build. This role ensures that 100% of all new TYA patients aged 16-24years treated by Clatterbridge have an allocated key CNS worker to support them at diagnosis, through treatment and beyond.

Haemato-Oncology Service

The regional Haemato-Oncology Service is renowned, with a strong reputation for innovative care of patients. It is the major tertiary referral centre and largest provider of specialist level 4 clinical Haemato-Oncology service for adults and teenage and young adults in Cheshire, Merseyside and the Isle of Man.

The service provides a wide range of Haemato-Oncology (HO) consultant-led care that can be broadly be split into four sub specialities:

- Myeloid (Leukaemia and MPN)
- Lymphoid (Lymphoma and Lymphoid conditions)
- Myeloma
- Stem Cell transplantation (Allogeneic and Autologous)

Research and development is a core function within the service and is focused upon development of novel therapies in innovative conditioning regimens & immunotherapeutic strategies within all specialities.

The service is hosted within the Royal Liverpool University Hospital with access to acute and emergency care including A&E and ITU services.

Developments in 2017/18

Haematology Inpatient Ward

The Inpatient Haematology service is a 19 bedded ward. These beds make provision for adult inpatients with a wide range of haematological illnesses, including acute and chronic leukaemias, lymphomas, multiple myeloma and currently clotting disorders.

An extensive range of treatments are provided including chemotherapy, blood product transfusions and intravenous antibiotics.

Bone Marrow Transplant (BMT) Unit

The Bone Marrow Transplant Unit is a Level 4 Regional Unit that offers transplants to patients from Cheshire, Merseyside, North Wales and the Isle of Man, with a catchment area of approx. 3.2 million. The Unit also accepts referrals from other regions and from overseas service users. This is a JACIE accredited centre that delivers both allogeneic and autologous stem cell transplants. This provision is for both malignant and non-malignant conditions as per NHSE guidelines.

This service has strong links with both the Liverpool Clinical Laboratories and the National Blood Transfusion Services in donor selection, processing and within the preparation and delivery of stem cells.

Teenage/Young Adult (TYA) Service

The Teenage and Young Adult (TYA) service provides inpatient and day-care treatment and care. Patients are referred from the local area or from further afield depending on their diagnosis. Teenagers often contract some of the rarest and/or most aggressive types of cancers, which are subsequently exacerbated by growth spurts. Types of cancers include acute lymphoblastic leukaemia, acute myeloid leukaemia, lymphoma, myeloma and stem cell transplants.

Haematology Day Ward (HDW)

The HDW Service supports patients undergoing treatment programmes and investigations for cancer, haematological conditions and pre and post-transplant treatment. Patients attend pre-booked appointments with up to 50-60 patients undergoing various treatments at any one time.

The service carries out a range of activities including administration of blood products, intravenous and intrathecal chemotherapy, provision of bone marrow aspirate clinic, venesections and care and maintenance of lines.

Outpatient Services

The Haemato-Oncology outpatient service provides both secondary and tertiary referral services across all specialities. The service is delivered by H-O multidisciplinary teams a wide of outpatient services and procedures. This includes; urgent 2-week wait referrals, surveillance, telephone consultations, long term follow and late effects.

Research and Innovation

The Research and Innovation (R&I) Directorate consists of the Research Management and Governance Team and the delivery staff comprising of Research Practitioners, Data Managers, Healthcare Assistants and Laboratory Technicians.

The Academic Oncology Unit also sits within R&I. The core functions of R&I include:

- Provision of safe and effective clinical trial delivery in line with legislation, policies and standard operating procedures.
- Robust research governance functions including study set-up, management and oversight.
- Support of Academic Oncology; to act as Sponsor for CCC-led studies and advance CCC-led research activity.
- Assure equitable patient access to research, irrespective of locality.
- Build and enhance CCC's reputation for research delivery, especially with big Pharma as a pipeline Trust enabling our patients to access novel agents and treatments.
- Develop research capacity, infrastructure and capability to support research across CCC.

Developments in 2017/18

The R&I Directorate supported the CCC gain of CRUK Experimental Cancer Medicine Centre (ECMC) status in partnership with the University of Liverpool. We have increased commercially funded studies year on year (from 15% of our portfolio in 2010-11 to over 50% to date) through close working and quality delivery. We have also increased expertise and capability in early phase trial delivery which accounts for over 40% of our trials portfolio to date (from 6% in 2010-11). The R&I Team have been at the forefront of supporting key strategic studies, upskilling staff to undertake First in Human, Phase I, Immunotherapy and First in Class Drug studies. There has been an increase in the number of studies for which CCC act as Sponsor with two large grants secured within the Hepatobilliary (led by Prof. Palmer with a grant of £4, 005, 017) and Head and Neck (led by Dr Sacco, grant of £981, 503) portfolios and a new Gynae study to open (led by Dr Lord grant worth £491, 365); all the studies are for patients with unmet needs in difficult disease areas. The CCC Biobank has grown the targeted sample collections and is releasing quality samples to support bench to bedside research.

The workforce is under continuous review and the team has flexed to support the research requirements across the whole portfolio. Work has been undertaken to map complex study needs to balance with recruitment target setting and the challenges faced in a changing research landscape. The teams both within R&I and in support departments continue to work together on all aspects of trial delivery.

There has been significant development of the CCC Edge platform. CCC is one of the first Trusts to use this system for reporting on trial recruitment. The system has been further developed within R&I to be used as the main research governance platform with bespoke reporting on all aspects of study management enabling streamlining of processes. As the system is web-based, this has aided the smooth

integration of the Haemato-oncology team into the CCC research governance processes. CCC Edge has also been modified to underpin all reporting requirements to support the ECMC and has been recognised by CRUK as a Liverpool positive.

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 2017/2018.

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 400 places (270 from CCC) on 29 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. This year a number of bespoke courses have also been developed and delivered at the request of teams/organisations for example Communication Skills for Care Navigators, Telephone communication skills for Triage Nurses and Issues in Cancer Care for Practice Nurses.

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 PEFs have also developed Preceptorship within the Trust and supported staff to achieve the Care Certificate.

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

- Varian Advanced Imaging Clinical School (IGRT/Motion Management): run for visiting delegates from all around the world, on behalf of Varian Medical Systems. The courses 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 main site 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. Core Medical Trainees and G.P. Trainees also rotate through the service. A bespoke programme of oncology topics are delivered to Foundation, CMT and GP trainees in two one hour teaching sessions per week during the 4 or 6 months they are on placement at CCC.

- The Trust delivers an oncology programme for 4th year undergraduate medical students studying at the University of Liverpool. This consists of one-week oncology module, run by CCC and delivered at the centre and at our peripheral clinics held in partner acute hospitals in Merseyside and Cheshire. Students from other years are encouraged to undertake a clinical attachment within CCC on an elective basis.

- The Trust runs an annual Final FRCR Part 2B Mock Exam in Clinical Oncology for trainee Doctors from the UK and around the world – the 2018 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.

The main focus for 2017/18 has been the formation of a wholly owned subsidiary company to manage the trust estate.

This new company (PropCare) will provide more focus on the delivery of the new Cancer Centre in Liverpool, and maintenance and management of facilities management (FM) services at the Clatterbridge and Aintree sites.

New Cancer Centre Liverpool

The new centre that is under construction in Liverpool is subject to a British research establishment environmental assessment (BREEAM), and ultimate accreditation.

The building is assessed at various stages through design and construction. Currently at the end of stage 3 design, the building is achieving a targeted rating of "Excellent".

It is expected that this rating will be achieved throughout construction, allowing Propcare to deliver a facility that will achieve a high level of energy efficiency and, through engagement with our delivery partners, will deliver cost effective and sustainable FM services.

Clatterbridge Site

We continue to work with our service providers at Wirral University Teaching Hospital (WUTH), to deliver more efficient services to the Trust. Working closer has enabled us to deliver not only a reduction in cost, but reduce wastage on a number of services.

- Waste; closer monitoring, and segregation of waste has allowed the trust to reduce the amount of high cost waste that is incinerated. During 2018/19 this will be quantified in more detail.

- Catering; working closely with the ward clinical staff, has seen a reduction in number of meals ordered, and ultimately wasted.

- Laundry and linen; the Trust now procures staff uniforms directly and, as a consequence of that, there has been a reduction in the linen service.

- Transport; changes to the Peripheral clinic Chemotherapy service meant the trust needed to provide a different transport model for the drug deliveries. Initial outsourcing costs were prohibitive. Propcare negotiated a change of service with WUTH, which has delivered a far more efficient and cost effective solution to the clinical service changes.

Food and Drink Strategy

PropCare have been working closely with the Trust's dietetic and clinical leads to lead on the development of the Trust's food and drink strategy.

Having an agreed strategy should allow for a more focused service and deliver efficiencies in current food wastage.

The strategy was presented to the Trust's executive team and Board for approval in April 2018.

Health and Wellbeing

The Trust is dedicated to improving the quality of working life for all staff and recognises the importance of investing in health and wellbeing and the positive impact that a healthy workforce has on patient care. The Trust's Health and Wellbeing Taskforce, which includes representation from Executive Directors and

Trade Unions, continues to meet on a regular basis and has maintained membership from across the Trust demonstrating the importance placed on health and wellbeing in the workplace.

Focussing on the 5 Pillar Action Plan (highlighted by positive outcomes to date below) the Trust engages with and encourages staff to be more aware of their own wellbeing.

Positive outcomes 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. • Following a review of counselling services the Trust introduced an on-site employee counsellor one day per week from June 2017. The service has successfully supported staff to overcome personal and work related stress. Recently the service was increased to provide an additional day's support per week to ensure staff are seen as timely as possible. • The Trust has invested in coaching training for line managers which includes sessions on resilience. • Two members of staff have attended the 7 day Mental Health First Aid (MHFA) instructors programme with Mental Health First Aid England. The Trust plans to train appropriate staff to become MHFA's and introduce MHFA awareness training throughout the Trust.
Physical Health
• The Trust continues to promote the Cycle to Work scheme 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 May to August 2017 for the second time. This involved 17 teams, a total of 119 employees who delivered a total combination of 29,769.064 steps; this equates to walking around the world 0.50 times. 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. Staff maintain meeting weekly running and walking groups.
Healthy Eating
• The Trust continues to promote healthy eating options and weight management through regular campaigns, linked to the Health and Wellbeing Calendar. • The Royal Voluntary Services café and shop which provides sustenance for both patients, visitors and staff have changed their promotions by stocking more fruit and healthy snack options • The fresh fruit and vegetable stall which is on site every Tuesday and Friday continues to be popular with patients, visitors and staff.

Environment
• The drive towards a ‘paperless’ organisation where possible, promoted via intranet campaigns to encourage staff to declutter their workstations and work areas.
Lifestyle choices
• The Smoking Cessation Group maintains a positive and pro-active agenda through working closely with Public Health Wirral providing awareness training for staff in how to support patients who wish to give up smoking. The revised and updated Smoking Cessation Policy was published in February 2018. • The Trust’s subsidiary company, PharmaC, offers advice and support to patients and staff to support quitting smoking through effective interventions.

Flu Vaccination
Following a successful flu vaccination campaign for front line staff we achieved a vaccination rate of 75.03% against a target of 75%.

Ann Farrar
Interim Chief Executive (in the capacity as accounting officer)

Date 23rd May 2018

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 April 2018, considers all Non-Executive Directors to be independent.

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

During the course of the year there have been significant changes to the Board of Directors, which are reflected in this report. This includes acting up arrangements to cover the absence of substantive Executive Directors.

Philip Edgington – Chair from 1st January 2018, prior to that Vice Chair / Non-Executive Director

Appointed by the Council of Governors (2nd term of office, 3 years) until July 2020

Phil has over 20 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.

One of Phil's last executive roles was CEO of Community Integrated Care (CIC) a large not-for-profit provider of health and social care services. He has also held a number of Non-Executive Director roles both in the UK and New Zealand and until March 2018 was on the board of Your Housing Group.

Alison Hastings – Non-Executive Director / Senior Independent Director

Appointed by the Council of Governors (3rd term of office, 2 years reviewed after 1) until December 2019 (appointment extended to provide leadership stability through a period of significant change)

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, a specialist partner at Alder Media, and Non-Executive Director at media company Archant.

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.

David Teale – Non Executive Director

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

David joined the Trust Board in February 2017 and now chairs our Finance and Business Development Committee. David has significant experience of leading transformational change having worked at Board level with the Manchester Airports Group, and has Chaired facilities management companies and housing associations. He has also worked with the NHS as a Non- Executive Director in the NHS Business Services Authority.

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.

Debbie Francis – Non Executive Director

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

Debbie has is a qualified accountant with 20 years' experience in senior management, executive and board roles and has operated both in the UK and overseas. She is currently Managing Director for Direct Rail Services Limited which is a rail freight operator owned by the Nuclear Decommissioning Authority (NDA) as a consequence of its core activities related to the transportation of nuclear waste.

Prior to this Debbie held a number of Finance Director roles that regularly incorporated commercial within their remit.

Debbie has held a number of past non-executive director and governor roles in relation to schools and is currently Chair of the Cumbria Education Trust.

Andrew Cannell – Chief Executive (until 4th March 2018)

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 Operations and Transformation, Acting Chief Executive from 5th March – 2nd April 2018, Deputy Chief Executive / Director of Operations and Transformation from 3rd April 2018

Barney Schofield joined CCC in November 2015. His responsibilities include executive oversight of the delivery of the organisation's clinical services and also 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.

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 (until 28th February 2018)

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.

Kate Greaves – Acting Director of Nursing & Quality (29th February – 31st March 2018)

Kate Greaves RGN, has a background in cancer nursing and management spanning over 33 years. Kate has extensive experience of both radiotherapy and chemotherapy and has held various positions within the Trust, most recently as Associate Director of Quality, as well as management roles in clinical practice development and service improvement, and the strategic development of clinical governance, clinical effectiveness, and clinical and business intelligence services.

Kate's career encompasses recognised and published experience in oncology research, affiliated with University of Liverpool. She is an invited lecturer at the University of Liverpool and a graduate from Salford University, with a Master's degree with distinction in Leadership and Management in Healthcare Practice. Kate has promoted the growth and evolution of the cancer care and research agenda on both national and international platforms.

Peter Kirkbride – Medical Director (until 30th September 2017)

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).

Ernie Marshall – Acting Medical Director (1st October 2017 until 30th November 2017)

Ernie trained in Medical Oncology in Manchester and was appointed as Macmillan Consultant in Medical Oncology at Clatterbridge Cancer Centre in 1997. He has specialist interest in Melanoma, Lung Cancer and Acute Oncology and was the Merseyside and Cheshire Clinical Lead for Cancer Research prior to taking up Clinical Director of Chemotherapy Services in 2014. He is a North of England representative on NHS England Chemotherapy Clinical Reference Group and Chairs the national Acute Oncology Expert review Group. He is also a Consultant advisor to macmillan and currently acting as Deputy Medical Director at Clatterbridge.

Sheena Khanduri – Medical Director (from 1st December 2017)

Sheena trained in Clinical Oncology at West Midlands and Yorkshire Deaneries and was appointed Consultant at Shrewsbury and Telford Hospitals NHS Trust in 2007. During that time Sheena worked as radiotherapy then department lead and served on

the Heads of Service Committee for the Royal College of Radiologists (RCR). In 2016 Sheena was appointed as Lead Clinician for Cancer Services and became Medical Director at The Clatterbridge Cancer Centre in December 2017. Sheena is an elected member on the Board of Faculty, RCR and Joint Collegiate Council for Oncology.

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 extensive experience leading on large scale capital projects involving multiple stakeholders across sectors. She also has significant experience and expertise in business development including the creation and successful implementation of new companies and partnerships. Yvonne also holds a number of Non-Executive Director roles.

John Andrews – Acting Director of Finance (from 5th March 2018)

John has worked within the Trust's Finance department at a senior level since 1996. He is an IPFA qualified accountant who has spent his entire career to date in the NHS. His substantive role is as Deputy Director of Finance, but he has covered the role of acting Director of Finance from 5th March. He is also an Executive Director of the Clatterbridge Pharmacy Ltd.

Heather Bebbington – Director of Workforce & Organisational Development (Executive from 5th March 2018)

Heather has worked as the Director of Workforce & Organisational Development at the Clatterbridge Cancer Centre for 5 years and has worked for 10 years at a senior level within the NHS, commencing her career in NHS Wales in 2002. The majority of her career has been as a HR generalist providing expert advice on employee relations, employment law and workforce policy implementation.

More recently, Heather completed a Master's degree in Executive Coaching at Leeds Beckett University and is a member of the NHS Leadership Academy's coaching register.

Heather's primary focus at the Clatterbridge Cancer Centre is to ensure the effective transformation and transition of the workforce as part of the Transforming Cancer Care programme. Heather heads up the workforce work-stream that will enable delivery of this challenging change programme over the next 2 to 3 years.

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, Head of Corporate Governance, on 0151 556 5331 to request a copy.

The Chair has the following significant commitments:

- Employment:
  - Self Employed Consultancy / Executive Mentoring

- Directorships:
  - Non-Executive Director of Your Housing Group (and subsidiary companies)

- Position in Charity or Voluntary Organisation:
  - Trustee of Lindow Ministry Trust

NHS Improvement's Well-led Framework

In June 2017 NHS Improvement revised the Well-led framework which encompasses the developmental reviews of leadership and governance. The Well-led framework is structured around eight key lines of enquiry (KLOEs) which are shared with the Care Quality Commission (CQC):

1. Is there the leadership capacity and capability to deliver high quality, sustainable care?
2. Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?
3. Is there a culture of high quality, sustainable care?
4. Are there clear responsibilities, roles and systems of accountability to support good governance and management?
5. Are there clear and effective processes for managing risks, issues and performance?
6. Is appropriate and accurate information being effectively processed, challenged and acted on?
7. Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?
8. Are there robust systems and processes for learning, continuous improvement and innovation?

A Well-led review process against the above KLOEs will be completed during 2018/19. In preparation of this review an action plan has been developed to address each element of the criteria and the Trust Board also will complete a self-assessment which outlines prioritisation of findings and escalation of concerns, informed by the good practice examples in the framework.

Performance against key healthcare targets 2017/18

18 weeks performance

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

Performance against these key targets is as follows:

- **96.93%** of RTT admitted patients were seen within 18 weeks from the initial GP referral to treatment (target threshold 90%).
- **97.62%** of RTT non admitted patients were seen within 18 weeks from initial GP referral to treatment (target threshold 95%).
- Number of incomplete pathways was 96.33% against a target of 92%.

Cancer Waiting Times Performance

The Trust has exceeded all but two of the Cancer Waiting Time targets for 2017/18:

- **79%** 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).
- **93.3%** of screening patients (post allocation) were treated within 62 days from the date of recall against a target of 90%.
- **97.18%** of patients were treated within 31 days from the time of decision to treat for first treatments (target 96%).
- **98.7%** of patients were treated within 31 days from the time of decision to treat for chemotherapy subsequent treatments (target 98%).
- **98.28%** of patients were treated within 31 days from the time of decision to treat for radiotherapy subsequent treatments (target 94%).

Additional Quality Indicators:

- 0 patients 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 6 cases of Clostridium Difficile attributed to CCC, against a target of no more than 5. To date, 5 cases have been reviewed by Commissioners and agreed that there has been no lapse in care. 1 case has not yet been reviewed.

Patient Led Assessment of the Care Environment (PLACE)

Our annual PLACE (Patient Led Assessment of the Care Environment) is scheduled to be undertaken on 29th May 2018. The actions from this assessment will be regularly reviewed throughout the year to ensure we continue to improve our patient experience.

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 formal assessment was 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 31st July 2016.

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 this in 2018.

Progress towards targets as agreed with local commissioners

The Clatterbridge Cancer Centre NHS Foundation Trust income (2017/18) was conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

New or significantly revised services

The Trust has implemented significant changes to its service portfolio in 2017/18. On 1st July 2017 the formal management transfer of the regional Haemato-Oncology service transferred from the Royal Liverpool and Broadgreen NHS Trust to CCC. A significant programme of integration is well underway, ahead of a full physical integration of Haemato-Oncology into the new CCC-Liverpool in 2020.

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. CCC has moved to implement some short term changes to the delivery of consultant clinics in Southport, Chester and Warrington to sustain patient access to services and ensure prompt access to a consultant first appointment. Longer term changes to the way CCC delivers care will be the subject of further formal engagement across Cheshire and Merseyside in 2018/19.

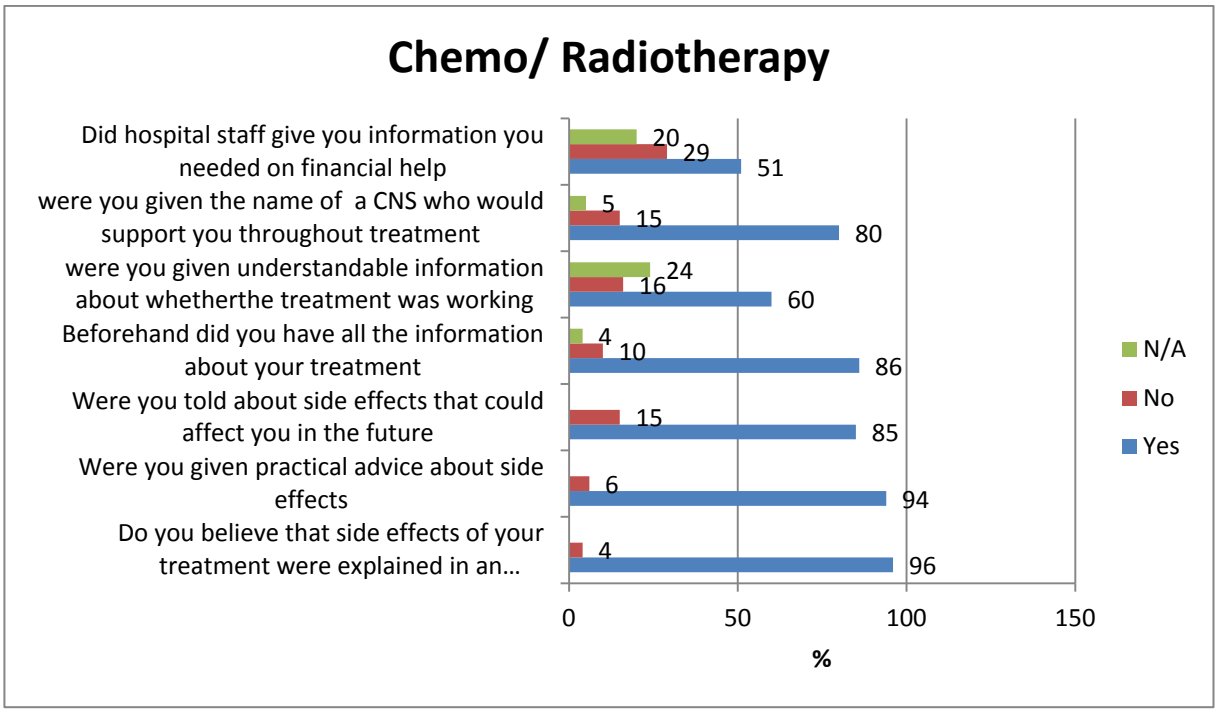
Improvements following Patient Surveys and Care Quality Commission Reports

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:

- The continued implementation of project on Patient and Family Centred Care on the wards
- Expansion of outpatient clinic at CCC

We undertake regular internal patient surveys based on the CQC methodology to ensure our real time survey mirrors the yearly report.

The results of The National Cancer Patient survey were received in August 2017. An action plan was identified and two further local surveys were undertaken, one in chemotherapy and one in radiotherapy, please see results below:



Improvements in Patient and Carer Information

Throughout 2017/18 we have continued the programme of on-going improvement of the information provided to our patients and carers.

Following the Gaps analysis conducted by NHS England Information Standard assessor in May 2017, we have maintained our accreditation 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 (26 in 2017/18). 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 26

Subject matter of complaint:

- Treatment and Care 16
- Communication 1
- Staff Attitude 3
- Access to treatment 1
- Administration 2
- Other 1
- Delays/waiting times 2

Stakeholder Relations

Partnerships and Alliances

Building for the Future – Our New Cancer Care

A contract was signed with Laing O'Rourke in June of last year and since then construction of our new Cancer Centre has made excellent progress.

The lift and stair cores for the new hospital have been completed and these give a good illustration of the height of the building. Work is currently underway to complete the superstructure and once this is place the building will be clad.

A 'topping out' ceremony will be held in early 2019; this traditionally marks the point when the roof of a new building is complete and is a tradition in the construction industry.

The recent delay to the handover of the new Royal does affect some of the works to the Cancer Centre. The respective project teams from both Trusts are currently working hard to understand the full impact of the delay and to ensure that plans are in place to manage the consequences of this for the Cancer Centre project.

The building is currently on programme to be handed over to the Trust in the spring of 2020 and clinical services will begin around 3 months after building handover.

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 general pharmacy and specialist cancer dispensing services. Since being established the company has gone on to provide drug top up services at a number of Trust locations, to support the delivery of Chemotherapy at home, and to provide a full drug procurement service for the Trust. 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

The Trust has established a wholly owned subsidiary, Clatterbridge PropCare Services Ltd (PropCare) which has responsibility for the management of the Trust's existing sites at Clatterbridge and at Aintree. PropCare took over responsibility for the existing estate in May of 2017, and entered into contract with Laing O'Rourke for the delivery of the cancer centre in Liverpool in June of the same year.

PropCare has been set up to provide a dedicated focus on the management of the estate and facilities, allowing the Trust to concentrate on the delivery of clinical services. In the longer term it is also intended to bring in additional income for the Trust by providing work to other organisations.

The Clatterbridge Cancer Charity

The Clatterbridge Cancer Charity has continued to grow income raising another record figure of £2,643,645 in 2017/18, representing a 21% increase on the previous year. It's thanks to the dedication of supporters that we are able to support innovations in treatment and improve facilities and experience for our patients. It remains the only dedicated charity for The Clatterbridge Cancer Centre, helping to transform cancer care for a population of 2.3m people.

The Charity remains focused on supporting the building of a brand new 11 storey specialist cancer hospital in Liverpool whilst also funding some of the ongoing special touches that make a real difference to patients right now, such as complementary therapies, counselling services, free wigs and social activities for our young adult and teenage patients.

In addition, the Charity has been pivotal in the delivery of pioneering services such as cancer care at home which has transformed treatment for so many of our patients, alongside innovative research projects helping people to live longer.

We are incredibly grateful to our loyal supporters who help make these things possible by giving their time, money or services to the Charity year on year.

Further information about our charity, including a list of what has been made possible at Clatterbridge, can be found at **www.clatterbridgecc.org.uk**

Cheshire and Merseyside Cancer Alliance

The Trust hosts the core team of the Cheshire and Merseyside Cancer Alliance which was established in 2016 to lead the delivery of the national cancer strategy, *Achieving World Class Cancer Outcomes: A strategy for England 2015 – 2020*. The Cancer Alliance covers a population of 2.4m and is the cancer delivery arm of the Cheshire and Merseyside Health and Care Partnership. The aim of the Cancer Alliance is to radically improve cancer outcomes and to ensure that patients can benefit from high quality modern services. There are six major themes within the Cancer Alliance programme around how this will be achieved, spanning all partners involved in delivering cancer services locally. These are prevention and public health, early and earlier diagnosis, improving patient experience, support to patients living with and beyond cancer, high quality modern services and new approaches to the commissioning and provision of services.

In 2017, the Cancer Alliance was successful in receiving substantial early phase national cancer transformation funding to support initiatives across early diagnosis and for patients living with and beyond cancer. Working with established clinical leadership forums and local partners, a core Alliance team, based at the Trust has been established to drive this agenda and focus on delivering best practice, value and experience for patients.

Maggie's Centre

The Trust has a close partnership with Maggie's and patients have access to a Maggie's Centre at CCC-Wirral, enabling patients to benefit from a range of practical, emotional and social support.

Macmillan Cancer Support

The Trust works in close partnership with Macmillan cancer support to the benefit of patients, this arrangement covers cancer information resources, benefits advice, several specialist clinical posts and the delivery of the Living With and Beyond Cancer Programme.

Patient and Public Involvement Activity

During 2017/18 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 April and October. 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.
    - Mock CQC inspections

Since 2007 the Trust has given every patient completing a course of treatment at the centre a patient experience feedback from 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.

Feedback from the Friends and Family Test for in patients continues to be very positive with 99.4% 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 96.5% 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:

- Wig service to be assessed and monitored by Chemotherapy Matrons
- Visiting times
- Extension of OPD clinics

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 NHS 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 three occasions during 2017/18.

Attendance at Remuneration Committee Meetings

Name	Meetings Held	Meetings Attended
Wendy Williams*	2	1 of 2
Alison Hastings	3	2
Gil Black	3	3
Phil Edgington◊	3	3
Mark Baker	3	3
David Teale	3	3
Debbie Francis	2	0

* Chair until 31st December 2017
◊ Chair with effect from 1st January 2018

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

Salary and Allowances (subject to audit)

	2017/18						2016/17					
Name and title	**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**	**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**
Executive Directors												
A Cannell - Chief Executive	**145-150**				**80-82.5**	**230-235**	**140-145**	**0**	**0**	**0**	**0-2.5**	**140-145**
Y Bottomley - Deputy Chief Executive/Director of Finance	**125-130**				**40-42.5**	**165-170**	**120-125**	**0**	**0**	**0**	**22.5-25**	**140-145**
H Porter - Director of Nursing & Quality	**100-105**				**52.5-55**	**155-160**	**105-110**	**0**	**0**	**0**	**0-2.5**	**105-110**
P.Kirkbride - Medical Director *	**55-60**				**0-2.5**	**55-60**	**180-185**	**0**	**0**	**0**	**0-2.5**	**180-185**
B.Schofield - Director of Transformation & Innovation	**105-110**				**27.5-30**	**135-140**	**105-110**	**0**	**0**	**0**	**47.5-50**	**150-155**
J.Spencer - Acting Director of Operations & Transformation	**5-10**				**45-47.5**	**55-60**						
S.Khanduri- Medical Director **	**55-60**				**22.5-25**	**80-85**						
K.Greaves - Acting Director of Nursing & Quality	**5-10**				**42.5-45**	**50-55**						
+ E.Marshall - Interim Medical Director ***	**30-35**				**85-87.50**	**115-120**						
+ J.Andrews - Acting Director of Finance	**5-10**				**22.5-25**	**30-35**						
Non Executive Directors												
W Williams - Chair	**30-35**					**30-35**	**40-45**	**0**	**0**	**0**	**0**	**40-45**
P Edgington - Non Executive Director	**20-25**					**20-25**	**10-15**	**0**	**0**	**0**	**0**	**10-15**
G. Black - Non Executive Director	**15-20**					**15-20**	**15-20**	**0**	**0**	**0**	**0**	**15-20**
A.Hastings - Non Executive Director	**10-15**					**10-15**	**10-15**	**0**	**0**	**0**	**0**	**10-15**
J Burns - Non Executive Director	**0**					**0**	**10-15**	**0**	**0**	**0**	**0**	**10-15**
J Kingsland - Non Executive Director	**0**					**0**	**5-10**	**0**	**0**	**0**	**0**	**5-10**
D Teale - Non Executive Director	**10-15**					**10-15**	**0-5**	**0**	**0**	**0**	**0**	**0-5**
M Baker - Non Executive Director	**10-15**					**10-15**	**5-10**	**0**	**0**	**0**	**0**	**5-10**
D Francis - Non Executive Director	**5-10**					**5-10**						
Banded remuneration of the highest paid director and the ratio between this and the median remuneration of the Trusts staff												
Band of the Highest Paid Directors Total						**145-150**	**180-185**					
Median Total Remuneration						**29,517**	**27,478**					
Ratio						**5.08**	**6.75**					

* The medical director salary includes £46k that relates to their clinical role within the Trust.
** The medical director salary includes £42k that relates to their clinical role within the Trust.
*** The medical director salary includes £27k 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.

\+ At the time of reporting NHS Business Services Authority have been unable to provide pension information for these employees.

During 2016/17 the Remuneration Committee awarded a pay uplift to its Executive Team in line with the three point incremental salary scale, introduced in 2015/16.This enables the Trust to retain a workforce which demonstrates commitment and leadership to enable the organisation to remain first class, whilst offering flexibility in the appointment of new Directors, depending on experience.

The Remuneration Committee met in 2017/18 and awarded a pay uplift to the Director of Operations & Transformation in line with the above policy. No other pay uplifts were awarded.

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 2017/18 the highest paid Director was in the banding £145k-£150k (2016/17 £180k-185k). This was 5.08 times (2016/17 6.75 times) the median remuneration of the workforce.

The aggregate amount of remuneration and other benefits received by Directors during the financial year was £784,278 (2016/17 £772,022).There is no performance related pay or bonuses paid to Directors.

Employer contributions to a pension scheme in respect of Directors was £82,931 (2016-17 £90,406).

Pension Entitlements (subject to audit)

Name and title	Real increase in pension at at pension age (bands of £2,500) £000	Real increase in pension lump sum at pension age (bands of £2,500) £000	Total accrued pension at pension age at 31 march 2018 (bands of £5,000) £000	Lump sum at pension age related to accrued pension at 31 March 2018 (bands of £5,000) £000	Cash Equivalent Transfer Value at 31 March 2018 £000	Cash Equivalent Transfer Value at 31 March 2017 £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	2.5-5	10-12.5	60-65	185-190	1,292	1,137	134	0
Y Bottomley - Deputy Chief Executive /Director of Finance	2.5-5	0	15-20	0	229	184	40	0
H Porter - Director of Nursing & Quality	2.5-5	7.5-10	45-50	140-145	1,006	886	102	0
P Kirkbride - Medical Director	0-2.5	0-2.5	50-55	170-175	0	1,317	0	0
B.Schofield - Director of Transformation & Innovation	0-2.5	0-2.5	30-35	75-80	463	407	51	0
J.Spencer - Acting Director of Operations & Transformation	0-2.5	0-2.5	30-35	80-85	544	489	4	0
S.Khanduri - Medical Director	0-2.5	0-2.5	25-30	60-65	391	371	5	0
K.Greaves - Acting Director of Nursing & Quality	0-2.5	0-2.5	20-25	65-70	451	398	4	0
E.Marshall - Interim Medical Director	0-2.5	0-2.5	50-55	160-165	1,119	995	19	0
J.Andrews - Acting Director of Finance	0-2.5	0-2.5	25-30	65-70	459	429	2	0

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

Cash Equivalent Transfer Values

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

Off Payroll Engagements

For all off-payroll engagements as of 31 March 2018, for more than £245 per day and that last longer than six months	
Number of existing engagements as of 31 March 2018, of which …	0
Number that have existed for less than one year at time of reporting	1
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 2018, for more than £245 per day and that last for longer than six months	
Number of new engagements, or those that that reached six months in duration between 1 April 2017 and 31 March 2018.	0
Number of the above which include contractual clauses giving the Trust the right to request assurance in relation to income tax and national insurance obligations	0
Number for whom assurance has been requested of which,	0
Number for whom assurance has been requested and received.	0
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

Staff Exit Packages (subject to audit)

Exit package cost band	Number of compulsory redundancies	Cost of compulsory redundancies £000s
£50,000 - £100,000	1	47
£100,000 - £150,000	3	234
Total	**4**	**281**

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

Director Expenses

Expenses	2017-18 £00s	2016-17 £00s
Total number of directors in office	17	14
Number of directors receiving expenses	11	8
Aggregate sum of expenses paid to Directors	**158**	**82**

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 to voting the Board since 1st April 2017:

a) A. Cannell resigned as Chief Executive from the board on 05.03.18
b) B. Schofield was appointed Acting Chief Executive from 06.03.18
c) Y. Bottomley as Director of Finance/Deputy Chief Executive was suspended from the board on 28.02.18
d) J. Andrews was appointed Acting Director of Finance from 01.03.18
e) H. Porter left the board as Director of Nursing & Quality on 28.02.18
f) K. Greaves was appointed Acting Director of Nursing & Quality from 01.03.18
g) P. Kirkbride left the board as Medical Director on 30.09.17
h) E. Marshall was appointed interim Medical Director from 01.10.17 to 30.11.17
i) S. Khanduri was appointed Medical Director from 01.12.17
j) J. Spencer was appointed Acting Director of Operations and Transformation from 01.03.18
k) W. Williams resigned from the Board as Chair on 31.12.17
l) P. Edgington was appointed Chair from 01.01.18
m) D. Francis was appointed Non Executive Director from 01.08.17

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

During 2017/18, 4 governors claimed expenses totalling £544.04 and all expenses claimed were in line with the Trust

Ann Farrar
Interim Chief Executive (in the capacity as accounting officer)

Date 23rd May 2018

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

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

Group				
	2017/18		2016/17	
	Permanent	Other	Permanent	Other
	£'000	£'000	£'000	£'000
Salaries and wages	40,692	2,050	33,074	1,702
Social security Costs	3,900		3,371	
Employer contributions	4,720		4,060	
Pension costs - other	56		9	
Agency and contract staff		651		2,044
NHS Charitable funds staff	497		415	
Employee benefit expense	49,865	2,701	40,929	3,746

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

Staff Group	Permanent Contract (Average FTE)	Other Contract (Average FTE)	Average FTE 2017/2018
Additional Professional Scientific and Technical	55	2	57
Additional Clinical Services	109	9	118
Administration and Clerical	360	42	402
Allied Health Professionals	160	2	162
Estates and Ancillary	2		2
Healthcare Scientists	28	2	30
Medical and Dental	52	8	60
Nursing, Midwifery and Health Visiting	242	7	249
Agency and contract staff		21	21
Total	**1008**	**93**	**1101**

Gender Breakdown – Directors as at 31st March 2018

Directors	Count of Assignment Number	Headcount
Female	7	7
Male	7	7
Total	**14**	**14**

Gender Breakdown – Employees as at 31st March 2018

Gender	Count of Assignment Number	% of Workforce	Sum of FTE
Female	1,108	82	945
Male	242	18	224
Total	**1,350**	**100%**	**1,169**

Sickness Absence Data

The Workforce and Organisational Development Team work closely with line managers to support them in the effective management of sickness absence, help staff stay healthy and maintain good attendance. Linking with the health and wellbeing work streams the Trust has been able to identify key initiatives to support attendance in 2017/2018 and this will continue to be a focus for improvement in the coming years.

The sickness absence rate for 2017/18 is shown below:-

Yearly Quarter	2017/2018
Q1 (April - Jun)	3.98%
Q2 (Jul - Sept)	4.53%
Q3 (Oct - Dec)	4.09%
Q4 (Jan - Mar)	4.74%
Total for the year	4.35%

With an aim to reduce sickness to a target level of 3.5% whilst maintaining appropriate staffing levels, the Trust has reviewed its sickness absence policy, and further exploited technology to support effective monitoring. Dedicated training has also been provided to support managers in helping 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 and 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 is 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 workforce 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.

Equality, Diversity and Human Rights

The Trust recognises and values that its workforce is made up of individuals from diverse backgrounds and characteristics.

During 2017/18, the Trust has continued to work towards its equality, diversity and human rights objectives which have been refreshed and agreed for 2018/19, as follows:

- Improve data collection and equality profiles for all staff members
- Ensure all staff members are paid equally for equal work
- Publish the Gender Pay Gap and develop an action plan to address any areas of concern
- Develop mental health 1st aiders with the aim of training via train the trainer for wider internal training
- Integrate the Workforce Race Equality Standard (WRES) into workforce planning
- Monitor retention on a monthly basis
- Develop an attraction, recruitment and retention strategy to begin in 2018.

We are committed to the Workforce Disability Equality Standard (WDES) 2018 and achieving its successful implementation to support career progression and make

reasonable adjustments to enable all staff to achieve their full potential regardless of disability or any other protected characteristic.

The first Gender Pay Gap Report was published in March 2018. In line with legislation, all employers with 250 or more employees must publish their gender pay gap as at 31st March each year. The information is published on the Government website and here, on our internet.

The data in the report is provided by the Electronic Staff Record (ESR) system which holds all our employee information and is a snapshot taken as at 31st March 2017. Led by the Trust Board, this report will enable us to analysis the data further and develop a pro-active action plan to address any inequalities or challenges with regard to the Gender Pay Gap.

The Workforce Race Equality Scheme (WRES) continues to be a focus for the Trust, first published in 2015, the report monitor equal access to career opportunities and fair treatment in the workplace for staff from black and minority ethnic (BME) backgrounds. For 2018 work will focus on embedding the second stages of the WRES reporting to ensure key policies have race equality built in and to help understand and communicate more about the importance of equity to help build the workforce of the future.

Health and Safety

The safety of the Trust's patients, staff and visitors is paramount and therefore CCC continues to encourage a proactive approach to health and safety to ensure the Trust complies with health and safety legislation.

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

As part of our proactive approach, all departments are visited annually by the Health and Safety Advisor to ensure risk assessments are in place and are suitable and sufficient in line with the Management of Health & Safety at Work Regulations and that they are located within the department and have been reviewed within the last 12 months.

Action plans are 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 programme 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.

From October 2017 the Trust delivers in-house Management of Actual or Potential Aggression training (MAPA). This is a one day course for staff teaching disengagement and holding skills.

Staff incidents in 2017/18 are categorised as follows: Slip, Trip & Fall, Violence & Aggression, Equipment/Medical Devices, Inoculation, Infection Control, Information Governance, Security, IT, Staff Radiation Badge, Manual Handling and 'Other' causes.

The Health and Safety Committee reviewed the following health and safety policies during 2017/2018:

- Display Screen Equipment
- Lockdown Policy
- Lone Worker Policy
- Prevention & Management of Violence & Aggression Policy
- Smoke Free Policy
- General Health & Safety Policy
- CCTV Policy
- Annual Security Strategy

A number of areas were formally audited, including:

- Security
- Inoculation
- Violence & Aggression
- Falls
- Lone working
- CCTV
- Property & Assets

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 to the Health and Safety Committee Meeting and action plans are agreed and implemented.

The Committee also investigated proposed changes for Safer Sharps and established a sub-group to look at Electrical Safety.

Following the changes to the over-arching committee structure, from the end of 2017 the Health & Safety Committee started meeting on a quarterly basis, in line with the Quality and Safety Committee to which it reports.

The Health and Safety Committee receives minutes from the Radiation Protection Forum and the Moving & Handling/Falls Committee and from the end of 2017 the newly created Fire Safety Sub-Group.

In April 2017 NHS PROTECT ceased to exist for security and continued for Fraud under the name of the NHS Counter Fraud Authority. Under the NHS contract, applicable until April 2019, the Trust has to adhere to the existing requirements, in particular having the following roles in place:

- Security Management Director (SMD)
- Non-Executive Director for Security (NED)
- Local Security Management Specialist (LSMS)
- Complete Security Standards and send to Commissioners (previously NHS Protect)

Emergency Preparedness, Resilience and Response

The Trust submitted its Emergency Preparedness, Resilience and Response (EPRR) template for 2017/18 at "Full Compliance" level and has received confirmation from NHS England that it has met all the requirements for the submission in terms of the timetable and the documentation. NHS England have acknowledged the gaps identified as part of the process and that there is a clear action plan in place which will be reviewed as part of the 2018/19 Core Standards Returns.

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 reports to the Trust on a monthly and quarterly basis regarding financial costs, activity to date and wellbeing trends. This supports the organisation to effectively respond to its wellbeing issues and subsequent action planning for improvement.

Clear key performance indicators are reported via the Trust's Quality Committee to ensure that we are receiving best value for money in terms of efficiency and quality of service.

Additional contracting remains in place with Cheshire and Wirral Partnership Trust to provide specialist counselling support including an on-site counsellor available to all staff one day per week.

Counter Fraud and Corruption Policies

In addition to the 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 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 £429K relate mainly to project management and legal services for building for the future project £240k, Cancer Alliance in order to support a programme and delivery of work in relation to waiting times £94k (which is covered by an income stream) and Set up costs for the new Haemato-Oncology service £40k.

Staff Survey Results

Summary of Performance

722 staff out of 1,172 at The Clatterbridge Cancer Centre NHS Foundation Trust took part in the 2017 Staff Survey. This represents a 62% response rate which is 5% higher than 2016 and significantly higher than the national response rate (45%) and our comparator group, Acute Specialist Trusts (47%). As last year a mixed method of distribution was used for the 2017 survey, paper and on line however more departments opted to complete the survey on line this year. A number of survey champions were nominated from departments across the Trust who actively promoted the survey within their departments during the survey window.

Survey Highlights

Overall our results show a mixed picture. The majority of scores are similar to our comparator group, there are a number of areas where the Trust performs within the top 20% and also within the bottom 20% of the sector and many scores show a small downward movement from 2016. In comparison to the sector our results show 28 less questions scoring within top 20%, 25 more questions scoring in the middle 60% and 3 more questions scoring in the bottom 20%.

Our overall engagement score is 3.96, slightly lower than 2016 (4.03) however slightly higher than the sector score (3.92).

73% of our staff would recommend CCC as a place to work (75% in 2016) (68% sector score)

93% agreed they would be happy with the standard of care provided by CCC for a friend or relative compared to 93% in 2016 and 87% sector score.

89% agreed that the care of patients is the Trust's top priority which was one of the areas in which we scored within the top 20% compared to our sector. (91% in 2016) (84% sector score).

Significantly Better Scores Compared to 2016

91% of staff agreed that they had an appraisal in the last 12 months (81% 2016) and one of the best scores in the sector.

Our response on the quality of learning and development was significantly better than the sector score and staff agreeing that training helped to deliver better patient experience is in the top 20% range.

Appraisals was one of the areas identified for improvement following the 2016 survey and in response the Trust aligned the PADR completion window (1st April to 30th June) with the Trust's Business planning process and introduced guidance and a proforma to aid career development discussions.

Significantly Worse Scores Compared to 2016

Question	2016	2017	Diff
Satisfaction with level of pay	42%	**35%**	**-7.78%**
Satisfaction with the opportunities for flexible working	59%	**52%**	**-7.70%**
I know who the senior managers are	89%	**85%**	**-3.83%**
Does your organisation take positive action on health & wellbeing	97%	**90%**	**-6.35%**
My organisation treats staff who are involved in an error, near miss or incident fairly	69%	**62%**	**-7.00%**
I would feel secure raising concerns about unsafe clinical practise	79%	**74%**	**-4.83%**
My organisation act fairly with regards to career progression/promotion	94%	**90%**	**-4.55%**
My manager supported me to receive training, learning or development	94%	**87%**	**-6.63%**
My Organisation acts on concerns raised by patients/service users	88%	**84%**	**-4.24%**

	2015/16		2016/17		Trust improvement/ deterioration
	Trust	**National Average**	**Trust**	**National Average**	
Response rate	57%	44%	62%	47%	5% increase

	2015/16	2016/17		Trust improvement/ deterioration
Top 5 ranking scores	**Trust**	**Trust**	**National Average**	
Question KF20 Percentage of staff experiencing discrimination at work in the last 12 months	6%	6%	9%	0%
Question KF23 Percentage of staff experiencing physical violence from staff in last 12 months	1%	1%	1%	0%
Question KF22 Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months	4%	2%	7%	2% improvement
Question KF29 Percentage of staff reporting errors, near misses or incidents witnessed in the last month	96%	95%	92%	1% deterioration
Question KF1 Staff recommendation of the organisation as a place to work or receive treatment	4.26	4.20	4.16	0.06 deterioration

	2015/16	2016/17		Trust improvement/ deterioration
Bottom 5 ranking scores	**Trust**	**Trust**	**National Average**	
Question KF18 Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves	54%	56%	50%	2% deterioration
Question KF27 Percentage of staff/colleagues reporting most recent experience of harassment, bullying or abuse	38%	40%	47%	2% improvement
Question KF28 Percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month	31%	32%	27%	1% deterioration
Question KF17 Percentage of staff feeling unwell due to work related stress	37%	38%	35%	1% deterioration
KF12 Quality of appraisals	3.13	3.01	3.16	0.12 deterioration

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 through the vehicle of the PADR process and the regular on going one to one discussions as part of this process. The Trust is investing in new roles to support the medical workforce and reviewing workforce plans. There will be a number of work streams to ensure that future service plans can be delivered and staffed appropriately. At local level a number of departments have taken action to address staffing issues and concerns raised by staff following feedback via the staff survey process.
Staff feeling unwell due to work related stress and feeling pressure to attend work when unwell	Over the last twelve months the Trust has supported a number of initiatives to encourage both the mental and physical wellbeing of staff including the introduction of the CWP specialised counselling service onsite; The Virgin Pulse Global Challenge and the introduction of the 'One You' website to help staff manage their own health and wellbeing; The HR Business Partners continue to work with Line Managers to provide support and guidance on managing work related stress; The use of HSE Stress Analysis Questionnaires; The continuation of the Psychological Wellbeing Programme in the format of quarterly maintenance sessions available for Medical Staff and Senior Managers. A stress task and finish group has been established to identify and review current status and recommend and implement any appropriate improvements.
Staff experiencing and the non-reporting of incidents of harassment, bullying and abuse	Working in partnership with Trade Unions, the Trust engaged an external Trade Union Trainer to conduct focus groups. Key themes from these focus groups have been used to inform the following actions: The appointment of 8 Freedom to Speak Up Guardians who will support and enable staff to speak about their concerns; A review of the Freedom to Speak Up policy; A communication and engagement programme is planned for April 2018 to raise awareness; 4 Respect for Each Other Champions have also been appointed to provide support to staff members who believe that they are experiencing or who have witnessed HBA. A communication campaign alongside supporting information available on the intranet is planned to be launched in May/June 2018. The Bullying and Harassment policy has been reviewed; Bullying and Harassment awareness training will be incorporated into staff and management training programmes in 2018; Plans to tackle issues of HBA at departmental level will be included in local departmental action plans.

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. The PADR completion window has been aligned to the Trust's business planning process (1st April – 31st July); A career development discussion guide has been developed and incorporated into the PADR process; An electronic PADR tool is being explored to enhance the PADR process and enable the timely collation and analysis of data relating to training needs, career development and succession planning; Staff and management PADR training is being reviewed as part of the staff and management development programme 2018.
Staff Engagement	The role and remit of the Staff Engagement Steering group was reviewed in 2017 and membership extended to ensure representation of key staff groups across the Trust. The group are overseeing the design, development and implementation of staff engagement initiatives for 2018 – 2020 which includes proposals for the continuation and development of the Honest Conversations initiative and innovative communication and engagement tools and processes to enable us to communicate and engage effectively with all of our staff groups across multiple work locations.

Future Priorities and Targets

The Trust will continue to focus on the areas identified for improvement and the current survey action plan in place following the 2016 survey results. This is currently being reviewed as we analyse the 2017 survey results and identify our priority areas of focus. The 2017 survey results are being presented and discussed with managers and staff across the Trust via directorate reviews, team meetings and focus groups with the aim of providing key highlights including areas where we have seen improvements, significantly worse scores, top performing and bottom performing scores both at Trust and departmental level. Each department is tasked with developing a survey action plan identifying three areas of focus for improvement and appropriate performance measures which will be reported on as part of the directorate reviews throughout 2018.

The Trust's Workforce and Organisational Development immediate priorities continue to be:

- Staff Engagement
- Health and Wellbeing
- Bullying and Harassment
- The quality of appraisals, leadership and career development.

Progress will be reported via the Strategic Partnership Forum, the Workforce Sub-Committee and Quality Committee. Through the implementation of the Workforce and Organisational Development Strategy and in partnership with our Trade Unions, we aim to make further improvements to our working environment and continue to be an employer of choice.

NHS Foundation Trust Code of Governance

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

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

The Code of Governance includes a provision

> *B.7.1. "…….Any term beyond six years (eg, two three-year terms) for a non-executive director should be subject to particularly rigorous review, and should take into account the need for progressive refreshing of the board. Non-executive directors may, in exceptional circumstances, serve longer than six years (eg, two three-year terms following authorisation of the NHS foundation trust) but this should be subject to annual re-appointment. Serving more than six years could be relevant to the determination of a non-executive's independence."*

At its meeting in October 2017 the Council of Governors approved the reappointment for a further 2 years (with an annual review) of Senior Independent Director, Alison Hastings. Therefore the Trust is not compliant with this code provision.

The Board of Directors annually reviews the independence of its directors and following a review at its meeting in April 2018, considers all Non-Executive Directors to be independent.

All other 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 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 Person Centred Care, Core Skills for Governors, the role of Governors, assurance and developing productive relationships.

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 long term Strategy.

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 & 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 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.

In attending the Board Committees it enables 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.

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 Leadership Walkrounds 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.

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

Note: during 2017/18 there was 1 vacancy in the Cheshire West and Chester, 1 in Liverpool, 1 in St Helens & Knowsley, 2 in Warrington & Halton and 2 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	Cheshire West and Chester	2	0	PE	2017 D'csd
Matthew Duffy	Elected Public	Cheshire West and Chester	5	1	PE, ST	2019
John Roberts	Elected Public	Liverpool	5	4	MC	2019
Cheryl Rosenblatt**	Elected Public	Liverpool	2	1	PE,MC	2017
Yvonne Tsao	Elected Public	Liverpool	5	4	PE, MC, N&R	2018
Carla Thomas	Elected Public	Sefton	5	5	PE, MC, N&R	2018
Ian Boycott-Samuels	Elected Public	Sefton	5	5	PE	2019
Stephen Sanderson*	Elected Public	St Helens and Knowsley	5	4	ST (Chair), N&R	2019

Name	Elected public, elected staff, nominated	Representing	Meetings Held	Meetings Attended	Member of Committee (see key)	Year Term Ends
Trish Marren**	Elected Public	Warrington and Halton	3	3	ST,	2020
Angela Cross Δ	Elected Public	Wirral and the rest of England	5	4	PE (Chair),	2020
David Steele	Elected Public	Wirral and the rest of England	5	2	MC	2019
John Field	Elected Public	Wirral and the rest of England	5	3	ST,	2020
Jane Wilkinson	Elected Public	Wales	5	4	ME (Chair 2018), N&R	2018
Doug Errington	Elected Staff	Doctor	5	4	ST, PE, N&R	2018
Deborah Spearing**	Elected Staff	Non Clinical	1	1		2020
Luke Millward-Browning	Elected Staff	Nurse	5	4	PE, MC	2018
John Archer**	Elected Staff	Other Clinical	3	3	ST	2020
Pauline Pilkington	Elected Staff	Radiographer	5	4	ST	2018
Ray Murphy	Nominated	Cancer Steering Group	5	2	ST	2018
Shaun Jackson	Nominated	Aintree University Hospitals NHS	5	2	ST, PE	2018
Sonia Holdsworth	Nominated	Macmillan Cancer Support	5	2	ST, N&R	2018
Andrea Chambers	Nominated	Manx Cancer Help Association	5	3	ST	2018
Andrew Pettit	Nominated	The University of Liverpool	5	1	ST	2018
Burhan Zavery	Elected Staff	Volunteers, Service Providers, Contracted Staff	5	3	MC	2018
Andrew Bibby	Nominated	NHS England – Cheshire and Merseyside Sub Regional Team	5	1	ST	2019
Michael Sullivan	Nominated	Local Council – Metropolitan Borough of Wirral	5	2	PE	2018

* Senior Governor
** Elected/Appointed in year
Δ Term of Office expired during the course of the year - re-elected mid-year

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

We would like to express our thanks to former Public Governor Cheryl Rosenblatt who served as a Governor during 2017/18 and was ineligible for re-election as outlined in the Constitution.

Also we would like to offer our sympathies to the family of former Governor Barbara Boulton, who sadly passed away during 2017.

Director Attendance at Council of Governors Meetings

Name	Meetings Held	Meetings Attended
	Executive Directors	
Andrew Cannell	3	2
Yvonne Bottomley	3	2
Peter Kirkbride	3	0
Helen Porter	3	3
Barney Schofield	4	2
Sheena Khanduri◊	2	1
	Non-Executive Directors	
Wendy Williams*Δ	3	0
Phil Edgington*◊	4	3
Gil Black	4	3
Alison Hastings	4	1
Debbie Francis◊	3	0
David Teale	4	1
Mark Baker	4	1

* Chair

Δ Term of Office expired or Contract of Employment ended mid-year

◊ 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 'Well Led' review conducted by Deloitte in 2016 whilst identifying no significant issues, made recommendations to review the Trusts governance arrangements to ensure that they remain fit for purpose for a changing operating environment.

In early summer 2017 the Board undertook an externally facilitated in-depth review to test existing structures and to plan for potential future scenarios through a range of diagnostic, mapping and workshop activities. The findings of the review were largely consistent with the Deloitte report but the more detailed review has highlighted a number

of areas where improvements to existing systems and ways of working could enhance the flow of information in the organisation and to the Board.

In September 2017 the Board approved a revised governance structure, with the introduction of sub-committee meetings. This was to improve governance practice and oversight and ensure that future reporting adapts and is sustainable in a dynamic governance environment.

As a consequence of the review the terms of reference of the existing Board committees were revised and new one's introduced for the newly established sub-committees.

A further review to establish the effectiveness of the revised governance structure is to be undertaken in mid 2018. This will be in addition to the regular annual review of the Constitution, Corporate Governance Manual and related policies led by the Head of Corporate Governance and updated to reflect changes in the operating environment and best practice.

The structure is as follows:

- Board of Directors Meetings: quarterly meetings are open to the public

- Audit Committee: five times per year
    - Governance and Compliance Sub-Committee

- Quality Committee: quarterly
    - Quality & Safety Sub-Committee: monthly
    - Workforce Sub-Committee : quarterly

- Finance and Business Development Committee: quarterly
    - Operational Delivery and Service Improvement Sub-Committee: monthly
    - Infrastructure Sub-Committee: quarterly
    - Finance Sub-Committee: quarterly

- Remuneration & Nomination Committee (Ad hoc)

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

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

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

	Board of Directors**	Audit**	Quality**	Finance and Business Development**
No. of meetings held in 2017/18	**12**	**5**	**4**	**6**
EXECUTIVE DIRECTORS				
Yvonne Bottomley	9	5		6
Andrew Cannell Δ	10	1		
Sheena Khanduri ◊	3/3		1	
Peter Kirkbride Δ	4/8			1
Ernie Marshall Δ◊	1/1		1	
Helen Porter Δ	9/10	3	4	2
Barney Schofield	12			6
Heather Bebbington ◊	2/2	n/a	n/a	n/a
Kate Greaves ◊	2/2	n/a	n/a	n/a
Joan Spencer ◊	2/2	n/a	n/a	n/a
NON-EXECUTIVE DIRECTORS				
Mark Baker	10		3	
Gil Black	12	5		6
Philip Edgington	12		2	3
Debbie Francis ◊	3/5	1/2	1/2	1/3
Alison Hastings	10	4	1	
David Teale	12	2	4	3
Wendy Williams Δ	7/9			

* Identifies the number of meetings the Executive Directors have been in attendance
** The membership changed during 2017/18. Attendance provided against the number of meetings held whilst the individual was a member of the relevant committee
Δ Term of Office expired or Contract of Employment ended mid-year
◊ Term of Office or Contract of Employment commenced mid-year

All meetings were quorate.

Audit Committee

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

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

- Committee review of the annual report and financial statements, including the Annual Governance Statement and other disclosures relevant to the terms of reference to the Committee

- Setting and reviewing progress of the annual internal audit plan using a risk-focused approach, linked to the controls assurance framework
- Receiving regular reports from both Internal Audit and External Auditors, who provide a critical element of independent assurance, by undertaking private meetings with them and the Audit Committee Members only
- Consideration of the performance, appointment and independence of the Internal and External Auditors, as far as the rules governing appointment permit. The Council of Governors agreed to appoint Grant Thornton as the Trust's External Auditors for an initial three year period with effect from 1st October 2013
- Receiving and reviewing reports and assurances from management
- Consideration of other Committees works and any matters which should be bought 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.

As part of the work during 2017/18 the Audit Committee considered the findings of the External Auditor against significant financial risks, no significant issues were identified.

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.

Specific significant issues discussed by the Audit Committee during 2017/18

The committee included a number of significant accounting issues and treatments in its consideration of the Trust's financial statements for the year ended 31 March 2017. During the year the committee critically addressed the issues around the appropriateness of the Accounting Policies that have been adopted and was satisfied that the policies were reasonable and appropriate. As part of the full year reporting process, the External Auditors, Grant Thornton, consider the key areas of accounting judgement and disclosure. For each of these areas, the committee critically review and assess the policies and judgements that have been applied, the consistency of policy application from year to year and the appropriateness of the relevant disclosures made, together with the compliance with applicable accounting standards.

The key areas of accounting judgement and disclosure that have been considered by the External Auditors and how each was assessed by the committee, is set out below:

NHS Income Recognition and NHS Receivables

The main source of income for the Trust is the provision of healthcare services to the public under contracts with NHS commissioners. These contracts make up 95% of the Trust's income from activities. In order to satisfy itself as to the validity of the income, the committee has confirmed that the Agreement of Balances exercise has been undertaken on a diligent and comprehensive basis. The committee has also confirmed that effective income cut-off procedures were applied around the year end.

The committee has been able to place reliance upon work undertaken by the External Auditors as part of the work that they undertook to enable them to develop their Audit Opinion.

A number of Internal Audits were undertaken during the year around the core financial records and processes, in particular concerning the operation of the General Ledger, and the outcomes from that work have also provided the committee with reassurance as to the income figures for the year that have been included within the financial statements.

Valuation of Land and Buildings

The valuation of land and buildings that is incorporated in the financial statements represents an estimate of market value at the date of the Trust's balance sheet. It has been determined using the outcome from a full valuation exercise that was carried out for the Trust by Cushman and Wakefield as their valuer, which forms part of Her Majesty's Valuation Office Agency. The valuation recognises the differing treatment that has to be adopted for assets of a specialised and non-specialised nature, full details of which are included within the Trust's Accounting Policies.

As noted above, the committee has been able to place reliance upon work undertaken by the External Auditors as part of the work that they undertook to enable them to develop their Audit Opinion.

The committee has also been able to satisfy itself as to the basis on which the external valuation was undertaken and has confirmed that it was undertaken on a basis consistent with the terms of the Accounting Policy referred to above. In addition the committee has relied upon work carried out by Internal Audit during a number of pieces of work that have provided reassurance on the way in which asset costs and valuations have been reflected within the Trust's underlying books and records.

Classification and measurement of PropCare assets and liabilities

The Trust has set up a wholly owned subsidiary property company, Clatterbridge PropCare Services Limited (CPSL), to oversee the design, build and maintenance of the new cancer centre in Liverpool. This initial recognition of the associated assets and liabilities represents a significant estimate by management in the financial statements.

The committee has been able to place reliance upon work undertaken by the External Auditors as part of the work that they undertook to enable them to develop their Audit Opinion.

The committee has been able to satisfy itself as to the recognition and measurement of the loan provided to CPSL as well as the liability owed by the Trust to CPSL. The

committee has also been able to satisfy itself as to the measurement of the asset under construction relating to the new cancer centre net of VAT on the basis that the Trust will be able to recover VAT on the unitary charge payable to CPSL.

The following additional significant issues have been discussed and appropriate assurance received by the Audit Committee during 2017/18:

- Improper revenue recognition
- Management override of controls
- Valuation of property, plant and equipment
- Classification and measure of PropCare assets and liabilities.

Quality Committee

The Quality Committee meets on a quarterly basis and provides assurance to the Trust Board on the effective management of quality and safety, and ensures the highest standards of governance and risk management from ward to board. The Committee has met its responsibilities for 2017/18 in accordance with its terms of reference and in particular has:

- Monitored the delivery of Trust strategies including:
    - Quality
    - Patient Involvement
    - Risk Management
    - Infection Control
    - Workforce & Organisational Development
    - Research Governance

- Ensured compliance with regulatory requirements including:
    - NHS Constitution
    - CQC quality and risk standards
    - Equality and Diversity legislation
    - Health and Safety legislation

- Received assurance on matters of quality and safety including:
    - Clinical and quality governance
    - Incident reporting
    - Safeguarding
    - Safer staffing
    - Raising concerns

- Monitored performance against:
    - CQC and commissioner performance targets
    - CCC performance targets
    - Staff survey and patient survey action plans

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

Nominations 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 2017/18 the Nominations Committee was required to meet twice to undertake the recruitment of a Medical Director and a Director of Nursing & Quality.

Medical Director
Formal interviews were conducted on 17th July 2017. The panel consisted of Wendy Williams (Chair), Prof Mark Baker (Non Executive Director – Clinical), Andrew Cannell (Chief Executive), Heather Bebbington (Director of Workforce & Organisational Development), Professor Chris Harrison, Executive Medical Director, The Christie NHS Foundation Trust (Technical Assessor). The process was supported by Robin Staveley, Gatenby Sanderson (Recruitment Consultants).

In addition the candidate was asked to facilitate a focus group discussion to consider "vision and clinical engagement: Leading the Way". The purpose of this discussion was to consider the development of strategic objectives underpinning CCC's Clinical Workforce Strategy Project. The focus group was attended by multi discipline members of staff across the Trust. An overview of the discussion was provided to the interview panel to assist with their decision.

Director of Nursing & Quality
Formal interviews were conducted on 8th November 2017. The panel consisted of Phil Edgington (Chair designate), Debbie Francis (Non Executive Director), Andrew Cannell (Chief Executive), Heather Bebbington (Director of Workforce & Organisational Development) and external representative Hazel Richards (NHS England).

An additional element of the recruitment process was focus groups consisting of pertinent staff representatives and each focus group were given specific topics for discussion. The discussions centred on the challenges the Trust faces with relocating the in-patient nursing workforce into the new Cancer Work and taking into account engagement strategies. A lead was identified for each focus group who then provided feedback to the panel.

The processes for both appointments followed the recruitment process outlined in the Trust's Constitution.

Nominations Committee (Non-Executive Directors)

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 the Chair and re-appointment of two Non Executive Directors as detailed below:

Appointment process for the Chair

The Chair, Wendy Williams, notified the Trust that she would stand down with effect from 31st December 2017, ahead of the end of her term of office. In July 2017 the Nominations Committee, on behalf of the Council of Governors, initiated the Chair's succession plan and considered options for the recruitment process. This included a full market review and evaluation as well as the option to recruit from the existing cohort of NEDs.

The Trust undertook a market review for the post of Chair in 2015 this identified two appointable candidates, Wendy Williams and the other being and existing Non Executive Director. As the criteria for appointment had not changed significantly since the last appointment, the Committee made a recommendation to the Council of Governors at an extraordinary meeting at the end of August 2017 to appoint Phil Edgington, Non Executive Director (Vice Chair) to the post of Chair with effect from 1st January 2018 for an initial term of office of three years.

The Nominations Committee consisted of: Stephen Sanderson, Douglas Errington, Yvonne Tsao, Sonia Holdsworth, Carla Thomas and Jane Wilkinson. Also in attendance was Andrew Cannell (Chief Executive) and Andrea Leather (Head of Corporate Governance).

Re-appointment process for Non Executive Directors

Also during this year the Nominations Committee recommended the Non Executive Director re-appointments of Phil Edgington* until 31st July 2020 and Alison Hastings until 31st December 2019. These re-appointments were subsequently approved by the Council of Governors at its meetings in July and October 2017 respectively.

*This process was superseded by the process for the Chair appointment.

The processes for each of the above appointment / re-appointments were in line with the Trust's Constitution.

The Chair, Wendy Williams notified the Trust that she would stand down with effect from 31st December 2017 this was ahead of the end of her term office. Due to the circumstances in July 2017 the Nominations Committee on behalf of the Council of Governors undertook the Chair's succession plan.

The Committee considered a number of options including a full market review and evaluation and also reflected that there had recently been rotation of Board members with the addition of two new NEDs and a further NED joining the Board in August 2017. In conclusion the recommendation of the Committee to the Council at an Extraordinary meeting at the end of August 2017 was that as the criteria for appointment had not changed significantly during the two years since the last process had been completed and that as one of the two appointable candidates at that time was a serving NED (Vice Chair) their recommendation was to appoint Phil Edgington, Non Executive Director (Vice Chair) to the post of Chair with effect from 1st January 2018 for an initial term of office of three years.

The Nominations Committee consisted of: Stephen Sanderson, Douglas Errington, Yvonne Tsao, Sonia Holdsworth, Carla Thomas and Jane Wilkinson. Also in attendance was Andrew Cannell (Chief Executive) and Andrea Leather (Head of Corporate Governance).

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. The report is then reviewed 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 Directors. 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 and it is the responsibility of the Chief Executive to review the performance of the Executive Directors.

Following the Well-Led Review in March 2016 conducted by Deloitte, the Board undertook a comprehensive review of governance arrangements in 2017/18 which highlighted areas of good practice, in particular around financial and clinical governance. Recommendations were made to the Board around the quality and flow of information to provide more robust assurance to enable decision-making, and to ensure there is the correct balance between strategy and stewardship in board meetings.

Committee Evaluation

The governance review included a full evaluation of the board committees and generated a number of recommendations around the structure, information flows and frequency of meetings. A new structure was introduced from 1 October 2017 which established a sub-committee structure to provide a clear escalation route for all matters “from ward to board”.

Board Development / Mandatory Training

The Board Development Programme has been developed using a dynamic approach to provide ongoing development opportunities to strengthen capacity and performance, enhance strategic functioning and ensure collective and corporate accountability. The programme has included facilitated Board discussions and ownership of the development of the Trust's long term strategy, risk appetite and the new clinical model.

In 2017/18 the programme has also included mandatory training elements such as: fire safety awareness and equality and diversity.

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 or governor@nhs.net

Public Constituency	2017/18 (actual)	2018/19 (estimated)
Staff Constituencies		
Doctor	64	80
Nurse	305	196
Non clinical	461	428
Other clinical Professional	243	199
Radiographer	156	164
Non staff	178	178
Public Constituencies		
Wirral and rest of England	1299	Maintain current level of membership
Liverpool	1182	
Sefton	1065	
Warrington and Halton	418	
St Helens and Knowsley	589	
Cheshire West & Chester	443	
Wales	185	

The Trust's aim is 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 250 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, 114 out of 141 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 2017/18 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 on a regular basis, at least every three years.

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@nhs.net

NHS Improvement's 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.

The Single Oversight Framework applied from Quarter 3 of 2016/17. Prior to this, Monitor's *Risk Assessment Framework* (RAF) was in place. Information for the prior year and first two quarters of 2016/17 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

The Trust has been allocated Segment 1.

Finance and Use of Resources

The finance and use of resources theme is based on the scoring of the five measures from '1' to '4', where '1' reflects the strongest performance. These scores are then weighted to give an overall score. Given that finance and use of resources is only one of the five themes feeding into the Single Oversight Framework, the segmentation of the trust disclosed above might not be the same as the overall finance score here.

Area	Metric	2017/18 scores				2016/17 scores	
		Q4	Q3	Q2	Q1	Q4	Q3
Financial sustainability	Capital service capacity	1	1	1	1	1	1
	Liquidity	1	1	1	1	1	1
Financial efficiency	I&E margin	1	1	1	1	1	1
Financial controls	Distance from financial plan	1	1	1	1	1	1
	Agency spend	1	1	1	1	4	4
Overall scoring		**1**	**1**	**1**	**1**	**3**	**3**

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 2017 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 nonsurgical oncology treatment and care for more than 2.3 million residents in Cheshire, Merseyside, North Wales and the Isle of Man as well as national and international cancer patients.

It cares for more than 30,000 patients per year, with in excess of 323,000 patient contacts for treatment/appointments. The Centre registers more than 11,000 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 £133m 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 2017/18 the majority of our procurement and management of the supply chain has been though 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 2018/19 we will continue to ensure we meet the provisions of the Act.

As the building of our new cancer centre continues we will work closely with Laing O'Rourke to ensure that their Global Code of Conduct, as set out on their company website, is enforced during 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 2018.

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

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

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

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable him/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*.

Signed

Ann Farrar
Interim Chief Executive Date: 23rd May 2018

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 2018 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 Interim 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's role is to scruitinise and seek assurance 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 elements of the Trust's Risk Management Strategy are to manage and control identified risks, whether clinical, non-clinical or financial, appropriately. This is achieved through a sound organisational framework which promotes early identification of risk, the co-ordination of risk management activity, the provision of a safe environment for staff and patients, and the effective use of financial resources. It ensures that staff are aware of their roles and responsibilities and outlines the structures and processes through which risk is assessed, controlled and managed. The Strategy was updated and approved in December 2017. The Trust Board determines the risk appetite of the Trust. Levels of acceptable risk are determined by working within agreed Trust policies and procedures; an acceptable risk is one which has been accepted after proper evaluation, with all the possible controls in place.

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

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

The risk and control framework continues to be reviewed and developed. In 2017/18 this included a review of the Trust Board governance arrangements.

The 'Well Led' review conducted by Deloitte in March 2016, whilst identifying no significant issues, made recommendations to review the Trust's governance arrangements to ensure that they remain fit for purpose for a changing operating environment.

The Board undertook an externally facilitated in-depth review to test existing structures and to plan for potential future scenarios through a range of diagnostic, mapping and workshop activities. The findings of the review have been largely consistent with the Deloitte report but the more detailed review has highlighted a number of areas where improvements to existing systems and ways of working could enhance the flow of information in the organisation and to the Board.

The Board approved and implemented new governance arrangements aimed at improving governance practice and oversight, and ensuring that future reporting adapts and is sustainable in a dynamic governance environment.

A revised risk escalation process was also implemented in 2017/18.

The Trust Board continues to review compliance with the NHSI Single Oversight Framework including performance against all best practice areas. The requirements of the Framework are embedded into the Trust's Performance Management Framework. An in depth review of the Trusts performance reporting arrangements was completed with revised streamlined performance reporting embedded within the new governance structure supporting 'board to ward' reporting.

The Trust Board receives a regular 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 Quality Board Committee has responsibility for the ongoing monitoring of compliance with the CQC registration requirements. It does this through the review of the individual regulations and associated outcome measures such as patient survey results and audits against each of the required outcomes. Additional information is provided following CQC inspections and reviews and from planned internal audits as part of the Trust's audit schedule. In addition the Trust has in place a programme of 'mock inspections' against each of the outcomes which are reported to the Quality Committee.

The Trust had a CQC inspection in June 2016. In February 2017 we were notified that we had received a rating of 'Outstanding'. All mandated actions were completed in 2017/18.

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 83% (a "Green" rating) against the Department of Health's Information Governance Toolkit in 2017/18; 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 which is structured to meet the NHS requirements, is visibly used by the Board and clearly reflects the risks discussed by the Board. 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 through the Board Assurance Framework.

Each high scoring risk has an individual risk mitigation plan developed by the responsible Executive Director. The Trust Board development plan will continue to develop and strengthen the Board's risk appetite and assessment.

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

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

The Trust Board recognises and has considered a number of strategic challenges as part of its ambition to contribute fully to the Cheshire & Merseyside system leadership and clinical strategy and also the Trust's continual journey to deliver best practice and learning culture. These will be set out in the operational plan priorities for 18/19 and include:

- **Governance implications relating to in year changes to the Chair, Chief Executive, Executive and Senior Management:** A strategic risk assessment was undertaken by the Board members in early March and the purpose was to ensure the a high degree of stability for the organisational governance and material decisions, the capability and capacity gaps to achieve this and ensure appropriate steps were taken rapidly as appropriate. The BAF was amended to take this matter and the outcome of the Board meeting into account. At the end of March and during April the measures planned have been put in place and these are deemed to be effective as noted at the Trust Board in April. The interim Chief Executive recommended further measures e.g. enhanced assurance and risk determination at the Trust Board in April and these were approved and are being implemented. These measures will be carefully reviewed by the Board.

- **Establishment and on going delivery of services within the requirements of the Provider Licence, Single Oversight Framework and compliance with the NHSI Code of Governance:** The Trust is required to submit reports to the NHSI within the defined timeframes outlined in the Single Oversight Framework. This information is then triangulated to provide the Trust with an overall segment rating (Segment 1 – 4, 1 being lowest risk), see 'review of effectiveness' for 2017/18 rating. A gaps analysis process is completed at least every three years to ensure the Trust is compliant with all elements of the

Provider Licence and NHSI Code of Governance and reported via the Governance & Compliance Committee.

- **Regulatory compliance, including CQC ratings and feedback from inspections in year:** The Trust achieved Outstanding in 2016 and retaining the rating is a strategic goal. In doing so, it is to be recognised that there are enhanced requirements each year by the broad range of regulatory bodies and an area of development for the Trust during 2018/19 is to strengthen the broad understanding of the significance of the changes and prepare robustly. The most significant regulatory change is the approach to the Well Led reviews by the CQC. An independent governance review was completed during 2017 and progress on implementing the key recommendations has taken place, there remains work in progress particularly concerning embedding an enhanced culture of risk management and escalation. A work programme for the Well-led review has been established as a priority and will report to the Board.

- **Challenges in organisational performance and developments in the local health economy to drive forward the Cancer Plan:** The Trust operational performance for the new national cancer strategy targets has improved substantially during 2017/18 and is resilient going forward. The Trust is a major contributor to the success of the Cancer Alliance and recognises the enhanced leadership role in the future delivery of the Cancer Alliance strategy. The new Chief Executive role sets out this ambition and measures are in place by the Cheshire & Merseyside System-Wide Board to recommend a mandate for the Cancer Alliance to take on this role for 18/19 and beyond. The Trust Board recognises that its longer term strategy needs to take this into account during 2018 and measures will be put in place. This wider working with leading partners such as Liverpool Health Partners and Liverpool Integrated Care Partnership and C&M Acute Trust Sustainability are examples of how the Trust is stepping up its system-wide leadership role.

- **Relationship and management of 3rd party providers upon which the Trust places reliance, and the provision of assurances from these:** The Trust receives services supplied by a number of third party providers, which include clinical support services (for example, Pathology), equipment maintenance, facilities management, and payroll. Where services are provided by a third party, the Trust has contracts in place that specify the services to be provided and appropriate standards. It is the responsibility for each senior manager to ensure appropriate oversight and performance management of any provider contracts in their span of control.

- **Cyber security, information governance risks and any associated reportable incidents to the Information Commissioner:** The Trust has a robust action plan in place for Cyber Security improvements which will be reported through our governance processes with any exceptions reported at Trust Board level. Any Cyber and Information Governance risks are reported through our risk processes. Risks are visible and will be reported and discussed at Board Level. Through our newly acquired Global Digital Exemplar (GDE) Fast Follower status we have, as a Trust, committed to Cyber Security as a key priority. We are working with Mersey Internal Audit Agency and with the Cyber

Digital workstream within the STP footprint to share learning, good practice and collaborate where possible. We have retained for the 5th year running, significant assurance in our Information Governance toolkit submission. We have robust processes in place for reporting any reportable incidents to the Information Commissioner and have had no reportable incidents in the last year.

All areas of delivery are risk assessed and any identified risks are included within the Trust's Board Assurance Framework and Trust-wide Risk Register, it is recognised that these require further strengthening. The Trust's major risks all have 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). This recognises the areas for improvement to strengthen the Board Assurance Framework, which have been approved by the Audit Committee.

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. During 2017/18 the portfolios of the executive directors were reviewed and changed to ensure that the executive team is fit for purpose for the opportunities and challenges faced by the Trust.

The Board has processes in place to ensure timely and accurate information is received to enable the review of risks to compliance with its licence, as described above.

The Board receives and reviews a monthly integrated performance report and a separate finance performance report ensuring the Board is appraised of the Trusts performance and is able to challenge and scrutinise this performance. This report will be enhanced during 2018 to reflect the ambition to provide the best health care (top 10%) within our available resources.

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

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

Risk management is embedded throughout the Trust. This is demonstrated by the incident reporting arrangements within the Trust where this is openly encouraged. The Trust operates a 'fair blame' culture with a clear approach to identifying the causes of incidents, learning lessons from them and providing feedback and support to staff involved in incidents. The aim is to support staff and encourage participation rather than to expose them to recrimination or blame. It should be noted that in exceptional circumstances further action may be taken if appropriate, e.g. evidence of breach in the law, professional misconduct or repetitious incidents. Assurance of this process was previously gained by the achievement of NHSLA level 3 (since November 2007) and the ISO 9001:2008 quality management system accreditation in Radiotherapy, Imaging, Chemotherapy and Nursing services, 6 months ahead of the planned schedule. 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. During the course of the year the Trust was issued with a section 64 notice and the Trust has fully complied with the request.

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 an operational plan which incorporates a supporting financial plan for approval by the Board of Directors. The plan, approved by the Board of Directors, informs the detailed annual financial and performance plans and forecasts for years two and three. 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.

The role of internal audit is to provide independent assurance that the Trust's risk management, governance and internal control processes are operating effectively.

External audit provide an independent opinion on the Trusts financial statements and may review, and report on, aspects of the arrangements put in place to ensure the proper conduct of the Trusts financial affairs and to manage its performance and use of resources.

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.

Effective performance has been demonstrated through:

- The achievement of all the key NHS targets:
- Allocation of segment 1 (NHSI)

Information Governance

There has been no Serious Incident Requiring Investigation (SIRI) during 2017/18.

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 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 Information Governance. The Deputy CEO / Finance Director has overall strategic responsibility for data quality, and this responsibility is not delegated. During the interim arrangements this is covered by the SIRO.

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

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

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

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

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

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

3. Systems and processes

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

The Trust has in place a Business Continuity Plan and Disaster recovery arrangements. Both of these were tested in 2017/18.

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 are used for external reporting are subject to rigorous verification reviewing both data collection and reporting. A range of reports are used to monitor the quality of data reported externally and a variety of audit processed 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 and 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.

- The Trust has been 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 2018)

- 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. In July this was extended to cover the new haemato-oncology service with a new location at the Royal Liverpool Hospital being registered with the CQC.

- The Trust Board receives a Quality Report on a quarterly basis which is built on the structure of the annual Quality Accounts to ensure that progress against priorities and monitoring of performance measures is reviewed throughout the year.

The Quality Committee provides a core function of monitoring any clinical risks and ensuring appropriate mitigations are in place. This is achieved 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.

As Interim Chief Executive I have invited an independent clinical review of the serious untoward event registered in April 2018, however the original serious incident took place in late 2016. This review will recommend areas for improvement. Immediate appropriate measures are in progress following an extraordinary risk escalation meeting attended by the senior clinical leaders to learn and embed a better open culture to risk determination and escalation. The newly appointed Medical Director and Director of Nursing & Quality will ensure the recommendations are implemented and audited for compliance and improvement through the Quality and Safety Sub Committee, Quality Committee (Committee to the Board) and the Board of Directors.

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.

In addition the new Interim Chief Executive has commissioned experienced external support to implement the proposals identified in the Assurance Framework Review 2017/18.

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 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 2017/18 the opinion received by the Trust was one of Substantial 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 2017/18 thirteen reviews were undertaken with an opinion given. No review received 'high assurance', seven received 'significant assurance' and six 'limited assurance'. None of the reviews had 'no assurance'.

I have received limited assurance opinions in respect of:

- Quality Spot Checks (Mersey, Sulby and Conway Ward)
- Quality Spot Checks (Haemato-oncology)
- Service Review Haemato-oncology
- IT Service Continuity
- Data Warehouse
- Research Funding & Governance.

Actions identified as part of these reviews have been signed off by the Governance & Compliance Committee and assigned to Executive Team leads to address the issues raised in the limited opinion reports. Improvement will be demonstrated and monitored through the audit tracker and reported to the Governance and Compliance Committee. Thereafter progress against the actions will be presented to the Audit Committee to ensure satisfactory resolution and followed up in-year by the Internal Audit team.

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

- Maintaining a quality management accreditation (ISO9001:2015) across Radiotherapy, Imaging, Chemotherapy and Nursing services from the British Standards Institute (BSI), 6 months ahead of the planned schedule.

Conclusion

In conclusion there are no significant internal control issues which have been identified and appropriate reasonable assurance has been received by the Board via the sub-committees of the Trust Board.

Signed

Ann Farrar
Interim Chief Executive Date: 23rd May 2018

Quality Report

From 1st April 2017 to 31st March 2018

Contents

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

In 2016 we had our first comprehensive inspection by the Care Quality Commission. The Trust was delighted to receive an overall rating of 'Outstanding' which demonstrated the high standard of care and treatment delivered by our staff and provides reassurance to patients under our care. The Trust continues in its key aim to maintain its excellence in the delivery of high quality patient care.

The Trust Board continues to ensure that Quality and Safety is a key priority of and this is reflected in the new governance arrangements and the structures introduced in 2017. The Trust Board continues to oversee the delivery of the Trust's quality priorities and initiatives.

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 appraised of progress in the delivery of the plans it contains. The Governors also receive the quarterly Quality Committee Performance Report.

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:

- The expansion of our services to now include the Haemato-oncology services from the Royal Liverpool & Broadgreen University Hospital Trust in July 2017.

- 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 6 cases of attributable clostridium difficule (c.diff) against a maximum of 5 cases, our Commissioners agreed that in all but 1 case there was not a lapse in care (1 decision pending).

- On the last day of 2017/18 it has been 6 years and 275 days since our last case of MRSA bacteraemia attributable to the Trust.

- We have scored consistently in the top 20% performing Trusts in our most recent annual Staff and Patient Care Quality Commission surveys. Whilst all of the questions in these surveys are important one particular staff survey question provides me with assurance of the quality of care. When staff were asked 'if a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust' 93% replied yes.

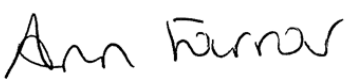
- Our annual PLACE (Patient Led Assessment of the Care Environment) is scheduled to be undertaken on 29th May 2018. The actions from this assessment will be regularly reviewed throughout the year to ensure we continue to improve our patient experience.

- A high proportion of our healthcare support staff have now completed the Care Certificate. Since April 2015 to March 2018 of the 114 staff required to complete 71 staff have achieved the care certification with 31 in progress (ie 62% - as agreed at Trust level, includes all band 4 staff and above, existing and newly qualified).

- A key part of our Transforming Cancer Care initiative continues to be realised in the building of a new cancer centre in Liverpool. We are committed to working in partnership with our patients and the Royal Liverpool and Broadgreen University Hospital Trust.

As Interim 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 solid track record in the delivery of high quality services, in particular outstanding care for our patients. As Interim 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.



Ann Farrar
Interim Chief Executive
Date: 23rd May 2018

During the last year in our cancer centre:

We cared for 7625 in-patients

We saw 11,712 new out-patients

We delivered 92,001 outpatient radiotherapy treatments

We delivered 57,630 outpatient chemotherapy treatments

During the last year we had:

0 cases of MRSA

6 cases of C diff (5 with no lapse in care 1 pending NHSE review)

26 formal complaints

20 attributable pressure ulcers (3 lapse in care)

Introduction

The 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/

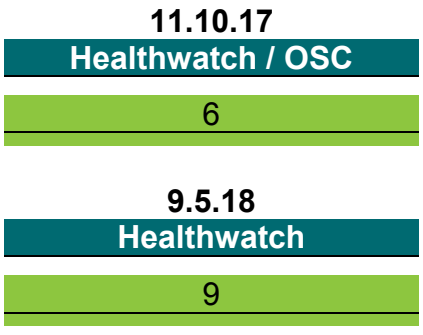
Throughout the year we actively engage with our staff, governors (as elected representatives of our members), our Patient's Council and members of local Healthwatch and Overview and Scrutiny Committees. A public governor is a member of our Quality Board Committee which is the main forum for oversight 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, 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 2017 and May 2018 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 2017/18 key priorities and discussed the priorities for 2018/19. 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:



The Board continued to monitor performance against its Quality Strategy through its Quality Committee.

2.1 Priorities for Improvement

Priority 1:
Safety:

Patient Safety: *Always safe, always effective*

Patient safety:
Implement a Human Factors Programme

Why have we chosen this priority?

The implementation of human factors is about enhancing clinical performance through an understanding of the effects of teamwork, tasks, equipment, workspace, culture and organisation on human behaviour and abilities and application of that knowledge in clinical settings. Human Factors is an established scientific discipline used in many other safety critical industries. Human Factors approaches underpin current patient safety and quality improvement science, offering an integrated, evidenced and coherent approach to patient safety, quality improvement and clinical excellence.

How we did last year

The first Human Factors training programme was held in October 2017.

How will we monitor and measure progress of this priority

We will monitor progress of the programme through the Board Quality Committee. Progress to be measured against evidence to include staff training, incident review process and evidence of learning.

Priority 2: Experience:

Patient Experience: *Striving for excellent patient satisfaction*

Implement reminiscence therapy (RITA) for dementia patients supported by volunteers.

Why have we chosen this priority?

Cancer is often described as a disease of older age. Many of our in-patients have many co-morbidities including dementia

which can increase risk of harms such as falls.

Reminiscence therapy is defined by the American Psychological Association as "the use of life histories – written, oral, or both – to improve psychological well-being. The therapy is often used with older people."

We will implement the use of RITA (reminiscence interactive therapy activities) in our wards supported by dedicated, trained volunteers.

How we did last year

Reminiscence therapy will be a new workstream in our Dementia Strategy and will build on the work already implemented such as 'John's Campaign'.

How will we monitor and measure progress of this priority

We will monitor progress of the programme through the Board Quality Committee. Progress to be measured against evidence to include staff training, patient and carer feedback, reduction in falls/incidents and complaints.

Priority 3: Effective:
Outcomes / Effectiveness: *Efficient, effective, personalised care*

Patient Outcomes/effectiveness:

The development of an outcomes dashboard and KPI's aligned with Site Reference Groups (SRG's)

Why have we chosen this priority?

This is a quality metric for our patients and supports clinical leadership during transformation, improving the quality of care. The development of a digital outcomes dashboard will drive improvements in the quality of patient care.

How we did last year

Development of an outcomes dashboard and KPI's aligned with Site Reference Groups (SRG's) will be a new workstream and will build on the work already implemented within the Trusts mortality and outcomes programme. This will support the new clinical model to be implemented in 2018/19.

How will we monitor and measure progress of this priority

We will monitor progress of the programme through the Board Quality Committee. Progress to be measured against dashboard development, improved outcomes and performance against key performance indicators.

In addition to the three priorities identified above the Trust is committed to the strengthening and improving of its safeguarding policies and processes. This is underpinned by a robust safeguarding improvement action plan which will be delivered by August 2018.

How we did last year: Progress made since publication of the 2016/17 report:

In our Quality Report last year (2016/17) we identified the following priorities:

Patient Safety: *Always safe, always effective*
Focus on falls. Development of a comprehensive falls prevention and management plan.

Patient Experience: *Striving for excellent patient satisfaction*
Patient and Public Engagement Strategy

Outcomes / Effectiveness: *Efficient, effective, personalised care*
Effective: Improving the Quality of Mortality Review and Serious Incident Investigation and Subsequent Learning and Action

Priority 1: 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 action plan. The green wrist bands were launched on the inpatient wards January 2018, patients will be allocated one to wear if they have had a history of falling or if they fall whilst an inpatient at CCC. The green wrist band is in addition to the white ID one provided on admission and is only to provide a visual alert that the patient is at risk of falling. The call don't fall signs is ongoing; the Quality Improvement Manager continues to work the COMMS team to source a 'call don't fall' sign to be placed in bathrooms/en suites as a prompt for patients. An image of the cord being pulled has been taken by the COMMS team and once approved by the falls group the signs will be ordered and will include Haemato-oncology. The sign has been to the designer a couple of times in order that the sign is right.

Following the successful trial and agreed funding of the Ramblegard falls monitors during November/ December. Conway and Mersey have now taken receipt of the new monitors and have completed ward based training. The directorate has now taken delivery of the 'digital reminiscence software' it received funding for at the end of last year, briefly the software consists of movies, music, old photographs, games etc that can cause a distraction to prevent patients wandering and increasing their risk of falling. One of the items is already being used across the trust by the clinical specialist for additional needs, 3 volunteers will be trained on how to use the device with the plan that they will start volunteering on the inpatients very soon.

A number of beds were trialed to allow relatives/carers to stay overnight in the patients room, this is particularly significant for patients suffering with dementia and is a key part of John's Campaign. 2 Glideaway beds have now been delivered to CCC and are available for use.

Physiotherapists are part of in the falls incident panels, their plan was that they utilise the rotational band 5 post to provide exercise classes for inpatients to assist with strength and balance. This post has changed but they are still working on a plan for the exercise classes and aim to pilot the classes in the spring as part of physiotherapy teams quality improvement initiative.

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

2016/17 = 92 in-patient falls

2017/18 = 110 in-patient falls*

* Although there is a 19.57% increase it should be considered that from July 2017 the figures shown include the haemato oncology service which was transferred from Royal Liverpool and Broadgreen University Hospital Trust (RLBUHT). Falls prevention will remain a Trust priority and continue to be monitored.

How will we monitor and measure progress of this priority
Falls were 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 Patient and Public Engagement Strategy sets out our ambitions for patient and public engagement and our plans to achieve these.

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 such as:

- Continued to develop the Patient and Family Cantered care nursing model
- Developed Always events
- Ensured patient and public representation on project groups
- Reviewed the internal Patient survey to ensure it is 'fit for purpose' and utilises available technology
- Continued to involve Governors in review of complaints
- Participated in national surveys and developed action plans to ensure improvement
- Involved patients the public and Governors in PLACE

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:

Mortality

The Trust continues to regularly evaluate, modify and improve the quality of its comprehensive mortality review processes. The Mortality Surveillance Group (MSG) maintains an effective strategic lead in the monitoring and promotion of mortality reduction, having oversight of all Trust related deaths, to include weekend deaths, via the Trust developed mortality dashboard. The MSG takes the lead in reviewing all high risk mortality areas, and reviews hard and soft intelligence in this regard, as well as internal and external clinical audit feedback. In-depth statistical analysis of chemotherapy and radiotherapy related deaths continues, providing a platform for the interrogation of individual Consultant performance, and continuous monitoring of chemotherapy regimens toxicities and variations in clinical practice.

Trust -wide monthly feedback and dissemination of learning from deaths from Mortality Review Meetings is in place. Structured Judgment Review methodology has been successfully introduced, with all Consultants expected to engage in such reviews, to highlight areas of good practice as well as identify any sub optimal care provision and avoidable deaths. All Trust

deaths in care are subject to one or more of five levels of scrutiny, to include a documented specialist Site Reference Group Review or Specialist Committee Review response to a mortality alert investigation process. The Trust continues to share this learning widely with external healthcare providers to include other hospital Trusts, GPs and Coroners.

The adoption of new national mortality guidance and policy has seen the Trust's closer liaison with national and regional partners and external agencies, to include CDOP (Child Death Overview Panel) and LeDER (NHSE Learning Disabilities Mortality Review Programme). Also, a focused emphasis on the early involvement of families, and continued open and honest communication with families and carers, in the event of Serious Untoward Incident investigations. In line with new statutory guidance in relation to the management of child (0-18yrs) deaths, the Trust now has an identified Key Worker for any families affected by the death of a child.

Why have we chosen this priority?

Improved mortality review and review of serious incidents will:

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

How we did last year

The Mortality Review Meetings resulted in a number of changes to 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 and progress is monitored at the Mortality Surveillance Group and reported to the Board via the Quality & Safety Sub Committee of the Board Quality Committee.

Oversight of Trust mortality data summary is now included in the Trust's Quality Accounts from June 2018

2.2 Statements of Assurance from the Board

During 2017/18 The Clatterbridge Cancer Centre NHS Foundation Trust provided and/or sub-contracted three relevant NHS services.

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

The income generated by the NHS services reviewed in 2017/18 represents 100% of the total income generated from the provision of relevant health services by The Clatterbridge Cancer Centre NHS Foundation Trust for 2017/18.

Information on participation in clinical audits and national confidential enquiries

During 2017/18, 13 national clinical audits and 1 national confidential enquiry were relevant to the health services provided by The Clatterbridge Cancer Centre NHS Foundation Trust.

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

The national clinical audits and national confidential enquiries that The Clatterbridge Cancer Centre NHS Foundation Trust was eligible to participate in during 2017/18 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
- 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
- Non-Interventional Study Protocol - AMN107A2001
- National Study of Late Effects after Hodgkin Lymphoma
- National Small Cell Bladder Audit

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 2017/18, 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
- 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
- Non-Interventional Study Protocol - AMN107A2001
- National Study of Late Effects after Hodgkin Lymphoma
- National Small Cell Bladder Audit

Table 8a: Audits: cases submitted

National Clinical Audit and NCEPOD eligible studies	Cases submitted
National Bowel Cancer Audit	571/726 (79%) treatment records submitted by CCC. Unable to upload 100% of records as referring hospitals have not uploaded the patient's demographic and diagnosis data.
National Lung Cancer Audit	Data submitted via COSD monthly
National Oesophago-Gastric Cancer Audit	262/331 (79%) treatment records uploaded as at 20/02/2018. Partial upload achieved awaiting data completion by referring hospitals.
National Head and Neck audit (HANA)	Data collection in progress, no deadline
Cancer Outcomes and Services Dataset (COSD)	XML files were sent monthly to NCIN
National Audit of Breast Cancer in Older patients	Patient data will be extracted from COSD monthly submission
Female Genital Mutilation	Zero return for 2017-18
NCEPOD – Cancer in Children, Teens and Young Adults	1/1 In-patient clinician questionnaire completed (100%). 4/4 SACT case clinician questionnaires completed (100%). 1/1 organisational questionnaire completed (100%). 5/5 case note extracts returned to NCEPOD
RCR National Muscle Invasive Bladder Audit	20/20 cases submitted (100%).
National Audit of the management of patients at risk of Transfusion Associated Circulatory Overload	40/40 records completed (100%)
RCR National Prostate Cancer Audit - Radiotherapy Data	Files are sent monthly to NCIN

Non-Interventional Study Protocol - AMN107A2001	Due to commence. Deadline date 31/12/2018.
National Study of Late Effects after Hodgkins Lymphoma	28/188 records completed (11%). Deadline for completion of the national study has been extended until 31/10/18
National Small Cell Bladder Audit	9/9 records completed (100%).

The reports of 4 national clinical audits were reviewed by the provider in 2017/18 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 (Bowel Cancer)	The annual report and recommendations were reviewed by the SRG Chair and will continue to support the audit and submit data for 2018-19
NLCA (Lung Cancer)	The annual report and recommendations were reviewed by the SRG Chair and will continue to support the audit and submit data for 2017-18. SRG members reviewing action plan.
NOGCA (Oesophago-Gastric Cancer)	The annual report and recommendations were reviewed by the SRG Chair and will continue to support the audit and submit data for 2017-18. SRG members reviewing action plan.
NPCA (Prostate Cancer)	The annual report and recommendations were reviewed by the SRG Chair and will continue to support the audit and submit data for 2017-18

***SRG – Site Reference Group**

The reports of 33 local clinical audits were reviewed by the provider in 2017/18 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
The development, implementation and impact of a nurse-led complex needs clinic for metastatic breast patients, promoting patient centred care	Confirmed Good Practice
Blood Product Transfusion Times (QUIP)	Action Plan: • Teaching/refresher session, for prescribers and for nurses, particularly regarding rules around group and save labelling. Could be given at Drs induction • Factsheet/intranet guidelines re process, especially importance of timely transfusions • Identify which HCP sends relevant fax and mitigate for delays to expedite transfusion decisions. • Agree fax and introduce fax policy with WUTH to indicate time of blood product arrival. Nurses could then be aware of a time to expect when the blood should be going up. • Re-audit for assurance of compliance with policy and process.
Compliance of Docetaxel in treating breast cancer cancer patients in adjuvant setting using FEC-T (Fluorouracil/ Epirubicin/ Cyclophosphamide/ Docetaxel)	Action Plan: •Audit expanded to look at St Helens & Knowsley
Assessing the needs of patients with previously treated primary high risk, uveal melanoma undergoing regular liver surveillance screening using the Macmillan Holistic Needs Concerns Checklist.	Action Plan: • Work with Liverpool Ocular Oncology Centre (LOOC) to develop further psychological and emotional support at diagnosis • Patient portal for self-supported management • Assess impact of prognostication results on patients emotional well being • Improve delivery of prognostication results
Monitoring of weight post first line treatment for ovarian cancer	Action Plan: • Project Expanded (Reduce weight gain and improve quality of life)
Holistic Needs Assessment (HNA)	Action Plan: • Training workshops being delivered to support staff in completing the HNA.
Re-Audit – Follow-up of patients receiving adjuvant therapy for breast cancer	Sustaining Improvement

An audit to establish if aflibercept (available via the Cancer Drug Fund) is improving patient outcomes	Confirmed Good Practice
Audit of mid treatment CBCT (Cone Beam CT) image results for SABR (Stereotactic ablative radiotherapy) Lung Cancer Patients	Confirmed Good Practice
An empirical study to investigate the intra fraction motion of biologically optimised radiotherapy treatments for prostate cancer	Confirmed Good Practice
The incidence of febrile neutropenia and impact on hospital admissions in testicular cancer patients receiving chemotherapy: A re-audit	Sustaining Improvement
Pressure Ulcer ReAudit - April 2017	Sustaining Improvement
National Re-audit of Breast Radiotherapy Practice	Sustaining Improvement
Toxicity and outcome after radical pelvic/prostate radiotherapy	Confirmed Good Practice
(QUIP) To understand how to improve the diagnosis and treatment of suspected Neutropenic Sepsis	Confirmed Good Practice
Assessing the value of the Specialist Breast Nurse Practitioner in the outpatient	Action Plan: • Present at SRG/CNG meetings • Re-design/re-structure patient questionnaire- aim to encourage all patients to respond • Repeat Audit
(Re-audit) Decision-making and documentation of CPR status for acute admissions to CCC	Sustaining Improvement
Evaluation of the accuracy of current 2D MV treatment verification imaging protocol for standard two-field breast radiotherapy in the department	Confirmed Good Practice
Peripheral neuropathy in taxanes	Confirmed Good Practice
Secondary Breast Cancer Pledge	Action Plan: •NICE Guidance on Keyworker assignment • Staff and patient representatives to consider this report and its implications/ solutions. • The Pledge Partnership will chair this meeting and, as appropriate, contribute ideas or changes which have been adopted by other hospitals in response to similar issues. Together staff and patients will then develop a set of improvement goals which are appropriate to the hospital's resources but maintain an ambition on achieving the highest possible standard of care for patients with secondary breast cancer.
Case series of breast carcinosarcoma	Confirmed Good Practice
Introduction, development and evaluation of nurse-led video link consultation as a potential replacement for outpatient clinic visits	Confirmed Good Practice
Baseline review of level 1 psychological interventions provided by staff to patients attending CCC.	Confirmed Good Practice
Evaluation of Enhanced Supportive Care Service (ESC)	Action Plan: • Patients from all tumour groups should be eligible to access ESC. This will require service investment. • Wide dissemination of results from this study and the forthcoming qualitative evaluation to raise awareness, encourage engagement and promote patient referral to the service. Results from this study should be presented to participating SRGs to encourage higher ESC referral rates. ESC referral should be an integral part of the patient pathways for all cohorts • Secure appropriate funding to embed ESC within cancer services beyond the end of March 2019 • Engage with local Cancer Alliance and the STP to explore a system wide approach to ESC implementation • Develop robust procedures to measure and collect data for unplanned admissions within the cancer centre and

	local hospitals. • Undertake further longitudinal studies of ESC patients with a larger sample size and additional power to demonstrate advantages of ESC and highlight areas for further improvement.
An Evaluation of The Implementation and Impact of The Carers' Alert Thermometer (CAT-CCC) Tool At Clatterbridge Cancer Centre	Action Plan: • Explore earlier use: • Integrate with existing processes to include carers • Explore use by other teams • Additional pilot with other teams • Involvement of Maggies Centre staff • Have online version of CAT available on Meditech and install on IPAD for self-completion
Use of jaw tracking to reduce dose to organs at risk for early stage non small cell lung cancer (NSCLC) treated using Volumetric Arc Therapy (VMAT)	Action Plan: •Implement Jaw tracking
The outcome of Duke's C2 Colon Cancer	Confirmed Good Practice
Highlighting blood results on the ward	Action Plan •As only verbal prompts were used throughout this project consideration is being given to having having a visual prompt to remind staff taking bloods to use the blood board. •Consider better positioning of the blood notice board
Number of cycles of first line platinum combination chemotherapy and patient survival in advanced small cell lung cancer (SCLC) 4v6	Action Plan: •Guidelines should limit the recommended cycle number to 4 until the superiority of a longer regime is identified in a randomised study
Review of High Dose Radiation (HDR) surface mould radiotherapy	Action Plan: •Create Meditech proforma for prospective completion of follow up data •Present at General CCC Audit Meeting Feb 2018 •Write article for Green Journal in collaboration with Physics Department •Re-Audit from Feb 2014 to present
Pilot Project For Evaluation of Pre-appointment Telephone Consultation For Patient Under Follow-up For Upper Gastrointestinal Tumours	Action Plan: •Expansion of the project in this specific upper GI oncology patient population would continue to allow for timely investigations when necessary •To facilitate efficient clinic disposal future development includes a formal arrangement for rescheduling of clinic appointments
Prophylactic daily G-CSF - is it cost effective?	Confirmed Good Practice
Collecting Outcome Measures for The Rehabilition and Support Team	Confirmed Good Practice

Local NICE Guidance Audit	Actions to improve quality of care
TA378 - Ramucirumab for treating advanced gastric cancer of gastro-oesophageal junction adenocarcinoma previously treated with chemotherapy	Fully Compliant
TA411 - Necitumumab for untreated advanced or metastatic squamous non-small-cell lung cancer	Fully Compliant
TA414 - Cobimetinib in combination with vemurafenib for treating unresectable or metastatic BRAF V600 mutation-positive melanoma	Fully Compliant
TA403 - Ramucirumab for previously treated locally advanced or metastatic non-small-cell lung cancer	Fully 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 526.

	Q1	Q2	Q3	Q4	Total
Clatterbridge Cancer Centre	98	101	145	182	**526**

Research and Innovation

R&I has achieved a lot in the last five years and we are now entering a new and exciting time of transition. We remain totally committed to the Trust objectives of providing the best cancer care to the people that we serve. The Team have put in place robust governance arrangements, invested in the delivery teams and supported gaining Experimental Cancer Medicine Centre status with strong early phase trial portfolio and established the CCC Biobank for cancer research. We recognise and embrace the need to develop and move forward with a weather eye to the expansion into Liverpool and the opportunities for the enhancement of our research agenda for patient benefit that this affords. We look to develop our areas of strength, continue our collaborations with strategic partners and deliver access to research to our patients to provide excellent evidence based care through a strong refreshed research portfolio.

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 have now appointed a new Director of Academic Research. There will be a new Research Strategy to refresh and develop our research agenda. Our next focus will be on 'making every patient's experience count.' We aim to build an inclusive and dynamic research portfolio focused on patient benefit and excellence, by reviewing the trial portfolio, capitalising on research strengths and expanding the qualitative research agenda. We will also flex our workforce to assure continued support for research across all sectors. Additionally we will be looking to expand IT infrastructure to facilitate inclusion of our patients into trials. We will also increase our research visibility for our patients across the Trust and through a new website.

We have continued to support study delivery at CCC. We have increased commercially funded studies year on year (from 15% of our portfolio in 2010-11 to over 60% to date) through close working and quality delivery. The R&I Team have been at the forefront of supporting key strategic studies, upskilling staff to undertake First in Human, Phase I, Immunotherapy and First in Class Drug studies. There has been an increase in the number of studies for which CCC act as Sponsor with two large grants secured within the Hepatobilliary (led by Prof. Palmer with a grant of £4, 005, 017) and Head and Neck (led by Dr Sacco, grant of £981, 503) portfolios and two new Lung Cancer studies in the pipeline led by Dr Escriu; all the studies are for patients with unmet needs in difficult disease areas. The CCC Biobank has grown the targeted sample collections and is releasing quality samples to support bench to bedside research.

Notable Achievements

- CCC in collaboration with the University of Liverpool has supported the ECMC through its first year and assuring that deliverables have been met. There has been a 75% increase in early phase studies in the last year to support the ECMC strategy and agenda. Importantly this gives patients access to novel agents. We also attended the ECMC North showcase and delivered presentations and research posters showcasing CCC and our research.

- We welcomed the Haemato-oncology Team and have successfully integrated their research studies under CCC governance and into our portfolio. We are continuing to support the research agenda, cross cutting and assuring Haem-onc representation at all levels of R&I study meetings and governance.

- There has been significant development of the CCC Edge

platform. CCC is one of the first Trusts to use this system for reporting on trial recruitment. The system has been further developed within R&I to be used as the main research governance platform with bespoke reporting on all aspects of study management enabling streamlining of processes. As the system is web-based, this has aided the smooth integration of the Haemato-oncology team into the CCC research governance processes. CCC Edge has also been modified to underpin all reporting requirements to support the ECMC and has been recognised by CRUK as a Liverpool positive.

- The CCC Biobank continues to collect samples for high quality research, where possible targeted to assure highest research resource.

- R&I has improved study delivery not only increasing the number of studies opened this year but also increasing patient recruitment. We will use this as a platform to continue to give our patients across the region access to novel agents and to participate in research.

CQUINS:
A proportion of The Clatterbridge Cancer Centre NHS Foundation Trust's income (2017/18) was conditional on achieving quality improvement and innovation goals agreed between The Clatterbridge Cancer Centre NHS Foundation Trust and its commissioners, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2017/18 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 2017/18

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 2017/18 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

- which included the patient's valid NHS Number was: 99.8% for admitted patient care and 99.9% for outpatient care. The Trust does not provide accident and emergency care.

- which included the patient's valid General Practitioner Registration Code was: 100% for admitted patient care and 100% 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 2017/18 was 83% and was graded green.

The Clatterbridge Cancer Centre was not subject to the Payment by Results clinical coding audit during 2017/18 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 2017/18.

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.

Implementation of the Priority Clinical Standards for Seven Day Hospital Standards

To address the requirement standard 2,6 and 8 for regular and consistent senior input to inpatient care the concept of the “Consultant Of The Week” (COW) has been developed. The clinical oncologists have been working a COW rota since April 2014, and Medical Oncologists since February 2016.

The “COW” rota has provided regular and reliable senior medical decision making to the inpatient areas, this provides the required support and training to doctors in training and improves patient safety.

To acknowledge changes arising from 7 day services guidance the COW responsibilities have been extended to being available on site to review unplanned admissions until 9- 8pm Monday to Friday, 9-5pm at weekends (standard 2) . Admission rate at CCC drops significantly at weekends due to concerns about access to diagnostic tests, while plain Xrays are available on site, patients must be transferred to Wirral University Teaching Hospital, Arrowe Park site for most other investigations. Blood tests are available but transfer of the sample to Arrowe Park hospital is required. Patients at CCC have access to investigations but not on site at CCC at weekends. Urgent radiological investigations required out of hours (eg head CT) will require transfer of the patient to Arrowe Park hospital (standard 5) CT and MRI are available on site Monday – Friday 9-5.

There is a consultant ward round from a medical oncologist and a clinical oncologist 7 days a week. All patients in escalation group D or more on the basis of the early warning score (Escalation group D = NEWS 5 where no exemption has been identified) are reviewed by a consultant within 24 hours on the daily ward rounds.

Patients in the step facility are reviewed at 9 and 4pm Monday to Friday (standard 6).

Emergency radiotherapy is available 7 days a week (standard 8).

COW Ward Responsibilities

- Attend morning multidisciplinary team handover (see handover policy). 9 am.
- Review all patients in step-up immediately following morning handover and evening handovers
- Consent patients admitted for emergency radiotherapy for cord compression (if not already consented) if a Clinical Oncology trainee is not available for consenting i.e. Both Day SpR is a Medical Oncology Trainee
  - A patient should not leave the ward for radiotherapy planning before consent has been obtained
- Review all emergency admissions admitted since last ‘COW ‘ ward round. 7 days/week.
  - 90% of admissions to be reviewed with 14 hours of admission by consultant(Keogh standard)
- On admission for all patients COW will formulae the integrated management plan with **estimated** discharge date and criteria for discharge

- patients who are admitted to hospital and are who are considered likely to require community care for discharge should be highlighted at admission not when considered medically fit for discharge (Trust responsibility under the Care Act 2014)

- COW ward rounds will be supported by a Ward Nurse. COW ward rounds take priority over weekly rounds by individual consultants for both nursing and junior doctor support.
  - On the daily ward rounds the consultant will determine the patients status as medically active, medically optimized, Medically discharged or End of Life Care

- Monday – Sunday perform ward round to review all patients identified as **medically active**
  - All patients identified as medically active which include the below:
    - Deteriorating patients
    - Uncertain diagnosis
  - Awaiting consultant input prior to discharge
  - Patients In Step – Up (review twice daily 9.30 and 4 pm)
  - All patients admitted as unplanned admission within past 48 hours not managed on a care pathway
  - All patients discharged from step up within past 48 hours All patients not responding to treatment as expected
  - All patients in escalation policy groups D (medium risk) and E (High risk) within past 24 hours
    - Guidance by escalation group allows for flexibility and variances but maintains robust direction for nursing staff
    - All patients about which the Junior Medical Trainees, Oncology Trainees or Nursing Staff have concerns

  - Patients identified as medically optimized patients may be reviewed as a board round/discussion with ward teams. This includes:
    - Patients who are physiologically stable
    - Have a confirmed diagnosis or have appropriate tests under way
    - Are managed on a care pathway or following a prescribed plan of care
    - In a stable condition

- Discuss and review as appropriate all patients with high risk NEWS score or those patients where the risk of mortality is greater than 10% (ie venous lactate level >2 in patients with sepsis), or where a patient is unstable and not responding to treatment as expected within 1 hour
- Provide a source of expert advice to the Oncology SpR's and Junior Medical trainees supporting the Triage and assessment team
- Be available for planning for emergency/urgent radiotherapy.
- Discuss all transfers for emergency radiotherapy with SpR prior to transfer of the patient (clinical oncology COW only)
- Prioritise admissions if Bed Status – Red or Amber bed status
- Prioritise admission to Step – up
- Source of advice for Doctors in Training
- Education of Doctors in Training – e-portfolio ACAT, CBD, MiniCeX etc (as appropriate)

Following the daily COW ward rounds

- The COCOW will be available for review of patients on Mondays, Wednesdays and Fridays until 8pm or until the last expected patient for review has been seen.
- The MOCOW will be available for review of patients on Tuesdays and Thursdays until 8pm or until the last expected patient for review has been seen.
- If the COCOW is busy with emergency radiotherapy the MOCOW will be available to support the doctors in training and Advance Nurse Practitioners and review all admissions or deteriorating patients on the wards irrespective of the speciality of the usual managing consultant until 5pm Monday – Friday.

Learning From Deaths

During 2017/18 **85** of The Clatterbridge Cancer Centre NHSFT patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period: 17 in the first quarter; 17 in the second quarter; 19 in the third quarter; 32 in the fourth quarter.

By 31.3.18 65 case record reviews (phase I: consultant case record review of own cases) and 55 investigations (phase II: pre mortality multi-disciplinary meeting review, to include structured judgement review (SJR) have been carried out in relation to 85 of the deaths included in item 27.1.3 out of the 55 investigations were further selected for discussion at the Trusts Mortality Review Meeting (phase III: Trust –wide formal multi-disciplinary mortality & learning from deaths review meeting).

In 55 cases a death was subjected to both a case record review and an investigation (phase I & II). The number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 3 in the first quarter;
- 15 in the second quarter;
- 15 in the third quarter;
- 20 in the fourth quarter.

2 patients were reviewed in 2018/2019 Q1.

SJR avoidable death scoring mechanism locally agreed March 2018 for inpatient deaths, data collection ongoing from April 2018. Delay in recording inpatient avoidable deaths due to recommendation by Royal College of Physicians to clinicians and lack of national agreement.

39 out 55 cases had SJR completed. Out of the 39, 2 cases were further selected for discussion at the Trust's Mortality Review Meeting. SJR was not 100% completed due to implementation phase at early stage.

2 representing 5% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter, this consisted of: 1 representing 33% for the first quarter; 0 representing 0% for the second quarter; 1 representing 7% for the third quarter; 0 representing 0% for the fourth quarter.

These numbers have been estimated/calculated using the RCP Structured Judgement Review methodology.

8 case record reviews and 13 investigations (phase II) were completed after 31.03.2017 which related to deaths that took place before the start of the reporting period. 3 SJR were completed.

0 representing 0% of the patient deaths before the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. These numbers have been estimated/calculated using the RCP Structured Judgement Review methodology.

Overall, 2 representing 3% of the patient deaths during October 2016-March 2018 who were reviewed during April 17 – March 18 period are judged to be more likely than not to have been due to problems in the care provided to the patient. ”

Outpatient Deaths

In addition to review of inpatient deaths, The Clatterbridge Cancer Centre NHSFT also is committed to review outpatient deaths for patients within our care which meet the mortality review criterion; deaths within 30 days of chemotherapy or radiotherapy treatment, and within 90 days of radical radiotherapy treatment. Radiotherapy for spinal cord compression or bone metastases cases are not required for review, on the condition that the dose and fractionation given was as per Trust protocol. Therefore the corresponding figures for the **outpatient** deaths are;

During 2017/18 **484** of The Clatterbridge Cancer Centre NHSFT patients died. This comprised of the following number of deaths which occurred in each quarter of that reporting period: 110 in the first quarter; 115 in the second quarter; 123 in the third quarter; 136 in the fourth quarter.

Of the 484 deaths, 386 cases required a review. By 31.3.18 **301** cases out of the 386 cases were reviewed (phase I) and 289 investigations (phase II) have been carried out in relation to 301 of the deaths included in item 27.1. 28 out of the 289 investigations were then selected for further discussion at the Trusts Mortality Review Meeting (phase III).

In 289 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 8 in the first quarter;
- 47 in the second quarter;
- 106 in the third quarter;
- 79 in the fourth quarter.

49 patients were reviewed in 2018/2019 Q1

2 representing 7% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter, this consisted of: 0 representing 0% for the first quarter; 1 representing 2% for the second quarter; 1 representing 1% for the third quarter; 0 representing 0% for the fourth quarter.

These numbers have been estimated/calculated using the RCP Structured Judgement Review methodology.

110 case record reviews and 121 investigations (phase II) completed after 31.03.2017 which related to deaths which took place before the start of the reporting period.

3 representing 2.5% of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient.

These numbers have been estimated/calculated using the RCP Structured Judgement Review methodology.

5 representing 1.2% of the patient deaths during November 2015-March 2018 who were reviewed during April 17 – March 18 period are judged to be more likely than not to have been due to problems in the care provided to the patient.

Summary of learning from case record reviews and investigations conducted in relation to the deaths (inpatient and outpatient deaths)

1. Accurate recording of cause of death can be complex which could involve multiple organisations and professional discussion and agreement.

2. Able to learn from and share good practice with other hospitals to strengthen the quality of care provided to patients.

3. Accessing patient's scans, pathology reports and blood test results carried out in other hospitals is a crucial part of safe service delivery.

4. Timely and electronic documentation of the chemotherapy assessment using standardised tools at each administration point is important. This enables other health professionals involved in delivering the care to remain informed about the condition of the patient.

5. Robust communication platform between health professionals is vital for continuation of care, at time when clinical staff number can be restricted.

6. A need to review treatment pathways for Small Cell Lung cancer patients admitted for emergency chemotherapy.

7. A need to review clinical trial data to ensure local protocol for Non-Small Cell Lung cancer is robust.

Learning from SUI investigations

8. Accurate documentation and access to up to date scan results and MDT notes are essential for timely delivery of patient care. Processes to support this in the event of IT failure are crucial.
9. Ensuring all staff are competent, aware of, and following the correct processes and protocols prior to SACT administration to prevent medication being administered without bloods being checked.
10. Reduced mobility, spinal involvement, marked paraparesis, poor nutrition post chemotherapy due to severe mucositis and faecal incontinence must be carefully and regularly assessed and monitored to prevent pressure ulcer deterioration.
11. Unfamiliar and infrequently prescribed drugs require targeted medicines management training to include correct dosage and labelling. Clinical staff must be assessed for numerical competence.
12. Patient height and weight must be accurately recorded at every appropriate interaction.

Description of the actions taken in the reporting period, and proposed to take following the reporting period, in consequence of what the provider has learnt during the reporting period

1. Contacted the coroner office expressing concern that inaccurate cause of death had been recorded on a patient's death certificate. Coroner agreed to issue an updated patient's death certificate with correct cause of death.

2. a. Review and implement The Christie's hospital's diabetic pathways.

   b. Sharing learning from previous death review cases to the Isle of Man Noble's Hospital when dispensing oral chemotherapy to patients. There were a few incidents in the past whereby patients were continuing to take oral chemotherapy when admitted to other local hospitals. Now all oral chemotherapy packages carry a yellow label advising patient/other health professionals to stop treatment when feeling unwell and to contact the Trust via a 24 hour phone number.

3. Due to the geographic location of the Trust and reducing the travel time of patients, patients are seen at their local hospital by the clinical team. Therefore the Trust's medical staff is equipped with local hospital login to access the local hospital's clinical systems, ensuring the latest information/results are available for review. Likewise, patient's blood test results that were carried out in other hospitals are now electronically transferred into Meditech (EPR) system for review.

4. a. Oral chemotherapy will not be dispensed by PharmaC when no chemotherapy assessment has been documented by the out-patient clinic.

   b. Clear documentation if treating against protocol. There has been a worksheet created in Meditech asking if the treatment is per protocol, if the nurse answers "No" a comment is added to document as to why/who discussed with etc.

   c. A worksheet was created for the band 5 & 6 chemotherapy nurses to complete which includes case studies where they need to work out the patient's performance status. There are some further refinements to be made to improve the worksheet.

d. Moving to use UKONS version 2 for our SACT assessment, ensuring all patients are assessed in a standardised way, whether inpatient, outpatient or triage patient.

5. An electronic handover document is in development, which will be accessible by all and contained within Meditech.

6. An audit is being undertaken to review Small Cell Lung cancer patients admitted for emergency chemotherapy.

7. Lung Specific Reference Group is reviewing the available clinical trial data and the local chemotherapy protocol for Non-Small Cell Lung cancer ensuring the local chemotherapy protocol is robust and in line with clinical trial recommendation.

8. Processes have been developed and are in place to support clinicians' access to required clinical information in the event of IT failure.

9. Processes and practices have been changed to ensure patients do not receive their medication until the blood results have been checked .The process for dissemination of protocol updates has been formalised to ensure doctors are aware of the current versions. A pilot has been implemented of involving the patient by giving them a copy of the protocol.

10. Monthly multidisciplinary harms review meetings are now in place with external challenge from tissue viability nurse.

11. Medicine Management training has been reviewed to include more specific training on the interpretation of medication strengths. All staff must complete numeracy testing. Additional warning labels and information posters produced. On line information available in clinical rooms.

12. A review of the process for taking patient weights and recording them accurately has been undertaken.

Assessment of the impact of the actions described in item 27.5 which were taken by the provider during the reporting period

- Ref point 2: Since the Trust's introduction of yellow labels to oral chemotherapy packages, there has been no further incidence of patients being unwell and continuing to take oral chemotherapy while admitted to other local hospitals in Cheshire and Merseyside.

- Since the action of point 3, patient's result are now easily assessable by the care team.

- Since the action of point 4, chemotherapy assessment is now more completed timely and improved documentation.

- Since the action of point 9, all patients do not receive their medication until the blood results have been checked.

- Since the action of point 10, no further grade 4 pressure ulcers have occurred. Harms review meetings provide an essential reflection and learning platform to prevent future occurrences.

- Since the action of point 11, clinical staff has more accessible medicines dispensing information in clinical rooms. All clinical staff have been formally assessed for numeracy competency.

- Since the action of point 12, there are now limit opportunities for transcription errors of height and weight.

2.3 Reporting Against Core Indicators

In July 2017 the Trust took over the management of the haemato-oncology service from the Royal Liverpool and Broadgreen NHS Trust. Where the information below contains data after this period it will include the haemato-oncology patients and staff which impacts on the ability to compare with previous year's performance.

Commentary provided on all relevant domains to the Trust as below.

Domain 3: Patients readmitted to a hospital within 28 days of being discharged aged 16 or over

Period	Trust Performance	National Average	National Range (lowest)	National Range (Highest)
2016/17	Data not available			
2015/16	Data not available			
2014/15	Data not available			
2013/14	Data not available			
2011/12	0.00	8.84	0.00	17.15
2010/11	0.00	9.04	0.00	17.10
2009/10	0.00	9.10	0.00	15.26
2008/09	0.00	9.43	0.00	15.27

Data source: NHS Digital 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

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)
2017/18	Data not yet published			
2016/17	84.9	68.1	60.0	85.2
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: NHS Digital

- 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)
2017	93%	89%	79%	93%
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: NHS Digital 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 17/18	94.14%	95.25%	76.08%	100%
Q2 17/18	96.36%	95.19%	71.88%	100%
Q1 17/18	97.25%	95.09%	51.38%	100%
Q4 16/17	97.10%	95.54%	63.02%	100%
Q3 16/17	90.67%	95.7%	76.48%	100%
Q2 16/17	96.64%	95.65%	72.14%	100%
Q1 16/17	98.33%	96.01%	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%
Q4 14/15	99.08%	96.31%	79.23%	100%
Q3 14/15	98%	96%	81%	100%
Q2 14/15	98.1%	96%	86.4%	100%
Q1 14/15	98.2%	96%	87.2%	100%

Data source: NHS Digital

- 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 2016 to March 2017	39.9	35.9	0	147.5
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: NHS Digital 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 (acute specialist).

Period	Trust Performance	National Average	National Range (lowest)	National Range (Highest)
October 16 to March 17	771	1444	295	3872
April 16 to September 16	1342	1357	286	2527
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: NHS Digital 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 (acute specialist)

Period	Trust Performance	National Average	National Range (lowest)	National Range (Highest)
October 16 to March 17	85.3	51.6	13.7	149.7
April 16 to September 16	150.6	59.5	16.3	150.6
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: NHS Digital 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 16 to March 17	0	3	0	11
April 16 to September 16	0	2	0	7
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: NHS Digital 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 16 to March 17	0.00%	0.21%	0.00%	1.37%
April 16 to September 16	0.00%	0.12%	0.00%	1.05%
October 15 to March 16	0.00%	0.10%	0.00%	0.59%
April 15 to September 15	0.00%	0.10%	0.00%	0.62%
October 14 to March 15	0.00%	0.31%	0.00%	0.90%
April 14 to September 14	0.00%	0.57%	0.00%	4.19%

Data source: NHS Digital Comparator group: Acute Specialist (including acute specialist (children)) organisations

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

- It is consistent with our internal reporting processes
- The Clatterbridge Cancer Centre NHS Foundation Trust has taken the following actions to improve the quality of its services (the rate of severe harm incidents is 0 and therefore cannot be improved on.)
- Continued delivery against our Risk Management Strategy
- Continued delivery against our Quality Strategy
- Continued monitoring of our incident reporting levels via the NRLS (National Reporting and Learning System)
- Improved feedback to staff who report incidents

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

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

2.4 The Friends and Family Test

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

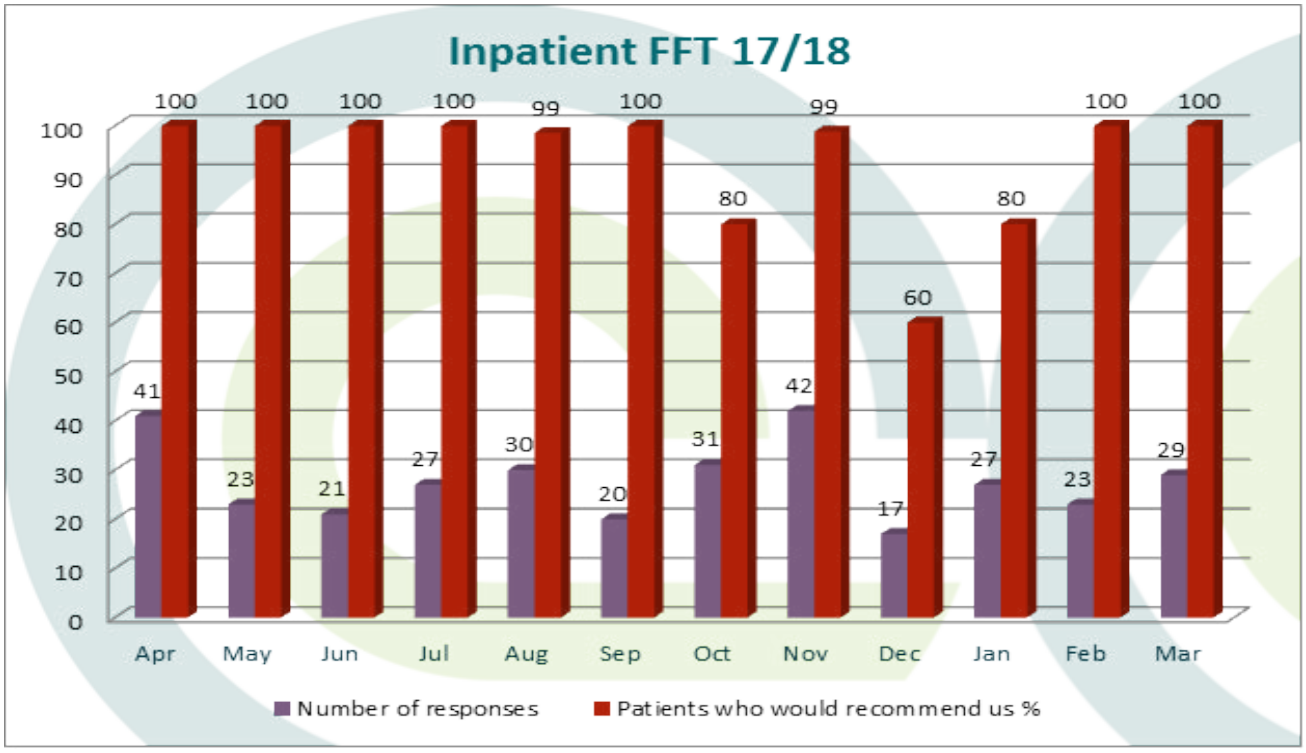
> How likely are you to recommend our ward to friends and family if they needed similar care or treatment?
>
> - Extremely likely
> - Likely
> - Neither likely or unlikely
> - Unlikely
> - Extremely unlikely
> - Don't know

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

The Trust recognises that the Friends and Family response rate is lower than desired due to a number of circumstances to include the disease status of the patient population and timing of distribution of the response cards. To address this matter the Trust has invested in digital software which will be piloted in 2018 to facilitate ease of response.

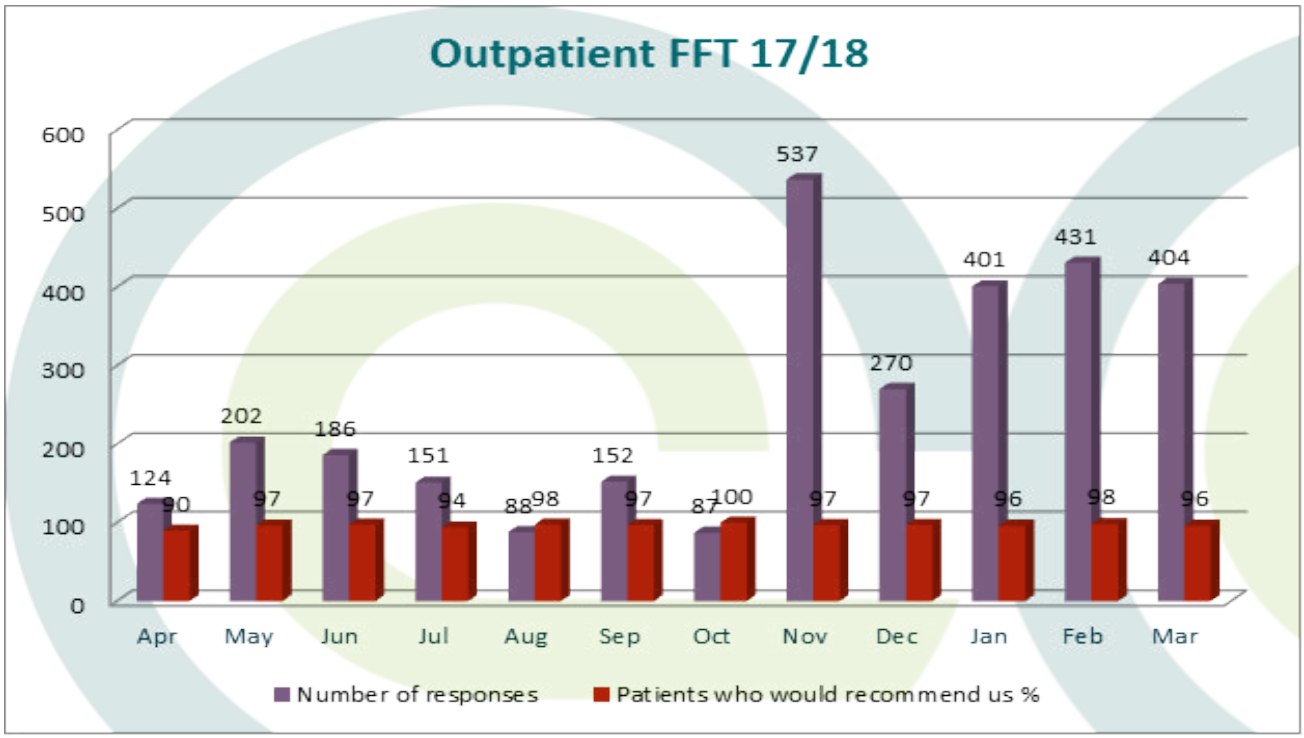
Inpatient Friends and Family Test

Inpatients for 2017/18 total responses received 331 of which 99.4% would recommend our services



Outpatient Friends and Family Test

Outpatients for 2017/18 total responses received 3033 of which 96.5% would recommend our services.



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

2.5 Implementation of the Duty of Candour

The Trust has in place a being Open and Duty of Candour: communicating patient safety incidents with patients and their carers policy. This policy provides the information and framework to all staff to ensure a culture of openness where communication with the patient, their family or carers and the healthcare team is open, honest and occurs as soon as possible following a patient safety incident. The policy is audited annually and the 2017 audit involved reviewing all incidents that caused harm and all serious incident panels held from 1/12/16-30/11/17. It also involved reviewing all complaints and claims to ensure that the Being Open policy/principles were followed.

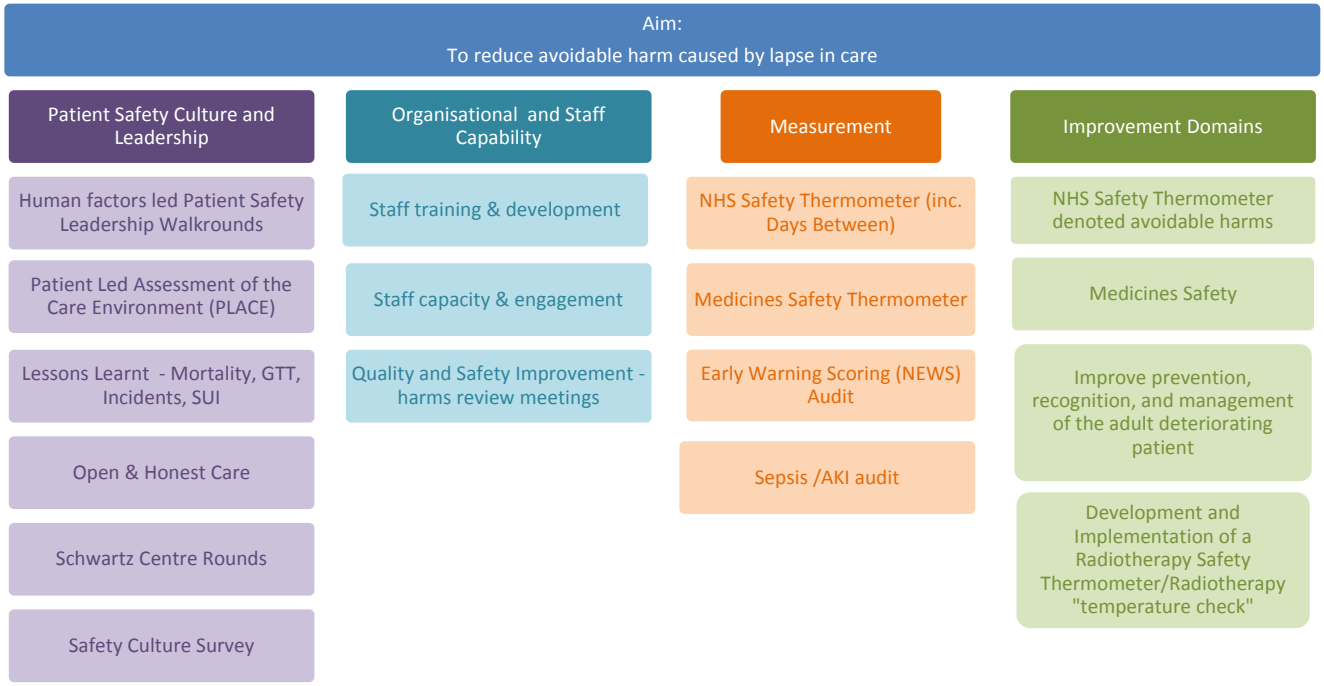
The audit has confirmed that the principles of being open have been undertaken where appropriate and that the required documentation has been completed.

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.

2.6 Sign up to Safety Campaign

As reported in our 2016/17 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)

			2017	Average (median) for acute specialist trusts 2017	2016	Change	Ranking compared with all acute specialist trusts in 2017
KF26	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	24%	22%	22%		Below average
		BME	16%	26%	5%		Better than average
KF21	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White	89%	88%	94%		Better than average
		BME	96%	75%	100%		Better than average

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
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 specialty with a filled position.	Completed
The Trust must ensure the radiation protection and safety aspects within the Trust are addressed and documentation kept up to date.	Completed
The Trust must improve the quality assurance processes in the diagnostic imaging department, ensuring it is appropriate and timely.	Completed
The Trust must ensure review and update of all policies and procedures surrounding radiation protection in the imaging department to ensure they reflect current practice	Completed

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

	2017/18	201617	201516	2014/15	2013/14	2012/13
Attributable grade 2 or above pressure ulcers / 1,000 bed days'	0.92	0.99	0.87	1.03		
MRSA bacteraemia cases / 10,000 bed days	0	0	0	0	0	0
C Diff cases / 1,000 bed days	0.38	0.28	0.18	0.06	0.12	0.15
'Never Events' that occur within the Trust	0	0	0	0	0	0

Chemotherapy errors (number of errors per 1,000 doses):	1.3	0.57				
Radiotherapy treatment errors (number of errors per 1,000 fractions)	1.07	1.2	1.5	1.4	1.1	0.81
Falls / injuries / 1,000 inpatient admissions	15.07	24.7	29.7	12.6	25.2	22.1
Number of patient safety incidents	2121	2773	2534	1901	1392	1498
Percentage of patient safety incidents that resulted in severe harm* or death.	0.24%	0	0.04%	0	0	0

All indicators:

- Data source: CCC
- The expansion of our services to now include the Haemato-oncology services from the Royal Liverpool & Broadgreen University Hospital Trust in July 2017.

***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

	2017/18	201617	2015/16	2014/15	2013/14	2012/13
30 day mortality rate (radical chemotherapy)	0.67% (Apr 17 – Mar 18)	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)	6.1% (Apr 17 – Mar 18)	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 (haemato-oncology)	4.1% (July 17 – Mar 18)					
30 day mortality rate (radical radiotherapy)	3.5% (Apr-Mar 18)	*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.

	2017/18	201617	2015/16	2014/15	2013/14	2012/13
'I was treated with courtesy and respect'	98%	96%	98%	98%	97%	97%
'Was the ward / department clean'	96%	94%	96%	96%	95%	95%
'I never had to wait'	41%	36%	35%	29%	27%	26%
'I was included in discussions about my care'	93%	92%	93%	93%	90%	89%
'Did the staff wash their hands'	90%	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

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

	2017/18	201617	2015/16	2014/15	2013/14
Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway	96.33% (target 92%)	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	79% post reallocation, against revised NHSE rules (target 85%). The target was achieved in all but 1 month in Q3 and Q4.	89.1% post reallocation (target classic 85%)	90.9% post reallocation (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	93.3% post reallocation (target 90%).	92.6% post reallocation (target screening 90%)	100% post reallocation (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: variance from plan	6 attributable (annual target of no more than 5). The target increased when the Trust acquired the Haemato – oncology service	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)

	on 1st July 2017). 2 cases remain under review to determine if there was a lapse in care.				
Maximum 6-week wait for diagnostic procedures	100% waiting fewer than 6 weeks				
Venous thromboembolism (VTE) risk assessment	93%				

Annex 1

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

NHS England

NHS Liverpool Clinical Commissioning Group

Clatterbridge Cancer Centre NHS Foundation Trust- Quality Account 2017/18

NHS England, Specialised Commissioning team wishes to thank Clatterbridge Cancer Centre for the opportunity to comment on their Quality Account for 2017/18. NHS England as lead commissioner is committed to working in partnership with the trust to provide safe, high quality care and services. Commissioners believe that the Quality Account accurately reflects the performance for the organisation and clearly sets out the achievements against the quality priority areas and details the priorities for the coming year with clear rationale.

There is evidence of considerable work in meeting the quality priorities over the past year for which the team should be commended. It will be interesting to see further progress within the Haemato-oncology service over the coming year. The quality priorities for the coming year are clearly documented and the rational and quality measures are evident, they show a commitment to improving quality patient experience. The Trust clearly recognises the importance of patient and public engagement and in particular it is evident that there is significant engagement during times of change and service developments.

The Trust demonstrates that they are an open and honest organisation, through for example publication of safety incidents and mortality reviews. There is a multidisciplinary approach to investigating Healthcare-associated Infection (HCAI), which also includes Commissioner oversight and the low rates of C.Difficile are testament to this.

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 well described within the account. Commissioners wish to highlight the Trusts participation in clinical research and the account shows the high number of research studies over the last year.

Quality initiatives including the introduction of ‘Consultant of the week’ have demonstrated improvements in quality and patient experience and there is further evidence of the Trusts commitment to safety through the ‘Sign Up to Safety’ campaign.

Again in this year’s account it is notable 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.

Commissioners look forward to continuing to work in partnership with the Clatterbridge Cancer Centre during the coming year to further improve quality and patient experience.

Sue McGorry, Head of Quality
NHS England Specialised
Commissioning Team

Liverpool CCG
Jan Ledward
Chief Officer

Quality Account Commentary

for Clatterbridge Cancer Centre NHS Foundation Trust

provided by Healthwatch Wirral CIC

May 2018

Healthwatch Wirral would like to thank The Clatterbridge Cancer Centre for the opportunity to comment on the Quality Account for 2017/18.

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.

Members of the Healthwatch Wirral Working Group met on 9th May 2018 to discuss the Trust's Quality Account and produce this commentary.

Priorities for Improvement

The account detailed the priorities with clear rationale and outlined the Trust's commitment to them.

The three priorities noted were, Patient Safety, Patient Experience and Patient Outcomes.

Healthwatch look forward to hearing what will be the measures and indicators of success for these priorities and would welcome updates on their progress throughout the year.

Progress made since the publication of the 2016/17 report.

The account set out the outcomes and achievements for 2017/18.

Focus on Falls

It was reassuring to see that the Trust had developed a comprehensive falls prevention and management plan.

Healthwatch Wirral welcomed the number of initiatives that have been launched to help prevent falls and identify those at risk.

However, Healthwatch were concerned that falls had increased by 19.5% since the previous year. We were informed that this may be a result of the inclusion of the haemato oncology service figures. This service was transferred to the Trust in July 2017.
Healthwatch look forward to seeing outcomes or improvements in next year's Quality Account.

Patient and Public Engagement Strategy

Clatterbridge Cancer Centre should be commended for valuing patient and public engagement and using their feedback and involvement to provide the best cancer care. This is particularly important as the Trust is undergoing considerable change and transformation over the next few years.

Healthwatch noted the variety of patient activities held and look forward to hearing about the proposed development of a public and patient engagement strategy on cancer.

Improving the Quality of Mortality Review and Serious Incident Investigation.

Healthwatch Wirral were pleased that the Trust continues to evaluate and improve these processes and were encouraged that key learning points from deaths are disseminated widely within the Trust and also shared externally with coroners and other healthcare providers.

It was commendable that the Trust, when investigating serious untoward incidents, engages with families and carers early to conduct open and honest discussions and that a key worker has been identified to work with families affected by the death of a child.

Healthwatch members welcomed the introduction of the Structured Judgement Review where Consultants engage to highlight good practice and identify any sub optimal care provision and avoidable deaths.

It was reassuring to see that the Mortality Review meeting resulted in changes to clinical care, clinical practice, documentation, training and education.

Friends and Family Test

It was commendable to see that the Trust reported high levels of patients and staff recommending Clatterbridge Cancer Centre. This was evidenced through Friends and Family scores within the account.

The findings also mirrored positive public feedback that Healthwatch Wirral received in relation to the Trust.

Staff Surveys

It was concerning that the percentage of staff reported to have experienced harassment, bullying or abuse from other staff in the last 12 months had increased. Also, it was disappointing to see that the percentage of staff believing that the organisation provides equal opportunities for career progression or promotion had decreased.

Reporting Against Core Indicators

Healthwatch noted the Trust's performance and look forward to receiving updates when the most recent data is available.

Healthwatch congratulate the Trust for achieving all of the mandated waiting targets and for completing any action plans set by the CQC to improve outpatients and diagnostic imaging.

Overall, the Quality Account was very comprehensive with a number of positive outcomes and results.

Healthwatch Wirral welcome the Trust’s ongoing commitment to continuous improvement and is confident 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

Healthwatch Liverpool welcomes the opportunity to comment on the 2017-18 Quality Account for The Clatterbridge Cancer Centre NHS Foundation Trust.

This commentary is informed by ongoing engagement with the Trust, feedback received through our information and signposting service, independent web-based resources (such as www.careopinion .org.uk), as well as the draft Quality Account document that was presented and made available to us prior to its publication.

Additionally Healthwatch carried out a listening event in March 2018 at the Clatterbridge clinic in the Royal Liverpool hospital, followed by a similar event at the Clatterbridge building on the Aintree site. The 42 patients we spoke to provided overwhelmingly positive feedback, especially about the staff and staff attitudes. We were also invited to take part in the PLACE assessment of the Trust's services at the Royal Liverpool hospital site in May 2018. The level of dedication and passion the staff have for the patients and their care clearly shone through. That the Trust provides a good level of care is a view shared by both patients and staff, with 93% of the staff that responded to the Friends and Family Test recommending the Trust as a place of treatment. The Trust also ranks in the top 20% of Trusts in the National Inpatient Survey.

We are pleased to note that the Trust has also performed well in terms of meeting all their waiting times targets, especially in light of the pressures the NHS is facing and how nationally waiting time targets are not being met. We also note the work that has been carried out around falls prevention, patient engagement and mortality during 2017-18, leading to improved patient safety and experience.

It would be good to see if the training that staff have received on incident reporting as part of 'human factors' training is followed up to ensure that the learning is being implemented.

We welcome the investments being made to improve the patient experience such as the RITA (reminiscence interactive therapy activities) programme aimed at patients living with dementia. We view this tool as very promising provided the Trust is able to tailor the programme to be appropriate for more diverse audiences, as at present it does not appear to reflect the kind of diversity that is found in the areas that the Trust serves. We also suggest the Trust collect regular feedback on the use of RITA from the volunteers being trained to use it, as well as the patients or their family and carers.

Finally, the Trust serves and employs people from diverse communities, and we would like to see more information about the work the Trust carries out to ensure

Equality and Diversity considerations are taken into account to be included in the report.

We are aware that the Trust is building a new cancer centre and will be offering more services in Liverpool, a move that will be very much welcomed by Liverpool patients. Healthwatch Liverpool looks forward to continued engagement with the Trust and its patients during 2018-19.

Healthwatch Watch Warrington's Response to The Clatterbridge Cancer Centre's Draft Quality Account Document 2017 - 2018 (May 2018)

Healthwatch Warrington welcomes the opportunity to respond to The Clatterbridge Cancer Centre NHS Foundation Trust's (CCC) Draft Quality Account (2017/18). We envision this as an opportunity to consider whether the report reflects people's real experiences of using the services that CCC provides, from a lay perspective. We would also expect to see evidence of a substantive learning culture in place and priorities identified that are clearly measurable and challenging enough to drive quality improvements (reflecting areas of good practice and those requiring improvement).

As a people's champion for health and social care, we continue to recognise the tangible impact that organisational values have in shaping the quality and safety of service delivery, which in turn underpins patient experience and informs the framework of our response. As such, we were pleased to note that the report started by spotlighting the Trust's vision (to provide the best cancer care to the people it serves), which is supported by a strong values base (developed with staff); emphasising passionate service delivery, putting people first, achieving excellence, being future-focused and striving for continuous improvement.

In terms of patient safety, we were happy to read about the Human Factors Programme implementation plans, as this will help to foster a supportive learning culture for staff that is specifically targeted at improving clinical standards for patients, moving forward. We would be interested to hear more about this programme and the specifics of how it will be monitored. The results from audits conducted at the Trust were also largely positive, with good practice being reported in relation to patient safety.

In respect of CCC's progress towards developing a comprehensive falls prevention and management plan, Healthwatch Warrington would strongly recommend a renewed focus on this area; given that a marked rise in falls has been recorded (the extent to which new service acquisition was the cause of this spike in falls was not clarified in the report). Healthwatch Warrington identified falls prevention as a key 2017/18 work stream and would be open to contributing to a renewed initiative.

It was also encouraging to read that CCC is planning to utilise reminiscence therapy to achieve a better care experience for those patients living with dementia. We would be interested to hear more about the number of volunteers that are being recruited to support this initiative, how they will be supported, and some case study examples that illustrate the practical difference that this will make. Similarly, we were pleased to see that CCC had received very high Friends and Family Test (FFT) scores this year, an indicator of largely positive patient experience occurring at the Trust. It would have been useful to know the overall patient response rate to the FFT (i.e. the percentage of those treated who actually responded) to better gauge how representative this feedback sample is.

The report also provided further evidence of a robust learning culture thriving at CCC; with many examples of staff training programmes (covering topics such as Duty of Candour) being offered to boost capacity and actions completed in respect of the recommendations made by Care Quality Commission following its 2016 2016.

Alongside this, we were impressed to hear about the Trust's commitment to supporting research and innovation; for instance, the establishment of the CCC biobank for cancer research and strategic focus on the development of academic oncology. In particular, we support CCC's plans to build an inclusive research portfolio that aims to capitalise on patient experience data collected by the Trust (strengthening valuable patient input within cutting-edge research).

Healthwatch Warrington appreciates that we received a draft copy of the Quality Account. However, a range of key quantitative data was not included and this has made it difficult to comment on certain aspects of the Trust's performance (for instance, the total number of patients cared for). Some additional qualitative data could have also helped to improve the report.

For example, it would have been good to see how the Trust planned to use patient commentary from the question "what would have made your visit better" in the form of a 'You Said, We Did' table.

Given that the Quality Account is a public document, Healthwatch Warrington also felt that it would be particularly useful to include a 'key terms' glossary as an appendix (for example, to provide more detail around clinical terminology used and topics such as "John's Campaign").

In sum, the successes reported in this year's Quality Account correspond with the anecdotal feedback that Healthwatch Warrington has received in relation to CCC. Patients, carers and family members have told us about the high quality of care received from the Trust, and were particularly impressed with the compassion and commitment shown by members of staff. Over the coming year, we will continue to support CCC's engagement strategy and efforts to improve quality. For example, we have already invited representatives from the Trust to attend our Quality Accounts Involvement Day. This event will be held in May 2018 and serve as an opportunity for CCC to present this year's report to key stakeholders, discuss its future plans and hear the public's voice directly. We look forward to working in partnership with CCC and will continue to facilitate the delivery of high quality care for local people by championing their views.

Kind regards

Chief Executive Officer

Healthwatch Warrington

Statement from Wirral Metropolitan Borough Council

15th May 2018

Commentary on the draft Quality Account, 2017/18
Clatterbridge Cancer Centre

The Adult Care and Health Overview & Scrutiny Committee undertake the health scrutiny function at Wirral Council. The Committee has established a task & finish group of Members to consider the draft Quality Accounts presented by relevant health partners. Members of the Panel met on 9th May 2018 to consider the draft Quality Account and would like to thank Clatterbridge Cancer Centre for the opportunity to comment on the Quality Account 2017/18. Panel Members look forward to working in partnership with the Trust during the forthcoming year. Members provide the following comments:

Overview
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. This evidence is supported by other information in the draft Quality Account, including the excellent outcomes on infection control (MRSA and clostridium difficile). Members note that the key strategic objective for the trust is the delivery of the 'Transforming Cancer Care' programme which will result in the building of the new cancer centre in Liverpool. Members also look forward to the continued development of cancer treatment services at the existing Clatterbridge site.

Priorities for Improvement 2018/19
For all of the three priorities identified for 2018/19, there is little detail available to explain how success will be measured. Without a baseline, monitoring the real impact of performance for these three priorities will be difficult.

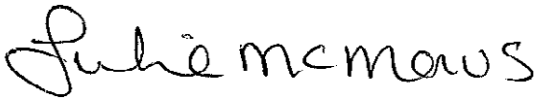
Progress made since publication of the 2016/17 report
Focus on falls
Although a comprehensive falls prevention action plan has been developed, it is noted that 110 in-patient falls were recorded in 2017/18 compared to 82 in the previous year (2016/17). While it is recognised that the data since July 2017 includes the haemato oncology service which has transferred from Royal Liverpool and Broadgreen University Hospital Trust, the extent to which this factor has affected outcomes is unclear. Further monitoring of the impact of the action plan would be welcomed.

Other comments
Friends and Family Test
Members welcome the high scores for the Friends and Family Test with inpatients recording 99.4% for the percentage of patients likely to recommend the ward to a friend or family. Similarly, a high score of 96.5% was achieved for outpatients.

Patient Experience Indicators

While the general patient experience indicators score highly for 2017/18 with, for example, 98% of respondents agreeing that 'I was always treated with courtesy and respect'', the result for 'I never had to wait' is somewhat lower at 41%. Although this indicator is showing a higher result than in previous years, it does perhaps identify an area on which the Trust could focus in the future.

I hope that these comments are useful



Councillor Julie McManus
Chair, Adult Care and Health Overview & Scrutiny Committee
Wirral Borough Council

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 2017/18 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 2017 to May 2018
    - Papers relating to Quality reported to the Board over the period April 2017 to May 2018
    - Feedback from the commissioners dated May 2018
    - Feedback from governors dated April 2017 to June 2018
    - Feedback from Local Healthwatch organisations dated May 2018
    - Feedback from Overview and Scrutiny committee dated May 2018
    - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2018
    - The latest National Patient Survey 2017
    - The latest National Staff Survey 2017
    - The Head of Internal Audit's annual opinion over the Trust's control environment dated March 2018
    - CQC Inspection Report dated February 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

Phil Edington
Chair Date: 23rd May 2018

Signed

Ann Farrar
Interim Chief Executive Date: 23rd May 2018

Annex 3

Independent Auditor's Limited Assurance Report

Grant Thornton

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 2018 (the "Quality Report") and certain performance indicators contained therein against the criteria set out in the 'NHS foundation trust annual reporting manual 2017/18' and additional supporting guidance in the 'Detailed requirements for quality reports 2017/18' (the 'Criteria').

Scope and subject matter
The indicators for the year ended 31 March 2018 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 2017/18' 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 2017/18' 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 2017/18'; 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 2017/18' and supporting guidance and the six dimensions of data quality set out in the ''Detailed requirements for external assurance for quality reports 2017/18'.

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS foundation trust annual reporting manual 2017/18' 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 2017 to May 2018;
- papers relating to quality reported to the Board over the period 1 April 2017 May 2018;
- feedback from commissioners dated May 2018
- feedback from governors dated 1 April to May 2018
- feedback from local Healthwatch organisations dated May 2018;
- feedback from the Overview and Scrutiny Committee dated 15 May 2018;
- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, dated May 2018;
- the national patient survey dated 2017;
- the national staff survey dated May 2018;
- 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 March 2018; and
- any other information obtained during our limited assurance engagement.

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 (Revised) 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 2018, 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 against supporting documentation
- comparing the content requirements of the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance to the categories reported in the Quality Report; and
- reading the documents.

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

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

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable, measurement techniques that 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 2017/18' 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. 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 results of our procedures, as described in this report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018:

- 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 2017/18’ 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 2017/18’; and
- the indicators in the Quality Report identified as having been subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance.

Grant Thornton UK LLP

Grant Thornton UK LLP
Chartered Accountants
Manchester

29 May 2018

Annual Accounts

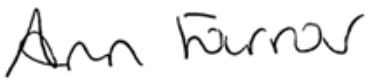
From 1st April 2017 to 31st March 2018

Contents

FOREWORD TO THE ACCOUNTS

THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST

The Group accounts for the 12 months ended 31 March 2018 that have been prepared by The Clatterbridge Cancer Centre NHS Foundation Trust are in line with IAS1 paragraph 51 and in accordance with paragraphs 24 and 25 of Schedule 7 of the National Health Services Act 2006 are in the form which NHS Improvement has, with the approval of the Treasury, directed.



Ann Farrar
Interim Chief Executive

Date 23rd May 2018

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

Report on the Audit of the Financial Statements

Opinion

Our opinion on the financial statements is unmodified

We have audited the financial statements of The Clatterbridge Cancer Centre NHS Foundation Trust (the 'Trust') and its subsidiaries (the 'group') for the year ended 31 March 2018 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers Equity, the Statement of Cash Flows and notes to the accounts, including the accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and the NHS foundation trust annual reporting manual 2017/18.

In our opinion the financial statements:

- give a true and fair view of the financial position of the group and of the Trust as at 31 March 2018 and of the group's expenditure and income and the Trust's expenditure and income for the year then ended; and
- have been properly prepared 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 2017/2018; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the group and the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

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.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

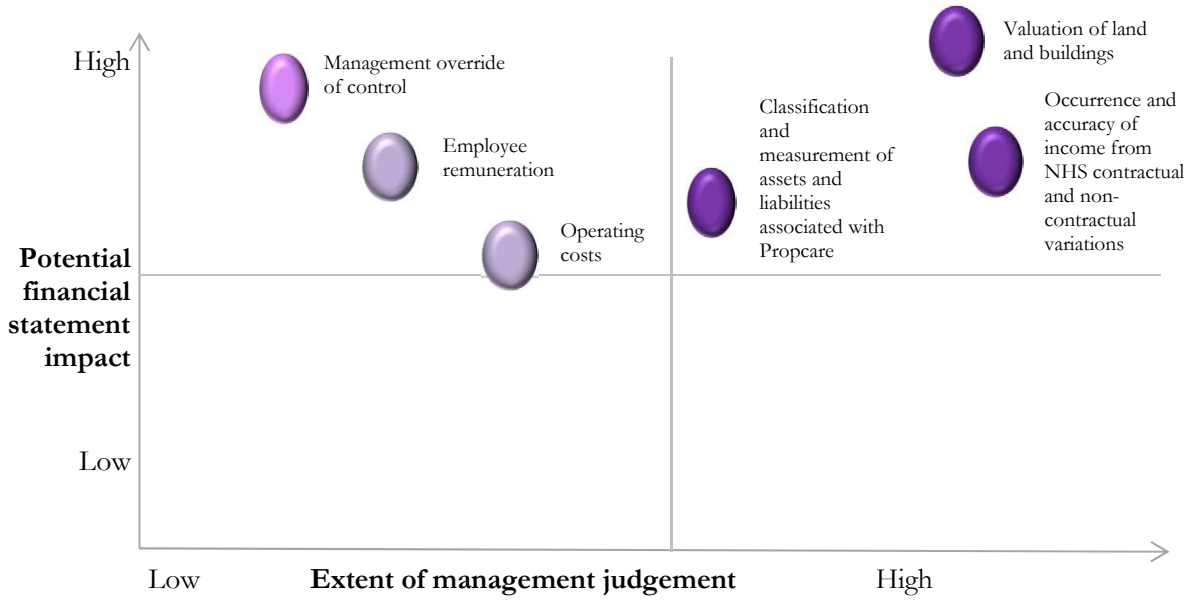
- the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Accounting Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the group's or the Trust's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Overview of our audit approach

- Overall materiality: £2,244,000, which represents 1.8% of the group's gross operating expenses;
- Key audit matters were identified as:
  - Valuation of land and buildings
  - Occurrence and accuracy of income from NHS contractual and non-contractual variations
  - Classification and measurement of assets and liabilities associated with Propcare
- We performed a full scope audit of The Clatterbridge Cancer Centre NHS Foundation Trust, targeted audit procedures on Clatterbridge Propcare Services Limited ('Propcare'), The Clatterbridge Pharmacy Limited and The Clatterbridge Cancer Charity and analytical audit procedures on Clatterbridge Private Clinic LLP, which is a non-significant component of the group.

Key audit matters

The graph below depicts the audit risks identified and their relative significance based on the extent of the financial statement impact and the extent of management judgement.



Key audit matters are those matters that, in our professional judgment, were of most significance in our audit of the financial statements of the current year and include the most significant assessed risks of material misstatement (whether or not due to fraud) that we identified. These matters included those that had the greatest effect on: the overall audit strategy; the allocation of resources in the audit; and directing the efforts of the engagement team. These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

Key Audit Matter – Group and Trust	How the matter was addressed in the audit – Group and Trust
Risk 1 - Valuation of land and buildings The Trust revalues its land and buildings on a five-yearly basis to ensure the carrying value in the Trust and group financial statements is not materially different from fair value at the	Our audit work included, but was not restricted to: • evaluating management's processes and assumptions for the calculation of the estimate, the instructions issued to valuation experts and the scope of their work

Key Audit Matter – Group and Trust	How the matter was addressed in the audit – Group and Trust
financial statements date. In the intervening years, such as 2017/18, the Trust requests a desktop valuation from its valuation expert. This valuation represents a significant estimate by management in the financial statements. We therefore identified valuation of land and buildings as a significant risk, which was one of the most significant assessed risks of material misstatement.	• evaluating the competence, capabilities and objectivity of the valuation expert • discussing with the valuer the basis on which the valuation was carried out • challenging the information and assumptions used by the valuer to assess completeness and consistency with our understanding • testing revaluations made during the year to see if they had been input correctly into the Trust's asset register The group's accounting policy on valuation of property is shown in note 1.7 to the financial statements and related disclosures are included in note 8. The Audit Committee identified valuation of land and buildings as a significant issue in its report on page 73, where the Audit Committee also described the action that it has taken to address this issue. Key observations We obtained sufficient audit assurance to conclude that: • the basis of the valuation was appropriate and the assumptions and processes used by management in determining the estimate were reasonable; • the valuation of land and buildings disclosed in the financial statements is reasonable.
Risk 2 – Occurrence and accuracy of income from NHS contractual and non-contractual variations 87.8% of the group's operating income is for income from patient care activities which includes £53.6 million from block contracts, £62.3 million from activity based contracts and £10.3 million for non-contract activities. Activity based contracts and non-contract activity income is subject to verification and agreement by the Trust's commissioners. We therefore identified the occurrence and accuracy of activity based contract income and non-contract activity income as a significant risk, which was one of the most significant assessed risks of material misstatement.	Our audit work included, but was not restricted to: • evaluating the group's accounting policy for recognition of operating income for compliance with the Department of Health and Social Care (DHSC) Group Accounting Manual 2017/18 • gaining an understanding of the group's system for accounting for operating income and evaluating the design of the associated controls • agreeing a sample of activity based contractual variations and non-contract activity income to supporting evidence and testing that it has been accounted for in accordance with the stated accounting policy The group's accounting policy on income is shown in note 1.4 to the financial statements and related disclosures are included in note 2.2. The Audit Committee identified recognition of income from patient care activities as a significant issue in its report on page 73, where the Audit Committee also described the action that it has taken to address this issue. Key observations We obtained sufficient audit evidence to conclude that: • the group's accounting policy for recognition of operating income complies with the DHSC Group Accounting Manual 2017/18 and has been properly applied; and

Key Audit Matter – Group and Trust	How the matter was addressed in the audit – Group and Trust
	• income from NHS contractual and non-contractual variations in relation to patient care activities is not materially misstated.
Risk 3 – Classification and measurement of assets and liabilities associated with Propcare The Trust has set up a wholly owned subsidiary property company, Clatterbridge Propcare Services Limited, to oversee the design, build and maintenance of the new cancer centre in Liverpool. This initial recognition of the associated assets and liabilities represents a significant estimate by management in the financial statements. We therefore identified the valuation of the Propcare assets and liabilities in respect of the new cancer centre as a significant risk, which was one of the most significant assessed risks of material misstatement.	Our audit work included, but was not restricted to: • evaluating management's classification and measurement of assets and liabilities with Clatterbridge Propcare Services Limited; • agreeing loans provided by the Trust to Clatterbridge Propcare Services Limited to loan agreements and a sample of draw downs to bank statements; • agreeing a sample of expenditure incurred by Clatterbridge Propcare Services Limited on the asset under construction relating to the new cancer centre to independently certified statements; and • assessing the appropriateness of management's critical judgement and adequacy of disclosure in relation to the valuation of the asset under construction net of VAT. The group's accounting policy on plant, property and equipment is shown in note 1.7 to the financial statements and related disclosures are included in note 8.1. The group's accounting policy on financial instruments is shown in note 1.11 to the financial statements and the related disclosures are included in note 13. The Audit Committee identified classification and measurement of assets and liabilities associated with Propcare as a significant issue in its report on page 73, where the Audit Committee also described the action that it has taken to address this issue. Key observations We obtained sufficient audit evidence to conclude that: • the Trust's classification and measurement of the financial loan asset and liability with Clatterbridge Propcare Services Limited complies with the DHSC Group Accounting Manual 2017/18 and has been properly applied; • the valuation of the asset under construction net of VAT disclosed in the financial statements is reasonable. • Trust assets and liabilities associated with Clatterbridge Propcare Services Limited are not materially misstated;

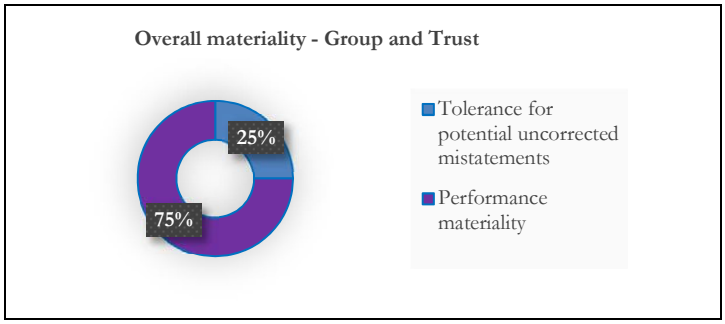
Our application of materiality

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.

Materiality was determined as follows:

Materiality Measure	Group	Trust
Financial statements as a whole	£2,244,000 which is 1.8% of the group's operating expenses. This benchmark is considered the most appropriate because we consider users of the financial statements to be most interested in how it has expended its revenue and other funding.	Materiality is based on 1.8% of the Trust's operating expenses but, capped at 95% of group materiality, and is £2,129,000. This was considered the most appropriate benchmark as it is lower than the group materiality yet reflects the fact that the Trust's operating expenses are greater than those of the group.
Performance materiality used to drive the extent of our testing	75% of group financial statement materiality	75% of Trust financial statement materiality
Specific materiality		Disclosure of senior managers' remuneration in the Remuneration Report: £17,345 based on 2% of the total senior managers' remuneration.
Communication of misstatements to the Audit Committee	£112,000 and misstatements below that threshold that, in our view, warrant reporting on qualitative grounds.	£106,000 and misstatements below that threshold that, in our view, warrant reporting on qualitative grounds.

The graph below illustrates how performance materiality interacts with our overall materiality and the tolerance for potential uncorrected misstatements.



An overview of the scope of our audit

Our audit approach was a risk-based approach founded on a thorough understanding of the group's business, its environment and risk profile and in particular included:

- Evaluation of identified components to assess the significance of each component and to determine the planned audit response based on a measure of materiality and significance of the component as a percentage of the group's total income, assets and liabilities. A full scope, targeted or analytical approach was taken for each component based on their relative materiality to the group and our assessment of audit risk;
- Full scope audit procedures on The Clatterbridge Cancer Centre NHS Foundation Trust. The Trust's transactions represent 99.8% of the group's income, 101.3% of its total expenditure and 94.6% of its total assets. Our work involved obtaining evidence about the amounts and disclosures in the financial statements to give us reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. The scope of our audit of The Clatterbridge Cancer Centre NHS Foundation Trust included:
  - obtaining an understanding of and evaluating the Trust's overall control environment relevant to the preparation of the financial statements, including its IT systems,
  - completion of walk through tests of the Trust's controls operating in key financial systems where we consider that there is a risk of material misstatement to the financial statements;
  - performing interim testing, on a sample basis of operating expenditure and income.

  - performing year-end testing on the Trust's financial statements, which focussed on gaining assurance around the Trust's material income streams and operating costs, testing the Trust's employee remuneration costs and the notes to the accounts to ensure that they were compliant with the Department of Health and Social Care's Group Accounting Manual for 2017/18.
  - testing, on a sample basis of all of the Trust's material income streams, covering 99% of the Trust's income; operating expenses, covering 99% of the Trust's expenditure; current and non-current assets, covering 98% of the Trust's total assets; and current and non-current liabilities, covering 98% of the Trust's total liabilities.

- Targeted audit procedures on the assets and the income and expenditure of Clatterbridge Propcare Services Limited, The Clatterbridge Pharmacy Limited and The Clatterbridge Cancer Charity, which together represent 1.8% of the total income of the group, 27.4% of its total expenditure and 4.3% of its total net assets;
- Performing analytical procedures on the trial balance and management accounts of The Clatterbridge Private Clinic LLP, which represents 0.4% of the group's total net assets.

Other information

The Accounting Officer is responsible for the other information. The other information comprises the information included in the Annual Report other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge of the group and Trust obtained in the course of our work including that gained through work in relation to the Trust's arrangements for securing value for money through economy, efficiency and effectiveness in the use of its resources or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

In this context, we also have nothing to report in regard to our responsibility to specifically address the following items in the other information and to report as uncorrected material misstatements of the other information where we conclude that those items meet the following conditions:

- Fair, balanced and understandable in accordance with provision C.1.1 of the NHS Foundation Trust Code of Governance – the statement given by the directors that they consider the Annual Report and financial statements taken as a whole is fair, balanced and understandable and provides the information necessary for patients, regulators and other stakeholders to assess the group and Trust's performance, business model and strategy, is materially inconsistent with our knowledge of the Trust obtained in the audit; or
- The Audit Committee reporting in accordance with provision C.3.9 of the NHS Foundation Trust Code of Governance – the section describing the work of the Audit committee does not appropriately address matters communicated by us to the Audit committee.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not meet the disclosure requirements set out in the NHS foundation trust annual reporting manual 2017/18. 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.

We have nothing to report in this regard.

Our opinion on other matters required by the Code of Audit Practice is unmodified

In our opinion:

- the parts of the Remuneration Report and the 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 2017/18 and the requirements of the National Health Service Act 2006; and
- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the Trust gained through our work in relation to the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources the other information published together with the financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Under the Code of Audit Practice we are required to report to you if:

- 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.

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

Responsibilities of the Accounting Officer and Those Charged with Governance for the financial statements

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 2017/18, for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accounting Officer is responsible for assessing the group's and the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the group or the Trust lacks funding for its continued existence or when policy decisions have been made that affect the services provided by the group or the Trust.

The Audit Committee is Those Charged with Governance.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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

Report on other legal and regulatory requirements – Conclusion on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception - Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice we are required to report to you if, in our opinion 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 2018.

We have nothing to report in respect of the above matter**.**

Responsibilities of the Accounting Officer

The Accounting Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources 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.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in November 2017, as to whether in all significant respects, 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 this criterion as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2018, and to report by exception where we are not satisfied.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to be satisfied that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Report on other legal and regulatory requirements - Certificate

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

Andrew Smith

Andrew Smith, Director

for and on behalf of Grant Thornton UK LLP

4 Hardman Square
Spinningfields
Manchester
M3 3EB

25 May 2018

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 2017/18

	NOTE	Group 2017/18 £000	Group 2016/17 £000	FT 2017/18 £000	FT 2016/17 £000
Income from patient care activities		**126,121**	99,504	**126,121**	99,504
Other operating income		**17,544**	12,954	**17,203**	12,607
Operating Income from continuing operations	2	**143,665**	112,458	**143,324**	112,111
Operating Expenses from continuing operations	3	**(133,185)**	(102,202)	**(134,956)**	(103,395)
OPERATING SURPLUS / (DEFICIT)		**10,480**	10,256	**8,368**	8,716
Finance costs					
Finance income	5	**201**	235	**410**	202
Finance expense - financial liabilities	6.1	**(151)**	(153)	**(421)**	(153)
PDC dividends payable		**(3,180)**	(1,797)	**(3,180)**	(1,797)
Net Finance costs		**(3,130)**	(1,715)	**(3,191)**	(1,747)
Share of Profit/(Loss) of Associates accounted for using the equity method	9	**569**	584	**569**	584
Corporation Tax		**(252)**	(183)	**0**	0
Surplus / (deficit) from continuing operations		**7,667**	8,943	**5,746**	7,553
Other Comprehensive Income:					
Impairments		**0**	0	**0**	0
Revaluations		**1,079**	0	**1,079**	0
FV gains/(losses) on Available For Sale (AFS) financial assets		**(2)**	143	**0**	0
Total other comprehensive income/(expenditure) for the year		**1,077**	**143**	**1,079**	**0**
TOTAL COMPREHENSIVE INCOME / (EXPENSE) FOR THE YEAR		**8,744**	**9,086**	**6,825**	**7,553**

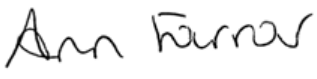
The notes on pages 175 to 190 form part of these accounts. The results of the group are attributable to the parent.

The Clatterbridge Cancer Centre NHS Foundation Trust
Group Accounts for the 12 months ended 31st March 2018

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2018

		Group			FT		
		31 March 2018	31 March 2017 (restated)*	1 April 2016	**31 March 2018**	31 March 2017 (restated)*	1 April 2016
	NOTE	**£000**	£000	£000	**£000**	£000	£000
Non-current assets							
Intangible assets	7	**717**	682	740	**717**	682	740
Property, plant and equipment	8.1	**89,191**	71,258	57,929	**89,306**	71,258	57,929
Investments in associates	9	**672**	895	311	**672**	895	311
Other investments		**1,191**	1,192	1,049	**0**	0	0
Other financial assets	13	**0**	0	0	**18,715**	0	0
Trade and other receivables	11.1	**4,563**	6,649	265	**4,563**	6,649	265
Total non-current assets		**96,333**	80,676	60,294	**113,972**	79,484	59,245
Current Assets							
Inventories	10.1	**1,872**	1,449	1,320	**1,161**	898	813
Trade and other receivables	11.1	**30,402**	17,037	10,810	**30,686**	18,709	11,243
Cash and cash equivalents	18	**65,175**	69,183	81,531	**55,368**	62,830	76,838
Total current assets		**97,449**	87,668	93,661	**87,215**	82,437	88,894
Current liabilities							
Trade and other payables	12	**(30,149)**	(14,195)	(12,311)	**(26,455)**	(14,513)	(11,795)
Borrowings	14	**(301)**	(299)	(357)	**(301)**	(299)	(357)
Provisions	16	**(489)**	(60)	(138)	**(461)**	(60)	(138)
Other liabilities	13	**(2,307)**	(3,132)	(4,352)	**(2,307)**	(3,132)	(4,352)
Corporation tax		**(155)**	(92)	(184)	**0**	0	0
Total current liabilities		**(33,402)**	(17,778)	(17,342)	**(29,525)**	(18,004)	(16,642)
Total assets less current liabilities		**160,379**	150,566	136,612	**171,663**	143,917	131,496
Non-current liabilities							
Trade and other payables	12	**(301)**	0	0	**0**	0	0
Borrowings	14	**(2,859)**	(3,160)	(3,410)	**(2,859)**	(3,160)	(3,410)
Other liabilities	13	**0**	0	0	**(20,152)**	0	0
Total non-current liabilities		**(3,160)**	(3,160)	(3,410)	**(23,011)**	(3,160)	(3,410)
Total assets employed		**157,219**	147,406	133,202	**148,652**	140,757	128,087
Financed by taxpayers' equity							
Public Dividend Capital		**23,267**	22,197	20,495	**23,267**	22,197	20,495
Revaluation reserve	17.1	**7,839**	7,000	3,739	**7,839**	7,000	3,739
Income and expenditure reserve		**117,546**	111,561	103,852	**117,546**	111,561	103,852
Financed by others' equity							
Charitable fund reserves	17.2	**6,786**	5,452	4,221	**0**	0	0
Pharmacy subsidiary reserves		**1,595**	1,196	896	**0**	0	0
PropCare subsidiary reserves		**186**	0	0	**0**	0	0
Total taxpayers' and others' equity		**157,219**	147,406	133,202	**148,652**	140,757	128,087

*The prior year adjustment relates to a misstatement in the value of PPE last year due to a draft valuation report being prepared on a different basis to the final report which was issued after the accounts had been signed. PPE and the revaluation reserve have both increased by £3,416k in 2016/17 from last year's audited figures.

Signed:  Interim Chief Executive Date: 23rd May 2018

STATEMENT OF CHANGES IN EQUITY

	Total	Others' Equity	Taxpayers' Equity		
		Charitable Funds	Public Dividend Capital	Revaluation Reserve	Income & Expenditure Reserve
	£000	£000	£000	£000	£000
Equity at 1 April 2017	**143,990**	5,452	22,197	3,584	112,757
Prior period adjustment	**3,416**	0	0	3,416	0
Equity at 1 April 2017 (restated)	**147,406**	5,452	22,197	7,000	112,757
Surplus/(deficit) for the year	**7,666**	1,335	0	0	6,331
Transfers between reserves	**0**	0	0	(240)	240
Revaluations - property, plant and equipment	**1,079**	0	0	1,079	0
Fair value gains/(losses) on available-for-sale financial investments	**(2)**	(2)	0	0	0
Public dividend capital received	**1,070**	0	1,070	0	0
Equity at 31 March 2018	**157,219**	**6,786**	**23,267**	**7,839**	**119,327**

	Total	Others' Equity	Taxpayers' Equity		
		Charitable Funds	Public Dividend Capital	Revaluation Reserve	Income & Expenditure Reserve
	£000	£000	£000	£000	£000
Equity at 1 April 2016	**133,202**	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
Equity at 31 March 2017	**143,990**	5,452	22,197	3,584	112,757

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 2017/18

Prepared using the indirect method

	Group		FT	
	2017/18	2016/17	**2017/18**	2016/17
	£000	£000	**£000**	£000
Cash flows from operating activities				
Operating surplus/(deficit)	**10,480**	10,256	**8,368**	8,716
Non-cash income and expense				
Depreciation and amortisation	**4,471**	4,280	**4,471**	4,280
(Increase)/Decrease in Trade and Other Receivables	**(11,426)**	(12,483)	**(9,646)**	(13,714)
(Increase)/Decrease in Other Assets	**0**	0	**(18,715)**	0
(Increase)/Decrease in Inventories	**(423)**	(128)	**(264)**	(85)
Increase/(Decrease) in Trade and Other Payables	**13,822**	3,080	**11,604**	3,898
Increase/(Decrease) in Other Liabilities	**(824)**	(1,221)	**19,328**	(1,221)
Increase/(Decrease) in Provisions	**429**	(78)	**401**	(78)
Tax (paid) / received	**(190)**	(275)	**0**	0
NHS Charitable Funds	**2**	(7)	**0**	0
Net cash generated from/(used in) operations	**16,341**	3,424	**15,548**	1,796
Cash flow from investing activities				
Interest received	**166**	202	**166**	202
Purchase of intangible assets	**(115)**	(19)	**(115)**	(19)
Purchase of Property, Plant and Equipment	**(18,804)**	(15,295)	**(21,431)**	(15,295)
Cash movement from disposals of business units and subsidiaries	**792**	0	**792**	0
NHS Charitable Funds	**35**	33	**0**	0
Net cash generated from/(used in) investing activities	**(17,927)**	(15,079)	**(20,588)**	(15,112)
Cash flows from financing activities				
Public dividend capital received	**1,070**	1,702	**1,070**	1,702
Loans repaid to the Foundation Trust Financing Facility	**(250)**	(250)	**(250)**	(250)
Capital element of finance lease rental payments	**(49)**	(58)	**(49)**	(58)
Interest paid	**(141)**	(153)	**(141)**	(153)
Interest element of finance lease	**(9)**	0	**(9)**	0
PDC dividend paid	**(3,043)**	(1,934)	**(3,043)**	(1,934)
Net cash generated from/(used in) financing activities	**(2,423)**	(692)	**(2,423)**	(692)
Increase/(decrease) in cash and cash equivalents	**(4,008)**	(12,348)	**(7,463)**	(14,009)
Cash and cash equivalents at 1 April	**69,183**	81,531	**62,830**	76,838
Cash and cash equivalents at 31 March	**65,175**	69,183	**55,368**	62,830

1. Accounting policies and other information

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2017/18 issued by the Department of Health. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to accounts.

1.1.1 Accounting convention

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

1.1.2 Going concern

These accounts have been prepared on a going concern basis. 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.

1.2 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

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 a consistent approach has been taken through use of a standard template which sets out the relevant criteria. Further information is in section 1.12 of the accounting policies.

Clatterbridge Propcare Services Limited - VAT Recovery & Asset Valuation
The Trust applied to HMRC to request formal clearance for provision of a fully operated and managed healthcare facility under HMRC contracted-out services heading 45 – "Operation of hospitals, healthcare establishments and healthcare facilities and the provision of any related services" by its wholly owned subsidiary company Clatterbridge Propcare Services Limited. The Trust board have considered the risks under heading 45 and agreed that Propcare should proceed with the build, recovering VAT as costs are incurred. The implication for the accounts is that the value of the asset under construction is calculated on the cost of construction excluding VAT.

Clatterbridge Propcare Services Limited - Accounting for the Financial Asset/Liability
Management has determined that Clatterbridge Propcare Services Limited is acting as principal in the provision of a service consisting of the design, construction, operation and management of a fully managed and operated healthcare facility to the Trust under **the 25** year agreement. As a result, as at 31 March 2018, the Trust has measured the liability with Clatterbridge Propcare Services Limited in respect of construction costs for the new cancer centre in accordance with IAS 17 – Leases. Accordingly, Clatterbridge Propcare Services Limited have recognised a financial asset in their individual financial statements.

1.2.1 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

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 1.7 of the accounting policies.

1.3 Consolidation

NHS Charitable Fund

The NHS Foundation Trust is the corporate trustee to the Clatterbridge Cancer Charity NHS charitable fund. The trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund.

The charitable fund's statutory accounts are prepared to 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 trust's accounting policies and
- eliminate intra-group transactions, balances, gains and losses.

Other subsidiaries

The Group has two wholly owned subsidiaries, The Clatterbridge Pharmacy Limited which was established in 2013, and Clatterbridge Propcare Services Limited which was established in 2016. Both subsidiaries have been consolidated in the group financial statements

Subsidiary entities are those over which the trust is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through its power over the entity. The income, expenses, assets, liabilities, equity and reserves of subsidiaries are consolidated in full into the appropriate financial statement lines. The capital and reserves attributable to non-controlling interests are included as a separate item in the Statement of Financial Position.

Associates

The Group has an associate, Clatterbridge Private Clinic LLP, which was established in 2013 with the healthcare company Mater Private and the FT owns a 49% share.

Associate entities are those over which the trust has the power to exercise a significant influence. Associate entities are recognised in the trust's financial statement using the equity method. The investment is initially recognised at cost. It is increased or decreased subsequently to reflect the trust's share of the entity's profit or loss or other gains and losses (e.g. revaluation gains on the entity's property, plant and equipment) following acquisition. It is also reduced when any distribution, e.g., share dividends are received by the trust from the associate.

1.4 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 health care services. At the year end, the trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete.

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.

Revenue grants and other contributions to expenditure

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

1.5 Expenditure on employee benefits

Short-term employee benefits
Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs
NHS Pension Scheme
Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. There, the schemes are accounted for as though they are defined contribution schemes.

Employer's pension cost contributions are charged to operating expenses as and when they become due.

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

1.6 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.7 Property, plant and equipment

1.7.1 Recognition

Property, plant and equipment is capitalised where:

- 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.

1.7.2 Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

All assets are measured subsequently at valuation.

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 de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which have been reclassified as ‘held for sale’ ceases to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

Excess depreciation

The trust applies excess deprecation 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 GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (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 expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

1.7.3 De-recognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- 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 data of classification as 'Held for Sale'; and
    - the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not quality for recognition as 'held for sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

1.7.4 Donated, government grant and other grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items or property, plant and equipment.

1.8 Intangible assets

1.8.1 Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. .

Software

Software which is integral to the operation of hardware e.g. an operating system is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware e.g. application software, is capitalised as an intangible asset.

1.8.2 Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

Intangible assets held for sale are measured at the lower of their carrying amount or "fair value less costs to sell".

Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

1.9 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the First In, First out (FIFO) method.

1.10 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

Cash, bank and overdraft balances are recorded at current values.

1.11 Financial instruments and financial liabilities

1.11.1 Recognition

Financial assets and financial liabilities 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.

1.11.2 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.

1.11.3 Classification and measurement

Financial assets are categorised as
- Loans and receivables
- Available for Sale financial assets

Financial liabilities are classified as
- Other Financial liabilities

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments with are not quoted in an active market. They are included in current assets.

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

Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

Loan Commitments

Loan commitments outside the scope of IAS 39 are accounted for in accordance with IAS 37. Accordingly, a provision is recorded if the commitment is or becomes onerous.

Available for sale financial assets

Available-for-sale financial assets are non-derivative financial assets which are either designated in this category or not classified in any of the other categories. They are included in long-term assets unless the trust intends to dispose of them within 12 months of the Statement of Financial Position date.

Available-for-sale financial assets are recognised initially at fair value, including transaction costs, and measured subsequently at fair value, with gains or losses recognised in reserves and reported in the Statement of Comprehensive Income as an item of "other comprehensive income". When items classified as "available-for-sale" are sold or impaired, the accumulated fair value adjustments recognised are transferred from reserves and recognised in "finance costs" in the Statement of Comprehensive Income.

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'.

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.

Financial Guarantees

Financial guarantees issued by the Trust on behalf of its subsidiaries are recognised as financial liabilities at the date the guarantee is issued. Liabilities arising from financial guarantee contracts are initially recognised at fair value and subsequently at the higher of the amount determined in accordance with the Group's provisions accounting policy (please refer to 1.13) and the amount initially recognised less cumulative amortization.

The fair value of the financial guarantee is determined by way of calculating the present value of the difference in net cash flows between the contractual payments under the debt instrument and the payments that would be required without the guarantee, or the estimated amount that would be payable to a third party for assuming the obligation.

Where guarantees in relation to loans or other payables of subsidiaries or associates are provided for no compensation, the fair values are accounted for as contributions and recognised as part of the cost of the investment in the financial statements of the Trust.

1.12 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

1.12.1 The trust as lessee

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for an item of property plant and equipment.

The annual rental is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability, is de-recognised when the liability is discharged, cancelled or expires.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

1.13 Provisions

The trust recognises a provision where is has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Clinical negligence costs
NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the trust. The total value of clinical negligence provisions carried by NHS resolution on behalf of the trust is disclosed at note 16 but is not recognised in the trust's accounts.

Non-clinical risk pooling
The trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any "excesses" payable in respect of particular claims are charged to operating expenses when the liability arises.

1.14 Contingencies

Contingent assets (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.

1.15 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as 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 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 daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, 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.

1.16 Value Added Tax

Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.17 Corporation Tax

The Clatterbridge Cancer Centre NHS Foundation Trust is a Service Body within the meaning of s519A ICTA 1988 and accordingly is exempt from taxation in respect of income and capital gains tax within categories covered by this. There is a power by the treasury to disapply the exemption in relation to specified activities of a Foundation Trust (s519A (3) to (8) ICTA 1988). Accordingly, the Trust is potentially within the scope of corporation tax in respect of activities, which are not related to, or ancillary to, the provision of healthcare, and where the profits therefrom exceed £50,000 per annum.

1.18 Foreign exchange

The Foundation Trust's functional and presentational currency is sterling. Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 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.

1.19 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since The Clatterbridge Cancer Centre NHS Foundation Trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury’s *FReM*.

1.20 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are changed to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had NHS trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

1.21 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

1.22 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2017/18.

1.23 Accounting standards issued not yet adopted

The following recently issued accounting standards and amendments have not yet been adopted within the FReM, and are therefore not applicable to DHSC group accounts in 2017-18.

- 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.
- IFRS 17 Insurance Contracts - Application required for accounting periods beginning on or after 1 January 2021, 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.
- IFRIC 23 Uncertainty over Income Tax Treatments – Application required for accounting periods beginning on or after 1 January 2019.

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 FT Board. Key decisions are agreed at monthly Board meetings and sub-committee meetings of the Board, following scrutiny of performance and resource allocation. The FT Board review and make decisions on activity and performance of the FT 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 FT is the Corporate Trustee of the Charity.

The Clatterbridge Pharmacy Limited provides dispensing services and drug procurement to the FT. The FT 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 manages the FT's property, estates and facilities on its behalf.

2.1 Income from Activities

Income from activities comprises:

	Group / FT	
	2017/18	2016/17
	£000	£000
Elective income	**3,512**	2,036
Non-elective income	**4,965**	3,587
First outpatient income	**2,525**	2,193
Follow up outpatient income	**15,046**	10,538
High cost drugs income from commissioners	**47,780**	33,530
Other NHS clinical income*	**45,500**	41,425
NHS Income from Activities	**119,330**	93,309
Private patients	**1,777**	1,870
North Wales	**2,886**	2,559
Rest of Wales	**167**	222
Scotland	**338**	347
Ireland	**62**	0
Other non-protected clinical income	**1,561**	1,197
	126,121	99,504

*Other NHS clinical income comprises of drugs (£1m), chemotherapy activity (£18m), radiotherapy activity (£17m), block income (£3m), diagnostic imaging (£2m) and bone marrow transplants (£3m).

The figures quoted for both years above are based upon income received in respect of actual activity undertaken within each category. The Terms of Authorisation set out the mandatory goods and services that the FT is required to provide protected services. All of the income from activities shown above is derived from the provision of protected services.

2.2 Income from patient care activities

	Group / FT	
	2017/18	2016/17
	£000	£000
NHS Foundation Trusts	**313**	354
NHS Trusts	**301**	0
CCGs and NHS England	**118,623**	92,955
Non NHS Private patients	**1,777**	1,870
Non NHS: Other	**5,106**	4,326
	126,121	99,504

2.3 Other Operating Income

	Group		FT	
	2017/18	2016/17	**2017/18**	2016/17
	£000	£000	**£000**	£000
Research and Development	**2,924**	2,198	**2,924**	2,198
Education and Training	**1,270**	1,314	**1,270**	1,314
Non-patient care services to other bodies	**4,739**	418	**4,739**	418
Sustainability and Transformation Fund income	**2,442**	2,317	**2,442**	2,317
Other	**3,677**	4,541	**5,827**	6,361
NHS Charitable Funds: Incoming Resources excluding investment income	**2,492**	2,166	**0**	0
	17,544	12,954	**17,203**	12,607

3. Operating Expenses

3.1 Operating expenses comprise:

	Group		FT	
	2017/18	2016/17	**2017/18**	2016/17
	£000	£000	**£000**	£000
Purchase of healthcare from NHS and DHSC bodies	**9,414**	8,134	**9,414**	8,134
Purchase of healthcare from non-NHS and non-DHSC bodies	**197**	227	**206**	227
Staff and executive directors costs	**52,473**	44,675	**51,592**	44,257
Non Executive Directors' costs	**161**	142	**134**	131
Supplies and services - clinical (excluding drug costs)	**4,257**	4,299	**4,270**	4,280
Supplies and services - general	**3,307**	2,034	**2,060**	2,032
Drugs costs	**47,610**	29,656	**47,691**	31,302
Consultancy	**411**	782	**429**	762
Establishment	**1,508**	1,661	**1,498**	1,654
Premises - business rates collected by local authorities	**171**	0	**171**	0
Premises - other	**2,862**	2,839	**6,832**	2,837
Transport (business travel only)	**65**	75	**65**	75
Transport - other (including patient travel)	**96**	130	**96**	130
Depreciation on property, plant and equipment	**4,391**	4,202	**4,391**	4,202
Amortisation on intangible assets	**80**	78	**80**	78
Increase / (decrease) in provision for impairment of receivables	**58**	22	**58**	22
Provisions arising / released in year	**401**	40	**401**	40
Audit services- statutory audit*	**83**	73	**48**	52
Other auditor remuneration (external auditor only)	**5**	6	**5**	5
Internal audit costs	**103**	100	**88**	100
Clinical negligence	**149**	107	**149**	107
Legal fees	**169**	278	**163**	277
Insurance	**133**	138	**119**	133
Research and development	**139**	243	**139**	243
Education and training	**1,256**	336	**1,244**	324
Operating lease expenditure	**368**	492	**368**	492
Redundancy costs	**281**	0	**281**	0
Car parking & Security	**(0)**	1	**(0)**	0
Hospitality	**14**	12	**14**	12
Other**	**2,962**	1,363	**2,949**	1,486
NHS Charitable funds: Other resources expended	**60**	58	**0**	0
	133,185	102,202	**134,956**	103,395

*Group statutory audit fees include £5k for the charity, £16k for PharmaC and £15k for PropCare. Audit fees are inclusive of VAT for the FT and charity, and exclusive of VAT for PharmaC and PropCare.
** Other operating expenditure contains £2.4m of expenditure relating to Haemato Oncology.

3.2 Arrangements containing an operating lease

	Group / FT	
	2017/18	2016/17
	£000	£000
Future minimum lease payments due:		
Not later than one year	**321**	344
Later than one year and not later than five years	**302**	304
Later than five years	**8,475**	8,550
	9,098	9,198

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

4.1 Staff costs

	Group		FT	
	2017/18	2016/17	**2017/18**	2016/17
	£000	£000	**£000**	£000
Salaries and wages	**43,239**	35,191	**42,489**	34,811
Social Security costs	**3,900**	3,371	**3,827**	3,342
Apprenticeship levy	**188**	0	**188**	0
Pension cost - employer contributions to NHS pension scheme	**4,720**	4,060	**4,720**	4,058
Pension cost - other	**56**	9	**3**	2
Agency and contract staff	**651**	2,044	**646**	2,044
	52,754	44,675	**51,873**	44,257

4.2 Average number of WTE persons employed

	Group		FT	
	2017/18	2016/17	**2017/18**	2016/17
	WTE	WTE	**WTE**	WTE
Medical and dental	**90**	90	**90**	90
Administration and estates	**417**	366	**409**	366
Healthcare assistants and other support staff	**96**	78	**96**	78
Nursing, midwifery and health visiting staff	**241**	178	**241**	178
Scientific, therapeutic and technical staff	**262**	263	**247**	248
	1,106	975	**1,083**	960

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 were three retirements at an additional cost of £228k in 2017-18 (2016-17 - one retirement at an additional cost of £22k). 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. 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 £4.7m.

5. Finance Income

	Group		FT	
	2017/18	2016/17	**2017/18**	2016/17
	£000	£000	**£000**	£000
Interest on other investments / financial assets	**166**	202	**410**	202
NHS Charitable funds: investment income	**35**	33	**0**	0
	201	235	**410**	202

6.1 Finance Costs - Interest expense

	Group		FT	
	2017/18	2016/17	**2017/18**	2016/17
	£000	£000	**£000**	£000
Loans from the Foundation Trust Financing Facility	**141**	153	**141**	153
Interest on other loans	**0**	0	**270**	0
Interest on finance lease obligations	**9**	0	**9**	0
	151	153	**421**	153

6.2 Better Payment Practice Code

	Group/FT			
	2017/18		2016/17	
	Number	**£000**	Number	£000
Total Non-NHS trade invoices paid in the year	**8,312**	**70,564**	10,681	76,941
Total Non NHS trade invoices paid within target	**7,289**	**67,044**	10,351	75,055
Percentage of Non-NHS trade invoices paid within target	**87.7%**	**95.0%**	96.9%	97.5%
Total NHS trade invoices paid in the year	**1,219**	**16,831**	1,283	12,227
Total NHS trade invoices paid within target	**898**	**13,121**	984	8,726
Percentage of NHS trade invoices paid within target	**73.7%**	**78.0%**	76.7%	71.4%

The Better Payment Practice Code requires the FT 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.

6.3 The late payment of commercial debts (interest) Act 1998:

No interest or compensation has been paid under the Late Payment of Commercial Debts (Interest) Act 1998 during 2017-18 or 2016-17.

7. 1 Intangible assets 2017/18

	Group / FT	
	Software licences £000	TOTAL £000
Cost / valuation at 1 April 2017	776	**776**
Additions – purchased	115	**115**
Cost / valuation at 31 March 2018	**891**	**891**
Accumulated amortisation at 1 April 2017	95	**95**
Provided during the year	80	**80**
Accumulated depreciation at 31 March 2018	**174**	**174**
Net book value at 31 March 2017		
Purchased	682	**682**
Total at 31 March 2017	**682**	**682**
Net book value at 31 March 2018		
Purchased	717	**717**
Total at 31 March 2018	**717**	**717**

7. 2 Intangible assets 2016/17

	Group / FT	
	Software licences £000	TOTAL £000
Cost / valuation at 1 April 2016	757	**757**
Additions – purchased	19	**19**
Cost / valuation at 31 March 2017	**776**	**776**
Accumulated amortisation at 1 April 2016	17	**17**
Provided during the year	78	**78**
Accumulated depreciation at 31 March 2017	**95**	**95**
Net book value at 31 March 2016		
Purchased	740	**740**
Total at 31 March 2016	**740**	**740**
Net book value at 31 March 2017		
Purchased	682	**682**
Total at 31 March 2017	**682**	**682**

8.1 Property, plant and equipment 2017/18

	Group / FT							
	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	TOTAL
	£000	£000	£000	£000	£000	£000	£000	£000
Cost / valuation at 1 April 2017	350	36,871	13,237	44,108	73	10,830	247	**105,715**
Prior period adjustment	0	3,416	0	0	0	0	0	**3,416**
Cost / valuation at 1 April 2017 (restated)	350	40,287	13,237	44,108	73	10,830	247	**109,131**
Additions – purchased	0	165	19,054	720	0	1,421	0	**21,360**
Revaluations	521	(3,462)	0	0	0	0	0	**(2,941)**
Disposals/derecognition	0	0	0	(21,169)	(48)	(3,852)	(76)	**(25,145)**
Cost / valuation at 31 March 2018	**871**	**36,989**	**32,291**	**23,659**	**25**	**8,399**	**171**	**102,405**
Accumulated depreciation at 1 April 2017	0	3,322	0	29,222	60	5,123	146	**37,873**
Provided during the year	0	698	0	2,372	4	1,301	17	**4,391**
Revaluations	0	(4,020)	0	0	0	0	0	**(4,020)**
Disposals/derecognition	0	0	0	(21,168)	(48)	(3,852)	(77)	**(25,145)**
Accumulated depreciation at 31 March 2018	**0**	**0**	**0**	**10,426**	**16**	**2,572**	**86**	**13,100**
Net book value at 31 March 2017								
Purchased	350	31,117	13,237	13,458	0	5,133	101	**63,397**
Finance leased	0	0	0	0	0	574	0	**574**
Donated	0	2,432	0	1,428	12	0	0	**3,872**
Total at 31 March 2017	**350**	**33,548**	**13,237**	**14,886**	**12**	**5,707**	**101**	**67,842**
Net book value at 31 March 2018								
Purchased	871	33,408	32,291	12,130	0	5,407	84	**84,190**
Finance leased	0	0	0	0	0	421	0	**421**
Donated	0	3,582	0	1,104	9	0	0	**4,694**
NBV at 31 March 2018 for FT	**871**	**36,989**	**32,291**	**13,234**	**9**	**5,827**	**84**	**89,306**
Less: PURP adjustment*	0	0	(115)	0	0	0	0	**(115)**
NBV at 31 March 2018 for Group	**871**	**36,989**	**32,177**	**13,234**	**9**	**5,827**	**84**	**89,191**

*The PURP (provision for unrealised profits) relates to the adjustment required to eliminate the profit element recognised by PropCare on the new build hospital costs charged to the FT.

Disposals relate to fully depreciated assets that have been removed from the accounts in year.

8.2 Property, plant and equipment 2016/17

	Group / FT							
	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	TOTAL
	£000	£000	£000	£000	£000	£000	£000	£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**
Cost / valuation at 31 March 2017	**350**	**36,871**	**13,237**	**44,108**	**73**	**10,830**	**247**	**105,715**
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**
Accumulated depreciation at 31 March 2017	**0**	**3,322**	**0**	**29,222**	**60**	**5,123**	**146**	**37,873**
Net book value at 31 March 2016								
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**
Total at 31 March 2016	**350**	**34,086**	**4,839**	**13,998**	**16**	**4,518**	**121**	**57,929**
Net book value at 31 March 2017								
Purchased	350	31,117	13,237	13,458	0	5,133	101	**63,397**
Finance leased	0	0	0	0	0	574	0	**574**
Donated	0	2,432	0	1,428	12	0	0	**3,872**
Total at 31 March 2017	**350**	**33,548**	**13,237**	**14,886**	**12**	**5,707**	**101**	**67,842**

A prior year adjustment has been applied to the 2016/17 figures, relating to a misstatement in the value of PPE last year due to a draft valuation report being prepared on a different basis to the final report which was issued after the accounts had been signed. The figures in the table above show last year's audited figures, and the prior year adjustment (which increases the net book value of PPE by £3,416k in 2016/17) is shown in note 8.1.

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 FT's property was undertaken in 2014-15 by a professional valuer, Cushman & Wakefield, on the Modern Equivalent Asset basis. They also carried out a desktop valuation in 2017-18. Further details of the valuation approach are included under note 1.7 (Accounting policies).

9. Investments in associates

	Group / FT	
	Investments in associates 2017/18 £000	Investments in associates 2016/17 £000
Carrying value at 01 April	**895**	311
Share of profit/(loss)	**569**	584
Disposals	**(792)**	0
Carrying value at 31 March	**672**	895

This relates to the FT's associate company, the Clatterbridge Clinic LLP, which provides a service for private patients.

10.1 Inventories

	Group		**FT**	
	31 March 2018 £000	31 March 2017 £000	**31 March 2018 £000**	31 March 2017 £000
Drugs	**1,872**	1,449	**1,161**	898
	1,872	1,449	**1,161**	898

10.2 Inventories recognised in expenses

The value of inventories recognised in expenses was £47.61m (2016-17 £29.66m) for the Group and £47.69m (2016-17 £31.30m) for the FT.

11.1 Trade and other receivables

	Group		FT	
	31 March 2018 £000	31 March 2017 £000	**31 March 2018 £000**	31 March 2017 £000
Trade receivables	**16,977**	3,042	**17,029**	3,042
Accrued income	**4,409**	7,978	**6,371**	9,069
Provision for impaired receivables	**(134)**	(76)	**(134)**	(76)
Prepayments	**7,167**	4,221	**7,154**	5,112
PDC dividend receivable	**0**	137	**0**	137
VAT receivable	**1,967**	535	**267**	78
Other receivables	**0**	1,174	**0**	1,347
NHS Charitable funds: Trade and other receivables	**16**	25	**0**	0
Total current trade and other receivables	**30,402**	17,037	**30,686**	18,709
Prepayments*	**4,563**	6,649	**4,563**	6,649
Total non-current trade and other receivables	**4,563**	6,649	**4,563**	6,649

*Prepayments include a balance of £10m relating to the transfer of Haemato-Oncology services to the FT (£4.3m non-current, £5.7m current).

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11.2 Provision for impairment of receivables

	Group / FT	
	2017/18 £000	2016/17 £000
Balance at 1 April	**76**	71
Increase in provision	**58**	22
Amounts utilised	**0**	(17)
Unused amounts reversed	**0**	0
Balance at 31 March	**134**	76

11.3 Analysis of impaired receivables

	Group		FT	
	2017/18 £000	2016/17 £000	**2017/18 £000**	2016/17 £000
Ageing of impaired receivables				
0 - 30 days	**0**	0	**0**	0
30 - 60 Days	**0**	0	**0**	0
60 - 90 days	**0**	0	**0**	0
90 - 180 days	**0**	2	**0**	2
over 180 days	**134**	74	**134**	74
Total	**134**	76	**134**	76
Ageing of non-impaired receivables				
0 - 30 days	**16,172**	2,910	**21,789**	2,882
30 - 60 Days	**2,783**	269	**269**	269
60 - 90 days	**154**	105	**105**	105
90 - 180 days	**1,787**	880	**880**	880
over 180 days	**66,203**	71,368	**56,395**	63,825
Total	**87,099**	75,533	**79,439**	67,961

12. Trade and other payables

	Group		FT	
	31 March 2018 £000	31 March 2017 £000	**31 March 2018 £000**	31 March 2017 £000
Trade payables	**13,588**	4,264	**11,642**	3,745
Receipts in advance	**4,795**	3,576	**4,795**	3,556
Capital payables	**2,317**	177	**107**	177
Social Security costs payable	**586**	492	**586**	492
Other taxes payable	**545**	386	**442**	375
Accrued interest on DHSC loans	**6**	6	**6**	6
Accrued interest on other loans	**0**	0	**270**	0
Other payables	**2,928**	2,557	**2,881**	1,946
Accruals	**5,378**	2,723	**5,726**	4,216
NHS Charitable funds: Trade and other payables	**6**	15	**0**	0
Total current trade and other payables	**30,149**	14,195	**26,455**	14,513
Capital payables	**301**	0	**0**	0
Total non-current trade and other payables	**301**	0	**0**	0

13. Other liabilities (and other financial assets)

	Group		FT	
	31 March 2018 £000	31 March 2017 £000	**31 March 2018 £000**	31 March 2017 £000
Deferred income	**2,307**	3,132	**2,307**	3,132
Total current other liabilities	**2,307**	3,132	**2,307**	3,132
Deferred income	**0**	0	**1,156**	0
PropCare liability	**0**	0	**18,996**	0
Total non-current other liabilities	**0**	0	**20,152**	0

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 2018 relates to earmarked funding to contribute to the "Building for the Future" project. The majority of this income was released in 2015-16.

The PropCare liability is offset by the loan receivable within Other Financial Assets of £18,715k. The non-current deferred income of £1,156k relates to an arrangement fee with PropCare. Both entries are eliminated on consolidation.

Loan commitments

The Trust has made loan commitments to Clatterbridge Propcare Services Limited totaling £118 million. As at 31 March 2018, Clatterbridge Propcare Services Limited has drawn down £18.7 million in loans from the Trust. The receipt of loans from the Trust are intended to cover the capital cost of the new cancer centre and the refurbishment of the existing estate. Clatterbridge Propcare Services Limited will be responsible for repaying the loans plus a fixed rate of interest from the income received via the unitary charge under the 25 year agreement.

The Trust measures the loan commitments in accordance with IAS 37. As at 31 March 2018, management does not believes that the loan commitment is onerous as Clatterbridge Propcare Services Limited's credit risk is low and therefore the probability of a default event is remote.

Financial guarantee

The Trust has provided a financial guarantee to Laing O'Rourke on behalf of Clatterbridge Propcare Services Limited. In the event that Clatterbridge Propcare Services Limited is unable to meet its financial obligations to Laing O'Rourke, the Trust is liable to pay the outstanding trade creditor.

In accordance with IAS 39, this financial guarantee needs to be recognised at fair value. As there is no active market for this type of guarantee, the Trust needs to estimate the fair value. The Trust has calculated the expected losses under the guarantee, i.e. the probability-weighted outcome. Using this estimation technique, management believes that as at 31 March 2018 the fair value of the financial guarantee is nil. This is based on the judgement that Clatterbridge Propcare Services Limited is a going concern and the probability of a credit default event is very remote.

14. Borrowings

	CURRENT		NON-CURRENT	
	Group / FT		**Group / FT**	
	31 March 2018	31 March 2017	**31 March 2018**	31 March 2017
	£000	£000	**£000**	£000
Loans from Foundation Trust Financing Facility	**250**	250	**2,750**	3,000
Obligations under finance leases	**51**	49	**109**	160
	301	299	**2,859**	3,160

On 1st March 2010, the FT 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.

15. Finance lease obligations

	Group / FT	
	31 March 2018	31 March 2017
	£000	£000
Gross lease obligations		
- Not later than one year	**51**	49
- later than one year and not later than 5 years	**109**	160
- later than 5 years	**0**	0
	160	208
Net lease liabilities		
- Not later than one year	**51**	49
- later than one year and not later than 5 years	**109**	160
- later than 5 years	**0**	0
	160	208

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

16. Provisions for liabilities and charges

	Group		FT	
	31 March 2018	31 March 2017	**31 March 2018**	31 March 2017
	£000	£000	**£000**	£000
Legal claims	**458**	28	**458**	28
Redundancy	**0**	0	**0**	0
Other	**31**	32	**3**	32
Total current provisions	**489**	60	**461**	60

	Group 2017/18			FT 2017/18		
	Legal claims	**Other**	**Total**	**Legal claims**	**Other**	**Total**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**
At start of period	**28**	**32**	**60**	**28**	**32**	**60**
Arising during the year	**458**	**28**	**486**	**458**	**0**	**458**
Utilised during the year	**0**	**(2)**	**(2)**	**0**	**(2)**	**(2)**
Reversed unused	**(28)**	**(27)**	**(55)**	**(28)**	**(27)**	**(55)**
At end of period	**458**	**31**	**489**	**458**	**3**	**461**
Expected timing of cashflows:						
Within 1 year	458	31	489	458	3	461

Legal claims consist of amounts due as a result of third party and employee liability claims. The values are based

17.1 Revaluation Reserve

	Group / FT	
	2017/18 Property, Plant & Equipment	2016/17 Property, Plant & Equipment
	£000	£000
Revaluation reserve at 1 April	**3,584**	3,740
Prior period adjustment	**3,416**	0
Revaluation reserve at 1 April (restated)	**7,000**	3,740
Revaluations	**1,079**	0
Transfers to other reserves	**(240)**	(156)
Revaluation reserve at 31 March	**7,839**	3,584

17.2 Charitable Funds Reserve

	Group	
	31 March 2018	31 March 2017
	£000	£000
Restricted Funds	**518**	306
Unrestricted Funds	**6,268**	5,146
	6,786	5,452

The restricted funds have arisen as they are donations which the donor has specified the income to be used for a particular purpose.

18. Cash and cash equivalents

	Group 2017/18	FT
	£000	**£000**
Balance at 1 April	**69,183**	**62,830**
Net change in year	**(4,008)**	**(7,463)**
Balance at 31 March	**65,175**	**55,368**
Broken down into:		
Commercial banks and cash in hand	**6,993**	**3**
Cash with Government Banking Service	**18,181**	**15,365**
Deposits with the National Loan Fund	**40,000**	**40,000**
	65,175	**55,368**

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. It is part of a Group along with the Clatterbridge Cancer Charity, the Clatterbridge Pharmacy Limited, and Clatterbridge PropCare Services Limited. The FT has transactions with each of its subsiary companies.

During the year none of the Board Members or members of the key management staff, or parties related to them, have undertaken any material transactions with the Group.

The Register of Interests for the Board of Governors for 2017-18 has been compiled in accordance with the requirements of the Constitution of The Clatterbridge Cancer Centre NHS Foundation Trust.

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

The Department of Health is the parent department of the Clatterbridge Cancer Centre NHS Foundation Trust. The main entities within the public sector with which the body has had dealings are NHS England, Royal Liverpool and Broadgreen University Hospitals NHS Trust, Liverpool CCG, Wirral CCG, HMRC, NHS Pensions Scheme and National Loans Fund.

Related party transactions:

	Group / FT			
	2017/18		2016/17	
	Revenue	**Expenditure**	Revenue	Expenditure
	£000	**£000**	£000	£000
Non-consolidated associates	**1,770**	**76**	2,778	24,352
Total transactions with related parties	**1,770**	**76**	2,778	24,352

	Group / FT			
	31 March 2018		31 March 2017	
	Assets	**Liabilities**	Assets	Liabilities
	£000	**£000**	£000	£000
Non-consolidated associates	**556**	**76**	1,301	1,345
Total balances with related parties	**556**	**76**	1,301	1,345

Clatterbridge Propcare Services Limited (Propcare) is a wholly owned subsidiary of the Trust. Propcare will provide a fully managed suite of healthcare facilities, including the new cancer centre in Liverpool, for use by the Trust in return for a unitary charge payment. Propcare provides value to the Trust through its specific estates focus and through its ability to manage construction and operational risk for Trust, enabling the Trust board to focus on clinical matters. Whilst ownership of the buildings and fixed equipment will remain with the Trust, Propcare occupies the sites in order to construct and operate the facilities under a non-exclusive licence. Propcare is funded by loans and share capital from the Trust, which are intended to cover the capital cost of the new cancer centre and refurbishment of the existing facilities. Propcare will be responsible for repaying the loans from the income received via the unitary charge as well as distributing returns to the Trust through dividends. The Trust has provided a financial guarantee to Laing O'Rourke on behalf of Propcare in relation to the construction contract for the new cancer centre.

The Clatterbridge Phamacy Limited (CPL) is a wholly owned subsidiary of the Trust. CPL is registered as a pharmacy with the General Pharmaceutical Council and offers a range of over-the-counter medicines as well as other healthcare products. In addition to these traditional pharmacy services, CPL provides specialist cancer dispensing services to help patients manage their healthcare and medicines in one place. CPL provides value to the Trust by delivering a more personalised and efficient experience for our patients. The main related party transactions between the Trust and CPL relate to the purchase and sale of drug consumables.

20.1 Financial assets by category

	Group Loans and Receivables £000	FT Loans and Receivables £000	Group Available for Sale £000	FT Available for Sale £000	Group Total £000	FT Total £000
Trade and other receivables - with NHS and DH bodies	**17,479**	**17,479**	**0**	**0**	**17,479**	**17,479**
Trade and other receivables - with other bodies	**2,326**	**4,339**	**0**	**0**	**2,326**	**4,339**
Other investments / financial assets	**672**	**672**	**0**	**0**	**672**	**672**
Cash and cash equivalents	**59,244**	**55,368**	**0**	**0**	**59,244**	**55,368**
NHS Charitable funds: financial assets	**5,946**	**0**	**1,191**	**0**	**7,136**	**0**
Total at 31 March 2018	**85,667**	**77,858**	**1,191**	**0**	**86,857**	**77,858**
Trade and other receivables - with NHS and DH bodies	8,890	8,890	0	0	8,890	8,890
Trade and other receivables - with other bodies	4,494	4,491	0	0	4,494	4,491
Other investments / financial assets	895	895	0	0	895	895
Cash and cash equivalents	64,478	62,830	0	0	64,478	62,830
NHS Charitable funds: financial assets	4,729	0	1,192	0	5,921	0
Total at 31 March 2017	83,486	77,106	1,192	0	84,678	77,106

20.2 Financial liabilities by category

	Group Other Financial Liabilities £000	FT Other Financial Liabilities £000
Borrowings excluding finance leases	**3,000**	**3,000**
Obligations under finance leases	**160**	**160**
Trade and other payables - with NHS and DH bodies	**13,927**	**13,927**
Trade and other payables - with other bodies	**10,759**	**6,358**
NHS Charitable funds: financial liabilities	**6**	**0**
Total at 31 March 2018	**27,852**	**23,445**
Borrowings excluding finance leases	3,250	3,250
Obligations under finance leases	208	208
Trade and other payables - with NHS and DH bodies	1,684	1,684
Trade and other payables - with other bodies	9,328	8,407
NHS Charitable funds: financial liabilities	6	0
Total at 31 March 2017	14,476	13,549

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. Fair values have been calculated using the Treasury discount rate of 3.7% over the repayment period of the loan.

There has been no impairment of financial assets, other than bad debt expense shown in note 11.2.

Other investments all relate to the Charity.

	Group				FT			
	31 March 2018		31 March 2017		**31 March 2018**		31 March 2017	
	Book value £000	**Fair value £000**	Book value £000	Fair value £000	**Book value £000**	**Fair value £000**	Book value £000	Fair value £000
Financial assets								
Other investments	**1,191**	**1,191**	1,192	1,192	**0**	**0**	0	0
Other financial assets	**0**	**0**	0	0	**18,715**	**15,636**	0	0
	1,191	**1,191**	1,192	1,192	**18,715**	**15,636**	0	0

	Group				FT			
	31 March 2018		31 March 2017		**31 March 2018**		31 March 2017	
	Book value £000	**Fair value £000**	Book value £000	Fair value £000	**Book value £000**	**Fair value £000**	Book value £000	Fair value £000
Financial liabilities								
Loans	**2,750**	**2,750**	3,000	3,000	**2,750**	**2,750**	3,000	3,000
Other liabilities	**0**	**0**	0	0	**20,152**	**16,728**	0	0
	2,750	**2,750**	3,000	3,000	**22,902**	**19,478**	3,000	3,000

21. Losses and Special Payments

	Group / FT			
	2017/18		2016/17	
	Number	**£000**	Number	£000
Losses of cash	**1**	**0**	0	0
Fruitless payments and constructive losses	**0**	**0**	3	10
Bad debts and claims abandoned in relation to:				
other	**0**	**0**	10	1
Damage to buildings, property etc. due to:				
theft, fraud etc	**2**	**1**	0	0
stores losses	**1**	**0**	0	0
other	**1**	**2**	1	8
Ex gratia payments in respect of:				
personal injury with advice	**1**	**3**	1	3
	6	**5**	15	21

The FT'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 FT 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 FT 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 FT's income is negotiated under agency purchase contracts with NHS England, which are financed from resources voted annually by Parliament. The FT 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 2017-18, the FT has negotiated a three year block contract with its main commissioner for activity delivered. The FT receives cash each month on the agreed level of the contract value. This has allowed the FT to minimise the risk to its main source of income.

The FT presently finances most of its capital expenditure from internally generated funds. In 2009/10 the FT 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 FT or Group risk on the previous year.

Market risk

This is not applicable to the FT 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 FT is not, therefore, exposed to significant interest rate risk.

Foreign currency risk

The FT has negligible foreign currency income, expenditure, assets or liabilities.

Credit Risk

The FT has considered credit risk under IFRS 7, and concluded that there is a small amount of risk from non-payment of the loan to PropCare.

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 FT did not hold any money on behalf of patients in either 2017-18 or 2016-17.

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

The FT 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 seven contingent liabilities with a total value of £347k (2016-17 six contingent liabilities with a total value of £25k).

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