

CLATTERBRIDGE CENTRE FOR ONCOLOGY
TRUST BOARD

TITLE: CHAIR & CHIEF EXECUTIVE REPORT – JANUARY 2011
AUTHOR: ANDREW CANNELL, CHIEF EXECUTIVE
FOR: DISCUSSION / INFORMATION

1 STRATEGIC ISSUES

1.1 Non-Executive Director Appointments

A proposal recommending the appointment of two Non-Executive Directors, Mrs Jan Burns and Dr James Kingsland, will be made by the Governors' Nominations Panel to the Council of Governors on 24th January.

A verbal report on the outcome of the meeting will be provided by the Chairman.

1.2 Director of Operations

Rob Smith, newly appointed Director of Operations, will take up his post at the Trust on 28th February 2010.

1.3 Relationship with Clatterbridge Cancer Research Charity

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



The Chairman will provide a verbal update on the meeting with CCR to the Board.

1.4 Academic Health Sciences Centre Update

The Board will recall that in 2008/09 the University of Liverpool and a number of local NHS organisations submitted a bid to the Department of Health to become an Academic Health Sciences Centre (AHSC). The bid was rejected. The new Pro Vice Chancellor, Professor Ian Greer, is seeking to revisit the proposal. In September I advised the Board that I had committed CCO to contributing to an initial evaluation of the case for establishing an AHSC in Liverpool.

Following meetings with interested parties (including the CCO's Chief Executive, Medical Director and Director of Research) the draft report attached at Appendix 1 has recently been circulated to organisations that participated.

The report by Neil Goodwin makes clear that there are potential benefits to establishing a successful AHSC. However there will be a number of challenges to implementation, including:

- Agreeing appropriate governance arrangements that balance the corporate accountability and priorities of individual organisations with the need for collective action if the AHSC agenda is to be progressed.
- Securing the resources by contribution from each organisation to provide the necessary infrastructure

Clearly before a final commitment to the establishment of an AHSC is made by CCO it will be necessary to evaluate a fully worked up proposal. The report outlines the steps necessary to establish the AHSC (although the timetable looks unduly ambitious).

Although a considerable amount of detail remains to be worked through it is judged that further engagement on the proposal would be valuable. Therefore it is recommended that CCO continues to contribute to the discussions and confirms this following discussion at the Board.

A clear proposal in respect of the AHSC will be prepared by the Medical Director and Director of Research for consideration by the Board in due

course. This will take into account the “business case” for participation, identify any governance issues (including addressing concerns regarding the risks of AHSCs previously aired by Monitor) and ensure that the opportunity it would offer complements the Trust’s strategic priorities. An assessment of the financial provision required if CCO becomes a member of the AHSC will be made on the information available at the time financial plans for 2011/12 are approved by the Board

1.5 Policy Guidance

A wealth of policy guidance that is of significant interest to the Trust has been released recently. It has not been possible to provide a definitive summary for this Board meeting. This will be addressed next month. The three main items of interest are; the Bill to deliver the NHS White Paper, the Operating Framework and the new national cancer strategy. These are discussed briefly below.

1.5.1 Equity & Excellence: Liberating the NHS

The Board will be aware that the delivery of the Coalition’s plans for the reorganisation of the NHS are gathering momentum. The draft Health & Social Care Bill was published on 19th January.

An initial survey of its contents has not identified any material differences from the proposals discussed to date. However this will be kept under review and a comprehensive briefing provided at the next Board meeting

The published Bill can be accessed at:

<http://www.publications.parliament.uk/pa/cm201011/cmbills/132/11132.pdf>

On the assumption that the Bill progresses through Parliament it is anticipated that it will receive Royal Assent sometime in the Autumn. Inevitably its provisions will change over the coming months, the extent of these changes remains to be seen.

1.5.2 Operating Framework 2010/11

The Department of Health Operating Framework was released in December. There were no surprises in the principles outlined, for example the expectations re Tariff uplift (-1.5%), efficiency plans (minimum 4%), CQUINS retained at 1.5% and the retention of Cancer Waiting Times Targets had been heavily trailed and built into the Trust’s provisional planning assumptions.

The Operating Framework can be accessed at:

<http://www.dh.gov.uk/en/Managingyourorganisation/Financeandplanning/Planningframework/index.htm>

It should be noted that the detailed Tariffs have yet to be released.

The provisions of the Operating Framework and the impact on our contract discussions with Commissioners will be accommodated in the development of

Consultants, two external Senior Medics (including one from the University) and a lay member. A more detailed report on the process is attached at Appendix 2.

A maximum of 9 discretionary points were available for distribution. Applications were received from 13 of the 26 eligible consultants. The panel determined that the following awards should be made:

[REDACTED]

[REDACTED]

[REDACTED]

In total 8 points were awarded by the panel. The unused discretionary point will be carried forward to the next round for allocation if suitable applications are received.

2 OPERATIONAL ISSUES

2.1 Rising Tide Major Incident

On 16th December the CEO of NHS NW wrote to all CEOs informing them that the system for NHS command and control had been launched to combat the combined impact of flu, severe weather and the shortened working week due to banks holidays. The concern was that the NHS would experience a “rising tide” scenario which would adversely impact on business continuity if it was not successfully mitigated. From that date all Trusts were required to do daily SITREP (situation reports) through to Silver command and received daily information and updates from Gold command. Whilst CCO has to date not been particularly affected the Board should be aware of the following:

- a. Stage 2 of NHS NW H1N1 Critical Care Guidance has been invoked which includes:
 1. Suspension of all remaining elective adult/paediatric surgery **including oncology (unless life threatening)**.
 2. Convert level 2 critical care beds to level 3 beds.
 3. Open step down beds (to accommodate level 2 patients) in each Trust.
 4. Activate inter-SHA transfer plan.
 5. Impact on patient's access & waiting times to treatment & financial implications for Trusts needs to be assessed.

- b. NWAS has cancelled all PTS service with a number of specific exemptions. Oncology patients were exempted from this general policy.

- c. As part of triggering our Major Incident Plan CCO has been supporting Arrows Park Hospital over the last two weeks with expert staff to support their critical care and A&E facilities

2.2 Responsible Officer

The Medical Profession (Responsible Officer) Regulations 2010 require that all designated Boards nominate a Responsible Officer from the 1st January 2011 when the regulations come into force. The Strategic Health Authority has indicated that it expects all organisations in the North West to have nominated their Responsible Officers by the 31st January 2011. In order to meet these obligations Dr David Husband, in his role as Medical Director, has been nominated the Responsible Officer for the Clatterbridge Centre for Oncology NHS Foundation Trust.

This was discussed and approved at the Board's Integrated Governance Committee on 17th January.

2.3 Engagement and Reputation Strategy

Following its discussion on the need to develop a Marketing Strategy at its meeting in November, the Board approved the establishment of a short-term group to oversee the development of an Engagement & Reputation Strategy by the end of the current financial year. The Group met on 6th December and will meet again on 24th of January and 21st February to complete its work

A budget of £25k was approved to secure external advice on developing and implementing the Strategy. Following the receipt of proposals and interviews by a panel from the Engagement & Reputation Group the Trust has appointed Paver Smith & Co to provide this advice. The company is based in Liverpool and has worked well with the Trust in the past in producing our Annual Review.

The timetable is challenging, however it is still planned to bring a draft strategy to the Board in March 2011 for discussion.

2.4 Monitor Q2 Feedback

Formal feedback on the Trust's performance for Quarter 2 has now been received from Monitor and is provided for information (Appendices 3 and 4).

It will be noted that the Trust has been allocated a Financial Risk Rating of 4, and "Green" for Governance. The Regulator has noted that the Trust has not declared a significant risk of meeting the C-Difficile operating standard although it was one case ahead of the anticipated trajectory at Q2.

2.5 Media Activity

A copy of recent media coverage is attached at Appendix 6.

ESTABLISHING A LIVERPOOL ACADEMIC HEALTH SCIENCE CENTRE

Introduction and benefits

1. This paper is a short summary of discussions on establishing an academic health science centre (AHSC) for Liverpool and proposals for next steps. The process was commissioned by the University of Liverpool and the RL&BUH Trust on behalf of the North Merseyside NHS.
2. As a reminder, at the core of an academic health science centre, also known as an academic health science system or partnership is the belief, supported by evidence, that the triple mission - clinical care, research and innovation, and education - reinforce and improve each other. It does this by enabling new and novel treatments to be brought into clinical use earlier, which benefit populations locally, nationally and internationally. Equally importantly, it also leads to a culture of excellence and evidence-based clinical pathways which in the end improves care for patients.
3. In addition, other potential benefits of a Liverpool AHSC would include:
 - Creating a corporate, single NHS/HE identity for marketing and securing additional research and other income nationally and internationally.
 - Corporately building on Liverpool's NHS and HE strengths (e.g. BRC, clinical trials activity, etc) to pursue the above and to establish inter-AHSC links nationally and internationally for mutual business benefit.
 - Enhancing clinical leadership for service, research and educational development, which in turn will benefit the local population and contribute to addressing current and future challenges facing the NHS and HE sectors.
 - Extending and strengthening inter-organisational, clinical and research networks to drive improvement across clinical care, research and education.
 - Developing a wider multi-disciplinary approach to develop and apply the latest healthcare technologies and exploit them commercially for the benefit of the NHS and HE sectors
 - Enhancing the status of Liverpool for workforce recruitment and development.

Principal interview findings

4. Interviews were held across seven trusts (Aintree, Alder Hey, CCO, LHC, Mersey Care, RL&BUH, Women's), Liverpool PCT and three HE/R&D organisations (LSTM, LJMU & Cheshire & Merseyside CLRN). The 23 interviewees were chief executives, medical directors, R&D directors/managers and HE leaders. The selection of quotes from interviewees at Appendix 1 indicates the flavour and nature of the discussions.
5. There is good support for establishing an AHSC with most interviewees viewing an AHSC as complementing the regeneration of the city and creating a strong, single identity for the NHS and HE sectors. They also saw an AHSC providing the basis for strengthening collaboration across the two sectors, for example building on the Liverpool Biomedical Research Centre, the Pancreatic Biomedical Research Unit and the value added initiatives identified in the original 2009 AHSC application under the themes of basic science, translational research, and clinical trials and clinical effectiveness. There is however some scepticism about establishing a Liverpool AHSC with fears of additional bureaucracy with little benefit.
6. The new management of the University of Liverpool, with its more strategically focused and business-like approach is viewed positively and it also emerged that the specialist trusts did not always need to look to Liverpool for their HE academic links.

7. NHS relationships and inter-organisational trust were identified as requiring development although collaboration between medical directors and clinical leaders, an essential precursor to establishing an AHSC, was said to be positive.
8. Regarding AHSC governance, the overwhelming view was for formal arrangements (viz. a board of directors of a company limited by guarantee led by an independent chair) to bind together the key players; the alternative of an informal collaborative is seen as not providing sufficient inter-organisational 'glue' to optimise the probability of success.
9. There also was strong support for clinical academic programme directors with strategic development responsibilities spanning the geographical area of the AHSC to develop strategic proposals for NHS service, research and education.
10. Potential 'deal breakers' to developing the AHSC include: significant asset stripping of one or more organisations; unequal voices round the board table with some organisations viewed as an 'appendage'; opaque or translucent decision-making; and proposals that threatened the existence of individual FTs.

Conclusions

11. There isn't a better time for establishing a Liverpool AHSC even though the world has moved on in recent months for the NHS and HE sectors:
 - there are funding reductions and financial challenges affecting both sectors;
 - NHS policy proposes a stronger emphasis on a market-based, regulatory system coupled with restructuring of commissioning and the transfer of powers to GPs and local government; and
 - consequently, the NHS will need to develop mature and trusting interpersonal and inter-organisational relationships as the basis for knowing when to collaborate and when to compete in the market-based system.
12. If the AHSC is to add value then it must be from full integration into the above agenda in addition to pursuing the aim of globally positioning Liverpool as a centre of excellence for clinical care, research and innovation, and education.
13. There would be unknowns in establishing an AHSC. Proposals are likely to emerge that may not be wholly acceptable to all organisations, for example to do with the future of clinical services and/or research programmes. And in the longer term there may be implications for the future of some organisations. These and other issues will have to be faced if the AHSC is established, although the NHS economic and policy climate for the next few years will, in any case, precipitate some of these challenges. Consequently, entering a partnership such as an AHSC with fixed views about services, research programmes or organisational configurations is likely to impede progress.

Next steps

14. Next steps for establishing the AHSC are summarised at Appendix 2 and much of this process work could be short-circuited by drawing on the experience of the five AHSCs already established across England.

Selection of interviewee quotes

Liverpool doesn't have a common strategy - we need to speak with one voice.

Chief Executive

An AHSC won't work if we try and please everybody.

Chief Executive

An AHSC could help forge stronger relationships and drive different behaviours.

Chief Executive

Historically Liverpool has been too insular and inward looking.

Medical Director

Some people in Liverpool would benefit from getting out to look at other health systems.

Chief Executive

All the current discussion is about investment not disinvestment and this has to change.

Chief Executive

The relationship between medical directors is better than that between chief executives.

Medical Director

Inter-university relationships are good.

HE leader

Liverpool is patient rich but research poor.

Research Director

There's no shared vision in Liverpool.

Medical Director

We need a compelling case for establishing a Liverpool AHSC.

Chief Executive

Liverpool research has a lot to offer – clinical trials, ID, clinical pharmacology, ocular cancer, pharmacogenetics, pancreatic disease, etc.

R&D director

The Royal and Aintree need to be seen as one whole.

Chief Executive

It's hard to say 'no' to the idea of an AHSC; I can only see the benefits.

Medical Director

This can't be just a paper exercise – there have to be benefits for all.

HE leader

There is general distrust across Liverpool but greater trust between the specialist trusts.

Chief Executive

There are no interpersonal issues between the big hospitals but there's the need to establish trust.

Medical Director

The concept is absolutely sound but the disparate and incohesive nature of Liverpool will make it challenging.

Medical Director

Can Liverpool demonstrate that it's doing world-leading research and service delivery?

Chief Executive

Next Steps Action for Establishing a Liverpool AHSC

Governance:

Establish AHSC NHS-HE executive team (to be led eventually by AHSC director) to lead establishing the AHSC and agreeing 'early wins'

Agree 'founding' or core NHS and HE board partners and 'associate' (or similar description) members

Agree vision and values, and name; commission legal documentation and establish as company limited by guarantee with named, appointed directors (NB: SoS permission required for NHS trusts, not so for FTs and HEIs)

Agree board directors - number and names per organisation, and role of NHS chairs

Agree criteria for identifying initial clinical academic themes (e.g. cancer, child health, infection and ID, etc)

Agree job description and specification for clinical academic programme directors (PDs)

Agree job description and specification for board chair and commence search once board directors appointed

Similarly, agree job description and specification for managing director and commence recruitment once chair appointed

Infrastructure:

Agree AHSC leadership resources (e.g. director's office) and draft job description(s) and person specification

Agree extent of other infrastructure, e.g. research and education leads, comms & PR support, employment support, office location, etc and agree accountability lines

Determine extent to which the proposed joint research office, C&M CLRN and HIEC could form part of the supporting infrastructure for the AHSC

Order of appointments:

Board directors appoint chair who together appoint director then all appoint programme directors; director can also sort other infrastructure secondments and/or appointments with executive team as soon as in post

Following can await MD's appointment:

IP and commercial:

Creating wider membership base

Create AHSC branding and identity

Timescales:

Finalise consultation with NHS CEs and chairs, and across HE sector by 31 January 2011

Establish NHS-HE executive team February 2011 to oversee implementation

Aim to establish Liverpool AHSC Ltd by 1 April

Appoint Chair, AHSC director, clinical academic programme directors as soon as possible thereafter

Clinical Excellence Awards – 2010

Local Awards Committee

Date of Meeting 13 January 2011

Committee Members

Mr Alan White	Non-Executive Director (Chair)
Mr Andrew Cannell	Chief Executive
Dr David Husband	Medical Director
Dr Sun Myint	Consultant in Clinical Oncology (CCO)
Dr David Smith	Consultant in Medical Oncology (CCO)
Dr Conall Garvey	Consultant in Radiology RLBUH
Mr Peter Walton	PPI Forum representative
Prof John Field	University of Liverpool Representative

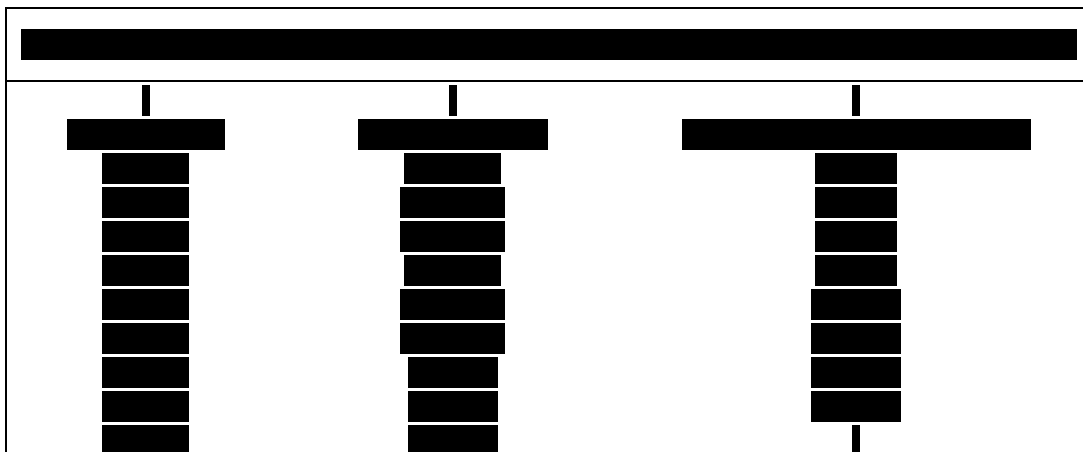
Apologies were received from the following

Dr Peter Clark	Consultant in Medical Oncology
Dr Doug Errington	Consultant in Clinical Oncology
Dr Graham Reid	Consultant in Clinical Oncology Royal Preston Hospital
Ms Nikki MacFarlane	Associate Director of HR

Process

Copies of all applications were sent to each committee member four weeks prior to the meeting. Committee members were requested to mark the applications prior to the committee meeting in order to facilitate discussion on the day of the meeting.

All applications were discussed and scored by each committee member in attendance.



6 December 2010

Mr Andrew Cannell
Chief Executive
Clatterbridge Centre for Oncology NHS Foundation Trust
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Monitor

Independent Regulator
of NHS Foundation Trusts

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London
SW1H 9NP

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Dear Andrew

Q2 2010/11 monitoring of NHS foundation trusts

Our analysis of Q2 is now complete. Based on this work, the Trust's current ratings are:

- Financial risk rating - 4;
- Governance risk rating - GREEN;

I have attached a report on the aggregate performance of the NHS foundation trust sector which I hope you will find of interest, together with a one page executive summary of your Trust's Q2 results.

For your information, we will shortly be issuing a press release setting out a summary of the key findings across the FT sector from the Q2 monitoring cycle.

If you have any queries relating to the above, please contact me by telephone on 020 7340 2522 or by email (Russell.Harris@monitor-nhsft.gov.uk).

Yours sincerely



Russell Harris
Senior Compliance Manager

cc: Mr Alan White, Chairman
Ms Yvonne Bottomley, Finance Director

Clatterbridge Centre for Oncology NHS Foundation Trust

Q2 10/11 reporting executive summary

Monitor

Independent Regulator
of NHS Foundation Trusts

The green governance rating reflects self-certification of compliance against all targets. The FRR of 4 is on plan.

	Q1	Q2	Plan
FRR	4	4	4
Governance	AMBER-GREEN	GREEN	Green

Continue quarterly monitoring.

Liquidity

- At Q2 the FT had a liquidity rating of 5 (80.7 days).
- Cash at £20.6m is £5.9m over plan mainly due to an increase of trade payables (£3.3m) and higher than planned capital payables (£2.2m).
- The FT has a working capital facility of £4.0m.

Prudential Long Term Borrowing limit £13.5m
Long Term Borrowing at Q2 was £5.4m

Financial Summary £m	Quarter			YTD			FY
	Plan	Actual	Variance	Plan	Actual	Variance	Plan
Revenue (Total)	16.9	17.1	0.1	32.9	33.0	0.1	66.1
Employee Expenses	(7.5)	(7.6)	(0.0)	(15.1)	(14.8)	0.3	(30.1)
Drugs	(4.0)	(4.0)	(0.0)	(7.7)	(7.8)	(0.2)	(15.4)
PFI operating expenses	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other costs	(3.7)	(3.7)	0.0	(7.4)	(7.5)	(0.1)	(14.8)
EBITDA	1.8	1.8	0.1	2.8	2.9	0.1	5.8
Depreciation and amortisation	(0.7)	(0.7)	0.0	(1.4)	(1.3)	0.1	(3.2)
Net Interest	(0.0)	(0.1)	(0.0)	(0.1)	(0.1)	(0.1)	(0.1)
Other	(0.3)	(0.3)	0.0	(0.6)	(0.6)	0.0	(1.2)
Net Surplus / (Deficit)	0.7	0.8	0.1	0.8	1.0	0.2	1.4
EBITDA as % Income	% 10.4%	10.8%	0.4%	8.6%	8.9%	0.3%	8.8%
CIPs	£m 0.4	0.5	0.1	0.8	0.8	(0.0)	1.6
Net Surplus / (Deficit)	0.7	0.8	0.1	0.8	1.0	0.2	1.4
Change in working capital	(0.0)	0.2	0.2	(3.4)	(0.1)	3.3	(5.4)
Non cash I&E Items	1.0	1.0	0.0	1.9	1.9	(0.1)	4.2
Cashflow from operations	1.7	2.0	0.3	(0.7)	2.7	3.5	0.3
Cashflow from investing activities	(3.6)	(2.8)	0.8	(7.7)	(5.2)	2.5	(13.6)
Cashflow before financing	(2.0)	(0.8)	1.1	(8.4)	(2.5)	5.9	(13.3)
Cashflow from financing activities	(0.9)	(0.9)	(0.0)	(1.0)	(1.0)	(0.0)	(1.8)
Net Increase/(decrease) in cash	(2.8)	(1.7)	1.1	(9.3)	(3.5)	5.9	(15.1)
Cash at period end	14.7	20.6	5.9	14.7	20.6	5.9	9.0
Cash and Cash equivalents at PE	14.7	20.6	5.9	14.7	20.6	5.9	9.0

Key risks

Financial

- EBITDA of £2.9m is largely in line with plan.
- The Trust was required to submit a revised capital expenditure plan after Q1 due to capital expenditure being less than 75% of the plan. The revised plan forecast £10.3m of capital expenditure for Q2 YTD. Capital expenditure is below the revised plan due to a planned £3m cash donation which was instead received as an equipment donation, enabling the equipment to be VAT exempt, and £2.2m higher than planned capital payables.

Action /Resolution

- Continue quarterly financial monitoring.
- The Trust is required to submit a capital expenditure re-forecast on the template provided by Monitor by 30 November 2010.

Non financial

- Declaration 1 was signed on behalf of the Board of Directors reflecting self-certification of compliance against all targets.
- The Trust had 7 cases of *C-difficile* to the end of Q2 against a trajectory of 6 and an annual target of 12.
- Liverpool PCT has commissioned a high level review regarding the affordability of proposals to re-locate the Trust's services into Liverpool.
- Silas Nicholls, Director of Operations and Performance left the Trust in October 2010.
- The Trust is recruiting to 2 NED positions.

- Continue quarterly monitoring.
- As only 1 case occurred in Q2, the Trust has not declared a risk against this annual target.
- This review is being performed by PwC and is due to be completed prior to Christmas.
- Rob Smith has been recruited to this role and will commence in February 2011. Alyson Constantine is currently acting in this position.
- It is planned these appointments will be effective from January 2011.

Media Activity

18th November 2010 – 18th January 2011

Press releases issued:

- Fundraising – Gordale Garden Centre grotto
- Keys handover
- Fundraising – Get fit by volunteering for our charity events
- Fundraising – Volunteer for the charity in 2011

Media coverage:

Media	Subject	Date	Angle
Liverpool Echo	Quote from James Bond star Daniel Craig praising the “exceptional” care his loved ones received at the Centre	13 November	Positive
Ellesmere Port Pioneer ellesmereportpioneer.co.uk		17 November	
Wirral News (Birkenhead) (Bromborough and Bebington) chesterchronicle.co.uk wirralnews.co.uk		29 November	
IC Cheshire		30 November	
Chester Chronicle (main)		2 December	
Liverpool Echo		John McEwan’s poem ‘Once Upon a Childhood’ raised funds for the Centre through Radio Merseyside	
BBC Radio Merseyside	Interview with radiographer Mark Ballard about his job	16 November 17 November	Positive
crewechronicle.co.uk Wirral News Ellesmere Port Pioneer Chronicle (Sandbach edition – Crewe Series) Crewe Chronicle (main) Nantwich Chronicle (main) Runcorn and Widnes Weekly News crewechronicle.co.uk Chester Chronicle Flintshire Chronicle	Amy Griffin’s Trinity Mirror ‘Young Champion of the Year’ award and Leah Gorry is overall ‘Champion’	17 November	Positive
BBC Radio Merseyside	Interview with Pets as Therapy	17 November	Positive

	volunteer Sue Yates, focused around charity campaign and Relatives' Room		
BBC Radio Merseyside	Clatterbridge Christmas cards available at the BBC	18 November 13 December	Positive
BBC Radio Merseyside	Interview with Susan Reynolds	18 November	Positive
BBC Radio Merseyside	Interview with patient Stan Edwards	19 November	Positive
London Evening Standard bdpost.co.uk Barking and Dagenham Post	Proton beam therapy to be delivered at UCLH, mentions the Centre and says "but it can only treat 2,000 patients a year" and says we are Clatterbridge Hospital	22 November	Neutral – details incorrect
BBC Radio Merseyside	Interview with Ted Dillon	22 November	Positive
BBC Radio Merseyside	Presenter Jessica Robbins is going to run the Lisbon marathon for the Centre	22 November 6 December	Positive
BBC Radio Merseyside	Interview with massage volunteer Jenny Cruickshank	23 November	Positive
BBC Radio Merseyside	Interview with Pauline Pilkinton MBE, volunteer fundraiser	24 November	Positive
The Guardian guardian.co.uk	'Where else can I go?' feature, info about Wirral, included health services here	24 November	Positive
BBC Radio Merseyside	Tony Snell's Breakfast show – clarification that the Centre is not part of the £42m cuts planned for Wirral NHS Trust	24 November	Positive
News RX Healthwire	New findings in ovarian cancer at the Centre – author G Adams and colleagues	24 November	Positive

Chronicle (Sandback edition) crewechronicle.co.uk	Three family members charged with stealing from a man receiving treatment for testicular cancer at the Centre	24 November	Positive
BBC Radio Merseyside	Interview with David Wright about the TYA	25 November	Positive
BBC Radio Merseyside	Dog trainers did a mass 'Stay' with dogs, raising £838 for the Centre	24 November	Positive
wirralnews.co.uk	Letters – Kathlyn Lewis wrote in to tell of Centre's "excellent" reputation and that wards are "virtually free of MRSA"	24 November	Positive
Runcorn and Widnes World Runcorn and Widnes Weekly News Widnes Weekly News Runcorn Weekly News	'Grow a beard for Gorry' campaign to donate proceeds to the Centre Update to say it raised £15,000 for the Centre	24 November 9 December 30 December	Positive
Liverpool Echo liverpoolecho.co.uk	Reader letter: Disgust at the possible cancellation of The Royal's rebuild. Reader has had "the best of support and treatments from the Centre.	26 November 29 November	Positive
Formby Times	Woman who is in remission from breast cancer and was treated at the Centre has returned to work at Cancer Research UK.	24 November	Positive
bbc.co.uk	Request for applications to be Radio Merseyside's charity partner for 2011, mentions our charity as this year's partner.	26 November	Positive
Wirral News	Chef to take six	1 December	Positive

	week trip to raise money for Centre after wife treated here		
Chester Chronicle chesterchronicle.co.uk	Chester's Piper Golf Society held a memorial day for patient and raised £19,216 for Centre	2 December	Positive
All Together Now		1 December	
Wirral News wirralnews.co.uk	Message from Susan King to assure readers the cuts at Clatterbridge hospital do not affect the Centre	1 December	Positive
Isle of Man Examiner	£3,000 raised for Centre, from Naseem's Manx Brain Tumour Charity	30 November	Positive
Synergy News	ESTRO conference article by Daniel Hutton	1 December	Positive
Synergy News	Announcement of the birth of Daniel and Nicky Hutton's baby Oliver	1 December	Positive
liverpooldailypost.co.uk liverpoolecho.co.uk	Charity named for the Liverpool triathlon	4 December	Positive
Liverpool Echo			
BBC Radio Merseyside	Promotion of the Centre's carol concert at the Anglican cathedral	3 December	Positive
BBC Radio Merseyside	Over £50,000 currently raised for the Centre's charity	7 December 13 December	Positive
BBC Radio Merseyside	Newspaper review – how Shorefields Technology College has worked with the Centre and fundraised	7 December	Positive
Liverpool Echo Ellesmere Port Pioneer	Charity grotto promotion for Gordale Garden Centre	6 December	Positive
Liverpool Echo	Grotto on Hope Street raised money for charity	6 December	Positive
The Wrexham Leader Flintshire Standard	Hairdressing salon in Shotton raised £310 for Centre in	8 December	Positive

	memory of customer who was treated here		
Wirral News Liverpool Daily Post Liverpool Echo	Article on whistleblower who told press that Clatterbridge cuts will affect patient care – clarifies that the Centre is separate and unaffected	7 December	Positive
Wirral News	'For the love of Margie' feature tells the story of a patient whose family raised £600 for the Centre at her funeral	8 December	Positive
Chester Chronicle	Four men raised £2,662.66 for the Centre in coast to coast challenge in Scotland	9 December	Positive
The Engineer	Article on particle accelerators and Cyclotron, mentions the Centre	13 December	Positive
Wrexham Leader eveningleader.co.uk	Patient's story at Christmas of her joy and thanks at spending time with family, being treated at the Centre	17 December 15 December	Positive
BBC Radio Merseyside Liverpool Echo liverpoolecho.co.uk clickliverpool.com	Merseyside specialist hospitals' 'Famous Five' campaign	22 December 20 December 24 December	Positive
BBC Radio Merseyside	Phone in: Caller says he was diagnosed with a brain tumour and the Centre and Alder Hay did "some fantastic work"	21 December	Positive
Document Manager	Kainos IT system taken up at the Centre	1 November	Positive
liverpoolecho.co.uk Liverpool Echo	Patient has written in to thank DR Errington, Dr Hall, radiotherapy department and nurses of rbeing	23 December	Positive

	caring and putting him at ease – “a great department and team”		
Liverpool Echo	Article on cases of bed-blocking in Merseyside hospitals – the Centre scored 0	3 January	Positive
Woman’s Own	Feature on New Year health breakthroughs – Novalis Tx for brain radiosurgery, includes a quote from Dr Haylock	10 January	Positive
BBC Radio Merseyside	Caller tried to get a refund from Merseytravel for a Savaway 15 years out of date – they gave him a £5 refund and it was donated to the Centre	5 January	Positive
wirralglobe.co.uk	Merseytravel has chosen the Centre as its ‘Charity of the Year’ for 2011	5 January	Positive
Chester Leader		6 January	Positive
Liverpool Echo		5 January	Positive
Chesterfirst.co.uk		6 January	Positive
ITV1 Granada	Famous five – interview with Phil Hammond about his treatment at The Walton Centre	24 December	Positive
Liverpool Echo	Famous Five – Bionic mum talks of treatment at Liverpool Womens	27 December	Positive
West Derby Merseymart & Star		6 January	Positive
Runcorn & Widnes Local News	Mark Gorry donation of £15,000 to our charity	30 December	Positive
Crosby Herald	Famous Five	23 December	Positive
Guardian.co.uk Society daily	Famous Five campaign	14 January	Positive
thedrum.co.uk	Famous Five campaign	14 January	Positive
Computerworlduk.com	SBS – mentioned	13 January	Positive

	as one of their clients		
BBC Radio Merseyside	Advertising ferry event for charity	12 January	Positive
220 Triathlon	The Liverpool Triathlon – charity partners	1 February	Positive

Additional media requests:

- Dr Anne Temple-Murray declined an interview with Juice FM on skin cancer
- Dr Shenoy declined to contribute to a piece for the BBC Health website
- Dr Anoop Haridas submitted article for BBC website
- Northwest Tonight contacted us regarding a married couple who both have the same lung cancer. Requested interview with consultant. Did not complete the interview.
- Statement issued to the press regarding the ward closure at WUTH
- Famous Five campaign – case studies and media opportunities put forward to Bell Pottinger
- Liverpool Echo journalist contacted us for comment around an FOI regarding pest control. Response submitted – no coverage followed.
- Daily Mail journalist requested interview with case study for progress on RapidArc for 'me and my op' feature.