



**Report Cover Sheet**

Report to:	CCC Trust Board	
Date of the Meeting:	24 <sup>th</sup> February 2021	
Agenda Item:	P1-030-21	
Title:	Implementing the new 5-year strategic plan, 2021-2025	
Report prepared by:	Tom Pharaoh, Associate Director of Strategy	
Executive Lead:	-	
Status of the Report:	Public	Private

Paper previously considered by:	Trust Executive Group
Date & Decision:	1 <sup>st</sup> February 2021

Purpose of the Paper/Key Points for Discussion:	<p>This paper sets out the proposed approach to the implementation of the agreed five-year strategic plan.</p> <p>The implementation of the overarching five-year strategic plan will be largely through the implementation of a number of supporting strategies.</p> <p>The paper sets out the proposed approach to the implementation of the clinical services element of the strategic plan.</p> <p>It also the intention to align the reporting of this with the other elements of the strategy to allow the Trust Executive Group, the Trust Board and it's Committees to take a whole-strategy view of progress.</p>
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Action Required:	Discuss	
	Approve	
	For Information/Noting	✓

Next steps required	
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*The paper links to the following strategic priorities (please tick)*

Deliver <b>outstanding care locally</b>	✓	Collaborative system <b>leadership to deliver better patient care</b>	✓
<b>Retain and develop outstanding staff</b>	✓	Be <b>enterprising</b>	✓
<b>Invest in research &amp; innovation</b> to deliver <b>excellent patient care</b> in the future	✓	Maintain <b>excellent</b> quality, operational and financial <b>performance</b>	✓

The paper relates to the following Board Assurance Framework (BAF) Risks

BAF Risk	Please Tick
1. If we do not optimise quality outcomes we will not be able to provide outstanding care	✓
2. If we do not prioritise the costs of the delivering the Transforming Cancer Care Programme we will not be able to maintain our long-term financial strength and make appropriate strategic investments.	✓
3. If we do not have the right infrastructure (estate, communication & engagement, information and technology) we will be unable to deliver care close to home.	✓
4. If we do not have the right innovative workforce solutions including education and development, we will not have the right skills, in the right place, at the right time to deliver the outstanding care.	✓
5. If we do not have an organisational culture that promotes positive staff engagement and excellent health and well-being we will not be able to retain and attract the right workforce.	✓
6. If we fail to implement and optimise digital technology we will not deliver optimal patient outcomes and operational effectiveness.	✓
7. If we fail to position the organisation as a credible research partner we will limit patient access to clinical trials and affect our reputation as a specialist centre delivering excellent patient care in the future.	✓
8. If we do not retain system-side leadership, for example, SRO for Cancer Alliance and influence the National Cancer Policy, we will not have the right influence on the strategic direction to deliver outstanding cancer services for the population of Cheshire & Merseyside.	✓
9. If we do not support and invest in entrepreneurial ideas and adapt to changes in national priorities and market conditions we will stifle innovative cancer services for the future.	✓
10. If we do not continually support, lead and prioritise improved quality, operational and financial performance, we will not provide safe, efficient and effective cancer services.	✓

Equality & Diversity Impact Assessment		
Are there concerns that the policy/service could have an adverse impact on:	YES	NO
Age		✓
Disability		✓
Gender		✓
Race		✓
Sexual Orientation		✓
Gender Reassignment		✓
Religion/Belief		✓
Pregnancy and Maternity		✓

If YES to one or more of the above please add further detail and identify if a full impact assessment is required.



The Clatterbridge  
Cancer Centre  
NHS Foundation Trust



FIVE-YEAR  
STRATEGIC PLAN  
2021-2025

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# FOREWORD

The Clatterbridge Cancer Centre (CCC) is one of three specialist cancer centres in the UK. We have a unique multi-site care model – we provide radiotherapy at our three main hub sites, systemic anti-cancer therapy at seven sites and outpatient care at 17 centres. We serve a population of 2.4 million across Cheshire and Merseyside.

With 1,500 specialist staff we are one of the largest NHS providers of non-surgical cancer treatment and we are consistently rated as one of the best performing hospitals in the Care Quality Commission's national inpatient survey. Our vision is to not only maintain this excellence but to work with our academic and healthcare partners across the region to ensure that the care, treatment and outcomes of our patients continuously improve in the future.

We have achieved what we set out to do in our last five-year strategic plan. We have opened Clatterbridge Cancer Centre–Liverpool (CCC–Liverpool) and embedded our networked model of care so that the vast majority of patients are within 45 minutes of one of our hubs. The opening of CCC–Liverpool, based in the heart of the city's Knowledge Quarter, provides us with a unique opportunity to re-examine, re-invigorate, and refresh our strategic plan.

The 11-storey state of the art specialist hospital is part of our £162m investment to transform cancer care in Cheshire and Merseyside. We built our new hospital in order to:

- Provide outstanding, cutting edge cancer therapies to the population of Cheshire and Merseyside,
- Collocate oncology with acute services at the Royal Liverpool University Hospital, streamlining care and avoiding the need for very unwell patients to be transferred in an ambulance to a critical care unit,
- Complement our sites in Wirral and at Aintree and provide care close to home for cancer patients across Cheshire and Merseyside,
- Provide opportunities for expanding our cancer research programme through the collocation of the hospital with the University of Liverpool.

While we were getting ready to open CCC–Liverpool the world changed fundamentally. The response of our teams to the challenges posed by the COVID–19 pandemic has been amazing. We have quickly adopted new technology and made the changes necessary to keep our patients and staff safe. As an NHS we have tackled COVID–19 together and NHS organisations working more closely together as part of their local systems will be a lasting legacy of this period.

We have developed this new five-year strategic plan against this backdrop. Through implementing our re-invigorated plan we want to have a positive impact on:

- **Patient outcomes and experience**
- **Improved and efficient patient pathways**
- **The research culture, ethos and outputs of the organisation and our reputation for the provision of outstanding cancer care**
- **Staff engagement, satisfaction, training and education**
- **The national and international profile of CCC and the Cheshire & Merseyside Cancer Alliance.**

# 1.

## OVERVIEW

### 1.1 About The Clatterbridge Cancer Centre

As one of the leading cancer centres in the UK, with a track record of developing new and better ways of treating cancer, The Clatterbridge Cancer Centre contributes to improved outcomes for patients with cancer in Cheshire and Merseyside.

We operate a networked model of care, with services for non-surgical oncology spread across the different 'sectors' of the region that we serve. The model is based on the principle of providing care locally where possible and centrally where necessary.

#### CCC in numbers

Our sector hubs serve populations of around

**500,000**

We manage in excess of

**250,000**  
patient contacts

We care for over

**35,000**  
patients per year

**1,500**  
specialist staff

Outpatient care at

**17 sites**

CCC-Liverpool is our new specialist centre and the location of our inpatient beds. It is also the hub for the central sector of the region. CCC-Wirral is the hub for our southern sector and CCC-Aintree is the hub for the north.

All new outpatient appointments are concentrated in sector hubs, which have increased provision of supportive care services. We are currently working with our partners on the development of the hub for the eastern sector and this will be one of our key

aims for the next five years. We were also one of the first cancer centres in the UK to use our own highly-trained nurses to deliver cancer treatments to patients in their own homes through our Clatterbridge in the Community programme.

Our primary aims are to deliver the best cancer care, continuously improve treatment and care through research and innovation, and work collaboratively with other providers of cancer care for the benefit of our population.

### 1.2 The best care

The Trust has a consistent record of excellent top level performance across all aspects of care delivery and patient experience. This includes results from national inpatient and outpatient surveys, national accreditation for safety and quality, and some excellent scores in staff survey results.

This is a reflection of the skills and commitment of our staff. We have a strong commitment to developing our workforce and have embedded an electronic appraisal and staff development system. Over recent years our staff have been working to a set of values that they developed to reflect what they do every day. These values have provided a firm foundation for the delivery of the best patient care, service delivery and research.

Chemotherapy and other systemic anti-cancer therapies at

**7 sites**

Radiotherapy at

**3 sites**

We have an excellent track record of financial performance and have been consistently given a low risk rating by our regulator. We were one of the first NHS Foundation Trusts in the country and have a well-developed governance structure with a high quality Board and Council of Governors. However, the economic climate and the cost of delivering cancer care means that financial sustainability over the next five years remains a significant challenge.

As cancer incidence increases and new treatments allow us to significantly improve survival we will face increasing pressure on our services, facilities and staff. In particular our capacity to deliver the national 62-day target and the new 28-day Faster Diagnosis Standard will be put under pressure. We are also faced with the workforce challenges of recruiting and retaining the best staff and adapting the workforce to reflect increasingly complex care and treatment.

### 1.3 Research and innovation

We undertake research into new cancer therapies through our academic partnership with the University of Liverpool.

With more than 300 active clinical trials and 1,200 patients a year entering studies we ensure that as many patients as possible get access to the very latest treatments.

As a specialist cancer care provider we are duty bound to ensure that patients have access to novel and emerging therapies as part of interventional studies as well as delivering a balanced research portfolio that includes observational and real-world data studies. Over the next five years we will see exciting new developments in fields such as molecular diagnostics, genomics, biobanking and data driven research. As a Trust we need to be 'research ready' to ensure that we are ideally placed to secure funding for ground-breaking research that will benefit our patients, both now and in the future.

As a specialist provider we also have a responsibility to innovate and ensure that we can act as a test bed of best practice for the NHS. We have a history of developing innovative radiotherapy techniques, delivering early phase drug trials and designing new models of care, such as chemotherapy in the home and workplace. We also have a strong track record of creating innovative new roles. Recent examples include consultant radiographers to improve the efficiency of the patient pathway and early diagnosis support workers to enhance patient care.

### 1.4 Working collaboratively

We host the Cheshire & Merseyside Cancer Alliance, one of 19 cancer alliances in England tasked with delivering the cancer elements of the NHS Long Term Plan.

The Long Term Plan outlines the need for improvements in diagnostic, treatment and follow-up pathways that are underpinned by research and innovation.

The priorities set out in the plan include a radical overhaul of diagnostic standards and services and a national roll out of Rapid Diagnostic Centres. The Cheshire & Merseyside Cancer Alliance is the vehicle for delivering this locally.

In response to the NHS Long Term Plan we are working as part of the cancer alliance to pioneer new models of care that address to the needs of our population. As an example our region has particularly poor outcomes from lung cancer. As such the Cheshire & Merseyside Cancer Alliance was the first team in the country to deliver the Lung Health Checks model of care which is aimed at diagnosing lung cancer at an earlier stage to improve outcomes.

# WHY WE NEED A NEW STRATEGY

## 2.1 The national landscape

It is estimated that one in two people will develop cancer at some point in their lives. More than 360,000 people in the UK are diagnosed with cancer each year. By 2022 it is projected that this figure will reach 422,000.

Although survival is improving, some patients are still being diagnosed late in the pathway.

Early diagnosis followed by access to the best, evidence-based and efficient treatment is critical to achieve improvements in outcomes and meet the increasing demand.

Despite advances in treatment, cancer remains one of the top five causes of early death in England. It is the highest cause of death in Liverpool, accounting for at least 37% of all deaths in the region.

The NHS Long Term Plan sets out two key ambitions for cancer:

BY  
**2028**

The proportion of cancers diagnosed at stage one and two will rise from just over **half** now to **three quarters** of cancer patients

BY  
**2028**

**55,000** more people each year will survive their cancer for at least **five years** after diagnosis

For the ambitions contained in the NHS Long Term Plan to be met in our region:

## 2.2 The local landscape

The Cheshire and Merseyside region has a unique blend of circumstances that contribute to our cancer outcomes, including:

- Two parts of our region, Liverpool and Knowsley, are in the five most deprived areas of England and a further three parts of our region are in the most deprived 20%.
- The region currently has considerably higher mortality rate from some cancers compared to England as a whole.
- The region has the second highest rate of co-morbidities that impact patient outcomes in the country.
- Some areas in Liverpool have the highest rate of presentations through emergency routes and it is well recognised that such patients have the poorest outcomes.
- This high level of diagnosis through emergency presentation is at least partly due to suboptimal uptake and delivery of screening programmes across the region.
- Regional recruitment into clinical trials, although improving, has historically lagged behind national averages and comparable hospitals.

BY  
**2028**

To achieve **75%** of people diagnosed at stage 1 or 2, the system will need to diagnose approximately **300** additional people at an early stage every year – approximately **3,000** additional people in total by 2028

BY  
**2028**

Five year survival will need to increase from **53%** (2017) to **64%** which equates to around **1,000** more people surviving every year

## 2.3 Cancer care is changing

Cancer care is increasingly delivered on an outpatient or day case basis rather than as an inpatient. As cancer incidence and referrals grow, this will place additional pressure on these ambulatory services. We expect to see a number of trends developing over the life of this strategic plan.

- With the focus on earlier and faster diagnosis, there will be an increase in cancer surgery. While we do not deliver surgery, it will be important to work closely with the cancer surgery community across the region to ensure delivery of the NHS Long Term Plan.
- There will be an increase in non-elective admissions for both solid tumour and haemato-oncology patients due to the ageing profile of patients with cancer.
- It is anticipated there will be an increase in attendances at our clinical decisions unit as we endeavour as a system to keep cancer patients out of hospital where we can.
- Acute oncology services, which manage the unexpected care needs of cancer patients, will need to expand to meet growing demand. Services will need to be coordinated across the region.
- Inpatient activity will potentially increase if haemato-oncology inpatients from the North Mersey area transfer to CCC-Liverpool.
- Chemotherapy care closer to home will continue with patients being treated in regional chemotherapy units and the three hubs in Wirral, Aintree and Liverpool.
- Though the radiotherapy treatment population will increase, the number of attendances should remain stable as advances in radiotherapy techniques will lead to more treatments being given over fewer attendances. The complexity of treatment will increase, however.
- Research activity will continue to grow as a result of the collocation with the University of Liverpool, the increase in academic appointments, and the opening of the dedicated clinical research facility at CCC-Liverpool.
- Private care activity will grow in line with the increase in cancer incidence and in particular with the opening of CCC-Liverpool and the addition of haemato-oncology services.
- Services will need to recover from the impact of the COVID-19 pandemic while sustaining the positive changes that have been made through the adoption of technology, reduced face-to-face appointments and a more agile workforce.

## 2.4 Our main tasks

### Workforce challenges

We have developed this strategy in the context of some significant workforce challenges within a number of our existing staff groups. Some of these challenges are well within our ability to address. Others, such as skills shortages for oncologists and haemato-oncologists, will require a huge amount of focus, hard work, and innovation on the part of the whole team to overcome.

Challenges with radiology capacity and the ability to deliver turnaround times are likely to continue with the national shortage of radiologists. Workforce shortages and changes to the skills mix of our staff will add further complexity to operational delivery. Regional issues such as shortages of surgeons and diagnosticians could impact on the ability to keep services within the region and put pressure on the delivery of the cancer waiting time standards.

Recruiting and retaining a high calibre workforce that meets the needs of a changing service, with new models of care and the latest technology, will be paramount. In addition to this, our ability to deliver our research ambitions will be dependent on our ability to attract academic clinicians to the University of Liverpool and the Trust.

### Clinical sustainability

The National Centre for Eye Proton Therapy will continue to be a flagship service for the Trust but will require a significant upgrade during 2021 to ensure sustainability. We will work with Alder Hey and The Christie, which now also provides proton beam therapy, to ensure there is a sustainable service for children with cancer across the region.

### Financial sustainability

The financial sustainability of the NHS and therefore the pressure on the financial position of the Trust is greater now than it has ever been. We will need to continue to develop more efficient pathways of care and increase private care and subsidiary profits in order to maintain financial stability. Access to capital will be a risk factor and we will need to prioritise the internal capital programme and increase fundraising to support state of the art facilities.

### Research funding

Funding for research is a key strategic risk. There is not the track record in cancer research to secure National Institute for Healthcare Research (NIHR) Biomedical Research Centre funding in 2022; however, there is an opportunity to secure Experimental Cancer Medicine Centre funding in 2022 with the aim of supporting the University of Liverpool to secure Cancer Research UK funding. Recent increases in

grant and commercial income has increased our research productivity and structures have been put in place to ensure there is improved scrutiny on both research portfolios and financial management. However, if the scale and impact of research is to continue it is likely that there will be a need for increased financial support from The Clatterbridge Cancer Charity. An active and exciting research portfolio will support these fundraising efforts.

### Cyber security

Cyber security remains a high risk. We remain aware of the ever increasing, changing and challenging threats cyber attacks pose to the organisation. We will continue to actively invest and develop capabilities in cyber assurance to protect patient and corporate information.

### 3.

## THE NEXT FIVE YEARS

Having delivered our last five-year strategic plan, opening CCC-Liverpool and embedding our unique networked model of care, our attention for the next five years needs to be on maximising the benefits of these developments for patient outcomes and experience. To this end we have developed a new statement of our mission for the next five years. We will:

Drive improved outcomes and experience through our unique network of specialist cancer care across Cheshire and Merseyside.

To deliver this mission we have developed our plans to address six strategic priorities:

BE **OUTSTANDING**

BE **COLLABORATIVE**

BE **A GREAT PLACE TO WORK**

BE **RESEARCH LEADERS**

BE **DIGITAL**

BE **INNOVATIVE**

While these strategic priorities are displayed as distinct and separate they are clearly closely interwoven. Achieving our digital ambition will support the delivery of our plans to address each of the other five strategic priorities. Key service developments in areas like interventional radiology will support the delivery of our

research ambitions, which will, in turn, improve the outcomes and experience of our patients and contribute to our financial performance.

In addition, everything we do in the next five years will be underpinned by a refreshed set of values and behaviours that we will develop with our staff.

## Our **Mission**

Drive improved outcomes and experience through our unique network of specialist cancer care across Cheshire and Merseyside.

## Our **Values**

New values that support our mission and priorities to be developed with staff in Year 1.

# Our **strategic priorities** and **key outcomes**



### BE **OUTSTANDING**

Deliver safe, high quality care and outstanding operational and financial performance

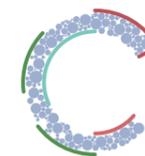
**Outstanding CQC rating**  
**Top decile NCPES survey**



### BE **COLLABORATIVE**

Drive better outcomes for cancer patients, working with our partners across our unique network of care

**Improved 5-year survival**  
**Increased early diagnosis**



### BE **RESEARCH LEADERS**

Be leaders in cancer research to improve outcomes for patients now and in the future

**Retain ECMC status**  
**Gain CRUK centre status**



### BE **A GREAT PLACE TO WORK**

Attract, develop and retain a highly skilled, motivated and inclusive workforce to deliver the best care

**Top decile staff survey**  
**Teaching hospital status**



### BE **DIGITAL**

Deliver digitally transformed services, empowering patients and staff

**Develop a digital strategy**  
**Achieve HIMSS level 7**



### BE **INNOVATIVE**

Be enterprising and innovative, exploring opportunities that improve or support patient care

**Develop and implement an innovation strategy**

NCPES: National Cancer Patient Experience Survey  
ECMC: Experimental Cancer Medicine Centre  
CRUK: Cancer Research UK  
HIMSS: Healthcare Information and Management Systems Society

# BE OUTSTANDING

Deliver safe, high quality care and outstanding operational and financial performance

## 4.1 Quality and safety

We are renowned for our high quality care. We consistently achieve excellent outcomes in patient experience and safety, external regulatory inspections and research quality. High quality care for all will continue to be a guiding principle in the next five years. Through the implementation of our Clinical Quality Strategy we will focus on continuously improving the quality of the services that we deliver.

### Patient safety

We will continue to provide the safest healthcare for patients, led and monitored from ward to board. Staff will continue to feel empowered to report near misses and incidents and will be treated fairly when they do so. We will demonstrate how we actively learn from incidents and patient feedback to continually improve the safety and care we provide to improve patient outcomes and experience. As an indicator of our patient safety culture we will remain 'highly recommended' by our staff as an organisation where they or their family would wish to receive health care.

In addition, through implementing our dementia and learning disability strategies we will continue to ensure that patients get the expert help and adjustments that they need to receive the best care.

Our volunteers and Council of Governors actively participate in a wide variety of committees and research forums across the Trust. We will continue to develop and enhance patient and public involvement through our Patient Experience and Involvement Group. We have developed a Patient and Public Involvement and Engagement Strategy and through the implementation of this we will deliver a number of pledges to our public and patients.

### Patient experience and involvement

Delivering an excellent patient experience is at the core of what we do. We will continue to strive for the best patient experience. As a measure of this we will aim to achieve top quartile performance in key national patient experience surveys, such as the National Inpatient Survey and the NHS England National Cancer Patient Experience Survey.

### Quality improvement

We have an excellent reputation for innovation and quality improvement and this will continue to be a key focus. Over the next five years we will work through the NHS Advancing Quality Alliance (AQuA) to review and refresh our quality improvement methodology. We will also provide training for staff in quality improvement skills, with the aim of equipping staff to lead change and improvement throughout the Trust and across all sites.

### Clinical governance

We established a new clinical governance structure in 2019 and this will be further embedded over the life of this strategy. This includes the better management of our risks through the full use of the Datix risk management system and improved process to learn from and respond to complaints and incidents.

We will also ensure that we implement all relevant national policy and guidance, such as the NHS Patient Safety Strategy, and work with our partners in the region, by strengthening clinical pathways of care across the system and through programmes that share learning across Cheshire and Merseyside.

### Regulation and accreditation

We will aim to maintain or exceed our regulatory markers over the next five years. We will maintain our good rating from the Care Quality Commission while striving for an outstanding rating. We will also maintain the key clinical and research accreditations which make us stand out as a leader in cancer nationally and achieve and maintain compliance with all necessary regulatory standards, including: JACIE accreditation for the haemato-oncology bone marrow transplantation programme, the Quality Standard for Imaging, Human Tissue Authority standards, NICE guidance, and Emergency Planning Resilience and Response standards (for COVID-19 and exit from Europe).

### Supporting quality of care

The Clatterbridge Cancer Charity supports the Trust in our mission to not only improve outcomes from cancer but also improve the quality of life for people living with the disease. Working with the charity we will develop a quality of care grant to continue to fund services that are over and above those commissioned by the NHS, but that make a significant difference to our patients and their families. This may include psychological support, a range of complementary therapies that help relieve patients' symptoms, or other services as arise and approved by the Patient Experience and Involvement Group.

### Our patient & public involvement & engagement pledges

1. Improve the use of our members and patient council
2. Understand patient experience & improve signage
3. Proactively share 'you said, we did' messages
4. Incorporate mental health awareness in everything we do
5. Deliver personalised care
6. Use digital technology to empower patients to manage their care
7. Increase the number of our patients taking part in research
8. Utilise the arts to support holistic care

### Our Site Reference Groups (SRGs)

Comprised of groups of clinicians involved in the care of patients with particular cancer types

Responsible for overseeing the quality of care, developing services, and driving research and innovation for their particular cancer types

SRG annual business plans will support the delivery of:

- This five-year strategic plan
- Our research strategy
- The Cheshire & Merseyside Cancer Alliance plan
- The NHS Long Term Plan

### 4.2 Operational performance

Our clinical services are delivered through clinical divisions that work in close partnership with the research and innovation department and corporate services within the Trust.

Each clinical division contains a number of Tumour Site Reference Groups (SRGs). In the early stages of this strategic plan we will reorganise our clinical divisions to underpin the SRG model and the clinical leadership that this provides. Implementing these service changes will not only enhance the operational running of the SRG teams through improved and efficient patient pathways, it will deliver equitable access for patients across our networked model and ensure improved patient outcomes and experience across the footprint we serve.

Our operational plans for the next five years, including those of our divisions and SRGs, will include focus on some key areas:

- Maximising the benefits of CCC-Liverpool
- Developing our services
- Embedding our clinical model
- Improving urgent and unplanned care
- Meeting operational targets
- Delivering financial sustainability

### Maximising the benefits of CCC-Liverpool

In July 2017 we took over the management of the Royal Liverpool University Hospital's haemato-oncology service. The service remained within the Royal while the construction of CCC-Liverpool took place. Having successfully moved our haemato-oncology service into CCC-Liverpool, our priority will be the full and planned integration of services for haemato-oncology and solid tumour patients in the chemotherapy unit and non-chemotherapy day case area of CCC-Liverpool.

The transfer and integration of the haemato-oncology services historically based in the Royal Liverpool University Hospital has paved the way for the further integration of our haemato-oncology services with those in the North Mersey area. We will work with clinical and managerial colleagues at Liverpool University Hospitals and beyond to bring our teams together as appropriate into a single sustainable CCC service for the benefit of patients.

We will also work closely with our partners at Liverpool University Hospitals to review and manage the comprehensive service level agreement that we have put in place to ensure that our patients at CCC-Liverpool have access to acute care and other specialist services at all times. We will also carry out a post-project evaluation of the opening of the new hospital.

This will ensure that we learn the lessons relevant to any future large scale projects and it will be the first step in ensuring that we realise in full the expected benefits of the development of CCC-Liverpool.

### Developing our services

We will develop proposals to fully open our **teenage and young adult (TYA)** unit in CCC-Liverpool. Our TYA team works across Cheshire and Merseyside providing treatment, care and support to patients with cancer aged between 16-24 years and their families. CCC-Liverpool houses a state of the art eight-bedded TYA unit that is designed to allow the team to deliver the best possible care to their patients.

The opening of CCC-Liverpool has also paved the way for the development of our **interventional radiology service** for patients with cancer in the future. We will develop our proposals for this as a priority as it will have positive impact on both patient care and our ambitions for research.

**The National Centre for Eye Proton Therapy** will continue to be a flagship service for the Trust. With our commissioners and partners we will work towards the significant upgrade that this service requires to ensure its sustainability.

We will also work with our partners on the Isle of Man to ensure that a sustainable and high quality model of care is in place for their cancer patients.

### Embedding our clinical model

CCC-Liverpool forms the central hub of our networked delivery model of care for non-surgical oncology across Cheshire and Merseyside. Each of our Site Reference Groups will develop plans that ensure that they continue to deliver and develop their services based on the principles of this clinical model.

We will also continue to work with our partners on the development of the CCC eastern sector hub set out in our clinical model. All new outpatient appointments and systemic anti-cancer therapy (SACT) for some less common cancers for the population of the eastern sector will be concentrated on this one hospital site, improving access for patients to the necessary expertise and supportive care.

### The principles of our clinical model

Services as local as possible within the bounds of quality, safety, and affordability

Patients only treated outside of their local area by choice or for clinically justifiable reasons

Patients given choice in time and place of treatment whenever possible, including the expansion of services at home

Clinical care delivered by consultant-led multi-disciplinary teams, not single practitioners

Services aim to minimise the time patients wait for appointments

All patients have access to cancer support workers, holistic needs assessments, signposting to other services, and supporting information

### Improving urgent and unplanned care

Acute oncology teams manage the unexpected care needs of cancer patients, including emergency situations and acutely unwell patients. Acute oncology services are in place at the seven acute hospitals within the Cheshire and Merseyside region. Acute oncology services will need to expand to meet the growing demand for urgent cancer care and there needs to be continued coordination across the region. We will support this expansion of acute oncology services and their coordination to ensure that patients have access to services and are cared for in the most appropriate place.

We will work with our partners across the system to place this acute oncology work at the heart of a comprehensive and coordinated approach to urgent cancer care. This urgent and unplanned cancer care programme will increasingly focus on admission avoidance and ambulatory care, supported by a more comprehensive cancer advice (see box below).

Our Clinical Decisions Unit (CDU) is currently open from 8am to 8pm, five days a week. As part of this comprehensive urgent cancer care programme we will consider whether the operating hours of CDU should be extended to cover the weekend as well.

**We are also committed to continuing to support initiatives aimed at tackling emergency and late cancer presentation, including vague symptom pathways and the evolving Rapid Diagnostic Centres. For more on this see section 5.**

### Meeting operational targets

While operational targets in cancer are in large part a measure of how the wider system is working outside our Trust (again see section 5), we are committed to maintaining good internal performance during the life of this strategic plan. All of our cancer services will be delivered in accordance with the agreed Cheshire & Merseyside Cancer Alliance optimal cancer pathways. We will also contribute to the implementation of optimal timed pathways for haematological, lung, upper gastrointestinal, prostate and colorectal cancers.

Our services also support the regional delivery of the new 28-day Faster Diagnosis Standard and the revised cancer waiting time standards. To maximise performance in the future our operational team will manage the waiting list daily and continue to monitor the internal 'seven days to first appointment' and '24 days to treatment' targets for all patients on a 62-day pathway.

We will continue to use good capacity and demand planning to minimise waiting times within the department when we do ask patients to attend face-to-face appointments. All outpatient clinics will also be delivered according to a standard template agreed by the relevant SRG.

**Our SRGs will also continue to work to make sure that advice and guidance arrangements are in place to support colleagues in secondary and primary care to manage their patients and make appropriate onward referrals.**

## A system of urgent cancer care advice

Community acute oncology awareness initiatives, training for GP & community teams and enhanced patient education

Increased provision of ambulatory care, in partnership across the region, for less urgent unplanned cancer care

Triage, assessment and admissions through our 24-hour telephone helpline service providing advice and support to patients receiving cancer care from all CCC sites and network clinics

Professional advice for other healthcare professionals through our helpline service

Our clinical decisions unit service for rapid face-to-face assessment of patients with treatment related toxicities, delivering efficient assessment by the oncology team to enable our patients to access timely care and potentially avoid unnecessary admissions

### 4.3 High quality environments

We have been investing in the development of high quality patients and staff environments for over a decade. We opened CCC-Aintree in 2011 and CCC-Liverpool in 2020. CCC-Liverpool was developed as part of an ongoing £162m investment that also includes the redevelopment of the CCC-Wirral site. The redevelopment of CCC-Wirral will be the focus of the next five years and this programme will begin early in the life of this strategic plan.

The Clatterbridge Cancer Charity has identified patient environments as one of its priorities for the next five years. It will be involved in the development of the plans to redevelop the CCC-Wirral site. In addition we will be supported by the charity in the development of a plan for the upgrade of priority patient environments across our sites.

It is equally important that we provide the right facilities for our staff as people increasingly work more flexibly across sites and from home. This will be a key consideration in the refurbishment of CCC-Wirral.

We designed CCC-Liverpool to maximise the amount of space for our patients and our clinical teams. This will be complemented by superb office accommodation very close by in The Spine, one of the Knowledge Quarter's most iconic new Paddington Village developments, when it opens in 2021.

The Spine will house the northern headquarters of the Royal College of Physicians (RCP), as well as providing high-quality work spaces for our staff. It will enable us to develop our relationship with our neighbours at the RCP and we hope to be able to make use of the building's excellent education and meeting facilities. Paddington Village is just a short walk from CCC-Liverpool and will also be the location of our staff and patient parking when the new multi-storey car park opens in 2021.

## 4.4 Financial performance

The healthcare environment remains challenging, with a number of external factors providing both risk and opportunity for the Trust. We recognise that to deliver our strategy and maintain a balanced financial position we must have a strong commitment to clinical and operational transformation. We also need to be at the forefront of innovation and development. This includes optimising efficiencies across our services so we can reinvest in patient care. Our approach to sustainability over the next five years will be based on the following programmes:

### Productivity improvement programme

To ensure that we continue to deliver value for money, and live within our funding envelope every year, the Trust will focus on:

- Medicines management
- Workforce efficiencies
- Patient pathway optimisation
- Procurement
- Digital productivity, and
- Estate rationalisation

We will use peer review, benchmarking techniques and service transformation methods to support ongoing improved financial performance and deliver required efficiencies.

### Capital programme

We understand that our infrastructure is critical to delivering safe and leading edge patient care, and that this is supported by an effective capital programme. Our five-year capital plan includes:

- Replacement of large diagnostic and treatment equipment
- Redevelopment of the ocular proton facility
- Development of the CCC-Wirral site
- Maintenance of the new CCC-Liverpool hospital, and
- Continued investment in digital infrastructure

The funding for our capital programme is driven by internally generated revenue. Importantly, we will also bid for additional funding where grant or external opportunities arise that are consistent with our investment plan.

### Partner programme

The Clatterbridge Cancer Charity is a key part of our financial profile, and will continue to financially support the Trust in delivering the best patient care. The Charity raises money solely to support the Trust and deliver improved clinical outcomes. The Charity plans to continue the considerable success in fundraising over the last five years and double its annual income over the next three to five years. The Charity has identified four key priorities for fundraising over the next five years: patient environments, research and innovation, technology for patient benefit, quality of cancer care.

The continued growth of Clatterbridge Private Clinic, a joint venture with the Mater Private since 2012, will continue to support financial sustainability, and allows the Trust to reinvestment into front-line care for all our patients. The CCC-Liverpool private clinic opened in 2020. While there is increased competition in the local private care market the investment in new capacity in Liverpool will result in additional income streams into the joint venture from haemato-oncology and new privately medical insured patients from North Mersey and across the region.

## How we will know if we are successful:

Outstanding Care Quality commission rating

Top decile National Cancer Patient Experience Survey results

Performance against cancer waiting times

Redevelopment of CCC-Wirral

Financial sustainability and ability to invest in services

5.

# BE COLLABORATIVE

Drive better outcomes for cancer patients, working with our partners across our unique network of care

During 2020 we opened CCC-Liverpool on the site of the Royal Liverpool University Hospital. Over the next five years we will take the opportunity that this presents to raise the profile of the Trust and consolidate our leadership role for cancer across the region. We will work with a range of partners from across the Cheshire and Merseyside system and beyond to deliver our shared plans for the benefit of our patients and population.

## 5.1 Cheshire & Merseyside Cancer Alliance

The Cheshire & Merseyside Cancer Alliance is responsible for leading cancer planning, delivering transformation and working with statutory organisations and wider partners to effect change in cancer services. We host the alliance and our Chief Executive Officer is its Senior Responsible Officer. The alliance has already made significant progress: for example faster diagnosis pathways have been implemented across all providers for lung and colorectal cancer and endoscopy and radiology clinical networks have been established.

**Over the next five years we will work as part of the Cheshire & Merseyside Cancer Alliance to build on this success. We will seek to extend our influence beyond the specialist part of the cancer pathway to contribute towards prevention, public awareness and cancer diagnosis. The Cheshire & Merseyside Cancer Alliance's five year plan has a focus on prevention, early diagnosis, standardising care, and improving cancer performance.**

### Prevention

Stakeholders in Cheshire and Merseyside have expressed a strong desire to focus on the prevention of cancer. A Cancer Prevention Steering Group has been established to implement and oversee projects in key preventative areas such as smoking cessation and supporting the uptake of the human papilloma virus (HPV) vaccine. We will play a full part in the work of this group over the life of this strategic plan.

### Early diagnosis

We will work within the cancer alliance to support work and initiatives that aim to ensure that cancer patients in Cheshire and Merseyside are diagnosed at the earliest possible stage. The NHS Long Term Plan makes a commitment to develop Rapid Diagnostic Centres (RDCs) across the country as part of a wider strategy to deliver faster and earlier diagnosis. Through the Cheshire & Merseyside Cancer Alliance our region has implemented a number of RDCs for patients with non-specific symptoms suggestive of cancer.

The RDC programme will be expanded over the coming years to include additional sites in the region and to speed up the pathway for patients with specific symptoms suggestive of a particular cancer type. We will work through the alliance over the coming years to explore whether we could play a greater role in early diagnosis in future through the development of RDC models on our sites.

### Standardising care

The Cheshire & Merseyside Cancer Alliance continues to work on the rollout of best practice across the whole system in order to reduce variation in outcomes. Where it makes sense to do so we will use our specialist expertise to lead this process, for example by exploring the potential to standardise haemato-oncology protocols across the region.

### Cancer performance

As a region we have made significant improvements in meeting the cancer waiting time standards. We are committed to supporting Cheshire and Merseyside in the implementation of new care pathways and referral processes that will reduce waiting times, improve the region's performance against the 62-day standard and enable patients to move through the local health care system more seamlessly. We will continue to work with partners to embed and improve the delivery of the 28-day Faster Diagnosis Standard and faster diagnosis pathways to speed up the diagnosis of cancer.

### 5.2 Cheshire & Merseyside Health and Care Partnership

Through our active involvement in the Cheshire & Merseyside Cancer Alliance we will be at the heart of enabling a whole pathway approach for cancer for the Cheshire & Merseyside Health and Care Partnership.

It is likely that the partnership will become an Integrated Care System during 2021. We will play a full and active role in the partnership as it continues to develop. As an example we will work within the partnership's radiology network to explore whether we can offer imaging capacity on any of our hub sites to support our partners in the region.

### 5.3 Radiotherapy operational delivery network

The national modernisation programme for radiotherapy, led by NHS England, aims to invest £130m in the replacement and upgrade of equipment and to modernise services. Radiotherapy operational delivery networks have been established to support partnership working across radiotherapy providers.

The North West Radiotherapy Operational Delivery Network (ODN) spans Cheshire and Merseyside, Greater Manchester, and Lancashire and South Cumbria. It is the largest radiotherapy ODN in England in terms of both scale and breadth of resource.

We will play a full and active role in the ODN in the coming years. The Christie hosts the management of the ODN and The Clatterbridge Cancer

Centre Chief Executive Officer is the Chair. Strong working relationships have been established and the work programme has begun with the aim of implementing national service specifications by 2022.

As part of the ODN we will also support and mentor services outside of the North West to develop their stereotactic ablative radiotherapy (SABR) services.

#### 5.4 Genomics

Increased genomic testing has the potential to improve both opportunities for research and opportunities to deliver tailored treatments to patients. In line with the requirements of Genomics England, early work to achieve increased access to genetic testing has begun in our region. We will work with our partners and the North West Genomics Service to ensure molecular diagnostic testing is available and access to molecular testing is embedded into pathways.

In addition we will continue to support the regional Haemato-Oncology Diagnostic Service (HODS), which is hosted by Liverpool Clinical Laboratories.

#### 5.5 Other partnerships

Where necessary we will develop other partnerships where this delivers patient and organisational benefit. For example, we are working with three other specialist trusts in Liverpool (Alder Hey, The Liverpool Heart and Chest Hospital, and The Walton Centre) to explore where there will be benefits to working together.

During 2020 we worked with these partners to create the Specialist Trusts Procurement Alliance. Through this alliance Alder Hey supports the Trust in ordering and The Walton Centre supports us in material

management. Over the life of this strategic plan we will explore the opportunities for collaboration in other areas such as estates, innovation and research.

### How we will know if we are successful:

- Improved 5-year survival
- Increased early diagnosis
- System-wide cancer waiting times performance
- Progress against radiotherapy operational delivery network plan
- Increased involvement in diagnostics through rapid diagnostic centres

6.



# BE A GREAT PLACE TO WORK

Attract, develop and retain a highly skilled, motivated and inclusive workforce to deliver the best care

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We recognise that our people are our greatest asset. Their dedication, talent, knowledge and experience are at the heart of everything we do and have a big impact on the care that we provide.

We want to attract, retain and develop the brightest and best people locally, nationally and internationally through our reputation for excellence in patient care, research and education, and our commitment to the health, wellbeing and experience of staff.

Over the next five years we will develop a new Workforce and Organisational Development Strategy to set out how we will implement the NHS People Plan in our Trust. Our strategy will focus on continuing to develop a positive culture of compassion, high performance, team ethos, continual improvement and innovation. We will support all staff to fully reach their potential.

We believe that there are a number of areas for priority action which will support us to build successful teams and continue to be a great place to work.

## 6.1 Leadership

We recognise that effective leadership and positive management enables the development of high performing teams and provides a positive staff experience which in turn creates the right environment for our patients to receive the best possible care.

**We are fully committed to enhancing leadership skills and capacity across all levels of the Trust, with an increased focus on supporting middle managers and developing a pipeline of talent to support effective succession planning and staff retention.**

Our clinical leadership is provided through clinical directors for each clinical division and site reference groups (SRGs) comprised of groups of clinicians involved in the care of patients with particular cancer types. The SRGs are responsible for overseeing the quality of care, developing services, and driving research and innovation for their particular cancer types. The SRG model provides an opportunity to develop the culture and ethos within the organisation.

Since August 2019 SRG research leads have been appointed and they will play a key role to ensure that the proposed research strategy is implemented over the next five years and beyond. During 2021 we will reorganise the divisional structures to ensure the SRGs are embedded and supported to lead and drive service improvement, efficient care models and high quality research.

In December 2019 we appointed our first Chief Allied Health Professional (AHP) to represent all AHPs. We will develop an AHP strategy which will seek to harness the AHP workforce's potential for system redesign and enhance the value of AHPs within the Trust.

## 6.2 Recruitment

Key to successful delivery of the strategic plan will be our ability to attract the brightest and the best academic and clinical people. By promoting a compelling employer proposition we will place emphasis on the harder to recruit groups such as oncologists, specialist nurses and radiologists.

The profile and impact of research within the Trust will be increased through delivery of the five-year research strategy and we will focus on the recruitment of a research workforce for the future, including academic clinicians and clinician scientists, the latter in collaboration with the University of Liverpool.

As a great place to work and a local employer we will work with schools, colleges, universities and community groups across the region to improve access routes for local people into jobs at the Trust and will actively support apprenticeships and widening participation activities.

## 6.3 Workforce transformation

The Trust plans to further develop agile and sustainable workforce models to meet the needs of patients and the evolving health system.

**We have invested in a range of advanced practitioners in diagnostics, nursing, pharmacy and physicians' associates between 2015 and 2020 to improve continuity of care and reduce reliance on doctors in training who are a relatively transient element of the workforce. We will continue to develop our innovative approach to workforce planning, creating new roles and new career pathways that support the sustainable provision of services.**

Prior to 2020 we were developing plans for our staff to be more agile in support of our multi-site clinical model. The COVID-19 outbreak in 2020 has meant that we have had to go considerably further and faster with this work than we were planning to. In so doing we have demonstrated that we have both the capacity and the tools necessary to work in a much more agile way. In 2021 we will work to sustain these ways of working into the future.

## 6.4 Retention

To be able to meet the evolving needs of patients and the health system, the Trust will need to ensure sufficient workforce supply and will increasingly depend on an enhanced ability to retain and develop a highly skilled and flexible workforce.

**We will focus our efforts to provide a comprehensive reward and recognition package to support staff retention.**

The successful rollout of our electronic personal appraisal and development review process (e-PADR) in 2019/20 will continue.

The process will be refined further to ensure that all staff are supported in their roles and have a personal development plan to optimise individual performance alongside developing their careers and ensuring job satisfaction.

## 6.5 Culture and engagement

We aspire to foster an open, transparent and high performing culture, where staff feel valued and recognised for the important contribution, actively participate in service improvements and feel empowered to raise concerns.

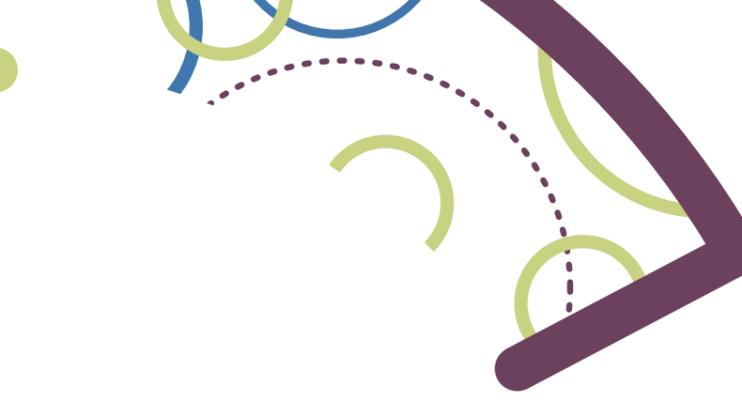
At a time when significant transformation is required and the NHS goes through challenging times, maintaining an engaged workforce is more important than ever.

We will continue to develop an inclusive and healthy environment where everyone is treated with respect and dignity. We will commit to a range of diversity and inclusion pledges to ensure positive promotion of equality and inclusivity in the workplace. We will actively engage with and involve our diverse communities. We will ensure that marginalised and seldom-heard groups are included from both a patient and staff perspective and we will work proactively to increase the diversity of our workforce.

The Trust's current values statement has been in place for a number of years and has served us well. However, the expansion of our clinical model and a new configuration of services provides the ideal opportunity to review our values.

We will do this by involving staff from across the whole organisation as well as through patient and stakeholder groups. The revised values and supporting behaviours will be the principles that guide the way we work every day, to ensure our services are the very best they can be for our patients and for our staff.

We will continue to develop a range of staff recognition processes to ensure staff feel valued and recognised by the Trust for their contributions. We will continue to listen to staff views through staff engagement events and using intelligence from our staff survey and quarterly staff Friends and Family Test.



## 6.6 Health and wellbeing

Staff wellbeing is now recognised as an integral part of good business practice with research showing the clear association between promoting a culture of employee wellbeing and increasing performance.

The NHS workforce is large and improving the health of staff and their families has enormous potential in preventing future ill health not only for them but also for the wider community. The Trust is committed to being the employer of choice and recognises that an important aspect in achieving this is the promotion and maintenance of the physical and psychological wellbeing of its entire workforce.

Our Health and Wellbeing Plan sets out our aims and goals to support both the physical and mental wellbeing of our workforce.

This includes support for staff through our employee assistance programme, occupational health services, mental health first aid and resilience programmes and also developing the skills of our leaders to better understand the value and importance of staff wellbeing. We will implement this plan fully over the life of this five-year strategy.



## 6.7 Education and training

Through our excellence and expertise in education and training, we will continue to achieve excellence in patient care, service delivery and cutting edge research across the region.

As a tertiary centre and system leader we aspire to be recognised regionally and nationally as a leading provider of cancer education and training.

As part of this we will strive to achieve teaching hospital status during the life of this strategic plan.

We have developed a standalone education strategy that sets out our ambitious and dynamic approach to shaping and leading cancer education across Cheshire and Merseyside. We will work to implement this strategy over the next five years.



## Our education strategy

Support all staff to develop and maximise their potential through high quality education provision which responds to the wider NHS national priorities and engages with new advances and innovations in cancer care

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Continue to develop and enhance our education and training for all cancer care students and professionals of the future in conjunction with the University of Liverpool and Higher Education partners

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Further strengthen our centralised model of education governance, promoting and consolidating collaborative working between everyone involved in education at CCC

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Work collaboratively with the Health Education England, the cancer alliance and primary care partners to provide cancer education and training that is targeted and relevant

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We will increase academic-led education and training to optimise patient-focused educational development at the forefront of cancer care

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We will continue to develop our career pathways and frameworks for nursing, allied health professionals, pharmacists and other staff, offering new challenges, new ways of working, and encouraging career ambition

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## How we will know if we are successful:

- 
- Top decile national staff survey results
  - Performance against key workforce metrics
  - Performance in equality and inclusion metrics
  - Refreshed values and behaviours
  - High rates of performance appraisal and development reviews
  - Achievement of teaching hospital status

# BE RESEARCH LEADERS

Be leaders in cancer research to improve outcomes for patients now and in the future

As a specialist trust there is an expectation and requirement that research is our core business. The opening of the new flagship state of the art hospital in the heart of the Knowledge Quarter in Liverpool provides a unique opportunity to refresh and expand our programme of cancer research.

As well as supporting focused research and teaching activities within the University of Liverpool, we have a duty of care to increase academic and non-academic research activities that address local population needs, including end of life care. This will require us to play a leading and influential role in discussions with the University, Liverpool Health Partners, the National Institute for Healthcare Research (NIHR) Clinical Research Network, and other partners and stakeholders to ensure wider patient benefit.

We have developed a new standalone five-year research strategy that sets out our plans to capitalise on the opportunity of the expansion to Liverpool and the partnerships that we have forged. Over the next five years as the demands of CCC-Liverpool reduce, investment from The Clatterbridge Cancer Charity will be redirected to the research agenda and will pump prime projects that are more likely to enhance our research outputs.

## 7.1 Clinical trials delivery and infrastructure

**Our research and innovation directorate has undergone significant change in management and governance arrangements to ensure that it is fit for purpose and efficient. Given the cancer burden within the region, the provision of, and recruitment to, clinical trials as a function of new patient referrals will be increased significantly during 2021-25.**

Strengthening key aspects of the research and innovation staffing infrastructure and the core team will continue over the next five years. This will be supported by developments in clinical services, such as interventional radiology, that support both patient care and our research ambitions.

Over the next five years we will develop clinical job plans with protected time for research activities and recruit research active clinicians. Collocation with the University of Liverpool and other partners will facilitate

greater interactions and collaborative working between academic and non-academic staff within and outside the organisation, particularly with discovery science interests in regional academic institutions. Securing Experimental Cancer Medicines Centre (ECMC) status in partnership with the University of Liverpool has been a major achievement and has enhanced trial availability and recruitment. We will submit our renewal bid for the ECMC in the next year and, if successful, this will run from 2022 through to 2027.

## 7.2 Academic research

We will increase the number of academic staff within the Trust during the next five years with the aim of securing a future Biomedical Research Centre (BRC) and CRUK centre status. This has begun in 2020 with a Chair of Immuno-oncology appointed by the University of Liverpool to support further activities in a sphere of perceived strength in our early phase clinical trial ECMC activities.

Moving forward it is essential that we support and foster an environment for growth in academic oncology to gain a competitive edge in cancer research. These efforts will require close collaboration, co-operation, and discussions with the Faculty of Health and Life Sciences within the University of Liverpool. We will continue as an active member of Liverpool Health Partners whose stated objectives are in line with a more comprehensive agenda that aims to tackle all aspects of the patient journey (prevention, diagnosis, treatment and survivorship).

A major success in recent years is the establishment of the clinical research fellow scheme which supports oncology specialist trainees to undertake a period of academic research within the University of Liverpool. The programme has so far supported a number of academic fellows with the express aim of nurturing local talent and succession planning and we will expand this programme over the next five years.

In addition, as the sole provider of radiotherapy in the region we need to increase research in advanced radiotherapy techniques and we will develop a strategy setting out how we will do this.

## 7.3 Liverpool Cancer Research Institute

The Liverpool Cancer Research Institute (LCRI) will provide a new organisational framework bringing together cancer research led by Liverpool into a single structure. It is underpinned by a three-way partnership between the Trust, the University of Liverpool, and North West Cancer Research (NWCR) to ensure strategic alignment of existing resources and future investment.

Its aim is to drive, facilitate and grow a co-ordinated programme of high quality and sustainable research in a way that fully harnesses Liverpool's scientific and clinical strengths whilst also addressing the needs of the local population. Since the Trust and the University of Liverpool are members of Liverpool Health Partners (LHP), the LCRI will also contribute to the delivery of the LHP cancer programme which is currently in development in consultation with its member organisations.

Furthermore, by raising Liverpool's cancer research profile and creating a clear focal point and 'brand', the

LCRI should improve Liverpool's visibility within the national and international cancer research community, leading to enhanced opportunities for industry collaboration and associated inward investment.

The LCRI will also provide an ideal framework through which the local cancer research community can engage with the University of Liverpool's internationalisation programme with the potential to establish new strategic partnerships and associated funding opportunities. Implementation will commence in 2021.

#### 7.4 Allied health professional research

Research and innovation activity within medical physics is strong and will be expanded in line with developments in imaging and radiotherapy techniques. Over the next five years we will make investments to promote research awareness and participation within other non-medical areas such as pharmacy, nursing, allied health professions and information technology by enabling postgraduate pursuits aligned to ECMC and academic staff.

#### 7.5 Genomics, biobanking and digital developments

We have a key role to play in establishing, delivering, sustaining and evolving a genomic medicine service in cancer.

Genomics represents a paradigm shift in developing truly personalised patient care. Service transformation will be required to ensure that we can deliver our pivotal role within the genomics pathway. Our role in this will include clinical leadership, pathway design, education and support for partners and commissioners, and innovation and research.

Beyond 2020 we will establish and embed genomics as routine care. We will clinically drive the integration of genomics pathways into mainstream care through collaboration with the North West Genomics Hub and local partners.

At present there is a great deal of focus on the importance of digital and data research initiatives within the NHS. The University of Liverpool and Liverpool Clinical Commissioning Group are nationally recognised to be at the forefront of data driven research. Initiatives within haemato-oncology and lung cancer radiotherapy have made use of national data sources and are templates for regional collaboration in the future.

Digital and data driven research is essential to inform good clinical practice as well as clinical and academic research. In preparation for the longer term impact of digital transformation, trusts are being encouraged to consider the impact of key digital technologies, most notably artificial intelligence but also digital medicine and therapies, genomics and robotics. This forms part of our research and digital strategies.

### Liverpool Cancer Research Institute

The LCRI will build on existing partnerships between:

The University of Liverpool and the Trust – through the Cancer Research UK/NIHR Experimental Cancer Medicine Centre (ECMC) and academic posts

The University of Liverpool and NWCR – through the NWCR Centre at the university

The anticipated benefits of the LCRI are substantial and include:

- Improved research outputs
- Project and programme funding
- Enhanced capability to develop large-scale strategic bids: for example the Cancer Research UK (CRUK) Centre
- Enhanced capability to exploit ad hoc calls for major infrastructure awards and other large-scale funding opportunities that need a rapid, co-ordinated response

### How we will know if we are successful:

- Recruitment to clinical academic positions
- Increased trial recruitment and increase in CCC-led trials
- Increased commercial and grant income
- Increase in health services research
- Retain Experimental Cancer Medicine Centre status and gain CRUK centre status

# BE DIGITAL

Deliver digitally transformed services,  
empowering patients and staff

The NHS Long Term Plan devotes significant attention to digital technologies and how they can transform service provision, patient access to services, and support patient empowerment. We are one of 17 organisations in England that has secured significant funding for a Global Digital Exemplar (GDE) programme and has already started its journey to digital transformation.

Our digital vision is to transform the experience of our patients, our people and the population we serve, ensuring that technology is a viable alternative to traditional ways of working. Our digital department has undergone significant changes over the last three years to ensure that it is fit to deliver an effective service to the Trust.

We are developing a new five-year digital strategy with the ambition to enable service transformation and the impact of key digital technologies like artificial intelligence (AI), digital medicine and therapies, genomics and robotics.

We will use the internationally recognised maturity model developed by HIMSS (Healthcare Information and Management Systems Society) to measure the maturity of our healthcare

systems. The Electronic Medical Record Adoption Model (EMRAM) is an eight-stage model (0-7) and will be used as a reference tool to measure organisational maturity whilst identifying opportunities to enhance digital technology and develop digital capability. Our aim is to be one of the first NHS organisation to reach stage 7, the highest level, fully harnessing digital technology to support optimised patient care.

## 8.1 Delivering digital for patients

Over the next five years there is an opportunity through digital enablement to transform how we work and how we care for our patients. The GDE programme has enabled us to be in a position to take on challenges, in many cases in advance of the milestone dates set in the NHS Long Term Plan.

Digital technology will transform the way person-centred, integrated care is delivered. It is a key enabler for improving the quality and safety of services, and achieving better outcomes. Digital tools and systems have already changed how we operate, but there is more that technology can do to help us work effectively, safely, and efficiently.

Digitisation is as much about people as it is about technology. It is critical that we engage with our patients to design solutions through co-production. We are introducing key technologies to support patients. The introduction of video conferencing and other new technologies in the future, will support patient choice, keep individuals connected with health professionals and support the delivery of care closer to home.

Patient held records are a key development that will support patient empowerment. Working with patients and other health and social care organisations within the region we are developing a single digital access point for patients across Cheshire and Merseyside that gives patients access to their electronic records via a 'single front door' through an NHS log on. It will allow patients to access patient letters and the GP record from a single place.

Our ambition is to give patients access to their records and access to assistive technology, including remote monitoring, that will support their care.

## 8.2 Delivering digital for our people

Technology plays a central role in helping clinicians use the full range of their skills, reducing bureaucracy and enabling service transformation, providing more time to care.

The burden of managing complex interactions and data flows between trusts, systems and individuals too often falls to the clinician or the patient. Developments around data interoperability provide an opportunity to free up clinical time and resources. Interoperability is a large part of our digital strategy over the next five years. Working with other digital colleagues across Cheshire, Merseyside, Lancashire and South Cumbria we are developing a system called E-Xchange as part of a Share2Care initiative sharing clinical data to support patient care. This solution is providing immediate benefit to clinicians who are able to access the full clinical picture of a patient to support clinical decision making.

Our digital plans over the next five years will empower and equip our workforce with digital skills to become fully agile and digitally connected to the wider health and social care environment. This will enable our people to make intelligence-driven decisions and have access to the right digital tools. Our staff will become change agents in the new digital landscape. We will embed strong clinical digital leadership over the next five years, empowering clinicians to lead digital change.

### 8.3 Be driven by intelligence

We have committed to establishing a true business intelligence function. This will turn data into intelligence, triangulated with key data sources including finance, workforce, clinical, and risk data, to produce a single source of the truth.

We will deliver a new data warehouse and a single set of data visualisation tools to empower the staff with intelligent data to make informed decisions. We will develop analysis and artificial intelligence to provide alerts and dashboards, supporting a move from see and treat to predictive modelling.

We are also collaborating and sharing data with partners across Cheshire and Merseyside as part of the Combined Intelligence for Population Health Action (CIPHA) programme. CIPHA is assisting the regional response to COVID-19 and supporting the NHS long term recovery.

### 8.4 Secure and robust digital infrastructure

As we further embed digital processes, this increases the clinical dependencies on technology and underlying infrastructure to maintain performance, reliability, availability and security of clinical systems and data.

Ensuring that we have a robust technical infrastructure is a key requirement. We have invested in a refreshed digital infrastructure and a new approach to infrastructure strategy by adopting a 'cloud first' initiative. We are working collaboratively with other local NHS organisations to deliver this safely and effectively. We have implemented data centre infrastructure that ensures maximum system availability and full disaster recovery capabilities. Investment in highly performing underlying technical architecture increases the performance of systems used by staff thereby supporting their productivity.

As an organisation, we are aware of the ever increasing, changing and challenging threat of cyber-attacks, with a requirement to ensure that patient information is held

safely and securely. We have secured Cyber Essentials certification and are working to achieve Cyber Essentials Plus. Having already invested in the leading solutions to assist in protecting our infrastructure we will continue to maintain this investment to ensure our estate is protected to the highest levels possible.

We have invested in virtual desktop infrastructure and fast user switching technology to support agile working across our sites and empower our staff to work more efficiently. We are embedding collaboration tools such as Microsoft Teams and WebEx to support better communication and collaboration across our sites and with other organisations, improving our efficiencies and also reducing our carbon footprint.

#### How we will know if we are successful:

- Develop and implement a digital strategy
- Achieve Healthcare Information and Management Systems Society level 7 status
- Establish a true business intelligence function
- Completion of the refresh of digital infrastructure
- Secure Cyber Essentials Plus certification

9.

# BE INNOVATIVE

Be enterprising and innovative, exploring opportunities that improve or support patient care

As a specialist provider we have a responsibility to innovate and ensure that we can act as a test bed of best practice for the NHS. We also need to make the most of the opportunity provided by the opening of our new specialist hospital in the heart of Liverpool's Knowledge Quarter. Over the next five years we will continue to be innovative and enterprising where this supports patient care and our financial sustainability.

## 9.1 Build the capacity, capability and culture to support innovation

We will develop an innovation strategy to encapsulate how we intend to build the capacity, capability and culture to support innovation over the next five years.

There is excellence in innovation around the Trust. We want to build on this foundation to develop and grow the capacity and capability of our current and future workforce to embrace and actively engage with innovation. In so doing we want to create an innovative culture, harnessing talent and supporting the development of innovation champions across the Trust.

This increased emphasis on innovation will be supported by an increased focus on research and innovation from The Clatterbridge Cancer Charity. Charitable income to the Trust has increased over the last few years but much of it has been directed towards the development and opening

of CCC-Liverpool. Over the next five years investment will be directed more towards innovation to pump prime projects that are more likely to enhance outputs and generate external income. This will include the establishment of an Innovation Fund where staff can seek support for new ideas.

We will also work with partners where it makes sense to develop innovation capacity and capability in partnership. As an example, we will work with Liverpool Health Partners and local NHS partners to explore the potential development of a sustainable health innovation accelerator with early stage funding for NHS innovations, start-ups and University spin-outs.

## 9.2 Improving patient care through innovation

Over the next five years we will improve and enhance patient care through innovation in practice and empowering staff to lead change. We have a history of developing innovative treatments and designing new models of care and we will continue to develop these over the next five years.

Developed as part of our new clinical model, our innovative and award-winning Clatterbridge in the Community service has benefited many patients with solid tumour cancers. Over the life of this strategic plan we will further expand this programme, including to patients with haemato-oncology cancers.

**Our site reference groups (SRGs) have been developing plans to introduce an innovative stratified model of outpatient follow up, taking a personalised approach to follow-up and patient self-management and thereby reducing unnecessary hospital attendances.**

The need for a pressing review of services during the COVID-19 outbreak in 2020 meant that we have gone a lot further and faster with reducing outpatient attendances. During the pandemic we have drastically reduced the level of face-to-face outpatient appointments in favour of telemedicine, supported by the rapid adoption of the necessary technology. Over the next five years we will sustain and embed this approach to outpatient care. We also have a strong track record of creating innovative new roles. Recent examples include consultant radiographers to improve the efficiency of the patient pathway and early diagnosis support workers to enhance patient care.

The Clatterbridge Cancer Charity will further support us through a focus on the use of technology for patient benefit. The charity will support leading edge equipment, including a commitment to purchase the latest technology in an 'innovation bunker' on the CCC-Liverpool site. Through charitable investment in the bunker we will create a physical space that provides cutting edge technology and innovation which will allow our teams to take on and solve the problems and challenges they face daily. Our aspiration is to use this facility to create rapid proofs of concept, linking the digital and research and innovation teams. We aspire to use this space to inspire greater co-production of ideas and creativity to ultimately improve outcomes and enhance patient experience.

## Clatterbridge in the Community

Clatterbridge in the Community has been running for a number of years

For some patients it can be a struggle and extra stress travelling to our clinics for treatment, particularly if they are back at work

The services sees specialist nurses visiting patients to administer treatment

It began with patients being treated at home and has been extended to include treatment in the workplace

Currently patients who are receiving Herceptin and some other treatments are eligible for the service

## 9.3 Develop and grow our subsidiaries and joint venture

At The Clatterbridge Cancer Centre we have two wholly-owned subsidiaries and a joint venture. We will continue to develop and grow these innovative ventures over the next five years to support the cancer care that we deliver to the population of Cheshire and Merseyside and beyond.

**PropCare** was established by the Trust with the main aim of delivering the build programme required to achieve our Transforming Cancer Care programme, including the construction of CCC-Liverpool and the redevelopment of CCC-Wirral. Having delivered CCC-Liverpool in 2020 PropCare will now focus on the redevelopment of the Wirral site. In addition to its work on CCC-Wirral, PropCare will seek to build on its core strengths and explore opportunities to work with NHS partners where this supports the Trust in its delivery of its strategic objectives or makes a positive financial contribution.

Since 2013 **PharmaC** has supported the Trust in bringing pharmacy procurement and dispensing services in-house and delivering exceptional quality of service to our patients. PharmaC's strategic objectives are intrinsically linked to our clinical model, including home care. PharmaC's five-year plan includes growing the Clatterbridge in the Community service (which delivers treatments at home or in the workplace), working with our pharmacy manufacturing unit to scope future commercial opportunities, and exploring opportunities to work with partners elsewhere in Cheshire

and Merseyside in the provision of outpatient pharmacy services.

The **Clatterbridge Private Clinic** has been a joint venture between the Trust and the Mater Private since 2012. Its continued growth has been important in delivering financial sustainability for the Trust.

The private clinic in the new CCC-Liverpool opened in 2020 and the investment in new capacity in Liverpool will attract additional income into the joint venture through haemato-oncology and new privately medical insured patients from the North Mersey part of the region.

## 9.4 Explore opportunities

We have considerable specialist expertise in cancer care and a unique networked model of care across a population of 2.4 million people in Cheshire and Merseyside.

We now also have the benefit of close location with the Royal Liverpool University Hospital and the University of Liverpool in the heart of Liverpool's growing Knowledge Quarter. Over the next five years we will explore commercial opportunities as they arise, making the most of this strong position.

We will also take opportunities without any commercial gain where these enhance and strengthen our national and international reputation and brand. For example, we are already working with other cancer care providers nationally to provide expert advice on the proposals they are developing to transform their models of cancer care and we will continue to explore such opportunities over the next five years.

### How we will know if we are successful:

- Develop and implement an innovation strategy
- Establishment of an Innovation Fund to support new ideas
- Continued growth of our innovative subsidiaries
- Development of an innovation bunker as a space to support cutting edge innovation

# 10.

## IMPLEMENTATION

In 2021 we will put in place the necessary structures and processes to convert the words in this strategic plan into action. We will develop a detailed implementation plan outlining who will be expected to deliver what and by when.

The implementation plan will also identify success measures so that we will be able to tell whether we have achieved what we set out to. The progress against the implementation plan will be reported regularly to our senior leaders through the Trust Executive Group and to our Board of Directors.

# 11.

## DECLARATION OF SUSTAINABILITY

The successful delivery of the initiatives set out in this five-year strategic plan will ensure that The Clatterbridge Cancer Centre is a clinically, operationally and financially sustainable leading cancer centre over the term of this plan, with progress and achievement in all areas of research and service for national and regional patient benefit.

Over the life of this strategic plan we will also develop plans to continue to create social value in our local communities and reduce our waste, water consumption and carbon footprint in line with the ambitions set out in the NHS Long Term Plan.

 @CCCNHS  @CCCNHS  cccnhs

 The Clatterbridge Cancer Centre NHS Foundation Trust

[www.clatterbridgecc.nhs.uk](http://www.clatterbridgecc.nhs.uk)



The Clatterbridge  
Cancer Centre  
NHS Foundation Trust

# Implementing the new 5-year strategic plan

2021-2025

# Implementing the five-year strategic plan

- The five-year strategic plan is a single overarching strategy for the trust
- The implementation of the overarching strategy will be largely through the implementation of a number of supporting strategies
- The implementation programmes of the supporting strategies will have different governance routes
- It is proposed that the Trust Executive Group is the key forum where the different strands are pulled together on behalf of the Trust Board

# Implementing the five-year strategic plan

## Be a great place to work

Attract, develop and retain a highly skilled, motivated and inclusive workforce to deliver the best care



Workforce and OD strategy implementation



## Be digital

Deliver digitally transformed services, empowering patients and staff



Digital strategy implementation



## Be research leaders

Be leaders in cancer research to improve outcomes for patients now and in the future



Research strategy implementation



## Be innovative

Be enterprising and innovative, exploring opportunities that improve or support patient care



Innovation strategy implementation



## Be outstanding

Deliver safe, high quality care and outstanding operational and financial performance



Quality strategy implementation



## Be collaborative

Drive better outcomes for cancer patients, working with our partners across our unique network of care



Clinical services strategy implementation



Governance

# Implementing the clinical services strategy

- The **clinical services** strategy will be implemented through a small number of work streams made up of separate projects
- The work streams are clear
- Some projects are clear and are underway or starting up
- Some projects will be subject to agreement through the ongoing business planning and prioritisation process
- The Programme Management Office resource will focus on supporting the implementation of the clinical services strategy

## Work stream 1

Project 1

Project 2

Project 3

## Work stream 2

Project 1

Project 2

Project 3

Project 4

# Clinical services: work streams & projects

## Diagnostics

Genomics

Rapid diagnostic services

Rapid diagnostic centres/community diagnostic hub

## Outpatients

Sustaining and improving telemedicine

Stratified follow-up

Improved referral processes

## Service growth

Workforce business cases

Clatterbridge in the Community

Immunotherapy

## Service development & integration

Interventional radiology

Opening the TYA unit

Eye proton service

Haemato-oncology integration

## Urgent care

Acute oncology

Unplanned ambulatory care

Clinical Decisions Unit

## Site development

CCC-Wirral redevelopment

The Spine

Eastern sector hub

# The approach to work streams will vary

Projects in work streams may be discrete or interrelated.

## Work stream 1

### Project 1

Exec Lead:

Clinical Lead:

Ops Lead:

PMO Lead:

### Project 2

Exec Lead:

Clinical Lead:

Operational Lead:

PMO Lead:

## Work stream 2

### Programme

Exec Lead:

Clinical Lead:

Ops Lead:

PMO Lead:

### Project 1

### Project 2

### Project 3

# For example...

## Diagnostics

### Genomics

Exec Lead:	Sheena Khanduri
Clinical Lead:	Rosie Lord
Ops Lead:	Fran Ashley (tbc)
PMO Lead:	Tom Pharaoh

### Rapid diagnostic services

Exec Lead:	Joan Spencer
Clinical Lead:	Pathway specific
Ops Lead:	Pathway specific
PMO Lead:	Tom Pharaoh

## Urgent Cancer Care

### Programme

Exec Lead:	Joan Spencer
Clinical Lead:	Ernie Marshall
Ops Lead:	tbc
PMO Lead:	Mel Warwick

### Acute oncology

Project team

### Unplanned ambulatory care

Project team

### Clinical Decisions Unit

Project team

# But the principles should be consistent

- Clear leadership, governance and responsibilities
- Simple, straightforward and replicable project management approach
- Use of the Clinical and Operational Group for reference and consultation, Trust Executive Group for approval
- Potential changes to the programme to be discussed at COG and agreed at TEG
- Realistic reporting – assurance not reassurance
- Align reporting with implementation plans of other strategic themes to allow whole strategy view

# Next steps

- Proposals for project management approach and PMO structure (now approved at TEG)
- Set up and progress elements of the programme where these are known
- Agree the further detail of the programme through business planning and prioritisation process
- Full implementation plan for **clinical services** strategy
- Work together on:
  - Development of new supporting strategies
  - Implementation of existing supporting strategies
  - Plans for reporting against entire five-year strategic plan to TEG, Board Committees, Trust Board