Trust Business Plan 2017/18/19

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The Clatterbridge Cancer Centre

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

From ten operating sites across Cheshire and Merseyside we treat over 30,000 patients a year, offering pioneering chemotherapy, radiotherapy and proton therapy treatments alongside advanced specialist imaging diagnostics.

We bring together high-quality clinical services, research and academic excellence to drive forward the development of new leading edge drugs and therapies and provide the best specialist care for patients.

The two years covered by this business plan encompass one of the most exciting and challenging times in the history of the Trust working within a dynamic healthcare environment with the development of the C&M 5YFV and the Cancer Alliance; changes in our commissioning landscape, integration of a new service of haemato-oncology into the Trust from 1st July 2017; developing a new clinical model for our cancer services, building a comprehensive World Class Cancer Centre, co-located on the new RLBUH site for Cheshire and Merseyside, which brings together in partnership for the first time specialist NHS cancer services with the University of Liverpool and other research partners on a single acute campus and the development of a new strategy for the Trust.

CCC is the host organisation for the Cheshire and Mersey Cancer Alliance (Andrew Cannell, CEO, is the Chair and Senior Responsible Owner). CCC has an important 'system leadership' responsibility in cancer care, ensuring that cancer providers and commissioners across Cheshire and Merseyside work together with commitment and energy to deliver the improvements in outcomes expected, in line with the national cancer strategy.

This business plan sets out the key objectives over the coming two years to deliver our strategic priorities. The business plan will be reviewed and updated following the Board approval of the new Trust strategy.

Key CCC Financial Information

		Forecast	Forecast
		2017/18	2018/19
		£m	£m
Turnover	Solid Tumour	114.7	118.0
	Haemato-Oncology1	17.7 ²	23.6
	Total Turnover	132.4	141.6
Net Surplus (exclude H-O)		3.8	2.5
CIP Savings		2.6	1.8
Agency Spend/Target		1.2	1.2
Capital Programme		58.1	56.8

<u>Notes</u>

¹Subject to transfer of H-O services from the Royal Liverpool ² Transfer of H-O from 1st July (9 months)

Activity

	2017 forecast p		2018/19 forecast position		
Service Area	Activity Volume	Growth %	Activity Volume	Growth %	
Radiotherapy (incl Proton Therapy) – (Plans & Treatments)	97,892	1.9%	99,752	1.9%	
Chemotherapy – (Treatments)	52,629	7.3%	55,260	5.0%	
Inpatient – (Spells)	3,752	1.0%	3,790	1.0%	
Outpatient - (attendances)	110,783	-0.1%	112,057	1.0%	
Outpatient (Procedures)	11,748	62.0%	11,983	2.0%	
Diagnostic Imaging (Scans)	13,711	-11.5%	13,848	1.0%	

*This data is currently as at 30/11/16 Need to clarify if the YTD forecast growth column is required, and if so, state that this is growth from 30/11/15.

	Key assumptions and actions to deliver activity plan – 2017/18/19
1.	Activity and income projections are supported by commissioners and underpin the Trust's contract with NHS England and CCGs. The figures above currently do not include the transfer of the H-O service
2.	The Trust has robust processes in place to ensure it has the capacity to meet demand. These include the annual workforce planning process together with the role specific reviews including the 6 monthly acuity review of the nursing establishment.
3.	In addition to workforce the Trust has detailed equipment replacement programmes e.g. Linac replacement to ensure we have the required operational capacity.
4.	Our activity plans are sufficient to deliver all key operating (waiting times) standards and standards of clinical care.
5.	To ensure adequate operational capacity and a positive patient experience we will be re-designing the patient pathway over the medium-term planning period through the implementation of a new clinical model to reflect the opening of a new cancer centre in Liverpool (2019).
6.	The Trust has negotiated a two year block for its solid tumour work and expects a cost per case contract for H-O based on the current contract arrangements for this service.
7.	The financial and activity plan currently excludes haemato-oncology services; however it is very likely that CCC will acquire HO services from the Royal Liverpool Hospital on 1 st July 2017, with commissioner contracts for this service novating to CCC. An updated business plan will be prepared once agreements have been completed.

Market Analysis

As the sole provider of non-surgical oncology services in West Cheshire and Merseyside we play a specific role in the patient pathway and have a clear patient population. It is important that the Trust ensures that it protects its income through its activity and ensures that patients receive the best care possible and that patient referral pathways utilise the 'best practice' multi-disciplinary team model that already exists. Market analysis of current and potential service areas identifies opportunities and risks for the Trust.

Service Line	Population served (000's)	Market share	Main Competitors				
		%	Direct: same service in same geographic area	Indirect: same service in different geographical area	Potential: providers that could / will develop services		
Chemotherapy	2.4 million	100% of NHS non- surgical oncology	Private providers: The Clatterbridge Clinic	The Christie	Primary care / community Trusts (chemotherapy at home)		
Radiotherapy	2.4 million	100% of non-surgical oncology	Private providers: The Clatterbridge Clinic	The Christie. Migration of children's' radiotherapy to The Christie for proton therapy.	Private providers: e.g. Cancer Partners UK.		
Haemato- oncology (including BMT)	Currently 0%. Following service integration in July 2017: Liverpool CCG: 0.5 million. BMT population 2.4 million.	100% of Royal Liverpool population.	No competitor for levels 2b and 3. Local DGH provision of levels 1 and 2a.	The Christie and Central Manchester University Hospitals for levels 2b and 3. Local DGH provision of levels 1 and 2a.	None		

Risks and Opportunities 2017/18/19

e.g. potential loss of market share due to competitor advantage, change in demand and/or barriers to and opportunities for service development at CCC

- 1. Loss of market share for paediatric radiotherapy following the opening of the Christie proton therapy service
- 2. Integration of haemato-oncology services from the Royal Liverpool hospital from 1st July 2017
- 3. Plans to integrate haemato-oncology services from Aintree hospital in the period 2018-20209.
- 4. Potential opportunities to develop wider integrated haemato-oncology services
- 5. National radiotherapy review presents an opportunity and threat with regard to the development of Radiotherapy networks and the centralization of highly specialised procedures.

Cost Improvement Programme (CIP)

The Trust has an internal target of £2.36 million (17/18) and £2.3 million (18/19) recurrent CIP. This is above and beyond the minimum requirement to create additional headroom for investments to deliver Transforming Cancer Care. The following table summarises the 2017/18 CIP Programme:

Directorate	Recurrent £000	Non-Rec £000	Total £000
Radiation Services	279	104	383
Chemotherapy	160	-	160
Integrated Care	340	-	340
Medical & Research	75	54	129
Sub-Total: Clinical	854	158	1,012
Corporate / Support Services	235	31	266
Other / Trust Wide	635	51	686
Subtotal: Identified CIP	1,724	240	1,964
Additional Non-Core Income target	400		
TOTAL CIP 17/18	2,124	240	2,364

Workforce Plan

This information will be provided following approval of the budget for 17/18 and will then model the next 5 years.

Strategic Priorities

The Trust Board reviewed its Strategic Priorities in 2016/17 as part of the review and re-development of the Board Assurance Framework.

Each priority underpins the Trust's vision to provide the best cancer care to the people we serve. The Trust is committed to ensuring that it further develops the way it contributes to improving health and wellbeing through compassionate, safe and effective cancer care.

The two years covered by this business plan encompass one of the most exciting and challenging times in the history of the Trust working within a dynamic healthcare environment with the development of the C&M 5YFV and the Cancer Alliance; changes in our commissioning landscape, integration of a new service of haemato-oncology into the Trust; developing a new clinical model for our cancer services, building a comprehensive World Class Cancer Centre, co-located on the new RLBUH site for Cheshire and Merseyside, which brings together in partnership for the first time specialist NHS cancer services with the University of Liverpool and other research partners on a single acute campus and the development of a new strategy for the Trust. The strategic priorities aim to ensure that the Trust is focused on the key areas of delivery to fully exploit the opportunities and to ensure that we support our workforce to enable us to meet the challenges that this change will offer.

Quality: Ensuring the delivery of high quality patient services (safety, experience and outcomes).

Workforce: Ensuring the Trust has the appropriate, motivated and engaged workforce in place to deliver its strategy.

Finance: Ensuring financial sustainability and delivery of the financial plan

Compliance: Ensuring regulatory compliance with CQC, NHS Improvement, and other relevant legislation.

Leadership: Ensuring effective leadership within the Trust

Transformation: Ensuring the delivery of Transformation

Infrastructure: Ensuring adequate infrastructure e.g. estates and IT

Ensuring the alignment of the Trust's strategy with the strategies of key external stakeholders and responding effectively to the policy and commissioning environment

Ensuring the Trust responds to the technical challenges of changes to cancer treatment

Quality: Ensuring the delivery of high quality patient services (safety, experience and outcomes)

Objective and rationale	Responsible Director	Responsible Board Committee	Revenue / Capital impact	Impact on other services (include any management / mitigation action required)	Workforce implications (consider roles, training and Ts&Cs)	Proposed timescale	Source
Quality strategy These objectives focus	on reduction of	harm, improver	ment of patier	it outcomes and en	hancing the pati	ent experience	
Safety: Focus on falls. Development of a comprehensive falls prevention and management plan	DoN&Q	Quality	None	Will require changes to the current falls group.	Likely training development requirement.	Plan to be approved by the Quality Committee June 2017.	Operating Plan / Quality Accounts
Experience: Implementation of the Patient Experience Strategy	DoN&Q	Quality	None	All Directorates to develop local implementation plans	None	Annual progress report to the Quality Committee November 2017.	Operating Plan / Quality Accounts
Effective: Improving the Quality of Mortality Review and Serious Incident Investigation and Subsequent Learning and Action	DoN&Q	Quality	None	Will require changes to the current mortality review programme.	None	First report to Quality Committee September 2017.	Operating Plan / Quality Accounts

Deliver our contracted CQUINS	DoN&Q	Quality	The revenue impact of the CQUINS will be contained within the CQUIN envelop identified within the 2017/18 financial plan.	Each CQUIN will be allocated to a Directorate / Department to deliver.	None	Each CQUIN has its own milestones which will be monitored through the Management Group.	Contract
Develop a CCC: Living with and beyond cancer programme participating in the Merseyside and Cheshire / Cancer Alliance programme	DoN&Q	Quality	None	Will require involvement from all Clinical Directorates	Will require training on the e.HNA.	Living with and Beyond Cancer programme Board to be established by May 2017.	Merseyside and Cheshire Living with and Beyond Cancer programme.

Workforce: Ensuring the Trust has the appropriate, motivated and engaged workforce in place to deliver its strategy

Objective and rationale	Responsible Director	Responsible Board Committee	Revenue / Capital impact	Impact on other services (include any management / mitigation action required)	Workforce implications (consider roles, training and Ts&Cs)	Proposed timescale	Source
Workforce and OD stra These objectives focus of development and implement	on the implemen		orkforce and (OD strategy to und	derpin the transf	ormation pro	gramme and the
Development of career frameworks	DoN&Q	Quality	None	AHP services e.g. Radiation Service Directorate to be involved to determine synergies and impact.	Potential to change some current roles and role definitions.	September 2017	To support Workforce and OD Strategy, Clinical Workforce Strategy and the Clinical Model.
 Delivery of key elements of the Workforce for the Future components of TCC including: Recruitment and retention strategy Training, education and development Strategy Succession planning Talent Management 	DoW&OD	Finance and Business Development	Contained within financial plan.	Impact on all areas of the Trust.	Impact on all areas of the Trust.	Key milestones to March 2019 as per TCC plan	Transformation Plan

Implement new roles within CCC based on 'forerunner' pilots	DoW&OD	Finance and Business Development	None			March 2018	Workforce for the Future / Workforce and OD Strategy and Clinical Workforce Strategy
Full implementation of new workforce roles to support the Future Clinical Model including development of physician associates, hybrid administrative roles	DoW&OD	Finance and Business Development	Contained within financial plan.	Impact on all Clinical Directorates	Impact on all Clinical Directorates	2018/19	Workforce for the Future / Workforce and OD Strategy
Development of the organisation culture recipe and programme of OD work to ensure that staff and services are prepared for the move to Liverpool and the CCC workforce brand is recognised.	DoW&OD	Trust Board	None	Impact on all areas of the Trust.	Impact on all areas of the Trust.	2018/19	Workforce for the Future / Workforce and OD Strategy

Finance: Ensuring financial sustainability and delivery of the financial plan

Objective and rationale	Responsible Director	Responsible Board Committee	Revenue / Capital impact	Impact on other services (include any management / mitigation action required)	Workforce implications (consider roles, training and Ts&Cs)	Proposed timescale	Source
Use of Resources These objectives for and ensure our com				effective financia	al controls and i	nnovative se	rvice developments
Embed new commissioning arrangements e.g. CCG commissioning	Deputy CEO / DoF	Finance and Business Development	Revenue and capital	None	None	June 2017	Monthly Finance Report
Deliver the CIP programme	DoT&I	Finance and Business Development	Revenue	All departments and directorates.	Dependent on individual CIPs.	Monthly	Monthly Finance Report
Ensure achievement of the agency cap through a system of agency control	DoW&OD	Finance and Business Development	Revenue	All departments and directorates.	All departments and directorates.	Monthly	
Achieve an underlying annual surplus of a minimum of 1% of turnover	Deputy CEO / DoF	Finance and Business Development	Revenue	All departments and directorates.	None	Monthly	Monthly Finance Report

Deliver the Trust's Capital Programme	Deputy CEO / DoF	Finance and Business Development	Capital	All departments and directorates.	None	Monthly	Monthly Finance Report
Deliver the Trust's financial control totals	Deputy CEO / DoF	Finance and Business Development	Revenue	None	None	Monthly	Monthly Finance Report
Ensure the new H- O service delivers planned surplus	DoT&I	Finance and Business Development	Revenue	Haemato- oncology directorate	None	Monthly	Monthly Finance Report
Ensure a 'Use of Resources' rating of at least 2	Deputy CEO / DoF	Finance and Business Development	Revenue	All departments and directorates.	None	Monthly	Monthly Finance Report
Review and identify other business /entrepreneurial opportunities , for the Trust	Deputy CEO / DoF	Finance and Business Development	Revenue and Capital	All departments and directorates	Dependent on individual schemes	Quarterly	Finance Report
Ensure each of the Trust's subsidiary companies are on trajectory to deliver agreed dividends.	Deputy CEO / DoF	Finance and Business Development	Revenue	None	None	Quarterly	Quarterly Individual performance reports

Compliance: Ensuring regulatory compliance with CQC, NHS Improvement, and other relevant legislation

Objective and rationale	Responsible Director	Responsible Board Committee	Revenue / Capital impact	Impact on other services (include any management / mitigation action required)	Workforce implications (consider roles, training and Ts&Cs)	Proposed timescale	Source
Compliance These objectives e and changes to CC	•		and new regula	tions and the ne	w and the new U	se of Resource	s assessment
Deliver the CQC inspection mandated action plan and report progress to the CQC.	DoN&Q	Trust Board	Funding in 2017/18 financial plan to support 2 band 5 radiographer posts in Diagnostic Imaging.	None	Increase in establishment. Improved leadership in Diagnostic Imaging.	July 2017.	CQC Inspection Report
Deliver the overall CQC inspection action plan	DoN&Q	Quality	Funding in 2017/18 financial plan to support 2 (No.) band 5 radiographer posts in Diagnostic Imaging. Potential to	Actions relate to all Clinical Directorates.	Key workforce actions included such as mandatory training compliance.	September 2017	CQC Inspection Report

			align actions to local CQUIN.				
Prepare for the new CQC and NHSI assessment and inspection regimes to maintain and enhance Outstanding rating	DoN&Q	Quality	None	Potential to impact on all service areas and the Trust Board pending the outcome of the consultation.	None	June 2017	CQC and NHSI consultations.
Ensure processes are in place to ensure compliance with the new IR(me)R / IRR regulations	DoN&Q	Quality	None	To be reviewed following publication of legislation.	To be reviewed following publication of legislation.	To be reviewed following publication of legislation.	

Leadership: Ensuring effective leadership within the Trust

Objective and rationale	Responsible Director	Responsible Board Committee	Revenue / Capital impact	Impact on other services (include any management / mitigation action required)	Workforce implications (consider roles, training and Ts&Cs)	Proposed timescale	Source
These objectives ensures structures and ensures structures and ensures structures struct			tegy to delive	r our vision to prov	vide the best can	icer care to th	ne people we
 Develop: A Corporate Strategy process A new trust multi- year Corporate Strategy to inform and be informed by relevant supporting strategies and wider context e.g. C&M 5YFV, C&M Cancer Strategy, and Commissioner strategies as appropriate. 	CEO	Trust Board (or a Board Corporate Strategy Committee if so determined)	Contain within revenue and capital envelopes to be agreed	To be determined as the corporate strategy is developed NB Will inform following year(s) business plans	To be informed by and inform an updated Workforce and OD Strategy	Agreed multi-year Corporate Strategy by the end Q3 2017/18	

Prepare for the new Well-Led annual inspections including a self-assessment against the new CQC KLOEs as part of the Trusts annual governance self- assessment and revision of the Well led review action plan	DoN&Q	Trust Board	None	Potential to impact on the Trust Board pending the outcome of the CQC/NHSI consultation.	Potential to impact on the Trust Board pending the outcome of the CQC/NHSI consultation.	July 2017	CQC and NHSI consultations
Delivery of key elements of the Workforce for the Future components of TCC including: Leadership development strategy	DoW&OD	Finance and Business Development	Contained within financial plan.	Impact on all areas of the Trust.	Impact on all areas of the Trust.	Key milestones to March 2019 as per TCC plan	Transformation Plan

Transformation: Ensuring the delivery of Transformation

Objective and rationale	Responsible Director	Responsible Board Committee	Revenue / Capital impact	Impact on other services (include any management / mitigation action required)	Workforce implications (consider roles, training and Ts&Cs)	Proposed timescale	Source
Transformation Pr These objectives su development of a ne cancer centre in Liv	pport the Trust			now cancer care			
Ensure the construction of the new Clatterbridge Cancer Centre – Liverpool remains on track	Deputy CEO / DoF	Trust Board	Contained within the Transforming Cancer Care Full Business Case.	Contained within the Transforming Cancer Care Full Business Case.	Contained within the Transforming Cancer Care Full Business Case.	Stage 4 contract: end March 2017 Building handover November 2019.	Transformation programme
Agree detailed move plans to safely transfer staff and services into new CCC- Liverpool	Deputy CEO/FD	Trust Board		All directorates and departments	All directorates and departments	2018/19	Transformation programme.
Complete the safe and effective management transfer of haemato-oncology services from Royal Liverpool into CCC	DoT&I	Finance and Business Development	c. £25m per annum revenue increase	Impacts on all areas of CCC as identified in the integration plan	Increase in CCC workforce of 100wte	Planned service transfer 1 st July 2017	Transformation programme

Develop a Case for Change for the integration of Aintree and Southport Haemato- oncology services	DoTI	Finance and Business Development	TBC	TBC	TBC	March 2018	Transformation Programme
Finalise and begin the implementation of the new CCC Clinical Model	MD	Finance and Business Development	TBC	TBC	TBC	April 2017 Trust Board review and confirmation of the future Clinical Model.	Transformation programme

Infrastructure: Ensuring adequate infrastructure e.g. Estates and IT

Objective and rationale	Responsible Director	Responsible Board Committee	Revenue / Capital impact	Impact on other services (include any management / mitigation action required)	Workforce implications (consider roles, training and Ts&Cs)	Proposed timescale	Source
IM&T strategy, Capital These objectives focus locations.	-	the infrastructu	ire supports ai		o deliver high qu	ality services	in all clinical
Review and refresh the IM+T strategy including full EPR implementation.	Deputy CEO / DoF	Finance and Business Development	TBC	TBC	ТВС	July 2017	IM+T strategy
Implement Meditch and E-prescribe into HO service	Deputy CEO / DoF	Finance and Business Development	£380k non- recurrent revenue in 2017/8	Haemato- oncology directorate	Staff training in Meditech and e.prescribe.	March 2018	Transformation Programme
Development of high speed 4G connectivity for clinicians and staff on the move,	Deputy CEO / DoF	Finance and Business Development	TBC	None	None	March 2018	Transformation Programme
Extend the scope of PropCare	Deputy CEO / DoF	Trust Board	None	None	Further TUPE transfers	June 2017	
Commence detailed planning work for investment into CCC- Wirral site	Deputy CEO/FD	Trust Board	Contained within the Transformi ng Cancer Care Full Business Case.	TBC	TBC	2018/19	Transformation programme.

External: Ensuring the alignment of the Trust's strategy with the strategies of key external stakeholders and responding effectively to the policy and commissioning environment

Objective and rationale	Responsible Director	Responsible Board Committee	Revenue / Capital impact	Impact on other services (include any management / mitigation action required)	Workforce implications (consider roles, training and Ts&Cs)	Proposed timescale	Source
These objectives ensured us to be proactive in a leadership in cancer of	linical and servi						
Fully participate in the C&M 5YFV and LDS structures to promote cancer as a priority and monitor alignment with CCC's developing Corporate Strategy	CEO	Trust Board	Financial contribution by CCC to structures to be determined	Impact will be assessed through the development of the CCC corporate strategy	Requirements will inform and be informed by the updated Workforce and OD Strategy	On-going	C&M 5YFV
Fully participate in the Cancer Alliance (including CEO role as SRO) monitoring alignment with CCC's developing Corporate Strategy	CEO	Trust Board	Revenue (or management time input) contribution from CCC to be determined	Impact will be assessed through the development of the CCC corporate strategy	Requirements will inform and be informed by the updated Workforce and OD Strategy	On-going	C&M Cancer Plan

 Develop the partnerships required to deliver the revised corporate strategy, e.g. Other providers Research collaborations 	CEO	Trust Board	Revenue/capital contribution from CCC to be determined	Impact will be assessed through the development of the CCC corporate strategy	Requirements will inform and be informed by the updated Workforce and OD Strategy	Informed by the agreed multi-year Corporate Strategy due by the end of Q3 2017/18	
Respond to recommendations of University of Liverpool Clinical Research Review	MD	Trust Board	Await publication of review	Unknown, but may be significant if disinvestment recommended. May need to explore research collaborations with other providers (Christie, RLUH)	Potential reduction	Report due late spring 2017	University of Liverpool

Technology: Ensuring the Trust responds to the technical challenges of changes to cancer treatment

Objective and rationale	Responsible Director	Responsible Board Committee	Revenue / Capital impact	Impact on other services (include any management / mitigation action required)	Workforce implications (consider roles, training and Ts&Cs)	Proposed timescale	Source
These objectives focus staff to deliver high qu		at the Trust is pr	epared and ab	le to implement n	ew technologica	I advances wi	nich enables
Implement the Linac replacement programme exploring opportunities for new technology such as the MRI linac.	MD	Finance and Business Development	Significant	Radiation Services Directorate	Workforce implications contained within the directorate workforce plan for planned programme	Ongoing	TCC
To reach a conclusion on the future replacement of low energy proton facility	MD	Finance and Business Development	Will be included in the recommend ation to the Trust Board	Radiation Services	Potentially significant if service not maintained	Recomme ndations to FBD/Trust Board by end of 2017	
Implement NHSE recommendations on service redesign for radiotherapy/ chemotherapy/ TYA services	MD	Trust Board	unknown	Will be reviewed once reports received.	Will be reviewed once reports received.	Recomme ndations likely to be published late 2017	NHSE

Implement Serious Illness Conversations across the Trust	MD	Quality	Minimal – external funding sought	Potential to reduce chemotherapy and IP activity in long-term	Additional workforce required – to be funded externally	All eligible CCC pts to be offered SIC by end of 2018	
Develop strategy for imaging services following PWC report	MD	F&BD	Potentially significant	Explore relationships with other imaging providers, esp RLUH	To be explored within TCC programme	To be completed by 2019	PWC report
Review and refresh the Trust's Research Strategy	MD	Trust Board	TBC	TBC	TBC	Trust Research Strategy 2017-22 (to be delivered in 2017)	Trust Research Strategy
Explore opportunities to develop novel research strategies (eg genomics, precision medicine)	MD	Trust Board	TBC	Dependent on review	Dependent on review	Trust Research Strategy 2017-22 (to be delivered in 2017)	Trust Research Strategy

Review and implement the requirements of the NHS England	DoN&Q	Trust Board	ТВС	ТВС	TBC	Dependent on the timing of publication	NHS England
changes to the cancer service specifications:							
Radiotherapy							
Chemotherapy							
 Children and young adults. 							