

BOARD OF DIRECTORS MEETING

| | | |
|--|---|--------------------------------------|
| Agenda Item | P1-186-17 | Date: 6 th September 2017 |
| Subject /title | Chief Executive Report – September 2017 | |
| Author | Andrew Cannell, Chief Executive | |
| Responsible Director | Andrew Cannell, Chief Executive | |
| Executive summary and key issues for discussion | | |
| <p>This report contains a brief summary in relation to the following topics:</p> <ul style="list-style-type: none"> • Changes to the Senior Leadership in Cheshire and Merseyside STP • Changes to the Senior Leadership at Liverpool CCG • Transforming Cancer Care Programme – Building for the Future • Trust Strategy Development • Governance Review • Operational Issues – <ul style="list-style-type: none"> - EPRR Assurance - Health and Safety Executive Notification (HSE) - New Executive Portfolio arrangements - mNew Senior Appointments • High Level Risks/Performance Issues <ul style="list-style-type: none"> - 62 Day Action Plan • Current Issues of Strategic/Operational Risk <ul style="list-style-type: none"> - Changes to Out-patient Consultant Clinics | | |
| Strategic context and background papers (if relevant) | | |
| | | |
| Recommended Resolution | | |
| For the Board to note the content of the Chief Executive report. | | |
| Risk and assurance | | |
| As per report. | | |
| Link to CQC Regulations | | |
| | | |
| Resource Implications | | |
| Negligible | | |
| Key communication points (internal and external) | | |
| Source of material for the Team Brief | | |
| Freedom of Information Status | | |
| FOI exemptions must be applied to specific information within documents, rather than documents as a whole. Only if | Please tick the appropriate box below: | |

| | | |
|---|---|---|
| <p>the redaction renders the rest of the document non-sensical should the document itself be redacted.</p> <p>Application Exemptions:</p> <ul style="list-style-type: none"> • Prejudice to effective conduct of public affairs • Personal Information • Info provided in confidence • Commercial interests • Info intended for future publication | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <p>A. This document is for full publication</p> <p>B. This document includes FOI exempt information</p> <p>C. This whole document is exempt under FOI</p> <p>IMPORTANT:</p> <p>If you have chosen B above, highlight the information that is to be redacted within the document, for subsequent removal.</p> <p>Confirm to the Trust Secretary, which applicable exemption(s) apply to the whole document or highlighted sections.</p> |
|---|---|---|

Equality & Diversity impact assessment

| Are there concerns that the policy/service could have an adverse impact because of: | Yes | No |
|---|-----|----|
| Age | | ✓ |
| Disability | | ✓ |
| Sex (gender) | | ✓ |
| Race | | ✓ |
| Sexual Orientation | | ✓ |
| Gender reassignment | | ✓ |
| Religion / Belief | | ✓ |
| Pregnancy and maternity | | ✓ |
| Civil Partnership and Marriage | | ✓ |

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

Next steps

| |
|--|
| |
|--|

Appendices

| |
|--|
| |
|--|

Strategic Objectives supported by this report

| | | | |
|---|---|---------------------------------------|---|
| Improving Quality | ✓ | Maintaining financial sustainability | ✓ |
| Transforming how cancer care is provided across the Network | ✓ | Continuous improvement and innovation | ✓ |
| Research | ✓ | Generating Intelligence | ✓ |

Link to the NHS Constitution

| Patients | | Staff | |
|--|---|---|---|
| Access to health care | ✓ | <i>Working environment</i> Flexible opportunities, healthy and safe working conditions, staff support | ✓ |
| Quality of care and environment | ✓ | <i>Being heard:</i> <ul style="list-style-type: none"> • Involved and represented • Able to raise grievances • Able to make suggestions | |
| Nationally approved treatments, drugs and programmes | | | |

| | | | |
|---|--|---|--|
| Respect, consent and confidentiality | | <ul style="list-style-type: none">• Able to raise concerns and complaints | |
| Informed choice | | Fair pay and contracts, clear roles and responsibilities | |
| Involvement in your healthcare and in the NHS | | Personal and professional development | |
| Complaint and redress | | Treated fairly and equally | |

THE CLATTERBRIDGE CANCER CENTRE
TRUST BOARD

TITLE: CHIEF EXECUTIVE REPORT – SEPTEMBER 2017

AUTHOR: ANDREW CANNELL, CHIEF EXECUTIVE

FOR: DISCUSSION / INFORMATION

1 STRATEGIC UPDATES

1.1 Changes to the Senior Leadership in Cheshire and Merseyside STP

Appointments have now been made to the Chair and CEO roles with Andrew Gibson appointed as Executive Chair and Mel Pickup, the CEO of Warrington and Halton Foundation Trust, taking on the STP Lead role.

1.2 Changes to the Senior Leadership at Liverpool CCG

The Chair, Chief Officer and Director of Finance have recently stepped down from their roles at Liverpool CCG. The previous Vice Chair Dr Simon Bowers has been appointed new Chair. Appointments to the other posts are still to be announced.

1.3 Transforming Cancer Care Programme

Building for the Future

The construction of the new cancer centre began in earnest in June following contract signing. The work has made good progress and is currently on programme, with the building due to 'top out' next summer and hand over to the Trust in the spring of 2020. The bulk dig and piling are well advanced; formation work has begun on the stair and lift cores and the first tower crane is now on site. During the excavation of the site a small number of old piles and a culvert were the only adverse ground conditions encountered which was a good outcome given the brownfield nature of the area.

A live webcam showing progress with the actual building of our new landmark hospital can be seen at

<http://www.cctvmon.com/clatterbridge.html>

1.4 Trust Strategy Development

The Trust Board approved its current 5 year (2014-19) strategy in June 2014, subject to a mid-term refresh, to take account of internal changes, external policy changes and broader changes in the local health economy.

The Trust Board has commenced its strategy development process via externally facilitated workshops, with a plan to develop its overall strategy via two key lenses - **Clinical and Research**, over a ten-year horizon. The strategy development process will now encompass five stages - **diagnosis, forecasting, option generation, prioritisation and strategy execution**. Current work is focusing on the first two of these five stages including establishing the national policy and local health economy context in which the Trust operates, and projecting the futures in which the Trust may find itself operating including demand, technology, and workforce assumptions.

Next steps will include engaging the Trust Board with the products of these two steps, at a workshop to be arranged in October, with a broader plan to continue engagement at each subsequent stage of the process over the remainder of Q3 and early Q4 17/18.

1.5 Governance Review- changes to Board and Committeess

Following a recent external review of the Trust's governance arrangements a separate agenda item presents the findings and proposed changes to the Trust's governance arrangements to further strengthen our assurance and performance management arrangements. (see agenda item P1/191/17)

2. OPERATIONAL UPDATES

2.1 EPRR Assurance

The Trust's Accountable Emergency Officer (AEO), (the Director fo Nursing and Quality) wishes to inform the Board that the Trust received notification from NHS England that it had submitted its 2016/17 Emergency Preparedness, Resilience and Response (EPRR) Core Standards documentation and statement of compliance (substantial) within the required timescale, signed by the Board of Directors and that the Trust has a clear plan relating to minor gaps.

For information, Mark Baker has been identified as the NED who formally holds the EPRR portfolio. Briefings on the progress of the EPRR work plan will be provided to him at the Quality Committee and via additional meetings with the AEO as required.

2.2 Health and Safety Executive (HSE) Notification.

The Trust reported to the HSE in June that the Trust had received notification that during a 2 month period a radiographer's had a radiation dose recorded on their badge

of 15 times the annual dose limit. The subsequent incident investigation concluded that it was highly unlikely that the staff member had received this dose.

Following notification the Trust also reported another high dose reading (within the annual dose limit) but higher than that which requires a worker to be identified as a classified worker. In this case it was also concluded that it was highly unlikely that the staff member had received this dose.

Following notification to the HSE the Trust underwent an inspection by the HSE HM Specialist Inspector of Health and Safety (Radiation) on 15th August. The Trust has yet to receive the written report but received verbal report that the HSE would be serving a notice of contravention of regulation 7 relating to the risk assessment documentation being not suitable or sufficient. The Trust will have until the end of September to comply with the required actions.

2.3 New Executive Portfolio arrangements

Following a review of respective Executive Portfolios the new Executive portfolio responsibilities are now in place. Interviews for the new post of Associate Director of Operations will take place on 5th September 2017. A verbal update on the outcome will be provided at the Board meeting.

2.4 New Senior Appointments

New Medical Director and Interim cover arrangements.

Following the impending retirement of Dr Peter Kirkbridge at the end of September the Trust's new Medical Director, Dr Sheena Khanduri, will join the Trust on 1st December 2017. During the interim period from 1st October to 1st December 2017, Dr Ernie Marshall will be the Interim Medical Director. Accordingly, from the same date he will be stepping down as Clinical Director for Chemotherapy Services and Dr Rosie Lord will be acting as Clinical Director. The role of permanent CD for Chemotherapy Services will be advertised shortly.

New Director of IM & T

Sarah Barr the Trust's new Associate Director of IM&T joined the Trust on 14th August 2017. Sarah joins the Trust from MerseyCare where she was previously Interim Director of Informatics.

General Manager Integrated Care

Following the retirement of Helen Ferns the Trust has appointed Zoe Harris as the new General Manager for Integrated Care. Zoe joins the Trust from Velindre Cancer Centre in Cardiff starts in post on 11th September 2017.

3. HIGH LEVEL RISKS/PEFORMANCE ISSUES

3.1 62 Day Action Plan

CCC has been identified as one of the “marginally breaching trusts” by NHS England, relating to delivery of the 62 day urgent GP referral through to delivery of the first definitive treatment performance standard. CCC is subject to monthly monitoring by a tri-partite of NHS England, NHS Improvement and the Cheshire and Mersey Cancer Alliance with regard to progress on delivering a 62 day action plan which will help to deliver system-wide sustainable performance above the 85% standard. CCC is also participating in weekly calls to review performance issues on a weekly basis. Good progress is being made on the delivery of the action plan, which includes offering a first appointment within 7 days; recruiting additional medical and senior clinical capacity; strengthening patient tracking in radiotherapy. Additional (non-recurrent) funding of approximately £80k has been made available from a national Cancer Transformation fund to support the delivery of the 62 day plan.

3.2 Medical workforce

Following the failure to recruit to 5 of the 6 consultants oncologist posts advertised earlier this year, CCC continues to be experience difficulties providing medical cover for all clinical services. Short term plans to cover these absences over the summer holidays and beyond have been in place, involving clinicians working more as teams with senior trainees, appropriately supported by consultant colleagues, helping out, clinics being consolidated and in some cases centralised, and a greater deployment of nurse practitioners. Accordingly all services have continued to be provided, albeit not always in the same locations as previously, although some follow-up appointments have been postponed.

Further to the last Medical Director report, three consultant oncologist posts were re-advertised in the BMJ recently. There have been five applicants, of which four have been shortlisted for interview later this month, in addition there are also interviews for three consultant radiographer posts and two nurse consultant posts scheduled during September 2017.

(see also agenda item P1/190/17 from the Medical Director)

4. CURRENT ISSUES OF STRATEGIC/OPERATIONAL RISK

4.1 Changes to Out-patient Consultant Clinics

Following immediate changes to Out-patient Consultant Clinics which CCC put in place in July/August, to cover consultant vacancies, CCC will now begin the next phase of engagement across Cheshire and Merseyside on the future CCC clinical model. Discussions with the Cancer Alliance and Local Delivery Systems (LDS) will take place in September, aiming to reach a broad consensus within each sector on the future configuration of non-surgical oncology services. The Eastern sector will be a particular area of focus and a key priority, where close engagement will be critical with the LDS cancer group, local providers and commissioners to discuss a number of options.