

BOARD OF DIRECTORS MEETING

Agenda Item	P1-008-18	Date: 7th February 2018
Subject /title	Chief Executive Report – February 2018	
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"> • High Level Risks/Performance Issues • Strategic Updates <ul style="list-style-type: none"> - Strategy Development - TCC – Building for the Future - Merseyside and Cheshire Cancer Alliance - Liverpool Health Partners • Operational Updates <ul style="list-style-type: none"> - 3 Year Trust Operating and Business Plan - Staff Survey - Smokefree Policy - The Presidents Club - Clinical Director, Radiation Services 		
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 the redaction renders the rest of the document non-sensical	Please tick the appropriate box below: <div style="display: flex; align-items: center;"> <input checked="checked" type="checkbox"/> </div> <div style="display: flex; align-items: center;"> <input type="checkbox"/> </div>	

<p>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 	<div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 10px;"></div> <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>
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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> • 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 – FEBRUARY 2018

AUTHOR: ANDREW CANNELL, CHIEF EXECUTIVE

FOR: DISCUSSION / INFORMATION

1. HIGH LEVEL RISKS/PEFORMANCE ISSUES

The revised Trust Board Integrated Performance Report (IPR) is to be discussed later on the meeting agenda.

The Board will note that for a number of the Trusts KPIs, we are performing below the operating standards we serve to achieve in December 2017. The detail is contained in the Integrated Performance Report. These highlight areas of management focus and would merit discussion around the Board table to assess their significance and test the effectiveness of the management response to address the issues identified.

‘Core’ KPIs that are of concern as they potentially speak to; the quality of the service we provide, contractual requirements and future operational and financial sustainability:

- VTE risk assessments
- 62 Day Waiting times - classics (post allocation)
- formal complaints
- Staff sickness
- Staff turnover
- Capital spend versus plan

‘Alert’ KPIs that are potentially indicative of future problems that have been flagged are;

- Radiotherapy activity (% growth YTD)
- Inpatient activity (% growth YTD)
- Agency medical locum spend

For each of the above, the nature of the issue, the steps being taken to resolve it and the governance/assurance routes are described in the IPR. They have also been discussed in the management committee and Board Committees.

The Board is invited to discuss, both the substance of the issues and its confidence that the appropriate governance/assurance and management control/accountability arrangements are in place.

2 STRATEGIC UPDATES

2.1 Strategy Development

The final draft strategy and a process for launching it within the organisation and with key stakeholders will be signed off at the March meeting.

The strategy sub-committee of the Council of Governors met on 22nd January 2018 to receive an update on the strategy development process prior to the full Council of Governors meeting on 29th January.

The strategy development process is now almost complete. The final strategy will fully describe operating context and ambitions beyond the three year planning period described in the business plan framework.

A document describing the proposed strategic vision for CCC will be taken to the Board Development session on 7th February. In addition the opportunities to progress the research and entrepreneurial pillars will be discussed.

2.2 Transforming Cancer Care – Building for the Future

Update on the construction of the new Cancer Centre in Liverpool.

Work on construction of the new cancer centre continues to make good progress. The stair and lift cores to the south of the building, which will house the passenger lifts and the fire lift are nearing completion and the radiotherapy department is beginning to take shape.

The impact of the on-going delay in handing over the new Royal on the Cancer Centre is currently being assessed by the project team.

2.3 Merseyside and Cheshire Cancer Alliance

As part of its successful bid against the cancer transformation fund, the Cancer Alliance included capital funding to upgrade and enhance MDT video conferencing equipment and infrastructure. NHS England has now confirmed that full funding of £1.1m has now been approved for this project which will benefit all trusts in Cheshire and Merseyside and contribute to more efficient MDT working across the alliance.

Performance against the 62 day cancer waiting time standard continues to be a national and local priority and transformation funding in 2018/19 remains conditional on the

standard being maintained. C&M has stronger performance than at national and regional level, achieving compliance with the standard in the last two months although this will be challenging to maintain over the winter period. The Cancer Alliance team continues to work with providers to support sustainable improvements in pathways as part of its transformation programme.

Following transfer of the Strategic Clinical Network cancer function to the Cancer Alliance, work is underway with Clinical Network Groups to identify how clinical engagement can be maintained and supported to deliver the national cancer strategy within C&M. The outcome of this review will be reported to the Cancer Alliance Board in March.

2.4 Liverpool Health Partners

Liverpool Health Partners is seeking to undertake what effectively amounts to a “relaunch” with a new business plan to take effect in 2018. This has become necessary given the failure of the Biomedical Research Centre bid last year and a recognition amongst partners that the LHP has not made sufficient progress over the last five years.

The plans include, operating a more effective management structure with the search for a Chief Executive and new Chair underway. In the meantime Neil Goodwin (Chair at Aintree University Hospitals NHS FT) has been confirmed as Interim LHP Chair to September 2018.

The business plan includes a commitment to develop a Cancer Research Strategy. This is welcomed by CCC which is committed to working with partners (particularly the University of Liverpool) to develop a strategy that exploits the strengths of the basic research in the University and links it with the areas of focus in the NHS (e.g. pancreas, Haemato-Oncology and Head & Neck). There is also a recognition that in addition to building on research there is a shared responsibility to contribute to local population needs e.g. lung cancer. The Trust is contributing to the development of the Terms of Reference to govern this piece of work over the next few months.

The LHP business plan also flags a number of specific activities designed to ensure that Liverpool is an attractive destination for researchers, pharma and the NIHR. These include the review of the Clinical Trials Units in Liverpool University and the opportunities to make more effective the Trust Research Office and the relationship with NHS Trusts Research Departments. CCC will contribute significantly to these pieces of work.

In order to support the revised governance, a change in the fee structure is proposed, with organisations paying one of 3 “Tiers” in line with their turnover and weekly benefit from the LHP programme. The proposal for CCC is to be a Tier 2 partner with a subscription fee of £100k p.a. (an increase from £80k that has been the fixed fee for the last 5 years). This increase has been provided in the Trust’s draft business plan.

The decision making process is unaffected with all organisations in each Tier having the same voting rights. Following a discussion with the Interim Chair of LHP, I and the Chair have confirmed CCC’s support for the plans. It aligns with the aspirations emerging from

the Trust's strategy discussions. We have made it clear however that the Trust expects to see a "return" on this investment over the next 3 – 5 years.

3. OPERATIONAL UPDATES

3.1 3 year Trust Operating and Business Plan

A draft of the 3 year plan is a separate Agenda item. This Plan is based on the new Clinical model the next 3 years of the Trust's Business Plan including the revisiting and updating of Workforce plans and demand and capacity projections to ensure alignment with the new Clinical Model and to ensure financial affordability and clinical sustainability.

This updated 3 year plan allows us to move forward with the new proposed clinical service delivery model and the opening of the new hospital.

NHSI have not yet published any Planning Guidance for 2018/19. At this point this Plan is a final draft and, **subject to** receipt of the guidance will be reviewed to ensure it has no impact on the resource assumptions within the plan.

The final 3 year Trust Operating and Business Plan will be brought to the Board for approval in March, reflecting changes agreed by the Board, NHSI Planning Guidance (once received) and the final review of the Trust Strategy.

3.1 Staff Survey

The initial results for the 2017 staff survey were received mid December 2017. A full management report is expected by the end of February/ early March 2018, which will provide a more detailed summary of the results. The total Trust response rate for 2017 was 62% which represents almost two thirds of our staff. This is a 5% increase compared to last year (57%). The final national response rate for the 124 Trusts and specialist organisations is 45% (44% in 2016). Out of the 124 organisations, 8 fall within our comparator group, Acute Specialist Trusts and the overall response rate for this comparator group is 47%.

In summary, the initial results show a downward trajectory across most areas however we did achieve a greater response rate from areas who have not previously contributed and for the first time, the addition of Haemato Oncology. The higher response rates across the Trust provides greater validity of survey scores in that the majority of staff are telling us what they are feeling and experiencing and also an opportunity at a crucial time to use this data to bring about improvements.

Despite a general downward trajectory, some of the areas that were highlighted for improvement in the 2016 survey that have been areas of focus have remained the same or have improved through a period of continuous change and uncertainty. Please see below.

National Staff Survey Questions - % of staff agree	2016	2017	Comparator
Staff able to meet the conflicting demands on their time at work	40%	41%	44%
Staff feeling unwell due to work related stress	38%	38%	36%
The reporting of harassment, bullying or abuse*	38%	40%	47%
In the last 12 months, have you had an appraisal	80%	92%	88%

*Although our numbers continue to be relatively low relating to incidents of harassment, bullying and abuse the Trust takes this very seriously and it continues to be an area of focus

The overall staff engagement score for the Trust will be detailed in the full management report however the early indication from the initial results is that scores relating to aspects of engagement such as staff recommending the Trust as a place to work, looking forward to going to work, being enthusiastic about their job, ability to show initiative, make improvements, involved in change and effective communication are down on last year's results. This will be a focus for the staff engagement steering group early 2018.

Communication of the results will be done via the usual communication channels, the survey champions and senior managers Forum. It is also proposed that all departmental managers are tasked with developing a survey action plan for their department, based on the survey results and subsequent focus groups/involvement of their staff. This will either be a continuation of the existing survey actions plan or the establishment of a new plan depending on current status/progress. It is recommended that departments identify two to three priority areas of focus for improvement along with targets for 2018 based on the 2017 survey results and that these are incorporated into and reported on during the Directorate Performance reviews throughout 2018. The 2017 Staff Survey response rates for the Trust and Directorates have been incorporated into the reports from January 2018 and the survey action plan focus areas and targets will be built in once these have been agreed. It is recommended that these be agreed by end of April 2018 and that this is an objective to be included in departmental managers PADR targets for 2018/19.

The Workforce & OD Department will be working closely with the Executive Team, Trade Unions and line managers to understand the survey results and supporting key areas for development during 2018/19.

3.2 Smokefree Policy

A revised Smoke Free Policy has been approved. Following advice from Public Health England the Trust will now allow patients to vape outside. This reflects the advice that it is a valuable tool for smoking cessation. The policy will have a short review date to ensure emerging evidence will be reviewed and incorporated and that any patients and visitor comments are taken into consideration.

3.3 The Presidents Club

Following a piece featured in the Financial Times (Wednesday 24th January) about last week's Presidents Club Charitable Trust dinner The Trust were approached by the

media asking for comment as the Clatterbridge Cancer Charity received a donation from last year's event.

Taking into account CCC's commitment to equality the Trust and Charity took the prompt decision to return the donation and issued the following statement in response to requests,

"We can confirm that we received a donation of £15,000 from The Presidents Club Charitable Trust last year.

"Following reports of completely unacceptable behaviour at their event we will be returning that donation."

The story was picked up by BBC North West, Granada, Liverpool Echo, Radio City and Third Sector and the Trust submitted the statement to all enquiries.

Many of those outlets added the story to their social media feeds. Clearly this is unfortunate and the Charity Team and our Supporters will need to work even harder to fill the gap left by this decision

Alder Hey were the only other local charity that was on the list of beneficiaries and they also took the decision to return the monies and issued a statement accordingly.

3.4 Clinical Director, Radiation Services

Imminent changes to key personnel in CCC's senior medical leadership structure.

Ernie Marshall will be supporting Sheena Khanduri as Deputy Medical Director for 12 months. The Trust has an ambitious transformation agenda as it develops our clinical model to support our move to Liverpool. Ernie has been involved, both as Clinical Director and interim Medical Director with these changes. Ernie will also be playing a key role in supporting the further development of the directorate model, developing our digital strategy and providing input to the research strategy.

Doug Errington will stand down as Clinical Director for Radiation Services on 31st March 2018. Doug has completed over 4 years' service in this role and the Trust is hugely grateful for Doug's significant contribution to CCC's leadership. Dr Chinnamani Eswar has been appointed to succeed Doug as Clinical Director, with effect from 1st April 2018. Dr Eswar will affect a handover with Doug over the next 2 months.