

## BOARD OF DIRECTORS MEETING

<b>Agenda Item</b>	<b>P1/019/18</b>	<b>Date: 7<sup>th</sup> February 2018</b>								
<b>Subject /title</b>	<b>Trust Business Plan 2017/18 Progress Report</b>									
<b>Author</b>	<b>All Executive Directors</b>									
<b>Responsible Director</b>	<b>Helen Porter, Director of Nursing and Quality</b>									
<b>Executive summary and key issues for discussion</b>										
<p>The Trusts Business Plan 2017/18 was approved at the March 2017 Board meeting. The Board is presented with a progress report on the delivery of these actions. The updates are identified in the 'progress' column and are shaded as follows:</p> <table border="1"> <tr> <td><b>B</b></td><td><b>Not commenced</b></td></tr> <tr> <td><b>R</b></td><td><b>Behind trajectory</b></td></tr> <tr> <td><b>A</b></td><td><b>On trajectory</b></td></tr> <tr> <td><b>G</b></td><td><b>Completed</b></td></tr> </table> <p>The Board is advised that currently no objectives are behind trajectory.</p> <p>When actions are delivered and reported to the Board risks will be removed from the Assurance Framework.</p>			<b>B</b>	<b>Not commenced</b>	<b>R</b>	<b>Behind trajectory</b>	<b>A</b>	<b>On trajectory</b>	<b>G</b>	<b>Completed</b>
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<b>G</b>	<b>Completed</b>									
<b>Strategic context and background papers (if relevant)</b>										
Trust Business Plan 2016/17.										
<b>Recommended Resolution</b>										
<p>That the Trust Board:</p> <ul style="list-style-type: none"> <li>Approves the Trust Business Plan 2017/18 Progress Report.</li> </ul>										
<b>Risk and assurance</b>										
<b>Link to CQC Regulations</b>										
Regulation 17: good governance										
<b>Resource Implications</b>										
<b>Key communication points (internal and external)</b>										
<b>Freedom of Information Status</b>										
<p>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 should the document itself be redacted.</p> <p><b>Application Exemptions:</b></p>	<p>Please tick the appropriate box below:</p> <table border="1"> <tr> <td><input checked="checked" type="checkbox"/></td><td><b>A. This document is for full publication</b></td></tr> <tr> <td><input type="checkbox"/></td><td><b>B. This document includes FOI exempt information</b></td></tr> <tr> <td><input type="checkbox"/></td><td><b>C. This whole document is exempt under FOI</b></td></tr> </table>		<input checked="checked" type="checkbox"/>	<b>A. This document is for full publication</b>	<input type="checkbox"/>	<b>B. This document includes FOI exempt information</b>	<input type="checkbox"/>	<b>C. This whole document is exempt under FOI</b>		
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<ul style="list-style-type: none"> <li>• <b>Prejudice to effective conduct of public affairs</b></li> <li>• <b>Personal Information</b></li> <li>• <b>Info provided in confidence</b></li> <li>• <b>Commercial interests</b></li> <li>• <b>Info intended for future publication</b></li> </ul>	<p><b>IMPORTANT:</b></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>		
<b>Equality &amp; Diversity impact assessment</b>			
Are there concerns that the policy/service could have an adverse impact because of:	<b>Yes</b>	<b>No</b>	
Age		X	
Disability		X	
Sex (gender)		X	
Race		X	
Sexual Orientation		X	
Gender reassignment		X	
Religion / Belief		X	
Pregnancy and maternity		X	
Civil Partnership and Marriage		X	
If YES to one or more of the above please add further detail and identify if full impact assessment is required.			
<b>Next steps</b>			
<b>Appendices</b>			

### Strategic Objectives supported by this report

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

### Link to the NHS Constitution

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

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# Trust Business Plan 2017/18/19 Progress Report

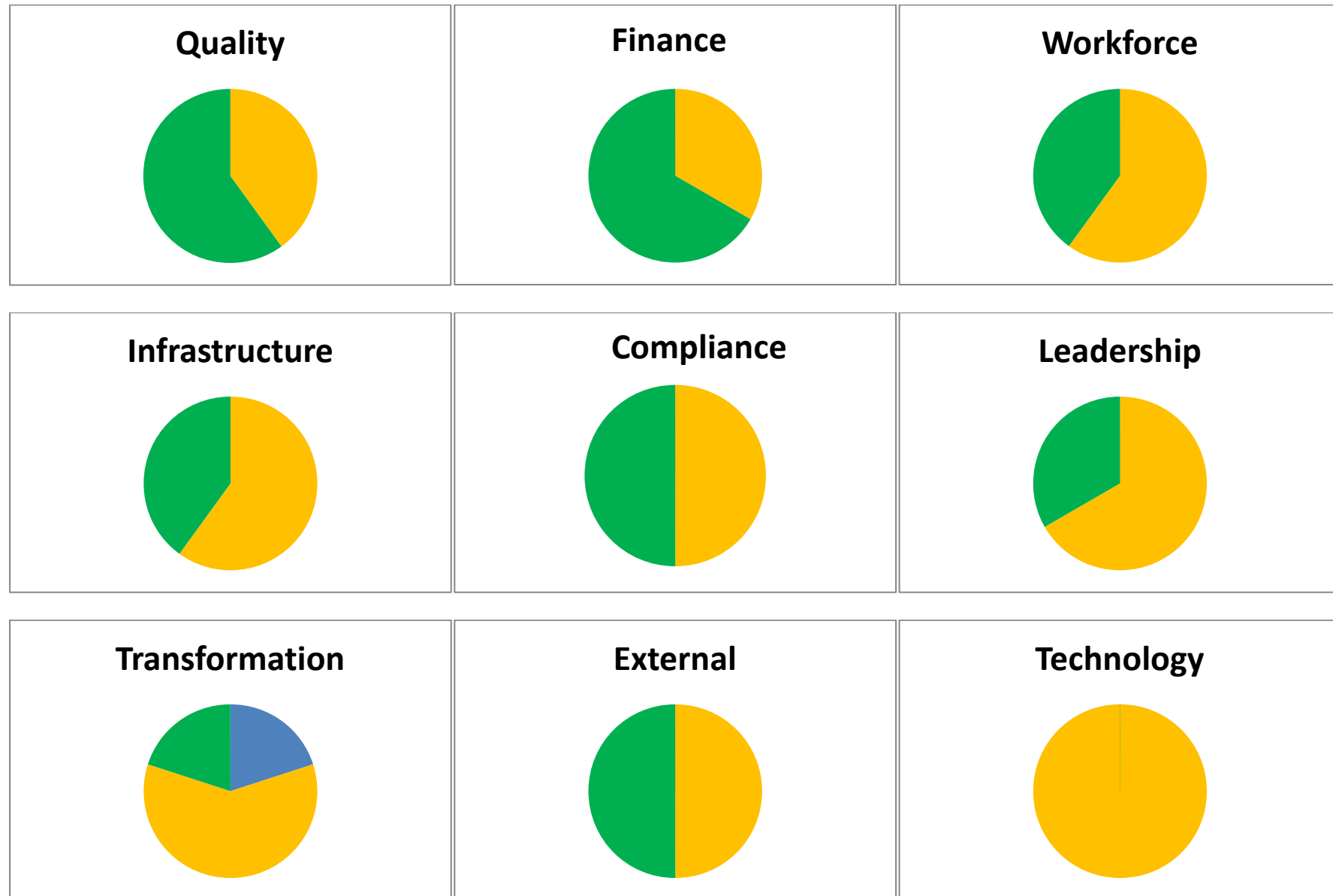
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## Contents






- Service definition
- Finance
- Activity
- Market analysis
- Quality
- Key work streams
- Workforce

## Strategic Priorities






B	Not commenced
R	Behind trajectory
A	On trajectory
G	Completed












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

Action	Update	Next steps	Completion date	Responsibility	Status
Development of a comprehensive falls prevention and management plan	Monthly falls RCA meeting established. Action plan developed.	Action plan developed	Q2	DoN&Q	
Implementation of the Patient Experience Strategy	Detailed patient engagement re: Patient and Family Centred Care in progress. 6 monthly update presented to Healthwatch and OSCs	Review directorate plans	Q4	DoN&Q	
Improving the Quality of Mortality Review and Serious Incident Investigation and Subsequent Learning and Action	Mortality surveillance group meetings in place.	Reporting process established. Compliance reported to NHSI.	Q3	DoN&Q	
Deliver our contracted CQUINS	CQUINS agreed and monitoring in place.	Quarterly monitoring	Q4	DoN&Q	
Develop a CCC: Living with and beyond cancer programme participating in the Merseyside and Cheshire / Cancer Alliance programme	Programme in place	Committee reporting now into Quality and Safety sub-committee	Q2	DoN&Q	





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

Action	Update	Next steps	Completion date	Responsibility	Status
Development of career frameworks	Final Framework developed.	2 <sup>nd</sup> workshop 12.5.17	Q3	DoN&Q	
Delivery of key elements of the Workforce for the Future components of TCC	Culture programme key measures identified.	WOD Sub Committee January 2018	Q4 2019	DoW&OD	
Implement new roles within CCC based on 'forerunner' pilots	Final report submitted to HENW	New roles to be built in to workforce plan	Q4	DoW&OD	
Full implementation of new workforce roles to support the Future Clinical Model including development of physician associates, hybrid administrative roles	Workforce plan for 2018-2022 is currently in development	Trust Board Feb 2018	Q 4 2019	DoW&OD	
Development of the organisation culture recipe and programme of OD work	Culture Recipe aligned to organisational development priorities and programme of work confirmed for 2017/18		Q 4 2019	DoW&OD	

## Finance: Ensuring financial sustainability and delivery of the financial plan




Action	Update	Next steps	Completion date	Responsibility	Status
Embed new commissioning arrangements e.g. CCG commissioning	New commissioning arrangements and contracts in place		Q2	Deputy CEO / DoF	
Deliver the CIP programme	CIP delivery tracked monthly and reported to Board	M2 CIP report	Q4	DoT&I	
Ensure achievement of the agency cap	Workforce Redesign Group established and monitors agency requirements on weekly basis	Report included in WOD Sub Committee KPI metrics and reported regularly to Finance & BD Committee	Monthly reports	DoW&OD	
Achieve an underlying annual surplus of a minimum of 1% of turnover	Work in progress	Monitor and manage on a monthly basis-Finance report	Q4	Deputy CEO / DoF	
Deliver the Trust's Capital Programme	Work in progress	Monitor and manage on a monthly basis-Finance report	Q4	Deputy CEO / DoF	
Ensure the new H-O service delivers planned surplus	Service transferred on 1 <sup>st</sup> July 2017 and activity/income on plan	Deliver significant growth in transplant programme	Monthly reports	DoT&I	
Ensure a 'Use of Resources' rating of at least 2	Work in progress	Monitor and manage on a monthly basis-Finance report	Monthly reports	Deputy CEO / DoF	
Review and identify other business /entrepreneurial opportunities	New entrepreneurial opportunities identified and reported to F&BD	Deliver identified additional income as part of the CIP Programme	Quarterly reports	Deputy CEO / DoF	
Subsidiary companies are on trajectory to deliver agreed dividends.	Finance report – Quarter 2 On target & reported to Trust Board		Quarterly reports	Deputy CEO / DoF	

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






Action	Update	Next steps	Completion date	Responsibility	Status
Deliver the CQC inspection mandated action plan and report progress to the CQC.	Mandated action plan completed and submitted to CQC	Awaiting confirmation of new CQC relationship manager.	Q2	DoN&Q	
Deliver the overall CQC inspection action plan	Action plan finalised.	Monitoring through Directorate Performance Reviews	Q3	DoN&Q	
Prepare for the new CQC and NHSI assessment and inspection regimes to maintain and enhance Outstanding rating	CQC response to consultation and new KLOES published and under review.	Leads for each PIR section identified. Assurances in place that data will be available from most leads. Mock inspections for imaging and OPD in January 2018. Well led action plan developed and monitored at Executive Team Meeting.	Q4	DoN&Q	
Ensure processes are in place to ensure compliance with the new IR(me)R / IRR regulations		IRR 17 registration to be completed by end January. Department of Health is in the final stage of producing the Ionising Radiation (Medical Exposure) Regulations 2018 (IRMER18). Paper to January Quality Committee.	TBC	DoN&Q	








## Leadership: Ensuring effective leadership within the Trust

Action	Update	Next steps	Completion date	Responsibility	Status
Develop: <ul style="list-style-type: none"> <li>• A Corporate Strategy process</li> <li>• A new trust multi- year Corporate Strategy</li> </ul>	Various development meetings with the Board, Governors and Managers undertaken to develop the current draft	Latest draft to be discussed 7 <sup>th</sup> February '18.  Final sign off in March '18	Q3	CEO	
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	CQC / NHSI published new documents June '17	Document being reviewed and action plan developed	Q2	DoN&Q	
Delivery of key elements of the Workforce for the Future components of TCC including:  Leadership development strategy	Leadership and Management Programme established for 2017/18 in partnership with AqUA and ILM	Report progress to WOD Sub Committee	Q4 2019	DoW&OD	





## Transformation: Ensuring the delivery of Transformation

Action	Update	Next steps	Completion date	Responsibility	Status
Ensure the construction of the new Clatterbridge Cancer Centre – Liverpool remains on track	Build is on track and within budget	Monthly monitoring	Nov 2019	Deputy CEO / DoF	
Agree detailed move plans to safely transfer staff and services into new CCC-Liverpool	-	-	2018/19	Deputy CEO/FD	
Complete the safe and effective management transfer of haemato-oncology services from Royal Liverpool into CCC	Transaction completed successfully 1 <sup>st</sup> July 17	Phase 2 integration AUH and S&O	1.7.17	DoT&I	
Develop a Case for Change for the integration of Aintree and Southport Haemato-oncology services	Activity modelling commenced informal staff engagement session held	Complete activity model and develop business case	Q4	DoT&I	
Finalise and begin the implementation of the new CCC Clinical Model	Model will be presented to Board development day 5 <sup>th</sup> May	Formal agreement through public engagement/consultation	1.4.18	DoO&T/MD	







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

Action	Update	Next steps	Completion date	Responsibility	Status
Review and refresh the IM+T strategy including full EPR implementation.	Updated strategy to be considered at May's Board		Q2	Deputy CEO / DoF	
Implement Meditch and E-prescribe into HO service	Preparatory plans in place. Now scheduled for March 2018	Progress monitored as part of the Transformation Programme	Q4	Deputy CEO / DoF	
Development of high speed 4G connectivity for clinicians and staff on the move	Re-negotiated Vodafone contract and mobile signal booster installed at Southport to address poor connectivity.	Roll-out programme to be developed with Vodafone.  Heat map detailing site connectivity status to be reviewed.	Q4	Deputy CEO / DoF	
Extend the scope of PropCare	Agreement to fully implement PropCare agreed at April's Board	Partnership Agreement between Trust and PropCare signed on 13 <sup>th</sup> June	Q2	Deputy CEO / DoF	
Commence detailed planning work for investment into CCC-Wirral site	Initial concept designs completed	To commence detailed design work based on clinical and support services requirements	2018/19	Deputy CEO / DoF	


**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**

Action	Update	Next steps	Completion date	Responsibility	Status
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	Ongoing participation in the STP infrastructure. The consequences of the superceding of the LDS by 'Place' is being evaluated.		On-going  LDS no longer applicable.	CEO	
Fully participate in the Cancer Alliance (including CEO role as SRO) monitoring alignment with CCC's developing Corporate Strategy	Programmes of work to deliver core Alliance activities identified and funding secured	Monitor successful delivery	On-going	CEO	
Develop the partnerships required to deliver the revised corporate strategy, e.g. <ul style="list-style-type: none"> <li>• Other providers</li> <li>• Research collaborations</li> </ul>	Relationships strengthened with the University of Liverpool, the Christie. Two way influence with the Cancer Alliance and STP ongoing.		Q3	CEO	
Respond to recommendations of University of Liverpool Clinical Research Review	Report received March 2017. Discussions on going in conjunction with the LHP review		Q3	MD	

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

Action	Update	Next steps	Completion date	Responsibility	Status
Implement the Linac replacement programme	On going		Ongoing	MD	
To reach a conclusion on the future replacement of low energy proton facility	Work in progress. Business case being considered	Determine way forward as part of strategy review	Q3	MD	
Implement NHSE recommendations on service redesign for radiotherapy/ chemotherapy/ TYA services	Draft Consultation of NHSE Radiotherapy Service Specification Consultation- ongoing -has been reviewed and response being prepared to be submitted by the deadline 24th January 2018		Q4	MD	
Implement Serious Illness Conversations across the Trust	Funding options are being assessed to progress and implement the programme for 2018/19		Q3 2018	MD	
Develop strategy for imaging services	PWC report received Options being considered		Q3 2019	DoO&T	
Review and refresh the Trust's Research Strategy	Director of Academic Research was appointed in November 2017. A 12 month research strategy project plan		Q4	MD	

has been agreed.  
Strategy development  
will be overseen by  
the Research  
Committee chaired by  
MD

Explore opportunities to develop novel research strategies	This forms part of research strategy project		Q4	MD	
Review and implement the requirements of the NHS England changes to the cancer service specifications	Radiotherapy service specification being reviewed by Radiation Services Directorate.	Awaiting other publications	TBC	DoN&Q	