

THE CLATTERBRIDGE CANCER CENTRE TRUST BOARD

TITLE: CHIEF EXECUTIVE REPORT – January 2019

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FOR: INFORMATION

1. NATIONAL ISSUES

1.1 NHS Plan

NHS England has published the full 5-10 year NHS Plan. It was launched by NHS England Chief Executive Simon Stevens at Alder Hey Children's Hospital in Liverpool and attended by the Prime Minister, Theresa May. The Long Term Plan sets out, by continually moving forward, in 10 years' time how the NHS can still be a service fit for the future.

The plan includes practical action on major conditions, investment in cutting edge treatments and a renewed focus on prevention.

The NHS long term plan is also the first time in the NHS' 70 year history when investment in primary, community and mental health care will grow faster than the growing overall NHS budget.

Cancer is a priority within the plan with a commitment to diagnosing more cancers earlier, giving patients' faster access to potentially life-saving treatments and overhauling the current cancer screening programmes.

Milestones for cancer include:

- From 2019 new Rapid Diagnostic Centres will start to roll out across the country.
- In 2020 a new faster diagnosis standard for cancer will begin to be introduced so that patients receive a definitive diagnosis or ruling out of cancer within 28 days.
- By 2020 HPV primary screening for cervical cancer will be in place across England.
- By 2021, where appropriate every person diagnosed with cancer will have access to personalised care, including needs assessment, a care plan and health and wellbeing information and support.
- By 2022 the lung health check model will be extended.
- By 2023, stratified, follow-up pathways for people who are worried their cancer may have recurred. These will be in place for all clinically appropriate cancers.

- By 2028, the NHS will diagnose 75% of cancers at stage 1 or 2.

Now that the national plan has been published, it's up to local areas to develop their own plans for how they will achieve it.

Our work with partners across the system, including the Cheshire & Merseyside Cancer Alliance, will ensure we play a key role in the development of excellent, integrated cancer care and research across Cheshire and Merseyside in relation to all aspects of cancer care, treatment and prevention.

1.2 Financial Control Total for 2019/20

'NHS Operational Planning and Contracting Guidance 2019/20' sets out the approach to developing operational plans for the coming financial year. 2019/20 will be the foundation year for laying the groundwork for delivering the commitments in the recently published Long Term Plan.

Along with the draft 3 year operating plan, the financial control total for 2019/20 will be discussed for approval at February Trust Board

2. SYSTEM WIDE COLLABORATION

2.1 Cancer Alliance

At the Cancer Alliance Programme Board in December, it was confirmed that Dr Liz Bishop will become the SRO for Cancer/Chair of the Board from April 2019. The Cancer Alliance team and programme is funded by NHS England and allocations for 2019/20 and beyond are yet to be confirmed. Arrangements are in place to handover and evaluate Alliance-funded projects within its initial two-year programme – all are on track to deliver milestones agreed with NHS England.

The Cancer Alliance is well placed to respond to the ambitions within the NHS Plan and is working closely with the national team to support a number of priorities identified including the development of rapid diagnostic centres, implementation of smoking cessation activities and lung health checks for high risk populations. Close working continues with other interdependent programmes within the Health and Care Partnership such as pathology, endoscopy and imaging given the importance to cancer pathways and performance.

Over the coming weeks, the team will be refreshing its delivery plan and preparing for any funding opportunities following its 'call for proposals' from stakeholders across Cheshire and Merseyside system.

2.2 Single North Mersey Service Model for Haemato-Oncology

Liz Bishop and Barney Schofield attended the North Mersey Leadership Group on Friday 11th January to agree a collective North Mersey system view on the appropriate way forward with regard to the creation of the single North Mersey Haemato-oncology service. This has been a formal system commitment since 2015 and will involve the integration of the Aintree University Hospital (AUH) and Southport and Ormskirk Hospital (S&O) haemato-oncology services into CCC. There is a strong consensus amongst North Mersey CEOs and CCGs that the commitment to achieving the single service model remains, but that the Aintree/Royal

merger and CCC's safe move into CCC-Liverpool in 2020 will require realism about the timescales to complete a formal service transfer. F&BDC received a report on 21st January setting out a recommended CCC position on the best way forward. The F&BD agreed with the recommendation to delay a formal transaction to a date yet to be determined, after the AUH/Royal merger and when the CCC Liverpool has been delivered. Any new sustainability risks for haematology at AUH or S&O which emerge over coming months will need a system solution which CCC will be part of.

2.3 Royal Liverpool Chief Executive Communciation

Aidan Kehoe has announced that he is to step down in March to take up a new role at the Hamad General Hospital in Doha, Qatar. Aidan wishes to pass on his thanks to all partners and stakeholders for their commitment and support over the last six years.

2.4 CRUK RadNet initiative

CCC is submitting a bid with the University of Liverpool for funding of 250K per year for up to 5 years under a CRUK RadNet initiative as a Radiation Research Centre. Funding via the CRUK RadNet initiative is intended to facilitate an increase in internationally competitive radiation research within the UK delivering leading radiation biology and oncology research as part of a national network. The bid is being led by Professor Daniel Palmer Director of Liverpool ECMC.

3. OPERATIONS AND PERFORMANCE

3.1 CQC Inspection

CQC visited the Trust week commencing 14th January Well-Led inspection. They spent time with a range of staff over 3 days. Initial informal feedback has been shared with the Trust Staff. The draft report will be sent to CCC at the end of March, to check for factual accuracy, with final report due end of April 2019.

Preparation was extensive and thanks are extended to all staff members and volunteers for their hard work during this inspection.

3.2 Flu Uptake CQuinn

The Trust has passed the 75% vaccine uptake for seasonal flu vaccine thereby meeting the CQUIN target. Work is ongoing to add to the uptake and to finish collecting any opt out forms to get us to the 100% vaccine & opt out target.

3.3 Consultant Recruitment and Radiology Reporting

We have appointed a full time locum Consultant Radiologist since 2/1/19 and 1 fixed term Consultant appointment to radiology due to commence 11/2/19.

We are holding interviews next week for two Consultant Haemato- Oncology posts. We shortlisted two applicants however one candidate has withdrawn his application.

This month we are going to be advertising for two Consultant Clinical Oncology posts (Breast/CNS and Upper GI/ Urology) and in February /March for a further two posts (Breast/Lung and Lung/Urology). CEO and Medical Director will be on all Consultant Interviews going forward.

We continue to closely monitor turnaround times for radiology reporting with daily Sitrep, weekly Executive oversight and monthly performance data. Whilst this is below National target there has been 20% improvement in the numbers of unreported scans as at 15/01/19 since 1st December 2018 and as described above with the recruitment of additional Consultant reporting capacity, we anticipate maintaining and improving performance.

4. RECOMMENDATIONS

To note the positive strategic and operational quality improvements being progressed within the Trust and with the continued support of system-wide partners.