



Report Cover Sheet

Report to:	Trust Board	
Date of the Meeting:	27 th March 2019	
Agenda Item:		
Title:	Chief Executive's Report – March 2019	
Report prepared by:		
Executive Lead:	Chief Executive	
Status of the Report:	Public	Private

Paper previously considered by:	
Date & Decision:	

Purpose of the Paper/Key Points for Discussion:	1. OPERATIONS AND PERFORMANCE
	1.1 The new Cancer Centre in Liverpool
	<p>The construction of our new cancer centre remains on programme, and is due to hand over in the spring of next year. Staff across the Trust are now involved in work to bring the building into clinical operation, which will begin around 12 weeks after the building is handed over.</p> <p>The uncertainty regarding the programme for completing the new Royal Liverpool and Broadgreen University Hospital Trust (RLBUHT) continues to present challenges for the project team. However the project team remains in close contact with counterparts at RLBUHT and the project is proceeding on the basis that the new cancer centre will open before the new Royal.</p>
	1.2 Consultant Recruitment
	<p>We have appointed two Consultant Clinical Oncology posts (Breast/Neuro-oncology and Upper GI/ Urology), following interview on 4th March 2019. We have advertised for a further two Clinical Oncology posts (Breast/Lung and Lung/Urology).</p>
	2. SYSTEM WIDE COLLABORATION
	2.1 Cancer Alliance
	<p>In February, programmes within the Cheshire & Merseyside Health & Care Partnership were given opportunity to bid for transformation funding in 2019/20 and three cancer bids were submitted:</p> <ul style="list-style-type: none"> Expansion of CURE (secondary care based smoking cessation programme, building on the

pilot at Royal Liverpool and Broadgreen University Hospitals NHS Trust (RLBUHT)

- Endoscopy – a joint bid with the Elective Care programme to further develop a networked approach and implement service improvement
- Fecal Immunochemical Test (FIT) for symptomatic patients – phase 1 implementation

Despite competition we have been allocated £500k to support endoscopy and FIT. This is an excellent opportunity to accelerate the cancer programme and build on the proposals that we received following our call for proposals last year.

With regard to national cancer transformation funding, we have now received confirmation of our indicative allocation and requirements for submitting plans for 19/20 as £5.9m for Cheshire and Merseyside and £2m for Healthy Lung Check.

3. RESEARCH AND DEVELOPMENT

3.1 Activity

A total of 715 patients were recruited to CCC research studies April- Feb 2018/9 and this exceeds the 2018/9 planned target of 700 ahead of year end.

The total recruitment to NIHR portfolio studies from 1/04/2018-28/02/2019 is **522**. This is the first time CCC has reached over 500 patients recruited under CCC only. This confirms that we are on target to achieve the planned increase in patient participation into clinical trials as outlined in the Trust approved Research Strategy.

3.2 Cancer Research UK RadNet Application

The Liverpool Radiation Research Centre (CRUK) application has been shortlisted and the team will be interviewed with the Review Panel on Friday 12th April. The interviews will take at CRUK's offices in London. The format will be a 10-minute presentation followed by a 30-minute Q&A with the Review Panel. The Clatterbridge Cancer Centre Chief Executive and the University of Liverpool Pro Vice Chancellor will attend the interview.

4. TRAINING AND EDUCATION

4.1. Mock exam attracts clinical oncologists from across the globe

Trainee doctors from all over the world visited CCC-Wirral 16th/17th March 2019 to take part in the CCC mock FRCR exam.

Clinical Oncology trainee doctors have to pass the FRCR examination to become a consultant. For the

	<p>past six years, CCC has hosted the mock exam and this year candidates from cancer centres throughout the UK, Ireland, India and Saudi Arabia are travelling to our centre.</p> <p>The mock exam took place on 16 March and included mock clinical and oral examinations and also tutorials. The candidates were assessed by a team of examiners, which includes Clatterbridge Consultants and Consultants from other centres.</p>
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Action Required:	Discuss	
	Approve	
	For Information/Noting	√

Next steps required	<p>5. RECOMMENDATIONS</p> <p>To note the positive strategic and operational quality improvements being progressed within the Trust and with the continued support of system-wide partners.</p>
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The paper links to the following strategic priorities (please tick)

Deliver outstanding care locally		Collaborative system leadership to deliver better patient care	√
Retain and develop outstanding staff		Be enterprising	√
Invest in research & innovation to deliver excellent patient care in the future	√	Maintain excellent quality, operational and financial performance	√

The paper relates to the following Board Assurance Framework (BAF) Risks

BAF Risk	Please Tick
1. If we do not optimise quality outcomes we will not be able to provide outstanding care	√
2. If we do not prioritise the costs of the delivering the Transforming Cancer Care Programme we will not be able to maintain our long-term financial strength and make appropriate strategic investments.	√
3.If we do not have the right infrastructure (estate, communication & engagement, information and technology) we will be unable to deliver care close to home.	√
4. If we do not have the right innovative workforce solutions including education and development, we will not have the right skills, in the right place, at the right time to deliver the outstanding care.	√
5. If we do not have an organisational culture that promotes positive staff engagement and excellent health and well-being we will not be able to retain and attract the right workforce.	√
6. If we fail to implement and optimise digital technology we will not deliver optimal patient outcomes and operational effectiveness.	√
7. If we fail to position the organisation as a credible research partner we will limit patient access to clinical trials and affect our reputation as a specialist centre delivering excellent patient care in the future.	√

8. If we do not retain system-side leadership, for example, SRO for Cancer Alliance and influence the National Cancer Policy, we will not have the right influence on the strategic direction to deliver outstanding cancer services for the population of Cheshire & Merseyside.	√
9. If we do not support and invest in entrepreneurial ideas and adapt to changes in national priorities and market conditions we will stifle innovative cancer services for the future.	√
10. If we do not continually support, lead and prioritise improved quality, operational and financial performance, we will not provide safe, efficient and effective cancer services.	√

Equality & Diversity Impact Assessment

Are there concerns that the policy/service could have an adverse impact on:	YES	NO
Age		√
Disability		√
Gender		√
Race		√
Sexual Orientation		√
Gender Reassignment		√
Religion/Belief		√
Pregnancy and Maternity		√

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