

Strategic Plan Summary Document for 2014-19

The Clatterbridge Cancer Centre NHS Foundation Trust

1.1 Introduction

The Clatterbridge Cancer Centre NHS Foundation Trust's strategic plans will ensure the sustainability of the Foundation Trust over the coming five years on a clinical, operational and financial basis.

Going forward it is predicted that funding and demand pressures will create a sizeable funding gap for the NHS, estimated to be £30bn by 2021. The Trust is able to face these challenges from a position of strength with a solid financial position and reputation. However the Trust recognises that the financial situation facing the NHS as a whole will continue to be exceedingly challenging over the next 3 to 5 years, and beyond.

The Trust's approach to demonstrating overall sustainability over the coming 5 years is to prioritise the respective components - clinical, operational and financial sustainability in order of importance. Delivering high quality and safe clinical care is at the heart of everything we do for our patients. Ensuring that we have adequate financial resources to deliver this level of clinical care and can deliver these standards operationally is core to our approach.

The Trust's continued sustainability is underpinned by:-

- (a) The agreement of a 3 year Block Contract with the Trust's main commissioner for the period 2014/15-2016/17.
- (b) Extensive 10 year Financial Modelling currently being undertaken as part of the ongoing Outline Business case for Transforming Cancer Care.
- (c) Our Transforming Cancer Care project. A proposed investment and development of £118m of new cancer services including £109.7m for a Clatterbridge Cancer Centre in Liverpool in 2018/19 and £8.3m for redevelopment of our Bebington site. This will enable us to significantly transform cancer services for our patients and this journey of transformation has already begun. In setting the financial plan the Trust is mindful of the need to ensure it remains an outstanding Cancer Centre and ensures its financial sustainability whilst embracing the challenges and opportunities it faces. The Trust is currently developing its Outline Business Case for the new Cancer Centre which will be complete and considered by the Trust Board and subsequently Monitor in the Autumn of 2014.
- (d) Our assessment of sustainability on current regulatory standards (e.g., Monitor risk assessment framework criteria)

Strategic Plans

The Trust has developed this comprehensive strategic plan which takes us on a transformational journey over the next 5 years which results in the development of a new cancer centre in Liverpool and redesigned cancer services that are both high quality and fit for the future challenges that we face.

Our key strategic initiatives are:

1. Transforming Cancer Care

The key strategic aim for CCC over the next 5 years is the Transforming Cancer Care Project. The key deliverable of the project is the building of a new cancer centre in Liverpool, however, the project also incorporates ensuring we have transitional plans in place to implement the new clinical model ahead of the new cancer centre opening where this is feasible and adds clinical benefits to patients.

Transforming Cancer Care:

Transforming Cancer Care aims to ensure people in Cheshire and Merseyside benefit from easy access to the best clinical expertise, the most advanced treatments and the best facilities for many years to come.

We aim to achieve this through:

1. A new Clatterbridge Cancer Centre at the heart of Liverpool, centrally located for the 2.3m people in Cheshire and Merseyside, and on the same health campus as Royal Liverpool University Hospital, University of Liverpool, CRUK's Liverpool Cancer Trials Unit, North West Cancer Research and other key research partners.
2. Continuing to provide most cancer services at The Clatterbridge Cancer Centre in Wirral in addition to the new centre on the Liverpool health campus, the satellite radiotherapy unit at Aintree University Hospital and satellite chemotherapy services at seven hospitals across Cheshire and Merseyside:
 - There would be a new cancer hospital in the heart of Liverpool, closer to the 70% of patients who live north of the Mersey.
 - Inpatient care would move from Wirral to the new centre in Liverpool. Some complex outpatient treatment would also move, as would the Teenage and Young Adult unit, bringing it closer to Alder Hey.
 - For the first time, patients could access cancer surgery, chemotherapy, radiotherapy, intensive care, inpatients, outpatients, and acute medical/surgical specialties together on the same site.
 - Seriously ill patients with complex conditions could receive treatment that can't be provided at the moment because there is no intensive care on site at Clatterbridge.
 - Cancer experts from different hospitals, the university and key research partners would be together, offering new scope for research. Patients could also access a much broader range of clinical trials.
 - The Wirral site would receive further investment so local patients would continue to receive the same high standard of care for the foreseeable future.

Key milestones, resourcing requirements, dependencies and risk mitigations;

Activity	Milestone
CCC approval in principle of the OBC	October 2014
Response from the joint OSC	7 th November 2014
Approval of the OBC by NHS E	November 2014
Monitor review of the OBC	Nov 2014-Jan 2015
CCC OBC approval	January 2015
Full business case approved by	Q2 2016
Construction work starts	Q2 2016
New hospital opens	Q3 2018
Work complete on Wirral site	Q3 2019

The Trust has conducted extensive public engagement on the proposals for the new cancer centre in 2012/13, the Trust commissioned detailed evaluation of the feedback. This was completed in summer 2013 and fed back to the public and other key stakeholders through a public road show and events at venues across Cheshire and Merseyside in January and February 2014, an information leaflet, the Trust website and communications channels, and meetings with key stakeholders including patient support groups and overview and scrutiny committees in early 2014.

The Trust plans to carry out formal public consultation on the proposals in 2014/15. It will be supported by extensive communication and events to involve the full range of stakeholders across Cheshire and Merseyside.

To support the Transforming Cancer Care programme the Trust has put in place an expert Patient Reference Group which brings together patients and governors who can provide informed patient views in to all aspects of the programme.

The Trust has in place a detailed Communication and Engagement Strategy for Transforming Cancer Care which covers the period up until 2018. Details of the plan include:

2015 - Opportunity and Investment

- Final Business Case approved
- Construction begins
- Development of Transport / relocation strategy / policy
- Team Building
- Staff training
- Training
- Public phase of capital appeal

2016/17 – Transformation

- Building work continues
- Development of transition plans
- Voluntary redundancy/recruitment
- Staff site visits
- Public phase of capital appeal

2018 – Empowerment and culture

- Support mechanisms for staff who remain at the Wirral site
- Supporting staff to adapt to new ways of working
- Team building
- Ensuring organisational culture is retained and developed across all sites
- Grand opening

2019 – Excellence

- Ensuring the new centre and new service delivery models are successfully embedded and realising the vision of improved cancer services for Merseyside and Cheshire.
- Moving charitable appeal donors to support next phase of charitable giving

The Trust Board monitors performance against the TCC strategic plan through high level bi-monthly updates and through detailed review through the Board's Finance and Strategy Committee. The project has a detailed project governance structure which is regularly reviewed to ensure that the Trust has the capacity and capability to deliver the scale of change required within the set timeframe. As part of the governance and monitoring process the Trust derives assurance from external reviews such as the NHS Gateway Review Process. This performance review process includes ensuring how plans can be adapted in light of any future challenges, in particular the risk to the receipt of the full amount of planned income from Commissioners and around charitable funding, alongside the capacity and workforce requirements of the relocation.

2. Leadership

The Transforming Cancer Care project also encompasses CCC taking a leadership role for cancer services across the health economy including the development of a cancer outcomes framework and leading the development and revision of cancer pathways of care. To deliver this CCC will develop a programme of actions to position CCC as a strategic leader for cancer across Cheshire and Merseyside and nationally. This programme will be delivered over the next 5 years.

A specific work stream is to develop partnerships and collaboration to lead the re-design of the patient pathway. This will be done in collaboration with the cancer managers throughout the network, working within in acute hospitals.

The project will involve complex analysis of cancer pathways, comparison with national best practice, development of recommendations to improve cancer pathways, reporting the recommendations to participating hospitals and working with managers in acute hospitals to ensure that recommendations are implemented.

Key milestones, resourcing requirements, dependencies and risk mitigations

The pathways project will review the clinical pathways for patients referred from acute hospitals across the network. The main objective is to achieve improvement in the patient pathways and these improvements will be measured through comparison with best clinical practice, patient experience and waiting times.

The first stage of the project in 2014/5 will carry out a baseline evaluation of the current pathways. This process will identify best practice, both within the network and nationally and carry out a gap analysis to identify steps to ensure best practice is implemented in all areas.

The above process will require close working with other stakeholders across the network and in particular the secondary care providers. The project is linked to and supports the Trust wide project to Transform Cancer Care (TCC) in conjunction with the investment in services in Liverpool. The project will be supported by a full time project manager working in collaboration with the existing management team. The key risks to the project are those inherent in working across different organisations. These risks will be mitigated through ensuring that this project is developed in the context of wider discussions on operational issues between the organisations involved; the project will be fully integrated with other issues on the management agenda between the partners involved.

The processes the foundation trust has in place to monitor performance against the strategic plan and how plans will be adapted and amended for unexpected future challenges.

Progress against the plan will be monitored against key performance indicators including the pathway waiting time for patients (62 day target). The implementation plan will be developed on the basis of the baseline assessment and will therefore be adapted to ensure that the key objectives are met.

3. Integrated care with other providers

A potential competitor for the provision of chemotherapy and supportive therapies at home was identified as the community trusts and GPs. The Trust has recognised the potential threat and has created the opportunity of working with the potential competitors in partnership to develop new models of care which will ensure the appropriate governance and safety is in place while providing the optimal patient experience.

Key milestones, resourcing requirements, dependencies and risk mitigations

As the delivery methods of chemotherapy and the side effects profile changes over the next 5 years we will continue to work closely with partners to further develop this model to develop partnerships and collaboration to work in partnership with other providers to deliver clinical services.

As the commissioning landscape changes we will ensure processes are in place to respond to any new prime provider contract models for delivery of whole pathways or models of care

The processes the foundation trust has in place to monitor performance against the strategic plan and how plans will be adapted and amended for unexpected future challenges.

The Trust Board monitors performance against this strategic initiative through high level bi-monthly updates and through detailed review through the Chemotherapy Directorate Performance Reviews which are planned quarterly.

4. Technology

The strategic aim is to ensure that the procurement and management of technology support the vision of providing the best cancer care. There are three supporting strands to this strategy: Procurement, Maintenance and Innovation

Key milestones, resourcing requirements, dependencies and risk mitigations

Equipment Procurement- The 5 year capital programme includes a replacement programme for linear accelerators (linacs) and MRI. Plans are also being progressed to install PET CT on the Clatterbridge site to support the development of PET CT to support cancer treatment.

Maintenance- Providing the highest standards of patient experience is dependent on equipment being maintained to the highest standards. CCC has an excellent track record in minimising unplanned machine shut down and the aim is to maintain this level of performance with all new equipment. This will continue to be measured by unplanned machine shutdown and reported to Trust Board.

Innovation- Technology is an important enabler for innovation and improvement in cancer treatment. The 5 year capital plan includes the current assessment of technology required to provide the highest standard of cancer treatment. Technological innovation creates a risk that the equipment replacement plan will be overtaken by new technology within the 5 year timeframe. This risk will be managed through annual horizon scanning with the Clinical Directorates. The capital plan will be adapted as required in response to this process.

Running parallel to this the Trust is implementing a new Electronic Patient Record software System which will enhance and support the transformational change the Trust is undertaking.

The processes the foundation trust has in place to monitor performance against the strategic plan and how plans will be adapted and amended for unexpected future challenges.

The Trust Board monitors performance against this strategic initiative through high level bi-monthly updates and through detailed review through the Capital Steering Group and the IT Programme Board which are planned bi-monthly.

5. Research

CCC recognises the importance of and remains committed to securing an international reputation for excellence in cancer research. At the heart of this commitment is improving outcomes for patients. Over the lifetime of this strategic plan we will implement the key goals of our research strategy. These are:

Goal 1: We will continue to support the development of academic oncology

Goal 2: We will increase clinical trial participation

Goal 3: We will continue to develop robust research governance arrangements

Goal 4: We will build research capability/capacity that enables a seamless transition to a relocated site (Transforming Cancer Care)

This strategy enables a real step change in CCC's research output and will allow the Trust to develop a longer term vision that meets the changing local and national landscape.

Key milestones, resourcing requirements, dependencies and risk mitigations

Appointment of Chair in Lung Cancer during 2014/5

50% increase in number of research grants by 2017

50% increase in number of peer-reviewed publications by 2017

To fully deliver our research goals we are dependant of full participation of other organisations e.g. University of Liverpool, the NWCCRN and the commercial sector. The Trust has robust and developing arrangements with these key stakeholders. Risks to delivery are identified as changes in external policy, unforeseen financial constraint of key stakeholders and the ability to recruit and retain key staff. These risks are closely monitored and risk mitigation plans developed where required.

The processes the foundation trust has in place to monitor performance against the strategic plan and how plans will be adapted and amended for unexpected future challenges.

The delivery of our research strategy is regularly reviewed by the Trust Board. In addition to this oversight two additional processes to monitor performance are in place:

The overarching governance structure for Transforming Cancer Care will provide oversight for the development of the physical infrastructure for Goal 4.

We will establish a CCC / University of Liverpool Academic Board to oversee the strategic development of Goal 1. The Academic Board will ensure that a strategy is developed for the following diseases focus areas:

- Hepatobiliary and pancreas
- Breast
- Bladder
- Prostate
- Gynaecology
- Ocular melanoma
- Head and Neck
- Lung.

6. Focus on safety and quality

Over the coming 5 years the Trust will keep a strong focus on continuing to improve the quality of the service it provides. This is primarily achieved through the delivery of the Quality and Quality Governance Strategy

The strategy aims to improve:

- Patient Experience: *Striving for excellent patient satisfaction*
- Patient Safety: *Always safe, always effective*
- Outcomes / Effectiveness: *Efficient, effective, personalised care*

Key milestones, resourcing requirements, dependencies and risk mitigations

The current Quality and Quality Governance Strategy covers 2013 – 2015. Any risks to quality are risk assessed and monitored and mitigated through the risk register.

The Trust will review and update the strategy in 2015 with a clear focus on defining the quality objectives that take us towards Transforming Cancer Care.

The processes the foundation trust has in place to monitor performance against the strategic plan and how plans will be adapted and amended for unexpected future challenges.

Progress against the delivery of this strategy is monitored via the Trust Board Integrated Governance Committee. Each objective within the strategy has clear milestones and deliverables. Unexpected future challenges and developments are regularly reviewed and the strategy amended and updated accordingly.

Summary of the Market Analysis and context

Healthcare needs assessment, based on demographic and healthcare trends;

The Clatterbridge Cancer Centre is one of the largest networked cancer centres in the UK and treats more than 30,000 patients each year; it registers almost 8,000 new patients annually and accommodates over 142,000 separate attendances for treatment. The Trust serves a population of approximately 2.3 million in Cheshire, Merseyside, North Wales and the Isle of Man and is the only national centre for low dose proton beam therapy, used for the treatment of tumours in the eye: The National Centre for Eye Proton Therapy.

The population served by the Trust includes some of the most deprived areas in the UK. Since the incidence of many cancers is directly affected by lifestyle factors such as smoking, poor diet, obesity, and alcohol consumption it is unsurprising that the incidence of cancer is significantly above the national average in a number of the areas served by the Trust. The same factors that increase the likelihood of cancer occurring in the local population also result in these patients presenting for diagnosis relatively late which in turn affects the treatment outcomes. For example new cases of lung cancer are 15% and 23% higher than the national average for men and women respectively with Liverpool having the second highest death rate in the country for men as a result of lung cancer. Over 5,500 people, approximately 15 people each day, die each year from cancer in Cheshire and Merseyside.

The Trust provides chemotherapy and radiotherapy treatment on an outpatient and inpatient basis as well as a general outpatient and diagnostic imaging service. Radiotherapy services are provided from its main base at Clatterbridge and from its radiotherapy satellite centre at Aintree hospital. Chemotherapy is delivered from a number of sites using accommodation provided by partner Trusts, as well as from the Clatterbridge site. Inpatient services are provided at the Clatterbridge site.

The Trust has conducted detailed analysis of activity (using an activity and capacity modelling tool), a review of demographics and NCIN (National Cancer Intelligence Network) trend analysis together with benchmarking information.

Local demographic information shows that nearly 30% of the adult catchment population are over 65 years old, which is significant given that over half (53%) of all cancers are diagnosed in adults aged 50-74 and over a third (36%) of all cancers are diagnosed in adults aged 75 and over (CRUK: UK, 2009-2011).

The link between incidence of cancer and the level of deprivation within a population is well known; many factors which are common in populations with high levels of deprivation such as poor diet, lack of exercise and increased levels of smoking and alcohol consumption are well proven risk factors for cancer. The deprivation gap is greatest for smoking-related cancers such as laryngeal, lung and oral cavity cancers, which reflect the high prevalence of smoking in these groups.

The levels of deprivation within some areas served by CCC are very marked. The most deprived area in England, as determined by the Index of Multiple Deprivation 2007, is in Liverpool. The numbers of areas within the CCC catchment population which lie within the worst 50 in the country (out of a total of 32,482 areas) on each of the Indices of Deprivation are shown in the

table below:

Table : Average deprivation score by PCT on the domain of health deprivation and disability (out of a total of 152 PCTs nationally)

PCT	Rank of Average Score
Liverpool	2
Knowsley	6
Halton & St Helens	33
Wirral	46
Sefton	63
Warrington	104
Western Cheshire	109
Central and Eastern Cheshire	132

IMD by PCT 2007

Capacity analysis, based on the sufficiency of estates, beds and staff to meet healthcare needs;

In the current climate of reducing funding and the need to maximise quality and safety of services, all NHS organisations must continually look for ways to improve the quality and cost effectiveness of their services. Consequently CCC is currently engaged in a programme of significant and long term change in order to continue to improve its performance. The Transforming Cancer Care project is therefore a part, albeit a major one, of a larger programme of transformation which is taking place within the Trust. As well as a new cancer centre, The Transforming Cancer Care project encompasses CCC taking a leadership role for cancer services across the health economy including the development of a cancer outcomes framework and leading the development and revision of cancer pathways of care.

Activity and demand pressures

The Trust has experienced continuing growth in demand for its services over a number of years and this is expected to continue for the foreseeable future as the incidence of cancer rises with the ageing population, as earlier detection rates increase opportunities for more treatments and technological advances continue (particularly with new drug therapies).

The key planning assumptions have been developed by the Transforming Cancer Care project team in conjunction with clinical teams and the Trust board.

Activity forecasts derived from capacity modeling broadly align with the growth assumptions shown below. From 2017/18 onwards it has been assumed that the activity will revert to historic growth levels.

Contract activity growth			
	2014/15	2015/16 & 2016/17	2017/18 onwards
Radiotherapy	3.8%	3.8%	1.9%
Chemotherapy	10%	8%	5%
Other services	2%	2%	1%

In determining the capacity requirements to meet healthcare needs over the next 5 years the Trust has reviewed both changes in demographics and changes in treatments (chemotherapy and radiotherapy) including the increased complexities arising from co-morbidities as people live longer with cancer and other conditions. This capacity analysis identifies the key drivers for our Transforming Cancer Care project to build a new cancer centre in Liverpool, co-located with an acute hospital.

The key elements of the case for change are:

- In patient care must be co-located with other clinical specialities/ services (an average of 70 patients are transferred each year to other hospitals for acute care)
- CCC main site should be central to the catchment population (c. 70% of patients live north of the Mersey)
- Research is an integral part of Cancer Care – CCC needs opportunity to fulfil its potential through enhanced facilities and closer collaboration with academic, NHS & private sector partners

The construction of a proposed new Cancer Centre co-located with the Royal Liverpool Hospital will enable improved outcomes for cancer patients by:

- Better co-ordination of pathways of care for cancer patients;
- Improved access for CCC inpatients to specialists from other clinical disciplines and to specialist clinical facilities e.g. intensive care, which cannot be provided in the existing Cancer Centre;
- Delivery of cancer treatments nearer to home for the majority of patients;
- Closer integration between the NHS and research teams within the University of Liverpool and other key research partners in the public and private sector;
- Location of specialist services in a place more easily accessible to the majority of patients so that more patients can benefit;
- Ability to attract the very best clinicians to the Region;
- Best use of NHS resources by enabling clinical teams to work more effectively and efficiently together.

The detailed capacity analysis in the outline business case (OBC) clearly identifies the capacity required and planned for in the new cancer centre and at our other two sites (Clatterbridge Cancer Centre Liverpool and the current site at Clatterbridge on the Wirral).

The new clinical model that has been developed to ensure the capacity requirements are in place is:

Site	Planned Services
New Cancer Centre – Liverpool	All inpatients, TYA, radiotherapy, chemotherapy, ambulatory unit, outpatients
Existing Cancer Centre - Wirral	Full range of ambulatory cancer services Proton therapy continues
Existing radiotherapy satellite - Aintree	No changes planned
Chemotherapy & O’P networked clinics	No changes planned
Acute oncology across network DGHS	No changes planned

Funding analysis, based on historic trends and likely commissioning intentions;

The table below summaries the growth rates in Chemotherapy and Radiotherapy treatments over the last 3 years and forecasted rates for the next 2 years agreed with Commissioners.

	Chemotherapy	Radiotherapy
2011/12 p.a.	13.7%	1.6%
2012/13 p.a.	7.9%	-2.5%
2013/14 forecast	7.9%	-4.3%
3 year average p.a.	9.8%	-1.7%
2014/15	10.0%	3.8%
2015/16	8.0%	3.8%
2016/17	8.0%	3.8%

2017/18 forecast	5.0%	1.9%
2018/19 forecast	5.0%	1.9%

The table illustrates that although the trends are upwards, there is volatility between years (e.g. very high growth in Chemotherapy in 2011/12 and reduction in Radiotherapy in 2012/13 and 2013/14). As part of its 3 year Block Contract, the Trust has agreed net growth of 3% and the following individual growth rates for 2014/15 and 2015/16 in its contract with Commissioners:

- Assumed growth in Chemotherapy of 10% in 2014/15 and 8% in 2015/16
- Assumed growth in Radiotherapy of 3.8% p.a.
- Assumed growth in other activity (i.e. in-patients and out-patients) of 2% p.a.
- Drug growth and developments totalling £2.25m (matched by increased drug costs) with annual growth of £2m p.a.
- Tariff deflation of -1.53% in 2014/15 and -1.5% in 2015/16

It is worth noting that, the projected growth for Radiotherapy of 3.8% p.a. is below the national guidance growth figure of 5% as noted above due to the lower levels of actual growth in the last 3 years.

For the remaining 2 years of the Strategic Plan, a conservative approach has been taken to the levels of forecasted growth and funding. For the final 2 years of the Strategic Plan the Trust has assumed lower levels of growth in activity and funding due to the anticipated constrained financial envelope available nationally.

Competitor analysis, based on an assessment of the trust's key areas of strength and weakness relative to its key competitors;

The Trust has utilised the Competitor Assessment Framework (Strategic Planning to Achieve Sustainability – PWC). The results of the assessment have identified a number of competitors. The strength of competitive positioning (SCP) has been assessed for each.

SWOT Analysis:

Overview:

The Trust has undergone a SWOT analysis as part of its market analysis in order to identify both the opportunities that can be exploited and the challenges that need to be addressed. The SWOT reviewed the competitor assessment in light of both the current LHE and the predicted forecast of likely trends in competitor behaviour in light of the national environment of the NHS and changes to cancer treatment and commissioning.

The identified threats and opportunities have been assessed for their impact, probability and potential to be mitigated or exploited.

CCC has a strong market position within Cheshire and Merseyside with direct competitors limited to provision of chemotherapy by the private sector which are currently assessed pose little risk to the Trust.

The main competitor risks are associated with indirect and potential competitors.

List of competitive threats and opportunities ranked by importance

1. Location of the Cancer Centre

Although the competitor assessment process has not identified any competitor who would be well placed to develop a comprehensive cancer centre the Trust is cognisant that if it does not co-locate some of its services (i.e. the inpatient beds) with an acute hospital it will itself create the opportunity for other providers to develop sustainable safe services. The key mitigation of this competitor risk is the Transforming Cancer Care project to create a new Clatterbridge Cancer Centre at the heart of Liverpool, centrally located for the 2.3m people in Cheshire and Merseyside, and on the same health campus as Royal Liverpool University Hospital, University of Liverpool, CRUK's Liverpool Cancer Trials Unit, North West Cancer Research and other key research partners.

2. NHS Commissioning model for new radiotherapy techniques

The commissioning model for new radiotherapy techniques has the potential to reduce CCC activity and empower competitors to attract activity. Examples of this include the requirement for providers of stereotactic radiotherapy to undergo accreditation and for a limited number of providers of SABR (Stereotactic Ablative Radiotherapy) to be able to conduct clinical trials. Whilst this is identified as a potential competitor threat, due to the size of the Trust and its background in delivering new radiotherapy techniques the Trust is able to mitigate the risk by undertaking voluntary accreditation, which we are in the process of undertaking, as an advanced provider and is actively working towards a more active role on the UK consortium in order to be able to undertake SABR trials. Both of these mitigations for example create opportunities for the Trust in further developing its provision of new radiotherapy techniques and have factored any additional activity released from non accredited providers into its requirements for operational capacity going forward.

3. New models of treatment delivered by other organisations

Radiofrequency ablation of tumours is a relatively new service for the treatment of small, localised cancers e.g. kidney, lung, liver. This service is currently provided by small services within local acute hospitals. The Transforming Cancer Care project as part of our strategy encompasses CCC taking a leadership role for cancer services across the health economy including leading the development and revision of cancer pathways of care. The Trust will look to recruit to new and innovative hybrid roles bringing together oncology and radiology to position the Trust to be able to provide coordination and expertise into the radiofrequency ablation services and other innovative local treatments and lead the way nationally in role and service development.

A potential competitor for the provision of chemotherapy and supportive therapies at home are the community trusts and GPs. For chemotherapy there is national restriction on who is able to prescribe (i.e. only oncologists). The Trust has recognised the potential threat and has created the opportunity of working with the potential competitors in partnership to develop new models of care which will ensure the appropriate governance and safety is in place while providing the optimal patient experience. As the delivery methods of chemotherapy and the side effects profile changes over the next 5 years we will continue to work closely with partners to further develop this model.

4. Increased activity and geographical coverage by its main potential competitor

The Trust has conducted detailed analysis of radiotherapy referrals looking at current population and market value. Following the review the areas of potential threat were identified as well as areas of potential opportunity.

The Trust has considered the potential risks and opportunities in setting its strategic direction including the distribution of CCC radiotherapy centres/linacs, the impact on future linac and service development, future private patient opportunities.

The national development of a proton treatment centres brings in new potential competitors. CCC has been assured of the continued commissioning of its eye proton service. The main competitor risk is that of losing our skilled workforce to the new centre. This risk has been factored into our workforce planning over the next 5 years.

5. Transfer of activity to other specialities

Over time some areas of non surgical activity have migrated to other specialities. This includes lymphoma to haematology, topical chemotherapy to some skin cancers to dermatology and radioactive iodine from oncology to nuclear medicine. Although this transfer of activity is on the margin the Trust has reviewed the impact of both these and the potential for other transfer of activity to other specialisms and therefore competitors. As treatments change and develop (including the advent of biological therapies and personalised medicine) CCC has reviewed its position in these patient pathways and recognises that as the experts in chemotherapy and radiotherapy part of our strategic direction will be to ensure that oncologists are central to these pathways of care and are seen as the relevant experts to advise on appropriate therapy via the MDTs (Multi-disciplinary Teams).

Forecasted activity and revenue in a 'do nothing' scenario and resulting financial gap across the LHE; and

Due to the financial and demographic and clinical challenges facing health, 'do nothing' and 'standing still' is not an option for the local health economy as a whole or for the Trust. In line with our main commissioner's intentions for cancer services as detailed above, the Trust is currently completing an outline business case for investment of £118m to transform cancer services in Cheshire and Merseyside.

The extent of alignment of findings from these analyses with comparable intelligence from LHE partners.

As outlined in the operational plan the Trust has a robust system of engagement with the local health economy. As a specialist tertiary centre the Trust actively engages with the local health economy across the whole population it serves. The engagement process looks at the current service provision in order to meet local needs and across the next 5 to 10 years as part of its Transforming Cancer Care project.

The engagement process includes:

Commissioners

CCC has the majority of its services directly commissioned by specialised commissioning (NHS England). The Trust also works closely with the Clinical Commissioning Groups within the geography we serve in developing a shared understanding of the short and long term challenges in developing its contract to meet these challenges.

The Trust's Financial Plan underpins the Trust's priorities, operating requirements and the productivity and efficiency initiatives and is aligned with Commissioners intentions for Cancer services.

The Trust is a participant in the local area teams Specialised Service Provider Forum. The emerging service priorities for cancer and the blood that the North West has identified reflect National / Regional priorities of:

- Radiotherapy
- PET CT tender
- SRS / SRT
- Anal cancer
- Complex head and neck cancer

The Trust is also engaged with the NW Specialised Commissioning development of the 5 year strategic plan which will be published in October / November 2014. The consultation is expected to commence in July and will look at:

- Those specialised services which should operate in high-volume centres.
- Identification of 'cornerstone' services that form the bedrock of a Specialised Centre of excellence.
- Recommended 'bundles' of related and interdependent services and the optimal service delivery model for each bundle of care
- Other actions that need to be taken to optimise clinical outcomes and economic benefits

The main priority areas identified in the engagement process for cancer are Improving Outcomes Guidance compliance.

Executive Meetings

The Trust's Executive team have a programme of meetings with executive counterparts at all acute, specialist and community Trusts. These meetings help to understand the complexities of the cancer pathway and the contribution each organisation plays in patient management. These also provide a forum for identifying ways of collaborating to address any specific challenges. An example of this is how we will be working with community Trusts to further the provision of chemotherapy at home.

Health and Wellbeing Board

CCC is an active member of Wirral Health and Wellbeing Board and contributes to the development of the Joint Strategic Needs Assessment which is currently in development and other strategic plans.

1.2 Risk to sustainability and strategic options

Likely impact of identified external challenges on the Trust's key service lines (radiotherapy and chemotherapy) and the resulting sustainability risk.

The Trust has reviewed the key challenges that need to be considered when looking at the current services CCC provides and the national and local context outlined earlier. Many of the key drivers in the NHS focus around creating a model of service delivery which is more local to the community it serves and to ensure that NHS Trusts maintain the level of service and quality of care in the future, whilst opening opportunities for growth and also concentrating specialised (i.e. tertiary) services.

The Baker and Cannon Review conducted in 2008 highlighted key issues with the service provision outlining the following as a key driver for change:

“Approximately two thirds of the Merseyside and Cheshire patients live north of the River Mersey, whilst approximately the other third live south of the River Mersey. The Trust also receives referrals from and treats patients from North Wales (mainly Flintshire) and a small number from the Isle of Man. Patient's expectation and choice requires delivery of services closer to patient's homes, where appropriate”.

Set against the backdrop of the key drivers, CCC faces a number of challenges with the current service, which include:

- Ageing population and a range of long term conditions
- Incidence of cancer is increasing
- Meeting national expansion of chemotherapy services
- CCC is not on an Acute Site
 - Lack of access to ITU/HDU
 - Lack of access to other specialties
- Unable to undertake First in Human (FIH) and high risk Phase I trials and some Class 2 Gene Therapy studies
- Continued reduction in services at the Clatterbridge site by Wirral University Hospitals NHSFT.
- No longer located at the centre of the population (70% of patients live north of the Mersey)
- Continual development in types of Cancer treatments

CCC has a number of strengths including good market penetration within its traditional catchment area and running local out-patient and chemotherapy treatment clinics in the surrounding general hospitals. It also has a number of vulnerabilities, and these present the drivers for change which include:

- A drive from all Commissioners to create more locally accessible services
- The Trust delivers many radiotherapy treatments away from the centre of its current dominant catchment area which causes higher than necessary (or acceptable) journey times for radiotherapy treatment for a significant proportion of patients
- Potential competitors from Independent Sector providers locating a radiotherapy centre north of the Mersey, accessible by and potentially appealing to many of the Trust's existing radiotherapy patients
- The potential for existing NHS providers of radiotherapy treatments to provide more accessible services, possibly in partnership with the Independent Sector

The provision of a comprehensive cancer centre closer to the dominant population catchment with clinical services, surgery, inpatient oncology, chemotherapy, radiotherapy, critical care, outpatient services and research and development with clinical trials on the same site would enhance the patient experience and outcomes and meet the case for change.

The strategic context and health service need is that the Investment in Liverpool project proposal is designed to ensure that the Cancer Services delivered for the people of Cheshire, Merseyside and beyond are of the highest possible quality and will:

- Ensure better co-ordination of pathways of care for cancer patients by bringing together key specialist services on a single campus, which currently hosts the majority of Specialist Cancer Multi-Disciplinary Teams (SMDTs)
- Ensure that patients benefit from closer integration between the NHS and research teams within the University of Liverpool and other key research partners e.g. CRUK
- Make best use of NHS resources by enabling clinical teams to work more effectively and efficiently together
- Be a focus for innovation and knowledge
- Maintain those NHS Services which are best delivered in more local settings including local district general hospitals and the community

Following the review of the external challenges the Trust conducted an option appraisal to inform its strategic planning.

A number of reviews and feasibility studies have been conducted to date, which identified an initial long list of possible options to address these challenges and meet the Trust's objectives. These studies are noted below and provided the high level review of the potential long list of options for the development of a new Comprehensive Cancer Centre for The Clatterbridge Cancer Centre NHS FT.

- October 2008 feasibility study by Baker and Cannon
- March 2011 initial affordability review by PWC/EC Harris
- July 2011 second affordability review and proposed options report by PWC/EC Harris
- September 2011 strategic options review by John Hourihan (Independent Consultant).

The evaluation criteria and weightings for the options appraisal were developed by the Project Steering Group and approved by the Investment Committee. They were carefully selected to enable the costs and benefits of each option to be measured against the expected benefits and project objectives. These addressed key criteria under Strategic Fit; Clinical Outcomes; Patient Experience; Research; Clinical Synergy; Deliverability; Future Proofing; Staffing and Business Issues.

The project objectives and challenges formed the basis of the development of a short list options appraisal to inform the investment business case.

An initial options evaluation exercise was undertaken by the Project Steering Group and resulted in the generation of a short list of six options, proposed as the short list of options to be appraised as part of the strategic outline case development. These were:

- Option 1 Do Nothing and Stay at Clatterbridge
- Option 2 Do Minimum and Retain In-patient beds in Clatterbridge/ Invest more in Acute support
- Option 3 A New Cancer Centre located at the new Royal Liverpool Campus and In- patient beds in the Royal
- Option 4 A New Cancer Centre located at the Royal Liverpool Campus and In- patient beds in the new Cancer Centre
- Option 5 A New Cancer Centre located at the Aintree Hospital Site
- Option 6 A New Cancer Centre located at another site

An options appraisal was carried out on the basis of key parameters which include:

- Indicative assessment of future space requirements for clinical functions and adjacencies
- A pass/fail set of defined hurdle criteria
- Non-financial site options criteria and weightings
- Financial appraisal and affordability analysis

The outcome of the pass/fail hurdle assessment led to a short list of options 3, 4 and 5 being considered for appraisal. Option 1 was also considered for appraisal as the base case.

The project team carried out a series of detailed analyses of the short-listed options 1, 3, 4 and 5 using:

- non-financial benefits analysis
- risk analysis
- value for money analysis
- affordability analysis

Based on the non-financial option appraisal the option for a new Cancer Centre located at the Royal Liverpool campus and in- patient beds in the new Cancer Centre scored the highest and has a large margin over the next highest scoring option, a new Cancer Centre located at the Royal Liverpool campus and in-patient beds in the new Royal.

Assessment of the LHE support required and alignment with the proposed options.

CCC has the majority of its services directly commissioned by specialised commissioning (NHS England). The Trust also works closely with the Clinical Commissioning Groups within the geography we serve in developing a shared understanding of the short and long term challenges in developing its contract to meet these challenges.

The Trust's Financial Plan underpins the Trust's priorities, operating requirements and the productivity and efficiency initiatives and is aligned with commissioners intentions for Cancer services. This support from commissioners includes earmarked funding for the Trust's Transforming Cancer Care Investment.

Overview of Financial Projections

The Trust in common with other Trusts and wider health sector continues to operate in a challenging financial environment coupled with growing demand for health services. The Trust is fortunate that it continues to face these challenges from a position of strength with a solid financial position and reputation.

The Trust is at a pivotal stage in its development in that as well as addressing the continuing financial challenges and uncertainties facing the NHS as a whole, it has the additional and very significant challenge / opportunity presented by the proposed investment and development of a new £118m Clatterbridge Cancer Centre in Liverpool in 2018/19.

In setting the Financial Plan the Trust is mindful of the need to ensure the Trust remains an outstanding cancer centre and ensures its future financial sustainability whilst embracing the challenges/opportunities it faces. Key to this is strong strategic and business planning which is priority based and delivers the necessary “financial headroom” to grow and invest in new service developments.

The Trust’s financial plan underpins the Trust’s priorities, operating requirements and the productivity and efficiency initiatives and is aligned with known Commissioner’s intentions for Cancer services.

The Trust’s, financial strategy is based on the following two revised overarching financial parameters:-

- (1) Maintaining a Continuity of Service rating of a minimum of 4
- (2) Achieving an underlying annual surplus of a minimum of £1m or 1% (whichever is the greater)

The table below indicates the forecasted surpluses and estimated risk ratings based for the next 5 years - 2014/15 2018/19

£m	2014/15	2015/16	2016/17	2017/18	2018/19
Forecast EBITDA	6.3	10.5	11.2	59.4	6.6
Forecast I&E Surplus	2.7	6.8	7.2	57.4	2.5
Forecast Cash Balance at Year End	62.4	64.5	46.4	18.1	18.1
Continuity of Services Rating (COSR)	4	4	4	4	3

The Trust is forecasting the underlying revenue surpluses outlined in the above table. The Trust expects to maintain a Monitor Continuity of Services rating of 3 over the five year period.