

Agenda Item	P1/190/17	Date: 6th September 2017																					
Subject /title	Medical Directors Report																						
Author	Peter Kirkbride, Medical Director																						
Responsible Director	Peter Kirkbride, Medical Director																						
Executive summary and key issues for discussion																							
The report provides updates to the Board on Medical Revalidation, changes to Medical Leadership, and the ongoing issues with the Medical Workforce																							
Strategic context and background papers (if relevant)																							
Recommended Resolution																							
For the board to note contents of report																							
Risk and assurance																							
Resource Implications																							
N/a																							
Key communication points (internal and external)																							
Freedom of Information Status																							
<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>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 	<p>Please tick the appropriate box below:</p> <table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td>A. This document is for full publication</td> </tr> <tr> <td><input type="checkbox"/></td> <td>B. This document includes FOI exempt information</td> </tr> <tr> <td><input type="checkbox"/></td> <td>C. This whole document is exempt under FOI</td> </tr> </table> <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>		<input checked="" type="checkbox"/>	A. This document is for full publication	<input type="checkbox"/>	B. This document includes FOI exempt information	<input type="checkbox"/>	C. This whole document is exempt under FOI															
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Equality & Diversity impact assessment																							
<table border="1"> <thead> <tr> <th>Are there concerns that the policy/service could have an adverse impact because of:</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Age</td> <td></td> <td>x</td> </tr> <tr> <td>Disability</td> <td></td> <td>x</td> </tr> <tr> <td>Gender</td> <td></td> <td>x</td> </tr> <tr> <td>Ethnicity</td> <td></td> <td>x</td> </tr> <tr> <td>Sexual Orientation</td> <td></td> <td>x</td> </tr> <tr> <td>Religion / Belief</td> <td></td> <td>x</td> </tr> </tbody> </table>			Are there concerns that the policy/service could have an adverse impact because of:	Yes	No	Age		x	Disability		x	Gender		x	Ethnicity		x	Sexual Orientation		x	Religion / Belief		x
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Religion / Belief		x																					
If YES to one or more of the above please add further detail and identify if full impact assessment is required.																							
Next steps																							

None
Appendices
<i>Appendix A</i> GMC Handbook for Boards and Governing Bodies

Strategic Objectives supported by this report

Investment in Liverpool		Maintaining organisational and financial sustainability	x
Continuous improvement and innovation in Chemotherapy services		Continuous improvement and innovation in Radiotherapy and Imaging services	x
Maintaining the Trust's position as the lead provider of non surgical oncology services for Merseyside and Cheshire	x	Development of Research capacity, capability and performance	
Improving Quality		Enabling strategies	

Link to the NHS Constitution

Patients		Staff	
Access to health care		<i>Working environment</i> Flexible opportunities, healthy and safe working conditions, staff support	
Nationally approved treatments, drugs and programmes		Fair pay and contracts, clear roles and responsibilities	
Respect, consent and confidentiality		<i>Being heard:</i> Involved and represented	
Informed choice		Able to raise grievances Able to make suggestions	
Involvement in your healthcare and in the NHS		Personal and professional development	
Complaint and redress	x	Treated fairly and equally	

TITLE: MEDICAL DIRECTOR REPORT
AUTHOR: DR PETER KIRKBRIDE, MEDICAL DIRECTOR
FOR: INFORMATION /DISCUSSION

1) Revalidation

In the last 3 months there has only been one recommendation for revalidation submitted to the GMC. There were no requests from deferrals.

The Annual Organisational Revalidation Audit has been undertaken and, as per NHS England regulations, an annual report must be submitted to the Board and is attached (appendix A): a statement of compliance (also attached as appendix B) will need to be signed off by the Chairman or Chief Executive Officer, and submitted to NHS England by September 29.

As can be seen from the report, the appraisal rate for CCC is low at 29/56, but is increasing as new appraisers have recently been appointed. Nevertheless NHS England are visiting the Trust to discuss our appraisal rates on October 25th.

2) Medical Leadership

I am stepping down as Medical Director as of October 1st. Dr Sheena Khanduri has been appointed as my successor; her starting date at CCC will be December 1st.

As of October 1st, Dr Ernie Marshall will be acting as Interim Medical Director. Accordingly, from the same date he will be stepping down as Clinical Director for Chemotherapy Services and Dr Rosie Lord will be acting up in this role. Dr Lord has been acting as Deputy CD for Chemotherapy since July 1st. In addition Dr Doug Errington has indicated that he will be stepping down as Clinical Director for Radiation Services at the end of March 2018. Professor Carl Rowbottom has been acting as Dr Errington's Deputy CD since July 1st. Both the permanent Clinical Director posts will be advertised shortly.

As part of a restructuring of the Research and Innovation department, a post of Director of Academic Research has been created, and all the clinical academics in CCC (including those in haemato-oncology) have been invited to apply. It is envisaged that, as well as providing academic leadership to the department, the appointee will also be invited to update the Board on a regular basis.

3) Medical Workforce

Further to the last MD report 3 'generic' consultant oncologist posts were re-advertised in the BMJ recently. There have been 5 applicants of which 4 have been shortlisted for interview in September

In addition, progress is being made in appointing senior/consultant-level posts in radiotherapy, nursing and pharmacy. As mentioned in the last report a 'rolling programme' for recruitment commenced in July, and there are interviews for 3 consultant radiographer posts on September 6th.

In the meantime the previously discussed short-term plans to cover services over the summer months have been in operation. In general these have functioned well, although some concerns have been raised in the eastern sector (which serves the Warrington and Halton and St Helens and Knowsley Trusts). These concerns probably more reflect issues with the proposed long term clinical model for this sector, and so the Director of Transformation and Operations and the Medical Director are presenting to the Mid-Mersey LDS Cancer Group on September 28th.