# BOARD OF DIRECTORS MEETING

| Agenda Item | P1-210-17 | Date: 1st November 2017 |
|---|---|---|
| **Subject /title** | **Chief Executive Report – November 2017** | |
| **Author** | **Andrew Cannell, Chief Executive** | |
| **Responsible Director** | **Andrew Cannell, Chief Executive** | |
| **Executive summary and key issues for discussion** | | |

This report contains a brief summary in relation to the following topics:
- Operational Issues –
- High Level Risks/Performance Issues
- Current Issues of Strategic/Operational Risk

| **Strategic context and background papers (if relevant)** |
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| **Recommended Resolution** |
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For the Board to note the content of the Chief Executive report.

| **Risk and assurance** |
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As per report.

| **Link to CQC Regulations** |
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| **Resource Implications** |
|---|
| Negligible |

| **Key communication points (internal and external)** |
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Source of material for the Team Brief

| **Freedom of Information Status** |
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| |

| 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. | Please tick the appropriate box below: |
|---|---|
| | ✔  **A. This document is for full publication** |
| | ☐  **B. This document includes FOI exempt information** |
| | ☐  **C. This whole document is exempt under FOI** |
| **Application Exemptions:**<br>• **Prejudice to effective conduct of public affairs**<br>• **Personal Information**<br>• **Info provided in confidence**<br>• **Commercial interests**<br>• **Info intended for future publication** | IMPORTANT:<br><br>If you have chosen B above, highlight the information that is to be redacted within the document, for subsequent removal.<br><br>Confirm to the Trust Secretary, which applicable exemption(s) apply to the whole document or highlighted sections. |

## Equality & Diversity impact assessment

| Are there concerns that the policy/service could have an adverse impact because of: | Yes | No |
|---|---|---|
| Age | | ✓ |
| Disability | | ✓ |
| Sex (gender) | | ✓ |
| Race | | ✓ |
| Sexual Orientation | | ✓ |
| Gender reassignment | | ✓ |
| Religion / Belief | | ✓ |
| Pregnancy and maternity | | ✓ |
| Civil Partnership and Marriage | | ✓ |

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

## Next steps

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## Appendices

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## Strategic Objectives supported by this report

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

## Link to the NHS Constitution

| Patients | | Staff | |
|---|---|---|---|
| Access to health care | ✓ | *Working environment* Flexible opportunities, healthy and safe working conditions, staff support | ✓ |
| Quality of care and environment | ✓ | *Being heard:* <br> • Involved and represented | |
| Nationally approved treatments, drugs and programmes | | • Able to raise grievances | |
| | | • Able to make suggestions | |
| Respect, consent and confidentiality | | • Able to raise concerns and complaints | |
| 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 | |

# THE CLATTERBRIDGE CANCER CENTRE
# TRUST BOARD

**TITLE:** **CHIEF EXECUTIVE REPORT – NOVEMBER 2017**

**AUTHOR:** **ANDREW CANNELL, CHIEF EXECUTIVE**

**FOR:** **DISCUSSION / INFORMATION**

# 1 STRATEGIC UPDATES

### 1.1 Modernising Radiotherapy Services in England – Public Consultation

The national cancer strategy recognised the importance of radiotherapy for cancer services and proposed two significant initiatives:

(i) investment of c £130m in modernising outdated treatment machines and treatment planning systems, and;

(ii) bringing centres together in the form of radiotherapy networks to improve quality and ensure sustainability in light of workforce challenges, increasing treatment complexity and specialisation

NHS England has now commenced a public consultation on the second of these initiatives. The rationale for the proposed changes is described in the consultation document, which can be found at

www.engage.england.nhs.uk/consultation/radiotherapy-service-specification-consultation/user_uploads/radiotherapy-public-consultation-guide.pdf

It is proposed that each of 52 radiotherapy providers (nb Trusts not locations) should be allocated to one of 11 radiotherapy networks across England. Each network will be overseen by a Radiotherapy Network Board (RNB) chaired by a Cancer Alliance lead. The indicative planning population for a RNB should be between 3-6m. The primary aim of the RNB will be to ensure that radiotherapy services are considered in the context of the whole system, specifically; implementation of nationally agreed protocols, workforce, clinical trials co-ordination, roll-out of new techniques, equipment replacement plans and IT infrastructure. In addition it should oversee, with local commissioners, the enforcement of a clinical specification that for example, specifies a minimum number of cases (50 radical patients) that should be treated in a centre.

The proposed Radiotherapy Network for the North West is specified to be:

| Cancer Alliance | Radiotherapy Provider | Specialties <50 radical cases |
|---|---|---|
| Greater Manchester | Christie | - |
| Lancashire & South Cumbria | Lancashire Teaching Hospitals | Sarcoma |
| Cheshire & Merseyside | Clatterbridge Cancer Centre | - |

The consultation period runs from 18th October to 18th December 2017. The Radiation Services directorate will lead on developing a consultation response for the Trust. The Cancer Alliance will also respond. These responses will be informed following dialogue with partners.

It is suggested that the Strategy Development Session on the 6th December will provide a timely opportunity for the Trust Board to reflect on the issues.


**1.2    Cheshire and Merseyside STP**
**(a.k.a NHS Cheshire & Merseyside also the Cheshire & Merseyside Health and Care Partnership)**

The Board was briefed at the development session on the 4th October regarding the outline of a refresh of the C&M STP architecture that is being proposed by the Executive Chair Andrew Gibson.

An update of the proposed structure of the programme structure and decision making hierarchy has recently been issued. This is attached at Appendix 1 for information.

The revised approach will be discussed at the inaugural meeting of the Cheshire & Merseyside Health and Care Partnership on the 15th November. The meeting is intended to endorse the approach seen as necessary to accelerate delivery of change to close the 3 gaps: measurably improving Health and Wellbeing, Quality of Care and Sustainability.

The objectives of the session will be:

- Mobilising the refreshed programme and implementation of all changes within scope
- Taking accountability for actions required and behaviours expected to support collaboration
- Endorsing the governance arrangements agreed with the Executive Chair through consultations (Jul-Oct 17)

**Aggregate C&M STP Financial Position**

The composite financial position for  C&M STP continues to reflect the previously discussed economy-wide financial pressure. In summary:

| | Year to Date (Month 6) | | | Forecast Outturn | | |
|---|---|---|---|---|---|---|
| | Surplus/ (deficit) Plan £m | Surplus/ (deficit) Actual £m | Surplus/ (deficit) Variance £m | Surplus/ (deficit) Plan £m | Surplus/ (deficit) Actual £m | Surplus/ (deficit) Variance £m |
| CCGs | (11.9) | (26.9) | (15.1) | (22.6) | (22.6) | 0 |
| Providers | (41.9) | (65.6) | (23.7) | (30.3) | (42.4) | (12.1) |
| **Totals** | **(53.8)** | **(92.6)** | **(38.8)** | **(52.9)** | **(65.1)** | **(12.1)** |

This clearly illustrates that a composite improvement in the overall STP financial position of c £27m is required in the second half of the financial year to deliver reduced forecast outturn deficit of £65.1m. Of the 20 C&M providers only seven are in a surplus position at month 6 (three of which are specialist trusts) although 13 are performing better than their plan.

**1.3    Cheshire & Merseyside Cancer Alliance**

The Cheshire & Merseyside Cancer Alliance has been confirmed as the vehicle for addressing the "at scale delivery" cancer workstream of the C&M Health & Care Partnership programme (see Appendix 2).

In light of the proposed new architecture the Cancer Alliance Board will need to reflect at its next meeting on the composition of the Board e.g. care has been taken to secure input from the 3 LDS's in Cheshire & Merseyside. The status of the LDS layer in the STP seems likely diminish over time with the greater focus being on "place".

**1.4    Liverpool Integrated Care Partnership Group**

The Mayor of Liverpool has proposed the establishment of the Liverpool Integrated Care Partnership Group (LICPG) to promote the development of Integrated Care in Liverpool.

It will focus on; out of hospital care provision, hospital care provision and the integration of commissioning between Liverpool City Council and Liverpool CCG.

CCC, along with other tertiary specialist Trusts in Liverpool will not be members of the LICPG, but rather input as relevant to the programme that is developed.

The LICPG is an example of the type of arrangements that will be established to deliver on the 'place based' approach being promoted across Cheshire & Merseyside.

**1.5    Changes to the Senior Leadership at Liverpool CCG**

Mrs Jan Ledward has been appointed as the Interim Chief Officer for the Liverpool CCG. Jan is seconded from her role as Chief Officer for NHS Chorley and South Ribble and NHS Greater Preston CCGs.

Mark Bakewell has taken the role of Acting Director of Finance.

**1.6   Trust Board/Council of Governors Strategy Development Workshop 24/10/17**

The Trust Board, Council of Governors (CoG), and senior clinical and managerial staff met on Tuesday 24th October for a workshop titled, "*Supporting the Development of the Long-term Strategy for CCC: 2018-27."* Interaction and engagement between the Board of Directors and the Council of Governors to shape and inform the strategic aims of the organisation is one means of addressing important requirements of the CCC's foundation trust licensing conditions (A.1.F and B.5.7). Engagement with the CoG and (in particular) its Strategy Committee will continue as the Trust develops its Strategy.

The workshop was framed according to the outline shared with Trust Board in September and the outputs of the Board Development Day on 4th October, overall providing continuity with the earlier framing work undertaken by external consultancy resource. Following presentations from the clinical directorates, research teams and I, the workshop sessions focussed on the execution of the national cancer strategy and CCC's role, followed by an assessment of the unique selling points and organisational assets which could be developed, alongside an appraisal of potential threats.

The workshop supported the description approved by the Trust Board of the business conditions and major "must do's" which inform the operating context for medium to long-term strategy development. Linked to the existing vision of *providing the best cancer care to the people we serve*, the must do's focussed on continuing to improve quality (e.g. maintaining the CQC outstanding accreditation); delivering continued financial sustainability; satisfying commissioner requirement and expectation; and being responsive to the needs of our patients and broader organisational partners across the health economy.

Colleagues also appreciated the necessary longitudinal focus, given the substantial challenges faced by the organisation in the short-term (2018-21) phase of delivering major ambitions such as; CCC Liverpool, GDE, the Future Clinical Model, and Haemato-Oncology expansion. It was also agreed that delivering against these requirements and conditions created the necessary operating space within which more detailed strategic options could be evaluated in terms of enhancing the trust's clinical services and research portfolios, supported by CCC's corporate services, subsidiary companies and private patient joint venture.

During a high-level prioritisation exercise of potential themes for development within the strategy, the workshop encouraged the Board to reflect on the opportunities provided by the Earlier Diagnosis, High Quality Modern Services, and Cancer Alliance sections of the national cancer strategy in three main ways.

- First, the need to ensure that CCC's uses its available influence and expertise to focus on partnership working with primary care agencies to improve inward referral pathways for patients with suspected cancers.

- Second, to expand on some of the work developed via the Clinical Workforce Strategy in terms of enabling innovative service models through enhanced multi-professional team working and new clinical roles

- Third, to ensure that the trust develops a close understanding of patient outcomes data, so that our interventions can be effectively targeted and evaluated.

The workhop also reflected on the potential operating partnerships available to CCC, in particular those created by the hosting arrangement of the Cancer Alliance and the cancer cross-cutting theme of the Cheshire & Merseyside STP. The idea that the Board should consider the Cancer Alliance as a potential delivery vehicle for its strategy and opportunity to expand its focus via a system leadership approach featured prominently in the prioritisation session.

Finally, preliminary evaluation of the event was positive, with the session reaching agreement that the reflections of the workshop would be developed via the Board Development Day in December as the process moves to the second and third stages (forecasting and options generation) of the strategy development cycle.

## 1.7   Eastern Sector Hub Update

The establishment of a "sector hub" in the eastern part of the Trust's network is an important part of establishing the new clinical model. Discussions are continuing with commissioners and providers in that geography with the aim ultimately of determining the most appropriate location for the hub and the nature of services in the patch it would service.  The Trusts and Commissioners in the Eastern sector have accepted the rationale for the proposed clinical model and that a decision on its location should be made on objective grounds.

Whilst the principle of a hub is accepted there is no self-evident consensus on the best solution.  In order to take this forward , at the request of the Alliance LDS, CCC has prepared a specification against which available options can be assessed.  Further work will take place at a clinical summit on the 29th November.

Clearly any substantative and permanent changes to the configuration of oncology services will be subject to an effective engagement and consultation process and the way forward will need to be aligned with any emerging proposals for the reconfiguration of other service lines being considered under the auspices of the Acute Sustainability programme of the C&M Health & Care Partnership.

## 1.8   Liverpool Health Partners

Following a fundamantal review of the role and future purpose of Liverpool Health Partners (LHP) undertaken  by KPMG,  a workshop was held on 20th October  to explore and  discuss the findings.   Essentially the aim of the workshop was for partners to debate and collectively agree:

    (a) LHP's role;
    (b) LHP's function and what it will (and will not ) deliver;

(c) LHP's top  three clinical priories (aligning research strengths and population health needs);

(d) Perspectives on governance structures.

Whilst there was collective agreement on the need for the continuation of LHP further work is  needed  to finalise its function,  underpinning governance structure and top three clinical priories in  preparation for a futher meeting of the partners in December.

It is likely that Cancer  will be one of the three priorities.

## 2.    OPERATIONAL UPDATES

### 2.1    Patient Safety Walkabouts

Patient Safety Leadership Walkrounds enable senior leaders to demonstrate their organisations commitment to building a culture of safety.  They provide a method for senior leaders to talk with front line staff about safety issues and show their support for staff reported errors.

Although based on quality improvement methodology (IHI, Patient Safety First) the previous walkrounds were, by nature, unstructured.  The output of the rounds was a list of items that had been 'managed upwards' to executive directors to address rather than being owned by the relevant department.  Only items that departments were unable to resolve should have been escalated.  There was also increasing staff dis-engagement with the process with few staff attending the rounds.  As rounds are held during the clinical working day it is important that staff see value in giving up their time to attend. The rounds have been suspended following a review to ensure that they are fit for purpose in contributing to improving patient safety.

Patient Safety Leadership rounds will re-commence in November.  They will remain principally structured around the Institute of Healthcare Improvements guidance but with the focus of the discussions being around Human Factors.  This aims to give a structure to the discussions and will form part of the aims within the Quality Strategy to develop a Human Factors approach to patient safety.  This aligns to a new Human Factors training programme commencing in October for 35 staff.

Human Factors are simply anything that affects a person's performance.

Some of the common Human Factors that can increase risk include:
- mental workload
- distractions
- the physical environment
- physical demands
- device/product design
- teamwork
- process design.

The method of feedback to the departments has also been revised to improve staff engagement.

Dates for the forthcoming rounds will be set shortly in conjunction with the departments and dates will be circulated to NEDs and Governors to invite attendance.

## 2.2 Staffing Update

### General Manager Chemotherapy Directorate

Following the appointment of Joan Spencer to the Operations role, I am pleased to report that Fran Yip has been appointed to the role of General Manager on an acting basis.

### Consultant Appointments

Following interviews I am pleased to report the appointment of two Medical Oncologists; Dr Danielle Shaw (recently qualified at CCC and currently providing cover in Warrington) and Dr Shien Chow (currently working at the Christie).

### Impending Recruitment

The recruitment processes to a number of senior posts will be concluded shortly; Director of Nursing & Quality, Director of Academic Research and the Clinical Director for Chemotherapy.

## 2.3 Amendment to the Document Management Policy

Following the governance review changes are required to the current system of document control and document approval.

ICSA identifies that no matter how effective a board of directors may be it is not possible for it to have hands-on involvement in every area of the business. An effective board controls the business but delegates day to day responsibility to the executive team. That said there are a number of matters which are required to be or, in the interests of the Trust, should only be decided by the Board of Directors as a whole.

The Corporate Governance Manual outlines those matters reserved for the Board.

The proposal is to amend the Document Control Policy to reflect this position.

**Document Management Policy:**

| Current | Proposed new |
|---|---|
| **Corporate level documents:**<br>Approved by Trust Board<br>Signed by CEO. | **Amend to:**<br>**'Items reserved for the Board contained within the Corporate Governance Manual'**<br>**Regulatory policies that are required to be approved by the Board.**<br><br>Approved by Trust Board<br>Signed by CEO. |
| **Other Trust Wide documents:**<br>Approved by relevant Board committee<br>Signed by relevant executive director | **Other Trust Wide documents:**<br>Approved and signed by relevant Executive Director |
| **Departmental Documents:**<br>Relevant executive director | **Departmental Documents*:**<br>Approved and signed by relevant Clinical Director |
| **Clinical Protocols:**<br>Approved by relevant Board committee<br>Signed by medical director | **Clinical Protocols*:**<br>Approved and signed by relevant SRG chair |

Where there is one, all documents will be reviewed by the relevant expert advisory committee e.g. Health and Safety, Infection Control, Strategic Partnership Forum.

* Denotes authority to approve where there is no financial or reputations risk associated with the approved document. If there are risks e.g. a protocol which deviates from national guidance then executive level approval is required. This would be the Director of Operations and Transformation.

The Trust Board is requested to approve this amendment to the Document Control Policy.

## 2.4 Meeting Schedule for Trust Board Members to March 2019

A comprehensive list of meetings dates until March 2019 is provided for information, see appendix 3.

## 2.5 Annual Charity Ball

The Trust held its 8th Annual Charity Ball at the Hillbark on Friday 13th October . This was a very enjoyable and most successful Ball to date with £105k net (£122k gross) raised towards the Charity Appeal.

3. **HIGH LEVEL RISKS/PEFORMANCE  ISSUES**

The revised Trust Board Integrated Performance Report (IPR) is to be discussed later on the meeting agenda.

The Board will note that a number of KPIs are 'Red' in September 2017.  The detail is contained in the IPR

**'Core' KPIs that are red:**

- 62 Day Waiting times - classics (pre and post allocation)
- Clostridium Difficile
- Percentage of patients with no new harms
- Complaints
- Patients not meeting Clinical Utilisation Review criteria
- Staff sickness
- Staff turnover
- PADR

**'Alert' KPIs that are red**

- Radiotherapy Activity (% growth YTD)
- Inpatient Activity (% growth YTD)

For each of the above the nature of the issue. the steps being taken to resolve it and the governance/assurance routes are described

The Board is invited to discuss, both the substance of the issues, the effectiveness of the presentation of the information and its confidence that the appropriate governance/assurance and management control/accountability arrangements are in place.
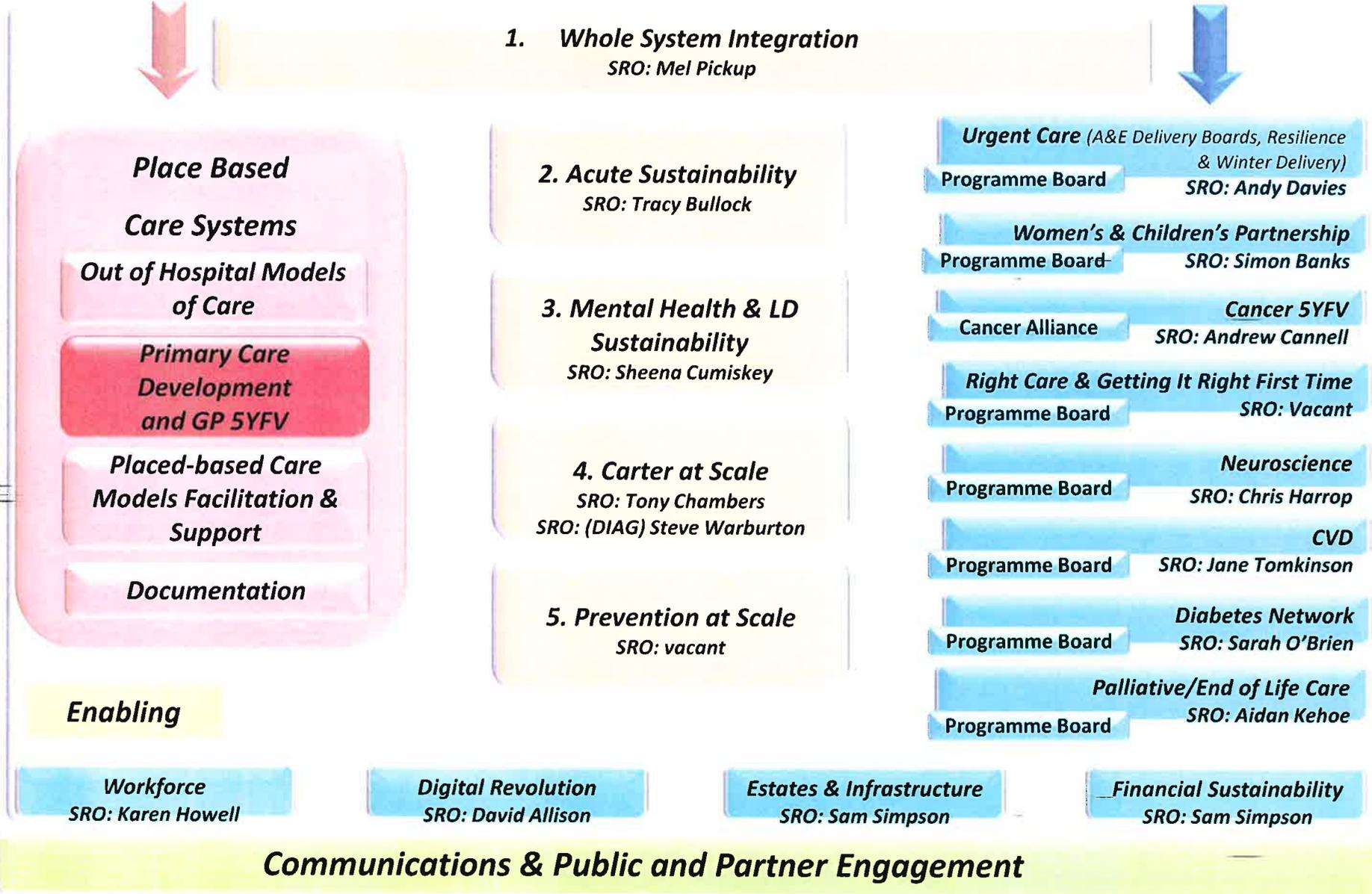
# C&M Health and Care Partnership

## Placed Based Care
### Implementation Director

## Strategic Programmes

## At Scale Delivery
### Implementation Director

**1. Whole System Integration**
SRO: Mel Pickup

### Place Based

### Care Systems

**Out of Hospital Models of Care**

**Primary Care Development and GP 5YFV**

**Placed-based Care Models Facilitation & Support**

**Documentation**

**Enabling**

**2. Acute Sustainability**
SRO: Tracy Bullock

**3. Mental Health & LD Sustainability**
SRO: Sheena Cumiskey

**4. Carter at Scale**
SRO: Tony Chambers
SRO: (DIAG) Steve Warburton

**5. Prevention at Scale**
SRO: vacant

**Urgent Care** (A&E Delivery Boards, Resilience & Winter Delivery)
Programme Board — SRO: Andy Davies

**Women's & Children's Partnership**
Programme Board — SRO: Simon Banks

**Cancer 5YFV**
Cancer Alliance — SRO: Andrew Cannell

**Right Care & Getting It Right First Time**
Programme Board — SRO: Vacant

**Neuroscience**
Programme Board — SRO: Chris Harrop

**CVD**
Programme Board — SRO: Jane Tomkinson

**Diabetes Network**
Programme Board — SRO: Sarah O'Brien

**Palliative/End of Life Care**
Programme Board — SRO: Aidan Kehoe

**Workforce**
SRO: Karen Howell

**Digital Revolution**
SRO: David Allison

**Estates & Infrastructure**
SRO: Sam Simpson

**Financial Sustainability**
SRO: Sam Simpson

## Communications & Public and Partner Engagement

# C&M Health and Care Partnership

**C&M Partnership**

**Programme Review Group**

The representatives to the System Management Board act as conduits to their respective chief executive colleagues

**System Management Board**

**Executive Team**

The C&M Partnership portfolio decision making processes will respect the policy and guidance for the reconfiguration of health services provided by the regulatory and departmental frameworks; thus, designs may take one of several possible routes for consideration and consultation. **See Annexes A and B.**

**The C&M Executive Team will meet every two weeks.** Members comprise the 'top team'. Remit:

- Leadership

- Sponsor of whole system integration

- Delivery and PMO assurance function

- Communication & Engagement

**The System Management Board will meet monthly.** Members comprise 3x commissioners, 3x providers (incl. 1x GP provider), 3x LA with Exec Team. Remit:

- Direct use of resources

- Set up and monitor programmes

- Manage interdependencies

- Generate recommendations

- SROs report in rotation

**The Programme Review Group will meet every 3 mths.** Members comprise all SROs , Placed Based Care Leads with Exec Team. Remit:

- Ensure delivery to plan

- Resolve boundary & interdependency challenges

- Unblock other issues

- Manage risks

- Direct Communications

- Receive assurance of benefit

**The C&M Health and Care Partnership will meet every 6 mths.** Members comprise all NHS Chairs and CE/AOs, Local Govt and GP Providers with Exec Team. Remit:

- Endorse changes to scope

- Agree and monitor the annual plan

- Agree annual allocations

- Receive assurance of progress

- Decide upon recommendations received

**Clinical Advice, Design and Scrutiny**

Clinical input will be embedded at the level of each clinical programme and verified through the PMO assurance function. The clinical programmes will also be guided and supported by the C&M Partnership Clinical Advisory Group.

**Schedule of Meetings October 2017 - March 2019**
Trust Board, Committees, Sub-Committees, PharmaC, PropCare

| | | | | | | |
|---|---|---|---|---|---|---|
| **NOVEMBER** | JKD | (Wed)01/11/2017 | Trust Board (1.00pm) | | | |
| | JKD | (Mon) 13/11/2017 | Operations Delivery (9.30 am) | | | |
| | R&I 2 | (Wed) 15/11/2017 | Quality & Safety (12.30 pm) | | | |
| | R&I 1 | (Wed) 22/11/2017 | PropCare Board (10.00 am) | | | |

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|---|---|---|---|---|---|---|
| **DECEMBER** | R&I 3 | (Mon) 04/12/2017 | Strategy Committee (5.30 pm) | | | |
| | JKD | (Wed) 06/12/2017 | Board Development / Ad hoc items (9.15 am) | | | |
| | R&I 2 | (Mon) 11/12/2017 | Operations Delivery (2.30 pm) | | | |
| | JKD | (Tue) 12/12/2017 | Quality & Safety (3.00 pm) | | | |

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| **JANUARY** | R&I 3 | (Thur) 11/01/2018 | Membership & Communications Committee (5.30 pm) | | | |
| | R&I 3 | (Mon) 15/01/2018 | Operations Delivery (1.30 pm) | | | |
| | R&I 3 | (Tue) 16/01/2018 | Finance Committee (10.00 am) | Workforce | Patient Experience Committee (5.30 pm) | |
| | R&I2 | (Wed) 17/01/2018 | Quality & Safety (9.30 am) | Governance & Compliance (11.00 am) - AC Office | Infrastructure (1.00 pm) | |
| | JKD | (Mon) 22/01/2018 | PharmaC Board (2.00 pm) | | | |
| | JKD | (Wed) 24/01/2018 | Quality Committee (9.30 am) | | | |
| | R&I 1 | (Thur) 25/01/2018 | PropCare Board (10.00 am) | | | |
| | R&I 2&3 | (Mon) 29/01/2018 | Council of Governors (5.30 pm) | | | |
| | JKD | (Wed) 31/01/2018 | Audit Pre-Meet - Internal Audit (9.15-9.30am) | Audit Committee (9.30-11.30am) | Finance & Business Development (12.30pm) | Charitable Funds Committee (3.00 pm) |

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| **FEBRUARY** | JKD | (Wed) 07/02/2018 | Trust Board (1.00pm) | | | |
| | R&I 3 | (Mon) 12/02/2018 | Operations Delivery (1.30 pm) | | | |
| | | TBA | Strategic Partnership Forum | | | |
| | R&I 2 | (Wed) 14/02/2018 | Quality & Safety (9.30 am) | | | |

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|---|---|---|---|---|---|---|
| **MARCH** | R&I 2/3 | (Fri) 09/03/2018 | Board Development / Ad hoc items (9.00 am) | | | |
| | R&I 3 | (Mon) 12/03/2018 | Operations Delivery (1.30 pm) | | | |
| | Exec Office | (Tue) 13/03/2018 | Governance & Compliance (11.00 am) | | | |
| | R&I 2 | (Wed) 14/03/2018 | Quality & Safety (9.30 am) | Governors' Discussion Meeting (5.30 pm) | | |
| | R&I 3 | (Thur) 15/03/2018 | Membership & Communications Committee (5.30 pm) | | | |
| | R&I 3 | (Tue) 20/03/2018 | Patient Experience Committee (5.30 pm) | | | |
| | R&I 1 | (Thur) 22/03/2018 | PropCare Board (10.00 am) | | | |
| | R&I 2&3 | (Mon) 26/03/2018 | Council of Governors (5.30 pm) | | | |

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| **APRIL** | R&I 3 | (Mon) 09/04/2018 | Operations Delivery (1.30 pm) | | | |
| | R&I 2 R&I 3 | (Tue) 10/04/2018 | Finance Committee (10.00 am) | Workforce (11.00 am) | | |
| | R&I 2 | (Wed) 11/04/2018 | Quality & Safety (9.30 am) | Infrastructure (11.00am start) | | |
| | JKD | (Mon) 16/04/2018 | Audit Pre-Meet - External Audit (9.15-9.30am) | Audit Committee (9.30-11.30am) | PharmaC Board (2.00 pm) | |
| | | TBA | Strategic Partnership Forum | | | |
| | R&I 3 JKD | (Tue) 17/04/2018 | Quality Committee (9.30 am) | Finance & Business Development (12.30pm) | | |
| | JKD | (Wed) 18/04/2018 | Charitable Funds Committee (11.30am) | | | |
| | JKD | (Wed) 25/04/2018 | Trust Board (1.00pm start) | | | |

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| **MAY** | Exec Office R&I 3 | (Mon) 14/05/2018 | Governance & Compliance (11.00 am) | Operations Delivery (1.30 p.m.) | | |
| | R&I 2 | (Wed) 16/05/2018 | Quality & Safety (9.30 am) | | | |
| | JKD | (Fri) 18/05/2018 | Audit Pre-Meet - Internal Audit (8.45-9.00am) | Audit Committee (9.00-10.30am) | | |
| | JKD | (Wed) 23/05/2018 | Trust Board (1.00pm) | | | |
| | R&I 1 | (Thur) 24/05/2018 | PropCare Board (10.00 am) | | | |

| Month | Ref | Date | Meeting | Meeting | Meeting |
|---|---|---|---|---|---|
| **JUNE** | R&I 3 | (Mon) 11/06/2018 | Operations Delivery (1.30 pm) | | |
| | R&I 2 | (Wed) 13/06/2018 | Quality & Safety (9.30 am) | | |
| | R&I 3 | (Thur) 14/06/2018 | Membership & Communications Committee (5.30 pm) | | |
| | | TBA | Strategic Partnership Forum | | |
| | R&I 3 | (Tue) 19/06/2018 | Patient Experience Committee (5.30 pm) | | |
| | R&I 2/3 | (Fri) 22/06/2018 | Board Development / Ad hoc items (9.00 am) | | |
| **JULY** | R&I 3 | (Mon) 09/07/2018 | Operations Delivery (1.30 pm) | Council of Governors (5.30 pm) | |
| | R&I 2 R&I 3 | (Tue) 10/07/2018 | Finance Committee (10.00 am) | Workforce (11.00 am) | |
| | R&I 2 | (Wed) 11/07/2018 | Quality & Safety (9.30 am) | Infrastructure (11.00am start) | |
| | JKD | (Mon) 16/07/2018 | Audit Pre-Meet - External Audit (9.15-9.30am) | Audit Committee (9.30-11.30am) | PharmaC Board (2.00 pm) |
| | R&I 3 JKD | (Tue) 17/07/2018 | Quality Committee (9.30 am) | Finance & Business Development (12.30pm) | |
| | JKD | (Wed) 18/07/2018 | Charitable Funds Committee (11.30 am) | | |
| | JKD | (Wed) 25/07/2018 | Trust Board (1.00pm) | | |
| | R&I 1 | (Thur) 26/07/2018 | PropCare Board (10.00 am) | | |
| **AUGUST** | | TBA | Strategic Partnership Forum | | |
| **SEPTEMBER** | R&I 3 | (Mon) 10/09/2018 | Operations Delivery (1.30 pm) | | |
| | R&I 2 | (Wed) 12/09/2018 | Quality & Safety (9.30 am) | | |
| | R&I 2/3 | (Fri) 21/09/2018 | Board Development / Ad hoc items (9.00 am) | | |
| | R&I 2 /3 | (Thu) 27/09/2018 | Annual Members Meeting (start time/venue to be confirmed) | | |
| **OCTOBER** | R&I 1 | (Thur) 04/10/2018 | PropCare Board (10.00 am) | | |
| | R&I 1/2/3 | (Fri) 05/10/2018 | Council & Board Away Day (9.00 am) | | |
| | RI& 3 | (Thur) 11/10/2018 | Membership & Communications Committee (5.30 pm) | | |
| | | TBA | Strategic Partnership Forum | | |
| | R&I 3 | (Mon) 15/10/2018 | Operations Delivery (1.30 pm) | | |
| | R&I 2 R&I 3 | (Tue) 16/10/2018 | Finance Committee (10.00 am) | Workforce (11.00 am) | Patient Experience Committee (5.30 pm) |
| | R&I 2 | (Wed) 17/10/2018 | Quality & Safety (9.30 am) | Governance & Compliance (11.00 am) - AC Office | Infrastructure (1.00 pm) |
| | R&I 3 | (Thur) 18/10/2018 | Charitable Funds Committee (10.00 am) | | |
| | JKD | (Mon) 22/10/2018 | Audit Pre-Meet - Internal Audit (9.15-9.30am) | Audit Committee (9.30-11.30am) | PharmaC Board (2.00 pm) |
| | R&I 3 JKD | (Tue) 23/10/2018 | Quality Committee (9.30 am) | Finance & Business Development (12.30pm) | |
| | R&I 2&3 | (Mon) 29/10/2018 | Council of Governors | | |
| | JKD | (Wed) 31/10/2018) | Trust Board (1.00pm) | | |
| **NOVEMBER** | R&I 3 | (Mon) 12/11/2018 | Operations Delivery (1.30 pm) | | |
| | R&I 2 | (Wed) 14/11/2018 | Quality & Safety (9.30 am) | | |
| | R&I 1 | (Thur) 29/11/2018 | PropCare Board (10.00 am) | | |
| **DECEMBER** | R&I 3 | (Mon) 03/12/2018 | Strategy Committee (5.30 pm) | | |
| | R&I 2 /3 | (Fri) 07/12/2018 | Board Development / Ad hoc items (9.00 am) | Governors' Discussion Meeting (5.30 pm) | |
| | R&I 3 | (Mon) 10/12/2018 | Operations Delivery (1.30 pm) | | |
| | | TBA | Strategic Partnership Forum | | |
| | R&I 2 | (Wed) 12/12/2018 | Quality & Safety (9.30 am) | | |

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| **JANUARY** | R&I 3 | (Thur) 10/01/2019 | Membership & Communications Committee (5.30 pm) | | | |
| | R&I 3 | (Mon) 14/01/2019 | Operations Delivery (1.30 pm) | | | |
| | R&I 3 | (Tue) 15/01/2019 | Finance Committee (10.00 am) | Workforce (11.00 am) | Patient Experience Committee (5.30 pm) | |
| | R&I2 | (Wed) 18/01/2019 | Quality & Safety (9.30 am) | Governance & Compliance (11.00 am) - AC Office | Infrastructure (1.00 pm) | |
| | JKD | (Mon) 21/01/2019 | PharmaC Board (2.00 pm) | | | |
| | JKD | (Wed) 23/01/2019 | Quality Committee (9.30 am) | | | |
| | R&I 1 | (Thur) 24/01/2019 | PropCare Board (10.00 am) | | | |
| | R&I 2&3 | (Mon) 28/01/2019 | Council of Governors (5.30 pm) | | | |
| | JKD | (Wed) 30/01/2019 | Audit Pre-Meet - Internal Audit (9.15-9.30am) | Audit Committee (9.30-11.30am) | Finance & Business Development (12.30pm) | Charitable Funds Committee (3.00 pm) |

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| **FEBRUARY** | JKD | (Wed) 06/02/2019 | Trust Board (1.00pm) | |
| | R&I 3 | (Mon) 12/02/2019 | Operations Delivery (1.30 pm) | |
| | | TBA | Strategic Partnership Forum | |
| | R&I 2 | (Wed) 13/02/2019 | Quality & Safety (9.30 am) | |

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| **MARCH** | R&I 2/3 | (Fri) 08/03/2019 | Board Development / Ad hoc items (9.00 am) | |
| | R&I 3 | (Mon) 11/03/2019 | Operations Delivery (1.30 pm) | |
| | Exec Office | (Tue) 12/03/2019 | Governance & Compliance (11.00 am) | |
| | R&I 2 | (Wed) 15/03/2019 | Quality & Safety (9.30 am) | Governors' Discussion Meeting (5.30 pm) |
| | R&I 3 | (Thur) 14/03/2019 | Membership & Communications Committee (5.30 pm) | |
| | R&I 3 | (Tue) 19/03/2019 | Patient Experience Committee (5.30 pm) | |
| | R&I 1 | (Thur) 21/03/2019 | PropCare Board (10.00 am) | |
| | R&I 2&3 | (Mon) 25/03/2019 | Council of Governors (5.30 pm) | |