

BOARD OF DIRECTORS MEETING

Agenda Item	P1-111-18	Date: 31.10.18
Subject /title	Assurance Report of the Chair of Quality Committee for the period ending 23.10.18	

Executive Overview

This Chairs Report outlines the activity undertaken by the Quality Committee held on 23.10.18. The Trust Board is asked to note the content of the Chairs Report for assurance purposes from the Quality & Safety Sub-committee and the Workforce & Organisational Development Sub-Committee.

Successful Outcomes and Assurances

- CQC preparation ongoing and on track.
- This Quality committee to meet bi-monthly. Quality and Safety working well and well supported, providing assurance to senior managers and Board. Will be reviewed by the Director of Nursing and Quality.
- Preparing for Digital Transformation – on target.
- Health and Safety, and Patient Safety and Quality Governance Annual Reports – Good work.
- Reviewed progress with the PPI Engagement Strategy – on target.
- Research leadership had been strengthened with increased capacity identified for the Director of Research and also within the operational team.

Areas of Concern

- Radiotherapy – Further analysis of activity below plan and need to further understand the data (especially Breast and Prostate).
- STEIS – 3 SUI's recently 1/ Clinical correspondence. 2/ Cardiac arrest. 3/ MS Patient Pathway. Assurance that immediate action was taken to mitigate and prevent such risks was received.
- BREXIT – Preparation regarding medicines supply.
- OD Strategy and Workforce Strategies to Trust Board – approved subject to noting the need for financial information on workforce information. Quality committee noted the need for the plans to be funded appropriately.

Strategic Objective

During the period the Committee received and rated assurance against achievement of the following key objectives as: -

Strategic Objective	Outcomes	*Assurance	
		Level 1,2 or 3	No → Positive
To retain & develop our recognition of outstanding quality by aiming to be one of the top 10% Trusts.	Our quality strategy refresh due March 2019 will confirm the 3-year plan to improve Quality of outcomes, care and experience for our population.	L3	Pos.
<p>Effective: Better clinical outcomes comparable to the best cancer centres in our peer group (nationally and internationally).</p> <p>Improved equitable access, that is, 63% of patients (majority of patients) will live closer to the main CCC Hospital by May 2020 and 90% of patients on a common cancer pathway will have access to chemotherapy/immunotherapy within 45 minutes and better access to radiotherapy.</p>	<p>By Dec 2019 we will develop comparison & benchmarking of Head and Neck, Gastrointestinal and Non-Small cell lung cancer with the Christie Hospital on:</p> <ul style="list-style-type: none"> • One year survival • Curative treatment intent rate <p>The cancer pathway leads for rare, intermediate and common cancers have agreed a roll-out plan optimising the use of system-wide intelligence. All clinical outcomes dashboard completion is on trajectory for completion by March 2019.</p>	L2	Pos.
	<p>The opening of the new CCC-Liverpool remains on track to open, May 2020.</p> <p>More chemo/immunotherapy patients are receiving better equitable access from April 2018 and radiotherapy from July 2018 as additional capacity has become operational. There is a trajectory for year by year improvement reported via the Operational Delivery and Services Improvement Sub-committee.</p>	L2	Pos.
<p>Caring: Improve patient experience to the top quartile of all Trusts for every category in the national :</p> <ul style="list-style-type: none"> • Inpatient survey • Outpatient survey • NHSE Cancer Patient Experience 	<p>Priorities in 2018-19 to improve the care experience after listening to patients:</p> <ul style="list-style-type: none"> • We will give our patients notice about when discharge is planned from Oct 18 • We will ensure family or home situation is considered on discharge • We will ask our patients to give views on quality of care via enhanced digital Friends & Family test 	L3	Pos.
Responsive: To enhance the patient experience and engagement to influence future strategic direction	<p>Patient experience strategy in development for completion end Sept 2018. To enhance patient experience:</p> <p>We will involve patients in shaping our transformational digital plans to empower patients to actively manage their health and care</p>	L2	Pos.

	<p>We will test and redesign our Trust always events to understand what matters to our patients</p> <p>We will pro-actively share 'You Said We Did' using feedback from complaints/Pals/FFT/ in-house surveys and external surveys.</p>		
Safe: Our safety outcome will operate in the top 10%. Currently, we are progressing to deliver all the safety bundles to the NHS Mandate standard	The assurance from the Operational Delivery & Service Improvement sub-committee (via the IPR report) is that substantial progress has been achieved and the work now is to sustain and develop further to top 10%.	L2	Pos.
To enhance patient safety culture to be best in class by 2021	A refreshed organisational development to continue to support the development of the senior leaders and a team based approach to enhance the safety and quality culture will be considered by the Board in October and funded via the 19/20 business planning round.	L2	Pos.
Clinical Research			
Embed a culture of research excellence to improve survival for our patients and invest £1.8m over three years to provide the appropriate resource.	Research strategy approved by the Trust Board, July 2018.	L2	Pos.
Work with our partners including Liverpool Health Partners, the NWC Network, AHSN and as the NHS Trust for the Liverpool Experimental Cancer Medicine Centre to increase clinical research in the region	Working in partnership with the NWC Network and AHSN to advance our system wide performance starting with better data flows and better turnaround times with key partners from October 2018.	L3	Pos.
Raise the national profile of CCC for research	Increase the number of national CCC-clinician led studies for which CCC act as Sponsor	L1& L2	Pos.

Exception/Emerging Issues Reporting

The Patient Experience & Involvement Strategy is in initial draft with agreed Trust pledges incorporated. There will now be a period of further co- production and engagement with the Patient Council, Council of Governors Patient Experience Committee and Heath Watch with aimed final draft by January 2019 and launch in Q4.

Operational Improvements: Quality & Safety Sub-Committee

During the period the Committee received and rated assurance against achievement of the following KPIs or target measures as: -

KPI/Target	Outcomes	*Assurance	
		Level 1,2 or 3	No → Positive
Quality & Safety: Operational Improvements			
NICE guidance compliance to improve to 90% by October 2018 and continue to improve by March 2019.	NICE Assurance Committee reported an improved performance of 84% and is on trajectory to deliver 90% by end of October.	L2	Pos.
To enhance patient safety & risk culture	<ul style="list-style-type: none">• The PET CT scan serious incident outcome was all 330 patient PET CT (SUV) reports were reviewed and addendums provided• 75 follow up scans were also reviewed• In one case the patient management plan altered however the patient did not come to any harm. CCC contacted patient (and their clinician and GP)• All referring clinicians have been written to with a full list of patients involved, informing them of the details of any amended reports.• Cancer leads in each Trust written to with relevant patient details• CCC commissioned 2 external reviews to look at CCC's QA processes within PET CT and a full analysis of how the incident investigation was handled. The key findings and recommendations are included in an action plan and progress is tracked and approved by the Quality & Safety sub-committee.	L2	Pos.
	Increased capacity and funding for medical leadership was agreed by the executive team in September. The right capacity for directorates will be by finalised by October and be included in the business planning round 19/20. Appropriate interim arrangements are in place approved by the Director of T&O.	L2	Pos
	Enhanced floor to Board information supported by Triple A report operated from Quarter and feedback at sub-committee is that this is better and more responsive.	L2	Pos.
	Continual improvement to risk registers	L2	Pos.

	and alignment with the corporate risk register and BAF is on track for end of October.		
Review the radiotherapy activity profile to determine the year by year reduction and advice of clinical appropriateness and action.	The Directorate presented the critical drivers for the reported reduction in the radiotherapy activity and proposed actions. An assurance on the impact on the appropriate care pathway was received. <i>(This needs to be amended based on the outcome of the report to the Q&S sub-committee)</i>	L2	Pos.
Improve and invest in the safeguarding adults and children standards.	Increased capacity for safeguarding leadership by Nov 2018 is on track. Delivery of outstanding safeguarding improvement actions by December 2018 is on track. Delivery of appropriate level Safeguarding training to 90% by March 2019 is on track. The report was received by the Safeguarding Lead.	L3	Pos.
Fully meet the CQUIN – quality standards	In Q1 2018/19 the Trust failed to achieve the Holistic Needs Assessment CQUIN and is in discussions with the Commissioners regarding compliance with 2 additional CQUINs. Robust plans are in place to improve performance during the remainder of 2018/19 and the impact is reported in the IPR to the OD&SI sub-committee	L3	Pos.
Improve nutrition for patients, visitors and staff through healthy eating strategy	Continual improvement in line with Food & drink strategy 18/19 in areas of: Nutritional care service for in-patients Provision of healthy eating opportunities for staff and visitors at all sites. Sustainability in relation to food and drink provision for patient, staff and visitors. Assurance has been provided by the Lead Dietician of the Task & Finish Group	L3	Pos.
Develop an improved patient experience via the PLACE assessments.	Privacy, dignity, and well-being is 82.9% and the plan is to exceed national average of 82.7% by March 2019 by completion of remedial estates work with improved dementia requirements and designated male and female toilet's in all departments. Assurance of progress provided by IC Matron at monthly Q&S Directorate meeting Patient-led assessment of facilities is 91% and the plan is to exceed national average of 93.8% by March 2019 by improving our handrails and toilet accommodation. <i>Initial Cost is £100,000 and the FBDC approved the works in October to be completed by Q4</i>	L2	Sig

National Guardian Office: Freedom to speak-up	F2SU confirmed on trajectory for delivery by end Q4. Board self- assessment signed off in Sept 2018, also with a F2SU vision and strategy outlining future development needs for continued approach to enhance an open culture. CEO remains an active participant in F2SU agenda.		
Clinical Research: Operational Improvements			
Increase participant recruitment to research: from 526 patients in 2018 to 1000 patients in 2020. By the end of 18/19, there will be 625 participants recruited to clinical trials.	Research Governance committee confirmed on trajectory at 30 th September. Monthly reports to IPR to assure trajectory.	L2	Pos.
High quality qualitative and observational studies will move from 11% of the portfolio in 2018 to 20% of the research portfolio in 2020. By the end of 18/19, 15% of the portfolio will be comprised of qualitative and observational studies.	Diversification of the research portfolio has been implemented and is on trajectory. Monthly reports to IPR provide assurance.	L2	Pos.
Develop a forward facing research active workforce: By 2021, 80% of CCC consultants will be research active from 50% in 2018. By the end of 18/19, 55% of consultants will be research active.	Increase the number of patients recruited into research studies, improve screening of patients as potential research participants. This is on trajectory and monthly reports to IPR provide assurance.	L2	Pos.
Increase the number of studies for which CCC act as Sponsor: By 2021, CCC will act as Sponsor for 10 clinician led studies from 5 in 2018. By the end of 18/19 there will be 7 studies for which CCC act as Sponsor.	This is on trajectory and monthly reports to IPR provide assurance.	L2	Pos.
We will develop IT infrastructure to facilitate patient screening for participation into research:	Increase patient access to research, IT infrastructure will assure equity of access to research across the region wherever the patient attends.	L2	Pos.
Better integration with partner Trusts to improve access to clinical trials. CCC will develop system leadership and assure that the cancer research agenda is embedded.	Reduction of study set-up timelines through an SLA for research with our Royal Liverpool Hospital partners and assurance of support to open studies under CCC single site contracts at St.Helen's & Knowsley Hospital. CCC as a member of the Liverpool Health Partners, is working on system change in setting up a Joint Research Service to streamline research and partnership across the region for research studies. Added outcomes are increased visibility and delivery to industry and setting the region nationally as a centre for research innovation and delivery.		

Exception/Emerging Issues

- The Trust is struggling to deliver against its contracted CQUIN targets trajectory and there is lack of assurance that these will be delivered by Q4, with the exception of flu vaccination targets. An Oversight committee will be established to effectively identify and manage issues of delivery.
- There is a current potential risk in management of infection control across sites due to temporary staffing issues within the team and lack of expertise. There is no issue with compliance with regulatory standards or patient safety and new staff have been recruited and will be in place by January 2019. Discussions are underway to establish additional support from WUTH in the interim.
- Liverpool Clinical Laboratories Histopathology Accreditation Status- all medical diagnostic laboratories in the UK have been in the process of transitioning from CPA accreditation to UKAS ISO 15189 standards and from the 30th September 2018, CPA does not exist as an accreditation body. The LCL histopathology laboratory has not as yet transitioned and is currently awaiting assessment. It is hoped that this will take place later this year, but as of October 1st, do not have UKAS accreditation pending this assessment. The laboratory continues to work to high standards and performs well against User agreed turnaround time targets in processing and reporting of specimens underpinned by a well-established quality management system.
- Sepsis –the sepsis campaign, introduction of NEWS2 in Dec 18 and implications for managing the deteriorating patient, to include medical review at night, requires a more structured plan for delivery. This has been escalated to the Ops Senior Team for review.
- Progress against the food and drink strategy is limited. A Task & Finish group is in place and lead by the Lead Dietician with a Trust supported internship to deliver within 12 months

Strategic Objectives: Workforce, Organisational Development & Engagement

During the period the Committee received and rated assurance against achievement of the following key objectives as: -

Objective	Outcome	*Assurance	
		Level 1,2 or 3	No → Positive
Staff engagement is best in class	Staff engagement score in 2018 is 3.96 Staff engagement will increase to >4 in 2019 and >4.5 in 2020 by the delivery of the staff survey implementation plan – progress by the directorates is reported to the directorate meetings and this sub-committee.	L2	Sig.
Staff agreeing that our values and behaviours are embedded within the culture of the CCC (staff survey local)	Staff Survey results will improve from 73% in 2018 to 77% in 2019 and >80% in 2020 Values and behaviours become embedded within everything we do values based recruitment in place by April 2019 and Values based e- appraisal by June 2019 with progress reported to the Workforce & OD Committee	L2	Mod
Staff contribution to Quality Improvement (NHS staff survey KF7)	Draft refresh of the Trusts OD strategy, 2018-2022 by October 2018 is on track	L2	Mod

	<p>following substantial engagement.</p> <p>Implementation of a Trust wide standard methodology to quality improvement by 2019 by a leading edge organisation with the right capacity to be funded via the business planning round 19/20. Resulting in 100% of staff trained in standardised QI methodology.</p> <p>These actions are expected to improve the staff survey score of 75% in 2018 increasing to 80% in 2019 and >85% by 2020</p>		
We will have the right workforce in place with the right skills at the right time to support the opening of CCC Liverpool.	Development of the Trust Workforce Strategy – October 2018 including the outcomes of the refresh of the workforce numbers to be included in the re-freshed Board Plan 2018-2021 by December 2018 ready for the planning round 19/20.	L2	Mod
Through the Clinical Education Strategy we will provide excellent and innovative education to provide outstanding patient safety, outcomes and experience.	<p>Development of a Trust Clinical Education Strategy by 2019.</p> <p>95% of staff will receive an appraisal which will include the identification of education needs in 2019.</p> <p>95% of staff attended internal training and education will rate it as good or excellent by 2020.</p>	L2	Mod
Increase national and international brand engagement through delivery of an exceptional communications strategy	<p>Refresh of the strategic communications strategy is under development and is planned to be ready through co-production with the staff and stakeholders by January 2019.</p> <p>A stakeholder perception survey commenced July and feedback is expected mid-October and will be formally considered at a Board development session arranged for 7th December. This will provide a baseline and a strategic trajectory will be determined.</p>	<p>L2</p> <p>L3</p>	<p>Pos</p> <p>Pos</p>

Exception/Emerging Issues

There are no emerging or escalation of risks during this period.

Operational Improvements: Workforce & OD and Engagement

During the period the Committee received and rated assurance against achievement of the following KPIs as: -

KPI/Target	Outcomes	*Assurance	
		Level 1,2 or 3	No → Positive
Improved workload balance by investing in 50 new posts in 2018-19 providing delivery of care closer to home.	<p>25 posts in place within Chemotherapy by September 2018</p> <p>National staff survey results will improve from 41% of staff agreeing they are able to meet the conflicting demands at work to 45% in 2019 and >50% by 2020</p> <p>Numbers of staff indicating they have not felt unwell as a result of work related stress to increase from 61.74% in 2018 to 67% in 2019 and >70% by 2020.</p>	L1	lim
Improving time to hire and reducing turnover to less than 12%	Time to hire will improve from 61 days in 2018 to 52 days in 2019 and <45 days by 2020 Through the delivery of the Workforce Strategy and specific improvements in recruitment and appointment processes and improved use of technology, commencing December 2018.	2	Lim
Launching an attractive staff benefits and well-being programme	<p>Staff benefits programme full roll out by Q4 2018-19</p> <p>Local staff survey conducted confirming 70% of staff feel the benefits package is of value to them in 2019 increasing to >80% by 2020.</p> <p>Refreshed Health and Well-being plan developed by Jan 2019</p>	L1	Mod
Statutory and mandatory training is at 90% or better	<p>Mandatory training compliance will improve from 85% in Q3 2018 to >90% by the end of Q4 2020</p> <p>The Trust will maintain statutory and mandatory training compliance at >90% in 2019 increasing to >95% by 2020.</p> <p>All departments with <90% compliance will have a statutory and mandatory training improvement plan in place.</p> <p>Staff survey results will confirm that 83% staff feel that statutory and mandatory training has helped them to do their job more effectively improving to 85% in 2019 and >90% by 2020.</p>	L2	Pos.
Maintain excellent communications and	Launch of improved staff intranet.	L2	Pos

engagement with staff through our significant Transforming Cancer Care programme	<p>Feedback from staff communications survey</p> <p>Recommended as a place to work - Staff FFT results increased by 5%</p> <p>Staff survey results above average for comparative trusts relating to a) feeling involved in decision making and b) positive relationship between senior managers and staff</p>		
Enhance our patient safety and risk culture	<p>Delivery of the OD Strategy</p> <p>Risk Management training including reporting and and escalation.will be maintained at <90% by March 2019</p>	L2	mod
Provide leadership development at all levels	<p>Leadership programme in place for all staff.</p> <p>Cohort 1 Leadership development programme completed by April 2019 with 90% of participants confirming they feel the programme was of value to them.</p> <p>Cohort 2 of the Leadership development programme to launch in Q3 2019.</p> <p>All senior medical leadership roles to have completed or commenced a Leadership programme by March 2020.</p>	L2	mod
Offer innovative and rewarding careers for all staff	<p>Clinical Education strategy in place by 2019</p> <p>Development of the Trusts Career Framework by April 2019</p>	L1	Lim
Enable our staff to work effectively within our teams	<p>Implementation and delivery of the Trusts OD Strategy.</p> <p>1. Implementation of the Kings Fund team development programme</p>	L2	Mod
Enable and encourage our staff to speak up about any issues of patient care, quality or safety.	<p>Freedom to Speak up Policy in place (Updated Jan 2018-21)</p> <p>Board completed NHSI Freedom to Speak up Self Review (October 2018)</p> <p>Assurance that all staff are aware of Freedom to Speak up mechanisms and support through local staff survey completed by December 2018 with results to the Workforce Committee.</p>	L2	Mod

Increase national and international brand engagement through delivery of an exceptional communications strategy	<p>Achieve annual levels of media coverage.</p> <p>Submitted entries for national awards; a target of 10 per year and speaker opportunities secured at 5 national and international conferences/events per year.</p> <p>Launched refreshed Trust website to strengthen our national and global recognition</p>	L2	Pos
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Exception/Emerging Issues

There is an emerging or escalation of risks during this period that is of note:

- Increased risk in the medical staffing for general radiology service caused by a proposed change within the service level agreement by the Royal Liverpool Hospital. Discussions are in place to mitigate this proposal and aim to be concluded and resolved by end of October.
- Audit of DBS Checks has identified 228 staff with no record of checks. Paper outlining the details of the situation including plans to address urgently will be presented to OD&SI committee in November.
- Agency spend continues to rise against NHSI cap. Finance and workforce to provide a joint report setting out the trajectory of spend and plan to reduce to OD&SI committee
- Draft OD Strategy & Workforce Strategy – approved at WOD Committee to proceed to Quality Committee. Positive feedback received from the Workforce Committee regarding the draft OD Strategy and draft Workforce Strategy which will support delivery of the new clinical model and ensure we get the right people in the right place at the right time.
- Staff Health & Wellbeing is a key focus in the Trust's retention plans and OD strategy. There is no identified resource for H&WB initiatives within the current Trust budgets.
- Agency spend continues to rise against NHSI cap. Finance and HR to provide a joint report setting out the trajectory of spend and plan to reduce to OD&SI committee.
- Sickness Absence Audit report (MIAA) received with Significant Assurance.
- GDPR report evidenced compliance against standard for Workforce data.
- Trust Training Needs Analysis completed, for inclusion within the Trust's Workforce Strategy

Compliance

During the period the Committee received and rated assurance against scheduled reporting on compliance/performance in the following areas of policy, regulation or operational practice as: -

Scheduled reporting from Cycle of Business	*Assurance Rating	Scheduled reporting from Cycle of Business	*Assurance Rating
CQC Report	High	NICE compliance report	Significant
EPRR Annual Report	High	Safeguarding Report	High
Health & Safety Annual Report	High	Open & Honest Care	High
Medicines management report	Significant	Mortality Surveillance Group	High
Harms Review report	High	Drugs & Therapeutics report	High
Sepsis Working Group report	Limited	Clinical Audit report	Limited
NICE Assurance Committee report	Significant	Infection Control report	Significant

Patient Experience Strategy	Limited		
Research strategy	Significant		Significant

Risks

During the period the Committee considered the performance in relation to management and mitigation of BAF risks assigned to them and provide the following summary of highlights for the Board to consider as part of their deliberation of risk; -

BAF Risk	Gaps in Control	Comments
1.3 There is a quality strategy approved by the Board and key measurable outcomes reported in the annual quality account.	The quality strategy needs a re-fresh to align with the strategic direction for 2022. This would require a re-fresh of the success outcomes to ensure alignment from floor to Board.	There is a current Quality Strategy in place. The Trust has a planned approach to refresh the Quality Strategy by Q4 2018 in line with strategic direction. Lead assigned to this is the AD of Quality
1.5 The governance committee and flow of information is clear and there is regular reporting from floor to Board.	The frequency is not fit for the purpose of the enhanced strategic aim and needs reviewed	The Q&S Committee Cycle of business frequency and membership has been reviewed to support increased appropriate assurance reporting
1.6 The escalation of risk is defined with trigger points and enhanced processes to address concerns.	Education and training needs need to be established to improve knowledge & skills & embed consistent and sustainable application	Review of the escalation & management of risks delivered Action plan with training & education resources and staffing resources to support within Directorates being finalised following PADR completion. Internal additional training & support established in risk, & incident reporting, external training sourced in key areas e.g. Safeguarding, data protection
4.3 There are a range of strategies approved by the Board and these are (i) Trust has a workforce & OD strategy, (ii) Communication & engagement strategy, (iii) Education & training strategy and (iv) clinical workforce strategy.	The right workforce is in place with the right skills 3 months ahead of the opening of the new build in Liverpool. There is the right workforce in place for the planned shift of care closer to home for day and outpatient services. We are recognised in the staff survey as an outstanding Trust that invests in innovative workforce solutions, professional development and career progression	Workforce and OD strategies are developed in draft form. Agreement and positive feedback received at the Workforce Committee. Presentation of both strategies at Quality Committee and Board in October.
10.3 The strategic direction approved by the Trust Board confirms the ambition and plan to be and retain best	The IPR need to be more forward-looking and comprehensive to provide the	IPR being revised and aligned with Q&S data packs information. CQUINs update

performing ranking at Trust level and deliver best outcomes throughout its services.	necessary assurance that the Trust remains on track to delivery its strategic objective of best in class	report to be presented at Q&S Committee from July 18
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Minutes																													
Minutes of the meeting provide a full account of the work of the Committee.																													
Link to CQC Regulations																													
Resource Implications																													
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 style="width: 100%;"> <tr> <td style="width: 50px; text-align: center;"><input type="checkbox"/></td> <td>A. This document is for full publication</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>B. This document includes FOI exempt information</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>C. This whole document is exempt under FOI</td> </tr> </table> <p>IMPORTANT: 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 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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Are there concerns that the policy/service could have an adverse impact because of:</th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr><td>Age</td><td></td><td></td></tr> <tr><td>Disability</td><td></td><td></td></tr> <tr><td>Sex (gender)</td><td></td><td></td></tr> <tr><td>Race</td><td></td><td></td></tr> <tr><td>Sexual Orientation</td><td></td><td></td></tr> <tr><td>Gender reassignment</td><td></td><td></td></tr> <tr><td>Religion / Belief</td><td></td><td></td></tr> <tr><td>Pregnancy and maternity</td><td></td><td></td></tr> </tbody> </table>			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		
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<p>If YES to one or more of the above please add further detail within an appendix and identify if full impact assessment is required.</p>																													

Appendices			

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		<i>Working environment</i> Flexible opportunities, healthy and safe working conditions, staff support	
Quality of care and environment		<i>Being heard:</i> <ul style="list-style-type: none"> • Involved and represented • Able to raise grievances • Able to make suggestions • Able to raise concerns and complaints 	
Nationally approved treatments, drugs and programmes			
Respect, consent and confidentiality			
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	