

## BOARD OF DIRECTORS MEETING

Agenda Item	FIN-064-10-18	Date: 31 October, 2018
Subject /title	Assurance Report of the Chair of the Finance & Business Development Committee for the period ending October 2018	
Executive Overview		
<p>This Chair’s Report provides the assurance to the Trust Board on the business of the Finance and Business Development Committee (F&amp;BD) at its meeting held on 23 October. The Committee received assurances from the Finance, Infrastructure and Operations Delivery and Service Improvement Committee meetings held since the last meeting of the F&amp;BD.</p>		
<b><u>Successful Outcomes and Assurances</u></b>		
<ol style="list-style-type: none"><li>1. The Trust is delivering against its key financial objectives. (However, it was noted that the CQUIN funding of £869k was below the plan of £1,057k; the medical locum spend of £309k was higher than target of £250k and; a fall in Radiotherapy activity was noted against plan.)</li><li>2. Finance Plan Update: 2018/19 – the committee approved a recommendation to the Board that the Trust forecast outturn surplus be increased by £750k to £2,547k. With the consolidation of the subsidiaries this is anticipated to result in an over-achievement of the Control Total by £1,621k.</li><li>3. The Committee received a positive update on the draft Financial Plans for 2019/20 and 2020/21. It was noted that significant work had been undertaken to date with triangulating forecast activity, anticipated income, capacity and workforce. It was noted that the reassessment of clinical income using the updated activity model supported the anticipated income in the existing financial plan. It was noted that the latest proposed workforce plans to deliver ‘safe day 1’ were circa £1m higher than anticipated in the current financial plan, but that the Trust is confident that the on-going iterations of the planning process could reduce this gap. The amounts currently allocated for additional transitional costs (e.g. car parking, excess travel) were noted. Also, in support of the OD Strategy, that £100k p.a. be allocated for organisational development for the next 3 years. A full update of the 3 – 5 year plan is due to be presented at the January and March committee meetings.</li><li>4. The Business Case for the Joint Venture Private Patient Unit at Aintree was considered and discussions included the timescale and strategic narrative of such a proposal.</li><li>5. The Committee considered the current Performance Report and whilst the Committee would receive the full report for information in future, the Committee would concentrate on the key finance key performance indicators and the key appropriate risks.</li><li>6. The Committee considered the comprehensive TCC report covering all 4 pillars of the programme and agreed that the process is being managed appropriately and efficiently at this time. However delays to the Royal Liverpool construction remain a potential source of concern. A high level impact assessment has been undertaken. A further update will be provided to the January committee meeting.</li></ol>		

7. The Committee noted the paper on “Our Ambition is to be recognised as an Outstanding Trust” which demonstrated that expenditure on interim staffing measures remained within budget,

**Areas of Concern & Assurances on Mitigation**

1. Noted that Charitable surplus is £720k below target but £1m legacies expected later in the year.
2. Financial Plan 2019/20 and 2020/21: Noted that additional Facilities Management costs (of circa £2m) anticipated in 2020/21 would potentially result in a normalised breakeven position, rather than the expected £2m surplus. However it was noted that the contribution from HO should result in a return to recurrent surplus from 2021/22.

## Strategic Objectives: Operational Delivery & Services Improvement Sub-Committee

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

Strategic Objective	Strategic Outcome	*Assurance	
		Level 1,2 or 3	No → Pos.
Maintain excellent quality, operational and financial performance			
Longer-term sustainability of the NHS mandate for quality and operational performance targets, ensuring, 62 day performance at 85% or above	The right workforce is in place to deliver this standard. The current and 3-year clinical workforce plan required to deliver the full range of the NHS mandate was approved by the senior leaders' forum, 9 <sup>th</sup> July and the OSDI sub-committee. This is a high risk now; however, the plan to increase the number of innovative clinical roles will mitigate this risk to moderate over 2-3 years.	L 2	Pos.
System-wide collaboration via the Cancer Alliance to support delivery of the NHS mandate, 85% within 62 days at every stage of the pathway.	Through collaboration on challenging pathways and Trusts the CCC shared its learning and supported targeted Trusts. 85% was delivered across the system, Q4, 17/18.	L2	Pos.
The Future Clinical Model offers patients improved access and choice to unplanned care needs.	Care for the Future is led by the OSDI sub-committee to transform models of care and clinical pathways. An oversight report on the different elements of the Programme is provided by Mel Warwick Senior Programme Manager. There are 6 major work-streams – (i) Sector hub development (ii) Emergency care (iii) Planned Care (iv) Integration of haemato-oncology (v) Clinical interface with RLH/CCC (vi) Research & Innovation  The prioritisation of the transformation and critical inter-dependency was included in the 3-year plan approved March 2018. This is being further refined ready for the final year leading to the opening of the new hospital in Liverpool and an extra-ordinary Board meeting in December.	L2	Limited
7 Day working standards improve each year.	Embed the 14 hour Consultant review 7 days per week. The integrated care Directorate triple A report confirms this target is consistently met following the introduction of the COW rota from April 2017 as a pilot and full launch April 2018	L2	Pos.
We will improve our approach to individualised and holistic care.	Successful recruitment of 11 Cancer Support Workers to ensure all new patient	L2	Pos.

The Cancer Alliance will improve the integrated holistic care needs as many people live longer with cancer and multiple co-morbidities.	referrals receives a holistic needs assessment. Changes to team working and roles will release nursing time for communicating with patients and families. The quality improvement will be evidenced by better national patient experience survey and local friends and family surveys.		
Horizons scan to stay a national front-runner in care, e.g. immunotherapy service and CAR-T service and national eye proton service.	Horizon scanning is now a systematised into the Trust planning framework via the senior leaders' forum for all major clinical services.	L2	Pos.
	Immunotherapy business case, 18/19 has been developed and approved by the Trust subject to funding from NHS England. This is expected by October 2018.	L2	Pos.
	The Trust was unsuccessful in the first national round to offer CAR-T service for haemato-oncology patients led by NHS England. Our business case is held over to round 2 in future years.	L2	Pos.
	A process has started with NHS England to evaluate future options for the replacement of the highly innovative equipment at the time (1982) to maintain the internationally recognised eye proton service. A business case will be completed in time for the 19/20 planning round.	L2	Pos.
<b>Transforming our Clinical Model of Care</b>			
Accessibility of a sector hub within 45 minutes travel to improve by providing equitable common cancer care closer to home for 90% of our population by 2020.	Currently less than 90% of our population receives common cancer care within 45 minutes.  Start of a public engagement process led by the NHS CCGs to produce a compelling case for change for an Eastern Sector hub to bring more care closer to home. The timetable for public engagement September 2018 and a likely duration of 12 months. The progress report was presented to the executive team and FBD Committee in early October.	L2	Pos.
	Due to significant increase in demand, medical advances and a clinically led innovative solution to care for patients closer to home the chemotherapy directorate have started caring for more patients closer to home since April 2018. The plan overall was 1000 treatments in local settings. As at September 2018, more treatments are closer to home but also the recognition that greater development of the team based approach and additional capacity to cope with more demand than planned will be required. The PID and	L2	Pos.

	project management plan describe the revised requirements and the impact on the timeline going forward to be addressed via NHS England in the business planning round 19/20.		
Integrate the North Mersey haemato-oncology service to deliver long-term clinical sustainability and world class outcomes and experience for all patients.	NHS England, CCGs and the Trusts have agreed that a business case is produced to determine the right care, right time for North Mersey and the CCC. Phase one (Royal Liverpool) was successfully implemented July 2018 and a one year review was reported to the Board, July 2018. Phase 2 (Aintree and) and Phase 3 (Southport) are dependent on the production of a full business case by system wide partners including NHS England and this requires appropriate resourcing and is most likely to be addressed early 2019. The business case would require a public engagement process.	L2  L1	Pos.  Neg.
Developing new ways of working for in-patient services at Liverpool	<b>Emergency Pathways:</b> Concept of a CDU (more short stay assessment pathways where appropriate) to be tested at CCCW from 15 <sup>th</sup> Oct 2018. Review and recommendations for increased assessment and day services for chemotherapy inpatients ready for the final year of transition to the new Royal Hospital will be reported to the Board as part of the business planning process, March 2019.  CDU to improve our unplanned care pathways. The Trust has introduced a patient flow team & new discharge policy; principles will also apply to HO before move to the new hospital. Interface work with RLBUHT underway.	L2  L2	Pos.  Pos.
Continue our excellent partnerships to transfer to our new Liverpool hospital by spring 2020 and care closer to home to our sec hub model.	Governance arrangements in place and approved by the senior leader's forum, 9 <sup>th</sup> July and engagement work underway.	L2	Pos.

### Emerging risks/escalation

- The CWT performance is under pressure due to gaps in the Consultant workforce. This is being addressed via a recruitment plan that includes targeted recruitment, consideration of the role of Radiation Oncologists in partnership with Preston Cancer Centre and limited waiting list initiative clinics in specialities under significant pressure.
- Need to commence a business case process for the national eye proton service in partnership with NHS England Specialised Commissioning and include the plan in our longer term plan (5 years).

### Operational Improvement: Operational Delivery & Service Improvement Sub-Committee

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

Operational KPI/Target	Outcome 30.9.18	*Assurance	
		Level 1,2 or 3	No → Positive
Maintain excellent quality, operational and financial performance			
Access to 1 <sup>st</sup> appointment within 7 days of referral to the CCC for at least 90% of newly diagnosed patients.	The integrated performance report confirms the cancer 62 day performance is met.	L2	Pos.
Specialist workforce capacity vacancy rates improves to 10% or below by 2022	The vacancy rate for consultant medical staff and clinical staff remains too high a risk in the short-term. The improvement plan in partnership with HR and Communications remains a top priority. The improvement plan was approved by MAC, senior leaders on 9 <sup>th</sup> July.	L2	Pos.
Transforming our clinical model of care			
One-year review of the integration of haemato-oncology service into the CCC, July 2018	The one-year review highlighted a highly successful clinically–led transformation. There remain continued improvements to complete the integration and this was noted at the OSDI sub-committee. The most recent was the decision by the executive team to approve the business case for an additional consultant from the 18/19 funds approved by the Board, 18/19.	L2	Pos.
Introducing radiotherapy planning services at CCC-Aintree from July 2018			
Offering acute oncology assessments from autumn 2018			
Responding to high clinical risks to our operating systems, for example, hospital at night service to be developed to respond to the high risk of fewer junior doctors for our current rota from early 2020.	A clinically-led task force is on track for being produced with a range of options. The investment required is not currently included in the 3-year plan and so a process is planned to update the 3-year plan by December in order for a decision to be made by the Board by December.	L2	Lim
Improve the Isle of Man services standards.			

### Emerging risks/escalation

- The recent decision by the RLH to review the radiology contribution increases this to a very high risk from December 2018. Appropriate mitigation steps are in place in collaboration with the CEO of the Royal Liverpool Hospital
- To note the decision by The Walton NHSFT to request medical support to the CCC-Wirral and the need to agree the right response by Aintree NHSFT by end of quarter 3

### Strategic Objectives: Finance Sub-Committee

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

Strategic Objective	Strategic Outcome	*Assurance	
		Level 1,2 or 3	No → Positive
Long-term financial strength (3 years) return a surplus of £1m by 2021	Ahead of plan to deliver surplus 18/19 and currently re-assessing the Plan for 2021 at the F&BDC, October.	L2	Pos.
Financial risk rating of at least 2 for 3 years	On target, rating of 1, monitored via F&BDC and Trust Board.	L2	Pos.
Capital investment and use of contingency funds is affordable and funded within the 3 year plan.	On track, on plan, however, it is appropriate to recognise that not all of the new business cases will be affordable. A process for prioritisation will be required at the Infrastructure Committee.	L2	Pos.
Enhance our productivity and be enterprising	Model Hospital confirmed our position as being below average for Medical & Clinical Oncology in 2016/17 with cost per weighted activity unit (WAU)) £3,247 against a peer median of £3,287 and a national median of £3,354. Our Operational Plan focuses on improved length of stay (more assessment and short stay) and better use of our workforce through innovative solutions.	L2	Pos.
Develop our subsidiary companies and Joint Venture to reinvest back into patient care	Pharmac to support greater efficiency within Cheshire & Merseyside. FBDC recommendation on the proposed development of the Joint Venture North of the Mersey	TBC	TBC
		L2	Pos.
Generate £3.2m charitable income towards the £20m new hospital appeal	Charity y below plan but mitigation is being planned, more detail by November.	L2	Pos

### Emerging risks/escalation

There is a need to review the 3-year long term plan as agreed by the Board in March given the scale of the transformation over the next few years and the opening of the new Royal Liverpool Hospital. The plan was October but an initial revised 3-year operational (activity and workforce) and financial will be presented and a more comprehensive review by December.

### 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	Outcomes	*Assurance	
		Level 1,2 or 3	No → Positive

M3 Financial Returns to NHSI	On track with financial plan and control total	L2& 3	Pos.
------------------------------	--	-------	------

### Strategic Objectives: Infrastructure Sub-Committee

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

Strategic Objective	Strategic Outcome	*Assurance	
		Level 1,2 or 3	No → high
Digital care			
Invest in digital care to deliver excellent patient care	Integrated information systems for better cancer e-documentation and information systems. A more coordinated approach to our clinical and business information with the delivery of a robust data warehouse by March 19 and eight interactive dashboards by October 19	L2	Sig
Provide digital transformation through the Global Digital Exemplar (GDE) programme	Five key work streams are established: Medicines Optimisation, Interoperability, Digital Transformation, Clinical and Business Intelligence and New Hospital & Infrastructure all with Senior Clinical and Managerial leadership enabling Transforming Care Programme. NHS Digital have given assurance for stage 2 deliverables for this programme of work.	L3	Pos
Development of the Trust's estate			
Completion of CCC-L by Spring 2020	Report confirms this major capital development is on time, on budget for 2020.	L2	Pos.
Effective change control of potential variations to the design to ensure the building remains affordable & meets the Trust's needs in the most cost effective manner	Interventional Radiology: the design variation was approved by the Trust Board, June. The business case for the operational service is in development awaiting source of funding and assurance on critical driver. Impact of variation on scheme & final costs reported within overall project report.	L2	Pos.
Re-develop the CCC-Wirral site by 2020/21 within the approved budget.	Discussions underway with NHS partners regarding potential use of vacant estate. Trust decision needed by December 2018 to allow development work to commence. High profile communications exercise on known elements of scheme to be undertaken commencing October 2018 by Trust comms, supported by PropCare.	L2	Pos.
Staff are in the right place, right time to deliver the Trust's operational vision across all Trust owned estate.	Three major work-streams, accommodation, travel and car parking to be developed into options by the Operational and Propcare leaders by end of quarter 4 following appropriate staff	L2	Pos.



	engagement.		
	Report confirms this major capital development is on time, on budget for 2020.		
Business Development priorities agreed by the Board in the Annual Plan to be advanced over the 3-year Plan.	Maggie's Centre is progressing and the end date for opening is scheduled for 2019 subject to final approval by FBDC in October.	L1	Lim

### Exception/Emerging Issues Reporting

- The redesign of care pathways is making excellent progress with momentum and most critical assumptions have now been agreed, enabling detailed workforce and operational models to be developed.
- Delivery of fully aligned workforce, finance and activity assumptions for 19/20 and 20/21 is a critical milestone for October and may be at risk as a small number of critical assumptions regarding the future clinical model are not yet concluded. The Board is planning an extraordinary meeting in January to receive the results of this in line with the business planning round. External support may be required to accelerate work and provide additional assurance.
- The Trust is required to commit capital expenditure on Interventional Radiology; preliminary works to avoid delay and penalty in the TCC scheme have been approved; future commissioning income streams have not yet been formally secured. Given that this activity is repatriated from other providers (and therefore not predicated on additional commissioner spend) the risk of this may be moderate to low.
- On new build, potential delays due to interface matters with the New Royal remain an on-going concern, requiring significant input by all parties to mitigate and manage
- The recent decision on public funding to complete the new Royal is good news for the CCC-L scheme and should help the resolution of issues relating to the interface between the separate construction projects. However this will still require significant management effort if programme impact is to be avoided.
- It now seems certain that the new Royal will open after CCC-L, unless the latter encounters significant unforeseen delay. Consequently a risk workshop was held with Trust operational staff in order to identify a preferred way forwards in the light of this, which will be presented to the executive team and FBDC for consideration and a final decision by January 2019.

### Operational Improvement: Infrastructure 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
Digital Care			
Inter-operability with Royal Liverpool Hospital by 2020	Integrated laboratories (further expansion to include ordering), PACS, sharing information e.g. Oncology Alert system. Development of the eXchange Portal to share clinical information regionally. Setup of an eXchange sub-working group to specifically develop interoperability with Royal Liverpool. Electronic delivery of the Oncology Summary Record to support the delivery of care for H-O patients. This is in on track with the PID and project management plan.	L2	Pos.
Enhance clinical safety by rolling out electronic prescribing for haemato-oncology	Elements of Outpatient prescribing completed ahead of schedule. Leukaemia Outpatient Electronic Prescribing has been delayed planned go-live October 2018. In-Patient H-O ePrescribing will require a Meditech fix which is currently in progress (escalated to Meditech Executive Team). PID/Plan in place and progress is reported to Digital Board, Infrastructure Committee and Joint Oversight Committee with the Royal Liverpool.	L2	Pos.
Give better access to clinical documentation (Meditech) and ensure patient records are accessible at all locations.	Meditech optimisation pathway programme plan is on track. The most significant quality improvement is a consensus by the clinical staff that this system is operating to a safe standard.	L2	Pos.
	The Digitising Clinical Pathways Project is transforming pathways through digital enablement. Porta-cath is now operational. Initial phases of the Consultant documentation is underway (Lung, Urology & Breast SRGs). Work in progress to develop Sepsis, NEWS2, Speech & Language and Blood Transfusion.	L2	Pos.
Expand use of digital technology to support care closer to home e.g., video based consultations and follow-up care	TeleHealth procurement in progress (final stages). Next phase will link with the TCC PMO to define new clinical model for future tele-consultations. Pilot phase to commence Q4 18/19. Virtual Clinical Desktop & Fast User Switching procurement in progress (final stages) – Pilot phase to commence Q3 18/19. This is in on track with the PID and project management plan.	L2	Pos.
Expand use of digital technology to	Cisco WebEx/Jabber collaboration tool	L2	Pos.

support care closer to home e.g., video based consultations and follow-up care	rollout commenced to pilot solution to support strong staff engagement in our unique clinical model across Cheshire & Mersey. This is in on track with the PID and project management plan.		
Produce a simple plan on a page to communicate the ambition and operational benefits to staff and the public.	In development aim for 30 <sup>th</sup> October	L2	Pos
Capital investment to support digital care programme is £9m 2018/19-2021	This is on track for 18/19. GDE Milestone 2 Assurance Report has been approved by NHS Digital to release second phase of funding (£1.596m) which will be drawn down in October 2018.	L2	Pos.

### Exception/Emerging Issues Reporting

- E-Prescribing delay has an agreed plan in place with is shared with commissioners
- GDE Milestone 2 – Work-Off Items – TeleHealth/Virtual Desktop Procurements (new completion date October 2018) – no overall impact on pilot deliveries for April 2018. Haemato-Oncology eP – As above

### Exception/Emerging Issues Reporting

No emerging issues to report for this period

## 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	Identified Key Risk Area	Outcomes
<b>BAF Risk 2:</b> If we do not prioritise the costs of the delivering the care model we will not be able to maintain our long-term financial strength and make appropriate strategic investments.	Whilst most (80%) of assumptions are now agreed, In-patient medical cover assumptions not yet agreed.	Accelerated work to agree all remaining key assumptions by December 2018 and re-base plan ready for the rolling 3-year plan 2019-2022.
<b>BAF Risk 3:</b> If we do not have the right infrastructure (estate, communication & engagement, information and technology) we will be unable to deliver care close to home.	An assessment of the care closer to home needs to be undertaken for each of the four sectors, led by Helen Poulter Clark, by January 2019 in order to inform the strategic operational and capital investment priorities up-to 2022.	The two Trusts involved in the potential Eastern Sector have received a baseline of patient activity and service requirements by the CCC and this is being used to determine the preferred option during 2019.  Engagement regarding CCC-Wirral, CCC-Aintree and CCC-Liverpool is ongoing in each geographical area. A decision as to formal consultation process for each area is not yet agreed. The East consultation will be used as a test case to inform further consultations.
<b>BAF Risk 3:</b> If we do not have the right infrastructure (estate, communication & engagement, information and technology) we will be unable to operate the new CCC Liverpool Hospital to the standard of integration planned.	The RLH announced in September that the most likely scenario is that the new hospital opens 2021 (subject to the funding for a new construction contract being agreed). Any date after the Spring 2020 will require optimal solutions with a likely impact on operational and financial standards.	The interim CEO and Chair met colleagues at the RLH in mid-October and a joint risk assessment and appropriate mitigation are in place.
<b>BAF Risk 9:</b> If we do not support and invest in entrepreneurial ideas to changes in national priorities and market conditions we will stifle innovative cancer services for the future.	There is an opportunity to expand the pharmacy service to match the needs of C&M system leaders.  There is a gap in our senior management capacity to proactively respond to entrepreneurial ideas.	A business case is being developed and will be consider by the Board in October.  The Executive Director of Finance role will provide executive leadership and interviews are planned for 3 <sup>rd</sup> November. A senior finance management post will be

		dedicated to support the Trust in the substantial business case development and the Associate Director of Strategy post has been configured to provide dedicated senior management capacity. These actions will mitigate the risk in the short to medium term.
<b>BAF Risk 10:</b> If we do not continually support, lead and prioritise improved quality, operational and financial performance we will not provide safe, efficient and effective cancer services	Prioritised investment in operational investment into H-O service but need source of funding approved by NHS England.	Extra-ordinary FBDC arranged in October to receive the necessary assurance from NHS England on the source of funding.

<b>Assurance</b>
*Assurance is rated by reference to the Assurance Quality Matrix which can be found in the 'Guidance to Chairs' of Committees and sub-committees of the Board
<b>Minutes</b>
Minutes of the meeting provide a full account of the work of the Committee and can be accessed here
<b>Link to CQC Regulations</b>
Domains, Safe, Effective, Responsive, Caring, Well-led
<b>Resource Implications</b>
These are confirmed in the Finance Sub-committee report to the FBD Committee.
<b>Key communication points (internal and external)</b>
Alexa to produce

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><b>Application Exemptions:</b></p> <ul style="list-style-type: none"> <li>• Prejudice to effective conduct of public affairs</li> <li>• Personal Information</li> <li>• Info provided in confidence</li> <li>• Commercial interests</li> <li>• Info intended for future publication</li> </ul>	<p>Please tick the appropriate box below:</p> <table border="0"> <tr> <td><input type="checkbox"/></td> <td><b>A. This document is for full publication</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><b>B. This document includes FOI exempt information</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><b>C. This whole document is exempt under FOI</b></td> </tr> </table> <p><b>IMPORTANT:</b> 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"/>	<b>A. This document is for full publication</b>	<input type="checkbox"/>	<b>B. This document includes FOI exempt information</b>	<input type="checkbox"/>	<b>C. This whole document is exempt under FOI</b>
	<input type="checkbox"/>	<b>A. This document is for full publication</b>							
<input type="checkbox"/>	<b>B. This document includes FOI exempt information</b>								
<input type="checkbox"/>	<b>C. This whole document is exempt under FOI</b>								
Equality & Diversity impact assessment									
Are there concerns that the policy/service could have an adverse impact because of:	<b>Yes</b>	<b>No</b>							

Age			
Disability			
Sex (gender)			
Race			
Sexual Orientation			
Gender reassignment			
Religion / Belief			
Pregnancy and maternity			

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

<b>Appendices</b>			
<b>Strategic Objectives supported by this report</b>			
Improving Quality		Maintaining financial sustainability	
Transforming how cancer care is provided across the Network		Continuous improvement and innovation	
Research		Generating Intelligence	
<b>Link to the NHS Constitution</b>			
<b>Patients</b>		<b>Staff</b>	
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>	
Nationally approved treatments, drugs and programmes		<ul style="list-style-type: none"> <li>Involved and represented</li> <li>Able to raise grievances</li> <li>Able to make suggestions</li> <li>Able to raise concerns and complaints</li> </ul>	
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	