

## BOARD OF DIRECTORS MEETING

<b>Agenda Item</b>	<b>P1/017/19</b>	<b>Date: 30th January 2019</b>
<b>Subject /title</b>	<b>Assurance Report of the Chair of the Finance &amp; Business Development Committee for the period ending December 2018</b>	
<b>Executive Overview</b>		
<p>This Chairs 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 21 January 2019. 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> <p><b><u>Successful Outcomes and Assurances</u></b></p> <p><i>TCC Programme</i> - The Committee extended the invite to attend for the TCC items to all Board members and attendees to consider progress including specific proposals for governance and office accommodation and updates against the IT procurement and HO Phase 2 for the new hospital.</p> <p>The Committee supported the overall delivery confidence assessment of AMBER.</p> <p>The proposals for governance were agreed for onward submission to Board for approval, noting that it was imperative that the Board should be given sufficient time to consider and discuss the TCC Programme and that clarity is provided on what FBD and Quality Committee's focus will be to support.</p> <p>There is also a separate piece of activity required, should the Board approve, to determine what items are presented to Part 1 and Part 2 of the Board going forward.</p> <p>The Committee noted the assurance that there were no major risks to the CCC-L Build or Digital work streams following the delay to the Royal Liverpool Hospital (RLH) but agreed that the operational and governance interfaces between CCC-L and RLH should be defined as soon as possible.</p> <p>The requirement for an additional 'service mobilisation' work stream within the Care pillar was welcomed to strengthen both focus and delivery for operational readiness.</p> <p><i>HO Phase 2 Update</i> – The Committee agreed with the proposal to pause this phase to focus on the safe and effective delivery of the overall services on Day 1 and minimise any risks.</p> <p><i>New Hospital – IT Procurement</i> – The Committee agreed to delegate the procurement outcome and contract award to the new Director of Finance in order for the project to meet delivery timescales. Following a disappointing initial tender exercise, the requirements specification had been revised to provide clarity for bidders and the Committee was assured that a successful outcome was expected.</p> <p><i>Finance Report Month 9</i> – the Committee noted the positive performance and the work completed on efficiencies.</p> <p><b><u>Areas of Concern &amp; Assurances on Mitigation</u></b></p> <p><i>TCC Programme</i> - Operational and governance interfaces between CCC–L and the RLH remains an issue but the Committee were assured that once the detailed programme of work has been agreed by RLH at the end of March 2019, a process to define this will be progressed quickly.</p> <p>An additional paper on the TCC Contingency Fund was tabled on the day by the Acting Finance Director. This was briefly discussed but the Committee had not had sufficient time to read in advance. The Committee agreed to receive a monthly report on the adequacy of the budget going forward.</p> <p>Further assurance on the accuracy of the expected outturn from the Charity Accounts is also required.</p>		

*Strategic options for office accommodation* – Following a detailed discussion and debate, it was agreed that further work is necessary to develop a full business case, including a detailed options analysis and presented in February for consideration. Only at that point will the Committee be in a position to agree any recommendations.

The full Integrated Performance Report had been provided at the meeting, despite the request in October 2018 to provide the key financial risks and KPIs only. Assurance was provided this would be rectified for future meetings by the Executive.

### 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 the CCC shared its learning and supported targeted pathways for improvement. Although this target has not been achieved in Q1&2 of 2018/19 the C&M system was the top performer nationally.	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.	L2	Limited
7 Day working standards improve each	Embed the 14 hour Consultant review 7		

year.	days per week. The integrated care Directorate report confirms this target is consistently met following the full launch of the COW rota April 2018. Further work on the HO 14hour review is required as this is often embedded within the RLBUHT unplanned care pathway.	L2	Pos.
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<p>We will improve our approach to individualised and holistic care. The Cancer Alliance will improve the integrated holistic care needs as many people live longer with cancer and multiple co-morbidities.</p>	<p>The successful recruitment and training of 10 Cancer Support Workers to ensure all new patient referrals receives an holistic needs assessment. This role has had a really positive impact on patient pathways and experience. . The quality improvement is clearly evidenced in a recent patient survey.</p>	L2	Pos.
<p>Horizons scan to stay a national front-runner in care, e.g. immunotherapy service and CAR-T service and national eye proton service.</p>	<p>Horizon scanning is now a systematised into the Trust planning framework via the senior leaders' forum for all major clinical services.</p>	L2	Pos.
	<p>Immunotherapy business case, 18/19 has been developed and approved by the Trust subject to funding from NHS England. This has been delayed due to challenges in activity data. An agreement with commissioners regarding funding is expected by March 2019.</p>	L2	Pos.
	<p>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.</p>	L2	Pos.
	<p>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. Discussions with the Executive team regarding the future of CCCs service are underway. A business case will be completed in time for the 19/20 planning round.</p>	L2	Pos.
<p><b>Transforming our Clinical Model of Care</b></p>			
<p>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.</p>	<p>Currently less than 90% of our population receives common cancer care within 45 minutes.</p> <p>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. A progress report is being prepared for Trust Board, Part 2 in January.</p>	L2	Pos.
	<p>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</p>	L2	Pos.

	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 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	Pos.
		L1	Neg.
Developing new ways of working for in-patient services at Liverpool	<p><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.</p> <p>CDU to improve our unplanned care pathways. The Trust has introduced a patient flow team &amp; new discharge policy; principles will also apply to HO before move to the new hospital. Interface work with RLBUHT underway.</p>	L2	Pos.
		L2	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 leaders 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 30.12.18	*Assurance	
		Level 1,2 or 3	No → Positive
<b>Maintain excellent quality, operational and financial performance</b>			
Access to 1 <sup>st</sup> appointment within 7 days of referral to the CCC for at least 90% of newly diagnosed patients on a 62 day pathway.	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 high. The improvement plan in partnership with HR and Communications was approved by MAC &, senior leaders on 9 <sup>th</sup> July. The organisation has been successful in appointing one new medical oncologist and several clinical oncologists as locums. Work is ongoing to secure permanent appointments.	L2	Pos.
<b>Transforming our clinical model of care</b>			
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, interviews for this post will be held on the 24 <sup>th</sup> Jan 2019.	L2	Pos.
Introducing radiotherapy planning services at CCC-Aintree from July 2018	Radiotherapy planning at CCC Aintree underway.	L2	Pos
Offering acute oncology assessments from autumn 2018	CDU opened at CCCW mid-October. Early outcome data has been shared with our Commissioners and was very well received.	L2	Pos
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.	Positive ongoing discussions with the Dept Health @ IOM.	L1	Lim

	CCC waiting for IOM to confirm commitment to the improvement programme by investing 50k non-recurrently for a project manager to lead this work.		
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### 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. Draft financial and business plan to be presented to the Board in February 2019.	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.	TBC	TBC
	FBDC recommendation on the proposed development of the Joint Venture North of the Mersey	L2	Pos.
Generate £3.2m charitable income towards the £20m new hospital appeal	Charity income below plan but mitigation is being planned. Revised Major Donor Strategy to be presented to the Charitable Funds Committee, February 2019.	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 a revised date of February 2019 for the Board to review the updated 3 year plan is now proposed.

### 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
<b>Digital care</b>			
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 April19 and eight interactive dashboards by October 19	L2	Sig
Provide digital transformation through the Global Digital Exemplar (GDE) programme	Five key workstreams 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 has given assurance for stage 2 deliverables for this programme of work. Next milestone assurance visit is in March 2019	L3	Pos
<b>Development of the Trust's estate</b>			
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	L2	Pos.

	assurance on critical driver. Impact of variation on scheme & final costs reported within overall project report.		
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 engagement.	L2	Pos.
	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	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. This is expected to be delivered by the end of January to inform the 3 year financial and business plan. This requires finalisation on the options for a number of elements in the new clinical model (e.g. Hospital at Night) The Trust has committed capital expenditure on Interventional Radiology; to avoid delay and penalty in the TCC scheme; 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 has been discussed by the Executive Team and presented 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. Clinic Letters and Oncology Summary Alerts are now shared with the 6 other Trusts who are live on e-XChange	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. A new paperless strategy has been produced by the Chief Clinical information Officer (CCIO) and presented to November Digital Board. An action plan is now in place to deliver on the strategy.	L2	Pos.
	The Digitising Clinical Pathways Project is transforming pathways through digital enablement. There are five areas now complete: Porta-cath, Consultant Lung, Consultant Urology Sepsis, and NEWS2. The Speech & Language build is complete on Meditech and sign off complete ahead of schedule. The Immunotherapy build on Meditech is nearing completion.	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. Consultation with site reference group in place for February 19 pilots. 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. Final sign off has been completed and the call off order has now been placed.	L2	Pos.
Expand use of digital technology to support care closer to home e.g., video based consultations and follow-up care	Web ex is now live and in use throughout the Trust. Further work underway around training and identifying suitable Trust wide meetings to expand this implementation.	L2	Pos.
Produce a simple plan on a page to communicate the ambition and operational benefits to staff and the public.	Connecting for the Future leaflet now been produced outlining the 5 digital themes and ambitions for the Digital patient and the Agile Clinician.	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 has been drawn down in October 2018. Next Milestone assurance visit is planned for March 2019	L2	Pos.

### Exception/Emerging Issues Reporting

- E-Prescribing delay has an agreed plan in place with is shared with commissioners with discussions ongoing
- GDE Milestone 2 – Work-Off Items – TeleHealth/Virtual Desktop Procurements (have now been completed
- Milestone 3 programmes of work are on track for April 19 deadlines

### 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
<p><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.</p>	<p>Whilst most (80%) of assumptions are now agreed, In-patient medical cover assumptions not yet agreed.</p>	<p>Accelerated work to agree all remaining key assumptions by end of January 2019 and re-base plan ready for the rolling 3-year plan 2019-2022 presented to Board in February</p>
<p><b>BAF Risk 3:</b> If we do not have the right infrastructure (estate, communication &amp; engagement, information and technology) we will be unable to deliver care close to home.</p>	<p>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.</p>	<p>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.</p> <p>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.</p>
<p><b>BAF Risk 3:</b> If we do not have the right infrastructure (estate, communication &amp; engagement, information and technology) we will be unable to operate the new CCC Liverpool Hospital to the standard of integration planned.</p>	<p>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.</p>	<p>The interim CEO and Chair met colleagues at the RLH in mid-October and a joint risk assessment and appropriate mitigation are in place. There is no significant risk considered to the CCC-L build as a result of the delay to the RLH at this stage.</p>
<p><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.</p>	<p>There is an opportunity to expand the pharmacy service to match the needs of C&amp;M system leaders.</p> <p>There is a gap in our senior management capacity to proactively respond to entrepreneurial ideas.</p>	<p>A longer term strategy is being developed and presented to the Board in January 2019.</p> <p>The new Executive Director of Finance, James Thomson will provide leadership in this area following his start date of 1 February 2019.</p>

		A senior finance management post and the new Associate Director of Strategy, Tom Pharaoh will support this key activity when in post in April 2019.
<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.	An updated paper on the approach with HO Phase 2 is presented to the January FBD Committee.

<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>
<b>Link to CQC Regulations</b>
Domains, Safe, Effective, Responsive, Caring, Well-led
<b>Resource Implications</b>
These are confirmed in the Sub-committee reports to the FBD Committee.
<b>Key communication points (internal and external)</b>

<b>Freedom of Information Status</b>							
<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="1" style="margin-left: 20px;"> <tr> <td style="text-align: center;">x</td> <td><b>A. This document is for full publication</b></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td><b>B. This document includes FOI exempt information</b></td> </tr> <tr> <td style="text-align: center;"><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>	x	<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>
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<b>Equality &amp; Diversity impact assessment</b>			
Are there concerns that the policy/service could have an adverse impact because of:	<b>Yes</b>	<b>No</b>	
Age		x	
Disability		x	
Sex (gender)		x	
Race		x	
Sexual Orientation		x	
Gender reassignment		x	
Religion / Belief		xx	
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.

**Appendices**

**Strategic Objectives supported by this report**

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

**Link to the NHS Constitution**

<b>Patients</b>		<b>Staff</b>	
Access to health care		<i>Working environment</i> Flexible opportunities, healthy and safe working conditions, staff support	x
Quality of care and environment		<i>Being heard:</i> <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>	
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	x	Personal and professional development	
Complaint and redress		Treated fairly and equally	