

BOARD OF DIRECTORS MEETING

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| Agenda Item | P1/016/19 | Date: 30th January 2019 |
| Subject /title | Assurance Report of the Chair of Quality Committee for the period ending 17.01.19 | |

Executive Overview

This Chairs Report outlines the activity undertaken by the Quality Committee held on 17.01.19. 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

- Safe Staffing –Assurance received Trust is compliant with national standards. Further in depth review underway for presentation to March Quality & Safety Committee. Purchase of Allocate software being scoped to provide daily real time oversight of medical and nursing staffing ratios. Safe Staffing Bi-Annual Report to Board will outline work being undertaken and provide additional assurance that patient care is not being impacted by organisational changes. Substantive Deputy Director of Nursing now in post.
- DIPC Annual report – 2017-18 presented by Exec Director of Nursing & Quality and approved. Meets Health & Social Care Act requirements, IPC team strengthened, 6m fixed term strategic lead appointed
- Draft - Patient & Public Involvement & Engagement Strategy presented by Associate Director of Quality and approved with minor amendment and wording of Pledge 5 to be changed to 'Personalise Care'. For launch April 2019.
- Draft – Palliative and End of Life Care Strategy 2018-2023 – presented by Cons in Palliative Medicine. Approved pending minor amendments and addition of list of benefits to strengthen case for investment.
- Flu vaccination has achieved & exceeded 75% CQUIN target
- Digital transformation –ahead of trajectory for delivery of clinical pathways
- PET/CT incident –all actions completed. Incident closed.

Areas of Concern

- Mandatory Training compliance levels – investment in Project Manager for development centralised action planning & performance management framework
- Cessation of contact x-ray (Papillon) MDT – Contact SMDT at RLUH has been suspended indefinitely due to issues concerning governance and resources, but no communication received from Royal around this. Patients for whom contact therapy is recommended cannot be progressed to treatment via this route. A resolution is being progressed with the Royal and Aintree for inclusion of surgical opinion. CCC has strengthened the governance around the internal meeting and have maintained a safe contact service for patients
- PET CT – FDG supply – significant challenge obtaining supplies of FDG due to an AML refurbishment programme at their sites and other technical issues at other sites
- Incorrect rate of infusion Pump Incidents –T&F group considering technical solutions

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 & involvement strategy in development for launch April 2019. 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. |

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| | <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 workforce & organisational development strategy to continue to support the development of the senior leaders and a team based approach to enhance the safety and quality culture has been approved by the Board and will be 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 final draft with agreed Trust pledges incorporated. This has been co-produced with the Matrons and engagement with the Patient Council, Council of Governors Patient Experience Committee and Heath Watch.

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 overall performance of 85% and has achieved 96% compliance against individual NICE standards in January 19 | 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.• Update on PET/CT all internal actions completed Outstanding action re communication with AML which is challenging | L2 | Pos. |
| | Increased capacity and funding for medical leadership was agreed by the executive team in September. The right capacity for directorates will 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 | L2 | Pos. |

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| | from Quarter and feedback at sub-committee is that this is better and more responsive. | | |
| | Improvement to risk registers and alignment with the corporate risk register and BAF was completed at end of October 18. Continual monitoring & refinement of risks & BAF is ongoing | L2 | Pos. |
| 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 in Q3. An assurance on the impact on the appropriate care pathway was received | L2 | Pos. |
| Improve and invest in the safeguarding adults and children standards. | Increased capacity for safeguarding leadership is in place since Nov 2018 . Delivery of the CQC approved safeguarding improvement action plan was completed in Q2 2018 Delivery of appropriate level Safeguarding training in 2019 to meet statutory requirements is under review . | L3 | Pos. |
| Fully meet the CQUIN – quality standards | In Q3 2018/19 the Trust recognised an improved delivery against CQUIN targets. with Holistic Needs Assessment improving due to implementation of Trust Cancer Support workers. The Trust 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. | 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 | L2 | Sig |

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| | improving our handrails and toilet accommodation | | |
| 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 not fully delivering against its contracted CQUIN targets trajectory and there is lack of assurance that these will be delivered by Q4. Flu vaccination targets are behind trajectory at 70.46% clinical uptake, with plans in place to address 100% uptake by end of Feb 19. A CQUIN Oversight committee has been established to effectively identify and manage issues of delivery.
- An ambitious Palliative & End of Life Strategy has been developed and is now at the costings stage
- A new data warehouse is under development and on trajectory for delivery April 19, with 8 power dashboards to be agreed and delivered Oct 19
- Audit progress report highlighted 8% audits overdue, processes for audit identification to be standardised Trustwide
- Safer Staffing figures failed to provide assurance due to frequency of data capture. For re-audit month of January 19, results of initial findings to be presented at Feb 19 Q&S Committee meeting. Consideration of purchase of safer staffing module to support daily real time monitoring.
- VTE performance has recently been impacted by low numbers of junior medics, recruitment options under review by WOD
- EDS2 Working Group established with policy and strategy to be developed.
- ESR issues nationally impacted updating of staff training records. IBM lead to meet with key staff 10.1.19. Staff records being manually updated currently.
- CQC unannounced inspection with focus on Diagnostic Imaging, OPD, HO and inpatient wards. Recommendations for areas of improvement and Section 64 notice received. Action planning in place and external PM recruited to assist.

Strategic Objectives: Workforce, Organisational Development & Engagement

The Meeting in December did not take place. and the Director of Workforce and OD has undertaken a review 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 complete and approved by | L2 | Mod |

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| | <p>the Board. .</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 end January December 2019 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 the end of Q4..</p> <p>A stakeholder perception survey has been completed was formally considered at a Board development session arranged on 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 end Jan 2019. Employee Assistance Programme will be formally launched end January 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 2019</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> | L2 | Pos. |

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| | 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. | | |
| Maintain excellent communications and engagement with staff through our significant Transforming Cancer Care programme | <p>Launch of improved staff intranet.</p> <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> | L2 | Pos |
| 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> | L2 | Mod |

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| | 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. | | |
| 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 |

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. A mitigation plan is in place and this is monitored at the weekly Executive Team meeting..
- 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 was presented to the Executive Team and an Improvement Plan is in place. .
- 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.
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- .
- Mandatory training compliance remains a key area of focus to address poor compliance in some subject areas. Mandatory training will be a standing item on the weekly Trust operational group meeting.
- A national Alert Notice has been forwarded to NHS Trusts identifying issues with e-learning access and performance

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 |

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|---------------------------------|-------------|------------------------------|-------------|
| 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 |
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| 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-refresh to align with the strategic direction for 2022. This would require a re-refresh 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, | Workforce and OD strategies approved. Implementation of the strategies will be monitored by WOD Committee. |

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| | professional development and career progression | |
| 10.3 The strategic direction approved by the Trust Board confirms the ambition and plan to be and retain best performing ranking at Trust level and deliver best outcomes throughout its services. | The IPR need to be more forward-looking and comprehensive to provide the necessary assurance that the Trust remains on track to delivery its strategic objective of best in class | IPR being revised and aligned with Q&S data packs information. CQUINs update report to be presented at Q&S Committee from July 18 |

| Minutes | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|----|---|-----|----|-----|--|--|------------|--|--|--------------|--|--|------|--|--|--------------------|--|--|---------------------|--|--|
| Minutes of the meeting provide a full account of the work of the Committee. | | | | | | | | | | | | | | | | | | | | | | | |
| Link to CQC Regulations | | | | | | | | | | | | | | | | | | | | | | | |
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| Resource Implications | | | | | | | | | | | | | | | | | | | | | | | |
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| Key communication points (internal and external) | | | | | | | | | | | | | | | | | | | | | | | |
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| 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> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="checkbox"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="checkbox"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="checkbox"/> </div> <div> <p>A. This document is for full publication</p> <p>B. This document includes FOI exempt information</p> <p>C. This whole document is exempt under FOI</p> </div> </div> <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> | | | | | | | | | | | | | | | | | | | | | | |
| Equality & Diversity impact assessment | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Are there concerns that the policy/service could have an adverse impact because of:</th> <th style="width: 10%;">Yes</th> <th style="width: 10%;">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> </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 | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | |

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| 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.

Appendices

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| Strategic Objectives supported by this report | | | |
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| 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 | |