

The Clatterbridge Cancer Centre NHS Foundation Trust

BOARD OF DIRECTORS MEETING PART ONE – PUBLIC SESSION

Wednesday 24 February 2021 at 09:00am
Via MS Teams

Present:	Kathy Doran (KD)	Trust Chair
	Mark Tattersall (MT)	Non-Executive Director
	Geoff Broadhead (GB)	Non-Executive Director
	Elkan Abrahamson (EA)	Non-Executive Director
	Terry Jones (TJ)	Non-Executive Director
	Anna Rothery (AR)	Non-Executive Director
	Asutosh Yagnik (AY)	Non-Executive Director
	Liz Bishop (LB)	Chief Executive Officer
	James Thomson (JT)	Director of Finance
	Jayne Shaw (JSh)	Director of Workforce & OD
	Joan Spencer (JSp)	Director of Operations
	Sheena Khanduri (SK)	Medical Director
	Sarah Barr (SB)	Chief Information Officer
	Tom Pharaoh (TP)	Associate Director of Strategy
In Attendance:	Angela Wendzicha (AW)	Associate Director of Corporate Governance
	Jane Wilkinson (JW)	Lead Governor
	Mike Varey (MV)	Staff Side Chair
	Lynn Fazakerley (LF)	EA to Chair and Chief Executive (Minutes)
(Item P1/027/21)	Chelcie Faulkner (CF)	Advanced Research Nurse Practitioner
	Karen Kay (KK)	Deputy Director of Nursing
Apologies:	Sheila Lloyd (SL)	Director of Nursing & Quality

Item No.	Item	Action
	Opening Matters	
P1/21/21	Chair Welcome and Note of Apologies The Chair welcomed everyone to the Board meeting with apologies noted from Sheila Lloyd.	
P1/22/21	Declaration of Board Members' and other attendees interests concerning agenda items Declarations of interests were received from the following: <ul style="list-style-type: none"> • Mark Tattersall – Nominated Non-Executive Director for PropCare • Terry Jones – Director of Liverpool Head and Neck Centre and Associate Medical Director for Research, Liverpool University Hospital NHS Foundation Trust. • Geoff Broadhead – Director of CPL • James Thomson – Executive Lead for PropCare and CPL • Angela Wendzicha – Company Secretary for PropCare and CPL 	

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P1/23/21	<p>Minutes of Previous Meetings: The Board approved the minutes of the meeting held on Wednesday 27 January 2021 as an accurate record of the meeting subject to the following amendments</p> <p>JT – Finance report section A should read “In part due to the reduction in pay costs”</p> <p>MT – page 7 final paragraph minute 12 “word calculate should be included” to read sought clarification on how we calculate</p> <p>Last page Draft Risk appetite statement paragraph should also refer to the Regulator.</p>	
P1/24/21	<p>Action Log/ Matters Arising The Board noted that actions were either on the agenda or not due.</p> <p>JS provided an update on the Staff Vaccination programme and outlined that as at 19 February 2021 86% (1,717) of trust staff had received their first does and an additional 2.5% had an appointment booked. The vaccine has been offered to 100% of staff and 4% of staff have refused to receive the vaccine. There are 98 members of staff who have been identified as belonging to a BAME group of which 84.69% have received their first does. A question was raised regarding new starters within the organisation and whether an amendment would be made to the contract of employment outlining the need to be vaccinated. JS explained that national guidance was awaited LB agreed to raise the issue with the National Cancer Board.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • Noted the position with the Action Log 	LB
P1/25/21	<p>Chair's Report KD informed the Board that at a recent North West Regional meeting it was highlighted that the North West, outside of London, had experienced the worst hospitalisation and infection rates. Principles for recovery were being developed and there was a need to balance staff wellbeing alongside the recovery programme.</p> <p>NHS provider's session on state of the nation - likely to be after the autumn statement before funding becomes clearer.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • Noted the update provided 	

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P1/26/21	<p>Quality Committee Chair Report</p> <p>TJ introduced the report alerting the Board that there are a number of matters the Committee are keeping under review as follows:</p> <ul style="list-style-type: none"> a) Complaints: The Committee discussed performance in relation to complaints. The deep dive report that was being undertaken into the management of complaints would be shared at the March meeting. b) DatixCloudIQ: The Committee noted that some of the modules are were still not fit for purpose. A deep dive has been requested for the March Committee to also include the procurement process. c) Aseptic Unit: The Pharmacy Aseptic Unit had moved back to CCC-W and there were now emerging issues at this site. TP was undertaking a lessons learnt review and a report would be presented to the March Committee. Alongside this an updated monthly report would continue to be presented to the Committee on a monthly basis. d) Progress Report on Medication Incidents: Report highlighting trends and themes to be presented to the Committee in March. e) Serious Incident Summary Reports: The Committee has requested that trend analysis and triangulation be undertaken to ascertain which complaints escalate to litigation. <p>IRMER - TJ reported that a summary report had been received by the Committee and was reassured in relation to the numbers and requirements monitoring of incidents would continue via the Integrated Performance report.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • Discussed the content of the report and • Noted the deep dive reports requested by the Quality Committee. 	
P1/27/21	<p>Patient Story</p> <p>Patient Story</p> <p>KK introduced CF and PB to the meeting.</p> <p>KK described the history of the patient story and outlined that the patient was currently on her 200 cycle of radiotherapy and who was actively involved in the Cleopatra research trial. The patient outlined that following a routine mammogram in 2009 she was recalled and she was subsequently told that she would require a mastectomy. On the day of her scheduled surgery it was discovered that she had a rash on her left breast and was told that this was a secondary cancer and they were unable to perform the mastectomy. She was subsequently sent to oncology and within a week she commenced on the trial. She is now on her 200 cycle. PB outlined that the majority of staff had been friendly however there had been one member of staff who had been unfriendly towards her.</p>	

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	<p>PB outlined that the Maggie's Centre was a lovely place and offers a huge amount of support.</p> <p>KD congratulated PB on her 200th treatment.</p> <p><i>CF and PB left the meeting.</i></p> <p>SK outlined that CCC were pioneers of the trial which has now become standard practice with the treatment targeting her particular cancer which allows for amazing outcomes.</p> <p>Discussion took place regarding the patient story and the need to ensure that patients were encouraged to raise any issues early.</p> <p>LB suggested that for the next meeting that a day patient be approached to attend the next board meeting.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • Thanked the speakers • Noted the content of the discussion 	
P1/28/21	<p>Update on Walkabouts</p> <p>SK provided feedback to the Board that she had received from the medical students. She outlined that good feedback had been received following their recent attachments and medical students had expressed a view that they would welcome an extension of their attachments which are currently only a 1 week long.</p> <p>Junior doctors – following the GMC survey changes had been implemented strengthening the consultant ward rounds and this has been well received. Grand Round and Research Rounds have been established which was attracting good attendance.</p> <p>Digital surgeries have also been well received and these will be rolled out further.</p> <p>SK explained that the TYA service is located on Ward 5 and it is a stunning setting and things are running really well.</p> <p>SK is exploring remote access to allow the Board to join the walkabouts and welcomed suggested areas to visit. JW outlined that the governors had not been involved due to the restrictions and they would welcome visits to all areas. KD outlined that the NEDs would also welcome visits and asked for a programme to be developed. AW explained that a programme was being drawn up and dates would be circulated. AW was hopeful that the first walkabout would take place in March. EA raised a query regarding a roadmap to allow physical access and appreciated that visitors should come first. KD agreed that a roadmap relating to recovery was a good idea however she felt that patient visiting should come first and she asked the executive team to take this forward. KD asked for thought to be given ahead of the next board meeting. LB agreed for a paper to be presented at the March Board.</p>	JSp

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	The Trust Board: <ul style="list-style-type: none"> • Noted the update. 	
P1/29/21	<p>Cheshire and Merseyside Health and Care Partnership: Partnership Memorandum of Understanding</p> <p>LB introduced the paper and explained that the item had been discussed previously and the Trust was supportive of the development of Integrated care systems in principle. LB outlined that the proposals aligned to how the Trust works as an organisation and also aligns with the Cancer Alliance work. LB outlined that a bid had been submitted to become an ICS in shadow form from 1 April 2021. LB outlined that the purpose of the paper was to approve the MOU.</p> <p>Discussion ensued in relation to the proposal and what it meant for the Trust. KD outlined that the MOU would change due to legislation changes and the MOU was the first step. JW queried whether the Trust would have a voice LB explained that the Trust would have the biggest voice through the provider collaborative and through the Cancer Alliance.</p> <p>EA highlighted that some Trusts were approaching NEDs asking them to sit on committees that are likely to be envisaged and it would be useful for the envisaged NED roles to be considered. AY raised a query regarding the next steps in the process and how the MOU would be updated. KD stated that if Trusts were happy with the proposals contained in the paper the intention was that the arrangements would be implemented from 1 April 2021 to underpin the joint working across Cheshire & Merseyside for the next year however during the course of the year the legislation would be published in more detail following the release of the white paper and it was possible that another iteration of the MOU would be produced.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • Noted and supported in principle to work with colleagues across Cheshire & Merseyside. • The Board was supportive of the MOU which the board recognised was developed prior to the white paper being published. The Trust is keen to understand going forward how the implications of the white paper will be fed in to the proposals and also keen to know how membership of the various layers will be brought together 	
P1/30/21	<p>5 Year Strategic Implementation: Update</p> <p>TP provided an overview of the paper and explained that the board had recently approved the 5 Year Strategic Plan. TP outlined that the implementation of the strategic plan would be through a number of supporting strategies which would have different routes through the Trusts governance system. TP outlined that the Clinical Services Strategy would be implemented through the following work streams:</p> <ul style="list-style-type: none"> • Diagnostics • Outpatients 	

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	<ul style="list-style-type: none"> • Service growth • Service development and integration • Urgent care • Site development <p>TP outlined the next steps to enable the programme to progress.</p> <p>Discussion took place regarding Research & Innovation and SK provided an update on the work that had already taken place.</p> <p>MT raised a query regarding the financial management of the work streams and JT outlined that the Trust was only able to plan for the next 6-12 months due to the changes within the NHS Financial Landscape reimbursement as resourcing mechanisms were not yet clear.</p> <p>Discussion took place regarding ECMC resubmission and LB informed the board that the item had been discussed at Quality Committee and it was agreed that a briefing would come to the board at an appropriate time.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • Noted the report • A regular update report to come back to the board focussing on areas of success and areas which require additional input/action • ECMC resubmission briefing paper to come to board at an appropriate time 	
P1/31/21	<p>Integrated Performance Exception Report – Month 10</p> <p>JSp introduced the Integrated Performance Report for Month 10 highlighting the following:</p> <p>Access and Efficiency</p> <ol style="list-style-type: none"> 7 day internal target 17 patients did not receive their first appointment within 7 days this was due to some unexpected sickness within the urology team – the patients have since received their appointments and did not breach the 62 day target 28 day target – 4 patients breached the target, 3 of which were avoidable and 1 was unavoidable. The avoidable breaches were due to delayed diagnostics. 62 day target – 9 patients breached the target. 7 were unavoidable 3 of which required further molecular/genetic tests. 2 were avoidable 1 due to an additional blood test and 1 was due to the pharmacy issues. 104 day target – 13 patients breached the target. 3 of which CCC contributed to 2 were avoidable and 1 was unavoidable. Length of Stay - Challenges around elective and non-elective pathways within the solid tumour wards which were related to complex pathways and discharge planning. There had been an increase to 11 this month from 4 the previous month. The delays related to Continuing Health Care Funding. 	

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	<p>f) Bed occupancy was below target during January this was due in part to admissions being ceased on Ward 5 (Bone Marrow Transplant Unit) as a result of 1 patient being diagnosed with Covid-19 and staff and patients were subsequently tested</p> <p>g) The Trust was at OPEL level 3 on 18 occasions during the month.</p> <p>Discussion ensued in relation to the potential impact on patients of the reduction in Bone Marrow Transplants with JSp confirming that a deep dive report is due to Performance Committee in March and KD recommended that Quality Committee review this in due course.</p> <p>COVID-19 Recovery Plan</p> <ul style="list-style-type: none"> • Overnight electives less than last year but the Trust is above the target contained in the covid recovery plan • Roadmap divisional teams now looking at recovery plans looking at how clinics at peripheral sites would be reopened and how the teams engaged at MDTs • Referrals remain under plan <p>Quality Generally good performance in terms of Quality.</p> <ul style="list-style-type: none"> • 1 RIDDOR incident reported to the HSE • 1 IRMER incident patient received 4 sets of images taken at 1 treatment event which had been reported to Quality Committee • 1 C Difficile infection - a post infection review is in progress • 2 complaints which should have been closed • 16 policies out of 267 out of date in month. 1 has already been reviewed and 15 are between 1-3 months out of date and these are all in progress. <p>Research SK provided an overview of the Research section of the report highlighting that we are continuing to meet internal targets for recruitment onto studies.</p> <p>Workforce JSh provided an overview of the Workforce section of the report. There had been an increased in sickness absence this was mainly due to staff having an adverse reaction to the COVID vaccine however more normal levels were now being seen. It was noted that the Trust was behind the internal target set for compliance with PADRs however the PADR window had been reviewed. JSh highlighted that the quarter 4 friends and family test was currently taking place, the results of which would be available in March. She stated that the national staff survey results had also been received and these were currently embargoed and a paper would be submitted to the Board in March.</p> <p>JSh updated the board in relation to flu vaccination rates for BAME staff with an uptake rate of 85%.</p>	

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	The Trust Board: <ul style="list-style-type: none"> Discussed and noted the content of the report. 	
P1/32/21	<p>Cheshire and Merseyside Cancer Alliance: Performance Report LB introduced the report which forms the standard report provided for the system for sharing with their respective Boards.</p> <p>LB highlighted that restoration of cancer services is progressing with sufficient capacity within SACT and radiotherapy to manage current demand. It was noted that 2 weekly referrals were increasing. Currently there were 8,215 patients who were awaiting diagnostics with a small number suspended. Surgery levels are returning to near pre-Christmas levels and the surgical hub was still running which prioritises and diverts patients to different areas.</p> <p>LB outlined that a piece of work was taking place looking at patients who had waited over 104 days. EA raised a query regarding disparities and asked whether the disparities were reducing, LB outlined that the CCGs had this level of detail and she agreed to bring back information regarding inequity of access.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> Discussed and noted the content of the report and Requested a paper on inequity of access to come back to future board 	LB
P1/33/21	<p>Finance Report – Month 10 JT provided an overview of the finance report for Month 10 highlighting the following:</p> <ol style="list-style-type: none"> The financial position has improved overall with a plan to achieve £0.9m surplus mainly due to underspend pay All Trusts were asked to carry out a further review of their forecast position on an estimate of our worst, most likely and best case scenarios <p>Discussion ensued in relation to the ongoing funding mechanism for next year particularly regarding the run rate for the new hospital.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> Discussed and noted the content of the report. 	
P1/34/21	<p>Gender Pay Gap Report JSh provided an overview of the paper and explained that following The Equality Act 2010 Regulations 2017 there was a requirement for public bodies with more than 250 or more employees to publish their gender pay gap on a yearly basis. The report was presented for approval by the board. The report was based on a national template and requires the employer to publish six calculations.</p> <p>JSh highlighted that as is typical with NHS organisations the Trusts workforce is predominately female however the Trusts rate of pay</p>	

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	<p>favours males and this is similar to other NHS organisations. EA queried what discretion did the Trust have to vary the payments, JSh outlined that there was very limited spoke due to the national Agenda for Change pay system.</p> <p>Discussion took place regarding options that could be implemented to reduce the pay gap.</p> <p>The Trust Board</p> <ul style="list-style-type: none"> • Noted and approved the paper and • Requested a paper on options that could be implemented to reduce the pay gap to come back to a future board meeting 	JSh
P1/35/21	<p>Mortality Dashboard: Quarter 2</p> <p>SK presented the paper and she outlined that all patients who fit into the following criteria had been included:</p> <ul style="list-style-type: none"> • All inpatient deaths • 30 day post chemotherapy or radiotherapy mortality • 90 day post radical radiotherapy mortality • 100 day or 1 year post bone marrow transplant mortality <p>SK outlined that the paper had already been submitted to mortality surveillance group, Integrated Governance Committee and Quality Committee.</p> <p>The Trust Board</p> <ul style="list-style-type: none"> • Noted and approved the paper 	
P1/36/21	<p>Guardian of Safe Working: Quarter 3 Report</p> <p>SK outlined that paper provides assurance the board that the Trust maintains compliance with the Junior Doctor's 2016 Terms and Conditions. SK outlined that there had been 5 exception reports for this period. These were raised by 2 trainees between the dates of 02/10/2020 and 21/10/2020. All of the Exception Reports had been resolved and no further action was required. No fines or additional payments have yet been required for our Doctors in Training.</p> <p>The Trust Board</p> <ul style="list-style-type: none"> • Noted and approved the paper 	
P1/37/21	<p>New Consultant Appointments</p> <p>SK welcomed Dr Azadeh Taheri to the Trust as a Consultant Radiologist highlighting her experience and interest in service improvement.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • Welcomed Dr Taheri to the Trust and • Noted her experience and expertise. 	

Item No.	Item	Action
P1/38/21	Board Meeting (including quality content) The Board discussed the content of the Board meeting.	
P1/39/21	Any Other Business JW asked for clarification regarding issues that she had raised at the previous board meeting. KD outlined that a conversation had taken place regarding the setting up of briefing sessions regarding the trust strategy RD&I Presentation would be circulated by Angela Wendzicha Wirral reconfiguration LB outlined that the governors would be provided with an update once the Trust was ready to brief staff as a CCC Live event was being arranged	AW
	Date of the next meeting: Wednesday 31 March 2021.	

Signed:

Kathy Doran
Chair

Dated: