

**The Clatterbridge Cancer Centre NHS Foundation Trust**

**BOARD OF DIRECTORS MEETING  
PART ONE – PUBLIC SESSION**

**Wednesday 27 January 2021 at 09:00am  
Via Webex**

**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
Liz Bishop (LB)	Chief Executive Officer
James Thomson (JT)	Director of Finance
Jayne Shaw (JSh)	Director of Workforce & OD
Joan Spencer (JSp)	Interim Director of Operations
Sheena Khanduri (SK)	Medical Director
Sheila Lloyd (SL)	Director of Nursing & Quality
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

**(Item P1/14/21)**

Julian Hampton-Mathews (JH-M)	Social worker
Clare James (CJ)	Named Nurse for Safeguarding

Item No.	Item	Action
	<b>Opening Matters</b>	
<b>P1/01/21</b>	<p><b>Chair Welcome and Note of Apologies</b></p> <p>The Chair welcomed everyone to the Board meeting and began by acknowledging the sudden death of John Andrews during the Christmas break. John was our Deputy Director of Finance for many years and will be much missed by many friends and colleagues. The Board acknowledged the long service John gave to the Trust and condolences were extended to his family and friends. LB added that a book is available should to Board wish to send a message and to contact AW or Lynn Fazackerly should they wish to do so. In addition, with agreement with his partner, a memorial service will be arranged when we can and the Board will be notified.</p> <p>The Board welcomed Anna Rothery, Non-Executive Director to her first Board meeting and apologies were noted from Asutosh Yagnik.</p>	

Item No.	Item	Action
	<p>KD informed the Board that following an effectiveness review carried out with another Board she is involved with, it is suggested that the Board focus on the Committee Chair reports at the beginning of the agenda to set the tone of the meeting going forward.</p>	
<p><b>P1/02/21</b></p>	<p><b>Declaration of Board Members' and other attendees interests concerning agenda items</b></p> <p>Declarations of interests were received from the following:</p> <ul style="list-style-type: none"> <li>• Mark Tattersall – Nominated Non-Executive Director for PropCare</li> <li>• Terry Jones – Director of Liverpool Head and Neck Centre and a new appointment as Associate Medical Director for Research, Liverpool University Hospital NHS Foundation Trust.</li> <li>• Geoff Broadhead – Director of CPL</li> <li>• James Thomson – Executive Lead for PropCare and CPL</li> <li>• Angela Wendzicha – Company Secretary for PropCare and CPL</li> </ul>	
<p><b>P1/03/21</b></p>	<p><b>Minutes of Previous Meetings:</b>  The Board approved the minutes of the meeting held on Wednesday 25 November 2020 as an accurate record of the meeting.</p>	
<p><b>P1/04/21</b></p>	<p><b>Action Log/ Matters Arising</b>  The Board noted that actions were either on the agenda or not due.</p> <p><b>The Trust Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the position with the Action Log</li> </ul>	
<p><b>P1/05/21</b></p>	<p><b>Chair's Report</b>  KD informed the Board that at a recent North West Regional meeting there was some confidence expressed that levels of Covid-19 are coming down within the North West in addition to the fact that the vaccination programme is progressing well across the region.</p> <p>At the recent Liverpool Chairs meeting, business is beginning to look towards April 2021 and the planned changes in legislation affecting the NHS.</p> <p><b>The Trust Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the update provided</li> </ul>	

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P1/06/21	<p><b>Quality Committee Chair Report</b></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"> <li>a) IRMER incidents: The Committee discussed the IRMER incidents referenced in the Integrated Performance Report and requested further information in the form of a summary report is expected at the February Quality Committee.</li> <li>b) Complaints: The Committee discussed performance in relation to complaints and acknowledged the referral received from the Performance Committee. The Quality Committee requested a deep dive into the management of complaints for the February meeting.</li> <li>c) Risk Register: The Committee noted that although the risk register is improving, there is still work to do.</li> <li>d) DatixCloudIQ: The Committee noted that some of the modules are operational but it was noted that some of the modules purchased are not fit for purpose with some modules still to be implemented. A deep dive has been requested for the February Committee.</li> <li>e) Aseptic Unit: The Committee were informed of an emerging issue within the Pharmacy Aseptic Unit relating to the move from CCC-W to CCC-L. A full review is underway and a report will be presented at the February Committee.</li> <li>f) ECMC: The Committee discussed the risk to reduced research funding with work being led by Professor Dan Palmer to mitigate the risk of reduced funding.</li> </ul> <p>TJ further added that the Committee commended the work that Dr Dan Monnery had completed on the Pathway for Management of Acute Dysphagia.</p> <p>LB added that the issues relating to the Aseptic Suite emerged rapidly causing some operational issues during the last week. JSp further added that the issue related to problems within the isolators which have hindered the production of chemotherapy. QC North West is working in conjunction with the Trust and plans are underway to re-locate the Aseptic Unit production back to the Wirral site. In addition, staff from PropCare and the Infection Prevention and Control Team continue to work in conjunction with Trust to provide a solution and currently there has been no harm to patients identified rather a poor patient experience.</p> <p><b>The Trust Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Discussed</b> the content of the report and</li> <li>• <b>Noted</b> the deep dive reports requested by the Quality Committee.</li> </ul>	
P1/07/21	<p><b>Performance Committee Chair Report</b></p> <p>GB provided an overview of the report alerting the Board to the following:</p> <ul style="list-style-type: none"> <li>a) Complaints: The Committee discussed and raised concerns around the targets that have been missed and the lengthy delays in responding to complaints. The Committee agreed the most appropriate action was to refer across to the Quality Committee for a deep dive.</li> </ul>	

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	<p>b) Performance Committee Risk Register: The Committee agreed that the Committee Risk Register is going in the right direction but more work is still required to get it right.</p> <p>c) Research Strategy Business Case: GB reminded the Board of the Research Strategy at the previous Board; the Performance Committee welcomed the Business Plan associated with the Strategy and requested quarterly progress updates to the Committee.</p> <p>d) Number of Linacs: The Committee received a good report relating to the utilisation of Linacs acknowledging that further work is being carried out on a regional and national level.</p> <p>KD noted that it is evident that triangulation across the Board Committee structure is working and that it is important that the Board keeps a focus on the issues raised and ensure that the Committees continue to focus on these issues.</p> <p><b>The Trust Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Discussed</b> the content of the report and</li> <li>• <b>Noted</b> the referral made to the Quality Committee</li> </ul>	
P1/08/21	<p><b>Audit Committee Chair Report</b></p> <p>MT provided an overview of the report alerting the Board to the concerns communicated to the Committee relating to the management of complaints and that a report will be required for the April Audit Committee relating to internal processes.</p> <p>MT further informed the Board of the following:</p> <ul style="list-style-type: none"> <li>a) MIAA: Internal Audit Progress Report – The Audit Committee received assurance that sufficient work should be completed on the Internal Audit Plan to deliver a year-end Head of Internal Audit Opinion. The Committee noted two Internal Audit Reviews had been completed relating to Business Continuity Planning and Recruitment and Retention, both receiving Substantial Assurance.</li> <li>b) MIAA: Medical Devices Review: The Committee discussed the deep dive report requested as a result of a limited assurance report. It was acknowledged that this was a significant piece of work with an update being provided to the Committee in 6 months.</li> <li>c) External Audit: Joint Action Plan – The Committee discussed the update on progression against the action plan which addresses the issues relating to the audit process last year. The Committee noted concerns in relation to the External Auditor’s resources to support the audit programme this year.</li> <li>d) Code of Audit Practice: The Committee discussed the changes to the way in which the audit will be conducted in the future and the requirement for the Audit Committee to oversee the process and evaluate accounting estimates. A more detailed report will be provided to Committee members prior to the next scheduled Audit Committee.</li> <li>e) Board Assurance Framework: The Committee discussed the ongoing revision of the Board Assurance Framework, highlighting risks as consideration for inclusion.</li> </ul>	

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	<p>TJ sought clarity on whether the deep dive reports are subjected to an audit process. MT added that in circumstances where the Audit Committee is not assured around systems and processes, Internal Audit are asked to review and provide an independent report or alternatively a specialist will be brought in to review a particular concern.</p> <p><b>The Trust Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Discussed and noted</b> the content of the report.</li> </ul>	
P1/09/21	<p><b>Cheshire and Merseyside Cancer Alliance: Performance Report</b> 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 surgery radiotherapy to manage current demand in addition to an increase in endoscopy capacity. It was noted there was a reduction in referrals in December which is seasonal due to the Christmas period and patient choice but that referrals have now resumed.</p> <p><b>The Trust Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Discussed and noted</b> the content of the report.</li> </ul>	
P1/10/21	<p><b>Integrated Performance Exception Report – Month 09</b> JSp introduced the Integrated Performance Report for Month 09 highlighting the following:</p> <p><b>Access and Efficiency</b></p> <ol style="list-style-type: none"> <li>Non-compliance with the 62 day standard was mostly due to the underperformance in Urology and Lower Gastrointestinal tumour groups.</li> <li>Bed occupancy was below target during December due to reduced planned activity over the Christmas period. In particular, bed occupancy in Ward 5 (Bone Marrow Transplant Unit) was reduced which reflects the reduction in transplants being carried out under the Trust's transplant programme and the reduction nationally as a result of the Covid-19 pandemic.</li> </ol> <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 with KD recommending that Quality Committee review this in due course.</p> <p><b>Quality</b> SL provided an overview of the quality section of the report highlighting that complaint responses are being measured against the 25 working day target. SL further added that there have not been any inpatient falls due to lapses in care and one Serious Incident reported during December 2020 with AW informing the Board that the circumstances relating to the Serious Incident are the subject of an Inquest, date of which is yet to be confirmed.</p>	

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	<p>SL added that work is going very well relating to patient experience and that action plans relating to the patient surveys are monitored via the Committee structure.</p> <p>MT sought clarity on the management of incidents and how we track the timeliness of investigations and where the oversight of incidents is. SL confirmed that the Divisional Clinical Governance Leads own the incidents and oversight is through the Integrated Governance Committee and the Learning from Incidents Group.</p> <p><i>LB left the Board meeting to join the National Cancer Board.</i></p> <p><b>Research</b> SK provided an overview of the Research section of the report highlighting that we are continuing to meet internal targets for recruitment onto studies. It was noted that the internal target is currently at 80% of the previous year due to the impact of the Covid pandemic on trials.</p> <p>KD welcomed the fact that trials were starting to get back on track.</p> <p><b>Workforce</b> JSh provided an overview of the Workforce section of the report highlighting the two exception reports relating to sickness absence and PADR compliance. In terms of sickness absence, this is being monitored on a daily basis. It was noted that we were behind the internal target for compliance with PADRs with support in place within the Divisions to improve compliance. It was highlighted that the Quality Committee approved the decision to remove the PADR 'window' to enable a 12 month 'rolling' compliance from 1 April 2021.</p> <p>Discussion ensued in relation to annual leave and staff being encouraged throughout the pandemic to take their annual leave due to the importance of a break on staff well-being. JT added that a system wide approach to annual leave is being taken to better understand the financial implications.</p> <p><b>The Trust Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Discussed and noted</b> the content of the report.</li> </ul>	
P1/11/21	<p><b>Covid-19</b></p> <p><b>a) Flu Vaccination: Update</b> SL informed the Board that a total of 90% of staff had received the flu vaccination and that 100% of our staff had been offered the flu vaccination. KD sought clarity on the numbers of our BAME staff who had received the flu vaccination with SL confirming that she will confirm the numbers. GB sought clarity on the whether the 10% of staff who have not had the flu vaccination at the Trust, had they received it elsewhere. SL clarified that those who have received the flu vaccination elsewhere are already accounted for in the final number.</p> <p><b>b) Infection Prevention and Control BAF</b> SL provided an update to the Board in relation to compliance with the IPC Board Assurance Framework highlighting where we are not fully compliant as follows:</p>	SL

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	<p>i) Reduction in completed audits: Due to staffing pressures, some areas have not completed a Covid-19 audit for 2 or more consecutive weeks. The Infection Prevention and Control team carry out spot checks and lack of compliance is escalated to the Matrons.</p> <p>ii) Contract cleaning: Issues have been identified with recruitment within ISS; the Trust is currently working with ISS to resolve.</p> <p>The Board discussed the above with KD requesting that the Quality Committee keep an overview around compliance and report back to Board as necessary.</p> <p><b>c) Staff Vaccination Plan</b>  JSp provided a summary of the background to the Trust being designated as a 'mini-hub' utilising the Astra Zeneca (Oxford) vaccine. The Covid-19 vaccination programme went live on 15 January for all priority staff groups and as at 21 January 1,338 members of staff had been vaccinated with their first dose.</p> <p>It was noted that a small number of staff had refused and discussion ensued in relation to the Trust position. JSh added that whilst the Covid vaccination is not mandated, this is being looked at nationally. EA sought clarity on whether we are going back to staff that have refused and seeking more information from them and are we then moving those staff from front facing roles. JSp confirmed that targeted work is being carried out with those who are refusing to understand the reasons in addition to some 'myth busting' communications but there is no national guidance around managing this and all staff continue to take the necessary precautions.</p> <p><b>The Trust Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Discussed and noted</b> content of the report.</li> </ul>	
P1/12/21	<p><b>Nursing Safer Staffing Report</b>  SL provided an overview of the report highlighting that it had been discussed at the Quality Committee and that it provides assurance that we have safe staffing levels. In addition, a deeper dive into safer staffing is being carried out with the report at the Board in March.</p> <p>SL added that there are a small number of vacancies within ward areas. The report also highlights care hours per patient per day. JSh sought clarity on the Datix forms completed relating to care hours with SL adding it is often the perception that it is busy. JSh added that we would expect such information to be reported in order that we can understand perceptions of our staff. SL added that staff can escalate to the Matrons and that daily safety huddles take place.</p> <p>JSp added that we received twice daily reports on staffing levels and have full oversight of what is going on at ward level.</p> <p>MT sought clarity on how we the required care hours on the ward and noted the current report is not comprehensive as it excludes NHS Professional staff. MT sought further clarity as to whether there were issues on Ward 2 as</p>	

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	<p>there are a number of vacancies. SL added that recruitment is in progress on Ward 2 and that the ward is being provided with additional staff.</p> <p>MT sought further clarity on the tool we use relating to the required care hours with SL confirming we currently do not have a tool for this.</p> <p>JSh added that she is not aware of any 'red flags' relating to the turnover in Ward 2 with MV adding that staff are under pressure but remain very committed to provide the care they need to.</p> <p>SK added that it would be useful and helpful to report on acuity trends across the year because we know that our acuity has changed over the year. SL confirmed that once the tools are in place acuity can be identified within the reports.</p> <p>EA sought assurance in relation to those members of staff who leave citing promotion and work life balance as reasons for leaving and whether we address any issues before staff leave. JSh confirmed that we do try and have conversations with staff before they make the final decision to leave to see if we can help and support them. Further discussion ensued in relation to the limited opportunities for promotion within small organisations.</p> <p><b>The Trust Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Discussed and noted</b> the content of the report.</li> </ul>	
P1/13/21	<p><b>Update on Walkabouts</b></p> <p>SL informed the Board that she had visited Delamere, attending their safety huddle as the staff were preparing for the day including the Matron providing an update on activity within the Trust. In addition SL reported that she had visited Bluebell Ward, which is the area we have provided for Wirral Community Hospital as part of mutual aid.</p> <p>Discussion ensued in relation to walkabouts during the weekends and out of hours in addition to the ability for NEDs to partake in walkabouts utilising the IT technology used for the virtual ward with AW confirming she will co-ordinate this and include the Governors in the process.</p> <p>SK added that contact is kept with staff that are doing on call and different shift patterns. Staff groups are dispersed across a wide footprint now and there have been some challenges for the Consultant body in the use of the technology.</p> <p>JSh added that she had recently carried out some focus groups with radiographers.</p> <p><b>The Trust Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the update.</li> </ul>	AW
P1/14/21	<p><b>Patient Story</b></p> <p>KK introduced JH-M and CJ who will provide the patient experience through the professional lens.</p>	

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	<p>JH-M described the history of a 60 year old patient who responded well with treatment until mid-December when a seizure resulted in a vastly reduced ability to make decisions and the patient expressed a wish to die and that he wanted to go home. Due to circumstances at home he was not able to return home resulting in an application for an Intermediate care bed. The family raised concerns around the level of communication they received in relation to this complex discharge process and in particular the inability to visit. KD added that we recognise the difficulties patients and families experience as a result of the restricted visiting and sought clarity on the availability and use of technology by the family. CJ added that the family were supported to use the technology.</p> <p>KD added that the Board fully appreciates what is being reported and remains aware that staff and patients are operating under very difficult circumstances.</p> <p><b>The Trust Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Thanked</b> the speakers and</li> <li>• <b>Noted</b> the content of the discussion</li> </ul> <p><i>LB re-joined the meeting.</i></p>	
P1/15/21	<p><b>Finance Report – Month 09</b></p> <p>JT provided an overview of the finance report for Month 9 highlighting the following:</p> <ol style="list-style-type: none"> <li>a) The financial position has improved overall due to the reduction in pay costs</li> <li>b) All Trusts were asked to carry out a further review of our forecast position on an estimate of our worst, most likely and best case scenarios with our updated figures being a £3m deficit, £0.9m surplus and a £2.1m surplus respectively.</li> </ol> <p>Discussion ensued in relation to the ongoing fixed income and continuing levels of activity.</p> <p><b>The Trust Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Discussed and noted</b> the content of the report.</li> </ul>	
P1/16/21	<p><b>New Consultant Appointments</b></p> <p>SK welcomed Dr David Cobben to the Trust as a Consultant Clinical Oncologist highlighting his experience and interest in developing our research and described him as a very motivated and inspirational individual.</p> <p><b>The Trust Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Welcomed</b> Dr Cobben to the Trust and</li> <li>• <b>Noted</b> his experience and expertise.</li> </ul>	
P1/17/21	<b>Freedom to Speak Up: Quarter 3</b>	

Item No.	Item	Action
	<p>AW provided an overview of the report welcoming GB as the Non-Executive Director champion for Speaking Up and that discussions will take place with SL, as the Executive lead in relation to refreshing the roles relating to speaking up.</p> <p>AW highlighted that during the last quarter we have had one contact through the speaking up route and that individual is being sign posted through the HR processes.</p> <p>AW informed the Board that as a result of raising the profile of speaking up we have recently recruited seven Speaking Up Champions who will receive training through February following which their role will be launched within the Trust in conjunction with the revised Policy in March.</p> <p>AW informed the Board that in conjunction with the Policy, a review is being undertaken of the Strategy Implementation plan in addition to consideration of the self-review tool by the Board.</p> <p>AW further informed the Board that the National Guardian Office, in conjunction with Health Education England have launched an e-learning package. AW has requested assistance from our Education Department in relation to this learning package.</p> <p>MV added that the training will be welcomed by staff as clarity is needed for staff in relation to this role.</p> <p><b>The Trust Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the content of the report and</li> <li>• <b>Welcomed</b> the additional Speaking Up Champions</li> </ul>	
P1/18/21	<p><b>Board Assurance Framework: Quarter 3 Report</b></p> <p>AW provided an overview of the BAF highlighting the discussions that had taken place at the Audit Committee with the Committee requesting the Executives consider adding Covid, health and well-being to the BAF in addition to a full review of the risk relating to income.</p> <p>AW further informed the Board that work is now commencing on re-drafting the BAF to align with the new 5 Year Strategy in addition to the associated work that accompanies that process.</p> <p>MT welcomed the review and further requested the Executives consider the IT infrastructure as part of the new BAF. LB added that the new 5 Year Strategy has Digital as one of the 6 themes and will therefore feature on the revised BAF.</p> <p><b>Risk Appetite Statement</b></p> <p>AW provided the Board with a summary of the Board session in October 2020 whereby the Board concluded that the preference would be for a pragmatic Risk Appetite Statement which would both establish a high level Risk Appetite Statement and enable discussion on individual risk matters. It was agreed that the risk tolerance would be described on the revised Board Assurance Framework.</p>	

Item No.	Item	Action
	<p>The Board considered the draft Risk Appetite Statement and approved the same subject to the removal of the duplicate ‘that’ in the final sentence.</p> <p><b>The Trust Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Discussed and noted</b> the update to the current BAF and</li> <li>• <b>Approved</b> the Risk Appetite Statement, subject to the agreed amendment above.</li> </ul>	
<b>P1/19/21</b>	<p><b>Board Meeting (including quality content)</b></p> <p>The Board discussed the content of the Board meeting and unanimously agreed with the change in order to the agenda noting the re-focus of the Board business.</p>	
<b>P1/20/21</b>	<p><b>Any Other Business</b></p> <p>JW requested that a presentation that had been delivered by the Research team be distributed to the Governors.</p>	<b>AW</b>
	<p><b>Date of the next meeting: Wednesday 24 February 2021.</b></p>	

**Signed:**

**Kathy Doran**  
Chair

**Dated:**