

The Clatterbridge Cancer Centre NHS Foundation Trust

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

**Wednesday 26 June 2019 at 9:30am
JKD Conference Room**

Present:	Kathy Doran	Trust Chair
	David Teale	Non-Executive Director
	Mark Tattersall	Non-Executive Director
	Geoff Broadhead	Associate Non-Executive Director
	Liz Bishop	Chief Executive Officer
	James Thomson	Director of Finance
	Jayne Shaw	Director of Workforce & OD
	Joan Spencer	Interim Director of Operations
	Sheila Lloyd	Director of Nursing & Quality
	Sheena Khanduri	Medical Director
In Attendance:	Jane Wilkinson	Governor
(Item P1/118/19)	Karen Kay	Deputy Director of Nursing
(Item P1/118/19)	Carla Taylor	Matron, Chemotherapy
(Item P1/118/19)	Emma Daley	Matron, Integrated Care
(Item P1/118/19)	Priscilla Hetherington	Matron, SCT Co-Ordinator
(Item P1/118/19)	Rose Foulds	Matron, Haemato-Oncology
(Item P1/118/19)	Sophia Bourne	Matron, Chemotherapy
(Item P1/122/19)	Joe Allan	Interim Head of Infection Prevention & Control
(Item P1/123/19)	Dan Monnery	Consultant in Palliative Care
(Item P1/126/19)	Tom Pharaoh	Associate Director of Strategy
	Clare Jones	Governance PA (Secretary)
Observers:	Laura Brown	Staff Governor
	Sarah Barr	Chief Information Officer
	Oliver Duffy	Liaison
	Sally Ann Brennan	Genomics Health

Item No.	Item	Action
	Opening Matters	
P1/114/19	<p>Chair Welcome and Note of Apologies</p> <p>The Chair welcomed everyone to the meeting and noted that apologies were received from Alison Hastings, Mark Baker, Stephen Sanderson, Angela Wendzicha, and Mike Varey.</p> <p>It was noted that, due to travel issues, Mark Tattersall has been delayed and the meeting would not be quorate until his arrival.</p>	
P1/115/19	<p>Declaration of Board Members' and other attendees interests concerning agenda items</p> <p>No declarations of interest were received.</p>	

Item No.	Item	Action
P1/116/19	<p>Minutes of Previous Meetings:</p> <ul style="list-style-type: none"> • <u>23 May 2019</u> There were no amendments noted. • <u>29 May 2019</u> <ol style="list-style-type: none"> a. Page 1 – Alison Hastings is to be added as attending. b. Page 4 – P1/099/19.e – Integrated Performance Report – the action date is to be amended to July. c. Page 10 – P1/107/19.b – 2018 Staff Survey – wording amended to reflect ‘There are 4 priority areas identified...’, rather than 3. d. Page 5 – P1/100/19.d – Finance Report – 2019/20 – Month 1 – wording amended in line with DoF comments. e. Page 9 – P1/106/19 – Sulby Ward – wording to be amended to reflect proposed Nurses rotational programme at RLBUHT. 	
P1/117/19	<p>Matters Arising All actions are complete, or in progress.</p>	
P1/118/19	<p>Staff Story – Matron’s Charter SL and KK introduced the Matrons, and provided a background to the review of the Matron’s role and the opportunity this provided to develop and progress the Matrons Charter. KK also acknowledged the support provided by MB during this work.</p> <p>The Matrons gave a presentation on the Charter and the pledges within it. The presentation was discussed and it was noted that:</p> <ol style="list-style-type: none"> a. Consideration will be given to changing the colour of the Matron’s uniform, as it has been noted that, due to red being used as a uniform colour in other areas, Matrons are not always easily identifiable. b. The launch of the Charter will be key to ensuring that staff, patients and visitors are aware of how the Matron’s role will be changing and how this will be achieved, and a communications plan has been developed to assist with this. c. The biggest challenges to delivery of the pledges will be to release the Matrons from non-essential tasks to ensure they are visible across the Trust, and to gain support from patients, visitors and staff. d. Visibility across CCC sites will also be challenging due to the opening of the new hospital and the additional work associated with this. The Matrons attempt to deputise for each other where possible, will provide cover on other wards areas as required, and will ensure staff are aware they can approach any Matron. e. Travel between other CCC sites and hubs brings its own challenges, as this is time where Matrons are not visible, and work is being undertaken to ensure greater visibility across all areas and clinics, and work is ongoing with Radiotherapy leads to ensure Matron visibility and standards are equitable. f. The Matrons feel supported by the organisation and were conscious that the open door policy and supportive attitude of Trust Board members places them in a very fortunate position. 	

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	<p>The Trust Board:</p> <ul style="list-style-type: none"> • Noted the presentation and welcomed the opportunity to explore the development of the matron's role. 	
P1/119/19	<p>Chair's Report</p> <p>The Chair has attended at a number of visits at meetings, including a visit to the Linda McCartney Centre at RLBUHT, and a Health and Social Care Cheshire and Merseyside Chairs' meeting, Chaired by Sir Duncan Nichol. The Chair also met with the Chair of Alder Hey Children's Hospital where shared representation at meetings was discussed and agreed in principle.</p> <p>The Chair and CEO attended at a Healthy Wirral Chairs' meeting, where opportunities for potential joint working were raised.</p> <p>Following interviews held on 24 June 2019, the Trust has appointed three new Consultants.</p> <p>At the Nominations Committee meeting held on 29 May 2019, the Governors agreed to issue an advert to fill two Non-Executive Director posts, one with a legal background and one with a clinical background. Interviews will be scheduled for 11 July 2019. It was also approved that Geoff Broadhead would become a Non-Executive Director as of the 1st July 2019.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • Noted the contents of the report. 	
P1/120/19	<p>Chief Executive's Report</p> <p>The CEO undertakes weekly walkabouts across the Trust, at both Corporate and Clinical services, and the visit during week commencing 24 June 2019 was in Radiotherapy at CCC-Aintree. A record of all Governor, Non-Executive Director, and Executive Director walkabouts will be kept, to allow the Board and the CQC to see the visible change to walkabouts undertaken at the Trust.</p> <p>The CEO attended a number of number of external meetings, two of which included the Knowledge Quarter Conference on 25 June 2019, in relation to the renaissance of the Liverpool City region and improving the health of the population across the region; and the first Radiotherapy Network meeting for the North West, which is where information will be shared and standardised. The aim is to improve access to specialised radiotherapy techniques and rationalise protocols.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • Noted the contents of the report. 	
	Strategy	
P1/121/19	<p>2019-2022 Education Strategy – Deferred</p> <p>This item was deferred.</p>	

Item No.	Item	Action
P1/122/19	<p>2018/19 Infection Control Annual Report – for approval</p> <p>SL introduced JA, who is attending to present the annual report, and provided the background to the report, which sets out the arrangement for infection prevention and control within the Trust and summarises the work and projects implemented during 2018/19 to protect patients from healthcare associated infections.</p> <p>The report was discussed and the following points were noted:</p> <ol style="list-style-type: none"> a. The biggest challenge for the Trust is the issue of water safety. An improvement plan has been developed and will be presented at the Water Safety Group meeting in July 2019, for approval. The hub sites are also a concern in relation water safety and a formal request has been made to PropCare that the Trust is signed on the data collected at those sites, and it is anticipated that this issue will be resolved in July 2019. b. There is further work to be undertaken at CCC-Liverpool, as the data indicate that improvements are required in all three audit areas. The Antimicrobial Stewardship Group will monitor improvements within the audit areas, and the CCC Pharmacy teams now have improved access to the RLBUHT IT systems, which will also support future audits. c. The Trust does not regularly screen for the Group A streptococcal (iGAS) infection, which has been identified as the source of an infection outbreak recently, in Essex. However, this is a part of the check undertaken during blood screening, as it can be an issue for those patients with a compromised immune system. d. The Trust has moved to using a handheld device to support the auditing process, as this allows information to be recorded ‘live’ and held centrally, which provides more reliable information than the previous method of paper reports. <p>An update was provided in relation to a recent national Listeria outbreak. Forty three hospitals have food provided by the company identified as the source of the outbreak. Although CCC Wirral is not directly affected, patients do attend at other hospitals, such as CCC Aintree, which is affected.</p> <p>Following CCC contacting NHS England and NHS Improvement, a briefing note issued to the affected hospitals was provided to the Trust, which has contacted each of those hospitals and assurance has been received that all products supplied by the company have been removed. The Trust has ensured that all Out of Hours On Call staff and senior nurses are aware of the situation. As a result of advice from the NHSE/I National Team, the Trust did not set up a patient helpline, although this had been considered as an option, and is prepared to implement any recommendations identified by NHSE/I.</p> <p>The Chair thanked JA for the work undertaken during his six months at the Trust.</p>	

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	<p>The Trust Board:</p> <ul style="list-style-type: none"> • Approved the Infection Prevention and Control 2018/19 Annual Report. 	
P1/123/19	<p>2018/19 Mortality Report – for approval</p> <p>SK introduced KG and DM, who attended to present the report, and provided the background to the report, which summarised the Trust’s mortality activities in 2018/19.</p> <p>An overview of the report was provided by KG and DM, and the following points were highlighted:</p> <ol style="list-style-type: none"> Page 17 – both graphs are for Radical Chemotherapy, and the second graph will be replaced with the Palliative Chemotherapy graph. The Trust has developed its own methodology for analysing data from SACT database demonstrated comparable survival outcomes when benchmarked with other specialist cancer centres nationally. The Trust does not use the HSMR and SHMI data as the CQC has identified that these standards do not apply to specialist Trusts. Consultants are now able to attend mortality review meetings virtually, via Webex or dial-in, which has increased participation at the meetings by 19% in the last year. Where regimens are identified as high mortality, feedback would be provided to the relevant site reference group (SRG), and/or placed on a monitoring process to closely observe it to ensure improvement. <p>The Chair thanked KG and DM for their work on the report.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • Approved the 2018/19 Mortality Report, subject to the identified amendment. 	
P1/124/19	<p>Food Strategy – Update</p> <p>SL provided the background to the strategy, and an overview of the update. The strategy was discussed and the following points were noted:</p> <ol style="list-style-type: none"> It is intended that the newly created Patient Experience and Inclusion Group (PEIG) will include representation by Governors, Patients, Matrons, PropCare and Staffside, and that this meeting will report to the Integrated Governance Committee and then through the governance structure to Board. The Trust is working with PropCare to manage and monitor the reduction of food waste, which includes reducing the portion size as this can have a negative impact on those patients whose immune system has been compromised. This reduces the size of the packaging used, which reduces the waste to be disposed. The Chair identified that, during a visit to the Haemato-Oncology wards, staff were complimentary of the food provided by ISS, the company that provides the service at RLBH and will be 	

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	<p>providing the service at the new hospital, as ISS is very responsive to patient's wants and needs and prepare food at the patient request.</p> <p>The Chair requested that SH, the patient who provided his patient story at Board in March 2019, was informed of the work being undertaken following his highlighting of the issue.</p> <p>It was suggested that a communication is issued to highlight that the Trust responds to the patient voice.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • Noted the review of the existing Food & Drink Strategy to determine any additional priorities and requirements and ensure patient and Governor involvement in the review. 	SL
Performance, Risk & Assurance		
P1/125/19	<p>Improvement & Assurance Plan – CQC</p> <p>SL provided an update on the progress of the plan and it was noted that the plan is on track and there are no issues to be raised. The Trust has recently met with the CQC for the first time since the well led inspection in January 2019, and the CQC is satisfied with the progress of the plan. It was noted that actions are not simply being closed, but that evidence of the work undertaken is provided and discussed prior to an action being closed, and this was positively received.</p> <p>The CQC asked a number of questions in relation to the development and expansion to Liverpool, and on standardising policies for all CCC sites and hubs. Detail was provided on the work being undertaken to review the Trust's policies and procedures, to ensure that each policy is Trust wide, but that any required variation for a particular site or hub is included.</p> <p>Discussions also took place in relation to staff and staff wellbeing, and details were provided on the Town Hall Events and communications provided to staff to ensure they are kept fully informed of any developments around the new hospital.</p> <p>The next meeting with CQC is scheduled to take place in September 2019, and an update will be provided to Board following that meeting. It is anticipated that another unannounced inspection will take place at the Trust within the next fifteen months. However, it is expected that the Private Patient Unit will receive an unannounced inspection by Spring 2020, and work is being undertaken with the unit to support their preparation for this. The CQC are aware that the Private Patient Unit will be moving to the new hospital during this period.</p> <p>It was noted that the Trust needs to improve at providing positive information to the CQC, i.e. GDE assurance, Infection Prevention and Control, etc., as this provides strategic assurance on the work being undertaken by CCC.</p>	

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	<p>The Trust Board:</p> <ul style="list-style-type: none"> • Noted the contents of the report. 	
P1/126/19	<p>TCC Programme Update</p> <p>The Chair provided feedback from the Summer Event held at the new building on 6 June 2019, which was very well received. The work of the Charity and Events teams, PropCare and Laing O'Rourke ensured a very polished evening for all those in attendance.</p> <p>TP provided an overview of the new report to Board, which gives a summary of progress and ongoing work, and highlights high level milestones and key dates through to the opening of CCC-Liverpool. Any feedback and comments on report was welcomed.</p> <p>The update was discussed and the following points were highlighted:</p> <ol style="list-style-type: none"> Discussions are ongoing with RLBUHT in relation to the management of Deteriorating Patients and how both organisations can work together to resolve this issue. A clinically led piece of work is to be undertaken to identify and balance risks around the move of haematology inpatients from the RLBUHT to CCC-Liverpool. When a clinical decision is made, sign-off will be required by Commissioners and Specialised Commissioners. Work is currently underway to develop a proposal for September 2019, for sign-off in October 2019. It was noted that the report made an incorrect reference to further pages. It was acknowledged that the Board report was the summary of a more detailed report that was produced for the Transforming Cancer Care programme board and errors such as this would not be repeated. It was suggested that, when referring to the Lab build, it would be beneficial to know if there is any reliance on external bodies which may have a potential impact on the set timescales. It was identified that this build refers to the build of the IT systems that relate to the laboratory services that are needed at CCC-Liverpool. However, the point was acknowledged as there are other areas where external factors could potentially be an issue. <p>The Trust Board:</p> <ul style="list-style-type: none"> • Discussed and Noted the contents of the report. 	
P1/127/19	<p>Integrated Performance Exception Report - Month 2</p> <p>An overview of the report was provided and it was noted that Haemato-Oncology data for VTE risk assessment, Sepsis and length of stay data has been excluded, as the quality of the data requires further scrutiny. It was also noted that the format of the report has been changed to provide four clear reporting areas, and the dashboard has been slightly amended.</p> <p>The report was discussed and the following points were noted:</p> <ol style="list-style-type: none"> Sepsis – Intravenous Antibiotics received within an hour. - Performance was 96% against the 100% target. The target was 	

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	<p>missed due to the antibiotic administration time not being accurately recorded for one patient.</p> <p>b. Vacancies within the resuscitation team have delayed NEWS 2 training being provided. The post holder is now in place and is focused on training. The Trust is also implementing an e-Prescribing system on the solid tumour wards from 26 June 2019, which will help to accurately record the administration times of all medicines.</p> <p>c. Compliance for May is below the PADR target, although it was noted that this is due to the annual cycle currently being underway. Consideration will be given to profiling the targets to enable a more accurate position to be provided during the PADR cycle.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • Noted Trust performance and associated actions for improvement, as at the end of May 2019. 	
P1/128/19	<p>Finance Report – Month 2</p> <p>JT provided an overview of the report. The report was discussed and the following points were highlighted:</p> <p>a. Regulator Profile (Strategic Outcomes Framework) – the overall rating is impacted by agency expenditure, which is an underlying issue for the Trust, and costs incurred in month 2 has caused the agency rating to worsen to 4, the highest risk. The issue has been discussed with NHSI and, providing the Trust’s underlying position remains on track, this is acceptable. Recent recruitment to fill posts currently being provided by locums is expected to take two or three months to impact on reporting, and the Directorate has been asked to produce an annual forecast for staffing expenditure to allow a clearer view to be shared at the next meeting with NHSI.</p> <p>b. The consolidated surplus for May 2019 is above the control total by £193,000, which moves the metric rating from a 2 to a 1, and this will continue to be monitored closely.</p> <p>c. Pay is underspent by £324,000, which is mainly related approved workforce investments not being recruited to, at the end of May.</p> <p>d. Cash and Capital has improved on plan, and the issue relating to the Trust’s debt with RLBUHT has now been resolved. The Trust has also received an annual dividend from the Joint Venture.</p> <p>e. NHSE is closely monitoring the current over performance of drug expenditure, as this is the greatest risk to the commissioning budget for Cancer. Work is being undertaken with NHSE to understand the issues around this and additional information has been requested by NHSE.</p> <p>JW queried whether the Drugs and Therapeutics Committee had provided a presentation to the Board previously, and this will be confirmed. It was noted that reporting is through the Quality Committee, and the Chief Pharmacist attends at that meeting.</p>	LB

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	<p>The Trust Board:</p> <ul style="list-style-type: none"> • Noted the contents of the report, with reference to: <ul style="list-style-type: none"> ➤ Delivery of a financial risk rating of 2, which is below the plan of 1. Applying an NHSI 'override' (due to one metric (Agency) being rated as 4) would cap the overall Trust rating at a maximum of 3. However NHSI have confirmed that their overall assessment of CCC continues to keep the Trust in risk segment 1, the lowest risk rating. ➤ Overachievement against the Control Total. ➤ Increase in the I&E planned turnover and expenditure to reflect approved additional Cancer Alliance funding. ➤ Risks identified and potential mitigations. 	
P1/129/19	<p>Performance Committee Chairs Report</p> <p>DT provided an overview of the report and the following points were highlighted and discussed:</p> <ol style="list-style-type: none"> a. The TCC Financial Report was not available for the meeting and it was noted that submission of late papers was an issue for a number of meetings. Preparation of the 2020 Cycle of Business will review the current process in place. b. CCC-Wirral Site - A number of Hard FM services provided by Wirral University Hospital Trust (WUTH) are reported as 'non-compliant' against the WUTH Maintenance SLA. These will continue to be reported as non-compliant until PropCare has visibility of documentary evidence to demonstrate compliance. <p>The Trust Board:</p> <ul style="list-style-type: none"> • Noted the contents of the report. 	
P1/130/19	<p>Quality Committee Chairs Report</p> <p>DT provided an overview of the report and the following points were highlighted and discussed:</p> <ol style="list-style-type: none"> a. Quality Committee Risk Register – a concern has been noted in relation to the number of high level risks in Radiation services and an assurance report will be provided to the July 2019 Integrated Governance Committee meeting. b. Quality Committee Risk Register – There are 19 overdue risks assigned to the Private Clinic; 8 very low, 10 low, and 1 moderate. A meeting has been scheduled to discuss supporting a review, and development of the risk report, to provide assurance that the risks are being monitored and managed. c. Safer Staffing Monthly Report - A number of staff have expressed concern that a clear picture on fill rates is not being reflected within the report. The Deputy Director of Nursing will provide communication and education to senior nursing staff on Safe Staffing measurements, by September 2019. This will be cascaded to all staff to ensure they are aware and understand the Safe Staffing measurements. Procurement is underway for an electronic tool that will collate staff data, to identify pressure points, etc., across the Trust. 	

Item No.	Item	Action
	<p>d. Clatterbridge in the Community – the Commissioners allow the Trust to use VAT savings to fund nursing posts for the service. An internal business case has been approved for recruitment to those posts and confirmation is awaited from commissioners that recruitment can commence.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • Noted the contents of the report. 	
P1/131/19	<p>7 Day Services Self-Assessment</p> <p>JSp provided the background to the June 2019 self-assessment. It was noted that Clinical Standard 6: Interventional Radiology (IR) is marked as compliant, as advised by NHSI. Access to IR is available via an in-formal arrangement that is currently under review.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • Approved the 7 Day Services Self-Assessment. 	
Corporate Matters		
P1/132/19	<p>Board Committee Terms of Reference – for approval</p> <p><u>Quality Committee</u></p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • Approved the Quality Committee Terms of Reference. <p><u>Performance Committee</u></p> <p>a. Reference to the Performance Review Group will be removed from Points 8.5 and 8.6.</p> <p>b. The frequency of meetings will be amended to note the Committee meets 10 times per year.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • Approved the Performance Committee Terms of Reference, subject to the noted amendments. <p>It was agreed that future documents for review will be provided with tracked changes included.</p>	AW
P1/133/19	<p>Liaison with Governors</p> <p>The Chair reported the sad news of the death of a CCC Governor.</p> <p>The Trust will commence Round 2 of elections, to fill three Governor and four constituency vacancies. on 15 July 2019.</p>	
P1/134/19	<p>Board Meeting (including quality content)</p> <p>There were no observations made.</p>	
P1/135/19	<p>Any Other Business</p> <p>There was no other business to discuss.</p>	

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	<p>End of Meeting held in Public: The Board resolved that in accordance with Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960, representatives of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudiced to the public interest.</p> <p>The meeting closed at 12.45pm.</p>	
	<p>Date of Next Meeting: 24 July 2019, 9:30am, JKD Conference Room</p>	

Signed: Kathy Doran, Trust Chair

Date: