**Minutes of Trust Board Part 1**

**29th March 2023, 09:30**

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| **Title / Department** | **Name** | **Initials** | **Present / Apols** | **Attendance Record** | **Deputy** |
| **Core members (as per ToR)** | P:Present A:Apologies 0:No apologies |
| Chair  | Kathy Doran | KD | P | 10/10 |[ ]
| Non-Executive Director (NED) | Mark Tattersall | MT | P | 10/10 |[ ]
| Non-Executive Director (NED) | Geoff Broadhead | GB | P | 8/10 |[ ]
| Non-Executive Director (NED) | Elkan Abrahamson | EA | P | 9/10 |[ ]
| Non-Executive Director (NED) | Terry Jones | TJ | A | 8/10 |[ ]
| Non-Executive Director (NED) | Anna Rothery | AR | P | 7/10 |[ ]
| Non-Executive Director (NED) | Asutosh Yagnik | AY | P | 7/10 |[ ]
| Chief Executive | Liz Bishop | LB | P | 10/10 |[ ]
| Director of Workforce & Organisational Development | Jayne Shaw | JSh | P | 10/10 |[ ]
| Medical Director | Sheena Khanduri | SK | P | 9/10 |[ ]
| Chief Nurse | Julie Gray | JG | P | 10/10 |[ ]
| Chief Operating Officer | Joan Spencer | JSp | A | 10/10 |[ ]
| Director of Finance | James Thomson | JT | P | 10/10 |[ ]
| Chief Information Officer | Sarah Barr (NV) | SB | P | 10/10 |[ ]
| Director of Strategy  | Tom Pharaoh (NV) | TP | P | 10/10 |[ ]
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| **Also in attendance**  |
| **Title** | **Name**  | **Initials** |
| Corporate Governance Manager (minutes) | Skye Thomson | ST |
| Interim Associate Director of Corporate Governance  | Paul Buckingham | PB |
| Communications Manager | Susan King  | SK |
| Lead Governor | Jane Wilkinson | JW |
| Governor | Miles Mandelson | MM |

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| **Item No.** | **Standard Business**  |
|  | **Welcome, Introduction, Apologies & Quoracy:** The Chair welcomed the Board and observing Governors and noted there were apologies for absence from Terry Jones, Non-Executive Director and Joan Spencer, Chief Operating Officer. The Chair confirmed the meeting was quorate.  |
|  | **Declarations of Interest:**There were no declarations made in relation to any of the agenda items.  |
|  | **Minutes of Previous Meeting**The minutes of the meeting held on 1st March 2023 were approved as a true and accurate record subject to the following amendments:NED AY queried his attendance record and agreed to pick this up with the Corporate Governance Manager outside of the meeting. NED EA noted a typo in the minutes and agreed to send details through to the Corporate Governance Manager  |
|  | **Matters Arising / Action Log** There were no matters arising. The Board noted that the following updates regarding the action log:P1-013-23 – The data on the VTE assessments due at Quality Committee had been deferred from the March meeting to the June meeting. P1-033-23 – The Director of Strategy provided NED AR with an update on the hot water systems on the 28 March. This action is complete. P1-36-23 – The Chief Executive provided confirmation on Endoscopy wait list figures in the private meeting on the 1st March. The Chief Exec noted one section of the report didn’t include added surveillance figures. NED MT noted this was also the case in the 29 March report. |
|  | **Cycle of Business** The Board received and noted the cycle of business  |
|  | **Reports and Action Plans**  | **Action Lead** |
|  | **Chair’s Report to the Board** The Chair informed the Board she had met with senior representatives from NHS England regarding the Liverpool Clinical Services Review. The meeting was positive and they were keen for Trusts to move ahead with the agenda. The first joint committee meeting with Liverpool University Hospitals NHS FT (LUHFT) took place on 15 March. The Committee discussed its terms of reference, developing the current collaborative work plan and will look at reporting to each Trust’s Board. The Committee were pleased to see there were already joint work streams in place. The Chair noted she had showed the Chair of Liverpool Women’s Hospital around the CCC-Liverpool hospital. She also met the new Interim Chair at LUHFT who is keen to come round soon. The Chair attended a Cheshire and Merseyside Acute and Specialist Trust (CMAST) Chairs’ meeting where updates were provided on the work plans. Two Consultants have been appointed in the breast service and a Nominations Committee took place in month looking at the terms of reference and NED appraisals. The Board **noted** the updates.  |  |
|  | **Patient Story**The Chief Nurse introduced the patient story report which detailed the actions to be taken following the story of a sarcoma patient. The Board had received a video of the story prior to the meeting. The Chief Nurse noted the feedback was very positive with a few areas for action.There are improvements to be made around patients feeling isolated, which is difficult with the single room model. The volunteers will be introducing a buddy system and the team are creating a job description for a volunteer dining companion. The team also aim to use shared spaces in wards for patients to eat together. This ties in with the biosecurity work, the infection prevention and control team are working with other cancer centres to ensure guidance is the same across the board. From Monday 3rd April 2023, staff, patients and visitors will no longer be required to wear masks within The Clatterbridge Cancer Centre. With regards to action 3 around temperature control, the team are doing a piece of work, which will report through Acute Division Board. NED AR queried if temperature control was linked to drafts around doors and windows. The Director of Strategy noted it is more likely linked to the way the air circulates in the room. The Board noted the positive testimony to services and discussed potential action around information on nursing roles. The Medical Director suggested the Trust promote the huge skill mix in the nursing staff. The Board discussed putting biographies on the website, staff pictures on the Wards, and videos of ‘who you might see at CCC’. The Chief Nurse noted that at the year-end, the team will do a close down report from actions from all 2022/23 patient stories which will go to the Patient Experience and Inclusion Committee. All patients will be sent a thank you card and going forward this will be done straight after their story is received. An example of the card was shared around the Board room. The Chair noted that the feedback from the patient stories is consistent with that from the NED and Governor Engagement Walk-rounds. The Board **noted** the report.  |  |
|  | **Integrated Performance Report**The Chief Operating Officer introduced the Month 11 Integrated Performance Report and each Executive Lead briefed on highlights in the SPC Charts and exception reporting for the following areas: Access, Efficiency, Quality, Research & Innovation and Workforce.Access and efficiencyThe Chief Nurse noted that the report had been reviewed at Quality Committee in detail the week before and highlighted the following:There were two avoidable breaches by 3-4 days due to pressure with capacity and out patients. The importance of mitigating challenges from industrial action and bank holidays was noted. There was a fall in compliance in month for turnaround for inpatient imaging. The team have done a deep dive and this is now resolved. This was due to a combination of annual leave, unexpected sickness and training regarding marking cases as urgent. NED MT noted that pg 6 of the report refers to category 1 patients always starting treatment on a Monday and queried why this is and if this was being reviewed. The Medical Director noted that the Category 1 patients is not a simple departmental change but a Royal College set standard.**ACTION:** The Chief Operating Officer to provide further detail on Category 1 patients starting treatment on a Monday and if this is being reviewed. NED MT noted the reference to the CT machine breakdown on pg 16 and that it was out of action for a week. He queried if this was common and why it occurs. **ACTION:** The Chief Operating Officer to provide an update on how often the CT machine breaks down and the impact of this. NED AY, queried on pg 5 of the report, CW07 31 Day subsequent chemotherapy, the narrative states that the nature of variation indicates that achievement of the target is likely to be inconsistent, however the figures have been green for 12 months. CW08 31 day subsequent Radiotherapy states the target is outside SPC limits and is thereforelikely to be achieved consistently. AY queried this. **ACTION:** Chief Nurse and Chief Information Officer to provide clarification to the Board on the narrative for the SPC charts for CW07 and CW08. Quality The Chief Nurse noted there was an Information Commissioner’s Office (ICO) breach marked as red on the report. The case was investigated and it was agreed there was no breach. How this is reported in the IPR needs to be reviewed. The Interim Associate Director of Corporate Governance noted that ICO reporting is included in the annual governance statement and this red reporting could give a misleading position. It was suggested the wording from the Annual Governance Statement could be included in the report. A review process is underway on policy management, to ensure policies are required, up to date and assigned to a committee or group rather than an individual person. NED MT noted this work ties in with CQC preparedness and queried when it would be completed. The Chief Nurse noted there was a lot of work to do on assigning policies to committees and streamlining those in place. The assigning is aimed for completion at the end of May. The Information Governance Manager is working with divisions to see what support they need for streamlining. NED AR asked how many FOI requests (Freedom of Information) are submitted by patients. The Director of Finance noted that the team wouldn’t necessarily know as there is anonymity **ACTION:** Director of Finance to determine if it is possible to find out how many FOIs are submitted by patients. R&I The Medical Director noted that recruitment levels had been achieved in month. The majority of studies currently in set-up are complex, supporting the BRC and ECMC strands of the research portfolio.WorkforceThe Director of Workforce and Organisational Development (WOD) highlighted that sickness absence was the same as last month, above target with the 3 usual reasons. There is manager training underway for assurance on policy procedures for short-term sickness absence recording. This will be monitored through Workforce Advisory Group and People Committee. Staff turnover was discussed, and it was noted an increase has been seen across Cheshire and Merseyside, a focus on exit interviews is underway to support staff retention. The People Committee will monitor deep dives into themes and trends. The Director of WOD noted the need to look into the high sickness absence due to gastro illness. The Board **noted** and **approved** the Integrated Performance Report  | JSpJSpJG / SBJT |
|  | **Finance Report**The Director of Finance presented the finance report, which detailed the Trust’s financial performance for February 2023. The Director of Finance highlighted the following:* The team are closing the final position, the Trust submitted a plan to NHSE/I showing a £1.621m surplus for 2022/23
* With regards to recruitment the variance from actual to establishment is reducing
* The reclassification of bank and agency spend has caused a spike in agency reporting
* The Trust closed the CIP programme after hitting the target for the year. However, £2.3m was met non recurrently.
* Capital committee are confident the Trust will hit the spend target; high value items are being worked through at the moment.

NED MT noted section 5.1 of the report regarding £9m from NHSE for ERF>104% performance and the £5.5m repay to the ICB. NED MT requested this be discussed at the Audit Committee on 31 March to understand it from an audit perspective. The Board discussed the position and the Director of Finance confirmed the Trust would spend the £200k extra capital this year. The position doesn’t include any backdated pay award, the assumption is that this would be covered nationally. There is still uncertainty around what this will look like. The Trust have included 2% which is the current guidance for planning next year.The Board **noted** the finance report.  |  |
|  | **2023/24 Operational and Financial Planning**The Director of Finance presented an update on the 2023/24 Operational and Financial Planning, providing detail on:1. Cancer Planning Context – Cancer Alliance2. Planning Timeline3. Activity4. Workforce5. Finance6. Next stepsThe Director of Finance noted that NHS England will make an assessment of all Trust and ICB plans following submission by 31st March. It is expected that if a Trust, or ICB, plan does not meet NHSE requirements the planning process will continue until plans are able to be approved. If the Trust plan needed to be revised there could be a need for an extra-ordinary Board meeting in April. The Board **noted** the update.  |  |
|  | **Gender Pay Gap**The Director of WOD introduced the report, which provides details of the Trust’s gender pay gap in line with the statutory requirements. The report was prepared by the Head of Equality Diversity and Inclusion who started in January. The Director of WOD highlighted the following: * The Head of EDI is keen to understand the data in more detail and to understand differences to inform next steps.
* The Trust will look at benchmarking data (although it is always a bit out of date) to learn from organisations that do better.
* The Head of EDI works across Alderhey and CCC and a collaborative approach can be taken as plans develop forward.
* A six monthly update report will go to People Committee demonstrating the work done.

NED EA queried the reporting format noting the importance of reporting against all protected characteristics. The reports for the workforce race equality standard and the workforce disability equality standard are on the cycle of business for later in the year and EA queried having consistent joined up reporting. The Director of WOD noted the Trust are required to report on each area in isolation. NED EA suggested that there should be consistency of approach, for example a pay gap report on race, disability. EA noted that the report doesn’t show what the Trust has done in year. The Director of WOD agreed to look into this. The Board discussed the report and highlighted the following* The importance of understanding comparative gender pay gap differences in each band
* The significant difference in bonus pay
* The importance of understanding the impact of ethnicity within the gender pay gap.
* Triangulating this information with Trust performance, looking at the impact this has on other areas; turnover, sickness absence, vacancy etc.

The Director of WOD noted that the March People Committee meeting was rescheduled to April due to industrial action and the report will go there on the 18 April. She agreed to tweak the report following the Board feedback prior to People Committee. NED AR noted the equality impact assessment on the report should show impact on other areas not just gender and noted work was needed on ensuring EIA’s are complete. The Board **noted** the mandatory reporting to be open and transparent about gaps.The Board **agreed** for the report to be approved at People Committee prior to publication following amendments from the discussion.  |  |
|  | **Staff Survey Results**The Director of WOD introduced the staff survey results published on 9 March 2023 and highlighted the following:* The increase to a 65% response rate which was above the 52% average. Thanks were given to staff for completing the survey and the results were published at a ‘CCC live’ event and shared with divisions.
* Section 3.3 shows scores increased in 6/9 themes and 3 stayed same
* Sections 4, 5, 6 show performance against the sector (Acute and Specialist Trust)
* In previous years the Board asked for additional detail on divisional performance, this has been included in the report
* The next steps are to agree areas for action and hold listening events like last year.
* Progress will be monitored through Performance Review Groups and Workforce Advisory Group.

NED AY noted the scores against appraisals and queried if this was due to them not happening or not going the way staff want. The Director of WOD confirmed they are happening but the quality of conversations is not always the way it should be. The team are looking at updating the PADR process, making it less repetitive and more intuitive. There is a concern that in pushing compliance, the quality of conversations could be compromised. NED EA queried if the stats were broken down via site. It was confirmed that stats are broken down by Division and Staff group and themes in each looked at. The Director of WOD was unsure is stats could be broken down by site and will look into it. The Director of Finance noted that the listening events give the opportunity for site specific feedback. The Chair noted the positive results and thanked the team for their work. The Board **noted** the staff survey results |  |
|  | **NED and Governor Walkround** The Chair introduced the report as the Non-Executive Director representative on the February walk-round on Chemotherapy Treatment Unit and the Clinical Trials Unit both on floor 6, CCC Liverpool. The Chair informed the Board that this was a very positive visit with great feedback from patients and staff. The clinical trials unit staff were very passionate about their mission and were keen for more space. The Chair noted it was great to hear from staff in both areas how they have been supported by CCC to develop their careers. One member of staff joined as admin support, and then worked as a HCA and now a qualified nurse. The Board **noted** the positive report. |  |
|  | **Guardian of Safe Working Report Q3**The Medical Director introduced the report containing details of exception reports,rotas, staffing and vacancies across the junior doctors. There were 4 exception reports all related to hours worked beyond contracted hours. All doctors received time off in lieu or payment and were responded to in 7 days. The Medical Director noted that haematology doctors in training come under The Clatterbridge Cancer Centre NHS Trust when on placement at the Trust. In the period of the report, Haematology trainees/junior doctors made 11 exception reports on the Royal Liverpool exception report system. The reports were done due to regional service demands within haematology and not directly caused by CCC acuity. The Medical Director confirmed she was assured that these exceptions were not impacted by work related to CCC.The Board discussed the impact of additional training positions on safe working reporting. The Board **noted** the report. |  |
|  | **NED Independence & Board Register of Interests**The Interim Associate Director of Corporate Governance introduced the report aimed to facilitate a decision by the Board of Directors relating to the independence of Non-Executive Directors.Each of the NEDs completed a declaration confirming if they meet the independence criteria. Since the report was distributed, NED AR has completed a declaration and doesn’t meet any of the criteria. With the exception of NED TJ (due to his role in at Liverpool University and LUHFT) all NEDs declared independence.The Board **endorsed** this position to include in the annual report. The IADoCG noted since the distribution of the report, NED AY submitted an updated declaration of interest advising his role as Transformation Director at MHRA is no longer applicable. The Chief Executive submitted an additional hospitality declaration for attendance at the HSJ Partnership Awards. The Corporate Governance Manager noted she had been informed that the following Executive Directors have roles in the private practice joint venture which will be declared following the meeting: Sheena Khanduri, Julie Gray and Joan Spencer. The Board **confirmed** a positive conclusion on the independence of the Chair and the other Non-Executive Directors.The Board **confirmed** that the content of the register of interests are accurate and up to date subject to the addition of the PPJV declarations.  |  |
|  | **System Working**  |
|  | **Cheshire and Merseyside Cancer Alliance Performance Report**The Chief Executive presented the Cheshire and Merseyside Cancer Alliance (CMCA) Performance Report and noted this was the last of this kind of report. The Chief Executive highlighted the following:* Treatments remain high, as does endoscopy activity but the standard faster diagnostic figures have been slipping over a number of months - more information has been requested on performance by tumour type and provider.
* A focused piece of work will be done to bring together the diagnostic team and CMCA to see if more can be done for GI and Urology.
* Going forward the CMCA will report to Board quarterly. The team have been asked to develop SPC charts so the Board can see statistical trends and get into the detail. Reporting on transformation programmes will also be included
* The new report will be sent out to all provider Boards and PLACE directors to report to their Boards.
* There is a 6 week lag on the information for the report. This means that the Q1 report would not be ready until August. As the Board doesn’t meet then, this would come to Board in September.

**ACTION:** The Chief Executive and Chair to agree CMCA reporting for July/SeptemberThe Chief Executive confirmed that the report will be transparent showing outliers and trends. CMCA also report to the Provider Collaborative, ICB and Nationally. The Board **noted** the report and agreed the amended reporting frequency going forwards. | LB |
|  | **Any Other Business** |
|  | There was no additional business  |  |
|  | **Date and time of next meeting: 26th April 2023, 09:30** |