

The Clatterbridge Cancer Centre NHS Foundation Trust

**MINUTES OF THE COUNCIL OF GOVERNORS MEETING
HELD ON MONDAY 27th MARCH 2017
AT 5.30PM AT THE CLATTERBRIDGE CANCER CENTRE**

	<p>Present:</p> <div><div>Steve Sanderson Ian Boycott-Samuels Angela Cross Luke Millward-Browning Jane Wilkinson Matt Duffy Dave Steele Mike Sullivan Carla Thomas</div><div>Cheryl Rosenblatt Yvonne Tsao Ray Murphy John Roberts Sonia Holdsworth Pauline Pilkington Andrew Pettitt Doug Errington</div></div> <p>Chair - Wendy Williams</p> <p>In Attendance:</p> <div><div>Andrew Cannell Helen Porter Gil Black Phil Edgington Andrea Leather Margaret Moore</div><div>- - - - - -</div><div>Chief Executive Director of Nursing & Quality Non Executive Director Non Executive Director Corporate Governance Manager Secretary (Minutes)</div></div>	
	Administrative items	
019/17	Chair’s welcome, introductions and apologies for absence:	
	<p>Wendy Williams opened the meeting and noted the following apologies:</p> <ul style="list-style-type: none">• Burhan Zavery• Barbara Boulton• Andrew Bibby• Andrea Chambers• Julie Dawes• Katrina Bury• Shaun Jackson	
020/17	Declaration of Governors’ and other attendees interests concerning agenda items	
	<p>There were no declarations of interests concerning any of the agenda items.</p>	

021/17	Minutes of Meeting	
	The minutes of the Council of Governors meeting held on the 23 rd January 2017 were agreed as a true and accurate record.	
022/17	Matters Arising	
	<p>The matters arising detailed on the action sheet were confirmed as complete.</p> <p>Andrea Leather explained the additional column on the matters arising sheet was to show latest update or completion.</p>	
	Items for Discussion - Performance	
023/17	Report from Senior Governor	
	<p>Steve Sanderson (SS), Senior Governor provided the Governors with an update. He advised membership recruitment continues to be a concern. Jane Wilkinson said that she had registered for the Beside the Seaside Walk on Sunday 11th June and urged other Governors to join in as it is support for the Charity and an opportunity to recruit new members.</p> <p>Governors Discussion Group – Dave Steele suggested a Walkround, not only to visit different department in CCC but also our Satellite centres. Steve Sanderson thought it was an excellent idea and will try to arrange for the next meeting on 6th September 2017. Steve also said that if Governors had any ideas they could email him direct.</p>	SS
024/17	Chief Executive & Performance Report	
	<p>Andrew Cannell (AC), Chief Executive presented a report outlining the Trust's current performance which encompasses the following topics:</p> <ul style="list-style-type: none"> ➤ Operating Standards – all targets achieved with the exception of Chemotherapy (Month 10) 96.7%. ➤ Finance Performance to January 2017 <ul style="list-style-type: none"> • Surplus at the end of January £4,613k (£290k above plan). • Costs £242k over planned budget (drugs related and agency spend) • Savings £16k below plan. • Strong liquidity £76.6m cash in the bank. • Trust expects to deliver forecast year end surplus of £6.8m. <p>However:</p> <ul style="list-style-type: none"> • Trust has breached its £1.22m Annual Agency Target <ul style="list-style-type: none"> ○ At month 10 agency spend - £1.82m, Major contribution due to additional IT costs as part of the EPR delivery • However overall pay costs remain within planned budget. • Regulator has applied an over-ride to ensure that the Trust is assessed as low risk. 	

Ray Murphy commented that sometime ago the Council of Governors were told a VAT saving could be made in relation to drugs, has this been achieved? AC advised we have configured our services through PharmaC.

➤ **Strategic Priorities 2017/18 – 2018/19**

AC advised that the strategic priorities aim to ensure that the Trust is focused on the key areas of delivery to fully exploit the opportunities and to ensure that we support our workforce to enable us to meet the challenges that this change will offer. Governors can access the Corporate Business Plan 2017/18 – 2018/2019 by following the link <https://www.clatterbridgecc.nhs.uk/about-centre/corporate-matters/meetings>

➤ **Transforming Cancer Care Programme – New Cancer Centre (Building for the Future)**

AC confirmed the Trust and Laing O'Rourke are in negotiation regarding cost and the construction contract.

➤ **Cancer Strategy and Cancer Alliance Update**

AC explained briefly the purpose of Cancer Alliance Programme Board and advised he had been asked to Chair the Board for Cheshire & Merseyside (C&M) region. AC advised there was a £200m competitive national cancer transformation fund and that C&M bid for £8.6m to support

- Earlier diagnosis
- The recover package
- Stratified follow up pathways

All three interventions recommended for phase 1 – from April 2017

Ray Murphy commended Andrew Cannell on his hard work, Andrew commented that Linda Devereux and Jason Pawluk deserved recognition for their hard work too.

➤ **National Cancer Transformation Fund**

Scope of Bid:

- Lung, colorectal and vague symptoms pathways **£2.7m**
 - Embedding best practice pathways
 - Tackling diagnostic delays, straight to test, MDT meeting, support worker staff
 - Admission avoidance
 - A new diagnostic operating model **£1.6m** plus **£2.5m** capital
 - Capacity and demand across the STP – pathology, imaging, endoscopy
 - Network wide approach
- Recovery package **£1m**
 - HNA, cancer care reviews, access to HWB support for all patients

	<ul style="list-style-type: none"> • Stratified follow up pathways (supported self-management) £800k • Breast, prostate, colorectal • Reducing demand for hospital based follow up, freeing up clinical capacity for complex patients. <p>➤ Key Challenges and opportunities:</p> <ul style="list-style-type: none"> ○ Delivery of transformational change ○ New models for workforce ○ Collaboration with other providers ○ Resource should enable cost effective demand management ○ Limited workforce risk beyond two years ○ Governance and accountability <p>➤ Cancer Delivery Plan 2017/18 – 2020/21 Delivering national recommendations and C&M priorities</p> <p>Feedback highlights areas of strength:</p> <ul style="list-style-type: none"> ○ Vision, alignment with STP, patient and wider stakeholder engagement <p>Areas for further development:</p> <ul style="list-style-type: none"> ○ Quarterly milestones for key areas of work, Board collective decision making (consideration of accountable care system), focus on patient experience and tackling <p>NHS England confirmation of core Alliance team resource £324k for 2017/18 and 2018/19</p> <p>Confirmation of bid funding and conditions awaited</p> <p>Workstream leads developing project plans</p> <p>➤ Let's Go Green Campaign – AC congratulated the Charity for their commitment in making this campaign successful. Dozens of buildings and structures supported the New Hospital Appeal by illuminating the structures green. Our staff across ten sites went green for our Go Green Clatterbridge Day.</p>	
	Items for Discussion – Quality	
025/17	Patient Story	
	<p>Helen Porter (HP) had prepared a presentation. This example had originated from a complaint and HP talked through the timeline. Several issues were identified in relation to this example. A general discussion followed in relation to 'ACCESS' – what does the 'best access to cancer care' look like to our future patient population? Also, what is the optimal service provision for – ensuring equity of access and meeting patients individual needs?</p>	

026/17	Care Quality Commission Inspection Results and Action Plan																																																																
	<p>Helen Porter (HP) reminded the Council that The Trust was inspected by the CQC from 7th – 9th June 2016 and an unannounced visit on 21st June 2106. A team of 28 inspectors visited the Trust. All areas of clinical care at the Trusts main site at Clatterbridge together with the satellite radiotherapy centre in Aintree and the Linda McCartney chemotherapy clinic were inspected.</p> <p>The CQC identified the following areas for inspection:</p> <ul style="list-style-type: none">• Radiotherapy• Chemotherapy• Oncology (Medicine)• End of life care• Outpatients and diagnostic imaging.• <p>All areas were inspected against the CQC 5 key questions to determine if services were:</p> <ul style="list-style-type: none">• Safe• Effective• Caring• Responsive• Well-led <p>The Trust received 2 reports, a detailed location report and a provider summary report.</p> <p>The detailed location report is available at https://www.cqc.org.uk/location/REN20?referer=widget3</p> <p>The reports were published on Wednesday 1st February 2017. The Trust has an overall rating of Outstanding.</p> <div><p>Our ratings for The Clatterbridge Cancer Centre</p><table><tr><th></th><th>Safe</th><th>Effective</th><th>Caring</th><th>Responsive</th><th>Well-led</th><th>Overall</th></tr><tr><td>Medical care</td><td>Requires improvement</td><td>Good</td><td>Outstanding</td><td>Good</td><td>Good</td><td>Good</td></tr><tr><td>End of life care</td><td>Good</td><td>Good</td><td>Outstanding</td><td>Good</td><td>Good</td><td>Good</td></tr><tr><td>Outpatients and diagnostic imaging</td><td>Requires improvement</td><td>N/A</td><td>Outstanding</td><td>Good</td><td>Requires improvement</td><td>Requires improvement</td></tr><tr><td>Chemotherapy</td><td>Good</td><td>Good</td><td>Outstanding</td><td>Outstanding</td><td>Outstanding</td><td>Outstanding</td></tr><tr><td>Radiotherapy</td><td>Good</td><td>Outstanding</td><td>Outstanding</td><td>Good</td><td>Outstanding</td><td>Outstanding</td></tr><tr><td>Overall</td><td>Requires improvement</td><td>Good</td><td>Outstanding</td><td>Good</td><td>Outstanding</td><td>Outstanding</td></tr></table></div> <div><p>Our ratings for The Clatterbridge Cancer Centre NHS Foundation Trust</p><table><tr><th></th><th>Safe</th><th>Effective</th><th>Caring</th><th>Responsive</th><th>Well-led</th><th>Overall</th></tr><tr><td>Overall</td><td>Requires improvement</td><td>Good</td><td>Outstanding</td><td>Good</td><td>Outstanding</td><td>Outstanding</td></tr></table></div>		Safe	Effective	Caring	Responsive	Well-led	Overall	Medical care	Requires improvement	Good	Outstanding	Good	Good	Good	End of life care	Good	Good	Outstanding	Good	Good	Good	Outpatients and diagnostic imaging	Requires improvement	N/A	Outstanding	Good	Requires improvement	Requires improvement	Chemotherapy	Good	Good	Outstanding	Outstanding	Outstanding	Outstanding	Radiotherapy	Good	Outstanding	Outstanding	Good	Outstanding	Outstanding	Overall	Requires improvement	Good	Outstanding	Good	Outstanding	Outstanding		Safe	Effective	Caring	Responsive	Well-led	Overall	Overall	Requires improvement	Good	Outstanding	Good	Outstanding	Outstanding	
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	<p>HP said there are 4 actions in imaging that the Trust is mandated to take to improve where we are not meeting the CQC fundamental standards and regulations.. There are a number of additional items for improvement which will form our action plan which will be submitted to the CQC. There will be a more detailed action plan developed reflecting the areas that the CQC has identified that the Trust should take to improve. This will be monitored by the Quality Committee. There will be a review visit from CQC to ensure we have taken action and a Quality Summit with key stakeholders.</p> <p>A brief discussion took place, Ray Murphy asked for reassurance regarding some of the 'summary of findings' on page 29, HP confirmed the action plan was in place and assurance could be given.</p>	
027/17	Quality Accounts 2016/17 and quality Priorities for 2017/18	
	<p>Quality Accounts - Local Indicator 2016/17 – Following an email sent to all Governors on 9th February 2017 requesting that they review the information provided and forward their suggestions for the selections of one local indicator for external assurance – the Local Indicator chosen by the Council of Governors was Chemotherapy errors (number of errors per 1,000 doses). Grant Thornton, External Auditor have been advised of the local indicator chosen.</p> <p>Quality Priorities for 2017/18 - The Operational Plan 2017/18 – 2018/19 was presented to the Council at its meeting on 23rd January 2017. The Trusts Operational Plan reflects the Trust's business plan for 2017/18 and 2018/19 and was developed in line with NHS Improvements (NHSI) guidelines.</p> <p>Within the Operation Plan the Trust identified the Quality Priorities for 2017/18 as follows:</p> <ul style="list-style-type: none"> ○ Safety: Focus on falls. Development of a comprehensive falls prevention and management plan ○ Experience: Implementation of the Patient Experience Strategy ○ Effective: Improving the Quality of Mortality Review and Serious Incident Investigation and Subsequent Learning and Action. <p>The quality priorities will be monitored as part of the actions within the Corporate Business Plan.</p>	
	Sub-Committee Assurance Reports	
028/17	Membership & Communications Committee	
	<p>Jane Wilkinson (JW) thanked Carla Thomas for Chairing the last meeting in her absence.</p> <p>The notes of the meeting held on 16th March 2017 were presented to the Council and the contents noted.</p>	

029/17	Patient Experience Committee	
	Angela Cross (AC) presented the notes of the meeting held on 21 st March 2017 to the Council, they were duly noted. AC advised the Council of Governors that the Patient Experience Committee would continue to monitor complaints.	
	Governance & Other Matters	
030/17	Appointment of Senior Independent Director and Vice Chair	
	<p>Senior Independent Director: Wendy Williams (WW) outlined the content of the report advising that it is a requirement of the NHS Code of Governance that each Board of Directors of a Foundation Trust appoint one of the Non-Executive Directors to be a Senior Independent Director (SID) in consultation with the Council of Governors. The principal responsibility of the SID is to be available to members of the Trust Board and Council of Governors if they have concerns that contact through the usual channels of the Chair, Chief Executive, the Director of Finance or Trust Secretary has failed to resolve or where it would be inappropriate to use such channels. A printed copy of the role description was handed to the Governors.</p> <p>Vice Chair: WW advised that the purpose of the Vice Chair is to enable to proceedings of the Trust to be conducted in the absence of the Chair. The power of the Vice Chair in the Chair's absence, incapacity or cessation of the office are the same as the Chair's powers. This appointment is also subject to the approval of the Council of Governors.</p> <p>WW has consulted as appropriate with the Non Executive Directors and with the agreement of the Council of Governors proposes to make a formal recommendation to the Board of Directors for the appointment of Alison Hastings as Senior Independent Director from 5th April 2017 until the end of her term of office i.e. 30th November 2017.</p> <p>The Council of Governors is asked to:</p> <ol style="list-style-type: none"> 1. Approve the recommendation for the appointment of Alison Hastings to the role of Senior Independent Director for the period from 5th April 2017 to 30th November 2017 and 2. Approve the recommendation for the appointment of Philip Edgington to the role of Vice Chair for the period from 5th April 2017 to 30th July 2017: 3. Note that subject to the agreement of the Governors, a formal recommendation will be presented for approval to the Board of Directors on 5th April 2017. <p>Formal approval was given.</p>	
031/17	Forthcoming Governor Election Programme	
	<p>Andrea Leather (AL) drew attention to the arrangements for Governors elections, voting packs will be despatched 2nd August 2017.</p> <p>Elections will take place for vacancies in the following constituencies:</p>	

	<p>Public:</p> <ul style="list-style-type: none"> • Cheshire West and Chester (1 seat) • Liverpool (1 seat) • St Helen's & Knowsley (1 seat) • Warrington & Halton (2 seats) • Wirral and rest of England (2 seats) <p>The terms of office for three of the current Governors Barbara Boulton, Cheryl Rosenblatt and John Field are due to end, all three are eligible to re-stand in their relevant constituency. AL asked if they did not intend to re-stand, could they please let her know?</p> <p>Staff:</p> <ul style="list-style-type: none"> • Non Clinical (1 seat) • Other Clinical (1 seat) <p>The above two staff vacancies are both due to staff retirements.</p> <p>As in previous years the election process will be managed by Electoral Reform Services (ERS) on behalf of the Trust.</p> <p>The outcome of the elections will be reported at the Annual Members Meeting on 28th September 2017.</p>	BB/CR/JF
032/17	Audit Committee Update	
	<p>Gil Black provided the Council with a report in respect of the Audit Committee meeting which had taken place since the last Council meeting as follows:</p> <p>Meeting of Audit Committee 25th January 2017</p> <ul style="list-style-type: none"> • Approved the process to put out to tender the role of the Internal auditor • Approved the schedule of losses. There are 2 items to date: <ul style="list-style-type: none"> ○ As reported in the previous report relating to a payment of £625 per quarter for an injury sustained by an employee. ○ Two electronic screens identified as missing during an audit, valued at £870 • Reviewed the schedule of debts greater than £500 outstanding for longer than 90 days • Noted the current position on Financial procedures • Approved change to the Internal Audit plan to support the Trust with Meditech data validation, as the final business case audit for TCC review is no longer required • Received the internal audit report covering the following areas: <ul style="list-style-type: none"> ○ Cost Improvement Plan Review – Significant Assurance with no High level Risks and plans for agreed action by 	

	<p>April 2017</p> <ul style="list-style-type: none"> ○ Financial Systems – Significant Assurance with no High level Risks and plans for agreed action by June 2017 ○ Haemato-Oncology Integration project Assurance – Significant Assurance with several areas identified for enhancement ○ Cyber Security –Baseline Technical Controls Assessment reviewed <ul style="list-style-type: none"> ● Received the Counter Fraud report covering the following areas: <ul style="list-style-type: none"> ○ Bribery and corruption report received - indicates we are on track to comply ○ Benchmarking report with wider NHS information <p>Note: All risks identified by internal audit are recorded and categorised by level of risk on the audit tracker system to ensure that all risk and recommendations are over time cleared, which should increase the assurance that can ultimately be taken.</p> <ul style="list-style-type: none"> ● Received 1 report from the external Auditor covering and update on the audit plans and a technical update on emerging issues in the sector which were reviewed to ensure the Board or a Board Committee were aware of the issues. The Committee reviewed a KPI report which allowed us to compare financial KPIs against other Trusts <p>The Committee noted the 2015/16 audit reports and financials for PharmaC and CCC Charity relating to the processes arriving at the Audit opinion</p>	
033/17	Trust Charity Appeal Update	
	Owing to apologies received from Katrina Bury, this item was covered by Andrew Cannell during his Chief Executive report.	
	Closing Business	
034/17	Any Other Business	
	Wendy Williams asked Governors if the meeting and its content was satisfactory and met their requirements? All Governors agreed it was.	
035/17	Date and time of next Meeting	
	<p>Date: Monday 3rd July 2017</p> <p>Time: 5.30pm</p> <p>Location: Research & Innovation Centre – Room 3</p>	

Wendy Williams
CHAIR

DATE