

**MINUTES OF THE TRUST BOARD MEETING – PART ONE  
 HELD ON FRIDAY 9<sup>TH</sup> JUNE 2017  
 IN R&I CONFERENCE ROOM 3.**

|                       |   |   |
|-----------------------|---|---|
| <b>Present</b>        | <b>Mr P Edgington (PE)</b><br><b>Mr A Cannell (AC)</b><br><b>Mrs Y Bottomley (YB)</b><br><br><b>Miss H Porter (HP)</b><br><b>Mr B Schofield (BS)</b><br><br><b>Dr P Kirkbride (PK)</b><br><b>Mr G Black (GB)</b><br><b>Mrs A Hastings (AH)</b><br><b>Prof. M Baker (MB)</b><br><b>Mr D Teale (DT)</b> | <b>Non-Executive Director (Deputy Chair)</b><br><b>Chief Executive Officer</b><br><b>Deputy Chief Executive/Finance Director</b><br><b>Director of Nursing and Quality</b><br><b>Director of Transformation and Innovation</b><br><b>Medical Director</b><br><b>Non-Executive Director</b><br><b>Non-Executive Director</b><br><b>Non-Executive Director</b><br><b>Non-Executive Director</b> |
| <b>In Attendance:</b> | <b>Ms A Traynor</b>   | <b>Associate Director of Communications</b>   |

Mr Edgington welcomed everyone to the Trust Board and explained he would be deputising for Mrs Williams as Chair on this occasion.

Mr Edgington introduced 2 observers to the meeting, Dani Jones – Associate Director at South Liverpool (Matchworks) Locality, and John Roberts – Public Governor.

**P1/110/17 Patient Story**

The patient story was presented to the Board of Directors for review.

Two male patients being treated at Aintree told of their experience.

They were extremely positive and complimentary about the staff they had met. They felt they had been put at ease due to the staff explaining their treatments and what to expect. This they felt had helped them before and during their treatment.

The patients talked about the location of the centre now and in the future. One of the patients hadn't realised CCC are building a new hospital next to The Royal Liverpool Hospital. Both felt it was a good idea if it would help more patients to be treated in a centre of excellence. They both described their treatment and care as "second to none".

The Board discussed improving the narrative used during the Patient Story, around the move to Liverpool. Mrs Traynor agreed to review the script used during conversations with patients.

**AT**

The Patients noted that Aintree being a small centre it feels less like a hospital. Patients are able to form stronger bonds with other patients as they sit in small waiting areas. Patients in Aintree tend to see the same group at each treatment session. It was acknowledged, in the new build, waiting areas will be larger and could be perceived to feel more like a hospital, some design features have been introduced to reduce this perception.

**RESOLVED:**

The Board of Directors resolved to:

- Note the contents of the Patient Story.

**P1/111/17 Tell the Board**

Mr Edgington welcomed Catriona McManamon and asked her to describe her role as Clinical Pharmacist.

Catriona explained her role of Advanced Practitioner Non-Medical Pharmacist and Antibiotic Pharmacist were new roles based in external clinics.

One advantage of this role within an external clinic was that patients had the opportunity to review their medicines in detail which in other circumstances may not happen. Catriona gave an example of a patient she had met with recently who required Lithium. The Lithium meant some of the pain medication needed amending to avoid a negative reaction.

Catriona's role gives much needed support to the Consultants and Nurses in the clinic, freeing them up to support patients in other ways. This gives the patient more personal care with no extra time taken by the Consultant, and is therefore beneficial for both the Consultant and the Patient.

Mr Schofield advised the Board that future patient care strategies will include investment in this type of role across a number of professions, including: Pharmacists, Nurses and Radiographers.

Catriona has worked for the Trust for just over a year and has seen a lot of positive changes. In her previous employment, Catriona had experienced an implementation of a new IT system which had carried significant on-going challenges for clinical staff. Her experiences of the implementation of the Meditech system of CCC was more positive. Whilst there were difficulties there were fewer and had been addressed in a timely way.

**P1/112/17 Welcome and note of apologies**

Apologies were received from Heather Bebbington, Stephen Sanderson, Andrea Leather, Wendy Williams

**P1/113/17 Minutes of Previous Meetings: 3<sup>rd</sup> May and 23<sup>rd</sup> May 2017**

The Board of Directors approved the minutes of the 3<sup>rd</sup> May and 23<sup>rd</sup> May 2017.

**P1/114/17 Matters Arising**

The matters arising were accepted as read.

**P1/115/17 Declaration of Board Members' and other attendees interests concerning agenda items.**

It was noted declarations were as those stated in the annual returns and there were no other declarations of interest concerning any of the agenda items.

**P1/116/17 Chair's Report**

Following apologies from the Chair, no update was presented.

**P1/117/17 Chief Executive's Report**

The Chief Executive's Report was presented to the Board of Directors for information and covered the following highlights:

- Transforming Cancer Care Programme – Building for the future
- Operational Issues
  - Cyber Attack – 12th May 2017
  - Submission of Post Audit Financial and Quality Report and Annual Report – 2016/17
  - Staffing update
- Communications

Mr Cannell highlighted that although the recent nationwide Cyber Attack in May was extremely disruptive, CCC were fortunately not significantly affected. All of the updates and security patches had been installed. A small number of peripheral clinics at other Trust's sites that were affected by lack of connectivity or access to Microbiology results. Some software issues were highlighted during the attack and are ongoing to resolve.

Mr Black checked with Mrs Bottomley when the deadline is for moving from a shared environment. Mrs Bottomley confirmed her understanding was deadline by quarter 3 and advised an update will be presented to the Audit Committee in July

The Board was advised of the successful recruitment outcome of 2 new senior posts. Both due to start with the Trust late summer.

- Integrated Care General Manager – Zoe Harris
- Associate Director of IM&T – Sarah Barr.

**RESOLVED:**

The Board of Directors resolved to:

- Note the content of the Chief Executive report.

**Improving Quality**

**P1/118/17 Quality**

The Quality report was presented to the Board for their review. It contained;

- The 6 monthly complaints review.
- PALS report
- Patient story 6 month review
- High level results of the CQC In-Patient Survey

Miss Porter advised the Board there had been no communication regarding the results of the patient survey due to purdah and restricted communication during the Election Period. She confirmed that the survey was the regular annual survey for all patients, not just for cancer patients.

The survey showed CCC achieving top scores in 19 areas, she confirmed that similarly there would be other Trusts also at the top of these areas. The amber

sections show where we scored lowest on the questions.

Mr Edgington expressed surprise by the score for the question

**'after pressing the call button, how long did it take for assistance to arrive'**.

Miss Porter agreed with Mr Edgington's surprise, although there had been no actual complaints in this area through PALs, it was one of our lowest scores, showing as 6.8 out of 10.

Mr Cannell was surprised by the low score on **'printed information following discharge'** but Miss Porter advised the Board, there is a gap in this area and confirmed there is a plan in place to focus on this area.

Miss Porter confirmed that the survey was actioned in September 2016 but tracks the 6 months prior to this month and 6 months following.

Miss Porter explained the Trust does try to follow up complaints following a resolution but very often, families don't want to re-engage.

Mrs Bottomley asked if it would be possible to add in comparable numbers to the survey results to put the results in context and to review trends.

Mr Edgington expressed sympathy with patients as they are constantly asked to complete surveys. The Board was advised that surveys are anonymous and voluntary, at CCC there is no pressure to complete the questions.

## **RESOLVED**

The Board of Directors resolved to:

- Note the report

## **P1/119/17 Integrated Performance Report**

The Integrated Performance Report was presented to the Board of Directors for review.

The Integrated Performance Report provided an overview of the main performance indicators across all areas of the agenda in a combined report.

Miss Porter advised the Board that NHS England had confirmed that due to the transfer of Haemato-Oncology, CCC's target for C-Diff cases will be increased to 3/4 from 1.

Mr Black asked a question regarding Cancer Waiting Times which followed with a discussion on the pathways and the role of the Cancer Alliance in overseeing and exerting pressure on Trusts to deliver targets.

Mr Edgington added that having the focus on the process rather than the patients adds more pressure to the pathway. Dr Kirkbride agreed, there had been a long discussion at the recent Cancer Alliance Board meeting on this topic but assured the Board that he reviews every patient breaching the target at CCC individually to assess there was no consequence to the patient following the breach.

**RESOLVED**

The Board of Directors resolved to:

- Note the report and approved the actions being taken to address highlighted areas.

### **Maintaining Financial Sustainability**

#### **P1/120/17 Finance Report – Month 1**

The Finance report was presented to the Board for review.

This report and the attached appendices detail the financial performance of the Trust for the first month of the 2017-18 financial year.

The Trust is reporting a deficit the Trust of £461k against a planned deficit of £487k, a favourable variance of £26k. The planned deficit is due to the reduced number of working days relating to two bank holidays.

All other key financial metrics are above target or within acceptable limits.

**RESOLVED**

The Board of Directors resolved to:

- Note the satisfactory financial performance and planned deficit for month 1.
- Note the financial risk rating of a 1 under the risk assessment framework,
- Note the Trust has delivered its NHSI control total of (£901k), with an actual year to date comparator of (£398k).

#### **P1/121/17 Transforming how cancer care is provided across the Network**

No Items to report for June 2017

### **Continuous Improvement and Innovation**

#### **P1/122/17 Medical Director Quarterly Update**

The Medical Director's report was presented to the Board for review. The report updates the Board on the following items

- Medical Revalidation
- University of Liverpool clinical research review
- Medical Workforce issues

The Trust currently has several vacant oncologist posts which has been compounded with a number of consultants on sick leave. Clinical services are currently been maintained due to the goodwill of many clinicians who have taken on additional duties. Although this is a local issue, it is also part of a national shortage of consultants, which leads to no guarantees that recruiting for these positions will lead to posts being filled.

Short term plans to cover these absences and the upcoming summer holidays have been made; actions that need to be taken involve clinicians working more as teams,

some senior trainees, appropriately supported by consultant colleagues, helping out, clinics being consolidated and in some cases centralized, and a greater deployment of nurse practitioners.

In the medium to long term CCC will work hard to appoint to the vacant consultant posts with robust recruitment drives, head hunting via agency consultancies and open engagement exercises on advice from the Workforce & Organisational Development team but given national pressures it is unlikely that all of these positions will be filled and other workforce solutions will need to be evolved.

This includes driving forward the new clinical model with centralisation of new outpatient activity based at hubs and a more robust and diverse multi-disciplinary approach to managing and delivering care.

The Board were advised that staff were being very supportive in the face of the challenges and have seen the potential opportunities ahead. Mrs Bottomley confirmed to the Board that funding was in place to allow for the changes in roles and recruitment.

One of the issues in recruiting, is that it is at all levels of experience. Not just the lack of consultants but also including trainee level. One potential option would be to defer appointments until 2018 when identified talent from the current medical trainees would be available. This however, would then lead to an issue backfilling posts after recruiting internally. Miss Porter and Mr Kirkbride agreed to discuss this at a separate meeting.

**RESOLVED**

**HP/PK**

The Board of Directors resolved to:

- Note the contents of the report.

### **Generating Intelligence – Subsidiary and Joint Venture Companies**

**P1/123/17**

No items to report for June 2017

### **Governance and Assurance**

**P1/124/17 Finance and Business Development Committee – 31<sup>st</sup> May 2017**

The Finance and Business Development Committee report was presented to the Board for review. The following items were highlighted to the Board for their consideration;

- Progress in 'Corporate Services Collaboration' projects require consideration with respect to the Trusts strategic requirements particularly IM and T.
- The proposed new regional service models for cancer treatment should be considered in the Trusts Strategic Planning process,

**RESOLVED**

The Board of Directors resolved to:

- Note the report and detail any requests for further scrutiny or assurance.

**P1/125/17 Audit Committee – 19<sup>th</sup> May 2017**

The Audit Committee report was presented to the Board for review.

Mrs Bottomley advised the Board that the contract for Grant Thornton was at the end of the 4th year. It had been a 3 year contract with an option to extend for a further 2 years. Mrs Bottomley had recommended to the May Audit Committee that the contract be extended for a final year and had asked the Committee to approve and make this recommendation to the July Council of Governors meeting.

**RESOLVED**

The Board of Directors resolved to:

- approves the Annual Accounts (2016/17) and approve the supporting documentation
- approves the Quality Report (Accounts) 2016/7

**P1/126/17 Declaration of Interest and Fit & Proper Persons**

As part of the annual review of Declaration of Interests for the Board of Directors, the process also includes a declaration against the Fit & Proper Person requirements. It is a condition of employment that those holding director and director-equivalent posts to provide confirmation in writing, on appointment and thereafter on demand, of their fitness to hold such posts. The annual check was undertaken on 2nd May 2017 and the presented report details the findings.

**RESOLVED**

The Board of Directors resolved to:

- note the individual declaration of interests
- note that all Board members including those posts identified as 'director-equivalent posts' have signed declarations that meet the Fit & Proper persons requirements
- note the content of the Fit and Proper Persons Annual Check report.

**P1/127/17 Monitor Board Statements:**

The Trust is required to make annual self-certifications as required under the NHS Provider Licence, Single Operating Framework and the Health and Social Care Act 2012. Miss Porter presented an overview for the Board.

**RESOLVED**

The Board of Directors resolved to:

- Approve the annual self-certification for Foundation Trust condition FT4 and Governors Training.

**P1/128/17 Partnership Working Update**

Due to apologies, there was no updated presented to the June Trust Board.

**P1/129/17 Risk Report**

The Risk Register report was presented to the Board of Directors for review and approval. The Risk Register is the repository for all identified risks within the Trust and includes risk scoring for impact and probability together with controls and further actions required.

The Trust Board reviewed the 'top' risks scoring above 15 and above along with the following revisions.

**New Risks:**

- Risk 790: Level of cross charging for RLBUHT clinical and non-clinical support service provision to HO service could be significantly higher than the estimated £3.2 million originally outlined in Heads of Terms agreement
- Risk 786: Lack of Speech and Language service within the Trust
- Risk 789: MDT room frequently not functioning correctly due to IT connectivity issues. Problems with equipment stops MDT productivity and may delay patient care
- Risk 721: Integrating HO services into CCC Meditech and E-prescribing may impact the safe and effective delivery of the HO service due to the interoperability with RLBUHT IT systems.

**Revised Risks:**

- Risk 777: Concern regarding accuracy of contract monitoring data  
Risk score reduced to 12.
- Risk 719: Haem-Onc Finance (PMO)  
Risk score reduced to 10.

Miss Porter reported that there were no new risks arising from today's Board meeting although it was advised that the medical workforce risk should be reviewed following discussion earlier in the meeting.

Mr Schofield stated the risk associated with the H-O transfer, Risk 790, is hypothetical, there are a range of options and the item needs to be rescored.

Mr Edgington queried risk 786 as there appeared to have been no action associated with it for some time. Miss Porter confirmed it was an area of concern. Speech and Language recourse is another area of national shortage. The Trust employs its own staff in this area and it hasn't been able to recruit successfully. There are plans in place, looking at access in the community ie possible joint posts across the pathway and training. Mr Edgington asked Miss Porter to populate this item with the possible actions/options for this area.

**HP****RESOLVED**

The Board of Directors resolved to:

- Note the top risks including the new 'top risks'.
- Approve any changes to the scores.
- Discuss any new or emerging risks additional to those included in the paper.

**P1/130/17 Communications**

Mrs Traynor highlighted topics from today's meeting to be included in either team brief or wider communications:

- a refresh of the message for staff relating to the new build in Liverpool
- update on the recent Cyber Attack for staff

**P1/131/17 Reflection of the Board meeting**

**Quality Content**

No issues were raised.

**P1/132/17 AOB**

There was no other business to report.

**P1/133/17 Date of Next Meeting**

Wednesday 5<sup>th</sup> July 2017

**WENDY WILLIAMS  
CHAIR**

**DATE**