

**DRAFT**  
**MINUTES OF THE TRUST BOARD MEETING – PART ONE**  
**HELD ON WEDNESDAY 6<sup>th</sup> September 2017**  
**IN JKD CONFERENCE ROOM**

<b>Present</b>	<b>:</b>	<b>Mrs W Williams</b>	<b>Chair</b>
		<b>Mr A Cannell</b>	<b>Chief Executive Officer</b>
		<b>Miss H Porter</b>	<b>Director of Nursing and Quality</b>
		<b>Mr B Schofield</b>	<b>Director of Transformation and Innovation</b>
		<b>Mr G Black</b>	<b>Non-Executive Director</b>
		<b>Mr P Edgington</b>	<b>Non-Executive Director</b>
		<b>Prof. M Baker</b>	<b>Non-Executive Director</b>
		<b>Mr D Teale</b>	<b>Non-Executive Director</b>
		<b>Ms A Hastings</b>	<b>Non-Executive Director</b>
		<b>Mrs D Francis</b>	<b>Non-Executive Director</b>
<b>In Attendance:</b>		<b>Mrs H Bebbington</b>	<b>Director of Workforce &amp; OD</b>
		<b>Mrs A Traynor</b>	<b>Associate Director of Strategic</b>
<b>Communications &amp; Marketing</b>		<b>Mrs S Jones</b>	<b>Secretary/Minutes</b>
		<b>Ms R Ellison</b>	<b>Trade Union Representative</b>
		<b>Mr I Ogilvie</b>	<b>Charity Manager</b>
		<b>Mr S Sanderson</b>	<b>Public Governor</b>
		<b>Mr J Andrews</b>	<b>Deputy Finance Director</b>

Mrs Williams welcomed the Board and introduced Mr Ian Ogilvie, Charity Manager for item P1/180/17 and new Non-Executive Director Mrs Debbie Francis who will be a non-voting member until December 2017.

**P1/179/17 Patient Story**

The Patient Story was presented to the Board.

The female Haemato-Oncology Patient had been treated with Chemotherapy at the Royal Liverpool Hospital for 2 and a half years and was due to finish her treatment within a couple of days. She was very complimentary about her experience and found it hard to be critical of anything.

The Patient had experienced long waits on some occasions but acknowledged this was due to a wider NHS problem of lack of qualified clinical staff rather than specific to the H-O unit in Liverpool.

The Patient and her family had always been updated on her treatment and were assured at each stage so the Patient never felt anxious or unclear as to what was to be expected.

Miss Porter explained to the Board a broad range of patients age were treated and it is a long treatment process compared to solid tumour Chemotherapy treatments which are usually shorter in duration.

**RESOLVED:**

## **AGENDA ITEM P1/206/17**

The Board of Directors resolved:

- To note the contents of the Patient Story.

### **P1/180/17 Tell the Board**

Mrs Williams welcomed Ian Ogilvie to the meeting and invited him to explain to the Board his role.

Ian has been with the Trust 3 years and within that time, his role has grown and evolved to include raising funds through the recycling scheme and corporate services and approaching potential corporate partners/Charitable Trusts. . The Charity has potentially 400 Trusts to approach. Approaching them is all about providing feedback and keeping and developing a good relationship. He is responsible for securing a total target of £600,000 in 2017/18 and is currently at £232,000. Traditionally Q2, over the summer months, money coming in is slow but Ian expects this to pick up in Q3.

Mr Schofield queried if the £600,000 target was sustainable and Ian explained it is all about keeping an interest and building a story around the request i.e. what is over and above what the NHS provide e.g. Therapy rooms for patients. Ms Hastings added there are physical items that can provide 'naming rights' for donors to see something tangible for their donation. This is presented in a prospectus 'Let's Build' that is discussed with potential donors

Mrs Bebbington asked Ian if it was known how much is raised by CCC staff as it would be good to link to staff engagement events. He agreed to investigate this, but felt the number was relatively modest.

Mrs Williams thanked Ian for his presentation and he left the meeting.

### **RESOLVED:**

The Board of Directors resolved:

- To note the contents of Tell the Board

### **P1/181//17 Apologies**

Apologies were received from Mrs Andrea Leather, Mrs Yvonne Bottomley and Dr Peter Kirkbride

### **P1/182/17 Minutes of Previous Meetings:**

The Board of Directors agreed the minutes of the 5<sup>th</sup> July 2017 to be a true and accurate record of the meeting.

### **P1/183/17 Matters Arising**

The Matters Arising were discussed within the content of the Board meeting.

### **P1/184/17 Declaration of Board Members' and other attendees interests concerning agenda items.**

No declarations concerning agenda items were made.

### **P1/185/17 Chair's Report and notification of any urgent matters for consideration**

Mrs Williams welcomed Mrs Debbie Francis to the Board and explained the Trust's constitution states 5 Non-Executive should be members of the Board. Mrs Francis until the end of December 2017, will be a non-voting Non-Executive member of the Board.

## **AGENDA ITEM P1/206/17**

Following approval by the Trust's Council of Governors the Trust's new Chair will be Phil Edgington, the current Vice Chair. This appointment will be effective from 1<sup>st</sup> January 2018.

### **P1/186/17 Chief Executive's Report**

Mr Cannell presented the Chief Executive's report for the Board's information.

Mr Cannell updated the Board of changes to the Senior Leadership in Cheshire & Merseyside STP and Liverpool CCG. Mr Cannell wished Ms Pickup well, acknowledging what a challenging role she had accepted.

The Board were advised that to provide sufficient capacity within the Executive Team, Jason Pawluk had been seconded to report to Mr Cannell and had been tasked with supplying the strategy development process. Ms Mel Warwick will be acting up into Mr Pawluk's role for 9 months within the Project Management Office. Ms Warwick will retain responsibility overseeing the Pathways initiative with additional capacity to support delivery of this project.

Additionally, an Association Operations Directors role has been created and successfully filled by Mrs Joan Spencer, General Manager of the Chemotherapy Directorate. Mr Schofield and Mrs Spencer are currently working through a plan to backfill this position.

Mr Cannell reminded the Board that Dr Sheena Khanduri would join the Trust as new Medical Director from the beginning of December 2017 and Dr Ernie Marshall would act up until then but also continue to provide on-going support for Dr Khanduri over the next 12 months. This will mean Dr Marshall will step down from his Chemotherapy Clinical Director role and Dr Rosie Lord will act up into this role for the interim period until the Trust formally recruits to fill this position.

Mrs Sarah Barr started with the Trust in August 2017 as Associate Director of IM&T. Mrs Helen Ferns retired earlier in the year and her replacement Mrs Zoe Harris starts with the Trust w/c 11<sup>th</sup> September as General Manager for Integrated Care.

Miss Porter advised the Board, the Trust has now received formal notification from the Health & Safety Executive (HSE) and have completed a full incident review. Several actions will be undertaken following the review. It has been assumed that the staff member had been preparing the Patient for treatment and left her badge in the room during the radiation treatment. The staff member is very experienced but couldn't remember leaving her badge. She has since had received an appropriate test which concluded it was highly unlikely she has been exposed to radiation. The main action following this incident is that badges are now not kept on a lanyard if treating patients with Radiotherapy. The Trust has until the end of September to comply with the required actions set by the HSE.

The Board were advised that the Trust were hopeful they would be able to successfully appoint up to three recently advertised consultant oncologist posts as they had received good calibre of applicants both internally and externally.

Mr Schofield advised the short term remedial action put in place to ensure cover in the peripheral clinics was successful and the immediate urgency has now settled down.

The Board had a robust discussion around the 62 Day Action Plan. The Board wanted to know when the Trust expected to be compliant with the operating standard. Mr Schofield advised that the Trust planned to be compliant by October 2017 but it was recognised that

#### **AGENDA ITEM P1/206/17**

this is an ambitious target. Without considerable effort, this is always going to be a challenge. Mr Black asked if CCC could influence others in the pathway to improve the process. The Board was advised that the Trust contributes for a weekly conference call with NHS England and NHSI to ensure that performance issues and concerns re: late referral are escalated promptly. There is an acceptance that late referrals to CCC adversely impact on “raw” performance data. However, the Trust has acknowledged the need for the effective execution of internal recovery plans. In addition the Trust is working with other referring Trusts to help ensure prompt referrals to CCC. Mr Sanderson suggested a patient story with the pathway theme. Mr Schofield added that patients are being seen quicker than ever before with an increase to 75% of patients being seen by an appropriate Consultant within the 7 day referral.

#### **RESOLVED:**

The Board of Directors resolved:

- To note the content of the report.

#### **Improving Quality**

##### **P1/187/17 Integrated Performance Report**

The Integrated Performance Report was presented to the Board for their information and comment.

Miss Porter confirmed within the Haemato-oncology Directorate, there had been one case of C-Diff but the Trust is not expecting it to be due to a lapse in care.

Mrs Bebbington highlighted that the PADR compliance rate is now 93% with an expectation of 95% by October 2017. Mrs Williams congratulated Mrs Bebbington on this achievement.

Mr Schofield was requested to update the Board further on Linac Downtime at a future Board. **BS**

Mr Teale queried the low level of response to the Friends & Family test. Miss Porter confirmed this is always a challenge, it starts off well and decreases as patients and families get use to completing these forms at the different health facilities that they visit during their treatment.

Mr Andrews advised the Board until The Royal Liverpool have the same system as CCC, i.e. Meditech, activity will be reported a month in arrears for the remainder of 2017.

#### **RESOLVED**

The Board of Directors resolved:

- To note the report and approve the actions being taken to address highlighted areas.

##### **P1/188/17 Mortality Review Policy**

Miss Porter presented the Mortality Review Policy for approved by the Trust Board.

The National Quality Board published new guidance on learning from deaths in March 2017. NHSI will also monitor compliance against the Trust implementing the recommendations.

The guidance requires that each Trust should publish an updated policy on how it

#### **AGENDA ITEM P1/206/17**

responds to, and learns from, deaths of patients who die under its management and care. From April 2017, Trusts are required to collect and publish on quarterly basis specified information on deaths. This should be through a paper and an agenda item to a public Board meeting in each quarter to set out the Trust's policy and approach (by the end of Q2) and publication of the data and learning points (from Q3 onwards).

This paper ensures compliance with the requirements for Q2.

#### **RESOLVED**

The Board of Directors resolved:

- To approve the Mortality Review Policy

### **MAINTAINING FINANCIAL SUSTAINABILITY**

#### **P1/189/17 Finance Report – Month 4.**

The Finance report was presented to the Board for review.

This report details the financial performance of the Trust for the first four months of the financial year.

The Trust is reporting a surplus of £813k against a planned surplus of £781k, a favourable variance of £32k. The main driver behind the decrease in surplus from month 3, is activity which sits outside of the block contract being overestimated by circa £250k.

Mr Andrews highlighted the additional income from the HO service and the activity data which as previously mentioned in the meeting is being reported a month in arrears due to The Royal Liverpool not having the same IT systems as CCC.

Mr Edgington acknowledged the decrease agency spend. Mr Andrews advised the Board that due to the GDE funding, some agency spend is still required but, by over recruitment, the Trust will be able to drive less agency spend on the whole.

#### **RESOLVED**

The Board of Directors resolved to:

- Note the satisfactory financial performance and surplus for month 4.
- Note the overall financial risk rating of a 1 under the risk assessment framework.
- Note the Trust has delivered against its control total of £580k, with an actual year to date comparator of £1,068k

### **Continuous improvement and innovation**

#### **P1/190/17 Medical Director quarterly**

The Medical Director's report was presented to the Board for their information and review.

#### **RESOLVED**

The Board of Directors resolved:

- To note the contents of the report

#### **P1/190/17a Revalidation Statement of Compliance**

This report was presented to the Board for information, as mandated by NHS England, about continued progress in developing Medical Appraisal and Medical Revalidation during the 2016/17 year, and sets out the plans for further development in 2017/18

## RESOLVED

The Board of Directors resolved:

- to note the contents of this report, and that it will be shared, along with the annual audit, with the higher level responsible officer at NHS England, and to consider any actions required, and
- to approve and sign off a 'statement of compliance' confirming that the organisation, as a designated body, is in compliance with the regulations.

### Governance and Assurance

#### **P1/191/17 Governance Review**

The 'Well Led' review conducted by Deloitte in March 2016 whilst identifying no significant issues, made recommendations to review the Trust's governance arrangements to ensure that they remain fit for purpose for a changing operating environment.

The Board has since undertaken an externally facilitated in-depth review to test existing structures and to plan for potential future scenarios through a range of diagnostic, mapping and workshop activities. The findings of the review have been largely consistent with the Deloitte report but the more detailed review has highlighted a number of areas where improvements to existing systems and ways of working could enhance the flow of information in the organisation and to the Board. This would improve governance practice and oversight and ensure that future reporting adapts and is sustainable in a dynamic governance environment

The Board had a robust discussion on the transition period. Mr Edgington requested that existing identified dates for Trust Boards be kept in the diary for the near future to utilise for Board Development type meetings. **AL**

Mrs Francis queried the type of documents that would be presented for approval. Miss Porter confirmed it would be strategy or high-level type documents that would be presented at Board level.

Ms Hastings requested that Charitable Funds Investment Committee be shown on the appendix along with the committees of the Board. **AL**

Prof. Baker offered his support to the proposal and Mrs Bebbington requested Partnership Forum meeting to be also shown along with the sub-committees. The Board agreed that meetings such as this should be captured to show how and where they fit it to the process. **AL**

The Board confirmed part of the process is for Audit Committee to reflect on this process, not to do what the Board says but be satisfied in their own right. Each Committee should review their Terms of Reference and come back to Board if there are any significant issues.

The Board members confirmed the memberships of the Committees were correct.

## RESOLVED

The Board of Directors resolved to:

- Approve the proposed governance structure
- Approve the recommended changes to the frequency of meetings
- Approve the proposed schedule of meetings
- Approve the revised Terms of Reference, including membership and Cycles of

#### **AGENDA ITEM P1/206/17**

Business for the Trust Board and its Committees

- Approve the Terms of Reference and Cycles of Business for the Board Sub-Committees
- Approve the Chair of Sub-Committee, noting that the Chair is responsible for the work programme and is to provide assurance to the relevant Board Committee
- Approve the implementation of the new governance structure with effect from 1st October 2017
- Approve the proposed changes to the current system of document control and document approval as a consequence of the governance review.
- Identify a Nominated Officer – proposed is the Deputy Chief Executive /Director of Finance
- Note the Implementation Plan and delegate authority to the Audit Committee to monitor progress.

#### **P1/192/17 Non-Executive Director Skills Review**

From January 2018 the Trust Board will have a Non-Executive Director vacancy.

It is the responsibility of the Council of Governors to undertake a recruitment process and for the Board to reflect on future skills and experience required for Non-Executive Directors. These are contained in the organisation's 'Policy for the Composition of Non-Executive Directors'.

In approving the skills and experience the Board notes an action to complete a self-assessment against each NED in post from 1st January 2018 which is based on an initial view informed by CV's. The Corporate Governance Manager will undertake an analysis to enable the Senior Governor to advise the Council of Governors Remuneration/Nominations Committee of the skills gap required.

The Governors Remuneration / Nominations Committee will in the near future be considering this issue and it is important that the Board forms a view in relation to these renewals so as to ensure that the Board has the necessary skills and experience to remain effective.

The process is to check each Non-Executive Directors CV for key skills and then check with the NED that they are happy with this analysis.

Mrs Francis highlighted some of the skills listed required refinement/clarification.

**AL**

#### **RESOLVED**

The Board of Directors resolved to:

- Approve the recommendation of skills required.

#### **P/193/17 Partnership Working Update**

This report provides an up-date on national, regional and local workforce issues that are currently being discussed in partnership with Trade Unions.

Conversations are happening nationally relating to increasing the 1% pay rise cap to cost of living. Ms Ellison advised there are two main groups. Those who are resigned to not getting anything other than the 1% and those who are very passion about it and will take action. Consultant contracts are also currently under renegotiations.

#### **RESOLVED**

The Board of Directors resolved to:

- note current issues being discussed in partnership.

**P1/194/17 Liaison with Governors**

Mr Sanderson listed the current Governor vacancies and advised not all the vacancies will be appointed due to lack of candidates. This may be due to the summer period but also a change in the process. It is likely that the Trust will need to have further elections later in the year to fill these positions. One of the groups that are lacking candidates is the Staff Governors. There is currently one staff vacancy – non-clinical and the Board agreed the Trust needs to encourage staff to apply.

**RESOLVED**

The Board of Directors resolved:

- To note update.

**P1/195/17 EPRR**

Miss Porter presented the Emergency Preparedness, Resilience and Response assurance process report to the Board for their information and approval.

Two areas were highlighted to the Board, with an amber rating.

- The current documentation for Telecoms needs updating following recent changes and improvements in the Trust.
- The Trust has appointed a Non-Executive Director (Prof. Mark Baker) representative for EPRR who has been publicly identified via the Trust website but not in the annual report.

She advised that the Trust would receive a Statement of Assurance following its submission, most likely in early 2018.

**RESOLVED**

The Board of Directors resolved:

- To approve the Statement of Compliance.

**P1/196/17 Annual Members Meeting**

Mrs Williams confirmed the date of the next Annual Members Meeting to be Thursday 28<sup>th</sup> September 2017 and encouraged the attendance of the Board members.

**P1/197/17 Declaration of Interests**

The Board were advised of the two following updates from Board members

- New Non-Executive Director Debbie Francis is salaried at Direct Rail Services Ltd as MD and has a non-payment position as Chair at Cumbria Education Trust and North West Women in Rail.
- Yvonne Bottomley has joined the Board of Unity Theatre

**P1/198/17 Use of Trust Seal**

The Board were advised of the following list when the Trust Seal had been used;

- PropCare
  - Project agreement
  - Facility Agreement
  - Debenture
  - Funders' Direct Agreement
  - Laing O'Rourke Construction limited guarantee to the Trust
  - Parent Company Guarantee
- Haemato-oncology
  - Service Transfer Agreement (including lease)

**P1/199/17 Communications**



**AGENDA ITEM P1/206/17**

Mrs Traynor confirmed the following items would be communicated to the Trust;

- Annual Members Meeting
- Governor Vacancies
- Launch of the 2017 Staff Survey
- Senior Management Appointments

**P1/200/17 Board Meeting**

No further items of business were raised.

**P1/201/17 Any Other Business**

The Board were advised that this meeting would have been Dr Kirkbride's last Board meeting and wanted to thank him for his contribution to the Trust in this very demanding role. Mrs Williams remembered being very impressed by Mr Kirkbride when she joined the Trust and Mr Cannell added Mr Kirkbride had been instrumental, amongst other things including the challenge of developing the Trust's clinical model.

Dr Kirkbride is a valued member of the Executive Team and colleagues have enjoyed working with him. The Board wished him well in his future endeavours.

**P1/202/17 Date of Next Board Meeting**

1<sup>st</sup> November 2017

**WENDY WILLIAMS**  
**CHAIR**

**DATE**