

**DRAFT**  
**MINUTES OF THE TRUST BOARD MEETING – PART ONE**  
**HELD ON WEDNESDAY 1<sup>st</sup> November 2017**  
**IN JKD CONFERENCE ROOM**

<b>Present</b>	<b>Mr P Edgington</b>	<b>Chair Designate</b>
	<b>Mr A Cannell</b>	<b>Chief Executive Officer</b>
	<b>Mrs Y Bottomley</b>	<b>Deputy Chief Exec/Finance Director</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>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 Communications &amp; Marketing</b>
	<b>Ms S Jones</b>	<b>Secretary/Minutes</b>
	<b>Mr M Varey</b>	<b>Trade Union Representative</b>
	<b>Mr S Sanderson</b>	<b>Public Governor</b>
	<b>Dr E Marshall</b>	<b>Acting Medical Director</b>
	<b>Ms H Gray</b>	<b>Head of Performance &amp; Planning (Agenda Item P1-211-17 only)</b>
<b>Observer</b>	<b>Ms Laura Howard</b>	<b>Principal Clinical Scientist</b>

Mr Edgington welcomed the Board and introduced Mrs Bev Talbot, IM&T EPR System Manager for item P1/204/17 and Trade Union representative Mike Varey for item P1/221/17. Mr Edgington also welcomed Dr Ernie Marshall in his role as Interim Medical Director and observer Laura Howard, Principal Clinical Scientist.

**P1/203/17 Patient Story**

The Patient Story was presented to the Board.

The male Patient had been referred to a clinical trial for secondary Liver cancer. It was a very positive story and the Patient didn't have any complaints to feed back. Transport to and from home was provided as part of the clinical trial and the Patient thought he may have felt differently had he had to drive himself and use the car park each day, he felt that the car park could have been challenging.

The Patient wanted to express his thanks to his trials nurse 'Barbara' who he said was 'Top Notch'.

When the Patient was originally treated for his eye cancer, he had been told there was a high risk that the cancer would reoccur and at that time, the Consultant had advised him there were no further treatment options. However, since then, the treatment options have been developed so when the Patient arrived for his subsequent appointment, the

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conversation would have been much more positive.

The Board discussed the important concept of 'hope' and how there is now a team approach to difficult conversations and how the system can do more to advise Patients how treatments are being continually developed.

#### **RESOLVED:**

The Board of Directors resolved:

- To note the contents of the Patient Story.

#### **P1/204/17 Tell the Board**

Mr Edgington welcomed Mrs Bev Talbot to the meeting and invited her to explain to the Board her role.

Mrs Talbot has been with the Trust for 22 years and enjoys her job with a passion. After starting in Admin Services, Mrs Talbot has had various roles in the Trust and is now the IM&T EPR System Manager. Mrs Talbot described the projects she has worked on and her current responsibilities.

Mrs Talbot thought the Trust is good at communication in general but there is always room for improvement. Dr Marshall complimented the IM&T department in their remarkable achievement in their recent implementation of the new EPR/Meditech system and asked Mrs Talbot for her thoughts on the current situation. Mrs Talbot thought the Clinicians were still suffering but with the funding from GDE, and working with Meditech, the IM&T team will be able to address these issues. Mrs Traynor advised the Trust will communicate a refresher message to the clinicians to assure them any residual issues are being worked on to resolve them.

Mrs Talbot talked about how IM&T are measured by the number of complaints and Mr Teale queried the term complaints. It was explained it was not the traditional meaning of complaints but more system issues which are logged by the IM&T helpdesk, once the issue is resolved, the staff member is sent a feedback survey to complete.

The Board were advised it makes a huge difference to the staff when the IM&T team go out and see people so a programme of floorwalkers will be commencing to make the team more visible.

Mr Edgington thanked Mrs Talbot for her presentation and she left the meeting.

#### **RESOLVED:**

The Board of Directors resolved:

- To note the contents of Tell the Board

#### **P1/205//17 Apologies**

Apologies were received from Mrs Wendy Williams

#### **P1/206/17 Minutes of Previous Meetings:**

The Board of Directors agreed the minutes of the 6<sup>th</sup> September 2017 to be a true and accurate record of the meeting.

#### **P1/207/17 Matters Arising**

P1/187/17 – Mr Schofield advised there had been further downtime due to a breakdown

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with a loss of 3.5% capacity. This had resulted in some disruption to the Patients but had been managed and discussed with Varian.

P1/012/17 – Mrs Leather advised she would be meeting with Mr Cannell and Mr Edgington and would circulate the confirmed schedule to the Board members.

P1/183/17 – Ms Porter advised of a paper included for the members information.

**P1/208/17 Declaration of Board Members' and other attendees interests concerning agenda items.**

No declarations concerning agenda items were made.

**P1/209/17 Chair's Report and notification of any urgent matters for consideration**

There was no report to consider this month.

**P1/210/17 Chief Executive's Report**

Mr Cannell presented the Chief Executive's report for the Board's information and highlighted some of the topics.

The Board were advised that the formal NHS England Radiotherapy Network consultation would end on 18<sup>th</sup> December and were asked to reflect on the importance as an organisation. Following conversations with partners, both the Cancer Alliance and the Radiation Services directorate will respond.

The Cheshire & Merseyside STP (Sustainability Transformation Plan) now known as C&M Health and Care Partnership would be the vehicle for future conversations and would include the CCG and local organisations and although there are a lot of changes happening, Cancer would still be an important workstream.

Continuing financial pressure will influence the behaviour of the local organisations but it had been confirmed that the CCG were still intending to honour their £3.5m promise to CCC which had been thought at risk with the recent change of leadership.

The Board discussed how although the LDS have a lot of work to do and the rule of collaboration is not yet clear that the daily challenge of safe care will remain number one priority. With CCC being in a stable position, the Trust has the opportunity to choose with whom they collaborate and not at a cost of further deficit.

The Board were asked to formally approve the amendment to the Document Management Policy.

Mr Cannell on behalf of the Board thanked Mrs Bottomley and Mrs Hastings for their achievement and hard work towards the 2017 Clatterbridge Charity Ball.

**RESOLVED:**

The Board of Directors resolved:

- To note the content of the report.
- To approve the amendment to the Document Management Policy

**Improving Quality****P1/211/17 Integrated Performance Report**

Ms Hannah Gray joined the Board meeting to present the revised Integrated Performance Report for their information and comment. As previously discussed at the Board Development session in October 2017, the report presented was the proposed revised

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version aligned to the new governance structure being implemented by the Trust. Ms Gray highlighted the different sections providing a performance summary.

Mr Schofield updated the Board on the 62 Day waiting time target and explained that the Trust is not meeting the 'pre allocation' target, largely due to the significant numbers of patients referred late to CCC by other Trusts. The Trust is working closely with NHSE and the Cancer Alliance to support improvements which will have a positive impact on performance.

The 2 week target relates only to the Haemato-oncology service. The Trust is continuing to develop robust information flows of Royal Liverpool & Broadgreen University Hospital (RLBUH) data, a process which is hampered by the use of both different IT systems across the two organisations and reporting timescales. Data clarification is awaited

Overall the revised format of the report was welcomed by the Board and requested that future reports included meaningful narrative such as non-compliance of sickness reporting to enable triangulation of information flows within the new Committee and Sub-Committee structure.

#### **RESOLVED**

The Board of Directors resolved:

- To consider the new IPR format and agree the approach going forward.
- To note Trust performance as at the end of September.

#### **P1/212/17 Clinical Utilisation Review**

Miss Porter presented the Clinical Utilisation Review report to the Board for their information.

The CUR tool has been developed as a commissioning tool to ensure that best value and patient experience is delivered via inpatient settings by challenging providers to reduce unnecessary bed days.

She reported that currently the Trust is meeting the requirements of the CQUIN scheme although work is underway to accelerate progress.

#### **RESOLVED**

The Board of Directors resolved:

- To note receipt of this report for information purposes.

#### **P1/213/17 Bi-Annual Safe Staffing Report**

Miss Porter introduced the Safe Staffing report for the Board's information and highlighted that it includes the acuity report for the haemato-oncology service for the first time.

The Board discussed a concern of high occupancy, which is being carefully monitored and is higher than the national expected figures.

Mrs Bottomley queried the staffing and funding data contained in the Safer Nursing Care Tool. Miss Porter explained that the figures are not a true reflection of accurate activity and the tool needs further work. Although the ultimate aim will always be to reduce the length of stay for any patient, Trusts need to work smarter to show how we capture all activity. Prof. Baker, Chair of Quality Committee assured the Board that the Committee

**MB**

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would monitor and progress changes.

### **RESOLVED**

The Board of Directors resolved:

- To receive the report and acknowledge its content.
- To be assured that the gaps in nurse staffing is being managed and actioned effectively.
- To recognise the increase in acuity within the Haemato –Oncology service due to the increase in acute leukaemia and bone marrow transplants.

### **P1/214/17 Mortality Review**

Miss Porter introduced the quarterly report in a dashboard format, advising the Quality Committee and respective sub-committees would review the information in more detail. She confirmed there were no issues to raise and discuss at the Board meeting.

It was explained to the Board that the term ‘avoidable’ was being reviewed on a national level. Mrs Bottomley requested the term ‘planned deaths’ is revised.

**HP**

The Board asked for clarification of the 0.5 figure shown for ‘Total Number of deaths considered to have been potentially avoidable. Miss Porter agreed to investigate.

**HP**

### **RESOLVED**

The Board of Directors resolved:

- To note the report and
- To identify any areas which it delegates the Quality Committee to receive further assurance from the Mortality Surveillance Group (MSG).

## **MAINTAINING FINANCIAL SUSTAINABILITY**

### **P1/215/17 Finance Report – Month 6**

The Finance report was presented to the Board for review. This report details the financial performance of the Trust for the first six months of the financial year.

The Trust is reporting a surplus of £1,756k against a planned surplus of £1,726k, a favourable variance of £30k.

Mrs Bottomley highlighted that the radiotherapy activity and in-patient Haemato-oncology bone marrow transplant data is an on-going matter along with the medical locum cover being over target. Mrs Bottomley explained that the information for the bone marrow transplant needs validating as the figures are showing low activity but the General Manager is advising that activity has increased.

The Board were assured that the Commissioners were aware that the Trust are working hard to resolve the difference in data reporting.

Mrs Bottomley confirmed this would be discussed further in the next Finance & Business Development Committee.

**YB**

### **RESOLVED**

The Board of Directors resolved to:

- Note the satisfactory financial performance and surplus for month 6.
- Note the overall financial risk rating of a 1 under the risk assessment framework,

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- Note the Trust has delivered against its control total of £1,698k, with an actual year to date comparator of £2,153k.
- Approve the declaration to NHSI for quarter 2 that the board anticipates the Trust will maintain a financial risk rating of at least 1 over the next 12 months.

#### **P1/216/17 Finance & Business Planning Process 2018/19 – 2020/21**

The Finance & Business Planning Process report was presented to the Board for their information and review. The report outlines the proposed approach the Trust intends to adopt regarding the business planning process for 2018/19 – 2020/21.

#### **RESOLVED**

The Board of Directors resolved:

- To note the contents of the report.

#### **Governance and Assurance**

#### **P1/217/17 Charitable Funds Committee – Charity Annual Report & Accounts**

Ms Hastings presented the report from the Charitable Funds Committee on 12<sup>th</sup> October 2017 and recommended that the Board (as Corporate Trustee) formally adopts the Charity Annual Report and Accounts 2016/17.

#### **RESOLVED**

The Board of Directors resolved:

- To adopt the Charity Annual Report and Accounts 2016/17 (as Corporate Trustee)
- To note the Committee report.

#### **P1/218/17 Finance and Business Development Committee – 26.09.17 & 25.10.17**

Mr Edgington and Mr Teale presented their respectful reports to the Board for information.

Mr Edgington welcomed suggestions for areas of strategic focus from Board members to focus discussion at future Board Development sessions.

**ALL**

#### **RESOLVED**

The Board of Directors resolved to:

- Note the Committee report.

#### **P1/219/17 Audit Committee – 26.07.17 & 25.10.17**

Mr Black presented the Audit Committee report to the Board for information, providing a brief update of the conversation at the committee on deferred income. He explained that this is a type of surplus that is normal accounting practice for most Trusts which is carefully monitored by the External Auditors for whom the aim would be for the Trust to reduce this amount.

#### **RESOLVED**

The Board of Directors resolved to:

- Note the report and recommendations of the Audit Committee.

#### **P/220/17 Quality**

Miss Porter presented the report to the Board for their information.

#### **RESOLVED**

The Board of Directors resolved to:

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

- note the Committee report

#### **P1/221/17 Partnership Working Update**

Mrs Bebbington presented a brief overview of partnership working progress as discussed at recent Trade Union meetings including the lifting of the pay cap which had been lifted by the Pay Review Body and the options to increase the number of apprenticeships available. She explained that further guidance regarding the pay award for 2018 would be reported to a future meeting.

Following the transfer of staff within the Haemato-oncology service, there continues to be some issues regarding pay, Mrs Bebbington has escalated a complaint via letter to SBS the payroll provider. The HR team are doing everything they can to help affected staff assisting with queries and by visiting the Royal on payday. In some cases and dependant on situations paying advances to cover pay shortages.

The Board of Directors resolved to:

- note the report.

#### **P1/222/17 Liaison with Governors**

Mr Sanderson acknowledged the recent Board and CoG away day, stating that feedback from Governors was they had found it very helpful and informative.

He reported that at the last Council of Governors meetings the Council ratified the recommendation from the Nomination and Remuneration Committee to extend Ms Alison Hastings term of office as Non-Executive Director for a further two years. The Board congratulated Ms Hastings.

Mr Sanderson informed the Board that the Council would shortly be undertaking an election process for the vacant public and staff seats.

*Mr Sanderson then left the meeting.*

#### **RESOLVED**

The Board of Directors resolved:

- To note update.

#### **P1/223/17 Board Assurance Framework**

Mr Cannell introduced the Board Assurance Framework which provides assurance to the Trust Board that strategic risks are being effectively managed and what further actions are required to further mitigate these risks.

#### **RESOLVED**

The Board of Directors resolved:

- To approve the Board Assurance Framework 2017/18 updates.

#### **P1/224/17 Trust Business Plan 2017/18 Progress Report**

The Trust Business Plan 2017/18 was approved at the March 2017 Board meeting and was presented to the Board with a progress report on the delivery of these actions.

#### **RESOLVED**

The Board of Directors resolved:

- To approve the Trust Business Plan 2017/18 Progress Report.

#### **P1/225/17 Risk Escalation**

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Following the review of Board Governance a revised risk escalation framework has been developed to meet the needs of the increasing size and complexity of the Trust.

The framework will see the establishment of a new corporate risk register owned by the Executive team. Risks will be escalated to the Trust Board and its committees via the Board Assurance Framework.

The revised escalation framework will sit within the updated Risk Management Strategy. The escalation framework will be launched to Senior Managers early November.

**RESOLVED**

The Board of Directors resolved:

- To note the revised risk escalation framework.

**P1/226/17 Quarterly Report on Safe Working Hours**

Dr Marshall presented the Safe Working Hours report, July – September 2017 to the Board for their information.

This report enables the Board to form a judgement as to how safely the junior doctors are working within the Trust and the report also provides an overview of how the new contract implementation is progressing and feedback regarding exception reporting.

**RESOLVED**

The Board of Directors resolved:

- To note the report.

**P1/227/17 Declaration of Interests**

The Board were advised of the following update from Acting Medical Director Dr. Ernie Marshall.

- Clinical advisor to Macmillan in a non-paid role.

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**P1/228/17 Communications**

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

- Staff Survey reminder
- Notice of the extension to Alison Hastings term of office
- Second phase of Electronic Patient Record (EPR) roll-out.

**P1/229/17 Board Meeting**

No further items of business were raised.

**P1/230/17 Any Other Business**

The Board were advised that this meeting would be Ms Porters last Trust Board meeting before retirement at the end of February 2018. Mr Cannell, on behalf of the Board, thanked Ms Porter for her long and successful service, amongst the many achievements attributable to her hard work was the Outstanding CQC rating in 2016.

Mr Cannell also thanked Dr. Marshall for his support during his time as Acting Medical Director.

**P1/231/17 Date of Next Board Meeting**

Wednesday 7<sup>th</sup> February 2018

Ms Porter gave her apologies for the next Trust Board – February 2018 due to Annual Leave.



<b>PHIL EDGINGTON CHAIR DESIGNATE</b>	<b>DATE</b>
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