

The Clatterbridge Cancer Centre NHS Foundation Trust

**MINUTES OF THE COUNCIL OF GOVERNORS MEETING  
HELD ON MONDAY 29<sup>th</sup> JANUARY 2018  
AT 5.30PM AT THE CLATTERBRIDGE CANCER CENTRE**

	<p><b>Present:</b></p> <p>John Roberts Pauline Pilkington Mike Sullivan Trish Marren Carla Thomas Jane Wilkinson John Field</p> <p>Ray Murphy Steve Sanderson Ian Boycott-Samuels Yvonne Tsao Doug Errington John Archer Luke Millward-Browning</p> <p><b>Chair:</b> Phil Edgington</p> <p><b>In Attendance:</b> Andrew Cannell Helen Porter Katrina Bury Barney Schofield Andrea Leather Jenny Crook-Vass Margaret Moore</p> <p>Chief Executive Officer Director of Nursing &amp; Quality Head of Charity Director of Operations &amp; Transformation Corporate Governance Manager Programme Manager Secretary (Minutes)</p>	
	<b>Administrative items</b>	
<b>001/18</b>	<b>Welcome, introductions and apologies for absence:</b>	
	<p>The Chair opened the meeting and noted the following apologies:</p> <ul style="list-style-type: none"> <li>• Andrea Chambers</li> <li>• Angela Cross</li> <li>• Burhan Zavery</li> <li>• Dave Steele</li> <li>• Matthew Duffy</li> <li>• Sonia Holdsworth</li> <li>• Andrew Bibby</li> </ul>	
<b>002/18</b>	<b>Declaration of Governors' and other attendees interests concerning agenda items</b>	
	There were no declarations of interests concerning any of the agenda items.	
<b>003/18</b>	<b>Minutes of Meeting</b>	

	The minutes of the Council of Governors meeting held on the 30 <sup>th</sup> October 2017 were agreed as a true and accurate record.	
<b>004/18</b>	<b>Matters Arising</b>	
	<p>058/17 – Cancer 62 day target – action completed 16.01.18</p> <p>059/17 – Schedule of meetings 2018 – date for Strategy Committee 22.01.18</p> <p>061/17 – Governor Representative for Charitable Funds will be Jane Wilkinson</p> <p>063/17 – Quality Report &amp; Quality Committee Performance Report agenda item 008/18 contains higher level of detail.</p> <p>066/17 – Membership &amp; Communications Committee – Jane Wilkinson circulated the new membership forms to all Governors and asked them to recruit friends, relatives etc.</p> <p>All outstanding actions were noted as completed.</p>	
	<b>Items for Discussion - Performance</b>	
<b>005/18</b>	<b>Report from Senior Governor</b>	
	<p>Steve Sanderson (SS) welcomed Phil Edgington to his first meeting as Chair of the Trust,</p> <p>SS also advised that Helen Porter, Director of Nursing &amp; Quality will be retiring from the Trust at the end of February and thanked her on behalf of the Governors for all her contributions made to the Council and wished her well for the future. Helen's successor would be Sheila Lloyd who would join the Trust on 1<sup>st</sup> April 2018. Interim arrangements were in place to cover the period from Helen finishing and Sheila starting.</p> <p>SS also confirmed that Sheena Khanduri, the new Medical Director, joined the Trust on 1<sup>st</sup> December 2017.</p> <p><u>North West Governors Forum</u> – the next forum was scheduled for Wednesday, 14<sup>th</sup> February and to date no Governors had put themselves forward to attend. The Chair requested that Governors advise Andrea Leather of their availability for the meeting by 7<sup>th</sup> February 2018.</p> <p><u>Non Executive Directors (NEDs) Appraisals</u> – The Chair commented that during March/April the process for NED appraisals would be enacted and completed following a similar process to the previous year. Governors had requested more NED visibility; this would be an agenda item for the July meeting.</p>	<p><b>All Govs</b></p> <p><b>Agenda item – July</b></p>
<b>006/18</b>	<b>Chief Executive &amp; Performance Report</b> Andrew Cannell, Chief Executive presented a report outlining the Trust's current performance which encompassed the following topics:	

**1. Current Performance: Operating Standards up to and including month 9 – all targets achieved.**

**Current Performance: finance to December 2017**

- Net Surplus to end December £2.8m (£110k above plan)
- Cost Improvement Plan (CIP) Savings £83k above plan
- Strong liquidity (£59.2m cash in the bank – 180 days)
- Annual Agency Target of £1.22m - end of December £382k below plan
- Trust on target to deliver forecast year-end surplus of £3.8m

**However:**

- Capital spend to end December £13.2m (£18.2m below plan) - delayed start on new hospital. Revised year end forecast £21.4m
- Annual Medical Locum target of £511k – to end of December £195k over plan
- Overall pay costs remained within the planned budget

A question was raised about how the overspend on Medical Locums would be addressed, recognising it was a national issue. AC said that a fluid workforce would address the pinch points i.e. Nurse, Radiotherapy and Pharmacy Consultants and free up the Medical Consultants time.

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

Construction work on programme –

- Week 33 of a 142 week programme
- SE stair core complete; SW stair cores well advanced
- Building now taking shape (e.g. radiotherapy, atrium, winter garden)
- Building handover planned for Spring 2020
- Implications of further delay to the handover of the Royal currently being investigated to see what impact this might have
- Laing O'Rourke was reporting good progress on social value KPIs e.g. % local spend (target 45% -YTD 61%: local employment target 40% - YTD 63%)

AL

Following a brief discussion regarding the progress of the new build it was suggested Andrea Leather could look into arranging for the Governors to visit the site or if a large enough room was available to hold a future meeting in Liverpool.

MS

Mike Sullivan commented that he was on the Social Value Committee, AC felt it may be beneficial for MS to report back to the Council at a future meeting.

**3. Cancer 62 Days Target**

- The top Secretary of State priority

- Changes to measurement of the target means CCC has more time to treat patients but takes a share of more breaches
- CCC was hosting NHS England's 'Cancer Delivery Group – Next Steps' meeting on 19<sup>th</sup> February; focussing on the improvements made by CCC and aiming to identify how performance could be improved Cheshire and Merseyside wide
- CCC is leading on a C&M-wide Cancer Alliance plan
- Central themes of CCC plan:
  - See more than 75% of patients within 7 days of referral (now consistently exceeding this)
  - Improve tracking of patients through Radiotherapy
  - Alert local commissioners to hot spots of persistently late referrals into CCC
- Quarter 3 performance is much improved, however January 2018 performance has worsened (68.2% at 28/01/18), as many patients have chosen to delay treatment until after Christmas. The Trust therefore does not expect to reach 85% this month.

#### **4. CCC Strategy 2018-27 Update and next steps Contents**

- Update on current stage of strategy development process
- Progress and support from CoG, including strategy sub-committee
- Respective roles of the Board and CoG re Strategy
  - A.1.f - The Board of Directors should set the NHSFT's strategic aims at least annually taking into account the views of the CoG
  - B.5.7 - Where appropriate, the Board of Directors should take account of the views of the Council of Governors on the forward plan in a timely manner and plans, and, if not, the reasons for this.

*NHS Foundation Trust Code of Governance, 2014.*

#### **5. Strategy Development Process Cycle**

- Plan to conclude strategy development process by end of March 2018 to align with the 3-year business planning process. Discussions to date have helped to debate possible areas of focus within the current planning context.
- Currently at stage four of the six stage strategy development process.

**Frame – Diagnose - Forecast - Generate Options – Prioritise - Deliver**

- Plan to share a draft strategy document with the Trust Board at their Development Day on **Wednesday 7<sup>th</sup> February**.
- Share with CoG sub-committee – **next meeting 5<sup>th</sup> March**. Aim to affirm by this meeting that the “golden thread” between the Trust's values and the suggested

- priorities resonates in the strategy document.
- External partner engagement will be required to “fine tune” the work.

**6. Council of Governors – Workshop and input so far**

- Supported Trust view that the delivery of the operating plan over the next three years would create new (and the right) opportunities and choices for the medium and long-term.
- Important to take this opportunity to have a plan to deliver our role in the National Cancer Strategy – working with Cancer Alliance.
- Transformation opportunities:
  - cancer follow up
  - using patient outcome data
  - truly understanding patient experience
  - developing our specialist services
  - using the opportunities and “unique selling points” afforded by the new hospital
- Making sure that we focus on innovation when taking forward our Clinical Workforce strategy
- Ensuring that our strategy reflects and demonstrates our values.

AC asked if the Committee felt that the priorities established in the CoG workshop last October have been reflected in the strategic development framework todate? It was generally acknowledged that the direction of travel had been outlined.

AC advised the ‘Next Steps’ timeline:

- Trust Board Development Session – 7<sup>th</sup> February 2018
- Internal discussion and alignment with business planning process – up to mid-February
- Partner engagement and discussions – now until March
- CoG Strategy Committee – draft document circulated for review – mid February
- CoG Strategy Committee – 5<sup>th</sup> March 2018
- Review/Sign off – Trust Board in March
- Annual review/refresh thereafter

**007/18 Future Clinical Model**

Barney Schofield (BS) presented a slide deck to the Committee and explained the Rationale for Change:

1. The current model of **isolated single-handed consultant practice was neither sustainable or optimal**. Services can fail in an unplanned manner with adverse consequences for patients, staff, local hospitals and commissioners
2. A new **team-based workforce model** was required to deliver care with **Consultant expertise more focused on new patients and complex follow-up care**
3. The service model needed to **accommodate growing**

	<p><b>demand (incidence and survivorship) within constrained human and financial resources</b></p> <ol style="list-style-type: none"> <li>4. <b>Not all patients had access to comprehensive supportive care services</b> at their first appointment</li> <li>5. CCC has to see all <b>newly referred patients on a 62 day pathway within 7 days</b>. This is critical to delivering the 62 day performance standard across Cheshire &amp; Merseyside</li> <li>6. <b>Too many patients do not have access to a clinical trial</b> under the current model</li> <li>7. The <b>care some patients receive is different</b> – depending on where they attend</li> </ol> <p>He explained that the Trust’s aim was to:</p> <ul style="list-style-type: none"> <li>➤ Reduced waiting times</li> <li>➤ Improved access to clinical trials</li> <li>➤ Ensure the majority of new patients have access to a wider range of treatment nearer home</li> <li>➤ Improved access to the same range of supporting services o matter where patients live</li> <li>➤ 90% of patients residing within 45 minutes of nearest hub (time defined by car travel)</li> <li>➤ Improved emergency pathways and reduce unplanned admissions</li> <li>➤ Improved outcomes and patient experience with greater access to clinical trials, sub-specialisation and a team approach</li> </ul> <p>There were four proposed sector locations: (1) Clatterbridge Cancer Centre – Liverpool, (2) Clatterbridge Cancer Centre – Wirral, (3) Clatterbridge Cancer Centre – Aintree and (4) a decision as to where the Eastern Sector Hub will be based would be made by the Commissioners.</p> <p>BS explained it is proposed that an engagement process of approximately 8-weeks be conducted in early 2018. The engagement would take a range of forms which include targeted activity with patient groups and stakeholder organisations, public events/meetings and an on-line survey. The outcome of this would be taken into account in project execution and stakeholder engagement would be maintained throughout transition.</p> <p>A general discussion took place, it was suggested that it would be beneficial for a presentation to be given to the Patient Experience Committee in March.</p> <p>An update to the Council would be provided at the July meeting.</p>	<p><b>BS</b></p> <p><b>BS</b></p>
	<b>Items for Discussion - Quality</b>	
<b>008/18</b>	<b>Quality Committee Performance Report</b>	
	Helen Porter (HP) explained this report provides an overview of quality at the Trust; highlighting performance against key quality indicators and providing supporting detail.	

	<p>There were two parts to this report:</p> <ul style="list-style-type: none"> <li>• The latest performance, as at end December 2017.</li> <li>• Further details of non-compliant KPIs</li> </ul> <p>The report presented the performance for 33 KPIs in 3 categories, providing an overview that enables the Committee to easily receive assurance of organisational performance. KPIs and associated detail previously reported to the Committee would be reported to the Quality and Safety Sub-Committee, with any non-compliance and risks escalated to this Committee.</p> <p>There were 4-13 metrics in each of the 3 categories, which give assurance that the organisation is delivering on each category. The choice of categories reflected the approach outlined in the Carter Report: Safe, Effective, Caring, Responsive, People: Well-Led and Money and Resources, with KPIs in the Responsive and Money and Resources being reported to other Committees and Sub-Committees as appropriate.</p> <p>A question was raised regarding ‘staff turnover’, HP said that all staff who leave the Trust are offered an exit interview so any trends can be addressed, not every member of staff attends their exit interview but of those who attended in October 2017 the highest reason was relocation followed by work life balance.</p> <p>The Committee generally acknowledged that the new style report was easier to read and understand.</p> <p>The Committee noted Trust performance and actions for improvement, as at the end of December 2017.</p>	
<b>009/18</b>	<b>Patient Story</b>	
	<p>Helen Porter (HP) showed a recording of an interview with a patient concerning their view in relation to CCC. It highlighted the advancement of treatment during the last 5-years. The male patient has a very positive view and did not have any complaints to feed back. He believed patients should be more proactive in relation to requesting availability of trials.</p>	
<b>010/18</b>	<b>Quality Account 2017/18 and Quality Priorities for 2018/19</b>	
	<p>Helen Porter (HP) advised NHSI has yet to publish the detailed guidance for external assurance on quality reports for 2017/18. It is expected that as in previous years the local indicator to be reviewed will be selected by Governors.</p> <p>HP explained the points to be taken into consideration when selecting an indicator, these pointers had been provided by our external auditor Grant Thornton.</p> <p>This aims to provide assurance through substantive sample testing over one local indicator included in the Quality Report as selected by the Governors of the Trust.</p>	

	Following discussion it was agreed the indicator for 2017/18 would be 30 day mortality (radical Chemotherapy)	
	<b>Sub-Committee Assurance Reports</b>	
<b>011/18</b>	<b>Membership &amp; Communications Committee (11.01.18)</b>	
	Jane Wilkinson (JW) confirmed that the new membership forms were available. She reiterated how important it was for the Trust to maintain numbers and handed forms to each committee member asking them to return the completed forms as soon as possible.	<b>All</b>
<b>012/18</b>	<b>Report from the Patient Experience Committee (16.01.18)</b>	
	<p>Angela Cross (apologies received) had provided a report for each of the committee. She advised the themes from the AMM:</p> <ul style="list-style-type: none"> <li>➤ Consideration of patient journey and appointment times</li> <li>➤ Use of emerging technology for patients appointments</li> </ul> <p>Sarah Barr, Associate Director of IM&amp;T (Chief Information Officer) will be attending the Patient Experience Committee meeting on 20<sup>th</sup> March 2018.</p> <p>Also, the Committee welcomed Debbie Francis, Non Executive Director who would provide help and guidance.</p> <p>The Committee encouraged Governors to undertake any appropriate training that may be beneficial to their role.</p> <p>AC highlighted that volunteers are needed to assist Sue Relph, Patient Experience Manager with the Patient Story recordings and asked if Governors who are interested in helping email Andrea Leather <a href="mailto:andrea.leather@nhs.net">andrea.leather@nhs.net</a></p>	<b>AL/All</b>
<b>013/18</b>	<b>Strategy Committee (22.01.18)</b>	
	<p>Steve Sanderson (SS) advised the Strategy Committee had watched a presentation given by Jason Pawluk - Senior Programme Manager/Strategy Lead, at their meeting earlier this month which was very informative. SS explained that the presentation was a follow on to the Board and CoG Awayday last October. A lengthy discussion took place and any queries raised will be addressed at the next meeting on 5<sup>th</sup> March. SS will report back to CoG at the March meeting.</p> <p>SS also advised the elements from the AMM allocated to the Strategy Committee are currently being worked through.</p>	<b>SS</b>
	<b>Governance &amp; Other Matters</b>	
<b>014/18</b>	<b>Trust Charity Appeal update</b>	
	Katrina Bury (KB), Head of Charity said that following the success of the 'Let's Go Green Campaign' last year the campaign had been rolled out again this year and would be bigger and better. Dozens of buildings and structures would be illuminated green between 3 <sup>rd</sup> and 11 <sup>th</sup> February across Merseyside and Cheshire.	



	Clatterbridge Cancer Charity Liverpool Mural - KB advised there is some interesting artwork in Lord Street, Liverpool by local artist Paul Curtis. The painting is 12 metres long and is painted on the temporary hoarding on the old BHS store.	
<b>015/18</b>	<b>Governor Elections</b>	
	<p>Andrea Leather (AL) updated the Committee regarding the second round of Governor Elections. She confirmed we had reverted to the postal method which would hopefully result in a greater response. AL advised the 5-vacancies:</p> <p><b>Public:</b></p> <ul style="list-style-type: none"> <li>• Cheshire West and Chester (1 seat)</li> <li>• Liverpool (1 seat)</li> <li>• St Helen's &amp; Knowsley (1 seat)</li> <li>• Warrington &amp; Halton (1 seat)</li> </ul> <p><b>Staff:</b></p> <ul style="list-style-type: none"> <li>• Non Clinical (1 seat)</li> </ul> <p>The nominations deadline was Monday 5<sup>th</sup> February 2018 and elections would close on Thursday 15<sup>th</sup> March 2018.</p> <p>AL said that the Communications Team were sending information on Facebook, Twitter and via the website.</p> <p>The CoG would be updated with the results at the March meeting.</p>	
	<b>Closing Business</b>	
<b>016/18</b>	<b>Any Other Urgent Business</b>	
	Phil Edgington (PE) advised he had spoken to Steven Sanderson as there is now a vacancy for a Vice Chair. Previously the Senior Independent Director had been combined with Vice Chair. This item would go to the next Remuneration Committee.	
<b>017/18</b>	<b>Date and time of next Meeting</b>	
	<p><b>Date:</b> Monday 26<sup>th</sup> March 2018 at 5.30pm</p> <p><b>Time:</b> 5.30pm</p> <p><b>Location:</b> Research &amp; Innovation Centre – Room 3</p>	

Phil Edgington  
Chair

DATE



<b>Item No.</b>	<b>Date of Meeting</b>	<b>Item</b>	<b>Action(s)</b>	<b>Action by</b>	<b>Date to complete by</b>	<b>Date completed</b>
005/18	29.01.18	Senior Governor Report	NW Governors Forum – Govs to advise their availability for 14 <sup>th</sup> February	All	07.02.18	No Governors available to attend
005/18	29.01.18	Senior Governor Report	NED visibility – agenda item for July meeting	AL	09.07.18	July meeting
006/18	29.01.18	CEO & Performance Report	Arrange visit to site or CoG meeting to be held at Royal	AL	a.s.a.p.	29 <sup>th</sup> October 2018 meeting will be held at the Royal.
		CEO & Performance Report	Mike Sullivan who sits on Social Value Committee to give report at a CoG meeting	MS	a.s.a.p.	Apologies received from Mike for this meeting
007/18	29.01.18	Future Clinical Model	Presentation to be given at Patient Experience Committee	BS	20.03.18	Completed - 20.03.18
		Future Clinical Model	Update CoG with progress on Future Clinical Model	BS	09.07.18	July meeting
011/18	29.01.18	Membership & Comms Cttee	Jane Wilkinson handed each Governors some new application forms and asked them to ask friends, relatives etc to complete	All	a.s.a.p.	1 received
012/18	29.01.18	Patient Experience Cttee	Governors to volunteer to assist with video recordings	All	a.s.a.p.	1 positive response for video - session cancelled due to weather
013/18	29.01.18	Strategy Committee	Report back to CoG from Strategy Committee on 5 <sup>th</sup> March	SS	26.03.18	Senior Governor report