

**DRAFT**  
**MINUTES OF THE TRUST BOARD MEETING – PART ONE**  
**HELD ON WEDNESDAY 25<sup>th</sup> APRIL 2018**  
**IN JKD CONFERENCE ROOM**

<b>Present</b>	<b>:</b>	<b>Mr P Edgington</b>	<b>Chair</b>
		<b>MRS A Farrar</b>	<b>Interim Chief Executive Officer</b>
		<b>Mr J Andrews</b>	<b>Finance Director</b>
		<b>Mr B Schofield</b>	<b>Deputy Chief Exec /Director of Ops and Transformation</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>Ms S Khanduri</b>	<b>Medical Director</b>
		<b>Mrs S Lloyd</b>	<b>Director of Nursing &amp; Quality</b>
		<b>Mr S Sanderson</b>	<b>Senior Governor</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>Mrs A Leather</b>	
		<b>Ms S Jones</b>	<b>Secretary/Minutes</b>
		<b>Ms S Griffiths</b>	<b>Trade Union Representative</b>

**P1/044/18 Patient Story**

The Director of Nursing and Quality introduced the Patient Story to the Board for their information. The male patient had been an in-patient on Sulby Ward who had Radiotherapy was very complimentary.

The Director of Nursing proposed and it was agreed that the Board should review a past complaint at its next meeting to look at how the Trust had dealt with the complaint, what the outcome was and how the Trust could learn from it. SL

The Board queried if improvements had been made to the transport service as they were pleasantly surprised that the patient had no complaints. The Deputy Chief Exec/Director of Ops agreed to review the feedback by Patients transport service with a view to making improvements. BS

**P1/045/18 Tell the Board**

The Physician Associate joined the Board to describe his role.

The Physician Associate role (PA) is a relatively new role to the UK. The role works alongside doctors but with limitations due to UK regulations such as not being able to prescribe diagnostics. Although there have been challenges working in the UK, The Physician Associate hoped that he has been able to show the benefits of this role and had enjoyed helping to develop the role and bring acceptance through education and mentoring.

He expressed a view that there was a very positive culture at CCC (The Clatterbridge Cancer Centre NHS FT) and because of that it would seamlessly transfer to the new building in Liverpool in 2020.

## AGENDA ITEM P1/xxx/18

The Board queried what the Trust was doing to address the gaps in Non-medical prescribing. The Director of Workforce and OD advised that NHS Employers were lobbying to address this issue. The Director of Nursing & Quality and the Medical Director were asked to bring back a report with proposals on how the Trust could move this issue forward to encourage roles such as the Physician Associate to be attracted to working in the Trust in the future. SL/SK

### **P1/046/18 Apologies**

There were no apologies

### **P1/047/18 Minutes of Previous Meetings:**

The minutes of the 9<sup>th</sup> March 2018 and 26<sup>th</sup> March 2018 were approved. There was a minor amendment to the minutes of 7<sup>th</sup> February 2018 with the deletion of the phrase 'Return of the charitable donation from The Presidents Club' on Page 2.

### **P1/048/18 Matters Arising**

The Board reviewed the Action Tracker and noted the current status of Board actions.

039-18 – Communication would be circulated to all staff by the end of May.

213-18 – to be discussed during meeting.

There were no other matters arising that were not covered under the agenda.

### **P1/049/18 Declaration of Board Members' and other attendees interests concerning agenda items.**

No declarations concerning agenda items were made.

### **P1/050/18 Chief Executive's Report**

The Interim Chief Executive stated she was delighted to be part of the great work that is carried out here at CCC and provided the Board with highlights from her report.

The Medical Director was asked to give a brief update on clinical research ahead of her progress report to Trust Board in July 2018. It was confirmed that patient numbers participating in clinical trials were increasing, this was positive and going in the right direction for future focus. It was confirmed, Prof.Louise Kenny, Pro-Vice Chair of Liverpool University would be visiting the Trust on May 3<sup>rd</sup> to listen to a presentation by Prof.Sun Myint and the Trust hope to build on this relationship in the future.

With reference to the build of the new hospital in Liverpool, the Board agreed that it was an appropriate time for the Trust to take a strategic approach to the inter-dependencies of the milestones and the additional investment to deliver the transformation. The Director of Operations & Transformation was asked to produce the necessary details, including risks, timelines and report to the next Trust Board. BS

The Board noted that the Well-Led Review was a priority for the Trust in the next few months. The processes for escalation of risk were one area for immediate improvement. Every executive director would lead on a relevant risk area, the aim being to complete a review by end of June and report the outcome to the next Trust Board. The Director of Nursing was leading a programme of work to advise the Quality & Safety Committee and the executive team on the key strategic and operational improvements based on trend information from the mock inspections, national staff survey, patient experience survey CQC insight report, and soft intelligence.

With a number of core performance issues rated high risk, the Board agreed that clear guidance should be available for all staff. Staff communication had been sent out to outline what is expected to be delivered as part of the Annual PADR process. BS

The Acting Deputy Chief Executive had been asked to review Haemato-Oncology, 1 year on and report back to the July Board. Exec  
Dir.

#### **AGENDA ITEM P1/xxx/18**

The Board discussed the BAF (Board Assurance Framework) and agreed that the Executive Directors would review each risk rating, refresh and report back to the July Trust Board.

The Chair thanked the Interim Chief Executive for the speed and clarity of her first Trust Board report. The Interim Chief Executive thanked the Board for their support and especially the Executive Team during the interim arrangements.

#### **The Board of Directors agreed to:**

- **Note the system wide partnership work**
- **Approve the next steps to deliver the strategic & operational priorities.**
- **Review timelines for the Trusts milestones in relation to additional investment at the July Board**
- **Review HO, 1 year on at July Trust Board**
- **Update the risk ratings in the 17/18 BAF based on the decisions today by 30<sup>th</sup> April 2018**
- **Review the 18/19 BAF and report back to the July Trust Board.**

### **Operational Performance, Risk & Assurance**

#### **P1/051/18 Integrated Performance Report**

The Director of Operations & Transformation introduced his report and summarised the key points. He advised the Board that the report would be materially different for the July Trust Board after reflecting on the challenges and expectations for delivering effective Board assurance.

The report currently had a high risk rating due to the figures for VTE, Sepsis and Well-Led.

The Director of Nursing & Quality assured the Board that via the Quality Committee, assurance would be provided to show progress and confirmed Dr Caroline Brammer would be leading on a piece of work to improve the process.

There was a robust discussion around the culture of complaints at the Trust ie the target should not be zero. The Board agreed that the improvement objective should reflect that the Trust is learning from patient experience feedback. The Director of Nursing & Quality agreed to change the wording appropriately and report the standards going forward.

**SL**

The Board discussed Radiotherapy activity and in particular how intelligence can be gathered and used to influence future decisions.

#### **The Trust Board agreed to:**

- **Note Trust performance and associated actions for improvement, as at the end of March 2018 and change in risk assessment.**
- **Enhance the IPR to address gaps in the comprehensive range of operations , quality and finance KPIs to fit CQC best practice.**
- **Agree the complaints target wording for 2018/19 and report to the Quality & Safety sub-committee.**

#### **P1/052/18 Finance Report Month 12**

The Acting Director of Finance presented the Finance Month 12 report, highlighting the risk ratings for the Boards information.

He advised the figures were slightly out of date due to the timing of submission of the paper. The contribution from HO was high risk due to the way drugs were charged. The overall positive position was highlighted and he congratulated the team on their hard work at year end. It was noted that the draft accounts had been submitted the previous day.

#### **The Trust Board noted :**

- **the satisfactory financial performance and surplus for month 12.**
- **the overall financial risk rating of a 1 under the risk assessment framework.**
- **That the Trust had delivered against its control total of £4,093k, with an actual year to date comparator of £5,279k.**

#### **AGENDA ITEM P1/xxx/18**

- the possibility of further 'bonus' STF funding.
- the final outturn position is subject to external audit.

**The Trust Board approved the declaration to NHSI for quarter 4 that the board anticipates the Trust will maintain a financial risk rating of at least 1 over the next 12 months.**

#### **P1/053/18 Transforming Cancer Care Programme – Progress report**

The Acting Deputy Chief Executive presented the update to the Board summarising progress made across the four programme pillars. Whilst excellent progress had been made across all key areas of the programme, there was a lack of overall assurance to the Board on the delivery of the high-level 'critical path' and interdependencies within the programme and the Director of Operations & Transformation assured the Board that this was a priority focus in the next month.

**The Trust Board noted the progress made and the key exceptions and that board assurance mechanisms would be in place against the programme by June 2018**

#### **P1/054/18 Finance and Business Development Committee Report – 17.04.18**

The Acting Director of Finance advised he had given a verbal update on Month 12, however the written report to the Finance and Business Development Committee provided was Month 11 due to the finance timelines.

The Committee Chair provided the board with highlights following the discussion at F&BD. He highlighted the risk presented by the current absence of Trust Nominated Officer for Propcare. The Interim Chief Exec advised that this had now been resolved and updated the Board regarding additional support in the way of a new temporary post – Associate Director of Strategic Finance, starting at the Trust in the middle of May.

The Committee confirmed the membership of the Infrastructure sub-committee would now include all Executive Directors and the frequency of the meeting would be increased to monthly, so decisions regarding the Trust can be taken at the right time.

Clarity was requested with regards to VAT rules. The Acting Director of Finance assured the Board that the Trust was compliant with VAT regulations.

**The Trust Board noted the report and requests for further scrutiny or assurance**

#### **P1/055/18 Audit Committee Report – 16.04.18**

The Committee Chair presented the report from Audit Committee for the Boards information, highlighting the risks.

Both Cyber Security and Data Warehouse were highlighted as high risk. Both areas required immediate attention. An example highlighted, NHS England performed a min-penetration test, all 200 Trusts tested failed.

A review of the Audit tracker identified further work was needed to make it 'fit for purpose'. The Executive Team were in the process of reviewing and updating this to ensure that low level risks were deferred to sub-committees and actions tracked through to closure.

The Trust Board:

- Noted the report of the Audit Committee
- Approved on the recommendation of the Committee the amended Standing Orders and Standing Financial Instructions (SFI's)

#### **P1/056/18 Quality Committee Report – 18.04.18**

The Committee requested to change the timing of the meeting schedules. The Board agreed to change the date of the next Quality Committee as a one-off solution but to discuss any future changes as part of an holistic review of the meeting dates at the Board Development session in June 2018.

**AL**

**The Trust Board noted the report and agreed resolved to change the date of the July Quality Committee meeting from 17<sup>th</sup> July to 10<sup>th</sup> July 2018.:**

**Safe Staffing**

The Director of Nursing & Quality presented the report for the Board's information highlighting the high risk rating. It was confirmed that the Trust's Safeguarding Policy was now complete. A new safeguarding sub-committee would commence in May and feed into the Quality Committee. A new safeguarding structure had been agreed at Exec Team, to report into the Trust Board. Discussions had been on-going with CQC and the Deputy Director of Quality and Safeguarding, NHS England around the action plan for assurance. It was highlighted that this item was moving rapidly with the aim that all actions would be completed by the end of August. Next steps included arranging internal audits to test the action plan was working, carry out a review of staff training and that the Clinical Governance Manager, Safeguarding was talking to all staff.

The Chair confirmed to the Trust Board, that Non-Executive Director Debbie Francis would be the NED lead on Safeguarding.

**The Trust Board noted the report, its recommendations and approved the improvement action plan.**

**P1/057/18 Charitable Funds Committee Report – 18.04.18**

The report was presented to the Board highlighting the recommendation by the Trustee representative not to return the donation from The President's Club Charitable Trust as previously recommended by the Trust Board. The matter would be considered in Part 2 & the outcome will be reported to Trust Board in July.

**The Trust Board noted the recommendation of non-return of the presidents Club Charitable Trust donation.**

**P1/058/18 Medical Director Quarterly Report**

The Medical Director presented the report for the Board's information. There were no particular issues to raise with the Board.

**The Trust Board noted the content of the report.**

**Quarterly Report on Safe Working Hours:Doctors and Dentists in Training.**

The Medical Director confirmed to the Board that the Trust was compliant and at this time, there were no substantive posts to be recruited.

Haemato-Oncology was currently monitored by The Royal and should provide assurance for future Board meetings.

**The Trust Board to accept and receive assurance from this report that working hours for doctors in training were considered safe at the current time.**

**P/059/18 Mortality Review**

The Board were advised that a dashboard was being developed and was currently a work-in-progress

**The Trust Board noted:**

- the updated dashboard and that the consultant mortality completion and MRM attendance figures were now incorporated into consultant appraisal documents.

**The Trust Board:**

- Agreed to consider the poor consultant attendance of MRM meeting
- Approve consideration of attendance at the MRM meeting to be incorporated into future job

**P1/060/18 End of Year Trust Board Business Plan 2017/18 Quarterly Update**

The Trusts Business Plan 2017/18 was approved at the March 2017 Board meeting. Each of the objectives were allocated to a Board Committee for monitoring purposes.

The Board was presented with an end of year progress report on the delivery of these actions. The report had been reviewed and approved by the Quality and Finance & Business Development Committees.

**The Trust Board approved the year end Trust Business Plan 2017/18**

**P1/061/18 3 Year Operational Priorities 2018/19**

The Interim Chief Executive presented the operational plan setting out the significant priorities for 18/19 and describing the Trust's process and its mechanisms for engaging senior leaders. The longer term strategic plan (2018-2027) remains a work-in-progress and this aims to be concluded by October 2018.

**The Trust Board noted the contents of the report.**

**P1/062/18 Partnership Working Update**

The Director of Workforce & OD presented the report providing an up-date on national, regional and local workforce issues that were currently being discussed in partnership with Trade Unions.

**The Trust Board noted the current issues being discussed in partnership.**

**P1/063/18 Liaison with Governors**

The Senior Governor thanked the interim Executive team and welcomed the new team members on behalf of the Council of Governors.

It was noted that the informal meetings held recently with the Chair and a selection of the Governors, mainly the Chairs of the Governor Committees and Remuneration Committee had been a success and proved to be very useful.

**P1/064/18 Corporate Governance**

The Corporate Governance Manager presented the following 3 items for information to the Board

- Balance and Independence of Directors
- Declaration of Interest
- Modern Slavery Annual Statement

**The Trust Board noted the content of the papers.**

**P1/065/18 Emergency Preparedness, Resilience and Response (EPRR)**

The purpose of this paper was to acknowledge receipt of NHS England Emergency Preparedness, Resilience and Response (EPRR) assurance confirmation.

**The Trust Board noted the content of the papers.**

**P1/066/18 Food & Drink Strategy**

The presentation set out a draft Food and Drink Strategy (F&DS) for The Clatterbridge Cancer Centre and had been prepared in consultation with a number of Trust staff.

**The Trust Board noted the draft F&DS, and the intention to adopt this strategy within the Trust. The next step would be for the Quality & Safety Committee to lead and clarify resource implications and on the improvement plan and timescale.**

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**P1/067/18 Communications**

**AGENDA ITEM P1/xxx/18**

It was noted that the Comms team would circulate information to staff on

- Improvements to 62 day wait
- Investment in 50 new posts
- National Physician Associate Programme
- Improved uptake in clinical trials

AH/P  
E/AT/  
AF

The Exec team would be discussing HSJ award and will agree who to nominate from the Trust.

**P1/068/18 Board Meeting Review**

The Board agreed to discuss and review the schedule of meeting dates for Board/Committees and Sub-Committees at Board Development on 22<sup>nd</sup> June.

**P1/069/18 Any Other Business**

There was no further business to discuss.

**P1/070/18 Date of Next Board Meeting**

The date of the next meeting would be Wednesday 23<sup>rd</sup> May 2018.

It was noted that this would be a formal single agenda item on approval of the Annual Accounts and Plan 2018/2019

**PHIL EDGINGTON**  
**CHAIR**

**DATE**