

DRAFT
MINUTES OF THE EXTRAORDINARY TRUST BOARD MEETING
PART ONE
HELD ON WEDNESDAY, 23RD MAY 2018
IN ROOM JKD

Present:	Ms A Hastings	Vice-Chair (Non-Executive Director)
	Ms Ann Farrar	Interim Chief Executive
	Mr B Schofield	Acting Deputy Chief Executive / Director of Operations & Transformation
	Mr J Andrews	Acting Director of Finance
	Mr G Black	Non-Executive Director
	Ms D Francis	Non-Executive Director
	Mr D Teale	Non-Executive Director
	Ms H Bebbington	Director of Workforce & OD (Non- voting)
	Ms K Greaves	Associate Director of Quality
	Dr S Khanduri	Medical Director
	Ms J Spencer	Acting Director of Transformation and Innovation
In Attendance:	Mr M Varey	Trade Union Representative
	Ms S Balmer	Corporate Governance Manager (Minutes)
	Ms A Leather	Head of Corporate Governance
	Mr S Sanderson	Public Governor
	Ms A Traynor	Associate Director of Strategic Communications
Apologies:	Prof. M Baker	Non-Executive Director
	Mr P Edgington	Chair

P1/71/18 Welcome and Apologies

The Vice-Chair welcomed all to the meeting of the Board of Directors and noted the apologies as set out above.

P1/72/18 Declaration of Board Members' and other attendees interests concerning agenda items

There were no declarations of interest in addition to those listed in the Register of Interests.

P1/73/18 Annual Governance Statement

Items 73, 74, 75 and 76 were discussed together.

The Vice-Chair informed the Board that the Audit Committee had met that morning and

had reviewed the draft 2017/18 Annual Governance Statement, Annual Report, Annual Accounts, and Quality Accounts documents in detail. The Committee made a recommendation to the Board of Directors to approve the documents.

The Audit Chair tabled the Audit Committee report, which formally made these recommendations, and reported that the Trust had been issued with an unqualified opinion by its external auditors, Grant Thornton. The Trust was in a good position as one of the few Trusts within Grant Thornton's portfolio that had achieved an unqualified opinion on both the accounts and the VFM conclusion.

The Audit Chair report highlighted an additional recommendation from the Committee for the Board to note that preparation for the CQC Well-Led review was behind trajectory. The Board was assured that additional resource had been put in place to support the process and there was commitment from the executive to take this forward. A report on progress would be made via the Audit Committee at future meetings.

The Board thanked the Acting Director of Finance and his team for producing exceptional work and recognised the huge effort to pull together the documentation. The Acting Director of Finance noted the challenges in creating the accounts because of the additional complexity of inter-group accounting and because advice relating to the application of VAT had changed in-year.

Annual Governance Statement

The Interim Chief Executive set out the process undertaken to produce the Annual Governance Statement. It had not been straightforward as neither she, nor the Medical Director or Director of Nursing had been in post for the period covered by the report. However, assurance had been received from the Committees and Internal Audit reports presented to the Audit Committee, and it was concluded that there were no significant issues of internal control. Key issues highlighted in the report were the recent changes to the executive team; and the requirement for improvements to the BAF. It was noted that independent resource had been commissioned to support the development of the 2018/19 BAF.

The Chief Executive brought to the attention of the Board the review of effectiveness which detailed a serious untoward incident from 2016 that had been registered in April 2018. An independent clinical review of the event had been invited and the outcomes would be reported to the Board in July.

Quality Accounts

The Associate Director of Quality presented the Quality Report (Accounts) and noted that positive feedback had been received from Healthwatch organisations across the patch. Suggestions for improvement had been taken on board including providing more information on the on-going work around safeguarding, key priorities for next year and also format.

The Board thanked the Associate Director of Quality and the Head of Corporate Governance for their efforts in pulling together the report.

The Board approved the Annual Governance Statement 2017/18; the Annual Report 2017/18; the Annual Accounts 2017/18; and the Quality Report (Accounts) 2017/18.

Actions:

- JA to provide a report to the Board meeting in July on approach taken for VAT relating to the building of the new cancer centre in Liverpool
- SL / SK to provide a report to the Board meeting in July on the outcomes of the investigation in to the serious untoward incident.

P1/74/18 Annual Report 2017/18

Discussed under agenda item P1/73/18

P1/75/18 Annual Accounts 2017/18

Discussed under agenda item P1/73/18

P1/76/18 Quality Report (Accounts) 2017/18

Discussed under agenda item P1/73/18

P1/77/18 Proposed Trust Board Business Cycle

The Chief Executive presented a proposal to move to a bi-monthly reporting cycle which had been developed in response to concerns that quarterly meetings were not sufficiently frequent given the context in transforming cancer care.

The Board were asked to give consideration as to when to introduce the new format and feedback to the Executive Secretariat, noting it would be by January 2019 at the latest but preferably sooner.

The Board approved the proposal to move to a bi-monthly reporting cycle.

Actions:

- All to give consideration to when to move to bi-monthly meeting cycle and decide by 30th June 2018.

AL

P1/78/18 End-of-Year Board Assurance Framework 2017/18

The Chief Executive introduced the final report on the Board Assurance Framework (BAF) for 2017/18. The report had been updated following the full discussion at the April Trust Board, to ensure there was a common understanding of the organisation's risk rating and actions against the achievement of strategic priorities.

It was recognised that good practice would have been to have the BAF for 2018/19 agreed in April; however the changes to the Board at that time meant it had not been possible. Furthermore, the BAF would be further developed to align to the best practice highlighted by Internal Audit, and accepted by the April Audit Committee. To do this, independent expert advice had been commissioned and the draft BAF 2018/19 would be presented to the July meeting of the Board for approval. It was noted that the document was an essential piece of assurance which would be continually updated by means of a dynamic process.

The Chief Executive thanked the executive team for their openness and commitment to the process.

The Board noted the report.

P1/79/18 NHS Improvement Board Statements

The Head of Corporate Governance presented (for approval) the year-end declarations required as part of the Trust's licensing. It was noted that the documents would be published after sign-off; however there was no requirement for submission to NHS Improvement.

Assurance was provided that the statements contained relating to risks and assurance had been triangulated with those made in the Annual Governance Statement.

The Board approved the annual self-certifications.

P1/80/18 Annual Revalidation Report

The Medical Director outlined the purpose of the report which was to provide assurance on the steps taken to develop medical appraisals and support medical revalidation in 2017/18. The Trust had achieved a compliance rate of 76% on appraisals, against 46% compliance rate in 2016/17. In response to a question, it was noted that there was a development plan in place to address the gaps.

The Board:

- noted the contents of the report and that it would be shared, along with annual audit, with the higher level responsible officer at NHS England;
- approved the statement of compliance which confirmed that the organisation, as a designated body, was compliant with regulations; and
- noted that the 2018/19 development plan would address the identified gaps.

P1/81/18 Any Other Business

The Chief Executive highlighted that the Papillon team had won an award in recognition of the achievements of the service over 25 years, which provided real choice for patients in terms of their treatment. The Board congratulated the team.

P1/82/18 Date of Next meeting

The next meeting was scheduled for Wednesday, 25th July 2018.

Alison Hastings
VICE-CHAIR

DATE