

The Clatterbridge Cancer Centre NHS Foundation Trust

**DRAFT BOARD OF DIRECTORS MEETING
PART ONE**

**Wednesday 25th July 2018
1.00pm JKD Conference Room**

Present:	P Edgington G Black D Francis D Teale M Baker	Chair Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director
	Ann Farrar B Schofield	Interim Chief Executive Acting Deputy Chief Executive / Director of Operations & Transformation
	H Bebbington Sheila Lloyd Dr S Khanduri	Director of Workforce & OD Director of Nursing & Quality Medical Director
In Attendance:	Zoe Watters M Varey A Leather J Wilkinson Carla Thomas A Traynor	Executive Director of Strategic Finance Trade Union Representative Head of Corporate Governance Public Governor Public Governor Associate Director of Strategic Communications
	Sarah Atherden	Corporate Governance (Minutes)
Items 87-89:	Liz Furmedge Priscilla Hetherington Lesley-Ann Gill	General Manager Matron, Haemato-Oncology Patient, Haemato-Oncology
Item 97:	Nagesh Kalakonda Maria McGuire	Director of Academic Research Research Manager
Apologies:	A Hastings J Andrews Stephen Sanderson	Vice-Chair (Non-Executive Director) Acting Director of Finance Public Governor

P1/83/18

Welcome and Apologies

Action

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

P1/84/18

Minutes of Previous Meetings:

- (i) 25 April 2018
- (ii) 23 May 2018

The minutes of the meetings were agreed subject to the following amendments:

25 April 2018 – Item 044 - *Patient Story* - this item will be included on the 31 October Board agenda and not this meeting as recorded in the minutes.

23 May 2018 – Item 73 – *Annual Governance Statement* – The second action listed is incorrect and had already been considered as part of the overall Audit Opinion. This action will be removed.

The Board agreed with the amendments raised.

P1/85/18

Matters Arising

The action log was agreed as a true and accurate record.

P1/86/18

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.

P1/87/18

Haemato-Oncology (HO) – One Year On

LF provided an overview of the programme, sharing both successes and learning from the process and thanked the Board and Executive Team, particularly SL, for their support.

The Board noted in particular the seamless transition for patients during the changes and that all the affected departments had been engaged in design and implementation. It was acknowledged that the leadership to this programme had been exemplary and LF and her team were thanked for their approach towards implementation.

Business Intelligence remains an issue and although HO will shortly be able to measure and report on some clinical outcomes, more help is required to improve Business Intelligence.

Feedback from staff was that they wanted increased visibility of senior managers and this was noted as a key issue for future changes. The view was that since April staff had noticed and welcomed CCC visibility and support and they wanted a better relationship with RLH.

P1/88/18

Patient Story

LG provided her story to the Board. The Board thanked LG for attending and being so open and honest about her personal experiences. The out of hour sessions for patients were welcomed and there was some learning around long term impacts for patients that should be considered for the future.

P1/89/18

Tell the Board

PH provided an overview of the process from her experience. The role of Matron was new for HO but staff had welcomed this additional role.

The Board thanked SL, PH and all the team for their participation. It was noted that this was a significant programme of work, with a considerable amount of change to deliver across two sites. The Board agreed that this was a success story to share with the wider organisation.

The Board noted the presentation and stories and thanked all for their time and openness.

The Board agreed:

- To share the HO transition with the wider organisation and consider nominations for national awards
- Business intelligence/clinical outcomes development programme to be a transparent report to Board.
- RLH to be asked to consider HO as an integrated part of their service.

AT
SK/BS
AF

P1/90/18

CEO Report

AF introduced her report.

A number of strategies are in development and will be brought back to the Board in October to ensure that all the developed strategies and plans match to the CCC overall strategic direction. The Senior Leaders Forum in September will enable wider engagement and feedback and also ensuring all key risks and issues have been captured, prior to the next Board.

The Board noted the report.

P1/91/18

Integrated Performance Report – Month 3

BS introduced the paper.

The Board:

- Noted Trust performance and associated actions for improvement, as at the end of June 2018
- Agreed that the revised format of the report was an improvement and expected further enhancements in the future as it developed.
- Requested clarity on CQUIN strategic assumptions and deliverables for 2018/19 to receive assurance the system is robust and appropriate mitigation is in place from 1st October to secure income.

BS

- Requested a report on radiotherapy and inpatient admissions to assess reasons and trends for potential reductions in activity and appropriate actions to mitigate. The report will be submitted to the Quality Committee for initial assurance and then to Board in October. Clinical Director will also be involved.

BS

P1/92/18

Finance Report - Month 3

ZW provided an overview which the Board noted.

The Board asked for future reports to be more forward looking, aligned to the performance report and to clearly set out any key risks and issues to assess whether progress and spend is on target.

The Board:

- Noted the satisfactory financial performance and surplus for month 3 and the downward trend on EBITDA.
- Noted the overall financial risk rating of 1 under the risk assessment framework, which is in line with the plan
- Noted the Trust has delivered against its control total of £299k, with an actual year to date comparator of £615k
- Noted the KPI performance risks
- Approved the declaration to NHSI for quarter 1, that the board anticipates the Trust will maintain a financial risk rating of at least 1 over the next 12 months
- Requested future reports are more forward looking, aligned to the performance report and any business cases and clearly sets out the key risks and issues.

JA

P1/93/18

Quality Committee

MB gave a report on the oversight of the delivery of the strategic objectives and risks. The successful outcomes and assurances were noted. The areas of concern were fully discussed in the Committee and appropriate assurances were provided that reasonable progress is in place to mitigate the concerns within a reasonable time period.

MB recommended the Board note the report.

The Board agreed that although work was in progress to review the risk registers, Directorates needed to address urgently reviews of high risks. SL provided the Board with assurance that by the end of August all risks will have been reviewed and that staff training on risk management processes will have taken place.

SL/SK/HB agreed to work together to collate future Quality Assurance Reports prior to submission to the Chair.

SL/SK/HB

The Board noted the report by the Chair of the Quality Committee.

P1/94/18

Finance and Business Development Committee

DT gave a report on the oversight of the delivery of the strategic objectives and risks. The successful outcomes and assurances were noted. The areas of concern were fully discussed in the Committee and appropriate assurances were provided that reasonable progress is in place to mitigate the concerns within a reasonable time period.

DT advised that the Committee had been asked to consider three business cases, one of which they had approved in accordance with their delegation with the remaining two requiring Board approval.

The Board agreed that they were unable to approve the business cases relating to Interventional Radiology and a new Haemato-Oncology Unit because there was insufficient assurance on the drivers for change and funding. The governance process was followed but highlighted areas for improvement which were agreed to be urgently addressed.

It was agreed that all future Business Cases should go to the Executive Team first for initial review and consideration prior to the Committee or Board and that a review of the process should be completed to provide clarity on roles and responsibilities. The assurances regarding the drivers for change and funding to be secured no later than 30th September.

The Board:

- Noted the report by the Chair of the Finance and Business Development Committee
- Delegated authority to the Finance and Business Development Committee to consider and approve the two Business Cases, subject to Executive Team approval first no later than 31st October. An ad-hoc committee meeting will be scheduled for the end of September.
- Directed that the Haemato-Oncology Unit case must have formal Commissioner approval prior to submission to the Committee.
- Directed that the audit trail setting out the case for Interventional Radiology requiring CCC to deliver this directly, must be included in the business case.
- Agreed that the Business Case process should be reviewed to ensure correct governance processes are in place.
- Requested that a report is provided to the next Finance and Business Development Committee setting out what contingency fund is remaining, what activity is complete and what is still required.

BS**BS****ZW****ZW/BS/FJ**

P1/95/18

Audit Committee

DF gave a report on the oversight of the delivery of the strategic objectives and risks. The successful outcomes and assurances were noted. The areas of concern were fully discussed in the Committee and appropriate assurances were provided that reasonable progress is in place to mitigate the concerns within a reasonable time period.

DF recommended the Board note the report.

It was acknowledged that there was a need for the external auditor contract to be re-tendered to ensure ongoing independence.

The Board discussed the option of a waiver for 12 months, subject to approval by the Council of Governors. AL will take forward and seek approval.

The Board:

- Noted the report by the Acting Chair of the Audit Committee.
- Requested AL to discuss the option of a waiver for External Audit. **AL**

P1/96/18

Charitable Funds

DT (in the absence of AH) gave a report on the oversight of the delivery of the strategic objectives and risks. The successful outcomes and assurances were noted. The areas of concern were fully discussed in the Committee and appropriate assurances were provided that reasonable progress is in place to mitigate the concerns within a reasonable time period.

DT asked the Board to note the report and consider a specific request for approval as follows -

The Trust Board (acting as Corporate Trustee) discussed the request to authorise JA to grant power of attorney for a specific case as follows:

Authorise the Executive Director responsible for the charity, John Andrews, to grant power of attorney on behalf of The Clatterbridge Cancer Centre in favour of the Spanish lawyers at the law firm Gunner Cooke LLP and their representatives in Spain with the purpose of:

- Accept the Spanish estate of the late Iris Evelyn Masters
- Deal with the administration of the Spanish estate
- Register the charity in Spain and obtain a tax number
- Open a bank account in Spain for administration purposes, if this is required
- Sell any property located in Spain
- Close any accounts or funds of the estate

The Board

- Noted the report by the Chair of the Charitable Funds Committee.
- Authorised the request as stated above.

P1/97/18

P1/97/18 Draft Clinical Research Strategic Direction

The Executive Team were asked to consider the best way of ensuring the successful delivery of the strategy following its development. Communication to the wider organisation is also required to set out the plans and approach for the strategy. SK will consider.

The Board:

- Approved the Strategy
- Requested Executive Team to consider how to ensure successful delivery of the strategy and effective leadership. **SK**

P1/98/18 Liaison with Governors

CT and JW both indicated there had been lots of positive discussion.

P1/99/18 Board Assurance Framework 2018/19

The Board approved the framework, subject to the improvements agreed at the Board Development session in the morning and delegated authority to the sub-committees identified to monitor and provide progress reports.

P1/100/18 Communications – 3 key messages

AT set out the key messages from the Board:

- Research Strategy – purpose and next steps
- Strategic Narrative (from the am Board Development session)
- Development of the new Haemato – Oncology Unit and story

P1/101/18 Board Meeting (including quality content)

It was agreed that there had been positive discussion and the development of the new Haemato- Oncology Unit and story had been extremely powerful. It was noted due to the number of agenda items; at times discussion had been slightly limited.

P1/102/18 Any Other Business

GB advised that in his capacity as Chair of Partners of Prisoners and Families Support Group there may be a possible future conflict of interest. This was noted and the Chair asked GB to keep him informed should this arise.

The Chair and the Board thanked AL in her capacity as Head of Governance for all her hard work and dedication given this was her last Board meeting.

The meeting concluded on time.