

The Clatterbridge Cancer Centre NHS Foundation Trust

**DRAFT BOARD OF DIRECTORS MEETING
PART ONE**

**Wednesday 31st October 2018
1.00pm JKD Conference Room**

Present:	Philip Edgington Gil Black Debbie Francis Alison Hastings David Teale	Chair Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director
	Ann Farrar John Andrews Heather Bebbington Dr Sheena Khanduri Sheila Lloyd Barney Schofield	Interim Chief Executive Acting Director of Finance Director of Workforce & OD Medical Director Director of Nursing & Quality Acting Deputy Chief Executive / Director of Operations & Transformation
In Attendance:	Mike Varey Stephen Sanderson Joanne McManus Samantha Davies Emma Daley Conor Fitzpatrick David Holden Ann Highton Kate O'Brien	Staff Side Chair Public Governor CQC Inspector CQC Inspector Advanced Nursing team manager (for item 102 only) Consultant Therapy Radiographer (for item 102 only) Associate Director of Corporate Governance Risk Management Advisor (for item 109 only) Secretary (Minutes)
Apologies:	Prof M Baker	Non-Executive Director

P1/98/18 Welcome and Apologies

The Chair welcomed members and colleagues to the meeting of the Board of Directors and noted that apologies had been received from Professor Mark Baker. He welcomed the CQC Inspectors who were in attendance at the meeting as observers, as part of the current CQC inspection.

P1/99/18 Minutes of Previous Meetings:

The minutes of the meeting 25th July 2018 were agreed to be a true and accurate record of the meeting.

P1/100/18 Matters Arising

The action log was agreed as a true and accurate record. It was noted that all the actions had been completed to time.

P1/101/18 Declaration of Board Members' and other attendees interests concerning agenda items

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

P1/102/18 Emergency Care Transformation

- a) Patient Story
- b) Staff Story

BS welcomed Emma Daley, Conor Fitzpatrick and Dr Zoe Harris and introduced the presentation.

ED provided an overview of the Clinical Decision Unit (CDU), which opened on the 15th October, 2018 and detailed how the implementation of the Patient Flow Team had positively impacted upon patient care.

The presentation took Board members through the timeline from the vision to the development and recent opening of the CDU. It was acknowledged that the support from the Trust Board had been enormously helpful in ensuring that the Unit's opening had come to fruition as planned.

The presentation also detailed the considerable progress made within Integrated Care over the last 12 months with teams within the directorate having achieved considerable change, improving quality, patient and staff experience, and efficiencies in Patient Services. It was noted that some nurses and teams had received nominations for various awards, and the Trust Board advised they were pleased with the progress made.

Amongst achievements highlighted were:

- Launch of the regional Metastatic Cord Compression Co-ordination (MSCCC) service
- Introduction of the Physician Associate and Nurse Associate role
- Achieving the Clinical Utilisation Review (CUR) CQUIN
- Reduction in Length of Stay

- Skin Nurse Team nominated for a Nursing Times award
- TYA CNS and Mersey Ward nurses nominated for a Nursing Time Patient Choice Award
- Lead Nurse invited to present at an international conference on the implementation of telehealth clinics for lung patients, a national first

In response to a question asked by AH regarding how this contributed to better discharge on the expected date, CF advised the Board of how the Palliative Care 'bleep system' is already assisting improving early intervention and has increased response times enormously. This has already been noticed and appreciated by both patients and their families.

The Board acknowledged the tremendous amount of work the opening of CDU has taken and it was agreed that this will have a great and positive impact on admissions, as the Trust moves into the winter months. It was noted that the capture of intelligence monitoring of information will greatly assist with the linking of service access upon patient discharge.

In response to a question from the Chair, it was advised that the Team would most value a working printer and an office space to hold private and confidential meetings.

On behalf of the Trust, the Chair thanked the CDU team for their work and presentation today.

P1/103/18 Chairman's Report

The Chair introduced his report advising of the following matters:

He stated that the on-going collaborative work with other CEOs and Chair's in the region had been very useful. He advised that he and the interim Chief Executive Officer had held discussions with Chair and Chief Executives across the local system and more widely to discuss the CCC vision to integrate and collaborate where this added value to better patient and population outcomes. It was noted that CCC have agreed to host the next local Specialist Trust Chairs and Chief Executive Officer's meeting in January 2019.

He advised of the meetings he had attended in the last month including the Senior Leaders Forum.

He advised that the new NHS Plan would be expected to be published in the next month and this would be a good opportunity for the Trust to promote that its new strategy was in line with national policy direction.

The Board:

- Noted the report.

P1/104/18 Chief Executive's Report

AF introduced her report advising of key highlights from both a national and local perspective. This included; an update on the NHS Plan, which is expected to be published in November/early December; the Federation of Specialist Hospitals report which is due to be published very soon; the proposed tariffs for 2019/20; preparation for Brexit; progress on the Trust's draft strategic direction which was a major part of today's Board Agenda; and work on system-wide leaders including the Liverpool Health Partners and Academic Health Sciences Network (AHSN).

AF advised that the Trust has appointed Jayne Shaw as Executive Director of HR&OD who will commence on Monday 10th December 2018. The interviews for an Executive Director of Finance are scheduled for Friday, 2nd November 2018. The Trust has also appointed Angela Wendzicha as Associate Director of Corporate Governance. Both Jayne and Angela come with a good track record and a wealth of experience.

As part of the continual development of the Executive Team and the Trust Board, the Kings Fund has been commissioned for 12 months starting from January 2019.

AF said she had met the Mayor of Liverpool this month and there was agreement that Liz Bishop, the new Chief Executive Officer would be a member of the Liverpool Strategic Partnership Board leading the development of the Liverpool Knowledge Quarter. A meeting is planned with Dr. Liz Mears, Chief Executive, Academic Health Sciences Network very soon and this is to explore optimal use of the resources to build on the innovation culture at the CCC as part of the Trust's proposed organisational development strategy.

The Trust are working closely with the Royal Liverpool Hospital Chief Executive and the Radiology Alliance Network leader on how to close the gap in general radiology consultant sessions following a reduction in the service by the Royal Liverpool Hospital from 1st December 2018. This is a high risk. Whilst appropriate mitigation measures are in place for some sessions, not all sessions are covered at this juncture. This matter is subject to weekly review by the Executive Team and the Trust Board will be kept informed with progress prior to 1st December.

The Board:

- Noted the report.

P1/105/18 Draft CCC Strategic Direction 2018 - 2022

AF introduced the report for the Board on the draft Strategic Direction document and congratulated participants who had contributed to this collaboration of ideas from over the last 18 months.

In answer to a question from DF regarding how the strategy will be communicated to staff, AF said this work had started because the Board had been working on this direction of travel for some time. For example, the directorates had used these strategic objectives in their business planning the previous year and in their personal objectives for 2018/19. Staff had welcomed the operational plan on a page in July that was based on these strategic objectives and each member of staff had been issued with a summary of the objectives for their personal use. The strategic direction would be launched onto the Trust's website with a personal message by the interim CEO and Chair. This would be accompanied by a highly visual poster campaign communicating the strategy across the Trust together with images of staff promoting each strategic objective and how it adds value to our patient outcomes and experience in the longer term. An easy to read summary of the strategic direction (on a page) would be produced for staff shortly.

GB asked how to measure 'excellence in research' and SK said that working with stakeholders had been key in taking the strategy forward and this had ensured that the plan has been closely linked to the work and strategies of our partner organisations. A working group is being established with the University of Liverpool in order to focus on enhancing performance measurement.

The Board:

- Approved the Strategic Direction 2018- 2022.

P1/106/18 Draft Organisational Development Strategy 2018 - 2022

HB took the Board through the draft Organisational Development Strategy which had been in development for the past six months and this included the most recent Senior Leaders' Forum. It was noted that resource implications had been discussed at the Quality Committee and also at Finance and Business Development Committee and the recommendation was an increase in the overall spend for organisational development in addition to optimal use of existing spend including the use of the AQUA service.

PE said he would be meeting with DH to look at reviewing succession planning for Non-Executive Directors. Similar work would be carried out by the Remuneration Committee for Executive Directors once the new Chief Executive had time to review what she required.

BS asked how the draft strategy would be implemented. HB said the three year priorities are described in the strategy and the next step would be a time out for the executive directors to agree the early wins on the implementation of a the quality improvement methodology (QI) as part of the 3-year plan. It would also identify which teams were the highest priority for support to prepare for the opening of the new CCC-Liverpool and the transformation of cancer care pathways during 2019/20.

PE asked Board members for their support for the strategy. SK said that this was a very welcome improvement and could not support it enough given the scale of the transformation that is the Trust's ambition in the very near future. AF and SL said she fully supported the strategy and the increase in spend required to effectively implement the plan. JA confirmed his support and that he had allocated an investment sum on the understanding that all measures were taken to make better effect of existing developments.

In summary, PE said he fully supported this strategy and was pleased to see the Board had agreed to support the plan unanimously.

The Board:

- Approved the OD Strategy and agreed to receive more detail on the implementation steps, particularly for 2019/20 by March 2019.
- Noted that the Chair would review succession planning of Non-Executive members of the Trust Board.

P1/107/18 Draft Workforce Strategy

HB provided an overview of the draft Workforce Strategy, which is closely aligned to the strategic direction and organisational development strategy. She advised that this Strategy has a focus on the workforce challenges going forward and sets out a clear workforce vision and strategic aims, with an emphasis on recruitment and retention. The Board supported this direction and recognised the 3-year plan to improve however they requested greater detail of the implementation and the potential for this to mitigate the high risks going forward.

The Board:

- Approved the Workforce Strategy and agreed to receive more detail on the implementation steps, particularly for 2019/20 by March

P1/108/18 Strategic Finance Report 2018/19 – 2020/21

JA advised that the paper presented today was a distillation of the main items and themes to note, with risks identified in the planning process to date, which were presented to and discussed in detail at the Finance & Business Development Committee in October 2018.

The Board were advised to note the following main points for 2018/19,

- The proposal is to increase the forecast outturn of the Trust by £0.75m to £2.547m. After consolidation of the subsidiaries that would increase the over achievement of the Trust NHSI Control Total by £1.621m.
- Income from activity growth from the model is consistent overall with previous assumptions.
- Workforce plans require further refinement but members noted that initial 'safe day one' assessment looks to increase costs by circa

£1m more than the original plan. It is anticipated that there are opportunities to reduce this gap once more work is completed on this, which will be led by BS and JA in partnership with the directorates and executive colleagues.

In terms of next steps, members were advised that further refinement of triangulation & workforce plans are on-going into December 2018. This review will include the proposed transitional costs and other non-pay costs and the identification of CIP schemes, a key part of 2019/20 planning process.

Members noted that the National Planning Guidance is expected in December 2018. The 3 year plan would form the foundation of the planning process and the first year of the plan would become the draft operational and financial plan 2019/20 required by NHS Improvement and NHS England by January 2019. This would therefore be a major discussion at the next Finance and Business Committee (F&BD) and Trust Board in January. Trusts are expected to produce longer term plans by July 2019 so again, having this work in progress would be of value.

It was noted that the Capital Plan had been updated to reflect an explanation on the contingency sum spent to date and going forward.

Following questions on the longer term financial forecast from GB and DT, JA advised that the next iteration of the report, due at Finance and Business Development Committee in January 2019, will include cash flow projections for both CCC and PropCare.

The Board noted the messages emerging from the 2019/20 financial triangulation projections, and also recognised the work involved in providing a 3 year plan as a regular Board report. JA and the finance team were thanked for their work to date.

The Board:

- Approved the proposed increase in forecast outturn surplus for the Trust for 2018/19
- Noted the progress to date with developing the business and financial plans for 2019/20 and beyond
- Noted that current projections indicated that the Trust may only deliver a normalised breakeven position in 2020/21, but the expectation that recurrent surplus would be expected from 2021/22. The Board were not endorsing that position at this stage and noted that further work is under way.
- Noted that as part of the on-going planning process updated 3 year plans will be presented to the January and March 2019 Boards
- Noted the intention to expand to a 5 year plan for the July Board

P1/109/18 Board Assurance Framework (BAF) 2018 / 2019

Ann Highton, Risk Management Advisor, gave an overview of the Q2 review of the BAF, which provided reasonable assurance in line with the Trust's

approved 3 year financial plan. It was noted that this was the most comprehensive BAF produced to date and it is being improved at every iteration. The BAF had been subject to review at Quality, Finance & Business Development and Audit Committees this month for review and scrutiny.

It was noted that the two risks recorded as 'High,' risks 2 and 4, will be mitigated to 'Moderate' status by March 2019.

The BAF will be subject to a Quarter 3 review by Executive Directors and the full Trust Board will be kept updated on its status.

It was noted that the Trust Board are to undertake a risk appetite session on 7th November 2018.

The Board:

- Acknowledged the assurance provided through the Board committees
- Approved the risk profile identified on the Board Assurance Framework for Quarter 2

P1/110/18 Integrated Performance Report (IPR) - Month 6

BS introduced the IPR and the Board noted and appreciated that this is the first time a comprehensive IPR had been completed with finance information being part of the main report which it was agreed, was a useful development.

The Board noted the strong performance on the finance targets and on the majority of the activity targets. This included the financial surplus at month 6 and the overall financial risk rating which was scoring 1, the best level possible. This is expected to remain at a score of 1 or at worst 2 over the next 12 months.

Overall it was noted that the Trust was performing well in many of its activity areas, however, there were a number of key metrics which have not been achieved. These matters included:

- The Trust has not met all the CQUIN requirements
- Safety bundle standards have improved but excellent practice is still to be embedded
- Real-time friends and family feedback

In summary, BS advised that the focus will remain on ensuring that the Trust manages all these matters appropriately and meets its targets through stronger performance review or Trust-wide team support via the organisational development approach.

AF said the Trust had identified and invested in the development of real-time business intelligence (BI) service. A Head of BI is now in the recruitment phase and the functionality of the information system is being

significantly upgraded ready to produce real-time BI from April 2019. This will improve the IPR information to teams and the Trust Board. It was envisaged that this work would be concluded soon and it was recommended that an overview on progress be made to the FBDC in the early 2019.

SL advised that the report required more benchmarking information and more narrative along with the graphs currently provided.

PE advised that the report showed continued pressure in the system on EBITDA, although the Trust had a current surplus of £2.25k and CIP's were currently exceeding their targets. Nonetheless, this required continued close monitoring.

The Board:

- Noted Trust performance and associated actions for improvement, as at the end of September 2018.
- Improvement focus is embedding the safety bundle.
- Progress on the investment in real-time BI to teams and the Board by early 2019.

P1/111/18 Quality Committee Chair's Report

DF presented this item to the Committee in MB's absence advising of a number of successful outcomes.

It was reported that preparations were on-going and on track for a Well-led inspection by the Care Quality Commission in January, 2019.

Work on preparing for Digital Transformation was on target. Annual reports on Health and Safety; Patient Safety and Quality Governance had been reviewed by the Committee, all of which showed good progress over the last year.

The Committee reviewed the progress on the PPI Engagement Strategy which remained on target.

The Committee wished to flag three areas of concern to the Trust Board, these were:

- Radiotherapy, the outcome of the review to understand the reduction in radiotherapy activity in the past years had identified that this was mainly from the breast and prostate cancer pathways. Further detailed work is being undertaken to understand the cause and alternative pathway options being optimised. The Committee have requested an update for their next meeting. DT advised that the Finance and Business Development Committee had also noted this matter.
- Three recent serious untoward incidents which had been reported on the Strategic Executive Information System (STEIS). The three incidents concerned; Clinical correspondence; a Cardiac arrest and; an MS Patient Pathway. The Committee had received assurance that

immediate action had been taken to mitigate these risks and prevent such incidents happening in the future.

- Work being undertaken in preparation for BREXIT. It was noted this was largely in regard to ensuring the safe supply and delivery of medicines. PharmaC Limited were undertaking the appropriate planning for a “no-deal” Brexit. This plan would be subject to Executive Team review in early November, 2018.

DF advised that the measures taken to improve quality and safety governance have led to the directorates’ greater sense of ownership with for example, the attendance and contribution at the Quality and Safety Sub-Committee meetings being vastly improved. A positive effect has been seen in the management of risk and with the risk registers and the reporting of risks within the Trust. The shared learning that has come out of recent meetings has been seen as extremely useful. Progress in enhancing the management of quality governance continues and SL and team were thanked for their work.

The Board:

- Noted the Quality Committee Chairs Report

P1/112/18 Finance & Business Development Committee

DT provided a brief overview of the meeting and highlighted the following points that had been discussed:

The Trust is delivering against its key financial objectives. However, it was noted that the CQUIN funding of £869k was below the plan of £1,057k. The medical locum spend of £309k was higher than target of £250k and; a fall in Radiotherapy activity was noted against plan.

Finance Plan 2018/19 - the committee approved a recommendation to the Board that the Trust forecast outturn surplus be increased by £750k to £2,547k. With the consolidation of the subsidiaries, this is anticipated to result in an over-achievement of the Control Total by £1,621k.

The Committee received a positive update on the draft Financial Plan for 2019/20 and 2020/21. It was noted that significant work had been undertaken to date with triangulating forecast activity, anticipated income, capacity and workforce.

The Business Case for the Joint Venture Private Patient Unit at Aintree was considered and discussions included the timescale and strategic narrative of such a proposal.

The Committee had considered the comprehensive TCC report covering all 4 pillars of the programme and agreed that the process is being managed appropriately and efficiently at this time. However, delays to the Royal

Liverpool construction remained a potential source of concern. A high level impact assessment had been undertaken and a further update report will be provided to the January committee meeting.

The Board:

- Noted the report
- Noted the successful outcomes and assurances

P1/113/18 Charitable Funds Committee

AH presented this item to the Board and advised of the following matters:

- The Annual Report and audited accounts were submitted and subsequently approved.
- It was noted that although income is 44% below plan at the end of quarter 2, the Charity is forecasting income of £3.16m by the year end, which is only 3% below the plan. AH advised that she will update the Board at its next meeting once an update had been received by the Committee.
- This forecast outturn is supported by the projected legacy pipeline figure of £1.365m, which continues to increase steadily.

The 2018 Annual Charity Ball raised in excess of £150K gross (£125K net) which it was noted was the highest Charity Ball income recorded by the Charity, with over 400 guests attending.

The Board:

- Noted the work undertaken by the Charitable Funds Committee held on 16 October 2018
- Noted the content of the Charitable Funds Chair's report for assurance purposes

P1/114/18 Audit Committee

GB provided an overview of the Audit Committee work since its last meeting. These matters included:

- An internal audit report was received on sickness absence which received Substantial assurance.
- Substantial progress had been made on the Audit Tracker in reducing the outstanding actions from external audit reports.
- A review of the Board Assurance Framework which had previously been approved by the Governance & Compliance Sub-Committee. This provided reasonable assurance that actions are in place to mitigate the strategic risks.
- A review of the report on the risk questionnaire to Board members which had demonstrated a positive response from members which showed that members understood the workings of the BAF and of risk management.

- The governors have approved the re-appointment of the external auditors.
- An Internal audit of the Integrated Care Service had been received with Limited Assurance. The detail in the report had indicated that whilst risks are managed and discussed at local and departmental level, the actions taken and discussions which followed were not reported on Trust's risk management system (Datix). An action has been planned to ensure that Datix is used to monitor and record the full actions agreed. The Committee will receive a progress report on this matter in due course.
- Finally, it was noted that the Trust sustained a loss of £50,700 on the sale of a replacement CT Scanner to Devon Medical Equipment. Devon Medical Equipment went into administration after the sale and collection but before cash was received. The Board were advised that all future sales of this type will be made as cash in advance before collection.

The Board:

- Noted the report
- Received assurance on the business of the Audit Committee at its' meeting held on 22nd October, 2018.

P1/115/18 Liaison with Governors

SS advised that eight new Governors had recently been appointed and had their induction last week at the Trust. The tour of the CCC building and that of the new building in Liverpool had been most helpful and informative for the new governors.

At the Trust's Nominations Committee, the Governors had agreed that Gatenby Sanderson will be contracted to assist with the appointment of the new Chair of the Trust. Final interviews are expected to take place in February, 2019.

SS advised that the Nominations Committee, following due process had appointed a new Non-Executive Director to the Trust, Mr Mark Tattersall. It was understood Mr Tattersall would start work with the Trust in January, 2019. In addition, the Committee had approved the recommendation that an Associate Non-Executive Director could be appointed to the Trust.

P1/116/18 Proposed amendment to Trust Constitution

DH advised that Section 12.11.1 of the Trust's Constitution concerned the 'Disqualification of Directors' becoming members of the Trust Board.

In 2014, the regulation regarding 'disqualification of directors' criteria was revised. This was primarily aimed to support NHS organisations (CCG's and NHS Trust's) recruit non-executive directors and was then a choice for Foundation Trusts to adopt.

At that time, along with the majority of Foundation Trust's, CCC decided not

to amend its Constitution to reflect this change. More recently the benefit of such a change has been realised and therefore it is proposed that section 12.11.1 of the Trust's constitution is amended. It was noted that the Council of Governors had discussed this matter recently and had agreed to the proposed change.

The Trust Board agreed the proposed change.

The Board:

- **Resolved** that the words "or director" be removed from Section 12.11.1; 1.1 sub-section 1.1.1. as detailed in the extract of the Constitution provided in the Trust Board paper

P1/117/18 Trust Seal – Deed of release for restrictive covenant

It was reported that the Trust seal had been used once since the last Board meeting, which was on 10th October 2018 in regard to the deed of release for restrictive covenant - Development Agreement for the New Maggie's Centre.

The Board:

- Noted the use of the seal in October 2018

P1/118/18 Communications – 3 key messages

DH advised of the three key messages from the Board meeting today. These were:

1. The Trust Board agreed the Trust's Strategic Direction 2018 – 2022 and the enabling Organisational Development Strategy, Workforce Strategy and three-year Finance Report.
2. The Trust remains on track and is delivering against all the key quality, operational and financial targets.
3. The Trust Board has seen at first-hand, the fantastic work which is taking place on the implementation of the new Clinical Decision Unit (CDU).

P1/119/18 Board meeting (including quality content)

It was agreed that there had been positive discussions and that the meeting had been undertaken efficiently with good use of time and with a healthy balance of strategic issues and operational performance matters. Members noted the positive messages from the patient and staff story.

P1/120/18 Any Other Business

The Chair acknowledged that it would be HB's last Board meeting and on behalf of the Trust Board thanked her for her work over the past few years.

The Chair thanked AF for her contribution as the Interim CEO for the last 7 months.

He thanked the Executive Team for their hard work and professionalism throughout the many changes that had taken place over the last twelve months and for the work being undertaken at pace now to take the Trust to its next stage of delivery.

The meeting concluded at 4.15pm.

DRAFT