

The Clatterbridge Cancer Centre NHS Foundation Trust

DRAFT BOARD OF DIRECTORS MEETING PART ONE

**Wednesday 30 January 2019 at 9:30am
JKD Conference Room**

Present:	Alison Hastings Mark Tattersall Mark Baker Liz Bishop Barney Schofield Sheila Lloyd Sheena Khanduri Jayne Shaw John Andrews	Interim Trust Chair Non-Executive Director (from Item 005) Non-Executive Director Chief Executive Director of Operations & Transformation Director of Nursing & Quality Medical Director Director of Workforce & OD Acting Director of Finance
In Attendance:	Angela Wendzicha Sarah Atherden	Assoc Director of Corporate Governance Corporate Governance (Secretary)
(Item 005)	Anna Olsson-Brown Trudy Guinan	Medical Oncology (Speciality Registrar) IO Head Nurse
(Item 008)	Kate Greaves	Assoc Director of Quality
(Item 009)	Dan Monnery Ann Griffiths Claire Cadwallar Malcom Cooper	Consultant in Palliative Medicine Specialist Palliative Care Team Specialist Palliative Care Team Specialist Palliative Care Team
(Item 014) (Item 015)	Helen Poulter-Clark Sarah Barr	Chief Pharmacist Assoc Director of IMT
(Item 017 onwards)	James Thomson	Director of Finance (from 1 Feb 2019)

Item	Opening Matters	Action
P1/001/19	<p>Chair Welcome and Note of Apologies</p> <p>Apologies were received from: Debbie Francis, David Teale, Geoff Broadhead, Stephen Sanderson and Alexa Traynor. Apologies were received from Fran Yip for Item 005 and Alison Coackley for Item 009.</p>	
P1/002/19	<p>Minutes of Previous Meetings:</p> <p>The Board approved the minutes with the following amendments:</p> <ul style="list-style-type: none"> Item 102 – the action regarding additional office space should be recorded as a formal action – BS to lead. Item 114 – apostrophe removed from the word its' 	BS
P1/003/19	<p>Declaration of Board Members and other attendee interests concerning agenda items</p> <p>JA declared his interest as the CCC Executive lead for CPL.</p>	
P1/004/19	<p>Matters Arising</p> <p>It was agreed that the Action Sheet was correct as reported.</p>	
P1/005/19	<p>Care Close to Home – Immunotherapy</p> <ul style="list-style-type: none"> Patient Story Staff Story <p>Anna Olsson-Brown provided her presentation, supported by Trudy Guinan.</p> <p>Following the presentation, the Board noted the high levels of toxicity that can be present in those being treated, leading to acutely ill patients requiring specialist care. The rapid development of the treatment, impacting on other services, such as Triage, would be detrimental for patients.</p> <p>The Board agreed that the Immunotherapy developments should be included within the assumptions for the 3 Year Operating Plan. The Board also requested that there should be KPIs for this service so that the Board can be assured around progress, impact and service delivery.</p> <p>It was noted that CCC is the national leader for Immunotherapy and support was given from the Board to continue to drive this service forward.</p> <p>On behalf of the Trust, the Interim Chair thanked the IO team for their work and presentation.</p> <p>The Board:</p> <ul style="list-style-type: none"> Noted the presentation 	

	<ul style="list-style-type: none"> • Agreed that Immunotherapy developments should be included within the 3 Year Operating Plan • Requested that Immunotherapy KPIs are developed and reported to the Board as part of the overall KPI reporting 	BS/JT/JA BS
P1-006-19	<p>Chairman's Report</p> <p>The Interim Chair provided her report advising on the following matters:</p> <ul style="list-style-type: none"> • Thank you to all staff for the huge amount of work involved in both preparing for and supporting the CQC Unannounced and Well-Led Inspections. • The short listing for the new Trust Chair takes place on 31 January, with the final interview scheduled for the 12 February. • The Trust is hosting the next 'Specialist Trust Chairs' meeting at CCC on 4 February and an update will be provided to the February Board. 	
P1/007/19	<p>Chief Executive's Report</p> <p>LB provided an overview of her report and advised on the following matters:</p> <ul style="list-style-type: none"> • Following the publication of the NHS Plan, the Trust is well placed to develop bids for innovation, working with key partners, including the Cancer Alliance to do so. • The Trust's control total has been received - £1.6m with expectation this will increase to £3.492m (including PSF). The control total for 2019/20 will be included within the Operating Plan presented to the February Board. • A significant amount of work has been carried out prior to and after the CQC Inspections. It is anticipated that the Trust will receive a draft report by the end of March and planning for the annual PIR is already underway. Support from a temporary Project Manager has been secured to develop the plan. • Key activity following the CQC inspection is focused on strengthening Governance, Risk Escalation and Mandatory Training compliance. A revised Governance structure will be presented to the Board in February for approval. <p>The Interim Chair requested for all Board personnel files to be complete by 1 February and for CQC to be advised.</p> <p>The Board agreed that they should be provided with regular updates on the planning for the annual PIR.</p>	

	<p>The Board:</p> <ul style="list-style-type: none"> • Noted the report. • Requested that all Board personnel files are completed by the 1 February and CQC advised. • Agreed that regular updates are provided to the Board in relation to PIR planning. 	<p>JS/AW</p> <p>SL</p>
	Strategy	
P1-008-19	<p>Patient Experience & Improvement Strategy</p> <p>KG provided a brief overview of the strategy.</p> <p>The Board noted the strategy and the collaboration with key partners to develop and finalise. Those involved in developing the strategy were thanked.</p> <p>It was noted that the Quality Committee will monitor the progress of activity on a quarterly basis.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Approved the strategy 	
P1-009-19	<p>Palliative & End of Life Care Strategy</p> <p>DM provided a brief overview of the strategy and developments to date.</p> <p>MB advised that this was very well received by the Quality Committee and saw it as a basis for broader discussions with partners in the Alliance. The Quality Committee had highlighted the need to include provisional costings within the document and these had now been included.</p> <p>The Board discussed and agreed that the resource and training requirements to deliver the strategy should be included within the 3 Year Operating Plan as it had the potential to have significant requirements for training.</p> <p>The Board agreed that it would be helpful to understand for the February Board, the elements of the TCC Programme that had been implemented, what is remaining and then of those, the plans to phase the remaining activity.</p> <p>If there are any opportunities in the early stages of progress to include any outputs into research, it was considered this may also be helpful. DM agreed to review this and engage with SK.</p>	

	<p>The Board:</p> <ul style="list-style-type: none"> • Ratified the strategy • Requested that the resource and training requirements for delivery of the strategy be included in the 3 Year Operating Plan assumptions. • Requested that for presentation to the February Board, clarity is provided, in terms of the TCC Programme, what has been implemented, what is left and then of that, the plans to phase the remaining activity. • Agreed that any opportunities for engaging with Research early be considered. 	<p>BS/SL/JA</p> <p>BS</p> <p>SK/DM</p>
P1-010-19	Draft 3 Year Operating Plan – deferred to 1 March 2019	
P1/011/19	<p>Board Assurance Framework</p> <p>AW provided an overview and advised this was work in progress. A review of the BAF, in terms of content, practicalities and presentation will be undertaken as part of the broader review of governance. The plan is to have a revised shadow BAF prepared for the March Board, with full go-live from April.</p> <p>MT advised that the lack of key processes and systems for risk management had been raised at the Audit Committee and assurance provided that this was being addressed as part of the governance review.</p> <p>The Board noted that as this was work in progress, no risk ratings should be changed until the new BAF has been introduced. It was therefore agreed to retain the ratings as those recorded and agreed at the October 2018 Board.</p> <p>A discussion took place in relation to the Fit & Proper Person Test policy and it was agreed that a progress report should be presented to the March Board.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Noted the status of the BAF • Agreed that the risk ratings approved for Quarter 2 at the October 2018 Board be retained until a revised BAF is implemented. • Agreed that a revised shadow BAF be prepared for the March Board. • Requested for a progress report in relation to compliance against the Trust Fit & Proper Person Test policy is brought to the March Board. 	<p>AW</p> <p>AW</p> <p>JS</p>

	Operational Performance, Risk & Assurance	
P1/012/19	<p>Integrated Performance Report – Month 9</p> <ul style="list-style-type: none"> Exception Report – Mandatory Training <p>BS provided an overview of the report and highlighted the Exception Report in relation to mandatory training.</p> <p><i>Mandatory Training</i> - The Board thanked the staff involved who had improved their overall mandatory training compliance ratings within a short period and particular reference was made to Haemato-Oncology.</p> <p>The Board discussed and noted that further work is underway to review the policy and processes for role essential and statutory training. The HR system, ESR, is not fit for purpose to support the tracking and recording of compliance and additional resource will be needed to action. A regular update will be provided to the Board on progress.</p> <p><i>IPR Report</i> - There was a discussion around the significant detail provided within the IPR report which made it difficult for the Board to fully establish the key issues and risks. It was noted that future performance and risk reports, following the governance review, will be simplified and targeted for the respective Committees and Board so that clarity is provided as to where focus and attention is required.</p> <p>The Interim Chair sought clarity on the Trust legal bill for claims and it was asked that this detail should be provided to the next Board.</p> <p>The Board:</p> <ul style="list-style-type: none"> Noted the report Noted the status of Mandatory Training compliance and that a regular update will be provided to the Board Noted that future performance and risk reports will be simplified and targeted to provide absolute clarity to where focus and attention by the Board and its Committees will be required Requested that the Trust legal bill be provided to the February Board 	<p>JS/BS</p> <p>BS/AW</p> <p>JT</p>
P1/013/19	<p>Quarter 3 Report – Safe Working Hours: Doctors and Dentists in Training</p> <p>SK provided a brief overview and advised the report would be presented on a quarterly basis to Board.</p>	

	<p>Concern was raised that due to the identification of errors within the on-call rotas for trainees, staff may have been underpaid. Assurance was provided that staff were being reimbursed and a substantive post being recruited to support medical staffing.</p> <p>The Interim Chair advised that support for junior doctors had been raised by CQC and that it would be helpful for Board to receive assurance that the Trust is providing sufficient support and training for junior doctor cohorts. As a future staff story, the Board agreed to hear from junior doctors in July 2019.</p> <p>In the meantime, a progress report on junior doctor support will be provided to the Board in April 2019.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Noted the report • Requested that Junior Doctors present a staff story to the Board in July 2019 • Agreed that a progress report be provided to the Board in April 2019 on support and training for junior doctors 	<p>SK</p> <p>JS</p>
P1/014/19	<p>Planning for Brexit</p> <p>HPC provided an overview of the report and re-emphasised that no medicines were being stockpiled. The Trust self-assessment completed at the end of 2018 through NHSI had been extremely useful in identifying a small number of additional areas to review. This was being managed appropriately.</p> <p>It was highlighted that an item not reflected in the report was that the Private Clinic had not been engaged in the assessment but the Board were assured this was in hand.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Noted the CCC specific risks identified and mitigation proposed • Agreed the development of communications for patients, staff and the C&M system • Approved the funding of applications for the EU settlement scheme as detailed in the paper 	

P1/015/19	<p>Business Intelligence – Progress on Real-Time reporting</p> <p>SB provided an overview, noting this was an action from the July 2018 Board to provide an update to the Board on progress.</p> <p>The Board noted that the overall digital work stream was governed by the Digital Programme Board, reporting to the Quality Committee to provide assurance. Activity is on track to deliver a complex but transformational programme of work.</p> <p>The Board discussed how data integrity controls were essential for the systems and processes to be effective. It was agreed that following implementation of the ‘dashboards’ in April, MIAA review their effectiveness.</p> <p>SB and her team were thanked for their significant work to date.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Noted the report and progress of the Business and Clinical Information work stream to date • Supported the planned direction of a single data source with multiple data feeds to provide future reporting needs clinically and corporately • Noted the complexity of the work and planned timetable • Agreed that once implemented, the effectiveness of the ‘dashboards’ should be reviewed by MIAA. AW to discuss with MIAA to determine the timetable. 	AW
P1/016/19	<p>Quality Committee Chairs report</p> <p>MB provided an overview, with the following points being raised:</p> <p><i>Infusion Pump Incidents</i> – a significant issue has been identified in relation to the incorrect recording of infusion pump errors. Assurance and monitoring will be provided through the Quality Committee with a Task & Finish Group established to lead and review.</p> <p><i>Safer Staffing</i> – BS advised that a draft proposal had been prepared by staff to temporarily close Sulby Ward, CCC Wirral. A full impact assessment is being carried out to understand the request before any decision is made. The Board discussed and agreed this could be a significant risk for patients and staff. SL is leading the impact assessment. An update will be provided to the February Board.</p>	

	<p>The Board:</p> <ul style="list-style-type: none"> • Noted the report • Requested for a 'Safer Staffing' progress report to be provided to the February Board 	SL
P1/017/19	<p>Finance and Business Development Committee Chairs report</p> <p>MT provided an overview with the following points being raised:</p> <p><i>'Strategic Options for Office Accommodation'</i> - As a steer to the Executive Team, the Committee had advised that the clear preference would be for the Trust HQ to be contained within the RLH site. It was considered that having the HQ off site, regardless of distance from the RLH, would not be the ideal solution. MB, who was not in attendance at the meeting, agreed with this advice.</p> <p>It was noted that the Committee had asked for development of a business case, with detailed options analysis, to be prepared for the Committee to be able to make a solid recommendation to the Board. This will be provided to the Committee in March prior to the Board.</p> <p><i>HO Phase 2</i> – LB advised the Board that the decision to pause this phase was a sensible approach to ensure focus continues on the safe and effective delivery of the overall services on Day 1 and minimise risk. It was also noted that there are wider implications for other regional trusts that would need to be assessed.</p> <p><i>Charity Accounts</i> – further assurance is required on the expected outturn from the Charity Accounts. This will be discussed at the Charitable Funds Committee on 5 February and reported to Board in February.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Noted the report • Noted that the Business Case for Office Accommodation would be provided to the March Board • Noted that an update will be provided to the February Board around expected outturn from Charity Accounts 	<p>BS/JT</p> <p>JT</p>

P1/018/19	<p>Audit Committee Chairs Report</p> <p>MT provided an overview with the following points highlighted:</p> <p><i>Internal Audit & Audit Tracker processes</i> – Weaknesses in both processes need strengthening to provide the Committee with assurance that the supporting systems and processes are effective, with defined timetables and KPIs to track and monitor delivery. AW is working with MIAA to develop revised processes in readiness for the March Committee.</p> <p>The Audit Tracker contained a number of overdue actions and the Committee agreed that those that are not closed by their due date, the Executive Lead will attend the Committee to explain.</p> <p><i>Risk Management</i> – The Committee welcomed the review of the systems and processes around risk management as part of the broader governance review.</p>	
P1/019/19	<p>NED Walkabout</p> <p>The 2019 programme of engagement events for the Board and Governors to join will be finalised and shared with Board by 13 February.</p> <p>The Interim Chair provided an overview of her visit to Radiology and Diagnostics which had proven very useful to see the positive changes made since an SUI. AH thanked the staff for giving their time to support.</p> <p>Concern from staff had also been raised about travelling to Liverpool in the future. The options and support for staff regarding to mitigate these concerns will be presented to the Board in March.</p> <p>AW provided an overview of her visit with David Teale to Outpatients. Staff are extremely proud of the improvements made since the CQC 'requires improvement' rating in 2016.</p> <p>There was a suggestion that the Outpatients board for patients to record their experiences on be shared so that the Board were sighted on feedback and suggestions. It was agreed that the patient experience work could consider how to take this forward.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Requested the 2019 programme of Board and Governor engagement is provided to the Board by 13 February. 	SL

P1/020/19	Liaison with Governors SS was unable to attend the meeting so this item was not discussed.	
P1/021/19	Communications – 3 key messages The Board agreed that the issue regarding Infusion Pumps should be included within a 'Shared Learning Newsletter' and LB will consider with AT the key communication points for Team Brief.	
P1/022/19	Board Meeting (including quality content) The Board discussed the 'Patient and Staff Story' approach and agreed that the Executive Team should review in terms of overall purpose and outputs, providing a clear framework for those presenting. It was also noted that non-clinical staff should be encouraged to attend. LB and AW will review. The Board: <ul style="list-style-type: none"> • Agreed for LB and AW to review the approach to Patient and Staff Story and advise the March Board 	LB/AW
P1/023/19	Any Other Business No other business was raised.	
P1/024/19	End of Public Meeting: The Board resolved that in accordance with Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960, representatives of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudiced to the public interest. The meeting closed at 1.10pm	