

The Clatterbridge Cancer Centre NHS Foundation Trust

**BOARD OF DIRECTORS MEETING
PART ONE – PUBLIC SESSION**

**Wednesday 27 March 2019 at 9:30am
JKD Conference Room**

Present:	Alison Hastings Mark Tattersall Mark Baker David Teale	Interim Trust Chair Non-Executive Director Non-Executive Director Non-Executive Director
	Geoff Broadhead Liz Bishop Barney Schofield Sheila Lloyd Sheena Khanduri James Thomson	Associate Non-Executive Director Chief Executive Director of Operations & Transformation Director of Nursing & Quality Medical Director Director of Finance
In Attendance:	Kathy Doran Angela Wendzicha Jenny Grant Stephen Sanderson Mike Varey Sarah Atherden	Trust Chair (from 1 April 2019) Assoc Director of Corporate Governance Assoc Director of Workforce & OD Lead Governor Trust Trade Union Representative Corporate Governance (Secretary)
(Item 047)	SH Karen Kay	Patient Deputy Director of Nursing
(Item 051)	Joe Allan	Interim Deputy DIPC
Observer:	Deborah Matier	Member of Public

Item	Opening Matters	Action
P1/43/19	<p>Chair Welcome and Note of Apologies</p> <p>Apologies were received from Jayne Shaw, Director of Workforce & OD.</p> <p>Kathy Doran, the new Trust Chair from 1 April 2019, was welcomed to the meeting.</p>	
P1/044/19	<p>Minutes of Previous Meetings:</p> <p>The Board agreed that the minutes from the 1 March 2019 were a true and accurate record, subject to adding Stephen Sanderson as an attendee.</p>	SA

<p>P1/045/19</p>	<p>Matters Arising</p> <p>AW introduced the action log and the new colour coding approach to highlight different stages of progress.</p> <p>The Action Log was noted as correct as reported with the following update provided:</p> <p>P1/007/19 – Board personnel files - All files are complete other than two Occupational Health Reports, which are in progress.</p>	
<p>P1/046/19</p>	<p>Declaration of Board Members and other attendee interests concerning agenda items</p> <p>JT declared his interest as the CCC Executive lead for CPL Ltd and PropCare. AW declared an interest as the Corporate Secretary for PropCare and CPL Ltd.</p>	
<p>P1/047/19</p>	<p>Staff and Patient Story – Inpatients - Chemotherapy</p> <p>SH provided his patient story, supported by Karen Kay.</p> <p>Following this, the Board discussed and agreed the following actions:</p> <ul style="list-style-type: none"> • To review the choices of food within CCC-W and broader ‘Food Strategy’ for the new hospital. The outcome of this will be brought back to the Board in due course. • Following the 8 week trial of closing Sulby Ward, the assessment will be presented to the Board. <p>The Board agreed that the patient story was extremely powerful and provided key insight regarding patient experience.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Noted the presentation 	<p>SL</p> <p>BS</p>
<p>P1/048/19</p>	<p>Chairman’s Report</p> <p>No items were raised for discussion.</p>	
<p>P1/049/19</p>	<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"> • The construction of CCC-L remains on track to hand over in Spring 2020. • There continues to be uncertainty regarding the RLH programme to complete the new hospital which is presenting challenges for the PMO. 	

	<ul style="list-style-type: none"> The Cancer Alliance has approved funding for Endoscopy and Fecal Immunochemical Test initiatives for 2019/20. This, together with the additional funding for national cancer transformation projects is welcomed. <p>However, as funding is provided on an annual basis, this is subject to risk and proving difficult to recruit within the PMO Office due to the uncertainty regarding future funding.</p> <p>The Board discussed and agreed that it would be helpful to understand more about the risks regarding annual allocation of funding.</p> <p>The Board:</p> <ul style="list-style-type: none"> Noted the report. Requested an update on the risks regarding short-term funding for local and national cancer initiatives. 	LB
Strategy		
P1/050/19	<p>3 Year Operating Plan – for approval</p> <p>BS and JT provided an overview of the final plan highlighting that it has been positively received by the TCC Programme Board and Performance Committee.</p> <p>Funding has been agreed with Commissioners which is in line with the operating plan. This was noted by the Board as a positive development.</p> <p>It was noted that the workforce elements needed to align to those contained within the Workforce and OD Implementation Plans.</p> <p>The Board thanked all those who had been involved in developing the plan and noted the significant work completed.</p> <p>The Board:</p> <ul style="list-style-type: none"> Approved the 3 Year Operating Plan, subject to aligning to the Workforce and OD Implementation Plans. 	BS
P1/051/19	<p>2017/18 Infection Control Annual Report – for approval</p> <p>Joe Allan provided a brief summary of the report and highlighted the improvements made since 2018 including new resources, revised processes and the building of key relationships across the Trust.</p> <p>It was noted that the changes had made a particular impact for Haemato-Oncology.</p>	

	<p>Daily situation reports, weekly summaries for the Executives, regular ward visits across all CCC sites and attendance of Infection Control staff at post-infection reviews are all now in place.</p> <p>The assurance provided by SL and Joe Allan was welcomed by the Board.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Approved the Report. 	
P1/052/19	<p>2017/28 Gender Pay Gap Report – for approval</p> <p>JG provided a brief summary of the report.</p> <p>The Board discussed and agreed that the section relating to ‘Bonus Information’ should make clear that bonuses are only made to a small number of staff in receipt of clinical excellence awards.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Approved the Report, subject to clarification regarding bonus payments. 	
P1/053/19 & P1/054/19	<p>Organisational Development Strategy & Workforce Strategy – Implementation Plans</p> <p>These two agenda items were presented together by JG.</p> <p>The Board agreed that both plans were extremely ambitious and suggested that a review of prioritisation may be helpful, particularly for 2019/20 where a significant amount of activity is due. A review of the leads identified for activity will also be reviewed to ensure accuracy.</p> <p>The initial challenges will be presenting CCC-L as an employer of choice, change management programmes and supporting the health and well-being of all staff.</p> <p>The implementation plans will be standing agenda items at the new Workforce, Education and OD Committee that will report into the Quality Committee.</p> <p>The Chair requested that progress against the implementation plans for both strategies is presented to the Board on a bi-annual basis.</p> <p>The Board</p> <ul style="list-style-type: none"> • Noted the implementation plans • Requested that progress against the implementation plans is presented to the Board on a bi-annual basis. 	JSh

Operational Performance, Risk & Assurance		
P1/055/19	<p>Health Care Worker Flu Vaccination Programme</p> <p>SL presented the report and advised that planning for the 2019/20 campaign will start in May 2019. The Board agreed that the Trust had performed well and thanked all those who had been involved.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Noted the report 	
P1/056/19	<p>Integrated Performance Report – Month 11</p> <p>BS provided an overview of the report and advised that this was the start of a revised reporting approach for performance. Further enhancements will be made in readiness for the new financial year reporting.</p> <p>The Board raised concern regarding Trust compliance for statutory training and sought clarity on when full compliance will be achieved.</p> <p>BLS and ILS training is expected to achieve compliance by 6 April 2019 and Level 3 Safeguarding is expected to achieve compliance by June 2019. Assurance was provided by the Executives that there were no safeguarding concerns within the Trust.</p> <p>Further assurance was provided that plans will be in place to ensure compliance is sustainable, highlighting that this was a legacy issue that had not been addressed.</p> <p>The Board asked the Executive Team to review the timelines to assess whether anything further could be done to accelerate completion of statutory training.</p> <p>A query was raised regarding details of inquests being presented to the Board and how these were reported. SK advised that the Mortality Surveillance Group monitor these, reporting to the Quality Committee.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Noted the Report • Requested the Executive Team to review the timelines for completion of statutory training to establish whether they can be accelerated. 	JSh

<p>P1/0057/19</p>	<p>Quality Committee Chair's Report</p> <p>MB presented an overview of the report, highlighting the following issues:</p> <ul style="list-style-type: none"> • <i>Unavailability of radioisotopes for infection imaging</i> – this is a national issue impacting on supplies for patient treatment. CCC has had to seek emergency supplies from other Trusts, where available, and the issue has been escalated to the RLH Chief Operating Officer. • <i>DBS Checks</i> – compliance is expected to be achieved by the end of April 2019. • <i>Radiotherapy</i> – A report on radiotherapy activity was presented that provided clarity to the Committee on the reasons for variation in activity. Ongoing assessment is in place and further assurance will be sought as required. 	
<p>P1/058/19</p>	<p>Audit Committee Chair's Report</p> <p>MB presented an overview of the report, with the following points highlighted:</p> <ul style="list-style-type: none"> • <i>PMO Audit Review</i> - The 'Limited Assurance' report for PMO contained a number of recommendations for improvement. The PMO will be reviewed again in Q1 2019/20 to assess progress and a report presented to the July Committee. • <i>2019/20 Internal Audit Plan</i> – this was approved subject to three additional reviews included around Date Quality, CQC Action Plan and a Haemato-Oncology safety review. The Executive Team discussed on 21 March and agreed to include these within the 2019/20 Plan. The Trust will need to increase the IA fees to enable these additional reviews, which was noted. • <i>Audit Tracker</i> – The Committee were encouraged by the development of the tracker but noted there is still work to do. • <i>New Accounting Standards</i> – A Trust impact assessment will be presented to the May Committee. <p>AH thanked MT for his approach as Audit Chair, recognising he was making great strides for the organisation in a short timescale.</p>	
<p>P1/059/19</p>	<p>Performance Committee Chair's Report</p> <p>DT provided a summary of the report and the following points were highlighted:</p> <ul style="list-style-type: none"> • <i>Office Accommodation</i> – There is limited time to identify a solution prior to the move in 2020. This was noted as a separate item for discussion in Part 2 of the Board. 	

	<ul style="list-style-type: none"> • <i>CCC-W Car Parking</i> – there appears to be additional free space for patient car parking while the new Maggie’s Centre is built. BS agreed to review to assess whether this was accessible for patients while the build is underway. <p>Other matters reported were identified as on the agenda so were not discussed further.</p>	
	Corporate Matters	
P1/060/19	<p>2018 Staff Survey – Results & Management Response</p> <p>JG provided an overview of the results. The same themes have emerged as were presented in the 2017 survey and the plan is therefore to continue to focus on the same areas for improvement.</p> <p>Staff Survey Champions have been identified for all departments with actions plans to be prepared by May 2019. These will be monitored through the Workforce, Education and OD Committee.</p> <p>The Board discussed and agreed it would be helpful to see the results for each department to gain insight to any specific or recurring trends. There is also a requirement to benchmark CCC against all Trusts, not just Acute Specialist Trusts, to identify the high performing organisations in order to learn from their approach.</p> <p>KD highlighted an article from the Health Journal that had benchmarked all Trusts and it was agreed that this should be circulated to attendees.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Noted the results and the work to progress action plans • Requested that the results are broken down into departments and benchmarked against all other Trusts. To be presented to the Board in due course. 	JSh
P1/061/19	<p>Liaison with Governors</p> <p>SS provided an update as follows:</p> <ul style="list-style-type: none"> • <i>Council of Governors 18 March 2019</i> – SS thanked KD for attending the last Council of Governors meeting. The updates from the Non-Executive Directors were also very informative. • <i>Non-Executive Director Recruitment</i> – the process will start to recruit a new Non-Executive Director following the departure of Debbie Francis this month. 	

	<ul style="list-style-type: none"> • <i>Patient Experience Committee</i> – a new Chair will be sought for this Committee and an expression of interest form will be circulated to Governors. 	
P1/062/19	<p>Board Meeting (including quality content)</p> <p>The Board were content with the meeting, noting that business had completed earlier than planned. This was considered to be a result of the new Committee approach addressing key business before submitting to the Board.</p>	
P1/063/19	<p>Any Other Business</p> <p>AH was thanked for her time as Interim Chair.</p>	
P1/064/19	<p>End of Meeting held in Public:</p> <p>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.</p> <p>The meeting closed at 12:35pm</p>	

Signed: Alison Hasting, Interim Trust Chair

Date: