

# The Clatterbridge Cancer Centre NHS Foundation Trust

## BOARD OF DIRECTORS MEETING PART ONE – PUBLIC SESSION

**Wednesday 24 April 2019 at 9:30am**  
**JKD Conference Room**

<b>Present:</b>	Kathy Doran	Trust Chair
	Mark Tattersall	Non-Executive Director
	Mark Baker	Non-Executive Director
	David Teale	Non-Executive Director
	Geoff Broadhead	Associate Non-Executive Director
	Liz Bishop	Chief Executive
	Sheila Lloyd	Director of Nursing & Quality
	Sheena Khanduri	Medical Director
	James Thomson	Director of Finance
	Jayne Shaw	Director of Workforce & OD
	Joan Spencer	Interim Director of Operations
<b>In Attendance:</b>	Angela Wendzicha	Assoc Director of Corporate Governance
	Stephen Sanderson	Lead Governor
	Mike Varey	Trust Trade Union Representative
	Sarah Atherden	Corporate Governance (Secretary)
(Item 069)	GC	Patient
	Karen Kay	Deputy Director of Nursing
	Helen Poulter-Clark	Chief Pharmacist
	Dot Probert	CiC Manager
	Sophia Bourne	Matron, Chemotherapy
(Item 074)	Paula Dale	Interim Medical Workforce Manager
(Item 075)	Neeraj Bhalla	Guardian of Safe Working Hours
(Item 076)	Helen Poulter-Clark	Chief Pharmacist
<b>Observers:</b>	Tom Pharoah	Associate Director of Strategy
	Laura Brown	Staff Governor
	Andrew Waller	Public Governor
	Brian Blundell	Public Governor

Item	Opening Matters	Action
P1/065/19	<b>Chair Welcome and Note of Apologies</b>  Apologies were received from Alison Hastings, Non-Executive Director.	
P1/066/19	<b>Declaration of Board Members and other attendee interests concerning agenda items</b>  No declarations of interest were received.	
P1/067/19	<b>Minutes of Previous Meetings:</b>  The Board agreed that the minutes from the 27 March 2019 were a true and accurate record, subject to amendment at section P1/058/19 to reflect the correct initials - MT.	
P1/068/19	<b>Matters Arising</b>  The Action Log was noted as correct as reported with the following update provided:  <i><b>P1/050/19 – 3 Year Operating Plan</b></i> - Action Complete  <i><b>P1/007/19 – Board personnel files</b></i> – Occupational Health Reports completed for the remaining two files. Awaiting final sign off to close action.	
P1/069/19	<b>Staff and Patient Story – Chemotherapy at Work</b>  The staff story was presented by Helen Poulter-Clark, Sophia Bourne and Dot Probert followed by GC, who provided her patient story. A separate patient story was also read out, providing further insight into the service.  The Board discussed and agreed that the ‘Clatterbridge in the Community’ service should be promoted and made more prominent for patients and the wider public. This was an excellent example of CCC providing personalised care for patients.  A concern was raised regarding an issue at Halton. SL will review.  The Board agreed that the staff and patient story was extremely powerful and provided key insight regarding the unique service offering for patients. The Board discussed the need for increasing external communication around chemotherapy at work.  <b>The Board:</b> <ul style="list-style-type: none"> <li>• <b>Noted</b> the presentation</li> <li>• <b>Requested</b> that the issue raised regarding Halton be followed up and reported back to Board</li> </ul>	SL

P1/070/19	<b>Chairman's Report</b>  No items were raised for discussion.	
P1/071/19	<b>Chief Executive's Report</b>  No items were raised for discussion.	
	<b>Operational Performance, Risk &amp; Assurance</b>	
P1/72/19	<b>CQC Report</b>  SL presented the report and advised that a response must be provided to CQC by 11 May 2019, outlining the Trust action plan.  The Board discussed with the following points noted:  <i>Statutory and Mandatory Training</i> - Significant progress made to ensure compliance, with each Directorate above the 90% target. Focus is now to ensure continued compliance of targets and ensuring plans are in place to deliver.  <i>Governance</i> – Changes to the structure and future plans to revise key policies and procedures, including those related to risk, will remove any remaining gaps in governance.  <i>Project Meetings</i> – Weekly project meetings established to monitor progress against the CQC Action Plan. Assurance was provided that the CQC Action Plan addressed all areas for improvement contained within the report.  <i>Staff Briefings</i> – Following publication of the report, all staff were offered a briefing from the Executive Team. Initial feedback from staff indicated they felt it was a fair report, noting there were some issues with processes.  <i>Haemato-Oncology</i> - The Board recognised the challenges related to fully integrating the service within CCC, particularly regarding alignment of policies and procedures. Work is underway to improve.  SL advised that progress against the CQC Action Plan will be monitored on a monthly basis by the Quality Committee, with any exceptions highlighted to the Board. As part of the 2019/20 Internal Audit Plan a review of the action plan, to ensure compliance, will also be carried out.  The Chair thanked all the staff, on behalf of the Board, who had been involved during the inspection process.  <b>The Board:</b> <ul style="list-style-type: none"> <li>• <b>Noted</b> the report</li> </ul>	

<p><b>P1/073/19</b></p>	<p><b>Integrated Performance Report – Month 12</b></p> <p>JSp provided an overview of the report, with the following points highlighted:</p> <p><i>62 Day Cancer Waits Target</i> – CCC performance is above the national target and alongside the Cancer Alliance, the Trust is supporting partner organisations who are struggling to meet targets.</p> <p>Performance against the pre-allocation target remains an issue due to late referrals into CCC. It was noted that this is not unique to CCC and the Cancer Alliance is currently recruiting a Performance Manager to review. Early inappropriate and incomplete referrals are also causing issues for the Trust and support from the Alliance has been sought to help.</p> <p><i>CQUINs</i> – Although the final year-end performance is yet to be validated, the Trust will not meet all 2018/19 CQUIN targets. For 2019/20, assurance was provided that a robust process is in place to ensure improved handling and management of targets.</p> <p><i>Emergency Admissions 14 hour Consultant Review</i> – Further review is underway to validate the under-performance in March. It was noted that until Month 10, the previous target was 70% against a revised target from Month 11 onwards to 90%.</p> <p><i>E-Coli</i> – One case attributable to CCC in March had been reviewed by the Harm Free Collaborative Group and confirmed that the patient was treated immediately. The Infection Control Team are reviewing the practice of ongoing care with invasive devices.</p> <p><i>Workforce</i> – Sickness is still below the 3.5% target and HR are continuing to focus on supporting the overall health and well-being of staff.</p> <p>Staff turnover has increased and there is no specific pattern emerging. The Board discussed and agreed it would be helpful to review the narratives from staff leavers to consider further. It was agreed that alongside the 2018 Staff Survey Directorate results presented to Board in May 2019, these should be provided.</p> <p><i>Radiology</i> – Assurance was provided that the impact in relation to a shortage of radiologists was being monitored on a daily basis to ensure patient safety. Broader work, across the system, is underway to transform services for the future.</p>	
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	<p>Terry Whalley, NHS Programme Director, is leading the Cheshire and Merseyside Radiology Network Transformation Programme.</p> <p>The Board discussed and agreed it would be helpful to receive an update on this programme at the next Board meeting.</p> <p><i>Bed Occupancy</i> – Clarity was provided on the RAG ratings for bed occupancy and assurance provided that beds were being used for the right patients and for the right reasons.</p> <p><i>Finance</i> – The excellent 2018/19 finance performance was noted by the Board. JT advised that additional funding had been received since the report was submitted to the Board, providing an additional £1.9m in Provider Sustainability Funding (PSF) for 2019/20.</p> <p>The breach against the Agency Cap had arisen due to the recruitment of consultant radiologists and oncologists in addition to the Trust responding to system pressures. NHSI have been briefed on a regular basis and understand the reasons for the breach. The Board were assured that control measures were in place with CEO sign off.</p> <p>The Board agreed that patient safety must continue to be the priority and these posts were therefore essential.</p> <p><b>The Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the Report</li> <li>• <b>Requested</b> staff leaver narratives to be provided to the May Board, alongside the 2018 Staff Survey Directorate results</li> <li>• <b>Agreed</b> for an update to be provided at the next Board meeting on the Cheshire and Merseyside Radiology Network Transformation Programme.</li> <li>• <b>Noted</b> the satisfactory financial performance and surplus for the year.</li> <li>• <b>Noted</b> the overall financial risk rating of a 1 under the risk assessment framework, in line with plan.</li> <li>• <b>Noted</b> the Trust delivered against its control total of £1,942k, with an actual comparator of £5,428k.</li> <li>• <b>Noted</b> the Trust had breached the Agency Cap for the year, by £237k</li> <li>• <b>Noted</b> the outturn position is subject to external audit.</li> <li>• <b>Approved</b> the declaration to NHSI that the Board anticipates the Trust will maintain a financial risk rating of at least 2 over the next 12 months.</li> </ul>	<p>JSh</p> <p>LB</p>
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P1/074/19	<p><b>Junior Doctors – Progress Report</b></p> <p>SK and PD provided an overview of the report. It was confirmed that overpayments will be resolved through a payment management plan agreed between Trainee Doctors and their employer, supported by CCC.</p> <p><b>The Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the Report</li> </ul>	
P1/075/19	<p><b>Q4 Report – Quarterly Report on Safer Working Hours – Doctors &amp; Dentists</b></p> <p>NB provided an overview of the report. The Board discussed, with the following points noted:</p> <p><i>Exception Reporting</i> – Exceptions recorded by Trainee Doctors were closely monitored and reviewed for any trends or patterns emerging. Additional support was also provided to trainees where appropriate.</p> <p>Quarter 1, 2019/20 has already reported a number of exceptions. However, immediate action was taken to address by meeting with the new cohort and assisting with prioritisation of work and tasks.</p> <p>The Board suggested that it would be helpful to benchmark CCC against other Specialist Trusts to understand how the Trust compares across similar organisations. This was noted by NB for the next quarterly report in July 2019.</p> <p><i>Haemato-Oncology</i> – the Board noted that there had only been one exception report raised by the department.</p> <p>NB advised that although there had been exception reports raised, there were no concerns regarding patient safety across the Trust.</p> <p>The Board thanked NB for her work as Guardian of Safe Working Hours since 2016 and noted that a new Guardian would be appointed from August 2019.</p> <p><b>The Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the Report</li> </ul>	
P1/076/19	<p><b>EU Exit – CCC Update</b></p> <p>HPC provided a summary of the paper and advised that since submitting the paper to the Board, NHS England had requested a review of the lessons learned from the work to date. The Board agreed that it would be helpful for the output from this activity to be reported through the appropriate governance structure.</p>	

	<p><b>The Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the Report</li> <li>• <b>Agreed</b> with the approach to stand down the CCC Brexit Operational Group and await further guidance.</li> <li>• <b>Agreed</b> for the output from the 'lessons learned' activity to be reported through the appropriate governance structure.</li> </ul>	<b>HPC/AW</b>
<b>P1/077/19</b>	<p><b>Quality Committee Chair's Report</b></p> <p>MB provided an overview of his report, highlighting the following issues.</p> <p><i>Haemato-Oncology (HO)</i> – a number of areas requiring review and/or further investigation relate to HO, with Task &amp; Finish Groups set up to lead as appropriate. The Board agreed that HO required specific attention to resolve issues following the move to the Royal Liverpool Hospital. Assurance was provided that the review of policies and procedures formed part of the CQC Action Plan.</p> <p>A risk assessment will be carried out to assess the impact of HO remaining in the Royal Liverpool Hospital, taking account of the delay to the opening of the new Royal. This will be reported to the Board in due course.</p> <p><i>Unavailability of radioisotopes for infection imaging</i> – this national issue continues to impact on supplies for patient treatment. CCC has had to seek emergency supplies from other Trusts, where available, and the issue has now been escalated to NHS England. It is expected to remain an issue until September 2019.</p> <p><i>Safer Staffing</i> - Further investigation is underway to review the safer staffing numbers reported by Directorates as it is anticipated they are more positive than reported. SL reassured the Board that there are no concerns regarding patient safety.</p> <p><b>The Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the Report</li> </ul>	
<b>P1/078/19</b>	<p><b>NED Walkabout Schedule</b></p> <p>AW provided a brief summary of the schedule. Governors were pleased to be involved in the walkabouts and all Executive Directors are welcome to join as appropriate.</p> <p>The next steps are to include the specific detail of the walkabouts and to agree the protocol to enable 'board to floor' feedback and vice versa.</p>	

	<p>The Board discussed and suggested areas for visiting should include Inpatients, Sulby Ward, Haemato-Oncology and non-clinical teams.</p> <p><b>The Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the Schedule</li> </ul>	
	<b>Corporate Governance Matters</b>	
<b>P1/079/19</b>	<p><b>Fit &amp; Proper Person – Policy for Approval</b></p> <p>AW provided a summary of the policy and advised that following approval, the Register of Fit and Proper Person Requirements will be presented to the Board in May 2019.</p> <p>Following feedback received, minor amendments will be made to the Policy.</p> <p><b>The Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Approved</b> the Policy, subject to the minor amendments being made.</li> </ul>	<b>AW</b>
<b>P1/080/19</b>	<p><b>Board Assurance Framework – Quarter 4</b></p> <p>AW presented the Quarter 4 Framework, advising that following discussion with the Chair, it was agreed to continue with the current framework and approach for Quarter 4 and initiate a new process for 2019/20.</p> <p>AW intends to meet with all Executive Directors as part of the review to ensure that an accurate, simplified and workable document is produced for future use. A revised BAF will be presented to the Board in July 2019. MT will provide input and support during this process.</p> <p><b>The Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the Report</li> </ul>	
<b>P1/081/19</b>	<p><b>Annual Trust Board Reporting Cycle</b></p> <p>AW provided a brief summary and asked the Board to note the paper.</p> <p>The Board discussed and agreed that it would be sensible to align the 'Board Risk Appetite' to the revision of the BAF. AW will amend the cycle to reflect this change.</p> <p>The following items were requested for inclusion:</p> <ul style="list-style-type: none"> <li>• Guardian of Safe Working Hours – Annual Report</li> <li>• Safeguarding – Annual Report</li> <li>• Medical Education Exception Reporting – JSh to confirm frequency to AW</li> </ul>	



	<ul style="list-style-type: none"> <li>Revalidation of Consultant Appraisals – month to be confirmed but must be before September 2019. SK to advise AW.</li> </ul> <p><b>The Board:</b></p> <ul style="list-style-type: none"> <li><b>Approved</b> the Reporting Cycle, subject to the amendments referred to above.</li> </ul>	<b>AW</b>
<b>P1/082/19</b>	<p><b>Liaison with Governors</b></p> <p>SS provided an update as follows:</p> <ul style="list-style-type: none"> <li><i>Governor attendance</i> - The three Governors were welcomed as observers and SS advised he would seek their feedback and bring that to his regular catch-ups with the Chair and CEO.</li> <li><i>Nominations Committee</i> – This is being scheduled for the end of May 2019 to initiate the recruitment process for a Non-Executive Director. AW is leading with SS.</li> <li><i>Council of Governors 22 July 2019</i> – SS proposed two items for the next Council of Governors meeting – CQC Report and ‘Chemotherapy at Work’ presentation.</li> </ul> <p>The Chair requested that should there be any questions from Governors regarding the CQC Report, that these are submitted in advance of the meeting to help in preparations.</p>	<b>AW</b>  <b>SS/AW</b>
<b>P1/083/19</b>	<p><b>Board Meeting (including quality content)</b></p> <p>The Board were content with the meeting. The ‘Chemotherapy at Work’ Staff and Patient Story were noted as excellent.</p>	
<b>P1/084/19</b>	<p><b>Any Other Business</b></p> <p>No other business was raised.</p>	
<b>P1/085/19</b>	<p><b>End of Meeting held in Public:</b></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:** Kathy Doran, Trust Chair

**Date:**