

The Clatterbridge Cancer Centre NHS Foundation Trust

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

**Wednesday 29 May 2019 at 9:30am
JKD Conference Room**

Present:	Kathy Doran Mark Tattersall Mark Baker David Teale Sheila Lloyd Sheena Khanduri James Thomson Jayne Shaw Joan Spencer	Trust Chair Non-Executive Director Non-Executive Director Non-Executive Director Director of Nursing & Quality Medical Director Director of Finance Director of Workforce & OD Interim Director of Operations
In Attendance:	Angela Wendzicha Stephen Sanderson Helen Wilkinson Clare Jones (Item 101) Paula Dale (Item 101) Joanne Kenyon	Assoc. Director of Corporate Governance Lead Governor Trade Union Representative Corporate Governance (Secretary) Interim Medical Workforce Manager Medical Workforce Manager
Observers:	Laura Brown Jane Wilkinson Andy Waller	Staff Governor Public Governor Public Governor

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Opening Matters		
P1/91/19	Chair Welcome and Note of Apologies Apologies were received from Liz Bishop, Chief Executive Officer, and Geoff Broadhead, Associate Non-Executive Director.	
P1/92/19	Declaration of Board Members' and other attendees interests concerning agenda items No declarations of interest were received.	
P1/93/19	Minutes of Previous Meetings: <ul style="list-style-type: none"> • 24 April 2019 The Board agreed that the minutes from the 24 April 2019 were a true and accurate record.	
P1/94/19	Matters Arising The Action Log was noted as correct as reported, and actions are either complete, on the agenda or updated as follows: 01/069/19 – Staff and Patient Story – it was confirmed that the issue identified during the patient story has now been resolved, and	

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	<p>Halton and St Helens NHS Trust now utilise a different receptacle for this purpose.</p> <p>P1/038/19 – Board Effectiveness Review – due the recent changes within the Trust, it has been proposed that a self-assessment will be undertaken in Quarter 3, with an external review to be completed by the end of the 2019/20 financial year.</p> <p>A discussion took place in relation to transport services and the proposal for improving transport access via the Infrastructure Committee. This issue will be progressed through the work Liverpool City Council is undertaking to improve transport access across the entirety of the Knowledge Quarter.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Approved the proposal to undertake a self-assessment in Quarter 3 and an external review by the end of the 2019/20 financial year. 	
P1/95/19	<p>Haemato-Oncology - Patient Story</p> <p>The patient story was been deferred to a future date, as the patient was unable to attend on this occasion.</p>	
P1/96/19	<p>Chairman’s Report</p> <p>The Chair has undertaken a number of visits to various departments and sites across the Trust, including the new build site in Liverpool. The new build is impressive with its outstanding spaces for patients, particularly the Chemotherapy ward with its impressive views across the city and river. The Chair encouraged all Board members to attend the Summer Event, due to be held on-site, on 6 June 2019.</p> <p>Non-Executive Directorate / Exec Directorate/ Governor Walkabouts</p> <p>Feedback from staff during walkabouts is generally positive. However, on a recent walkabout, a number of concerns were raised by staff in relation to parking at the new hospital. Feedback to staff on this issue will be managed through the Town Hall events, Team Briefs, and other communications to staff.</p> <p>It was noted that further consideration to external communications is required. During a private visit to Wirral University Teaching Hospital NHS Trust, a Non-Executive Member of the Trust Board was involved in a conversation with a number of specialist nurses, who were under the impression that the CCC Wirral site would close once the move to the new hospital was complete, and were unaware that Wirral patients would continue to be treated at the Clatterbridge site. It was agreed that the external communication issue will be addressed through the Communication Engagement Plan as a matter of urgency.</p>	<p>AH/LB / AT</p>

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P1/97/19	<p>Chief Executive's Report</p> <p>There were no additional updates other than those provided within the papers.</p>	
Operational Performance, Risk & Assurance		
P1/98/19	<p>Improvement & Assurance Plan – CQC</p> <p>SL provided an overview of the report and the following points were noted:</p> <ol style="list-style-type: none"> a. Weekly performance meetings continue to take place to update the action plan and gain assurance that the plan is on track for delivery. SL offered her thanks to all staff involved with the delivery of the plan. b. Three areas of concern have been identified as: <ol style="list-style-type: none"> i. BLS/ILS/ALS training levels – levels have been achieved and work is continuing to ensure this is maintained. ii. Equality & Diversity - The E&D strategy is in development and will be supported by a robust action plan. A timeline for implementation and delivery of CQC recommendations and national guidance will then be identified. iii. Safety Culture – a safety review of the H-O Directorate has been commissioned and the Terms of Reference are currently being agreed. The H-O Directorate is supportive of the safety review and is clear that it is the right way forward. c. The Trust submitted a detailed report to CQC on 11 May 2019, identifying the immediate actions taken in response to the four regulatory actions. d. The CQC have yet to inform the Trust of the date of the next engagement session, and Trust Board will be informed once this has been arranged. <p>The Board:</p> <ul style="list-style-type: none"> • Noted the progress made against implementation of regulatory actions and recommendations made by the CQC following the publication of their report on 16 April 2019. 	
P1/99/19	<p>Integrated Performance Report - Month 1</p> <p>JSp provided an overview of the report and the following points were highlighted and discussed:</p> <ol style="list-style-type: none"> a. The Board was asked to consider a proposal for the full Integrated Performance Report to be presented at all Quality Committee meetings and at Trust Board meetings quarterly, with an exception report presented at Trust Board monthly. A separate Financial Report will be provided to Board each month. The proposal was agreed. b. Radiology reporting – it is anticipated that the workforce challenges around this issue will not be resolved until the end of the current financial year, although there is assurance that the Trust continues to provide a safe service for patients. The issue affects other organisations, not only CCC, and there has been agreement with partner organisations that preferential rates will not be made for radiology reporting posts. A significant piece of 	

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	<p>work is being undertaken by Cheshire and Merseyside Sustainability and Transformation Partnership (STP), and updates will be provided to Board as they become available.</p> <p>c. Cancer Waiting Times: The new Cancer Waiting Time Guidance and the Interim Report of the Clinically Led Review of NHS Access Standards have been published. The clinical led review of the target has not yet been implemented; therefore, it is not possible to identify any potential impact.</p> <p>d. Falls resulting in Harm – There were 9 falls in April, with one patient having a number of falls, although all resulted in low harm.</p> <p>Discussion took place as to whether the issue related to rising occupancy levels and staff capacity and it was noted that the Harm Review had not identified any key issues or themes and there was no triangulation with staffing levels. Work is being undertaken to identify ways to reduce falls and the quarterly deep dive report will identify any developing trends. There is a national 2019/20 CQUIN to consider this issue further.</p> <p>e. Claims – it was identified that it would be beneficial to have a short paragraph within the IPR, identifying how many cases had been settled by the Trust for the reporting period, and the associated costs. This was agreed and it was noted that a table outlining held and upheld cases would be provided for the June meeting.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Noted the report; • Agreed the proposal to have a full IPR presented on a quarterly basis, with an exception report and separate Financial Report provided each month. • Agreed to have detail of ‘held’ and ‘upheld’ cases included within the IPR. 	SL
P1/100/19	<p>Finance Report – 2019/20 - Month 1</p> <p>JT provided an overview of the report for April 2019, noting that a new presentation format has been used and comments on the content and structure are invited and welcomed. The following points were highlighted and discussed:</p> <p>a. The Trust is on track to achieve the NHS Improvement (NHSI) Strategic Outcomes Framework assessment, although the Control Total is slightly ahead of target. There is slightly less Cash Holding than planned, due to Capital Expenditure being £4.28m above plan. A number of assumptions have been made in regard to investment in the workforce, associated with the move to the new hospital. If this does not occur as intended, this will cause a further variance in costs.</p> <p>b. The key risk identified relates to:</p> <p>i. Risk of non-delivery of Cost Improvement Programme (CIP) - work is being undertaken with Directorates and departments to identify further CIP and it is anticipated that this will be completed before the end of Quarter 2.</p>	

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	<ul style="list-style-type: none"> <li data-bbox="395 197 1305 297">ii. Data Quality & Timeliness – this relates to the accuracy of the data provided. In-year risk is being partially mitigated by block contracts. <li data-bbox="347 309 1315 629">c. Strategic Outcomes Framework – The Trust’s rating has reduced to 2, due to agency spend above cap. This is a result of the operational requirement to employ locum medical consultants to deliver patient care. Recruitment for the posts is underway, which will have a positive effect on expenditure. There is also an additional risk associated with Southport and Ormskirk Hospital NHS Trust, and CCC support in relation to locum post challenges. This issue has been raised with NHS Improvement, which is aware of the Trust’s agency position. <li data-bbox="347 640 1305 808">d. Income and Expenditure – it is expected that the NHSI Control Total figure will rise and fall over the financial year based on the Trust’s income position, and the Trust has assumed that it will receive its notified Provider Sustainability Funding (PSF) for the period, of £21,000. <li data-bbox="347 819 1286 954">e. Pay expenditure is underspent against plan due to approved workforce recruitment not being in place by the end of April. A number of recruitment events have been held, and further events are planned, to assist with recruitment in to posts. <li data-bbox="347 965 1302 1133">f. The plan and surplus positions are different, as the NHSI Control Total excludes subsidiaries and donated asset depreciation, which require reconciliation. However, it is important to note that depreciation is now included in Operating Expenditure. <li data-bbox="347 1144 1315 1693">g. NHSI has requested that all Trusts review their capital positions, with a view to reducing their Capital Expenditure. However, NHSI are aware that CCC have a fixed plan in place due to the scheduled move to the new build hospital, and it will be important to ensure that the Trust’s expenditure reflects its plan within the current financial year. The Chair noted that a letter has been received from NHS Providers, indicating that a national review of Capital Expenditure will take place, and queried whether the this review would impact on the Trust and the move to the new hospital. JT responded that, due to the scale of expenditure for this financial year relating to the new build, there is an argument for the Trust to make that this expenditure is already planned. The 2019/20 spend also relates to LINAC equipment replacement, which would be an additional mitigation. <li data-bbox="347 1704 1310 1984">h. A concern was raised in relation to the increase in drugs costs and it was queried whether the initial plan on which the costs had been based was still relevant. It was confirmed that the costs have been reviewed, a sense-check has been undertaken, and the figures have been agreed with Commissioners. Drugs costs remain the biggest risk for Specialist Commissioners, and the Trust is required to complete and return a new data set to Commissioners in relation to this. 	

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	<p>The content and structure of the new format was discussed and it was agreed that the format encapsulates the required data well. It was noted that more detail in relation to activity and expenditure, etc., will be undertaken at the Performance Committee meetings.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Discussed and Noted the report • Approved the format of the report • Noted delivery of a financial risk rating of 1 • Noted overachievement against the Control Total • Noted the risks identified and potential mitigations 	
P1/101/19	<p>Annual Revalidation Report</p> <p>SK provided the background to the report and the following points were noted and discussed:</p> <ol style="list-style-type: none"> a. There are now clear pathways for escalation of work that has not been completed; from the appraisal lead, to the Medical Director, to the General Medical Council (GMC), and which also outline the potential consequences of non-compliance. b. The revalidation process has been streamlined and a robust checklist is now in place to ensure that the quality of appraisals is up to the required standard and, to date, feedback from appraisals has been positive. c. Future work will be undertaken to consider the number of Appraisees managed by any one Appraiser, to ensure that the quality of appraisals is maintained. d. There is confidence that it will be possible to recruit and maintain a sufficient number of appraisers. <p>The Board:</p> <ul style="list-style-type: none"> • Noted the contents of the report, noting it will be shared, along with the annual audit, with the Higher Level Responsible Officer at NHS England, and will be considered for any actions required, and; • Noted that following the conclusion of the annual appraisal process for 2018-2019, the Trust was compliant by exceeding the 90% appraisal rate which was set by Revalidation North. 	
P1/102/19	<p>Performance Committee Chairs Report</p> <p>DT provided an overview of the report and the following points were highlighted and discussed:</p> <ol style="list-style-type: none"> a. The delay to completion of the new Royal Hospital remains a significant risk. CCC has withheld the final £2.27m instalment of Haemato-Oncology surplus 'buy out' to the Royal as mitigation for non-recovery of costs incurred to date. b. Concerns were raised regarding the existing processes for risk management, including inappropriate risks contained within the Performance Committee register and a lack of assurance that the right risks are being managed and mitigated appropriately. Assurance has been provided that the Chief Executive will progress this issue through the Risk Management Committee. 	

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	<p>The Board:</p> <ul style="list-style-type: none"> • Noted the contents of the report. 	
P1/103/19	<p>Charitable Funds Committee Chairs Report</p> <p>AH provided an overview of the report and the following points were highlighted and discussed:</p> <ol style="list-style-type: none"> The Charity has raised its highest income to date, although this is 17% below the target of £550,446. There is a dip in charity income across the sector due to strong competition and limited wider public knowledge of CCC. The 'Summer Event' planned for 6 June 2019 will be an opportunity for CCC to raise its profile across the region. The 'Big Lego Brick Hospital' performance is lower than projected. The Lego Hospital is now on the road to promote the new hospital <p>The Board:</p> <ul style="list-style-type: none"> • Noted the contents of the report; • Noted that confirmation will be provided that all Non-Executive Directors have been invited to the event. 	AW
P1/104/19	<p>Quality Committee Chairs Report</p> <p>MB provided an overview of the report and the following points were highlighted and discussed:</p> <ol style="list-style-type: none"> CBCT imaging protocols: following an incident in relation to the Imaging protocols, the protocols had been re-ordered to minimise a small risk to patients. The protocols have since randomly re-ordered themselves and, to mitigate this, the checking process has been amended to include a final checking point as the last step. The risk is being managed as part of the weekly risk strategy meetings, and a risk stratification process takes place on all incidents. There are now only 8 staff members who do not have DBS Checks in place and letters will be issued to the 8 individuals, advising of the next steps to be undertaken. Non-Malignant H-O Daycare inpatients have not yet moved to Ward 9B, as RLBUHT continues to experience significant bed pressures. Work is ongoing to determine how the move of patients can be facilitated. Medication management training remains a concern, as the Directorate is not fully compliant. The Committee has requested that a Task and Finish Group is established to consider how this can be progressed effectively. The non-engagement of study leave committee members is a risk to ensuring that leave is managed fairly and consistently across the Trust. A review and revision of the Terms of Reference will be undertaken, and the appointment of a new Chair will be considered further. A draft Education Strategy has been developed to support staff with high quality education and training. The Trust will consider 	

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	<p>priorities identified for workforce development, and what resources will be required to take this forward.</p> <p>g. The last two meetings of the Workforce, Education and Organisational Development Committee have not been quorate. A review of the Terms of Reference and membership will be undertaken, to include a review of its duties and responsibilities, which will be pivotal to the work to be undertaken over the next 12–18 months.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Noted the contents of the report. 	
P1/105/19	<p>Audit Committee Chairs Report</p> <p>MT provided an overview of the report and the following points were highlighted and discussed:</p> <p>a. Significant concern was raised regarding Trust compliance with the new Accounting Standard IFRS9 and the implication of this for gaining External Audit assurance and overall timely completion of the 2018/19 Accounts. An action plan based on lessons learned from the internal processes programme will be developed to support improvements on future production of the Annual Report and Accounts. It was noted that the Quality Accounts met all necessary expectations.</p> <p>b. The Conflicts of Interest audit was conducted against the NHS England’s statutory guidance published in 2017. The report highlighted that the Trust was not compliant in two areas and partially compliant in a further three areas. An action plan has been agreed and an updated Conflict of Interests Policy will be presented to the June Trust Board.</p> <p>c. Cyber Essentials Gap Analysis – a follow up review was undertaken to determine progress to stabilise and future proof the existing digital environment, although there is some remaining activity required to achieve the Cyber Essential certification. Investment in infrastructure is required to progress some activity, which is phased for the end of the financial year, therefore a number of actions remain outstanding.</p> <p>d. A report was received on the Moderate Assurance rating received for Risk Management, which has also been referenced by the Quality Committee. Work is being undertaken to address the identified gaps and the revised Risk Management Committee will also help to address this.</p> <p>e. The management response to the draft Internal Audit report relating to Consultant Job Planning, submitted in February 2019 was reported as outstanding. An improved process for follow-up actions, with defined KPIs is scheduled to be presented to the July 2019 Committee.</p> <p>f. The ESR/HR Payroll audit has received High Assurance, and Substantial Assurance was received in relation to the Data Security and Protection Toolkit audit.</p>	

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	<p>The Board:</p> <ul style="list-style-type: none"> • Noted the contents of the report. 	
P1/106/19	<p>NED Walkabout</p> <p>The Chair provided a summary of two walkabouts that took place in May 2019, at Sulby Ward and Radiation Services. These were both extremely informative, with the following feedback was noted:</p> <p>Sulby Ward:</p> <ol style="list-style-type: none"> Staff found that rotation through RLBUHT was positive and promoted teamwork. On occasion, there are challenges obtaining a response in relation to requests for ‘take home medication’, and it was noted that work is being undertaken to address this issue. The issue raised most often by staff was in relation to transport, and how this can be addressed for the move to the new building. <p>Radiation Services:</p> <ol style="list-style-type: none"> Comments were noted that there was insufficient reporting undertaken by Consultants. The patient garden had been spruced up by volunteers in 2018, and it was hoped that volunteer support would be available again in 2019. While staff are excited by the move, the one concern raised was in relation to parking arrangements at the new building. <p>It was noted that the Town Hall event on 22 May 2019, hosted by the Chief Executive, addressed a number of the concerns raised around transport and staff were informed on the current position in relation to parking, and advised that future updates would be shared as further information became available. It was also identified that priority would be given to those staff working shifts.</p> <p>The walkabouts seem to be well received by the staff, as they appreciate the opportunity to show the work that they do. The next walkabout is scheduled for 12 June 2019, and will visit Haemato-Oncology Directorate.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Noted the summary of the update; • Noted that a grid, outlining future walkabouts, will be shared with the Board. 	AW
Corporate Governance Matters		
P1/107/19	<p>Staff Responses</p> <ul style="list-style-type: none"> • 2018 Staff Survey – Directorate Results, Benchmarking and Narratives <p>JSh provided an overview of the presentation, noting that this is an update on the presentation from March 2019, including information updated at the end of April 2019. The update also provides an</p>	

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	<p>overview of the staff survey process, shares a further breakdown of results and analysis by department, and advises of hot spot areas, progress to date, and next steps for key areas of improvement. The update was discussed and the following points were noted:</p> <ol style="list-style-type: none"> a. Discussion will take place at the leadership event, scheduled for 30 May, to discuss how senior leadership can work together, to work with staff on the issues identified within the survey. b. There are 3 focussed areas identified for action and the focus will continue on these. Focus groups will be held with staff groups during June and July 2019, in partnership with Trade Union colleagues. c. There is a recurring theme of which areas are within the lower performance areas, although many of their scores are high. It is not clear how these areas compare with previous results and a piece of work will be undertaken to review this. d. Regular 'You Said; We Did' updates will be provided to staff, to ensure they remain aware of the work being undertaken. e. From staff engagement feedback, the lack of senior management visibility was identified as an issue and work is underway to address this. f. Further consideration is required on the most appropriate way to support Haemato-Oncology, as this is an important area experiencing significant change and it is important that the process is right for staff. g. An update on progress of the action plans will be provided to the September or October Board, dependent upon data availability. Where possible, the update will include the number of staff in each group, as it is acknowledged that smaller numbers can distort results. <p>The Board:</p> <ul style="list-style-type: none"> • Reviewed the information provided; • Discussed progress, and; • Supported the next steps to be undertaken. • Noted a further update will be provided to September or October Board 	JSh
P1/108/19	<p>Annual Register of Fit and Proper Person Requirements</p> <p>AW provided an overview of the register, which was provided to update the Board on the annual fit and proper person self-declaration and process regarding the Board of Directors. The register was discussed and the following points were noted:</p> <ol style="list-style-type: none"> a. Following the CQC well-led inspection in January 2019, a number of issues were identified in relation to the requirements. These have now been addressed and the Fit and Proper Person Policy has been approved by Board. b. An annual self-declaration and review will be undertaken and the Register will be presented to the Board. c. The following amendments were requested to the register: <ol style="list-style-type: none"> i. The professional body registration numbers will be redacted within the report; 	

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	<p>ii. The typing error on the Specialist Register will be amended.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Received the Annual Register • Approved the Annual Register, subject to minor amendments. 	AW
P1/109/19	<p>Governance Approach – for approval</p> <p>AW provided the background to the paper and outlined the changes proposed following the implementation of the revised process implemented in shadow form, in March 2019.</p> <p>The revised governance structure charts were discussed and the following points were noted:</p> <p><u>Chart 1</u></p> <ul style="list-style-type: none"> a. The Performance Review Group has now been ‘stood down’ and the monthly Directorate performance meetings progress the work previously undertaken by the group. b. The reporting from subsidiaries has improved, with KPI performance reporting in to the Performance Committee and the remaining reporting provided to Board, as Shareholder. <p><u>Chart 2</u></p> <ul style="list-style-type: none"> c. The Risk Management Committee has been reviewed and revised, and is now Chaired by the CEO. d. A number of Committees have been identified for inclusion on the revised structure that had previously been omitted. e. The flow of information through the organisation is improving, and it is intended to undertake an internal audit to assess its effectiveness, in Quarter 4. f. A query was raised around the relationship between Performance Committee and attendance at the meeting by subsidiary representatives, and whether this compromised the Trust’s independence. It was noted that subsidiary representatives attend for their item only, as this meeting is where subsidiaries are held to account on certain elements contract management. Declarations of Interest are requested at each meeting. g. Work has begun with Directorates to identify what changes to the structure will mean for them, and work is ongoing with meeting Chairs to ensure they are aware of any implications from the changes. Further work will be undertaken to ensure that the new structure is communicated to all staff across the Trust. <p>The Board:</p> <ul style="list-style-type: none"> • Approved the continued implementation of the new governance process and structure. 	
P1/110/19	<p>Liaison with Governors</p> <p>SS provided an update on engagement with Governors, noting that the next Council of Governors (CoG) meeting is scheduled to be</p>	

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	<p>held on 22 July 2019. Engagement has been limited since the last CoG and it will be beneficial to consider what update can be provided in the interim. Possible updates for consideration include: a PropCare update; a CQC update as a standard agenda item; details of the anticipated cleaning and food services to be utilised at the new hospital, following a number of issues identified at the Wirral site, and possibly including this as a standing item on the Patient Experience Committee agenda. All items were approved for the July meeting.</p> <p><u>Patient Experience Committee</u> The Committee was discussed and the following points were highlighted:</p> <ol style="list-style-type: none"> a. Going forward, a Governor will be included within the membership of the Committee. b. The Trust has a Patient Experience and Involvement Strategy, and a number of pledges have been received to support the strategy. An action plan is to be developed, that pledges will be able to support. 	
P1/111/19	<p>Board Meeting (including quality content) It was noted that the revised Chair's Reports from Committees was now more effective at providing a clear view on arising issues across all Committees.</p>	
P1/112/19	<p>Any Other Business There was no other business to be discussed.</p>	
P1/113/19	<p>End of Meeting held in Public: 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>	
	<p>Date of Next Meeting: 26 June 2019, 9:30am, JKD Conference Room</p>	

Signed: Kathy Doran, Trust Chair

Date: