Senior Governors Report - Council of Governors Meeting 18 March 2019

Key Talk

At our March meeting we will hear from Dr Dan Monnery and Dr Alison Coackley, Consultants in Palliative Medicine, who will provide us with a presentation of the CCC Palliative & End of Life Care Strategy 2018-2023. This was ratified by the Trust Board in January. I would like to thank them both for giving their time to present this to the Council.

Welcome

Kathy Doran, the new CCC Trust Chair from 1 April 2019, will join our March meeting so Governors will have the opportunity to meet Kathy. I know we all look forward to working with Kathy. I would like to thank Alison Hastings, on behalf of the Council, for stepping in as Interim Chair while the recruitment process has been undertaken.

Leaving

Debbie Francis, Non-Executive Director, leaves the Trust on the 18 March 2019. I would like to formally extend our thanks to Debbie for her contribution and support to the Trust.

I will be working with Angela to progress with the recruitment of a new Non-Executive Director shortly. I will update the Council as this progresses.

Agenda Items

2018-2022 CCC Strategy - As part of the presentation from Liz Bishop, Chief Executive, we will hear about the CCC 2018-2022 Strategy. The strategy was published in December 2018 and this is an opportunity for Governors to discuss with the Board and Executives.

Draft 3 Year Operating Plan – at the February Trust Board, the draft 3 Year Operating Plan was presented, with the final plan to be provided to the Trust Board at the end of March. James Thomson, Director of Finance and Barney Schofield, Director of Operations & Transformation, will provide the Council with a summary of the key operational and financial elements to enable the Council to discuss prior to final Board consideration.

Governor Awareness – During my Senior Governor update at the February Board, Part 1 meeting, I asked for clarification on the role of Governors in relation to 'significant transactions'. Angela Wendzicha agreed to cover this within her update this month.

I also welcome the clarity provided for Governors on access to Part 2 Trust Board paperwork and I know Angela is working on a process to share agendas and redacted minutes with Governors.

Quality Accounts – As is usual practice each year, we will be asked by the Trust to select one local indicator for the 2019/20 Quality Accounts.

Engagement

I would remind Governors that they can attend Trust Board, Part 1 Meetings held in public. Attending is important as a means of assurance for Governors in their role to hold Non-Executive Directors to account and because information is particularly a key element at this critical time. Laura Brown, staff governor, observed the February Board and found it extremely insightful and helpful.

Date of Next Meeting

Our next meeting is the 22 July. Please feel free to contact me if there are any issues you wish to discuss or wish me to raise.

Stephen Sanderson CBE.

The Clatterbridge Cancer Centre NHS Foundation Trust

COUNCIL OF GOVERNORS MEETING

Agenda Item	**CoG-22-19**	**Date: 18th March 2019**
Subject /title	**Quality Accounts – Indicator for 2019-20**	
Author	**Kate Greaves – Associate Director of Quality**	
Responsible Director	**Sheila Lloyd –Exec Director of Nursing & Quality**	

Executive summary and key issues for discussion

In December 2018 NHSI published the detailed guidance for external assurance on quality reports for Trust's 2018/19 quality report submissions. As in previous years, a local indicator for 2019/20 will be selected by Governors, based on local priorities. This indicator will be reflected in the 2018/19 quality report.

This aims to provide assurance through substantive sample testing over one local indicator included in the quality report, as selected by the governors of the trust. NHSI has recommended in their guidance that Trusts who provide acute services select the Summary Hospital-level Mortality Indicator (SHMI) as the local indicator for 2018/19. The SHMI is not calculated by trusts; it is provided by NHS Digital. However as an acute specialist Trust, this indicator is **not** applicable to CCC.

Therefore the guidance states that *for all other NHS foundation trusts the local indicator should be selected by the governors of the trust based on local priorities.*

In previous years the local indicator was:
2010/11: radiotherapy treatment errors
2011/12: falls
2012/13: incidents resulting in severe harm.
2013/14: 30 day mortality (radical radiotherapy)
2014/15: "Patient Experience – at least 70% of patient's rate as 'never' in the local patient survey programme when asked 'if they had to wait'.
2015/16: Attributable pressure ulcers
2016/17: Chemotherapy errors per 1000 doses.
2017/18: 30 day mortality (radical chemotherapy)

Grant Thornton (external auditor) has previously provided the following points for consideration when selecting an indicator:

When selecting an indicator for the auditors to review and report back to governors there are several things governors should think about.
Is the definition of the indicator clear?
Is there a recognised definition for the performance indicator that external auditors can compare to the indicator as reported by the Trust to the definition. If there is not a standard definition it's very difficult to then confirm the indicator has been calculated correctly.
Are the procedures clear?
If the policies aren't clear it is difficult for auditors to decide whether the information has been collected correctly

Does the Trust hold sufficient information for the auditor to be able to re-perform the calculation? What we're interested in here is whether the information is held on a recognised system that can be interrogated, or in some other form that means the auditor can come along after the event, re-perform the calculation and be able to come to the same conclusion the original staff did. If the information is not collected and documented in some way this makes re-performance difficult, if not impossible. The Trust needs to be able to show that proper records are kept.
Similarly if the indicator is notified to the Trust, rather than being collected by the Trust's own staff there is not an audit trail to follow when we document the system and test items included in the indicator.
The local indicators reported in the previous Quality Accounts are:

Safety:
• MRSA bacteraemia cases / 10,000 bed days
• C Diff cases / 1,000 bed days
• 'Never Events' that occur within the Trust
• Chemotherapy errors (number of errors per 1,000 doses)
• Radiotherapy treatment errors (number of errors per 1,000 fractions)
• Falls / injuries / 1,000 inpatient admissions
• Number of patient safety incidents
• Percentage of patient safety incidents that resulted in severe harm* or death
• Patient falls
• Attributable pressure ulcers

Clinical Effectiveness:
• 30 day mortality rate (radical chemotherapy)
• 30 day mortality rate (palliative chemotherapy)
• 30 day mortality rate (radical radiotherapy)
• 30 day mortality rate (palliative radiotherapy)

Patient Experience:
• At least 80% of patients rate as 'always' in the local patient survey programme when asked 'I was treated with courtesy and respect'
• At least 80% of patients rate as 'always' in the local patient survey programme when asked 'Was the ward / department clean'
• At least 70% of patients rate as 'never' in the local patient survey programme when asked 'If they had to wait'
• At least 80% of patients rate as 'always' in the local patient survey programme when asked if 'I was included in discussions about my care'
• At least 80% of patients rate as 'always' in the local patient survey programme when asked if 'the staff washed their hands'

The COG is requested to select one local indicator for external assurance.

Strategic context and background papers (if relevant)

NHS Improvement (NHSI) guidance
Detailed requirements for external assurance for quality reports 2018/19 December 2018

Recommended Resolution

That the COG select one local indicator

Risk and assurance

Link to CQC Regulations

Resource Implications

None

Key communication points (internal and external)

The revised report is presented at Council of Governor meetings.

Freedom of Information Status

FOI exemptions must be applied to specific information within documents, rather than documents as a whole. Only if the redaction renders the rest of the document non-sensical should the document itself be redacted.

Application Exemptions:

- **Prejudice to effective conduct of public affairs**
- **Personal Information**
- **Info provided in confidence**
- **Commercial interests**
- **Info intended for future publication**

Please tick the appropriate box below:

X	**A. This document is for full publication**
	B. This document includes FOI exempt information
	C. This whole document is exempt under FOI

IMPORTANT:

If you have chosen B above, highlight the information that is to be redacted within the document, for subsequent removal.

Confirm to the Trust Secretary, which applicable exemption(s) apply to the whole document or highlighted sections.

Equality & Diversity impact assessment

Are there concerns that the policy/service could have an adverse impact because of:	Yes	No
Age		x
Disability		x
Sex (gender)		x
Race		x
Sexual Orientation		x
Gender reassignment		x
Religion / Belief		x
Pregnancy and maternity		x

If YES to one or more of the above please add further detail and identify if full impact assessment is required.

Next steps
Appendices

Strategic Objectives supported by this report

Improving Quality	**x**	Maintaining financial sustainability	**x**
Transforming how cancer care is provided across the Network		Continuous improvement and innovation	**x**
Research		Generating Intelligence	**x**

Link to the NHS Constitution

Patients	**x**	**Staff**	
Access to health care	x	*Working environment* Flexible opportunities, healthy and safe working conditions, staff support	
Quality of care and environment	x	*Being heard:* • Involved and represented • Able to raise grievances • Able to make suggestions • Able to raise concerns and complaints	
Nationally approved treatments, drugs and programmes	x		
Respect, consent and confidentiality	x		
Informed choice	x	Fair pay and contracts, clear roles and responsibilities	
Involvement in your healthcare and in the NHS	x	Personal and professional development	
Complaint and redress	x	Treated fairly and equally	