

The Clatterbridge Cancer Centre NHS Foundation Trust

BOARD OF DIRECTORS MEETING PART ONE – PUBLIC SESSION

Wednesday 24 July 2019 at 9:30am
JKD Conference Room

Present:	Kathy Doran Mark Baker Mark Tattersall David Teale Geoff Broadhead Liz Bishop James Thomson Jayne Shaw Joan Spencer Sheila Lloyd Sheena Khanduri	Trust Chair Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Officer Director of Finance Director of Workforce & OD Interim Director of Operations Director of Nursing & Quality Medical Director
In Attendance:	Stephen Sanderson Angela Wendzicha Victoria Shallcross Sam Wong Sarah Barr Alexa Traynor Tom Pharaoh Clare Jones	Senior Governor Associate Director of Corporate Governance Clinical Fellow Clinical Fellow Chief Information Officer Associate Director of Strategic Communications & Marketing Associate Director of Strategy Governance PA (Secretary)
Observers:	Elkan Abrahamson Matthew Burch	Non-Executive Director Pfizer Pharmaceuticals Company

Item No.	Item	Action
	Opening Matters	
P1/136/19	Chair Welcome and Note of Apologies The Chair welcomed everyone to the meeting and introduced the observers. The Chair noted that apologies were received from Alison Hastings.	
P1/137/19	Declaration of Board Members' and other attendees interests concerning agenda items Declarations of interests were received from the following: Mark Tattersall – Nominated Non-Executive Director for PropCare Geoff Broadhead – Nominated Non-Executive Director for CPL James Thomson – Executive Lead for PropCare and CPL Angela Wendzicha – Company Secretary for PropCare and CPL	
P1/138/19	Minutes of Previous Meetings: <ul style="list-style-type: none"> • <u>26 June 2019</u> Page 3 – P1/119/19 – Chair's Report - ...visits at... to be amended to visits and Page 3 – P1/119/19 – Chair's Report – "... level background..." to be amended to "...legal background..." and 11 July 2019 to be amended to 2019 	

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	<p>Page 3 – P1/120/19 – Chief Executive Reportthe CEO attended a number of...remove the second 'number of'...</p> <p>Page 4 – P1/122/19 – Infection Control Annual Report ... bullet point a – change ...The Trust is sighed on...to the Trust is sighted on...</p> <p>Bullet point bchange the data indicate to the data indicated.....</p>	
P1/139/19	<p>Matters Arising</p> <p>The Chair noted that the advert for the Non-Executive Director post with a clinical background did not receive an overwhelming response. A potential candidate has been identified and it has been agreed with Governors that this will be pursued, prior to the post becoming vacant in 2019.</p>	
P1/140/19	<p>Staff Story – Junior Doctors</p> <p>SK introduced Victoria Shallcross and Sam Wong, who presented a summary of the work and training undertaken by the Speciality Registrars and Ward Junior Doctors, in Medical and Clinical Oncology, at the Trust.</p> <p>The presentation was discussed and the following points were highlighted:</p> <ol style="list-style-type: none"> a. Speciality training for Clinical Fellows is undertaken across the national footprint, although some clinicians opt to stay in one relative geographical location. Individuals attend an interview with the consultant body in London and are then ranked according the results of the interview. The positions available across the country for that year are also ranked, and positions are assigned on the basis of both scores. Clinicians may also choose to go on and take up available research opportunities, which is actively recommended by the consultant body. b. Workforce staffing levels and skill mix – there is a potential risk to the Trust due to a number of gaps within the Speciality Registrar and Ward Doctor rotas, which includes the challenge of doctors with limited experience providing ward cover without support. The rota gaps have also had a detrimental impact on training. c. It was noted that some colleagues find it challenging to raise issues or provide negative feedback within the line management structure, as there is a concern that negative feedback may affect the team dynamic or impact future working relationships. However, the issues identified have been raised with senior colleagues and work is underway to restore support pathways and the implementation of a Ward Registrar post would provide an additional level of support and experience to support junior colleagues. The challenge of providing negative feedback to consultants is not unusual, and is something the Trust will need to consider further and assist with. d. There is good multi-disciplinary support in place, although the full team is not always available to provide assistance. It is not unusual for the ANP or Physician Associate to be required somewhere other than CDU. e. The identified issues with the break facilities will be taken forward and every effort will be made to improve these, where possible. Consideration will also be given to the facilities available within the new hospital in Liverpool to ensure they are appropriate and fit for purpose. f. It was identified that the Junior Doctors Forum has been re-established, which should allow any arising issues to be raised and addressed more effectively and efficiently. g. It was acknowledged that the shortage of Junior Doctors is a national issue and is a challenge for all NHS organisations. However, it was positive to hear of the support provided by specialist roles within the 	

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	<p>teams and the benefits gained from these roles.</p> <p>h. It is anticipated that the opening of the new hospital in Liverpool in 2020, and the co-location of wards and services, will help with the re-instating SpR ward rotation and provide ward junior doctors with necessary wider experience and learning. The Trust is currently working with RLBUHT on the co-location contract and input from Junior Doctors would be beneficial to that process.</p> <p>The CEO thanked VS and SW for their presentation and apologised for the experiences they had described.</p> <p>The Chair thanked VS and SW for providing an interesting and balanced presentation, which raised a number of important points and questions, and also suggested possible solutions for a number of the issues raised</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • Noted the presentation • Requested and action plan be brought back to Board and for the Junior Drs to present again in 6 months. 	
P1/141/19	<p>Chair's Report</p> <p>The Chair provided an update on the work undertaken to recruit two Non-Executive Directors for the Trust. Four candidates were shortlisted and, following a robust interview process, the Council of Governors has approved the appointment of Elkan Abrahamson to the Trust Board from 1 September 2019.</p> <p>The Chair has met with the Volunteer Co-ordinator, who works with almost 100 volunteers across the Trust's sites who provide a vital service for patients. An evening event has been organised for 29 August 2019 to thank the volunteers for the work they do, and Trust Board members will also be invited to attend.</p> <p>The Chair has attended at a number of meetings, including a visit to The Christie, which included a tour of the new Proton facility and discussion on possible future collaborations between the Trusts.</p> <p>The Chair also visited the Lilac Centre at St Helens Hospital, and the Halton Chemotherapy Centre.</p> <p>A number of Patient Safety Walkthroughs have taken place, which allows Governors and Non-Executive Directors to speak with staff and patients. These sessions have identified a number of minor issues relating to visibility and engagement across the Trust, which will be addressed.</p> <p>The Chair has will be meeting regularly with the Chair of PropCare, Louise Martin, to keep in touch during this critical time for staff.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • Noted the contents of the report. 	
P1/142/19	<p>Chief Executive's Report</p> <p>The CEO provided an update to the Board relating to the Task and Finish Group, which has led on a national piece of work in relation to Rapid Diagnostic Centres. The work of the group is now finished and the results of the work are to be presented to the National Cancer Board today, 24 July 2019. The CEO has been invited back to lead on the next phase of which, which is the Rapid Diagnostic Strategy and how this is taken forward in the</p>	

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	<p>longer term. The first meeting is scheduled to take place in September 2019 and will include the original members of the task and finish group and additional members from Nursing and Pathology.</p> <p>The CEO has undertaken walkabouts across the Trust and has recently visited HR/Medical Workforce and the Marina Dalglish Centre at Aintree, and is scheduled to visit the Lilac Centre at St Helens and Halton on 30 July.</p> <p>The Director of Workforce and Organisational Development is currently undertaking staff engagement focus groups and the other Executive Directors are continuing their own engagement programmes, as responsibilities and time permits.</p> <p>Emerging themes from engagement with staff has been focussed on the opening of the new hospital in Liverpool and its impact for staff. Staff visits to the new hospital site are scheduled to commence in Autumn 2019, and all staff will be given the opportunity to participate in a site visit.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • Noted the contents of the report. 	
	Strategy	
P1/143/19	<p>NHS Long Term Plan</p> <p>JT provided the background to the document, which provides a summary of the NHS Long Term Implementation Framework and identifies the relevant issues from the guidance document that are relevant for the Trust. The report was discussed and the following key points were noted:</p> <ol style="list-style-type: none"> a. Local systems will engage with Cancer Alliances to determine how commitments to improving cancer care will be delivered. Cheshire and Mersey Cancer Alliance will also take on a more operational role as they become included in the responsibility for cancer care performance. b. By 2023-24, £400m additional funding will be distributed on a fair share basis across all Cancer Alliances, and Cheshire and Mersey will also benefit from the development of Rapid Diagnostic Centres (RDCs) with a site for the lung health check initiative to be based in Knowsley. c. There is also the aspiration that local systems will become Integrated Care Systems by April 2021 and work is underway to formalise this. However, work is in progress to determine how this can be achieved and managed for Cheshire and Merseyside. d. The guidance is consistent with the draft NHS People plan, and also recognises that digital technology underpins changes to clinical delivery service models. It also sets out the requirements for systems to achieve financial sustainably and to deliver a minimum of 1.1% efficiency, although the Trust has allowed for a 1.8% efficiency factor. e. The Trust will support local healthcare systems with the completion of a revised planning exercise, which will be submitted by the STP. The Trust will also submit operational plans in early 2020, which have been included in the Trust's planning cycle, and will be presented at Trust Board January/February 2020. f. It is not currently clear what the Trust's responsibilities will be, as host of Cheshire and Merseyside Cancer Alliance. However, it is anticipated that the Regional Team will expect the Trust to deliver on waiting time targets for the region and as a system leader and host to the Cancer Alliance. Therefore, it will be necessary to review the Terms of Reference for the Cancer Alliance and ensure that update reports are provided to Trust Board on a quarterly basis, as a minimum, and that 	

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	<p>this is included in all performance reports. This would also require the Trust to support other organisations in their delivery of cancer care, which will require a culture change and will also be challenging for all organisations involved. However, this will also be an opportunity for CCC to influence cancer care across the region.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • Noted the contents of the report. 	
P1/144/19	<p>Freedom to Speak Up – Quarter 1 Report AW provided the background to the report, which provides assurance that the Freedom To Speak Up process is being utilised, monitored and appropriate actions and investigations are being conducted, when applicable.</p> <p>The report was discussed and the following points were highlighted:</p> <ol style="list-style-type: none"> There are currently five local FTSU guardians within the Trust and work has recently been completed to engage a junior doctor as an additional local guardian. The Quarter 1 report provided an overview of the small number of cases progressed through the FTSU route, in addition to providing a level of detail on lessons learned. A theme has been identified in quarter 1 in relation to bullying and harassment, which is a continuation of a theme identified in Quarter 4 of 2018/19. Feedback from the staff survey focus groups will also be triangulated with the Quarter 1 report, for further consideration. The FTSU process is not intended to replace existing processes and policies in place within the Trust, but is rather a supplementary service to support staff in speaking up where there is a concern and advise individuals to access the more formal procedures and policies, if they wish to. It is anticipated that, as the service is used more and becomes better known, staff will feel more confident in raising concerns. October is Freedom to Speak Up month, and the Trust has invited a representative from the National Office to attend. <p>The Trust Board:</p> <ul style="list-style-type: none"> • Welcomed and noted the contents of the report. 	
P1/145/19	<p>Digital Infrastructure and Cloud Options Appraisal – Business Case for Approval SB provided the background to the paper, which outlines the requirements of a digital infrastructure refresh and a new approach to infrastructure strategy by adopting a “cloud first” initiative.</p> <p>The business case was discussed and the following points were noted:</p> <ol style="list-style-type: none"> It was previously identified at the Trust Executive Group that a system cloud readiness assessment is a pre-requisite to refreshing the infrastructure, which has a cost implication of £50,000, and this may reveal additional costs. The assessment has now been completed and no additional costs have been identified. There are no additional workforce implications associated with Option 2. 	

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	<p>c. A data centre has been included within the build at the new hospital, which will no longer be required should the Trust move to a cloud first strategy. Therefore, discussions have taken place with Alder Hey Children's Hospital in relation to their needs for a secondary data centre, which would have cost saving implications for them.</p> <p>d. Work is continuing to assess the financial impact of following Option 2, which would move costs from capital costs to revenue costs, and discussions with vendors in relation to financing will be one of the next steps to be undertaken.</p> <p>e. The Trust is working closely with all system providers to assess their current position and it is anticipated that a finalised business case will be available October/November 2019.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • Supported the proposal to proceed with the upgrade to the digital infrastructure, which is end-of-life in Q3 2019; • Agreed with the direction to adopt Option 2, to consolidate and upgrade the infrastructure with a cloud first strategy. • Noted the funding challenge, but that the proposed option would be affordable within Trust resources; • Noted the complexity of the work alongside multiple other Trust wide changes. • Requested a full business case to Trust Board November. 	JT/SB
P1/146/19	<p>Staff Engagement and External Marketing Plan</p> <p>AT provided an overview of the plan, which sets out how the Trust intends to communicate with patients, members, staff, stakeholders and the local population to raise the profile of the organisation and achieve high levels of staff and stakeholder engagement.</p> <p>The plan was discussed and the following points were noted:</p> <p>a. There is limited reference to patients within the plan. There are a number of key messages that the Trust wishes to share with patients, and the plan will be updated to include these. The Trust website is also being re-developed and refreshed and the key messages will also be included there.</p> <p>b. There is a lack of clarity for patients in Liverpool in relation to the new hospital and therefore further consideration will be given to how this can be addressed and how assurance can be provided that their care will continue to be provided locally. This also applies to the Aintree and Wirral locations, and continues to be a work in progress.</p> <p>c. The Trust will continue to encourage all staff to use the technology available to keep in touch with the work being undertaken across all sites and staff groups. The new CCC intranet site is due to be launched over the next six to twelve months.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • Approved the Staff Engagement and External Marketing Plan, subject to the identified amendments. 	
	Performance, Risk & Assurance	
P1/147/19	<p>Improvement & Assurance Plan – CQC</p> <p>SL provided the background to the paper, which notes the progress made against implementation of regulatory actions and recommendations made by the CQC following the publication of their report on 16th April 2019.</p>	

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	<p>The plan was discussed and the following points were highlighted:</p> <ol style="list-style-type: none"> The weekly performance improvement meetings have been reduced to monthly meetings, due to the continued progress of actions. All remaining actions are on track for delivery. A formal cycle of audits has been planned to support actions and changes in practice being embedded across the Trust. Internal 'CQC Mock inspections' will continue, as will walkabouts by Non-Executive, Governor and Executive colleagues. The Trust met with commissioning colleagues on 4 June 2019, to present and discuss the improvement plan, and the CCG were supportive of the progress made. <p>The Trust Board:</p> <ul style="list-style-type: none"> Noted the contents of the report. 	
P1/148/19	<p>TCC Programme Update</p> <p>TP provided an overview of the report, which provides a summary report on the progress of the Transforming Cancer Care programme and includes an executive summary of progress across the programme in addition to a high-level milestone plan through to the opening of CCC-Liverpool in Spring 2020.</p> <p>The update was discussed and the following points were noted:</p> <ol style="list-style-type: none"> Haemato-Oncology inpatient move – the Northern England Clinical Senate, an external reviewer with expertise in clinical service redesign and delivery, has been engaged to undertake a review of the timing for the transfer of the H-O inpatient service from RLBUHT to CCC Liverpool. The Terms of Reference are currently being drafted and it is anticipated that the review will take place in September 2019, and relevant stakeholders have been informed. Safe Hospital – the project considers how CCC Liverpool and RLBUHT will work together to ensure patients are seen by the right staff, in the right place, at the right time. The recent focus has been on the proposed approach to unplanned admissions and the care of patients that are deteriorating. Work has been undertaken to understand the issues the Trust will raise and discuss with RLBUHT, and this engagement is scheduled to take commence in July 2019, with monthly Exec to Exec meetings taking place to discuss requirements and expectations, and what mitigations may be required if agreement is not achieved. In its entirety, the plan is currently Amber. Progress is being made, although there are areas where additional progress is required. A number of key assumptions are dependent on RLBUHT and are outside of the Trust's control. There is a need to be mindful of potential delays and challenges, i.e. link bridges, that can impact the Trust. While the meeting with RLBUHT was positive, they face a number of their own challenges, the Trust may wish to take a more leading role to progress this. <p>The Trust Board:</p> <ul style="list-style-type: none"> Noted the content of the update. 	
P1/149/19	<p>Integrated Performance Exception Report - Month 3</p> <p>JSp provided an overview of the report was provided, which gives an update on performance for month three (June 2019).</p>	

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	<p>The report was discussed and the following points were noted:</p> <ul style="list-style-type: none"> a. Bed Occupancy – occupancy on Conway Ward in June has fallen to 72%. This is due to the success of the CDU for assessment, appropriate treatment of patient as outpatients, and improved discharge planning by the patient flow team. However, as the acuity of patients being treated is higher, several complex patients have required higher nursing care and 1:1 care to maintain safety. The reduction in bed occupancy is positive and provides some assurance that there will be some flexibility around bed capacity for the move to the new hospital. b. The length of stay for Solid Tumour is back on track. However, emergency admissions are high and this is being reviewed. The Board requested benchmarking with peers to be reflected in the next report. c. Radiology reporting – capacity issues for the radiology workforce are reflected in the non-achievement of the 90% target, with the inpatient target at 82% and the outpatient target at 72%. It is anticipated that annual leave will continue to impact reporting for the next two months, although additional reporting is being outsourced to mitigate this. d. Cancer waiting times – two avoidable half breaches were recorded, although both incidents were due to a clinical emphasis: a clinician had requested a specific Chemo start date, and approval of a Chemo regimen was required. e. SL provided an overview of the Quality Section of the Report. Sepsis – this continues to be a challenge for the Trust, with the June figure at 96.7% against a target of 100%. H-O compliance was 89% (8 out of 9 patients) and an RCA is being undertaken to identify the reasons for the delay. Going forward, the Critical Care Outreach Nurse will focus on addressing this issue and will have oversight of all cases. Responsibility will remain with the teams to ensure that patients receive IV antibiotics within an hour. There is assurance that there is limited patient safety risk and that the issue relates mainly to recording of data and the need to ensure that evidence is recorded appropriately. f. C. Difficile infections – Of the three CCC attributable cases to date, one Haemato-Oncology case has been identified as a lapse in care following the routine internal and commissioners' review process. This was due to a delay in the collection of the specimen, which resulted in a delay of treatment, and further details were provided. The aim of the Trust is to have no C. Difficile attributable cases and, therefore, every opportunity needs to be taken to ensure that the Trust is doing all that it can to address the issue. g. JSh provided an overview of the workforce section. Staffing fill rates – the day Nursing and Care Staff rates are marginally below the target of 90%, at 86% and 89% respectively, for June 2019, although the overall Trust figure is above target at 92%. It is anticipated that the position will improve following the commencement of the NHS Providers service in October 2019, implementation of the Nursing workforce recruitment and retention strategy, and the appointment of 34 third year student nurses, who are due to qualify between September 2019 and March 2020. The national fill rate level for nursing is generally 1/8 and is based on bed occupancy, although the Trust normally operates at 1/6 or 1/5, dependent on patient acuity. The Safer Staffing Tool is due to launch across the Trust in the near future and this will help to understand the type of patients being cared for and their acuity. h. Friends and Family test (FFT) response rates – the Trust has undertaken a benchmarking exercise against The Christie and Royal 	

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	<p>Marsden, who have a response rate of 30%. While the Trust had a response rate of 36 in June 2019, it continues to work toward achieving the internal stretch target of 30%.</p> <p>i. Study set up times – the resolution of an imaging issue has significantly reduced set up times to 135 days for 2018/19, from 198 days median for January to December 2018. The set up times will be reported on a monthly basis to allow changes to be identified in real time.</p> <p>j. Sickness Absence – the twelve month rolling sickness absence figure is 4.21%, with the June 2019 position continuing a downward trend, decreasing to 3.46% from 3.72% in May 2019.</p> <p>k. PADR Compliance – compliance for April is 57%, which is below the target of 95%, although this is anticipated during the PADR completion window of April to July. A new system has been implemented to provide a real-time assessment of the current position and, when the information was reviewed today, compliance is at 88%. Assurance has been provided by Directorates that all PADRs will be completed by the end of July 2019, with the exception of the Integrated Care Directorate and Haemato-Oncology, and plans are in place to address this by mid-August 2019. Consideration is being given to the timing of the 2020/21 PADR process, which is scheduled to occur during the Trust’s expansion in to CCC Liverpool.</p> <p>l. Staff Friends and Family Test – the figures recommending the Trust as a place to work are lower than the national figures, and this continues to be a concern. The Trust has implemented staff focus groups to better understand what is influencing the scores and to identify any staff concerns. The staff survey commencing in September 2019 will help to assess if the work currently being undertaken by the Trust is having a positive impact with staff.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • Noted Trust performance and associated actions for improvement, as at the end of June 2019. • Requested additional bench marking for bed occupancy for the next report. 	
P1/150/19	<p>Finance Report – Month 3</p> <p>JT provided an overview of the report, which presents the Trust’s financial performance for June 2019 (month 3). The report was discussed and the following points were highlighted:</p> <p>a. Agency costs have reduced the NHSI SoF score to 3, against a planned figure of 1. NHSI is aware of the overspend and the work the Trust is undertaking to address the issue and remain content with the actions the Trust is taking. NHSI is not currently considering a review of the Trust’s segmentation. Directorates have completed an agency spend forecast for 2019/20 and substantive recruitment to Clinical Oncology and Medical Oncology posts is anticipated to bring agency spend back on track.</p> <p>b. Cost Improvement Plan - 24%, or £427k, of the £1.8m plan has not yet been identified for the year, although this is not considered to be a significant risk due to the level of savings already achieved and profiling of ongoing CIP savings.</p> <p>c. Income & Expenditure Performance - work is ongoing to profile costs relating to the new hospital investment and transitional costs, and the Trust has started to put funding in to the budget for workforce and recruitment costs.</p>	

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	<p>d. The Trust's current over performance of drug expenditure is being monitored closely with NHS England.</p> <p>e. The Trust is currently undergoing a tender process for an External Audit provider, and this is being progressed through Audit Committee and Council of Governors.</p> <p>The Trust Board noted the contents of the report, with reference to:</p> <ul style="list-style-type: none"> • The financial risk rating of 3, which is below the plan of 1, due to agency expenditure; • Overachievement against the cumulative revenue control total; • Risks identified and potential mitigations. 	
P1/151/19	<p>Adult In-Patient Survey Report</p> <p>SL provided the background to the report, which is to inform the Board of the initial findings of the adult inpatient survey results 2018.</p> <p>The report was discussed and the following points were noted:</p> <p>a. The Trust has performed well when benchmarked against its peers and has placed in the top quartile. However, there are lessons to be learned and service improvement to be recognised in the feedback from patients.</p> <p>It has not been possible to have a direct comparison of the Trust with its peers, as the two organisations used for benchmarking purposes also undertake patient surgery. While the Trust scores lower than its peers, it scores higher than the national average.</p> <p>b. The survey findings and action plan will be managed through the new Patient Experience and Inclusion Group, and progress will be reported through the Integrated Governance Committee.</p> <p>c. The survey results have been shared with the Communications Team, who will be asked to undertake a comparison of Trusts across Cheshire and Merseyside, to obtain a local area view of the results.</p> <p>d. The full results of the survey will be shared with Matrons and an action plan for improvement will be developed with Directorate teams. However, the next survey is scheduled to commence in August 2019 and it will not be possible to implement the action plan before this.</p> <p>e. Communication of the survey results to staff will be important and will provide assurance that the Trust is delivering safe care to patients.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • Noted the contents of the report. • Requested consideration that a junior doctor attend the patient experience group. 	
P1/152/19	<p>Risk Management Annual Report 2018/19</p> <p>SL provided the background to the report, which details the annual review of incidents, serious incidents, externally reported incidents, claims, risk register, inquests and safety alerts.</p> <p>The report was discussed and the following points were highlighted:</p> <p>a. Externally reported incidents – incidents are reviewed throughout the year and are discussed each month at the Quality Committee. There is confidence that the floor to Board process, in terms of lessons learned, has been strengthened and the Lessons Learned Bulletin provides assurance that the Trust is learning for the reported incidents.</p> <p>b. Health and Safety incidents – the number of violence/verbal incidents has increased significantly and it was identified that the narrative does</p>	

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	<p>not provide assurance on the impact this may have on staff. It was noted that one patient had been responsible for a number of incidents and that this had been escalated and appropriately addressed. However, it was acknowledged that staff tend not to report this type of incident, as they often make allowances for the patient's physical and emotional condition, and the narrative within the report will be amended to reflect this position more specifically. It was also acknowledged that changing staff culture to challenge inappropriate behaviour would not be easy to achieve.</p> <p>This issue will continue to be monitored by the local Security Officer and reviewed by the Health and Safety Committee.</p> <p>c. It was agreed that the wording within the Serious Incidents Learning table will be amended for both cases where it is recorded that the patient died but there was no harm as a result of the incident.</p> <p>d. Amendments will be made to details which may allow patients to be identified.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • Approved the Risk Management Annual Report 2018/19, subject to the identified amendments. 	
P1/153/19	<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. Internal Audit Consultant Job Planning Final Report – a Limited Assurance rating was received for the final report, with one high and two medium risks noted. The Committee was keen to understand what caused the delay between the draft document being circulated and the final draft being presented, and what actions had been agreed for progression. The Medical Director and Head of Medical Workforce attended at Audit Committee on 17 July 2019 to provide clarity on both of these issues.</p> <p>b. Internal Audit Follow Up Report Complaints and PALS – significant progress has been made on the implementation of agreed actions, with all but one action now complete.</p> <p>c. Internal Audit Follow Up Report Research Funding – all actions have now been implemented, which has resulted in an improvement in assurance level from Limited to Substantial.</p> <p>d. Revised Audit Tracker - due to the amount of work required to ensure the document is fit for purpose, the tracker will now be presented at September 2019 Audit Committee.</p> <p>e. 2018/19 Annual Accounts Lessons Learnt – an action plan has been developed to deliver an improved process for the 2019/20 submission of the accounts.</p> <p>f. Risk Escalation Process – due to the work to be undertaken to ensure the risk register and BAF are fit for purpose, they will now be presented at September 2019 Audit Committee.</p> <p>g. External Audit Tender Process – the process is underway to appoint an External Auditor from 1 October 2019. A Governor/NED focus group has been established to take this work forward.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • Noted the contents of the report. 	

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P1/154/19	<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"> TCC Programme – The Committee considered the potential impact of the delay to RLBHHT and H-O integration, caused by the challenges of the RLBHHT new build project. Agency Costs – Directorate forecasts were discussed and it was noted that some of the forecasts seemed ambitious and optimistic. PropCare Performance Report – the levels of compliance for Hard FM continue to improve, although there is further work to be done. Critical Infrastructure Incident – A concern was raised in relation to the lack of business continuity within the Trust and a request has been made for this to be added to the Risk Register. <p>The Trust Board:</p> <ul style="list-style-type: none"> Noted the contents of the report. 	
P1/155/19	<p>Quality Committee Chairs Report</p> <p>MB provided an overview of the report and items not previously discussed within the agenda were discussed and highlighted as follows:</p> <ol style="list-style-type: none"> Haemato-Oncology – the sustainability of the Southport service is an ongoing concern. A temporary locum is in place and a meeting was held with Commissioners and key stakeholders on 23 July 2019, to review the future of H-O services across the region, as a whole. The meeting was very productive and discussions have taken place in relation to a local review of the service being undertaken, and a working group will meet monthly to progress this. A locum will be in place at Aintree from September 2019, who will be involved in weekly meetings to review patients and mitigate risks to patient safety. It was noted that there are seven H-O vacancies across Cheshire and Merseyside. Employee Relations target – the Trust is breaching the target in relation to timescales for investigations and work is being undertaken to identify why the breaches are occurring and to review investigation resources and capacity. Work is also underway to recruit additional senior managers for the investigation resource pool. Staff Friends and Family Test – the figures recommending the Trust as a place to work are lower than the national figures, and this continues to be a concern. The Trust has implemented staff focus groups to better understand what is influencing the scores and to identify any staff concerns. The staff survey commencing in September 2019 will help to assess if the work currently being undertaken by the Trust is having a positive impact with staff. Nitrous gases - Wirral University Teaching Hospital has experienced the theft of a number of nitrous oxide canisters. A risk assessment has been undertaken at CCC Wirral and assurance has been provided in relation to the security of the Trust's storage facility. <p>The Trust Board:</p> <ul style="list-style-type: none"> Noted the contents of the report. 	
Corporate Matters		
P1/156/19	<p>Board and Board Committee Terms of Reference – for approval</p> <p><u>Audit Committee</u></p> <p>The Trust Board:</p> <ul style="list-style-type: none"> Approved the Audit Committee Terms of Reference. 	

Item No.	Item	Action
P1/157/19	<p>Conflict of Interests Policy – for approval AW provided an overview of the policy, which has been presented at Audit Committee and is recommended to Trust Board for final approval.</p> <p>The policy was discussed and the following points were noted:</p> <ol style="list-style-type: none"> The revised policy is now in line with national guidance. The policy will be reviewed every 3 years, or if the national guidance is amended. The Trust will support a 'Nil' return for Declarations of Interest, for all staff. <p>The Trust Board:</p> <ul style="list-style-type: none"> Approved the Conflicts of Interest Policy. 	
P1/158/19	<p>Board development AW provided the background to the paper, which sets out a proposal for Board development at the Trust Board meeting on 30 October 2019.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> Approved the proposal for the Board development session on 30 October 2019. 	
P1/159/19	<p>Liaison with Governors SS provided an update and the following points were noted:</p> <ol style="list-style-type: none"> The Council of Governors meeting took place on 22 July 2019 and the number of Non-Executive Directors and Executive Directors in attendance was very positive. A proposal was tabled that the CoG meeting is moved from an evening session to a timeslot during the day, and no objections were noted. Following the next meeting in November 2019, the situation will be reviewed to determine whether there is an interest in retaining the daytime meeting. A rolling programme of Governor development was presented at the July Council <p>The Trust Board:</p> <ul style="list-style-type: none"> Noted the contents of the update. 	
P1/160/19	<p>Board Meeting (including quality content)</p> <p>Junior Doctors</p> <ol style="list-style-type: none"> An action plan will be developed to address the issues raised during the presentation, and an update will be provided at the September 2019 Trust Board meeting. Consideration will be given to how feedback can be provided to consultants, as this is key for the organisation and it is important that this is supported by the Trust. There are options for this to be undertaken at the Medical Advisory Committee, or for Executive Directors to undertake this on behalf of Junior Doctors. 	<p>SK</p> <p>SK</p>
P1/161/19	<p>Any Other Business There was no other business to discuss.</p>	

Item No.	Item	Action
	<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 13:05pm</p>	
	<p>Date of Next Meeting: 25 September 2019, 9:30am, JKD Conference Room</p>	

Signed: Kathy Doran, Trust Chair

Date:

DRAFT