

The Clatterbridge Cancer Centre NHS Foundation Trust

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

**Wednesday 25 September 2019 at 9:30am
JKD Conference Room**

Present:

Kathy Doran	Trust Chair
Alison Hastings	Non-Executive Director
Mark Baker	Non-Executive Director
Mark Tattersall	Non-Executive Director
David Teale	Non-Executive Director
Geoff Broadhead	Non-Executive Director
Elkan Abrahamson	Non-Executive Director
Liz Bishop	Chief Executive Officer
James Thomson	Director of Finance
Jayne Shaw	Director of Workforce & OD
Joan Spencer	Interim Director of Operations
Sheila Lloyd	Director of Nursing & Quality
Sheena Khanduri	Medical Director

In Attendance:

Jane Wilkinson	Governor
Angela Wendzicha	Associate Director of Corporate Governance
Mike Varey	RCN Staffside
(Item P1/166/19) Karen Kay	Deputy Director Nursing
(Item P1/148/19) Tom Pharaoh	Associate Director of Strategy
Clare Jones	Governance (Secretary)

Observers:

Terry Jones	Non-Executive Director
Joanne McCaughey	Deputy Chief Pharmacist

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Opening Matters		
P1/162/19	<p>Chair Welcome and Note of Apologies</p> <p>The Chair welcomed everyone to the meeting and introduced Terry Jones, the new Non-Executive Director replacing Mark Baker on the Trust Board.</p> <p>Apologies were noted on behalf of Stephen Sanderson.</p>	
P1/163/19	<p>Declaration of Board Members' and other attendees interests concerning agenda items</p> <p>Declarations of interests were received from the following:</p> <ul style="list-style-type: none"> • 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 	
P1/164/19	<p>Minutes of Previous Meetings:</p> <ul style="list-style-type: none"> • <u>24 July 2019</u> <p>Page 1 – In Attendance – Mike Varey to be included as attending. Page 11 – P1/153/19.a, line 5 – ‘...final draft...’ to be amended to ‘...final report...’</p>	

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	Page 13 – P1/157/19.c – to be amended to ‘... ‘Nil’ return for Declarations of Interest, for all appropriate staff.’	
P1/165/19	<p>Matters Arising</p> <ul style="list-style-type: none"> • P1/012/19 - Integrated Performance Report – It was noted that, following an update to Digital Board, it is unlikely that the refreshed data process will be available prior to Spring 2020. • P1/145/19 - Digital Infrastructure and Cloud Options Appraisal – the appraisal has been approved at Digital Board and will be presented to Trust Board in October 2019. 	
P1/166/19	<p>Patient Story</p> <p>The patient story was introduced by Karen Kay, and was provided by BD and MD. The Chair thanked them for attending and sharing their powerful story.</p> <p>Several particular aspects of the patient journey were discussed further, which included: more promotion of the Maggie’s Centre; the work being undertaken by the early diagnosis support workers and dieticians; providing earlier assessments for venous access; access to the Dentist prior to surgery or treatment commencing; and what additional support could be provided by the Trust to advise friends and family on what they should consider while the patient is receiving treatment.</p> <p>The Chair thanked SL and KK for organising the patient story, noting that a letter will be sent to BD for sharing her story at Trust Board.</p> <p>It was noted that there had recently been some controversy in the media with regard to the ringing of the bell by patients, following the completion of their treatment, and further details were provided. There are arguments both for and against the practice, and the practice at the Trust is to let the patient decide whether they wish to ‘ring the bell’, as this is a very personal decision.</p> <p>Trust Board:</p> <ul style="list-style-type: none"> • Noted the patient story; • Noted that the action plan being developed by KK will be presented at the Patient Experience and Involvement Committee; 	
P1/167/19	<p>Chair’s Report</p> <p>The Chair has attended at a number of meetings, and undertaken a number of visits as a part of the induction to the Trust, and have included the Marina Dalglish Unit, Cheshire & Mersey Cancer Alliance, Town Hall events and visits to a number of corporate areas.</p> <p>External meetings have also taken place with Dame Janet Beer, Vice Chancellor of Liverpool University, and Sue Musson, the new Chair of Liverpool University Hospitals FT, who will be in post from 1 October 2019. Both meetings were positive and underlined the importance of the relationship between the organisations.</p> <p>The Chair and CEO met with the North West Cancer Research Centre. It was acknowledged that, historically, the relationship between both organisations had sometimes been challenging. However, both</p>	

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	<p>organisations have committed to working in partnership and to consider how future joint working can be taken forward.</p> <p>The Cheshire and Merseyside Health and Care Partnership are currently recruiting an independent Chair, with interviews scheduled to take place on 25 October 2019. The Chief Executive support for the Partnerships is provided by Mel Pickup, who is leaving the role in November 2019, and therefore recruitment for this post will also commence shortly.</p> <p>The Chair attended the Specialist Trusts Chairs and NEDs meeting, which meets on a quarterly basis. This meeting is important to exploring partnership working across wider footprints and to discuss potential opportunities for the future.</p> <p>Trust Board:</p> <ul style="list-style-type: none"> • Noted the update. 	
P1/168/19	<p>Chief Executive's Report</p> <p>As a part of the strengthening of the Trust's corporate governance, 50 staff members, including executives, took part in Risk Management training on 18 September 2019, and additional sessions have been arranged for October 2019.</p> <p>Communications and engagement around the expansion to the new hospital have been increased, and all stakeholders have been provided with an update on the current status of the move.</p> <p>There is continuing media interest in the Eye Proton Service. External experts have attended at the Trust to review the equipment and provide expert advice on potential solutions for the service, and feedback is expected to be available shortly.</p> <p>The Trust has seen an increase in its responsibilities in relation to the Cancer Alliance, as there is an expectation that the Trust will have greater responsibility and accountability in relation to the earlier part of the Cancer pathway, and further details were provided.</p> <p>Trust Board:</p> <ul style="list-style-type: none"> • Noted the contents of the update. 	
Strategy Updates		
P1/169/19	<p>Progress against Workforce and Organisational Development Strategy</p> <p>JSh provided the background to the presentation, which provides an update on the Trust's current workforce provision. The report was discussed and the following points were highlighted:</p> <ol style="list-style-type: none"> Overall, the morale of the organisation is mixed. The response rates of the Staff Friends and Family Test in Quarter 1 results show improvement, and the scores relating to staff recommending the Trust as a place to work have increased to 66%, from 54%. Many staff are positive about the expansion to CCC-L and are eager to move, while other staff remain resistant, which is mainly due to the personal impact the move will have, i.e. travel, parking, childcare, etc. However, the Trust will be working with an outside agency to develop personal move plans for staff, to support them to prepare for the move to CCC-L. Site visits to CCC-L are proving very popular and staff are encouraged to take pictures and videos, to share with colleagues. There is also an increased focus on communications to improve staff engagement. 	

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	<p>b. Due to the amount of work currently being undertaken, there is limited capacity for change and the current position at CCC-L for unit leaders is continuity over opportunity, to allow as smooth a transition to the new hospital as possible. However, the development of new posts, and staff turnover, will be used as an opportunity to develop further leadership posts at the Trust, and ensure that potential leaders have the training and support they need to be the best leaders they can be.</p> <p>c. Work is ongoing to ensure that additional workforce requests are appropriate and necessary, as there is a limit to the funding available for workforce costs. Each request will be scrutinised to ensure the posts relate to Safe Day One. However, if a business case identifies that it can support itself, this will also be considered. Future workforce requests will be discussed at the Workforce for the Future Board, in addition to Trust Executive Group and TCC Board. The Trust is also developing a Phase 2 for future workforce requirements, which will be implemented once Phase 1, the move to CCC-L, is complete.</p> <p>d. The additional workforce requirement for CCC-L will be undertaken on a phased recruitment process, some of which has been implemented ahead of schedule to ensure staff receive any required training prior to Safe Day One. A review of staffing levels for CCC-L will be undertaken prior to Christmas 2019, to assess the position and to identify any potential gaps in staffing. It is anticipated that any challenges will be in relation to nursing posts. Recruitment is actively being undertaken to fill these posts, without unbalancing other organisations in the region.</p> <p>e. An additional pressure has been identified in relation to the Consultant workforce, and the Trust has applied to Health Education England - North West for 4 GP Trainees. The application has been accepted and the GP Trainees will join the Trust early in 2020.</p> <p>Trust Board:</p> <ul style="list-style-type: none"> • Noted the update; • Agreed that further workforce detail will be provided to November 2019 Trust Board, as part of the TCC Report. 	<p>JSh</p>
For Approval		
<p>P1/170/19</p>	<p>Clinical Quality Strategy 2019-21</p> <p>SL provided the background to the Strategy, which supports the Trust's strategic priorities, vision and values, and which will help the Trust deliver high quality care for patients and service users over the next 3 years.</p> <p>The report was discussed and the following points were noted:</p> <p>a. The accountability, governance, monitoring and reporting of delivery of the Strategy, and escalation of issues, will be reported to Quality Committee, through monthly updates to the Integrated Governance Committee.</p> <p>b. The Strategy has been presented to Quality Committee twice, and requested changes to make the document more patient focussed, and more measurable, have been made. Minor amendments have been identified to some figures within the report, and these are to be made prior to publication on the Trust's website.</p> <p>Trust Board:</p> <ul style="list-style-type: none"> • Approved the Clinical Quality Strategy 2019-21, subject to the identified amendments. 	<p>SL</p>

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P1/171/19	<p>Safeguarding Annual Report 2018/19</p> <p>SL provided the background to the report, which provides a summary of the key issues, activity and performance of the Safeguarding Team and wider Trust during 2018/19 and assurance that CCC is fulfilling its statutory regulatory and contractual responsibilities.</p> <p>The report was discussed and the following points were highlighted:</p> <ol style="list-style-type: none"> The Trust remains a relatively low reporter of safeguarding incidents. However, it was noted that reporting has improved, although the incidents being seen by the Safeguarding Team are not necessarily related to safeguarding issues. Safeguarding training is being undertaken with staff, to help them be clearer on which issues should be reported as safeguarding issues. The Trust Non-Executive Director (NED) nominated as NED Safeguarding Champion is Mark Baker. It will be necessary to identify a new Champion following mark's departure. However, greater clarity on NED Champion roles is required. <p>Action: An update is to be provided to November 2019 Trust Board.</p> <p>Trust Board:</p> <ul style="list-style-type: none"> Noted the contents contained within the Annual Report Noted the summary of key achievements during 2018/19 Noted the priorities and future developments for 2019/2020 Noted the assurance that delivery of the Trusts safeguarding agenda will be provided to the Board of Directors via Trusts Safeguarding, Quality and Integrated Governance Committees 	AW/KD/ NEDs
P1/172/19	<p>Health and Safety Annual Report</p> <p>SL provided the background to the report, which details Trust performance for 2018/19 and is a retrospective look at what has been achieved and covered across the Trust, and identifies the positive steps made to support staff and patient welfare.</p> <p>The report was discussed and the following points were noted:</p> <ol style="list-style-type: none"> The role of Non-Executive Director for Security (NED) identified within the paper will be considered as part of the wider review of NED Champion roles. <p>Action: Review of NED for Security to be included as part of wider review.</p> <ol style="list-style-type: none"> Management of Actual or Potential Aggression (MAPA) – this training did commence at the Trust. However, it has since been decided that Conflict Resolution training is more suitable for the Trust and therefore the MAPA training is no longer undertaken. <p>Trust Board:</p> <ul style="list-style-type: none"> Approved the Health and Safety Annual Report, subject to the identified amendments. 	AW/KD/ NEDs
P1/173/19	<p>Emergency Planning – Core Standards Assurance</p> <p>SL provided the background to the report to be considered, which provides the annual Board assurance on Emergency Preparedness, Resilience & Response. The Trust is compliant (Green) for 53 of the 55 Standards, and further details were provided.</p> <p>The Deep Dive requested by NHS England for this year identifies a separate plan relating to Extreme Weather, which is not part of Core Standards. Following assessment, the Trust has 1 area of non-compliance (Red) relating to supplier assessment. At present, the Trust does not have</p>	

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	<p>assurance from suppliers that they have a business continuity plan in place in the event of adverse weather. However, the Trust has never experienced supply issues with Providers and plans are in place for the criteria to be included in the revised supplier assurance questions, within contracts.</p> <p>Trust Board discussed the report and the following points were noted:</p> <ol style="list-style-type: none"> a. External assurance and scrutiny of the Trust's emergency planning is provided by the multi-organisational Cheshire and Merseyside Emergency Planning Group, which considers all submissions to ensure all plans across the region are fit for purpose. b. The desktop exercise scheduled for 1 October 2019 will be held in the back-up Control Room location. c. Following a recent incident involving the IT servers, which was caused due to the failure of air conditioning units, it was identified that a review of the business continuity plans would be undertaken. The Associate Director of Improvement has reviewed the business continuity plans in place and training is being provided to ensure staff are aware of, and are adhering to, Trust policies. d. Following the learning from the recent incident, a daily incidents call has been implemented, which reviews all incidents recorded across the Trust within the previous 24 hours. This has made a significant difference to the organisation and the majority of arising issues are addressed almost immediately and staff are very positive around the new process. <p>It was noted that the way the information was presented within the self-assessment tool did not provide clear evidence against the standards, as it would be anticipated that supporting evidence would be included within the appropriate column, and this was discussed further. Discussion also took place in relation to the possibility of requesting peer review by the Ambulance Service, given the extensive experience that they could share in relation to business continuity plans and emergency planning.</p> <p>Action: It was agreed that further evidence would be included within the self-assessment, including an example of the evidence gained following the recent IT incident, with greater clarity on where work is not yet complete and is still in progress.</p> <p>Action: The updated self-assessment will be shared with Trust Board members for review and sign-off, prior to submission on 1 October 2019.</p> <p>Post Meeting Note: Following the requested amendments, the self-assessment was circulated virtually to Board members, who were subsequently content to approve the document.</p>	<p>SL</p> <p>SL</p>
<p>P1/174/19</p>	<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> <p>The plan was discussed and the following points were highlighted:</p> <ol style="list-style-type: none"> a. Radiologist Workforce – the Directorate requires support to build capacity within the workforce, going forward, and this is being provided by PMO. b. A quality contract meeting took place with Commissioners on 24 September 2019, and positive feedback has been provided on the way the Trust is progressing. 	

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	<p>c. A telephone call was received from CQC on 20 September 2019, to inform the Trust that a letter from a whistle-blower had been received, and further details were provided. The letter has been shared with the Trust and further information has been requested by CQC in relation to this issue, which was returned to CQC on 23 September 2019 with the Trust's response.</p> <p>It was noted that it is disappointing that staff feel they cannot directly raise issues internally, or through Freedom to Speak Up or other routes, but have instead approached the CQC with an issue that the Trust can show is not actually an area of concern.</p> <p>Staff also have the opportunity to raise questions anonymously at Town Hall events, for example, there was a question raised about the appointment of non-clinical staff. The Trust recognises that patients attending for treatment have additional issues to their cancer diagnosis, which has resulted in the recent appointment of a number of staff with mental health training to support this aspect of patient care.</p> <p>It was identified that, over recent weeks, there have been a few days where staffing levels on wards have been challenging, and staff have felt under pressure due to the complexity of patients being cared for, and these challenges are identified within the IPR. Escalation plans are in place for such events and are managed with support from across the Trust.</p> <p>The National Guardian Office will launch its Freedom to Speak Up week in October 2019, and the Trust will be holding its awareness week during week commencing 21 October 2019. Work will be undertaken to promote awareness of the service with staff and to provide details of all escalation routes available within the Trust. It is important that communication to staff is ongoing and clearly addresses concerns being expressed in relation to workforce issues, staff skill and experience mix, etc.</p> <p>Trust Board:</p> <ul style="list-style-type: none"> • Noted the contents of the Plan; • Discussed the details of the whistleblowing incident. 	
P1/175/19	<p>TCC Programme Update</p> <p>TP provided an overview of the report, which provides a summary 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"> a. Following earlier discussion of the progress against the Workforce and Organisational Development Strategy, it was agreed that further workforce detail will be provided to November 2019 Trust Board, as part of the TCC Report. b. The Northern England Clinical Senate will visit the Trust on 2nd October 2019, to provide advice on the options of the timing for the move of Haemato-Oncology inpatients to CCC-L. The report is expected to be received during October 2019 and will then be presented at Trust Board in November 2019, with a recommendation on when the move of inpatients should take place. <p>Trust Board:</p> <ul style="list-style-type: none"> • Noted the contents of the report. 	

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P1/176/19	<p>Integrated Performance Exception Report - Month 4&5</p> <p>JSp provided an overview of the report, which gives an update on performance for month five (August 2019).</p> <p>The report was discussed and the following points were noted:</p> <ol style="list-style-type: none"> a. Bed occupancy – during July and August, bed occupancy at CCC-W has remained below target. General Managers have reviewed the data, which is not dissimilar to the same period in 2018 and is likely seasonal. However, there has been a significant change to bed occupancy during the first week in September, where bed occupancy has risen above 100% on several occasions, although this has been resolved each time and no patient has missed treatment. This data will be highlighted within future reports. b. Radiology Reporting for both inpatients and outpatients remains challenging for the Trust, and 3 incidents have been reported when patients have attended appointments and scan reports were not available. Action by staff enabled 2 of the 3 patients to be seen on the same day, although the third patient was required to attend a new appointment the following week. The Performance Committee has requested that a more detailed report on this issue is provided for the October 2019 meeting. <p>It was noted that, with regard to Head and Neck, the Cancer Alliance has commissioned Aintree University Hospital (AUT) to host and address this issue for the region, and further details were provided.</p> <p>Action: It was agreed that LB will approach the Cancer Alliance to request a report on the progress of the regional work being undertaken by AUT.</p> <p>It was noted that there are currently challenges with Liverpool Clinical Laboratories, due to their plans to appoint academic posts.</p> <p>It was acknowledged that Radiology Reporting is a national issue and work will be ongoing to address this challenge.</p> <p>Trust Board:</p> <ul style="list-style-type: none"> • Noted the contents of the report. 	LB
P1/177/19	<p>Finance Report – Month 5</p> <p>JT provided an overview of the report, which presents the Trust’s financial performance for two months ending August 2019. The report was discussed and the following points were highlighted:</p> <ol style="list-style-type: none"> a. Grant Thornton, the external auditor for the Trust, is contracted until 1 October 2019, although discussions are underway to extend the contract for a limited time, until a new external auditor can be appointed. However, it was identified that, should a new external auditor be appointed following a three month extension with Grant Thornton, it will prove challenging to produce the Trust’s Annual Report and Accounts. It was noted that there is no need for the Trust to re-tender for the position and a direct award can be made, and further details were provided. b. It was noted that the report shows a sharp downturn in running costs. However there appears to be a discrepancy with the figure for the underlying pay variance excluding hosted services, although the figures at Appendix A do support the figures in paragraph 4.3.1. <p>Action: JT will provide clarity around the pay rate discrepancy at paragraph 4.3.1.</p> <p>Trust Board:</p> <ul style="list-style-type: none"> • Noted the contents of the report. 	JT

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P1/178/19	<p>Audit Committee Chairs Report MT provided an overview of the report, which was noted and discussed.</p> <p>Trust Board:</p> <ul style="list-style-type: none"> • Noted the contents of the report. 	
P1/179/19	<p>Performance Committee Chairs Report DT provided an overview of the report, which was discussed and the following point was noted:</p> <p>a. The PropCare update to the committee noted patient feedback in relation to concerns in relation to the quality of food provided to patients. The Trust has been working to address the issue following earlier concerns being reported, and arising issues are now being triangulated through the governance structure. However, this report had not been previously identified to any other Committee and work will be undertaken to ensure that similar issues are reported to the Patient Experience and Involvement Group, which will then escalate any issues through the Integrated Governance Committee and the Quality governance structure.</p> <p>Trust Board:</p> <ul style="list-style-type: none"> • Noted the contents of the report. 	
P1/180/19	<p>Quality Committee Chairs Report MB provided an overview of the report, which was discussed and the following points were noted:</p> <p>a. It was identified at the Annual Radiation Safety Committee that not all staff were syncing, or appropriately recording, their radiation monitoring device. This has been addressed and staff have been reminded of their responsibility to ensure that this requirement is met.</p> <p>b. A daily incidents call has been instigated at the Trust, which provides details of all incidents reported across the Trust within the previous 24 hours. Feedback from the 70 staff that regularly dial-in has been very positive and the number of staff involved continues to grow. Any incidents which require further attention are reviewed at a weekly meeting with the Medical Director and Director of Nursing and Quality.</p> <p>Trust Board:</p> <ul style="list-style-type: none"> • Noted the contents of the report. 	
P1/181/19	<p>Charitable Funds Chair's Report AH provided an overview of the report, which was discussed and the following point was noted:</p> <p>a. The Annual Ball will take place on 11 October 2019 and the number of attendees is very good. However, a plea was made for additional Tombola prizes, to increase the number of prizes available.</p> <p>Trust Board:</p> <ul style="list-style-type: none"> • Noted the contents of the report. 	
P1/182/19	<p>Interpreting Services and Service Quality for Deaf Patients SL provided the background to the paper, which provides an update on the Trust's response to Jan Leward, Chief Officer NHS Liverpool CCG, in relation to CCC's progress follow a stakeholder event with the D/deaf* community in May 2018. The collated responses from all Trusts will be</p>	

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	<p>presented by Jan Leward in the public section of NHS Liverpool CCG Governing Body meeting in September 19.</p> <p>Trust Board:</p> <ul style="list-style-type: none"> • Noted the contents of the report. 	
P1/183/19	<p>Junior Doctors Action Log</p> <p>AW provided the background to the action log, which had been created following a number of issues raised during the Junior Doctors presentation to Trust Board in June 2019.</p> <p>The action log was discussed and details were provided on the actions taken to address the issues highlighted. The following points were noted:</p> <ol style="list-style-type: none"> All estates issues have been addressed. Outstanding issues will be progressed through the Workforce, Education and Organisational Development Committee. The Junior Doctors Forum has been refreshed and strengthened, and a general improvement in the morale of Junior Doctors has been noted. <p>Action: An update report will be provided to the January 2020 Trust Board.</p> <p>Trust Board:</p> <ul style="list-style-type: none"> • Noted the contents of the action log. 	AW
P1/184/19	<p>Caldicott Guardian Annual Report</p> <p>SK provided a summary of the report and the work she has undertaken on behalf of the Trust from March 2018 to April 2019.</p> <p>The report was discussed and the Chair noted the dual assurance provided by the report and the Substantial Assurance provided through the MIAA annual review.</p> <p>Trust Board:</p> <ul style="list-style-type: none"> • Noted the contents of the report. 	
P1/185/19	<p>Guardian of Safe Working Report</p> <p>SK provided the background to the report, which confirmed that, for this quarter, the working hours of ward-based doctors in training and Oncology Trainee doctors were compliant with both the 2002 and 2016 contracts.</p> <p>The report was discussed and the following points were noted:</p> <ol style="list-style-type: none"> All Junior GP Trainees are on the General Medicine Locum bookings, which is separate to those of Clinical and Medical Oncology, and further details were provided. It is anticipated that the 4 additional GP Trainees scheduled to join the Trust in early 2020 will, in part, address the number of locum bookings required. <p>Trust Board:</p> <ul style="list-style-type: none"> • Noted the contents of the report. 	
P1/186/19	<p>Liverpool Health Partners Update</p> <p>LB provided an update in relation to the Liverpool Health Partners, which aims to become an Academic Health Science Centre, bringing together hospitals and academic institutions in Liverpool. The update was discussed and the following points were highlighted:</p> <ol style="list-style-type: none"> The proposal is to extend the tenure of memberships from 1 year to 5 years, in principle, subject to transparent financial detail being 	

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	<p>available, and to consider the inclusion of other partners extending out as far as Warrington.</p> <p>b. Discussion has also taken place in relationships supporting LHP's bid to become a Biomedical Research Centre (BRC), although the theme of the submission has yet to be determined. One proposed theme is antimicrobial research, with the possibility of a cancer theme being considered for the second round of bids.</p> <p>Trust Board:</p> <ul style="list-style-type: none"> • Noted the contents of the report. 	
P1/187/19	<p>Workforce Race Equality Standard 2 (WRES2) JSh provided the background to the WRES2 and WDES papers, which are mandatory standard required by NHS England.</p> <p>The WRES2 monitors the Trust's workforce race data and action plans to demonstrate the Trust's commitment to Equality, Diversity & Inclusion for all.</p> <p>The WDES monitors workforce disability data and action plans to demonstrate the Trust's commitment to Equality, Diversity & Inclusion for all.</p> <p>Action plans for both documents have been developed in conjunction with the Quality Steering Group. Both documents require approval by the Workforce, Education and OD Committee, Quality Committee and Trust Board and must be published on the Trust Webpage no later than 30th September 2019.</p> <p>Trust Board:</p> <ul style="list-style-type: none"> • Approved both documents for publication on the Trust's website, subject to the identified amendments to the date. 	JSh
P1/188/19	<p>Workforce Disability Equality Standard (WDES) This item was discussed under agenda item P1/187/19.</p>	
Corporate Governance		
P1/189/19	<p>Board and Board Committee Terms of Reference – for approval</p> <p>Charitable Funds Committee ToR The Committee ToR was reviewed.</p> <p>Trust Board:</p> <ul style="list-style-type: none"> • Approved the Charitable Funds Committee Terms of Reference. 	
P1/190/19	<p>Use of the Trust Seal AW provided the background to the paper, which outlined the occasions when the Seal had been applied.</p> <p>Trust Board:</p> <ul style="list-style-type: none"> • Noted the contents of the report. 	
P1/191/19	<p>Register of Tender Waivers The register was presented and reviewed by Trust Board.</p> <p>Trust Board:</p> <ul style="list-style-type: none"> • Noted the contents of the report. 	

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P1/192/19	<p>Risk Management:</p> <ul style="list-style-type: none"> • Board Assurance Framework (BAF) – Quarter 1 <p>AW provided the background to the document, which shows the first draft of the revised BAF. The document was discussed and the following points were noted:</p> <ol style="list-style-type: none"> a. External support is being sought to assist with training, and the development of the document, and to ensure appropriate processes are in place to maintain it. b. The BAF is a work in progress and a number of the 25 risks are not clearly defined, as yet, and further detail is required in relation to mitigations, contingencies, etc. c. An update will be provided to the November 2019 Trust Board. <p>Trust Board:</p> <ul style="list-style-type: none"> • Noted the contents of the report. 	AW
P1/193/19	<p>Liaison with Governors</p> <p>JW noted that there were no issues to be raised.</p> <p>KD noted that an e-mail has been received from SS, noting that he is feeling better but is still unable to return to the Trust. However, SS did provide a picture and commentary on a meal he received while a patient at RLBUHT on the recent Bank Holiday, and this will be shared with SL.</p>	
P1/194/19	<p>Board Meeting (including quality content)</p> <p>The following points were noted:</p> <ol style="list-style-type: none"> a. EA noted that, as a new member of Trust Board, he was impressed with the amount of work being undertaken by the Trust. b. AH identified that there had been a number of pieces of statutory documentation addressed at today's meeting, but it felt that there was a lack of a substantive item for discussion. The Chair agreed but noted that, due to a no meeting being held in August 2019, and Board Development scheduled for the October 2019 meeting, time on the agenda was restricted and was focussed on mandatory business. c. The next Council of Governors meeting is scheduled for 7 November 2019, and 3 Governors are leaving the Trust and 8 new Governors are joining. 	
P1/195/19	<p>Any Other Business</p> <p>There was no other business raised.</p>	
	<p>End of Meeting held in Public:</p> <p>The Board resolved that in accordance with Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960, representatives of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudiced to the public interest.</p> <p>The meeting closed at 1.30pm</p>	
	<p>Date of Next Meeting: 27 November 2019, 11:15am, JKD</p>	

Signed:

Kathy Doran, Trust Chair

Date: