

The Clatterbridge Cancer Centre NHS Foundation Trust

BOARD OF DIRECTORS MEETING PART ONE – PUBLIC SESSION

**Wednesday 26 February 2020 at 10:00am
JKD Conference Room**

Present:	Kathy Doran (KD)	Trust Chair
	Alison Hastings (AH)	Non-Executive Director (Partial)
	Mark Tattersall (MT)	Non-Executive Director
	Liz Bishop (LB)	Chief Executive Officer
	James Thomson (JT)	Director of Finance
	Jayne Shaw (JSh)	Director of Workforce & OD
	Joan Spencer (JSp)	Interim Director of Operations
	Sarah Barr (SB)	Chief Information Officer
	Sheena Khanduri (SK)	Medical Director
In Attendance:	Jane Wilkinson (JW)	Lead Governor
	Angela Wendzicha (AW)	Associate Director of Corporate Governance
	Mike Varey (MV)	RCN Staffside
(Item P1/025/20)	Charlotte Joshua, Sarah Wallace & Megan Kneale	Cancer Support Workers - Staff Story
(Item P1/032/20)	Tom Pharaoh (TP)	Associate Director of Strategy
Observers:	Elaine Scott	NHS Providers

The Board took part in Board Level Safeguarding training carried out by Jackie Rooney and Clare James as part of role essential training prior to the Board meeting.

Item No.	Item	Action
	Opening Matters	
P1/21/20	Chair Welcome and Note of Apologies The Chair welcomed everyone to the meeting and noted that apologies have been received for Part 1 from Geoff Broadhead, Non-Executive Director.	
P1/22/20	Declaration of Board Members' and other attendees interests concerning agenda items Declarations of interests were received from the following: <ul style="list-style-type: none"> Mark Tattersall – Nominated Non-Executive Director for PropCare James Thomson – Executive Lead for PropCare and CPL Angela Wendzicha – Company Secretary for PropCare and CPL 	
P1/23/20	Minutes of Previous Meetings: The Board approved the minutes of the meeting held on 29 January 2020 subject to the following amendments:	

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	Sheila Lloyd and Elkan Abrahamson to be added as present at the Board. P1/15/20: SB to provide AW with additional wording for clarity on the Meditech issue.	SB
P1/24/20	<p>Matters Arising</p> <p>Actions were noted to be either completed, in progress or on the agenda. The following updates were provided as follows:</p> <p>P1/03/20: SL to provide a narrative for ref P1/203/19(b) – SL confirmed this is now complete.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Noted the updates provided 	
P1/25/20	<p>Staff Story</p> <p>Charlotte Joshua, Sarah Wallace and Megan Kneale, Cancer Support Workers attended Board and provided an overview of the service they provide highlighting and informing the Board of the following:</p> <ol style="list-style-type: none"> a) Cancer Support Workers provide a Holistic Needs Assessment for patients comprising support, advice, signposting and information. b) The team utilise a concerns checklist which is a Macmillan tool which enables patients to highlight any concerns they have c) Care plans are developed which may include information around additional support around managing side effects d) The team are currently allocated into different patient groups such as breast, head and neck and lung however haemato-oncology currently does not have access to the cancer support workers, nor do some patients in Runcorn have the same access to services as other areas. The Board discussed equity of access for patients and how important this is and LB agreed to pick this up with the Alliance. <p>Trust Board:</p> <ul style="list-style-type: none"> • Thanked the team for the very informative presentation and for their dedication to our patients through the work they do. 	LB
P1/26/20	<p>Chair's Report</p> <p>The Chair informed the Board that she had attended the North Mersey meeting of CCG and Provider Chairs which focused on the One Liverpool Plan noting that a copy of the Strategy has been circulated to the Board. Whilst we do not fit easily into any of the geographical/pace groupings, it is important that we remain represented across critical meetings.</p> <p>The Chair updated the Board on her recent meeting with the Chair of Liverpool Women's Hospital which included a visit to the gynae wards and it was good to hear that we have established a good working relationship in supporting the pathway for gynae patients in order to improve patient experience.</p> <p>Finally interviews have recently taken place for a Consultant in Palliative</p>	

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	<p>Care and an offer has been made; the Board will be updated in due course on the appointment</p> <p>Trust Board:</p> <ul style="list-style-type: none"> • Noted the Chair's update 	
P1/27/20	<p>Chief Executive's Report</p> <p>The CEO updated the Board on the appointment of Dr Jackie Bene as Chief Officer of the Cheshire and Mersey ICS from 1 May 2020 noting that Dr Bene has been both Medical Director and latterly Chief Executive of Bolton Hospital and will bring leadership to the ICS level which we welcome.</p> <p>The Board were notified that Emer Scott has been appointed as Interim Associate Director of Marketing and Communications and starts on 23 March 2020 It was noted that Emer has worked in this role previously and her return is welcomed.</p> <p>An additional appointment of Jon Hays as the new Managing Director of the Cheshire and Merseyside Cancer Alliance was welcomed and it was noted that Jon commences on 15 May although he is currently undertaking some work with Linda in making some critical appointments to the Alliance.</p> <p>The CEO confirmed the BBC programme 'Hospital' will feature the Trust during episode 8 in May.</p> <p>By way of a further update on the gynae pathway issues involving the Liverpool Women's Hospital, a meeting took place on Friday 21 February which included Liverpool University Hospital and Alder Hey in order to discuss the issues around the cancer pathways. A joint document has been produced which sets out the critical issues around capacity and the ongoing work required will be supported by the Alliance going forward and we are working together very well.</p> <p>An event has recently taken place at the new site with Roger Frost, Project Manager for the new build. The event was held for all the construction workers to emphasise the building has to remain on track for completion.</p> <p>The Board were further updated in relation to the very successful Legends Dinner held yesterday evening which had been coordinated by the Charity.</p> <p>Trust Board:</p> <ul style="list-style-type: none"> • Noted the contents of the update. 	
	Strategy Update	
P1/28/20	<p>Organisational Development Strategy Update – Year One</p> <p>JSh provided the Board with an overview of development to date against the Strategy, highlighting the following:</p> <p>a) Engagement: Much of the work has been focused around the expansion into Liverpool. There has been increased staff communication with an increase in staff focus groups which have included approximately 250 members of staff and have been</p>	

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	<p>received well.</p> <p>b) Leadership: Progress has been made and more recently new investment has been made in Steph Thomas as the new Head of Organisational Development. A leadership programme has been developed for middle management that includes approximately 80 members of staff.</p> <p>c) JSh further highlighted that in some areas less progress had been made than we would have wanted however the initial timeframes may have been ambitious and the lessons learnt exercise has noted that we should be realistic about what we can deliver.</p> <p>d) It was noted that the next steps are to refresh the Strategy to ensure it aligns with the final National People Plan.</p> <p>A query was raised by the Chair in terms of what does success look like and how will the Board know progress other than the updates? JSh confirmed that she is working with JSp and her team to review what would be appropriate to put into the Integrated Performance Report; there is the potential for indicators to be reported on a quarterly basis with the existing report.</p> <p>Trust Board:</p> <ul style="list-style-type: none"> • Noted and welcomed the update on progress. 	
Risk and Performance		
P1/29/20	<p>Integrated Performance Exception Report – Month 10</p> <p>JSp provided the Board with an overview of the report which provides the Board with the exception report relating to performance and quality for month 10, January 2020. It was further highlighted that both Quality Committee and Performance Committee receive and discuss the full reports.</p> <p>Operational Performance</p> <p>JSp highlighted the following to the Board:</p> <p>a) Performance against the 62 day cancer waiting times was down in January at 76.1% against a target of 85%.</p> <p>b) Radiology reporting, whilst showing an improvement in December reduced again in January due to a member of staff taking the statutory time off required prior to retire and return and not due to regular annual leave as described within the report.</p> <p>Quality</p> <p>SL provided an overview of the Quality section, highlighting the following to Board:</p> <p>a) Harm free care: two pressure ulcers identified on admission to the Trust, one being a category 2 and the other a category 4. The pressure ulcer graded category 4 has been referred via safeguarding as the patient was being cared for in the community.</p> <p>b) VTE risk assessment has not reached the target for the month with one patient not having the assessment completed within the timeframe.</p> <p>c) Friends and Family Test: the response for January has not met the target with 16.8% response rate against a target of 25%. SL highlighted to the Board that from April 2020 the national guidance is changing and the submission of a response rate is no longer</p>	

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	<p>required. A report will be presented at the Quality Committee in April detailing any impact the changes will have on the Trust.</p> <p>Workforce JSh provided an overview of the workforce section highlighting the following:</p> <ul style="list-style-type: none"> a) Sickness: There has been a slight increase with the in-month sickness absence and the top three reasons remain unchanged. b) PADR: PADR compliance is recorded below target at 92.5%; however, whilst the Board noted this was a good position to be in, JSh highlighted that the extended window for PADR compliance had impacted on the performance. All managers should ensure as many PADRs as possible are completed prior to the move. <p>Trust Board:</p> <ul style="list-style-type: none"> • Noted the report 	
P1/30/20	<p>Improvement and Assurance Plan – CQC SL introduced the update to the Board on progression against the ‘must do’ and ‘should do’ actions highlighting the following:</p> <ul style="list-style-type: none"> a) Majority of the actions are now complete and as such we will now move into the next phase of assessments and mock inspections going forward and a schedule will be published in the near future. b) The CQC have visited the Trust and carried out service reviews in imaging and chemotherapy. As part of the service reviews, Inspectors speak to staff, review the departments and lead focus group sessions. Although the Trust does not receive a written report following the service reviews, the verbal feedback has been very positive from both completed service reviews with the Inspectors sharing that they witnessed good multi-disciplinary working and that our staff go above and beyond for our patients. c) EA raised how the positive messages are going to reach the staff with SL confirming that a briefing will go out to all staff within the Trust. d) Insight Report: SL informed the Board that this section of the report will be removed as there is ongoing discussion with the analyst at the CQC in relation to the accuracy of the data. e) In light of the recent request to defer our Inspection due to the imminent move, the CQC have confirmed they will defer until autumn. <p>Trust Board:</p> <ul style="list-style-type: none"> • Noted the update to the report 	
P1/31/20	<p>Finance Report – Month 10 JT provided a summary of the report which presents the financial performance of the Trust for the month ending January 2020. The Board discussed the paper and the following points were highlighted:</p> <ul style="list-style-type: none"> a) Agency spend, although reduced due to an increase in recruitment, continues to impact on our oversight score. b) Income has over-achieved on plan as our levels of activity are increasing. c) Pay to date was under spent in year however we are continuing to employ at scale and therefore need to continue to observe this 	

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	<p>metric.</p> <p>d) Non-pay is again overspent and finance colleagues are currently working with IM&T to understand this better.</p> <p>e) Cost Improvement Programme: We are currently achieving however, Performance Committee will be considering a paper in March in relation to the financial and operational draft plans.</p> <p>f) Capital expenditure: JT reported that this remains a risk with the forecast capital expenditure for the year reflecting the latest timeline for new equipment for the Liverpool site.</p> <p>g) Financial planning: Draft plans have been submitted to the Commissioners and we remain in the negotiation stage; the draft financial planning paper will be presented to March Board.</p> <p>Trust Board:</p> <ul style="list-style-type: none"> • Noted the contents of the report. • Requested the draft financial planning paper to March Board. 	JT
P1/32/20	<p>TCC Programme Update</p> <p>TP attended the Board and provided a summary of the report highlighting the following key exception reports:</p> <p>a) The move date has been amended to the end June 2020 and we are currently working on the handover date.</p> <p>b) Work continues in conjunction with Liverpool University Hospitals in finalising the necessary Service Level Agreements.</p> <p>c) A detailed programme of work has commenced in delivering the transfer route to intensive care.</p> <p>d) Work remains ongoing for the CCC-Wirral site to ensure we continue to have good processes on escalation of care in place.</p> <p>e) Orientation and training: A multi-disciplinary team approach is being taken with both workforce and the health and safety team in order to prepare staff and partners for the opening.</p> <p>f) Logistics: As a direct result of the delay to the new Liverpool Hospital opening limited capacity will be available for deliveries and progress is being made in developing interim solutions.</p> <p>g) Stakeholder communications: LB confirmed that individual e-mail communications have been sent out to our stakeholders with a positive response. In addition it was noted that local MPs have accepted invitations to look around the new hospital.</p> <p>Trust Board:</p> <ul style="list-style-type: none"> • Noted the contents of the Report and the developments each month. 	
P1/33/20	<p>Mortality Dashboard</p> <p>SK introduced the report highlighting to the Board that the Trust has a Mortality Surveillance Group meeting quarterly and reporting into the Integrated Governance Committee.</p> <p>SK further highlighted that we are currently reviewing one case where there is evidence that death was avoidable and this case will be subject to further review however there is a capacity issue for clinical staff for Phase 2 reviews. Discussion ensued in relation to the role of the Medical Examiner</p>	

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	<p>which will centralise the process to some extent but there is some work to be done in understanding job requirements in relation to these reviews.</p> <p>EA informed the Board that he attends the Mortality Surveillance Group.</p> <p>Trust Board:</p> <ul style="list-style-type: none"> • Approved the report 	
P1/34/20	<p>Charitable Funds Committee Chair's Report</p> <p>EA presented the Chair's Report to the Board highlighting by exception the ongoing serious incident relating to the textile re-cycling scheme. The next step in this matter will be the issue of a letter seeking injunctive relief in the event the company refuse to stop distributing the re-cycling bags.</p> <p>Finally, the Committee received a request to fund a part time Arts Co-ordinator role which will be key in the strategic development of the Arts for Health programme. The Committee considered the job description and agreed to recommend to the Board as the Trustee of the Charity to fund the post.</p> <p>Trust Board:</p> <ul style="list-style-type: none"> • Noted the contents of the report. • Agreed, as the Trustee of the Charity to fund the part time Arts Co-ordinator role. 	
P1/35/20	<p>Performance Committee Chair's Report</p> <p>MT provided an overview of the Chair's report by exception as follows:</p> <ol style="list-style-type: none"> Integrated Performance Report: Acknowledgement of the work to date on the development of the report and the migration towards a more automated process. Risk Management Committee and Risk Register: MT acknowledged this item was, as expected also on the Quality Committee Chair's report with TJ confirming that the Quality Committee had undertaken a significant discussion in relation to this matter insofar as the request had been made to pause the Risk Management Committee and it was not able to function as it should due to out of date risks being presented at the Committee. It was acknowledged that the Datix system required a detailed overhaul to ensure that it was fit for purpose and the assumption taken at the Quality Committee was that if the system could be fixed then it was reasonable to suspend the Risk Management Committee for a couple of months to enable the work to be completed. All this was predicated on the fact that risk will continue to be discussed at Directorate and Departmental level and escalated to the sub-committees of the Board. <p>MT further highlighted that the Risk Management Committee suspension is temporary as there needs to be a process of filtering the risks.</p> <p>LB highlighted that a new process will be developed with a new structure for reviewing risks which is expected to be discussed in June/July. The Risk Management Committee has been trying to</p>	

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	<p>function on lists of risks that have not been articulated or mitigated correctly and actions to address them have not been contemporaneous.</p> <p>TJ further added that the Quality Committee has requested a monthly update on progress of the development of the revised risk register for an additional layer of assurance.</p> <p>The Board agreed that the discussion had been a helpful and detailed one and agreed to the temporary suspension of the Risk Management Committee subject to the monthly updates on progress to the Quality Committee.</p> <p>Trust Board:</p> <ul style="list-style-type: none"> • Noted the content of the report and • Approved the temporary suspension of the Risk Management Committee. 	
P1/36/20	<p>Quality Committee Chair's Report</p> <p>TJ provided an overview to the Chair's report noting that the matter the Committee was alerting the Board to in relation to the request to temporarily suspend the Risk Management Committee has already been discussed by the Board in detail. TJ advised the Board of the following:</p> <ul style="list-style-type: none"> a) Delayed completion of discharge summaries: Junior doctors are failing to complete the discharge summaries and work is ongoing with this group of staff. b) Infection Control provision in CCC-L: The Quality Committee welcomed the update and progression but will need to keep sighted on this matter. c) Freedom to Speak Up: Discussion had taken place in that the concept had been introduced to highlight patient safety issues however, we are seeing a number of HR related matters being referred through the route. <p>Trust Board:</p> <ul style="list-style-type: none"> • Noted the content of the report. 	
Corporate Governance		
P1/37/20	<p>Board Assurance Framework – Quarter 3</p> <p>AW presented the report to the Board and reiterated the ongoing development of the BAF was dependant on the development of the risk register to ensure clear and accurate alignment.</p> <p>The Board</p> <ul style="list-style-type: none"> • Noted the update and acknowledge the ongoing work in progress. 	
P1/38/20	<p>Schedule of Joint NED/Governor/Executive Walk Rounds</p> <p>AW introduced the schedule and confirmed that it will be circulated for individuals to add their availability and the associated paperwork completed</p>	AW

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	and circulated with clear instructions and guidance.	
P1/39/20	<p>Liaison with the Governors JW notified the Board that we had recently had a well-attended and successful Council of Governors. JW has been working with the Governors in order to increase visibility and the following activities have been agreed with the Governors:</p> <ul style="list-style-type: none"> a) Governor surgeries b) Engage in the walk rounds <p>JW further highlighted that the Governors are keen to get involved with the Trust and Keith Lewis, one of our new Governors is doing a parachute jump for the Charity.</p> <p>Trust Board</p> <ul style="list-style-type: none"> • Noted the update and welcomed the increased engagement. 	
P1/40/20	<p>Board Meeting (including quality content) The Board discussed the content of the Board meeting and agreed that some pivotal issues had been discussed openly such as the suspension of the Risk Management Committee.</p> <p>The Board further agreed on the key messages to be circulated at Team Brief as:</p> <ul style="list-style-type: none"> • Risk Management Committee • CQC Service Reviews and feedback • Positive presentation from the Cancer Support Workers • Establishment of the joint walk rounds 	
P1/41/20	<p>Any Other Business None reported.</p>	
	<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>	
	Date of Next Meeting: Wednesday 25 March 2020.	

Signed:

Kathy Doran, Trust Chair

Date: