

The Clatterbridge Cancer Centre NHS Foundation Trust

BOARD OF DIRECTORS MEETING PART ONE – PUBLIC SESSION

**Wednesday 29 January 2020 at 10:00am
JKD Conference Room**

Present:	Kathy Doran (KD)	Trust Chair
	Alison Hastings (AH)	Non-Executive Director
	Geoff Broadhead (GB)	Non-Executive Director
	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)	Governor
	Angela Wendzicha (AW)	Associate Director of Corporate Governance
	Mike Varey (MV)	RCN Staffside
(Item P1/05/20)	Drs A Shommakhi & V Shallcross	Staff Story
(Item P1/012/20)	Tom Pharaoh (TP)	Associate Director of Strategy
Observers:	Laura Brown	Staff Governor
	Elaine Scott	NHS Providers
	Helen Poulter-Clarke	Chief Pharmacist

The Board took part in Corporate Manslaughter training carried out by representatives from Hill Dickinson as part of role essential training prior to the Board meeting.

Item No.	Item	Action
	Opening Matters	
P1/01/20	Chair Welcome and Note of Apologies The Chair welcomed everyone to the meeting and noted that apologies have been received for Part 1 from Professor Terry Jones, Non-Executive Director.	
P1/02/20	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 • Geoff Broadhead – Nominated Non-Executive Director for CPL • James Thomson – Executive Lead for PropCare and CPL • Angela Wendzicha – Company Secretary for PropCare and CPL 	
P1/03/20	Minutes of Previous Meetings: The Board approved the minutes of the meeting held on 27 November 2019 subject to the following amendments:	

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	P1/203/19 (b) SL to provide the narrative to add the positive message around nursing that had been discussed at the previous meeting.	SL
P1/04/20	<p>Matters Arising Actions were noted to be either completed, in progress or on the agenda. The following updates were provided as follows:</p> <ul style="list-style-type: none"> • P1/200/19 – Patient story: SL provided the Board with an update on the development of the action plan following the patient story to Board in November 2019. SL highlighted that the issues raised are complex and that a detailed action plan has been developed which is focusing on actions such as introducing a clinical support worker in addition to the appointment of a Clinical Director for Transplants. The Board noted the update and requested that the Quality Committee monitor the progress against the action plan. • P1/2001/19 – Challenges with Meditech: SL provided an update to the Board following the issue being raised during the joint Chair and DoN walkround. SL confirmed that all junior doctors are trained on Meditech and that staff are available on the ward areas to carry out any training required. SB further updated that a training session had been scheduled for 10th March 2020. • P1/219/19 – Board Mandatory Training: AW highlighted the discussion in any other business around Board mandatory training should have translated onto the action plan for AW to circulate mandatory training matrix which the Board noted has been completed. <p>The Board:</p> <ul style="list-style-type: none"> • Noted the updates provided and • Requested that the Quality Committee monitor completion of the action plan following the patient story in November 2019 	AW
P1/05/20	<p>Staff Story Dr VS (accompanied by Dr AS) returned to the Trust Board to provide an update on progress against the action plan generated by the staff story presented in July 2019. VS provided an overview of the issues previously raised, acknowledging that there had been significant improvements made and highlighted the following:</p> <p>Workforce pressures:</p> <ol style="list-style-type: none"> a) Two new clinical oncology trainees have commenced working. b) Any rota gaps on the Specialist Registrar rota are being absorbed by the current workforce and over the last 6 months there has been sufficient staff to cover this. c) The Specialist Registrar ward rotation has improved continuity of care in addition to providing an additional layer of support for the 	

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	<p data-bbox="427 300 616 333">junior doctors.</p> <p data-bbox="331 367 547 400">Communication:</p> <ul style="list-style-type: none"> <li data-bbox="379 405 1283 501">a) Level of communication between the junior doctors and registrars has improved and staff feel able to raise concerns in addition to having a well-functioning Junior Doctor Forum in place. <li data-bbox="379 506 1318 602">b) There is junior doctor representation across the committees within the Trust and monthly meetings with the Medical Director have seen a great improvement in managing expectations. <p data-bbox="331 636 517 669">Rest facilities:</p> <ul style="list-style-type: none"> <li data-bbox="379 674 1329 837">a) The rest facilities were improved swiftly following the initial presentation at Board. It was further highlighted that the BMA are investing in rest facilities for junior doctors and the team are currently waiting to hear what facilities are available in Liverpool before any investment is allocated. <p data-bbox="331 875 667 909">Work schedules and pay:</p> <ul style="list-style-type: none"> <li data-bbox="379 913 1278 1039">a) The Specialist Registrar schedules have been updated with work schedules reflecting pay. The banding has been corrected which has been a morale boost and negotiations continue in relation to payment of back pay. <p data-bbox="331 1077 887 1111">A number of challenges remain as follows:</p> <p data-bbox="339 1115 632 1149">Work-force pressures:</p> <ul style="list-style-type: none"> <li data-bbox="379 1153 1318 1249">a) Challenges identified in staffing CDU especially when there is a loss of F2 workforce from August 2020, however 6 GP trainees are expected which is a positive development. <li data-bbox="379 1254 1318 1547">b) Discussion took place in relation to the shortfall in nursing support and in particular not having a spinal cord co-ordinator or Advanced Nurse Practitioner available. LB highlighted that the Quality Committee had recently discussed this and the Cancer Alliance had funded a project to provide management support thus freeing up the clinical staff to support the clinical pathway. Furthermore, SL indicated that the Trust was in the process of recruiting Advanced Nurse Practitioners and Dr S suggested the ANPs should be part of the rota so that any gaps can be easily identified. <p data-bbox="331 1581 576 1615">Move to Liverpool:</p> <ul style="list-style-type: none"> <li data-bbox="379 1619 1329 1747">a) There is an expected change to working patterns with an expectation that we will be seeing a change in acuity of patients due to the change in demographics. There is a plan to monitor the impact on junior doctors and review after 3 months of being in the new hospital. <li data-bbox="379 1751 1329 1915">b) The move to Liverpool has led to concerns over the level of acute cover on the Wirral site as they currently cover the MET calls and we are not aware of plans going forward. JSp confirmed a meeting has been arranged for 1 February 2020 to review the MET cover and invited Dr S to attend the meeting. <p data-bbox="331 1948 687 1982">Training and Development:</p> <ul style="list-style-type: none"> <li data-bbox="379 1986 1307 2083">a) The positive message around the move to Liverpool is the close proximity to the University and the ability to inspire future generations of oncologists, however there is concern around space 	

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	<p>and time allocated for trainees. It was noted that the junior doctors have visits planned to look round the facilities in the new hospital.</p> <p>Trust Board:</p> <ul style="list-style-type: none"> • Thanked both Drs AS and VS for providing the update and • Noted the positive progress against the actions. 	
<p>P1/06/20</p>	<p>Chair's Report</p> <p>The Chair formally welcomed JW as the new Lead Governor and thanking Stephen for his work as Lead Governor.</p> <p>The Chair attended an NHS Providers meeting with the focus on the need for more collaboration between organisations noting that we do have an element of that with our involvement with the Cancer Alliance.</p> <p>Performance over the winter months was also discussed with the focus on accident and emergency which impacts the Trust to some extent and more so in the future.</p> <p>Discussions have taken place with Wirral Hospital and the potential use of the CCC Wirral site; further discussions will take place at the next Wirral CCG and Chair's Group. The Chair confirmed that she had been involved in a meeting including the CEO and a representative of the Wirral system who is developing an action plan to deal with financial challenges and will come back to us. There is an acknowledgement this will delay how we agree on our future estate on the Wirral.</p> <p>The Chair attended an NHS England led Chairs meeting where discussion again focused around collaboration and performance.</p> <p>The Chair highlighted the Consultant interviews before Christmas with 3 posts available, 3 were offered with 2 accepting who will be joining the Trust in the near future.</p> <p>The Chair undertook a walk round of the Private Patient Clinic and reported a good discussion with the Manager of the Clinic.</p> <p>A bespoke visit was arranged for the Consultants to view the new hospital in Liverpool which resulted in very positive feedback from those who attended.</p> <p>The Charity held a pre-Christmas event at the Lady Lever Art Gallery which again was a very positive event.</p> <p>Following the Chair's update to the Board AH raised a question on general walkabouts with NEDs. The Chair and CEO confirmed that AW and SL were working through this and that a programme was nearly ready to be distributed.</p> <p>Trust Board:</p> <ul style="list-style-type: none"> • Noted the update. 	

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	<ul style="list-style-type: none"> • Requested the schedule of walkabouts to the February Board meeting. 	AW
P1/07/20	<p>Chief Executive's Report</p> <p>The CEO updated the Board on the current risks and pressures in relation to the Consultant workforce with additional narrative being brought back to February Board. In addition, the Board will receive details of new Consultant appointments including a short biography of each.</p> <p>The Board was notified that in view of the imminent expansion into Liverpool, the Trust has written to the CQC to request a deferment of our next inspection and the CQC have acknowledged our request.</p> <p>The BBC has been in filming two patient stories in Immunology and in Radiotherapy for the next series of 'Hospital'. The BBC has confirmed that the series will begin on 13th February but we do not expect the first episode to feature our Trust.</p> <p>The CEO confirmed that a workshop for specialist Trusts will be taking place to look at what can be done at scale. Both MT and EA will be attending with LB.</p> <p>Trust Board:</p> <ul style="list-style-type: none"> • Noted the contents of the update. • Requested MT and EA receive the necessary paperwork to attend the workshop • Noted details in relation to new Consultants will be presented to the February Board 	LB SK
For Approval		
P1/08/20	<p>Healthcare Worker Flu Vaccination Return to NHSE</p> <p>SL provided the background to the paper highlighting that the Trust received correspondence on 17 December 2019 from NHS England and NHS Improvement with directions for a Board self-assessment be completed and published in public Board papers by the end December 2019. The completed checklist had been circulated to Board members and provided to NHSE/I on 30 December 2019. SL further highlighted the following:</p> <ol style="list-style-type: none"> a) Current compliance rate was 90% which includes those staff not having the vaccination and SL acknowledged the work of the vaccinators in achieving this. b) Attention was given to the evidence table at A1 to note the Board's commitment to having 100% compliance and D1 where the Board is encouraged to agree incentives to vaccinations. MT suggested that a photoshoot of the Board can provide a very powerful message. This would be considered for the future. c) Discussion ensued in relation to the numbers of doctors who have received the vaccination and actions have been taken to address this. d) SL acknowledged the learning from this year is to be prepared earlier next year. 	

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	<p>Trust Board:</p> <ul style="list-style-type: none"> • Noted the self-assessment and confirmed all had received the flu vaccination • Acknowledged the hard work of the vaccinators in increasing Trust compliance. 	
	Risk and Performance	
P1/09/20	<p>Integrated Performance Exception Report – Month 9 JSp provided an overview of the report which provides the Board with an update on performance relating to December 2019 (month 9).</p> <p>Operational Performance JSp provided an update in relation to the operational section of the report highlighting the following:</p> <ol style="list-style-type: none"> a) Performance of the 62 day cancer waiting times was 92.9% against a target of 85%. b) Provided an update to the Board that from April 2020 there will be a change to the Cancer standards with an expected 70% target for fast diagnosis. It was noted that the formal guidance had not been published as yet but that there are likely to be some challenges and the Cancer Alliance will pick those issues up. c) Radiology reporting has shown an improvement. d) JSp provided the Board with an update on the radiology workforce insofar as recruitment has taken place and in is envisaged that by September, we should have 5.85 whole time equivalent radiologists in post. JSp acknowledged the hard work carried out within the department. <p>AH raised a query on the length of stay performance with JSp highlighting that a separate paper had been presented to the Performance Committee detailing the change in the target mid-year and the associated effects; the date of compliance will need to be amended and the report will remain red until the switch over is complete.</p> <p>MT added that the Performance Committee had focused on this and had seen a significant improvement over the last year.</p> <p>Quality SL provided an overview of the Quality section highlighting the following:</p> <ol style="list-style-type: none"> a) Sepsis: Performance of 96% due to one patient where the antibiotics had not been administered; they had been prescribed but not as a dose to be given immediately resulting in a delay. One of the Consultants has met with the medical teams to highlight the default timings in Meditech. SL confirmed that sepsis performance is being discussed in detail at the Quality Committee. JSh enquired about the status of the patient with SL confirming the patient had recovered. b) Clostridium difficile (C.difficile): The Trust has had one attributable C.difficile case; the internal review of the case did not identify any lapses in care. SL reminded the Board that NHSE are involved in the process of reviewing these cases. 	

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	<p>Research and Innovation SK provided an overview of the Research and Innovation section highlighting the following:</p> <ul style="list-style-type: none"> a) The Trust has exceeded the target for year-end which is a significant improvement on the position from two years ago. b) Staff from the team have been nominated in four categories for the North West Cancer Research Network, Research and Innovation Awards c) The Director of Research has been offered a Chair at the University. <p>Workforce JSh provided an overview of the Workforce section, highlighting the following:</p> <ul style="list-style-type: none"> a) Sickness: Although December saw a decrease from 4.77% to 4.15%, the Trust remains above the target of 3.5% at 4.2% year to date. The three main reasons for sickness remain constant. b) Turnover: Staff turnover is at the lowest in month although the year to date remains above target. The Trust is seeing a decreasing trend in staff leaving the Trust due to the move to Liverpool but we may yet still this increase. c) PADR: There has been a further decline in PADR compliance in December although it was acknowledged a lot of work is ongoing within the Directorates to address this. Discussion ensued as to the seasonal nature of PADR and it was confirmed that the PADR 'window' has been extended in light of the move. d) The Board welcomed the news that as of 30 November all nursing vacancies for in-patient areas had been filled. <p>Trust Board:</p> <ul style="list-style-type: none"> • Noted the report 	
P1/10/20	<p>Improvement and Assurance Plan – CQC SL introduced the report confirming that further progress had been made against the 'must do' and 'should do' actions and highlighting the following:</p> <ul style="list-style-type: none"> a) An external review has been carried out in the Radiation services and whilst the verbal feedback was positive, the written report is awaited. b) The CQC will be on site on 24 February to carry out a planned service review in Radiology and on 25 February in Chemotherapy. SL further explained that these are planned visits and the Trust can expect to receive written feedback within 20 days of the visit. c) The next quarterly scheduled engagement meeting with the CQC will take place on 20 March 2020. d) MIAA have completed the audit of the approach to implementing the recommendations resulting in a substantial assurance rating. e) The Private Clinic have submitted the completed Provider Information Return (PIR), therefore an unannounced inspection is expected any time within the next four months. An external consultant was commissioned to support the process and carry out 	

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	<p>mock inspections. In addition, teams will be brought together to carry out 'go and see' sessions.</p> <p>Discussion ensued in relation to Board continuing to receive this report in this format given the progress that has been made. It was considered good practice to continue but that the report now needs to evolve and provide updates on the findings of the mock inspections.</p> <p>Trust Board:</p> <ul style="list-style-type: none"> • Noted the update in the Plan and the progress made and • Requested a report on findings of mock inspections 	SL
<p>P1/11/20</p>	<p>Finance Report – Month 9</p> <p>JT provided an overview of the report, which presents the Trust's financial performance for the month ending December 2019. The Board discussed the paper and the following points were highlighted:</p> <ul style="list-style-type: none"> a) The Trust's Risk Rating continues to be affected by the agency expenditure and due to costs incurred in December the agency rating has remained at 4 (high). However, the Regulator understands the position and we continue to be rated as 'Segment 1'. Further discussion took place in relation to the usage of agency in other areas of the Trust in addition to providing cover for Radiologists. It was noted that agency is no longer used in other areas such as administrative services. b) Financial planning: Ongoing achievement of the financial plan; taking the subsidiaries into account we are above plan and we are forecast to meet the control total and remain in a stable financial position in year. c) Pay budget: This is currently over budget in month but underspent in year to date. It was noted that the position in December does not cover the associated premium costs of agency staff. d) Cost Improvement Programme (CIP): The Trust is achieving on the cost improvement plan and work is ongoing with teams to consider where any temporary benefits have been made the feasibility of these being permanent. e) Capital Programme: It was noted that this is on plan whilst still maintaining a healthy cash position. f) Financial planning: It was discussed that negotiations are ongoing with the Commissioners in relation to the Contract with an opening offer letter being sent to the Commissioners from the Trust. It was further noted that the draft Plan is due by 5 March and the final by 29 April. The Board requested an update at the next Board meeting. <p>Trust Board:</p> <ul style="list-style-type: none"> • Noted the contents of the report. • Requested an update on financial planning negotiations with the Commissioners 	JT

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<p>P1/12/20</p>	<p>TCC Programme Update</p> <p>TP attended the Board and provided a summary of the Report. The Board discussed the contents and the following points were highlighted:</p> <ul style="list-style-type: none"> a) Recommendations from the Clinical Senate Report: The additional critical care staff required to deliver the outreach service has been agreed in principle and there is confidence that recruitment will take place in August to join in September. b) Work is progressing with IM&T on the systems that are key to the interoperability with LUHFT. c) Work continues to develop the service specifications in relation to the clinical services required from LUHFT. <p>The Board was informed of the day-long event whereby departmental leads presented move plans. The day received positive feedback and will therefore be repeated in the lead up to the move. It was further noted that orientation and training would be the next stage in the lead up to the move which are currently being planned and it was noted that a further travel event will be taking place week commencing 3 February.</p> <p>Trust Board:</p> <ul style="list-style-type: none"> • Noted the contents of the Report 	
<p>P1/13/20</p>	<p>Audit Committee Chair's Report</p> <p>MT provided an overview of the report, overall noting that the Committee was starting to see good progress being made and further highlighting the following:</p> <ul style="list-style-type: none"> a) External Audit Tender: The Committee alerted the Board that following a second wave of tendering, and despite ongoing dialogue directly with companies, the Trust still does not have an External Auditor. It was noted that this matter has been escalated to NHSI and that this is a recognised problem within the public sector. Discussions are taking place between NHSI and the National Audit Office and we continue to wait outcome of discussions. The Board reminded itself that this is a Governor appointment and it is likely that any approval will need to be sought remotely. <p>Discussion took place in relation to how this will affect the timetable for Board sign off of the Annual Accounts and Report and AW confirmed that the Board will be kept informed of any date changes.</p> <p>MT thanked JT for his ongoing work in trying to find a solution.</p> <ul style="list-style-type: none"> b) The Committee received and noted the Board Assurance Framework for Quarter 3 which remains work in progress but noting the recently developed structure allows for focus on any compromise to the Strategic Objectives. c) The Committee received assurance from the MIAA- Internal Audit Progress Report which gave substantial assurance to the CQC Action Plan Review. SL requested some re-drafting to the narrative in the Report. Substantial assurance was also received on the Financial Systems and Reporting Integrity Review. d) The Quality Improvement Clinical Audit Annual Report was received 	

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	<p>and noted that this needs to link with the MIAA work plan.</p> <p>Trust Board:</p> <ul style="list-style-type: none"> • Noted the contents of the report. • Noted the request by SL for re-drafting some narrative • Requested to be kept updated on dates for formal approval of the Annual Accounts and Report 	SL/AW AW
P1/14/20	<p>Performance Committee Chair's Report</p> <p>DT provided an overview of the report from Performance Committee highlighting the following:</p> <ol style="list-style-type: none"> a) The ongoing issues with the broken mechanism that triggers an alert from the WUTH fire panel to the switchboard remain which requires further escalation within WUTH. b) Review of the IPR: Plans are in place to address the risks following the review of the systems and processes to develop the IPR. The expectation is that a revised IPR will be in place by the end April. c) The Committee alerted the Board that many of the Trust's contracts are with single suppliers or renewed on a 'rolling contract' basis and work is ongoing to manage all contracts. d) The Committee advised the Board that the supply of Fluorodeoxyglucose (FDG) continues to be a challenge with mitigation plans being managed effectively by the CCC teams. <p>Trust Board:</p> <ul style="list-style-type: none"> • Noted the contents of the report. 	
P1/15/20	<p>Quality Committee Chair's Report</p> <p>EA presented an overview of the report, noting that some of the items have already been addressed at Board and therefore highlighting the following to the Board:</p> <ol style="list-style-type: none"> a) Meditech: Discussion was had in relation to the incident described. SB provided some clarification that the issue had been discussed at both Integrated Governance Committee and the Quality Committee and related to the interoperability between Meditech and the CRIS system. SB further explained that a default position had been introduced in Meditech for the ward rounds. It was agreed that the Quality Committee requires further clarity in understanding what the issue is and for SB to take issue back to the next Quality Committee. b) The Committee advised the Board that the risk of availability of medicines within the UK post Brexit is reducing. <p>Trust Board:</p> <ul style="list-style-type: none"> • Noted the content of the report and • Requested that the Quality Committee revisit the issue relating to Meditech. 	SB/AW

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P1/16/20	<p>Board Assurance Framework The Board noted this item is deferred to February Board</p>	
P1/17/20	<p>Liaison with Governors JW repeated her thanks to Stephen for his work as lead Governor and provided an update to the Board in relation to the development of plans for the Governors.</p> <p>Trust Board:</p> <ul style="list-style-type: none"> • Noted the update. 	
P1/18/20	<p>Board Meeting (including quality content) The Board discussed the content of the Board meeting and agreed that the relationship between the sub committees of the Board is becoming much clearer with the Chairs' reports with acknowledgement that it feels like the business of the Board is coming together.</p> <p>It was further noted that the quality of the papers is improving and that they were particularly good this month.</p> <p>The Board</p> <ul style="list-style-type: none"> • Noted and acknowledged the feedback. 	
P1/19/20	<p>Any other business SL informed the Board of the following:</p> <p>a) It is International Year of the Nurse in 2020 and in January, the This Morning programme was in the Trust filming with a focus on male nursing.</p> <p>As this was the last Board meeting for David Teale, the Chair formally thanked him for his work with the Trust during the last three years and on behalf of the Board wished him well for the future.</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>	
	<p>Date of Next Meeting: 26 February 2020, 9:00am, JKD</p>	

Signed:

Kathy Doran, Trust Chair

Date: