**The Clatterbridge Cancer Centre NHS Foundation Trust**

**BOARD OF DIRECTORS MEETING**

**PART ONE – PUBLIC SESSION**

**Wednesday 27 May 2020 at 09:00am**

**Virtual Meeting**

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| **Present:** | Kathy Doran (KD) | Trust Chair |
|  | Alison Hastings (AH) | Non-Executive Director |
|  | Mark Tattersall (MT) | Non-Executive Director |
|  | Geoff Broadhead (GB) | Non-Executive Director |
|  | Terry Jones (TJ) | Non-Executive Director |
|  | Elkan Abrahamson (EA) | 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 |
|  | Sheila Lloyd (SL) | Director of Nursing & Quality |
|  | Sheena Khanduri (SK) | Medical Director |
|  | Sarah Barr (SB) | Chief Information Officer |
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| **In Attendance:** | Angela Wendzicha (AW) | Associate Director of Corporate Governance |
|  | Mike Varey (MV) | RCN Staffside |
| (Item P1/088/20) | Fiona Jones (FJ) | MD PropCare |
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| **Observers:** | None |  |
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| **Item No.** | **Item** | **Action** |
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|  | **Opening Matters** |  |
|  | **Chair Welcome and Note of Apologies**  The Chair welcomed everyone to the meeting and noted apologies from Jane Wilkinson. |  |
|  | **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 – Director of CPL * James Thomson – Executive Lead for PropCare and CPL * Angela Wendzicha – Company Secretary for PropCare and CPL |  |
|  | **Minutes of Previous Meetings:**  The Board approved the minutes of the meeting held on 29 April 2020. |  |
|  | **Matters Arising**  Actions were agreed to be either complete or not yet due.  **The Trust Board**:   * **Approved** the position relating to the matters arising |  |
|  | **Chair’s Report**  The Chair informed the Board that she had recently been on a visit to the new hospital which is looking stunning and that the team should be very proud of themselves. The plan is to move patients into the new hospital the weekend of 27th June. It was suggested that, if possible the next Board I n June will be held at the new hospital and AW will arrange in addition to a tour for the Board.  The Chair made reference to the briefing circulated the previous day following the Chair’s meeting with Bill McCarthy and will continue to circulate these to keep everyone informed.  **The Trust Board:**   * **Noted** the Chair’s update | **AW** |
|  | **Chief Executive’s Report**  The CEO informed the Board that Jon Hayes has now commenced in post as Managing Director of the Cancer Alliance; this has been a seamless appointment as Jon is familiar with the organisation and is an excellent appointment.  **The Trust Board:**   * **Noted** the update. |  |
|  | **Risk and Performance** |  |
|  | **Covid-19: Trust Response and Update**  LB introduced the presentation highlighting that a significant amount of work continues in relation to the Trust response to Covid-19.  SL provided an update to the Board, highlighting the report is the second update to the Board as follows:   1. The incident team established on 2 March 2020 continues to operate the incident room seven days a week as guidance continues to be received from external sources on a daily basis. To date, over 2480 documents/communications have been received and reviewed. 2. The Bronze Command meeting initially established as a morning meeting has now been devolved to a daily situation report whereby all departments and Directorate provide a report rather than meet. 3. Silver Command continues to meet daily at midday and Gold Command has now reduced to twice weekly meetings. We are now starting to look towards planning for recovery. 4. During the last week, further guidance has been published around working safely during Covid as the Trust starts to make preparations for more staff to come back into the workspace. We already have established systems in place to support social distancing and remote working. 5. The daily staff communications continue and staff feedback has been very positive in relation to these. 6. Infection, Prevention and Control (IPC): We recently welcomed the new IPC lead, Laura Gould to the Trust who has brought extensive experience and examples of good practice with her. 7. The testing of patients has been extended to include all admissions and symptomatic inpatients and all Bone Marrow Transplant patients. 8. We have established Red/Amber/Green areas in the wards, chemotherapy suites and radiotherapy. 9. The Quality Committee papers include the Infection Prevention and Control Board Assurance Framework which is a recently published national document; a gap analysis has been carried out which identified non-compliance with nine key lines of enquiry which are low risk and an action plan is being developed to mitigate any risk. 10. It is important for the Board to be aware that we carry out a daily stock take of personal protective equipment (PPE) and that we have, to date not been in a position whereby we have experienced any shortage or run out. We have assisted 15 other Trusts with mutual aid of PPE. 11. Supporting Patient Experience: We established, very early in the pandemic, a Covid-19 helpline, manned by the Advanced Nurse Practitioners who have taken around 723 calls. In addition, we have increased our volunteer recruitment with 33 new volunteers recruited.   JSh provided the Board with an update on how we are continuing to support our staff, highlighting the following:   1. Supporting staff is important during the pandemic but there is a recognition that the impact of Covid may have long term implications for staff 2. From 1st June, new, role essential Infection Prevention and Control training will be available for all staff. 3. Study leave has been reinstated for all staff groups and training will be carried out where it is safe to do so. 4. The importance of taking annual leave has been communicated with managers encouraging staff to take leave in order to rest and maintain health and wellbeing. This has been subject to some challenge from the Trade Unions but the key message has been and remains that leave is important for health and wellbeing. 5. The comprehensive offer around health and wellbeing remains in place for staff.   KD questioned the support in place for Black, Asian and Minority Ethnic staff (BAME) given the recent publications about the risks to this particular group and what examples of support have we put in place? JSh confirmed that comprehensive risk assessments have been carried out, updated on a daily basis. Staff deemed to be at risk have been moved to a low risk area and some are being supported to work from home.  TJ further queried what, if any staffing issues this process has created. JSh confirmed that there is an impact on our medical workforce and we do have a number of consultants working from home.  KD highlighted this is an important issue and requested the Board be kept updated on developments going forward.  MT highlighted that on review of the Quality papers; incident reporting has reduced and queried whether staff are reporting incidents through the helpline. SL confirmed that we are concerned that incident reporting has reduced but we have continued with the daily incident calls and continue to encourage staff to report.  SB provided the Board with the Digital update highlighting the following:   1. As the department had started planning during the early stages of the pandemic we were in a good position to maintain the organisation through its digital response. 2. A total of 40 new patient tablet carts have been installed, linked to the ‘perfect ward’ to enable staff to carry out safety audits and virtual ward rounds. 3. A total of 70 clinicians have been trained to carry out virtual consultations.   TJ raised the implication on junior medical staff training with the majority of consultations being carried out via virtual means. SB confirmed that we have been aware of this issue for junior medical staff and in conjunction with the Director of Medical Education, we are piloting the virtual ward round technology in addition to technology whereby staff can listen into the consultations and learn.   1. The digital team have supported an increase in agile working and an increase in the number of virtual meetings.   LB provided an overview to the Board relating to the communication slide, highlighting that we currently have a gap in communications relating to the Cancer Alliance; we are currently looking at a systematic way of putting out communications around the achievements of the Cancer Alliance especially around the national campaign to help patients come back to hospital. An update will be provided to the next Board.  **The Trust Board:**   * **Noted** and welcomed the updates and thanked all staff for their continued hard work in response to Covid-19. | **JSh**  **LB** |
|  | **Integrated Performance Exception Report – Month 01**  JSp introduced the report highlighting that some new Key Performance Indicators have been included in the report which reflect contractual, statutory and local targets.  JSp provided an overview of the Access and Efficiency sections highlighting the following:   1. April (Month 1) was a difficult time for cancer waiting times with a number of breaches. This was due to sickness within the administrative team and a lack of escalation within the administrative team. However, we are back on track for May. 2. Length of Stay: There have been challenges around length of stay with one patient having a higher length of stay due to complications in the patient’s pathway. 3. It was noted that the national directive around bed occupancy is a lower target and we are currently awaiting publication of further guidance on this. 4. We have changed our Access Policy in line with our move to CCC-Liverpool, putting in place a helpline in order to control planned access.   MT raised a question around the systems in place to alert the executives when breaches are imminent, in addition to the increased length of stay. JSp confirmed that systems are in place in the form of daily checks on the Patient Treatment List and the escalation process is through the managers then to JSp. Further clarification was provided on long stay patients whereby it is know there is a cancer but the primary is unknown and the clinicians will keep the patient until all tests complete which is the right thing to do for the patient. JSp further clarified that we are involved in the wider capacity planning programme and working with the in-hospital cell to support capacity within the region.  EA further highlighted the issues around monitoring of the data with SB confirming that we are working on building a new data warehouse whereby all information will be available with the long term plan being that the data will be immediately available.  SL provided an overview of the Quality Performance highlighting the following:   1. All quality performance is on green with the exception of responses to Freedom of Information Requests which related to one late response due to the impact of Covid on the responding department. The number of polices that are out of date has reduced from 8 to 3 and work continues on ensuring policy readiness for the move to Liverpool.   SK provided an update in relation to Research and Innovation highlighting that recruitment into trials had been suspended in response to Covid-19 but we are currently working on a recovery plan. In addition, Covid-19 relevant research will commence from next month.  JSh provided an overview of the Workforce Performance highlighting:   1. Sickness: We have seen a reduction in sickness and we continue to compare favourably with other organisations in the North West. The main reasons for sickness continue to be chest and respiratory problems. 2. Turnover: There has been a slight increase in Month 1 with staff now making decisions about retirement in advance of the move to Liverpool. Turnover by staff groups will be incorporated into the next report. 3. PADR’s: Compliance continues to be below target; nationally Trusts were advised to suspend PADR’s in light of Covid-19 but we are encouraging, where capacity allows, managers are to continue with these.   **The Trust Board:**   * **Noted** the content of the report. |  |
|  | **Finance Report – Month 01**  JT provided an overview of the Trust’s financial position for April 2020 highlighting:   1. To confirm top up funding required for April is £390K. 2. Commissioner contracts have been suspended as has the financial risk rating in response to Covid-19. 3. We are monitoring income and activity with reduced activity and referrals protected in the way we have been funded; the Trust is being funded on a costs basis from April to July rather than activity. 4. There is an underspend against pay due to the reduction of agency staff. 5. Cost Improvement Programme: There is no expectation for delivery of CIP in the first four months. 6. Capital Programme: Discussions have taken place with the STP in relation to capital programmes; now operating as a system under one capital budget. We had drawn down funding for all capital programmes and JSh queried if our money is protected for the development of the Wirral site with JT confirming that as the business case had been approved it was.   **The Trust Board:**   * **Discussed** and noted the financial position. |  |
|  | **Opening CCC-Liverpool: Progress Report**  FJ attended Board providing an overview of the report as follows:   1. Building: We are currently at the closing stages with the emphasis on dealing with the ‘snagging’ issues at this stage. We are generally in a good place in terms of preparedness but there is still work to do. 2. Readiness to move: The Clinical and Operational Group have been leading on this with plans being developed to support the move. 3. Switchboard: We still need to migrate from the Wirral site to the Liverpool University Hospital site with further technical and operational work required. LB added the switch over is planned for 13 June. 4. Procurement and Logistics: Work is still ongoing in relation to the modular building. 5. Café facility: We are continuing to work with Blackburne House around some of the challenges relating to costs but the café will not be available when the Trust moves in.   JSh raised the issue around travel plans; as we had been working on the basis that staff are being encouraged to use public transport, with the recent Government guidance around the use of public transport, we will need more parking spaces at Mount Pleasant. FJ confirmed that additional parking solutions were currently being looked at.  MV added that staff are becoming excited about the move and looking forward to being in the new building. LB added that both Mike Varey and Alun Davies from Staff Side have been extremely helpful in getting messages over to staff and assisting the Trust is getting us to this point.  KD added that although Jane, Lead Governor is not at the Board today, the Governors have been receiving the daily communications and we are having a briefing with them on Teams tomorrow.  **The Trust Board:**   * **Noted** the contents of the report and thanked FJ for the hard work carried out to date. |  |
|  | **Board Meeting (including quality content)**  The Board agreed that it had run well again with all being able to hear and engage with only minor technical issues.  The Board were happy with the detail provided given the circumstances. |  |
|  | **Any Other Business**  GB raised the issue of Trust preparedness for our business model going forward. It was suggested that detail be brought to a future Board, setting out what our business model will look like in 6 and 12 months’ time. In addition consideration needs to be given to office accommodation with LB confirming we have a memorandum of understanding with the Council relating to the Spine and we have already discussed that we will give the Trust time to settle into Liverpool before we consider this further.  TJ queried when the other Board committees will be meeting with AW confirming that a review is currently underway but it is likely Quality Committee will meet in June 2020. |  |
|  | **Date of Next Meeting:** Wednesday 24 June 2020 Venue to be Confirmed. |  |

**Signed:**

**Kathy Doran**

**Chair**

**Dated:**