

Minutes of the Council of Governors

Held on: 23rd March 2022

Location: MS Teams

Start time: 17:00

Finish time: 19:00

Present

Name:

Kathy Doran (KD)
Mark Tattersall (MT)
Terry Jones (TJ)
Asutosh Yagnik (AY)
Pat Higgins (PH)
Keith Lewis (KL)
John Roberts (JR)
Jane Wilkinson (JW)
Glenys Crisp (GC)
John Field (JF)
Andrew Waller (AW)
Laura Jane Brown (LB)
Myfanwy Borland (MB)
Andrew Schache (AS)
Nancy Whittaker (NW)
Sam Cross (SC)
Mahmoud Efar (ME)

Title:

Chair
NED
NED
NED
Cheshire West & Chester
Liverpool
Liverpool
Lead Governor - Wales
Warrington & Halton
Wirral and rest of England
Wirral and rest of England
Nurse
Other Clinical
University of Liverpool
Macmillan Cancer Services
Cancer Alliance
Liverpool University Hospitals NHS FT

In attendance

Name:

Liz Bishop (LB)
Hannah Gray (HG)
Joan Spencer (JS)
Tom Pharaoh (TP)
Julie Gray (JG)
Skye Thomson (ST)
Karen Kay (KK)

Title:

Chief Executive
Head of Performance & Planning
Chief Operating Officer / Interim Chief Nurse
Director of Strategy
Chief Nurse
Corporate Governance Administrator (minutes)
Deputy Director of Nursing

| Item no. | Agenda item | Action |
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| CG-019-22 | <p>Welcome & Apologies</p> <p>The Chair welcomed all those in attendance and introduced new appointed governor Mahmoud Efar from Liverpool University Hospitals Foundation Trust.</p> <p>Apologies were noted from Public Governor: Anne Olsson, Public Governor: Johnathan Heseltine, Non-Executive Director: Elkan Abrahamson, Non-Executive Director: Geoff</p> | |

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| | Broadhead, Director of Finance: James Thomson and Associate Director of Corporate Governance: Margaret Saunders. | |
| CG-020-22 | <p>Declarations of Interests Concerning Agenda Items</p> <p>No declarations of interest were made</p> | |
| CG-021-22 | <p>Minutes of last meeting: 12 January 2022</p> <p>The minutes of the Council of Governors meeting on 12th January 2022 were approved subject to the following amendment:</p> <p>Sarah Barr, Chief Information Officer to be added as in attendance.</p> | |
| CG-022-22 | <p>Matters Arising & Action Log</p> <p>The actions were noted to be ongoing or completed.</p> <p>The Chair acknowledged that work with the Trust Values was ongoing and discussion regarding the proposal to move the Trust charity to independent status had taken place.</p> | |
| Performance | | |
| CG-023-22 | <p>Chair's Welcome</p> <p>The Chair re-iterated her Welcome to all in attendance.</p> | |
| CG-024-22 | <p>Chief Executive Update</p> <p>The Chief Executive informed the Council of the key issues regarding Covid:</p> <ul style="list-style-type: none"> • High prevalence in community • Most patients with Covid have 'incidental Covid' meaning they come in for treatment and are then found to have Covid • As the Trust has side rooms they don't have the challenges of cohorting patients • Awaiting new IPC guidance • Allowing visitors has positive impact on both staff and patients • The Trust is awaiting further instruction on vaccination and testing <p>Public Governor, KL, enquired if visitors to the Trust still had to show evidence of a negative Covid Test.</p> <p>The Chief Executive confirmed that visitors still had to show evidence of a negative test for the wards but not for outpatients; however they should not visit if they have symptoms.</p> <p>The Chief Executive provided an update on the Integrated Care System (ICS) providing an overview of what the ICS is and highlighting that the Trust is used to working in a collaborative way, as part of the Cheshire and Merseyside Cancer Alliance.</p> <p>The Chief Executive noted that on the 1st July 2022 the ICS will be established formally and presented the Council with details on the Executive Team of the Integrated Care Board (ICB)</p> | |

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| | <p>The Chief Executive noted place leader appointments were being made in the system. And noted the system's provider collaborative, Cheshire and Merseyside Acute and Specialist Trusts Collaborative.</p> <p>Public Governor, AW, asked for clarification on the term 'Place Leadership' and what they do.</p> <p>The Chief Executive expressed the 'place' was based on geographical locations and the Trust sits in the Liverpool place. The places have a knowledge and understanding of health and social care in their area, they manage primary care and link with local authority about social care. With the system changing the Trust will continue to get clarity on how the various collaborative networks will fit together going forward.</p> <p>The Chief Executive highlighted that the Council may have seen information on collaboration in Liverpool in the media. The Trust is working closely with the other Trusts in Liverpool, particularly Liverpool University Hospitals FT (LUHFT) as they build their new hospital. Work has started on the bridge between LUHFT and Clatterbridge Liverpool and the Chief Operating Officer and the Director of Strategy are part of the operational meetings with the LUHFT team. When asked, the Chief Executive informed the Council that the new Royal Liverpool Hospital was planned to open in Autumn.</p> <p>Appointed Governor for LUHFT ME, confirmed the hope is for the site to open in September.</p> <p>ACTION: The slides from the Chief Executive Update to be shared with Governors post meeting</p> | ST |
| CG-025-22 | <p>Lead Governor Update</p> <p>The Lead Governor informed the Council of a session the Governors had been invited to on understanding finance within the NHS. The session was being facilitated by Liverpool Women's. Public Governors. KW and JR confirmed they would be attending.</p> <p>The Lead Governor provided an update on another public Governor who had been unwell and resigned in January 2022 and informed the Council she had sent get well wishes on the Council's behalf, and the governor was still in hospital. The Corporate Governance Team will arrange a thanks for his long service.</p> | |
| CG-026-22 | <p>Performance & Quality Presentation</p> <p>The Chief Operating Officer introduced the Performance and Quality Presentation and updated the Council on operational performance.</p> <p>Operational Performance</p> <p>The Chief Operating Officer highlighted the following key messages:</p> <ul style="list-style-type: none"> • The Trust performed well in general regarding cancer waiting times during the pandemic; however there had been unavoidable breaches recently. The recent wave of Covid had impacted staffing and patients. Some patients had deferred treatment from December to January • There had been trouble with turnaround for molecular testing; an action plan is in place to address this • There was uncertainty around the pandemic and the rise in demand for treatment for new patients | |

- There had been delays in transfer of care as there are issues throughout the system
- The Trust is currently preparing activity plans for next financial year

Governor, ME, noted that the national cancer targets were going to change and asked for confirmation on the Trust's new diagnostics as a tertiary centre. The Chief Operating Officer confirmed that for the 28 day faster diagnostics target the Trust doesn't have a lot of patients; they are mainly haemato-oncology patients. For the 62 day target the Trust has lots of patients on this pathway.

Governor ME and the Chief Operating Officer discussed the impact of other services on this target for the Trust. It was highlighted that lots of patients come to the Trust late on the pathway and the Trust gives itself 24 days to meet the target; the rest of the 62 days is for secondary care to refer them. These targets are impacted by the system as a whole and the cancer alliance focuses on this.

Quality

The Chief Nurse provided the Council with an update on Quality Performance and noted the blue arrows on the report show an increase in incidents reported which correlated with recent education. As the increase related to low harm incidents, the Chief Nurse highlighted this as a positive thing. The Trust aims to be a high reporting low harm organization.

It was noted that there is an expected increase in c.difficile cases, due to the increased use of antibiotic hand sanitisers (rather than hand washing) during Covid. The Trust investigates cases of c.difficile to check if they are specific to the patient or a case of cross contamination. The increase in the cases in the report were different and showed no lapses in care. The Trust is doing a piece of improvement work.

When asked, the Chief Nurse explained that an incident is an event that hasn't gone the way it was expected to go. Incidents are reported on the Trust's electronic incident reporting site Datix. Incidents are reviewed to see where lessons can be learnt.

Governor, KL, highlighted that they had spoken to patients about people smoking outside the doors to the hospital. The Chief Nurse noted there hadn't been any formal reports of this but there was work ongoing, including patrols encouraging people not to smoke outside the premises. The hospital is a no smoking site, therefore people gather at the next available place, round the door.

The Chief Nurse noted that one complaint in the report went out two days after the deadline. This was because she was reworking the complaints letter to ensure the best and final version went to the complainant. The team are doing a piece of work around writing and communicating with regards to complaints.

Finance

In the absence of the Director of Finance, the Chief Operating Officer updated the Council on the Trust's financial position highlighting the following key points:

- The Trust is hitting the breakeven target and is slightly above plan
- The Trust has received its share of elective recovery funds
- The capital plan money has been allocated and is awaiting receipt
- The Trust is working on its operational and financial planning for 2022/2023. The guidance has yet to be published and the submission date is April 2022. The Trust is expecting an

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| | <p>11% increase in throughput and expecting to meet a 104% activity target, as well as, submit a breakeven plan.</p> <p>Lead Governor, JW, noted the agency spend in the report and the savings made and congratulated the teams involved.</p> <p>Workforce</p> <p>In the absence of the Director of Workforce, the Chief Operating Officer presented the workforce section of the report and highlighted the following key points.</p> <ul style="list-style-type: none"> • There has been an increase in sickness absence over January and February, showing the impact of the recent wave of Covid. Sickness absence is decreasing, but is still above target. There are still a lot of staff off with absences related to Covid. • There has been an increase in turnover particularly around inpatient wards, work is ongoing around Recruitment and retention. The workforce team are doing exit interviews, but have found no trends for concern. <p>Public Governor, AW, asked where the staff that leave go to. The Chief Operating Officer noted that some staff get promotions or new roles, others move closer to home. There are various reasons but no areas for concern at this point.</p> <ul style="list-style-type: none"> • For mandatory training the Trust had good performance and is on target. There are pockets of non-compliance in basic life support (BSL) and advanced life support (ALS). There had been improvement in these areas but sickness in the training team meant sessions had to be cancelled. • The Trust's PADR scoring is just below target but compares favourably to other Trusts • The Chief Operating Officer noted the withdrawal of the vaccination as a condition of employment guidance/requirement • The staff survey had a 62% response rate which the trust was pleased with. An action plan will be developed from the results. <p>The attendees discussed the response rate and how it differs from the private sector. The Trust confirmed that in comparison with other Trusts and in light of the current pressures on teams they were happy with the rate. It was noted that there is still a portion of the staff not responding, and it is key to aim to hear from as many staff as possible.</p> <p>The Council noted the updates provided</p> | |
| <p>CG-027-22</p> | <p>5 Year Strategy Implementation - Progress Update</p> <p>The Director of Strategy presented an update on the Trust's 5 year strategy presenting highlights over the last 6 months for each of the Trust's objectives:</p> <ul style="list-style-type: none"> • Be outstanding • Be collaborative • Be a great place to work • Be research Leaders • Be Digital • Be Innovative <p>The Director of Strategy went over the challenges, the impact of covid, high priority projects and key pieces of work going on in the next 6 months in line with the strategy.</p> <p>The Governors asked for more information on the programme management office transition. It was noted that this sits within the director of strategy's team and originally the team focused on</p> | |

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| | <p>the opening of the new CCC-Liverpool hospital. The team is now being reconfigured, with further clarification on roles.</p> <p>Public Governor, JF, asked if the community diagnostic centres (CDCs) have CT imaging, which was confirmed. After a discussion around recommended imaging, the Chief Executive informed the Council that 5 out of the 9 planned CDCs across the region have been implemented; 30,000 additional tests have been done through the CDCs. The Trust and CMCA (Cheshire and Merseyside Cancer Alliance) have led on this and there is a diagnostic Board that leads on imaging, pathology and endoscopy in the effort to bring together important for cancer pathways. The biggest challenge for diagnostic imaging is in endoscopy; the CMCA are trying to maximize capital bids around diagnostics.</p> <p>ACTION: The presentation slides to be shared with the Governors post meeting</p> | ST |
| Governor Reports | | |
| | <p>Patient Experience & Inclusion Group Report</p> <p>Staff Governor AW presented the Patient Experience & Inclusion Report, and highlighted the following key points:</p> <ul style="list-style-type: none"> • Adult inpatient survey: The Trust was 6th in England, which is a fantastic result, however there is still learning to be responded to. • National cancer patient experience survey: had good results and also showed opportunities to improve • Patient Experience Walkabouts: been 5 since last Council of Governors meeting. There has been positive feedback from patients, with the key area for improvement on communication both with patients and staff, particularly between staff and leadership. • The 'Patient Experience Key Commitments' has gone through the appropriate committees, and is awaiting approval for publication. • Patient experience and inclusion annual report 2021: was signed off by quality committee in February • Head of Patient Experience: the role is now vacant, a big thanks was given to Kirsteen Scowcroft for her hard work. <p>The Chief Nurse informed the Council that in her 5 months in post she has been working with the nurses to understand their needs. She meets the band 7 and 8 nurses every month and is doing work to support ward managers and matrons. There is an ongoing piece of work developing the accreditation programme to celebrate successes. The Chief Nurse noted that the Trust has got really good staff, who are experiencing (like other organisations) a period of exhaustion and fatigue. She was happy staff and patients are able to raise concerns.</p> | |
| CG-028-22 | | |
| | <p>Membership Engagement & Communications Committee (MECC) Report</p> <p>Staff Governor and Chair of the MECC, LJB, updated the council on the re-established, Membership Engagement and Communications Committee. The Committee had reviewed and refreshed its terms of reference and begun developing an implementation plan and strategy to bring to the next Council of Governors meeting.</p> <p>LJB informed the Governors that the 2022 Governor elections would begin in May and many Governors were coming to the end of their term and were eligible to re-run. The Corporate Governance Administrator will contact all those coming to the end of their term outside of meeting. Governors were encouraged to let LJB know if they knew of any good candidates.</p> | |
| CG-029-22 | | |

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| | <p>LJB encouraged Governors to come along to the committee and get involved.</p> <p>The Chair encouraged particularly those at the end of their 1st term, to run again.</p> | |
| Assurance | | |
| CG-030-22 | <p>Performance Committee - Assurance Report</p> <p>In the absence of Non-Executive Director GB, Non-Executive Director MT provided an update on the Performance Committee.</p> <p>MT highlighted the financial position and the operational and financial planning guidelines. There has been uncertainty around the elective recovery funding (ERF). A draft plan was submitted last week, which is a break even plan for next year. The plan is not without risk, particularly about assumptions on income and cost improvements and may be subject to change following review by the ICS.</p> <p>MT highlighted the committee received a report regarding medical staffing. This had been on the Trust's risk register for some time and the committee asked for a deep dive into issues, challenges and actions. The committee felt assured by the actions and recommendations. The Green Plan came to performance committee in January and went to Board with recommendation to approve.</p> | |
| CG-031-22 | <p>Quality Committee - Assurance Report</p> <p>Non-Executive Director TJ, presented an update on the quality committee from the two meetings in January and February, and noted Non-Executive Director, EA chaired the committee meeting in February in TJ's absence.</p> <p>The activity in quality committee has reduced; there are ongoing issues re risk reporting and the utility of Datix cloud IQ system which is a bit clunky. These are being worked through and monitored.</p> <p>TJ noted the items in the report and highlighted the changes to the committee structures which mean the quality committee will go from monthly to quarterly, with additional 1:1s between TJ and the Chief Nurse. The re-structure will be monitored and checked, to ensure the meeting frequency is fit for purpose</p> | |
| CG-032-22 | <p>Audit Committee - Assurance Report</p> <p>Non-Executive Director MT provided an update on the Audit Committee, noting that the meeting in January had been very positive, particularly the internal audit work. The Finance report to the committee had very positive assurance indicators. MT highlighted the great work the finance team have been doing.</p> <p>The new external auditors attended their first audit committee meeting in January and gave an introduction. The Trust and external auditors will work closely as they approach year end.</p> <p>MT highlighted the issues around conflicts of interest and gifts and hospitality, which were given limited assurance from the internal audit. The Trust was aware that this was an area with shortcomings and work will be done in this area. This was also highlighted in the antifraud process report.</p> | |

MEETING NOTES



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| CG-033-22 | <p>Charitable Funds Committee - Assurance Report</p> <p>In the absence of Non-Executive Director EA, the Chief Executive provided an update on the Charitable Funds Committee. Further work is ongoing with regards to the Charity moving to independent status. Hempsons, the legal advisers for the Charity, were unable to attend the meeting in February, An extra-ordinary meeting will be held in order to have discussions with Hempsons. The Trust have been open with staff regarding the move to independent status.</p> <p>There will be continued funding for the arts programme, which is recognized as important for both staff and patients. The Glow Green night walk held in Feb raised approximately £200K. The Chief Executive gave a big thanks to patients, staff, families and others for their support in the first proper event since Covid began.</p> <p>Staff Governor MB, noted following her questions at the last Council of Governors meeting she had met up with the Head of Charity and had all her questions answered.</p> | |
| Governance | | |
| CG-034-22 | <p>Governor Questions & Responses</p> <p>No Governors had submitted any questions in advance. The Chair opened up the meeting for any questions. Lead Governor JW, asked if the next meeting would be in person. The Chair informed the Council that the Trust Board are holding their first hybrid (in person and on MS Teams) meeting in April and following this the possibility of future Council of Governor meetings having an in person element would be assessed. The Trust will continue to follow infection, prevention and control guidelines and use them to make informed decisions regarding distancing and in person meetings.</p> | |
| Any other business | | |
| CG-035-22 | <p>Meeting review</p> <p>The Chair opened up the meeting for review asking if the meeting covered what the Council expected. No comments were given and the Council was encouraged to contact the Chair or Corporate Governance Team if there was anything they would like to see included in future meetings.</p> | |
| CG-036-22 | <p>Any Other Business</p> <p>None</p> | |

Next meeting:

Date: 6 July 2022

Location: hybrid MS Teams and CCC-L Board rooms

Start time: 17:00

Finish time: 18:30

Signature:

Date:

Chair

(Insert date when minutes are signed)



MEETING NOTES



The Clatterbridge
Cancer Centre
NHS Foundation Trust

