

Minutes of Trust Board Part 1
26th July 2023 at 9.30am

Kathy Doran	Chair
Mark Tattersall	Non-Executive Director
Geoff Broadhead	Non-Executive Director
Asutosh Yagnik	Non-Executive Director
Anna Rothery	Non-Executive Director
Elkan Abrahamson	Non-Executive Director
Liz Bishop	Chief Executive
Jayne Shaw	Director of Workforce & Organisational Development
Sheena Khanduri	Medical Director
Julie Gray	Chief Nurse
Joan Spencer	Chief Operating Officer
James Thomson	Director of Finance
Tom Pharaoh	Director of Strategy (non-voting)
Sarah Barr	Chief Information Officer (non-voting)

In attendance:

Jane Hindle	Associate Director of Corporate Governance
Skye Thomson	Corporate Governance Manager
Jane Wilkinson	Lead Governor
Laura Jane Brown	Staff Governor (Nurses)
Emer Scott	Associate Director of Communications
Daniel Monnery	Palliative Medicine Consultant (item 77-23/24)

Item No.	Standard Business
67-23/24	<p>Welcome, Introduction, Apologies & Quoracy:</p> <p>Kathy Doran welcomed the Board members, observing Governors, and staff. Apologies were noted from Terry Jones, Non-Executive Director.</p> <p>Kathy Doran confirmed the meeting was quorate.</p>
68-23/24	<p>Declarations of Interest</p> <p>There were no declarations made in relation to any of the agenda items. The Boards register of interests is published on the Trust website: https://www.clatterbridgecc.nhs.uk/application/files/2316/8233/2399/The_Clatterbridge_Cancer_Centre_Register_of_Interests_2022-23.pdf</p>

69-23/24	<p>Minutes of Previous Meeting</p> <p>The minutes of the meeting held on 31st May 2023 were approved as a true and accurate record subject to the following amendments:</p> <ul style="list-style-type: none"> Item 55-23/24 should say 'Daniel Monnery' to present the strategy
70-23/24	<p>Matters Arising / Action Log</p> <p>There were no matters arising. The Board noted that the following updates regarding the action log:</p> <ul style="list-style-type: none"> P1-055-23/24 Schwartz Rounds: Jayne Shaw informed the Board a timetable had been created and the team were booking the rooms for the next calendar year ACTION CLOSED P1-052-23/24 Switchboard: Joan Spencer informed the Board CCC are renegotiating the contract with LUHFT ACTION CLOSED P1-052-23/24 Bed Capacity: A report on capacity and demand will go to the Performance Committee in August, a PID for patient flow will go in November P1-057-23/24 Board Development: The Board Development Programme has been updated for October ACTION CLOSED <p>The Board noted all other complete actions.</p>
71-23/24	<p>Cycle of Business</p> <p>The Board noted the Cycle of Business and requested the removal of the Charitable Funds Committee Chair's report as the meeting no longer takes place since the Charity went independent.</p>
72-23/24	<p>Chair's and CEO's report</p> <p>The Board received the Chair and Chief Executive Report.</p> <p>Liz Bishop noted the Trust is still in the midst of radiographers' industrial action. Mark Tattersall queried if the industrial action had an impact on BAF 2 around demand. Liz Bishop commented that the BAF continues to be reviewed as part of the cycle and the team have done a great job of contacting patients and rescheduling. Joan Spencer noted that the impact of industrial action was referenced in the Trust's risk register.</p> <p>Joan Spencer confirmed the Trust had not been notified of any further dates of industrial action for radiographers at this time.</p> <p>The Board noted the contents of the report.</p>
	<p>Our People</p>
73-23/24	<p>Patient Story</p> <p>Julie Gray presented an overview of the patient story, which showcased the work of an integrated approach to workforce. The Speech and Language Therapy team is working across organisations to ensure that clinical decision making, pathways and patient experience are led by patient need. Whilst this patient story was not rooted in a specific complaint, there have been historical issues relating to fragmentation and uncoordinated care pathways for patients with Head & Neck cancer & the video highlighted the good progress made to date. A conclusion to the ongoing work will come to the Quality Committee as a ward to Board presentation.</p> <p>Mark Tattersall queried the sustainability of the service going forward and asked if future finances were secured. Joan Spencer noted funding was not confirmed, it is on the list for investments this year, however funding for next year is not yet clear. The team are fantastic at working with other organisations, with ongoing service level agreement discussions. Funding debates will be through the ICB and the Cheshire and Merseyside Cancer Alliance.</p>

	<p>Liz Bishop noted the service was developed organically through passionate speech and language therapists, which now needs a more structured approach to funding and hosting of services.</p> <p>The Board discussed the importance of raising awareness of the service and evaluating cost.</p> <p>Elkan Abrahamson queried if there was any attempt to ensure the leaflets were accessible to all when developed. Julie Gray confirmed that all leaflets go through a process to ensure accessibility and that patients have access to translation services.</p> <p>The Board noted the patient story</p>
74-23/24	<p>NED and Governor Engagement Walk-round</p> <p>Mark Tattersall introduced the report from the walk-round on the 13th June 2023 at the Brachytherapy unit and Clatterbridge Private Clinic both on level 1, CCCL. The Walk-round was overwhelmingly positive. The staff raised issues with the Papillon machine and noted the staff break area was suitable for 3 people but there could be 20 people on shift. Julie Gray noted that infection prevention and control is often mentioned as a reason for not leaving the unit, but the staff can get in and out of the unit for breaks.</p> <p>Joan Spencer noted that the clinical component of the Papillon machine is fine but the kit loses connectivity, which slows the process down. The team are working with the company to do a performance review and are in a much better position. The staff were proactively addressing the issue, which is being managed through Risk and Quality Governance Committee.</p> <p>Mark Tattersall noted the staff on the private unit were friendly and welcoming. Julie Gray informed the Board the Lead Nurse positions mentioned in the report had been recruited to.</p> <p>The Board noted the report</p>
75-23/24	<p>Mortality Report</p> <p>Sheena Khanduri presented the Q4 2022/23 Mortality Dashboard and informed the Board there was nothing to escalate. There were no new Inpatient SJR scores <6 reported during the period. There were 3 deaths in February 2023 in radically treated HO patients. There are no concerns and the Team will ensure mortality review process is followed.</p> <p>The Board noted the quarter 4 Mortality Report</p>
76-23/24	<p>Mortality Annual Report</p> <p>Sheena Khanduri presented the 2022/23 Mortality Annual Report, which brings together the achievements of 2022-23, with a continued focus on learning to improve our care. The year has brought challenges as patients and our services recover from the impact of Covid 19 against a background of areas of known health inequalities and rising demand. In spite of these the Trust is able to demonstrate the high quality of care through National benchmarking and compliance with National and regulatory requirements.</p> <p>Sheena Khanduri highlighted the achievements listed under the strategic priorities within the Executive Summary and the compliance against national guidance on learning from deaths 2022/2023 on page 19 of the report noting that mortality had had consistent rates pre and post covid despite pressures.</p> <p>The Board discussed the cascading of information (also covered in the quality improvement and learning strategy), Sheena Khanduri noted the team look at different ways of communicating, e.g. newsletters, site reference groups etc.</p>

	<p>The Board discussed the presentation of the data as upon initial view it can be misinterpreted due to the different denominators. The team will take this into consideration in future reports.</p> <p>Elkan Abrahamson queried the lack of data for the following categories in the national audit of care at the end of life 2022/23 scores on page 30 of the report: Needs of the families and others (QS) Families' and others' experience of care (QS)</p> <p>Sheena Khanduri informed the Board that if the number of responses is small the data is not presented.</p> <p>One of the reasons for the increase in deaths from quarter 1 to quarter 4 is that there has been a change in pattern of care since opening Clatterbridge Liverpool as clinics that were previously held Liverpool University Hospitals are now located in in our hospitals. There has been an increased amount of admissions through our clinical areas.</p> <p>The Board noted the annual mortality report</p>
77-23/24	<p>Palliative Care End of Life Strategy</p> <p>Daniel Monnery presented the 5 year palliative care strategy, which outlined the outcomes of the previous strategy and key performance indicators for palliative and end of life care services at CCC from 2023-28. The following key points were made:</p> <ul style="list-style-type: none"> • The strategy had been out for consultation in the organization • The strategy had been ratified by the quality committee • The vast majority of aims set out in the previous ambitious strategy have been achieved • The strategy reflects the Trust's 5 year strategy and the new national ambitions framework for end of life care • The strategy contains the following three vision statements: <ol style="list-style-type: none"> 1. Every patient living with treatable but not curable cancer has access to timely, personalized holistic support aimed at supporting them to live as well as possible regardless of prognosis. 2. Every patient approaching end of life has access to responsive 24/7 specialist support when needed to help address their physical, psychological, spiritual and social needs. 3. Patients with complex needs receiving curative treatment or with late effects of treatment can choose to access holistic support through Enhanced Supportive Care. • There are a long list of actions to achieve these visions (page 21-26 of the report) <p>The Board discussed the 'Clatterbridge to home' carers service for patients requiring rapid discharge home to die, thereby addressing the gap in needs-based social care access. The Board discussed what charities are able to offer to support patients and how private care agencies currently provide support. The Board discussed how this model would fit with the local authority and primary care and the potential cost saving and benefits to the system.</p> <p>Multi-faith models were highlighted and Dan Monnery informed the Board he is co-ordinating with the Equality Diversity and Inclusion Lead to see how the Trust can engage with communities to shape services. There is already a link with the chaplaincy at LUHFT.</p> <p>It was noted the abandoned action around simulation training had been too costly and instead the training needs will be met by a communications hints and tips study day. The trainees will follow a patient scenario through the day from first diagnosis to end of life care, the staff delivering the training will do the role play themselves. There is also an education grant in place for a podcast.</p>

	<p>The Board noted the new strategy and the excellent work completed on the previous strategy.</p>
78-23/24	<p>NHSNW Black, Asian and Minority Ethnic Anti-racist Framework</p> <p>Jayne Shaw introduced the Anti-Racist Framework developed by the North West Black Asian and Minority Ethnic Assembly and sought approval from the Board to formally adopt the Framework.</p> <p>The framework is constructed around five anti-racist principles:</p> <ul style="list-style-type: none"> • Prioritising anti-racism • Understanding lived experience • Growing inclusive leaders • Act to tackle inequalities • Review progress regularly <p>Following approval, the Trust will do a self-assessment, which will be reviewed and the action plan monitored by the People Committee.</p> <p>Anna Rothery highlighted the importance of this framework not being a 'tick-box exercise' and the organisation ensuring there is active work to ensure this is embedded. 'Anti-racist' is a solid and clear message and the Trust needs to ensure it is engaged with across the organisation. The Board discussed the link between the framework and their recent Board Development Session on Equality Diversity and Inclusion.</p> <p>Asutosh Yagnik queried how the Trust fulfils the principle 'understand lived experience'. Jayne Shaw noted that the principles are ambitious with three levels of achievement: Bronze, Silver, and Gold with each level building on the next, encouraging organisations to make incremental changes and take positive actions towards eradicating racial discrimination in their organisations. The Trust currently has the reverse mentoring programme, 'In your shoes', the BAME network and multiple networks for the Execs to engage with and speak to a variety of staff, however the team will be looking at this priority (and the others) to assess how the organisation meets them and can improve.</p> <p>The Board requested that the self-assessment come back to the Board as well as the People Committee to see how the organisation scores and the actions that will be taken.</p> <p>The Board approved the NHSNW Black, Asian and Minority Ethnic Anti-racist Framework</p>
79-23/24	<p>Integrated Performance Report</p> <p>Joan Spencer introduced the month 3 Integrated Performance Report, which highlights exceptions in Access, Efficiency, Quality, Research & Innovation, Workforce and Finance.</p> <p><u>Access and efficiency</u></p> <p>There were 5 avoidable breaches on the 62-day classic cancer target; there were a high number of delayed referrals impacted by industrial action.</p> <p>There have been challenges around, delayed transfers, bed occupancy and expected date of discharge in month; the team are sighted on these. New staff have been offered or appointed to the vacancies in the Radiology team.</p> <p>There have been national problems around molecular testing. The national programme is looking at reducing turnaround times, some improvements have been seen, but it is not resolved yet.</p> <p><u>Quality</u></p>

	<p>CQC and specialist commissioners have signed off the never event report and are happy with the level of scrutiny in the investigation.</p> <p>There were two missed dementia screens in month, 1 patient was acutely unwell on admission and was transferred to ED within 24 hours, therefore this assessment was not a clinical priority / likely not possible to perform. For the 2nd patient, whilst the assessment was missed, there was no mention in the patient's notes of any confusion and they live independently at home, therefore it is unlikely that a potential dementia referral was missed.</p> <p>There is a new process for infection breaches, where teams discuss themes and concerns. Monthly meetings are held with specialist commissioners on IPC data; there are no current concerns.</p> <p>The policy work is slowly improving, there continues to be a focus on getting policies to their best and final version.</p> <p><u>Research & Innovation</u> The study recruitment is at 66%, which is a higher number compared to past 5 years. More trials are being opened and the cancer vaccine study is being featured on the BBC.</p> <p><u>Workforce</u> Once fixed term contracts are discounted the turnover figure meets the target. This data can't be removed as it is still counted as turnover.</p> <p>The Board noted the short-term sickness target was achieved again in month.</p> <p>The Board approved the Integrated Performance Report</p>
80-23/24	<p>Finance Report James Thomson introduced the month 2 finance report noting the Trust is behind plan, however the group is showing a surplus. There has been an increase in pay costs as establishment is being filled and agency spend is down.</p> <p>The national pay award including 2022-23 back pay has been received in month 3. Bank spend is consistent with previous months, the spend is mainly due to 1:1 care required on the wards and the escalation beds remaining open. A further report on this will go to Performance Committee in August.</p> <p>Interest receivable is over plan in month 3, this relates to increasing interest rates. The Trust is achieving breakeven overall for the Cost Improvement Programme (CIP). There has been £3.5m (42.7%) of the CIP target identified at month 3. £1.7m of these savings are recurrent. There are also a further £304k (3.3%) of schemes with submitted forms. The team are working to ensure non-recurrent schemes become recurrent wherever possible.</p> <p>The Trust successfully opened Paddington Community Diagnostics Centre on Monday 24th July.</p> <p>The Investment Committee is fully signed on any risk around capital and site investment into Clatterbridge Wirral.</p> <p>The Board noted the report</p>
81-23/24	<p>Quality Improvement and Learning Strategy 2023-25 Julie Gray presented the Quality Improvement and Learning Strategy, recommended by the Quality Committee for Board approval. The following key points were made:</p>

	<ul style="list-style-type: none"> Originally there were two strategies (quality improvement and quality learning) which have now been combined to create one aligned strategy The strategy has been informed by public consultation across the sites and Governor consultation The strategy is for 2023-25 to line up with the Trust's 5 year strategy The strategy aligns to the introduction of NHS Impact and PSIRF (Patient Safety & Incident Reporting Framework) The strategy outlines the following 4 objectives; <p>Objective 1: To widely share learning, success and excellence to improve patient safety culture and staff experience</p> <p>Objective 2: To use digital real-time data and system-wide collaboration to drive outstanding care</p> <p>Objective 3: To discover and implement new knowledge in order to achieve the best outcomes for patients</p> <p>Objective 4: To promote and reward innovation and continuous quality improvement initiatives to build safer systems and improve patient experience.</p> <p>The Board approved the Quality Improvement and Learning Strategy</p>
82-23/24	<p>Communications Strategy 2023-2025: Six-monthly implementation progress report</p> <p>Liz Bishop introduced the strategy update and informed the Board this is monitored by the Trust Executive Group (TEG).</p> <p>Emer Scott noted that the communications team will work with the business intelligence team going forward to create a communications dashboard. They plan to pull google analytics and social media data to track over time.</p> <p>The Board noted the positive work going on and the great media coverage. The focus now will be the Community Diagnostics Centre launch, media photographs and video</p> <p>Jane Hindle noted that there had been reference in the Francis report to Boards regularly receiving information on their reputation.</p> <p>ACTION: To consider the inclusion of media reporting/social media within the Chief Executive's report in order to provide awareness of issues raised in the media.</p> <p>The Board noted the report and thanked the Communications team for their hard work.</p>
83-23/24	<p>Cheshire and Merseyside Cancer Alliance presentation</p> <p>Following the report in June the Board requested a refresh of the quarterly report in order to ensure that it is meaningful at Place level and to audiences within individual Providers</p> <p>Liz Bishop presented the performance update including:</p> <p>Performance Data</p> <ul style="list-style-type: none"> Summary measures: Most recent 12 months vs previous 12 months Urgent GP referrals for suspected cancer: Activity National comparisons: Operational Standards Place level vs operational standards: 12 months rolling May 2022 to April 2023 Trust level vs operational standards: 12 months rolling May 2022 to April 2023 Patients waiting over 62 days on the Cancer PTL <p>CMCA Programme Highlights</p> <ul style="list-style-type: none"> Transformation and partnerships: Highlights since last report Faster Diagnosis: Highlights since last report <p>Early Diagnosis of Cancer Summary measures – 12 month</p>

	<ul style="list-style-type: none"> Cancer stage at diagnosis: Rapid Cancer Registration Database (RCRD) <p>The Board discussed the new format and were pleased to see trends and hotspots for particular tumour groups, which can be targeted. The Board agreed the metrics were clear and the format improved.</p> <p>The Board noted the presentation and approved the new format.</p>
84-23/24	<p>Audit Committee Chair's Report</p> <p>Mark Tattersall introduced the report and noted the meeting on the 13th July was not quorate, however the attendees agreed to continue the meeting and ratify decisions at a later date if needed.</p> <p>Mark Tattersall highlighted the key areas of the report:</p> <ul style="list-style-type: none"> Internal Audit Reports and findings: Data Protection & Security Toolkit – Substantial Assurance, Provider Collaborative – Procurement – Substantial Assurance, Critical Apps (Estates) – Limited Assurance Positive Finance Assurance Indicators Cyber Security Update: The Committee received substantial assurance CIP: The Committee recognises that this is a significant financial risk and request James Thomson produce a detailed progress report for the Audit Committee in October, where the Committee will also receive the MIAA CIP Audit Report. <p>The Board noted the report.</p>
85-23/24	<p>Board Assurance Framework</p> <p>Liz Bishop introduced the report and noted the Committees of the Board had reviewed their assigned BAF risks.</p> <p>There has been significant progress made against BAF 4 and the Board was requested to approve the removal of BAF 4 from the Board Assurance Framework as it is no longer considered a strategic risk and is managed through Audit Committee and Quality Committee.</p> <p>BAF 6 regarding strategic influence in the ICS, had been updated to include measures. Liz Bishop corrected measure 5, which should be 'CCC will be in the top 10 of 42 for ICB performance'.</p> <p>The Board discussed Community Diagnostic Centres and future funding. James Thomson informed the Board that the Community Diagnostic Centre's will be centrally funded until 2025.</p> <p>The Board noted the positive changes against BAF 4.</p> <p>The Board approved removal of BAF 4 from the Board Assurance Framework and confirmed they were satisfied with the assurance in BAF 6. The Board approved the revisions and merging of BAF 9, 10, 11 and 12, into the new BAF 10 and BAF 12 and noted the full BAF.</p>
86-23/24	<p>Trust Board Effectives and Governance Review</p> <p>Jane Hindle introduced the report and highlighted appendix B presenting governance arrangements of other Trusts.</p> <p>The Board discussed the frequency of Trust Board meetings and agreed that the Board would meet 8 times a year with 2 'place holder' meetings to be used if needed.</p> <p>Kathy Doran noted the results of the 'membership of Committee reflects remit' and 'Effective Leader' questions of the Trust Board Effectiveness review and requested any issues be brought to her or Jane Hindle.</p>

	<p>The Board discussed the 'meeting reflections' questions, which was also flagged on the Committee reviews. This has been included as a standard item on the agendas going forward and the Board suggested using this item as an opportunity to comment on the content, interactions and process of the meeting and raise what went well or could be done differently.</p> <p>The board noted the report and agreed to proceed with 8 meetings a year.</p>
87-23/24	<p>Committee Annual Reports and Effectiveness Review 2022-23</p> <p>Jane Hindle introduced the reports, which evaluated how each Committee met their terms of reference in 2022/23. The areas for improvement are included in each report, which had been reviewed by the Audit Committee.</p> <p>The Corporate Governance Team are planning the meeting dates for next year and aim to avoid paper deadlines clashing with other meetings.</p> <p>The Board discussed the frequency of Quality Committee meetings and agreed that in the absence of Terry Jones, Non-Executive Director, the decision be agreed offline between Terry as Chair of the Quality Committee and Julie Gray as Lead Officer.</p> <p>Jane Hindle noted the scheme of reservation and delegation is being reviewed to ensure clarity on the approval of policies. The Committee terms of reference will need updating to include reference to equality, diversity and inclusion as this is not just the business of people committee.</p> <p>The Board noted the report.</p>
88-23/24	<p>IPC Annual Report</p> <p>The item was noted as part of the consent agenda</p> <p>Asutosh Yagnik noted there were two figures missing in the executive summary table on page 311 of the pack. Julie Gray agreed to pick this up with Lauren Gould, Matron for IPC and Tissue Viability Services.</p>
89-23/24	<p>Chair's Declaration – (Fit and Proper)</p> <p>The item was noted as part of the consent agenda</p>
90-23/24	<p>Questions from Governors and members of the public</p> <p>There were no questions from the Governors or members of the public</p>
91-23/24	<p>Items for inclusion in the BAF</p> <p>There are no further items for inclusion on the Board Assurance Framework.</p> <p>Mark Tattersall requested the impact of industrial action be considered when reviewing the BAF</p>
92-23/24	<p>Reflections on meeting</p> <p>The Board agreed they were pleased to see the anti-racist framework and the presentation of the Palliative Care End of Life Strategy.</p>
93-23/24	<p>Any Other Business</p> <p>There was no other business to note</p>
	<p>Date and time of next meeting: 27th September 2023 @ 09:30</p>