

Minutes of Trust Board Part 1
26th April 2023, 09:30

Kathy Doran	Chair
Mark Tattersall	Non-Executive Director
Elkan Abrahamson	Non-Executive Director
Terry Jones	Non-Executive Director
Anna Rothery	Non-Executive Director
Asutosh Yagnik	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 Pharoh	Director of Strategy (non-voting)
Sarah Barr	Chief Information Officer (non-voting)

In attendance:

Jane Hindle	Associate Director of Corporate Governance
Emer Scott	Associate Director of Communications
Skye Thomson	Corporate Governance Manager (Minutes)
Jane Wilkinson	Lead Governor
Laura Jane Brown	Staff Governor (Nurses)

Item No.	Standard Business
1-23	<p>Welcome, Introduction, Apologies & Quoracy:</p> <p>The Chair welcomed the Board and observing Governors and staff and noted there were apologies for absence from Geoff Broadhead. The Chair welcomed Jane Hindle, Associate Director of Corporate Governance to her first Board of Directors meeting.</p> <p>The Chair confirmed the meeting was quorate.</p>
2-23	<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>
3-23	<p>Minutes of Previous Meeting</p> <p>The minutes of the meeting held on 29th March 2023 were approved as a true and accurate record subject to the following amendments: NED AY clarified that on page 8, NED Independence of Board, his declaration of interest update was Transformation Director at MHRA.</p>

4-23	<p>Matters Arising / Action Log</p> <p>There were no matters arising. The Board noted that the following updates regarding the action log:</p> <p>P1-160-22 Review Committee Governance model</p> <p>This item was awaiting the new Associate Director of Corporate Governance. The Board noted the Trust is going through a process of evaluating Committee Effectiveness and agreed the review will come back in July.</p> <p>P1-013-23 VTE Incidents</p> <p>The Board noted the data on VTE incidents going to quality committee had been deferred until June and agreed this new timeline</p> <p>P1-045-23 Category 1 patients</p> <p>The Chief Operating Officer informed the Board that the due to the workforce needed to start category 1 patients on the weekend it is more cost effective to wait until Monday for them to start their treatment. The Trust aren't in a position to provide the service over the weekend. There are a small number of category 1 patients (a handful each year) and this process is reviewed intermittently. A review was taken to Performance Committee 2 years ago. The Board agreed to close the action.</p> <p>P1-045-23 CT Machine break downs</p> <p>The Chief Operating Officer noted that the Trust had problems in February with the CT and PET CT, which prompted the action for further information. The Trust has lost 37 scan days over 12 months. There has been a problem identified with a component part, however there is a global issue with supply. There is now an agreement to keep the part in the UK and the Trust are part of the replacement programme and don't foresee long term issues. The Board agreed to close the action.</p> <p>P1-045-23 SPC Charts</p> <p>The narrative around CW07 and CW08 from the Integrated Performance Report had been queried at the last meeting. The Chief Operating Officer informed the Board that the upper and lower limits of the SPC charts are determined by the last 18 months of performance and move when there is significant change. The lower limit for CW07 is below target, so although this year the target has been consistently met, as the lower limit is below target it is indicated that achievement of the target is likely to be inconsistent. For CW08 both the upper and lower limits are above target and so the target is likely to be achieved consistently. The Board agreed to close the action.</p> <p>P1-045-23 Freedom of Information Requests</p> <p>The Director of Finance informed the Board that Freedom of Information (FOI) requests are anonymous and the Trust doesn't record who they are from, and therefore can't determine how many are submitted by patients. The Board agreed to close the action.</p> <p>P1-053-23 Cheshire & Merseyside Cancer Alliance Reporting</p> <p>The Chief Executive noted that the reporting for the Cancer Alliance had moved to quarterly, however due to a lag in getting the data the Q1 report wouldn't be available until August and the Board doesn't meet in August. Therefore the report wouldn't come until September which is a large gap from the previous report in March 2023. The Chair had agreed that a brief report will come to the Board in July and then the standard quarterly reports will follow the cycle.</p> <p>The Chief Executive noted at the last Board meeting there were concerns on the faster diagnosis standard data which was 61% this is now 71%. For the 1st time since covid the national standard</p>
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	for faster diagnosis was met at 75%. There is a better feeling regarding trends nationally, regionally and locally. The Chair noted positive feedback regarding this was received on northern regional call. The Board agreed to close the action.
5-23	<p>Cycle of Business</p> <p>The Board noted the cycle of business and the deferral of the Charitable Funds Committee Chair's report to May 2023.</p>
6-23	<p>Chair's report</p> <p>The Chair informed the Board of the flurry of activity with NHS England regionally and nationally undertaking the operational and financial planning for the year. It is important that Boards are sighted on issues. Trust's projecting deficits are having ongoing discussions with NHS England and their ICBs. It is hoped that planning discussions will close by the end May.</p> <p>The Liverpool Chairs met ICS Chair's in early April and some progress was noted on the Liverpool Women's sub group..</p> <p>The Trust has had two meetings of the Clatterbridge Cancer Centre and Liverpool University Hospitals (LUHFT) Joint Committee, the formal Chair's report for which will come to Trust Board in May along with the Terms of Reference, which have been standardised across the three joint committees. The Committee discussed its work programmes, for which Clatterbridge had identified leads and LUHFT are currently identifying. The Trusts have requested each organisation's organogram. The Committee is looking to understand its supervisory arrangements and where it is reporting into. This is under discussion with the Integrated Care Board (ICB).</p> <p>The Chair has launched the NED appraisal process and has met with the Governors to discuss succession planning and appraisals. A report will go to the Council of Governors in July. The Chair noted she had attended the funeral of previous Lead Governor Stephan Sanderson, which was very moving.</p> <p>The Director of Workforce provided an update on industrial action noting the Royal College of Nursing (RCN) had rejected the government's pay offer. Further industrial action dates have been announced, 8pm Sunday – 8pm Tues 2nd May. This industrial action running until the 2nd May is under review as the 2nd May falls out of the mandated period, this will be heard at high court on 27th April 2023 with a decision on Friday 28th April. This means there is some uncertainty around planning for the Trust, however the Trust has learnt from recent industrial action and has a good process in place.</p>
Reports and Action Plans	
7-23	<p>Board Assurance Framework</p> <p>The Chief Executive introduced the Board Assurance Framework paper, which provides updates against BAF4 and 6 and shows the full BAF.</p> <p><u>BAF 4</u></p> <p>Good progress has been made following the appointment of the new Associate Director of Corporate Governance and the compliance check against the Code of Governance. There is further work to be done with regard to the quality strategy and the risk management strategy is on the agenda for approval.</p> <p><u>BAF 6</u></p>

	<p>There is further clarity around funding and influence over prevention and diagnosis is well entrenched.</p> <p>Mark Tattersall noted the link between BAF 1 and BAF 4 with BAF 1 scoring 16. The Board discussed the overlap of the risks and suggested a further separation to give clarity that BAF 4 refers to the quality strategy as a form of Governance and BAF1 is looking at the output from it, which will take longer to embed.</p> <p>Asutosh Yagnik highlighted the inconsistencies around the scoring discussion at the People Committee.</p> <p>ACTION: Further clarification on the discussion and scoring to be provided at the next meeting.</p> <p>Asutosh Yagnik noted inconsistencies with scoring in the report and agreed to pick these up offline with the Corporate Governance Manager.</p> <p>The Board noted the report</p>
8-23	<p>Board Assurance Framework Refresh 2023/24</p> <p>The Chief Executive introduced the report which provided recommendations to the Board for any changes to the risk wording, and 2023/24 target scores for the Board Assurance Framework. Each executive Lead had reviewed their BAF risks and provided a target score.</p> <p>The Chief Nurse noted the changes to BAF 1, which had been reworded to focus on patient safety and quality care rather than governance.</p> <p>The Board noted the 2023/24 target exceeds the risk appetite. The Chief Nurse noted that there is significant ground work to be done to reduce the risk.</p> <p>The Board discussed BAF 15 and questioned if the focus on governance arrangements constrained it. The Director of Finance noted the risk is around governance not business, the target is a low risk in our control, commercial output is separate. It was noted the subsidiaries have provided substantial assurance.</p> <p>Asutosh Yagnik, highlighted some errors in the report and would pick these up with Corporate Governance Manager.</p> <p>The Board discussed the challenges with target scores and the difference between actions being complete and embedded.</p> <p>The Chair requested that the team reflect on the conversations had and review the BAF risks to go through the Committees to be discussed in detail.</p> <p>The Board noted the report and request to review.</p>

9-23	<p>Staff Story – Springboard Development Programme</p> <p>The Board received a presentation from four female staff who had attended the Trust's first 'Springboard' development programme for women in roles at Band 2 to Band 6.</p> <p>The Head of Learning and Development provided an overview of the programme and informed the Board how the journey to bringing in Springboard started. The attendees shared really positive feedback stating how much it had inspired and encouraged them to believe in themselves and be more empowered. There were huge benefits for their teams as they felt confident sharing their ideas and knew their worth as valued staff with a lot to offer.</p> <p>The Head of Learning and Development informed the Board they are hoping to bring the training in house and do a further cohort.</p> <p>The Board was pleased to see such a positive account of the programme and thanked the attendees for sharing their story.</p> <p>Elkan Abrahamson asked the attendees what the Trust could do to encourage people to attend the training, as those that would benefit may not put themselves forward. The attendees agreed they were happy to encourage others to attend and noted that they felt empowered to attend when their line manager encouraged them to take part.</p> <p>The Board thanked the participants for sharing their story.</p>
10-23	<p>Quality Committee Chair's Report including Terms of Reference</p> <p>Terry Jones, Chair of Quality Committee, introduced the Chair's report for the meeting on 23rd March 2023.</p> <p>The following was highlighted:</p> <ul style="list-style-type: none"> • The Committee recommend approval of the Digital Strategy, which will come to Board for approval in May 2023. • The Committee considered the Board Assurance Framework • The Committee received presentations on the actions taken following the limited assurance MIAA Quality Spot Checks. These were highly reassuring and the Committee asked for further follow up in June • The Committee recommend Board approval of the draft Risk Management Strategy on the agenda • The concerning data regarding DNACPR, this is from a small sample size which skews the data, however the Committee highlighted the concern and requested further update on progress on ensuring there is a clear policy in regards to DNACPR come back in September. • The positive presentation on the Metastatic Spinal Cord Compression (MSCC) Service. <p>The Quality Committee requested the Board approve its terms of reference.</p> <p>The Board noted the Chair's report and approved the Quality Committee Terms of Reference.</p>
11-23	<p>Audit Committee Chair's Report</p> <p>Chair of Audit Committee Mark Tattersall, introduced the Chair's report for the meeting on 19 April 2023.</p> <p>The following was highlighted:</p> <ul style="list-style-type: none"> • The sign off of the annual plans for Mersey Internal Audit (MIAA) and Anti-fraud.

	<ul style="list-style-type: none"> • The update on Internal audit progress. The Committee noted the limited assurance on quality spot checks and were pleased the actions were being presented through Quality Committee . • The Head of Internal Audit Opinion was noted and wording will be included in the Annual Governance Statement portion of the Trust's 2022/23 Annual Report. • The anti-fraud annual report was received and the Committee was pleased to see full compliance for the standards. Component 12 on Gifts and Hospitality and conflicts of interest was now compliant following significant work from the Corporate Governance Administrator and Corporate Governance Manager to secure a 97% compliance rate for decision maker's annual declarations of interests. • An early draft of the 2022/23 trust Annual Report was viewed and amendments suggested. • Excellent performance from the finance team was noted against the key financial indicators. A letter was received in March from Julian Kelly, Chief Finance Officer, NHS England congratulating the Trust on its performance in relation to the Better Payment Practice Code for the year to month 10. <p>The Board noted the Audit Committee Chair's Report</p>
12-23	<p>People Committee Chair's Report including Terms of Reference</p> <p>Chair of People Committee Anna Rothery, introduced the Chair's report for the meeting on 18 April 2023. Anna Rothery noted that the Terms of Reference were recommended for Board approval, subject to the correction of the name of the Committee on the title page.</p> <p>The following was highlighted:</p> <ul style="list-style-type: none"> • Immediate Life Support (ILS) and Basic Life Support (BLS) Mandatory Training compliance continues to be under target. Individuals who are consistently non-compliant for a 6-month period, who will be receiving escalation letters with a focus on completing the training. • The Committee received an update on industrial action; the Director of Workforce provided the most up to date position earlier in the meeting. • The Committee received a presentation from the Menopause Staff Network and was pleased to hear about the progress made in a short space of time. • The Committee noted the outline responsibilities for the Wellbeing Guardian. • The Committee received the Equality, Diversity & Inclusion (EDI) report and Anna Rothery noted the Board will attend an EDI Board development session later that day as EDI is not just the responsibility of the People Committee but is Trust wide. <p>It was noted that the ILS and BLS mandatory training compliance had been under target for a significant period of time and queried what confidence the executive had that this would be achieved.</p> <p>The Director of Workforce noted that the target has been reviewed and is correct and the Trust are now working through a name-by-name approach sending letters. Individuals should be responsible for their own mandatory training. The Director of Workforce advised she couldn't give a date for when the target would be met, but reassured the Board the Workforce team are determined to get there.</p> <p>There are 117 staff members outstanding for BLS and 55 for ILS.</p> <p>The Director of Workforce confirmed there is no systemic issues on training availability, however there might be current challenges with current industrial action.</p>

	<p>The Chief Nurse noted that in the safety huddle each morning it is ensured that the correct trained staff are on the wards and the services are safe.</p> <p>The Board noted the non-compliance is being monitored and they will continue to be so.</p> <p>The Board noted the Chair's report and approved the People Committee terms of reference.</p>
13-23	<p>Integrated Performance Report</p> <p>The Chief Operating Officer introduced the Month 12 Integrated Performance Report and each Executive Lead briefed on highlights in the SPC Charts and exception reporting for the following areas: Access, Efficiency, Quality, Research & Innovation and Workforce:</p> <p><u>Access and Efficiency</u></p> <ul style="list-style-type: none"> • The Trust has received a record number of referrals and is doing really well to hold position. • The 28 day faster diagnosis (referral to diagnosis) target has 6 breaches noted in the CW00 exception report. • The Administrative Services Team are in business continuity and recruitment has been underway with new staff currently in training. There has been general issues across the service, staff have been moved around to help and the service should be out of business continuity next month. • There is a large piece of outpatient transformation work underway to support with capacity • There have been challenges around length of stay. The urgent cancer care board is underway. • There were issues last month with imaging reporting turn-around times, there has been no patient harm. There are new staff and a new process in place, once embedded these issues will resolve. • The outpatient target was achieved in month. <p><u>Quality</u></p> <ul style="list-style-type: none"> • The Trust has exceeded the in-year threshold for infections. There are a number of unavoidable infections, however further work is need to ensure we can evidence care. There will be an 8 week spring into action master class lead by the Infection, Prevention and Control (IPC) team. The first session on back to basics was held last week. The team will be completing audits to ensure evidence can be provided to show has been done to prevent patient condition. • There were challenges in month with planned vs actual staffing. There is a twice-daily staffing meeting to support this and move staff around to make services safe. There had been short-term sickness including Covid, these issues should be resolved next month. • There was one patient not compliant within the 60 day target as the family wanted to delay treatment. This is being managed. • There is an ongoing piece of work around policies and the Chief Nurse was confident improvements would be seen on this target next month. <p><u>Research & Innovation</u></p> <ul style="list-style-type: none"> • The Trust is below target recruitment, however the team has had big strategic objectives in year regarding the successful regaining of ECMC status so this is not concerning. • New studies open is below target. 7 are waiting sponsors and are out of Trust control. • The team are monitoring the pharmacy recovery plan and should start to see improvements. • Governance has been strengthened around ECMC.

	<p>Workforce</p> <ul style="list-style-type: none"> • Sickness absence continues to be under target. Plans for supporting managers to reduce this are being finalised. • Turnover is below target although on the cusp when fixed-term contracts and retirements are removed. There is a narrative regarding work life balance; however this can be used as a default answer and mean different things. • A new system for the PADR process will be in place from end of May/ early June. The team don't want changes to impact on compliance, however there could be a dip whilst users get used to the new system. The new system is built based on staff feedback and should be more user friendly and intuitive. <p>The Board noted and approved the Integrated Performance Report</p>
14-23	<p>Finance Report</p> <p>The Director of Finance presented the finance report, which detailed the Trust's financial performance for March 2023. The Trust achieved its targets for the year, delivering the agreed activity.</p> <p>The Director of Finance highlighted the following:</p> <ul style="list-style-type: none"> - Increase in bank and agency usage linked to nursing and bed capacity. - The Trust achieved its cost improvement programme (CIP) – there is some non-recurrent CIP that needs to be picked up in 2023/24. - The 2022/23 annual accounts are subject to external audit and will be submitted to NHS England. - The capital programme was back loaded and as expected the majority of the spend occurred in quarter 4. - Capital accruals: The audit committee will be going through the balance sheet in more detail. <p>The Chair noted the good performance and thanked the Director of Finance and teams involved. The Director of Finance noted the Divisions had supported the delivery of the budgets and increase in activity.</p> <p>The Board noted the report.</p>
15-23	<p>2023/24 Operational and Financial Planning Update</p> <p>The Director of Finance provided a verbal update on the Trust's 2023/24 Operational and Financial Planning. The Integrated Care System submitted the plan to NHS England and are having ongoing conversations.</p> <p>The Trust is maintaining the plan agreed at the last Board and will await further clarification on the final position.</p> <p>The Board noted the verbal update and the ongoing position.</p>

16-23	<p>NED & Governor Engagement Walk-round</p> <p>The Chief Nurse introduced the report as the Non-Executive Director representative was unable to attend the walk-round due to weather conditions affecting travel. The March walk-round took place at the CANtreat Chemotherapy Unit in Halton with the Warrington and Halton Governor in attendance. The Chief Nurse noted that a patient had raised a challenge with travelling from Warrington to Halton for their bloods to be taken and this had been immediately actioned and resolved on the day.</p> <p>The staff discussed the Milestone bell on the wall. They were very proud that the poem which accompanies the bell was written by one of their long-term patients. This is also in other areas of the organisation.</p> <p>The Chief Nurse highlighted the areas for improvement and actions taken included in the report.</p> <p>The Director of Strategy noted the area is due for a refurbishment and the team are waiting on plans from architects. The Board agreed it would be good to have a focus group with the staff to discuss changes.</p> <p>The Board noted the report.</p>
17-23	<p>NED & Governor Engagement Walk-round Annual Report</p> <p>The Chief Nurse introduced the report noting that the process for NED and Governor Walk-rounds changed 12 months ago and the Board agreed an annual review would come back each year to see impact and output from the walk-rounds.</p> <p>The Chief Nurse noted the actions were divided into key themes and requested the Board note the actions taken as a result of the Non-Executive Director and Governor engagement sessions and support the continuation of the process into 2023/24.</p> <p>The Board discussed the value of the walk-rounds and agreed that the walk-rounds were valuable and it was good to see the annual report pulling the feedback together.</p> <p>Lead Governor Jane Wilkinson commented that the walk-rounds are a great opportunity for the Governors to see services and hear from patients and staff.</p> <p>The Board discussed the feedback to staff. The area visited receives the report, the Associate Director of Communications noted that the Communications team could do a summary 'you said we did' which could be shared with staff. The Chief Nurse noted the links into the work around the MIAA Quality spot check for which there will be a 'you said we did'; the two are connected.</p> <p>The Chief Nurse noted that the more walk-rounds staff participate in the more comfortable they get talking to people about their service, which helps them feel comfortable talking to regulators.</p> <p>The Board thanked the Head of Patient Experience for her work on the walk-rounds and the report.</p> <p>The Board noted the report.</p>
18-23	<p>Risk Management Strategy</p> <p>The Chief Nurse introduced the new Risk Management Strategy for 2023-2026. The Board is required to have a strategy on how to manage risk. The existing strategy was due for review in</p>

	<p>April 2022 and the Board agreed to extend it for a 12-month period to give time for a new version to be developed. The quality team held a risk management strategy development workshop with key members of the organisation to look at what risk means to the organisation. Under the strategy will sit an operational policy that will be approved by the Risk and Quality Governance Committee. The strategy breaks down the main objectives and shows which year they will be achieved in. An annual update on progress against the strategy will come to the Board.</p> <p>The Chief Nurse is exploring with the Communications Team the potential for an animation to be included on screensavers around the Trust to ensure the strategy is relevant for everybody.</p> <p>Mark Tattersall noted that MIAA conducted a BAF review and added comments on cascading information about risk appetite. The strategy has risk appetite under objective 4 (Develop risk appetite cascade to operational levels to ensure common understanding) for implementation in year 3. Mark Tattersall queried if this could be brought for completion sooner. The Chief Nurse confirmed this could be linked in with year 1 and that risk appetite could be part of the animation.</p> <p>The Board discussed linking innovation with learning from incidents. The Chief Nurse noted the fundamentals need to be right, PSIRF needs to be brought in and the Trust will look at how we learn from incidents.</p> <p>Asutosh Yagnik queried if the timeline is ambitious enough and if any objectives could be brought from year 2 to year 1. The Chief Nurse noted that there a number of national processes changing and still gaps in the clinical governance. If year 1 is achieved and items from year 2 can be completed early they will be.</p> <p>The Board approved the Risk Management Strategy.</p>
19-23	<p>Mortality Report (Learning from Deaths)</p> <p>The Medical Director introduced the quarter 3 mortality report and noted the reporting is out of sync due to industrial action. The report had been seen by the Risk and Quality Governance Committee where there was nothing of concern to raise. The Board attended a Board development session on mortality in January 2023.</p> <p>The Medical Director highlighted the lesson learnt from mortality review section on page 150 of the paper pack. Essential documentation training has been delivered to all SACT administration staff and there are no additional concerns regarding this.</p> <p>The Board noted the report.</p>
20-23	<p>Use of Trust Seal Report</p> <p>The Associate Director of Corporate Governance introduced the report advising the Board of Directors of the occasions where it was necessary to use the Trust Seal during 2022/23.</p> <p>There was one occasion where it was necessary to use the Trust Seal during 2022/23; this was for the Transfer of Title for The Rutherford Cancer Centre.</p> <p>The Board noted the report.</p>
	<p>Any Other Business</p>
21-23	<p>The Board noted that the Digital Strategy will be taken to the next meeting due to the current pre-election period. Any comments on the circulated document should be sent to the Chief Information Officer.</p>

	Date and time of next meeting: 10.00am 31 st May 2023, Boardroom 3, Clatterbridge Cancer Centre
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