

**Minutes of Trust Board Part 1
28 June 2023 at 9.30am**

Kathy Doran	Chair
Mark Tattersall	Non-Executive Director
Geoff Broadhead	Non-Executive Director
Terry Jones	Non-Executive Director
Asutosh Yagnik	Non-Executive Director
Anna Rothery	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)

In attendance:

Jane Hindle	Associate Director of Corporate Governance
Anne Mason	Corporate Governance & Governor Engagement Officer
Jane Wilkinson	Lead Governor
Mike Varey	Staffside
Laura Jane Brown	Staff Governor (Nurses)
Tazeen Khatib	Quality Lead and Operational Manager
Jane Younger	Consultant in Psychological Medicine
Kate Edwards	Clinical Psychologist, Teenage and Young Adult Team
Emer Scott	Associate Director of Communications

Observing

Megan Clayton	Cheshire and Merseyside Diagnostics Programme
Kerry Gibbons	Sustainability and Programme Manager

Item No.	Standard Business
43-23	<p>Welcome, Introduction, Apologies & Quoracy:</p> <p>Kathy Doran welcomed the Board members, observing Governors, and staff. Apologies were noted from Elkan Abrahamson and Sarah Barr</p> <p>Kathy Doran confirmed the meeting was quorate.</p>
44-23	<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>

45-23	<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"> • 37-23 amendment to spelling to Service Level Agreement • 31-23 add Asutosh Yagnik requested that the Digital Innovation Roadmap incorporates more of a focus on Research and Innovation and asked Sarah Barr if the roadmap is budgeted. Sarah Barr confirmed that the plan is aligned with the capital plan for the year.
46-23	<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 – Due for review in July’s meeting P1-013-23 – VTE paper deferred to next Quality Committee Meeting P1-045-23 – Amendments made, next BAF paper scheduled for July Meeting</p>
47-23	<p>Cycle of Business</p> <p>The Board noted the Cycle of Business and that the next Trust Board meeting was brought forward from July 2023 to 28th June 2023.</p>
48-23	<p>Chair’s and CEO’s report</p> <p>The Chair provided the following report highlights to the Board:</p> <p>A paper regarding the impact of the Covid-19 on the Northwest population revealed a more severe impact with the highest numbers of coronavirus cases in the first wave, the highest mortality rate of any region and longest periods of restrictive measure with worse than average impacts on education and the care sector.</p> <p>All Non-Executive Director Appraisals have taken place and include Equality, Diversity, and Inclusion objectives, with the outcomes being reported to the Council of Governors via Nomination and Remuneration Committee in July 2023.</p> <p>The government’s formal response to the Hewitt Review and those relating to the Integrated Care Systems made by the Health and Social Care Committee have been published.</p> <p>Liz Bishop welcomed the new Sustainability Manager, Kerry Gibbons, who is observing the meeting today and will be supporting the Trust to deliver the Green Plan.</p> <p>Tom Pharaoh will be presenting a live update regarding the development of the Wirral site on Monday 3 July.</p> <p>Development of the Paddington Village Community Diagnostic Centre continues, and a meeting is scheduled with the Programme Board on 30th June 2023 to assess the overall progress in readiness for the target date of 24th July for the first delivery of diagnostic tests.</p> <p>Liz Bishop assured the Board that planning, and preparation is underway in anticipation of the forthcoming consultant industrial action.</p> <p>This month’s Star Award was presented to Jo Francis, Metastatic Breast Clinical Nurse Specialist, who was nominated by the husband of one of the Trust’s patients.</p>

	<p>The NHS celebrates its 75th anniversary this year with a number of events taking place locally and nationally to recognise the significant contribution made by staff. A selection of staff will be representing the Trust at a multi-faith event in Westminster Abbey.</p> <p>The Board:</p> <ul style="list-style-type: none"> noted the contents of the report.
	Our People
49-23	<p>Staff Story – The Power of Schwartz Rounds</p> <p>Kate Edwards, Tazeen Khatib, and Jane Younger presented the Schwartz Rounds.</p> <p>Kate Edwards opened the presentation with an overview of the history of the Schwartz Rounds, named after Kenneth Schwartz, who was an American Health Care Attorney and lung cancer patient. The Schwartz Rounds were introduced at The Clatterbridge Cancer Centre Wirral in 2015 and there are now 147 out of 219 NHS Trusts in England offering Schwartz Rounds to staff. The Rounds follow a standard model to ensure that they are replicable across settings.</p> <p>The Rounds are designed for staff to provide their accounts of an experience they have had and the impact it had on them, then an open discussion takes place. It is a confidential space for staff to reflect on their emotional experiences.</p> <p>The underlying premise for Rounds is that the compassion shown by staff can make all the difference to a patient's experience of care, but that in order to provide compassionate care staff must, in turn, feel supported in their work and evidence shows that 85% of staff who participate in Schwartz Rounds feel better able to care for patients.</p> <p>Stories shared in Schwartz Rounds have the ability to empower staff and their organisation. Staff can reconnect with their values and reaffirm their motivation to work in healthcare. They facilitate an open and transparent culture and reflect the Trust as a good place to work.</p> <p>During the pandemic, Schwartz rounds were facilitated across the Trust through team rounds, and pop ups were facilitated at Aintree. Funding for the Rounds has been confirmed which will support the renewal of the contract and training of new facilitators.</p> <p>Managers are asked to encourage and support their teams to attend the rounds which are generally held at lunchtimes and lunch is provided.</p> <p>It was confirmed to the Board that the themes from the Schwartz rounds are chosen by those presenting their experiences which could be a day they never forget or a particular patient experience. The theme for July 2023 will tie in with the Trust 75th anniversary and will be "What keeps us doing what we do" and will include those who retire and return. It was also confirmed that the Rounds are open to all staff not just patient facing staff.</p> <p>Jane Younger confirmed that advertising the Rounds is improving with the assistance of the Communications Team, on the screensavers, bulletins and via the intranet.</p> <p>Tazeen Khatib advised that the success of the Rounds is measured qualitatively with questionnaires carried out following the Rounds where participants are asked to provide feedback.</p> <p>The group currently have 2 facilitators with 2 more being trained however, 2 further facilitators would enable the team to run the rounds monthly instead of bi-monthly across all sites.</p>

	<p>Anna Rothery complimented the team noting that the Rounds are an opportunity for staff to share experiences related to Equality, Diversity, and Inclusion.</p> <p>A Schedule of meeting dates and venues will be communicated to staff to enable wider attendance with support from management to identify suitable venues.</p> <p>Action: Jayne Shaw to link in with the Schwartz team to confirm a schedule of meeting dates and venues to be communicated to staff. Management to provide support in identifying suitable venues</p> <p>The Board:</p> <ul style="list-style-type: none"> • Noted the contents of the presentation
50-23	<p>Guardian of Safe Working Annual Report</p> <p>Sheena Khanduri presented the Annual Report to the Committee, noting the following:</p> <p>There were 22 exception reports for the year, 20 for Internal Medical Trainees (IMT) /General Practitioner (GP) Trainees and 2 for Oncology Specialist Trainees, all of which have been managed accordingly with 14 as TOIL (Time off in Lieu) and 8 as additional pay. There were no fines for the year or work schedule reviews.</p> <p>Sheena Khanduri presented the Q4 January-March report highlighting that two exception reports were submitted in Q4, one from an IMT trainee regarding staying late after the end of their shift and resulted in TOIL being approved and the other from an ST3 trainee relating to service support and a late notification of a gap in the rota, resulting in an improvement action plan being implemented. Overall, the report demonstrates that working conditions are safe.</p> <p>Mark Tattersall queried the increase in agency spend in quarter three. Sheena Khanduri confirmed that this relates to lapsed qualifications in Advanced Life Support for the new intake of doctors, which has since been addressed, with a more sustainable plan.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Noted the contents of the report
	<p>Our Patients</p>
51-23	<p>NED and Governor Engagement Walk Round</p> <p>Asutosh Yagnik introduced the report noting the following from Wards 4 and 5:</p> <p>Ward 4</p> <p>Following discussion with a couple of patients it was apparent how much staff can make a difference to patient lives. Patients commented that the staff make them feel like family when they undergo difficult treatment and keep them informed. Staff commented that they feel positive about development opportunities at Clatterbridge. Patients did not identify any areas of improvement, but staff highlighted issues with food quality and choice, with patients not always receiving their first choice.</p> <p>Ward 5</p> <p>Comments from patients on Ward 5 were similar to Ward 4, with staff keeping patients informed and supporting them through difficult times. Both patients and staff reported that the food quality requires improvement. Other issues raised were patients' TVs shutting off in the evening and IV pumps beeping.</p>

	<p>Other items to note were delays with obtaining x-rays and scans out of hours.</p> <p>Julie Gray commented that the IV Pumps do have a night mode which turns off the sound and a new meal supplier commenced at the Trust on 5th June, and early indicators show an improvement in the food quality.</p> <p>Joan Spencer added that there is a good system in place for out of hours scans/x-rays and suspected the issue may be with Liverpool University Hospital Foundation Trust (LUHFT), as all calls for Clatterbridge go through their switchboard system who may be misdirecting the calls, however, they are provided with a comprehensive on-call list every week.</p> <p>Action: Joan Spencer to review on-call arrangements provided to the LUHFT switchboard in order to ensure that they understand who to contact during CCC out of hours.</p> <p>The Board:</p> <ul style="list-style-type: none"> • noted the contents of the report.
52-23	<p>Safer Staffing Report</p> <p>Julie Gray presented the six-month review of staffing measured against the safe staffing guidelines and highlighted the following:</p> <p>All managers are now optimising utilisation of the e-roster system, supported by the Workforce and Organisational Development team, to coordinate patient ratios, and confirm this has helped to achieve sufficient staff cover for 1-1 patient care.</p> <p>Staff across all areas of the service continue to cover the additional 11 beds that were introduced to support LUHFT to ensure people with cancer were treated in a timely manner and in an appropriate setting. Confirmation of commissioner approval is awaited to support the permanent funding for the staffing of these beds. This will significantly benefit the coordination and planning of staffing and have a direct impact upon patient and staff experience.</p> <p>A review of IT equipment will take place, including mobile computers and tablets to ensure patient documentation is completed in the most appropriate place. Following a safer staffing event attended by the Deputy Chief Nurse, a review of single room occupancy and patient acuity tool will be carried out to ensure the correct level of care is in place.</p> <p>The review has also identified other potential areas of further improvement and there will now be a focus on the processes around the administration of medication to streamline and reduce medication errors and delays.</p> <p>Mark Tattersall commented that the additional beds issue needs resolving and raised concerns about staff morale and as well as cost to the Trust. Joan Spencer advised that the team are reviewing patient flow which will be reported through Performance Committee and will include preparation for winter planning. There is also a workstream looking at patient care, which will go through the Joint Committee.</p> <p>Asutosh Yagnik queried the role of the coordinator not having a cohort of patients which may help towards the ratios. Julie Gray advised that recommended staffing ratios are 1-8 and Trust ratios are lower than this and advised that the role of the coordinator ensures that there is a single point of contact and senior nurse on shift to provide support.</p>

	<p>Asutosh Yagnik queried the turnover of staff on Ward 2. Julie Gray advised that this has now stabilised, and Ward 3 is also expected to improve with focus around streamlining the administration of medication process, to reduce medication errors and delays.</p> <p>Joan Spencer will be leading a Board Development session on urgent emergency care to achieve a better understanding of system pressures.</p> <p>Action: Joan Spencer to provide an update regarding additional bed capacity in order to understand patient flow.</p> <p>The Board:</p> <ul style="list-style-type: none"> noted the contents of the report and approved the recommendations
	<p>Our Performance</p>
54-23	<p>People Committee Chairs Report</p> <p>Kathy Doran presented the report and highlighted the following:</p> <p>Staff turnover has increased in month with 21 leavers in May compared to 16 in April with work life balance cited as the main reason for leaving, together with promotion opportunities and relocation. Leaver questionnaires are providing useful information which is being used to make improvements to reduce turnover.</p> <p>Basic Life Support, Intermediate Life Support and Manual Handling training compliance remains under target. An escalation process has been agreed and all those who are non-compliant will receive letters to complete the training by the end of August 2023 when a more formal process will begin for those who remain non-compliant.</p> <p>There is growing demand for the two Clinical Education Training Rooms at CCCL, with insufficient availability for mandatory training bookings, particularly with manual handling where compliance is below target. This issue has been escalated and added to the Risk Register.</p> <p>The Disability and Long-Term Condition Network gave a presentation to raise awareness and promote equality for staff with disabilities and long-term conditions. A number of awareness campaigns will be carried out with support from the Equality, Diversity, and Inclusion Lead.</p> <p>The Board:</p> <ul style="list-style-type: none"> Noted the contents of the report
55-23	<p>Quality Committee Chairs Report</p> <p>Terry Jones presented the report highlighting the following:</p> <p>The Committee received the Board Assurance Framework (BAF) Report and the revised wording of BAF 1 following discussion at Trust Board and agreed that the wording of BAF1 now provided greater clarity.</p> <p>The Integrated Performance Report for month two provided an update on performance in the categories of access, efficiency, quality, workforce, research and innovation and finance. The Committee requested that Trust trial set-up and recruitment to time and target data is included within the Integrated Performance Report for future meetings but accepted the data will not have been externally ratified.</p>

	<p>Full assurance has now been received from the leads of the MIAA Quality Spot Checks (Audits) and can now be deescalated from the Committee to back to the appropriate operational governance mechanisms.</p> <p>The Committee accepted the Annual Report and Annual Review of Committee Effectiveness and agreed to consider the impacts of the cost improvement programme (CIP) on quality at a future meeting.</p> <p>The Committee received the Palliative Care End of Life Strategy. The Committee approved the strategy and requested this is presented at July's Trust Board meeting as a showcase item.</p> <p>Action: Daniel Monnery to present Palliative Care End of Life Strategy at July Trust Board</p> <p>The Board:</p> <ul style="list-style-type: none"> • Noted the contents of the report
56-23	<p>Integrated Performance Report</p> <p>Each Executive Lead provided brief highlights from the Statistical Process Chart (SPC) and exception reporting for the following areas:</p> <p><u>Access</u> 28-day and 62-day targets have not been achieved due to late referrals and capacity issues. The Trust continues to collaborate with Cheshire and Merseyside Cancer Alliance and laboratories to expedite molecular testing.</p> <p><u>Efficiency</u> Bed occupancy is above the 92% target therefore a patient flow project is being carried out which will incorporate scheduling, planned discharges and urgent cancer care patients. Recruitment for additional radiologist will improve imaging turnaround, additional Sonographers have been appointed and will commence at the Trust in August.</p> <p><u>Quality</u> A never event was declared resulting in a review of all piped medical air supply outlets across the Clatterbridge estates, all air outlets that are not required have been capped. There are low numbers of complaints due to the early resolution conversations taking place. Policy reviews are improving following work being carried out within the divisions, to ensure policies are up to date. Out of date policies are escalated to the Information Governance Manager and it has been agreed that remote approval outside of the committees can take place in order to expedite the approval process.</p> <p><u>Research and Innovation</u> Year to date recruitment is under target but not representative of the year with more trials opening at an improved rate. Clinical research gap analysis is complete and was presented to Trust Executive Group, a progress plan will be monitored through the Research and Innovation Directorate with a quarterly report going to Trust Executive Group.</p> <p><u>Workforce</u> There has been an increase in turnover in May, but the Trust remains below target when the "retire and return" and "fixed term contracts" are removed from the numbers. Exit interviews continue to provide valuable information to help the Trust reduce turnover. The new MyAppraisal system has received great feedback from those who have used it so far. Mandatory training continues to be monitored with an escalation process being implemented for those staff who remain non-compliant.</p>

	<p>All managers are meeting with those who are non-compliant to support them to complete the training, to prevent escalation.</p> <p>The Board:</p> <ul style="list-style-type: none"> Noted the contents of the report
57-23	<p>Finance Report</p> <p>James Thomson introduced the report noting the following:</p> <p>For 2023/24 NHS Cheshire & Merseyside Integrated Care Board are managing the required financial position of each Trust through a whole system approach. The Trust submitted a plan to NHSE/I on 4th May 2023 showing a £363k surplus for 2023/24 however the industrial action and ability to maintain activity may have an impact on the plan.</p> <p>The Trust reports a deficit on the plan overall with £128k deficit, which is £189k below the planned surplus of £61k. Trust pay costs are overspent by £280k including unmet Cost Improvement Programme (CIP) of £356k. Non pay costs are overspent by £280k which includes unmet CIP of £356k. A quality impact assessment for CIP will be carried out at the end of the first quarter and will go through Performance Committee.</p> <p>James Thomson commented that there has been great engagement from colleagues for ideas with CIP and advised that the Trust is fully aligned with the Integrated Care Board financial recovery programme. Joan Spencer added that the teams are doing a lot more whilst trying to save on costs.</p> <p>Action: Board Development Session to be scheduled during 2023/24 that will provide detail on the efficiency at scale programme led by CMAST (Cheshire and Merseyside Acute and Specialist Trust alliance) and ICB arrangement for financial recovery to be incorporated into Board Development Session.</p> <p>The Board:</p> <ul style="list-style-type: none"> Noted the contents of the report
	<p>Our Strategy</p>
58-23	<p>Cancer Alliance Quarterly Report</p> <p>Liz Bishop presented the report and asked for feedback and comments:</p> <p>The focus of the report covers 3 of the 10 cancer standards:</p> <ol style="list-style-type: none"> 28-Day faster diagnosis 62-day referral to treatment 31-day diagnosis to treatment <p>The report demonstrates benchmarking against other alliances behind on the 28-day diagnostic programme. A request has been made for the addition of first treatment percentages within the summary measures to keep the pressure on surgical acuity.</p> <p>The Cancer Alliance will be delivering a Board Development Session regarding the transformation programme including information on long-ranging cancer projects, to inform the Board about the care standards and delivery on the long-term aims.</p> <p>Programme specific areas include targeted lung health checks which has a fully operational model in place with Liverpool Heart and Chest Hospital, increase in Quality-of-Life survey uptake, faster</p>

	<p>diagnosis standards by tumour group and roll out of the Faecal Immunochemical Test (FIT) in Wirral University Hospital Foundation Trust in June 2023.</p> <p>The Board requested if the report could feature a highlights page to identify highlights and areas of improvement</p> <p>Action: Liz Bishop to refresh the quarterly report in order to ensure that it is meaningful at Place level and to audiences within individual Providers.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Noted the contents of the report
59-23	<p>Liverpool Joint Provider Chairs Report and Terms of Reference</p> <p>Kathy Doran presented the draft Terms of Reference pertinent to all the relevant Trusts, for approval of the Board.</p> <p>Kathy Doran explained that the Trusts may formally delegate decision-making to the Liverpool Trusts Joint Committee (LTJC), in relation to particular projects or workstreams within the Work Plan. Such delegations will be in accordance with the guidance given by NHS England. Asutosh Yagnik asked if the projects will align with Trust Strategies and Kathy Doran commented that the Committee is accountable to Trust Board where any misalignments can be discussed. Kathy also clarified that all Trust Company Secretaries are currently working through budgets and will bring the details back to the Board.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Approved the Terms of Reference
60-23	<p>Joint Site Committee Chairs Report</p> <p>Kathy Doran presented the report from the meeting in June involving representatives from The Clatterbridge Cancer Centre and Liverpool University Hospital Foundation Trust. The Committee have developed a format that focuses on working through each of the milestones and will share the format with other Joint Site Committees.</p> <p>The next Committee will feature a Deep Dive from Pharmacy and Urgent Care workstreams, and Joint Partnership Group Exception Report. The next meeting date is 7 August but may be rearranged for maximum attendance due to the summer annual leave period.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Noted the contents of the report
	Our Governance
61-23	<p>NHSE Elective Care Priorities 2023/24 – Board Checklist</p> <p>James Thomson and Joan Spencer presented the Board Checklist highlighting that some of the priorities noted within the report are not applicable to The Clatterbridge Cancer Centre. Asutosh Yagnik queried the vague language used in the assurance statements and Joan Spencer clarified that the Trust does have specified targets that are detailed in the Trust responses.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Approved the Checklist
62-23	Annual Self-Certification NHS Provider Licence

	<p>Jane Hindle presented the NHS Provider Licence, which was reviewed at Audit Committee and requires publication by 30th June 2023 on the Trust website. The report demonstrates evidence of compliance within Appendix a of the report.</p> <p>Action: Self-Certification to be added to the Trust Website once approved</p> <p>The Board:</p> <ul style="list-style-type: none"> • Accepted the Report, confirmed compliance and accepted there were no material risks.
	Items for Inclusion on the Board Assurance Framework
63-23	There are no further items for inclusion on the Board Assurance Framework.
	Questions from Governors and members of the public
64-23	There were no questions from the Governors or members of the public
	Any Other Business
65-23	There was no other business to note
	Reflections on the Meeting
66-23	The Board agreed a good discussion took place at today's meeting that incorporated a good balance between strategy, staff, and coalition work.
	Date and time of next meeting: 26th July 2023 @ 9.30am