

**Council of Governors Agenda
26th July 2023 at 17:00-19:00**

	Standard Business		Lead	Time
19-23/24	Welcome, Introduction and Apologies Terry Jones	v	K Doran	17:00
20-23/24	Declarations of Interest	v	K Doran	
21-23/24	Minutes of the Last Meeting – 26 April 2023	p	K Doran	
22-23/24	Matters Arising / Action Log	p	K Doran	
23-23/24	Chief Executive and Chairs Update	v	K Doran/ L Bishop	17:05
24-23/24	Lead Governor Update	v	J Wilkinson	17:15
	Strategy Update			
25-23/24	Five Year Strategy Update	*	T Pharaoh	17:20
	Our Patients and Performance			
26-23/24	Performance and Quality Presentation	*	Executive Leads	17:35
27-23/24	Quality Committee Assurance Report	p	A Yagnik	17:45
28-23/24	Performance Committee Assurance Report	p	G Broadhead	17:55
	Our People			
29-23/24	People Committee Assurance Report	p	Kathy Doran	18:05
30-23/24	2022 Staff Survey Results	*	Jayne Shaw	18:10
	Our Governance			
31-23/24	Audit Committee Assurance Report	p	M Tattersall	18:20
32-23/24	Patient Experience and Inclusion Committee Assurance Report (Deferred from April)	p	A Waller	18:35
33-23/24	Membership Engagement and Communications Committee Report	p	L J Brown	18:45
34-23/24	Report from the Nominations and Remuneration Committee – NED Appraisals <ul style="list-style-type: none"> • Policy for Composition of NED's 	p	J Wilkinson	18:50
35-23/24	Governance Update <ul style="list-style-type: none"> • Council of Governors Effectiveness Review • Calendar of Events • Annual Members Meeting 	p	J Hindle	18:45
	Any Other Business			
36-23/24	Meeting Review	v	K Doran	18:55
37-23/24	Any Other Business	v	K Doran	19:00
	Date and time of next meeting: 25th October 2023 5-7pm TBC			

v verbal
p paper
* Presentation



WE ARE...
KIND EMPOWERED RESPONSIBLE INCLUSIVE

Draft Minutes of: Council of Governors
Date/Time of meeting: 26 April 2023 at 5pm

Present:

Kathy Doran	Chair		
Andrew Waller	Public Governor	Myfanwy Borland	Staff Governor
John Field	Public Governor	Laura Jane Brown	Staff Governor
Caroline Pelham-Lane	Public Governor	Linzi Hickson	Staff Governor
Sonia Holdsworth	Public Governor	Abhishek Mahajan	Staff Governor
Keith Lewis	Public Governor	Sam Cross	Staff Governor
John Roberts	Public Governor		
Jane Wilkinson	Public Governor	Andrew Schache	Appointed Governor
Miles Mandelson	Public Governor	David Gawne	Appointed Governor

In Attendance

Mark Tattersall	Non-Executive Director
Elkan Abrahamson	Non-Executive Director
Anna Rothery	Non-Executive Director
Terry Jones	Non-Executive Director
Asutosh Yagnik	Non-Executive Director
Liz Bishop	Chief Executive
Sheena Khanduri	Medical Director
Julie Gray	Chief Nurse
Joan Spencer	Chief Operating Officer
James Thomson	Director of Finance
Sarah Barr	Chief Information Officer
Tom Pharaoh	Director of Strategy
Jayne Shaw	Director of Workforce & OD

Also in Attendance:

Anne Mason	Corporate Governance & Governor Engagement Officer	
Skye Thomson	Corporate Governance Manager	
Jane Hindle	Associate Director of Corporate Governance	
Drew Norwood-Green	Innovation Manager	Item 14-23-24

Apologies:

Anne Olsson	Public Governor	Glenys Crisp	Public Governor
Vincent Olsson	Public Governor	Geoff Broadhead	Non-Executive Director
Mahmoud Elfar	Appointed Governor		
Mike Varey	Staffside		

Preliminary business	
1-23-24	<p>Welcome, introduction & apologies: The Chair welcomed all those in attendance and the Chair noted the apologies from the table above.</p>
2-23-24	<p>Declarations of interest: Kathy Doran declared an interest in item 15.23.14 - Nominations Committee Report noting that the item did not propose any changes in pay for approval and therefore no action was required.</p>
3-23-24	<p>Minutes of previous meeting: 25 January 2022 The minutes were approved as an accurate record</p>
4-23-24	<p>Matters arising/ Action Log</p> <p>CG-13-23 – Non-Executive Director and Governor Engagement Walk-Round dates, emailed to Governors until December 2023 CG-15-23 – Innovation Manager presenting Bright Ideas to Committee today CG-16-23 – Governor Cycle of Business circulated to all Governors CG-17-23 – Updated Constitution emailed to all Governors</p>
5-23-24	<p>Cycle of Business A review of the current Cycle of Business is taking place, therefore this item deferred to next meeting</p>
6-23-24	<p>Chief Executive Update Liz Bishop provided the following updates to the Council of Governors:</p> <p>Liz Bishop informed the Council that The Clatterbridge Cancer Centre continues to participate in the Liverpool Clinical Services Review, together with Liverpool University Hospital Foundation Trust (LUHFT) working in partnership with other NHS and social care partners, to help people with cancer get a seamless service wherever possible. An updated report will be completed and presented at the next Trust Board.</p> <p>An update was provided regarding the current industrial action involving the Royal College of Nursing (RCN) and the Junior Doctors. Liz Bishop assured the Council that intensive planning is taking place to ensure there is minimum disruption to patients, and lessons learnt from the initial strikes have been included in future planning. Following questions from the Governors Jayne Shaw advised that the Trust is ensuring the right acuity of staff are covering the wards, with all areas having senior representation. The strike was originally planned from 30th April - 2 May 2023; however, the strike may end on 1st May depending on the forthcoming High Court ruling. Joan Spencer informed that some patient appointments have been brought forward following clinical risk assessments, extra clinics have also been set up to accommodate patient appointments, and regular communication with the strike committee is taking place together with daily operational meetings.</p>
7-23-24	<p>Lead Governor Update Jane Wilkinson provided the following highlights to the Council of Governors:</p>

	<p>Jane Wilkinson welcomed Jane Hindle, the new Associate Director of Corporate Governance, to her first Council of Governors meeting and advised the Council that one of the Governors is currently unwell, therefore a get-well card has been sent on behalf of all the Governors.</p> <p>Following the last Council of Governors, the Council were asked to choose between extra Council meetings or workshops. The majority elected for extra workshops which will now be discussed with Jane Hindle. Jane Wilkinson encouraged the Governors to attend a Governor information event facilitated by The Mersey Internal Audit Agency on 24 May 2023, details of which have been sent out in the Governor Bulletin and via email.</p> <p>Jane Wilkinson mentioned a Governor social event and asked Governors to email her with regard to venue preferences.</p>
	<p>Reports and Action Plans</p>
<p>8-23-24</p>	<p>Audit Committee</p> <p>Mark Tattersall provided the following update from Audit Committee.</p> <p>The Internal Audit Progress Report detailed that Recruitment and Retention, and Data Quality both provided substantial assurance however, the Quality Spot Checks provided limited assurance. An Action Log has been produced and progress on actions will be overseen through the Quality Committee.</p> <p>The Committee also received the Head of Internal Audit Opinion (HOIA) for the period 1st April 2022 to 31st March 2023 which provides Substantial Assurance that there is a good system of internal control designed to meet the organisation’s objectives, and that controls are generally being applied consistently.</p> <p>The Committee approved the Internal Audit Plan for 2023/24 noting the planned reviews align to the Trust’s Board Assurance Framework risks (BAF) and comply with the Public Sector Internal Audit Standards. The Committee noted the Anti-Fraud Annual Report for 2022/23 included the self-assessment of compliance against all 12 components. The Committee thanked the Corporate Governance team for all their efforts which enabled the Trust to declare compliance for component 12-Policies including, Registers for Gifts, Hospitality, and Conflicts of Interest.</p> <p>The Committee reviewed an early draft of the Annual Report including the Annual Governance Statement (AGS) and requested that the Executive should include additional narrative. The draft Annual Report was supported by a self-assessment of the Trust’s compliance with the NHS Foundation Trust Code of Governance which evidence compliance against the main principles of the Code.</p> <p>The Committee reviewed a report which detailed performance against a range of Key Financial Assurance Indicators and noted positive performance against the range of indicators. A letter was received in March from Julian Kelly, Chief Finance Officer for NHS England, congratulating the Trust on its performance.</p> <p>The Council of Governors noted the contents of the Report.</p>

9-23-24	<p>Performance Committee Assurance Mark Tattersall provided an update from Performance Committee in Geoff Broadhead's absence.</p> <p>Mark Tattersall advised the Council that progress has been made since the date of the last Performance Committee on 15 February 2023, including work on the Health Inequalities with the development of reporting which is a key element of the NHS England priorities for 2023/24 and is also reflected in the Code of Governance for NHS Provider Trusts which came into effect on 1 April 2023. The Committee continues to develop alignment with the Cancer Alliance, with a quarterly report being provided to the Committee.</p> <p>A report providing a detailed overview of cancer waiting time standards and tumour groups was presented to the Committee who noted the Substantial Assurance given by an internal audit review on the effectiveness of management arrangements in this area.</p> <p>Mark Tattersall commented that the Committee was advised of a series of changes, both nationally and locally, which will significantly impact the Trust's historic investment plans. James Thomson commented that groups of specialist hospitals have taken this issue up with NHS England as historically, Foundation Trusts set their own capital which is now being allocated by the Integrated Care Boards and is less than the total depreciation in the system, which becomes a depreciation to investment issue.</p> <p>A question was raised in relation to the Rutherford Project and James Thomson advised members that the project concerns the purchase of the former Rutherford Centre on behalf of the NHS, using NHS England funding, and funding from the National Diagnostic Community Funding. The centre will be a Community Diagnostic Centre with Ultrasound facilities for patients who are on waiting lists for cancer diagnostics and will be renamed to Paddington Village Community Diagnostic Centre. The centre is part of a national programme and is one of nine diagnostic centres across the region. The Chief Executive undertook to arrange a briefing session for Governors to supplement the information on this proposal which had already been circulated.</p> <p>The Council of Governors noted the contents of the Report.</p>
10-23-24	<p>People Committee Assurance Report Anna Rothery provided the following update to the Council:</p> <p>The Board Assurance Framework (BAF) risk score for BAF 11, pertaining to risks around insufficient staffing levels, is to remain at a score of 16 to enable plans that have been put in place to mitigate the risk to be monitored, and to measure their impact before reducing the risk score.</p> <p>Mandatory Training for Basic Life Support (BLS) and Intensive Life Support (ILS) remains under target despite additional training opportunities being offered including late night sessions, weekends, and one-to-one training. The team are now focussing on individuals who have been</p>

	<p>non-compliant for a 6-month period who will now receive escalation letters with a focus on the individuals completing the training.</p> <p>The Guardian of Safe Working report noted that agency staff were brought in to cover three new junior doctor trainee/fellows as their Advanced Life Support training was not up to date upon commencement of employment; therefore, this will now be included in the pre-employment checks to ensure their training is up to date prior to their start dates.</p> <p>A query was raised in relation to life support training and what assurance was in place that the Trust could respond if required. Joan Spencer assured the Council that there are trained emergency response teams in the hospital together with the Critical Care Team to deal with any situations that may arise. The numbers of staff who are not up to date with their training are small and have genuine reasons for non-compliance. Joan Spencer went on to say this is a very low risk however, the focus is on these individuals to complete their training.</p> <p>The Committee commended the Staff Story this month and noted the creation of the new Menopause Network, led by staff, which welcomes all attendees, and provides education around the impact of menopause and the support that is available. The Committee complimented the 6 staff champions for the progress that has been made in such a short space of time, with the opening of a Menopause Microsoft Teams channel, Menopause Café, and a Menopause email box.</p> <p>The Committee noted the gender pay gap of 23.8% but are confident that the gender pay gap is not as a result of paying men and women differently for the same or equivalent job role however, more work is to be carried out to attain gender balance across the workforce.</p> <p>The Committee noted the Terms of Reference have been reviewed and recommended for approval at Trust Board.</p> <p>A governor asked if the Staff Survey results could be brought to the meeting and Jayne Shaw confirmed that the National Staff Survey Results and the Q-Pulse results will be brought to the July meeting.</p> <p>Action: JShaw to bring a report on the staff survey results to the next Council of Governors meeting. /July 2023</p> <p>A query was raised regarding the Royal College of Nursing Industrial Action. Jayne Shaw advised members that strike action is due to take place from 30 April – 2 May 2023, however this is dependent on the outcome of the High Court ruling which may end the strike on 1 May 2023.</p> <p>The Council of Governors noted the contents of the Report</p>
11-23-24	<p>Quality Committee Assurance Report Terry Jones provided the Council with the following update:</p>

The Quality Committee Terms of Reference were reviewed by the Committee and following suggested amendments, were recommended for approval at Trust Board.

The Committee approved the Digital Strategy and requested annual updates.

The Committee reviewed the Board Assurance Framework (BAF) risks and approved the BAF 13 (digital strategy). The risk appetite for BAF 1 (quality governance systems) is low and the Committee noted there are deadlines for the end of March 2023 for the Risk Management Strategy, Complaints process review, falls and pressure ulcers, Quality Improvement strategy, culture survey, nosocomial infection performance review meeting and safer nursing care tool training. The Committee noted that some of these actions will need revised targets, and it will take time to bring the risk down. The Committee were satisfied with the direction of travel.

The Committee received a detailed update on the actions taken following the limited assurance from Mersey Internal Audit Agency Quality Spot Checks. The Committee interrogated the update and were pleased with the progress made against the recommendations. A further update will be provided at the next meeting in June.

The Committee received an update on Safeguarding due to concerns being raised following the Annual Safeguarding Report on the learning disability standard outcome, which has now improved from 57.9% of patients surveyed agree that they were given a choice about their care, to 100%. However, the number of staff that agreed that there was a clear policy with regard to DNACPR (Do not attempt cardiopulmonary resuscitation), had decreased from 36.8% in September to 17% in March. Work is underway to increase staff awareness of this process in partnership with Palliative Care Team and the recent publication 'Do not attempt cardiopulmonary resuscitation (DNACPR), and people with a learning disability and/or autism' which will provide focus of awareness. The team will use champion roles to support awareness raising and an update will be provided to the Committee in September.

Action: To provide an update regarding the work to improve awareness of the DNACPR policy and Safeguarding meeting in July 2023 /J Gray

The Council of Governors noted the contents of the Report

12-23-24	<p>Performance and Quality Update</p> <p>The Executive Team provided the following summary to the Council:</p> <p><u>Efficiency</u></p> <p>Joan Spencer advised that the first few months of the year have been challenging with an increase in demand. One or two patients were missed due to administrative errors however this has now been addressed with the Access Team and training provided on identifying screening patients.</p> <p>A question was raised in relation to the 2-week wait from GP referral to first appointment performance, Joan Spencer advised that the Trust only receive Haematology-Oncology patients via this route, and this totals only one or two patients in number, with other types of referrals going through to other Trusts. However, Kathy Doran advised that this information is tracked by the Cancer Alliance who will produce a report which can be shared with the Council in October.</p> <p>Action: J Hindle to ensure that the Cancer Alliance Report is presented to the Council of Governors meeting in October 2023</p> <p><u>Quality</u></p> <p>Julie Gray advised the Council that mask wearing has been reinstated throughout the Trust due to the increase in Covid infections over the last two weeks affecting both patients and staff.</p> <p>Staffing levels are marginally below the internal target this month; however, staff skill mixes are monitored daily to ensure that there will be no effect on patients. Infection rates are low; however, are above the Trusts targets. A multi-disciplinary team will be working through the information on the report to establish if any improvements can be made.</p> <p>Complex complaint response times are at 50%; however, this relates to one complaint that has been discussed and timeframes agreed in collaboration with the family.</p> <p><u>Workforce</u></p> <p>Short-term sickness absence is below the target; however, this is attributed to a recent increase in Covid infections.</p> <p>The Governors asked what support is available for those staff absent due to stress/anxiety. Jayne Shaw advised that there is an employee assistance programme available together with a self-referral programme and a range of other support but highlighted that most cases are not work-related stress issues.</p> <p>Staff turnover is above target however the information includes those whose fixed term contracts have ended, and those who have retired; therefore, with these numbers removed the Trust would be under target. Out of the remaining 24 leavers, the top three reasons for leaving were work/life balance, followed by retirement and promotion/relocation.</p> <p>Caroline Pelham-Lane commented that following the Non-Executive and Governor Engagement Walk-Round and talking to staff on the Wirral site that there is well-managed flexible approach</p>
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	<p>being taken to try to accommodate staff. The Governors queried if those leaving the Trust includes nursing staff and Jayne Shaw replied that as the Trust has limited career opportunities due to being a small specialist Trust, some nursing staff leave and then return when opportunities arise.</p> <p><u>Research and Innovation</u> Sheena Khanduri advised the Council that it has been a positive year in relation to grants however, some of the recruitment targets have been missed due to the strategic and clinically led decision made in December 2021 to prioritise the set-up and opening of ECMC studies to recruitment. ECMC studies are scientifically relevant but by nature recruit lower patient numbers. This decision was taken to support the renewal of the ECMC bid which was successful.</p> <p>Due to limited drug studies opening during 2021/2022 the pipeline of studies opening has affected recruitment numbers through 2022/2023.</p> <p>The Research and Innovation Annual Report including the impact of trials will be presented to the Council later in the year.</p> <p>The Council of Governors noted the contents of the Report</p>
13-23-24	<p>Operational and Financial Planning James Thomson introduced the presentation noting the following:</p> <p>In 2022-2023 the Trust achieved a 3.9 million surplus agreed with the Integrated Care Board (ICB) and NHS England. The capital resource has been spent in quarter 4 which has impacted the cash position. Agency spend has been higher due to opening extra beds on the Liverpool University Hospital Foundation Trust (LUHFT) site and increased patient acuity with patients needing 1-1 care. Overall, the Trust delivered the plan and further details will be released in the Annual Report later this year.</p> <p>2023-2024 plans - Demand for cancer services has risen significantly over the past 2½ years in line with national trajectories. Early diagnosis rates are increasing, and the cancer workforce need to grow in line with demand. Plans have submitted to NHS England to accommodate a 5% increase in patient volumes across all patient groups in line with trends and Cancer Alliance expectations.</p> <p>Budgeting includes £8 million for the Cost Improvement Programme (CIP) target, unexpected cost pressures of £2 million and £1 million to invest to meet demand. The capital plan includes £7.4 million for equipment, digital infrastructure, and development of Trust sites.</p> <p>The next steps are NHS England's acceptance of the plans, and if not accepted the Trust and ICB will be required to amend the plans and resubmit.</p> <p>The Governors queried if the plan includes the workforce required for the new Paddington Village Community Diagnostic Centre. James Thomson confirmed that staffing will form part of the Trust's financial plan with a contract through Community Diagnostic Centre England Programme.</p>

	<p>James Thomson advised the Council that details of the purchase of the Community Diagnostic Centre were not previously shared with Governors due to commercial sensitivity, however brief updates were provided in the Chief Executive's Team Brief and Governor Bulletin. It was agreed that a more detailed overview will be presented to the Governors later in the month.</p> <p>Action: To arrange a session with Governors regarding Paddington Village Community Diagnostic Centre – May 23./AMason</p> <p>The Council of Governors noted the update.</p>
14-23-24	<p>Bright Ideas Presentation</p> <p>Drew Norwood-Green outlined the process around the Bright Ideas scheme and highlighted the following:</p> <p>Staff are asked to put forward ideas they have to make the Trust a better place to benefit our patients, this can be done through the Trusts intranet and is funded by the Clatterbridge Cancer Charity. Once submitted, the idea is reviewed by the Bright Ideas Panel then a decision is made based its feasibility, whether funding is required, what the benefits are and sustainability. No idea is too big or too small.</p> <p>Some successful ideas include re-purposing LED lights to provide 75% more energy efficiency, and clothing adaptations for patients receiving treatment.</p> <p>Clarity was sought as to how patients, visitors, and service users to submit ideas for innovation. Drew Norwood-Green will discuss with the Research and Innovation Manager how this might be facilitated via the new Trust website.</p> <p>The Council of Governors noted the contents of the presentation</p>
15-23-24	<p>Nominations Committee Report</p> <p>Kathy Doran introduced the report highlighting the following:</p> <p>The Committee agreed that any review of the levels of Chair and Non-Executive Director remuneration should await publication of the new national framework. A paper regarding NED succession planning will be brought to the next Council meeting in July 2023. The Council were asked to review and approve the Terms of Reference, and expressions of interest were requested for a minimum of one and up to two additional Governors to join membership of this Committee.</p> <p>The Governors queried paragraph 1.2 and information regarding confidentiality and meeting proceedings. Jane Hindle will review and respond.</p> <p>Action: J Hindle to review paragraph 1.2 and respond Action: J Hindle Succession Planning paper to be brought to next Council meeting Action: To seek expressions of Interest requested to join Nominations Committee membership</p>

	The Council of Governors approved the recommendations and noted the contents of the report.
16-23-24	<p>Membership Engagement and Communications Committee Laura Jane-Brown provided an update highlighting the following:</p> <p>The Membership Engagement and Communications Committee was suspended during the Covid pandemic and resumed contact in December 2021. In February 2022 the Committee formally met for the first time to discuss reviewing and updating the Membership Strategy, the Implementation Plan and to establish the Committee Terms of Reference.</p> <p>In April 2022 there were a total number of 5044 members and in March 2023 a total of 5003, demonstrating a loss of 41 members in total for the period. Reasons for the decrease include those who have passed away, those who have opted out and those who have moved address.</p> <p>Membership was highlighted at the Glow Green Charity Event in February 2023, using the new membership materials including posters, QR codes and a roller banner to help to raise awareness of membership and the role of the Governors.</p> <p>Monthly Non-Executive Director & Governor Engagement Walk-Rounds have been taking place each month across the Trusts three sites, for Governors and Non-Executive Directors to engage with the staff and patients.</p> <p>The focus for the next few months will be to fill the vacant Governor positions.</p> <p>Action: Footnotes from the report to be distributed/ AMason/ May 2023.</p> <p>The Council of Governors noted the contents of the report.</p>
	Any Other Business
17-23-24	<p>Meeting Review</p> <p>The Committee noted the absence of the Patient Experience and Inclusion Report due to the timing of the meeting however Andy Waller provided a brief update:</p> <ul style="list-style-type: none"> • Thanks were given to the Welfare Benefits Advice Service following the patient narrative presented at January Trust Board • Patient feedback from the Non-Executive Director and Governor Engagement Walk-Rounds is very positive • Patient Led Assessments of the Care Environment results highlighted considerable areas of compliance at the Trust, with plans in place to introduce a new food menu in May. <p>Action: To produce a Glossary of Terms, explaining the acronyms used within the reports. J Hindle - July 2023</p> <p>Action: Name plates/badges to be displayed at meetings – July 2023</p>

18-23-24	<p>Any other Business</p> <p>Julie Gray asked Governors to volunteer to take part in a meeting to select one of the Quality Account priorities for the Trust in 2023/24. The meeting will take place via Microsoft Teams and an email with the suggested date will be sent out for Governors to respond.</p> <p>Action: Expressions of interest sought for volunteers to take part in selecting the Quality Account priorities. A Mason</p>
	<p>Date and time of next meeting via MS Teams: 26th July 2023 at 5pm</p>

Council of Governors Committee Action Log

KEY	
	Complete
	On Track
	At Risk
	Late

Date of Meeting	Item No.	Item	Action(s)	Action By	Due Date	RAGB	Status Update/Assurance
25/01/2023	CG-16-23	System Working and Collaboration	J Wilkinson to email all Governors to obtain consensus of opinion regarding best approach to discuss development plan for system working and collaboration	JW/J Hindle	26/04/2023 26/07/2023		14/03/23 Governors emailed with 7 responses, discussion to take place with new Associate Director of Corporate Governance to decide on next steps 02/05/23 following discussion with ADCG & JW action moved to July 2023 July 23 - Discussions underway with partner Trusts to determine if a joint event is scheduled hosted by ICB colleagues.
26/04/2023	CG-10-23-24	People Committee Assurance Report	To present the Staff survey results and actions to the next meeting of the CoG - 26 July 2023	J Shaw	26/07/2023		Item is on the agenda 26 July 2023
26/04/2023	CG-11-23-24	Quality Committee Assurance Report	To provide an update regarding improving awareness of the DNACPR policy and Safeguarding meeting	J Gray	26/07/2023		A verbal update will be provided at the meeting.
26/04/2023	CG-12-23-24	Performance & Quality update	To present the quarterly report from Cancer Alliance to the Council.	L Bishop	25/10/2023		Item has been deferred to October following feedback from Board members in order to provide time to revise the report and ensure that it is meaningful at Place level and to audiences within individual Providers.
26/04/2023	CG-13-23-24	Operational & Financial planning	To arrange a meeting with Governors in order to provide further information regarding the purchase of the former Rutherford Centre.	L Bishop	26/07/2023		A presentation took place on 10.05.23 and the slides were circulated to all governors on 22nd May.
26/04/2023	CG-15-23-24	Nominations Committee	To seek expressions of interest for additional 1 or 2 Governors to become members of the Nominations Committee	A Mason	26/07/2023		Email sent 03/05/23 request for expressions of interest 25/05/23 No responses received 15/06/23 Confirmation of additional member, M Mandelson.
26/04/2023	CG-15-23-24	Nominations Committee	To review the terms of reference for the Nominations Committee , paragraph 1.2 for clarity & inclusion of confidentiality surrounding content of meeting	J Hindle	26/07/2023		Terms of reference updated following comments to include the statement, All members are expected to comply with arrangements, decisions and resolutions made by the Committee at para 1.2.
26/04/2023	CG-15-23-24	Nominations Committee	An update regarding Board Succession Planning to be brought to the next Committee	J Hindle	26/07/2023		The item is on the agenda - Nomination and Remuneration Committee item.
26/04/2023	CG-16-23-24	Membership Engagement & Communications Committee	To ensure that the footnotes from the Membership Annual Report are circulated to all Governors	A Mason	09/05/2023		The links were circulated to all governors on 26/05/23.
26/04/2023	CG-17-23-23	Meeting review	To produce a glossary of Terms to be appended to the meeting papers.	J Hindle	26/07/2023		Glossary of terms created and appended to meeting papers
26/04/2023	CG-17-23-24	Meeting review	Name plates or badges to be displayed to identify all those at the meeting	A Mason	26/07/2023		Obtained name plates to identify attendees
26/04/2023	CG-18-23-24	Any other Business	To invite Governors to take part in selecting one of the priorities within the Quality Account 2023/24.	A Mason	26/07/2023		Members attended a meeting with the Chief Nurse on 2 May 2023.

Governors' responsibilities in the new Health and Care landscape



New Governance Documents for 2023/24

Date published: 27 October, 2022
Date last updated: 23 February, 2023

Code of governance for NHS provider trusts

Publication: /publication/

Content

- Equality and health inequalities statement
- About this document
- Introduction
- Section A: Board leadership and purpose
- Section B: Division of responsibilities
- Section C: Composition, succession and evaluation
- Section D: Audit, risk and internal control
- Section E: Remuneration
- Schedule A: Disclosure of corporate governance arrangements
- Appendix A: Role of the trust secretary
- Appendix B: Council of governors and role of the nominated lead governor
- Appendix C: The code and other regulatory requirements

Sets out an overarching framework for the corporate governance of trusts

Classification: Official
Publication reference: PR2075



Guidance on good governance and collaboration

27 October 2022

Links effective collaboration to a governance licence condition under the Provider Licence

Classification: Official
Publication reference: PR2077

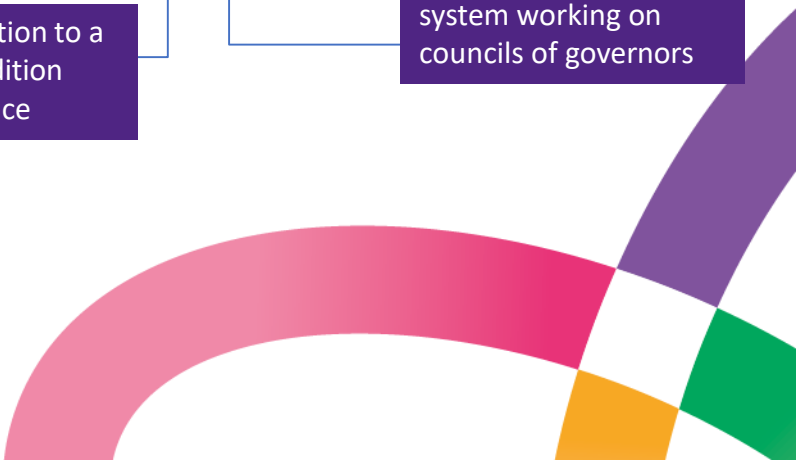


Addendum to Your statutory duties – reference guide for NHS foundation trust governors

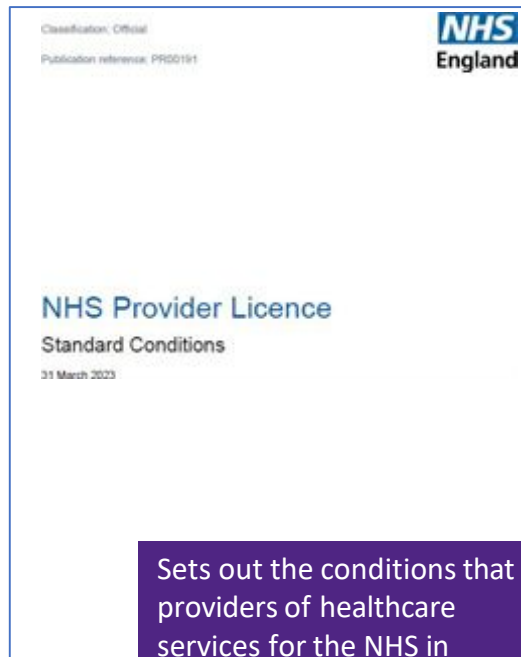
System working and collaboration: role of foundation trust councils of governors

27 October 2022

Covers the impact of system working on councils of governors



New Regulatory Requirements for 2023/24

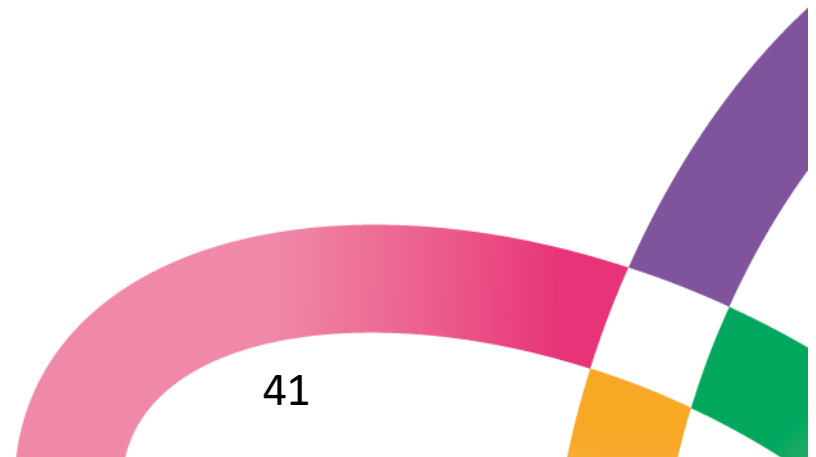


Sets out the conditions that providers of healthcare services for the NHS in England must meet

Other:

- **NHS oversight Framework and metrics and operational planning guidance**
- **NEW CQC Single Assessment Framework coming soon....**

24/05/2023



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A great deal has changed since the early versions of the code of governance and addendum:

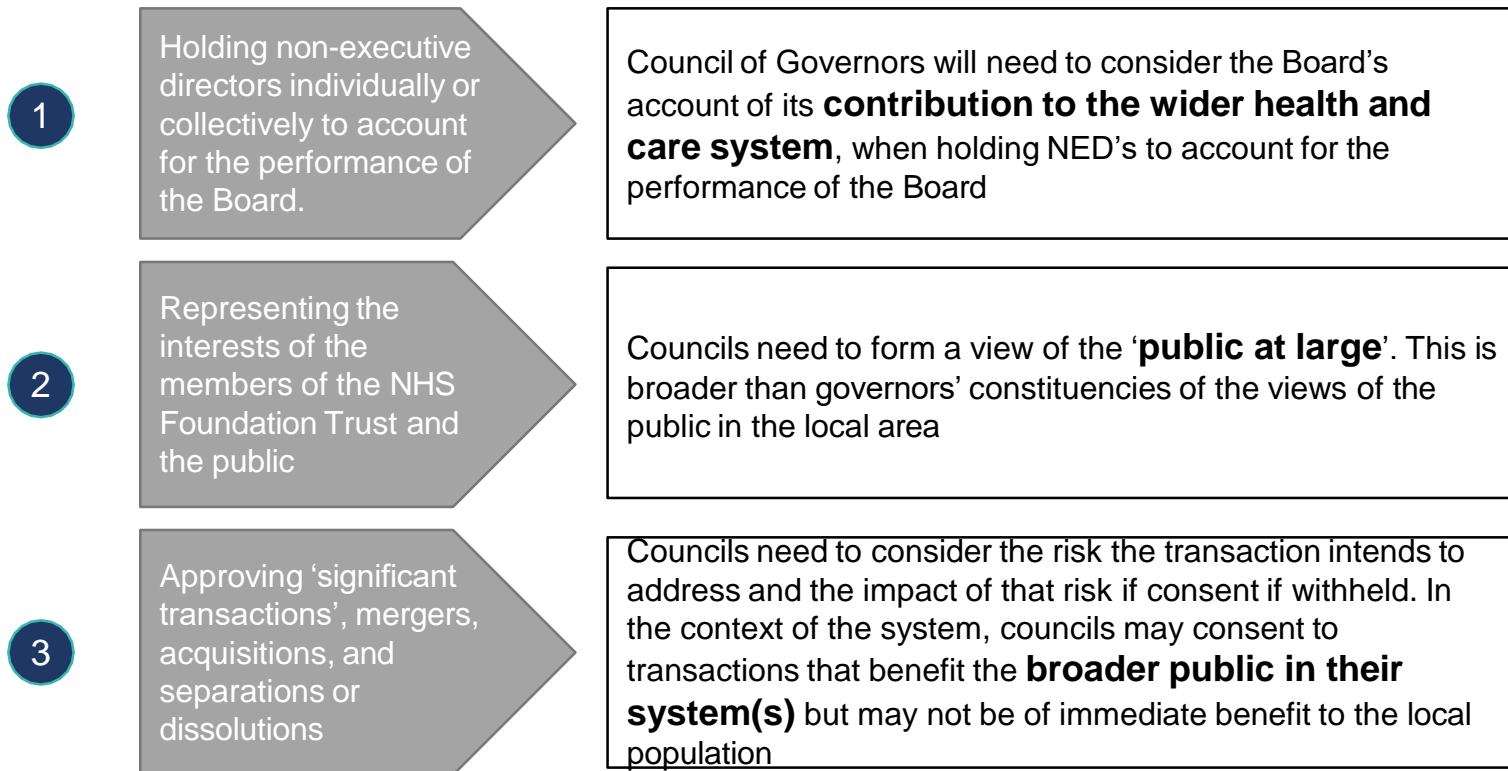
- Publication of the NHS Long Term Plan
- Introduction of Health and Care Act 2022
- Establishment of Integrated Care Systems

The addendum supplements existing guidance for NHS foundation trust governors and explains how the legal duties of foundation trust councils of governors support working system and collaboration.

- It is based on the **existing statutory duties** in the 2006 Act
- Incorporates the **principles of the ICS Design Framework**
- **Supports collaboration** between organisations and the delivery of better joined up care
- Councils are required to form a rounded **view of the interests of the 'public at large'**
- Updated considerations are set out in respect of governors' legal duties
- Only applies to a council of governors' statutory role **within its own foundation trust's governance**



Key features of the updated addendum



Key themes across the new guidance

- Collaboration, collaboration, collaboration....
- Alignment of strategies with the ICS
- Contribution to the ICS
- Triple aim duty (better health and wellbeing; better quality of services; and sustainable use of resources)
- Reducing health inequalities in access, experience and outcomes
- Engagement with stakeholders and system partners
- Culture and wellbeing
- Digital transformation
- Climate change and net zero responsibilities

The statutory duties of the COG have not changed and the COG relationships remain with their own Board, the ICB or other part of the system(s) within which they operate



Questions for Governors?

What role is your Trust playing in the ICS?

How will you hold NEDs to account in terms of wider collaboration and system?

How has the Trust assessed and implemented the new guidance?

How well is the COG sighted on system developments and collaboration?

Does the emphasis on 'public at large' change how you discharge your role?

Are Trust strategies aligned to ICS and how are Governors involved?

Do COG objectives need to be updated to reflect the new requirements?

How can the COG support collaboration and decision making in the future?



Council of Governors Performance Update

July 2023

Joan Spencer

James Thomson

Sheena Khanduri

Jayne Shaw

Julie Gray



Contents

- 1. Operational Performance**
- 2. Quality Performance**
- 3. Workforce Performance**
- 4. Research and Innovation Performance**
- 5. Financial Performance**
- 6. Questions**





Access

Key Performance Indicator	Target	Apr-23	May-23	Jun-23	Last 12 Months
2 week wait from GP referral to 1st appointment	93%	93.8%	100.0%	100.0%	
24 days from referral to first treatment	G: ≥85% A: 80-84.9% R: <80%	78.0%	81.8%	78.3%	
28 day faster diagnosis - (Referral to diagnosis)	75%	85.7%	92.3%	80.0%	
28 day faster diagnosis - (Screening)	75%	No patients	No patients	No patients	There have been 0 x 28 Day FDS Screening patients during this time
31 day wait from decision to treat to first treatment	96%	97.4%	98.6%	99.2%	
31 day wait for subsequent treatment (Drugs)	98%	100.0%	99.2%	98.7%	
31 day wait for subsequent treatment (Radiotherapy)	94%	96.7%	99.1%	99.5%	
Number of 31 day patients treated ≥ day 73	0	0	1	0	
62 Day wait from GP referral to treatment	85%	78.2%	68.2%	69.6%	
62 Day wait from screening to treatment	90%	No Patients	100.0%	50.0%	
Number of patients treated ≥ 104 days AND at CCC for over 24 days (Avoidable)	G: 0 A: 1 R: >1	2	1	3	
Diagnostics: 6 Week Wait	99%	100.0%	100.0%	100.0%	
18 weeks from referral to treatment (RTT) Incomplete Pathways	92%	96.0%	96.8%	97.0%	



Efficiency (1 of 2)






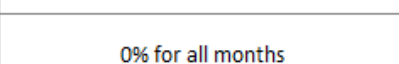
Key Performance Indicator	Target	Apr-23	May-23	Jun-23	Last 12 Months
Length of Stay: Elective (days): Solid Tumour	G: ≤9 A: 9.1 -10.7 R: >10.7	8.8	4.2	7.2	
Length of Stay: Emergency (days): Solid Tumour	G: ≤12 A: 12.1-14.3 R: >14.3	11.0	12.1	14.0	
Length of Stay: Elective (days): HO Ward 4	G: ≤21 A: 21.1-22.1 R: >22.1	31.2	15.2	14.5	
Length of Stay: Emergency (days): HO Ward 4	G: ≤22 A: 22.1-23.1 R: >23.1	23.3	18.4	23.4	
Length of Stay: Elective (days): HO Ward 5	G: ≤32 A: 32.1-33.6 R: >33.6	11.6	28.7	22.4	
Length of Stay: Emergency (days): HO Ward 5	G: ≤46 A: 46.1-48.3 R: >48	9.0	34.0	7.4	
Delayed Transfers of Care as % of occupied bed days	≤3.5%	4.80%	2.2%	7.2%	
Bed Occupancy (Total) - Midday	G: 85%-≤92% A: 81-84.9% R: <81% or >92%	83.80%	94.50%	90.70%	
Bed Occupancy (Total) - Midnight	G: 85%-≤92% A: 81-84.9% R: <81% or >92%	88.90%	95.10%	93.60%	
% of expected discharge dates completed	G: ≥95% A: 90-94.9% R: <90%	94.0%	92.0%	92.0%	
% of elective procedures cancelled on or after the day of admission	0%	0%	0%	0%	0% for all months
% of cancelled elective procedures (on or after the day of admission) rebooked within 28 days of cancellation	100%	None cancelled	None cancelled	None cancelled	No elective procedures have been cancelled on or after the day of admission
% of urgent operations cancelled for a second time	0%	0%	0%	0%	0% for all months

Blue bars indicate where there was no target in those months.





Efficiency (2 of 2)

Key Performance Indicator	Target	Apr-23	May-23	Jun-23	Last 12 Months
Imaging Reporting: Inpatients (within 24hrs)	G: ≥90% A: 80-89.9% R: <80%	91.2%	93.1%	84.1%	
Imaging Reporting: Outpatients (within 7 days)	G: ≥90% A: 80-89.9% R: <80%	96.3%	89.3%	86.9%	
Data Quality - % Ethnicity that is complete (or patient declined to answer)	G: ≥95% A: 90-94.9% R: <90%	93.7%	98.0%	98.3%	
Data Quality - % of outpatients with an outcome	G: ≥95% A: 90-94.9% R: <90%	91.2%	94.5%	93.7%	
Data Quality - % of outpatients with an attend status	G: ≥95% A: 90-94.9% R: <90%	96.1%	96.4%	96.4%	
Percentage of Subject Access Requests responded to within 1 month	100%	78.4%	100%	100%	
% of overdue ISN (Information Standard Notices)	0%	0%	0%	0%	0% for all months



Key Operational Issues

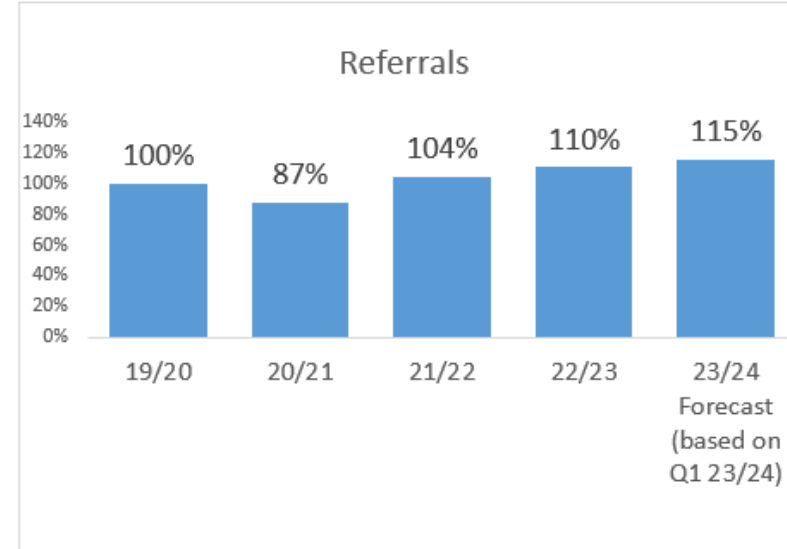
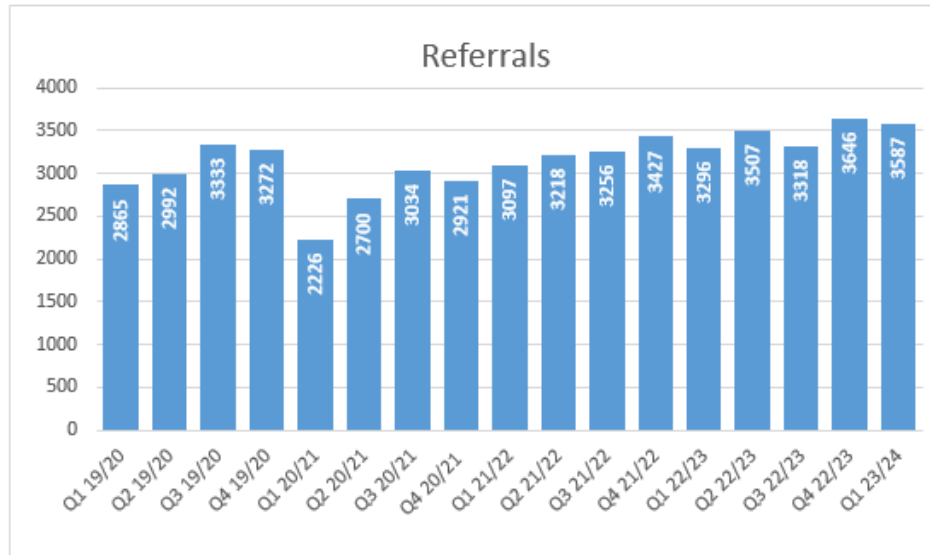
1. Performance against the Cancer Waiting Times 62 Day standard has been below the 85% target since April. This is mainly due to:
 - Patients choosing to delay treatment / not being medically fit for treatment / requiring repeat investigations or awaiting results.
 - Delays in receiving molecular test results from specialist laboratories. This has resurfaced as an issue following a change in regional laboratory commissioning.
 - A continually high proportion of patients are being referred late to CCC, which significantly affects our ability to meet the target. For comparison, 57% of patients were referred by day 38 in Q1 2019/20. This figure is 31% for Q1 2023/24. Patient numbers are also increasing, which further compounds this issue. For comparison, we treated 245 new '62 day' patients in Q1 2019/20. This figure is 352 for Q1 2023/24; a 44% increase.
 - Outpatient 1st appointment capacity challenges, exacerbated by industrial action and additional bank holidays.

We continue to monitor performance closely and identify actions through detailed breach review processes. Collaboration with referring Trusts, the Cancer Alliance and laboratories continues; to identify delays in patient pathways and to tackle these issues. Internal activity, capacity and demand reviews support operational planning.

2. Industrial action continues to have a significant impact on the Trust in terms of the time taken by clinical and senior management teams to plan for services on these days, including rearranging patient outpatient appointments. However, this is being well managed by CCC and patient safety is being maintained.
3. Workforce capacity challenges remain, particularly in radiology.
4. Increased acuity of patients and targeted treatments continue to create sustained growth in length of stay and result in high bed occupancy. A patient flow project is reviewing the flow of patients from home, to discharge, concentrating on avoiding admission. A separate project (in collaboration with LUHFT) will focus on inpatient and out patient frailty.
5. CCC Paddington is due to open on 24th July 2023; offering CT, MR and ultrasound scans as well as blood tests (phlebotomy).



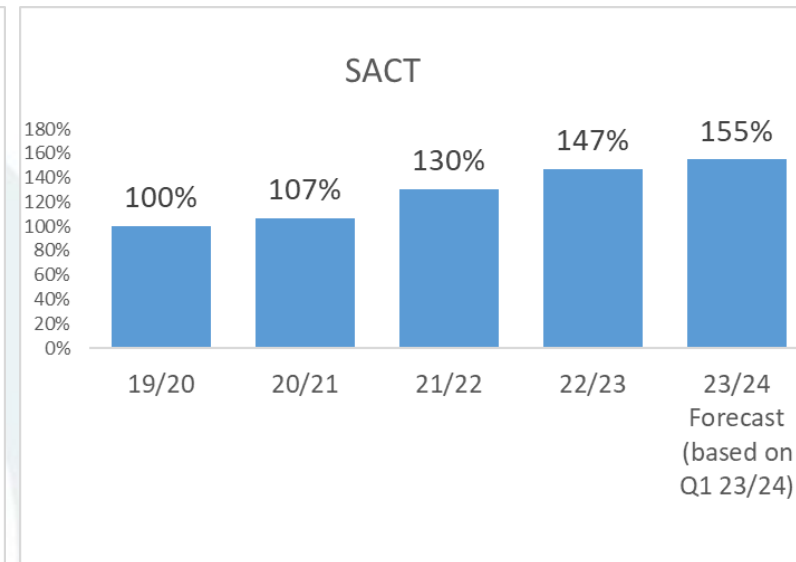
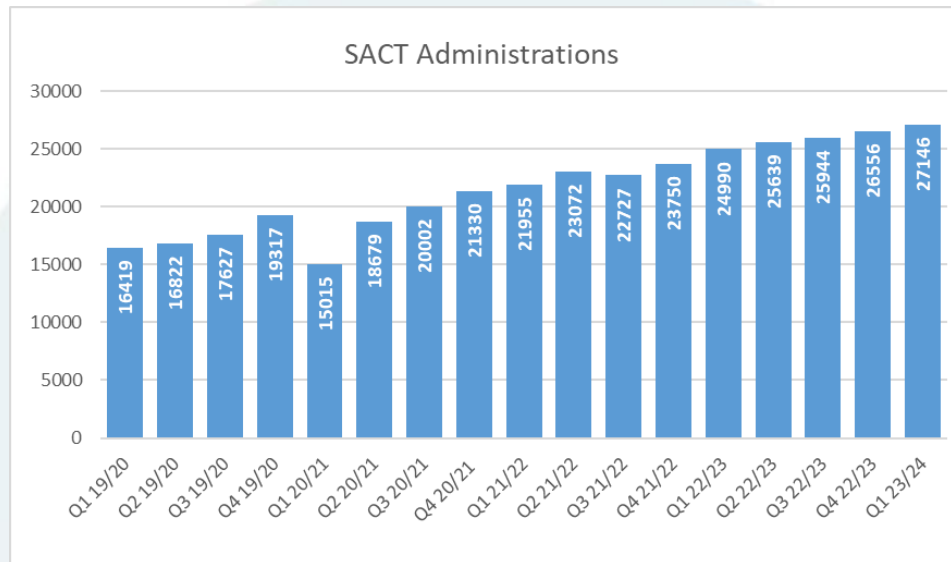
Referrals to CCC



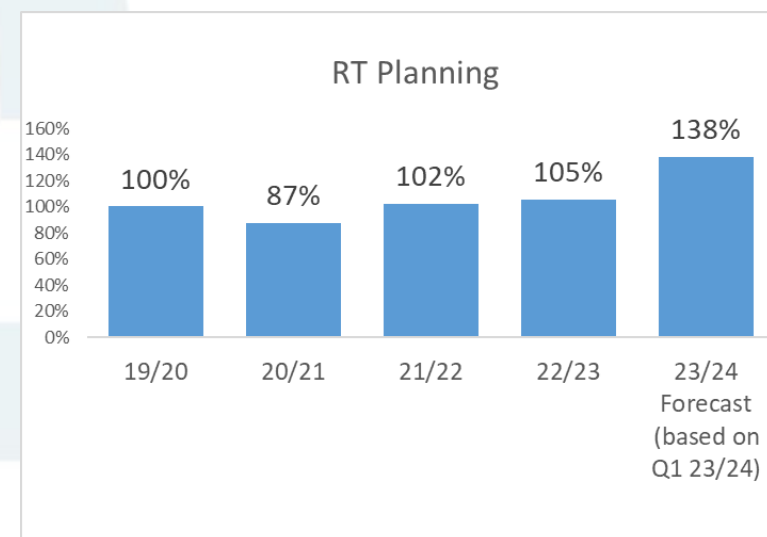
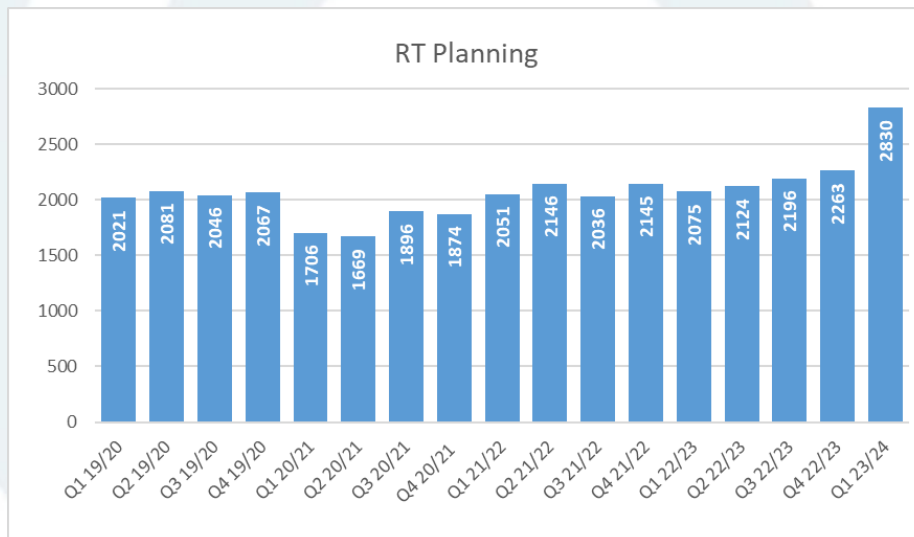
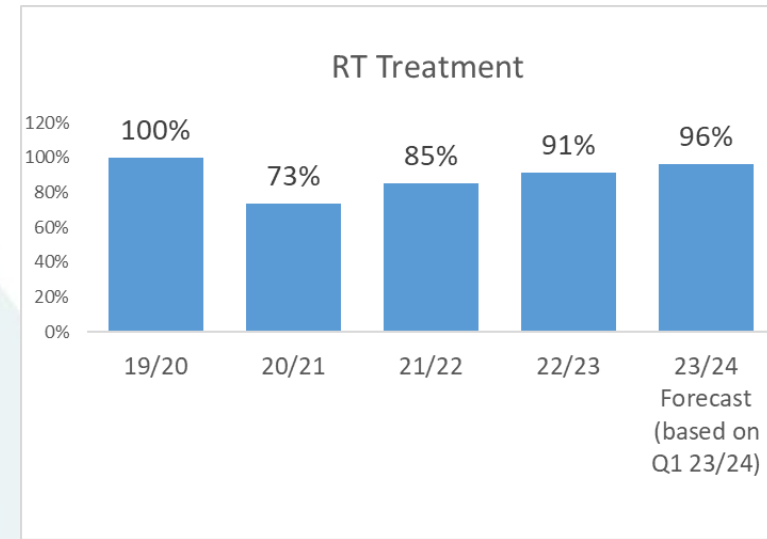
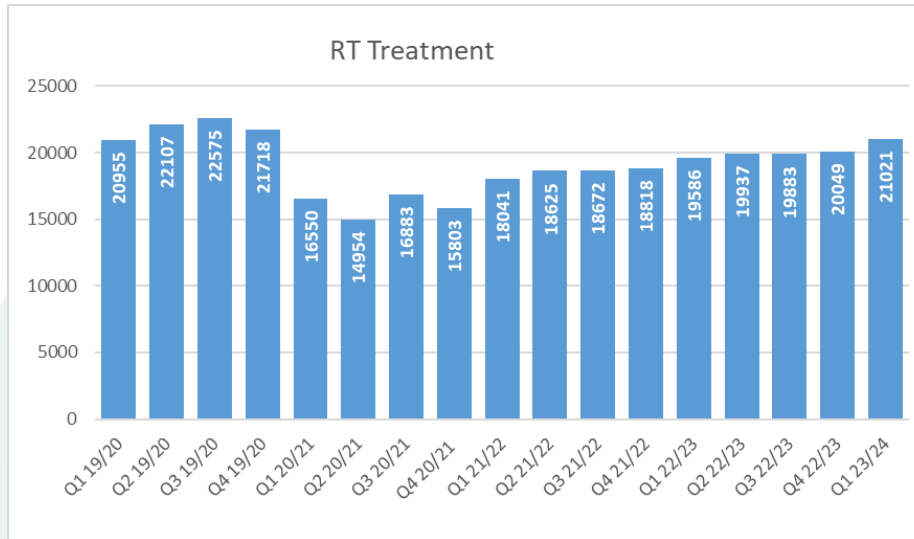


The Clatterbridge
Cancer Centre
NHS Foundation Trust

SACT (Chemotherapy and Immunotherapy)

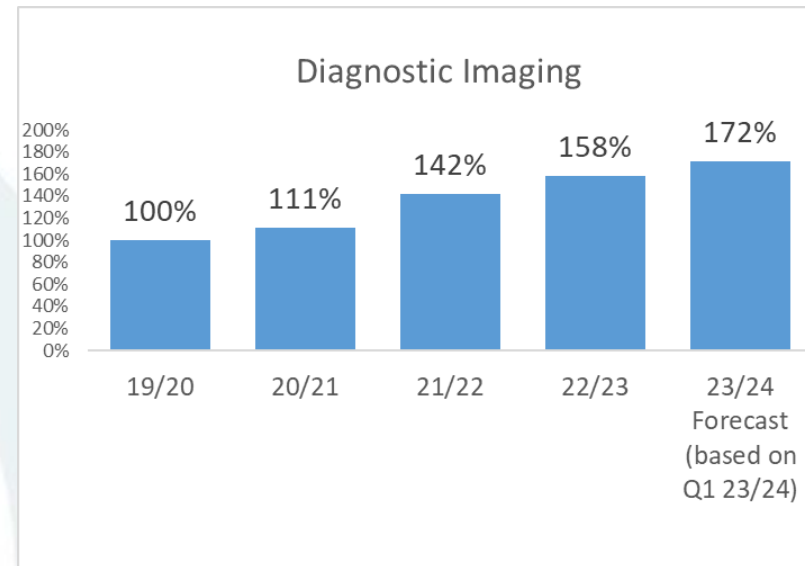
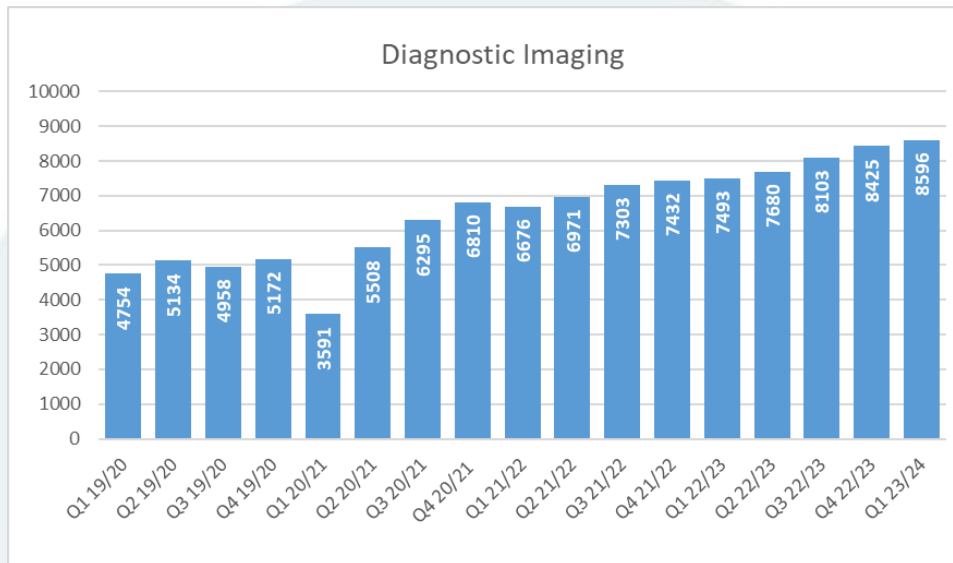


Radiotherapy



The numbers of fractionations per patient has reduced. However treatment is rising and planning demand is now higher than prior to this change.

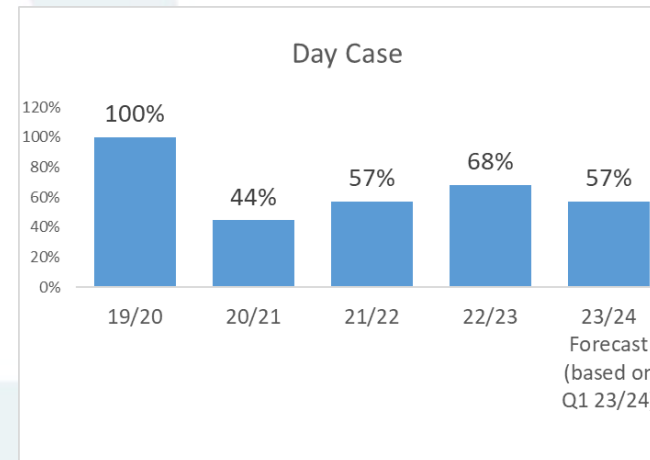
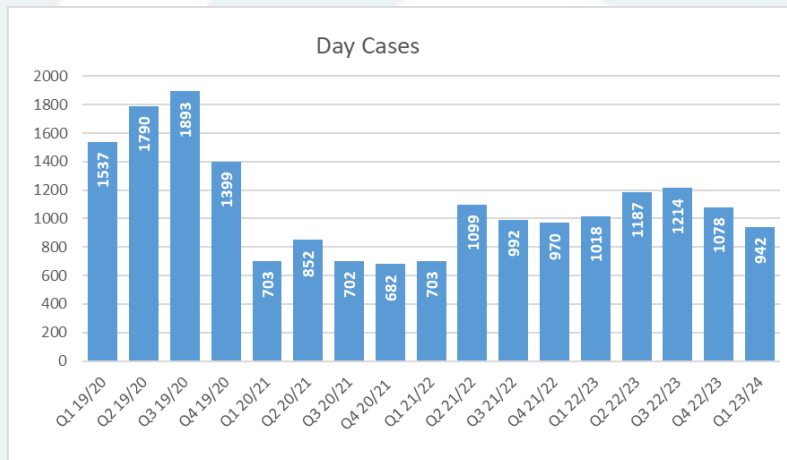
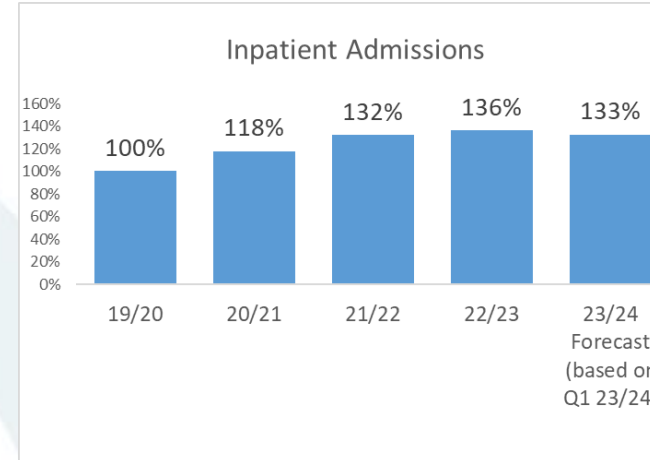
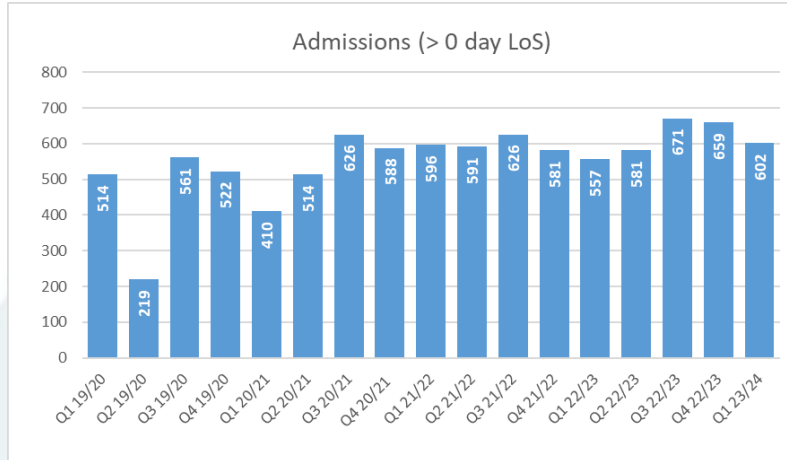
Diagnostic Imaging



This data does not include Community Diagnostic Centre activity.



Inpatients and Day Case



NB: In 2020/21 a proportion of day case activity was re categorised as outpatient activity.



Quality Performance (1 of 3)

Key Performance Indicator	Target	Apr-23	May-23	Jun-23	Last 12 Months
Never Events	0	0	1	0	J A S O N D J F M A M J
Serious Incidents (month reported to STEIS)	No target	1	0	1	J A S O N D J F M A M J
Serious Untoward Incidents: % submitted within 60 working days / agreed timescales	100%	100.0%	0 requiring submission	0 requiring submission	J A S O N D J F M A M J
Incidents /1,000 Bed Days	No target	118	107	138	J A S O N D J F M A M J
Incidents resulting in harm (moderate and above) /1,000 bed days	No target	0.4	1.77	1.11	J A S O N D J F M A M J
Inpatient Falls resulting in harm due to lapse in care	0	0	0	0	0 for all months
Inpatient falls resulting in harm due to lapse in care /1,000 bed days	0	0	0	0	0 for all months
Pressure Ulcers (hospital acquired grade 3/4, with a lapse in care)	0	0	0	0	0 for all months
Pressure Ulcers (hospital acquired grade 3/4, with a lapse in care) /1,000 bed days	0	0	0	0	0 for all months
30 day mortality (Radical Chemotherapy)	G: ≤0.6% A: 0.6 - 0.7% R: >0.7%	0.1%	0.2%		J A S O N D J F M A M J
30 day mortality (Palliative Chemotherapy)	G: ≤2.3% A: 2.31 - 2.5% R: >2.5%	1.0%	0.8%		J A S O N D J F M A M J
100 day mortality (BMT)	No Target				J A S O N D J F M A M J
Consultant Review within 14 hours (emergency admissions)	90%	98.9%	96.8%	99.1%	J A S O N D J F M A M J

Blue bars indicate where there was no target in those months.



Quality Performance (2 of 3)

Key Performance Indicator	Target	Apr-23	May-23	Jun-23	Last 12 Months
Safer Staffing: Fill-rate for Registered Nurses – day shifts	G: ≥90%	97.40%	98.1%	98.1%	
Safer Staffing: Fill-rate for Registered Nurses – night shifts	G: ≥90%	96.90%	97.4%	98.6%	
Safer Staffing: Fill-rate Care Staff – day shifts	G: ≥90%	91.70%	94.3%	97.0%	
Safer Staffing: Fill-rate Care Staff – night shifts	G: ≥90%	98.40%	102.90%	106.1%	
Safer Staffing: Overall fill-rate	G: ≥90%	96.30%	98.10%	99.4%	
% of Sepsis patients being given IV antibiotics within an hour.	90%	95.0%	95.0%	Data not yet available	
VTE Risk Assessment	95%	98.80%	99.10%	99.00%	
Dementia: Percentage to whom case finding is applied	90%	100.0%	92.6%	86.0%	
Dementia: Percentage with a diagnostic assessment	90%	No patients	No patients	No patients	No patients were referred
Dementia: Percentage of cases referred	90%	No patients	No patients	No patients	No patients were referred



Quality Performance (3 of 3)

Key Performance Indicator	Target	Apr-23	May-23	Jun-23	Last 12 Months
Clostridiodes difficile infections (HOHA and COHA)	≤13 (pr yr)	1	1	4	
E Coli bacterium (HOHA and COHA)	≤10 (pr yr)	1	5	2	
MRSA infections (HOHA and COHA)	0	1	0	0	
MSSA bacteraemia (HOHA and COHA)	G: ≤4, A: 5 R: >5 (pr yr)	0	3	0	
Klebsiella (HOHA and COHA)	≤8 (pr yr)	2	0	0	
Pseudomonas (HOHA and COHA)	≤1 (pr yr)	1	0	0	
FFT score: Patients (% positive)	G: ≥95% A: 90-94.9% R: <90%	97.2%	96.4%	96.98%	
Number of formal complaints received	No target	3	2	4	
Number of formal complaints / count of WTE staff (ratio)	No target	0.0017	0.0011	0.0022	
% of formal complaints acknowledged within 3 working days	100%	100%	100%	100%	
% of routine formal complaints resolved in month, which were resolved within 25 working days	G: ≥75% A: 65-74.9% R: <65%	67%	50.0%	33.0%	
% of complex formal complaints resolved in month, which were resolved within 60 working days	G: ≥75% A: 65-74.9% R: <65%	50.0%	50.0%	100%	
% of FOIs responded to within 20 days	100%	98.0%	97.6%	100%	
Number of IG incidents escalated to ICO	0	0	0	0	
NICE Guidance: % of guidance compliant	G: ≥90% A: 85-89.9% R: <85%	95.0%	96.5%	97.6%	
% of policies in date	G: ≥95% A: 90.1 - 94.9% R: ≤90%	90.7%	91%	92%	
NHS E/I Patient Safety Alerts: number not implemented within national timescale.	0	0	0	0	

Blue bars indicate where there was no target in those months.



Quality Summary

- We had our first 'Never Event' reported in May; an inadvertent connection to wall piped medical air via a flowmeter, instead of intended connection to wall piped medical oxygen. The event concerned 1 patient, who suffered a low level of harm. Actions have already been taken to prevent this from happening again.
- Infection rates remain above trajectory in some areas, not just at CCC but nationally. We have robust post infection review processes in place which now includes external scrutiny from the specialist commissioner. It is important that we demonstrate the teams took all appropriate action to mitigate the risk of hospital acquired infection. An IPC Masterclass was held in April 2023, a 'Spring into Action' education campaign was also implemented and the ward sisters/charge nurses and Matrons monitor practice daily.
- There was a rare failure to meet the dementia case finding (an initial review) target in June. Of the 2 patients who were not reviewed, 1 patient was very poorly on admission and transferred to ED within 24 hours, therefore this assessment was not a clinical priority / likely not possible to perform.
- Inpatient online dashboards are being piloted on ward screens, providing real time information on inpatient care and any outstanding assessments.
- The complaints manager has introduced a new triage matrix to ensure complex complaints are identified accurately and managed within the correct timeframe.



Workforce Performance

Key Performance Indicator	Target	Apr-23	May-23	Jun-23	Last 12 Months
Staff Sickness Absence	G: ≤4% A: 4.1-4.9% R: ≥5%	4.58%	3.94%	3.74%	
Staff Sickness Absence (short term)	G: ≤2% A: 2.1 - 2.9% R: ≥3%	1.99%	1.58%	1.50%	
Staff Sickness Absence (long term)	G: ≤2% A: 2.1 - 2.9% R: ≥3%	2.60%	2.35%	2.24%	
Staff Turnover: (12 month rolling)	G: ≤14%, A: 14.1 - 14.9%, R: ≥15%	14.93%	15.03%	15.24%	
Statutory and Mandatory Training	G: ≥90% A: 75-89.9% R: ≤74%	95.42%	95.49%	95.82%	
Appraisal	G: ≥90% A: 75-89.9% R: ≤74%	91.66%	91.86%	93.32%	
Medical Appraisal	G: ≥90% A: 75-89.9% R: ≤74%	100.0%	100.0%	100.0%	
Pulse Staff Survey: Employee Engagement Score	Above national average			7.2	
Pulse Staff Survey: Advocacy score	Above national average			7.8	
Pulse Staff Survey: Involvement score	Above national average			7.0	
Pulse Staff Survey: Motivation score	Above national average			6.9	
BAME Staff Representation	G: >8% A: 6.1- 7.9% R: ≤6%	8.1%	8.4%	8.3%	
Flu: % of 'Frontline' CCC Staff Vaccinated (at 31/12/21)	90% by end Feb 2023			Flu campaign not yet started	

Blue bars indicate where there was no target in those months.



Workforce Summary

- Since a Trust high of 7% staff sickness absence in January 2022, this has reduced to 3.7% and we are now meeting our Trust target.
- Staff turnover has also reduced and is now 1.2% above the Trust's target. The Workforce team are working closely with clinical teams; reviewing the sickness and turnover data in detail, to identify where improvements can be made.
- Overall Trust Statutory and Mandatory training compliance continues to be above the Trust target of 90%.
- Non-Medical Staff and Medical Appraisal compliance continues to be above the Trust target of 90%.
- We are meeting our BAME staff representation target and this has improved from 6.9% in April 2022.
- We continue to carry out the NHS 'Pulse' satisfaction surveys and compare favourably with other organisations; consistently higher than the national average in all 4 categories.



Research and Innovation Performance



Key Performance Indicator	Target	Apr-23	May-23	Jun-23	Last 12 Months
Study recruitment	G: ≥125 A: 106 - 124 R: <106 (pr month)	62	69	116	
Number of patients recruited (non-commercial, portfolio studies)	R: <35, A:35 - 42 G: ≥42 (pr month)	55	82	74	
Study set up times (days)	≤40 days	N/A	N/A	Data not published	Latest reporting period is 1/1/21 – 31/12/21: 11 days
Recruitment to time and target	G: ≥55% A: 45-54.9% R: <45%	N/A	N/A	Data not published	Latest reporting period is 1/1/21 – 31/12/21: 20%
Number of new studies open to recruitment	G: ≥5 A: 4 R: <4 (pr month)	3	5	6	
Publications	G: ≥17 A: 14-16 R: <14 (pr month)	11	17	31	

NB: The 'Study set up times' and 'Recruitment to time and target' data is published nationally and the latest data received is shown.



Research & Innovation Summary

- We have increased our annual target for the number of patients recruited onto trials (n=1500). At the end of June 2023, we had achieved 66% of target.
- The main reasons for not currently being on track to achieve this annual target are:
 - Concentrated focus needed on interventional clinical trial recruitment which has not yet fully recovered. Research Study Prioritisation Committee to address this.
 - A high number of complex, low recruiting studies have been opened since December 2021 when the Research Study Prioritisation Committee was initiated.
 - A number of our larger observational studies have closed or will be closing to recruitment soon.
 - To note, recruitment is higher at Month 3 23/24 than pre-pandemic levels during 19/20.
- Clinical Research Gap Analysis paper to be monitored monthly via R&I Directorate Board and an update to TEG every 4 months.
- Research Study Prioritisation Committee to review strategy for trial selection.
- Initiate clinically-led programme of work to increase home grown research to boost recruitment numbers.
- We have exceeded the target for the number of studies opened in month, with 6 in June 2023.
 - Two are non-interventional/ observational. Four are interventional, of which two are phase III trials in the haemato-oncology portfolio. We have opened the first early phase trial as part of the Liverpool CRF which is also a First-in-Human trial and an exciting new commercial trial in the brain portfolio testing a new device plus radiotherapy in newly diagnosed glioblastoma.



Financial Performance

For June 2023, the key financial headlines are:

Metric (£000)	In Mth 3 Actual	In Mth 3 Plan	Variance	Risk RAG	YTD Actual	YTD Plan	Variance	Risk RAG
Trust Surplus/ (Deficit)	(50)	30	(80)	Amber	(178)	91	(269)	Amber
CPL/Propcare Surplus/ (Deficit)	81	0	81	Green	271	0	271	Green
Control Total Surplus/ (Deficit)	31	30	1	Green	93	91	2	Green
Trust Cash holding	61,664	62,731	(1,067)	Green	61,664	62,731	(1,067)	Green
Capital Expenditure	102	102	0	Green	194	194	0	Green
Agency Cap	88	149	61	Green	302	447	145	Green

For 2023/24 NHS Cheshire and Mersey ICB 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.

The Trust financial position to month 3 (June 2023) is a deficit of £178k, which is £269k behind plan. The group position is a £93k surplus and is £2k better than plan.

The Trust cash position is £61.6m, which is behind plan by £1.1m. Capital spend is £194k in the year to date, with the majority of capital spend profiled later in the year.

The agency cap has been re-set based on prior year spend and for the year to date the Trust is reporting below the agency cap by £145k.



Questions



Council of Governors – 26th July 2023

Chair's Report for: Quality Committee

Date/Time of meeting: 21st June 2023, 13:30pm till 16:30pm

			Yes/No
Chair	Terry Jones	Was the meeting Quorate?	Yes
Meeting format	MS Teams		
Was the committee assured by the quality of the papers (if not please provide details below)			Yes
Was the committee assured by the evidence and discussion provided (if not please provide details below)			Yes

General items to note to the Board	
	<ul style="list-style-type: none"> The Committee received the Board Assurance Framework (BAF) Report and the revised wording of BAF following discussion at Trust Board and agreed that the wording of BAF1 now provided greater clarity The Committee received the Integrated Performance Report for month 2. The report 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 are included within the Integrated Performance Report for future meetings, but accepted the data will not have been externally ratified. The Committee received the CQC Regulatory Compliance Report. The Trust have agreed to a 12-month secondment opportunity to lead on inspection preparedness. The Committee noted a more robust regulatory compliance paper will be presented at future meetings detailing accountability for each regulation. The Committee received the Medicines (Controlled Drugs) Annual Report and noted the assurance received. The Committee requested the Director of Pharmacy to explore using controlled drug benchmarking data within future reports but noted this may not be possible. The Committee received April and May's Quality and Safety Walk-round reports and noted the positive experience of staff. Specific areas of improvement included a request to review the kitchen equipment/cleanliness and the provision of toilet facilities. The Committee received the Infection Prevention & Control Annual

	<p>Report and noted the assurance received.</p> <ul style="list-style-type: none"> • The Committee received the Mortality Annual Report and noted the assurance received. • The Committee received the Quality Accounts for noting. The Quality Accounts will be published on the Trust website later this month. • The Committee received the Quality Improvement and Learning Strategy but noted minor amendments are still being made. The Committee agreed with the combining of the two strategies and approved the strategy. • The Committee received the Extravasation Serious Incident Report and noted the assurance received. The Chair advised that he chaired the panel and noted the robust processes in place. • The Committee received the Risk & Quality Governance Committee Assurance Report and noted the assurance received. • The Committee agreed full assurance has now been received from the leads of the MIAA Quality Spot Checks (Audits) and can now be de-escalated from the Committee to back to the appropriate operational governance mechanisms. • 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. • The Committee discussed increasing the frequency of the meetings from quarterly to bi-monthly but agreed for this to be incorporated as part of the Corporate Governance meeting review in July. • The Committee noted that the Patient Safety and Experience Quarterly Assurance Report and the VTE Incidents Report were deferred to the next meeting.
Items of concern for escalation to the Board	No items to escalate.
Items of achievement for escalation to the Board	<ul style="list-style-type: none"> • 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.
Items for shared learning	No items for shared learning.

Council of Governors – 26th July 2023

Chair's Report for: Performance Committee

Date/Time of meeting: 24th May 2023, 09:30am

			Yes/No
Chair	Geoff Broadhead	Was the meeting Quorate?	Yes
Meeting format	MS Teams		
Was the committee assured by the quality of the papers (if not please provide details below)			Yes
Was the committee assured by the evidence and discussion provided (if not please provide details below)			Yes

General items to note to the Board	<ul style="list-style-type: none"> • The Committee had a thorough discussion on the five Board Assurance Framework (BAF) entries aligned to the Committee. The Committee received assurance that a full review has been undertaken with the Executive Leads to update the controls and refresh all the actions. Key performance indicators have now been included and can be reviewed in line with the BAF risks. • The Committee received the risk register report: <ul style="list-style-type: none"> ○ 5 risks have been closed since the last Committee meeting. ○ 9 new risks have been added to the register since the last meeting. ○ 1 risk, risk ID 254, is scored at 15 and relates to the HMRC challenge over current zero rated treatment of drugs dispensed for patients home use • The Committee discussed in detail, risk ID 361, South East corner. The risk score can now be reduced following successful conversations with the Council. The Committee proposed the idea of closing the risk as the short term issues have now been resolved and creating a new risk detailing the longer term issues relating to the old Royal Liverpool University Hospital site. • The Committee received the integrated performance report which provided a detailed overview of performance from April 2023. The Committee noted the challenges of achieving the 24 day and 62 day target. • The Committee noted that due to a transfer of the laboratory service provision on 1st April 2023 Molecular testing turnaround times have increased. This is being monitored by the Trust Operational Group and has been added to the risk register. • Noting capacity as a theme across a number of reports the Committee requested a deep dive of capacity and demand projects which will be presented at the next Committee.
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	<ul style="list-style-type: none"> • The Committee received the cancer waiting times report and acknowledged the detailed assurance provided. • The Committee received an overview of the final approved financial plan for 2023/24. The Committee noted the Trust has increased BAF risk 3, associated with financial delivery, from 9 (3x3) to 12 (4x3). The Trust has a high level of CIP to achieve in order to deliver the overall financial plan which will be challenging. • The Committee received the progress report on the 5 year strategy and noted the challenges with fulfilling vacancies within Corporate Services which has resulted in limited capacity to drive the strategy forward. The complex programme of work in relation to the development and opening of the Paddington CDC was also noted. • The Committee received the Annual Report for Emergency Preparedness, Resilience and Response (EPRR) and noted that the peer review process against the NHS EPRR Core Standards will commencing September 2023. • The Committee received the Research & Innovation business plan implementation progress. • The Committee were advised of the end of the year 2 plan and received an overview of the draft year 3 plan. • The Committee requested a review of how the plan is presented at future meetings. • The Committee received the Green Plan Assurance Report which contained detail on travel, waste and green spaces. • The Committee noted that a new substantive Sustainability Manager has been appointed. • The Committee reviewed performance and planning reports from the subsidiaries and the Private Clinic. • The Committee received the Committee annual report and review of Committee effectiveness and noted the actions to be put in place to improve the overall effectiveness of the committee. This will be reported to the Audit Committee in July. • The Committee received the below assurance reports: <ul style="list-style-type: none"> ○ Divisional & Corporate Services Performance Reviews Chair Report
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	o Finance Committee Chair Report
Items of concern for escalation to the Board	None
Items of achievement for escalation to the Board	None
Items for shared learning	None



WE ARE...
KIND EMPOWERED RESPONSIBLE INCLUSIVE

Council of Governors – 26th July 2023

Chairs report for: People Committee

Date/Time of meeting: 20th June 2023

			Yes/No
Chair	Kathy Doran	Was the meeting Quorate?	Y
Meeting format	MS Teams		
Was the committee assured by the quality of the papers (if not please provide details below)			Y
Was the committee assured by the evidence and discussion provided (if not please provide details below)			Y

Items of concern for escalation to the Board	<p>Integrated Performance Report The Committee noted that sickness absence has improved overall with short-term sickness at 3.9% against the 4% target however long-term sickness remains above the target of 2% at 2.4%. HR Business Partners continue to support the Divisions with the highest number of absences to ensure they are being managed in line with policy.</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>Workforce Advisory Group Report The Committee noted that 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>A national directive to review Clinical Support Worker bands 2 and 3 to be carried out due to inconsistencies with duties and pay across Cheshire and Merseyside, which may lead to financial implications for the Trust.</p> <p>Education Governance Committee Report The Committee noted the 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>
Items of achievement for escalation to the Board	<p>Staff Story – Disability and Long-Term Condition Network The Committee noted the aim of the Disability and Long-Term Condition Network presentation was to raise awareness and promote equality for staff with disabilities and long-term health conditions. There will be a number of awareness campaigns taking place to inform people of the number of staff with different conditions, to demonstrate how change can impact different staff groups, promote the skills of people with disabilities; and to promote the Trust as an attractive employer. The Network is working together with the</p>

	<p>Equality Diversity and Inclusion Lead to review current policies, access to reasonable adjustments and provision of training for all staff.</p> <p>People Commitment Progress Report The Committee noted good progress being made overall, and highlighted the key priorities in the Equality, Diversity and Inclusion (EDI) Improvement Plan, including a review of the EDI programmes, review of staff networks and reverse mentoring. A full review of the plan will take place when the National Workforce Plan is released and will be presented at the next Committee meeting.</p> <p>Equality Diversity & Inclusion Report/EDS2/22 The Committee noted that this year's Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) is currently being analysed and compared to 2022 data which will result in the creation of an action plan in collaboration with stakeholders. A new Equality Impact Assessment (EIA) is being developed together with a toolkit to provide colleagues with a better understanding of the positive use of Equality Impact Assessments.</p> <p>Staff Networks - The LGBTQIA+ Network will be taking part in the Pride March in Liverpool at the end of July and are working together with the Communications Team to promote this event. The Ethnic Diversity Staff Network is launching reciprocal mentoring in July starting with the executive team and they are also planning to launch a piece of abstract artwork in line with the reciprocal mentoring programme.</p> <p>The Committee noted that the Equality Delivery System 2022 (EDS22) will be implemented this year with the first meeting to be held in June 2023. The system helps NHS organisations improve the services they provide for local communities and provide better working environments, free of discrimination in line with the Equality Act 2010. Three of the Trust services will be evaluated and will provide evidence relating to the organisations position in meeting the Public Sector Equality Duty. Equality objectives will be set and will be tracked through People Committee with support from Executive Leads Julie Gray and Jayne Shaw</p> <p>Staff Wellbeing & Engagement The Committee noted that the number of Pulse surveys completed had increased and the Trust came top in three of the categories, across the Northwest. An 8% increase was seen in recommending the Trust as a place to work and a 7% increase for patients/services users being the Trusts top priority. The Trust was noted as the highest performing Northwest Trust for employee engagement, advocacy and involvement and was ranked 14th out of 32 for motivation.</p> <p>The Committee also noted the introduction of the new appraisal system which has already received positive feedback. A Day in your Shoes will commence in July where the executive team will shadow/work alongside staff to improve their understanding of issues facing staff and improve visibility. Big Conversation events will commence to seek insight and views from</p>
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colleagues on key issues raised through staff engagement channels and will support engagement with colleagues on Trust wide interventions. This will be supported by both Executives and Non-Executives.

Annual Guardian of Safe Working Report

The Committee noted the Annual Report for 2022/2023. 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 and 8 as additional pay. There were no fines for the year or work schedule reviews.

The Committee also noted the Q4 January-March report. 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.

Recruitment Update

The Committee noted the report and highlights including, the recruitment of 3 international nurses in April 2023 with plans to recruit a further 6 nurses in Q2. There were 3 newly qualified nurses who also commenced employment in April 2023 with a further 5 due to start in Q2. There are 29.6WTE staff currently being processed for the new Paddington Village Community Diagnostic Centre. The team also had a recruitment stand at the UK Imaging and Oncology Congress in Liverpool to engage with delegates, raise the profile the Trust and provide awareness of current vacancies.

Board Assurance Framework (BAF)

The Committee noted the changes to the BAF following a comprehensive refresh of the risk scores in June 2023. The controls and assurances relating to BAF 9 around leadership are now reflected within BAF 10 and operational risks regarding staffing in BAF 11 are captured and monitored within the Divisional and Corporate Services Risk Registers. The two remaining risks link in with the KPI's and better reflect the strategic risks. BAF 10, (recruit retain and develop sufficient numbers of staff), has a risk score of 16 with a target of 9 and BAF 12, (Positive, Supportive and Inclusive Culture), has a risk score of 12 with a target of 9.

People Committee Risks

The Committee noted that there are currently no people risks with a score of 12 or above, however, a review will be carried out following the outcome of the ballot results from the latest industrial action, which may result in the continuation of the strike action for over 6 months and may affect the scores.

Workforce Advisory Group Report and Terms of Reference

The Committee noted the progress against the clinical skills and competencies project and the development of the clinical passport.

The Workforce Advisory Group Terms of Reference were approved subject to clarification regarding policy ratification.

	<p>Education Governance Committee Report The Committee noted the development of the Systemic Anti-Cancer Therapy (SACT) Passport Theory Study Day which was created to support new starters and provide uniformity of knowledge across all hubs which staff found helpful. Following this a 2-day programme has now been launched.</p> <p>Actions from internal Audit The Committee noted the substantial assurance received from the Mersey Internal Audit Agencies report. Two recommendations from the report are due to be completed at the end of June 2023.</p> <p>People Committee Annual Report and Review of Committee Effectiveness The Committee noted the report and the scope of duties covered in the last 12 months. A review of the Cycle of Business has taken place to ensure this aligns with the Committee Terms of Reference. The report will be presented to Audit Committee in July.</p>
Items for shared learning	No Shared Learning was identified



**The Clatterbridge
Cancer Centre**
NHS Foundation Trust

Our 2022 Staff Survey results & journey as far

Background

The NHS Staff Survey is one of the world's largest workforce surveys

The 2022 National Staff Survey took place between September and November 2022

The questions in the NHS Staff Survey are aligned to [the People Promise](#) as well as two themes, staff engagement and morale.

Each theme has sub themes which make up the overall score for the theme

Each theme and sub theme are weighted with a score of 1 - 10

Our results are benchmarked against other specialist acute trusts across the country

Our full results will be published today, along with all other organisations on the national website;
www.nhsstaffsurveyresults.com



2022 NHS Staff Survey: Results summary

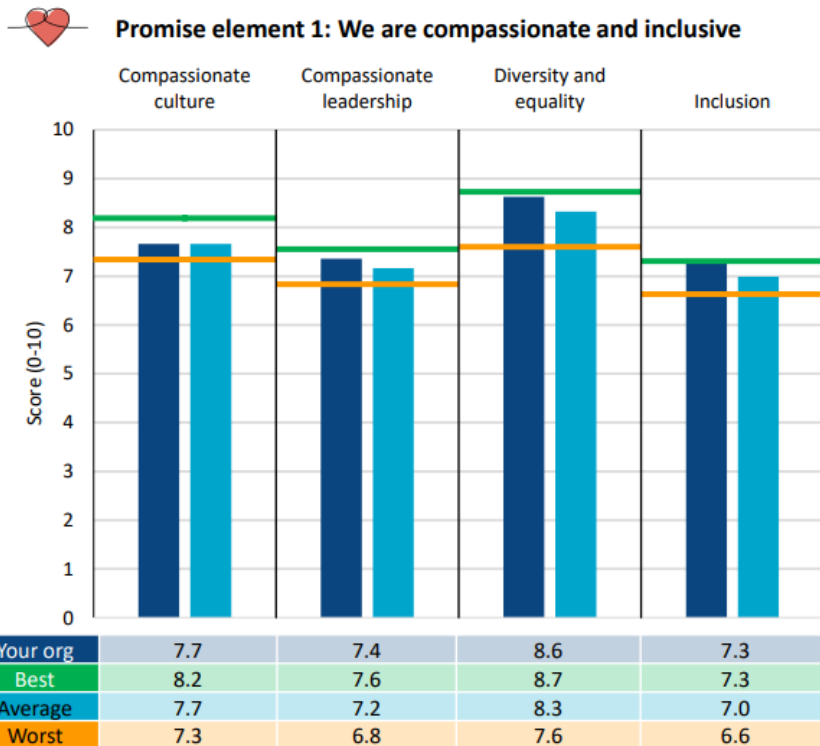
- ✓ Highest ever response rate – 65%
- ✓ Better than 2021 in 6 out of 9 areas
- ★ The best trust for reward and recognition
- ✓ Our highest scored theme is Compassionate and Inclusive 



WE ARE...
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Theme: Compassionate and inclusive

Overall Score: 7.7



‘We are compassionate and inclusive’ is once again our highest scoring theme and we’ve seen improvements across all the sub themes. We will build on these results to continue to create an inclusive and compassionate workplace.

Staff told us;

- The people I work with are polite and treat each other with respect
- If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation
- My immediate manager cares about my concerns
- The people I work with are understanding and kind to one another

WE ARE...
KIND EMPOWERED RESPONSIBLE INCLUSIVE



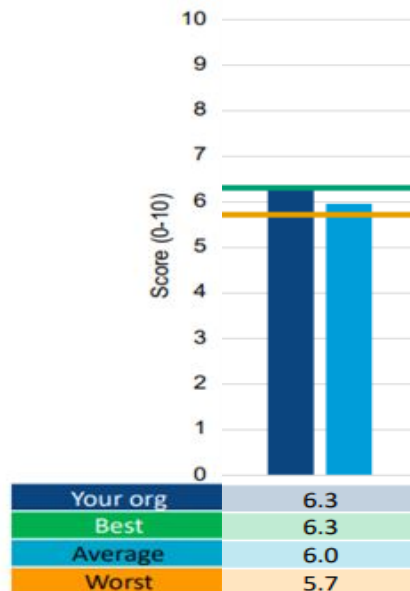
Theme: Recognised and rewarded

Overall Score: 6.3



Promise element 2: We are recognised and rewarded

For the second year, we have scored top in the sector for **'We are recognised and rewarded'**. We want to continue our focus on this theme as part of making CCC a great place to work, with an increased focus on local recognition and reward



Staff told us;

- 77.7% My immediate manager values my work
- 76.5% The people I work with show appreciation to one another
- 59.6% The recognition I get for good work

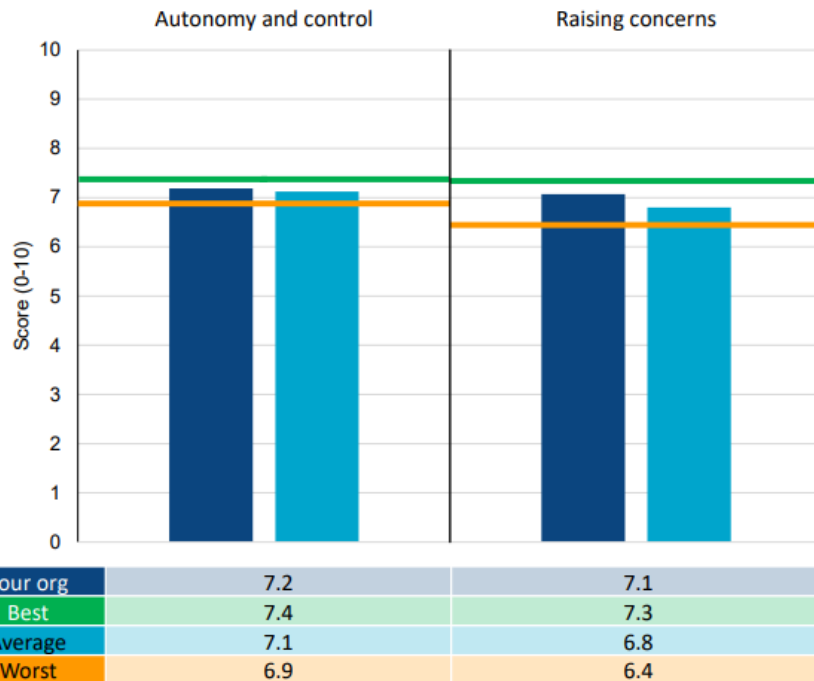
WE ARE...
KIND EMPOWERED RESPONSIBLE INCLUSIVE

Theme: Voice that counts

Overall Score: 7.1



Promise element 3: We each have a voice that counts



Your voice and views are important to us and we have worked hard over the last 12 months to support all staff to feel empowered to speak up and help to co-create our culture.

Staff told us;

- 91.9% I am trusted to do my job
- 86.4% I always know what my work responsibilities are
- 78.8% I would feel secure raising concerns about unsafe clinical practice
- 70.9% I feel safe to speak up about anything that concerns me in this organisation

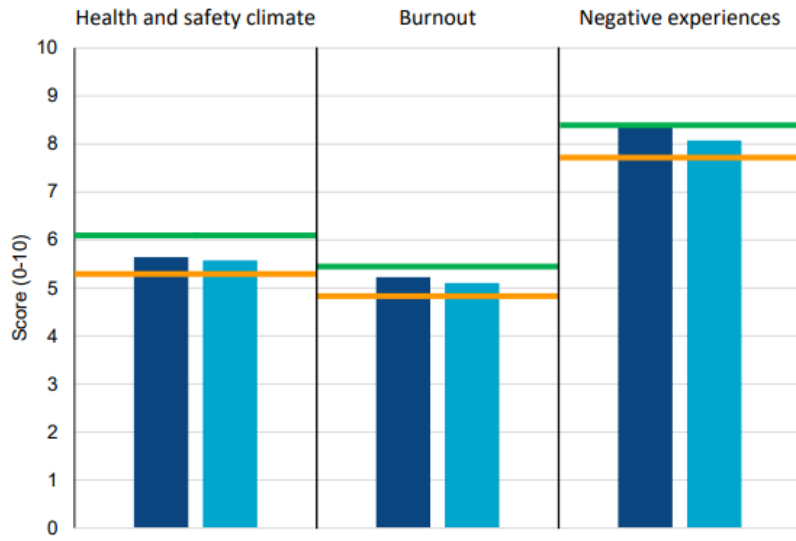
WE ARE...
KIND EMPOWERED RESPONSIBLE INCLUSIVE

Theme: Safe and healthy

Overall Score: 6.4



Promise element 4: We are safe and healthy



Your org	5.6	5.2	8.4
Best	6.1	5.4	8.4
Average	5.6	5.1	8.1
Worst	5.3	4.8	7.7

This was a key area of focus in 2022/23 and will continue to be during 2023/2024. We recognise that in order for staff to be able deliver outstanding care to our patients, we must provide a safe and healthy environment, in terms of the physical environment and psychological safety.

Staff told us;

- 66.1% I have adequate materials, supplies and equipment to do my work
- 59.8% My organisation take positive action on health and well-being
- 48.9% I am able to meet all the conflicting demands on my time at work
- 28.4% I have unrealistic time pressures

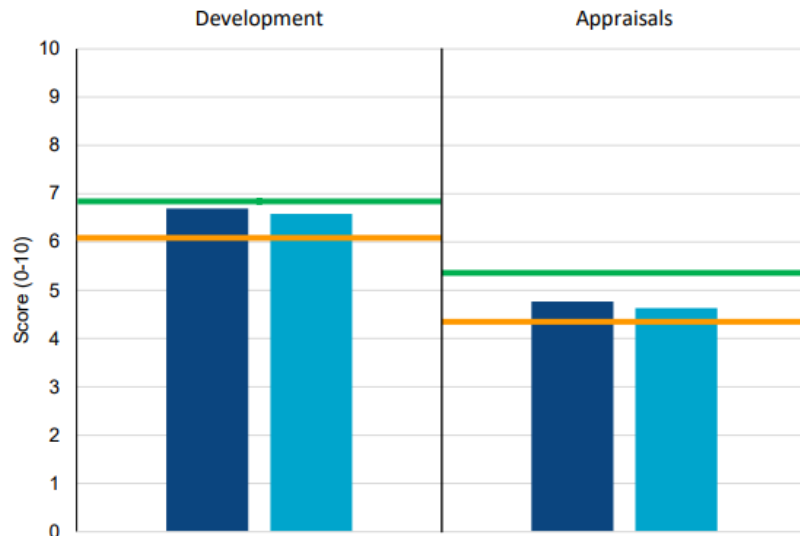
WE ARE...
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Theme: Always learning

Overall Score: 5.7



Promise element 5: We are always learning



Your org	6.7	4.8
Best	6.8	5.4
Average	6.6	4.6
Worst	6.1	4.3

Whilst we have seen improvements in this theme, and across the sub themes, it remains our lowest scoring area. Developing a culture of continuous learning is a key part of our people commitment and we'll focus on further improvements this year.

Staff told us;



I have you had an appraisal in the last 12 months



I am able to access the right learning and development opportunities when I need to



There are opportunities for me to develop my career in this organisation



I feel supported to develop my potential

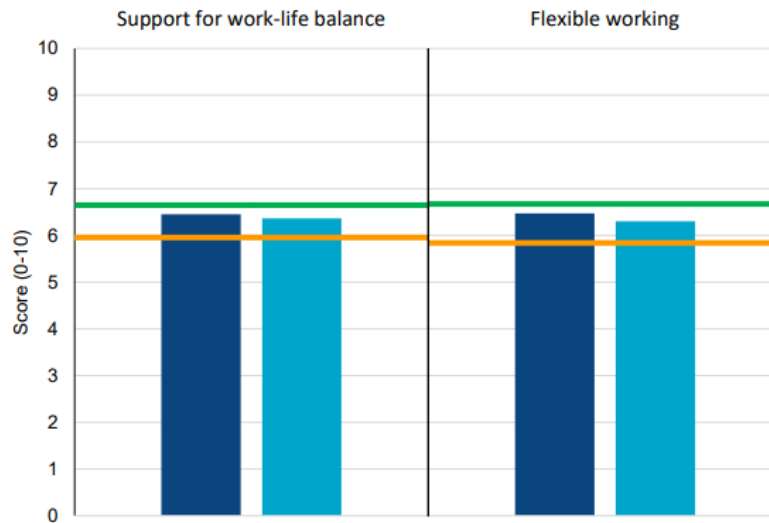
WE ARE...
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Theme: We work flexibly

Overall Score: 6.5



Promise element 6: We work flexibly



	Support for work-life balance	Flexible working
Your org	6.5	6.5
Best	6.6	6.7
Average	6.4	6.3
Worst	6.0	5.8

We work flexibly is the theme we have seen the greatest increase in, both at a theme level and sub theme level. We will build on the work we have done around education and training and will look to further support staff to work flexibly.

Staff told us;

- 76.3% I can approach my immediate manager to talk openly about flexible working
- 60% How satisfied are you with each of the following aspects of your job? The opportunities for flexible working patterns
- 56.8% I achieve a good balance between my work life and my home life
- 51.6% My organisation is committed to helping me balance my work and home life

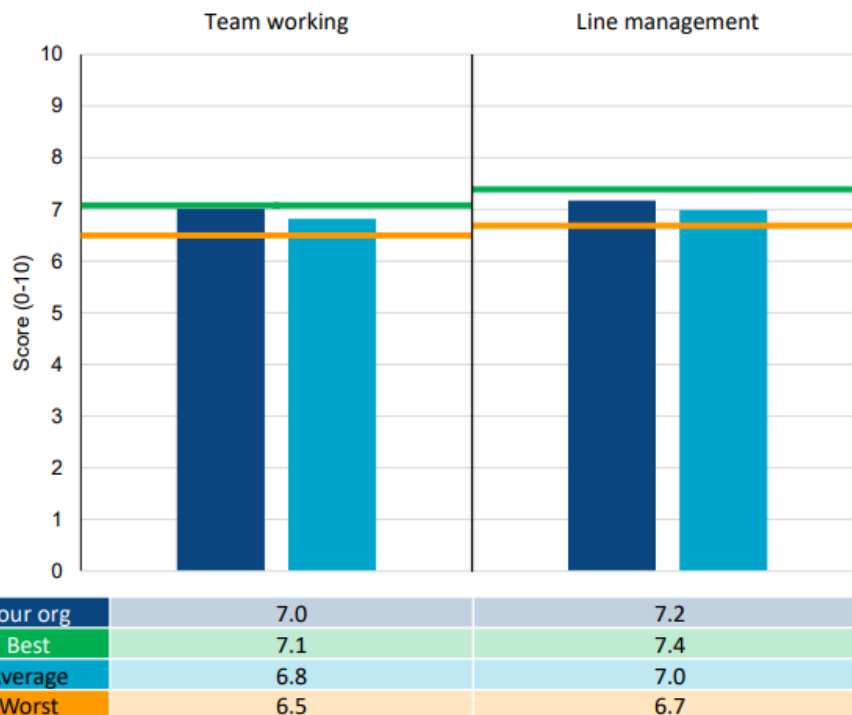
WE ARE...
KIND EMPOWERED RESPONSIBLE INCLUSIVE

Theme: We are a team

Overall Score: 7.1



Promise element 7: We are a team



Developing great teams was a priority area that we identified last year. We are pleased to see increases at both a theme and sub theme level.

Staff told us;

- 87.1% I enjoy working with the colleagues in my team
- 78% My immediate manager encourages me at work
- 76.3% My immediate manager takes a positive interest in my health and well-being
- 74.8% Team members understand each other's roles

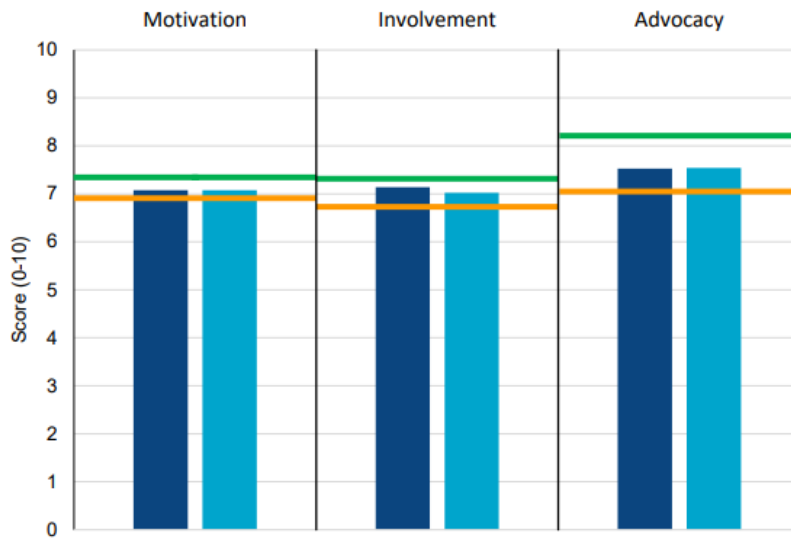
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Theme: Staff engagement

Overall Score: 7.2

Theme: Staff engagement



	Motivation	Involvement	Advocacy
Your org	7.1	7.1	7.5
Best	7.3	7.3	8.2
Average	7.1	7.0	7.5
Worst	6.9	6.7	7.0

Our workforce is at the heart of all that we do. We are committed to listening to staff and to making CCC a great place to work

Staff told us;

- 85% Care of patients / service users is my organisation's top priority
- 78.2% There are frequent opportunities for me to show initiative in my role
- 64% I would recommend my organisation as a place to work
- 60.3% I am able to make improvements happen in my area of work

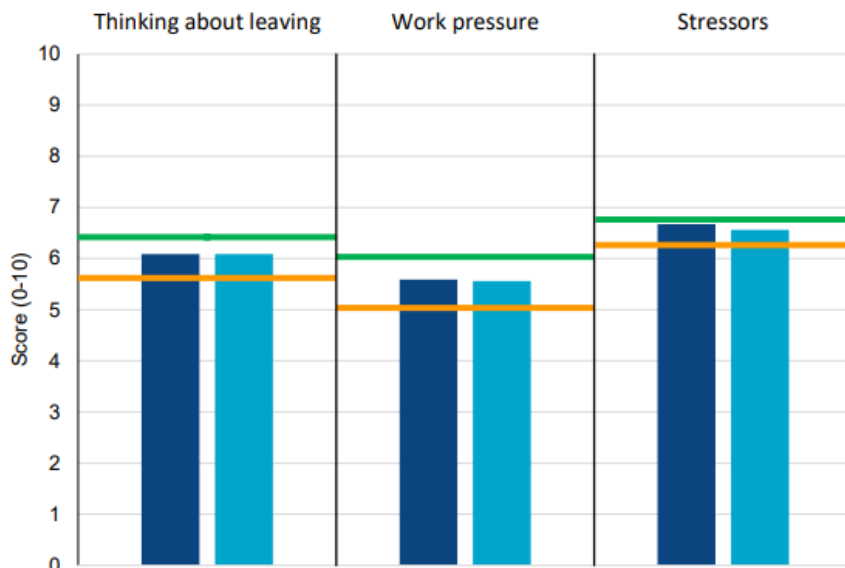
WE ARE...
KIND EMPOWERED RESPONSIBLE INCLUSIVE

Theme: Morale

Overall Score: 6.1



Theme: Morale



	Thinking about leaving	Work pressure	Stressors
Your org	6.1	5.6	6.7
Best	6.4	6.0	6.8
Average	6.1	5.6	6.6
Worst	5.6	5.0	6.3

Our workforce is our greatest asset. We want staff to feel motivated and engaged at work, by creating an environment where everyone can be at their best.

Staff told us;

- 86.4% I always know what my work responsibilities are
- 79.9% I receive the respect I deserve from my colleagues at work
- 78% My immediate manager encourages me at work
- 55.9% I am involved in deciding on changes introduced that affect my work area / team / department

WE ARE...
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Progress to date

1. Trust wide results shared across the organisation, with three key priorities identified;
 1. Appraisals
 2. Engagement and morale
 3. Reward and recognition
2. Divisional results shared with staff via divisional listening events
3. Divisional Staff Engagement Improvement Plans developed and monitored via Divisional Performance Review meetings. Progress updated discussed at Workforce Advisory Group
4. Q1 Pulse Survey (April 2023) showing positive improvements – 7 out of the 9 scores showing positive improvements. At a Northwest level in Q1 the Trust is the highest performing trust for 2 out of the 3 themes.



Progress to date - Trust actions

Appraisals

1. New My Appraisal system launched on 5 June with the changes based on feedback provided by staff and managers
2. BI dashboards developed to support development request and talent management
3. Changes and improvements made to training, with increased focus on SMART objectives
4. Quality audit planned January 2024

Engagement and morale

1. A programme of In Your Shoes has been developed for executive directors to help further gain insight into, and experience of, different roles across the Trust.
2. The first of a series of Big Conversations will commence in September which will provide staff with the opportunity to discuss a range of topics with Executive Directors and senior leaders
3. Reverse mentoring programme commenced
4. The 2023/24 Live Well Work Well programme has been development and was approved at People Committee in April, including wellbeing programmes and Schwartz Rounds

Reward and recognition

1. The monthly staff awards have been rebranded and the Star Awards and celebrates and recognises staff who go above and beyond.
2. The 2023 Staff Excellence Awards will be taking place on Friday 6 October
3. Improvements have been made to celebrating long service milestones



Questions



Council of Governors – 26th July 2023

Chair's Report for: Audit Committee

Date/Time of meeting: 13th July 2023, 09.30pm till 12:30pm

		Yes/No
Chair	Mark Tattersall	Was the meeting Quorate? No
Meeting format	MS Teams	
Was the committee assured by the quality of the papers (if not please provide details below)		Yes
Was the committee assured by the evidence and discussion provided (if not please provide details below)		Yes

General items to note to the Board	<p>The Committee received the Internal Audit Progress Report which provided details of the following audits:</p> <ul style="list-style-type: none"> • Data Protection & Security Toolkit – Substantial Assurance • Provider Collaborative – Procurement – Substantial Assurance • Critical Apps (Estates) – Limited Assurance <ul style="list-style-type: none"> • The audit of Critical Apps (Estates) at CCCL identified that work is required to formalise the responsibilities of the Information Asset Owner and Information Asset Administrator for the CCTV and physical access systems. Furthermore, that the protocols in place for the storage and transit of data within those systems need documenting and the CCTV Policy needs reviewing to ensure it reflects current practice. The key actions arising from the audit relate to cyber security, but the Committee was assured by the Chief Information Officer (CIO) as the CCTV and physical access systems are third party systems there are no implications for the Trust's systems and thus have no impact on BAF Risk 14. However, the CIO highlighted that the Trust's Digital Team are assisting PropCare and the relevant third-party service provider to ensure the audit recommendations are actioned. The audit also highlighted the need to ensure lessons learnt from this review are applied to other Trust locations and that contracts with third parties managed by the Trust's subsidiaries need reviewing to provide assurance that responsibilities and roles are clearly defined. • A detailed report detailing the governance arrangements for the Trust's subsidiaries was also received and the Committee noted that an opinion of substantial assurance was provided for both Propcare and the Clatterbridge Private Joint Venture. • The Committee received an update on the progress of the work of the Trust's Anti-Fraud Specialist (AFS), against the Anti-Fraud Plan, which detailed the
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	<p>work undertaken in quarter 1 2023/24. This included the submission of the Counter Fraud Functional Standard Return (CFFSR) for which the Trust received an overall green rating and achieved green ratings across all 12 components. In terms of Counter Fraud activities, twelve Fraud Prevention Checks (FPCs) have been issued for intelligence and preventative purposes and three national Intelligence Bulletins were issued to the Trust for action and related to potential supplier fraud.</p> <ul style="list-style-type: none"> • The Committee noted the NHS Counter Fraud Authority Strategy 2023-26 and Business Plan 2023-24 which sets out the vision for the NHS CFA and provides details of the newly launched Fraud Hub which will focus on supporting, enabling, assisting, and guiding health bodies regarding fraudulent matters. • The Committee reviewed the key performance indicators for financial assurance indicators and noted the positive position across the range of indicators: <ul style="list-style-type: none"> ➤ Better Payment Practice Code performance remains high at 100% for both volume and value for NHS and 100% for non-NHS value and 99.6% for volume. The national standard requires that the NHS pays at least 95% of all invoices in line with contract terms, typically 30 days. This KPI is closely monitored both nationally and by the Cheshire and Merseyside ICB. The Trust is currently the highest performing Trust within C&M. ➤ Aged Creditors - both the NHS and Non-NHS position are positive. <i>NHS-there were only 4 invoices over 90 days totalling <£1k. For Non-NHS the level of creditors over 90 days has reduced further to 2 invoices totalling <£1k.</i> ➤ Cash - The cash balance has reduced slightly but the Trust continue to have a healthy balance of 67 days' working capital cash balance. • The Committee noted the Tender Waiver Register which provided details of waivers approved in Q1 23/24. Four tender waivers were signed off in Q1 23/24 where the value of the contract exceeded £50k (inc. VAT) and four retrospective tender waivers totalling £323,626.31 were also approved. • An Internal Audit report following a review of the Health Procurement Liverpool (HPL) by Merseyside Internal Audit Agency (MIAA) was received by the Committee and provided substantial assurance that HPL has processes in place for operating in line with Partner Trust requirements
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	<p>whilst ensuring local processes are underpinned by Standard Operating Procedures. The Procurement Board, made up of the Directors of Finance from partner trusts, will oversee the implementation of the recommendations.</p> <ul style="list-style-type: none"> • The Committee received a quarterly update on Cyber Security that outlined the work completed in the reporting period. The ISO27001 auditors (British Standards Institution (BSI) Group) performed audits at CCCW and CCCA at the beginning of June 2023 and recommended approval of certification for these two sites. The audit of CCCL will now need to be completed to enable the Trust’s overall certification to be progressed. The Trust recently achieved the second-best rating in the region for Microsoft Defender Endpoint (MDE) status and the Trust’s Data Security & Protection Toolkit (DSPT) submission received an award of standards exceeded by NHS England. • The Committee received a summary of a report in relation to a recent national audit of the Electronic Staff Record and noted that there had been no implications for the Trust. • The Committee reviewed the Board Assurance Framework risk BAF14 that relates to Cyber Security. The Committee confirmed that they remain satisfied with the key controls and assurances provided and endorsed the residual risk score of 12 and noted due to the dynamic external environment the target risk also remains at 12. • The Committee reviewed the Annual Report of the Audit Committee and the Committee Effectiveness Reviews undertaken by the Quality Committee, Performance Committee and the People Committee. The Audit Committee was satisfied that the committees had discharged their responsibilities in line with their terms of reference. The Committee noted that the Annual Report will be considered by the Board at its July meeting alongside the Committee’s Effectiveness Review. • The Committee noted the changes to the Provider Licence that came into effect from 1st April 2023. The three new conditions relate to collaboration, the triple aim, and digital maturity together with changes to existing conditions. The Trust’s existing governance arrangements have been reviewed to ensure that there is sufficient oversight of compliance with the new and revised conditions and there are no gaps.
<p>Items of concern for escalation to the Board</p>	<ul style="list-style-type: none"> • The Report from the Director of Finance highlighted the Trust’s financial position at month 2 and the £8.3m, Cost Improvement Plan (CIP) target for the year.



	<ul style="list-style-type: none"> • To support CIP delivery the Trust have reviewed its process and governance. The CIP process was presented to the Trust Improvement Committee and Finance Committee in June. The Trust have profiled savings to support the transition from basic idea through to delivery, based on completion criteria. This is consistent with the risk profile used for reporting to NHSE and includes the executive Quality Impact Assessment process. The Committee discussed the significant financial risk associated with CIP delivery and requested the Director of Finance to produce a detailed progress report for the Audit Committee in October. It was also noted that MIAA have been progressing a review of the Trust's CIP processes/arrangements and will be reporting the results of their review at the October meeting. • The Committee received an update on the emerging governance arrangements for finances across the Cheshire and Merseyside System including the tiered approach to segregation of providers based on risk levels. The Director of Finance informed the Committee he will be providing a report to the Board in July outlining the arrangements and the implications in terms of the Trust's future governance and reporting to the ICB. • The process will be implemented where a Trust has a deficit plan or reports a deficit in the financial year. This approach is consistent with the additional cost controls advocated by NHS England for deficit positions.
<p>Items of achievement for escalation to the Board</p>	<ul style="list-style-type: none"> • The Committee noted positive progress in relation to the follow-up actions from previous audits. Two remain outstanding and two are partially implemented from a previously reported position of 23 outstanding actions.
<p>Items for shared learning</p>	<p>There were no items for shared learning.</p>



Title of meeting: Council of Governors**Date of meeting: 26th July 2023**

Report lead	Associate Chief Nurse, Head of Patient Experience (HoPE)					
Paper prepared by	Andy Waller, Governor					
Report subject/title	Patient Experience and Inclusion Committee Update prepared for the Council of Governors Meeting January 2023					
Purpose of paper	The Council of Governors are asked to note and provide comment on The Clatterbridge Cancer Centre (CCC) NHS Foundation Trust Patient Experience and Inclusion Committee Update July 2023 Report. The report provides a summary of patient experience key highlights from the PEIC meeting held in April 2023.					
Background papers	None					
Action required	Discuss					
	Approve					
	For information/noting					✓
Link to: Strategic Direction Corporate Objectives	Be Outstanding	x	Be a great place to work	x		
	Be Collaborative	x	Be Digital	x		
	Be Research Leaders	x	Be Innovative	x		
Equality & Diversity Impact Assessment						
The content of this paper could have an adverse impact on:	Age	No	Disability	No	Sexual Orientation	No
	Race	No	Pregnancy/Maternity	No	Gender Reassignment	No
	Gender	No	Religious Belief	No		



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Patient Experience and Inclusion Committee Update prepared for the Council of Governors Meeting July 2023

Non-Executive Director and Governor Engagement Visits

Non-Executive Director and Governor Engagement Visits continue to occur on a monthly basis reviewing clinical areas throughout the organization. These scheduled visits enable Governors and Non-Executive Directors the opportunity for direct engagement with patients and staff to understand their experiences of The Clatterbridge Cancer Centre.

- January 2023, members of our Non-Executive Director and Governor Team visited The Clatterbridge Cancer Centre Liverpool, specifically focusing on Day Ward (Ward 1) and the Clinical Intervention Service).
- February 2023, members of our Non-Executive Director and Governor Team visited The Clatterbridge Cancer Centre Liverpool Chemotherapy Unit (Floor 6) and The Clinical Trials Area (Floor 6).
- March 2023, members of our Non-Executive Director and Governor Team visited The CANTreat chemotherapy unit at Halton.

Patients and staff are offered the opportunity for engagement with our Non-Executive Directors and Governors. Any potential issues highlighted that require immediate action are addressed on the day by the clinical lead and all other actions are captured through the reporting structure and addressed by the Divisional Area and Patient Experience and Inclusion Committee (PEIC).

An annual report and review of changes undertaken to improve patient experience as a direct impact of Non-Executive Director and Governor Engagement session was presented at Trust Board in April 2023.

Patient Narratives

Patient narratives provide valuable insights into a patient's feelings and experiences as they navigate the healthcare system; they can also examine one particular aspect of a patient, family or carers journey when accessing our services at The Clatterbridge Cancer Centre.

As The Clatterbridge Cancer Centre continually strives to deliver outstanding services and care delivery, understanding these experience enables the organization to celebrate best practice whilst providing the opportunity for service improvement.

Patient narratives and evidence of learning are shared with the Trust Board Bi Monthly and are discussed as part of the Patient Experience and Feedback agenda at team meetings, specialty governance meetings, divisional quality meetings and The Patient Experience and Inclusion Committee, to enable evidence of learning and the sharing of best practice throughout the organization.

- October 2022 patient narrative provided a focus on the Research and Innovation Team. The patient was on an early phase study and highlighted how crucial comfort and environment are to our patients.



- January 2023 patient narrative provided a focus on the Welfare Benefits Service provision. The Patient narrative highlighted the need to strengthen awareness of the service provided at divisional level.
- March 2023 patient narrative provided a focus on the Sarcoma team Service provision. This narrative identified that being in a single occupancy room can be quite lonely at times and suggested looking at ways to encourage social interaction in the communal spaces.

Themes identified from patient narratives and ongoing actions to address any areas of improvement are monitored through Patient Experience and Inclusion Operational Group (PEIOG) and PEIC.

Adult Inpatient Survey Results 2021 and survey participation in 2022

The Clatterbridge Cancer Centre NHS Foundation Trust was one of just nine hospital trusts nationally to achieve the top overall rating of 'Much better than expected' in the CCQ's National Inpatient Survey 2021. These results were the first in which all the responses related to the new Clatterbridge Cancer Centre Liverpool which opened in June 2020. Areas identified for improvement are being monitored via PEIOG and PEIC.

The data collection period for The Adult Inpatient Survey 2022 (which occurred in November 2022), has been completed and the results of the 2022 survey, are due to be released in the month of August 2023, exact date to be confirmed. These results are anticipated to reflect service delivery improvements identified in the Adult Inpatient Survey year 2021, due to the short turnaround time between the release of the previous years results and the next data collection period.

National Cancer Patient Experience Survey Results 2021 and survey participation in 2022

The Clatterbridge Cancer Centre results from the 2021 National Cancer Patient Experience Survey (NCPES) were very good and continue to show year on year improvement in particular areas. Whilst the overall patient experience score of 9.0 has improved from 2020, it is not comparable with our previous years survey results or our cancer peer Trusts. Areas identified for improvement are monitored via PEIOG and PEIC.

The data collection period for The National Cancer Patient Experience Survey 2022 has been completed and the results of the 2022 survey, are due to be released in the month of July 2023, exact date to be confirmed. All adult patients (aged 16 and over), with a primary diagnosis of cancer, who have been admitted to hospital as inpatients for cancer related treatment, or who were seen as day case patients for cancer related treatment and have been discharged between April and June each year are included in the survey.

Patient Led Assessment of the Care Environment (PLACE)

On 28th October 2022 The Clatterbridge Cancer Centre participated in the annual Patient-led assessment of the care environment (PLACE) assessment.

Patient-led assessments of the care environment (PLACE) was introduced in April 2013 replacing the Patient Environment Action Team (PEAT) inspections. PLACE assessments apply to all NHS and private/independent hospitals, including day treatment centres and hospices.

PLACE assessments put patient views at the centre of the assessment process, and use information gleaned directly from assessors to report how well a hospital is performing in the areas assessed – privacy and dignity,

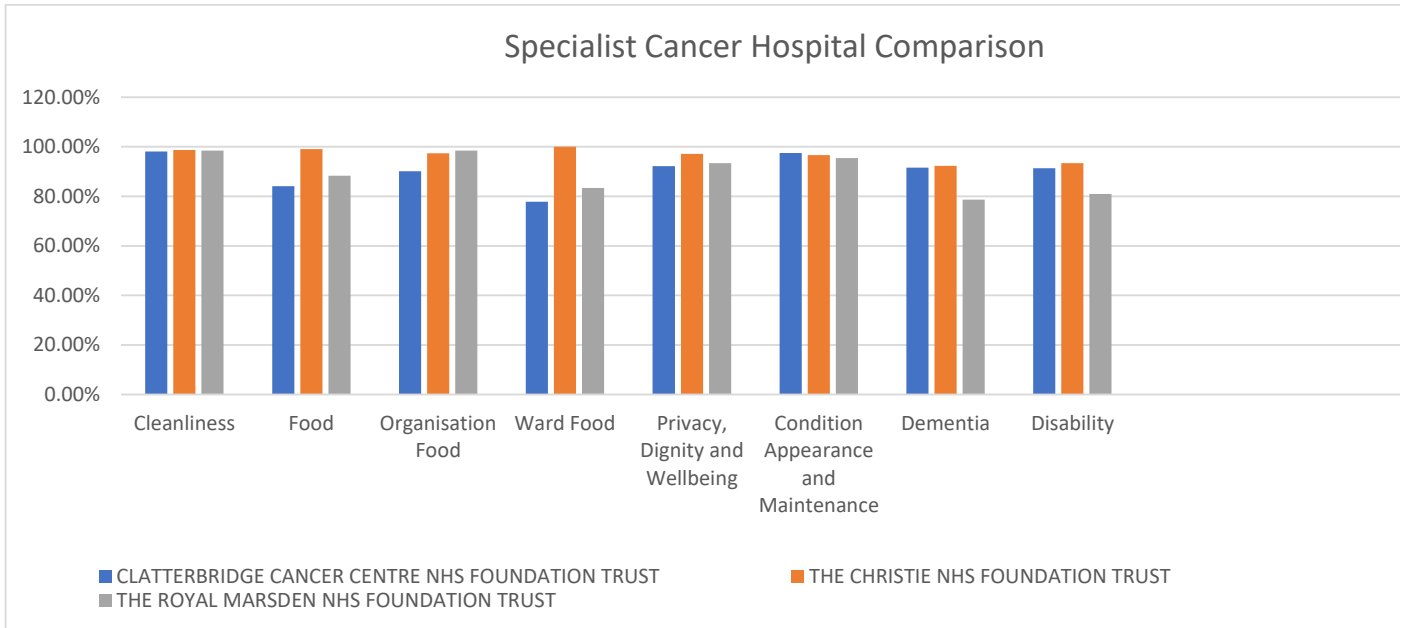


cleanliness, food and general building maintenance. It focuses entirely on the care environment and does not cover clinical care provision or staff behaviours.

The results are reported publicly to help drive improvements in the care environment. The results show how hospitals are performing nationally.

	Cleanliness	Food & Hydration	Privacy, Dignity & Wellbeing	Condition, Appearance & Maintenance	Dementia	Disability
National Average	98.00%	90.20%	86.10%	95.80%	80.60%	82.50%
Trust Average	98.12% ↑	84.06%	92.23% ↑	97.54% ↑	91.54% ↑	91.37% ↑

	Cleanliness	Food (as a whole)	Privacy, Dignity and Wellbeing	Condition Appearance & Maintenance	Dementia	Disability
North West Average	98.28%	91.86%	88.87%	95.64%	84.80%	85.11%
Clatterbridge Cancer Centre – Liverpool	98.12%	84.06%	92.23% ↑	97.54% ↑	91.54% ↑	91.37% ↑



It is a great achievement that CCCL has scored higher than the national average in five of the six domains, but much higher than average for both 'Dementia' and 'Disability'. In addition, the Trusts high 'Cleanliness', 'Condition, Appearance & Maintenance' and 'Privacy, Dignity & Wellbeing' scores reflects all the hard work that is being delivered on a daily basis across the Trust by both PropCare and CCCL staff. Across the North West, The Clatterbridge Cancer Centre scores higher than the average score for the North West in four of the six domains 'Condition, Appearance & Maintenance' and 'Privacy, Dignity & Wellbeing, Disability and Dementia'. We scored lower than the national average for the provision of food, which was not unexpected, as we were in the process of changing food supplier, which has now taken place so expect to see this reflected in the next assessment due to be undertaken in September/October 2023.

Patient Experience Aggregated Report for Q3

Each quarter a patient safety and experience aggregated report is produced for Risk and Quality Governance Committee and shared with other Committees including the Patient Experience and Inclusion Committee. It should be noted that in January 2023, the oversight of the Patient Advisory and Liaison Service (PALs) and Complaints service transitioned across to the Patient Experience Team. The Complaints Manager is in the process of implementing a quarterly newsletter to share our improvements and service changes from PALs and complaints the organisation receives. There has been a real focus on early local resolution in addressing service users concerns with the relocation of the PALs service from the Clatterbridge Wirral site to the Clatterbridge Liverpool site.

Below is a brief summary in numbers of our patients experience for Q3 (October 2022 - December 2022)



Summary in numbers

 **13**
complaints

received in Q3, an 8% decrease from Q2

100%


of complaints were acknowledged within Trust KPI timescales

80%

of complaints were responded to within Trust KPI timescales

5 complaints were closed in Q2

 Compliance remained at 100% from Q2

 Compliance remained at 80% from Q2

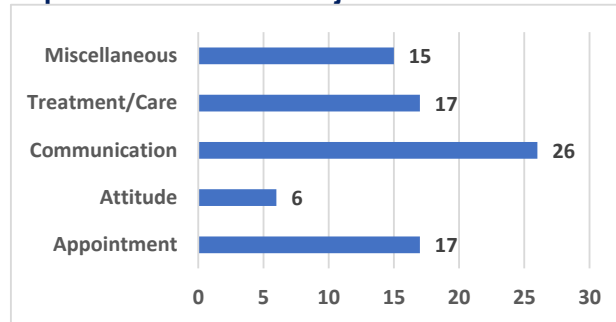


109 PALS contacts during Q3



1 PHSO ongoing contacts during Q3

Top 5 PALS Contact Subjects



FFT Patient Feedback

 **94%**

Positive feedback from 116 completed FFT responses for **Inpatient & Daycase** patients

 **96%**

Positive feedback from 7108 completed FFT responses for **Outpatient visit** patients

“Very Good - Because the staff who looked after me were absolutely amazing and made me feel comfortable and relaxed.”

“Excellent treatment as it always has been from day 1.”

“I gave one as the service was fantastic the staff were polite and very helpful with everything we asked we were not in there as long as we thought we would because of the staff were so good.”

Lessons Learned

Follow up appointment was not arranged

- Patient not captured in current ‘lost to follow up’ procedure as they had an appointment with another consultant.
- New booking system implemented whereby patients have their next appointment booked before leaving their current appointment.



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Council of Governors – 26th July 2023

Chairs report for: Membership Engagement and Communications Committee

Date/Time of meeting: 9 May 2023

			Yes/No
Chair	Laura Jane Brown	Was the meeting Quorate?	Yes
Meeting format	Microsoft Teams		
Was the committee assured by the quality of the papers (if not please provide details below)			Yes
Was the committee assured by the evidence and discussion provided (if not please provide details below)			Yes

Items of concern for escalation to the Council	<p>The Committee noted a decrease in membership numbers due to data cleanses carried out by the Corporate Governance Team and the public database provider, Civica. The cleanse highlighted 124 duplicated public member entries, all of which have now been deleted to reflect accurate membership numbers. Assurance has been given by Civica that the membership database will now flag up duplicate entries at the application stage, to prevent this issue from reoccurring.</p>
Items of achievement for escalation to the Council	<p>A membership collaborative, led by Liverpool Women's Hospital, is in the early stages of development with other local Trusts in the area, to work on a joined-up approach to addressing common issues regarding membership recruitment and engagement. It is envisaged that local Trusts will align their strategies with a view to working together to raise membership awareness.</p> <p>The new Equality Diversity and Inclusion (EDI) Lead will be discussing membership with her contacts in the local communities, as well as distributing the Trust's membership literature to try to encourage a more diverse membership. It is hoped that her links across the community and other Trust's will further engage our members.</p> <p>The Team is planning to install membership post boxes, including membership application forms, in the main reception areas across all three Trust sites to enable patients and visitors to fill in the membership forms while waiting. This will be accompanied by advertisements on digital screens across the Trust and posters on sites where there are no screens.</p> <p>The team are currently in the process of collating information to add to a Public Events Calendar that will provide the opportunity for Governors to attend public meetings and how the views of the public have shaped system plans.</p>
Items for shared learning	<p>Governor Elections commenced on 31 May 2023 and run until 28 June 2023 when it is hoped that all six public and two staff Governor vacancies will be filled. Governors who have vacancies in their constituencies are encouraged to ask anyone they know who may be interested in a Governor position to apply.</p>

Title of meeting: Council of Governors**Date of meeting: 26th July 2023**

Report Lead	Jane Wilkinson, Lead Governor					
Paper prepared by	Jane Hindle, Associate Director of Corporate Governance					
Report subject/title	Appraisal of the Chair and Non-Executive Directors 2023					
Purpose of paper	The purpose of this report is to advise the Council of Governors of business conducted at a meeting of the Nominations and Remuneration Committee held on 3rd July 2023.					
Background papers	N/A					
Action required	<p>The Council of Governors is recommended to:</p> <ul style="list-style-type: none"> Note the business conducted during a meeting of the Committee held on 3rd July 2023 Approve the Policy for the Composition of Non-Executive Directors 					
Link to: Strategic Direction Corporate Objectives	Be Outstanding		X	Be a great place to work		X
	Be Collaborative			Be Digital		
	Be Research Leaders			Be Innovative		
Equality & Diversity Impact Assessment						
The content of this paper could have an adverse impact on:	Age	No	Disability	No	Sexual Orientation	No
	Race	No	Pregnancy/Maternity	No	Gender Reassignment	No
	Gender	No	Religious Belief	No		



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Nominations and Remuneration Committee Meeting – 3rd July 2023

1. Introduction

The purpose of this report is to advise the Council of Governors of business conducted at a meeting of the Nominations and Remuneration Committee held on 3rd July 2023. The meeting considered an agenda comprised of the following items:

- Outcome of the Appraisal Process of Non-Executive Directors 2022/23
- Draft Policy for the Composition of Non-Executive Directors e
- Appraisal of the Chair 2022/23

2. Outcome of the appraisal Process of Non-Executive Directors

2.1 The Committee received a report, which provided the outcome of the appraisals of the Non-Executive Directors. The Committee also reviewed a Skills Matrix that sets out an assessment of the skills and experience of the current Non-Executive Directors and demonstrated that there are no gaps in terms of

2.2 As previously reported the appraisal process consisted of a 360-degree assessment followed by an individual appraisal meeting.

2.3 The Committee noted the timeline and attendance of Non-Executive Directors participating in Walk-round meetings, which are reported to each meeting of the Board of Directors. –

2.4 Non-Executives have shown continued commitment to training and personal development. The Board Development Programme supports all members in their knowledge and development. Topics covered during 2022/23 include:

- Cheshire & Merseyside Cancer Alliance-Programme Update
- Cheshire & Merseyside Diagnostic Programme
- Cheshire & Merseyside Acute / Specialist Trust (CMAST) Provider Collaborative Update /
- Raising the CCC Brand / Profile
- Digital Service
- Learning from Deaths
- Equality Diversity and Inclusion



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- Safeguarding

2.5 Remuneration was not discussed, as it is anticipated that an updated framework for Chair and Non-Executive Director remuneration would be published at some point in 2023/24.

2.6 Objectives for 2023/24 have been agreed with all Non-Executive Directors and include a specific objective regarding Equality, Diversity and Inclusion (EDI) in line with the NHS England EDI Improvement Plan.

3. **Policy for the Composition of Non-Executive Directors**

3.1 In line with section, 27.1 of the Constitution the Council of Governors should maintain a policy for the composition of the Non-Executive Directors and should be reviewed not less than every three years.

3.2 The Committee reviewed the draft Policy and agreed to recommend it for approval by the Council of Governors (See appendix A.)

4. **Annual appraisal of the Chair 2022/23**

4.1 The Senior Independent Chair attended the meeting to present the outcome of the annual appraisal of the Chair. In line with the Framework for conducting annual appraisals of NHS provider chairs consultation took place with a range of stakeholders using the documentation from the national guidance.

4.2 The responses provided a good platform for the appraisal discussion which took place on 28 June 2023.

4.3 The process followed was consistent with national guidance and good practice, and the discussions focused on the following:

- Content of the self-assessment and feedback;
- The extent to which there was correlation between the self-assessment and the feedback
- Satisfactory completion of statutory and mandatory training
- Assessment of performance, skills and knowledge
- Focus on specific strengths and aspirations
- Any learning and development needs
- Objectives for 2023/24 in the context of the system challenges

5.0 **Performance 2022/23**

5.1 The review and stakeholder feedback established that the Chair

- Continues to focus on good governance and the development of the Board through her leadership of the Board and the series of Board Development Sessions held in 2022/23



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- Is proactive in working with **system partners**, evidence through the Chair's updates to Board and her role as Chair of the Joint Committee between the Clatterbridge Cancer Centre and Liverpool University Hospitals NHS Foundation Trust and the Trust's participation in the Cheshire and Merseyside Acute and Specialist Trusts (CMAST) arrangements.
- Ensures the Board contributes to **effective delivery** of performance evidenced by the Trust's financial and operational performance, improved staff survey results and the excellent results in the CQC national patient survey

6.0 Recommendation

6.1 The Council of Governors is recommended to:

- Note the business conducted during a meeting of the Nominations and Remuneration Committee held on 3rd July 2023.
- Approve the Policy for the Composition of Non-Executive Directors



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Appendix A

POLICY FOR THE COMPOSITION OF NON-EXECUTIVE DIRECTORS ON THE BOARD OF DIRECTORS

PURPOSE

1. This policy, provides guidance on the background and abilities required from a non-executive director (NED), including the Chair of the Trust/CoG It does not seek to be prescriptive but lays down the broad parameters to be considered when the Nominations and Remuneration Committee is considering applicants. All references to a NED in this document include the Chair.

THE BOARD

2. The Board of Directors is responsible for all aspects of the performance of the NHS foundation trust. All the powers of the NHS foundation trust are exercisable by the Board of Directors on its behalf. The Board of Directors consists of both executive and non-executive members. There will always be a majority of NEDs, with the Chair of the Trust/CoG, also a NED, having the deciding vote when required.

In accordance with the Constitution of the Clatterbridge Cancer Centre Foundation Trust Non-Executive Directors will include:

- The Chair
- Not less than four and not more than seven other Non-Executive Directors

BACKGROUND

3. Boards have collective responsibility for:
 - a. Adding value to the organisation;
 - b. Providing leadership within a framework of prudent and effective controls;
 - c. Setting strategic direction, ensuring management capability and capacity and monitoring and managing performance
 - d. Safeguarding values and ensuring that the organisation's obligations to its key stakeholders are met.
4. The particular role of NEDs include:
 - a. Constructively challenging and contributing to the development of strategy and policy.
 - b. Scrutinising the performance of management in meeting goals and monitoring the reporting of performance and quality;
 - c. Satisfying themselves that financial information is accurate and that robust internal control systems are in place and defensible;
 - d. Ensuring the Board is acting in the best interests of the public and other stakeholders and that it fully accountable for the use of public funds.
5. In undertaking these duties it is apparent that NEDs should be of the highest calibre with the relevant skills, knowledge and aptitude to add value to the work of the Board. NEDs should necessarily bring a variety of backgrounds and experience to the Board and be recruited on the basis of merit. Recruitment of NEDs should seek to maximise the pool from which board members can be recruited to provide the widest possible choice of candidates. It is important that NEDs bring with them a wide variety of backgrounds and skills but which can be applied to and be relevant to the Trust's activities. A NED should normally have held a board position in the past and will usually have enjoyed or currently enjoy a successful career in one or more areas of

industry, commerce, a profession or public life. (These are discussed below). It is important not to be too specific in laying down the preferred background, as each individual will bring particular abilities to the Board. The particular needs of a foundation trust indicate that experience in certain fields will be essential.

EXPERIENCE REQUIRED

6. Ideally, the Board of Directors of the Clatterbridge Cancer Centre NHS Foundation Trust should include people who collectively have experience of:
 - a. Legal experience/competencies: A qualified lawyer in practice, or a professor of law in an academic department, preferably with experience of corporate law; or, a person with commercial experience, where contract law has been a significant part of their role.
 - b. Commerce: Board level experience in perhaps marketing, construction, or strategic planning or business development, to allow the Trust to take full advantage of its autonomy in the commercial field including in relation to mergers and acquisitions.
 - c. Finance or Accountancy: Someone with finance director experience in a large company to provide best advice on funding issues, or an experienced accountant, used to handling large business portfolios.
 - d. Strategic Human Resources Policy and Diversity: Someone with senior experience of strategic human resource planning and policy development, including diversity and social inclusion, in a large and complex environment.
 - e. Public Sector/Voluntary Organisation/Mutual Sector: Someone with experience of a large public sector, voluntary, co-operative, mutual or large charitable organisation. This could include people who have held senior positions in the Civil Service, the NHS (including clinicians), Police or Armed Forces, as well as Local Government, a national charity or voluntary organisation.
 - f. Stakeholder engagement/relationship management/marketing: Someone who has experience of developing, sustaining and adding value from working with organisations operating in complex environments and who has worked with and engaged with a wide variety of individual and institutional stakeholders.
 - g. Quality management: Someone who has wide ranging experience of developing quality and supply chain management, productivity and efficiency processes (possibly in the manufacturing sector).
 - h. Social care: Someone who has senior level, in-depth knowledge and experience of social care provision (private or public), integration of services and the interrelationship with health.
 - i. Clinical: Someone with clinical experience (doctor, nurse, Allied Health Professional) who has worked within the NHS or private sector combined with strong organisational skills.
 - j. Organisational transformation: Someone with senior-level knowledge, experience and skill of culture change and organisational transformation.
 - k. Education, training and research – someone with senior-level knowledge, experience and skill in education/training and research.

- k. Digital and IT – someone with senior-level experience in digital and technology and data services

ATTRIBUTES

7. It is important to take account of the Public Appointments Commissioner's policy for selection to public appointments which emphasises the need for applicants to uphold standards in public life and display:

Selflessness, integrity, objectivity, accountability, openness, honesty and leadership
(These are generally known as the Nolan principles)

In addition a NED will be expected to show:

- Commitment – to devote the necessary time to prepare and to participate actively in the activities of the Trust.
- Courage – to ask questions that no one else has asked or query why a certain approach is being recommended.
- Common sense – to be able to assess the impact of decisions on all sections of the community and bring an independent view to the debate.
- Communication skills – with the ability to listen and to express their views; to negotiate and influence and to deal with all groups, including specialists and experts.
- Clarity – to assess a situation quickly accurately and even-handedly; to think strategically and to see the wider picture.
- Self-awareness and self-reflection
- Values and behaviours driven by the Trust's Values and Behaviours

REMUNERATION

8. The Chair of the Trust/Council of Governors and NED remuneration will be recommended by the Nominations and Remuneration Committee, and approved by the Council of Governors.

TERM OF OFFICE

9. Terms of office will be in accordance with the guidance contained in NHS Code of Governance.

APPRAISAL

10. The Chair of the Trust/CoG will conduct annual appraisals of each NED, and will appraise the Nominations and Remuneration Committee of the suitability of a NED for re-appointment as required. The Senior Independent Director will conduct the annual appraisal of the Chair and will apprise the Committee of the suitability of the Chair for re-appointment as required.

REVIEW AND AMENDMENT

11. This policy will be reviewed at intervals not exceeding three years and subsequently approved by the Council of Governors. Specifically, it will be reviewed before each



NED recruitment campaign. Suggested amendments are to be discussed in the first instance with the CEO and Chair and then passed in writing to the Associate Director of Corporate Governance for recording as a final document.



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Title of meeting: Council of Governors**Date of meeting: 26th July 2023**

Report lead	Kathy Doran, Chair					
Paper prepared by	Jane Hindle, Associate Director of Corporate Governance					
Report subject/title	Governance Update					
Purpose of paper	The purpose of this report is to update the Council of Governors on matters relating to governance for information and consideration.					
Background papers	N/A					
Action required	The Council of Governors is recommended to: <ul style="list-style-type: none"> Note the report 					
Link to: Strategic Direction Corporate Objectives	Be Outstanding	X	Be a great place to work	X		
	Be Collaborative	X	Be Digital			
	Be Research Leaders		Be Innovative			
Equality & Diversity Impact Assessment						
The content of this paper could have an adverse impact on:	Age	No	Disability	No	Sexual Orientation	No
	Race	No	Pregnancy/Maternity	No	Gender Reassignment	No
	Gender	No	Religious Belief	No		



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Governance Update

1.0 Introduction

The purpose of this report is provide an update to the Council of Governors on governance issues for information and consideration.

2.0 Effectiveness Review

2.1 In line with section 4.8 of the Code of Governance, the Council of Governors should periodically assess their collective performance.

2.2 A survey has been developed based on guidance from NHS Providers to enable members to have input into this process. The survey is available electronically or in print format.

2.3 Governors are encouraged to take this opportunity to provide feedback by Friday 29th September and identify any training needs to enable you to fulfil your statutory duties. All responses will be anonymised. Anyone who would prefer to have a discussion can contact the Associate Director of Corporate Governance.

2.4 The findings will be reported to the next meeting of the Council in October 2023.

3.0 Calendar of Events

3.1 The attached calendar of events provides details of the meetings within the healthcare system that may be of interest to governors (Appendix A)

3.2 The meetings are held in public, rather than public meetings and therefore questions are not permitted unless the process set out by the relevant body is followed.

3.2 Governors should be mindful of the Code of Conduct for Governors when attending external events.

4.0 Annual Members Meeting 2023

4.1 The Annual Members Meeting will take place on 25 October at 5pm and will be followed by the formal meeting of the Council of Governors.



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Appendix A - Calendar of Events – Cheshire and Merseyside

Name of Meeting	Dates	Weblink
Cheshire and Merseyside Integrated Care Board	27 July 2023 10.00am to 1.00pm Boardroom, The Department, Lewis's Building, 2 Renshaw Street, Liverpool, L1 2SA	NHS Cheshire and Merseyside Integrated Care Board NHS Cheshire and Merseyside
Cheshire and Merseyside Primary Care Committee	24 August 2023 9.00am to midday	NHS Cheshire and Merseyside Primary Care Committee (4) - NHS Cheshire and Merseyside
Cheshire and Merseyside Health and Care Partnership Board	19 September 2023 3.00pm to 5.00pm 14 Nov 2023 3.00pm to 5.00pm	https://www.cheshireandmerseyside.nhs.uk/get-involved/upcoming-meetings-and-events/cheshire-and-merseyside-health-and-care-partnership-5/
Cheshire and Merseyside Citizen's Panel	Become a member of the Cheshire and Merseyside Citizen's Panel to help improve the experience of health and care: Join the panel to listen to the feedback.	citizenspanel@cheshireandmerseyside.nhs.uk



Information Pack

**The Clatterbridge Cancer Centre NHS Foundation Trust Board of Directors and Council of Governors
Register of Interests 2022-2023**

Name and Position	Declared Interests
Kathy Doran Chair	<ul style="list-style-type: none"> • Chair of Local Governing Body of Birkenhead High School Academy and therefore ex officio • Member of the Academy Trust Board of the Girls Day School Trust
Liz Bishop Chief Executive	<ul style="list-style-type: none"> • Director on the Clatterbridge Private Clinic Board (Joint venture with The Mater) • Attended HSJ Partnership Awards table was purchased by Attain
Sheena Khanduri Medical Director	<ul style="list-style-type: none"> • Member of Private Practice Joint Venture Board • Trustee of Clatterbridge Cancer Charity
Julie Gray Chief Nurse	<ul style="list-style-type: none"> • Director on the Clatterbridge Private Clinic Board (Joint venture with The Mater)
Joan Spencer Chief Operating Officer	<ul style="list-style-type: none"> • My sister Ann Ford is the Deputy Chief Inspector of Hospitals with the CQC • Member of the Private Patient Venture Board
Jayne Shaw Director of Workforce & OD	<ul style="list-style-type: none"> • Nil
James Thomson Director of Finance	<ul style="list-style-type: none"> • I am the Trust representative for the 2 subsidiary companies - PropCare Limited, and Clatterbridge Pharmacy Limited • Trust representative for the Clatterbridge Private Clinic LLP. This is a joint venture with the Matter Private Limited (Republic of Ireland). I am a member of the LLP Board
Sarah Barr Chief Information Officer	<ul style="list-style-type: none"> • Nil
Tom Pharaoh Director of Strategy	<ul style="list-style-type: none"> • My brother-in-law is a partner within the Liverpool office of Hill Dickinson - a law firm that CCC uses for legal advice
Mark Tattersall Vice Chair	<ul style="list-style-type: none"> • Nominated Non-Executive Director for the Trust's subsidiary PropCare • Director and Board Chair of MHM Ltd, a private limited company engaged in providing consultancy and market research services to the cultural, heritage and charitable sectors in the UK and overseas
Geoff Broadhead Senior Independent Director	<ul style="list-style-type: none"> • Chair of Clatterbridge Pharmacy Ltd • Member of Merseyside Pension Fund Pension Board • Member of the Merseyside Police and PCC Joint Audit Committee • Wife held Senior Position in Warrington and Halton CCG and subsequently Cheshire and Merseyside ICB

<p>David Elkan Abrahamson Non-Executive Director</p>	<ul style="list-style-type: none"> • Chair of Trustees of the Bloom Appeal, a blood cancer charity • Solicitor with Broudie Jackson Canter solicitors - I deal with major Inquests and Inquiries. In that capacity I currently represent the Covid 19 Bereaved Families for Justice, a representative group of bereaved which has core participant status in several modules of the Covid Inquiry • Director of 'Hillsborough Law Now Ltd.', a company whose aim is to get a Duty of Candour law enacted
<p>Terry Jones Non-Executive Director</p>	<ul style="list-style-type: none"> • Director, Liverpool Head and Neck Centre (LHNC). LHNC was formed as a formal collaboration between LUHFT, CCC, The Walton Centre and the University of Liverpool to facilitate the enhancement of head and neck cancer research and treatment in Cheshire & Merseyside. The Directorship is one of my core employment roles • Director of Research, Liverpool University Hospitals NHS Foundation Trust (LUHFT). This role, to lead the research strategy for LUHFT is another of my core employment roles • Director of Research, Cheshire and Merseyside Integrated Care System
<p>Anna Rothery Non-Executive Director</p>	<ul style="list-style-type: none"> • Elected Member Leader of Liverpool Community Independents Party – interest ended May 2023
<p>Asutosh Yagnik Non-Executive Director</p>	<ul style="list-style-type: none"> • Founder and Managing Director, AdSidera Ltd, UK • Director, Leigh Court (Harrow) Ltd, UK • Senior Fellow, Institute for Strategy, Resilience and Security (ISRS), University College London, UK • Senior Partner, Aura Capital Partners, Iceland
<p>Jane Hindle Associate Director of Corporate Governance</p>	<ul style="list-style-type: none"> • Partner is a Director of the Walton Centre Foundation Trust • Company Secretary of Clatterbridge Pharmacy Ltd • Company Secretary of PropCare Services Ltd
<p>John Field Elected Governor – Public</p>	<ul style="list-style-type: none"> • Nil
<p>Miles Mandelson Elected Governor – Public</p>	<ul style="list-style-type: none"> • Nil
<p>Vincent Olsson Elected Governor – Public</p>	<ul style="list-style-type: none"> • Nil
<p>Anne Marie Olsson Elected Governor – Public</p>	<ul style="list-style-type: none"> • Nil
<p>John Roberts Elected Governor – Public</p>	<ul style="list-style-type: none"> • Nil
<p>Keith Lewis</p>	<ul style="list-style-type: none"> • Nil

Elected Governor – Public	
Andrew Waller Elected Governor – Public	<ul style="list-style-type: none"> • Nil
Jane Wilkinson Elected Governor – Public	<ul style="list-style-type: none"> • Nil
Glenys Crisp Elected Governor – Public	<ul style="list-style-type: none"> • Nil
Sonia Holdsworth Elected Governor – Public	<ul style="list-style-type: none"> • Nil
Caroline Pelham-Lane Elected Governor – Public	<ul style="list-style-type: none"> • Nil
Abhishek Mahajan Elected Governor – Staff	<ul style="list-style-type: none"> • Nil
Linzi Hickson Elected Governor – Staff	<ul style="list-style-type: none"> • Nil
Laura Jane Brown Elected Governor – Staff	<ul style="list-style-type: none"> • Nil
Myfanwy Borland Elected Governor – Staff	<ul style="list-style-type: none"> • Nil
Nancy Whittaker Appointed Governor – Organisations	<ul style="list-style-type: none"> • Nil
Andrew Schache Appointed Governor – Organisations	<ul style="list-style-type: none"> • Wife is the Deputy Medical Director for CCC
Nick Small Appointed Governor – Organisations	<ul style="list-style-type: none"> • Liverpool City Councillor • Founder and Director of Social Impact Consulting • Director, Foundations at Red Brick CIC • Director and Trustee, Open Awards
Samuel Cross Appointed Governor – Organisations	<ul style="list-style-type: none"> • Senior Manager in another NHS Foundation Trust
David Gawne	<ul style="list-style-type: none"> • Trustee Manx breast cancer support group charity which works with Manx care

<p>Appointed Governor – Organisations</p>	<ul style="list-style-type: none"> • Trustee Mannin cancer support group charity which works with Manx Care • Trustee council of cancer charities umbrella organisation for Isle of Man cancer charities
<p>Yvonne Nolan Appointed Governor – Organisations</p>	<ul style="list-style-type: none"> • Elected Member Wirral Borough Council • Chair Adult Social Care and Public Health Committee • Member of Wirral Place Based Partnership Board • Governor Cheshire and Wirral Partnership NHS Foundation Trust

Acronyms

AHP	Allied Health Professional	CRFS22	Clatterbridge Research Funding Scheme 2022	LCR	Liverpool city region
ALS	Advanced life support			LCRI	Liverpool Cancer Research Institute
AO	Acute oncology	CCC-W	Clatterbridge Cancer Centre Wirral	LeDeR	A service improvement programme for people with a learning disability and autistic people
AQuA	Advancing Quality Alliance	CCC-L	Clatterbridge Cancer Centre Liverpool		
AMM	Annual Members Meeting	CCC-A	Clatterbridge Cancer Centre Aintree		
BLS	Basic life support	DoF	Director of Finance	LFPSE	Learn From Patient Safety Events
BRC	Biomedical Research Centre	DBS	Disclosure and barring service	LHCH	Liverpool Heart and Chest Hospital NHS Foundation Trust
BAF	Board assurance framework	DPA	Data Protection Act	LHP	Liverpool Health Partners
BMA	British Medical Association	ECMC	Experimental Cancer Research Centre	LUHFT	Liverpool University Hospitals NHS Foundation Trust
BAME	Black Asian Minority Ethnic	EDI	Equality, diversity and inclusion		
BoD	Board of Directors	EPR	Electronic patient record	MDT	Multidisciplinary team
C&M	Cheshire and Merseyside	ESR	Electronic staff record	MECC	Membership engagement communications committee
CAMRIN	Cheshire and Merseyside Radiology and Imaging Network	EHR	Electronic health record	NHSE/I	NHS England/Improvement
CAR-T	Chimeric antigen receptor T-cell	EPR	Electronic patient record	NHSP	NHS Professionals
CCG	Clinical commissioning group	FoSH	Federation of Specialist Hospitals	NIHR	National Institute for Health and Care Research
CCIO	Chief Clinical Information Officer	FFT	Friend and family test		
CCRS	Clatterbridge Committee for Research Strategy	FTSU	Freedom to speak up	NMC	Nursing and Midwifery Council
CDC	Community diagnostic centre (was community diagnostic hub - CDH)	FOI	Freedom of information	NRLS	National Reporting and Learning System
CDU	Clinical Decisions Unit	GDPR	General data protection regulations	NWPQA	North West Pharmaceutical Quality Assurance
CE+	Cyber essentials plus	GMC	General Medical Council	NED	Non-Executive Director
CEO	Chief Executive Officer	HCI	Health Care International	OD	Organisational development
CET	Clinical effectiveness team	HCP	(Cheshire & Merseyside) Health and Care Partnership	ODN	Operational delivery network
CIC	Clatterbridge in the Community	HEE	Health Education England	OSC	Overview and scrutiny committee
CIP	Cost Improvement Plan	HIMSS	Healthcare Information and Management Systems Society	PA	Programmed activity (a block of time in a consultant job plan)
CIPHA	Combined Intelligence for Public Health Action	HO	Haemato-oncology	PADR	Performance appraisal and development review
CIO	Chief Information Officer	HR	Human Resources	PEIG	Patient Experience and Inclusion Group
CMAST	Cheshire & Merseyside Acute and Specialist Trust Provider Collaborative	ICS	Integrated Care System	PHR	Patient held record
CMCA	Cheshire and Merseyside Cancer Alliance	ICB	Integrated Care Board	PIFU	Patient initiated follow-up
CMIO	Chief Medicines Information Officer	IM&T	Information management and technology	PMO	Programme Management Office
CNIO	Chief Nursing Information Officer	IoM	Isle of Man	PPJV	Private patient joint venture
CNS	Clinical nurse specialist	IPR	Integrated Performance Report	PREMs	Patient reported experience measures
CPL	Clatterbridge Pharmacy Limited	ILS	Intermediate life support	PSIRF	Patient Safety Incident Response Framework
CQC	Care Quality Commission	JACIE	Joint Accreditation Committee of the International Society for Cellular Therapy (ISCT) and the European Group for Blood and Marrow Transplantation (EBMT)		
CoG	Council of Governors			PALS	Patient Advice & Liaison Service
COO	Chief Operating Officer	KLOE	Key line of enquiry	PHE	Public Health England
CRF	Clinical Research Facility	KPI	Key performance indicator	PPI	Patient and Public Involvement
		L&OD	Learning and organisational development		

QI	Quality improvement	STHK	St Helens and Knowsley Teaching Hospitals NHS Trust
RCP	Royal College of Physicians	TEG	Trust Executive Group
RDS	Rapid diagnostic service	TOG	Trust Oversight Group
R&I	Research and innovation	ToR	Terms of Reference
RPA	Robotic process automation	TfC	Together for Children
RAG	Red, Amber, Green classifications	TIC	Transformation and Improvement Committee
SABR	Stereotactic ablative radiotherapy	TMA	Transitional monitoring approach
SACT	Systemic anti-cancer therapy	TUPE	Transfer of Undertakings (Protection of Employment)
SDEC	Same day emergency care	TYA	Teenage and young adult
SLA	Service level agreement	UoL	University of Liverpool
SPC	Statistical process control	WDES	Workforce Disability Equality Standard
SRG	Site reference group	WRES	Workforce Race Equality Standard
SRO	Senior responsible officer	WTE	Whole time equivalent
SFI	Standing financial instructions	WUTH	Wirral University Teaching Hospital NHS Foundation Trust
SIRO	Senior Information Risk Officer		
SRO	Senior Responsible officer		
SLA	Service Level Agreement		
SUI	Series Untoward Incident / Serious Incident		

StEIS Strategic Executive Information System