The Clatterbridge Cancer Centre
NHS Foundation Trust

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

	Standard Business		Lead	Time
CG-1-23/24	Welcome, Introduction and Apologies:	V	Chair	17:00
CG-2-23/24	Declarations of interest	V	Chair	
CG-3-23/24	Minutes of the last meeting – 11th January 2023	P	Chair	
CG-4-23/24	Matters arising/Action Log	V	Chair	
CG-5-23/24	Cycle of Business	P	Chair	
CG-6-23/24	Chief Executive Update	V	Chief Exec	17:10
CG-7-23/24	Lead Governor Update	V	Lead Governor	17:20
	Reports and Action Plans			
CG-8-23/24	Audit Committee Assurance Report	P	Non- Executive Director - MT	17:25
CG-9-23/24	Performance Committee Assurance Report	P	Non- Executive Director – GB	17:30
CG-10-23/24	People Committee Assurance Report	P	Non- Executive Director – AR	17:35
CG-11-23/24	Quality Committee Assurance report	P	Non- Executive Director – TJ	17:35
CG-12-23/24	Performance and Quality Update	P	Executive Leads	17:40
CG-13-23/24	Operational & Financial Planning Report	*	Chief Operating Officer & Director of Finance	17:55
CG-14-23/24	Bright Ideas Presentation	*	Innovation Manager - DNG	18:10
CG-15-23/24	Nominations Committee Report	P	Chair - KD	18:25
CG-16-23/24	Membership Engagement and Communications Committee Annual Report	P	Committee Chair - LJB	18:40
	Any other business			
CG-17-23/24	Meeting Review	V	Chair	18:50
CG-18-23/24	Any Other Business	V	Chair	
	Date and time of next meeting:	26th July 2023 5-7pm Spine Level 12		

p paper
* presentation
v verbal report

Draft Minutes of: Council of Governors
Date/Time of meeting: 25 January 2023 at 5pm

Title / Department	Name	Initials	Present / apols
Core member			
Chair	Kathy Doran	KD	P
Non-Executive Director	Mark Tattersall	MT	P
Non-Executive Director	Elkan Abrahamson	EA	P
Non-Executive Director	Geoff Broadhead	GB	P
Non-Executive Director	Terry Jones	TJ	P
Non-Executive Director	Asutosh Yagnik	AY	P
Non-Executive Director	Anna Rothery	AR	A
Chief Executive	Liz Bishop	LB	P
Director of Workforce & OD	Jayne Shaw	JS	P
Medical Director	Sheena Khanduri	SK	P
Chief Nurse	Julie Gray	JG	P
Chief Operating Officer	Joan Spencer	JSp	P
Director of Finance	James Thomson	JT	P
Chief Information Officer	Sarah Barr	SB	P
Director of Strategy	Tom Pharaoh	TP	P
Public Governor	Anne Olsson	AO	P
Public Governor	Jonathan Heseltine	JH	0
Public Governor	Andrew Waller	AW	P
Public Governor	John Field	JF	P
Public Governor	Caroline Pelham-Lane	CPL	P
Public Governor	Sonia Holdsworth	SH	P
Public Governor	Keith Lewis	KL	P
Public Governor	John Roberts	JR	P
Public Governor	Vincent Olsson	VO	P
Public Governor	Hussein Rahil	HR	A
Public Governor	Jane Wilkinson	JW	P
Public Governor	Miles Mandelson	MM	P
Public Governor	Glen Crisp	GC	P
Staff Governor	Abhishek Mahajan	AM	P
Staff Governor	Myfanwy Borland	MB	A
Staff Governor	Laura Jane Brown	LJB	P
Staff Governor	Linzi Hickson	LH	P
Appointed Governor	Yvonne Nolan	YN	P

Appointed Governor	Samuel Cross	SC	P
Appointed Governor	Andrew Schache	AS	0
Appointed Governor	Mahmoud Elfar	ME	A
Appointed Governor	Nick Small	NS	A
Appointed Governor	Nancy Whittaker	NW	A
Appointed Governor	David Gawne	DG	P

Also in attendance		
Title	**Name**	**Initials**
Corporate Governance & Governor Engagement Officer	Anne Mason	AMa
Skye Thomson	Corporate Governance Manager	ST
Abby Ashcroft	Corporate Governance Administrator	AA
Paul Buckingham	Interim Associate Director of Corporate Governance	PB
Emer Scott	Associate Director of Communications	ES

	Standard business
1-23	**Welcome, introduction & apologies:** The Chair welcomed all those in attendance and gave a warm welcome to the new Governor for the Isle of Man, David Gawne, who was attending his first Council of Governors meeting. Introductions then followed and the Chair noted the apologies from the table above.
2-23	**Declarations of interest:** No declarations of interest were noted ☒
3-23	**Minutes of previous meeting:** 5th October 2022 The minutes were approved as an accurate record
4-23	**Matters arising/ Action Log** None
5-23	**Chief Executive Update** The Chief Executive provided the following updates to the Council of Governors: LB informed the Council that Clatterbridge Cancer Centre has taken part in a Clinical Services Review, working in partnership with other NHS and social care partners, to help people with cancer get a seamless service wherever possible. A paper will be published with the Integrated Board Papers on 24th February 2023 and means the Trust will continue to increase working relationships with Liverpool University Hospital and other partner hospitals. LB went on to highlight the following: • The results of the National Staff Survey are expected in February 2023. • The CQC inspection of Clatterbridge Private Clinic gave an overall rating of Good with no recommendations. • Positive feedback is still being received following the Staff Awards in December 2022. • LB commended the teams for the care and treatment of patients on the 15th and 20th December during the strike action, which had little impact on the patients.

	• Planning is now taking place with the Strike Committee, regarding the scheduled strike action that is due to take place on two consecutive days, 6th and 7th February 2023, which will be further impacted with the ambulance strike and teachers strike. KL asked why the staff were on a 2hr rotation? LB explained that this was to support those staff who were working to take part in the strike to support their colleagues.
6-23	**Lead Governor Update** The Lead Governor provided the following highlights to the Council of Governors: JW thanked the executive team for inviting a number of Governors to the Staff Awards and reiterated the success of the evening. JW attended a very successful meeting with the Lead Governors from The Walton Centre and Liverpool Women's Hospital who had a number of great ideas for joint working and the group plan to meet either monthly or bi-monthly to improve collaboration. JW commented that the addendum report, item CG-16-23, details a requirement for Governors to engage with "the rest of the population" and expressed concern as to how this will be achieved when the Council of Governors meet only 4 times a year, and therefore suggested either an increase in meetings or additional workshops.

	Reports and Action Plans	Action
7-23	**Performance and Quality Update** The Executive Team updated the Council of Governors on Key Operational Issues, Quality, Workforce and Finance within the Trust. **Operational Highlights** JSp highlighted that the Trust has experienced a period of missing the 62-day target in the first half of 2022 due to factors outside the Trust's control such as; late referrals and delays with test results from specialist laboratories. However, test results have seen an improvement due to working collaboratively with Liverpool University Teaching Hospital laboratories that have helped expedite test results. Extra activity is taking place to aid recovery from the Covid-19 pandemic and recruitment for specialist areas in radiotherapy and chemotherapy nursing is ongoing. Discharges remain challenging with continuing issues with transfer of care affecting length of stay, however, the Trust is involved in a Northwest campaign to achieve timely discharges. Planning for the forthcoming industrial action is taking place to ensure that the service remains safe for patients. NHS Planning guidance was published in December 2022 and an update on the implications was brought to Trust Board on 25th January 2023. The Trust continues to support Liverpool University Hospitals Foundation Trust following the opening of the new Royal Liverpool Hospital throughout winter, with appropriate transfer of patients and clinical support.	

Quality Highlights
JG advised that the Trust's performance has fallen below the Key Performance Indicator due to the fill rate for core staff being slightly lower than the target. To mitigate this, there are twice daily staff meetings to review staffing levels and skill mixes.

New dashboards have been developed to display performance and activity in real time such as, the number of admissions and whether VTE risk assessments have been carried out.

Infection rates remain high, not just at the Trust but nationally. A review of clinical post surgery infections has taken place with the outcome showing that infections were not due to a lapse in care, however the learning from the review will be shared across the Trust.

JG also highlighted that a response to a complaint is out of time, however this is due to arranging a face-to-face meeting with the complainant, with their agreement, to ensure a thorough resolution takes place.

A Policies Task and Finish group has been set up to manage Standard Operating Procedures and Policies to streamline documentation and make them less onerous.

KL asked if the bank nurses that are used are specialist nurses. JG clarified that generally the bank nurses used are Clatterbridge Cancer Centre staff who are signed up to the bank, however, if other bank nurses are used the skill mixes are reviewed to ensure there is appropriate support for the patients.

Workforce Highlights
JS updated the Council of Governors stating that despite the Trusts high sickness levels of 5.9% in December, performance remains good with appraisal rates and training targets of 90% being met.

Staff turnover is at 16.2% which is 1.2% above target however the Workforce team are working closely with the clinical teams to review turnover and sickness to identify where improvements can be made.

JW queried the challenges with Radiology and Chemotherapy staff. JS advised that these staff groups are over-established to manage the increased workloads, however, Radiographers are difficult to recruit nationally.

AW asked how the Trust's turnover compares to other similar Trusts. JS replied that the Trust uses the Model Hospital data to benchmark against and compares favourably against The Christie.

AW and JF asked what are the causes of the high turnover? JS informed some reasons are work life balance, preferring to work on the Wirral and the commute to Liverpool. JS added that currently the NHS is struggling overall with the ongoing industrial action.

Research and Innovation
SK advised that the Trust is currently below the target for trial recruitment due to a strategic, clinically led decision, made in December 2021 to prioritise the set up and opening of Experimental Cancer Medical Centre (ECMC) studies. These studies are

	scientifically relevant but difficult to recruit patient numbers, and as a specialist cancer centre, the Trust portfolio focuses on early phase trials. The Research and Development Team continue to work collaboratively with service departments and are working to maximise recruitment to all open trials. SK added that the Trust is delighted to achieve Experimental Cancer Medicine Centre Status and has exceeded the target for the number of studies opened in December 2022. JF complimented the achievements of Professor Christian Ottensmeier, who took part in the latest ground round, stating his contributions will make a major impact on future trials. **Finance** JT informed that the Trust's financial position to the end of December is £93k above plan, with a group position to the end of December of £2.391m surplus. Risks have been mitigated with support from the Integrated Care Board for this financial year. The Trust's cash position has a closing balance of £67.4m which is £13.3m above plan. Capital spend is currently reporting below plan with the majority of spend expected in the last quarter of the year. Agency spending is above the cap in December by £57k with £398k year to date. Further controls have been put in place by NHSE/I to monitor agency spend with Divisions providing exit strategies for all agency spends which are being monitored regularly throughout the year. Planning for the new financial year has commenced following the NHS Planning Guidance that was released in December 2022. The Council of Governors noted the contents of the report.	
8-23	**Audit Committee** The Chair, MT, provided an update from Audit Committee. MT advised that there are 2 reports, one from 13 October 2022 and 12 January 2023 and highlighted the consistent theme of BAF Cyber Security with a residual risk score of 12, which is to be achieved by 31 March 2023. MT commented that the residual risk score is unlikely to reduce further given the changing nature of cyber threats An Internal Audit Progress Report provided positive assurance on progress to complete the 2022/23 Internal Audit Plan by 31 March 2023. Feedback from a review by The Mersey Internal Audit Agency was received which provided assurance that the Trust's self-assessment against the 72 questions in the checklist had been fully completed and that the self-assessment scores in respect of the 12 NHSE specified questions were reasonable. The Audit Committee carried out the annual review of the Terms of Reference and endorsed a number of proposed amendments which aim to provide clarity of the Committee function, and will ensure consistency with the model Terms of Reference detailed in the HFMA Audit Committee Handbook.	

	MT informed that Audit Committee was advised that, whilst a decision had been taken nationally that the additional Elective Recover Funding, (ERF), mechanism for activity in excess of 104% would not be processed in 2022/23, the Cheshire & Mersey system had agreed that the level of planned ERF to meet the Trust's financial plan will be supported by the Integrated Care Board (ICB). This is a significant development given the concerns raised previously by the Board in relation to the level of risk associated with the lack of clarity surrounding ERF. The Council of Governors noted the contents of the Reports	
9-23	**Performance Committee Assurance** The Chair, GB, provided an update from Performance Committee The winter planning and bed utilisation review has taken place, informing that there were areas of good practice and system support, however issues relating to the cost of mutual aid beds were raised, resulting in a funding request being made to the Integrated Care Board. A Cost Improvement Programme (CIP) deep dive prompted discussion regarding challenges with recurrent and non-recurrent CIP. The report highlighted the future for CIP around transactional savings and a move towards more transformational and strategic savings schemes for CIP going forward. The Emergency Preparedness Report states that the assurance score against the Core Standards has changed after a review by the Board from 91% to 77%, following an external review due to the late change in assessment criteria. The team are making good progress and anticipate a return to the higher score in quarter 4. The Council of Governors noted the contents of the Report.	
10-23	**People Committee Assurance Report** Non-Executive Director provided the following update to the Council and highlighted the following: GB advised that the Committee meeting took place during the strike action and stated that emergency plans were put in place with local derogations to ensure the Trust remained in a safe position. Business Continuity Plans were updated regularly. Mandatory Training was reported to be on target and a report was requested for Trust Board on historical data around ILS and BLS underperformance. The new Equality, Diversity and Inclusion Lead has now started at the Trust on 4th January 2023 and will cover both The Clatterbridge Cancer Centre and Alder Hey Trusts. The People Committee noted the national changes to the Apprenticeship Public Sector Act and discussed the Trust plans to promote apprenticeships utilising unexplored pathways, as well as through recruitment and staff development. LJB queried the areas of underperformance with the People Commitment Implementation Plan. JS advised the two main areas being: the Equality, Diversity, and Inclusion plan due to a delay with collaborative working and with the Digital programme, both of which are now getting back on track.	

	The Council of Governors noted the contents of the Report	
11-23	**Charitable Funds Committee Assurance Report** Non-Executive Director and Chair of Charitable Funds, EA, introduced the Report noting the following: EA explained that Northwest Cancer Research uses "Incorporating Clatterbridge Cancer Research" along with their name which is causing confusion amongst donors. The Charity has requested they relinquish use of this name. The Charity has applied to trademark its own name and will also be applying or a full Gambling Commission Licence in line with further growth of its lottery. Two funding requests have been agreed, £150k for the NIHR Biomedical Centre bid, and £283K for the purchase of an Akoya Phenocycler Fusion Instrument to facilitate faster decision on the type of immunotherapy to offer patients. JW queried the discrepancy with Northwest Cancer Research and asked if the Charity were already aware of this issue. EA informed that the Head of Fundraising is aware of this issue and details of legacies are negotiated on a case-by-case basis. The Council of Governors noted the contents of the Report	
12-23	**Quality Committee Assurance Report** Non-Executive Director EA, introduced the Chair's Report highlighting the following: EA advised that the Annual Patient Experience and Inclusion Report was approved by the Committee and will be published on the Trust's Website. The Quality and Safety of Mental Health, Learning Disability and Autism Inpatient Service Report provided evidence of assurance and identified areas of improvement following a True for Us review. The review followed a letter sent in light of the BBC Panorama programme focusing on the Edenfield Centre, Greater Manchester Mental Health NHS Foundation Trust to Chief Nurses, to request that Boards reflect on the content and take action to ensure that the behaviours and actions demonstrated are not present in their own services. The Council of Governors noted the contents of the Report	
13-23	**Patient Experience and Inclusion Committee (PEIC) Report** AW, Public Governor, presented the highlights of the report: Monthly, Non-Executive Director and Governor Engagement visits, are proving very successful and 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, addressed by the Divisional Area and through the Patient Experience and Inclusion Committee. Shared learning from any actions identified, is disseminated at a Divisional Level and through the Patent Experience Operational Group and Assurance Committee to ensure wider learning across the organisation. The Clatterbridge Cancer Centre NHS Foundation Trust has been rated one of the best hospitals in England for inpatient care for the third year running, following the results of the Adult Inpatient Survey 2021.	

	Some Governors took part in the Patient Led Assessment of the Care Environment (PLACE), which involved putting the patient's views at the centre of the assessment process and used information taken directly from assessors to report how well Clatterbridge Cancer Centre Liverpool is performing. It is anticipated that the results of the PLACE assessment will be released in February 2023. AW reiterated the success of the Staff Excellence Awards and stated it was a joy to attend and to watch staff getting recognised for their hard work. LB went on to compliment the Workforce and Operational Development Team and the Communications team for putting the event together and advised that plans are taking place for this year's Staff Excellence Awards. KL agreed that the Non-Executive Director and Governor Engagement visits are very instructive and requested more dates be sent out in an easy-to-use format for Governors to complete **Action: Dates for Non-Executive Director & Governor Engagement Walk-Rounds to be obtained from June onwards and sent in clear and easy to use format for Governors to complete.**	CG&G EO
14-23	**Membership Engagement and Communications Committee** LJB, Staff Governor, and Chair of the Membership Engagement and Communications Committee (MECC), provided an update highlighting the following: A meeting has been arranged with Angie Ditchfield, the new Equality Diversity and Inclusion Lead, to discuss how the Committee can reach all communities and the Committee will also be linking in with the Cancer Alliance Team. LJB confirmed that the Committee has now approved the membership materials which will debut at the Glow Green Night Walk charity event on 3rd February 2023 and will be attended by some of the Governors and the Corporate Governance Team to recruit new members to the Trust. The Charity Team will be attending the next Membership Engagement and Communications Committee in February to support the development of an events calendar to promote membership opportunities. A collaboration meeting has been arranged on 23rd February 2023 with the Chairs of other Membership Committees from local Trusts, led by Liverpool Women's Hospital to join forces and share ideas around membership engagement. The Council of Governors noted the contents of the report.	
15-23	**Five Year Plan – Strategy progress update** The Director of Strategy, TP, provided the following update with input from the Executive Team: TP introduced the report and noted that the plan is nearly two years in progress. The aim of the plan is to maximise the benefits of Clatterbridge Cancer Centre Liverpool (CCCL), and its unique network of care. TP outlined the challenges facing the Trust and highlighted some the progress against the six strategic priorities, which are communicated through CCC Live, Team Briefs and through a Board report, which is available on the Website.	

Be Outstanding
The Trust is rated one of the best hospitals in England for inpatient care following the Care Quality Commission's (CQC), National Inpatient Survey, published in October 2022. CCCL continues to support of the opening of the New Royal Liverpool Hospital, new appointments in the Quality and Governance Team and development of the Chimeric Antigen Receptor T-cell (CAR-T) therapy as well as the start of Clatterbridge Cancer Centre Wirral redevelopment programme.

Be Collaborative
Clatterbridge Cancer Centre, (CCC), continues to lead the Cheshire and Merseyside, (C&M), Urgent Cancer Care Programme, continues leading the C&M Community Diagnostic Centre Programme, plays an active role in C&M Health and Care Partnership. CCC is also the provider for the region Cheshire and Merseyside Acute and Specialist Trusts, (CMAST), and is engaging in a review of acute hospital services in Liverpool.

Be a Great Place to Work
The Trust had the first Staff Excellence Awards, has dedicated development for Band 5 & 6 staff, received good staff engagement at the listening events and through staff networks. The Health and Wellbeing Extravaganza had an excellent response from staff with over 400 staff taking part and there was a 65% response rate to the 2022-2023 staff survey.

Be Research Leaders
The Trust achieved a successful bid for Biomedical Research Centre together with the Royal Marsden and the official launch of the NIHR Liverpool Clinical Research Facility (CRF) with Liverpool University Hospital Foundation Trust, (LUHFT) and Liverpool Heart and Chest took place in November 2022. The Trust also successfully bid for the Experimental Cancer Medicine Centre (ECMC) renewal in January 2023. A new Deputy Director of Clinical Research has been appointed and the Clatterbridge Research Funding scheme was launched in November 2022.

Be Digital
The new Digital strategy and key themes have been agreed and good progress made on the telemedicine pilot of remote monitoring of immunotherapy and advanced lung cancer patients. A Digital team successfully bid for funding from Health Education England, to support a Virtual Reality project for Sepsis training and a number of digital themes are embedded within the Trust's business as usual, with the appropriate governance in place.

Be Innovative
A new innovation strategy has been for approval through Trust governance structures in January 2023, and engagement with local and national innovation partners is taking place. The Bright Ideas Scheme has had 120+ submissions including one from a patient. Proposals are now in development for a Big Ideas scheme to encourage innovation on a larger scale.

Some of the challenges affecting the strategies are, staff turnover and vacancies in key corporate services. Elective recovery, increasing referrals, higher patient complexities and mutual aid for the New Royal Liverpool Hospital have had an impact on management and capacity to support the delivery of the strategy. The focus on the

	opening of the New Royal has impacted on the ability to progress development of Clatterbridge Cancer Centre Wirral (CCCW), and Halton sites. The next steps are to deliver the remainder of the programme supporting the New Royal with link bridges and shared areas with CCCL, the establishment of CAR-T therapy service, development of a new clinical quality strategy and trust wide quality approach; and proposals to redevelop CCCW. JW asked how many bright ideas had been implemented. TP advised that some ideas link in with the Green Plan, others are eligible for innovation funding and others are quick fixes that are implemented with ease, however there are no confirmed numbers, but all ideas receive feedback. LJB asked if the Innovation Manager could present some Bright Idea examples to the Committee. AM asked if artificial intelligence is being used for data collection and analysis. SB confirmed that this is reviewed regularly in diagnostic projects. CPL asked if there were plans available around the redevelopment of CCC-W. TP confirmed that plans are in the very early stages with nothing tangible to share except that the Trust is committed to the redevelopment programme and regular updates will be provided at Council of Governors. **Action: Innovation Manager to be invited to Council of Governors to present examples of implemented Bright Ideas** The Council of Governors noted the contents of the presentation.	CG&G EO
16-23	**System Working & Collaboration: Role of Councils of Governors** The Interim Associate Director of Corporate Governance, PB, introduced the addendum report and highlighted the following: PB advised the Council of Governors that the report, published on 27th October 2022, contains an addendum to the statutory duties of NHS Foundation Trust Governors, explains how the existing legal duties of Councils of Governors support system working and collaboration. The Addendum provides clarity on three of the duties: 1. **Holding the Non-Executive Directors to account** - and recognising that the Trust's success will increasingly be judged against its contribution to the objectives of the Integrated Care Systems. 2. **Representing the interests of Trust members and the Public** - to support collaboration between organisations and the delivery of better, joined up care, Councils of Governors are required to form a rounded view of the interests of the 'public at large'. This includes the population of the local system of which the Foundation Trust is part. No organisation can operate in isolation, and each is dependent to a greater or lesser extent on the effort of others. 3. **Taking Decisions on Significant Transactions** - in the context of due process including consideration of the 'public at large' and impact on partners within the Integrated Care Systems.	

	PB met with KD and JW to discuss development of a plan to incorporate the views of the "Public at large", which will require input from the MECC and additional Council of Governor meetings or workshops. JW will email Governors to obtain a consensus on the best approach. PB offered to conduct 1-1 or group sessions prior to workshops being arranged to discuss Governor roles and responsibilities if required. MM request details of the work plan for Council of Governors, Corporate Governance team to circulate. PB advised that a network of Company Secretaries from local organisations are reviewing training and development sessions for Governors to enable collaborative working. **Action: JW to canvas the Governors to ask if they prefer additional Council of Governors meetings or Governor Workshop to discuss development plan for system working and collaboration** **Action: Governor Work Plan to be circulated to all Governors** The Council of Governors noted the contents of the report.	JW CG&GEO
	For Approval	
17-23	**Review of Trust Constitution** The Interim Associate Director of Corporate Governance, PB, introduced the report: PB asked the Council of Governors to approve the proposed amendments to the Trust's Constitution following a review originally carried out in March 2022. PB explained that the outcomes of the review were originally reported to the Audit Committee on 1 April 2022, however, the Committee requested a number of further amendments prior to reconsideration of the updated Constitution at the next scheduled Committee meeting in July 2022. Unfortunately, the action was not progressed, due to the unplanned extended absence of a key post holder and remained an outstanding action on Audit Committee Action Log. The original review was comprehensive and supported by Hill Dickinson LLP to provide an independent view and ensure the content reflected established best practice. The Council of Governors approved the proposed amendments to the Constitution and are to be provided with an updated copy. **Action: PB to provide Council of Governors with the updated copy of the Trust's Constitution**	PB
	Any Other Business	
18-23	Meeting Review The Council of Governors agreed the meeting went well.	
19-23	Any other Business ST reminded all Governors to compete the On-Boarding packs as they are required to sign the Code of Conduct, Confidentiality Agreement and Conflicts of Interest.	

	ST invited Governors to attend the Glow Green Night Walk on 3rd February 2023 where membership recruitment will be taking place and advised that all updates for Governors are contained within the monthly Governor Bulletin, which Governors are encouraged to read.	
	Date and time of next meeting via MS Teams: 26th April 2023 at 5pm	

Council of Governors Annual Work Plan 2023/24									
	Lead	**Frequency**	**Item For**	**Apr-23**	**Jul-23**	**AMM 19-Oct-23**	**Oct-23**	**2024**	**Jan-24**
Preliminary Items									
Apologies & Declarations of Interest	Chair		For information/noting	√	√	√	√		√
Minutes of the Previous Meeting	Chair		For approval	√	√		√		√
Chairs Welcome	Chair		For information/noting	√	√	√	√		√
Matters arising and Action Log	Chair		For information/noting	√	√	√	√		√
Cycle of Business	Chair		For information/noting	√	√		√		√
Chief Executive Update	Chief Executive		For information/noting	√	√		√		√
Lead Governor Report	Lead Governor		For information/noting	√	√		√		√
Strategy Update									
Five Year Strategy Implementation Strategy Progress Update	Director of Strategy Director of Strategy		For information/noting		√				√
Performance & Quality Update									
Performance & Quality Update Presentation	Executive Leads		For information/noting	√	√		√		√
Committee Assurance Reports NEDs									
Performance Committee	NED		For information/noting	√	√		√		√
Quality Committee	NED		For information/noting	√	√		√		√
Audit Committee	NED		For information/noting	√	√		√		√
People Committee	NED		For information/noting	√	√		√		√
Patient Experience & Inclusion Committee (PEIC)			For information/noting	√	√ (deferred to July)		√		√
MECC	Staff Governor		For information/noting		√		√		√
MECC Annual Report	Staff Governor		For information/noting	√					
Systems and Controls									
External Auditors ?	External Auditors		For information/noting						
Annual Report & Accounts	NED/Company Secretary		For information/noting			√			
Individual Items Identified in Year									
CoG Self Assessment/Effectiveness	Corporate Governance Manager		For information/noting				√		
Nominations Committee ToR	Company Secretary		For information/noting						
Lead Governor Elections - Process & Results	Corporate Governance Manager		For information/noting			√			
Appointment of Non-Executive Directors (AD HOC)	Company Secretary		For information/noting						
Charitable Funds update	Head of Charity/Chief Executive		For information/noting		√				
NED Appraisals and Re-Appointments	Lead Governor		For information/noting	√	√ (Deferred from April)				
Operational and Financial Planning Update	DoF		For information/noting	√					
Bright Ideas Presentaion	Innovation Manager		For information/noting	√					
Constitution Review/Amendments for Approval	Company Secretary		For approval						√
Items for Information									
Nominations Committee (AD HOC)	Committee Chair		For information/noting	√					
Governor Questions Responses	Company Secretary/Corporate Governance Manager		For information/noting	√	√		√		√

The Clatterbridge Cancer Centre
NHS Foundation Trust

Council of Governors – 26 April 2023

Chair's report for: Audit Committee

Date/Time of meeting: 19 April 2023: 09.30-12.30

			Yes/No
Chair	Mark Tattersall	**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	• The Committee reviewed BAF entry 14 Cyber Security and noted that the residual risk score at the end of quarter 4 remains at 12 in line with the target score. The Committee was satisfied that the controls, gaps in controls and assurance were accurately captured and supported retaining a target risk score of 12 for 2023/24.
	• The Committee received an Internal Audit Progress Report covering the period 1st Jan to 31st March, which detailed the following audits:
	  • Quality Spot Checks (Limited Assurance)
	  • Recruitment and Retention (Substantial Assurance)
	  • Data Quality (Substantial Assurance)
	
	The audit of Quality Spot Checks identified 4 high and 2 medium recommendations. Work to address the issues identified has been reviewed by Quality Committee and progress will continue to be monitored.
	
	• 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 that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.**
	
	• The Committee approved the Internal Audit Plan for 2023/24 noting the planned reviews align to the the Trust's BAF risks and comply with the Public Sector Internal Audit Standards.
	
	• The Committee noted the Internal Audit Follow-Up Report and the progress made on completing management actions arising from earlier audits. The Committee agreed to request attendance by lead Directors where progress

	against rescheduled actions cannot be evidenced when the Committee meets in July. • The Committee approved the Annual Anti-Fraud Plan for 2023/24 which is based on a robust strategic risk assessment of the organisation and the wider NHS. • The Committee noted the Anti-Fraud Annual Report for 2022/23 which included the self-assessment of compliance against the Government Functional Standard 013 for Counter Fraud. The assessment demonstrated 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 and Registers for Gifts and Hospitality and Conflicts Of Interest-which was previously rated as amber. • The Committee received the Annual Audit Plan from the External Auditor which outlined the proposed approach/scope for the audit of the financial statements and the value for money review for the year ended 31 March 2023. • The Committee reviewed an early draft of the Annual Report including the Annual Governance Statement (AGS). The Committee requested that the Executive should include additional narrative in the AGS to highlight the achievement of Cyber Essentials accreditation and to describe the scope and breadth of partnership working. In addition, the Committee highlighted that the narrative/table in the draft AGS relating to the Internal Audit activity in 2023/24 needed to be consistent with the information included in the Head of Internal Audit's Opinion. The draft Annual Report was supported by a self-assessment of the Trust's compliance with the NHS Foundation Trust Code of Governance. The assessment evidenced compliance against the main principles of the Code. • Following the publication by NHS England of model accounting policies in early March 2023 a review was undertaken by the Finance Team to ensure appropriate adjustments were made to Trust policies to reflect the amended model policies. The Committee considered and approved the amended Trust accounting policies.
Items of concern for escalation to the Board	• The Director of Finance provided an update to the Committee regarding financial planning for 2023/24. Following recent Board approval the Trust submitted a plan projecting a £54k surplus for the year. However, as the

	overall plan submitted to NHSE by Cheshire and Merseyside delivered a significant deficit then the ICB's plan was not accepted by NHSE. NHSE are now engaging directly with the Cheshire and Merseyside ICB to explore what actions could be taken to enable the ICS to resubmit a break-even plan. Consequently, at this point in time we have not had confirmation that the plan submitted by the Trust has been accepted by the ICB. The Director of Finance agreed to provide an update to the Board regarding this matter at the forthcoming Board meeting.
Items of achievement for escalation to the Board	• 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. The Committee thanked the Finance team for their efforts and noted a letter received in March from Julian Kelly, Chief Finance Officer, NHS England congratulating the Trust on it's performance in relation to the Better Payment Practice Code for the year to month 10. The national standard requires that the NHS pays at least 95% of all invoices in line with contract terms, typically 30 days. The Trust's performance all year by value and by number has been over 95%. The Trust were one of only 27 Trusts in the country and of only two in the North West to receive a letter. • In addition to recognition from NHSE the Finance Department have been awarded Level 1 towards Excellence Accreditation. This demonstrates that the Department is meeting key requirements for staff development and levels of professional conduct.
Items for shared learning	No items for shared learning were identified.

The Clatterbridge Cancer Centre
NHS Foundation Trust

Council of Governors 26 April 2023

Chair's Report for: Performance Committee

Date/Time of meeting: 15 February 2023

			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	• A review of the five Board Assurance Framework (BAF) entries aligned to the Committee was completed and the Committee endorsed proposals for a reduction in the residual risk score for the following entries: ○ BAF 8 Research Programme Underfunding – Reduced from 12 to 8 ○ BAF 15 Subsidiary Companies & Joint Venture – Reduced from 12 to 9 The Committee was assured that the controls in place and actions taken justified the reduction in risk scores. • The Committee also had a thorough debate on the BAF 2 and BAF 3 entries, which relate to resource levels and funding levels respectively, to consider scoring in the context of the in-year position as opposed to a more forward looking, strategic view. On conclusion of the discussion the Committee agreed that the approach is based on a longer-term view and that the current risk scores were appropriate in this context. • Dr J Payne, Principal Information Analyst joined the meeting to deliver a presentation detailing the Trust's work to date on developing performance reporting based on Health Inequalities. Developing such reporting 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 comes into effect from 1 April 2023. The Committee noted the challenge for the Trust in reporting performance in this way due to the relatively small size of patient cohorts but was assured that analysis to date suggests that the Trust's performance in the five Index of Multiple Deprivation (IMD) segments has been consistent over the last four years. The Committee noted that work in this area would continue to develop, including alignment with work being carried out by the Cancer Alliance, and that quarterly reports would be provided to Performance Committee and Quality Committee.

	• Ms H Gray, Head of Performance and Planning presented a report which provided a detailed overview of performance by cancer waiting time standards and tumour group (where appropriate). Committee members were impressed by the depth and breadth of the information provided and agreed that the report content had enhanced understanding of the relevant performance metrics. The Committee also noted that assurance on the effectiveness of management arrangements in this area had been provided by an Internal Audit review which had resulted in assessment of Substantial Assurance. • The Committee reviewed a report which detailed the Trust's financial position as at 31 January 2023 and noted that the Trust had recently agreed an improved financial position for the year with the Integrated Care Board based on an increase in the Trust's surplus from £1.6m to £3.5m. The Committee was assured on both the rationale for the revised position and the Trust's ability to deliver the forecast position. The Committee noted that the Trust had over-achieved the CIP target for the year which is a credit to the efforts of all involved in identifying and delivering the various efficiency schemes. That said, the Committee also noted the challenge of delivering a higher proportion of recurrent schemes in 2023/24. • The Committee completed the annual review of its Terms Reference, which were approved at Trust Board on 29 March 2023.
Items of concern for escalation to the Board	• The Committee reviewed the Integrated Performance Report (IPR) as at 31 January 2023 and noted in particular a downturn in performance against the 62-day Cancer standards in January 2023. The Committee noted the impact of both industrial action and changes in the management team on achievement of the target. While the Committee was advised that performance levels had improved in February 2023, the likelihood of a further impact in March 2023 as a result of planned industrial action was noted. • Also in relation to the IPR, the Committee noted that the 95% target for the number of in-date Trust policies had not been achieved for the fifth successive month. The Committee was advised of ongoing work to review policy and procedure documents with the aim of reducing the overall number of documents and noted that the Risk & Quality Governance Group had oversight of this project. The Committee emphasised the importance of ensuring that all documents were subject to timely periodic review and will seek assurance that work to improve performance is being prioritised appropriately. • Finally in relation to the IPR, the Committee noted an instance where the response to a complaint had been subject to an 11-week delay. The Committee was assured that the complainant had been kept informed

	throughout this period and the Chief Executive had explained the circumstances for the delay in this particular case. However, while the actual number of complaints is relatively small, the Committee suggested that the report content could be amended in order to provide a 'forward view' of responses subject to delays. • The Director of Finance delivered a presentation on progress with the development of operational and financial plans for 2023/24. The Committee was briefed on the position that would form the Trust's initial draft plan submission on 15 February 2023 based on a deficit position of circa £18.8m with the identification of a range of factors being explored to mitigate the deficit and move towards the required balanced position. The Committee acknowledged that this is currently a fast-moving agenda, with a high likelihood that the position will have changed again by the Board meeting on 1 March 2023, but noted concerns over the level of uncertainty relating to funding in 2023/24 and future years. • The Committee reviewed a report from the Deputy Director of Finance which detailed progress against the 2022/23 Capital Plan together with details of the impact of Capital Allocation changes on future Capital plans. With regards to the 2022/23 plan, the Committee noted that expenditure was lower than planned at 31 December 2022 but was advised by the Deputy Director of Finance that plans were in place to ensure full delivery of the plan by 31 March 2023. On a less positive note, the Committee was advised of a series of changes, both national and local, which will significantly impact the Trust's historic investment plans with the model providing less funding than depreciation. If the Trust is unable to secure sufficient capital to cover depreciation its ability to invest in new developments and support the current asset base may deteriorate over time. • Also included in the Capital report was an update on progress with the Rutherford Project and the Committee noted the assurance provided that a multi-disciplinary mobilisation team was working to ensure that appropriate due diligence is undertaken. Board members will be aware of the importance of successfully completing the transaction by 31 March 2023.
Items of achievement for escalation to the Board	
Items for shared learning	No items for shared learning were identified.

The Clatterbridge Cancer Centre
NHS Foundation Trust

Trust Board Part 1 – 26 April 2023

Chairs report for: People Committee
Date/Time of meeting: 18 April 2023

			Yes/No
Chair	Anna Rothery	**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	**Board Assurance Framework** The Committee agreed that whilst BAF 11 had a reduced score from 16 to 12 due to ongoing plans to mitigate the risk, it was agreed that the plans need to be monitored over the next few months to be able to measure their impact on the risk, and therefore a score of 16 will be reinstated until the plans have been implemented and reviewed. **Mandatory Training and PADR Performance Report** ILS and BLS training remain under target, despite additional training opportunities that have been offered, including late night training sessions, weekend's and one-to-one training. The Committee noted that the team are now focussing on those individuals who are consistently non-compliant for a 6-month period, who will be receiving escalation letters with a focus on completing the training. **Guardian of Safe Working Report** The Committee noted that agency staff were brought in to cover three new junior doctor trainees/fellows due to not having up to date ALS training upon recruitment, however this has now been addressed and will be included as part of the pre-employment checks. The Committee noted that Board had reviewed this report in full at its meeting on 29 March 2023. **Industrial Action Update** The Committee noted the recent end to the 96-hour junior doctor strike on 15th April but with the recent news regarding the rejected pay offer by the RCN, more strikes are scheduled to take place amongst nursing staff between 30th April – 2nd May 2023. Planning continues, to ensure safe staffing levels and safe patient care during the strike action, whilst also supporting the staff to take part.

Items of achievement for escalation to the Board	**Staff Story – Menopause Staff Network** The Committee 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 commended 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. The plan for 2023 includes close working with the Occupational Health Teams, Learning and OD, and Workforce teams, to continue to raise awareness and provide advice on the support that is available. **Leadership and Organisational Development** The Committee noted the high level of learning and development activities, and work streams that have taken place over the past 12-months in relation to leadership and management programmes including, Teams at the Top, Leadership Masterclasses for all staff, and the Springboard Programme, aimed at career development for female colleagues across the organisation. The development programme also incorporates the Apprenticeship Programme and the NHS Leadership Academy Programmes. All programmes have been well received and attended, and link in with the Trusts five workforce pillars within the People Commitment. **NED Wellbeing Guardian** The Committee noted the outline responsibilities for the Wellbeing Guardian whose purpose is to seek out and provide assurance around workforce wellbeing. The Guardian will be supported to do this by the Workforce and Organisational Development Teams. **People Risks** The Committee noted that there are currently no specific people risks with a score of 15 or above. **Workforce Planning** The Committee received an update regarding workforce planning and noted that a revised submission date of 28th April has been agreed. The next stps include finalising 2023/24 workforce investments by staff group and occupational code and Support Divisions/Departments to develop and achieve recruitment plans. **Committee Governance** The Committee review its Cycle of Business for 2023/24 and agreed to the proposed revisions to its Terms of Reference. **The People Commitment Report** The Committee received an update on the progress of the implementation of

	the Trust's 5-year People Commitment. Key achievements in q4 include: • 2023/24 Live Well Work Well interventions and priorities developed • 2023 Leadership Passport launched • Project plan and funding for new My Appraisal process and system approved • Continued work with LRC to offer apprenticeships and work placements The Committee approved the areas to be carried forward to the year 2 People Committee implementation plan. **Recruitment Update** An Open Evening supporting Administration and Clerical recruitment was held on 6th April 2023 and the Committee noted over 70 applicants had been interviewed. Work is progressing around the next international nurse cohort with 4 WTE commencing April 2023 **Equality, Diversity & Inclusion Report** The Committee noted that the focus for 2023 will be on improving and enhancing the experiences of our staff and to ensure that the deeper detail, behind the data is understood. **Gender Pay Gap Report** 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. The Committee noted that Board had reviewed this report in full at its meeting on 29 March 2023. **Staff Wellbeing** The Committee noted the progress that has been made against the priorities identified in the People Commitment and ongoing intelligence received through the NHS Staff Survey, Culture and Engagement Pulse and staff engagement events. The Committee noted the further work involved with embedding cultural change programmes and time required to measure the results.
Items for shared learning	No Shared Learning was identified

The Clatterbridge Cancer Centre NHS Foundation Trust

Council of Governors 26 April 2023

Chair's Report for: Quality Committee

Date/Time of meeting: 23 March 2023: 09.30-12.30

			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	<u>Terms of Reference</u> The Committee completed the annual review of its Terms Reference. Following discussion, the Committee endorsed a number of proposed amendments which aimed to provide clarity on the Committee's functions and membership. The proposed amendments included deletion of functions relating to monitoring of the Freedom to Speak Up Policy and ensuring that robust arrangements are in place for Emergency Planning as these functions are undertaken by the People Committee and Performance Committee respectively. The Committee recommended the revised Terms of Reference to the Board of Directors for approval. <u>Digital</u> The Committee approved the Digital Strategy and requested annual updates to come to the Committee. <u>Board Assurance Framework</u> The Committee reviewed the BAF risks aligned to Quality Committee and approved the BAF 13 requested revised score from (3 x 4) 12 to a (3 x 3) 9. The Committee noted BAF 1 and BAF 7 had remained static and were keen to meet to look at these issues. 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.

	MIAA Quality Spot Checks The Committee received a detailed update on the actions taken following the limited assurance MIAA Quality Spot Checks. The Committee interrogated the update and were pleased with the progress made against the recommendations and requested a further update at the next meeting in June. Draft Risk Management Strategy The Committee approved the draft Risk Management Strategy subject to inclusion of more detail regarding risk appetite which outlines the approach to risk appetite for the Board.
Items of concern for escalation to the Board	Safeguarding The Committee received an update on Safeguarding following a request to follow up in 6 months made at the September 2022 meeting. This request was made as the Committee raised concerns from 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 in regards to DNACPR had decreased from 36.8% in September to 17% in March. There is work 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. The Committee discussed this in detail and requested an update on the planned work in the Safeguarding Annual Report in September.
Items of achievement for escalation to the Board	Ward to Board Presentation The Board received a presentation from Kate Parker, Macmillan Metastatic Spinal Cord Compression Service Lead, which provided an overview of the current Metastatic Spinal Cord Compression (MSCC) Service and the transformational plans to move towards the provision of an emergency and Network wide spinal oncology service. The Committee were pleased to see the excellent work being done by the team.
Items for shared learning	No items for shared learning were identified.

The Clatterbridge Cancer Centre
NHS Foundation Trust

Title of meeting: Council of Governors
Date of meeting: 26th April 2023

Report lead	Joan Spencer, Chief Operating Officer					
Paper prepared by	Hannah Gray, Head of Performance and Planning					
Report subject/title	Integrated Performance Report M12 2022 / 2023					
Purpose of paper	This report provides an update on performance for month 12 2022/23 (March 2023). This report provides an update on performance in the categories of access, efficiency, quality, workforce, research and innovation and finance. RAG rated data and statistical process control (SPC) charts (with associated variation and assurance icons) are presented for each KPI. Exception reports are presented below the relevant KPI against which the Trust is not compliant / alerting on SPC charts.					
Background papers						
Action required	For discussion and approval.					
Link to: Strategic Direction Corporate Objectives	Be Outstanding	Y	Be a great place to work	Y		
	Be Collaborative	Y	Be Digital	Y		
	Be Research Leaders	Y	Be Innovative	Y		

Equality & Diversity Impact Assessment						
The content of this paper could have an adverse impact on:	Age	~~Yes~~/No	Disability	~~Yes~~/No	Sexual Orientation	~~Yes~~/No
	Race	~~Yes~~/No	Pregnancy/Maternity	~~Yes~~/No	Gender Reassignment	~~Yes~~/No
	Gender	~~Yes~~/No	Religious Belief	~~Yes~~/No		

REPORT

Integrated Performance Report
(Month 12 2022/23)

Hannah Gray: Head of Performance and Planning

Joan Spencer: Chief Operating Officer

Introduction

This report provides an update on performance for March 2023, in the categories of access, efficiency, quality, workforce, research and innovation and finance.

KPI data is presented with a RAG rating and statistical process control (SPC) charts and associated variation and assurance icons. Further information on SPC charts is provided in the SPC Guidance section of this report. Exception reports are presented for key performance indicators (KPIs) against which the Trust is not compliant.

For KPIs with annual targets, the monthly data is accompanied by charts which present the cumulative total against the YTD target each month. For these KPIs, exception reports are provided when both the monthly and YTD figures are below the respective targets.

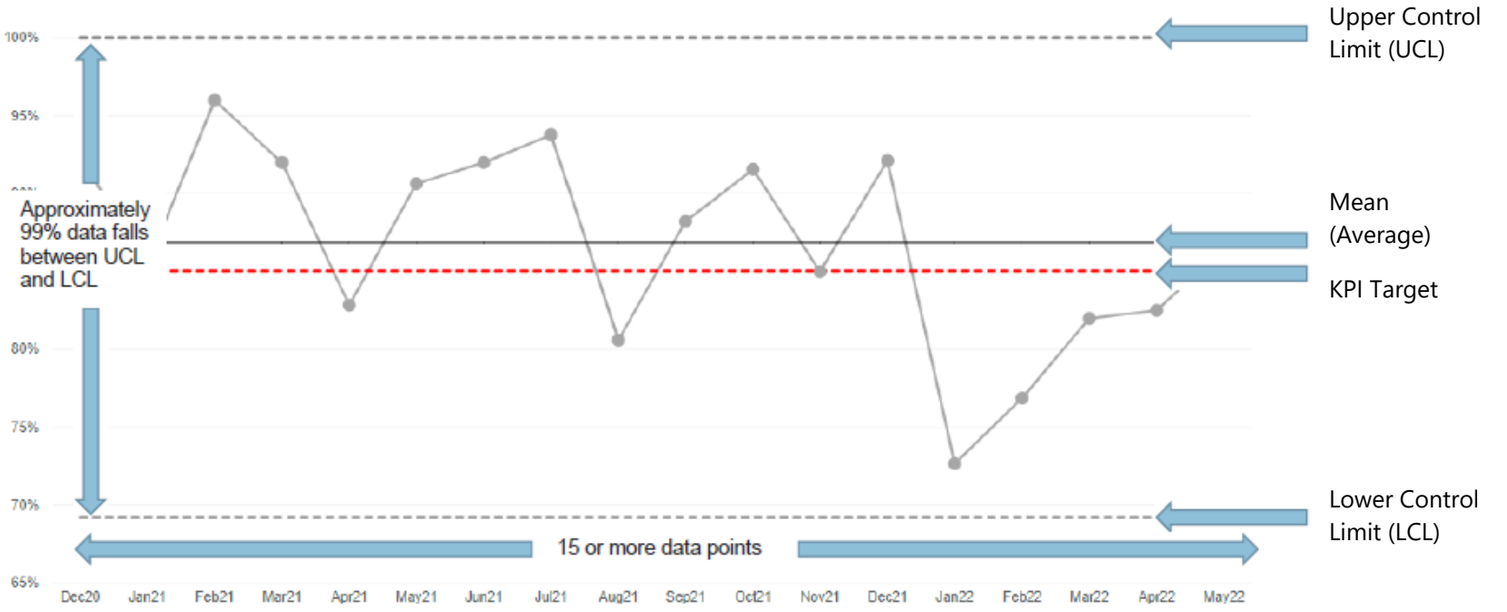
Interpretation of Statistical Process Control Charts

The following summary icons describe the Variation and Assurance displayed in the Chart.

Are we improving, declining or staying the same? (Variation)			
Icon	**Variation**	Definition	Action
	Special Cause Improving Variation	Unexpected variation that results from unusual circumstances in a system or process i.e. assignable. (Blue = significant improvement/low pressure, H = high numbers, L = low numbers).	External cause should be identified and understood. Analyse whether change is attributable to service redesign or not.
	Special Cause Concerning Variation	Unexpected variation that results from unusual circumstances in a system or process i.e. assignable. (Orange = significant concern/high pressure, H = high numbers, L = low numbers).	Process is unstable and unpredictable. External cause should be identified and tackled. Develop contingency plans.
	Common Cause Variation	A natural or expected variation in a system or process i.e. random. (Grey = no significant change)	Process is stable and predictable. If the current performance is acceptable, do nothing. If it is not acceptable, redesign your processes.

	Can we reliably hit the target? (Assurance)		
Icon	**Assurance**	Definition	Action
	Consistently hitting target	The current target is outside the process or control limits in the direction to improvement. (Blue = will reliably hit target)	Be assured that without significant change, the system would be expected to continue to hit the target, regardless of natural variation.
	Consistently failing target	The current target is outside the process/control limits in the opposite direction to improvement. (Orange = system change required to hit target)	Be aware that without significant change, the system would be expected to consistently miss the target, regardless of natural variation.
	Hitting and missing target	The current target is in between the process/control limits. (Grey = subject to random)	Without significant change, the system would be expected to inconsistently hit the target in future. The difference between success and failure may be down to the natural variation of the system and may have no underlying significance.

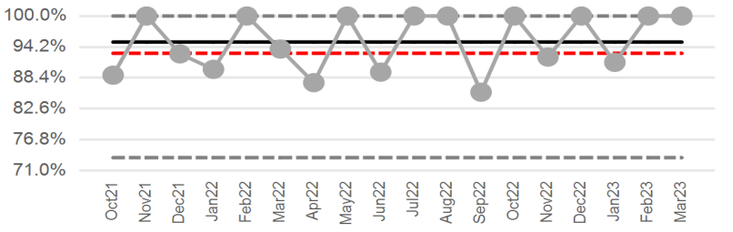
Anatomy of the SPC Chart



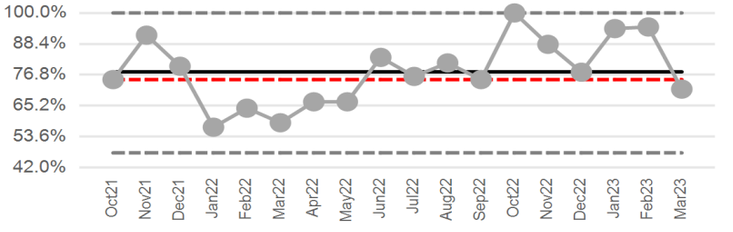
Access

Responsible Forum: Performance Committee

Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
CW10	2 Week Wait From GP Referral to 1st Appointment	Green ≥93% Red <93%	Contractual / Statutory		87.5%	100.0%	89.5%	100.0%	100.0%	85.7%	100.0%	92.3%	100.0%	91.3%	100.0%	100.0%		
			Narrative	The target has been achieved. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent.														



Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
CW00	28 Day Faster Diagnosis - (Referral to Diagnosis)	Green ≥75% Red <75%	Contractual / Statutory		66.7%	66.7%	83.3%	76.2%	81.3%	75.0%	100.0%	88.2%	77.8%	94.1%	94.7%	71.4%		
			Narrative	This national target has not been achieved and an exception report is provided. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent.														



Reason for Non-Compliance	Action Taken to Improve Compliance
6 patients breached the 28 Day FDS target in March. 5 of the breaches were unavoidable to CCC; 1 patient had a complex pathway, 1 patient required further investigation at other trust, 1 patient required investigation for another primary, 1 patient requested further investigation and 1 patient DNA'd their diagnostic test and then a sample was inadequate for diagnosis and required further analysis. The avoidable breach was due to an administration error, with the patient not downgraded correctly on triage.	The relevant standard operating procedure (SOP) has been circulated to all triage staff and discussed at the SRG meeting, to prevent further occurrence of this error.

Escalation Route & Expected Date of Compliance
Trust Operational Group, Divisional Quality and Safety Meetings, Divisional Performance Reviews, Performance Committee, Trust Board April 2023

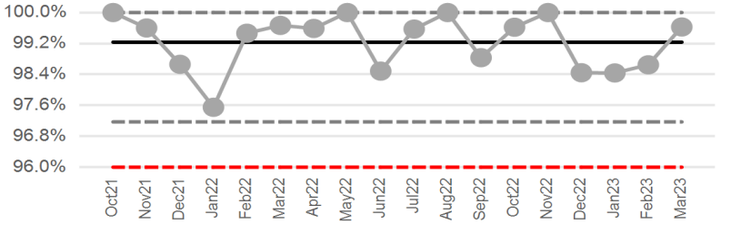
Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
CW47	28 Day Faster Diagnosis - (Screening)	Green ≥75% Red <75%	To Be Confirmed		-	100%	-	-	-	-	-	-	-	-	-	-		
			Narrative	There were no 28 day faster diagnosis screening patients this month.														

Data Not Applicable for SPC

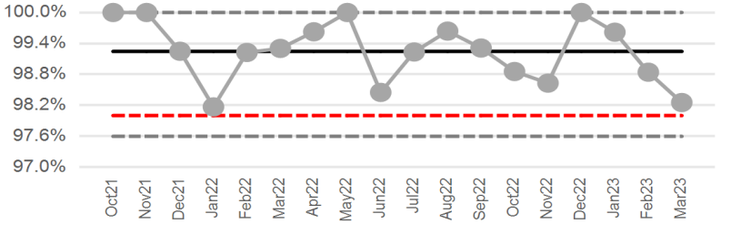
Access

Responsible Forum: Performance Committee

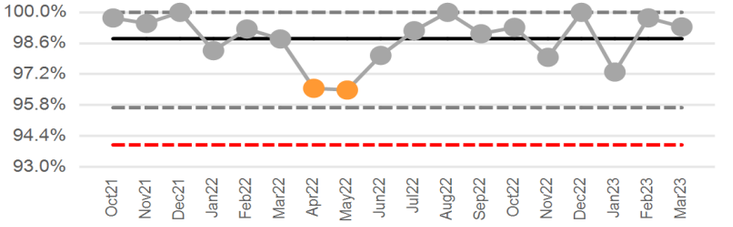
Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
CW09	31 Day Firsts	Green ≥96% Red <96%	Contractual / Statutory		99.6%	100.0%	98.5%	99.6%	100.0%	98.8%	99.6%	100.0%	98.4%	98.4%	98.6%	99.6%		
				Narrative	The target has been achieved. There is no significant change and the target is outside SPC limits and is therefore likely to be achieved consistently.													



Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
CW07	31 Day Subsequent Chemotherapy	Green ≥98% Red <98%	Contractual / Statutory		99.6%	100.0%	98.4%	99.2%	99.6%	99.3%	98.9%	98.6%	100.0%	99.6%	98.8%	98.3%		
				Narrative	The target has been achieved. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent.													



Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
CW08	31 Day Subsequent Radiotherapy	Green ≥94% Red <94%	Contractual / Statutory		96.6%	96.5%	98.0%	99.2%	100.0%	99.0%	99.3%	98.0%	100.0%	97.3%	99.7%	99.3%		
				Narrative	The target has been achieved. There is no significant change and the target is outside SPC limits and is therefore likely to be achieved consistently.													



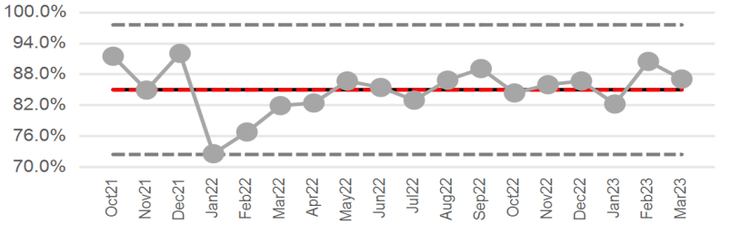
Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
CW40	Number of 31 Day Patients Treated ≥ Day 73	Green 0 Red >0	Contractual / Statutory		0	0	0	0	0	0	0	1	0	0	0	0		
				Narrative	This month, there were no 31 day patients treated on or after day 73.													

Data Not Applicable for SPC

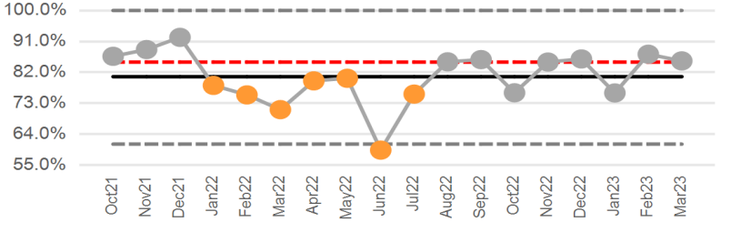
Access

Responsible Forum: Performance Committee

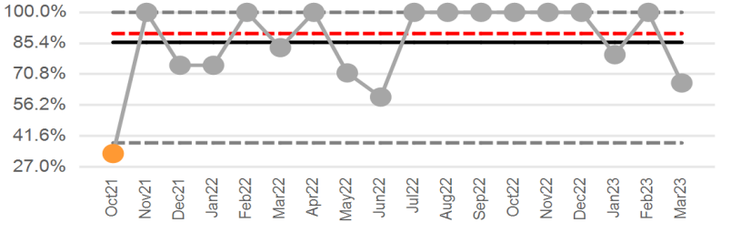
Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
CW90	24 Day Wait Target - Referral Received to First Treatment (62 Day Classics Only)	Green >85% Amber 80-84.9% Red <80%			82.5%	86.7%	85.5%	83.0%	86.9%	89.1%	84.4%	86.0%	86.7%	82.3%	90.5%	87.1%		
			Narrative	The target has been achieved. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent.														



Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
CW03	62 Day Classic	Green ≥85% Red <85%	Contractual / Statutory		79.5%	80.3%	59.4%	75.7%	85.1%	85.7%	76.1%	85.0%	85.9%	76.0%	87.3%	85.3%		
			Narrative	The target has been achieved. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent.														



Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
CW05	62 Day Screening	Green ≥90% Red <90%	Contractual / Statutory		100.0%	71.4%	60.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	80.0%	100.0%	66.7%		
			Narrative	This national target has not been achieved and an exception report is provided. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent.														



Reason for Non-Compliance	Action Taken to Improve Compliance
1 patient breached this target in March. This was a Lower GI patient; treated on day 28. The breach was avoidable, with the delay due to an administration reason, with the patient not being identified as a screening patient.	The Access Team have been reminded how to identify screening patients on the IPT form and a refresher training session will be given at the next team meeting.

Escalation Route & Expected Date of Compliance
Trust Operational Group, Divisional Quality and Safety Meetings, Divisional Performance Reviews, Performance Committee, Trust Board April 2023

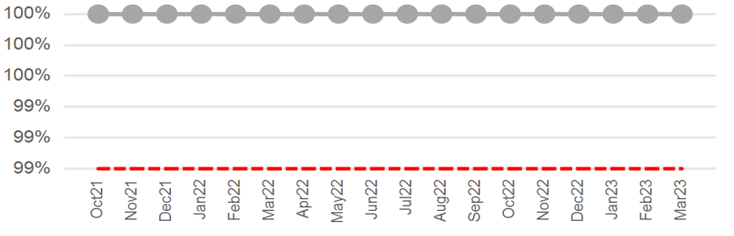
Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
CW43	Number of Avoidable Breaches, Treated ≥ 104 Days and at CCC For Over 24 Days	Green 0 Amber 1 Red >1	Contractual / Statutory		0	1	1	3	0	1	0	0	1	5	2	1		
			Narrative	This month, there was 1 patient treated on or after day 104, at CCC for more than 24 days and with an avoidable breach to CCC. An exception report is provided.														

Data Not Applicable for SPC

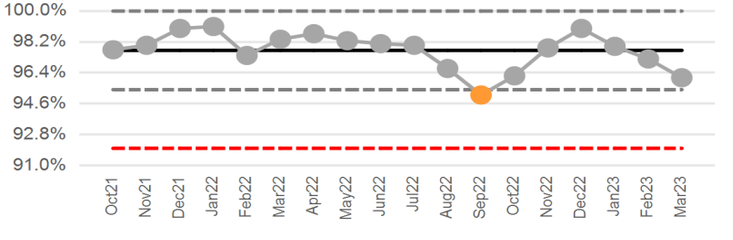
Reason for Non-Compliance	Action Taken to Improve Compliance
1 patient was treated => 104 days AND at CCC for over 24 days, with an avoidable breach. This urology patient was at CCC for 29 days. There was a delay to their follow up appointment due to capacity.	Out patient capacity, activity and demand is being reviewed in detail by each SRG, with plans continually being developed to maximise capacity.

Escalation Route & Expected Date of Compliance
Trust Operational Group, Divisional Quality and Safety Meetings, Divisional Performance Reviews, Performance Committee, Trust Board April 2023

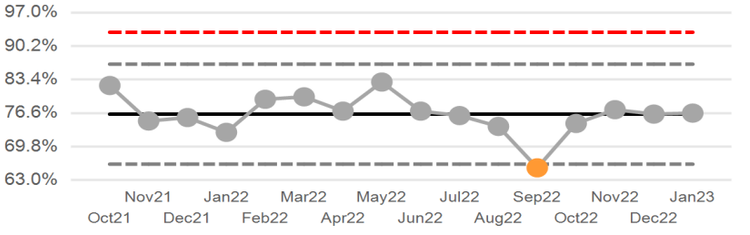
Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
DI01	Diagnostic Imaging Waitlist - Within 6 Weeks	Green ≥99% Red <99%	Contractual / Statutory		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
			Narrative	The target has been achieved. There is no significant change and the target is outside SPC limits and is therefore likely to be achieved consistently.														



Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
RT03	RTT Incomplete	Green ≥92% Red <92%	Contractual / Statutory		98.7%	98.3%	98.1%	98.0%	96.6%	95.1%	96.2%	97.8%	99.0%	97.9%	97.2%	96.1%		
			Narrative	The target has been achieved. There is no significant change and the target is outside SPC limits and is therefore likely to be achieved consistently.														



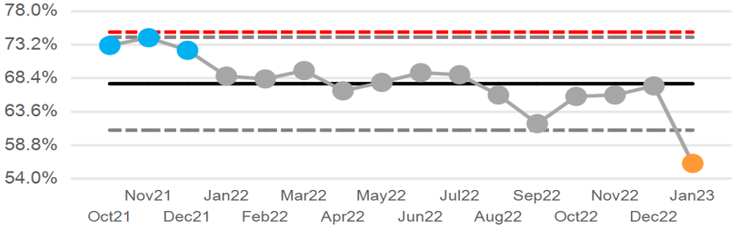
Metric ID	Metric Name	Target	Metric Type	Year & Month												
				Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
CW44	2 Week Wait From GP Referral to 1st Appointment (Cheshire and Merseyside)	Green ≥93% Red <93%	Contractual / Statutory	77.0%	82.9%	77.0%	76.1%	73.9%	65.5%	74.5%	77.3%	76.4%	76.6%	-	-		
			Narrative	The target has not been achieved and an exception report is provided. There is no significant change and the nature of variation indicates that the target is unlikely to be achieved without this change.													



Reason for Non-Compliance	Action Taken to Improve Compliance
Non-compliance with this standard was largely driven by underperformance in the following tumour groups: Suspected brain/central nervous system tumours 50% (1 breaches) Suspected breast cancer 64.8% (778 breaches) Suspected upper gastrointestinal cancer 72.8% (324 breaches) Suspected head and neck cancer 73.2% (301 breaches) Suspected skin cancer 75% (600 breaches) Suspected lower gastrointestinal cancer 78.3% (563 breaches) Suspected sarcoma 83.7% (7 breaches) Suspected gynaecological cancer 87.9% (134 breaches) Suspected haematological malignancies (excluding acute leukaemia) 91.6% (7 breaches) Suspected children's cancer 91.7% (3 breaches) Suspected urological malignancies (excluding testicular) 92.5% (66 breaches) Providers not achieving the national standard were: Liverpool University Hospitals 51% (1535 breaches) Countess Of Chester Hospital 64.3% (429 breaches) Warrington And Halton Hospitals 83.6% (182 breaches) East Cheshire 85.2% (89 breaches) Wirral University Teaching Hospital 86.9% (221 breaches) St Helens And Knowsley Hospitals 88.6% (197 breaches) The Clatterbridge Cancer Centre 91.3% (2 breaches) Southport And Ormskirk Hospital 91.7% (87 breaches) Mid Cheshire Hospitals 92.4% (103 breaches) Liverpool Women's 92.6% (22 breaches)	• CMCA primary care programme – improvement team established including investment in GP clinical leadership for each of the nine places in Cheshire and Merseyside. • The single patient tracking list (PTL) across Cheshire and Merseyside continues to be vetted each week through the CMCA clinical prioritisation group to identify areas of service pressure. • Increased use of appropriate filter tests in primary care including FIT.

Escalation Route & Expected Date of Compliance
NHS England, North West, CMAST CCC Performance Committee, Trust Board March 2024

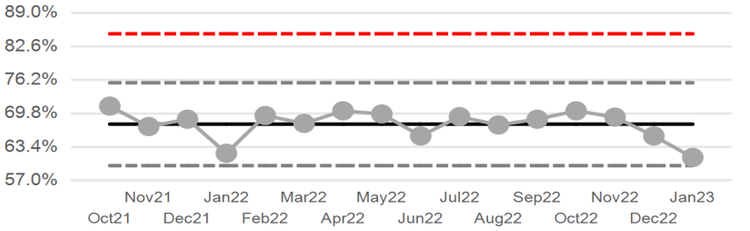
Metric ID	Metric Name	Target	Metric Type	Year & Month												
				Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
CW45	28 Day Faster Diagnosis - (Referral to Diagnosis) (Cheshire and Merseyside)	Green ≥75% Red <75%	Contractual / Statutory	66.6%	67.8%	69.2%	68.9%	66.0%	61.9%	65.8%	66.0%	67.3%	56.2%	-	-		
			Narrative	The target has not been achieved and an exception report is provided. Performacne is lower than expected and the nature of variation indicates that the target is unlikely to be achieved without significant change.													



Reason for Non-Compliance	Action Taken to Improve Compliance
Non-compliance with this standard was largely driven by underperformance in the following tumour groups: Suspected lower gastrointestinal cancer 33.7% (1786 breaches) Suspected urological malignancies (excluding testicular) 35.8% (522 breaches) Referral from a National Screening Programme: Unknown Cancer Report Category 37.4% (139 breaches) Suspected haematological malignancies (excluding acute leukaemia) 43.5% (48 breaches) Suspected gynaecological cancer 54.7% (532 breaches) Suspected upper gastrointestinal cancer 57.9% (497 breaches) Other suspected cancer (not listed) 60% (10 breaches) Suspected sarcoma 66.7% (16 breaches) Suspected testicular cancer 67.6% (11 breaches) Suspected head and neck cancer 69.1% (274 breaches) Suspected lung cancer 69.1% (54 breaches) Providers not achieving the national standard were: Liverpool Women's 42% (185 breaches) Liverpool Heart And Chest 50% (2 breaches) Liverpool University Hospitals 50.5% (1384 breaches) East Cheshire 56% (328 breaches) Countess Of Chester Hospital 63.2% (456 breaches) Warrington And Halton Hospitals 63.6% (399 breaches) St Helens And Knowsley Hospitals 64.3% (656 breaches) Southport And Ormskirk Hospital 65.3% (360 breaches) Mid Cheshire Hospitals 66.3% (423 breaches) Wirral University Teaching Hospital 72.8% (468 breaches)	• Continuation of surgical and diagnostics hubs as part of CMCA's response to Covid-19. • The single patient tracking list (PTL) across Cheshire and Merseyside continues to be vetted each week through the CMCA clinical prioritisation group. • Alignment with the C&M diagnostic programme with a clear, prioritised plan to increase capacity. • CMCA primary care programme – improvement team established including investment in GP clinical leadership for each of the nine places in Cheshire and Merseyside. • Increased use of appropriate filter tests in primary care including FIT.

Escalation Route & Expected Date of Compliance
NHS England, North West, CMAST CCC Performance Committee, Trust Board March 2024

Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
CW46	62 Day Classic (Cheshire and Merseyside)	Green ≥85% Red <85%	Contractual / Statutory		70.3%	69.7%	65.5%	69.2%	67.6%	68.7%	70.3%	69.1%	65.5%	61.4%	-	-		
			Narrative	The target has not been achieved and an exception report is provided. There is no significant change and the nature of variation indicates that the target is unlikely to be achieved without this change.														



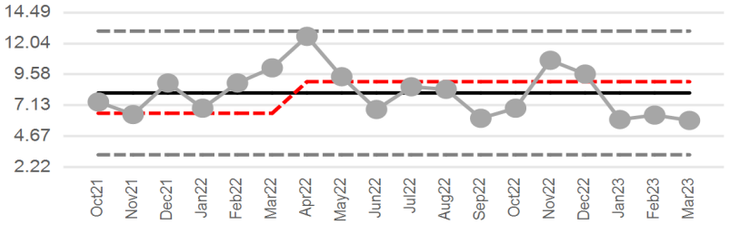
Reason for Non-Compliance	Action Taken to Improve Compliance
Non-compliance with this standard was largely driven by underperformance in the following tumour groups: Gynaecological 26.3% (28 breaches) Head & Neck 32.4% (25 breaches) Other 33.3% (4 breaches),Lower Gastrointestinal 34.8% (45 breaches) Urological (Excluding Testicular) 43.5% (95 breaches) Lung 53.2% (22 breaches) Sarcoma 55.6% (4 breaches) Haematological (Excluding Acute Leukaemia) 57.7% (11 breaches) Upper Gastrointestinal 68.2% (14 breaches) Breast 70% (24 breaches) Skin 84.5% (23 breaches) Providers not achieving the national standard were: Liverpool Women's 0% (13 breaches) Liverpool Heart And Chest 15.8% (8 breaches) Liverpool University Hospitals 41.1% (84 breaches) East Cheshire 43.7% (20 breaches) Southport And Ormskirk Hospital 44% (32.5 breaches) Countess Of Chester Hospital 45.8% (38.5 breaches) Warrington And Halton Hospitals 57.3% (20.5 breaches) Mid Cheshire Hospitals 60.6% (30.5 breaches) Wirral University Teaching Hospital 69.6% (25.5 breaches) The Clatterbridge Cancer Centre 75.7% (9 breaches) Bridgewater Community Healthcare 77.8% (2 breaches) St Helens And Knowsley Hospitals 79% (21 breaches)	• Continuation of surgical and diagnostics hubs as part of CMCA's response to Covid-19. • The single patient tracking list (PTL) across Cheshire and Merseyside continues to be vetted each week through the CMCA clinical prioritisation group. • Alignment with the C&M diagnostic programme with a clear, prioritised plan to increase capacity. • CMCA primary care programme – improvement team established including investment in GP clinical leadership for each of the nine places in Cheshire and Merseyside. • Increased use of appropriate filter tests in primary care including FIT. Patient and public communications to improve patient confidence to attend for appointments.

Escalation Route & Expected Date of Compliance
NHS England, North West, CMAST CCC Performance Committee, Trust Board March 2024

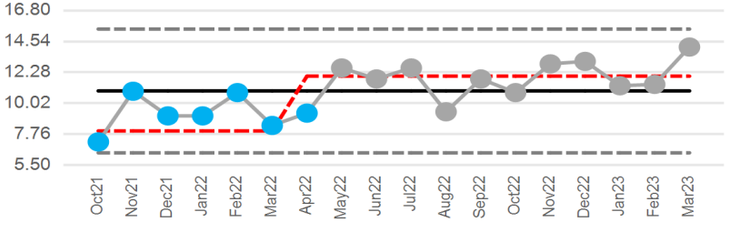
Efficiency

Responsible Forum: Performance Committee

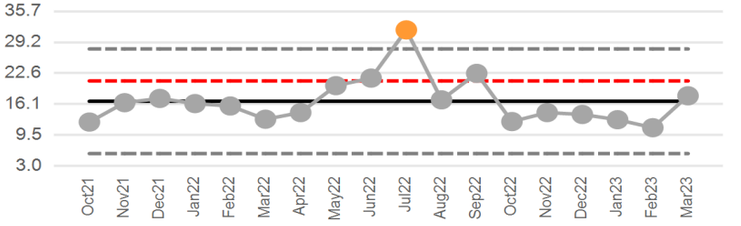
Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
IP05-ST	Length of Stay Elective Care: Solid Tumour Wards (Average Number of Days On Discharge)	Green ≤9 Amber 9.1 -10.7 Red >10.7	Statutory		12.60	9.40	6.80	8.60	8.40	6.10	6.90	10.70	9.61	6.00	6.36	5.93		
			Narrative	The target has been achieved. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent.														



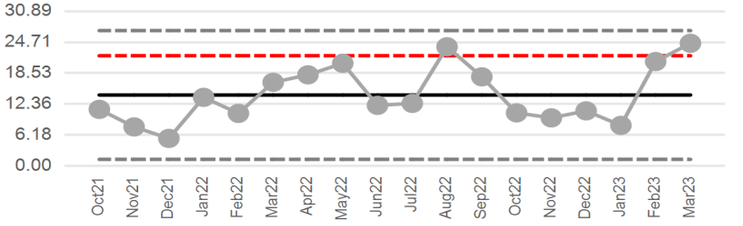
Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
IP06-ST	Length of Stay Emergency Care: Solid Tumour Wards (Average Number of Days On Discharge)	Green ≤12 Amber 12.1-14.3 Red >14.3	Statutory		9.30	12.60	11.80	12.60	9.40	11.80	10.80	12.90	13.08	11.30	11.40	14.13		
			Narrative	This internal target has not been achieved, however there is no significant change. The nature of variation indicates that achievement of the target is likely to be inconsistent.														



Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
IP05-4	Length of Stay Elective Care: HO Ward 4 (Average Number of Days On Discharge)	Green ≤21 Amber 21.1-22.1 Red >22.1	Statutory		14.3	20.0	21.6	31.8	17.0	22.6	12.4	14.3	13.9	12.8	11.1	17.9		
			Narrative	The target has been achieved. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent.														



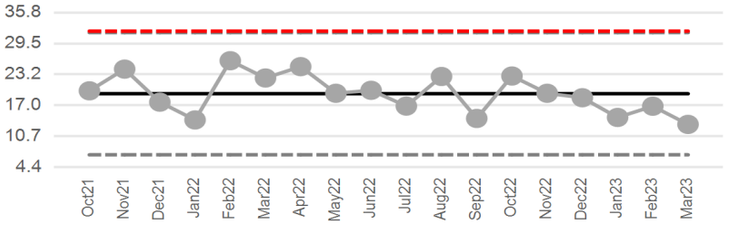
Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
IP06-4	Length of Stay Emergency Care: HO Ward 4 (Average Number of Days On Discharge)	Green ≤22 Amber 22.1-23.1 Red >23.1	Statutory		18.20	20.50	12.10	12.50	23.80	17.80	10.60	9.60	11.00	8.10	20.86	24.50		
			Narrative	This internal target has not been achieved, however there is no significant change. The nature of variation indicates that achievement of the target is likely to be inconsistent.														



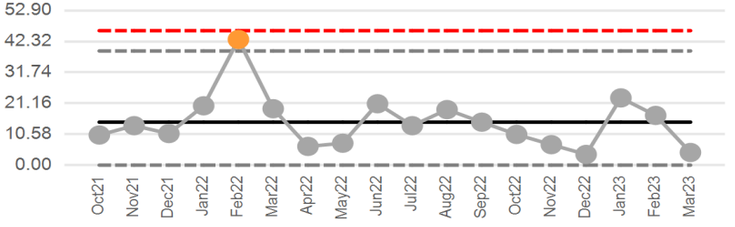
Efficiency

Responsible Forum: Performance Committee

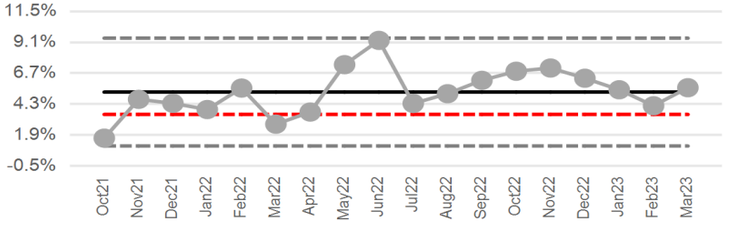
Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
IP05-5	Length of Stay Elective Care: HO Ward 5 (Average Number of Days On Discharge)	Green ≤32 Amber 32.1-33.6 Red >33.6	Statutory		24.8	19.4	20.0	16.8	22.8	14.3	22.9	19.4	18.5	14.5	16.8	13.1		
			Narrative	The target has been achieved. There is no significant change and the target is outside SPC limits and is therefore likely to be achieved consistently.														



Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
IP06-5	Length of Stay Emergency Care: HO Ward 5 (Average Number of Days On Discharge)	Green ≤46 Amber 46.1-48.3 Red >48.3	Statutory		6.40	7.50	21.00	13.50	19.00	14.70	10.50	7.00	3.67	23.00	17.00	4.33		
			Narrative	The target has been achieved. There is no significant change and the target is outside SPC limits and therefore likely to be achieved consistently.														



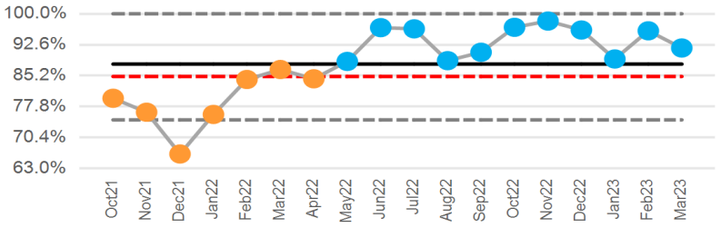
Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
IP22	Delayed Transfers of Care As % of Occupied Bed Days	Green ≤3.5% Red >3.5%	Statutory		3.7%	7.4%	9.2%	4.4%	5.1%	6.1%	6.9%	7.1%	6.3%	5.4%	4.2%	5.6%		
			Narrative	The nationally set target has not been achieved and an exception report is provided. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent.														



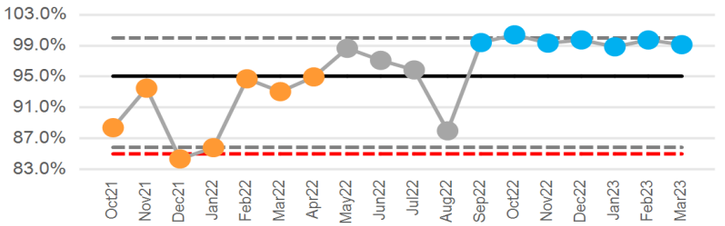
Reason for Non-Compliance	Action Taken to Improve Compliance
Delayed Transfers of Care (DTOC) as a % of occupied bed days for the month of March was above the Trust target of <= 3.5%, with 5.6% reported this month. This is a 1.4% increase on February 2023. There were 155 extra bed days in March. The average length of DTOC was 10.3 days. There were 15 DTOCs in March 2023, which is 1 less than in February 2023. 5 Patients awaited Fast Track Packages of care (46 extra bed days). Covid continues to impact community services, which has increased the length of time to commission a POC across all areas. 2 Patients awaited Fast Track Nursing Home placement (25 extra bed days). 3 Patients awaited hospice placement (10 extra bed days). One hospice has reduced bed capacity due to being unable to recruit staff. 3 Patients awaited a Social Package of Care (36 extra bed days). 2 Patients awaited a Social Service Nursing home (38 extra bed days).	Weekly 'Lengthened Length of Stay' meetings have continued with attendance of Matron and the Business Services Manager to ensure the flow of patients continues and any concerns can be escalated. The outcome of these meetings are forwarded to the General Manager for review. The Patient Flow Team continue to work with wider MDT to aid discharge planning, ensuring patients are discharged safely home or to a suitable care setting. Weekly complex discharge meetings occur with the MDT. Consultant of the week (COW) MDT meetings continue, to allow discussion of all inpatients so that there is a clear plan for each patient. CHC (NHS Continuing Healthcare) are being contacted daily for an update on the availability of beds. The Trust Operational Group ToR is under review and likely to be extended to incorporate wider operational performance including inpatient flow.

Escalation Route & Expected Date of Compliance
Divisional Quality, Safety and Performance Meeting, Divisional Performance Review, Performance Committee, Trust Board August 2023

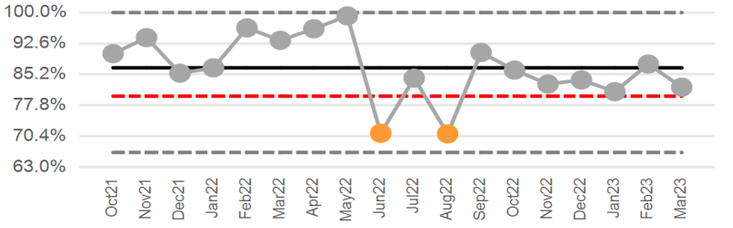
Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
IP20-4	Average Bed Occupancy at 12 Midday: Ward 4	Green ≥85% Amber 81-84.9% Red <81%	Statutory		84.4%	88.6%	96.7%	96.4%	88.8%	90.8%	96.8%	98.3%	96.1%	89.2%	95.9%	91.8%		
			Narrative	The target has been achieved. Bed occupancy is higher than expected, however the nature of variation indicates that achievement of the target is likely to be inconsistent.														



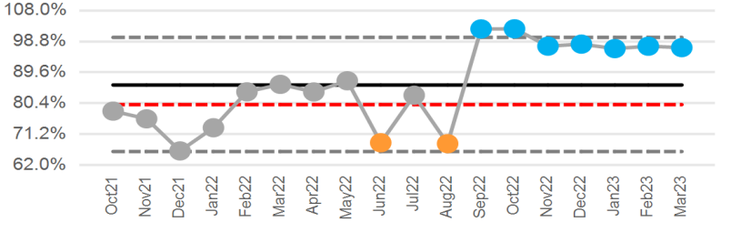
Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
IP21-4	Average Bed Occupancy at Midnight: Ward 4	Green ≥85% Amber 81-84.9% Red <81%	Statutory		95.0%	98.7%	97.1%	95.9%	88.0%	99.4%	100.4%	99.3%	99.7%	98.9%	99.7%	99.1%		
			Narrative	The target has been achieved. Bed occupancy is higher than expected and the target is outside SPC limits and therefore likely to be achieved consistently.														



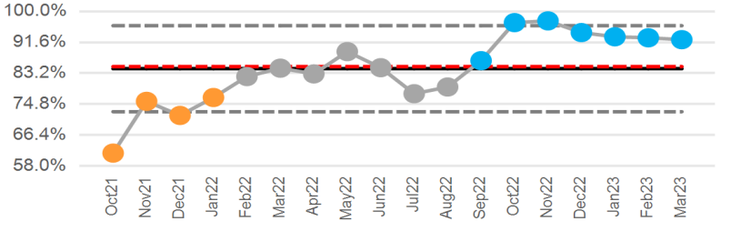
Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
IP20-5	Average Bed Occupancy at 12 Midday: Ward 5	Green ≥80% Amber 76%-79.9% Red <76%	Statutory		96.1%	99.2%	71.1%	84.3%	71.0%	90.4%	86.2%	82.9%	83.9%	81.1%	87.7%	82.2%		
			Narrative	The target has been achieved. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent.														



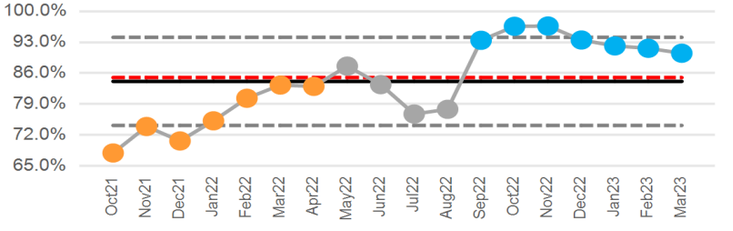
Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
IP21-5	Average Bed Occupancy at Midnight: Ward 5	Green ≥80% Amber 76%-79.9% Red <76%	Statutory		83.8%	87.1%	68.7%	82.8%	68.4%	102.5%	102.6%	97.4%	98.0%	96.7%	97.4%	97.0%		
			Narrative	The target has been achieved. Bed occupancy is higher than expected, however the nature of variation indicates that achievement of the target is likely to be inconsistent.														



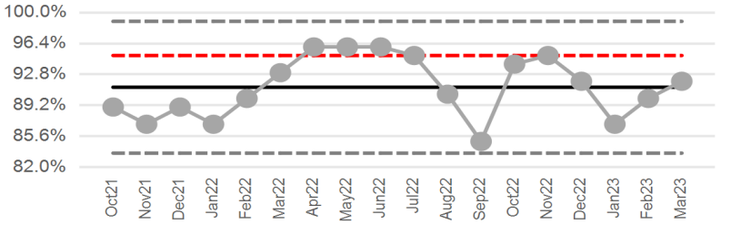
Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
IP20-ST	Average Bed Occupancy at 12 Midday: ST Wards	Green ≥85% Amber 81-84.9% Red <81%	Statutory		83.0%	89.1%	84.7%	77.6%	79.5%	86.6%	96.9%	97.4%	94.2%	93.1%	92.8%	92.3%		
			Narrative	The target has been achieved. Bed occupancy is higher than expected, however the nature of variation indicates that achievement of the target is likely to be inconsistent.														



Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
IP21-ST	Average Bed Occupancy at Midnight: ST Wards	Green ≥85% Amber 81-84.9% Red <81%	Statutory		83.0%	87.6%	83.4%	76.7%	77.8%	93.4%	96.6%	96.7%	93.5%	92.2%	91.6%	90.5%		
			Narrative	The target has been achieved. Bed occupancy is higher than expected, however the nature of variation indicates that achievement of the target is likely to be inconsistent.														



Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
IP23	% of Expected Discharge Dates Completed	Green ≥95% Amber 90% - 94.9% Red <90%	Contractual		96.0%	96.0%	96.0%	95.0%	90.5%	85.0%	94.0%	95.0%	92.0%	87.0%	90.0%	92.0%		
			Narrative	Despite improvement in the last 2 months, this internal target has not been achieved this month. There is however no significant change. The nature of variation indicates that achievement of the target is likely to be inconsistent.														



Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
IP24	% of Elective Procedures Cancelled On or After The Day of Admission	Green 0% Red >0%	Contractual		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%		
			Narrative	No procedures have been cancelled on or after the day of admission.														

Data Not Applicable for SPC

Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
IP25	% of Cancelled Elective Procedures (On or After The Day of Admission) Rebooked Within 28 Days of Cancellation	Green 100% Red <100%	Contractual		-	-	-	-	-	-	-	-	-	-	-	-		
			Narrative	There is no data to display, as no procedures were cancelled.														

Data Not Applicable for SPC

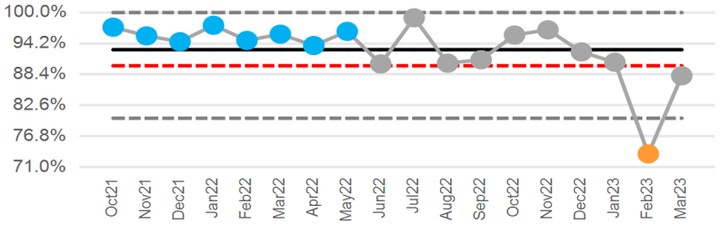
Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
IP26	% of Urgent Operations Cancelled For a Second Time	Green 0% Red >0%	Contractual		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%		
			Narrative	No procedures have been cancelled for a second time.														

Data Not Applicable for SPC

Efficiency

Responsible Forum: Performance Committee

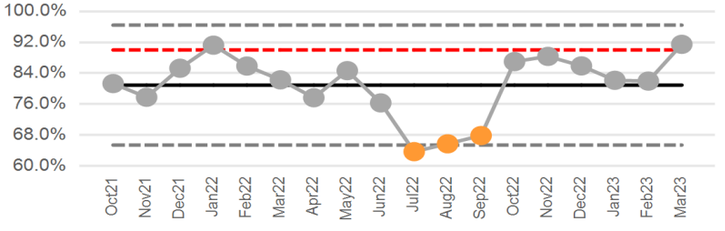
Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
EF10	Imaging Reporting Turnaround (Inpatients)	Green >90% Amber 80-89.9% Red <80%			93.8%	96.5%	90.4%	99.0%	90.5%	91.1%	95.8%	96.8%	92.6%	90.7%	73.5%	88.1%		
			Narrative	The target has not been achieved. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent. Although the target figure is internally created and performance is within normal variation, CCC is keen to provide regular updates on this issue and therefore an exception report is provided.														



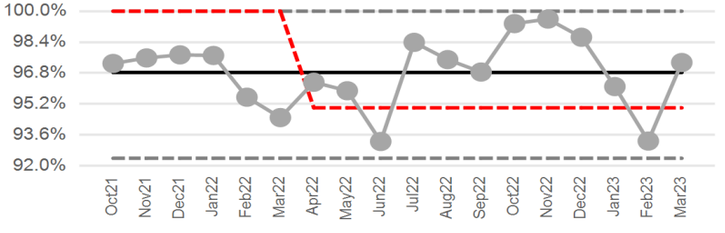
Reason for Non-Compliance	Action Taken to Improve Compliance
There has been a significant improvement from 73.5 % in February 2023, to 88.1% in March 2023. There is still sickness absence in the radiologist team, as well as planned absence and annual leave in March which has created capacity pressure in this group. These scans are not outsourced to Medica as the turnaround time is too long.	Recruitment is underway for 2 Radiologist posts. Following on from the identification of the issue regarding inaccurate grading of the urgency of reports, the X-ray team lead is monitoring this on a daily basis and turnaround times are closely monitored.

Escalation Route & Expected Date of Compliance
Divisional Quality, Safety and Performance Meeting, Divisional Performance Review, Performance Committee, Trust Board April 2023

Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
EF11	Imaging Reporting Turnaround (Outpatients)	Green >90% Amber 80-89.9% Red <80%			77.7%	84.7%	76.3%	63.7%	65.7%	67.9%	87.0%	88.3%	85.9%	82.2%	82.0%	91.5%		
			Narrative	The target has now been achieved. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent.														



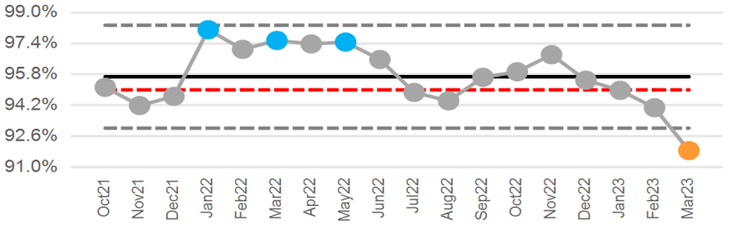
Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
DQ01	Data Quality - % Ethnicity That is Complete (or Patient Declined to Answer)	Green ≥95% Amber 90-94.9% Red <90%	Covid-19 Recovery		96.3%	95.9%	93.3%	98.4%	97.5%	96.9%	99.4%	99.6%	98.7%	96.1%	93.3%	97.3%		
			Narrative	The target has been achieved. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent.														



Efficiency

Responsible Forum: Performance Committee

Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
DQ02	Data Quality - % of Outpatients With an Outcome	Green ≥95% Amber 90% - 94.9% Red <90%	Contractual		97.4%	97.5%	96.6%	94.9%	94.4%	95.6%	95.9%	96.8%	95.5%	95.0%	94.1%	91.9%		
			Narrative	The target has not been achieved and performance is lower than expected, triggering the inclusion of an exception report. The nature of variation indicates that achievement of the target is likely to be inconsistent.														

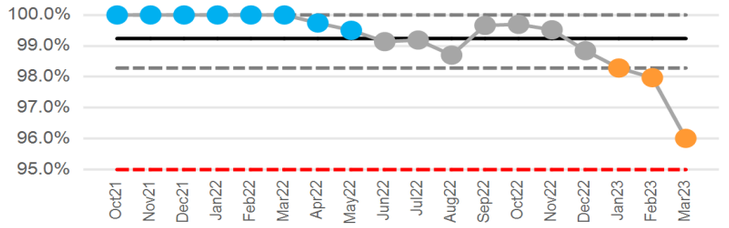


Reason for Non-Compliance	Action Taken to Improve Compliance
The Administration Services team has activated their Business continuity plan due to a high number of vacancies and sickness within the team. Whilst in this position there has been some delay with the disposal of appointments.	A successful recruitment evening was held, with appointments being made to vacant posts. Clinics are being prioritised to ensure patients continue to receive timely care and treatment.

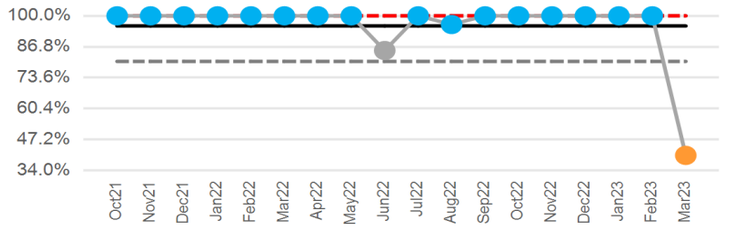
Escalation Route & Expected Date of Compliance

Divisional Quality and Safety Meetings, Divisional Performance Reviews, Performance Committee, Trust Board
May 2023

Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
DQ03	Data Quality - % of Outpatients With an Attend Status	Green ≥95% Amber 90% - 94.9% Red <90%	Contractual		99.7%	99.5%	99.1%	99.2%	98.7%	99.7%	99.7%	99.5%	98.8%	98.3%	98.0%	96.0%		
			Narrative	The target has been achieved. Although performance is lower than expected, the target is outside SPC limits and is therefore likely to be achieved consistently.														



Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
EF01	Percentage of Subject Access Requests Responded to Within 1 Month	Green 100% Red <100%	Contractual		100.0%	100.0%	85.2%	100.0%	96.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	40.4%		
			Narrative	This national target has not been achieved and an exception report is provided. Performance is lower than expected and the nature of variation indicates that achievement of the target is likely to be inconsistent.														



Reason for Non-Compliance	Action Taken to Improve Compliance
The Administration Services team has activated their Business continuity plan due to a high number of vacancies and sickness within the team. The responsible person allocated to SARS was absent for a period and unfortunately this was not escalated.	This role is being transferred to another team within Admin Services and multiple staff will be trained to perform this function, This will provide cover at all times.

Escalation Route & Expected Date of Compliance

Divisional Quality, Safety and Performance Group, Divisional Performance Review, Performance Committee, Trust Board
April 2023

Efficiency

Responsible Forum: Performance Committee

Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
EF02	% of Overdue ISN (Information Standard Notices)	Green 0% Red >0%	Contractual		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%		
			Narrative	The target continues to be achieved.														

Data Not Applicable for SPC

Quality

Responsible Forum: Quality Committee

Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
QU17	Never Events	Green 0 Red >0	Contractual / Statutory		0	0	0	0	0	0	0	0	0	0	0	0		
				Narrative	The target continues to be achieved, with no never events this month.														

Data Not Applicable for SPC

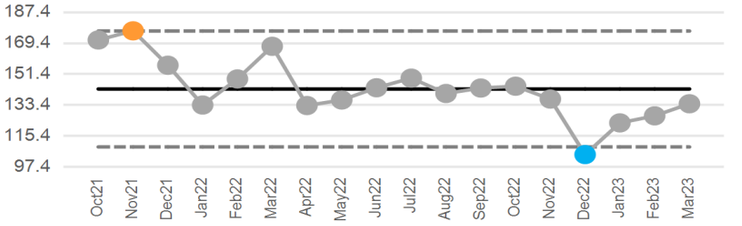
Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
QU04	Serious Incidents (SIs)	No Target	Contractual / Statutory		0	0	0	2	0	1	0	0	0	1	0	0		
				Narrative	No SIs were reported this month.													

Data Not Applicable for SPC

Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
QU01	Serious Incidents: % Submitted Within 60 Working Days / Agreed Timescales	Green 100% Red <100%	Contractual / Statutory		-	-	-	-	-	-	-	100%	-	-	-	-		
				Narrative	No SI reports were submitted this month.													

Data Not Applicable for SPC

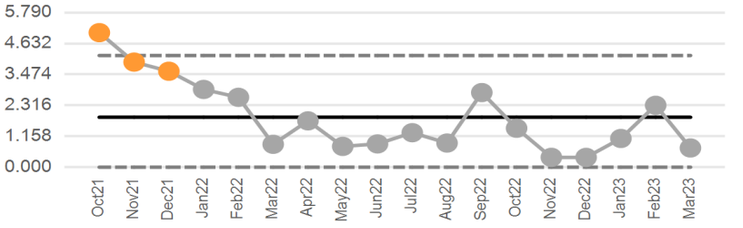
Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
QU03	Incidents /1,000 Bed Days	No Target	Statutory		133.1	136.3	143.5	149.1	140.1	143.3	144.4	136.9	104.6	123.0	127.1	134.2		
				Narrative	Incident numbers are as expected. Incidents are reviewed at Divisional Quality and Safety meetings and Divisional Performance Review meetings. This focus promotes a good reporting culture and analysis of themes and trends to drive improvement.														



Quality

Responsible Forum: Quality Committee

Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
QU05	All Incidents Resulting in Moderate Harm and Above /1,000 Bed Days	No Target	Local		1.735	0.779	0.872	1.293	0.904	2.794	1.458	0.370	0.367	1.076	2.318	0.719		
			Narrative	Numbers of incidents of this severity are as expected. Incidents are reviewed at Divisional Quality and Safety meetings and Divisional Performance Review meetings. This focus promotes a good reporting culture and analysis of themes and trends to drive improvement.															



Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
QU06	Inpatient Falls Resulting in Harm Due to Lapse in Care	Green 0 Red >0	Contractual		0	1	0	0	0	0	0	0	0	0	0	0		
			Narrative	There were no falls resulting in harm due to a lapse in care. The harm review process has been amended and therefore figures may change retrospectively, following review.														

Data Not Applicable for SPC

Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
QU07	Inpatient Falls Resulting in Harm Due to Lapse in Care /1,000 Bed Days	Green 0 Red >0	Contractual		0.000	0.390	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000		
			Narrative	There were no falls resulting in harm due to a lapse in care. The harm review process has been amended and therefore figures may change retrospectively, following review.														

Data Not Applicable for SPC

Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
QU08	Pressure Ulcers (Hospital Acquired Grade 3/4, With a Lapse in Care)	Green 0 Red >0	Contractual		0	0	0	0	0	0	0	0	0	0	0	0		
			Narrative	The target continues to be achieved, with no such pressure ulcers this month. The harm review process has been amended and therefore figures may change retrospectively, following review.														

Data Not Applicable for SPC

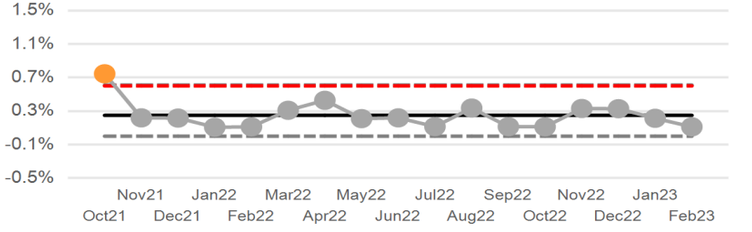
Quality

Responsible Forum: Quality Committee

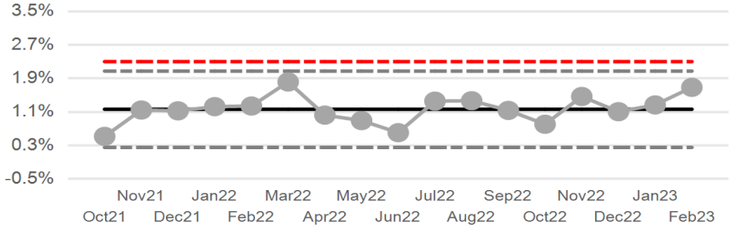
Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
QU09	Pressure Ulcers (Hospital Acquired Grade 3/4, With a Lapse in Care) /1,000 Bed Days	Green 0 Red >0	Contractual		0	0	0	0	0	0	0	0	0	0	0	0		
			Narrative	The target continues to be achieved, with no such pressure ulcers this month. The harm review process has been amended and therefore figures may change retrospectively, following review.														

Data Not Applicable for SPC

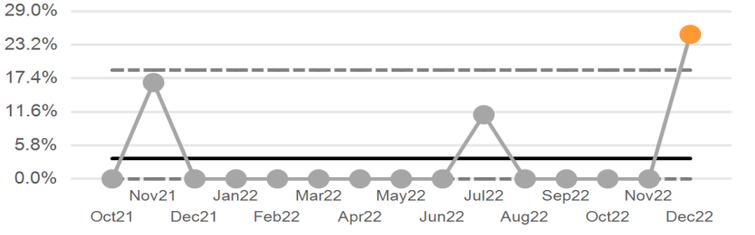
Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
QU10	30 Day Mortality (Radical Chemotherapy)	Green ≤0.6% Amber 0.61% - 0.7% Red >0.7%	SOF		0.4%	0.2%	0.2%	0.1%	0.3%	0.1%	0.1%	0.3%	0.3%	0.2%	0.1%	-		
			Narrative	The target has been achieved. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent.														



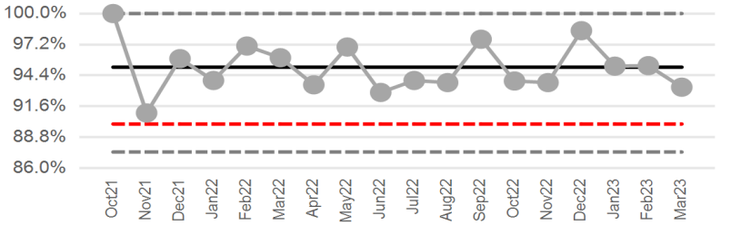
Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
QU12	30 Day Mortality (Palliative Chemotherapy)	Green ≤2.3% Amber 2.31% - 2.5% Red >2.5%	SOF		1.0%	0.9%	0.6%	1.4%	1.4%	1.1%	0.8%	1.5%	1.1%	1.3%	1.7%	-		
			Narrative	The target has been achieved. There is no significant change and the nature of variation indicates that the target is likely to be achieved.														



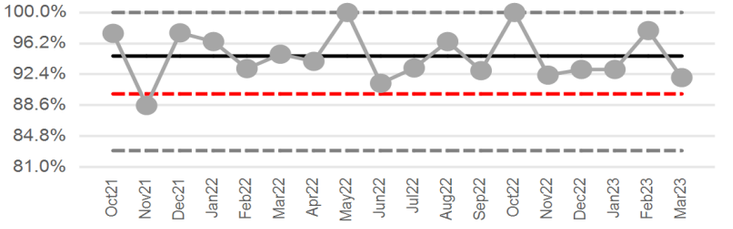
Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
QU13	100 Day Mortality (Bone Marrow Transplant)	To Be Confirmed	SOF / NR		0.0%	0.0%	0.0%	11.1%	0.0%	0.0%	0.0%	0.0%	25.0%	-	-	-		
			Narrative	2 out of 8 patients who had transplants in December 2022, died within 100 days of the transplant. The outcomes of the mortality review for these patients, will be described in the IPR following discussion at the Mortality Review Group.														



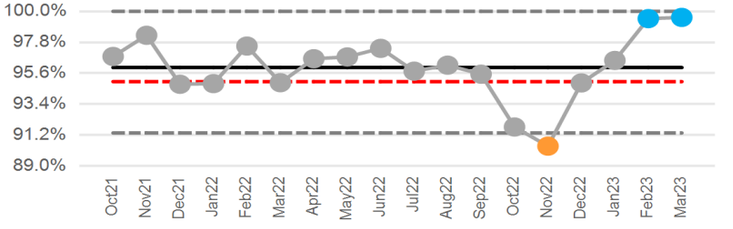
Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
QU62	Consultant Review Within 14 Hours	Green ≥90% Red <90%	Contractual		93.5%	97.0%	92.9%	93.9%	93.8%	97.7%	93.9%	93.8%	98.4%	95.2%	95.3%	93.3%		
			Narrative	The target has been achieved. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent.														



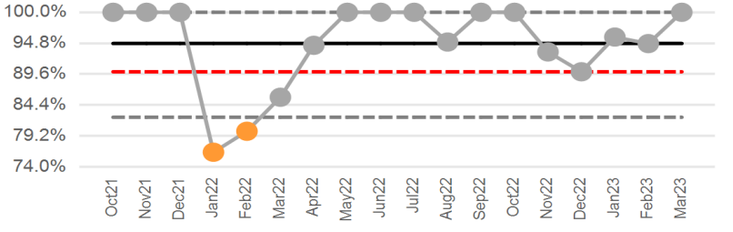
Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
QU48	Sepsis IV Antibiotics Within an Hour	Green ≥90% Red <90%	Contractual		94.0%	100.0%	91.3%	93.2%	96.4%	92.9%	100.0%	92.3%	93.0%	93.0%	97.8%	92.0%		
			Narrative	The target has been achieved (subject to validation). There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent.														



Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
QU31	Percentage of Adult Admissions With VTE Risk Assessment	Green ≥95% Red <95%	Contractual / Statutory		96.6%	96.8%	97.4%	95.7%	96.2%	95.5%	91.8%	90.4%	94.9%	96.5%	99.5%	99.6%		
			Narrative	The target has been achieved. Performance is higher than expected, however the nature of variation indicates that achievement of the target is likely to be inconsistent.														



Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
QU14	Dementia: Percentage to Whom Case Finding is Applied	Green ≥90% Red <90%	Contractual		94.4%	100.0%	100.0%	100.0%	95.0%	100.0%	100.0%	93.3%	90.0%	95.8%	94.7%	100.0%		
			Narrative	The target has been achieved. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent.														



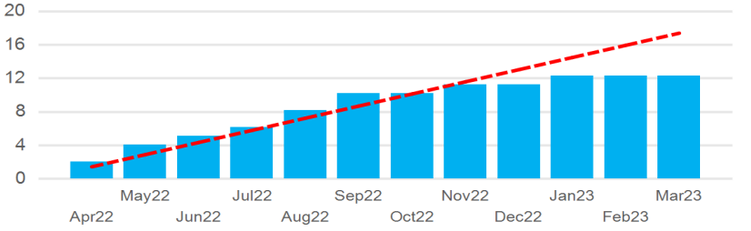
Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
QU15	Dementia: Percentage With a Diagnostic Assessment	Green ≥90% Red <90%	Contractual		-	-	-	-	-	-	-	-	-	-	-	-		
			Narrative	No patients have required a diagnostic assessment.														

Data Not Applicable for SPC

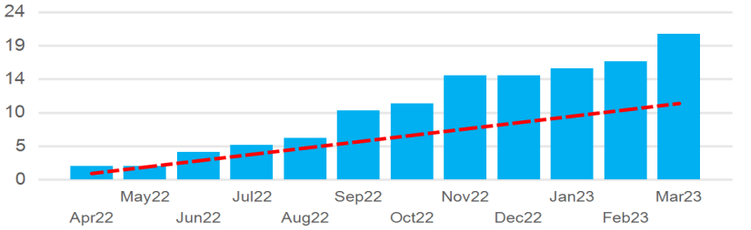
Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
QU16	Dementia: Percentage of Cases Referred	Green ≥90% Red <90%	Contractual / Statutory		-	-	-	-	-	-	-	-	-	-	-	-		
			Narrative	No patients have required a referral.														

Data Not Applicable for SPC

Metric ID	Metric Name	Target Cumulative	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
QU34	Clostridium Difficile Infections (HOHA and COHA)	Green ≤17 per year Red >17 per year	Contractual / Statutory		2	2	1	1	2	2	0	1	0	1	0	0		
			Narrative	There were no such infections this month and the chart shows that the annual target was achieved.														



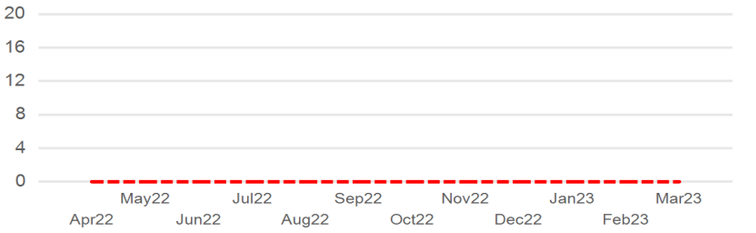
Metric ID	Metric Name	Target Cumulative	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
QU40	E. Coli Bacteraemia (HOHA and COHA)	Green ≤11 per year Red >11 per year	Contractual / Statutory		2	0	2	1	1	4	1	4	0	1	1	4		
			Narrative	There were 4 such infections this month and an exception report is provided. The chart shows that the annual threshold of 11 was exceeded in November.														



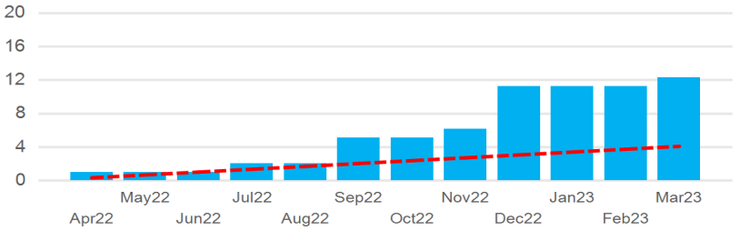
Reason for Non-Compliance	Action Taken to Improve Compliance
Four E.coli HOHA infections were identified in March 2023. One is likely to be intra-abdominal in origin. No lapses in care were identified from this episode of infection. The remaining 3 cases were urinary in origin: • 1 is a likely Catheter Associated Urinary Tract Infection, the patient had 6 urinary catheters inserted during admission and also developed an Acute Kidney Injury. • In the remaining 2 cases, delays in obtaining urine samples were identified. Whilst this did not contribute to the development of infection, it was been raised as a learning point with the clinical team.	The increase in the number of Gram negative infections has been escalated to the Chief Nurse. This has resulted in the establishment of an 'IPC Masterclass' to be held in April in collaboration with Clinical Education to offer an opportunity for competency assessments relating to the fundamentals of practice.

Escalation Route & Expected Date of Compliance
Harm Free Care Meeting, Infection Prevention and Control Committee, Divisional Performance Reviews, Risk and Quality Governance Committee, Quality Committee, Trust Board April 2023

Metric ID	Metric Name	Target Cumulative	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
QU36	MRSA Infections (HOHA and COHA)	Green 0 per year Red >0 per year	Contractual / Statutory		0	0	0	0	0	0	0	0	0	0	0	0		
			Narrative	There were no such infections this month and the chart shows that the annual target was achieved.														



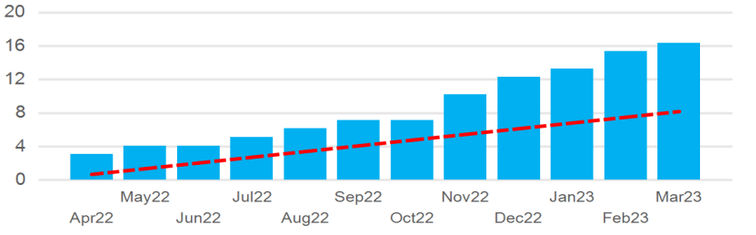
Metric ID	Metric Name	Target Cumulative	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
QU38	MSSA Bacteraemia (HOHA and COHA)	Green ≤4 per year Amber 5 Red >5 per year	Contractual / Statutory		1	0	0	1	0	3	0	1	5	0	0	1		
			Narrative	There was 1 such infection this month. The chart shows that the annual threshold of 4 was exceeded in September.														



Reason for Non-Compliance	Action Taken to Improve Compliance
1 HOHA MSSA bloodstream infection was identified in March 2023. The source is likely to be intra-abdominal as the patient also has an E.coli infection. No learning points identified.	N/A

Escalation Route & Expected Date of Compliance
Harm Free Care Meeting, Infection Prevention and Control Committee, Divisional Performance Reviews, Risk and Quality Governance Committee, Quality Committee, Trust Board April 2023

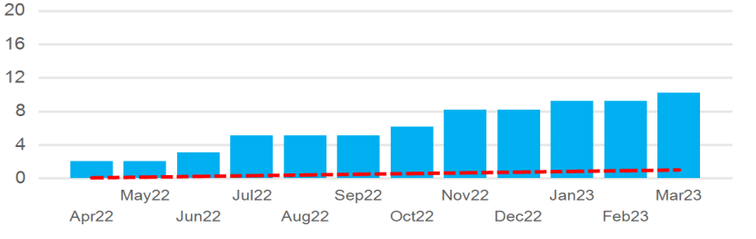
Metric ID	Metric Name	Target Cumulative	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
QU43	Klebsiella (HOHA and COHA)	Green ≤8 per year Red >8 per year	Contractual / Statutory		3	1	0	1	1	1	0	3	2	1	2	1		
			Narrative	There was 1 such infection this month and an exception report is provided. The chart shows that the annual threshold of 8 was exceeded in November.														



Reason for Non-Compliance	Action Taken to Improve Compliance
One Hospital Onset Hospital Acquired (HOHA) Klebsiella pneumoniae bloodstream infection was identified in March 2023. This is most likely intra-abdominal. No lapses in care were identified.	N/A

Escalation Route & Expected Date of Compliance
Harm Free Care Meeting, Infection Prevention and Control Committee, Divisional Performance Reviews, Risk and Quality Governance Committee, Quality Committee, Trust Board April 2023

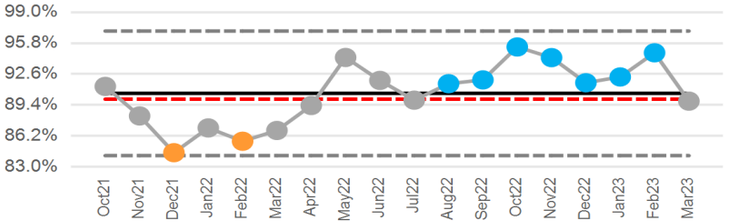
Metric ID	Metric Name	Target Cumulative	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
QU45	Pseudomonas (HOHA and COHA)	Green ≤1 per year Red >1 per year	Contractual / Statutory		2	0	1	2	0	0	1	2	0	1	0	1		
			Narrative	There was 1 such infection this month and an exception report is provided. The chart shows that the annual threshold of 1 was exceeded in April.														



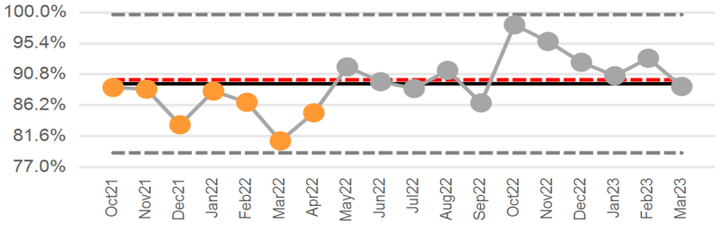
Reason for Non-Compliance	Action Taken to Improve Compliance
One HOHA Pseudomonas aeruginosa infection was identified in March 2023. This is likely to be of an intra-abdominal source. No lapses in care identified.	N/A

Escalation Route & Expected Date of Compliance
Harm Free Care Meeting, Infection Prevention and Control Committee, Divisional Performance Reviews, Risk and Quality Governance Committee, Quality Committee, Trust Board April 2023

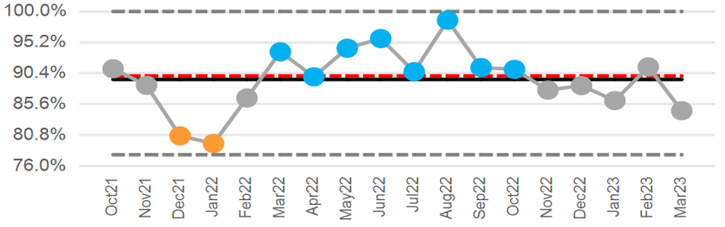
Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
QU66	Safer Staffing: Overall Fill-Rate	Green ≥90% Red <90%	Statutory		89.3%	94.3%	91.9%	89.9%	91.6%	92.0%	95.4%	94.3%	91.7%	92.3%	94.8%	89.8%		
			Narrative	Performance is marginally below the internal target this month. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent. This data is closely monitored at ward level and exceptions reviewed at Divisional meetings.														



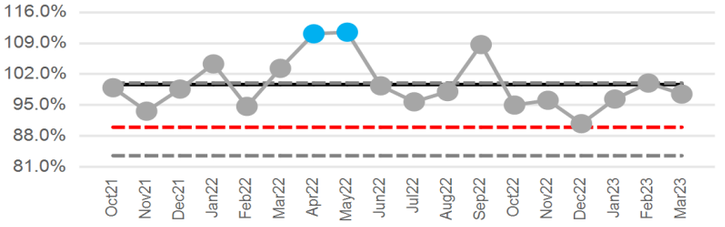
Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
QU61	Average Number of Registered Nurses Filled Shifts - Days	Green ≥90% Red <90%	Statutory		85.1%	91.9%	89.7%	88.7%	91.4%	86.6%	98.2%	95.7%	92.6%	90.6%	93.2%	89.0%		
			Narrative	Performance is marginally below the internal target this month. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent. This data is closely monitored at ward level and exceptions reviewed at Divisional meetings.														



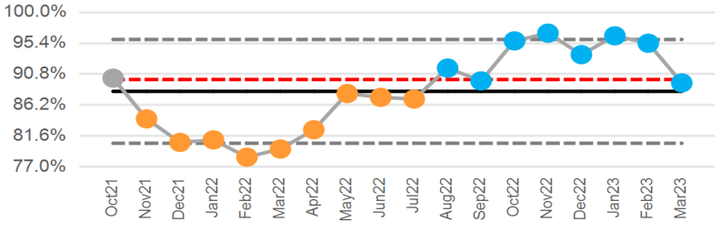
Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
QU63	Average Number of Care Staff Filled Shifts - Days	Green ≥90% Red <90%	Statutory		89.9%	94.3%	95.8%	90.7%	98.7%	91.3%	91.0%	87.8%	88.5%	86.2%	91.4%	84.6%		
			Narrative	Performance is marginally below the internal target this month. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent. This data is closely monitored at ward level and exceptions reviewed at Divisional meetings.														



Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
QU64	Average Number of Care Staff Filled Shifts - Nights	Green ≥90% Red <90%	Statutory		111.1%	111.5%	99.4%	95.8%	98.1%	108.7%	95.0%	96.1%	90.8%	96.4%	100.0%	97.5%		
			Narrative	The target continues to be achieved. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent.														



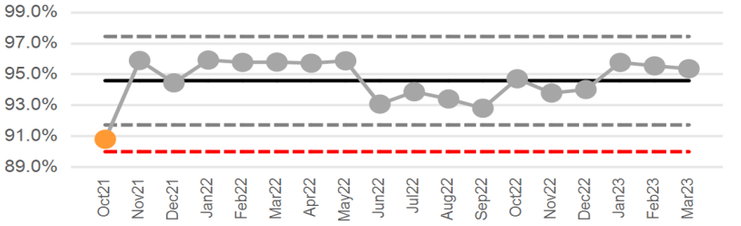
Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
QU65	Average Number of Registered Nurses Filled Shifts - Nights	Green ≥90% Red <90%	Statutory		82.5%	87.9%	87.4%	87.1%	91.7%	89.8%	95.7%	96.9%	93.7%	96.5%	95.4%	89.5%		
			Narrative	Whilst performance is marginally below the internal target this month, it is higher than expected. The nature of variation indicates that achievement of the target is likely to be inconsistent.														



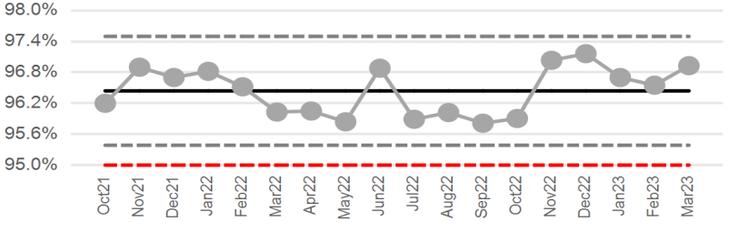
Quality

Responsible Forum: Quality Committee

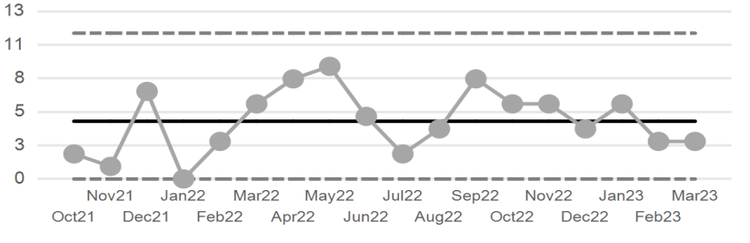
Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
QU60	NICE Guidance Compliance	Green ≥90% Amber 85 - 89.9% Red <85%	Contractual		95.7%	95.9%	93.1%	93.9%	93.4%	92.8%	94.7%	93.8%	94.0%	95.8%	95.6%	95.4%		
			Narrative	The target has been achieved. There is no significant change and the target is outside SPC limits and is therefore likely to be achieved consistently.														



Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
QU75	Patient FFT: % of Respondents Who Had a Positive Experience	Green ≥95% Amber 90% - 94.9% Red <90%	Contractual		96.1%	95.8%	96.9%	95.9%	96.0%	95.8%	95.9%	97.0%	97.2%	96.7%	96.6%	96.9%		
			Narrative	The target has been achieved. There is no significant change and the target is outside SPC limits and is therefore likely to be achieved consistently.														



Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
QU11	Number of Complaints	No Target	Contractual		8	9	5	2	4	8	6	6	4	6	3	3		
			Narrative	There were 3 complaints this month, with no significant change noted. Complaints are reviewed at Divisional Quality and Safety meetings, Divisional Performance Review meetings and RQGC. This promotes effective analysis of themes and trends to drive improvement.														



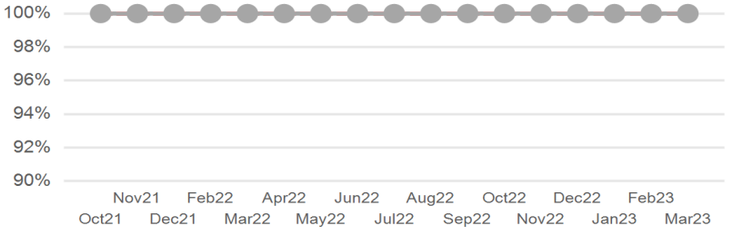
Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
QU18	Number of Complaints / Count of WTE Staff (Ratio)	No Target	Contractual		0.005	0.005	0.003	0.001	0.002	0.005	0.003	0.003	0.002	0.003	0.002	0.002		
			Narrative	There were 0.002 complaints per staff WTE this month. Complaints are reviewed at Divisional Quality and Safety meetings, Divisional Performance Review meetings and RQGC. This promotes effective analysis of themes and trends to drive improvement.														

Data Not Applicable for SPC

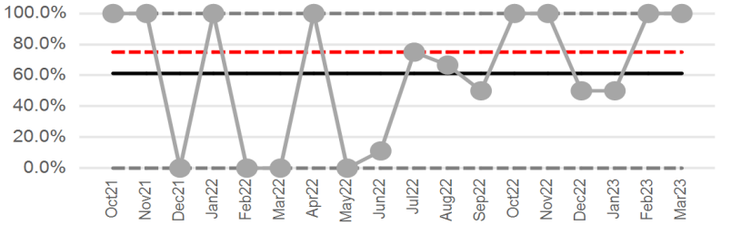
Quality

Responsible Forum: Quality Committee

Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
QU19	% of Formal Complaints Acknowledged Within 3 Working Days	Green 100% Red <100%	Contractual		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
			Narrative	The target continues to be achieved. Performance is as expected and the nature of variation indicates that the target is likely to be consistently achieved.														



Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
QU20	% of Routine Complaints Resolved Within 25 Working Days	Green ≥75% Amber 65% - 74.9% Red <65%	Local		100.0%	0.0%	11.1%	75.0%	66.7%	50.0%	100.0%	100.0%	50.0%	50.0%	100.0%	100.0%		
			Narrative	The target has been achieved. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent.														



Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
QU71	% of Complex Complaints Resolved Within 60 Working Days	Green ≥75% Amber 65% - 74.9% Red <65%	Local		66.7%	-	100.0%	100.0%	100.0%	50.0%	-	-	-	66.7%	100.0%	50.0%		
			Narrative	1 out of 2 complex complaints resolved this month, were resolved within 60 working days. An exception report is provided.														

Data Not Applicable for SPC

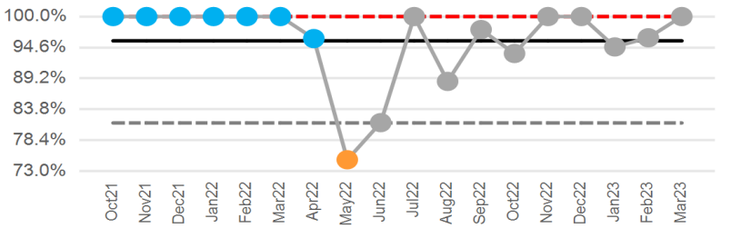
Reason for Non-Compliance	Action Taken to Improve Compliance
One of the two complex complaints resolved in March 2023 were resolved within the 60 day target. One was not resolved within the 60 day timescale because the family wished to come in for a resolution meeting and one member of the family was located outside of the UK and the meeting could only be arranged for when they returned. The complaint investigation team met and agreed the issues in December 2022 (within KPI timescales) and met with the family in March 2023.	Not applicable, the family were not able to meet within the 60 day timescale. The complaint investigation team met and agreed issues within KPI timescales in preparation for when the family were ready to meet.

Escalation Route & Expected Date of Compliance
Information Governance Board, Risk and Quality Governance Committee, Quality Committee, Trust Board N/A

Quality

Responsible Forum: Quality Committee

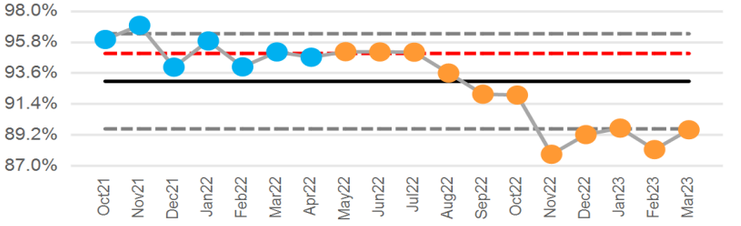
Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
QU21	% of FOIs Responded to Within 20 Days	Green 100% Red <100%	Contractual / Statutory		96.2%	75.0%	81.5%	100.0%	88.7%	97.7%	93.5%	100.0%	100.0%	94.7%	96.3%	100.0%		
			Narrative	The target has been achieved. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent.														



Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
QU22	Number of IG Incidents Escalated to ICO	Green 0 Red >0	Contractual / Statutory		0	0	0	0	0	0	1	0	0	0	1	0		
			Narrative	No IG incidents were escalated to the ICO this month.														

Data Not Applicable for SPC

Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
QU23	% of Policies in Date	Green ≥95% Amber 93.1 - 94.9% Red <93%	Contractual		94.7%	95.1%	95.1%	95.1%	93.6%	92.1%	92.0%	87.8%	89.2%	89.7%	88.2%	89.6%		
			Narrative	The target has not been achieved and an exception report is provided. Performance is lower than expected (triggering an exception report) and the nature of variation indicates that achievement of the target is likely to be inconsistent.														



Reason for Non-Compliance	Action Taken to Improve Compliance
27 of the 259 policies in the Trust have not been reviewed within the review period. • 7 Documents are waiting for approval via meetings/committees which will take place over the next month. • 16 Documents are currently in the process of being updated by their authors. • 3 Documents have been approved in March 2023. Document Control is waiting for the approval evidence and final word version to be submitted. • 1 Document is being changed from a policy to an SOP. Once the new SOP has been completed this will replace the currently policy which will be archived.	The Document Control Officer will continue to send regular reminders for overdue items. Any policies that still continue to sit out of date for long periods without communication to Doc Control are escalated to the Information Governance Manager.

Escalation Route & Expected Date of Compliance
Information Governance Board, Risk and Quality Governance Committee, Quality Committee, Trust Board May 2023

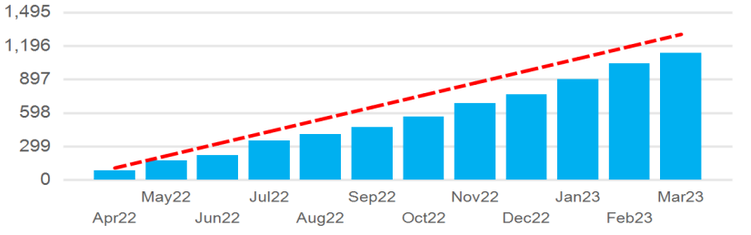
Quality

Responsible Forum: Quality Committee

Metric ID	Metric Name	Target	Metric Type	Year & Month													
				Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
QU24	NHS E/I Patient Safety Alerts: Number Not Implemented Within Set Timescale.	Green 0 Red >0	Contractual	0	0	0	0	0	1	0	0	0	0	0	0		
			Narrative	The target has been achieved.													

Data Not Applicable for SPC

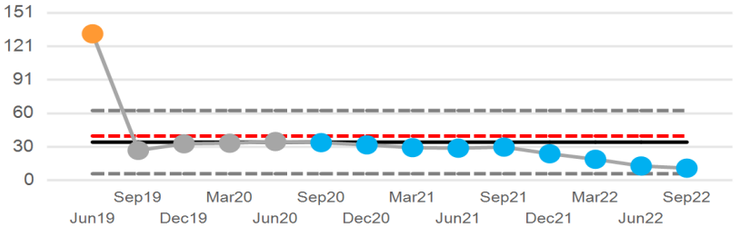
Metric ID	Metric Name	Target Cumulative	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
RI20	Study Recruitment	Green ≥1300 per year Amber 1100-1299 per year Red <1100 per	CCC Strategy		84	89	50	126	57	66	94	118	77	139	137	95		
			Narrative	The monthly performance is below the target and annual target not achieved, therefore an exception report is provided.														



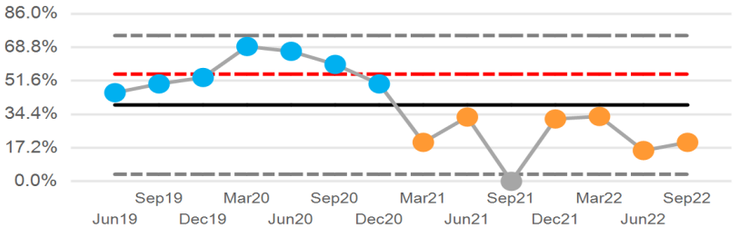
Reason for Non-Compliance	Action Taken to Improve Compliance
1132 patients have been recruited against an internal target of 1300 (87% of target) at the end of Month 12. The main reasons at Month 12 for not achieving the overall target are: • A strategic, clinically-led decision was made in December 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. As a specialist Cancer Centre our portfolio does focus more on early phase trials. • Due to limited drug studies opening during 21/22 the pipeline of studies opening has affected recruitment numbers through 22/23. • Still awaiting recruitment data for the Brightlights study from Sponsor. Study closed 31st March 2023 and data should be attributed to the 22/23 final figure. Final recruitment data will be included in the 22/23 R&I Annual Report.	• Continuing to work collaboratively with service departments and research-active staff to open all studies types in a timely way. • Research Priorities meeting taken place to determine where resource will be focused. Follow-up meeting required to progress. • Two Early Phase Clinical Research Fellows appointed and due to start in August 2023 to support Early Phase recruitment. • To note: o CCC is currently top recruiting site for the Paradigm study. Paradigm is a study investigating if a new blood test can provide information about which current treatments for prostate cancer will work best for future patients with this disease. (PI Prof. Isabel Syndikus, Urology). o First patient treated on the TebeMRD trial which is an early phase Melanoma ECMC study (PI Dr Joe Sacco, Melanoma).

Escalation Route & Expected Date of Compliance
R&I Directorate Board, Committee for Research Strategy, Performance Committee, Trust Board Target not met in-year

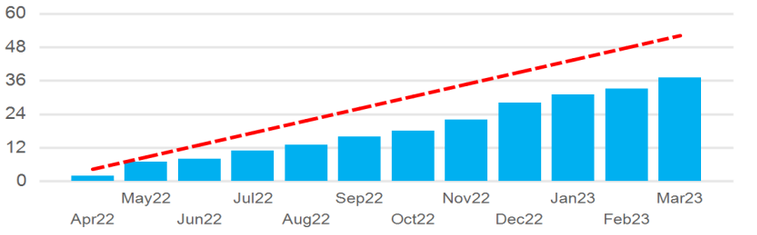
Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
RI03	Study Set-Up Times in Days	Green ≤40 days Red >40	National Reporting		-	-	13	-	-	11	-	-	-	-	-	-		
			Narrative	Due to 'current pressures on workforce and capacity' The National Institute for Health and Care Research have paused publication of this data until further notice.														



Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
RI21	Recruitment to Time and Target	Green ≥55% Amber 45 - 54.9% Red <45%	National Reporting		-	-	15.8%	-	-	20.0%	-	-	-	-	-	-		
			Narrative	Due to 'current pressures on workforce and capacity' The National Institute for Health and Care Research have paused publication of this data until further notice.														



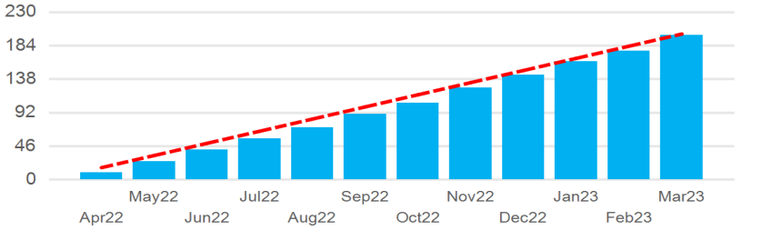
Metric ID	Metric Name	Target Cumulative	Metric Type	Year & Month													
				Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
RI05	Number of New Studies Open to Recruitment	Green ≥52 per year Amber 45 - 51 Red <45	CCC Strategy	2	5	1	3	2	3	2	4	6	3	2	4		
			Narrative	The monthly performance is below the target and annual target not achieved, therefore an exception report is provided.													



Reason for Non-Compliance	Action Taken to Improve Compliance
• 37 studies have opened to recruitment against an internal target of 52 (71% of target) at the end of Month 12. o Of the four studies opened, one is a strategically important Haemato-oncology trial and another is notable as it is a prehabilitiation study supporting head and neck patients having difficulty swallowing and is led by our Speech and Language Therapist and ANPs/ Specialist Team. The other interventional study is in sarcoma with a complex patient population. We have also opened an observational study in mesothelioma. • The majority of studies currently in set-up are complex, supporting the BRC and ECMC strands of the research portfolio. There are currently 30 CTIMP (drug) studies in set-up. • CCC has issued local approval for capacity and capability (C&C) for eight studies. Currently one study is awaiting second stage approval from Pharmacy, seven studies are awaiting Sponsor activation to open. If sponsor had agreed to open these seven studies to recruitment we would have opened 44 studies (85% of target).	• Regular operational meetings with the Clinical Trial Pharmacy and R&I teams to progress/open new drug studies. Recovery plan in place with Pharmacy monitored through R&I Directorate Board. • Work with the Director of Clinical Research and research active representatives to prioritise and open appropriate studies. Review external factors identified via end-to-end review of set-up process and action plan. • Work with the SRG Leads and the Network to optimise opportunities with observational studies. • Work with Sponsors and service departments to open studies to recruitment where all local approvals have been given. • Target not met in year. Strategic decision taken this year to prioritise opening ECMC trials which are complex and can take longer to set-up. This was in support of the ECMC renewal application which was announced as successful in January 2023.

Escalation Route & Expected Date of Compliance
R&I Directorate Board, Committee for Research Strategy, Performance Committee, Trust Board Target not met in-year

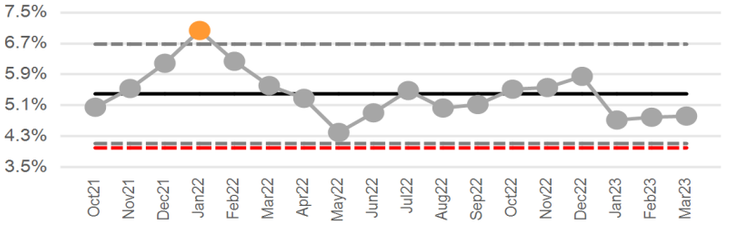
Metric ID	Metric Name	Target Cumulative	Metric Type	Year & Month													
				Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
RI22	Publications	Green >200 per year Amber 170-200 Red <170	CCC Strategy	10	15	16	15	16	18	15	21	18	18	15	21		
			Narrative	The monthly performance is above target and the annual target has been achieved.													



Workforce

Responsible Forum: People Committee

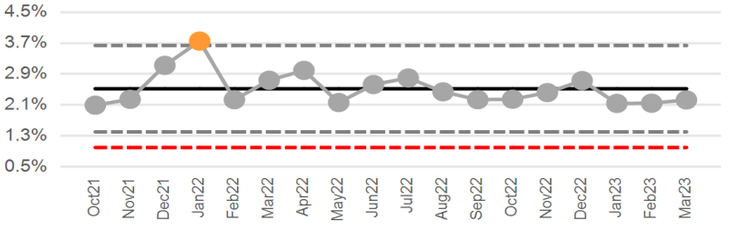
Metric ID	Metric Name	Target	Metric Type	Year & Month													
				Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
WO01	Sickness Absence	Green ≤4% Amber 4.1 - 4.9% Red ≥5%	Contractual / Statutory	5.3%	4.4%	4.9%	5.5%	5.0%	5.1%	5.5%	5.6%	5.9%	4.7%	4.8%	4.8%		
			Narrative	The target has not been achieved. Although there is no significant change, the target is unlikely to be achieved without significant change and an exception report is therefore provided.													



Reason for Non-Compliance	Action Taken to Improve Compliance
Sickness absence has increased from 4.79% to 4.82% for March. This remains above the Trust target of 4%. There were a total of 285 absences within the Trust in March, compared with 265 in February. This is the first increase in two months. There have been 226 short term absences (an increase of 16 from previous month) and 60 long term sicknesses (increased by 4 from the previous month). The top three reasons for sickness remain consistent with February's data, with cold, cough and flu with 57 occasions (an increase of 10 episodes from previous month). The second top reason is gastrointestinal problems, with 49 episodes (an increase of 7 episodes) and the third highest reason was anxiety/stress/depression with 42 episodes (an increase of 6 episodes). With anxiety/stress/depression still appearing within the top 3 reasons for sickness, it is important to highlight that out of the 42, 26 of these are long term sicknesses and 6 occasions ended in March. The other 22 episodes were short term absences and 7 ended in March whilst the other 13 will continue into April.	The HRBP team have recently developed manager 'crib sheets' to support line managers with the management of gastrointestinal problems and anxiety/stress/depression work related and non work related absences. The purpose is to try and have early intervention to reduce sustained sickness absence and/ or future sickness episodes. These are planned to be rolled out within April. The HRBP Team are reviewing short term sicknesses absences relating to anxiety/stress/depression to see if we can support return to work before they enter long term sickness. The HRBP team to continue to have a targeted approach with line managers in recorded level 2 reason in ESR for anxiety/stress/depression as this remains missing for majority of the absences.

Escalation Route & Expected Date of Compliance
Divisional Meetings, Divisional Performance Reviews, Workforce Advisory Committee, People Committee, Trust Board October 2023

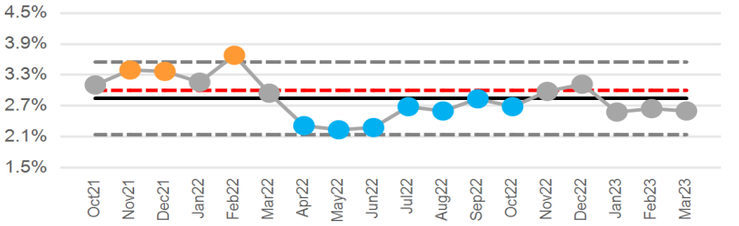
Metric ID	Metric Name	Target	Metric Type	Year & Month													
				Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
WO20	Sickness Absence (Short Term)	Green ≤1% Amber 1.1 - 1.2% Red ≥1.3%	Contractual / Statutory	3.0%	2.2%	2.6%	2.8%	2.4%	2.2%	2.2%	2.4%	2.7%	2.1%	2.1%	2.2%		
			Narrative	The target has not been achieved. Although there is no significant change, the target is unlikely to be achieved without a significant change and an exception report is therefore provided.													



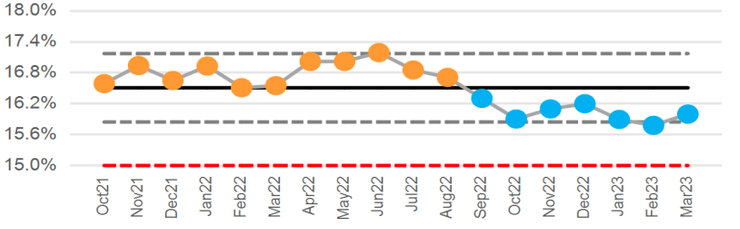
Reason for Non-Compliance	Action Taken to Improve Compliance
The top reason for short term sickness in March remains consistent with the previous month as cold, cough and flu had a total of 57 absences. This is the first increase in this absence reason since December. The second reason for short term sickness is gastrointestinal problems which has remained second with 46 episodes in March. This has also seen an increase since February where it was at 37 episodes. The third top reason for short term absence is anxiety/stress/depression with 21 episodes. 12 of these episodes were in Acute and Networked services.	The HRBP Team are finalising an action plan to be rolled out from April onwards to focus on reducing short term sickness. This will include a review of our policies and procedures and continuing to provide a targeted approach to improve the health, wellbeing and engagement of our staff, by ensuring access to appropriate services and support. On the back of the quarterly deep dives, the HRBP team to continue to review short term sickness absences paying particular attention to areas with increasing absences due to anxiety/stress/depression. As gastrointestinal problems appears to be on the rise again, the HRBP Team to continue to review any trends in relation to gastrointestinal problems with a targeted approach with line managers if themes continue to develop. Due to short term sickness overall still being high, the HRBP team to ask managers during monthly surgeries to evidence that absences are being managed in line with policy, e.g. what support has been offered, RTW documentation and management of policy stages.

Escalation Route & Expected Date of Compliance
Divisional Meetings, Divisional Performance Reviews, Workforce Advisory Committee, People Committee, Trust Board October 2023

Metric ID	Metric Name	Target	Metric Type	Year & Month													
				Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
WO21	Sickness Absence (Long Term)	Green ≤3% Amber 3.1 - 3.5% Red ≥3.5%	Contractual / Statutory	2.3%	2.2%	2.3%	2.7%	2.6%	2.8%	2.7%	3.0%	3.1%	2.6%	2.6%	2.6%		
			Narrative	The target has been achieved. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent.													



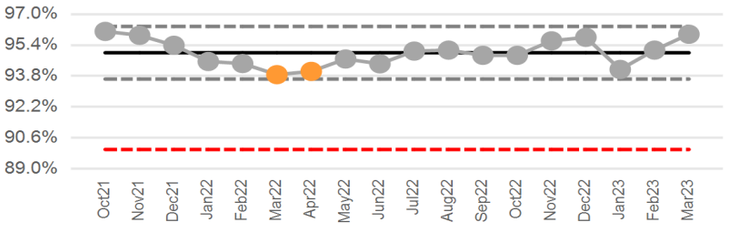
Metric ID	Metric Name	Target	Metric Type	Year & Month													
				Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
WO02	% Turnover (Rolling 12 Months)	Green ≤15% Amber 14.1%-14.9% Red ≥14%		17.0%	17.0%	17.2%	16.9%	16.7%	16.3%	15.9%	16.1%	16.2%	15.9%	15.8%	16.0%		
			Narrative	The target has not been achieved. Whilst performance is lower than expected, the target is unlikely to be achieved without significant change and an exception report is therefore provided.													



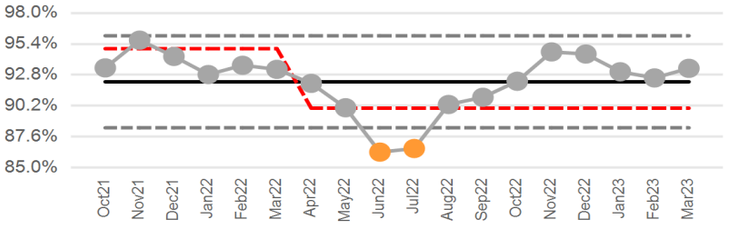
Reason for Non-Compliance	Action Taken to Improve Compliance
The Trust turnover has slightly increased in March following a decrease in the previous two months. It has increased from 15.78% in February to 16.00% in March. This remains above the Trust target and includes all leavers from the Trust, regardless of reason for leaving. Leavers due to retirement and end of fixed term contracts (FTC) were removed from the list of leavers up until the end of February 2023 in order to try and understand whether the Trust would still be above target. With these removed, the Trust would be at 13.77%, which takes us below target. This amounts to 10 leavers due to end of FTC (0 in March) and 38 due to retirement (4 within March) in the last 12 months. There were 24 leavers in March compared with 18 in February. Work life balance was the highest reason for leaving with 13 in total, followed by retirement age with 4 and joint third was Promotion and Relocation with 2 each. Acute care had the highest percentage of leavers in proportion to staff numbers at 2.4% (10 leavers) followed by Networked Services at 1.7% (10 leavers). 8 exit interviews were completed for staff leaving in March which is an increase by 3 since February.	The HRBP Team to continue to push for exit interviews to be completed to ensure that we are receiving useful information which can drive improvements and reduce turnover. The HR Team will link in with managers to understand reasons for non-completion of exit interviews/ questionnaires. The HRBP team to work with managers to try to understand further the reasons that staff are leaving due to 'work life balance' and to ensure that it is being used for the appropriate reason due to the increase of this reason. The HRBPs are currently developing the programme of work around Stay and Grow conversations across the divisions. This will focus on areas with the highest turnover initially with a view to support those who are leaving due to career progression or development opportunities.

Escalation Route & Expected Date of Compliance
Divisional Meetings, Divisional Performance Reviews, Workforce Advisory Committee, People Committee, Trust Board July 2023

Metric ID	Metric Name	Target	Metric Type	Year & Month													
				Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
WO07	Statutory Mandatory Training Compliance	Green ≥90% Amber 76 - 89% Red ≤75%	Contractual / Statutory	94.0%	94.7%	94.4%	95.1%	95.1%	94.9%	94.9%	95.6%	95.8%	94.1%	95.1%	96.0%		
			Narrative	The target has been achieved. Performance is as expected and the target is likely to be achieved consistently. NB: There are specific courses for which we are not compliant. This is closely monitored at People Committee and in Divisional PRGs, with actions identified to improve compliance.													



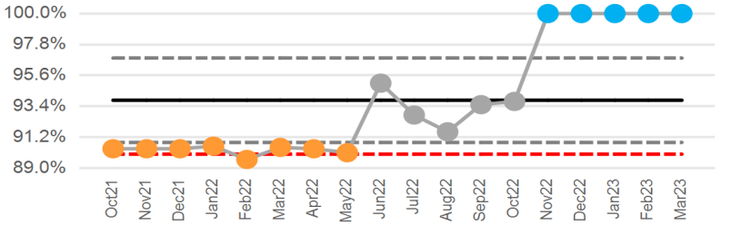
Metric ID	Metric Name	Target	Metric Type	Year & Month													
				Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
WO22	Performance Development Reviews (PADR) Snapshot Month End	Green ≥90% Amber 76 - 89% Red ≤75%	Contractual	92.1%	90.0%	86.3%	86.6%	90.3%	90.9%	92.3%	94.7%	94.6%	93.1%	92.5%	93.4%		
			Narrative	The target has been achieved. There is no significant change and the nature of variation indicates that achievement of the target is likely to be inconsistent.													



Workforce

Responsible Forum: People Committee

Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
WO23	Medical Appraisal	Green ≥90% Amber 76 - 89% Red ≤75%	Contractual / Statutory		90.4%	90.1%	95.0%	92.8%	91.6%	93.5%	93.8%	100.0%	100.0%	100.0%	100.0%	100.0%		
			Narrative	The target has been achieved, at 100%. Performance is better than expected and the nature of variation indicates that achievement of the target is likely to be consistent.														



Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
WO24	Pulse Staff Survey: Employee Engagement Score	To Be Confirmed	Contractual		-	-	6.90	-	-	7.20	-	-	-	-	-	7.10		
			Narrative	CCC are performing better than the national average (6.4) in this category.														

Data Not Applicable for SPC

Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
WO25	Pulse Staff Survey: Advocacy Score	To Be Confirmed	Contractual		-	-	7.10	-	-	7.60	-	-	-	-	-	7.40		
			Narrative	CCC are performing better than the national average (6.3) in this category.														

Data Not Applicable for SPC

Metric ID	Metric Name	Target	Metric Type	Year & Month	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
WO26	Pulse Staff Survey: Involvement Score	To Be Confirmed	Contractual		-	-	6.80	-	-	6.90	-	-	-	-	-	7.00		
			Narrative	CCC are performing better than the national average (6.4) in this category.														

Data Not Applicable for SPC

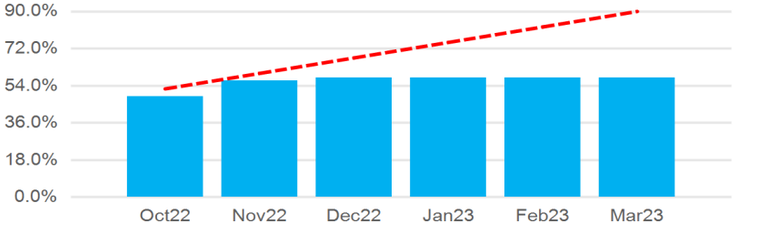
Workforce

Responsible Forum: People Committee

Metric ID	Metric Name	Target	Metric Type	Year & Month													
				Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
WO27	Pulse Staff Survey: Motivation Score	To Be Confirmed	Contractual	-	-	6.90	-	-	6.90	-	-	-	-	-	6.80		
			Narrative	CCC are performing better than the national average (6.6) in this category.													

Data Not Applicable for SPC

Metric ID	Metric Name	Target Cumulative	Metric Type	Year & Month													
				Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	V	A
WO33	Staff Flu Vaccination: % of Frontline Staff Who Have Been Vaccinated	Green ≥90% Red <90% Ending Feb 2023	CQUIN	-	-	-	-	-	-	48.9%	56.5%	58.0%	58.0%	58.0%	58.0%		
			Narrative	The vaccination campaign has now ended, with uptake lower than in previous years, mirroring the regional and national picture. An end of campaign review will be undertaken to identify any lessons for improvement.													



Metric (£000)	In Mth 12 Actual	In Mth 12 Plan	Variance	Risk RAG	YTD Actual	YTD Plan	Variance	Risk RAG
Trust Surplus/ (Deficit)	503	133	370		2,735	1,621	1,114	
CPL/Propcare Surplus/ (Deficit)	(451)	0	(451)		757	0	757	
Control Total Surplus/ (Deficit)	52	133	(81)		3,492	1,621	1,871	
Trust Cash holding	61,246	50,708	10,538		61,246	50,708	10,538	
Capital Expenditure	19,768	21,059	1,291		23,941	23,947	6	
Agency Cap	146	95	(51)		1,761	1,140	(621)	

For 2022/23 NHS Cheshire & Merseyside ICB are managing the required financial position of each Trust through a whole system approach. The Trust submitted a plan to NHSE/I showing a £1.621m surplus for 2022/23. In January the C&M ICB approached the Trust and asked if an improved year-end financial position above the £1.6m plan could be achieved to support the overall system position. The Trust reviewed its group forecast outturn position and has agreed a revised position of £3.5m surplus, including the profit from subsidiary company profits.

The Trust financial position to the end of March is a £2,735k surplus, which is £1,114k above plan. The group position to the end of March is a £3,492k surplus. This is in line with the forecast outturn position agreed.

The Trust cash position is a closing balance of £61.2m, which is £10.5m above plan. Capital Spend is £19.76m in the month and £23.9m for the year, with £15.6m relating to the purchase of Liverpool Paddington CDC.

The Trust is over the agency cap in March by £51k and £621k year to date. Further controls have been put in place by NHSE/I to monitor agency spend and the Divisions have provided exit strategies for all agency spend, these are being monitored regularly throughout the year.

NHS
The Clatterbridge Cancer Centre
NHS Foundation Trust

2023/24 Operational and Financial Planning

P1-047-23
26th April 2023

Contents

The Clatterbridge Cancer Centre NHS Foundation Trust

Key Planning Messages

Cheshire & Merseyside Cancer Alliance

- Demand for cancer services has risen significantly over the last 2 ½ years – 30% outpatient increase
- Cancer pathways are highly complex, involving multiple diagnostic, staging and treatment modalities
- Early diagnosis rates are increasing, albeit slowly, despite the impact of the pandemic
- Demand for cancer services will remain high and likely to increase further due to NHS policy focus on early diagnosis
- Cancer workforce must grow in line with increasing demand and increasing diagnostic and treatment complexity

Planning Process To Date

The Clatterbridge Cancer Centre NHS Foundation Trust

The Trust and the ICB are completing plans for 2023/24. The Trust has submitted activity, workforce and finance plans week commencing 27th March, in line with the original timetable.

However, given the level of planning risk there is a possibility that further submissions will be required by the Trust. This has not yet been formalised and may depend on the overall acceptability of the aggregate Cheshire and Merseyside plan.

- Activity – full submission made 27th March
- Workforce – full submission 15th March. Feedback received and resubmitted 22nd March
- Finance – full submission made 27th March. Window for improved submission 29th March
- Final finance submission 28th April

Activity and Performance

The Clatterbridge Cancer Centre NHS Foundation Trust

The Trust continues to experience increased levels of activity. The Trust has planned for a 5% increase in patient volumes, across all patient groups. This is in line with recent trends and Cancer Alliance expectations.

Activity Type	Currency	Activity Plan 2023/24
Outpatient First	Attendance	17,904
Outpatient Follow Up	Attendance	464,386
Outpatient Procedure	Procedure	27,9943
Elective Procedure	Procedure	5,808
Imaging	Scans	43,663

Comment:

- Includes activity relating to Phlebotomy service, provided in 22/23
- After discussion with ICB the activity includes CDC diagnostic activity, based on the Rutherford Business Case model
- Assumed 92% bed occupancy (85 beds)
- Assumed meets 62 day cancer target
- Trust requesting an adjustment to the Daycase activity baseline – due to onboarding of HO in 2019/20

Workforce Plan

The Clatterbridge Cancer Centre NHS Foundation Trust

Total Establishment Profile	March 2023	March 2024	Growth
Establishment	1670.06	1,702.52	32.46
			1.9%

Plan Profile	Plan Change to Outturn 2023	Vacancies	Growth
Nursing	19.49	13.17	6.32
AHP	0.09	5.07	(5.16)
Clinical Support	(14.71)	(16.32)	1.61
Medical	16.57	3.2	3.2
Infrastructure Support	88.11	78.7	9.41
Total	**109.55**	**76.91**	**32.46**
			1.9%

Comment:

- National expectation is that growth in workforce should be c.2% to 3%
- ICB challenged calculation assumptions
- Growth based on Trust activity increases for 2023/24
- Does not include CDC workforce, as final resource position not confirmed by NHSE

Financial Plan 2023/24 - Revenue

The Clatterbridge Cancer Centre NHS Foundation Trust

The Trust has completed its budgeting process for 2023/24. However, discussions with commissioners are ongoing, which reflect the new methodology for evaluating contracts and management of activity and financial risk. The March submission showed a small surplus of £54k.

Trust Financial Plan 2023/24 (submitted 28th March 2023)	**2023/24 Plan £' 000s**
Operating Income	231,004
Other Income	13,158
Total Income	244,162
Pay Costs	87,676
Non Pay Costs	152,792
Operating Surplus	3,694
Net Finance Costs	3,640
Surplus for the Year	**54**

Comment:

- CIP target at £8m. Meets NHSE expectation.
- Includes additional variable elective income of £1.5m
- All 23/24 unavoidable cost pressures are funded c.£2m
- Includes a level of activity based service expenditure c.£1m
- Includes inflation reserve at £4m

Financial Plan 2023/24 - Capital

The Clatterbridge Cancer Centre NHS Foundation Trust

The Trust has developed a capital plan, consistent with the capital resource envelope determined by the ICB. The plan has been developed by operational leads and includes the maintenance of infrastructure, replacement of critical equipment and development of digital capability

Category	Description	Value £' 000s
Equipment	Linear accelerator replacement	2,680
Digital	Digital infrastructure and systems	2,134
Infrastructure	Wirral lifecycle and maintenance	1,000
Infrastructure	VHP pharmacy development	350
Equipment	Pharmacy tracker and cabinets	350
Infrastructure	Wirral redevelopment design fees	200
Miscellaneous	EV charging, Website, Fluid store	693
Total Programme		**7,407**

Comment:

- The notified capital resource limit is less than Trust depreciation (£12m)
- Linear accelerator replacement Aintree
- Wirral lifecycle includes roof works
- Contingency of £400k
- 2024/25 capital plan request currently £15.8m against resource limit of £7.1m

Next Steps

The Clatterbridge Cancer Centre NHS Foundation Trust

- NHS England will make an assessment of all Trust and ICB plans following submission by 31st March.
- It is expected that if a Trust, or ICB, plan does not meet NHSE requirements the planning process will continue until plans are able to be approved.
- At this stage the aggregate plan for Cheshire and Merseyside is under review.
- In the event that the Trust is required to amend its plans following feedback from NHS England, it will communicate the position with the Trust Board for approval before submission.

The Clatterbridge Cancer Centre
NHS Foundation Trust

Title of Meeting: **Council of Governors**
Date of Meeting: **Wednesday 26th April 2023**

Report lead	Drew Norwood-Green			
Paper prepared by	Drew Norwood-Green			
Report subject/title	Bright Ideas and Innovation			
Purpose of paper	To provide an overview of the Innovation Team, the concept of innovation and provide an update on past and future projects supported by the R&I Innovation Fund through both the Bright Ideas and Big Ideas schemes.			
Background papers	N/A			
Action required	For information purposes only.			
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	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		

Innovation & Bright Ideas

Council of Governors

April 2023

BRIGHT IDEAS

BE A BRIGHT SPARK.

Meet The Innovation Team

Innovation Manager

- Started at The Clatterbridge Cancer Centre in November 2021
- Previously R&I Quality & Improvement Manager at The Christie
- Background in Pharmacology and Psychology

Clinical Lead for Innovation

- Clinical Lead for Innovation since February 2022
- Palliative Medicine Consultant
- Patent pending for Biology of Dying work

WHAT IS INNOVATION?

VIDEO RENTAL STORES

STREAMING SERVICES

WATCHING A FILM AT HOME

What Is Innovation?

MUSIC STORES

Spotify®

STREAMING SERVICES

PERSONAL ACCESS TO MUSIC

What Is Innovation?

INCANDESCENT LIGHT BULBS

LED LIGHTING

WHAT IS INNOVATION?

RE-PURPOSING LEDS TO MAKE PROVIDE LIGHTING THAT IS 75% MORE ENERGY EFFICIENT

YOU DON’T HAVE TO INVENT TO INNOVATE

What do we mean by that?

It’s not always about **creating something new**

It can be using something in *a new way*

CCC Innovation Mission

At CCC we will make a difference to improve choices, experiences and outcomes for patients with cancer by accelerating adoption and development of innovations.

Bright Ideas Scheme

- Staff survey results identified a need for platform for staff to submit ideas and suggestions.
- Ideas can be submitted from anywhere in the Trust via the intranet.
- The Clatterbridge Cancer Charity have established the R&I Innovation Fund, which is reviewed and refreshed annually during April.

Idea Reviewed

The panel will consider:

- ✓ Is the idea feasible?
- ✓ Is it something already being worked on?
- ✓ Is more information needed to understand the idea?
- ✓ Will it need funding?

Feedback

All ideas receive feedback:

- ✓ After panel review, you will get a response from the panel
- ✓ You may be invited to present your idea at the next meeting to give more information or answer questions
- ✓ Support and advice will be given where appropriate

Action

Depending on the idea it may be:

- ✓ Approved for action immediately
- ✓ Signposted to another service or source of funding
- ✓ Selected for further development into a business case for consideration

What is your project or idea?

I would like to understand if our service is following best practice guidelines or if care is being delivered effectively…	I would like to assess the effectiveness of our service or of an intervention already in place…	I would like to implement change to continuously improve specific aspects of patient care or services…	I would like to continuously measure changes in my patients' health that are a direct result of the care they receive…	I would like to attempt to derive generalizable new knowledge by addressing clearly defined question with systematic and rigorous methods…	I would like to evaluate a product, medical equipment or supplies e.g. evaluating a new type of bandage with a commercial company	I have an idea for a new (or novel use of) technology, diagnostic, software,	I would like to submit an idea to improve patient/staff experience, sustainability, the environment or our community…
Your project is a **Clinical Audit**	Your project is a **Service Evaluation**	Your project is **Quality Improvement (QI)**	Your project is **Clinical Outcomes**	Your project is **Research**	Your project is **Product Evaluation**	Your project is **Innovation**	Your project is **Bright Ideas**

Contact the
Clinical Effectiveness Team

Refer to
Quality Improvement & Audit Policy

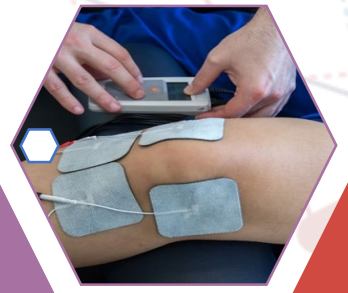
Contact the
Research Governance Team
ccf-tr.cccresearch@nhs.net

BRIGHT IDEAS
BE A BRIGHT SPARK.

Patient Experience & Inclusion can provide guidance on how to involve patients and families in the development and improvement of our services and also listen to, and act on, their feedback. Contact the **Patient Experience & Inclusion Team** via ccf-tr.patientexperienceteam@nhs.net

Version 1.0 February 2022

No Idea Too Big or Too Small



TENS Machines

Memory Boxes

Exercise Machines

Bone Marrow Biopsy

Virtual Reality

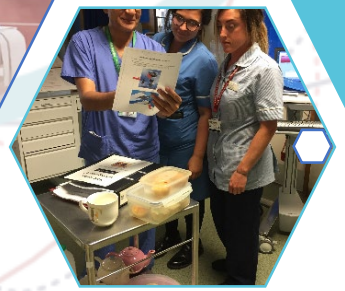
Massage Guns

Patient-Led Innovation

Bereavement Tea Sets

MSCC Entertainment

3D Virtual Tour



Tea Trolley Training

IDEAS WE ARE SUPPORTING

BEREAVEMENT TEA SET

IDEAS WE ARE SUPPORTING

MSCC PATIENT EXPERIENCE

IDEAS WE ARE SUPPORTING

BIOZOON SENEOPRO PILOT

PATIENT IDEA

ADAPTED CLOTHING

TWO-SLEEVE MODEL – CLOSED

ONE-SLEEVE MODEL – CLOSED

TWO-SLEEVE MODEL – OPENED

ONE-SLEEVE MODEL – OPENED

WHAT'S THE BIG IDEA?

- Launched 18th January 2023
- Closed 17th March 2023
- £100k in funding available
- Potential for match funding
- Responses to be sent out 31st March 2023

Clatterbridge Cancer Charity

LYVA LABS

Assessment Criteria

Impact to Patient Outcomes and Experience	• How will your idea improve patient outcomes or the patient experience?
Originality	• Has this been done before elsewhere? • Is there already similar concepts in use on the market or in other hospitals?
Feasibility	• What resources are needed to make this a reality? • How much funding/staff time is required?
Benefit for CCC and/or Patients	• What are the advantages for the Trust – reputational, financial etc. • How will this help our patients or patients elsewhere?
External Funding	• Are there eligible funding opportunities such as grants etc.
SRG Support/Exec Buy-in	• Is there support from SRG Leads? • Is there support at an exec-level?
Clinical Support	• Is there a clinical champion identified? (Where appropriate)
Sustainability	• Can the idea be supported long-term, e.g. if it is a pilot, how likely is it to be supported after the initial period if it is successful?

Eligibility For Support

Examples of things we are unable to support:

- Requests for additional equipment for Standard of Care
- Requests for additional staff for Standard of Care
- Projects which are purely theoretical – it needs have a tangible output such as completely new pathway, product, service etc.

THANK YOU FOR YOUR TIME

**“I have not failed.
I’ve just found 10,000 ways that won’t work”**

Thomas Edison

“Don’t be afraid to take big steps when one is indicated. You can’t cross a chasm in two small jumps”

David Lloyd George

**“What good is an idea if it remains an idea?
Try. Experiment. Fail. Try again.
Change the world”**

Simon Sinek

“If you always do what you always did, you will always get what you always got”

Albert Einstein

The Clatterbridge Cancer Centre
NHS Foundation Trust

Title of meeting: Council of Governors
Date of meeting: 26 April 2023

Report Lead	Kathy Doran, Chair			
Paper prepared by	Paul Buckingham, Interim Associate Director of Corporate Governance			
Report subject/title	Nominations Committee Report			
Purpose of paper	The purpose of this report is to advise the Council of Governors of business conducted at a meeting of the Nominations Committee held on 21 March 2023.			
Background papers	N/A			
Action required	The Council of Governors is recommended to: • Note the business conducted during a meeting of the Nominations Committee held on 21 March 2023. • Endorse the Committee's recommendation that any review of levels Chair and Non-Executive Director remuneration should await publication a new national framework. • Approve the draft Terms of Reference for the Nominations Committee as included at Annex A to this report.			
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		

Nominations Committee Meeting - 21 March 2023

1. Introduction

The purpose of this report is to advise the Council of Governors of business conducted at a meeting of the Nominations Committee held on 21 March 2023. The meeting considered an agenda comprised of the following items:

- Structure to Align Remuneration for Chairs & Non-Executive Directors
- Committee Terms of Reference
- Non-Executive Director Appraisals & Succession Planning

2. Structure to Align Remuneration for Chairs & Non-Executive Directors

The Committee considered a report which detailed guidance on Chair and other Non-Executive Director remuneration which had originally been published by NHS England in November 2019. The Committee noted that the structure set out in the guidance was intended to address a disparity in levels of remuneration for Non-Executive Directors between NHS Trusts and NHS Foundation Trusts.

The Committee noted that remuneration levels for the Trust's Non-Executive Directors were consistent with the levels set out in the guidance document and therefore no action was required in relation to the Trust's remuneration levels. The guidance document detailed separate arrangements for Chair remuneration, with levels of remuneration based on size of organisation defined by annual turnover. The Committee noted that, at time of publication, the Chair's remuneration was consistent with the median level of remuneration for a 'Small' organisation. However, based on the guidance the Trust would now be defined as a 'Medium' sized organisation due to an increase in Trust turnover in the intervening period. Given this, there was potential for an uplift to the current level of Chair remuneration.

The Committee considered this matter and noted that levels of Chair and Non-Executive Director remuneration had remained unchanged since 2018/19 with no annual inflationary uplifts applied to remuneration levels. The Committee also noted that it was anticipated that an updated framework for Chair and Non-Executive Director remuneration would be published at some point in 2023/24. The Committee took into account the Chair's view that any review of Chair and/or Non-Executive Director remuneration should await publication of a new national framework and agreed that this approach should be recommended to the Council of Governors.

The Committee:

- Noted the Structure to Align Remuneration for Chairs and Non-Executive Directors published by NHS England in November 2019 and was assured that Trust levels of remuneration are consistent set out in the NHS England guidance.

- Recommended that any review of levels of Chair and Non-Executive Director remuneration should await publication of a new national framework.

3. Committee Terms of Reference

The Committee reviewed a draft Terms of Reference, prepared by the Interim Associate Director of Corporate Governance, which detailed the Committee's functions in relation to Nominations, Succession Planning and Terms and Conditions in addition to the arrangements, such as membership and quorum arrangements, for effective conduct of Committee business. The Committee suggested a number of additional amendments which have been incorporated in the draft Terms of Reference included at Annex A to this report.

The Committee:

- Recommended the draft Terms of Reference included at Annex A to this report to the Council of Governors for approval.

4. Non-Executive Directors - Appraisals & Succession Planning

The Chair briefed the Committee on the process for Non-Executive Director appraisals and noted her intention to commence the annual appraisal process in April / May 2023. The Committee noted that the appraisal process would commence with a 360 degree assessment followed by an individual appraisal meeting. Outcomes will initially be reported to the Nominations Committee followed by a final report to the Council of Governors at the next meeting on 26 July 2023.

5. Recommendation

The Council of Governors is recommended to:

- Note the business conducted during a meeting of the Nominations Committee held on 21 March 2023.
- Endorse the Committee's recommendation that any review of levels of Chair and Non-Executive Director remuneration should await publication of a new national framework.
- Approve the draft Terms of Reference for the Nominations Committee as included at Annex A to this report.

The Clatterbridge Cancer Centre NHS Foundation Trust

Council of Governors
Nominations and Remuneration Committee - Terms of Reference

ToR Reference	(To be provided by DCO)
Version	V.1.0
Name and designation of ToR author(s)	Paul Buckingham, Interim Associate Director of Corporate Governance
Approved by (committee, group, manager)	Council of Governors - Draft for review
Approval evidence received (minutes of meeting, electronic approval)	
Date approved	
Review date	
Review type (annual, three yearly)	Annual
Target audience	Council of Governors / Board of Directors
Links to other strategies, policies, procedures	
Protective Marking Classification	Internal
This document replaces	V.X
Date added into Q-Pulse	For completion by DCO
Date document posted on the Intranet	For completion by DCO

Date	Version	Author name and designation	Summary of main changes
March 2023	V.1.0	Interim Associate Director of Corporate Governance	Preparation of new Terms of Reference document in standard Trust format.

Nominations and Remuneration Committee – Terms of Reference	
1. Authority	1.1 The Nominations and Remuneration Committee (hereinafter referred to as 'the Committee') is constituted as a standing Committee of the Council of Governors. The Committee's constitution and terms of reference shall be as set out below, subject to amendment at future Council of Governors meetings. 1.2 The Committee is authorised by the Council of Governors to act within its Terms of Reference. All members are requested to co-operate with any request made by the Committee. 1.3 The Committee is authorised by the Council of Governors, subject to appropriate funding approvals, to commission professional advice and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for, or expedient to, the exercise its functions. 1.4 The Committee is authorised to meet via a virtual/remote meeting. For the purposes of such meetings, 'communication' and 'electronic communication' shall have the meanings as set out in the Electronic Communications Act 2000 or any statutory modification or re-enactment thereof.
2. Purpose	2.1 The Committee is responsible for making recommendations to the Council of Governors on the appointment and remuneration of the Chair and other Non-Executive Directors of the Trust and on plans for their succession.
3. Duties – Nominations	3.1 Identification and nomination of Non-Executive Directors, including the Chair. 3.2 Having reviewed the existing Succession Plan, the Committee should consider and prepare an appropriate person specification and description of the role in advance of a recruitment process. 3.3 The Committee will oversee the recruitment process ensuring that open advertising is used to encourage applications from a diverse range of candidates. 3.4 The Committee may on occasions use the services of external advisors to facilitate a search for candidates and on each occasion will consider using the services provided by NHS England's Non-Executive Talent and Appointments team. 3.5 The Committee will have final responsibility for shortlisting candidates using objective criteria and deciding on details of the interview and selection process. 3.6 The Committee will participate in the selection process on behalf of the Council of Governors and be responsible for the identification and nomination of candidates for final approval by the Council of Governors.

	3.7 The Committee will ensure that there is a majority of Governors on the interview panel and will also observe best practice set out in the Code of Governance for NHS Provider Trusts that selection panels should include at least one external assessor from NHS England and/or a representative from a relevant Integrated Care Board (ICB). 3.8 Ensure that on appointment to the Board of Directors, arrangements are in place for Non-Executive Directors to receive a formal letter of appointment setting out clearly what is expected of them in terms of time commitment, Committee service and involvement outside Board meetings, and that all Non-Executive Directors have confirmed that they have the time to serve.
4. Duties – Succession Planning	4.1 Give consideration to succession planning for the Chair and other Non-Executive Directors taking into account the challenges and opportunities facing the Trust and what skills and expertise might be needed by the Board in future. 4.2 Periodically review the balance of skills, knowledge, experience and diversity of the Non-Executive Directors and report outcomes to the Council of Governors. This will ordinarily be incorporated as part of the annual appraisal process for Non-Executive Directors. 4.3 Where an existing Non-Executive Director seeks re-appointment, the Committee should look at the candidate against the current job description and person specification for their role at the Trust. Due consideration should also be given to the relevance of the Code of Governance for NHS Provider Trusts and guidance on such a re-appointment. Once these processes have been undertaken, the re-appointment can be put to the Council of Governors for approval. 4.4 The Committee shall make recommendations to the Council of Governors concerning proposals for the position of Deputy Chair, where appropriate and with due regard for the opinions of the Board of Directors. 4.5 The Chair will consult with the Committee on the appointment of one of the Non-Executive Directors as the Senior Independent Director.
5. Duties – Terms and Conditions	5.1 Review and make recommendations to the Council of Governors with regard to appropriate terms and conditions, including levels of remuneration, for the Chair and other Non-Executive Directors. 5.2 Periodically review levels of remuneration for the Chair and other Non-Executive Directors to ensure that arrangements reflect levels set out in NHS England's Chair and Non-Executive Director Remuneration Structure. As a minimum, reviews will be undertaken in response to any revised national guidance on Non-Executive Director remuneration.

	5.3 Review other terms and conditions of office including appropriate time commitments and the range of duties set out in the Non-Executive Director role description. 5.4 Make appropriate recommendations to the Council of Governors on any alterations to the terms and conditions including levels of remuneration.
6. Duties – Other	6.1 Coordination of the process for removal of the Chair and Non-Executive Directors in accordance with requirements set out in the Trust's Constitution. 6.2 Act as the focal point for reviewing outcomes of the annual appraisals of the Chair and Non-Executive Directors.
7. Membership & Quorum	7.1 The Committee shall be appointed by the Council of Governors and comprise the following members: • Trust Chair (Chair) • Lead Governor • Governor Chair of the Membership Engagement Committee • Governor representative on the Patient Experience & Inclusion Committee • A minimum of one and up to two additional Governors 7.2 The following may be invited to attend for all, or part of, any meeting as appropriate to provide support and advice to the Committee: • Chief Executive • Director of Workforce & Organisational Development • Associate Director of Corporate Governance 7.3 The quorum necessary for the transaction of Committee business shall be four members, to include at least three Governors and the Chair. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee. 7.4 The Chair of the Committee shall be the Chair of the Board of Directors. They may appoint the Deputy Chair or the Senior Independent Director to deputise in their absence. In the absence of the Chair and/or an appointed Deputy, the remaining members present shall elect one of their number to chair the meeting. 7.5 The Chair shall not chair the Committee when it is dealing with the matter of succession to the Chair position and shall not participate in discussions concerning their performance or possible re-appointment. On these occasions the meeting will be chaired by the Senior Independent Director.

	7.6 Members should attend at least 75% of all meetings each financial year but should aim to attend all scheduled meetings. Attendance will be recorded and monitored and it is a requirement to report attendance in the Trust's Annual Report.		
8. Reporting	8.1 The Committee Chair shall report formally to the Council of Governors on its proceedings after each meeting. 8.2 A statement will be included in the Trust's Annual Report about the Committee's activities, the process used to make appointments and details of member attendance at Committee meetings.		
9. Meetings and Administration	9.1 The Associate Director of Corporate Governance will make arrangements to ensure that the Committee is supported administratively. Duties in this respect include agenda setting, preparing minutes of meetings and providing appropriate support to Committee members. 9.2 Agendas and papers will be circulated to Committee members and any other attendees no later than 4 working days before the date of the meeting. 9.3 The Committee will hold meetings as and when required but as a minimum will meet once each financial year.		
10. Review	10.1 The Committee will review its Terms of Reference annually and report outcomes of the review to the Council of Governors for approval.		
Date Approved:		**Review Date:**	

The Clatterbridge Cancer Centre
NHS Foundation Trust

Council of Governors
26 April 2023

Report Lead	Laura Jane Brown, Chair, Membership Engagement & Communications Committee				
Paper prepared by	Skye Thomson, Corporate Governance Manager & Anne Mason, Corporate Governance & Governor Engagement Officer				
Report subject/title	Membership Engagement & Communications Committee Annual Report				
Purpose of paper	To demonstrate progress of Membership Engagement & Communications Committee strategy				
Background papers					
Action required / Next steps	To approve content/preferred option/recommendations				
	To discuss and note content			✓	
	To be assured of content and actions			✓	
Link to: Strategic Direction Corporate Objectives	Be Outstanding	✓	Be a great place to work		
	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	Yes/No✓	Disability	Yes/No✓	Sexual Orientation	Yes/No✓
	Race	Yes/No✓	Pregnancy/Maternity	Yes/No✓	Gender Reassignment	Yes/No✓
	Gender	Yes/No✓	Religious Belief	Yes/No✓		

1 Introduction

1.1 The purpose of this report is to provide the Council of Governors with an update regarding the progress of the Membership Engagement and Communications Committee (MECC) since its post-covid re-establishment and to demonstrate the progress made against the Trust's 3-year Membership Engagement and Communications Committee Strategy.

2 Background

2.1 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.

2.2 In 2022/23 the Committee met five times and provided quarterly reports to the Council of Governors, as well as reporting to the Annual Members Meeting in October 2023.

2.3 During 2022/23 significant absence in the Corporate Governance Team impacted the implementation of the strategy. Support for the Committee and strategy delivery has increased with the appointment of a Corporate Governance and Governor Engagement Officer in September 2022.

3 Strategy

3.1 The 3-year Membership Engagement and Communications Strategy[1] was approved by the Council of Governors in July 2022 and outlines the goal of the Committee; to enhance organisational membership in terms of volume and quality.

[1] https://www.clatterbridgecc.nhs.uk/application/files/5216/6928/3482/Membership_Engagement_and_Communications_Committee_Strategy.pdf

Year 1
-Restart the Committee
-Create materials for membership promotion and engagement
-Monitor and cleanse the membership database
-Attend events to promote CCC Membership

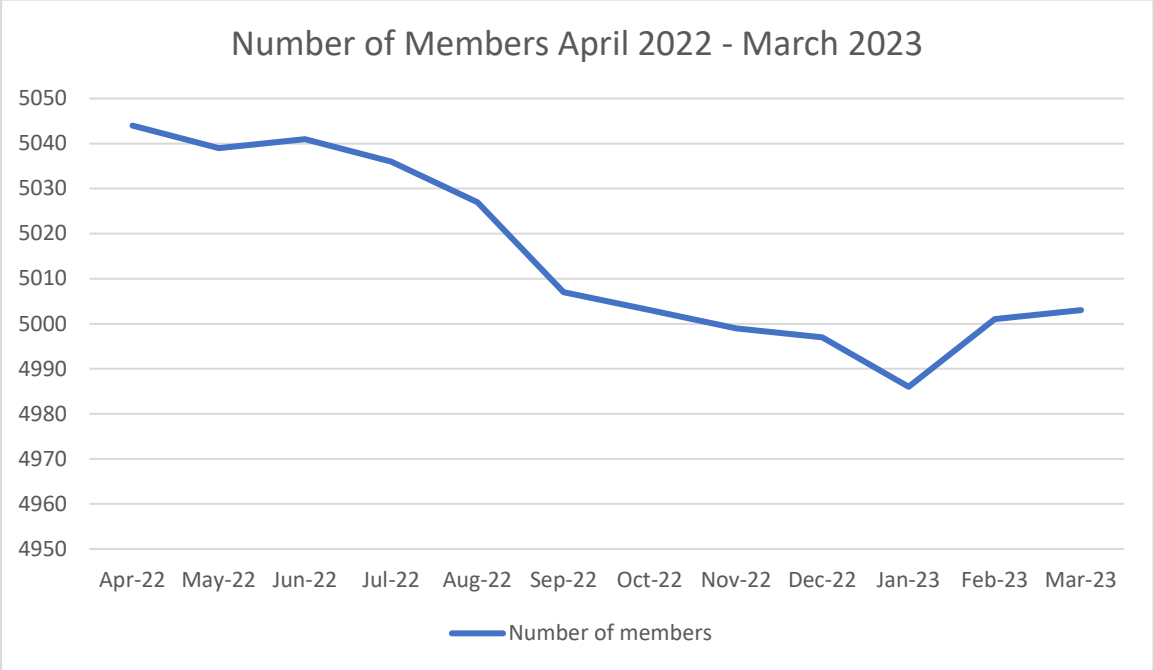
Year 2
-Establish regular Membership recruitment events
-Attend exsisting Trust, Charity and local events to engage with the community
-Host forums for members to give views on Trust plans.

Year 3
-Work collaboratively within the ICB to engage with the public
-Work collaboratively with Communications and Patient Experience to establish a joint approach to public engagement
- Strengthening the quality of Membership so the Trust have diverse perspectives on our services

4 Membership data

4.1 The Committee monitor the data for the Trust's membership through the quarterly Membership Data report.

4.2 The table below demonstrates the activity of the Trusts public membership for the financial year 2022-2023.

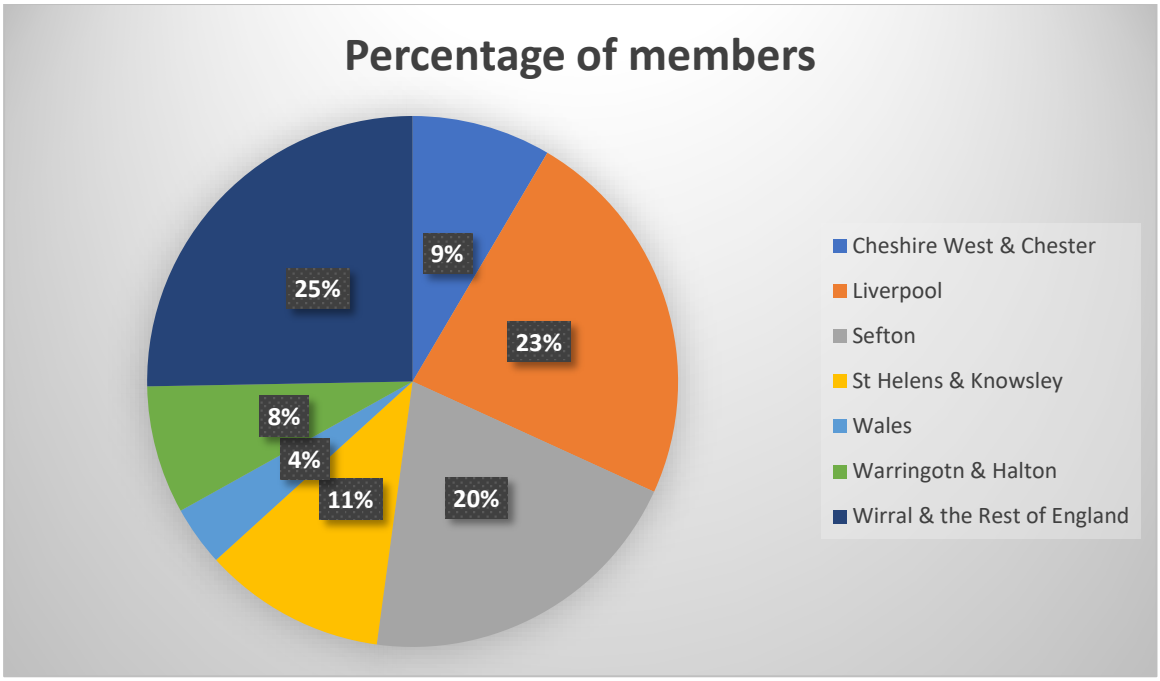


4.3 In April 2022 there were a total number of 5044 members and in March 2023 a total of 5003, demonstrating a loss of 41 members in total for the period. There are several reasons which may have contributed to the reduction in members as follows:

- The monthly data cleanse by Civica (the database holder), deletes all those members who have passed away.
- Between April and August 2022, the Governor Elections took place, prompting members to respond who may wish to be removed from the membership and notifications from residents advising that the member has left the address we hold.
- Between August and October, the C3 magazine and Annual Members Meeting notifications may have prompted a similar response to the Governor Elections.

4.4 Between January and March 2023, the new membership materials were showcased at the Glow Green Event Charity event where the Corporate Governance Team and Governors raised awareness of membership and the role of the Governor, resulting in an upward trend in membership.

4.5 The below pie chart demonstrates the percentage of members by constituency. The chart shows the largest number of members in Wirral and the Rest of England, Liverpool and Sefton constituencies.



Progress against the Implementation Plan

The Membership Engagement and Communication Committee reviews the Implementation Plan quarterly. The implementation plan is divided into 4 workstreams:

5 Membership Communication

5.1 Members received the annual C3 Magazine in Autumn 2022 and were invited to attend the Trust Annual Members Meeting.

5.2 The Frequently Asked Questions on the Trust website has been updated and approved by the Committee and can be found here[2].

5.3 A new welcome letter has been created and is sent automatically to new members who sign up using the Civica digital platform.

5.4 Members were contacted to ask for their input on the new Trust website and to take part in focus groups.

5.5 To ensure the Trust has a true picture of membership, a membership data cleanse has taken place to remove duplications and incorrect data.

6 Membership Engagement

6.1 Governor Elections took place, with new election materials being advertised across, screensavers, bulletins, posters and through social media resulting in a total of 10 of the 13 vacancies being filled.

6.2 The Corporate Governance team is currently attending PAN Liverpool collaboration meetings that commenced in February 2023, led by Trust Secretary of Liverpool Women's Hospital, where the team will be working with other local Trusts to discuss a joined-up approach to membership by working together to address the challenges faced by all Trusts.

7 Membership Recruitment

7.1 Students and learners are now signposted to membership posters that are being displayed in Clinical Education rooms, by the Practice Education Facilitators, to apply for membership to the Trust.

[2] https://www.clatterbridgecc.nhs.uk/support-us/membership/frequently-asked-questions

7.2 A new Membership awareness slide has been introduced into the Trust Induction presentation for Chief Executive Officer to share with new employees and an advertisement went out to staff via the e-Bulletin, to request they encourage their friends and family to sign up for membership.

7.3 Membership was highlighted at the Glow Green Charity Event in February, using all 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. The full summary report is included in appendix 1.

8 Governor Visibility

8.1 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. A Governor Guide has also been produced for the Walk-Rounds to help Governors, staff and patients understand their role.

8.2 Monthly Governor and Non-Executive Directors features are displayed on screens across the Trust, on staff screensavers and on social media to raise their profiles. As Wirral and Aintree sites do not have screens for this purpose, posters are visible at these sites.

8.3 The Corporate Governance team have completed website and intranet training which will ensure the information displayed on the Governor and membership pages is accurate and up to date.

9 Going Forward 2023-2024

9.1 The new Equality Diversity and Inclusion Lead, Angie Ditchfield, will be invited to Membership Engagement & Communications Committee to advise on how to engage of a more diverse membership that is representative of the Trust constituencies.

9.2 Collaborative work will be ongoing with the Charity Team to attend future events to promote membership and Governor awareness.

9.3 Collaboration commenced with Cancer Alliance with the intention to provide membership infrastructure for new membership recruitment during their summer 2023 roadshows.

9.4 Postal application process for membership to be approved using wall mounted post boxes on all three main sites.

9.5 Membership events in hospital reception areas to be arranged to raise awareness of membership to patients, their families, and visitors.

9.6 Continue to communicate with schools, colleges, and universities, to promote advantages of membership for students applying to university and college.

9.7 Membership poster to be displayed on screens in patient/public waiting areas, across the Trusts, together with posters for the Wirral and Aintree sites.

9.8 The Committee to be involved in the development of new Membership and Governor website pages.

9.9 Governor vacancies across all constituencies to be filled in 2023 Elections.

9.10 Continue to develop innovative ideas to reflect a membership database that is representative of the constituencies the Trust serves.

Appendix 1 – Glow Green Report

Membership Engagement and Communications Committee
21st February 2023

Report Lead	Anne Mason, Corporate Governance & Governor Engagement Officer				
Paper prepared by	Anne Mason, Corporate Governance & Governor Engagement Officer				
Report subject/title	Glow Green Night Walk Membership Event				
Purpose of paper	To provide an overview and update of the Committees involvement at the Clatterbridge Cancer Charity Glow Green Night Walk				
Background papers					
Action required / Next steps	To approve content/preferred option/recommendations				
	To discuss and note content			✓	
	To be assured of content and actions				
Link to: Strategic Direction / Corporate Objectives	Be Outstanding	✓	Be a great place to work	✓	
	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	Yes/No✓	Disability	Yes/No✓	Sexual Orientation	Yes/No✓
	Race	Yes/No✓	Pregnancy/Maternity	Yes/No✓	Gender Reassignment	Yes/No✓
	Gender	Yes/No✓	Religious Belief	Yes/No✓		

Introduction

On 3rd February 2023, the Corporate Governance Team together with the Governors attended the Clatterbridge Cancer Charities Glow Green Night Walk, and the whole of Liverpool was lit up in Green. The objective of the evening was to try to recruit members to the Trust, to raise awareness of the Governors role and to engage with members of the public.

The Event

The event saw over 1000 people attending:

The team showcased the new membership materials, including the new posters, roller banner and laminated QR codes. The Trust received 21 new members, 18 signed up on the day of the event and 3 in the following few days.

There are 2 more members waiting to be approved but as their application forms are incomplete, i.e., no house number, and therefore the system cannot accept them as a member. These members both have email addresses and will be contacted to ask for their house numbers to complete the application process. All applicants on the night provided email addresses.

Month	Joiners	Leavers	Net	Total Membership
01/05/2022	1	6	-5	5039
01/06/2022	6	4	2	5041
01/07/2022	1	6	-5	5036
01/08/2022	0	9	-9	5027
01/09/2022	5	25	-20	5007
01/10/2022	2	6	-4	5003
01/11/2022	2	6	-4	4999
01/12/2022	4	6	-2	4997
01/01/2023	1	12	-11	4986
01/02/2023	21	0	21	5007

Participant Feedback

- My mum was treated at Clatterbridge in 2018. There was so much joy in the clinic … A place where people looked after each other, laughed together and made people feel as if they were not alone.

- I had the most amazing experience the staff where wonderful. I had my treatment in Wirral and was so well looked after. I raised £40,000 for scalp coolers in 2022 for Clatterbridge as I wanted to give something back.

Governor Feedback

The Governors who attended the event made the following observations regarding their experience:

- Due to being a charity event, the participants focus was on the walk, and they did not approach the membership stand of their own accord.
- Approaching participants was uncomfortable due to groups socialising with their friends and family prior to the start of the event.
- QR Codes were a great idea
- Suggestion of membership fliers for future events
- The Corporate Governance Team involvement was invaluable, setting up the event, the resources, and leading the Governors
- Participants assumed there is a fee for being a member
- People were very open discussing their stories

Lessons Learnt

- The Team were set up by 5.30pm as requested by the Charity Team, there were challenges connecting to the Wi-Fi, therefore arriving early was beneficial and the team will continue this going forward

- Governors were provided with Governor T-shirts which made them clearly visible and set apart from other event staff, going forward Governors will either be given a T-shirt or requested to bring their T-shirt to events.

- Guidance detailing the aim of the event, the role of the Governor, opportunities for members and the complaints process was provided to support the Governors, this will be tailored to each event and distributed to Governors.

- Registration took place on the first floor of the museum, and the team were based on the ground floor near to the exit and face painting table. This meant that participants had completed what they needed to do inside and were heading outside to watch the entertainment before they saw us. For future events the Corporate Governance Team will work to optimise the team's location at events.

- Some Governors found approaching members of the public in a "cold sales" approach challenging, going forward for in-person events, the Corporate Governance Team will explore the use of a buddy system for Governors who have previously attended events and new Governors to work together. Other avenues, (than cold sales), for recruiting new members will be implemented in liaison with the Charity Team.