

AGENDA

Council of Governors

Date: Wednesday 23 March 2022

Location: MS Teams

Start Time: 17:00

Finish Time: 19:00

Timings	Item No		Lead	Paper/Verbal
Opening Matters				
17:00	CG-019-22	Welcome & Apologies	KD	Verbal
	CG-020-22	Declarations of Interests Concerning Agenda Items	KD	Verbal
	CG-021-22	Minutes of last meeting: 12 January 2022	KD	Paper
	CG-022-22	Matters Arising & Action Log	KD	Paper
Performance				
17:05	CG-023-22	Chair's Welcome	KD	Verbal
17:10	CG-024-22	Chief Executive Update	LB	Verbal
17:20	CG-025-22	Lead Governor Update	JW	Verbal
17:25	CG-026-22	Performance & Quality Presentation	Execs	Presentation
17:40	CG-027-22	5 Year Strategy Implementation - Progress Update	TP	Presentation
Governor Reports				
17:50	CG-028-22	Patient Experience & Inclusion Group Report	AW/KK	Paper
18:00	CG-029-22	Membership Engagement & Communications Committee Report	LJB	Paper
Assurance				
18:10	CG-030-22	Performance Committee - Assurance Report	GB	Paper
18:20	CG-031-22	Quality Committee - Assurance Report	TJ	Paper



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18:30	CG-032-22	Audit Committee - Assurance Report	MT	Paper
18:40	CG-033-22	Charitable Funds Committee - Assurance Report	EA	Paper
Governance				
18:45	CG-034-22	Governor Questions & Responses	KD	Verbal
Closing Matters				
18:55	CG-035-22	Meeting review	All	Verbal
	CG-036-22	Any Other Business	All	Verbal

Next Meeting:

Date: 6 July 2022

Location: MS Teams

Start Time: 17:00pm

Finish Time: 19:00pm



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DRAFT Minutes of the Council of Governors

Held on: 12th January 2022

Location: MS Teams

Start time: 17:00

Finish time: 19:00

Present

Name:	Title:
Kathy Doran (KD)	Chair
Elkan Abrahamson (EA)	Non-Executive Director
Mark Tattersall (MT)	Non-Executive Director
Terry Jones (TJ)	Non-Executive Director
Geoff Broadhead (GB)	Non-Executive Director
Andy Waller (AW)	Public Governor – Wirral and rest of England
Ray Murphy (RM)	Appointed Governor
Laura Jane Brown (LJB)	Staff Governor - Nurses
Sonia Holdsworth (SH)	Public Governor – Cheshire West and Chester
Pat Higgins (PH)	Public Governor – Cheshire West and Chester
Pat Gillis (PG)	Public Governor – St Helens and Knowsley
Myfanwy Borland (MB)	Staff governor – Other Clinical
Samuel Cross (SC)	Appointed Governor – Cancer Alliance
Yvonne Nolan (YN)	Appointed Governor – Wirral council
Glen Crisp (GC)	Public Governor – Warrington and Halton
Jane Wilkinson (JW)	Public Governor – Wales (Lead Governor)
Andrew Schache (AS)	Appointed Governor – University of Liverpool (new)
Keith Lewis (KL)	Public Governor – Liverpool
John Roberts (JR)	Public Governor – Liverpool
Nancy Whittaker (NW)	Appointed Governor – Macmillan Cancer Support
Andrew Pettit (AW)	Appointed Governor – University of Liverpool

In attendance

Name:	Title:
Liz Bishop (LB)	Chief Executive
James Thomson (JT)	Director of Finance
Katrina Bury (KB)	Head of Fundraising
Joan Spencer (JSp)	Chief Operating Officer
Tom Pharaoh (TP)	Director of Strategy
Julie Gray (JG)	Chief Nurse
Jayne Shaw (JSh)	Director of Workforce & OD
Margaret Saunders (MS)	Associate Director of corporate Governance
Emily Kelso (EK)	Corporate Governance Manager
Skye Thomson (ST)	Corporate Governance Administrator (minutes)

Observer

Name:	Title:
Janice Smith (JS)	Good Governance Institute – Well-Led review 2022
Mike Weaver (MW)	Good Governance Institute – Well-Led Review 2022



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Item no.	Agenda item	Action
CG-001-22	<p>Welcome & Apologies</p> <p>The Chair welcomed all those in attendance to the meeting and noted the following:</p> <p>GGI (Good Governance Institute) observed the meeting as part of their work on the Well-Led Review.</p> <p>Apologies received from: Asutosh Yagnik (NED), Sheena Khanduri (Medical director), Anne Olsson (Public Governor), Deborah Spearing (Staff Governor), Jackie McCreaney (Public Governor), Andrea Chambers (Appointed Governor)</p> <p>Apologies from attendees that needed to leave early: Keith Lewis (Public Governor), Emily Kelso (Corporate Governance manager), Sam Wilde (Staff Governor)</p> <p>KD Introduced new Appointed Governors: Sam Cross (Cancer Alliance), Nancy Whittaker (Macmillan), Andrew Schache (University of Liverpool)</p> <p>KD welcomed Julie Gray (Chief Nurse) to her first Council of Governors meeting</p> <p>KD noted Governors that have come to the end of their term: Ray Murphy (Appointed Governor), Andrea Chambers (Appointed Governor – Isle of Man), Andrew Pettit (Appointed Governor – University of Liverpool)</p> <p>KD thanked the leaving Governors for their contribution to the Council and the Trust.</p>	
CG-002-22	<p>Declarations of Interests Concerning Agenda Items</p> <p>No declarations of interests were received from Governors</p> <p>GB declared his interest in item GC-017-22 Reappointment of NED, at which point he would leave the meeting.</p>	
CG-003-22	<p>Minutes of last meeting: Extraordinary 22nd September 2021</p> <p>It was noted that the incorrect date on was written on minutes in the distributed paper pack, this was rectified following the meeting and saved as the approved version.</p> <p>The minutes of the last meeting held on the, 22nd September 2021 were approved by the Council as a true record.</p>	
CG-004-22	<p>Matters Arising & Action Log</p> <p>The following updates on the action log were given:</p> <p>CoG-51-19 Trust Board Development day – New Values: JSh informed the council that the publication of the new values was on track, they had been signed off through Board and the final design agreed. The launch was paused due to Covid restrictions, however there will be a soft launch in February that will continue through March and April.</p> <p>CoG-040-20 Membership & Comms Committee – Update: LJB provided the council with an update later in the meeting under item CG-010-22</p>	



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	<p>CG-003-21 Minutes of the last meeting – Skill Audit: KD noted this item was on track KD noted the rest of the items on the action log were complete.</p>	
<p>CG-005-22</p>		
<p>CG-006-22</p>	<p>Chief Executive Update</p> <p>1. Covid Update</p> <p>LB provided a verbal update highlighted the following:</p> <ul style="list-style-type: none"> • The differences each Covid wave has brought, the biggest issue for the current wave has been sickness and absence as the community levels of Covid have been so high. • Throughout the pandemic Clatterbridge have been managing the changes to guidance, for example IPC (infection, Prevention and Control) guidance and guidance on testing and vaccination. • The system is currently in Covid level 4 which is the highest level of escalation, however Clatterbridge has done well in this wave continuing to administer chemotherapy and radiotherapy. • Covid has been very difficult on patients, particularly the strict rules on visiting, which the Trust have in place to protect patients from infection. • There has been an increase in cases of patients admitted with incidental Covid. • Throughout the last 2 years Clatterbridge has had different forms of mutual aid. As a specialist trust Clatterbridge has been able to do additional imaging for the acute Trusts and is now looking at admission criteria and looking to provide more general and acute beds for the system, as well as looking to help with the vaccination programme and the anti-viral programme for vulnerable patients. • The service was kept going over Christmas and the bank holidays thanks to the hard work of Clatterbridge staff <p>JSh provided an update on sickness and absence, stating the rates were higher than in previous waves, however they were starting to come down.</p> <p>JSh provided an update on the requirement for staff to be vaccinated. The current legislation: all staff involved in regulated healthcare activity are to be full vaccinated (2 vaccines) by 1st April 2022. This is referred to as VCOD (Vaccination as a Condition of employment). Before Christmas the Trust identified 114 staff that weren't vaccinated after working through the information with staff it has changed to 95.</p> <p>JSh confirmed the absence rate is different between clinical and non clinical staff, stating there was high sickness absence in admin services, nursing and AHPs (allied health professionals).</p> <p>JSh confirmed that the uptake for the flu was lower this year than previous years</p> <p>YN congratulated and thanked staff for keeping the service open throughout Christmas and the bank holidays and from their knowledge as a member of Wirral Council noted that the Covid infection rates were very high, and the Council believed they would take 6 to 8 weeks to come down.</p> <p>Governors enquired what would happen to staff that didn't meet VCOD rules</p> <p>JSh explained that the workforce team are working through with staff the benefits and consequences of not being vaccinated and assured Governors they will look for</p>	



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redeployment where possible. However if not possible, the team will look to terminate contracts of employment.

Governors enquired about a breakdown of the 95 staff unvaccinated staff members and the area they work in. JSh confirmed there is breakdown, but was unable to share the exact figures. JSh noted there weren't any medical staff in the 95, they were primarily AHPs and admin and clerical staff, some of whom have medical exemptions. The workforce team will engage with staff and have ongoing conversations regarding their vaccination status.

Post meeting note – the requirement for all staff to be vaccinated was dropped by the Government after the meeting.

When asked about whether nightingale hospitals were reopening, it was confirmed they had originally been disbanded, however a few mini nightingales had opened and the only one in the north west is in Preston.

When asked if there were patients unable to be discharged due to pressures on the service, it was confirmed there were a small number of patients that had been delayed, the figures for which were outlined in the performance report. However, whilst the wider System has been under pressure, this has not been a huge issue for Clatterbridge.

JSp confirmed there were no issues with patients accessing lateral flow tests and noted there had been trouble with LAMP testing for staff, however LAMP testing is now only for front facing staff, whilst the rest of staff test use lateral flows.

JG noted that visiting in every organization had been stepped down as far as reasonably practical, and Clatterbridge had kept a strong stance on this to protect its vulnerable patients. JG explained the best thing to do to minimise risk of spreading infections is to reduce contact with others. JG highlighted that staff had stepped up and worked hard to show compassion to patients and work with them to help them digitally see loved ones and provide support, particularly over Christmas. JG noted there had been complaints over visiting rules staying place over Christmas, however with infections rising in January this stance helped protect patients.

2. Planning Guidance

JT highlighted the following from the new planning guidance published 24th December 2021:

- The Guidance recognises the continuing need to manage Covid
- There is a focus on reducing the patient waiting list back log
- The Cheshire and Merseyside Integrated Care Board being changed to the statutory body of the Integrated Care Board has been delayed until 1st July 2022 (instead of 1st April 2022)
- Final planning submissions from Trusts and Systems have been delayed to the end of April
- The guidance focuses on 10 planning themes which are consistent with the NHS Long Term plan, JT noted the key themes for Clatterbridge were 'Workforce and culture', 'tackling the backlog', 'tackling health inequalities' and 'Improve productivity to pre-covid levels'

JT outlined the Key Targets for all Trusts:

- Increase elective activity by 10%
- Increase diagnostic activity by 20%



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	<ul style="list-style-type: none"> • Reduce outpatient follow ups by 25% <p>JT noted the following specific issues for Clatterbridge</p> <ul style="list-style-type: none"> • Cancer wait times at February 2020 levels – 62 day target • Stratified patient follow ups - Skin, Lower GI, Prostate, +1 other • Increase recruitment of cancer workforce - Nurse Specialists, Support Workers • Ongoing role of Cancer Alliances • Restoration of screening programmes <p>Governors enquired if the recruitment of staff was being done proactively or reactively</p> <p>JSh responded that proactive recruitment plans were being put into place and having regular planned recruitment activity was being supported</p> <p>JT provided a financial planning guidance overview, highlighting the following points:</p> <ul style="list-style-type: none"> • Draft guidance issued through NHSE Regions – recognises transition year • Duty for ICB and Trusts to break-even – and jointly manage their financial risk • Funded activity commissioned through ICB contract – process and timeline unclear • Commissioner contract has fixed and variable elements <ul style="list-style-type: none"> -Variable element to reflect +/- performance against plan elective activity -£2.3 bn for variable elements of contracts passed to ICB • 1 year revenue allocations to ICB • 3 year capital allocations to ICB • Net inflation uplift = 1.7% (2.8% inflation with 1.1% efficiency target) <p>JT outlined the next steps:</p> <ul style="list-style-type: none"> • Internal Business planning and budget to be completed by early March and to complete a draft plan to NHS England on workforce activity, finance and quality by the 18th of March. • Then a period of refinement before going to trust board and the final plan submission for next year by the 29th of April. <p>The Council:</p> <ul style="list-style-type: none"> • Noted the content of the update • Will receive the slides from JT's presentation on planning Guidance after the meeting 	
<p>CG-007-22</p>	<p>Lead Governor Update</p> <p>JW updated the Council on the health status of a Governor who had been unwell and shared good news of their recovery. It was noted their term was coming to an end and this Governor would not be returning to the Council before their term was up.</p> <p>JW welcomed the new Governors, and noted the current vacancies which will be hoped to be filled in the election this summer.</p> <p>JW informed the Council that TP is arranging a remembrance garden to be put in place at CCC-Wirral for John Andrews, and both JW and TP encouraged governors to be involved</p>	
<p>CG-008-22</p>	<p>Performance & Quality Presentation</p>	



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The presentation was divided into four sections, operational performance, quality performance, workforce performance and finance performance from November 2021.

Operational Performance:

- Maintained excellent Cancer Waiting Times performance throughout the COVID-19 pandemic.
- COVID-19 inpatient flow challenges
- Leading the provision of Community Diagnostic Hubs in Cheshire and Merseyside - there are five of these across Cheshire Mersey and there having like a significant positive impact on patient pathways and patients access to tests.
- Rising activity as the NHS recovers from the initial stages of the pandemic, with associated workforce capacity challenges particularly in radiology and chemotherapy nurses.
- Continued roll out and refinement of online dashboards to support patient safety, inpatient assessments and audits ('perfect ward'), COVID-19 recovery planning and the achievement of Cancer Waiting Times standards.
- Settling in of Aseptic Pharmacy Team at CCCL) excellent performance against the cancer waiting time targets for patients. So despite the pandemic patients are having timely access to our services.

JSp also noted an ongoing focused piece of work on the underutilisation of beds, highlighting that during December and January occupancy had increased because a lot of mutual aid had been offered.

JSp thanked staff for their strength, creativity and efforts over December and January.

KD echoed JSp thanks to staff on behalf of the Governors and asked this to be reiterated to staff through communications on an ongoing basis.

Quality Performance:

- JG highlighted the increase in incidents per thousand bed days shown in the report and reassured the Council this was a positive result. JG explained that high performing organisations should be high incident reporting, low harm organisations, and that's where Clatterbridge is.
- JG highlighted the C. Difficile trajectory as there have been 11 cases in a 12 month period. JG noted that this was a result the Trust wanted to come below and it has already hit 11 this year to date which is in line with the national picture. It was noted this national picture is partly because of an increased reliance on antibiotics for respiratory disease because of COVID. However C.Difficile doesn't respond to alcohol hand gel, so washing hands is important. JG noted this statistic was not concerning but found it worth noting because it is out of the normal trajectory.
- JG noted that a lot of the Trust's quality initiatives haven't been stepped down throughout the pandemic where other organisations have had to. JG assured the Council the Trust will continue to keep a close eye on quality and have plans in place for the next 12 months and beyond.

Workforce performance:

- JSh noted the Trust will continue to focus on its statutory and mandatory training and PADR (performance appraisal and development review), highlighting that compliance for this was met in November. It was noted that sickness was slightly above target and sickness absence increased in October and November.
- JSh highlighted the quarter two pulse and engagement survey results explaining that this was a new version of the Pulse survey and was launched in July. This



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	<p>was followed by the National Staff Survey and currently the quarter four culture and engagement Pulse survey is underway, the results of which will be used to develop the action plan.</p> <p>Governors enquired if there was a difference between clinical and non-clinical areas on staff turnover and if there were hotspots that needed focus.</p> <p>JSh confirmed that during the last 12 months there was a high turnover in admin and clerical, and nursing. Retention plans have been put in place and have worked really well. The Council was assured that turnover is reported by professional group and deep dives are done when necessary.</p> <p>When asked about benchmarks for the Pulse survey, JSh noted for the first of the new survey, there was no benchmarking information available, but going forward that will be available in a more robust way.</p> <p>JSh noted that although the Pulse is referred to as a quarterly survey there isn't a set of results since July as the annual staff survey is done in quarter three instead.</p> <p>Financial Performance</p> <p>JT highlighted the table in the report shows Clatterbridge to be in a deficit, however the Trust is planning for a balanced position by the end of the year. JT explained that the deficit is because the Trust planned to receive extra income due to increased activity, however because the Cheshire Merseyside system as a whole hasn't achieved that extra level of performance, the Trust doesn't accrue the income that it was planning for. The finance team are working this through and putting mitigations in place.</p> <p>JT noted the Trust has maintained a healthy cash balance and its capital expenditure, even though it is slightly behind plan by the end of the year, the Trust will have spent its capital money.</p> <p>JT highlighted that for agency usage the Trust is currently under plan based on its historic amount. However, this will probably increase as the Trust has more bank and temporary staffing costs incurred in December and January. This means by the end of the year it will probably be at plan level.</p>	
<p>CG-009-22</p>	<p>Patient Experience & Inclusion Group Report</p> <p>AW presented the report from the patient experience and inclusion group and highlighted the national inpatient survey results. The results for 2020 highlighted that The Clatterbridge Cancer Centre was one of just six hospitals nationally (and the only hospital in Cheshire & Merseyside) to achieve the 'Much better than expected'</p> <p>AW also highlighted the National Council of Patient Experience Survey results which showed areas Clatterbridge had improved in as well as areas for further improvement. It was emphasised that both these national surveys show what a good job the staff and volunteers do in delivering great patient experience but also identifying where improvements can be made.</p> <p>AW gave special thanks to Karen Kay, Kirsteen Scowcroft, Elkan Abrahamson, Laura Jane Brown, Keith Lewis and Steve Sanderson for their commitment and support to the patient experience and inclusion group.</p>	





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	<p>AW noted the work on the Patient Experience and Public Inclusion Strategy 2019-2021 and Patient Experience, Engagement, Inclusion & Involvement Commitment 2021-2026 outlined in the report emphasising its co-production with patients which brings the patient focus right to the heart of it.</p> <p>AW noted 7 patient experience walkabouts have taken place since the last Council of Governors meeting and encouraged Governors and Non-Executive Directors to get involved as it is an opportunity to hear about patient experiences first hand.</p> <p>AW noted Kirsteen Scowcroft (Head of Patient Experience and Inclusion) would be leaving the Trust and thanked her for her fantastic contribution to patient experience</p> <p>KD thanked AW for the update</p> <p>ST asked any Governors wanting to be involved in Patient Experience Walkabouts to email her and she will add them to the rota.</p>	
CG-010-22	<p>Membership Engagement & Communications Committee Report</p> <p>LJB provided a verbal update on the newly restarted Membership, Engagement and Communications Committee, the first meeting took place in December 2021. LJB noted the action log said December 2022 in error.</p> <p>In the meeting in December 2021, LJB was elected as the new Chair and the committee took the chance to regroup and share ideas and lots of enthusiasm for membership. LJB highlighted that the consensus of the committee was that instead of just recruiting people to become members for number, the committee would like to emphasise engagement and look at what the Trust is providing its Members with and how we're getting them involved.</p> <p>The committee has revised the terms of reference to ensure the focus is on the Governors attending with assistance from the communications team and the corporate Governance team.</p> <p>The committee will next meet in February 2022 and will develop a new membership engagement and communications strategy. Initially meetings will be bi-monthly and once the strategy is in place these will go to quarterly.</p> <p>LJB encouraged Governors to be involved and let the Council know anyone wishing to be involved should contact herself or ST.</p> <p>KD thanked LJB for her update.</p>	
CG-011-22	<p>Performance Committee - Assurance Report</p> <p>GB, Chair of the Performance Committee, presented the 'Triple A' Chair's reports that come out of each committee and go to Trust Board and provided Governors with information on the current agenda items of focus. The key points highlighted were as follows:</p> <ul style="list-style-type: none"> Operational financial planning is fast moving and continually changing, but it is being kept on top of as the earlier overview showed There have been deep dives into certain areas including: 	



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	<p>-the 28 day faster diagnosis service, - sustainability and the green Plan -research, innovation business plan – the committee continue to keep an eye on this because there are some risks in there, so that will be fed back to the committee on a quarterly basis. -clinical decisions unit, GB highlighted a larger piece of work going on around staffing, being proactive in engagement and addressing recruitment gaps. A deep dive will go to the January 2022 committee meeting. -bed occupancy and whether the Trust need to reconfigure our bed occupancy, particularly on the number of beds that are available</p>	
CG-012-22	<p>Quality Committee - Assurance Report</p> <p>TJ highlighted the following key events from the 'Triple A' Chair's reports for the Quality Committee:</p> <p>-Aseptic Production Unit</p> <ul style="list-style-type: none"> • The issues around transfer of the aseptic production unit from CCC to the CCC Liverpool and the subsequent significant problems in delivery of chemotherapeutic agents. • The appointment of an interim chief pharmacist , who put together a comprehensive and detailed report as to how that process was going to transfer. • . • Transfer of that unit has now happened in December, but the quality Committee will continue to ensure the progress of that transfer. <p>-Knock on Effects of the Aseptic Unit in researching innovation, and the renewal of the Experimental Cancer Medicines Centre</p> <ul style="list-style-type: none"> • The centre is a flagship research centre .. Because of the provision of chemotherapeutic agents to early phase clinical trials, there was an inevitable risk related to that. So the committee kept that at very high at alert for last six months. This risk has reduced as problems related to the provision of getting therapeutic agents for clinical trials have reduced. <p>-Medicines Management and Controlled drugs procedures</p> <ul style="list-style-type: none"> • The committee was reassured with satisfactory reports and deep dives related to Medicines Management and Controlled drugs procedures, <p>-Communications</p> <ul style="list-style-type: none"> • There was a deep dive into the transfer to remote consultations. The report that the quality committee had in September showed no real immediate concerns. The committee will continue to keep an eye on that going forward. <p>-Risks</p> <ul style="list-style-type: none"> • The Quality Committee and the Executive team have done a huge amount of work around the reporting of risk and the definition of risk versus issues and how they're individually assessed and recorded. The risk register has improved and continues to be worked on. <p>TJ finished the update by acknowledging that the committee has had a busy but successful 6 months and items from the earlier reports have moved on successfully.</p>	
CG-013-22	<p>Audit Committee - Assurance Report</p> <p>MT highlighted the following key events from the 'Triple A' Chair's reports for the Audit Committee:</p> <p>Value for money report</p> <ul style="list-style-type: none"> • This is mandated as part of the year end audit process and wasn't completed by the time of the last Council of Governors meeting in July. There was an action for this to be completed by September with Grant Thornton (the external auditors) 	

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	<p>working with the finance team to achieve this. The report was finally considered by the Audit Committee in October when Grant Thornton attended for the last time.</p> <ul style="list-style-type: none"> The report was extremely positive with only four recommendations arising which were things like financial sustainability, governance, the way that the Trust handled the COVID-19 arrangements <p>External Auditors</p> <ul style="list-style-type: none"> At the Council of Governors meeting in July it was agreed that the Trust needed to go out to tender for the external audit service. Governors attended an extraordinary meeting in September and supported the appointment of Ernst Young. <p>Internal Audit</p> <ul style="list-style-type: none"> Internal Audit highlighted similar areas for improvement as the value for money report. One particular area of concern was managing of conflicts of interest which showed limited assurance on the internal audit report in October 2021 MT noted there is some control weaknesses in that area, and along with fit and proper persons and annual declarations of interest. The audit Committee has asked the Associate Director of Corporate Governance to report on progress on the various recommendations at the January 2022 Audit 	
<p>CG-014-22</p>	<p>Charitable Funds Committee - Assurance Report</p> <p>EA highlighted the following key events from the 'Triple A' Chair's reports for the Charitable Funds Committee:</p> <ul style="list-style-type: none"> There has been a dip in the amount of money that the charity has been able to raise. This is in line with other hospital charities during Covid The bogus charity collector that was involved in a serious incident has been convicted and sentenced. A new digital specialist for fund raising has been appointed and been with Clatterbridge for 3 months and they are already making an impact. <p>A Governor enquired about a gofundme page to raise money for cold caps and asked if the Charity was aware and if this platform was appropriate</p> <p>KB responded that the charity is in touch with the person in question and when fundraisers like this come to the charity's attention, they automatically contact them and engage with them. For this particular case, the charity is happy with the fundraiser and is encouraging them to move to another platform.</p> <p>EA requested if the Council does come across individual fundraising efforts in the name of Clatterbridge that they let KB know..</p>	
<p>CG-015-22</p>	<p>Proposal for the conversion of the Clatterbridge Cancer Charity to Independent Status</p> <p>EA provided the Council with information ahead of discussions at Charitable Funds Committee and Trust Board regarding proposals relating to the Clatterbridge Cancer Charity's status.</p> <p>EA outlined the differences between an NHS Charity and an 'Independent' Charity noting the benefits highlighted in the report, focusing on NHS Charities being accountable to the Department of Health & Social Care, whereas 'Independent' Charities are not. As an NHS Charity the Department of Health & Social Care could in theory take into account the charity funds when looking at the funds available to the hospital, and thereby potentially reduce the funds they make available to us.</p> <p>EA also highlighted that when looking for Trustees, potential candidates are more interested in an independent charity than a charity that is part of the hospital.</p>	



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EA noted that this is only a preliminary view but the committee feel it is appropriate to explore the possibility of changing the status to an independent charity.

When asked about being registered with the Charities Commission, EA responded that they have already approached a law firm to start to advise us on the process and if approved, to start the process of registering as an independent charity with the Charities Commission.

EA noted the factors to consider from the report, highlighting that the Chair of the Independent charity can't be appointed by the Trust, so there is a separation between Trust and Charity. It was noted this is a good thing because it empowers the Charity and the Trustees. The ultimate aim is to ensure that the charitable funds remain for the benefit of the Trust

EA informed the Council of the next steps as presented in the report. It was noted the first point 'Charitable Funds Committee considers proposal & makes recommendation (21st Jan)' was incorrect as the committee had been postponed due to pressures on the service.

EA highlighted is agreed this would be a long process of 12 to 18 months for conversion.

A Governor asked for more information on the advantages and disadvantages of the conversion, noting that aside from the fact that this would make the charity independent of the Department of Health and Social Care, the report didn't contain much detail on the advantages of the conversion. There is potentially a future risk to funds and converting will likely cost a substantial amount of money and more to run than it currently does. The Governor asked for further information regarding the proposal.

EA highlighted the two key advantages:

- Independent of Department of Health & Social Care and therefore independent funds.
- Being an independent charity is more attractive to Trustees and therefore a better calibre and profile of trustees, which in turn can lead to better fund raising.

EA noted that the process costs money and diverts resources. It was noted the Charitable Funds Committee believe that on balance the cost is worthwhile, however the final decision has not been made, and the costs and the benefits are still being teased out.

KB noted that another benefit of converting to an Independent charity is that the charity can demonstrate independence from the trust, and independence of decision making, which increases transparency. This is potentially more attractive to donors to support us, because they can see directly where the money will go. From talking to other Charities that have moved to independent status, KB noted that although then there may be cost in moving to independence, there are greater opportunities for charity to grow in the medium term and beyond.

KD noted that currently there are a number of people that think that the NHS is government funded and therefore are reluctant to donate charitably to it, as part of the hospital.

The Governor asked if there was a business plan in place

KB confirmed they are working on a business plan. It was noted the Charity Team are creating an income projection plan for the future including best and worst case scenarios. As the charity is asking for donations, forecasting is not straight forward



MEETING NOTES

	<p>however the charity has a history of doing quite well.</p> <p>The Governor had further questions and asked to discuss them further outside of the meeting</p> <p>KB will liaise with the Governor to answer their questions.</p> <p>KD noted that no decisions had been made at this meeting and all points raised by the Council will go forward and be built into the considerations.</p>	KB
CG-016-22	<p>Amendments to the Constitution</p> <p>KD noted that the last review and update of the constitution was carried out in July 2021, where it was presented to and later approved by the Council of Governors. Since then it has been recognised that given the end of the term of service of the appointed Governor representative from MCH Psychological Services (previously known as MANX Cancer Help), the Council of Governors was left with a gap in representation from the Isle of Man. KD highlighted that representation from the Isle of Man is valued by the Trust as a percentage of our patients reside on the Isle of Man, along with the Trust's ongoing commitment supporting chemotherapy and immunotherapy in the Eric & Marion Scott Oncology Unit based at Noble's Hospital – Isle of Man.</p> <p>KD asked the Council to approve the continued representation of Isle of Mann constituents through an appointed Governor from the Department of Health & Social Care – Isle of Man. This would increase flexibility of the potential pool of Governors.</p> <p>A Governor highlighted page 84 of the constitution where masculine pronouns had been used instead of inclusive pronouns.</p> <p>EA highlighted in the definitions clause, 1.2 it says words importing the masculine gender only shall include the female gender. That's not to say that the constitution should always use the masculine gender. It was noted it doesn't say vice versa and suggested this be looked at and inclusivity ensured.</p> <p>EK will incorporate the suggested changes</p> <p>KD noted once the changes have been made the constitution would be approved with the Department of Health on the Isle of Man being invited to nominate a Governor.</p>	
CG-017-22	<p>Reappointment of Non-Executive Director – Geoff Broadhead <i>GB left the meeting</i></p> <p>JW gave a verbal recommendation on behalf of the nominations committee to reappoint Geoff Broadhead as a Non-Executive Director for another three years.</p> <p>The Council agreed to reappoint Geoff Broadhead when his term comes to an end in summer 2022.</p>	
Any other business		
CG-018-22	<p>Any Other Business</p> <p>None declared</p>	

Next meeting:



MEETING NOTES

Date: 23 March 2022

Location: MS Teams

Start time: 17:00

Finish time: 19:00

Signature:

Date:

Chair

(Insert date when minutes are signed)

DRAFT



ACTION PLAN

Council of Governors

Last updated: January 2022

Updated by: Skye Thomson

R = Compromised or significantly off-track. To be escalated / rescheduled

A = Experiencing problems - off track but recoverable

G = On track

B = Completed

Item Ref	Date of Meeting	Item	Actions	Owner	Completion Date	RAGB	Status Update
CoG-51-19	07.11.19	Trust Board Development Day	New 'Trust values tree' to be shared with Council once completed	JSh	Ongoing	G	Programme of work to review and refresh out Values planned to support the new Strategic plan. Engagement activities are being held with staff, patients and stakeholders.
CG-015-22	12.01.22	Proposal for the conversion of the Clatterbridge Cancer Charity to Independent Status	KB to liaise with Governor to answer further questions regarding the proposal	KB	23.03.2022	B	14.01.2022 KB met the Governor and answered further questions. No further action needed.



REPORT COVER

Report to:	Council of Governors	
Date of meeting:	23/03/2022	
Agenda item:	CG-028-22	
Title:	Patient Experience and Inclusion Group Report – November 2021	
Report prepared by:	Karen Kay, Deputy Director of Nursing Andy Waller, Governor	
Executive Lead:	Dr. Liz Bishop, Chief Executive	
Status of the report: (please tick)	Public <input checked="" type="checkbox"/>	Private <input type="checkbox"/>

Paper previously considered by:	N/A
Date & decision:	

Purpose of the paper/key points for discussion:	The Council of Governors is asked to note and provide comment on The Clatterbridge Cancer Centre (CCC) NHS Foundation Trust Patient Experience and Inclusion Group Update November 2021 Report. The report provides a summary of patient experience key highlights from the PEIG meeting November 2021.
---	---

Action required: (please tick)	Discuss <input checked="" type="checkbox"/>
	Approve <input type="checkbox"/>
	For information/noting <input checked="" type="checkbox"/>

Next steps required:	Council of Governors are requested to; <ul style="list-style-type: none"> Note content of the draft report. Deliver comment/feedback as required
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The paper links to the following strategic priorities and Board Assurance Framework (BAF) Risks (please select)





REPORT COVER

BE OUTSTANDING

BAF Risk	Please select
If we do not have robust Trust-wide quality and clinical governance arrangements in place we will not deliver safe and effective care resulting in poor outcomes for our patients and negative regulatory outcomes.	<input checked="" type="checkbox"/>
Operational sustainability: If the demand for treatment exceeds the resources available, we are at risk of failing to deliver against healthcare standards which will impact on our ability to recover performance to the required levels within the agreed timeframes.	<input type="checkbox"/>
Financial sustainability: Due to changes in funding, the Trust may exceed activity levels resulting in increased costs that exceed the current agreed block funding.	<input type="checkbox"/>

BE COLLABORATIVE

BAF Risk	Please select
If we do not build upon the work with the Cancer Alliance and other partners this will adversely affect the Trust's ability to positively influence prevention, early diagnosis, standardisation of care and performance in cancer services.	<input type="checkbox"/>

BE RESEARCH LEADERS

BAF Risk	Please select
If we do not maintain our ECMC status this will adversely affect patient access to the latest novel therapies, CCC research reputation, acquiring CRUK status which in turn will have an impact on CCC's ability to support early phase trial research, progress against the Research Strategy and academic oncology in Liverpool.	<input type="checkbox"/>
Issues within the Pharmacy Aseptic Unit adversely impacting on the manufacture and dispensing of drugs resulting in some trials not being set up or re-opened as part of the recovery plan adversely impacting on patient accessibility to research and reputational damage with Sponsors.	<input type="checkbox"/>

BE A GREAT PLACE TO WORK

BAF Risk	Please select
If we do not invest in effective, inclusive leadership, there is a risk this will adversely impact on the Trust's ability to deliver the Trust's five year Strategy.	<input type="checkbox"/>
If we are unable to recruit and retain high calibre staff there is a risk of an adverse impact on the quality of care and reputation of the Trust.	<input type="checkbox"/>

BE DIGITAL

BAF Risk	Please select
If we do not invest in effective, inclusive leadership, there is a risk this will adversely impact on the Trust's ability to deliver the Trust's five year Strategy.	<input type="checkbox"/>
If the Trust is hit by a Cyber/ransomware attack, there is a risk that all systems could be disabled resulting in potential loss of data and delayed care.	<input type="checkbox"/>

BAF Risk	Please select
If we do not develop our Subsidiary Companies and Joint Venture we will not be able to re-invest back into the NHS.	<input type="checkbox"/>

BE INNOVATIVE

EQUALITY & DIVERSITY IMPACT ASSESSMENT								
Are there concerns that the policy/service could have an adverse impact on:								
Age	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Gender	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Religious/belief	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Sexual orientation	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Gender Reassignment	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Pregnancy/maternity	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>			

If YES to one or more of the above please add further detail and identify if a full impact assessment is required.



REPORT

Patient Experience & Inclusion Group (PEIG) Update prepared for Council of Governors Meeting March 2022

Public Governor; Patient Experience Lead

Deputy Director of Nursing



Version: 2.0 Ref: PIEG Nov 2021 Report Date: March 2022



REPORT

1.0 Introduction

In 2019 the Patient Experience and Inclusion Group (PEIG) was formed, the first meeting took place 1st August 2019, the group now meets Quarterly and the newly formed Patient Experience and Inclusion Operational Group (PEIOG) first meeting took place 20th October 2021. Governor Representatives are included as formal members of both groups.

The PEIG was established to give oversight and assurance to the board, through committee structures that the Patient Experience, Engagement, Involvement and Engagement portfolio and associated activities was being implemented and the agreed improvements embedded across the organisation.

The Council of Governors will receive quarterly reports on the discussions and outcomes of PEIG meetings at Formal Council of Governor Meetings.

Dates of future PEIG meetings are 16th March, 15th June, and 7th September 2022. At the Council of Governor Meeting on the 12th January 2022, it was noted that the current Head of Patient Experience & Inclusion had tendered her resignation.

A review/refresh of the role job description (JD) with the Chief Nurse was undertaken. The role will be advertised for recruitment in March 2022.

2.0 Highlights from the PEIG Meeting – 17th November 2021

CCCL Familiarisation/Welcome App – Radiotherapy

Programme Manager for the N.W. Radiotherapy Operational Delivery Network and The City of Liverpool College provided a progress update and demonstration of the CCCL Familiarisation/Welcome App for Radiotherapy.

Patients are anxious when they attend hospital for their first treatment visit, however the anxiety is alleviated somewhat once they attend their first session and know what to expect. The CCC-L Familiarisation/Welcome App developed in conjunction with students from the City of Liverpool College hopes to address these fears.

In the future once launched the app could be replicated for other departments across the Trust, with the College advising that there are already plans underway for phase 2 which will look at Chemotherapy. Adding that subtitles and translation into other languages could be an option to provide inclusivity and this will be explored. Radiotherapy (Phase 1) of the app is expected to launch in the next couple of months. It is anticipated that Chemotherapy (Phase 2) will also commence 2022.

NED/Governor Patient Experience Walkabouts

A Non-Executive Director (NED) conducted a virtual patient experience walkabout August 2021, visiting CCC Aintree Radiotherapy Unit and Marina Dalglish CCC satellite chemotherapy unit based at LUHFT Aintree hospital site. Key findings and observations shared with PEIG members in November 2021.





REPORT

The Public Governor Patient Experience Lead (PGPEL) reported that he had attended a virtual patient experience walkabout with one of the NEDs in September 2021 and talked to both patients and staff on Level 6 Chemotherapy unit & Ward 2.

The feedback received from patients was that they could not fault the standard of nursing care afforded to them but it is the “little things” that let down the overall patient experience. For instance confusing or duplicate letters and journey/directions/car parking arrangements for appointments. Patients deserve clearer communication, to have a better understanding of what is required, and what to expect from their visit as the lack of clarity is causing stress and anxiety.

Speaking to nursing staff, all six members of staff highlighted communication as being an issue, commenting that the Leadership team do not always appreciate that nurses do not have time to sit at computer screens reading emails, instead they need to be spending this time physically caring for patients. The Public Governor reported he was particularly impressed by the newer members of staff who have joined CCC over the past 2 years, noting how engaged they are with the Trust values.

One of the themes identified from speaking with staff was that the Trust Leadership need to strengthen and maintain a closer relationship with the staff who are giving direct care to patients to identify the issues they are facing. Four out of five members of staff mentioned the problems encountered in pharmacy and the provision of chemotherapy drugs.

The virtual patient experience walkabout for November 2021 was conducted by a different Public Governor and NED visiting Aintree Hospital site and the Marina Dalglish Unit, the results of which were presented at Trust Board in November and will be shared at PEIG on the 16th March 2022. The Head of Patient Experience (HoPE) commented that the November walkabout has been the most positive one so far and was especially comforting to see patients laughing together and supporting one another.

The HoPE asked that the Patient Experience Walkabout reports be shared at Divisional Quality & Safety meetings to ensure key highlights are captured and actioned at local level with progress included on divisional action plans.

Research study on the wellbeing of healthcare professionals during COVID

Public Governor Patient Experience Lead met with a Research Nurse and Haemato-Oncology Nurse to hear the results of their research study and he informed PEIG that the team had conducted a fantastic and rigorous study.

Key observations from the study;

- Staff are managing their own wellbeing as they have different individual needs and one approach does not necessarily fit all



REPORT

- Communication – the medium used to communicate should be tailored depending on the staff group. Electronic communication does not always work for people 'at the coalface' - if you haven't time to read emails or look at intranet sites
- The trust/staff relationship - A feeling that some leaders are disengaged from the experience of the staff who are directly in front of patients - and the issues they face
- Guilt –Staff at CCC feeling guilty that they have not been on the frontline of Covid-19 in the same way that their colleagues at Acute Trusts have been.

PGPEL is concerned that once we get Covid-19 to a manageable level the effects of undiagnosed cancer cases during the pandemic will hit the NHS hard and so it is imperative that the Trust is proactive about the health and wellbeing of their staff, especially as it has such a direct link with patient experience.

PGPEL has already spoken to various members of the Executive Team in relation to the findings of the study with the hope that they will engage further with the team to make this a priority. The study findings correlate with staff feedback received by Workforce & Organisational Development.

2019-2021 Patient Experience Strategy: Pledge progress & escalation for assurance

It was noted that all eight pledges are now complete and the 2019-2021 Strategy has been delivered in its entirety. HoPE congratulated and thanked the pledge leads, Patient Participation Group (PPG), PEIG and PEIOG members for their contribution in delivering the Strategy.

2021-2025 Patient Experience Commitment update

HoPE shared the 'Visual Minute' graphic Illustration produced from the final of seven workshops held on the 13th October 2021.

All key stakeholders (members of PEIG/PEIOG, the PPG and Governors) attended the workshops with an external facilitator and graphic illustrator. The workshop built on the work of the Six Patient Experience Improvement Framework workshops earlier in 2021.

The co-produced new five year Patient Experience Commitment (strategy) was presented to Quality Committee in February 2022 and the communications team are working to launch and publish the document along with the 'Visual Minute' to be displayed around the Trust so that both patients and staff can see at a glance what CCC are committed to doing as a Trust for patient experience, engagement, inclusion and involvement.

Patient Experience and Inclusion Annual Report 2020/21

The Annual Report for 2020/21 was shared with PEIG members and was presented to Quality Committee in February 2022.

The success that has been achieved over the last 12 months is a testament to the dedication of PEIG members and Divisional teams and it evidences all the patient-led work that has been completed in such a challenging 2020/21.





REPORT

Radiotherapy Patient Story

Sue's Story, a chemotherapy-radiation treatment experience was shared with PEIG members prior to the meeting and was presented at Trust Board in October 2021 with an accompanying MS Teams recording produced. The Communications team have been tasked with editing the 30 minute filming down to a video (10 minutes) and to publish all digital patient story's shared in the future on the Trust website prior to next PEIG meeting in March 2022.

A patient story toolkit has been approved by PEIOG members in February 2022 and will be presented to PEIG in March for final comments, prior to ratification and publication for use.

NHS England & Improvement Always Events update

The first Always Events project - the Family Volunteer Service, which includes 'chatter buddies' has been implemented and a review took place on the 30th November 2021 with the Family Liaison Practitioner (End of Life Palliative Care Team) and the volunteers. Point of Care Lead for Always Events has also produced a poster to be shared with colleagues across the wider NHS and the Always Events National team and to advertise to patients and visitors that what matters to them, matters to us.

The second Always Events project (Improving Communications within Outpatients) is underway. The Point of Care Lead and Network Services Matron are leading this piece of work.

CCC Adult Inpatient Survey 2020 preview report and 2021 update

The Preview Report 2020 was shared with the group at September's PEIG. The full report has since been published by the CQC and can be viewed on the Trust website.

The Trust was ranked number 6 in the country and has been identified as performing 'Much better than expected'. This is because the proportion of respondents who answered positively to questions about their care across the entire survey was significantly above the trust average.

Ranking sixth in the country is an outstanding achievement and should be promoted more. The Associate Director of Communication offered assurance, advising that the achievement has been publicised Trust wide in the Chief Exec video, Chief Nurse communications, on Social Media, the Trust Website and Team Brief as well as display screens around the hospital. The Executive Team have also been conducting walkabouts and conveying their thanks to all the staff.

The action plan has been agreed with Acute Care Services and will go through Divisional Q&S meetings and PEIOG for progress updates and assurance reporting.



REPORT

Timeframes for 2021 survey:

- Advertising on wards until the end of November 2021 for any opt out requests. Patients directed to the generic patient experience email address if they wish to opt out
- Sample taken in Oct/Nov 2021 by Business Intelligence (BI) team
- Jan/Feb 2022 fieldwork and letters to be sent to patients by Picker
- Picker end their fieldwork in May 2022
- 2021 Survey Report published in Autumn 2022

National Cancer Patient Experience Survey (NCPES) 2020 and 2021 update

The National Cancer Patient Experience Survey was published on 13th November 2021 and was undertaken on a voluntary basis by trusts this time around. The uptake was down by 50% and the pandemic has had an impact on the results, which needs to be acknowledged.

CCC has dropped to 8.8 out of 10 compared to 9.1 out of 10 in 2019. Our peers have scored higher at 9.0 out of 10 and this presents an opportunity to learn from the Christie and the Royal Marsden and share learning of best practice.

An improvement action plan has been discussed and agreed with the divisional leads and allocated ownership of actions. The action plan will then be updated via Divisional Q&S meetings, presented at PEIOG bi-monthly meetings and any issues escalated to PEIG.

Communications Deep Dive Report

A Communications Deep Dive Report was submitted to Quality Committee in July 2021 in response to the increase in communication related complaints received within the Trust. The Head of Risk conducted a review looking into incidents and complaints as well as virtual consultations.

Between 1st April and 30th June 2021 there were 313 records where communication was sighted as an issue. The review concluded the following points:-

- There needs to be a focus on communications between departments as part of Quality Improvement
- There is a requirement to develop the categories and associated subcategories in Datix for robust recording of reasons for complaints
- There were no main themes identified around Telemedicine and the issue of virtual consultations
- The provision of customer care training to all patient facing staff is to be reviewed.

A further report is to be submitted to Quality Committee in six months' time which is expected to pinpoint where quality improvement is required. The Acute Care division have already commenced work around communication within their department and between their staff.

Communication is high on the agenda for the Trust with the executives and senior teams aware that it requires improved focus.





REPORT

Trust Friends and Family Test (FFT) update 2021

The FFT Reports for September and October 2021 were shared with the group.

FFT positive ratings are consistent at 96%. Patient comments were received around waiting times, communication and in October 2021, comments were received in relation to lift signage and wayfinding in general.

The Associate Director of Communications and Arts coordinator have worked to resolve the signage issues, the lift directory for CCC-L and further wayfinding advice for exiting phlebotomy via patient letters and staff directions have all been updated. One of the comments related to signage at the Marina Dalglish Unit (part of AUH site) is being addressed by Associate Director of Communications in collaboration with AUH Estates department to make the necessary improvements and will provide an update on progress at the next PEIG in March 2022.

October 2021 PEIOG Triple A 'Assure' Highlights

- Congratulations to the Research team and Patient & Public Involvement (PPI) Group on the publication of the Research Matters newsletter.

Volunteer Update

The Trust has 62 active volunteers (195 recruited to support move to CCCL) covering CCC-W and CCC-L sites, 21 volunteers are undergoing recruitment, and there have been 54 further enquiries received. Mandatory training compliance of 100% has been achieved.

Equality, Diversity and Inclusion

The Interim EDI lead gave an overview of the role advising that she was leaving in December 2021 when a new permanent EDI Lead will be joining the Trust in January 2022.

The role is based on a collaborative model between CCC, The Walton Centre and Alder Hey. This is of particular benefit because it enables all EDI processes, policies and educational training to be shared, as well as allowing an opportunity for sharing best practice. Since joining the Trust she has reviewed the WRES/WDES reports, mandatory reporting and the re-launching of a reciprocal mentoring program, encouraging staff from diverse backgrounds to take part. The Trust has signed up to the NHS Leadership Academy for next year with a pilot scheme running over the next few months.

The new EDI lead will be focusing on community engagement, working with the universities, religious organisations, community groups and patient groups to really engage with the wider community and the patients that we serve. They will also be looking at how the Trust attracts recruits and retains staff, how and where we advertise and how we can diversify the workforce to bring in richer experiences and alternative views. The Interim lead added that if we teach our staff about different cultures and backgrounds, it would empower them to ask patients more informed questions about their needs.





REPORT

Staff Health & Wellbeing Update

The Learning and Organisational Development Manager, shared a slide deck with the group. The presentation highlighted the ongoing work HR are doing to meet the health and wellbeing needs of staff within the Trust. Achievements over the last 12 months were:

- Stress awareness month – highlighting the importance of decreasing stress
- Wellbeing objectives have been linked directly into the appraisal system for both staff and managers
- Wellbeing conversation Training to be rolled out from February 2022.
- Linked into the Cheshire and Merseyside Resilience Hub
- Cycle to work initiative and competition
- Health and Wellbeing Promotional calendar available to staff and public

The results of the July 2021 Pulse Survey, which replaced the Staff, Friends and Family Test, were shared with the group. The next Pulse Survey was launched January 2022.

The new Trust Values have now been approved and formally launched in February 2022:

We are kind. We are empowered. We are responsible. We are inclusive

HR are working with communications and stakeholders across the organisation to launch the new values fully with existing staff, new staff, patients and visitors and the new values will be embedded in all key Trust documentation.

The People Commitment was launched in February 2022, which is the Workforce and Organisational Strategy and is comprised of 5 key pillars. Two of the pillars relate to Health and Wellbeing:

- **Looking after our People**
- **Valuing our People**

The implementation plan going forward will be to develop a revised Health and Wellbeing offer from January 2022 taking into account the feedback received from staff.

Veterans and Armed Forces Update – VCHA Accreditation

Arrangements for The Lord Lt of Merseyside to visit CCC to present the Veteran Aware & Friendly status accreditation certificate was scheduled for December 2021, but due to rising Covid infection cases had to be cancelled.

HoPE advised that work in Q2 had been slow to progress; however, the Trust was accredited in July 2021 and will have their 1-year re-accreditation submission to the VCHA panel in July 2022. A review of how the Trust can identify staff and patients who are veterans and part of the wider Armed Forces community has been undertaken and the Electronic Staff Record (ESR) and Electronic Patient Record (EPR) have been updated to capture this information in December 2021 & January 2022 upon starting employment/new patient admission.



REPORT

St Helens and Knowsley Hospital Trust have been re-accredited after their first year and asked to share lessons learned with CCC.

4.0 Recommendations

The Council of Governors is asked to note the content of the report.



REPORT COVER

Report to:	Council of Governors	
Date of meeting:	23/03/2022	
Agenda item:	CG-029-22	
Title:	Membership Engagement and Communications Committee Report	
Report prepared by:	Laura Jane Brown, Staff Governor, Membership Engagement and Communications Committee Chair Skye Thomson, Corporate Governance Administrator	
Executive Lead:	Dr. Liz Bishop, Chief Executive	
Status of the report: (please tick)	Public <input checked="" type="checkbox"/>	Private <input type="checkbox"/>

Paper previously considered by:	N/A
Date & decision:	

Purpose of the paper/key points for discussion:	The purpose of this report is to provide the Council of Governors (COG) with an update on the Membership Engagement and Communications Committee (MECC) and its achievements and goals.
---	---

Action required: (please tick)	Discuss	<input type="checkbox"/>
	Approve	<input type="checkbox"/>
	For information/noting	<input checked="" type="checkbox"/>

Next steps required:	Council of Governors are requested to note the content of the report.
----------------------	---

The paper links to the following strategic priorities and Board Assurance Framework (BAF) Risks (please select)





REPORT COVER

BE OUTSTANDING

BAF Risk	Please select
If we do not have robust Trust-wide quality and clinical governance arrangements in place we will not deliver safe and effective care resulting in poor outcomes for our patients and negative regulatory outcomes.	<input type="checkbox"/>
Operational sustainability: If the demand for treatment exceeds the resources available, we are at risk of failing to deliver against healthcare standards which will impact on our ability to recover performance to the required levels within the agreed timeframes.	<input type="checkbox"/>
Financial sustainability: Due to changes in funding, the Trust may exceed activity levels resulting in increased costs that exceed the current agreed block funding.	<input type="checkbox"/>

BE COLLABORATIVE

BAF Risk	Please select
If we do not build upon the work with the Cancer Alliance and other partners this will adversely affect the Trust's ability to positively influence prevention, early diagnosis, standardisation of care and performance in cancer services.	<input type="checkbox"/>

BE RESEARCH LEADERS

BAF Risk	Please select
If we do not maintain our ECMC status this will adversely affect patient access to the latest novel therapies, CCC research reputation, acquiring CRUK status which in turn will have an impact on CCC's ability to support early phase trial research, progress against the Research Strategy and academic oncology in Liverpool.	<input type="checkbox"/>
Issues within the Pharmacy Aseptic Unit adversely impacting on the manufacture and dispensing of drugs resulting in some trials not being set up or re-opened as part of the recovery plan adversely impacting on patient accessibility to research and reputational damage with Sponsors.	<input type="checkbox"/>

BE A GREAT PLACE TO WORK

BAF Risk	Please select
If we do not invest in effective, inclusive leadership, there is a risk this will adversely impact on the Trust's ability to deliver the Trust's five year Strategy.	<input type="checkbox"/>
If we are unable to recruit and retain high calibre staff there is a risk of an adverse impact on the quality of care and reputation of the Trust.	<input type="checkbox"/>

BE DIGITAL

BAF Risk	Please select
If we do not invest in effective, inclusive leadership, there is a risk this will adversely impact on the Trust's ability to deliver the Trust's five year Strategy.	<input type="checkbox"/>
If the Trust is hit by a Cyber/ransomware attack, there is a risk that all systems could be disabled resulting in potential loss of data and delayed care.	<input type="checkbox"/>

BAF Risk	Please select
If we do not develop our Subsidiary Companies and Joint Venture we will not be able to re-invest back into the NHS.	<input type="checkbox"/>

BE INNOVATIVE

EQUALITY & DIVERSITY IMPACT ASSESSMENT								
Are there concerns that the policy/service could have an adverse impact on:								
Age	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Gender	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Religious/belief	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Sexual orientation	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Gender Reassignment	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Pregnancy/maternity	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>			

If YES to one or more of the above please add further detail and identify if a full impact assessment is required.



REPORT

Membership Engagement and Communications Committee Report

Laura Jane Brown, Staff Governor, Membership Engagement and Communications Committee
Chair
Skye Thomson, Corporate Governance Administrator



REPORT

1.0 Purpose

The purpose of this report is to provide the Council of Governors (COG) with an update on the Membership Engagement and Communications Committee (MECC) and its achievements and goals.

2.0 Background

The MECC restarted in December 2021 after being stopped during Covid, because of service demands. After the initial meeting in December a verbal update on the Committee was provided to the Council of Governors on 12th January 2022. Since then, the Committee met on 26th February 2022.

Two members of the Communications team have now joined the Committee to support with implementing the MECCs strategic plan.

3.0 Items to note

3.1 Terms of reference

The Committee are in the process of reviewing the Terms of Reference, a second draft went to the MECC on the 26th of February where additional comments were made. An updated version of the Terms of Reference will go to the next MECC meeting in April for approval.

3.2 Strategy

The MECC strategy is currently under review; the Committee are continuing to amend the strategy to reflect focus upon engagement with members, rather than recruitment figures, and to also ensure alignment with the Trust's strategic priorities. The strategy will go to the next MECC meeting in April for further consideration, with a proposed plan for approval. Once the strategy is approved at MECC, the strategy will go to the next Council of Governors for approval and sign off.

3.3 Implementation Plan

A template for the new implementation plan went to the MECC in February and was approved. The Committee are currently filling in a form with project ideas which will all be collated and reflected in the Implementation Plan. The Implementation Plan will outline different workstreams, for example: membership engagement, membership recruitment,



REPORT

Governor Visibility etc. At the next MECC meeting the Committee will review the projects in the Implementation Plan, prioritise them and set actions to begin implementation.

3.4. Quick wins

The Committee has started to think about 'quick wins' they can achieve whilst the implementation plan is still in development.

A postcard for Governors to have on patient experience walkabouts, to ensure there is a consistent and easy response for Governors to use when asked what a Governor is/does is being developed. This is aimed to be completed for the next patient experience walkabout on 17th March 2022 and will then be sent to each Governor attending the walkabouts going forward. This can also be used for Governors to have a quick response ready when talking to members, the public, friend and family about their role and will be particularly useful when promoting the Governor elections.

The Committee has requested that all Governors provide a photo to the Corporate Governance Team for them to put on the website, and to potentially be used on screens around the Trust. This is to raise awareness of Governors and will help the committee with starting engagement projects.

3.5. Elections

There are 12 positions coming up for election 4 of which are completely vacant and 8 currently have Governors in post who are coming to the end of their term and are eligible for re-election, should they want to run again. The MECC will sign off materials for the elections and monitor nominations, as well as look at ways to engage with members encouraging them to vote.

All Governors coming to the end of their term will be contacted to ensure they are aware and discuss re-running for the position.

4. Recommendations / next steps

- The MECC Strategy will come to the Council of Governors for approval in July 2022.
- The MECC will continue to provide the Council of Governors with an update and once the Implementation Plan is live it will be brought to the Council of Governors in place of the meeting minutes.



REPORT

- The Membership Engagement and communications Committee ask that the Council of Governors assist with ensuring all Governor positions are filled in the 2022 election.

Appendix – Minutes of Membership Engagement and Communications Committee 26th February 2022

DRAFT Minutes of the Membership Engagement and Communications Committee

Held on: 21st February 2022
Start time: 11:00

Location: MS Teams
Finish time: 12:00

Present

Name:
Laura Jane Brown
Jane Wilkinson
Keith Lewis
John Roberts
Andy Waller
Michael Thorpe
Heather Neillans
Skye Thomson

Title:
Staff Governor (Chair)
Public Governor
Public Governor
Public Governor
Public Governor
Assistant Communications Officer
Assistant Communications Officer
Corporate Governance Administrator

Item no.	Agenda item	Action
MC-001-22	<p>Welcome, Apologies & Introductions:</p> <p>Apologies received from Anne Olsson, Public Governor.</p> <p>The Chair facilitated introductions and welcomed the new members of the committee from the communications team.</p>	
MC-002-22	<p>Declarations of Committee Members' and other attendees' interests concerning agenda items:</p> <p>None declared.</p>	
MC-003-22	<p>Minutes of last meeting: 7th December 2021</p> <p>JW highlighted agenda item 'MC-007-21 Planned Business' in the minutes and asked for 'attend Universities to speak to students about new membership' to include sixth forms.</p>	ST



REPORT

	<p>The committee agreed and noted not be too rigid in where engagement talks can take place.</p> <p>The minutes were approved as an accurate record of the meeting.</p>	
MC-004-22	<p>Matters arising:</p> <p>There were no matters arising from the minutes of the previous meeting.</p>	
Items		
MC-005-22	<p>Terms of Reference</p> <p>The committee confirmed they had read the revised terms of reference.</p> <p>LJB had made edits to the terms of reference and planned to send them to ST after the meeting to make changes.</p>	LJB/ST
	<p>JW noted that on page 3 the terms of reference stated 'minutes of the committee meetings would be provided to the Council of Governors on request'. JW requested instead of minutes being provided 'on request' they were provided following each meeting</p> <p>The Committee discussed the request and agreed to send out the minutes in the report to the Council of Governors until the Implementation plan is live and will supersede the minutes. ST will make this change to the terms of reference.</p>	ST
	<p>The Committee agreed any further comments or edits regarding the Terms of Reference will be sent to ST prior to the next meeting at which the updated version of the Terms of Reference will be presented for approval.</p>	ST
MC-006-22	<p>Feedback from NHSP Membership session</p> <p>The week prior to the meeting Governors attended two sessions put on by NHS Providers and arranged by Liverpool University Hospitals Foundation Trust (LUHFT), with Governors from other Trusts also attending. The morning session was a 'Governor development session' discussing the role of the Governor and holding the Board to account. The afternoon session was on membership engagement and membership strategies.</p> <p>ST informed the committee that they would receive a copy of the powerpoint slides from the afternoon session, once they had been distributed by NHS providers. Included in the slides was information on membership engagement events that other Trusts had held, this information could be useful to the committee to inspire ideas for membership engagement at the Trust.</p> <p>As the session was arranged by LUHFT, ST highlighted the opportunity to utilise the network built with the Governors and Corporate Governance Team there.</p> <p>AW highlighted key areas of focus they had taken from the session:</p> <ul style="list-style-type: none"> The Committee should look at why people become members, and note that the term 'member' may put some people off joining and in fact 'supporter of Clatterbridge' may be a more accurate term. 	ST



REPORT



	<ul style="list-style-type: none"> It is important to be aware of the language used in communications with members. As many people won't know, what a foundation Trust is and what membership really means. Other Trusts hold Health education workshops, where members are invited to talks given by departments or medical professionals within the Trust and have the opportunity to learn more about what the Trust is doing or a particular area of medicine. This could be something the committee looks at doing. <p>JW questioned if any cleansing of the database occurred.</p> <p>ST confirmed that CIVICA, who store the database, do a monthly cleanse of deceased members. They cross check the membership database against a national database of the deceased and inform the corporate governance team each month that they have done this check. ST noted it is also possible to manually delete members if people get in touch to let the Corporate Governance team know a member has moved or passed away.</p> <p>JW informed the Governors that in the morning NHS providers session virtual monthly session for members were raised as a suggestion for engagement.</p> <p>The Governors agreed that ideas for engaging with members would be placed onto the implementation plan. LJB noted as a member of LUHFT they had received a schedule of events taking place and the committee could take ideas from this.</p>	
<p>MC-007-22</p>	<p>Membership Engagement and Communications Strategy</p> <p>The committee confirmed they had read the revised Membership Engagement and Communications Strategy.</p> <p>JW noted that on page 7 the strategy says 'Membership is open to all those in North West England' and asked for this to be changed to include Wales, the Isle of Man and the rest of England. ST will make these changes</p> <p>Post meeting note: The changes to include the Isle of Man, requires a change to the constitution. The Strategy must be in line with the constitution, so this change to the Membership Engagement and Communications Strategy is currently not possible. The issue has been raised with the Associate Director of Corporate Governance.</p> <p>LJB had lots of small changes for the strategy and suggested sending them through to ST to change and then a revised strategy with LJB's amendments would be sent out to the Committee for comments. After receiving comments from the Committee ST will bring an update version of the Strategy to the next MECC meeting for approval. Once approved at Committee level the Strategy will go for final approval at the July Council of Governors meeting.</p> <p>The Committee agreed to this timescale.</p>	<p>ST</p> <p>ST</p>
<p>MC-008-22</p>	<p>Implementation Plan</p> <p>A template of the new Implementation Plan was shared with the committee in the paper pack.</p> <p>LJB gave an overview of the template for the Implementation Plan and provided examples of the projects that could go into it.</p>	



REPORT



	<p>KL noted there are opportunities already to raise membership and Governor awareness through events already held by the Trust, such as working with volunteers and events the Charity hold.</p> <p>LJB noted that prior to attending and hosting events the Committee needs to look at the 'becoming a member' journey to ensure that the form is up to date with information and branding, that members receive a welcome letter when they join, that the link is easy to use and accessible, that if we want paper forms there is a process for these members being put onto the database, etc.</p> <p>JW asked if there was a budget for the Committee.</p> <p>ST informed the committee they had a meeting in place with the Associate Director of Corporate Governance and a member of the finance team to find out about a budget for the committee.</p> <p>AW asked the communications team if there is a 'Comms plan' that the committee could see to determine if there were events that the MECC could be involved with and members could be targeted with.</p> <p>HN noted that currently the communications team mostly engage with the public through social media, as Covid hasn't allowed for face to face events. The Communications Team has a plan for awareness days, but doesn't currently have an overarching 'Comms plan', however they are working on a new strategy.</p> <p>JR noted that the Committee needs to consider the best time to approach people about becoming members, as past experience giving forms to patients has not often resulted in increased membership.</p> <p>JW noted the Charity used to give the Governors their events plan for 12 months, allowing Governors to plan which events they could be involved in. This would be useful going forward.</p> <p>The committee agreed due to the large number of ideas for populating the Implementation plan, ST will send out a form for Committee members to fill in with ideas for projects the Committee can do to implement the strategy. The form will include the opportunity to prioritise ideas and give ideal timescales. ST will collate the responses from each committee member, putting them into the Implementation Plan. At the next meeting the Implementation plan will be shared and the Committee can discuss the projects and priorities further.</p> <p>ST suggested that quantitative data from the membership database is shared with the Committee as a standing agenda item, giving the Committee oversight of how many members the Trust has and further details into the numbers, across areas such as constituency, age, etc. The data can be compared with data on the general public in each area to ascertain how representative the Trust's membership is of the general public. The Committee agreed they would like this as a standing agenda item.</p>	<p>ST</p> <p>ST</p> <p>ST</p> <p>ST</p>
<p>MC-009-22</p>	<p>Patient Experience Virtual Walkabout – Promoting the role of Governors as discussed</p> <p>ST highlighted two areas regarding the patient experience virtual walkabouts and the MECC. Firstly, there is an opportunity for the committee to develop a leaflet or membership form that can be given out when the walkabouts happen, giving information</p>	



REPORT

	<p>about Governors and Membership and encouraging people to become members. This can be included in the implementation plan.</p> <p>Secondly, having a notecard containing a couple of bullet points on what a Governor is, would ensure there is a standard response for Governors on a walkabout to give to patients or staff and to raise awareness of the Governor role.</p> <p>Upon request of the Committee, AW agreed as the Chair of the Patient Experience and Inclusion Group to liaise with ST regarding the Governor Information notecard.</p>	AW/ST
MC-010-21	<p>Elections</p> <p>ST informed the Committee the process for running elections for 2022 had begun. The timeline for elections was shared with the Committee and they were made aware that communication and posters for elections would come to the MECC for sign off.</p> <p>ST encouraged Governors to speak to members and their various contacts about running and voting in elections.</p> <p>JW suggested people who may want to be Governors be given the opportunity to learn more about the role and similar to how the Trust had been holding 'shadow Board' for senior leaders in the Trust to get the experience of being a Board member.</p> <p>ST noted that last year online session had been held for people interested to attend and learn more about the role. The committee can also do videos, posts, or sessions meeting perspective Governors. They would also be welcome at Trust Board and the Council of Governors meetings as they are both open to the Public.</p> <p>ST noted there are 12 positions coming up for election 4 of which are completely vacant and 8 currently have Governors in post who are coming to the end of their term and are eligible for re-election, should they want to run again.</p>	
Corporate Matters		
MC-011-21	<p>Meeting dates</p> <p>ST asked the Committee if they were happy to alternate between meetings during the day and after typical work hours, to accommodate everyone's schedules.</p> <p>Governors on the Committee agreed.</p> <p>ST will pick up this discussion with the Communications Team offline to check working after 17:00 fits into their contracted hours.</p> <p>ST will send out dates after speaking to the Communications Team, the next meeting will be in April.</p>	ST ST
MC-012-21	<p>Items for inclusion in Chair's report</p> <p>The Committee agreed the following information should be included in the report to the Council of Governors on 23rd March 2022:</p> <ul style="list-style-type: none"> New Strategy 	



REPORT



	<ul style="list-style-type: none"> Detailed Implementation Plan Logistical mapping and planning New terms of Reference Supporting the walkabouts Elections 	
MC-013-21	<p>Any other business</p> <p>LJB suggested that each governor should have a page with information about them and a photo on the website and asked the Committee to lead by example.</p> <p>ST will include a request for Governors to send a photograph and a pen portrait to the Corporate Governance team, in the March Governor Bulletin</p> <p>MT agreed to put the photos on the website once ST received them</p> <p>LJB requested the Communications Team find out if there are any paper forms for becoming a member still around in their department</p> <p>No other business declared</p>	<p>ST</p> <p>MT</p> <p>HN/MT</p>

Next meeting:

Date: 19 April 2022	Location: MS Teams
Start time: 17:00	Finish time: 18:30
Signature: Chair	Date: (Insert date when minutes are signed)

REPORT COVER

Report to:	Council of Governors	
Date of meeting:	23 rd March 2022	
Agenda item:	CG-030-22	
Title:	Performance Committee Assurance Report	
Report prepared by:	Geoff Broadhead	
Executive Lead:	Liz Bishop	
Status of the report: (please tick)	Public <input checked="" type="checkbox"/>	Private <input type="checkbox"/>
Paper previously considered by:	Trust Board	
Date & decision:	26 th January 2022	
Purpose of the paper/key points for discussion:	This paper is the 'Triple A' Chairs report previously presented to Trust Board. The purpose of the report is to provide the Council of Governors with assurance from Performance Committee.	
Action required: (please tick)	Discuss <input type="checkbox"/>	Approve <input type="checkbox"/>
	For information/noting <input checked="" type="checkbox"/>	
Next steps required:	N/A	

The paper links to the following strategic priorities and Board Assurance Framework (BAF) Risks (please select)



REPORT COVER



BE OUTSTANDING

BAF Risk	Please select
If we do not have robust Trust-wide quality and clinical governance arrangements in place we will not deliver safe and effective care resulting in poor outcomes for our patients and negative regulatory outcomes.	<input type="checkbox"/>
Operational sustainability: If the demand for treatment exceeds the resources available, we are at risk of failing to deliver against healthcare standards which will impact on our ability to recover performance to the required levels within the agreed timeframes.	<input type="checkbox"/>
Financial sustainability: Due to changes in funding, the Trust may exceed activity levels resulting in increased costs that exceed the current agreed block funding.	<input type="checkbox"/>

BE COLLABORATIVE

BAF Risk	Please select
If we do not build upon the work with the Cancer Alliance and other partners this will adversely affect the Trust's ability to positively influence prevention, early diagnosis, standardisation of care and performance in cancer services.	<input type="checkbox"/>

BE RESEARCH LEADERS

BAF Risk	Please select
If we do not maintain our ECMC status this will adversely affect patient access to the latest novel therapies, CCC research reputation, acquiring CRUK status which in turn will have an impact on CCC's ability to support early phase trial research, progress against the Research Strategy and academic oncology in Liverpool.	<input type="checkbox"/>
Issues within the Pharmacy Aseptic Unit adversely impacting on the manufacture and dispensing of drugs resulting in some trials not being set up or re-opened as part of the recovery plan adversely impacting on patient accessibility to research and reputational damage with Sponsors.	<input type="checkbox"/>

BE A GREAT PLACE TO WORK

BAF Risk	Please select
If we do not invest in effective, inclusive leadership, there is a risk this will adversely impact on the Trust's ability to deliver the Trust's five year Strategy.	<input type="checkbox"/>
If we are unable to recruit and retain high calibre staff there is a risk of an adverse impact on the quality of care and reputation of the Trust.	<input type="checkbox"/>
If we do not support and promote employee health and wellbeing this will adversely impact on the stability of our workforce in terms of recruitment, retention and absence.	<input type="checkbox"/>

BE DIGITAL

BAF Risk	Please select
If we do not invest a clear vision, sufficient capacity and investment in our digital programme and teams there is a risk that the Trust will not achieve its digital ambition.	<input type="checkbox"/>
If the Trust is hit by a Cyber/ransomware attack, there is a risk that all systems could be disabled resulting in potential loss of data and delayed care.	<input type="checkbox"/>

BE INNOVATIVE

BAF Risk	Please select
If we do not develop our Subsidiary Companies and Joint Venture we will not be able to re-invest back into the NHS.	<input type="checkbox"/>

EQUALITY & DIVERSITY IMPACT ASSESSMENT

Are there concerns that the policy/service could have an adverse impact on:

Age	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Gender	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Religious/belief	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Sexual orientation	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Gender Reassignment	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Pregnancy/maternity	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>			

If YES to one or more of the above please add further detail and identify if a full impact assessment is required.





Committee/Group 'Triple A' Chair's Report

Name of Committee/Group	Performance Committee	Reporting to:	Trust Board
Date of the meeting:	19 January 2022	Parent Committee:	
Chair:	Geoff Broadhead	Quorate (Y/N)	Y

Agenda Item:	RAG	Key Points	Actions Required	Action Lead	Expected Date for Completion
Operational and Financial Planning		<p>The Committee received a presentation on the Financial and Operational Planning for 2022/23 and discussed in detail the following:</p> <ul style="list-style-type: none"> NHSE had published guidance 24th December 21 Final planning submissions from Trusts and Systems (ICS) had been delayed to the end of April The 10 planning themes identified which were consistent with the NHS Long Term plan The key targets for the system and the Trust, notably increasing elective and diagnostic activity and reducing outpatient follow ups The duty for the Trust to achieve a breakeven position for 2022/23 and the risks in achieving this, including inflation uplift/costs, efficiency targets and receipt of activity based funding 	Updates would continue to be shared with the committee bi-monthly	JT	Ongoing
Finance Report – Month 9		<p>The Committee received and discussed the report, noting:</p> <ul style="list-style-type: none"> The current strong liquidity of the Trust The Trusts reliance upon receiving Elective Recovery Funding (ERF) to achieve a breakeven position for H2 and the risks associated. <p>Cost Improvement Programme (CIP) The committee again discussed the challenges around the CIP and welcomed the inclusion of details around CIP schemes.</p>	Bi-monthly updates to continue into the Committee.	JT	Ongoing

Agenda Item:	RAG	Key Points	Actions Required	Action Lead	Expected Date for Completion
Medical Staffing Deep Dive		<p>The Committee received a presentation summarising the Trust's current position in regards to medial staffing, providing an update in regards to the current issues and opportunities identified to mitigate potential risk.</p> <p>The committee discussed in detail the recommendations and were assured that the trust were taking the necessary actions to mitigate issues, recognising this was a national concern.</p> <p>It was acknowledged that there was some further work to be undertaken around Nursing and AHP establishment to identify gaps and to mitigate risks.</p>	It was agreed an update report would be presented again in 6 months' time.	JSh	July-22
Covid-19 Response Tiers - Update		<p>The committee received the update report on the tiered levels of Covid-19 response, determined by the local case rates.</p> <p>It was noted that the current version had been revised to include new measures implemented since moving in to the Red Tier in December 2021.</p> <p>It was noted that the tool would remain under review and would be adapted, based on national guidance received.</p>	Bi-monthly reports to continue into the committee	JSp	March-22
Integrated Performance Report – Month 9		<p>The committee received the IPR and discussed the exceptions as acknowledged within the report.</p> <p>The committee discussed in detail the underperformance against the sepsis KPI. It was noted this was under review.</p> <p>The committee were reminded that a deep dive into bed occupancy was taking place.</p>	<p>Review to be reported in the M10 IPR.</p> <p>To be reported back to the committee in Q4.</p>	<p>HG</p> <p>JSp/JG</p>	<p>March-22</p> <p>March-22</p>
Research & Innovation Business Plan		The committee received the report and noted the progress against the Workstreams. It was recognised that 20/21 had been a challenging year for the Trust in relation to R&I and that recovery against KPIs was starting to show some promising trajectories.	4 monthly performance reports to continue into the Committee	GH	May 2022
Update on Clinical Decision Unit (CDU) Service Development		The committee received the report presented by Dr Anna Olson-Brown - Project Lead, noting the positive progress made to date following on from the move to the new CCCL and the integration of HO services.	Further progress reports to be presented to the committee in 6 months' time	JSp	July 2022

Agenda Item:	RAG	Key Points	Actions Required	Action Lead	Expected Date for Completion
		The Committee received assurance on the development of the improvement programme and the identification of the next steps required.			
Green Plan		<p>The Committee received the Green Plan which had been reviewed by the Sustainability Group and Executive Team in December 2021.</p> <p>The plan was agreed to recommend to the Board for approval. It was noted that the ICS were to develop a consolidated system-wide Green Plan by 31st March 2022.</p>	<p>Agreed to recommend the Green Plan to Board for approval at its January meeting.</p> <p>Asked to receive a further progress report in 6 months' time</p>	TP	<p>26 Jan 2022</p> <p>July 2022</p>

	ALERT the Committee on areas of non-compliance or matters that need addressing urgently
	ADVISE the Committee on any on-going monitoring where an update has been provided to the sub-committee and any new developments that will need to be communicated or included in operational delivery
	ASSURE the Committee on any areas of assurance that the Committee/Group has received

REPORT COVER

Report to:	Council of Governors	
Date of meeting:	23 rd March 2022	
Agenda item:	CG-031-22	
Title:	Quality Committee Assurance Report	
Report prepared by:	Terry Jones	
Executive Lead:	Liz Bishop	
Status of the report: (please tick)	Public <input checked="" type="checkbox"/>	Private <input type="checkbox"/>
Paper previously considered by:	Trust Board	
Date & decision:	26 th January 2022	
Purpose of the paper/key points for discussion:	This paper is the 'Triple A' Chairs report previously presented to Trust Board. The purpose of the report is to provide the Council of Governors with assurance from Quality Committee.	
Action required: (please tick)	Discuss <input type="checkbox"/>	Approve <input type="checkbox"/>
	For information/noting <input checked="" type="checkbox"/>	
Next steps required:	N/A	

The paper links to the following strategic priorities and Board Assurance Framework (BAF) Risks (please select)





REPORT COVER

BE OUTSTANDING

BAF Risk	Please select
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BE COLLABORATIVE

BAF Risk	Please select
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BE RESEARCH LEADERS

BAF Risk	Please select
If we do not maintain our ECMC status this will adversely affect patient access to the latest novel therapies, CCC research reputation, acquiring CRUK status which in turn will have an impact on CCC's ability to support early phase trial research, progress against the Research Strategy and academic oncology in Liverpool.	<input type="checkbox"/>
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BE A GREAT PLACE TO WORK

BAF Risk	Please select
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BE INNOVATIVE

BAF Risk	Please select
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EQUALITY & DIVERSITY IMPACT ASSESSMENT

Are there concerns that the policy/service could have an adverse impact on:

Age	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Gender	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Religious/belief	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Sexual orientation	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Gender Reassignment	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Pregnancy/maternity	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>			

If YES to one or more of the above please add further detail and identify if a full impact assessment is required.





Committee/Group 'Triple A' Chair's Report

Name of Committee/Group	Quality Committee	Reporting to:	Trust Board
Date of the meeting:	20 January 2022	Parent Committee:	
Chair:	Terry Jones	Quorate (Y/N)	Y

Agenda Item:	RAG	Key Points	Actions Required	Action Lead	Expected Date for Completion
Risk & Issues Summary Report		<p>The Committee discussed in detail the transition to the new Datix Cloud IQ system.</p> <p>It was noted that further work was to take place with the system developers following some delays experienced in data extraction.</p> <p>The committee received assurance of the progress being made in risk reporting across the Trust, and it was noted that the report would evolve over the coming months.</p>	Committee to receive a revised report in February	SB/JSp/CL	February 2022
Nursing Safer Staffing Reports & Dashboard		<p>The Nursing Safer Staffing Report was accepted and the committee noted that staffing establishments for in-patient wards were sufficient to provide safe and compassionate care.</p> <p>The committee requested a similar report for the wider clinical workforce.</p>	<p>Assurance report on Medical Staffing that was presented at Performance Committee to be circulated to the QC</p> <p>Assurance report on the wider clinical workforce and plans to be brought back to the Committee</p>	JSh/SK	<p>Immediate</p> <p>April 2022</p>
Drugs & Therapeutics Committee Chairs Report		<p>Compassionate Funding - The Committee discussed in detail the Trusts' provision of an additional funding route for cohorts of patients who fell outside of NHSE funding criteria and the associated financial and ethical risks to the Trust.</p> <p>It was agreed the risk required adding to the Trust Risk Register. The Committee received assurance that the matter would be reported through the Trusts committee structure and where required</p>	Assurance to be reported back into the Committee, through the Trusts robust governance reporting and structure.	JSp	February 2022

Agenda Item:	RAG	Key Points	Actions Required	Action Lead	Expected Date for Completion
		would be reported into Quality Committee and Trust Board.			

	ALERT the Committee on areas of non-compliance or matters that need addressing urgently
	ADVISE the Committee on any on-going monitoring where an update has been provided to the sub-committee and any new developments that will need to be communicated or included in operational delivery
	ASSURE the Committee on any areas of assurance that the Committee/Group has received



Committee/Group 'Triple A' Chair's Report

Name of Committee/Group	Quality Committee	Reporting to:	Trust Board
Date of the meeting:	17 February 2022	Parent Committee:	
Chair:	Elkan Abrahamson	Quorate (Y/N)	Y

Agenda Item:	RAG	Key Points	Actions Required	Action Lead	Date for Completion/R review
JACIE Accreditation Preparedness	Yellow	<p>The committee received the scheduled quarterly progress report, providing assurance to the Committee on the progress on the forthcoming JACIE Accreditation.</p> <p>The committee acknowledged the significant amount of work being undertaken and the robust systems and processes in place to achieve compliance. Assurance was provided on the identified risks and associated mitigations in place.</p>	Inspection to take place in approximately 3 months' time.	JSp	May 2022
Patient Experience, Engagement, Inclusion & Involvement Commitment 2021-2024 (Strategy)	Green	The committee received and approved the Strategy, which had been developed & co-produced by patients, families, carers, members of the public and staff. With an aim to provide patients with safe, harm-free care in a clean and pleasant environment.	<p>The Strategy was approved by the Committee.</p> <p>Assurance on progress would be reported into the Committee following the Trusts reporting/governance framework.</p>	JG	September 2022
Patient Experience and Inclusion Annual Report 2020 - 2021	Green	<p>The Committee received and approved the Annual Report. The report provided a summary of patient experience key highlights for 2020.2021.</p> <p>It was noted that the Trust was rated one of the top six hospitals in England who took part in the National Inpatient Survey 2020.</p>	<p>The report was approved by the committee for publication.</p> <p>No further actions</p>	JG	Complete
Patient Experience Improvement Framework 2021/22	Green	The committee received the report and noted the work undertaken to utilise and implement the Framework, to enable the Trust to achieve an Outstanding status regarding patient experience.	<p>The committee noted the recommendations and subsequent actions required.</p> <p>Framework to be reviewed annually.</p>	JG	February 2023

Agenda Item:	RAG	Key Points	Actions Required	Action Lead	Date for Completion/R eview
		Lesley Goodburn - NHS England and Improvement, Experience of Care Lead, presented a set of slides informing the Committee of the National Quality Improvement Initiative.			

	ALERT the Committee on areas of non-compliance or matters that need addressing urgently
	ADVISE the Committee on any on-going monitoring where an update has been provided to the sub-committee and any new developments that will need to be communicated or included in operational delivery
	ASSURE the Committee on any areas of assurance that the Committee/Group has received

REPORT COVER

Report to:	Council of Governors	
Date of meeting:	23 rd March 2022	
Agenda item:	CG-032-22	
Title:	Audit Committee Assurance Report	
Report prepared by:	Mark Tattersall	
Executive Lead:	Liz Bishop	
Status of the report: (please tick)	Public <input checked="" type="checkbox"/>	Private <input type="checkbox"/>

Paper previously considered by:	Trust Board
Date & decision:	26 th January 2022

Purpose of the paper/key points for discussion:	This paper is the 'Triple A' Chairs report previously presented to Trust Board. The purpose of the report is to provide the Council of Governors with assurance from Audit Committee.
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Action required: (please tick)	Discuss	<input type="checkbox"/>
	Approve	<input type="checkbox"/>
	For information/noting	<input checked="" type="checkbox"/>

Next steps required:	N/A
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The paper links to the following strategic priorities and Board Assurance Framework (BAF) Risks (please select)





REPORT COVER

BE OUTSTANDING

BAF Risk	Please select
If we do not have robust Trust-wide quality and clinical governance arrangements in place we will not deliver safe and effective care resulting in poor outcomes for our patients and negative regulatory outcomes.	<input type="checkbox"/>
Operational sustainability: If the demand for treatment exceeds the resources available, we are at risk of failing to deliver against healthcare standards which will impact on our ability to recover performance to the required levels within the agreed timeframes.	<input type="checkbox"/>
Financial sustainability: Due to changes in funding, the Trust may exceed activity levels resulting in increased costs that exceed the current agreed block funding.	<input type="checkbox"/>

BE COLLABORATIVE

BAF Risk	Please select
If we do not build upon the work with the Cancer Alliance and other partners this will adversely affect the Trust's ability to positively influence prevention, early diagnosis, standardisation of care and performance in cancer services.	<input type="checkbox"/>

BE RESEARCH LEADERS

BAF Risk	Please select
If we do not maintain our ECMC status this will adversely affect patient access to the latest novel therapies, CCC research reputation, acquiring CRUK status which in turn will have an impact on CCC's ability to support early phase trial research, progress against the Research Strategy and academic oncology in Liverpool.	<input type="checkbox"/>
Issues within the Pharmacy Aseptic Unit adversely impacting on the manufacture and dispensing of drugs resulting in some trials not being set up or re-opened as part of the recovery plan adversely impacting on patient accessibility to research and reputational damage with Sponsors.	<input type="checkbox"/>

BE A GREAT PLACE TO WORK

BAF Risk	Please select
If we do not invest in effective, inclusive leadership, there is a risk this will adversely impact on the Trust's ability to deliver the Trust's five year Strategy.	<input type="checkbox"/>
If we are unable to recruit and retain high calibre staff there is a risk of an adverse impact on the quality of care and reputation of the Trust.	<input type="checkbox"/>
If we do not support and promote employee health and wellbeing this will adversely impact on the stability of our workforce in terms of recruitment, retention and absence.	<input type="checkbox"/>

BE DIGITAL

BAF Risk	Please select
If we do not invest a clear vision, sufficient capacity and investment in our digital programme and teams there is a risk that the Trust will not achieve its digital ambition.	<input type="checkbox"/>
If the Trust is hit by a Cyber/ransomware attack, there is a risk that all systems could be disabled resulting in potential loss of data and delayed care.	<input type="checkbox"/>

BE INNOVATIVE

BAF Risk	Please select
If we do not develop our Subsidiary Companies and Joint Venture we will not be able to re-invest back into the NHS.	<input type="checkbox"/>

EQUALITY & DIVERSITY IMPACT ASSESSMENT

Are there concerns that the policy/service could have an adverse impact on:

Age	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Gender	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Religious/belief	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Sexual orientation	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Gender Reassignment	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Pregnancy/maternity	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>			

If YES to one or more of the above please add further detail and identify if a full impact assessment is required.



CHAIR'S REPORT

Committee/Group 'Triple A'

ALERT the Committee on areas of non-compliance or matters that need addressing urgently

ADVISE the Committee on any on-going monitoring where an update has been provided to the sub-committee and any new developments that will need to be communicated or included in operational delivery

ASSURE the Committee on any areas of assurance that the Committee/Group has received

Name of Committee/Group: Audit Committee

Reporting to: Trust Board

Date of meeting: 20 January 2022

Parent Committee:

Chair: Mark Tattersall

Quorate: Yes

Agenda item	RAG	Key points	Actions required	Action lead	Expected date of completion
AUD-006-22 Internal Audit Progress Report	Green	Two reports finalized Health Roster, and Key Financial Systems both received substantial assurance. Medical Devices report currently draft. Two reviews currently in progress, Research and Incident Management. Reviews for Q4 in planning/implementation phase.	Continue to monitor progress of Reviews and recommended actions.	Internal Audit Manager Associate Director of Corporate Governance	1 April 2022
AUD-008-22 Anti-Fraud Progress Report	Yellow	The Government Functional Standard for Counter Fraud (GovS 013) Component 3 first stage of mapping fraud risks completed. Fraud risk assessment for Trust and two subsidiary companies completed. A green rating is anticipated by April 2022 The final rating for Component 12 Conflicts of Interest and Gifts and Hospitality arrangements/registers is dependent upon AUD-020—22, below.	Risks to be recorded in line with the Trust Risk Management Policy. Implementation of the recommendations resulting from the MIAA Management of Conflicts of Interest Review having received limited assurance.	Director of Finance (DoF)/ Associate Director of Corporate Governance	April 2022



CHAIR'S REPORT

AUD- 009-22 Anti-Fraud, Bribery and Corruption Policy Review	Review complete	Approved	MIAA Anti- Fraud Specialist	Approved 20 January 2022
AUD-011-22 External Audit Introduction – Ernst Young	Introductory meeting with update of current planning position.	Submission of Audit Plan 2021/2022.	Ernst Young	1 April 2022
AUD-012-22 Director of Finance Report	Planning for a balanced financial position by the end of the year. Detail provided to Performance Committee – Wednesday 19 January 2022.	Continue to monitor in preparation for final account 2021/2022.	Director of Finance (DoF)	May 22
AUD-013-22 Key Finance Assurance Indicators	This is the first month that performance in respect of paying creditors-BPPC-is greater than 95% in all areas. Significant improvements made in reduction of aged creditors and debtors with a significant decrease in 'write off'.	Maintain improvements delivered in all areas and under timescales put ongoing.	Deputy Director of Finance (DoF)	On-going
AUD-020—22 Managing Conflicts of Interest Update	Actions implemented to address recommendations in MIAA Managing Conflicts of Interest Report, Recommendation 1, Declarations of Interest. 8 recommendations remain with an anticipated date for completion no later than September 2022.	Continue to receive regular assurance regarding all recommendations with Report.	Associate Director of Corporate Governance	September 2022



REPORT COVER

Report to:	Council of Governors	
Date of meeting:	23 rd March 2022	
Agenda item:	CG-033-22	
Title:	Charitable Funds Committee Assurance Report	
Report prepared by:	Elkan Abrahamson	
Executive Lead:	Liz Bishop	
Status of the report: (please tick)	Public <input checked="" type="checkbox"/>	Private <input type="checkbox"/>
Paper previously considered by:	Trust Board	
Date & decision:	26 th January 2022	
Purpose of the paper/key points for discussion:	This paper is the 'Triple A' Chairs report previously presented to Trust Board. The purpose of the report is to provide the Council of Governors with assurance from Charitable Funds Committee.	
Action required: (please tick)	Discuss <input type="checkbox"/>	Approve <input type="checkbox"/>
	For information/noting <input checked="" type="checkbox"/>	
Next steps required:	N/A	

The paper links to the following strategic priorities and Board Assurance Framework (BAF) Risks (please select)





REPORT COVER

BE OUTSTANDING

BAF Risk	Please select
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Committee/Group 'Triple A'

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Name of Committee/Group: Charitable Funds Committee

Reporting to: Trust Board

Date of meeting: 10th February 2022

Parent Committee: n/a

Chair: Elkan Abrahamson

Quorate: Yes

Agenda item	RAG	Key points	Actions required	Action lead	Expected date of completion
CHA-011-22 – Fundraising and Finance Report	Green	<p>The Charity were reporting an income of over £2.5m for the first 10 months of the financial year and will hit, or exceed, their year target.</p> <p>The Glow Green night walk 04.02.22 had been very successful attracting 650 participants and raising over £100k. Glow Green will become an annual event.</p>		KB	Ongoing
CHA-012-22 – Report from Hempsons Solicitors - Next Steps to Establishing Independence and Draft 5 Year Business Plan	Yellow	<p>Hempsons were unable to attend the meeting. The Committee therefore referred the paper to the Board for approval.</p> <p>The Charity's Draft 5 Year business plan covered expenditure for the Charity to become independent, and how this would impact on net income going forward.</p> <p>The continuing commitment to research culminating in a £5m contribution and how/whether this would be achieved.</p>		KB	Ongoing



CHAIR'S REPORT



CH-014-22 – 2022-23 Arts Programme Charitable Funding Request		An application for 2022/23 funding of £84k had been made.	The Committee approved the application for funding and confirmed its ongoing commitment to the Arts for Health Programme for patients and staff. Sam Wade, Arts Coordinator, to produce an Annual Report.	KB KB/SW	Completed 22.04.22
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