

**Council of Governors Agenda
6th June 2022 at 17:00-18:30**

	Standard Business		Lead	Time
37-22	Welcome, Introduction and Apologies: Mark Tattersall: Non-Executive Director, Geoff Broadhead: Non-Executive Director	v	Chair	17:00
38-22	Declarations of interest	v	Chair	
39-22	Minutes of the last meeting – 23 rd March 2022	p	Chair	
40-22	Matters arising not covered on agenda	v	Chair	
41-22	Action Log - none	v	Chair	
42-22	Chair’s Welcome	v	Chair	
43-22	Chief Executive Update	v	Chief Exec	17:10
44-22	Lead Governor Update	v	Lead Governor	17:15
Reports and Action Plans				
45-22	Performance & Quality Update	*	Exec Leads	17:20
46-22	Audit Committee Assurance Report	P	JT	17:30
47-22	Performance Committee Assurance Report	P	NED – GB	17:35
48-22	People Committee Assurance Report	p	NED - GB	17:40
49-22	Charitable Funds Committee Assurance Report	P	NED - EA	17:45
50-22	Quality Committee Assurance report	P	NED - TJ	17:50
For consultation/approval				
51-22	Membership Engagement and Communications Report, Strategy and Implementation Plan	p	MECC Chair - LJB	17:55
For information				
52-22	Patient Experience, Inclusion and Involvement Group Report	v	PEIIG Chair - AW	18:05
53-22	Operational and Financial Planning Update	*	Director of Finance- JT	18:10
54-22	NED Appraisals and Re-appointments	P	Lead Governor	18:20
Any other business				
55-22	Meeting Review	v	Chair	18:25
56-22	Any Other Business	v	Chair	
Date and time of next meeting via MS Teams:				

p paper
***** presentation
v verbal report



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Minutes of the Council of Governors

Held on: 23rd March 2022

Location: MS Teams

Start time: 17:00

Finish time: 19:00

Present

Name:	Title:
Kathy Doran (KD)	Chair
Mark Tattersall (MT)	NED
Terry Jones (TJ)	NED
Asutosh Yagnik (AY)	NED
Pat Higgins (PH)	Cheshire West & Chester
Keith Lewis (KL)	Liverpool
John Roberts (JR)	Liverpool
Jane Wilkinson (JW)	Lead Governor - Wales
Glenys Crisp (GC)	Warrington & Halton
John Field (JF)	Wirral and rest of England
Andrew Waller (AW)	Wirral and rest of England
Laura Jane Brown (LB)	Nurse
Myfanwy Borland (MB)	Other Clinical
Andrew Schache (AS)	University of Liverpool
Nancy Whittaker (NW)	Macmillan Cancer Services
Sam Cross (SC)	Cancer Alliance
Mahmoud Elfar (ME)	Liverpool University Hospitals NHS FT

In attendance

Name:	Title:
Liz Bishop (LB)	Chief Executive
Hannah Gray (HG)	Head of Performance & Planning
Joan Spencer (JS)	Chief Operating Officer / Interim Chief Nurse
Tom Pharaoh (TP)	Director of Strategy
Julie Gray (JG)	Chief Nurse
Skye Thomson (ST)	Corporate Governance Administrator (minutes)
Karen Kay (KK)	Deputy Director of Nursing

Item no.	Agenda item	Action
CG-019-22	Welcome & Apologies	
	The Chair welcomed all those in attendance and introduced new appointed governor Mahmoud Elfar from Liverpool University Hospitals Foundation Trust. Apologies were noted from Public Governor: Anne Olsson, Public Governor: Johnathan Heseltine, Non-Executive Director: Elkan Abrahamson, Non-Executive Director: Geoff	



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	Broadhead, Director of Finance: James Thomson and Associate Director of Corporate Governance: Margaret Saunders.	
CG-020-22	<p>Declarations of Interests Concerning Agenda Items</p> <p>No declarations of interest were made</p>	
CG-021-22	<p>Minutes of last meeting: 12 January 2022</p> <p>The minutes of the Council of Governors meeting on 12th January 2022 were approved subject to the following amendment:</p> <p>Sarah Barr, Chief Information Officer to be added as in attendance.</p>	
CG-022-22	<p>Matters Arising & Action Log</p> <p>The actions were noted to be ongoing or completed.</p> <p>The Chair acknowledged that work with the Trust Values was ongoing and discussion regarding the proposal to move the Trust charity to independent status had taken place.</p>	
Performance		
CG-023-22	<p>Chair's Welcome</p> <p>The Chair re-iterated her Welcome to all in attendance.</p>	
CG-024-22	<p>Chief Executive Update</p> <p>The Chief Executive informed the Council of the key issues regarding Covid:</p> <ul style="list-style-type: none"> • High prevalence in community • Most patients with Covid have 'incidental Covid' meaning they come in for treatment and are then found to have Covid • As the Trust has side rooms they don't have the challenges of cohorting patients • Awaiting new IPC guidance • Allowing visitors has positive impact on both staff and patients • The Trust is awaiting further instruction on vaccination and testing <p>Public Governor, KL, enquired if visitors to the Trust still had to show evidence of a negative Covid Test.</p> <p>The Chief Executive confirmed that visitors still had to show evidence of a negative test for the wards but not for outpatients; however they should not visit if they have symptoms.</p> <p>The Chief Executive provided an update on the Integrated Care System (ICS) providing an overview of what the ICS is and highlighting that the Trust is used to working in a collaborative way, as part of the Cheshire and Merseyside Cancer Alliance.</p> <p>The Chief Executive noted that on the 1st July 2022 the ICS will be established formally and presented the Council with details on the Executive Team of the Integrated Care Board (ICB)</p>	



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	<p>The Chief Executive noted place leader appointments were being made in the system. And noted the system's provider collaborative, Cheshire and Merseyside Acute and Specialist Trusts Collaborative.</p> <p>Public Governor, AW, asked for clarification on the term 'Place Leadership' and what they do.</p> <p>The Chief Executive expressed the 'place' was based on geographical locations and the Trust sits in the Liverpool place. The places have a knowledge and understanding of health and social care in their area, they manage primary care and link with local authority about social care. With the system changing the Trust will continue to get clarity on how the various collaborative networks will fit together going forward.</p> <p>The Chief Executive highlighted that the Council may have seen information on collaboration in Liverpool in the media. The Trust is working closely with the other Trusts in Liverpool, particularly Liverpool University Hospitals FT (LUHFT) as they build their new hospital. Work has started on the bridge between LUHFT and Clatterbridge Liverpool and the Chief Operating Officer and the Director of Strategy are part of the operational meetings with the LUHFT team. When asked, the Chief Executive informed the Council that the new Royal Liverpool Hospital was planned to open in Autumn.</p> <p>Appointed Governor for LUHFT ME, confirmed the hope is for the site to open in September.</p> <p>ACTION: The slides from the Chief Executive Update to be shared with Governors post meeting</p>	ST
CG-025-22	<p>Lead Governor Update</p> <p>The Lead Governor informed the Council of a session the Governors had been invited to on understanding finance within the NHS. The session was being facilitated by Liverpool Women's Public Governors. KW and JR confirmed they would be attending.</p> <p>The Lead Governor provided an update on another public Governor who had been unwell and resigned in January 2022 and informed the Council she had sent get well wishes on the Council's behalf, and the governor was still in hospital. The Corporate Governance Team will arrange a thanks for his long service.</p>	
CG-026-22	<p>Performance & Quality Presentation</p> <p>The Chief Operating Officer introduced the Performance and Quality Presentation and updated the Council on operational performance.</p> <p>Operational Performance</p> <p>The Chief Operating Officer highlighted the following key messages:</p> <ul style="list-style-type: none"> • The Trust performed well in general regarding cancer waiting times during the pandemic; however there had been unavoidable breaches recently. The recent wave of Covid had impacted staffing and patients. Some patients had deferred treatment from December to January • There had been trouble with turnaround for molecular testing; an action plan is in place to address this • There was uncertainty around the pandemic and the rise in demand for treatment for new patients 	



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- There had been delays in transfer of care as there are issues throughout the system
- The Trust is currently preparing activity plans for next financial year

Governor, ME, noted that the national cancer targets were going to change and asked for confirmation on the Trust's new diagnostics as a tertiary centre. The Chief Operating Officer confirmed that for the 28 day faster diagnostics target the Trust doesn't have a lot of patients; they are mainly haemato-oncology patients. For the 62 day target the Trust has lots of patients on this pathway.

Governor ME and the Chief Operating Officer discussed the impact of other services on this target for the Trust. It was highlighted that lots of patients come to the Trust late on the pathway and the Trust gives itself 24 days to meet the target; the rest of the 62 days is for secondary care to refer them. These targets are impacted by the system as a whole and the cancer alliance focuses on this.

Quality

The Chief Nurse provided the Council with an update on Quality Performance and noted the blue arrows on the report show an increase in incidents reported which correlated with recent education. As the increase related to low harm incidents, the Chief Nurse highlighted this as a positive thing. The Trust aims to be a high reporting low harm organization.

It was noted that there is an expected increase in c.difficile cases, due to the increased use of antibiotic hand sanitisers (rather than hand washing) during Covid. The Trust investigates cases of c.difficile to check if they are specific to the patient or a case of cross contamination. The increase in the cases in the report were different and showed no lapses in care. The Trust is doing a piece of improvement work.

When asked, the Chief Nurse explained that an incident is an event that hasn't gone the way it was expected to go. Incidents are reported on the Trust's electronic incident reporting site Datix. Incidents are reviewed to see where lessons can be learnt.

Governor, KL, highlighted that they had spoken to patients about people smoking outside the doors to the hospital. The Chief Nurse noted there hadn't been any formal reports of this but there was work ongoing, including patrols encouraging people not to smoke outside the premises. The hospital is a no smoking site, therefore people gather at the next available place, round the door.

The Chief Nurse noted that one complaint in the report went out two days after the deadline. This was because she was reworking the complaints letter to ensure the best and final version went to the complainant. The team are doing a piece of work around writing and communicating with regards to complaints.

Finance

In the absence of the Director of Finance, the Chief Operating Officer updated the Council on the Trust's financial position highlighting the following key points:

- The Trust is hitting the breakeven target and is slightly above plan
- The Trust has received its share of elective recovery funds
- The capital plan money has been allocated and is awaiting receipt
- The Trust is working on its operational and financial planning for 2022/2023. The guidance has yet to be published and the submission date is April 2022. The Trust is expecting an



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	<p>11% increase in throughput and expecting to meet a 104% activity target, as well as, submit a breakeven plan.</p> <p>Lead Governor, JW, noted the agency spend in the report and the savings made and congratulated the teams involved.</p> <p>Workforce</p> <p>In the absence of the Director of Workforce, the Chief Operating Officer presented the workforce section of the report and highlighted the following key points.</p> <ul style="list-style-type: none"> • There has been an increase in sickness absence over January and February, showing the impact of the recent wave of Covid. Sickness absence is decreasing, but is still above target. There are still a lot of staff off with absences related to Covid. • There has been an increase in turnover particularly around inpatient wards, work is ongoing around Recruitment and retention. The workforce team are doing exit interviews, but have found no trends for concern. <p>Public Governor, AW, asked where the staff that leave go to. The Chief Operating Officer noted that some staff get promotions or new roles, others move closer to home. There are various reasons but no areas for concern at this point.</p> <ul style="list-style-type: none"> • For mandatory training the Trust had good performance and is on target. There are pockets of non-compliance in basic life support (BSL) and advanced life support (ALS). There had been improvement in these areas but sickness in the training team meant sessions had to be cancelled. • The Trust's PADR scoring is just below target but compares favourably to other Trusts • The Chief Operating Officer noted the withdrawal of the vaccination as a condition of employment guidance/requirement • The staff survey had a 62% response rate which the trust was pleased with. An action plan will be developed from the results. <p>The attendees discussed the response rate and how it differs from the private sector. The Trust confirmed that in comparison with other Trusts and in light of the current pressures on teams they were happy with the rate. It was noted that there is still a portion of the staff not responding, and it is key to aim to hear from as many staff as possible.</p> <p>The Council noted the updates provided</p>	
<p>CG-027-22</p>	<p>5 Year Strategy Implementation - Progress Update</p> <p>The Director of Strategy presented an update on the Trust's 5 year strategy presenting highlights over the last 6 months for each of the Trust's objectives:</p> <ul style="list-style-type: none"> • Be outstanding • Be collaborative • Be a great place to work • Be research Leaders • Be Digital • Be Innovative <p>The Director of Strategy went over the challenges, the impact of covid, high priority projects and key pieces of work going on in the next 6 months in line with the strategy.</p> <p>The Governors asked for more information on the programme management office transition. It was noted that this sits within the director of strategy's team and originally the team focused on</p>	



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	<p>the opening of the new CCC-Liverpool hospital. The team is now being reconfigured, with further clarification on roles.</p> <p>Public Governor, JF, asked if the community diagnostic centres (CDCs) have CT imaging, which was confirmed. After a discussion around recommended imaging, the Chief Executive informed the Council that 5 out of the 9 planned CDC's across the region have been implemented; 30,000 additional tests have been done through the CDC's. The Trust and CMCA (Cheshire and Merseyside Cancer Alliance) have led on this and there is a diagnostic Board that leads on imaging, pathology and endoscopy in the effort to bring together important for cancer pathways. The biggest challenge for diagnostic imaging is in endoscopy; the CMCA are trying to maximize capitol bids around diagnostics.</p> <p>ACTION: The presentation slides to be shared with the Governors post meeting</p>	ST
Governor Reports		
CG-028-22	<p>Patient Experience & Inclusion Group Report</p> <p>Staff Governor AW presented the Patient Experience & Inclusion Report, and highlighted the following key points:</p> <ul style="list-style-type: none"> • Adult inpatient survey: The Trust was 6th in England, which is a fantastic result, however there is still learning to be responded to. • National cancer patient experience survey: had good results and also showed opportunities to improve • Patient Experience Walkabouts: been 5 since last Council of Governors meeting. There has been positive feedback from patients, with the key area for improvement on communication both with patients and staff, particularly between staff and leadership. • The 'Patient Experience Key Commitments' has gone through the appropriate committees, and is awaiting approval for publication. • Patient experience and inclusion annual report 2021: was signed off by quality committee in February • Head of Patient Experience: the role is now vacant, a big thanks was given to Kirsteen Scowcroft for her hard work. <p>The Chief Nurse informed the Council that in her 5 months in post she has been working with the nurses to understand their needs. She meets the band 7 and 8 nurses every month and is doing work to support ward mangers and matrons. There is an ongoing piece of work developing the accreditation programme to celebrate successes. The Chief Nurse noted that the Trust has got really good staff, who are experiencing (like other organisations) a period of exhaustion and fatigue. She was happy staff and patients are able to raise concerns.</p>	
CG-029-22	<p>Membership Engagement & Communications Committee (MECC) Report</p> <p>Staff Governor and Chair of the MECC, LJB, updated the council on the re-established, Membership Engagement and Communications Committee. The Committee had reviewed and refreshed its terms of reference and begun developing an implementation plan and strategy to bring to the next Council of Governors meeting.</p> <p>LJB informed the Governors that the 2022 Governor elections would begin in May and many Governors were coming to the end of their term and were eligible to re-run. The Corporate Governance Administrator will contact all those coming to the end of their term outside of meeting. Governors were encouraged to let LJB know if they knew of any good candidates.</p>	





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	<p>LJB encouraged Governors to come along to the committee and get involved.</p> <p>The Chair encouraged particularly those at the end of their 1st term, to run again.</p>	
Assurance		
	<p>Performance Committee - Assurance Report</p> <p>In the absence of Non-Executive Director GB, Non-Executive Director MT provided an update on the Performance Committee.</p> <p>MT highlighted the financial position and the operational and financial planning guidelines. There has been uncertainty around the elective recovery funding (ERF). A draft plan was submitted last week, which is a break even plan for next year. The plan is not without risk, particularly about assumptions on income and cost improvements and may be subject to change following review by the ICS.</p> <p>MT highlighted the committee received a report regarding medical staffing. This had been on the Trust's risk register for some time and the committee asked for a deep dive into issues, challenges and actions. The committee felt assured by the actions and recommendations. The Green Plan came to performance committee in January and went to Board with recommendation to approve.</p>	
CG-030-22		
	<p>Quality Committee - Assurance Report</p> <p>Non-Executive Director TJ, presented an update on the quality committee from the two meetings in January and February, and noted Non-Executive Director, EA chaired the committee meeting in February in TJ's absence.</p> <p>The activity in quality committee has reduced; there are ongoing issues re risk reporting and the utility of Datix cloud IQ system which is a bit clunky. These are being worked through and monitored.</p> <p>TJ noted the items in the report and highlighted the changes to the committee structures which mean the quality committee will go from monthly to quarterly, with additional 1:1s between TJ and the Chief Nurse. The re-structure will be monitored and checked, to ensure the meeting frequency is fit for purpose</p>	
CG-031-22		
	<p>Audit Committee - Assurance Report</p> <p>Non-Executive Director MT provided an update on the Audit Committee, noting that the meeting in January had been very positive, particularly the internal audit work. The Finance report to the committee had very positive assurance indicators. MT highlighted the great work the finance team have been doing.</p> <p>The new external auditors attended their first audit committee meeting in January and gave an introduction. The Trust and external auditors will work closely as they approach year end.</p> <p>MT highlighted the issues around conflicts of interest and gifts and hospitality, which were given limited assurance from the internal audit. The Trust was aware that this was an area with shortcomings and work will be done in this area. This was also highlighted in the antifraud process report.</p>	
CG-032-22		





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CG-033-22	<p>Charitable Funds Committee - Assurance Report</p> <p>In the absence of Non-Executive Director EA, the Chief Executive provided an update on the Charitable Funds Committee. Further work is ongoing with regards to the Charity moving to independent status. Hempsons, the legal advisers for the Charity, were unable to attend the meeting in February, An extra-ordinary meeting will be held in order to have discussions with Hempsons. The Trust have been open with staff regarding the move to independent status.</p> <p>There will be continued funding for the arts programme, which is recognized as important for both staff and patients. The Glow Green night walk held in Feb raised approximately £200K. The Chief Executive gave a big thanks to patients, staff, families and others for their support in the first proper event since Covid began.</p> <p>Staff Governor MB, noted following her questions at the last Council of Governors meeting she had met up with the Head of Charity and had all her questions answered.</p>	
Governance		
CG-034-22	<p>Governor Questions & Responses</p> <p>No Governors had submitted any questions in advance. The Chair opened up the meeting for any questions. Lead Governor JW, asked if the next meeting would be in person. The Chair informed the Council that the Trust Board are holding their first hybrid (in person and on MS Teams) meeting in April and following this the possibility of future Council of Governor meetings having an in person element would be assessed. The Trust will continue to follow infection, prevention and control guidelines and use them to make informed decisions regarding distancing and in person meetings.</p>	
Any other business		
CG-035-22	<p>Meeting review</p> <p>The Chair opened up the meeting for review asking if the meeting covered what the Council expected. No comments were given and the Council was encouraged to contact the Chair or Corporate Governance Team if there was anything they would like to see included in future meetings.</p>	
CG-036-22	<p>Any Other Business</p> <p>None</p>	

Next meeting:

Date: 6 July 2022

Location: hybrid MS Teams and CCC-L Board rooms

Start time: 17:00

Finish time: 18:30

Signature:

Date:

Chair

(Insert date when minutes are signed)



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Council of Governors Performance Update

July 2022

Joan Spencer

James Thomson

Jayne Shaw

Julie Gray



Contents

1. Operational Performance

2. Quality Performance












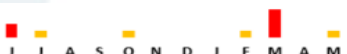


3. Financial Performance

4. Workforce Performance

5. Questions



Access

Directive	Key Performance Indicator	Target	May-22	Last 12 Months
Executive Director Lead: Joan Spencer, Chief Operating Officer				
C/S	2 week wait from GP referral to 1st appointment	93%	100.0%	
C/S	28 day faster diagnosis - (Referral to diagnosis)	75% <small>(formally monitored since Oct 2021)</small>	63.6%	
C/S	28 day faster diagnosis - (Screening)	75% <small>(formally monitored since Oct 2021)</small>	No patients	There has only been 1 28 Day FDS Screening patient during this time
S	31 day wait from decision to treat to first treatment	96%	100.0%	
C/S	31 day wait for subsequent treatment (Drugs)	98%	100.0%	
C/S	31 day wait for subsequent treatment (Radiotherapy)	94%	96.5%	
S	Number of 31 day patients treated \geq day 73	0	0	
L	24 days from referral to first treatment	G: \geq 85% A: 80-84.9% R: $<$ 80%	86.5%	
C/S	62 Day wait from GP referral to treatment	85%	80.3%	
C/S	62 Day wait from screening to treatment	90%	71.4%	
CR	Number of patients treated between 63 and 103 days (inclusive)	No Target	52	
S	Number of patients treated \geq 104 days	No Target	14	
L	Number of patients treated \geq 104 days AND at CCC for over 24 days (Avoidable)	G: 0 A: 1 R: $>$ 1	1	
C/S	Diagnostics: 6 Week Wait	99%	100%	
C/S	18 weeks from referral to treatment (RTT) Incomplete Pathways	92%	98.3%	



Efficiency (1 of 2)

Directive	Key Performance Indicator	Target	May-22	Last 12 Months
Executive Director Lead: Joan Spencer, Chief Operating Officer				
S	Length of Stay: Elective (days): Solid Tumour	G: ≥8 A: 8.1-8.4 R: >8.4	9.4	
S	Length of Stay: Emergency (days): Solid Tumour	G: ≤9 A: 9.1-9.8 R: >9.8	12.6	
S	Length of Stay: Elective (days): HO Ward 4	G: ≤21 A: 21.1-22.1 R: >22.1	20	
S	Length of Stay: Emergency (days): HO Ward 4	G: ≤22 A: 22.1-23.1 R: >23.1	20.5	
S	Length of Stay: Elective (days): HO Ward 5	G: ≤32 A: 32.1-33.6 R: >33.6	19.4	
S	Length of Stay: Emergency (days): HO Ward 5	G: ≤46 A: 46.1-48.3 R: >48.3	7.5	
S	Delayed Transfers of Care as % of occupied bed days	≤3.5%	7.4%	
S	Bed Occupancy: Midday (Ward 4: HO)	G: ≥85% A: 81-84.9% R: <81%	99.20%	
S	Bed Occupancy: Midnight (Ward 4: HO)	G: ≥85% A: 81-84.9% R: <81%	98.7%	
S	Bed Occupancy: Midday (Ward 5: HO)	G: ≥80% A: 76-79.9% R: <76%	88.60%	
S	Bed Occupancy: Midnight (Ward 5: HO)	G: ≥80% A: 76-79.9% R: <76%	87.10%	
S	Bed Occupancy: Midday (Solid Tumour)	G: ≥85% A: 81-84.9% R: <81%	89.1%	
S	Bed Occupancy: Midnight (Solid Tumour)	G: ≥85% A: 81-84.9% R: <81%	87.6%	



Efficiency (2 of 2)

Directive	Key Performance Indicator	Target	May-22	Last 12 Months
Executive Director Lead: Joan Spencer, Chief Operating Officer				
C	% of expected discharge dates completed	G: ≥95% A: 90-94.9% R: <90%	96.0%	J J A S O N D J F M A M
C/S	% of elective procedures cancelled on or after the day of admission	0%	0%	0% for all months
C/S	% of cancelled elective procedures (on or after the day of admission) rebooked within 28 days of cancellation	100%	None cancelled	No elective procedures have been cancelled on or after the day of admission
C/S	% of urgent operations cancelled for a second time	0%	0%	0% for all months
L	Imaging Reporting: Inpatients (within 24hrs)	G: ≥90% A: 80-89.9% R: <80%	96.5%	J J A S O N D J F M A M
L	Imaging Reporting: Outpatients (within 7 days)	G: ≥90% A: 80-89.9% R: <80%	84.70%	J J A S O N D J F M A M
CR	Data Quality - % Ethnicity that is complete (or patient declined to answer)	G: ≥95% A: 90-94.9% R: <90%	95.9%	J J A S O N D J F M A M
C	Data Quality - % of outpatients with an outcome	G: ≥95% A: 90-94.9% R: <90%	100.0%	J J A S O N D J F M A M
C	Data Quality - % of outpatients with an attend status	G: ≥95% A: 90-94.9% R: <90%	100.0%	J J A S O N D J F M A M
Executive Director Lead: James Thomson, Director of Finance				
S	Percentage of Subject Access Requests responded to within 1 month	100%	100%	J J A S O N D J F M A M
C	% of overdue ISN (Information Standard Notices)	0%	0%	0% for all months

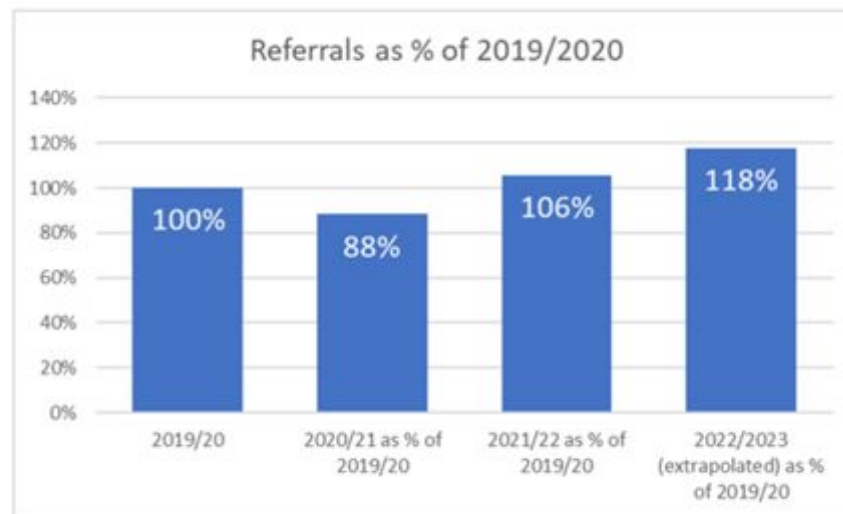


Key Operational Issues

1. Cancer Waiting Times performance has been consistently good throughout the COVID-19 pandemic. However, performance has dipped since January 2022, mainly due to factors beyond the Trust's control;
 - Patients choosing to delay treatment or not being well enough. This is expected after a holiday period and likely exacerbated by Covid.
 - Delays in receiving molecular test results from specialist laboratories. This has now been addressed and a mitigation plan is in place to improve test turn around times.
2. COVID-19 challenges:
 - Continued uncertainty and unpredictability of demand – especially with cases now rising again
 - Rising demand, with referral numbers higher than ever before in May 2022 and 27% higher than in May 2019 (pre-covid)
 - Workforce capacity challenges particularly in radiology and chemotherapy nursing
 - Barriers to discharge and transfer, with an increase in ambulance waiting times and Capacity of NHS Community services, Hospices and Care Homes
 - Increased acuity of patients and targeted treatments creating growth in length of stay.
3. Community Diagnostic Centres (CDCs) in Cheshire and Merseyside (C&M):
 - CCC are leading the C&M programme to deliver CDCs
 - The Clatterbridge CDC opened in July 2021 and there are now five CDCs in operation across C&M
4. Service changes have been made whereby mutual aid provision during Covid-19 has now become the norm, with a welcome increase in patients transferred from LUHFT to CCC. This is reflected in our rising bed occupancy and increase in diagnostics.
5. The Trust continues to be fully engaged in the wider system NHS Planning work, forecasting our activity, performance, workforce and finance for 2022/23. This is aligned to our trust strategy and internal business plans for next year.

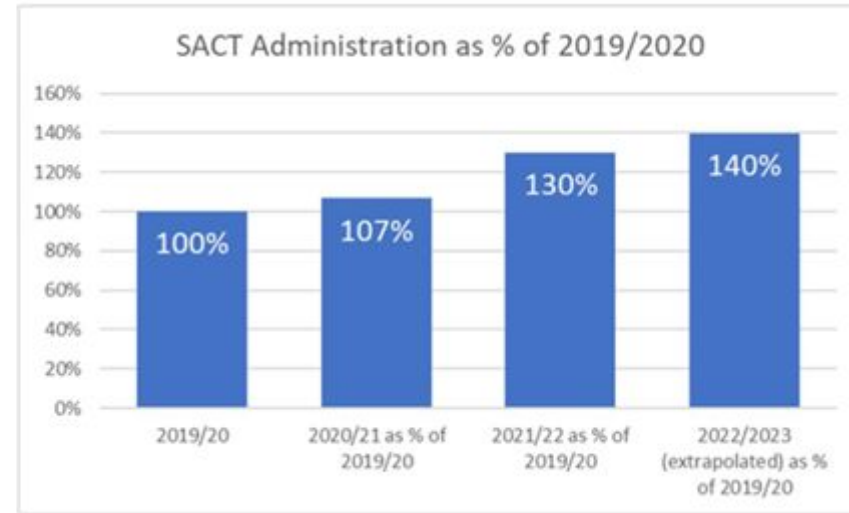
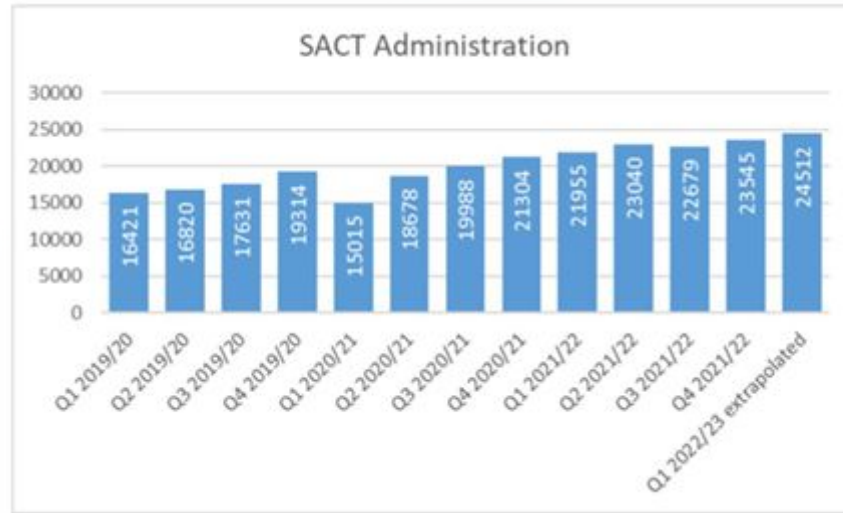


Referrals

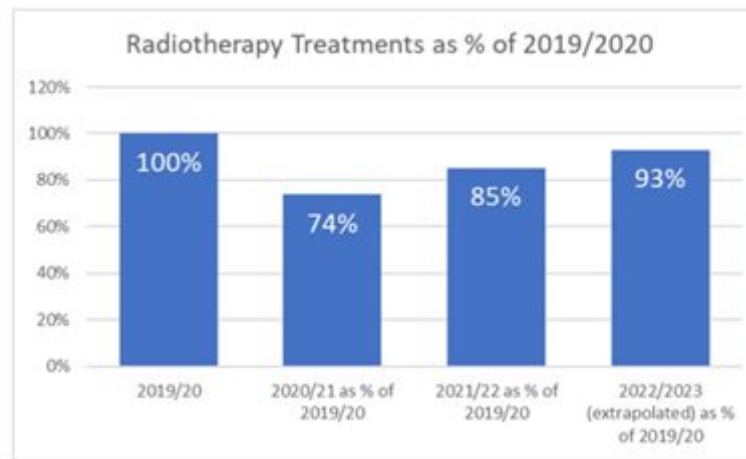
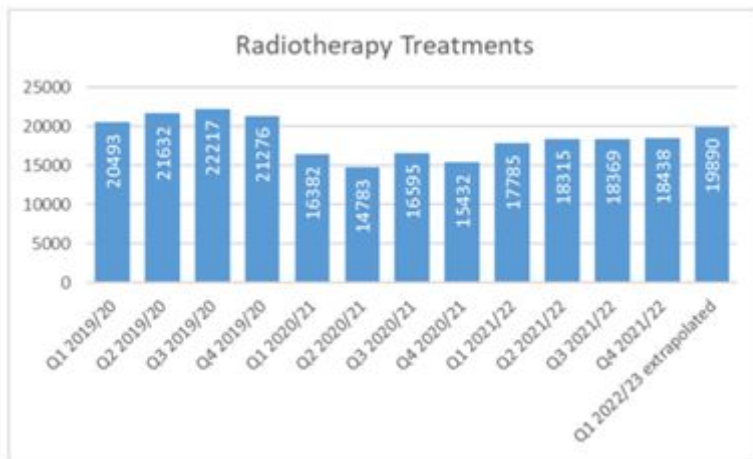
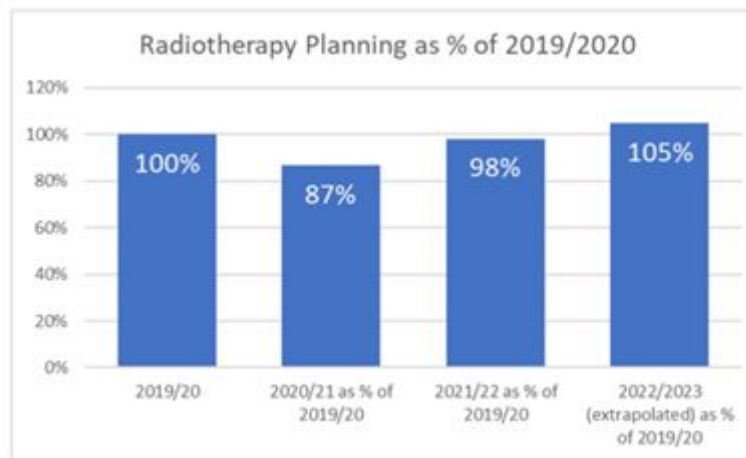




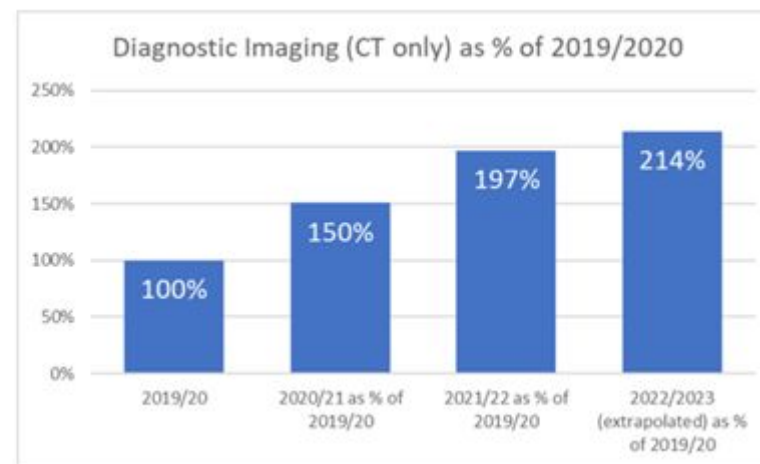
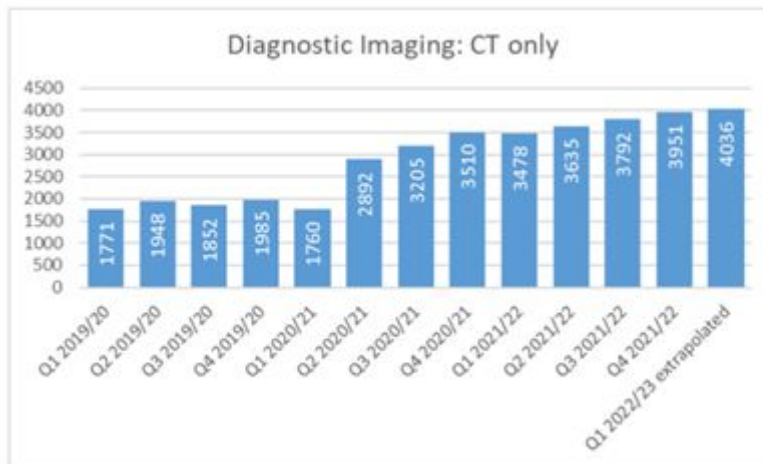
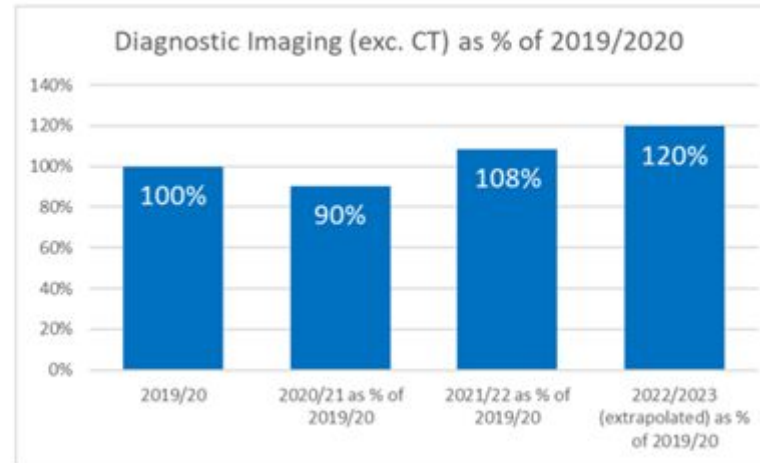
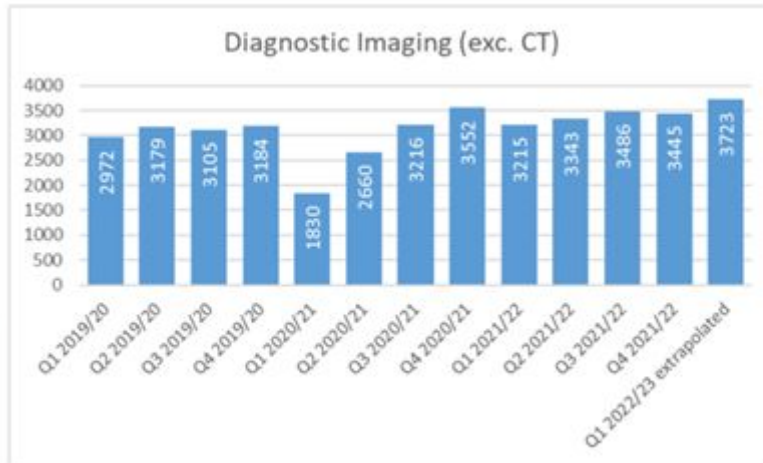
SACT



Radiotherapy



Diagnostic Imaging



This data does not include Community Diagnostic Centre activity



Quality Performance (1 of 3)

Directive	Key Performance Indicator	Target	May-22	Last 12 Months
Executive Director Lead: Julie Gray, Chief Nurse				
C/S	Never Events	0	0	0 for all months
C/S	Serious Untoward Incidents (month reported to STEIS)	G: ≤2 A: 2-3 R: >3 (pr yr)	0	J J A S O N D J F M A M
C/S	Serious Untoward Incidents: % submitted within 60 working days / agreed timescales	100%	0 requiring submission	J J A S O N D J F M A M
S	Incidents /1,000 Bed Days	No target	136.3	J J A S O N D J F M A M
L	Incidents resulting in harm (moderate and above) /1,000 bed days	No target	0.8	J J A S O N D J F M A M
C/S	Inpatient Falls resulting in harm due to lapse in care	0	1	J J A S O N D J F M A M
S	Inpatient falls resulting in harm due to lapse in care /1,000 bed days	0	0.39	J J A S O N D J F M A M
C/S	Pressure Ulcers (hospital acquired grade 3/4, with a lapse in care)	0	0	0 for all months
C/S	Pressure Ulcers (hospital acquired grade 3/4, with a lapse in care) /1,000 bed days	0	0	0 for all months
L	30 day mortality (Radical Chemotherapy)	G: ≤0.6% A: 0.6 - 0.7% R: >0.7%		J J A S O N D J F M A M
L	30 day mortality (Palliative Chemotherapy)	G: ≤2.3% A: 2.31 - 2.5% R: >2.5%		J J A S O N D J F M A M



Quality Performance (2 of 3)

Directive	Key Performance Indicator	Target	May-22	Last 12 Months
Executive Director Lead: Julie Gray, Chief Nurse				
S	Consultant Review within 14 hours (emergency admissions)	90%	97.0%	J J A S O N D J F M A M
C/S	% of Sepsis patients being given IV antibiotics within an hour	90%	100.0%	J J A S O N D J F M A M
C/S	VTE Risk Assessment	95%	97%	J J A S O N D J F M A M
S	Dementia: Percentage to whom case finding is applied	90%	100%	J J A S O N D J F M A M
S	Dementia: Percentage with a diagnostic assessment	90%	No patients	No patients were referred
S	Dementia: Percentage of cases referred	90%	No patients	No patients were referred
C/S	Clostridiodes difficile infections (HOHA and COHA)	≤17 (pr yr)	2	J J A S O N D J F M A M
C/S	E Coli (HOHA and COHA)	≤11 (pr yr)	0	J J A S O N D J F M A M
C/S	MRSA infections (HOHA and COHA)	0	0	J J A S O N D J F M A M
C/S	MSSA bacteraemia (HOHA and COHA)	G: ≤4, A: 5 R: >5 (pr yr)	0	J J A S O N D J F M A M
C	Klebsiella (HOHA and COHA)	≤8 (pr yr)	1	J J A S O N D J F M A M
C	Pseudomonas (HOHA and COHA)	≤1 (pr yr)	0	J J A S O N D J F M A M
C/S	FFT score: Patients (% positive)	G: ≥95% A: 90-94.9% R: <90%	95%	J J A S O N D J F M A M





Quality Performance (3 of 3)

Directive	Key Performance Indicator	Target	May-22	Last 12 Months
Executive Director Lead: Julie Gray, Chief Nurse				
C	Number of formal complaints received	No target	9	
S	Number of formal complaints / count of WTE staff (ratio)	No target	0.0053	
C	% of formal complaints acknowledged within 3 working days	100%	100%	
L	% of routine formal complaints resolved in month, which were resolved within 25 working days	G: ≥75% A: 65-74.9% R: <65%	0%	
L	% of complex formal complaints resolved in month, which were resolved within 60 working days	G: ≥75% A: 65-74.9% R: <65%	None resolved	
C/S	% of FOIs responded to within 20 days	100%	75.0%	
C/S	Number of IG incidents escalated to ICO	0	0	
C	NICE Guidance: % of guidance compliant	G: ≥90% A: 85-89.9% R: <85%	96%	
L	% of policies in date	G: ≥95% A: 93.1-94.9% R: <93%	95%	
C/S	NHS E/I Patient Safety Alerts: number not implemented within set timescale.	0	0	0 for all months



Quality Highlights

- Continued effective Infection Control management of COVID -19.
- Continued excellent Patient Friends and Family test scores and response rates.
- 1 fall resulting in harm / 0 grade 3 or 4 pressure ulcers which were due to a lapse in care by CCC.
- Sepsis management – collaboration with Alder Hey on electronic patient record system changes to support clinicians | sepsis awareness campaign about to start at CCC.
- CQUINs for 2022/2023:
 - Shared Decision Making – patient satisfaction survey following appointments
 - Staff Flu vaccinations – likely to start September 2022 as usual
 - CCC inpatient medicine changes – informing community services in a timely way
- The Trust’s 2021/22 Quality Account has been produced and was well received by CCC Committees and stakeholder organisations.
- International nurse recruitment



Financial Performance

For May 2022, the key financial headlines are:

Metric (£000)	In Mth 2 Actual	In Mth 2 Plan	Variance	Risk RAG	YTD Actual	YTD Plan	Variance	Risk RAG
Trust Surplus/ (Deficit)	27	24	3	Green	54	49	5	Green
CPL/Propcare Surplus/ (Deficit)	85	0	85	Green	212	0	212	Green
Control Total Surplus/ (Deficit)	112	24	88	Green	266	49	217	Green
Trust Cash holding	59,625	52,080	7,545	Green	59,625	52,080	7,545	Green
Capital Expenditure	42	0	(42)	Green	113	0	(113)	Green
Agency Cap	64	95	31	Green	113	190	77	Green








For 2022/23 the Cheshire & Merseyside ICS are managing the required financial position of each Trust through a whole system approach. The Trust submitted a draft plan in April 2022 showing a £291k surplus.

At this point the overall ICS was in deficit, further work is being undertaken across the ICS, with a further submission due on 20 June. The Trust position is reliant upon receiving Elective Recovery Funding (ERF) of £9m for activity over and above 104% of 2019.20.

The Trust financial position to the end of May is a £49k surplus, which is in line with plan. The group position to the end of May is a £266k surplus. The Trust cash position is a closing balance of £59.6m, which is £7.5m above plan. Capital spend is £42k in month with capital spend YTD being low in line with plan.



Workforce Performance

Directive	Key Performance Indicator	Target	May-22	Last 12 Months
Executive Director Lead: Jayne Shaw, Director of Workforce and Organisational Development				
S	Staff Sickness Absence	G: ≤4% A: 4.1-4.9% R: ≥5%	4.40%	
S	Staff Sickness Absence (short term)	G: ≤1% A: 1.1 - 1.2% R: ≥1.3%	2.16%	
S	Staff Sickness Absence (long term)	G: ≤3% A: 3.1-3.5% R: ≥3.6%	2.24%	
S	Staff Turnover: Clinical staff (12 month rolling)	G: ≤14% A: 14.1-14.9% R: ≥15%	17.60%	
S	Statutory and Mandatory Training	G: ≥90% A: 75-89.9% R: ≤74%	94.68%	
L	PADR rate	G: ≥90% A: 75-89.9% R: ≤74%	90.03%	
L	Medical Appraisal	G: ≥90% A: 75-89.9% R: ≤74%	90.10%	
C/S	Pulse Staff Survey: Employee Engagement Score	Target being developed	7	There has been 1 nationally reportable Pulse survey (March 2022). CCC scored higher than the Cheshire and Merseyside average for employee engagement.
C/S	Pulse Staff Survey: Advocacy score	Target being developed	7.4	There has been 1 nationally reportable Pulse survey (March 2022). CCC scored higher than the Cheshire and Merseyside average for advocacy.
C/S	Pulse Staff Survey: Involvement score	Target being developed	6.8	There has been 1 nationally reportable Pulse survey (March 2022). CCC scored higher than the Cheshire and Merseyside average for involvement.
C/S	Pulse Staff Survey: Motivation score	Target being developed	6.8	There has been 1 nationally reportable Pulse survey (March 2022). CCC scored the same as the Cheshire and Merseyside average for motivation.



Workforce Performance

- Since a Trust high of 7% staff sickness absence in January 2022, this has reduced month on month to 4.4% in May 2022. Cases of covid-19 are however rising again nationally, which may cause a reversal of this trend. Whilst short term absence is above the target, long term sickness has been below target since March 2022.
- Turnover is above target. The Workforce and OD team have continued to focus strongly on staff health and wellbeing throughout the pandemic, recognising that this is a particularly challenging time. A new approach to exit interviews has been implemented, which is working well and producing useful intelligence.
- Statutory and Mandatory training compliance continues to perform above the Trust target of 90%.
- The Trust has achieved the PADR target of 90% since April 2022 and our compliance rates continue to compare favourably with other organisations.
- Workforce engagement: no further staff survey results have been published since the last COG session, however engagement work continues, with listening events held across the organisation and staff survey results and actions plans reviewed at Divisional and Corporate Service Performance Review Groups.



Questions



REPORT COVER

Report to:	Council of Governors	
Date of meeting:	6 th July 2022	
Agenda item:	CG-46-22	
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:		
Purpose of the paper/key points for discussion:	This paper is the 'Triple A' Chairs reports previously presented to Trust Board. The purpose of the report is to provide the Council of Governors with assurance from Audit 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.



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: 1 April 2022

Parent Committee:

Chair: Mark Tattersall

Quorate: Yes

Agenda item	RAG	Key points	Actions required	Action lead	Expected date of completion
AUD-028-22 – 2021-22 Annual Accounts – Review of Accounting Policies		The Committee approved the changes		Deputy Director of Finance	1 April 2022 - Completed
AUD-029-22 – Accounting Estimates		The accounting estimates were considered by the Committee and there were a number of areas with work in progress	An update to 14 April 2022 Committee meeting	Deputy Director of Finance	14 April 2022
AUD-031-22 – Constitution Incorporating Standing Orders		Discussions were held around several areas which required clarity	An update to 14 April 2022 Committee meeting	Associate Director of Corporate Governance	Deferred due to Associate Director of Corporate Governance absence
AUD-033-22 – Improving Cyber Resilience		Substantial assurance was received on improving cyber resilience and on immediate priorities including unsupported services		Chief Information Officer	1 April 2022 - Completed



CHAIR'S REPORT

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Name of Committee/Group: Audit Committee

Reporting to: Trust Board

Date of meeting: 14 April 2022

Parent Committee:

Chair: Mark Tattersall

Quorate: Yes

Agenda item	RAG	Key points	Actions required	Action lead	Expected date of completion
AUD-041-22 – MIAA Internal Audit Progress Report April 2022	Green	Seven reports finalised, ESR/Payroll – High assurance, R&I – Substantial assurance, Risk Management – Substantial assurance, Medical Devices – Moderate assurance, Complaints & PALS – Moderate assurance, Incident Management – Limited assurance, BAF – n/a. The plan is substantially complete with only two remaining pieces of work in progress, Data Security Toolkit & Finance procedures update.	Complete remaining outstanding work and progress recommended actions.	Internal Audit Manager Associate Director of Corporate Governance	May 2022
AUD-042-22 – MIAA Annual Report & HIAO 2021-22	Green	MIAA presented the Annual report and confirmed that the Trust had received an overall assurance rating of substantial.	Noted, for inclusion in Trust Annual Report.	Corporate Governance team	April 2022
AUD-043-22 – MIAA Draft Internal Audit Plan 2022-23 for Approval	Yellow	The Audit Committee approved the Draft Internal Audit Plan for 2022-23 subject to a minor amendment to include a Data Quality review in the plan.	Amendment to be made to include DQ review.	MIAA Internal Audit Manager	May 2022
AUD-045-22 – MIAA Anti-Fraud Plan 2022-23	Yellow	The Audit Committee approved the 2022-23 Anti-Fraud Plan 2022-23	Approved	MIAA Anti-Fraud Specialist	
AUD-046-22 –	Yellow	Ernst & Young presented the audit plan. Provisional Materiality limits have been	Confirm materiality limits for 2021-22 audit work.	Ernst & Young	May 2022



CHAIR'S REPORT



The Clatterbridge
Cancer Centre
NHS Foundation Trust

Provisional Audit Planning Report 2021-22		calculated at £3.470m being 1.5% of group operating expenditure. A performance materiality has also been set at £1.735m being 50% of materiality. There was discussion around this materiality level as this is new to the Trust. EY explained that as new auditors they set a lower materiality in the first year. These limits will be reviewed and updated once they receive the draft 2021-22 Accounts at the end of April.			
AUD-048-22 – Key Financial Assurance Indicators		The Audit Committee noted the content of the report and the continued high BPPC performance, being greater than 95% in all areas. Continued low level of aged creditors and debtors with no debt write-offs in the month.	Maintain improvements delivered in all areas.	Deputy Director of Finance	On-going
AUD-051-22 – Audit Committee Terms of Reference V4		The Audit Committee agreed the Terms of Reference with minor amendments	To be signed off after amendments.	Corporate Governance team	July 2022
AUD-052-22 – Audit Committee Annual Work Plan		The Audit Committee agreed the annual work plan with minor amendments.	Agreed		
AUD-055-21 – Declarations of Interest Register		The Audit Committee reviewed the register of interests and discussed potential future improvements.	Improvements to be incorporated into future versions of the register.	Corporate Governance team	July 2022



Version: 2.0 Ref: FTWOCHAIR Review: May 2024

CHAIR'S REPORT

Committee/Group 'Triple A'

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Name of Committee/Group: Extraordinary Audit Committee

Reporting to: Trust Board

Date of meeting: 11 May 2022

Parent Committee:

Chair: Mark Tattersall

Quorate: Yes

Agenda item	RAG	Key points	Actions required	Action lead	Expected date of completion
AUD-063-22 Review of External Audit Progress 2021-22		External Audit gave a verbal progress report. They were continuing to liaise with the Finance team and sign off is due 16 June 2022.	EY requested additional evidence for Value for Money to corroborate the Self-Assessment. EY will liaise with the Finance Team to clarify and confirm their outstanding requirements in relation to sampling A post-Audit review was requested.	Deputy Director of Finance Ernst & Young Ernst & Young	16 June 2022 May 2022 June 2022
AUD-064-22 Going Concern Management Assessment		The Committee received and considered the Going Concern Management Assessment.	The assessment was supported by the Audit Committee subject to further narrative being discussed and agreed with EY for inclusion in the relevant note in the Annual Accounts	Deputy Director of Finance	June 2022
AUD-065-22 Draft Annual Report & Accounts submission 2021-22		The Committee reviewed the Draft Annual Report and Accounts 2021-22 The Committee noted good progress had been made on the Annual Report and Accounts this year and thanked the team for their work.	The Committee requested some matters be considered for amendment and further analysis	Deputy Director of Finance	June 2022



**Extraordinary Audit Committee
16 June 2022**

Chairs Report

Chair	Mark Tattersall	Was the meeting Quorate?	Yes
Meeting format	MS Teams		Yes
Was the committee assured by the quality of the papers <small>(if not please provide details below)</small>			Yes
Was the committee assured by the evidence and discussion provided <small>(if not please provide details below)</small>			Yes

General items to note to the Board	<ul style="list-style-type: none"> The Committee considered the updated Annual Report and Accounts 2021-2022 and approved subject to the review and final sign off of the outstanding audit items by Ernst & Young Supported the updated Going Concern Assessment subject to some commentary changes Considered in detail the External Auditors' Findings Report and approved the unadjusted items as presented by the External Auditors. The Committee approved the Management Letter of Representation subject to additional narrative being included at paragraph A5. The additional narrative to be included to address Ernst & Young's requirement to document the rationale for not adjusting the differences identified during the year end audit and which were highlighted in section 4 of the External Auditors' Findings Report. Approved the Provider Licence Conditions
Items of concern for escalation to the Board	
Items of achievement for escalation to the Board	
Items for shared learning	

REPORT COVER

Report to:	Council of Governors	
Date of meeting:	6 th July 2022	
Agenda item:	CG-47-22	
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:		
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	

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REPORT COVER

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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

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

Name of Committee/Group: Performance Committee

Reporting to: Trust Board

Date of meeting: 23 March 2022

Parent Committee:

Chair: Mark Tattersall

Quorate: Yes

Agenda item	RAG	Key points	Actions required	Action lead	Expected date of completion
PC-022-22 Performance Committee Minutes 16 th February 2022		The Committee received the minutes of the 16 th February 2022. Requested minutes to be reviewed and amended	The minutes of the 16 th February 2022 to be amended and presented to the next meeting of the Performance Committee.	MS	July 2022
PC-026-22 Integrated Performance Report – Month 11		<p>The Committee received and discussed the report focussing on the non-compliance training rates with specific reference to BLS, ILF and Cyber Security training.</p> <p>Committee noted issues regarding testing detailed below and will continue to monitor closely due to impact on waiting times:</p> <ol style="list-style-type: none"> 1. Turnaround times for PDL1 and Estimated glomerular filtration rate (EGFR) testing remain challenging. 2. Challenges were being experienced with the PDL1 molecular test within the lung pathway. 3. Lack of availability of PDL1 test results at time of appointment for patients on lung pathway. 	<p>Committee will continue to monitor via IPR Report.</p> <p>Operational group established to resolve.</p> <p>Senior leaders are meeting with the Genomics Lab to review the strategic approach to streamline the pathways.</p> <p>Emergency pathway in place and continue to work collaboratively with the Genomics Lab to resolve.</p>	<p>Executives</p> <p>JSp</p>	<p>July 2022</p> <p>July 2022</p>



CHAIR'S REPORT



The Clatterbridge
Cancer Centre
NHS Foundation Trust

PC-028-22 Bed Utilisation - Future Plans and Potential Opportunities		<p>The Committee received and discussed the report noting:</p> <p>The Trust plan to improve utilisation included a number of service changes that would be implemented over an 18 month period and an anticipated 11% growth in activity as the system recovers from the pandemic.</p> <p>Bed occupancy rates have remained below the national target of 85% with an average occupancy of 76%.</p> <p>In preparation for the predicted increase in referrals, the Trust has developed a recovery plan that commits to a bed occupancy rate of 89%.</p>	Implementation of Plan to continue with quarterly updates to continue to the Committee.	JSp	July 2022
PC-029-22 5 Year Strategy Implementation - Progress Report		<p>The Committee welcomed the Report and focussed on the issues below:</p> <p>Continued impact of Covid-19 and elective recovery on management capacity to support delivery</p> <p>Requirement of clinical and operational teams to focus on high priority projects – aseptic pharmacy and Aintree H-O integration</p> <p>Impact of programme management office (PMO) transition on central capacity to support projects</p>	<p>Agree divisional business plans and setting priorities for divisional and PMO support through the new Transformation and Improvement sub-Committee.</p> <p>Establish a programme to prepare the Trust for the upcoming opening of the new Royal Liverpool University Hospital</p> <p>Establish an electronic patient record (EPR) optimisation programme following the recommendations of the external review and report progress to Committee.</p> <p>Share the estates master plan for the Clatterbridge Health Campus and develop a medium-term development plan for CCC-Wirral.</p>	TP	July 2022



Version: 2.0 Ref: FTWOCHAIR Review: May 2024

CHAIR'S REPORT



The Clatterbridge
Cancer Centre
NHS Foundation Trust

			On completion Digital Strategy to be submitted to Committee with recommendation for Board to approve.		
PC-030-22 Finance Report – Month 11		<p>All the indicators are currently rated as green with the break-even target achieved with a surplus including subsidiary companies.</p> <p>Cash is actually above plan and spending less on agency than CAP. Due to level of activity and the ERF calculation in the second half of this year significant additional revenue has been generated and being utilised to manage risks and offsetting CIP requirement and overachieve on financial position and actually have a surplus.</p> <p>Anticipated to spend capital forecast which will reduce cash position.</p>	<p>Monitoring position as uncertain of ERF amounts for months 11 and 12.</p> <p>Continue to manage Trust risks and with any surplus return to the system to contribute to the overall system balance position.</p> <p>Cash position overall buoyed by the ERF cash, charity monies and additional Public Dividend Capital (PDC) received but not yet expended.</p>	JT	July 22
PC-034-22 CPL Report / Strategy Implementation, Risk Assurance, - Regulatory Compliance, Financial Performance		<p>The Committee received and discussed the report noting:</p> <p>CPL still awaiting regulatory visits for new premises.</p> <p>Received positive feedback from the Home Office inspection relating to the organisations management of controlled drugs, and do not expect any kind of formal report from inspection.</p> <p>All outpatient survey results continued to be good, 100% of patients were either extremely satisfied or satisfied with services surveyed across the Wirral and Liverpool sites.</p>	<p>Committee commended the work to reduce the Stock position below £2,000,000</p> <p>To continue to report to the Committee 3 times a year.</p>	JM	July 2022



Version: 2.0 Ref: FTWOCHAIR Review: May 2024

CHAIR'S REPORT

		<p>98% of patients received their medication within 30 minutes.</p> <p>Stock position below £2,000,000</p>			
<p>PC-035-22</p> <p>Improving Cyber Resilience</p>		<p>Committee welcomed the verbal update following receipt of correspondence from the national Chief Information Security Officer for Health and Social Care to SIROs sent on 1 March 2022 with instructions to improve cyber resilience</p> <p>Key areas requiring assurance to be submitted including patching, access control, monitoring, backups, instant response and business continuity planning and cyber awareness in the DSPT submission of 4 March 2022.</p> <p>NHS England wrote to Chairs and Audit Chairs of Trusts on 9 March. Guidance stated NHS England would use NIS regulation to intervene where trusts have 10% or more of devices on unsupported versions of Microsoft Windows.</p>	<p>SB to report to Audit Committee on the 1 April 2022</p>	<p>SB</p>	<p>1 April 22</p>



Chairs report for: Performance Committee
Date/Time of meeting: 18th May 2022, 09:30

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

Items of concern for escalation to the Board	<ul style="list-style-type: none"> • IPR – infection rates • Change in Acuity of patients & challenges around genomic/molecular testing turnaround times • Finance - Notification that system plan was not accepted and therefore a, potential risk to CCC • Presentation on Link bridges and Royal opening to go to Board in June 2022
Items of achievement for escalation to the Board	<ul style="list-style-type: none"> • Usefulness of Apollo 2 Exercise • Procare Performance Report • R&I Business plan
Items for shared learning	<ul style="list-style-type: none"> • Nursing Deep dive, detail to be picked up at People Committee • The Committee asked for an update on link bridges to go to Board (<i>Update: the link bridge is on track and the LUHFT consultation has now come out and the team will respond and bring back any concerns to Board in July</i>)

REPORT COVER

Report to:	Council of Governors	
Date of meeting:	6 th July 2022	
Agenda item:	CG-48-22	
Title:	People Committee Assurance Report	
Report prepared by:	Anna Rothery / 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:		
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 People 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 checked="" 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 checked="" 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 checked="" 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.



Chairs report for: People Committee**Date/Time of meeting: 8th June 2022 at 10am**

			Yes/No
Chair	Anna Rothery/ Geoff Broadhead	Was the meeting Quorate?	Y (after amendment to ToR)
Meeting format	Microsoft Teams		
Was the committee assured by the quality of the papers (if not please provide details below)			Y
Was the committee assured by the evidence and discussion provided (if not please provide details below)			Y

Items of concern for escalation to the Board	<ul style="list-style-type: none"> Concern raised regarding ongoing non-compliance of Mandatory Training despite additional courses being offered. To address this, role essential training is being reviewed to assess if training can be delivered via another route to allow time for Mandatory Training to be completed
Items of achievement for escalation to the Board	<ul style="list-style-type: none"> Successful staff listening events taking place with subsequent action plan to provide assurance to the Board on progress First Staff Awards Ceremony taking place in November 2022 at the Winter Ball, to thank staff for their contributions during Covid.
Items for shared learning	



REPORT COVER

Report to:	Council of Governors	
Date of meeting:	6 th July 2022	
Agenda item:	CG-50-22	
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:		
Purpose of the paper/key points for discussion:	This paper is the 'Triple A' Chairs reports 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
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 no 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: Charitable Funds Committee

Reporting to: Trust Board

Date of meeting: 22nd April 2022

Parent Committee: n/a

Chair: Elkan Abrahamson

Quorate: Yes

Agenda item	RAG	Key points	Actions required	Action lead	Expected date of completion
CHA-031-22 – Fundraising & Finance Report		<p>The Charity were reporting a final year figure of £3.266m against a target of £3.035m representing 108% of target and an increase on the previous year of £1.035m.</p> <p>Expenditure to 31 March 2022 was £898,688 representing an efficiency of 72% and a cost to income ratio of 28%.</p> <p>After extracting costs and expenditure net income for 2021-22 was £1.22m.</p> <p>The Committee discussed and agreed the income and expenditure budget for 2022-23.</p>		Head of Charity	
CHA-033-22 – Charitable Funding Requests Research & Innovation		<p>The Committee approved charitable funding of £150k to support Research and £150k to support Innovation.</p>		Head of Charity	



REPORT COVER

Report to:	Council of Governors	
Date of meeting:	6 th July 2022	
Agenda item:	CG-50-22	
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:		
Purpose of the paper/key points for discussion:	This paper is the 'Triple A' Chairs reports 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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BAF Risk	Please select
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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"/>

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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 checked="" 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



The Clatterbridge
Cancer Centre
NHS Foundation Trust

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: Quality Committee

Reporting to: Trust Board

Date of meeting: 24 March 2022

Parent Committee:

Chair: Terry Jones

Quorate: Yes

Agenda item	RAG	Key points	Actions required	Action lead	Expected date of completion
QC-047-22 Quality Committee Minutes 17 th February 2022		The Committee received the minutes of the 17 th February 2022. Requested minutes to be reviewed and amended	The minutes of the 17 th February 2022 to be amended and presented to the next meeting of the Quality Committee.	MS	June 2022
QC-049-22 Risk and Issues Summary Report		The Committee received the report and was provided with an update.	Transition to the production of a single risk register.	JG/CL	June 2022
QC-053- Update Communications Incident Deep Dive		The Committee received the report and noted the issues raised: <ol style="list-style-type: none"> 1. Importance of correctly classifying communication complaints 2. Enabling and supporting improved communication between wards and imaging services 3. The value of system wide communication as patients receive multi centre care 4. Ability of processes to capture low level concerns 	Provide an updated Report on Non-Complaint communication issues.	JG/CL	Oct 2022
QC—060-063-22 Annual Review of Committee Effectiveness Draft QC Annual Report 2021-2022		The Committee received the papers and agreed with the approach to review for adoption for 2022/2023	<ol style="list-style-type: none"> 1. Documents to be circulated to members of the Committee individually. 2. TJ/JG/MS to meet to draft Annual Report, ToRs and Cycle of Business. 	TJ/JG/MS	June 2022



Version: 2.0 Ref: FTWOCHAIR Review: May 2024

CHAIR'S REPORT

Annual Review of
Committee ToRs
Annual Review of
Committee Cycle of
Business



Quality Committee
23 June 2022

Chairs Report

Chair	Terry Jones	Was the meeting Quorate?	Yes
Meeting format	MS Teams		Yes
Was the committee assured by the quality of the papers <small>(if not please provide details below)</small>			Yes
Was the committee assured by the evidence and discussion provided <small>(if not please provide details below)</small>			Yes

Items of concern for escalation to the Board	<p><u>Papillon Service</u> Ongoing issues with commissioning the new installation services suspended and patient being offered alternative centre or treatment (commissioners aware)</p> <p><u>Safer Staffing Report</u> Additional assurance about safe staffing for single room delivery mode. The new report include the ward manager judgement statement on safe staffing levels.</p>
Items of achievement for escalation to the Board	<p><u>Pharmacy</u> Positive report from pharmacy on Quality Improvement and staff culture</p> <p><u>IPC Report</u> Comprehensive IPC support provided additional assurance to wards</p>
Items for shared learning	<p><u>ECMC Submission</u> Due end of June and on track. University of Liverpool leading the submission and supporting with bid writers.</p>

REPORT COVER

Report to:	Council of Governors	
Date of meeting:	6 th July 2022	
Agenda item:		
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 Manager	
Executive Lead:		
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:	<p>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. The Council is asked to approve the following:</p> <ul style="list-style-type: none"> • Membership Engagement and Communications Committee Strategy • Membership Engagement and Communications Committee Implementation Plan
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Action required: (please tick)	Discuss <input type="checkbox"/> Approve <input checked="" type="checkbox"/> For information/noting <input checked="" type="checkbox"/>
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Next steps required:	Council of Governors are requested to note the content of the report and approve the strategy and Implementation Plan
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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"/>
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BE COLLABORATIVE

BAF Risk	Please select
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BAF Risk	Please select
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BE A GREAT PLACE TO WORK

BAF Risk	Please select
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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
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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 (MECC) Report

Laura Jane Brown, Staff Governor, Chair of MECC
Skye Thomson, Corporate Governance Manager



REPORT

Contents

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 present the MECC strategy and Implementation Plan for approval.

2.0 Background

Since the last Council of Governors meeting the MECC has met twice and focused on the 2022 Governor Elections and developing the Implementation Plan.

3.0 Items to note

3.1 Strategy

The MECC strategy was approved by the committee in June 2022 and is included below for approval by the Council of Governors, subject to the completion of the equality, diversity and inclusion impact assessment.

3.2 Implementation Plan

The MECC Implementation plan was developed in line with the MECC strategy and continues to be reviewed and updated by the committee. The Implementation plan is included below for approval by the Council of governors.

3.3 Elections

There were 13 positions open for nominations 10 of which will be filled.

During elections the committee has:

- Approved all election materials including, nominations form, poster, postcard, website details and more
- Put up posters across all sites



REPORT

- Created and implemented a communications plan, sharing information on internal bulletins, screensavers, social media etc.
- Contacted patient groups
- Held a Governor information session
- Contacted staff for recommendations for staff Governors
- Contacted Governors eligible for rerunning for their position
- Monitored income nominations and potential vacancies

The Committee will review the process for elections in September 2022 and note lessons learnt to improve going forward.

The position at the end of nominations:

Public Constituency	Nomination(s) Submitted
Cheshire West and Chester	Yes
Liverpool	Yes
Liverpool	No
Sefton	Yes
Sefton	Yes
St Helen's and Knowsley	Yes
St Helen's and Knowsley	Yes
Warrington and Halton	Yes
Warrington and Halton	No

Staff Constituency	Nomination(s) Submitted
Doctor	Yes
Non-Clinical	No
Other Clinical	Yes
Radiographer	tbc

The Notice of poll will be published on 20th July and election stage of the process will open on the 21st July and close the 15th August.

4. Recommendations / next steps

- The Council is asked to approve the MECC Strategy and Implementation Plan



STRATEGY

Membership Engagement and Communications Committee Strategy

Strategy Reference	(To be provided by DCM)
Version	1
Summary	This document contains the strategy for the Membership Engagement and Communications Committee
Name and designation of Strategy author(s)	Skye Thomson – Corporate Governance Administrator Laura Jane Brown – Staff Governor & Chair of MECC
Approved by (committee, group, manager)	(To be provided by DCM)
Approval evidence received (minutes of meeting, electronic approval)	TO BE OBTAINED BY AUTHOR (SEE “DOCUMENT CONTROL PROCEDURE” FOR EVIDENCE REQUIRED)
Date approved	(To be provided by DCM)
Review date	July 2025
Review type (annual, three yearly)	Every 3 years
Target audience	Council of Governors and Foundation Trust (FT) Members
Links to other strategies, policies, procedures	The Trust Constitution
Protective Marking Classification	Public
This document supersedes	CCC Membership strategy 2012

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CONSULTATION

	Authorised by	Date authorised	Comments
Equality Impact Assessment			To be completed
Fraud Department	N/A	N/A	N/A

CIRCULATION/DISSEMINATION

Date added into Q-Pulse	To be completed by DCM
Date document posted on the intranet	To be completed by DCM

VERSION HISTORY

Date	Version	Author name and designation	Summary of main changes
July 2022	1.0	Skye Thomson, Corporate Governance Administrator and Laura Jane Brown, Staff Governor and Chair of membership Engagement and Communications Committee	Complete rewrite of Jan 2012 strategy

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STRATEGY

1.0 INTRODUCTION

The Clatterbridge Cancer Centre NHS Foundation Trust is one of the UK’s leading cancer centres providing highly-specialist cancer care to a population of 2.4m people across Cheshire, Merseyside and the surrounding areas including the Isle of Man.

The Clatterbridge Cancer Centre (CCC) is committed to being a proactive and successful membership organisation who engages and strengthens its links with the communities we serve.

To be successful as a Foundation Trust, the Trust must actively maintain a diverse membership that involves and reflects a wide representation of its communities. The Trust will need to commit resources, both in terms of time and effort, to support the development and enhancement of our membership. This strategy outlines the key objectives and required actions that the MECC and wider stakeholders will take to support this.

2.0 PURPOSE

The goal of the MECC strategy is to enhance organisational membership in terms of volume and quality. The MECC strategy has been developed in line with CCC’s 5 Year strategic plan and its six strategic objectives and organisational values.

Strategic Objectives:

- BE OUTSTANDING**
Deliver safe, high-quality care and outstanding operational and financial performance
Outstanding CQC rating
Top decile NCPES survey
- BE COLLABORATIVE**
Drive better outcomes for cancer patients, working with our partners across our unique network of care
Improved 5-year survival
Increased early diagnosis
- BE RESEARCH LEADERS**
Be leaders in cancer research to improve outcomes for patients now and in the future
Retain ECMC status
Gain CRUK centre status
- BE DIGITAL**
Deliver digitally-transformed services, empowering patients and staff
Develop a digital strategy
Achieve HIMSS level 7
- BE A GREAT PLACE TO WORK**
Attract, develop and retain a highly-skilled, motivated and inclusive workforce to deliver the best care
Top decile staff survey
Teaching hospital status
- BE INNOVATIVE**
Be enterprising and innovative, exploring opportunities that improve or support patient care
Develop and implement an innovation strategy

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Values:

Be Kind
Be Empowered
Be Responsible
Be Inclusive

This strategy outlines CCC's vision for membership and the tactics we intend to use to identify and build an effective, responsive, and representative membership. It also outlines our plans in terms of recruitment and engagement and how we will measure the success of our membership and the implementation of this strategy.

The strategy aims to:

- Ensure that membership is representative of the community it serves
- Enable varying levels of participation according to individual needs and wishes
- Ensure a continuous approach to developing membership based on active engagement.

3.0 SCOPE

This Strategy applies to:

- Membership Engagement and Communications Committee
- Council of Governors
- Members of the Trust

This strategy does not apply to:

- Those who have opted out of Membership

4.0 DEFINITIONS

MECC – Membership Engagement and Communications Committee

FT – Foundation Trust

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5.0 RESPONSIBILITIES

The role of the Membership Engagement and Communications Committee is to develop the strategy and monitor its progress against the implementation plan.

The Council of Governors has responsibility for monitoring progress in membership activity via the Membership Engagement and Communications Committee (MECC).

The Board of Directors is kept advised via the quarterly report from the Council of Governors and by the inclusion of membership data in the Trust's Annual Report.

6.0 LAWS & REGULATIONS

<https://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

<https://www.gov.uk/government/publications/the-nhs-constitution-for-england>

7.0 MAIN BODY OF STRATEGY

7.1 Approval Process of the Strategy

The strategy will be developed and agreed by the MECC. It will then be recommended to the Council of Governors for approval, followed by presentation to the Trust Board. Once the strategy is ratified it will be made available in the public domain via the Trust's website.

7.2 Vision for Membership

The vision is for the Trust's membership to be active, engaged, involved and representative of local communities, staff, and the wider population that the Trust serves. This is to ensure and support the development and delivery of the highest quality of care and experience for our patients. Membership activity will be equal, diverse and inclusive ensuring that the NHS and CCC's core values are the

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backbone of membership, in line with the Trusts Equality, Diversity & Inclusion strategy.

The Trust's members are an essential part of Clatterbridge's future development with many of those living in our served communities. Members are and will be able to become involved with and or take an interest in the following areas:

- Receive information about CCC and its activities, including the various events run by the Clatterbridge Cancer Charity
- Attend membership events and other Trust events such as open days, information sessions, and governor led and delivered membership forums
- Take part in specific focus groups, consultations, or other specific work where the Trust would benefit from members views to support transformation and service development within CCC
- Be consulted in CCC's plans for future development and the services we provide
- Elect representatives to serve on the Council of Governors
- Choose to stand for election to the Council of Governors
- Choose to put themselves forward for appointment as a Non-Executive Director.

It is the duty of public and staff members to elect representatives for the Council of Governors. Governors voice and advocate the views of the members and constituents that they represent; governors are also bound to hold the Non-Executive Directors to account for the performance of the Board of Directors' equally, governors are responsible for engaging with their members about the future strategy of the organisation. Therefore, FTs are accountable to the people and communities that they serve and also to their staff.

7.3 Membership Scheme

Membership is our way of developing a closer relationship with our communities to strive towards our strategic aim 'Be Collaborative'. Membership provides opportunity to engage and hear our members to understand and listen to what they

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consider important in relation to our services and development of such services. Membership also provides our communities with a way to express their support for CCC

As a MECC we recognise that if the membership scheme is to be successful and effective, we must ensure that our members' understand that their views are heard, what will ultimately provide potential members with a reason to want to take part and support the Trust.

Therefore, our members can:

- Help improve the quality of our services and/ or of the patient/visitor experience
- Give their views on the Trust's plans
- Give their views on how they feel the Trust is performing
- Be consulted on any changes to the Trust's constitution through the Council of Governors
- Vote and stand in elections for the Council of Governors
- Attend the Annual Members' Meeting
- Attend events
- Suggest events/fora at which health or Trust information could be shared
- Receive information on the Trust and its services
- Qualify for discount schemes where applicable – HealthCare Discounts.

Membership is free of charge and there is no obligation for members to get involved. Upon registration all members will receive a membership welcome letter, alongside the Trust's C3 magazine and voting packs during Council of Governor' election period.

7.4 Becoming a Member

7.4.1 Eligibility

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Membership is open to any person who is resident of England or Wales; a patient of the Trust and/or their carer; is aged 16 years and above; all CCC members of staff (see the Clatterbridge cancer Centre Constitution for exclusions).

Members will be eligible to join one of two membership constituencies:

- Public
- Staff – divided into six “classes”

An individual cannot be a member of more than one constituency and a person who satisfies the criteria for membership of the staff constituency may not become or continue as a member of the public constituency (see The Clatterbridge Cancer Centre Constitution).

A person must complete a membership application form to become a member of the Trust and applications are available via various mechanisms, indicated below. Members are not required to provide any personal data beyond what is needed to confirm eligibility for membership:

Routes of application:

- The trust’s website- <https://www.clatterbridgecc.nhs.uk/support-us/foundation-trusts-and-membership/become-a-member>
- E-mail- ccf-tr.corporategovernance@nhs.net
- Telephoning the Corporate Governance Team-0151 318 8285.

Members are able to join more than one Foundation Trust at any one time.

7.4.2 Exclusions to Membership

Exclusions to membership are included in the Trust’s constitution as outlined under item 10, which is available for public inspection via the Trust’s website.

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7.4.3 Defining our Membership Community

Members from each of the constituencies defined below can vote for, or stand as, a Governor from their constituency or class, to represent them on the Council of Governors.

7.4.4 Public

Public members are recruited on an opt-in basis.

7.4.5 Staff

The Staff Constituency is divided into six individual 'classes'. CCC staff are automatically given membership by default upon joining the Trust.

Staff have been divided into the following "classes":

- Doctor
- Non-Clinical
- Nurse
- Other Clinical
- Radiographer
- Volunteers, Service Providers, Contracted Staff

7.4.6 Membership Register

The Trust Corporate Governance Team maintains a register of public members. All public members are made aware of the existence of the public register via the membership application form and have the right to refuse to have their details disclosed (Data Protection Act). Public members have a responsibility for informing the Trust if and when their circumstances change (ie. address). This is important because this may change their eligibility to belong to a class/constituency of membership.

Staff membership is recorded on the Electronic Staff Record (ESR), as are opt-out details. The ESR is maintained by the Trust's HR Department. There is no separate register of staff FT members.

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The public register is regularly validated to ensure that it remains as accurate as possible, and that members continue to meet eligibility criteria, (where the Trust can determine this). The ESR is validated as appropriate in line with HR guidance.

7.5 Targeted Recruitment

7.5.1 Targeted Recruitment of Members

We wish to encourage and develop a strong sense of community involvement with the membership scheme. Therefore, we will actively recruit new members in all categories with a focus upon under-represented group. Whilst we encourage members to join at any time, we will continue to organise specific recruitment campaigns to attract new members as directed by the MECC. The implementation plan will contain details of the actions required to deliver this targeted recruitment and will be developed and monitored by the MECC.

7.5.2 Equality, Diversity and Inclusion

The Strategy will have regard for the NHS Constitution and ensure that it complies with relevant legislation and best practice in the conduct of its duties.

Through delivery of the implementation plan we will aim to create a fair membership where everyone can contribute, recognising and valuing diversity within the communities we serve.

7.5.3 Recruitment Methods

The Trust will carry out a range of activities to involve local communities, local businesses, and staff. Example methods of recruitment activities include:

- Hosting and facilitating engagement events either at CCC itself, or by having representation at other events hosted by CCC
- Attending public meetings such as the Annual Members Meeting; Trust Board and or and specific membership events and registered CCC charity events

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- Promoting membership through the press and social media
- Visibility of membership materials within various departments across the Trust and community settings
- Targeted recruitment for specific populations
- Alignment with CCC charity and targeted recruitment with donors

The strategic implementation plan will determine timescales for each activity, alongside a performance measure.

7.5.4 Recruitment Workstream

Recruitment targets will be agreed by the MECC with the specifics of the workstream and associated actions being detailed within the implementation plan. Progress of this will be monitored and managed by associated progress reports.

Delivery of workstreams will be subject to available resource and the level of involvement from Governors.

7.5.5 Media

Free media (including social media) coverage will be sought to highlight membership opportunities. Media may require a Governor to act as a spokesperson/interviewee, and appropriate Governor support will be provided by the Communications Team.

The Trust's social media accounts will be used to promote membership, facilitated by the Trusts Communications Team.

7.6 Engagement

7.6.1 Engaging with Members

As well as quantitative recruitment of members the MECC will equally focus upon qualitative engagement of membership and ensure that members are engaged with

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and have a forum to listen and hear. Enhanced engagement with our members will enable us to have an effective and active membership where members want to support CCC because they feel recognised.

7.6.2 Governors

Governors will have plentiful opportunities to engage with members both digitally and in person at associated events. The details for such events will be clearly detailed in the implementation plan.

Governors will report on the outputs of membership engagement activities to the wider council at formal Council of Governors meetings.

The members of the Council of Governors will play a pivotal role in the engagement of members. Governors require to be accessible, with a high profile, to gather views of their constituents. This will be achieved through various activities/projects, as detailed within the implementation plan.

The Trust will enhance Governor profiles through the promotion of the Council of Governors and its members on: the Trust's website (internal and external); Digital Display Boards within a number of areas in the Trust; other methods developed and decided by the MECC.

7.6.3 Staff Governors

Staff Governors are advised at elections of their responsibilities and the extent of their remit; details will also be available in the Governor Handbook.

7.7 Patient Experience

The MECC will work closely with the Patient Experience Team to improve members' engagement around patient-based forums and surveys. These are effective ways in which members can help co-create and influence the development of cancer services, whilst empowering its members.

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7.8 Partners

We will work actively with Patient Support Groups, Cheshire and Merseyside Cancer Alliance, Macmillan, Healthwatch, other health charities, Third Sector Organisations, Community and Primary Care, and local authorities as a means to promote CCC and membership. Appointed Governors will be pivotal in growing and supporting these partnerships.

7.9 Success

7.9.1 Monitoring Success

The MECC is responsible for the development of its strategy and for the monitoring of its progress on behalf of the Council of Governors. This will be performed through the strategic implementation plan that supports its delivery.

An annual review of the strategy and its implementation plan will be undertaken by the MECC to assess its position and whether the core objectives are being achieved or not. From this review a formal report will be developed and recommended to the Council of Governors for approval.

7.9.2 How will success be measured?

The success of implementation will be measured through quantitative data such as membership growth rates and through qualitative data such as engagement levels and member satisfaction.

Recruitment will be measured by the following criteria:

- Achievement of annual recruitment targets, detailed in the implementation plan
- Election turnout rate, what will be benchmarked against other FTs.

The success of member engagement will be measured by the following criteria:

- Feedback from members who are involved within engagement activity
- Attendances at membership events

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- Interaction with online forums/platforms
- Election turnout rate, benchmarked against other FTs.

7.10 Risks

Risks will be identified and actively monitored for all activity supporting the strategy. These will be monitored as part of implementation.

7.11 Implementation of the Strategy

The Strategy will be implemented through an implementation plan which includes different workstreams with lead responsibility and milestones identified. Detailed action plans will sit beneath each of the workstreams.

Monitoring of delivery of the strategy will be taken forward by the MECC chair with the Council of Governors being advised quarterly via assurance reports at the formal Council of Governors meetings.

All members of the Council of Governors will be encouraged to be involved in the implementation of the strategy.

8.0 TRAINING

Governors will complete an annual self-assessment and be offered Governor Development sessions to address any gaps in knowledge or areas for development.

9.0 AUDIT

An audit of progress against the strategy will be taken annually and presented to the public at the scheduled annual members meeting in September each year.

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10.0 REFERENCES

Health & Social Care Act 2012

NHS Constitution 2021

Your Statutory Duties: A Reference Guide to NHS FT Governors – August 2013

11.0 APPENDICES

Not Applicable

DRAFT

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Membership Engagement and Communications Committee Implementation Plan 2022-2025

Introduction

The strategy aims to:

- ensure that membership is representative of the community it serves
- enable varying levels of participation according to individual needs and wishes
- ensure a continuous approach to developing membership based on active engagement

Our vision is for the Trust's membership to be active, engaged, involved and representative of local communities, staff and the wider population that the Trust serves.

This report is intended to be a working document, to be developed throughout the life of the Membership Engagement and Communications Strategy, that provides a high-level update on our progress and challenges in its implementation.



BE OUTSTANDING

Deliver safe, high-quality care and outstanding operational and financial performance

Outstanding CQC rating
Top decile NCPES survey



BE COLLABORATIVE

Drive better outcomes for cancer patients, working with our partners across our unique network of care

Improved 5-year survival
Increased early diagnosis



BE RESEARCH LEADERS

Be leaders in cancer research to improve outcomes for patients now and in the future

Retain ECMC status
Gain CRUK centre status



BE DIGITAL

Deliver digitally-transformed services, empowering patients and staff

Develop a digital strategy
Achieve HIMSS level 7



BE A GREAT PLACE TO WORK

Attract, develop and retain a highly-skilled, motivated and inclusive workforce to deliver the best care

Top decile staff survey
Teaching hospital status



BE INNOVATIVE

Be enterprising and innovative, exploring opportunities that improve or support patient care

Develop and implement an innovation strategy

Membership Communication

KEY: BLUE = COMPLETE / RED = LATE /
 AMBER = AT RISK / GREEN = ON TRACK

Project	Action	Owner	Progress	Target Completion Date
Refine the process for becoming a member	Discuss the current joining process at May MECC meeting	All MECC Members	Paper coming to May Committee	May-22
	Review of the electronic membership form	Corporate Governance Manager	:Changes discussed at MECC May :Quick Changes Implemented May 2022 :Ongoing discussions with Civica to implement new online form	Sep-22
	Update of paper membership form	Corporate Governance Manager/Comms Team	:Previous forms identified May 2022	Sep-22
	Update Membership FAQs on website	Corporate Governance Manager	:Taken to May 2022 meeting for review :30th May committee members reminded to send any updates through to Corporate Governance Manager :Target completion moved from June to September due to pressures on the Corporate governance Team	Sep-22

Membership Communication

KEY: BLUE = COMPLETE / RED = LATE /
 AMBER = AT RISK / GREEN = ON TRACK

Project	Action	Owner	Progress	Target Completion Date
Welcome letter for new members	Review Welcome Letter	All MECC Members	:LUHFT welcome letter brought as example to May 22 meeting :Target completion moved from June to September due to pressures on the Corporate governance Team	Sep-22
Understanding member communication	Take data on members with/without email addresses, phone numbers etc. from the Civica Membership database to each MECC meeting	Corporate Governance Manager	:First report coming to meeting in May 2022 :Standing Agenda Item	Ongoing
	Discuss membership communication preferences as part of the 'refine process for becoming a member' project	All MECC Members	:Paper brought to May 2022 Meeting :Electronic form to be updated to include compulsory email for certain involvement preferences	Sep-22

Membership Engagement

KEY: BLUE = COMPLETE / RED = LATE /
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Project	Action	Owner	Progress	Target Completion Date
C3 Magazine	Discuss producing the 2022 C3 magazine	All MECC members	:Discussed at May 2022 meeting, Governors keen to be involved and would like to use it as an opportunity to increase Governor Visibility :30th May 2022 CGM sent out previous C3 magazines for Governors to view	May-22
	Monitor Production of C3 Magazine	All MECC members	:C3 Contents plan shared at June 22 meeting :Meet the Governors section to be included in the magazine	Aug-22
Hold Virtual Events	Develop ideas for virtual events	Corporate Governance Manager	:Brought LUHFT Virtual Events Calender 2022 to May MECC Meeting for discussion :Chair and CGM to find out events currently occurring within the Trust	Sep-22
Attend Trust Induction	Get in touch with Trust Induction organisers and get dates and approval	Corporate Governance Manager	:Discussed with Chief Executive regarding including membership section in Trust Induction	Jun-22
	Create material for Governor doing Induction to use	Corporate Governance Manager		Sep-22

Membership Recruitment

KEY: BLUE = COMPLETE / RED = LATE /
AMBER = AT RISK / GREEN = ON TRACK

Project	Action	Owner	Progress	Target Completion Date
Understanding Member Demographics	Take data from the Civica Membership Database to each MECC meeting	Corporate Governance manager	:First report coming to meeting in May 2022 :Standard Agenda Item	Ongoing
Promote membership at Charity events	Take list of Charity events for 2021/22 to MECC meeting	Corporate Governance Administrator	:Brought to May 2022 meeting :Governors would like a member of the Charity Team to attend the meeting once resource material ready	May-22
	Charity Team involvement at MECC	Charity Representative		tbc
Create Recruitment Source Material	Identify materials needed and bring for approval	Corporate Governance manager	:Target completion moved from June to September due to pressures on the Corporate governance Team	Sep-22
CMCA Roadshow	Discuss Governor involvement and CMCA Roadshow with Comms team and organiser Paul Ogden	Comms Team	:Happy for leaflets on membership/ membership form to be at CMCA stall	May-22
	Materials for CMCA roadshow	Corporate Governance Manager/comms	:Paper membership form in progress :See Recruitment Source Material Project	Jul-22
Work with Universities and sixth forms to engage with students and grow membership (Awaiting refined joining process and source material)				
Hold Membership and Governance Stand in Hospital (Awaiting refined joining process and source material)				
Include information about membership on patient letters	Provide Committee with further information / list on the different kinds of letters that go out to patients	Corporate Governance Manager	:Initial conversation with Information Governance Manager had	Sep-22

Governor Visibility

KEY: BLUE = COMPLETE / RED = LATE / AMBER = AT RISK / GREEN = ON TRACK

Project	Action	Owner	Progress	Target Completion Date
Improve Governor visibility on the Trust website	Governors to send photos for the website	Corporate Governance Manager / All Members	:Requested in March, April and May Governor Bulletin :MECC reminded at May 2022 meeting :Discussed at June 22 meeting, photos to be taken at CoG	Jun-22
	Review Governor page on website and implement changes the committee would like to make	Comms Team	:Changes discussed at May 22 meeting	Sep-22
Utilising Governor Walkabouts	Create Governor introductory speech to give to Governors attending walkabouts	Corporate Governance Manager / AW	:Discussed at June 22 meeting, AW to create	Jun-22
Governor Screen Saver on Trust Computers	Discuss best way to utilise Screensavers at May MECC meeting	All MECC members	:Screens to be used to advertise Governor Elections and then to highlight Governors each month	May-22
	Create Governor visibility screen saver plan	Comms Team		Sep-22

Elections

KEY: BLUE = COMPLETE / RED = LATE / AMBER = AT RISK / GREEN = ON TRACK

Project	Action	Owner	Progress	Target Completion Date
Elections	Approve Election Material	All MECC members	Brought to May 22 meeting and approved	May-22
	Contact Governors regarding re-running as a Governor	Corporate Governance Manager	All Governors contacted regarding re-running for elections	Jun-22
	Monitor nominations progress	All MECC members	:Corporate Governance Manager to bring update to next MECC meeting :Update brought and discussed	Jun-22
Advertising Elections	Create comms plan (screen savers, trust induction, comms bulletin, Governor bulletin, social media)	Corporate Governance Administrator / Communications Team	:Comms Plan Created May 2022	May-22



**The Clatterbridge
Cancer Centre**
NHS Foundation Trust



Operational and Financial Planning 2022-23

**Council of Governors
James Thomson
6th July 2022**

Contents

1. Key points
2. Activity and Performance plan 2022/23
3. Workforce plan 2022/23
4. Finance plan 2022/23



1. Key Points

Trust has submitted plans on 20th June

ICB have 'checked/challenged' plans

Planned increase for patient activity

Financial risk in plans due to marginal income



2. Activity and Performance Plan – Objectives

NHSE/I objectives for Trusts focus on recovering services.

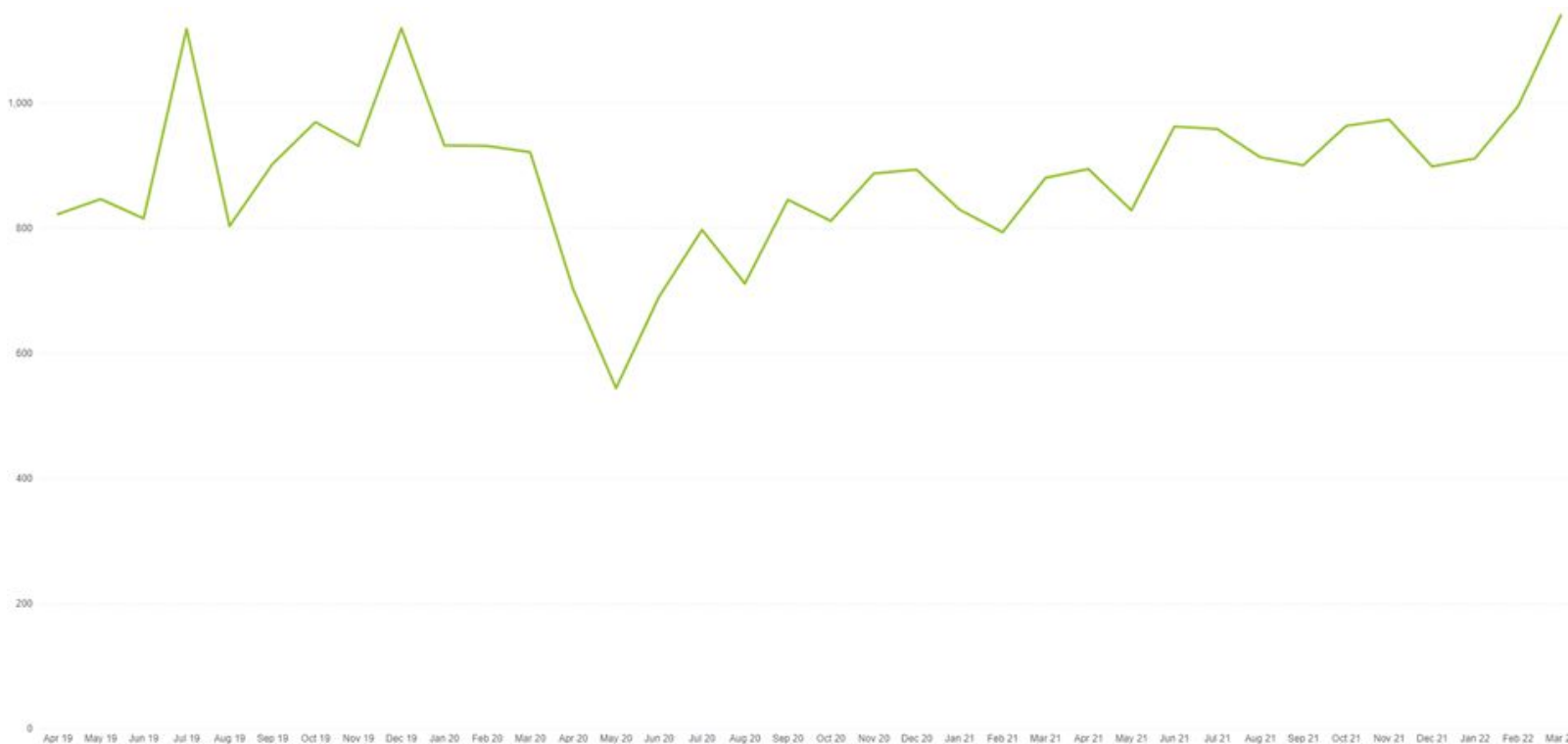
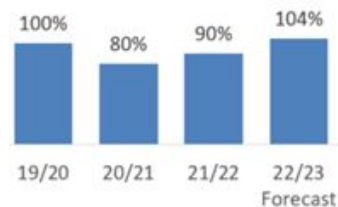
Targets

- Eliminate 104 or 52 week waits
- Deliver 62 day cancer performance
- Start rationalisation of unnecessary outpatient follow-up
- Increase Patient Initiated Follow Up activity
- Achieve 104% + of 2019/20 activity

Trust Plan Assumptions

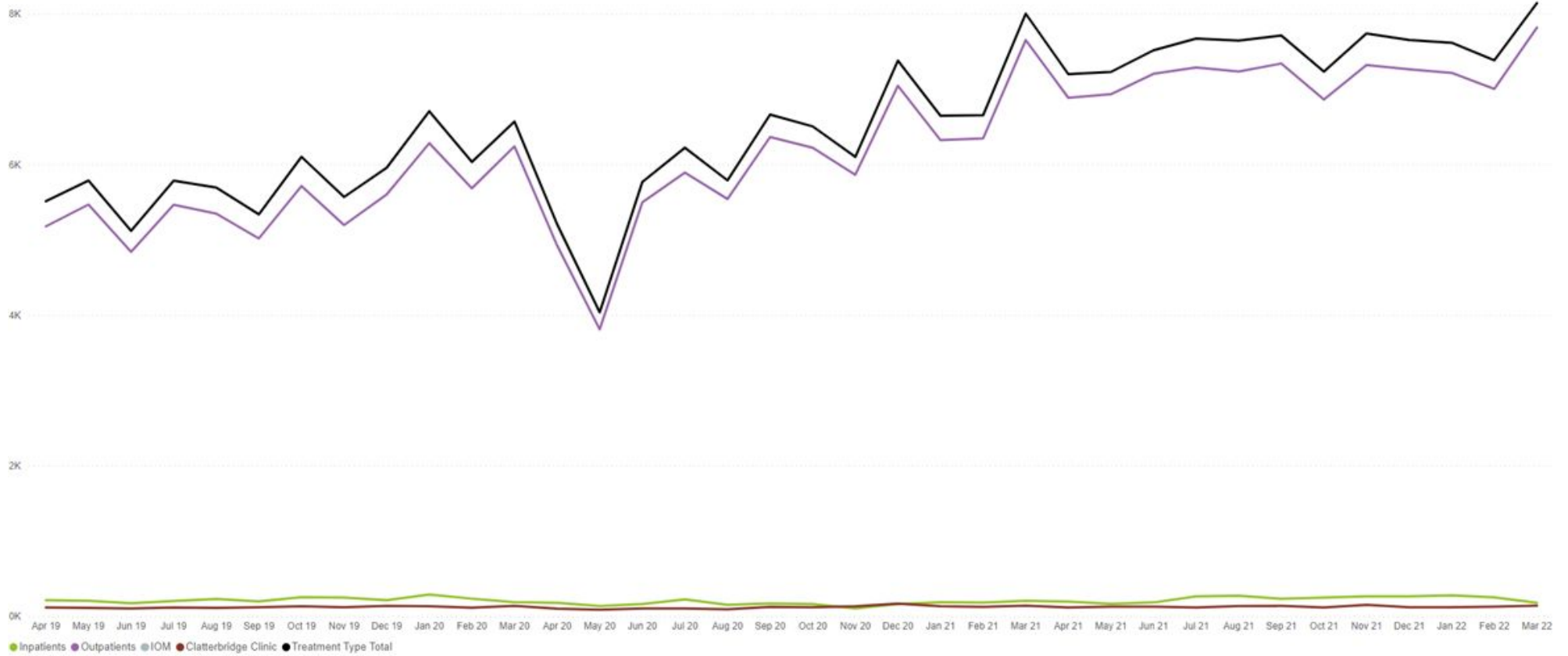
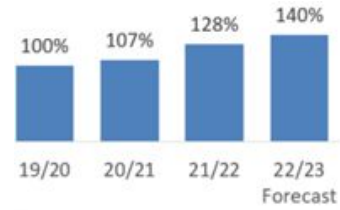
- 2022-23 growth at 11% across all activity
- Full year effect of HO transfer from Aintree
- Revised estimation of BMT activity from clinical team
- Level of bed occupancy at 89%
- Expected reduction in outpatient follow ups for identified patient cohort

Referrals

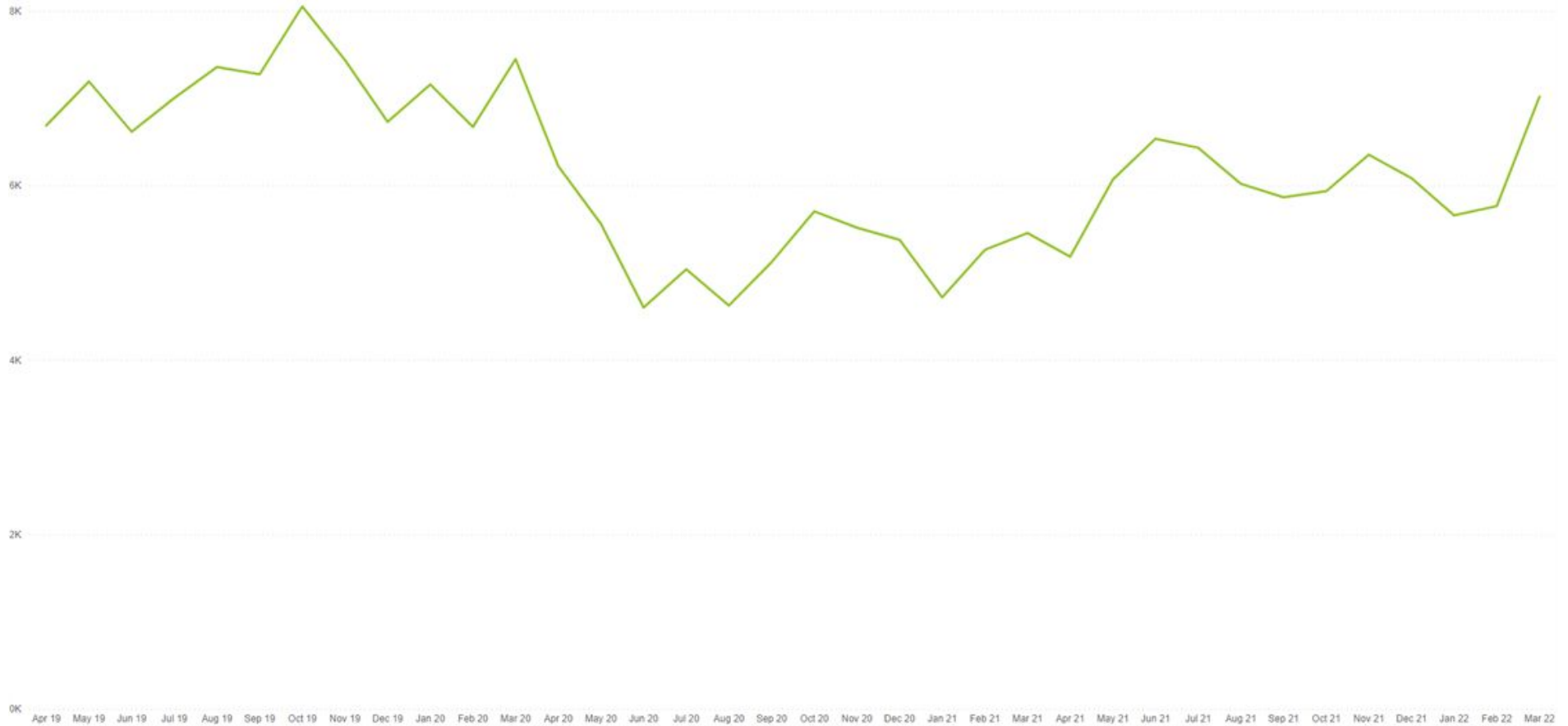
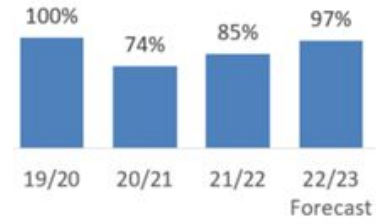


NB: The peaks in 2019 relate to periods of transferring HO patients from LUHFT’s EPR, onto CCC’s EPR. These are not true referrals. 21/22 data in annual change charts (in this and following slides), is based on M1 – M9 activity

Chemotherapy



Radiotherapy Treatment



3. Workforce Plan – Objectives and Assumptions

Trust objectives

- The health, wellbeing, and safety of our staff
- Delivering high quality care in a compassionate and inclusive culture
- Transform and grow a substantive workforce for the future
- Make the NHS a better place to work for all our staff
- Improve belonging in the NHS
- Work differently and flexibly and grow for the future

Assumptions

- Forecasted 11% activity growth
- Transfer and investment in HO services
- Investment in medical workforce in 2021/22
- Investment in nursing workforce
- Improved in recruitment and retention
- Target 14% turnover rate and 4% sickness

Risks

- Reduced workforce numbers across the system/nationally
- Difficulty to recruit and attract candidates in particular diagnostic radiographers, nursing staff and pharmacy
- Challenges with bank and agency rates (CDC)
- Turnover of staff in critical roles (Nursing, Radiography)
- Burnout and low morale of staff

3. Workforce Plan Summary

2021/2022

Staff in post baseline-
1,529.20 WTE

Budget Establishment
1,599.65 WTE

Vacancy factor- 4.41%

2022/2023 Total Establishment

1,624.89 WTE

+ 95.69 WTE

Medical and Dental

97.30 WTE

+5.24 WTE (investment)
(8.43 WTE vacancy)

Registered Nursing

428.64 WTE

+20 WTE
(45.12 WTE vacancy)

Support to clinical staff

387.31 WTE

(14.04 WTE vacancy)

Registered scientific, therapeutic and technical

347.89 WTE

(11.72 WTE vacancy)

Admin/ Management

256.75 WTE

(16.38 WTE vacancy)



4. Financial Plan – Income Assumptions

CM continues to standardise financial assumptions, consistent with national guidance and local context.

Area	Assumption
Income	<ul style="list-style-type: none"> Start point for contract values is H2 *2 ERF upto 104% activity £4.7m ERF over 104% activity £9m
Income profile	<ul style="list-style-type: none"> NHSE Specialist commissioning £181.3m CCG commissioning £17.8m
Income	System allocations confirmed
Drug income/cost	Pass through basis maintained for high cost drugs
Subsidiary income	Surplus for subsidiary entities not included in Trust plan



4. Financial Plan – Cost Assumptions

CM continues to standardise financial assumptions, consistent with national guidance and local context.

Area	Assumption
Inflation (Income £1.7m)	Non-pay £2.1m Energy £2.5m
Covid costs	Assumed cost reduction in line with guidance
Budget pressures	£2.3m agreed non-avoidable pressures
Budget investments	£0.6m available – still in process. Reviewed by MD and CNO If activity is over plan – investment reviews at Q1 and Q2
Reserves	<ul style="list-style-type: none"> Contingency £2m Investments £1m and Budget Pressures £1m Inflation £2.1m (energy funded directly at £2.5m) Other £0.3m
Efficiency	<ul style="list-style-type: none"> CIP recurrent £4.5m CIP non-recurrent £2.3m

4. Financial Revenue Plan – 20th June 2022

	Final 20 th June 2022 £ 000s	Comment
Patient related Income	225,200	NHSE £180.3m (80%)
Other Income	23,727	
Total Income	248,927	
Pay Costs	(79,485)	Pay 33% cost base
Other Costs	(72,292)	
Drugs	(92,340)	Drugs 38% cost base
Operating Surplus	4,810	Operating Surplus 1.9%
Finance Costs	(4,160)	
Charity Depreciation	971	
Surplus/(Deficit)	1,621	Surplus 0.6%

4. Trust Capital Programme – 2022/23

Category	Detail	£m
Clinical equipment	Linacc replacement - Aintree	2.6
Clinical equipment	Brachytherapy/Medical/Cyclotron	0.9
Estates Infrastructure	Wirral roofing/6 facet survey works	1.2
Digital	Aria software	0.5
Digital	VDI expansion	0.5
Digital	Website/Server cyber upgrade/core programme	1.2
Trust Total		7.0
Central programme	CDC development	5.5
Total Programme		12.5

Trust programme is consistent with CM capital