

**Council of Governors Agenda
5th October 2022 at 17:00-19:00**

	Standard Business		Lead	Time
57-22	Welcome, Introduction and Apologies:	v	Chair	17:00
58-22	Declarations of interest	v	Chair	
59-22	Minutes of the last meeting – 6 th July 2022	p	Chair	
60-22	Matters arising not covered on agenda	v	Chair	
61-22	Action Log	p	Chair	
62-22	Chief Executive Update	v	Chief Exec	17:10
63-22	Lead Governor Update	v	Lead Governor	17:15
Reports and Action Plans				
64-22	Performance and Quality Update	*	Exec Leads	17:20
65-22	Research Presentation	*	Director of Research & Consultant Oncologist	17:30
66-22	Audit Committee Assurance Report	p	NED - MT	17:40
67-22	Performance Committee Assurance Report	p	NED – GB	17:50
68-22	People Committee Assurance Report	v	NED – KD	18:00
69-22	Charitable Funds Committee Assurance Report	p	NED - EA	18:10
70-22	Quality Committee Assurance report	p	NED - TJ	18:20
71-22	Patient Experience and Inclusion Committee (PEIC) Report – Deferred	v	PEIC Chair - AW	18:25
72-22	Membership Engagement and Communications Committee	p	MECC Chair - LJB	18:30
Any other business				
73-22	Meeting Review	v	Chair	18:40
74-22	Any Other Business	v	Chair	
Date and time of next meeting via MS Teams:		11 TH January 2023 at 5pm		

p paper
***** presentation
v verbal report

Minutes of: Council of Governors
Date/Time of meeting: 6th July 2022

Title / Department	Name	Initials	Present / apols
Core member			
Chair	Kathy Doran	KD	P
Non-Executive Director	Mark Tattersall	MT	A
Non-Executive Director	Elkan Abrahamson	EA	P
Non-Executive Director	Geoff Broadhead	GB	A
Non-Executive Director	Terry Jones	TJ	P
Non-Executive Director	Asutosh Yagnik	AY	P
Non-Executive Director	Anna Rothery	AR	P
Chief Executive	Liz Bishop	LB	P
Director of Workforce & OD	Jayne Shaw	JSh	P
Medical Director	Sheena Khanduri	SK	P
Chief Nurse	Julie Gray	JG	P
Chief Operating Officer	Joan Spencer	JSp	P
Director of Finance	James Thomson	JT	P
Chief Information Officer	Sarah Barr	SB	A
Director of Strategy	Tom Pharaoh	TP	A
Public Governor	Anne Olsson	AO	P
Public Governor	Jonathan Heseltine	JH	P
Public Governor	Andrew Waller	AW	P
Public Governor	John Field	JF	0
Public Governor	Patricia Higgins	PH	P
Public Governor	Sonia Holdsworth	SH	A
Public Governor	Keith Lewis	KL	P
Public Governor	Jackie McCreaney	JMc	0
Public Governor	John Roberts	JR	P
Public Governor	Patricia Gillis	PG	0
Appointed Governor	Andrew Schache	AS	A
Staff Governor	Myfanwy Borland	MB	P
Staff Governor	Laura Jane Brown	LJB	P
Staff Governor	Carol Nelson	CN	A
Appointed Governor	Mahamoud Elfar	ME	P
Public Governor	Jane Wilkinson	JW	P
Public Governor	Glen Crisp	GC	P

Appointed Governor	Andrew Bibby	AB	A
Appointed Governor	Yvonne Nolan	YN	0
Appointed Governor	Paul Brant	PB	0
Appointed Governor	Samuel Cross	SC	0
Appointed Governor	Nancy Whittaker	NW	P
Also in attendance			
Title	Name	Initials	
Associate Director of Corporate Governance	Margaret Saunders	MS	
Corporate Governance Manager	Skye Thomson	ST	
Interim Governance Advisor	Madelaine Warburton	MW	

Standard business															
37	<p>Welcome, introduction & apologies: The Chair welcomed all those in attendance and was pleased to be Chairing the first hybrid in person / MS Teams Council of Governors meeting since the meetings went online at the start of the Covid-19 pandemic.</p> <p>The Chair noted the apologies from the table above.</p>														
38	<p>Declarations of interest:</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Agenda No.</th> <th>Nature of Interest / Action Taken</th> </tr> </thead> <tbody> <tr> <td>Terry Jones</td> <td>NED Appraisals and Re-appointments</td> <td>Full reports taken to Nominations Committee and summary of recommendation taken to Council of Governors</td> </tr> <tr> <td>Elkan Abrahamson</td> <td>NED Appraisals and Re-appointments</td> <td>Full reports taken to Nominations Committee and summary of recommendation taken to Council of Governors</td> </tr> <tr> <td>Anna Rothery</td> <td>NED Appraisals and Re-appointments</td> <td>Full reports taken to Nominations Committee and summary of recommendation taken to Council of Governors</td> </tr> </tbody> </table>			Name	Agenda No.	Nature of Interest / Action Taken	Terry Jones	NED Appraisals and Re-appointments	Full reports taken to Nominations Committee and summary of recommendation taken to Council of Governors	Elkan Abrahamson	NED Appraisals and Re-appointments	Full reports taken to Nominations Committee and summary of recommendation taken to Council of Governors	Anna Rothery	NED Appraisals and Re-appointments	Full reports taken to Nominations Committee and summary of recommendation taken to Council of Governors
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	Kathy Doran	NED Appraisals and Re-appointments	Full reports taken to Nominations Committee and summary of recommendation taken to Council of Governors
39	Minutes of previous meeting The minutes were approved as a correct record of the meeting		
40	Matters arising / outstanding actions None		
41	Chair’s welcome Welcome given in item 37, separate ‘Chair’s Welcome’ item to be removed for future meetings.		
42	<p>Chief Executive Update The Chief Executive provided the following updates to the Council of Governors.</p> <p>The Chief Executive noted NHS Chief Executive Amanda Pritchard visited Liverpool for the NHS Confederation conference and had a positive and successful visit to the Clatterbridge Cancer Centre- Liverpool. The Chair and Chief Executive had also met the new Chair of the Integrated Care Board (ICB) and had a positive discussion regarding Clatterbridge and cancer across the system. The Integrated Care System became formally legal on the 1st July 2022.</p> <p>The Chief Executive noted the Trust was anticipating a visit from the shadow secretary of state for health. Chief Executive noted an increase in Covid-19 in the community and reassured the council that the Trust was making sure measures to control infection are tight.</p> <p>The Chief Executive informed that Council that the ICB and NHSEngland have commissioned a clinical service review of 7 Liverpool clinical providers. The Trust will be engaging with the review which is due to conclude in December.</p> <p>The Chair noted that the ICB plan to set up Governor workshops; as soon as they become available the Council will be informed.</p>		
43	<p>Lead Governor Update The Lead Governor requested feedback on the summaries she writes following each Trust Board meeting to be sent in the Governor bulletin.</p> <p>The Governors confirmed the summaries were helpful and they would like them to continue.</p> <p>The Lead Governor noted the draft addendum to <i>Your statutory duties – reference guide for NHS foundation trust governors</i>, and noted that Governor training wasn’t written as compulsory.</p> <p>The Chair noted that it was unlikely to be made compulsory. Any further comments on the draft addendum should be sent to the Corporate Governance Manager.</p>		

	<p>The Lead Governor updated the Council on another public Governor who had been unwell and resigned in January 2022; he was again very unwell and a gift had been sent on behalf of the Council and the Trust.</p> <p>The Chair thanked the Lead Governor for the update.</p>	
	<p>Reports and Action Plans</p>	<p>Action</p>
<p>44</p>	<p>Performance and Quality Update</p> <p>The Executive Team updated the Council of Governors on Key Operational Issues, Quality, Workforce and Finance within the Trust.</p> <p>Key Operational issues The Chief Operating Officer noted:</p> <ul style="list-style-type: none"> • The challenges with cancer waiting time targets • Covid-19 challenges – including high referrals and an increased length of stay • Community Diagnostic Centres (CDCs) in Cheshire and Merseyside – noting there are now 5 CDCs in operation across Cheshire and Merseyside • Increase in patient transfer from LUHFT to the Trust • Ongoing Integrated work as part of the Integrated Care System <p>The Lead Governor noted that she had seen Portsmouth were delivering chemotherapy by a drone and asked if this was something that could be done for the Isle of Man. The Chief Operating Officer had been in touch with Portsmouth and noted this was a very early proto type</p> <p>The Council requested further clarification on what the Community Diagnostic Centres (CDCs) do. The Chief Operating Officer noted they did a range of work including cardio and respiratory. Patients are referred by their GP, and the CDCs are not specifically for cancer patients. The Chief Operating Officer confirmed the Wirral CDC is on the Clatterbridge campus.</p> <p>Quality Highlights The Chief Nurse highlighted:</p> <ul style="list-style-type: none"> • Covid-19 – The Trust has maintained Covid biosecurity, still wearing masks in clinical areas. This is something the Trust never stood down. • 1 fall was declared as a lapse in care. Although on the surface the fall did not appear to be a lapse in care, however after a deep dive, the team found that during the patient’s treatment there was an opportunity to give IV fluids that was not taken. As the Trust deviated from protocol, something could have been done differently, meaning it could have been a lapse in care. This case demonstrates the detail that goes into each investigation. The Trust is reviewing the process of sharing learning. • Staff flu vaccinations and Covid boosters likely to start in September • International recruitment to Cheshire and Mersey cohorts – 6 Indian nurses are settling in well, with 6 more coming soon and another case made for 6 to come in the future. <p>Staff Governor LJB noted the positive staff story from one of the International Nurses shared at the Trust Board.</p>	

	<p>Financial Performance</p> <p>The Director of Finance noted that the Trust is on plan for month 2. The Trust’s original financial plan was challenged by the ICS, revised and resubmitted at the end of June 2022. The Director of Finance noted the risk that 100% of the efficiency programme has not been identified yet.</p> <p>The Council requested further information on the efficiency programme. The Director of Finance informed the council that 2.5% of the budget is the efficiency programme which is consistent with other Trusts in the system. This is being worked through with operational colleagues.</p> <p>The Director of Finance informed the council there was a £2.9million increase in utilities spend for this year. The contract with the utilities provider ended in April, which saw an increase in the cost of gas and electricity for Clatterbridge Liverpool. A budget has been made however it is an efficiency before the start of the year. This is a nationally recognised pressure and additional funding will be given, however it is unlikely fully to cover what the Trust is facing.</p> <p>The Council discussed the agency cap and the Director of Finance noted the Trust aim to use NHSProviders bank staff rather than agency.</p> <p>Workforce Performance</p> <p>The Director of Workforce & Organisational Development noted the following from the report:</p> <ul style="list-style-type: none"> • Reduction in sickness absence, however Covid-19 cases are rising nationally which may impact this. • Turnover being above target. • Mandatory training above 90% • PADR compliance rates <p>The Council enquired about the staff survey results, the Director of Workforce & OD noted this year a different approach had been taken and the trust was holding staff listening events which were being well received.</p> <p>Staff Governor MB enquired how many staff take up exit interviews, The Director of Workforce & OD noted there had been an increase in uptake and the numbers were monitored through the Workforce Advisory Group. The interviews give a better understanding than the categories on the leavers form; it’s important to speak to the staff.</p> <p>Appointed Governor SC, asked if the recording of sickness absence will change with regards to Covid-19. The Director of Workforce & OD noted the changes come into effect around terms and conditions and payment.</p> <p>Public Governor AW, noted the staff survey results were available online and were excellent.</p> <p>The Council noted the report.</p>	
45	Audit Committee Assurance Report	

	<p>The Director of Finance introduced the Audit Committee Assurance Report in the absence of Non-Executive Director and Audit Committee Chair MT.</p> <p>The Director of Finance noted the Audit Committee had met for multiple meetings in order to close out the 2021/22 year and noted the reports taken.</p> <p>The Director of Finance provided an update on the 2021/22 annual report and accounts highlighting that the amount of testing of the accounts had increased this year. The Trust didn't hit the submission date due to a technical accounting issue regarding the new hospital and PropCare. However this has been worked through and the accounts are due to be submitted the following week. The external audit process will be discussed at the October Audit committee.</p> <p>The Chair thanked the audit committee and finance team for all their hard work.</p> <p>The Council noted the report</p>	
<p>46</p>	<p>Performance Committee Assurance Report</p> <p>The Chief Operating Officer introduced the Performance Committee Assurance Report in the absence of Non-Executive Director and Performance Committee Chair GB.</p> <p>There had been two meetings since the last Council of Governors meeting, one in March and one in May.</p> <p>The Chief Operating Officer spoke to the reports and highlighted the Apollo 2 EPR (electronic patient record) exercise that tested business continuity plans, looking at what happens if the system goes down. There was great response from IM&T and this was a really helpful exercise.</p> <p>For the new Royal hospital set to open late September, one link bridge on level 0 has been committed to completion for the opening and work is ongoing regarding safe patient transfer between organisations. The plan is for the other 2 link bridges to be ready by February 2023.</p> <p>The Council noted the report.</p>	
<p>47</p>	<p>People Committee Assurance Report</p> <p>Non-Executive Director and Chair of People Committee AR, introduced the report and noted she had had technical difficulties joining the meeting and NED GB had stepped in to Chair.</p> <p>The Director of Workforce & OD spoke to the report and noted this was the first meeting of the newly established People Committee and highlighted the following:</p> <ul style="list-style-type: none"> • Mandatory training was highlighted as an item of concern. Safeguarding ILS and BLS compliance had been low for a while. The team are looking into requirements for role essential training to look at streamlining the process and reducing the time needed for staff to complete mandatory training. • The staff listening events had engaged with over 400. • The first staff awards will take place on the 14th October in crown plaza, celebrate success of workforce. Staff had asked for formal thank you on the work that went into opening the new hospital. 	

	<p>The Council enquired about the Equality, Diversity and Inclusion Lead vacancy. The Director of Workforce & OD noted that the process had begun to secure a new individual for the role.</p> <p>Appointed governor ME, noted that when staff are required to attend mandatory training in person compliance is more challenging than virtual training. The Director of Workforce & OD noted the Trust is limited on dictating between online vs in person.</p> <p>The Council noted the report.</p>	
48	<p>Charitable Funds Committee Assurance Report</p> <p>Non-Executive Director and Chair of the Charitable Funds Committee EA introduced the report and noted that a further meeting had been had that morning, and in the first quarter the Charity is at 98% of the target for income. The charity ball raised nearly £170K.</p> <p>NED EA noted the team are recruiting for a Chair of Trustees for when the Charity becomes independent.</p> <p>The Council noted the report</p>	
49	<p>Quality Committee Assurance Report</p> <p>Non-Executive Director and Chair of the Quality Committee TJ introduced the report and noted the committee had settled and moved from monthly to quarterly as part of the revised Governance structure.</p> <p>NED TJ spoke to the report highlighting the following areas:</p> <ul style="list-style-type: none"> • The comms deep dive • The Papillon suite • Pharmacy • The ECMC research bid <p>The Council and Committee members discussed the Papillon suite in further detail. The Chief Executive noted that the issue is with commissioning the instrument as the previous machine was at the end of its life span. The team are having ongoing conversations with the manufacturers regarding getting the new machine to a point where it is safe to use. The priority has been ensuring patients are managed safely. It is unknown if there will be a suitable machine as it is still a work in progress. There are not many providers of this service.</p> <p>The Council noted the report.</p>	
For consultation or approval		
50	<p>MECC Report, Strategy and Implementation Plan</p> <p>Staff Governor and Chair of the Membership Engagement and Communications Committee LJB introduced the report and noted the committee had been busy finalising the strategy and creating their Implementation Plan. The strategy was brought to the Council for approval.</p> <p>LJB noted the progress with Governor elections with 10 of 13 seats filled, 1 of which was contested and will go to election.</p>	

	<p>The Chair thanked Public Governor PH for her contribution for last three years as she ends her time as a Governor and thanked all the Governors finishing in August for their time and dedication.</p> <p>The Council approved the Membership Engagement and Communications Strategy and Implementation plan.</p>	
For information		
<p>51</p>	<p>Patient Experience, Inclusion and Involvement Group Report</p> <p>Public Governor AW, noted the Patient Experience, Inclusion and Involvement Group will now be referred to as the Patient Engagement and Inclusion Committee and will report into the Risk and Quality Governance Committee with a new consultant Chair.</p> <p>AW highlighted there had been 3 NED and Governor Engagement walk-rounds and invited others to input.</p> <p>Public Governor JR noted he had attended a virtual walk-round and there had been a very positive response from patients and they had appreciated all the work going on at the hospital.</p> <p>NED EA attended the first in person walk-round since the start of Covid-19 and wore a t-shirt saying 'I'm a NED ask me what I do'. EA noted it was a very positive walk-round and it was challenging getting suggestions for improvement, but communication was raised as noted in the report, with lots of work ongoing to address this.</p> <p>The digital patient stories that are discussed at Trust Board were noted and the Council was directed to the Trust website to view those.</p> <p>AW noted that the in-patient survey had been received, but the results are embargoed with no release date given.</p> <p>AW noted progress had been made recruiting the Head of Patient Experience.</p> <p>The Chair noted that issues raised on the Walk-rounds were captured in the report and discussed at the Trust Board meetings. In addition for future walk-rounds there will be support from the Directorate on hand to answer any queries or concerns immediately.</p> <p>Public Governor KL asked if counselling was still available for staff well-being. The Director of Workforce and OD confirmed it was through the employee assistance programme and CWP.</p> <p>The Council noted the report.</p>	
<p>52</p>	<p>Operational and Financial planning</p> <p>The Director of Finance provided an update on the Trust's operational and financial planning for 2022/23. The Director of Finance noted that the move to the ICS meant that the Trust's plan must fit in with the Cheshire and Merseyside ICS plan. The Trust submitted revised plans on 20th June 2022.</p> <p>The Director of Finance spoke to the slides on the following key areas: Activity and Performance Workforce Plan Financial Plan</p>	

	<p>In response to the risk of inflation increase being highlighted, Lead Governor JW asked if historically when inflation hit the NHS assisted Trusts. The Director of Finance noted previously it had, and that some Trusts would be hit more than others depending on when their contracts end. If there is extra inflationary money available it will go to ICB, which will have local conversation about how it should be applied.</p> <p>The Chair noted this is a work in progress which will continue to be monitored.</p>	
53	<p>NED Appraisals and Re-appointments The Lead Governor introduced the report from the Nominations Committee and recommended the Council of Governors note the outcome of the Chair and NED appraisal process and agree the reappointment of Non-Executive Directors Elkan Abrahamson and Terry Jones for a second term of three years.</p> <p>The Council approved the proposals and re-appointments.</p>	
Any other business		
54	<p>Meeting review The Chair asked the committee if the Council of Governors meetings were covering the right areas and if the format was working.</p> <p>The Council had no additional areas to added and agreed to the continuation of the hybrid in person/MS Teams meetings.</p>	
55	<p>Any Other Business The Chair thanked the Governors finishing their terms: Pat Higgins, Pat Gillis, Andrew Bibby and Sam Wilde for their time and commitment to the Trust and wished them all the best for the future</p> <p>The Lead Governor echoed this thanks on behalf of the Governors.</p> <p>Staff Governor LJB, noted the approved Membership Engagement and Communications Strategy was still subject to an Equality Impact Assessment which will be completed prior to publication/distribution.</p>	
Date and time of next meeting via MS Teams: 5th October 2022		

Council of Governors Performance Update

October 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

Key Performance Indicator	2022/23 Target	Aug-22	Last 12 Months
Executive Director Lead: Joan Spencer, Chief Operating Officer			
2 week wait from GP referral to 1st appointment	93%	100%	
24 days from referral to first treatment	G: ≥85% A: 80-84.9% R: <80%	86.9%	
28 day faster diagnosis - (Referral to diagnosis)	75% (formally monitored since Oct 2021)	81.3%	
28 day faster diagnosis - (Screening)	75% (formally monitored since Oct 2021)	No patients	
31 day wait from decision to treat to first treatment	96%	100%	
31 day wait for subsequent treatment (Drugs)	98%	99.6%	
31 day wait for subsequent treatment (Radiotherapy)	94%	100%	
Number of 31 day patients treated ≥ day 73	0	0	
62 Day wait from GP referral to treatment	85%	85.1%	
62 Day wait from screening to treatment	90%	100%	
Number of patients treated ≥ 104 days AND at CCC for over 24 days (Avoidable)	G: 0 A: 1 R: >1	0	
Diagnostics: 6 Week Wait	99%	100%	
18 weeks from referral to treatment (RTT) Incomplete Pathways	92%	96.6%	









Efficiency (1 of 2)

Key Performance Indicator	2022/23 Target	Aug-22	Last 12 Months
Executive Director Lead: Joan Spencer, Chief Operating Officer			
Length of Stay: Elective (days): Solid Tumour	G: ≤9 A: 9.1-10.7 R: >10.7	8.4	
Length of Stay: Emergency (days): Solid Tumour	G: ≤12 A: 12.1-14.3 R: >14.3	9.4	
Length of Stay: Elective (days): HO Ward 4	G: ≤21 A: 21.1-22.1 R: >22.1	17.0	
Length of Stay: Emergency (days): HO Ward 4	G: ≤22 A: 22.1-23.1 R: >23.1	23.8	
Length of Stay: Elective (days): HO Ward 5	G: ≤32 A: 32.1-33.6 R: >33.6	22.8	
Length of Stay: Emergency (days): HO Ward 5	G: ≤46 A: 46.1-48.3 R: >48.3	19.0	
Delayed Transfers of Care as % of occupied bed days	≤3.5%	5.1%	
Bed Occupancy: Midday (Solid Tumour)	G: ≥85% A: 81-84.9% R: <81%	79.5%	
Bed Occupancy: Midnight (Solid Tumour)	G: ≥85% A: 81-84.9% R: <81%	77.8%	
Bed Occupancy: Midday (Ward 5: HO)	G: ≥80% A: 76-79.9% R: <76%	71.0%	
Bed Occupancy: Midday (Ward 4: HO)	G: ≥85% A: 81-84.9% R: <81%	88.8%	
Bed Occupancy: Midnight (Ward 5: HO)	G: ≥80% A: 76-79.9% R: <76%	68.40%	
Bed Occupancy: Midnight (Ward 4: HO)	G: ≥85% A: 81-84.9% R: <81%	88.0%	
% of expected discharge dates completed	G: ≥95% A: 90-94.9% R: <90%	90.5%	



Efficiency (2 of 2)

Key Performance Indicator	2022/23 Target	Aug-22	Last 12 Months
Executive Director Lead: Joan Spencer, Chief Operating Officer			
% of elective procedures cancelled on or after the day of admission	0%	0%	0% for all months
% of cancelled elective procedures (on or after the day of admission) rebooked within 28 days of cancellation	100%	None cancelled	No elective procedures have been cancelled on or after the day of admission
% of urgent operations cancelled for a second time	0%	0%	0% for all months
Imaging Reporting: Inpatients (within 24hrs)	G: ≥90% A: 80-89.9% R: <80%	90.5%	 S O N D J F M A M J J A
Imaging Reporting: Outpatients (within 7 days)	G: ≥90% A: 80-89.9% R: <80%	65.7%	 S O N D J F M A M J J A
Data Quality - % Ethnicity that is complete (or patient declined to answer)	G: ≥95% A: 90-94.9% R: <90%	97.5%	 S O N D J F M A M J J A
Data Quality - % of outpatients with an outcome	G: ≥95% A: 90-94.9% R: <90%	92.9%	 S O N D J F M A M J J A
Data Quality - % of outpatients with an attend status	G: ≥95% A: 90-94.9% R: <90%	97.4%	 S O N D J F M A M J J A
Executive Director Lead: James Thomson, Director of Finance			
Percentage of Subject Access Requests responded to within 1 month	100%	96.3%	 S O N D J F M A M J J A
% of overdue ISN (Information Standard Notices)	0%	0%	0% for all months

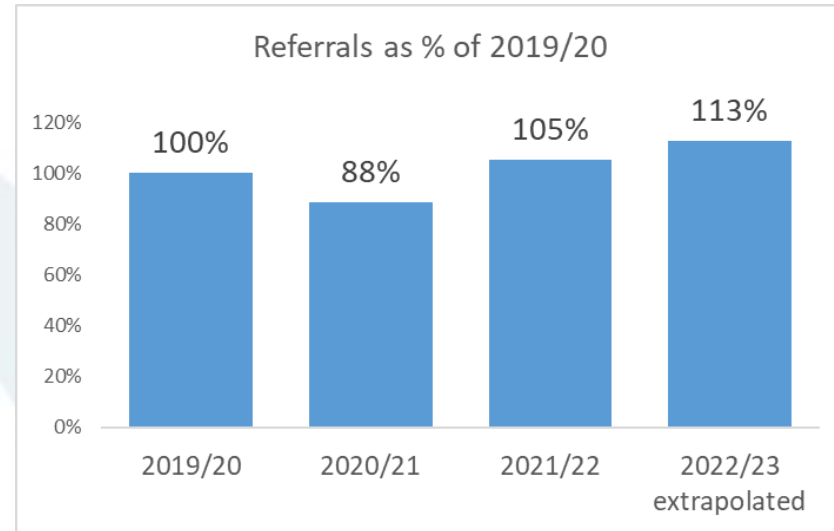
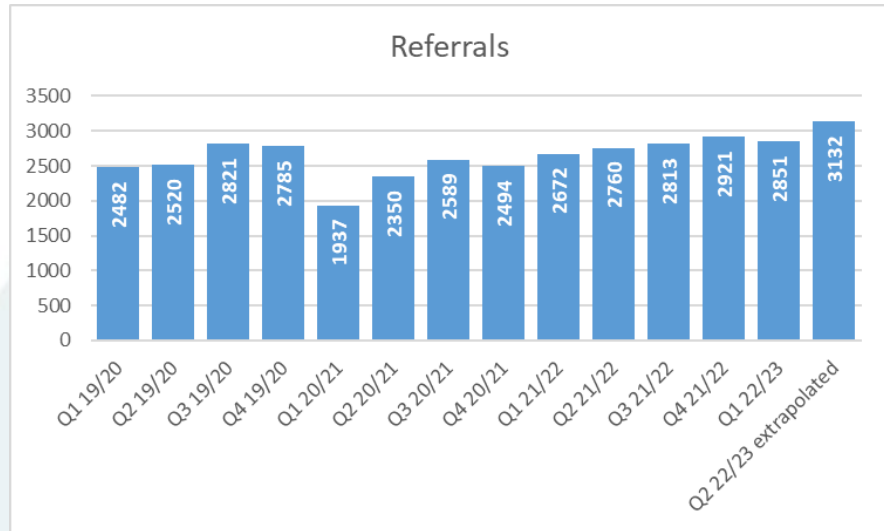


Key Operational Issues

1. Whilst Cancer Waiting Times performance has been consistently good throughout the COVID-19 pandemic, performance has dipped since January 2022, mainly due to factors beyond the Trust's control;
 - Patients increasingly being referred late to CCC, which significantly affects our performance.
 - Delays in receiving molecular test results from specialist laboratories. This has now been addressed and test turn around times are much improved.CCC are now working with referring Trusts to identify delays in patient pathways prior to referral to CCC and will collaborate to tackle these issues.
2. COVID-19 challenges:
 - Rising demand, with referral numbers higher than ever before in August 2022 (1090) and 36% higher than in August 2019 (pre-covid)
 - Workforce capacity challenges particularly in radiology and chemotherapy nursing
 - Barriers to discharge and transfer, with continuing capacity issues in NHS Community services, Hospices and Care Homes
 - Increased acuity of patients and targeted treatments creating sustained growth in length of stay.
3. CCC are leading the Community Diagnostic Centre (CDCs) programme in Cheshire and Merseyside.
4. CCC are supporting LUHFT as they open the new Royal Liverpool Hospital with appropriate transfer of patients and clinical support.
5. The Trust continues to be fully engaged in the wider system NHS Planning work, for example contributing to system wide Winter Plans and collaborating with Cheshire and Merseyside Trusts to understand the new financial landscape.



Referrals

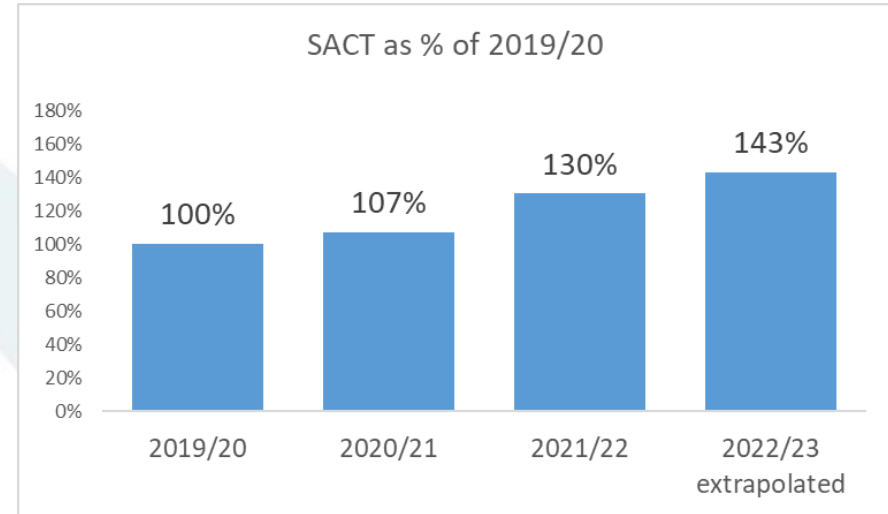
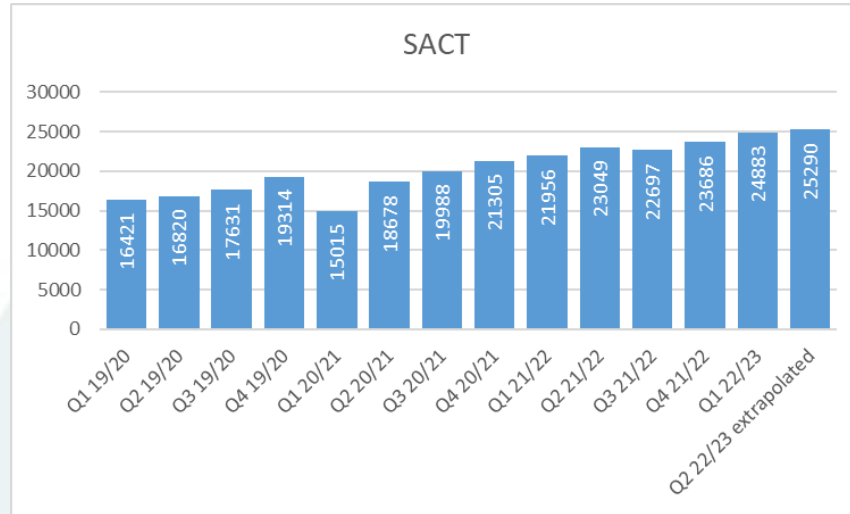


2022/23 figures are calculated by extrapolating 1/4/22 – 31/8/22 to a full year.





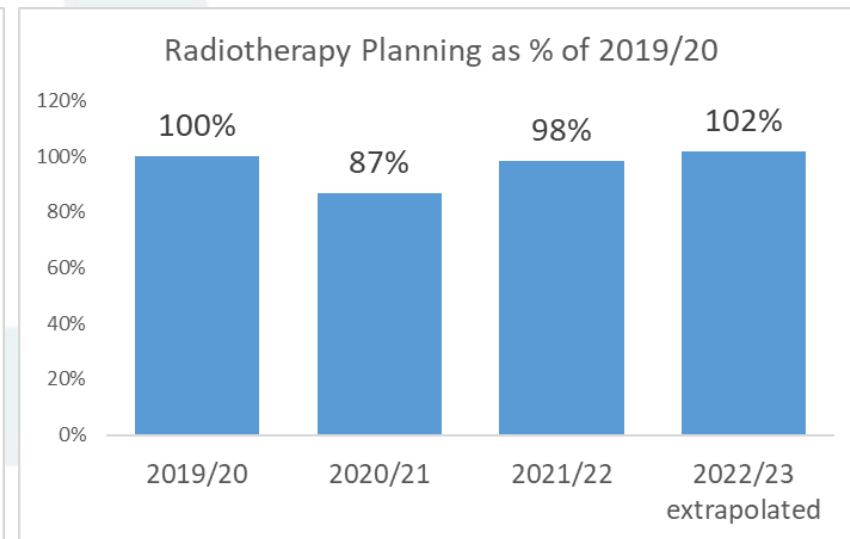
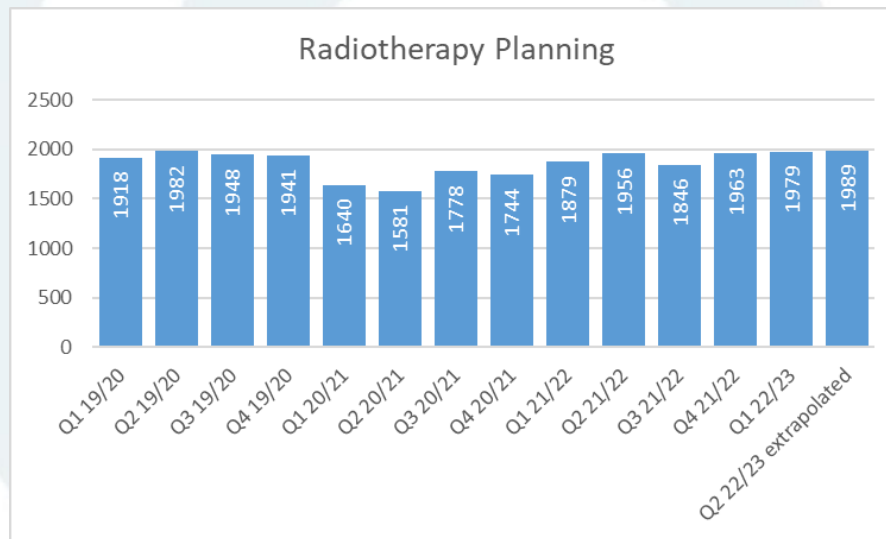
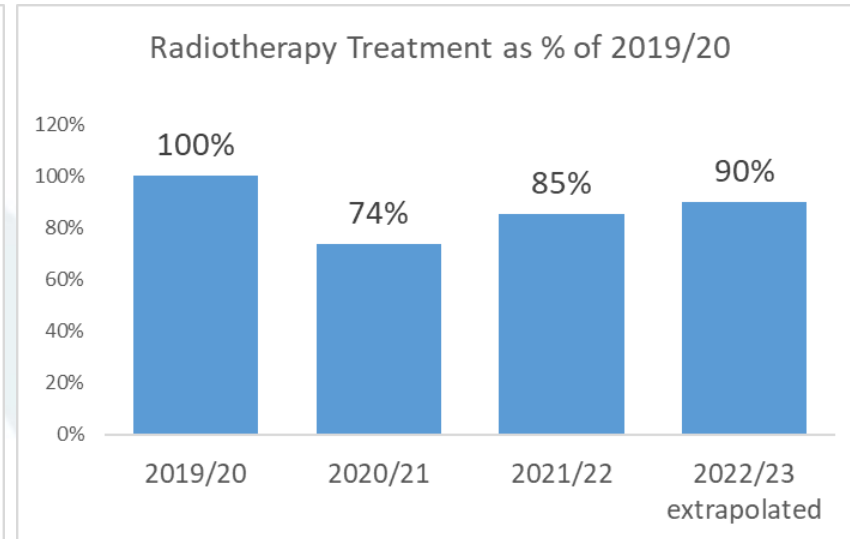
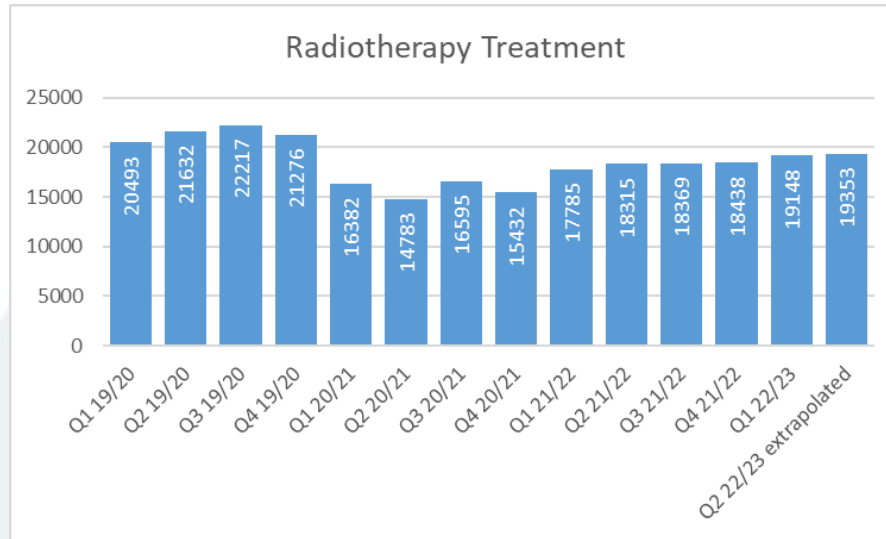
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2022/23 figures are calculated by extrapolating 1/4/22 – 31/8/22 to a full year.

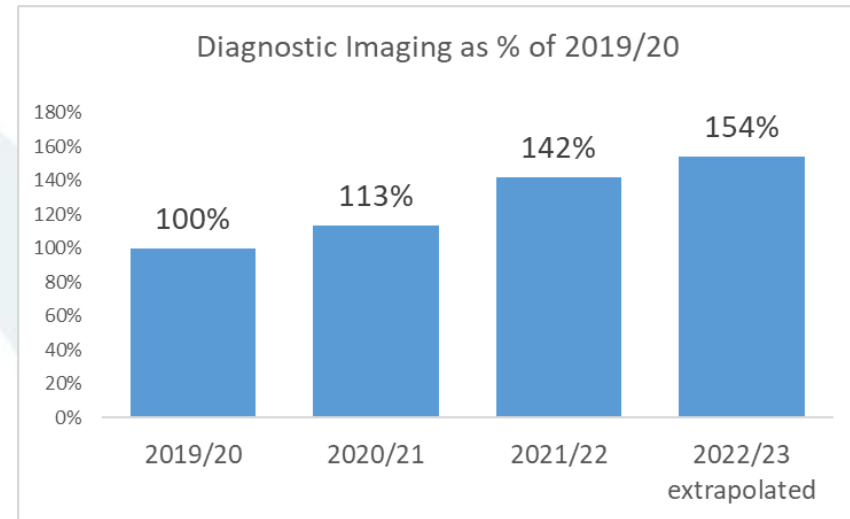
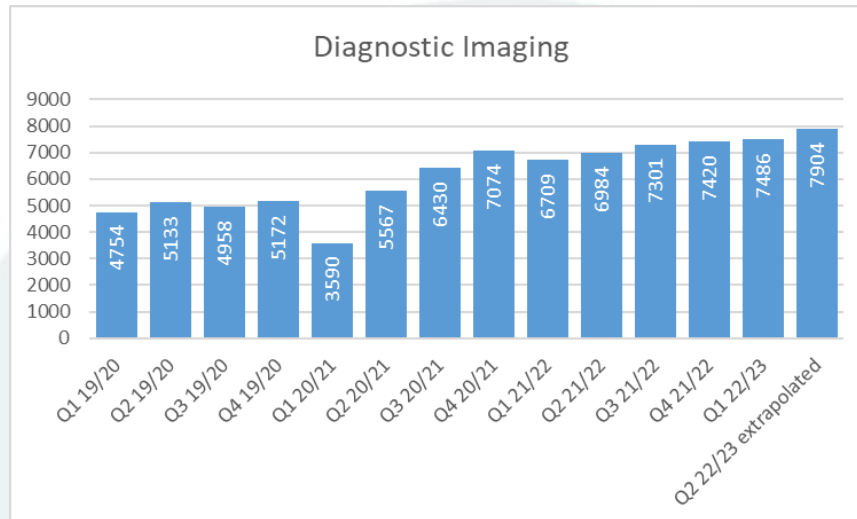


Radiotherapy



2022/23 figures are calculated by extrapolating 1/4/22 – 31/8/22 to a full year.

Diagnostic Imaging



2022/23 figures are calculated by extrapolating 1/4/22 – 31/8/22 to a full year.

This data does not include Community Diagnostic Centre activity.












Quality Performance (1 of 3)

Key Performance Indicator	2022/23 Target	Aug-22	Last 12 Months
Executive Director Lead: Julie Gray, Chief Nurse			
Never Events	0	0	0 for all months
Serious Incidents (month reported to STEIS)	No target	0	S O N D J F M A M J J A
Serious Untoward Incidents: % submitted within 60 working days / agreed timescales	100%	0 requiring submission	S O N D J F M A M J J A
Incidents /1,000 Bed Days	No target	140	S O N D J F M A M J J A
Incidents resulting in harm (moderate and above) /1,000 bed days	No target	0.9	S O N D J F M A M J J A
Inpatient Falls resulting in harm due to lapse in care	0	0	S O N D J F M A M J J A
Inpatient falls resulting in harm due to lapse in care /1,000 bed days	0	0	S O N D J F M A M J J A
Pressure Ulcers (hospital acquired grade 3/4, with a lapse in care)	0	0	0 for all months
Pressure Ulcers (hospital acquired grade 3/4, with a lapse in care) /1,000 bed days	0	0	0 for all months
30 day mortality (Radical Chemotherapy)	G: ≤0.6% A: 0.6 - 0.7% R: >0.7%		S O N D J F M A M J J A
30 day mortality (Palliative Chemotherapy)	G: ≤2.3% A: 2.31 - 2.5% R: >2.5%		S O N D J F M A M J J A
100 day mortality (BMT)	TBC		S O N D J F M A M J J A









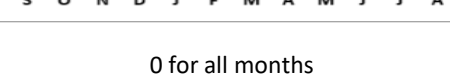


Quality Performance (2 of 3)

Key Performance Indicator	2022/23 Target	Aug-22	Last 12 Months
Executive Director Lead: Julie Gray, Chief Nurse			
Consultant Review within 14 hours (emergency admissions)	90%	93.8%	
% of Sepsis patients being given IV antibiotics within an hour.	90%	96.4%	
VTE Risk Assessment	95%	96.2%	
Dementia: Percentage to whom case finding is applied	90%	95%	
Dementia: Percentage with a diagnostic assessment	90%	No patients	No patients were referred
Dementia: Percentage of cases referred	90%	No patients	No patients were referred
Clostridiodes difficile infections (HOHA and COHA)	≤17 (pr yr)	2	
E Coli bacterium (HOHA and COHA)*	≤11 (pr yr)	1	
MRSA infections (HOHA and COHA)*	0	0	There have been no cases in 2022/23
MSSA bacteraemia (HOHA and COHA)*	G: ≤4, A: 5 R: >5 (pr yr)	0	
Klebsiella (HOHA and COHA)*	≤8 (pr yr)	1	
Pseudomonas (HOHA and COHA)*	≤1 (pr yr)	0	

*The categorisation of these infections changed in April 2023, therefore pre 2022/23 data is not available.



Quality Performance (3 of 3)

Key Performance Indicator	2022/23 Target	Aug-22	Last 12 Months
Executive Director Lead: Julie Gray, Chief Nurse			
FFT score: Patients (% positive)	G: ≥95% A: 90-94.9% R: <90%	94.5%	
Number of formal complaints received	No target	4	
Number of formal complaints / count of WTE staff (ratio)	No target	0.001	
% of formal complaints acknowledged within 3 working days	100%	100%	
% of routine formal complaints resolved in month, which were resolved within 25 working days	G: ≥75% A: 65-74.9% R: <65%	67%	
% of complex formal complaints resolved in month, which were resolved within 60 working days	G: ≥75% A: 65-74.9% R: <65%	100%	
% of FOIs responded to within 20 days	100%	88.7%	
Number of IG incidents escalated to ICO	0	0	0 for all months
NICE Guidance: % of guidance compliant	G: ≥90% A: 85-89.9% R: <85%	93.4%	
% of policies in date	G: ≥95% A: 93.1-94.9% R: <93%	93.6%	
NHS E/I Patient Safety Alerts: number not implemented within set timescale.	0	0	0 for all months



Quality Summary

- Performance against our Quality KPIs continues to be generally very good.
- We have developed an online dashboard for our Patient Friends and Family test scores, comments and response rates. This will help us to monitor this valuable feedback and make any improvements more quickly.
- We continue to have very few falls or grade 3 or 4 pressure ulcers which are caused by a lapse in care by CCC. We have recently revised and strengthened our harm review processes.
- Increases in infection rates have been noted nationally. We have a robust post infection review process in place and the outcome in the vast majority of cases is that the Trust took all appropriate action. In a few cases, learning has been identified around the sampling process.
- 2 Serious Incidents were reported by the Trust in July 2022 and are being investigated:
 1. A patient fall
 2. Discharge summary related issue
- Continuing successful International nurse recruitment



Financial Performance

For August 2022, the key financial headlines are:

Metric (£000)	In Mth 5 Actual	In Mth 5 Plan	Variance	Risk RAG	YTD Actual	YTD Plan	Variance	Risk RAG
Trust Surplus/ (Deficit)	136	135	1	Green	696	675	20	Green
CPL/Propcare Surplus/ (Deficit)	148	0	148	Green	513	0	513	Green
Control Total Surplus/ (Deficit)	284	135	149	Green	1,209	675	533	Green
Trust Cash holding	68,315	53,582	14,733	Green	68,315	53,582	14,733	Green
Capital Expenditure	(4)	0	4	Green	163	50	(113)	Green
Agency Cap	178	95	(83)	Red	628	475	(153)	Red












For 2022/23 NHS Cheshire & Merseyside ICB are managing the required financial position of each Trust through a whole system approach. The Trust submitted a plan to NHSE/I showing a £1.621m surplus for 2022/23. The Trust position is reliant upon receiving Elective Recovery Funding (ERF) of £9m for activity over and above 104% of 2019/20 to achieve the plan.

The Trust financial position to the end of August is a £696k surplus, which is £20k above plan. The group position to the end of August is a £1.209m surplus. The Trust cash position is a closing balance of £68.3m, which is £14.7m above plan.

The Trust is over the agency cap in August by £83k and £153k year to date. Further controls have been put in place by NHSE/I to monitor agency spend and the Divisions are currently being tasked with providing exit strategies for all agency spend.



Workforce Performance

Key Performance Indicator	2022/23 Target	Aug-22	Last 12 Months
Executive Director Lead: Jayne Shaw, Director of Workforce and Organisational Development			
Staff Sickness Absence	G: ≤4% A: 4.1-4.9% R: ≥5%	5.0%	 S O N D J F M A M J J A
Staff Sickness Absence (short term)	G: ≤1% A: 1.1 - 1.2% R: ≥1.3%	2.4%	 S O N D J F M A M J J A
Staff Sickness Absence (long term)	G: ≤3% A: 3.1-3.5% R: ≥3.6%	2.6%	 S O N D J F M A M J J A
Staff Turnover: (12 month rolling)	G: =<14%, A: 14.1 - 14.9%, R: =>15%	16.7%	 S O N D J F M A M J J A
Statutory and Mandatory Training	G: ≥90% A: 75-89.9% R: ≤74%	95.1%	 S O N D J F M A M J J A
PADR rate	G: ≥90% A: 75-89.9% R: ≤74%	90.3%	 S O N D J F M A M J J A
Medical Appraisal	G: ≥90% A: 75-89.9% R: ≤74%	91.6%	 S O N D J F M A M J J A
Pulse Staff Survey: Employee Engagement Score	Target being developed	No survey	 S O N D J F M A M J J A
Pulse Staff Survey: Advocacy score	Target being developed	No survey	 S O N D J F M A M J J A
Pulse Staff Survey: Involvement score	Target being developed	No survey	 S O N D J F M A M J J A
Pulse Staff Survey: Motivation score	Target being developed	No survey	 S O N D J F M A M J J A



Workforce Summary

- Since a Trust high of 7% staff sickness absence in January 2022, this has remained below this level and is now 1% above the Trust's target. 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. The new approach to exit interviews continues to work well and produce useful intelligence.
- Statutory and Mandatory training compliance continues to perform above the Trust target of 90%.
- Following a dip to 86% in June and July, the Trust has achieved the PADR target of 90% in August and our compliance rates continue to compare favourably with other organisations.
- We have implemented the NHS 'Pulse' surveys and compare favourably with other organisations. The 2022 National NHS Staff Survey is currently underway.



Questions





**The Clatterbridge
Cancer Centre**
NHS Foundation Trust

Research at The Clatterbridge Cancer Centre

Dr Sheena Khanduri, Medical Director

Professor Christian Ottensmeier, Director of Clinical Research

Dr Gillian Heap, Director of Research & Innovation Operations

Council of Governors meeting

5th October 2022



BE OUTSTANDING

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



BE COLLABORATIVE

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



BE A GREAT PLACE TO WORK

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

Our Strategic Priorities



BE RESEARCH LEADERS

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



BE DIGITAL

Deliver digitally-transformed services, empowering patients and staff



BE INNOVATIVE

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

BE RESEARCH LEADERS

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

III OUTSTANDING

III A GREAT PLACE TO WORK

III INNOVATIVE

Biomedical Research Centre



- Collaboration with The Royal Marsden NHS Foundation Trust
- Starting from April 2023
- Academic lead: Professor Christian Ottensmeier (pictured left)

Theme	CCC Lead
Immunotherapeutics	Professor Christian Ottensmeier
Precision Diagnostics and Cancer Evolution	Professor Carlo Palmieri
Advanced Technologies for Cure	Dr Isabel Syndikus
Precision Therapeutics	Professor Nagesh Kalakonda
Cancer Treatment Effects and Survivorship	Dr Anna Olsson-Brown



Liverpool Clinical Research Facility

New partnership between:



Liverpool University Hospital
Foundation Trust



The Clatterbridge Cancer Centre



Liverpool Heart and Chest
Hospital

£5.3M

Awarded to Liverpool CRF
CCC is a key partner



Liverpool Experimental Cancer Medicine Centre

Collaboration with the University of Liverpool



Academic Lead:
Professor Dan Palmer



Initial Award:	April 2017
Renewal submission:	June 2022
Outcome expected:	December 2022



Early Phase Trials Unit



- Four bespoke in-patient rooms in CCC-L
- Offering Clatterbridge patients the opportunity to access state-of-the art, cutting edge therapies in cancer immunology
- Excellent example of novel research embedding in the Trust
- Allows the Trust to increase experimental medicine and world-class research for cancer patients across the region



First-in-Human Trials



Prof Ottensmeier

MOAT: A multicentre, open-label, non-randomized, phase Ib, neoadjuvant study of intravenous dosing of NG-641, an oncolytic adenoviral vector expressing a fibroblast activation protein-directed bi-specific T-cell activator antibody fragment (FAP-TAc) and an immune enhancer module (CXCL9/CXCL10/interferon alpha2), as monotherapy or in combination with pembrolizumab in patients with surgically resectable squamous cell carcinoma of the head and neck.

First UK site to open and also recruited the first UK patient.

Chief Investigator and Principal Investigator at CCC: Professor Ottensmeier

Transgene: A randomised phase I trial in patients with newly diagnosed locoregionally advanced, HPV-negative, squamous cell carcinoma of the head and neck (SCCHN) evaluating a mutanome-directed immunotherapy initiated a completion of primary treatment at time of recurrence.

First UK site to open and highest recruiter nationally.

CI: Professor Ottensmeier, PI: Dr Sacco

Immunocore 103: A Phase 1/2 First In Human Study Of The Safety And Efficacy Of Imc-C103c As A Single Agent And In Combination With Atezolizumab In Hla-A*0201 Positive Patients With Advanced Mage-A4-Postive Cancer.

PI: Dr Sacco

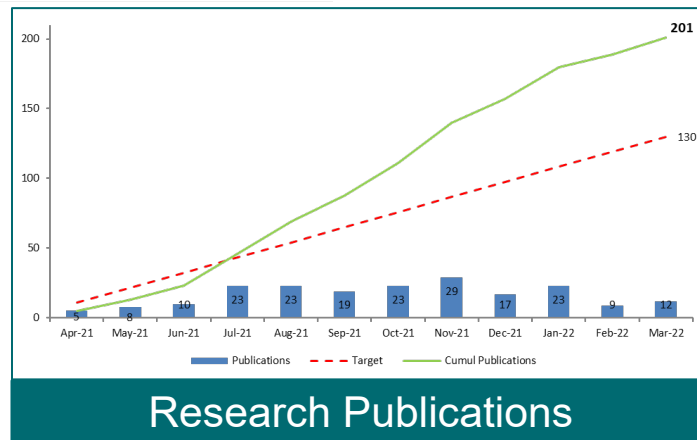
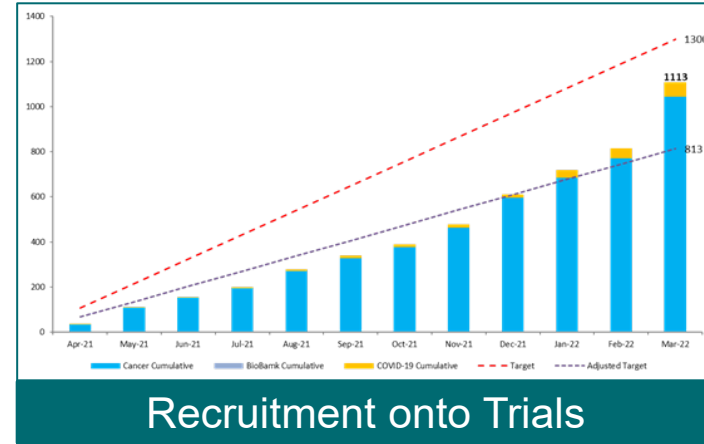


Dr Sacco

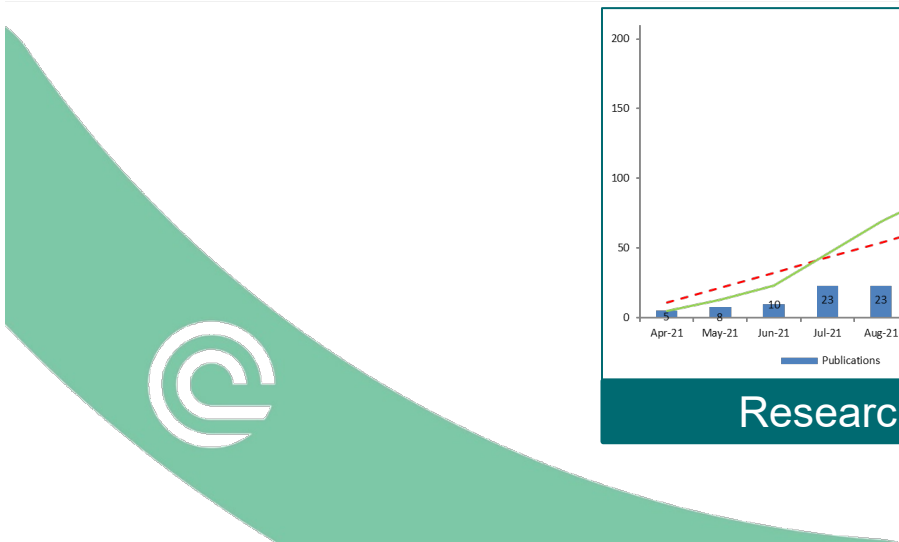


Performance 2021/2022

1113
New Participants



45
New Clinical Research Trials



Investigator-led Trials

10

Sponsorship trials open
and recruiting

- R&I has continued to build a diverse trial portfolio, with particular focus on translational research, observational/real world and COVID-related impact on cancer patients.
- All of these are fundamental in understanding mechanisms of cancer and also how cancer impacts on our patients to improve pathways and care.

- The welcome expansion to CCC clinician-led trials and studies will further establish CCC as a research-focused hospital and enhance CCC's reputation nationally and internationally as a leader in oncology.

7

Sponsorship trials
In set-up



Biobank

- A new Biobank and Clinical Trials Laboratory Manager has been appointed as part of the Research Strategy.
- R&I successfully renewed its Research Ethics for the Biobank for the next five-year term.



- Expansion of number and nature of the biological samples collected to support the ever-changing needs of the research landscape.
- R&I looks forward to increasing collaborations, in addition to the Liverpool City Region with existing partners, extending its reach nationally to explore new opportunities afforded.



Patient and Public Involvement

Research Matters - CCC quarterly patient newsletter initiated:

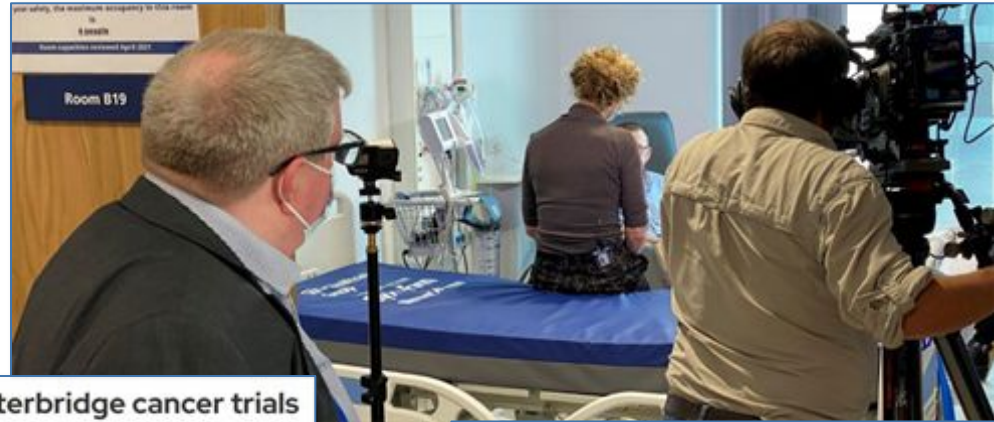



Communication Highlights

Clatterbridge trial makes cancer treatment breakthrough to potentially prolong life

Trial of a new drug to treat a form of cancer could "make a big impact on lengthening the survival time for patients".

By Dominic Raynor
Wednesday, 27th October 2021, 1:06 pm



Mum takes part in Clatterbridge cancer trials

23rd April 2021



Debbie Roberts and daughter Libby

By Rebecca McGrath
Reporter

A mum, aged 61, who was diagnosed with ovarian cancer two years ago was told if treatment was unsuccessful she could have just months to live.

Man who began smoking aged 10 joins pioneering cancer trial

Andy Hickinbotton was a life-long smoker until he was given a devastating diagnosis

By Oliver Clay
16th Feb 2022 Updated: 16th Feb 2022



Andy Hickinbotton, from Runcorn, said he is looking forward to days out and seeing his friends after undergoing cutting-edge cancer treatment. (Image: Clatterbridge)



Communication Highlights

What our patients say...

ANDY



'During lockdown it was tough and I looked forward to coming to the hospital for treatment so I could see the staff. They have been great.'



ANDY HICKINBOTTON - LUNG CANCER CLINICAL TRIALS PATIENT (CHECKMATE)

What our patients say...

GRAHAM



'This clinical trial has opened new doorways and gives me a bit of hope'



GRAHAM BOOTH - HEAD AND CANCER CLINICAL TRIALS PATIENT (TRANSGENE)

What our patients say...

KAREN



'I've never been more cared for and I'm really looked after when I'm there.'



KAREN COWLEY - BOWEL CANCER CLINICAL TRIALS PATIENT (ANICCA)





Thank you - Any questions?



Council of Governors - 5th October 2022

Chair’s report for: Audit Committee

Date/Time of meeting: 14 July 2022 – 09.30-12.30

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

General items to note to the Board	<ul style="list-style-type: none"> • The Data Protection Security Toolkit self-assessment has been uploaded and we have declared standards met. The MIAA audit of our compliance with the National Standards delivered a moderate rating. The rating was based on the risk posed by the Joiners-Movers-Leavers Policy/process which resulted in a moderate assurance rating for the relevant standard. All other standards achieved a substantial assurance rating. • The Committee considered the Anti-Fraud Annual Report 2021-22 containing the work carried out during 2021/22 which had been reviewed against the Function Standard Requirements relating to fraud, bribery and corruption and Service Condition 24 of the NHS Standard Contract. • The Committee approved the Health Procurement Liverpool Governance arrangements • The Committee received and reviewed the Quality Committee and Performance Committee Annual Reports for 2021-22. The Audit Committee acknowledged that both Committees have clearly evidenced they have met the requirements of their Terms of Reference and the scope of the work undertaken by each Committee delivered substantial assurance. • The Committee received and discussed the revised BAF for 22/23. The Committee welcomed the enhancements to the BAF and noted that additional development is being progressed over the next few months to create a clear link between the BAF and Trust Board and Committee Work Plans. The Audit Committee approved the revised BAF and agreed to recommend it to the Trust Board. The Audit Committee also reviewed BAF 14 relating to Cyber Security for which the Committee
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	<p>has oversight responsibility. Following a detailed discussion the Audit Committee accepted the revised moderate risk appetite rating for BAF 14 and going forward requested further narrative as the identified control/assurance actions are progressed and/or revised.</p> <ul style="list-style-type: none"> • The Audit Committee received and considered the results of the Committee's self-assessment of its effectiveness for 2021-22. The Committee agreed an action plan for improvement including: addressing the delays in Committee papers being circulated to Members, enhancing the quality/content of minutes and circulating draft minutes within a reasonable timescale following a meeting.
<p>Items of concern for escalation to the Board</p>	<p>The Committee received the Audit Tracker and acknowledged the significant efforts of the Corporate Governance team in co-ordinating the production of the document. However, it was agreed that further development is required to deliver a Tracker which provides assurance regarding the timely completion of agreed actions and in particular relating to limited assurance reviews and high level control risks.</p>
<p>Items of achievement for escalation to the Board</p>	
<p>Items for shared learning</p>	



WE ARE...
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Council of Governors – 5th October 2022

Chair’s report for: Performance Committee

Date/Time of meeting: 24 August 2022 – 09.30-12.30

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

Items of concern for escalation to the Board	<p><u>New Royal Programme Progress Report</u> The Committee received an update on the New Royal Hospital opening on 28th September 2022. The update on the catering work stream was highlighted as a concern (successful delivery in doubt with major issues).</p> <p><u>Finance Report</u> The Committee discussed the system agency reduction and noted the very challenging target given the current Trust position.</p> <p><u>Elective Recovery Funding Deep Dive</u> The Committee had requested a deep dive into ERF. The risk is still prevalent as there are still unknown factors.</p> <p><u>Board Assurance Framework</u> The committee requested further assurance on CIP (deep dive to come in November). The Committed discussed areas of external pressures impacting BAF risks and requested target risks be re-evaluated.</p> <p><u>Any other business:</u> Next steps in increasing capacity and operational resilience in urgent and emergency care ahead of winter Letter The Committee noted the letter and an action paper has gone to the Place before being shared with the ICB.</p>
Items of achievement for escalation to the Board	<p><u>Cancer Genomics and Molecular Testing Update</u> The Committee had requested further information on genomics testing and felt assured following the report to committee</p> <p><u>Board Assurance Framework</u> The Committee received the updated BAF and new covering report and were supportive of the presentation and formatting.</p> <p><u>BI demo of the new CWT dashboards and cancer tracking Systems</u> The Business Intelligence team presented the new Cancer Wait Time Dashboard to the Committee. The Committee were impressed and pleased with the dashboard and demonstration.</p>
Items for information / shared learning	<p><u>Emergency Preparedness, Resilience and Response</u> The Committee received and approved the EPRR annual report. The Committee did not receive the core standards and the Trust didn’t receive them until 15th August, instead they will be shared directly with Trust Board.</p> <p><u>Update on Low energy proton beam facility at CCCW</u> The Committee had requested an update on the proton beam and received a</p>

	comprehensive report.
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Council of Governors – 5 October 2022

Chairs report for: Charitable Funds Committee

Date/Time of meeting: 6th July 20

			Yes/No
Chair	Elkan Abrahamson, Non-Executive Director	Was the meeting Quorate?	Y
Meeting format	MS Teams		
Was the committee assured by the quality of the papers (if not please provide details below)			Y
Was the committee assured by the evidence and discussion provided (if not please provide details below)			Y

General items to note to the Board	<ul style="list-style-type: none"> • The Midsummer Ball was very successful raising over £170k. • The Committee discussed the Memorandum and Articles of Association which will now go to the Charity’s Accountants for review. The Committee agreed the Memorandum and Articles of Association go to the September Trust Board for approval. • The Committee agreed the changes to the Charitable Funds Committee Scheme of Delegation. • The Committee approved the setting up of a Charitable Spending Committee and Staff Wellbeing Fund to be administered by HR. • The Committee approved the Policies: Complaints and On-Site Activity by other Charities.
Items of concern for escalation to the Board	There is an ongoing issue with NWCR over who is entitled to various legacies. Katrina Bury will prepare a report for the next Committee meeting.
Items of achievement for escalation to the Board	The Arts in Health Programme Annual Report 2021-22
Items for shared learning	None



Ref: FTWOCHAIR
Review: July 2025
Version: 3.0

Council of Governors – 5th October 2022

Chairs report for: Quality Committee

Date/Time of meeting: 22nd September – 09:30-12:30

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

Items of concern for escalation to the Board	<p><u>Safeguarding Annual Report 2021-2022</u> The Committee received the safeguarding annual report and noted concerning data regarding Performance against the Learning Disability Improvement Standards.</p> <ul style="list-style-type: none"> • 57.9% of patients surveyed agreed that they were given a choice about their care. This is significantly lower than the national average of 83%. In contrast, 94% of staff agreed that they routinely involve patients in decision-making. • At time of data collection 36.8% of staff agreed that there is a clear policy in regards to DNACPR. This is comparable to the national average. The Trust has an up to date DNACPR, although this does not directly discuss patients with additional needs, it does make clear reference to the Mental Capacity Act and patients judged to lack capacity. <p>It was acknowledged that these data are potentially skewed by a small, non-representative, responder group. The Safeguarding team are working to understand and improve this and the Committee requested a further update in 6 months.</p>
Items of achievement for escalation to the Board	
Items for shared learning	<p><u>Research & Innovation data narrative around granular</u> The Committee discussed BAF Risk 7 (If the Trust is unable to increase the breadth and depth of research, it will not achieve its research ambitions as a specialist cancer centre) and the R&I section of the Integrated Performance Report in detail. The Committee interrogated the data reported for study recruitment, new studies opening and publications. The Research & Innovation Operations Innovation provided further narrative for the data including the wider strategic agenda around the operational work of the R&I team including National funding bids and early phase trial units running the first in human trials.</p> <p><u>2021-2022 Annual Submission to NHS England North West: Appraisal and Revalidation and Medical Governance</u></p>



	The Committee approved the submission in advance of final sign off going to Trust Board on 28 th September 2022.
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Chairs report for: Membership Engagement and Communications Committee**Date/Time of meeting: 27th September 2022**

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

Items of concern for escalation to the Board	The Committee noted the recent gap in the Trusts EDI Lead and are mindful that elements of the Membership strategy implementation plan require specific help and support from the EDI lead.
Items of achievement for escalation to the Board	<p>The Committee welcomed the successful election of 7 new Governors, who will be attending their first Council of Governors on 5th October 2022.</p> <p>The Committee welcomed the new Corporate Governance and Governor Engagement Officer and noted the progress with advertising materials for Membership, which are currently under review, in readiness to attend organised events in collaboration with the Charity Team and other organisational opportunities to help promote membership. The membership section on the website is being updated and the new online membership form has been added.</p>
Items for shared learning	The Committee is open for other Governors to join/drop in with all input welcome.

