

**Joint Annual Members Meeting
and Council of Governors
Agenda 25 October 2023 at
16:30-18:30**

Annual Members Meeting				
AMM- 1-23/24	Welcome & Introduction and apologies	v	K Doran	16:30
AMM- 2-23/24	Minutes of the meeting held 26 October 2022	d	K Doran	
AMM- 3-23/24	Declarations of Interest	v	K Doran	
AMM- 4-23/24	Annual Report and overview of 2022/23 Including financial Accounts	p	L Bishop / J Thomson/ K Doran	
AMM- 5-23/24	Report of the Auditor – audit findings for year ending 2022/23	p	H Rohimun Ernst and Young	16:50
AMM- 6-23/24	Questions from the Public	v	K Doran	
AMM- 7-23/24	Close AMM & open Council of Governors	v	K Doran	17:00
Council of Governors			Lead	Time
CoG- 38-23/24	Minutes of the last meeting – 26 July 2023	d	K Doran	
CoG- 39-23/24	Matters arising/Action Log	d	K Doran	
CoG- 40-23/24	Chief Executive and Chairs Update	d	K Doran/ L Bishop	17:10
Our Patients and Performance				
CoG- 41-23/24	Performance and Quality Presentation	p	Executive Leads	17:20
CoG- 42-23/24	Quality Committee Assurance report (Meeting date 20 September 2023)	d	T Jones	17:30
CoG- 43-23/24	Performance Committee Assurance Report (Meeting date 23 August 2023)	d	G Broadhead	17:35
CoG- 44-23/24	People Committee Assurance Report (Meeting date 19 September 2023)	d	A Rothery	17:40
CoG- 45-23/24	Cancer Alliance Report	d	L Bishop	17:45
Our Governance				
CoG- 46-23/24	Audit Committee Assurance Report (Meeting date 12 October 2023)	d	M Tattersall	17:50
CoG- 47-23/24	Chair's Report of Fit and Proper Person Compliance	d	K Doran	17:55
CoG- 48-23/24	Re-appointment of Non-Executive Directors	d	K Doran	18:00
CoG- 49-23/24	Annual Review of Effectiveness & Governance Update	d	J Hindle	18:05
CoG- 50-23/24	Questions from the Public	v	K Doran	18:15
CoG- 51-23/24	Membership Engagement and Communications Committee Report (Meeting date 8 August 2023)	d	L J Brown	18:20
Any other business				
CoG- 52-23/24	Meeting Review	v	K Doran	18:25
CoG- 53-23/24	Any Other Business	v	K Doran	18:30
Date and time of next meeting:		31 January 2023		

d=document, p= presentation, v= verbal



Draft Minutes of: Annual Members Meeting
Date/Time of meeting: 26th October 2022 at 5pm

Title / Department	Name	Initials
Chair	Kathy Doran	KD
Non-Executive Director	Elkan Abrahamson	EA
Non-Executive Director	Geoff Broadhead	GB
Non-Executive Director	Terry Jones	TJ
Chief Executive	Liz Bishop	LB
Director of Workforce & OD	Jayne Shaw	JS
Medical Director	Sheena Khanduri	SK
Chief Nurse	Julie Gray	JG
Director of Finance	James Thomson	JT
Chief Information Officer	Sarah Barr	SB
Director of Strategy	Tom Pharaoh	TP
Public Governor	Anne Olsson	AO
Public Governor	Andrew Waller	AW
Public Governor	Caroline Pelham-Lane	CPL
Public Governor	Keith Lewis	KL
Public Governor	John Roberts	JR
Public Governor	Vincent Olsson	VO
Public Governor	Jane Wilkinson	JW
Public Governor	Miles Mandelson	MM
Staff Governor	Abhishek Mahajan	AM
Staff Governor	Myfanwy Borland	MB
Staff Governor	Laura Jane Brown	LJB
Appointed Governor	Mahmoud Elfar	ME
Appointed Governor	Nancy Whittaker	NW
Title	Name	
Corporate Governance & Governor Engagement Officer	Anne Mason	
Interim Associate Director of Corporate Governance	Paul Buckingham	
Corporate Governance Manager	Skye Thomson	
Associate Director of Communications	Emer Scott	
6 Members of the Public		
Representative from External Auditors Ernst & Young	Hassan Rohimun	

Standard Business	
1	<p>Welcome and Introductions</p> <p>The Chair gave a warm welcome to everyone who attended the Trusts Annual Members Meeting and introductions were made by all. The Chair explained that the meeting was being held both in person and virtually; and provided an overview of the running order of the meeting.</p>

	Meeting Programme	
2	<p>Chairs Update</p> <p>The Chair provided the following highlights of the year April 2021 – March 2022 and advised that the Annual Accounts and Reports, together with the presentation slides and Minutes of the meeting will be available on the Trust’s website:</p> <ul style="list-style-type: none"> • The last year was an exceptionally busy time for the Trust with the ongoing challenges of the Covid-19 pandemic combined with an increase in the numbers of patients being treated, which are higher than pre-pandemic levels. • Having settled into the new flagship hospital, Clatterbridge Cancer Centre Liverpool, which opened in June 2020, the need to restrict access to visitors and members of the public through 2021/22 continued, making a busy time even more challenging for the inpatient teams. • The Trust delivered a number of important projects, including the opening of the Aseptic Pharmacy Unit at Clatterbridge Cancer Centre Liverpool and the transfer of the Haemato-Oncology service at Aintree University Hospital to the Liverpool site, from Liverpool University Hospital NHS Foundation Trust. • Collaboration continues to be a top priority and as host for Cheshire and Merseyside Cancer Alliance, the Trust is a pivotal part of this partnership which demonstrates tremendous leadership and operational oversight into the restoration of cancer services. • Working in collaboration with Cheshire and Merseyside acute and specialist trust provider collaborative. In addition to the Trust’s role in the Cancer Alliance, the Trust assumed an important leadership role for the regional Community Diagnostic Centre programme and the wider diagnostic programme for the partnership. • The Chair thanked all the committed workforce, Governors and Members who contribute to making The Clatterbridge Cancer Centre a place of excellence for all patients and their families, which would not have been achieved without their support or the support of the volunteers who have worked hard to provide practical support to patients at critical times when they were unable to receive visitors. • The Trust looks forward to 2022/23 with the hope that the grip of Covid-19 loosens, and that the programme of work, including service developments across the Trust, working closely with our neighbours at the new Royal Liverpool University Hospital and the redevelopment of Clatterbridge Cancer Centre Wirral continues to progress. 	
3	<p>Lead Governor Update</p> <p>The Lead Governor gave the following highlights from the Council of Governors, who work closely with the Trust Board and various committees to make sure the services are meeting the needs of the Foundation Trust Members, patients, and local community:</p> <ul style="list-style-type: none"> • The Lead Governor provided an overview of the current status of the Governors having 29 in total comprising of 15 Public Governors, who are elected by Members in their constituencies, 8 Appointed Governors from local partner organisations and 6 Staff Governors, elected by the staff groups they represent. 	

	<ul style="list-style-type: none"> • The Lead Governor welcomed the newly elected Governors and those Governors who were elected for a further three-year term. • The Council of Governor sub-committees have progressed after being impacted by the Covid-19 pandemic, including promoting and growing Trust Membership through the Membership Engagement and Communications Committee strategy. • March 2022 saw the launch of the Patient Experience Commitment 2021-2025 with progress updates reported at the quarterly Council of Governor meetings. • The Nominations and Remunerations Committee extended the terms of office for two Non-Executive Directors and the Chair and recommended their appointments to the Council of Governors. A further two Non-Executive Directors' terms of office were extended for a three-year term in July 2022. • During 2021-22 the Governors and Non-Executive Directors took part in virtual walk-rounds using video links to visit various areas of the Trust to speak to staff and patients. These are now being carried out in person. • The Lead Governor thanked everyone for their support and encouraged friends and family to join the Trust's Membership by visiting The Clatterbridge Cancer Centres website.
<p>4</p>	<p>Performance Update</p> <p>The Chief Executive Officer gave a warm welcome to all at the meeting and provided the following highlights from the year, including an update on performance and future plans:</p> <ul style="list-style-type: none"> • The Trust received the HSJ Value award for enhanced care in September 2021 and received National media coverage including BBC focus on metastatic breast cancer in October 2021 • The Trust has experienced significant growth in activity compared to 2020-2021 which may be as a consequence of the Covid-19 pandemic. However, the additional growth has been accommodated thanks to the continued support from the hard-working staff. • Work continues with the Integrated Care Board which has an important part to play across the region and the Trust has taken on the challenges with the diagnostic services. • The Trust is currently in its second year of the Five-year Strategic Plan and is a top performer in the National Inpatient Survey. The Trust takes a leadership role in the Community Diagnostic Centre and has refreshed the Trust Values to achieve being a Great Place to Work. • The Trust is a leader in research with the first in-human studies taking place and with the Mode Of Action Transgene study, (MOAT). • A funding bid has been approved to provide a 24-hour patient hotline to improve patient care and improvements have been made to the Electronic Patient Record system. • The Trust has expanded Clatterbridge in the Community and patient initiated follow ups.

	<ul style="list-style-type: none"> • In relation to Quality and Performance the Trust has strengthened performance reviews, performed well on cancer waiting times and are seeing more complex/acute patients. • The Clatterbridge Cancer Charity has given significant contributions to the Trust of £680k towards the new Liverpool Hospital build and equipment; and more than £300k towards funding for other projects including Research and Innovation. • The Trust's two subsidiaries include PropCare who manage the Estates and Facilities and who have welcomed a new Director this year; and PharmaC, who manage the outpatient pharmacy and who have welcomed a new Chief Pharmacist who has had a significant impact on the new Aseptic Unit. • The Trust host and lead Cheshire and Merseyside Cancer Alliance, enabling coordination of NHS pathways across the region and recovery of activity post-pandemic. • The focus for 2022/2023 in the second of the 5-year Strategic Plan is to support the strategies including the Patient Experience Commitment, the Quality Strategy, and the Digital Strategy. The Trust continues to redevelop the Clatterbridge Wirral site and will celebrate its 65th Birthday in 2023. Support is also ongoing for the CAR-T therapy led by the Haemato-Oncology Team.
<p>5</p>	<p>Finance</p> <p>The Director of Finance provided the following overview of the Trust's performance:</p> <ul style="list-style-type: none"> • The Trust achieved the NHS England Improvement Target with a surplus of £1.2m • Capital spend of £10.8m saw investments in expanding the Digital processes and infrastructure, improvements to Trust premises and equipment replacement which covers upgrades to existing equipment. • The Trust is pleased to report that the external auditors have given positive feedback advising that the Trust provides value for money by viewing how we spend relative to what is provided. This was substantiated by Ernst & Young representative HR, who advised there are no issues to report noting a true and fair financial position. HR advised he looks forward to working with the Trust in the future. • There has been an increase in revenue from inpatient care by 21% which reflects the growth and Trust recovery and clinical trials post-Covid produced a £500k increase. • Revenue expenditure covered staff pay awards, together with an increase in the numbers of staff of 10% at the end of the financial year. There has been an increase in the cost of drugs in line with the additional patient activity of 21%, which is an increase year on year. Depreciation costs have also increased together with clinical supplies; however, investments have been sufficient to cover these costs. • Going forward the Trust is working with Cheshire and Merseyside collaboratively to improve the financial position; the Trust has an ongoing partnership with the new Royal Liverpool University Hospital Foundation Trust and the Team are working hard on future sustainability.
<p>6</p>	<p>Questions & Answers</p>

The Chair advised that the questions and answers posed prior to the meeting will be published on the Trust's website together with a record of the meeting.

One of the Public Governors commented on the amazing achievements the Trust has made over the past year, with the support of the Communications Team and their work on publicising all the hard work on social media.

The Public Governor also mentioned the increase in activity and the Chief Executive Officer replied stating that the Trust has seen growth year on year with patients living longer with this chronic disease due to advances in research. The Trust anticipated the increase and put a plan in place to accommodate the growth assisted by the strong leadership team.

A Member of the Public thanked everyone at the Trust for the high level of care they received during their 15 years of treatment and complimented all the staff they have come into contact with during this time. The Chair thanked the Member for her feedback advising that their thanks will be passed on.

One of the Public Governors advised that the Governors are working hard to spread awareness of the role of the Governor informing that they attend the Non-Executive Director and Governor Engagement Walk-Rounds across the Trust's three sites talking to patients and staff. The Governor also reiterated the importance of being a Member of the Trust and advised that the Membership Engagement and Communications Committee is open to anyone who wishes to attend.

The Chair thanked all participants for attending and for their input in the Annual Members Meeting.

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

Present:

Kathy Doran	Chair		
Andrew Waller	Public Governor	Myfanwy Borland	Staff Governor
Anne Olsson	Public Governor	Laura Jane Brown	Staff Governor
Vincent Olsson	Public Governor	Sam Cross	Staff Governor
Caroline Pelham-Lane	Public Governor		
Miles Mandelson	Public Governor	Tony Murphy	Appointed Governor
Keith Lewis	Public Governor	Nancy Whittaker	Appointed Governor
John Roberts	Public Governor		
Jane Wilkinson	Public Governor		

In Attendance

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

Also in Attendance:

Anne Mason	Corporate Governance & Governor Engagement Officer	
Steph Thomas	Head of Learning and OD	Item 30-23/24
Jane Hindle	Associate Director of Corporate Governance	

Apologies:

Nick Small	Appointed Governor	Glenys Crisp	Public Governor
John Field	Public Governor	Terry Jones	Non-Executive Director
Mahmoud Elfar	Appointed Governor	Andrew Schache	Appointed Governor
David Gawne	Appointed Governor		

	Preliminary business
19-23-24	<p>Welcome, introduction & apologies: The Chair welcomed all those in attendance and introduced the new Appointed Governor representing the Metropolitan Borough of Wirral, Tony Murphy. The Chair noted the apologies from the table above.</p>
20-23-24	<p>Declarations of interest: Non-Executive Directors (NED)'s declared an interest in item 34-23/24 - Nominations and Remunerations Committee Report – NED Appraisals, noting that the item did not propose any changes in pay for approval and therefore no action was required.</p>
21-23-24	<p>Minutes of previous meeting: 26 April 2023 The minutes were approved as an accurate record.</p>
22-23-24	<p>Matters arising/ Action Log</p> <p>CG-16-23/24 – System Working in collaboration – Governors are invited to an Integrated Care Systems meeting on 11 September 2023 at 1pm with Matthew Cunningham from the Cheshire and Merseyside Integrated Care Board.</p> <p>CG-11-23/24 – Awareness update of the Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Policy – Julie Gray confirmed that figures have increased from 17% to 44% and is on an improving trajectory -these figures are above the national position of 32%</p> <p>CG-12-23/24 – Cancer Alliance report will be revised and presented at the October Council of Governors meeting.</p>
23-23-24	<p>Chief Executive and Chairs Update Liz Bishop provided the following updates to the Council of Governors:</p> <p>Liz Bishop informed the Council that the planned industrial action continues to be monitored and well managed. All those affected have been given appointments.</p> <p>The new Paddington Village Community Diagnostic Centre opened its doors to patients on 24 July 2023 as planned and thanks were given to all those involved with ensuring that the site opened in the planned timeframe.</p> <p>As part of the system wide work the Trust has joined the Liverpool Joint Committee, which brings together Chief Executives and Chairs from each provider within Liverpool and is supported by a Joint Sub-Committee between the Trust and Liverpool University Hospitals Foundation Trust (LUHFT) where the Trust will be represented by Tom Pharaoh and Joan Spencer who will work collaboratively with Liverpool colleagues.</p> <p>St Helens and Knowsley Teaching Hospitals and Southport and Ormskirk NHS Trust have merged and will now be known as Mersey and West Lancashire Teaching Hospitals NHS Trust. This will enable Southport and Ormskirk to continue to provide sustainable services and will bring significant investment to the local healthcare system.</p> <p>Jane Wilkinson asked if the Non-Executive Director and Governor Engagement Walk-Rounds would incorporate the new Paddington Village Community Diagnostic Centre. Kathy Doran advised that this may be a possibility once the centre is established.</p>
24-23-24	<p>Lead Governor Update Jane Wilkinson provided the following highlights to the Council of Governors:</p>

	<p>The most up-to-date Trust information has been provided to the Governors in the monthly Bulletin which includes the Trust’s Team Brief, the latest Chief Executive Update, and agenda for Trust Board. Jane Wilkinson urged all Governors to read the monthly Bulletin to keep abreast of what is happening in the Trust.</p> <p>Jane Wilkinson informed the Council that information regarding the Schwartz Rounds can be found within the June Trust Board minutes via the Trust website and advised the Council that these sessions are a valuable avenue for staff to discuss their experiences.</p> <p>Jane Wilkinson signposted the Council to the Merseyside Internal Audit Agency document contained within the meeting papers and to provide an overview of the Governor responsibilities in the new Health and Care landscape.</p>
	<p>Strategy Update</p>
<p>25-23-24</p>	<p>Tom Pharaoh and the Executive Directors presented the five-year strategic plan update, noting the following:</p> <p>The overall aim of the plan is to maximise the benefits of The Clatterbridge Cancer Centre and its unique networked model of care. The plan aligns with the six strategic priorities with achievements to date detailed below:</p> <p>Be Outstanding</p> <ul style="list-style-type: none"> • Positive Northwest Pharmaceutical Quality Assurance (NWPQA) audit of aseptic pharmacy – unit rated as low risk. • Development of cutting-edge CAR-T cell therapy service for Cheshire and Merseyside • Development of a new quality strategy through staff and public engagement • Positive progress on the first annual Green Plan delivery <p>Be Collaborative</p> <ul style="list-style-type: none"> • The Trust continues to lead key Cheshire and Merseyside work streams such as, urgent cancer care and community diagnostic programmes. • Opening of the new Paddington Village Community Diagnostic Centre. • Engaging with Joint Committees of Liverpool providers to work collaboratively. <p>Be Innovative</p> <ul style="list-style-type: none"> • Further opportunities to maximise usage of the new Paddington Village Community Diagnostic Centre • Innovation strategy launched February 2023 • New “Big Ideas” scheme to encourage larger scale proposals than Bright Ideas scheme. <p>Be a Great Place to Work</p> <ul style="list-style-type: none"> • 65% response rate achieved from the 2022 NHS staff survey resulting in steady progress. • Introduction of the New “My Appraisal” system implemented, based on feedback from staff via listening events and staff survey launched in June 2023 • New Equality Diversity and Inclusion Lead welcomed to the Trust, joint resource with Alder Hey • Staff Excellence Awards scheduled for autumn 2023. <p>Be Research Leaders</p>

	<ul style="list-style-type: none"> • Success of Liverpool Experimental Cancer Medicine Centre (ECMC) renewal bid announced, investment over the next 5 years. • A Clatterbridge Cancer Centre Lead for the Biomedical Research Centre with the Royal Marsden has been appointed and collaboration between the partners is underway. • £150k has been donated by the Charity towards the Biomedical Research Centre <p>Be Digital</p> <ul style="list-style-type: none"> • Extensive work is underway to optimise the Electronic Patient Record system. • Self-Assessment made against the national Digital Maturity Assessment highlighted existing maturity and areas of improvement. • Achieved Cyber Essentials Plus status. • Digital strategy developed and approved at Trust Board in May <p>Tom Pharaoh outlined the challenges of vacancies and competing priorities in key corporate services, which mean limited capacity to deliver the strategy in these areas and the complex programme of work involved with the development and opening of the new Paddington Village Community Diagnostic Centre, which was additional to business as usual.</p> <p>Andrew Waller advised the Council that he attended the Staff Excellence Awards in 2022, which demonstrated the amazing quality of work that is being done at the Trust.</p> <p style="text-align: right;">Action: J Hindle to circulate Governors a copy of the five-year strategic plan presentation/July 2023</p>
	<p>Our Patients and Performance</p>
<p>26-23-24</p>	<p>Performance and Quality Presentation</p> <p>The Executive Team provided the following summary to the Council:</p> <p>Access and Efficiency</p> <p>Joan Spencer advised the Council that due to the high volume of referrals a programme of work has commenced in relation to inpatient flow, for patients on urgent pathways. It was explained that the Trust receive late referrals from other organisations which have an impact on Trust targets, therefore the team are working closely with referrers to streamline the process. Work continues with Genomic laboratories to improve turnaround times as they do not have the same target dates as the Trust, which results in delays, however the team are optimistic this will now improve.</p> <p>Quality</p> <p>Julie Gray described a healthy position regarding quality performance and highlighted a Never Event (something the Trust would never want to happen), which resulted in low harm to the patient. Following a thorough investigation the cause was known and a review by a scrutiny panel and an external review from the Care Quality Commission took place to ensure all the correct processes had been followed in categorising the incident, and that all steps had taken place to prevent a recurrence.</p> <p>In relation to the target for dementia screening, 2 patients were not reviewed in June one of whom was too poorly and screening would have been inappropriate. Infection rates remain above trajectory in some areas, not just at the Trust but nationally. There is a robust post infection review process in place which now includes external scrutiny from the specialist commissioner.</p> <p>Workforce</p>

	<p>Jayne Shaw highlighted an improvement in sickness absence from 7% to 3.7% with the Trust now meeting the target. Staff turnover stands at 15.24% however this figure includes staff who have retired and those on fixed term contracts that have come to an end. Jayne Shaw clarified that the Trust would be on target if these staff were removed. Mandatory Training and Appraisal compliance continue to be above the Trust target of 90%. The Trust is exceeding the BAME (Black, Asian, and Minority Ethnic) Staff Representation target of 6% with the Trust at 8.3% and NHS Pulse satisfaction surveys continue to be carried out with the Trust comparing favourably to other organisations.</p> <p>Keith Lewis asked if staff have access to a counselling service. It was confirmed that staff do have this option through Cheshire and Wirral Partnership and there are no long waiting times for appointments.</p> <p>Research Sheena Khanduri advised the Council that there has been an increase to patients recruited onto trials and the Trust have achieved 66% of the annual target. A Clinical Research Gap Analysis paper looking at barriers to human studies will be monitored through the Research and Innovation Directorate Board who will provide an update to the Trust Executive Group each quarter. A Research Study Prioritisation Committee will also be reviewing the strategy for trial selection.</p> <p>Finance James Thomson reported that NHS Cheshire and Mersey Integrated Care Board are managing the required financial position of each Trust through a whole system approach for 2023/2024. The Trust have submitted a plan to NHS England demonstrating a £363k surplus. The Trust's financial position shows a deficit at month 3 of £178k which is £269k behind the plan. The group position is £93k surplus which is £2k better than the plan. The Trust is trying to improve efficiency throughout the year and is expected to meet the plan as a Trust and as a group. The Trust reports a below agency cap of £145k, year to date.</p> <p>The Council of Governors:</p> <p style="text-align: center;">Noted the contents of the Report.</p>
27-23-24	<p>Quality Committee Assurance Report Asutosh Yagnik presented the Quality Committee Assurance Report in Terry Jones absence and highlighted the following:</p> <p>The Committee requested that the Trust trial set-up and recruitment to time and target data be included in the Integrated Performance Report. The Committee received the Extravasation Serious Incident Report and noted the assurance received and robust process put in place.</p> <p>Quality and Safety Walk-Round reports were received, and it was noted the visits are well received by staff. The Committee also received the Care Quality Commission Regulatory Compliance Report. The Trust agreed to a 12-month secondment opportunity to lead on inspection preparedness and will present a more robust regulatory compliance paper for future meetings detailing accountability for each regulation.</p> <p style="text-align: right;">Action: J Hindle to circulate a copy of the Palliative Care and End of Life Strategy - July 2023</p>

	<p>The Council of Governors:</p> <p>Noted the contents of the Report.</p>
<p>28-23-24</p>	<p>Performance Committee Assurance Report Geoff Broadhead presented the Performance Committee Assurance Report and highlighted the following:</p> <p>The Board Assurance Framework risks have been reviewed and updated and are now aligned with the Key Performance Indicators. The Risk Register report was received and noted risk ID 254 is scored at 15 and relates to the HMRC challenge over current zero-rated treatment of drugs dispensed for patient's home use.</p> <p>The Committee noted that due to the transfer of laboratory service provision in April 2023, molecular testing turnaround times have increased. This is being monitored by the Trust Operational Group and has been added to the Risk Register.</p> <p>A capacity theme was highlighted across a number of reports, resulting in a number of capacity and demand projects being carried out, with the outcome being shared at the next Performance Committee.</p> <p>The Committee noted the Trust has increased Board Assurance (BAF) Risk 3, associated with financial delivery, from 9 to 12. The Trust has a high level of Cost Improvement Plan (CIP), to achieve in order to deliver the overall financial plan, which will be challenging. The CIP for 2023/2024 is 5% (8.3 million).</p> <p>The Council of Governors:</p> <p>Noted the contents of the Report.</p>
	<p>Our People</p>
<p>29-23-24</p>	<p>People Committee Assurance Report Kathy Doran presented the People Committee Assurance Report on behalf of Anna Rothery:</p> <p>The Council were updated on the improvement with short-term staff sickness however long-term sickness remains above target and HR Business Partners continue to support the Divisions with the highest number of absences to ensure they are being managed appropriately.</p> <p>The Committee noted that Basic Life Support and Intermediate Life Support training has an escalation process in place for staff who are non-compliant. These staff have until the end of August to complete the training, when a more formal process will begin.</p> <p>The Committee noted the growing demand for the two Clinical Education Training Rooms at Clatterbridge Cancer Centre Liverpool, with insufficient availability for mandatory training bookings, particularly with manual handling where the compliance is below target. This issue has been escalated and added to the Risk Register.</p> <p>The Committee noted the aim of the Disability and Long-Term Condition Network presentation was to raise awareness and promote equality for staff with disabilities and long-term health conditions. A number of awareness campaigns will take place to demonstrate how change can impact different staff groups, promote the skills of people with disabilities; and promote the Trust as an attractive employer. The Network is working together with the Equality Diversity</p>

	<p>and Inclusion Lead to review current policies, access to reasonable adjustments and provision of training for all staff.</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> • Noted the contents of the Report.
<p>30-23-24</p>	<p>Staff Survey Results Jayne Shaw and Steph Thomas presented the Staff Survey Results noting the following:</p> <p>Jayne Shaw explained that the NHS Staff Survey is one of the world’s largest workforce surveys, with the last one taking place between September and November 2022. Questions in the survey are aligned with the NHS People Promise and are scored between 1-10. Results are benchmarked against other specialist trusts across the country.</p> <p>The Trust received the highest ever response rate of 65% and were noted as the best trust for reward and recognition. Out of the ten categories there has been an increase in scores in six of the categories and four have remained the same. The following were highlighted:</p> <ul style="list-style-type: none"> • Compassionate and Inclusive 7.7– highest scoring theme with improvements across all sub themes. The Trust will build on this to create an inclusive compassionate workplace. • Recognised and rewarded 6.3 – for the second year the Trust is top in this theme. The Trust will continue to focus on this theme to improve local recognition and reward. • Voice that counts 7.1 – the Trust has worked hard over the past 12 months to support staff to speak up and co-create the culture. • Safe and healthy 6.4 – this theme was a key area of focus with the Trust recognising to deliver outstanding care, staff must have a safe and healthy environment. • Always learning 5.7 – whilst there have been improvements, this theme remains the lowest scoring for the Trust, and however the Trust is developing a culture of continuous learning as part of the People Commitment and will focus on further improvements throughout the year. • We work flexibly 6.5 – this theme has seen the highest increase and the Trust will continue to further support staff to work flexibly. • Staff Engagement 7.2 – the Trust is committed to listening to staff and reinforcing the Trust as a great place to work. • Morale 6.1 – The Trust endeavour to create an environment where staff feel motivated and engaged at work. <p>Progress to date on three key priorities</p> <p>Appraisals – the new My Appraisal system launched in June 2023 developed in accordance with feedback from staff and managers. New Business Intelligence Dashboards have been created to support development of staff and talent management. Improvements have been made to training and a quality audit planned for January 2024 will test this.</p> <p>Engagement and morale – a programme of “In Your Shoes” has been developed for Executive Directors to gain insight into the different roles across the Trust. A series of “Big</p>

	<p>Conversations” will commence in September to provide staff the opportunity to discuss a range of topics with Executive Directors and senior leaders. A reverse mentoring programme has started and the 2023/24 Live Well Work Well programme has been developed and includes wellbeing programmes and Schwartz Rounds. This work is also supported by the Non-Executive Director Walk-Rounds talking to staff and patients.</p> <p>Reward and Recognition – Staff Star Awards recognise staff who go above and beyond. The 2023 Staff Excellence Awards will be taking place on Friday 6 October 2023 and improvements have been made to celebrating long service milestones.</p> <p>The Trust produces three staff Pulse Surveys a year to monitor the themes and has seen the highest rates for completion so far. Results from the latest survey demonstrate improvements in 7 out of the 9 themes. An update on Pulse Survey results will be provided to the Governors.</p> <p>It was queried how the Trust will improve the “Always Learning” score. Steph Thomas advised that the Trust wants to facilitate learning for all levels of staff and have increased and improved training opportunities. Learning opportunities will be discussed during the new appraisal process to ensure staff are offered learning opportunities from the new prospectus.</p> <p>Myfanwy Borland queried the comment that a third of staff feel that they do not have adequate materials to do their job. Steph Thomas replied that it was identified that the comments related to more up to date IT equipment, such as laptops however, further information will be sought from the planned listening events.</p> <p>Keith Lewis commented that some people may not feel confident enough to speak up about their aspirations. It was explained that the new My Appraisal system is designed to build this information into conversations to empower staff to speak up.</p> <p>Sam Cross advised that the Cheshire and Merseyside Cancer Alliance has launched a new educational platform for cancer healthcare professionals called The Cancer Academy, which will offer virtual courses with content personalised to individual workforce areas.</p> <p style="text-align: right;">Action: J Hindle to circulate the Learning and Development Prospectus 2023, the results of the Pulse Survey and information regarding the Cancer Academy to members/July 2023</p> <p>The Council of Governors:</p> <p style="text-align: center;">Noted the contents of the Report.</p>
	<p>Our Governance</p>
<p>31-23-24</p>	<p>Audit Committee Assurance Report</p> <p>Mark Tattersall presented the Audit Committee Assurance Report with the following highlights:</p> <p>The Committee receive the Internal Audit Progress Report, demonstrating Substantial Assurance for the Data Protection and Security Toolkit and Provider Collaborative (Procurement); and Limited Assurance for Critical Apps (Estates). Key actions from the Critical Apps audit relate to cyber security but the Committee were assured by the Chief Information Officer that the Critical Apps (CCTV and physical access systems) are third-party systems that have no impact or implications for the Trusts systems, and do not relate to Board Assurance Framework (BAF) Risk 14. Lessons learnt from this review are applied to other Trust locations</p>

	<p>and contracts managed with third party subsidiaries will be reviewed to provide assurance that roles and responsibilities are clearly defined.</p> <p>The Better Payment Practice Code performance remains high at 100% for both volume and value for NHS and 100% for non-NHS value and 99.6% for volume. The Trust is currently the highest performing Trust within Cheshire and Merseyside.</p> <p>The Committee reviewed the Board Assurance Framework risk BAF14 that relates to Cyber Security and confirmed that they remain satisfied with the key controls and assurances provided and endorsed the residual risk score of 12 and noted due to the dynamic external environment the target risk also remains at 12.</p> <p>The Committee reviewed the Annual Report of the Audit Committee and the Committee Effectiveness Reviews undertaken by the Quality Committee, Performance Committee, and the People Committee. The Audit Committee was satisfied that the committees had discharged their responsibilities in line with their terms of reference.</p> <p>The Report from the Director of Finance highlighted the Trust's financial position at month 2 and the £8.3m, Cost Improvement Plan (CIP) target for the year. It was also noted that Mersey Internal Audit Agency have been progressing a review of the Trust's CIP processes/arrangements and will be reporting the results of their review at the October meeting.</p> <p>The Committee noted positive progress in relation to the follow-up actions from previous audits. Two remain outstanding and two are partially implemented from a previously reported position of 23 outstanding actions.</p> <p>Caroline Pelham-Lane queried the impact of the meeting not being quorate. It was clarified that there was no impact due to no approval being required, with the minutes of the previous meeting being circulated before the meeting with no changes made.</p> <p>The Council of Governors:</p> <p style="text-align: center;">Noted the contents of the Report.</p>
32-23-24	<p>Patient Experience and Inclusion Committee Assurance Report (Deferred from April)</p> <p>Andrew Waller presented the Patient Experience and Inclusion Assurance Report noting the following:</p> <p>Non-Executive Director and Governor Engagement Walk-Rounds continue to occur monthly reviewing clinical areas throughout the organisation. These scheduled visits provide Governors and Non-Executive Directors with the opportunity for direct engagement with patients and staff to understand their experiences of the Trust.</p> <p>The Committee summarised the results of the Patient Led Assessment of the Care Environment (PLACE) which took place in October 2022 involving some of the Trust Governors and volunteers. The assessments are designed to report how well a hospital performs in relation to privacy and dignity, cleanliness, food, and general building maintenance and focusses entirely on the care environment, not clinical areas, or staff.</p> <p>The Trust scored extremely well in most areas but lower than average for the provision of food which was not unexpected, and the Trust have now changed to a new food supplier so expect</p>

	<p>to see the results reflected in the next assessment due to take place in September/October 2023.</p> <p>The Council of Governors:</p> <p>Noted the contents of the Report.</p>
33-23-24	<p>Membership Engagement & Communications Committee Report Laura Jane Brown presented the Membership Engagement and Communications Committee Report highlighting the following:</p> <p>The membership database provider had an issue with duplicated members who have since been removed from the database. The database provider has provided assurance that the data is now an accurate reflection of the Trust's membership.</p> <p>A successful Governor information session took place to provide prospective Governors with an insight into the role during the nomination period. The Governor election process is now completed with three new uncontested nominations received from Liverpool, Wirral and the Rest of England, and the Volunteer and Service Provider Constituencies. The three new Governors will commence their roles at the Annual Members Meeting in October 2023.</p> <p>The Committee will meet again on 8th August 2023 at 5pm and will discuss the Trust's membership magazine (C3 magazine) and the Annual Members' Meeting. Any of the Governors would be welcome to join the meeting.</p> <p>The Council of Governors:</p> <p>Noted the contents of the Report.</p>
34-23-24	<p>Nominations and Remunerations Committee Report – Non-Executive Director Appraisals Jane Wilkinson summarised the Nominations and Remunerations Committee Report noting that Non-Executive Director Appraisals are all now completed. Objectives have been set and include specific objectives relating to Equality, Diversity, and Inclusion in line with the NHS England Improvement Plan.</p> <p>The Policy for Composition of Non-Executive Directors has been updated in line with the Trust Constitution and was presented for review and approval.</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> • Noted the contents of the Report and • Approved the Policy for the Composition of Non-Executive Directors on the Board of Directors.
35-23-24	<p>Governance Update</p> <p>Jane Hindle presented a report containing matters relating to corporate governance and highlighted the following:</p> <ul style="list-style-type: none"> • Council of Governors Effectiveness Review – Governors were informed that in keeping with good governance the Council should perform a review of its effectiveness. A survey will shortly be issued to all Governors to complete by 29th September 2023. Should any Governor wish to discuss the survey they can contact

	<p>the Associate Director of Corporate Governance. The anonymised results would be presented at a future meeting.</p> <ul style="list-style-type: none"> • Annual Members' Meeting – the 2023 Annual Members' Meeting will take place on 25 October at 5pm and will be followed by the formal meeting of the Council of Governors. • Calendar of Events – A calendar of events was attached within the meeting pack to provide details of public meetings within the healthcare system which Governors may be interested in attending. <p>The Council of Governors:</p> <ul style="list-style-type: none"> • Noted the contents of the Report.
Any Other Business	
36-23-24	<p>Meeting Review</p> <p>Members were invited to provide feedback on the meeting. The following comments were received:</p> <ul style="list-style-type: none"> • The meeting went smoothly and finished on time. • The inclusion of a Glossary of Terms attached to the meeting pack to help with acronyms was noted as a positive. • Some of the participants who attended in person could not hear people speaking in the room which may be caused by the air conditioning. • Those attending online could hear everyone at the meeting. • The venue was more comfortable than the Boardrooms in The Clatterbridge Cancer Centre Liverpool
37-23-24	<p>Any Other Business</p> <p>St Helens and Knowsley Teaching Hospitals merger with Southport and Ormskirk NHS Trust is now known as Mersey and West Lancashire Teaching Hospitals NHS Trust</p> <p style="text-align: center;">Action: J Hindle to amend the Glossary of Terms to reflect the change/July 2023</p>
	<p>Date and time of next meeting: 25 October 2023 5-7pm</p>

Council of Governors Committee Action Log

KEY	
	Complete
	On Track
	At Risk
	Late

Date of Meeting	Item No.	Item	Action(s)	Action By	Due Date	RAGB	Status Update/Assurance
26/04/2023	CG-12-23-24	Performance & Quality update	To present the quarterly report from Cancer Alliance to the Council.	L Bishop	25/10/2023		Item has been deferred to October following feedback from Board members in order to provide time to revise the report and ensure that it is meaningful at Place level and to audiences within individual Providers. On agenda
26/07/2023	12-23/24	Strategy Update	Copy of the five-year strategic update to be sent to the Governors	A Mason	31/07/2023		Copy of plan sent 31/07/23
26/07/2023	27-23/24	Quality Committee Assurance Report	Cop of the Palliative Care and End of Life Strategy to be sent to Governors	A Mason	31/07/2023		Copy of strategy sent 31/07/23
26/07/2023	30-23/24	2022 Staff Survey Results	Results of the latest Pulse Survey to be shared with the Governors	J Shaw/ Steph Thomas	25/10/2023		Results shared with Governors 16/08/23
26/07/2023	30-23/24	2022 Staff Survey Results	Learning and Development Prospectus 2023 to be shared with the Governors	A Mason	31/07/2023		Copy sent 31/07/23
26/07/2023	30-23/24	2022 Staff Survey Results	Link to The Cancer Academy to be sent to Governors	A Mason	31/07/2023		Information sent 31/07/23
26/07/2023	32-23/24	Patient Experience and Inclusion Committee Assurance Report	Copy of the Patient Experience and Inclusion Annual Report to be sent to Governors	A Mason	03/08/2023		Copy of Annual Report sent to Governors 03/08/23
26/07/2023	37-23/24	Any Other Business	St Helens and Knowsley Teaching Hospitals merger with Southport and Ormskirk NHS Trust is now known as Mersey and West Lancashire Teaching Hospitals NHS Trust to be added to the Glossary of Terms as MWL.	A Ashcroft	25/10/2023		Completed

Title of Meeting: Council of Governors

Date of Meeting: 25th October 2023

Report lead	Kathy Doran Chair, Liz Bishop CEO					
Paper prepared by	Jane Hindle, Associate Director of Corporate Governance Skye Thomson, Corporate Governance Manager					
Report subject/title	Chair and Chief Executive report to Trust Board					
Purpose of paper	This is a combined Chair's and Chief Executive's report containing an update on items of national, regional and local significance.					
Background papers	N/A					
Action required	<p>The Board is requested to:</p> <ul style="list-style-type: none"> Note the report Ratify the use of emergency powers 					
Link to: Strategic Direction Corporate Objectives	Be Outstanding	X	Be a great place to work	X		
	Be Collaborative	X	Be Digital	X		
	Be Research Leaders	X	Be Innovative			
Equality & Diversity Impact Assessment						
The content of this paper could have an adverse impact on:	Age	No	Disability	No	Sexual Orientation	No
	Race	No	Pregnancy/Maternity	No	Gender Reassignment	No
	Gender	No	Religious Belief	No		



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Chair's Update

1. Fit and Proper Persons Test

On 30th August I attended a webinar delivered by NHS England in relation to the strengthened requirements for the Fit and Proper Persons Test. The newly published framework and supporting documents aim to support trusts in the recruitment and annual review of those in director positions. I have written to all board members outlining the changes and requesting confirmation that the new requirements are understood and accepted. The Trust's policy will be revised to reflect the changes and will be reported to the Board at a future meeting.

2. Liverpool Trusts' Joint Committee

The Joint Committee met with national and regional representatives of the NHS England on 7 August to them on the work of the Committee. They reported that they could observe the collaboration taking place across the City's Trusts. The next local meeting took place on 21st September 2023 and received presentations on LUHFT Improvement Journey and Collaboration at scale. The Joint site Committee between LUHFT and CCC met on 16th August and 9 October and received a deep dive into the medicines delivery and emergency pathway work streams (August) and estates (October).

3. Cheshire and Merseyside Acute and Specialist Trusts Chair's Meeting

CMAST Chairs met on Wednesday 20 September. The main discussion covered opportunities for collaborative working in the HR function across Cheshire and Merseyside. The ICB is working with HR Directors to consider opportunities for working at scale.

4. ICB Chairs' Meeting

Provider Chairs in Cheshire and Merseyside met with the ICB Chair on 11 October. The discussion centre on financial strategy and planning for 2024/5 and beyond.

5. Consultant Appointments

I took part in interviews for a Clinical Oncology Consultant on 14 August 2023, the candidate is currently in the pre-employment check stage.

Dr Brooker commenced with us 1st August in capacity of Consultant in Clinical Oncology – Head, Neck, and Lymphoma.

Dr Dufton commenced with us 1st September in capacity of Consultant Clinical Oncologist – Breast Cancers.

Dr Seddon commenced with us 14th August in capacity of Consultant Haematologist.

In October I took part in the interviews for the Consultant Radiologist posts through the international recruitment route.

We have offered posts to Dr Hussein and Dr Choudhury; both are going through the recruitment process and hopefully be in post March and May respectively.

6. The Clatterbridge Cancer Charity



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**The Clatterbridge
Cancer Centre**

NHS Foundation Trust

I attended the Charity Ball of the Clatterbridge Cancer Charity on Friday 13th October which raised £155,000 for the benefit of local cancer patients.

The funds for the Ball were raised for research and one of our clinical research trial patients, Adrian Taylor attended the Ball with his wife.



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CEO Update

1. Cheshire & Merseyside Acute and Specialist Trusts (CMAST) Provider Collaborative Update

The Leadership Board met on 1st September and considered a number of important issues which included an update on specialised commissioning and programmes of work related to clinical leadership and LIMS.

The issues discussed included:

- Specialised Commissioning: discussions included an update on a NW review of Women and Childrens' Services in line with national standards and service specifications, and upcoming engagement on the emerging proposals with ICS partners through the autumn and spring. The programme of work currently has a targeted outcome by spring / summer 2024. The Board also received an update on the process of delegation of some functions to ICBs. In the NW a number of functions will be delegated to ICBs, some will be retained by NHSE and a third category will be jointly discussed with all the NW ICBs in a shared forum. CMAST are represented by Alder Hey in these discussions.
- ICS Clinical Leadership. A request was made for Trusts to consider funding of clinical time for ICB Transformation Programme funding and bids. The Board recognised the need to engage with the ICB on this and to establish a more sustainable approach however the challenge for Trusts to delivery consistently more system contributions while also delivering heightened levels of efficiency was noted to be a challenge.
- A further update on the recommended system approach to Laboratory Information Management Systems (LIMS) and imminent delivery of an OBC for the 5 'host' Trust Boards (WHHT, WUHT, MWL, LUHFT and COCH) to support the next step in a consolidated C&M approach and the proposed delegation of the ITT process to CMAST.
- The Board noted the recent conclusion of the Lucy Letby trial and commended opportunities for future system learning.
- The Board also noted the development of a quarterly Cancer Alliance report for use by stakeholders.

The Board also received the following documents:

- C&M ICS Activity Summary Report
- C&M ICS Finance Report

The Board's next meeting will include Trust Chairs where business is expected to include a review of programme delivery - year to date.



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Kathy Thompson is retiring from her role as CEO of Liverpool Women's Hospital in December. James Sumner, CEO of Liverpool University Foundation Hospital Trust, has been appointed as interim CEO of Liverpool Women's Hospital.

2. Winter flu and COVID-19 Vaccinations

The staff vaccination campaign will begin the week commencing 25th September 2023. We will be offering vaccinations to staff across all of our sites.

3. Reinforced aerated autoclaved concrete (RAAC)

Following the closure of a number of schools up and down the country NHS England wrote to trusts on 5 September 2023 outlining the actions trusts should be taking to assure yourselves as far as possible that RAAC is identified and appropriately mitigated, to keep patients, staff and visitors safe.

The Trust has established that the Wirral site is the only part of the estate where RAAC may be present due to the age of the estate. We have no RAAC on site to the best of our knowledge, following an intrusive review of the concrete roofing structure undertaken by the current capital works roofing contractors. Additionally, we have engaged with the structural engineer employed on the original build of the ward blocks and Radiotherapy main corridor, who has stated that site was built using in-situ concrete (not RAAC). In-situ concrete isn't prone to the same issues, it's a strong and solid product.

We have also commissioned a detailed survey to take place in October which will provide confirmation for any RAAC on site.

4. Communications Update

In the news

MSCC: The work of our metastatic spinal cord compression (MSCC) team was featured across the BBC in a series of special stories about secondary spinal cancer emergencies on 31st August 2023

Clinical interventions: Medical media coverage of Carol McCormick's research paper on various access devices.

Staff communications

Face to Face with Liz: New in-person staff engagement events at CCC-Aintree, CCC-Liverpool and CCC-Wirral have been held, with an update from Liz and discussion about the things that matter to staff.



5. Stakeholder engagement

Kim Johnson MP (Liverpool Riverside, Lab) made a private visit to Paddington Community Diagnostic Centre on the 23rd August 2023 to see how the new CDC will help the NHS reduce waiting times for vital health tests, she also visited CCC-Liverpool.

We launched a new [stakeholder news bulletin](#) on 15th August 2023.

6. Key projects

- The CCC Staff Excellence Awards
- Staff vaccinations launch date
- New Trust website
-

7. Monthly Star Award

7.1 August 2023

Thank you to Sam Wade, Arts Co-ordinator, winner of the August star award who was nominated by a colleague who said: “Sam has been absolutely amazing in setting up art and music provision for the Teenage and Young Adults (TYA) at Clatterbridge Cancer Centre – Liverpool. Sam understands the needs of young people with cancer so well, I never have to sell her on the idea of meeting their individual needs or why we they need to be supported in a certain way which could mean more work for the staff around them – she just gets it and it is amazing to have her there for young people with cancer.”

7.2 September 2023

It was a pleasure to present the August Star Award to CanTreat Team in Halton, who were nominated by a patient who said: “I have been coming to CanTreat on and off since 2009, just after the hub was opened. Over the course of 14 years I’ve seen a few staff changes, but I can honestly say hand on heart that the team at CanTreat never fail us. Not just Laura and the wonderful team of chemotherapy nurses and HCAs, but Carol and team at the desk and all the amazing volunteers, and Chris and Ann who serve our teas on a Friday! The feeling of warmth and love at CanTreat is palpable, and without exception every single member of this tightly knit team regularly go over and above for their patients in many ways.”

7.3 Staff Excellence Awards

We celebrated the incredible achievements of teams and individuals from across the Trust with a night to remember at The Clatterbridge Cancer Centre Staff Excellence Awards 2023.

The event took place on Friday 6th October 2023, at the Crowne Plaza, Pier Head Liverpool.

Hosted by Radio City’s Breakfast Show presenter Leanne Campbell, the awards celebrated the outstanding commitment, dedication and achievement of colleagues across



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the Trust and recognised those colleagues who have achieved 20, 30 and 40 years continuous NHS service in the last 12 months.

This year we received over 220 nominations, all of which demonstrated the incredible hard work, commitment, and compassion of staff across the organisation.

8. Recommendations:

The Council of Governors are requested to:

- Note the report.



Council of Governors Performance Update

October 2023

Joan Spencer

James Thomson

Sheena Khanduri

Jayne Shaw

Julie Gray



Contents

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



Access







Key Performance Indicator	Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Last 12 months
2 week wait from GP referral to 1st appointment	93%	93.8%	100.0%	100.0%	95.0%	100.0%	91.7%	
24 days from referral to first treatment	G: ≥85% A: 80-84.9% R: <80%	78.0%	81.8%	78.3%	77.9%	82.4%	89.5%	
28 day faster diagnosis - (Referral to diagnosis)	75% (formally monitored since Oct 2021)	85.7%	92.3%	80.0%	71.4%	85.7%	86.7%	
28 day faster diagnosis - (Screening)	75% (formally monitored since Oct 2021)	No patients	No patients	No patients	No patients	No patients	No patients	No patients
31 day wait from decision to treat to first treatment	96%	97.4%	98.6%	99.2%	100.0%	99.2%	100.0%	
31 day wait for subsequent treatment (Drugs)	98%	100.0%	99.2%	98.7%	99.6%	99.3%	98.9%	
31 day wait for subsequent treatment (Radiotherapy)	94%	96.7%	99.1%	99.5%	98.5%	99.8%	99.5%	
Number of 31 day patients treated ≥ day 73	0	0	1	0	1	0	0	
62 Day wait from GP referral to treatment	85%	78.2%	68.2%	69.6%	76.5%	74.7%	85.7%	
62 Day wait from screening to treatment	90%	No Patients	100.0%	50.0%	100.0%	33.0%	100.0%	
Number of patients treated ≥ 104 days AND at CCC for over 24 days (Avoidable)	G: 0 A: 1 R: >1	2	1	3	2	1	1	
Diagnostics: 6 Week Wait	99%	100.0%	100.0%	100.0%	100.0%	97.8%	100.0%	
18 weeks from referral to treatment (RTT) Incomplete Pathways	92%	96.0%	96.8%	97.0%	96.1%	95.7%	95.9%	

Efficiency (1 of 2)

Key Performance Indicator	Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Last 12 months
Length of Stay: Elective (days): Solid Tumour	G: ≤9 A: 9.1-10.7 R: >10.7	8.8	4.2	7.2	6.8	7.9	7.2	
Length of Stay: Emergency (days): Solid Tumour	G: ≤12 A: 12.1-14.3 R: >14.3	11.0	12.1	14.0	12.1	13.4	13.6	
Length of Stay: Elective (days): HO Ward 4	G: ≤21 A: 21.1-22.1 R: >22.1	31.2	15.2	14.5	21.2	13.4	22.6	
Length of Stay: Emergency (days): HO Ward 4	G: ≤22 A: 22.1-23.1 R: >23.1	23.3	18.4	23.4	9.5	11.3	12.2	
Length of Stay: Elective (days): HO Ward 5	G: ≤32 A: 32.1-33.6 R: >33.6	11.6	28.7	22.4	16.2	17.2	26.1	
Length of Stay: Emergency (days): HO Ward 5	G: ≤46 A: 46.1-48.3 R: >48	9.0	34.0	7.4	5.9	3.3	5.5	
Delayed Transfers of Care as % of occupied bed days	≤3.5%	4.80%	2.2%	7.2%	3.2%	7.1%	3.6%	
Bed Occupancy (Total) - Midday	G: 85% to ≤92% A: 81%-84.9% and >92%-95% R: <81% or >95%	83.80%	94.50%	90.70%	93.30%	91.10%	91.60%	
Bed Occupancy (Total) - Midnight	G: 85% to ≤92% A: 81%-84.9% and >92%-95% R: <81% or >95%	88.90%	95.10%	93.60%	95.30%	94.00%	92.60%	
% of expected discharge dates completed	G: ≥95% A: 90-94.9% R: <90%	94.0%	92.0%	92.0%	88.0%	95.0%	95.0%	



Efficiency (2 of 2)

Key Performance Indicator	Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Last 12 months
% of elective procedures cancelled on or after the day of admission	0%	0%	0%	0%	0%	0%	0%	none
% of cancelled elective procedures (on or after the day of admission) rebooked within 28 days of cancellation	100%	None cancelled	None cancelled	None cancelled	None cancelled	None cancelled	None cancelled	none cancelled
% of urgent operations cancelled for a second time	0%	0%	0%	0%	0%	0%	0%	none
Imaging Reporting: Inpatients (within 24hrs)	G: ≥90% A: 80-89.9% R: <80%	91.2%	93.1%	84.1%	83.8%	82.4%	82.6%	
Imaging Reporting: Outpatients (within 7 days)	G: ≥90% A: 80-89.9% R: <80%	96.3%	89.3%	86.9%	80.3%	74.0%	72.1%	
Data Quality - % Ethnicity that is complete (or patient declined to answer)	G: ≥95% A: 90-94.9% R: <90%	93.7%	98.0%	98.3%	99.8%	99.4%	99.1%	
Data Quality - % of outpatients with an outcome	G: ≥95% A: 90-94.9% R: <90%	91.2%	94.5%	93.7%	93.4%	96.0%	95.6%	
Data Quality - % of outpatients with an attend status	G: ≥95% A: 90-94.9% R: <90%	96.1%	96.4%	96.4%	96.7%	98.6%	97.9%	
Percentage of Subject Access Requests responded to within 1 month	100%	78.4%	100%	100%	100%	100%	100%	
% of overdue ISN (Information Standard Notices)	0%	0%	0%	0%	0%	0%	0%	There were no overdue ISN's



Key Operational Issues

1. Performance against the Cancer Waiting Times 62 Day standard was below the 85% target from April - August. This was mainly due to:
 - Patients choosing to delay treatment / not being medically fit for treatment / requiring repeat investigations or awaiting results.
 - Delays in receiving molecular test results from specialist laboratories. This resurfaced as an issue in April 2023, following a change in regional laboratory commissioning and is likely to be an issue for the foreseeable future.
 - A continually high proportion of patients are being referred late to CCC, which significantly affects our ability to meet the target. For comparison, 57% of patients were referred by day 38 in Q1 2019/20. This figure was 31% for Q1 2023/24 and whilst still low, encouragingly rose to 39% for Q2 2023/24.
 - Outpatient 1st appointment capacity challenges, exacerbated by industrial action.

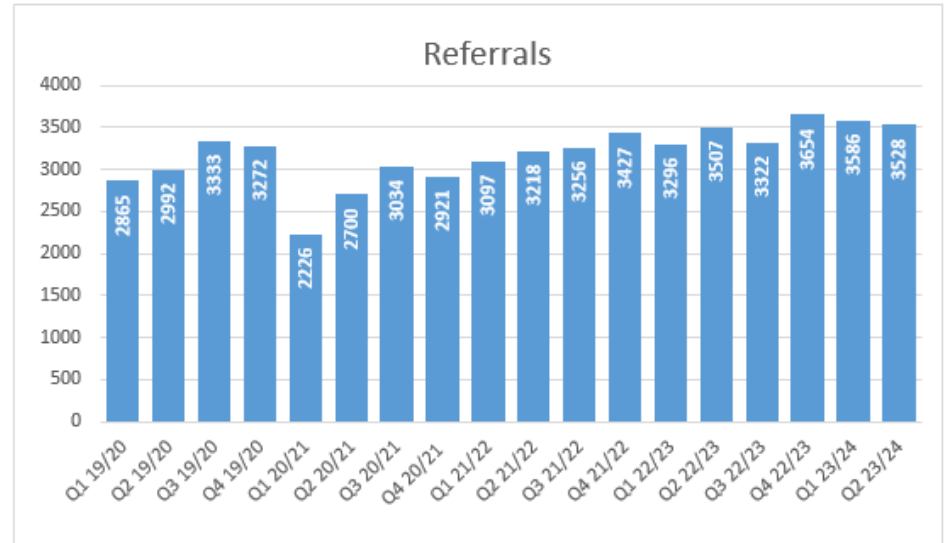
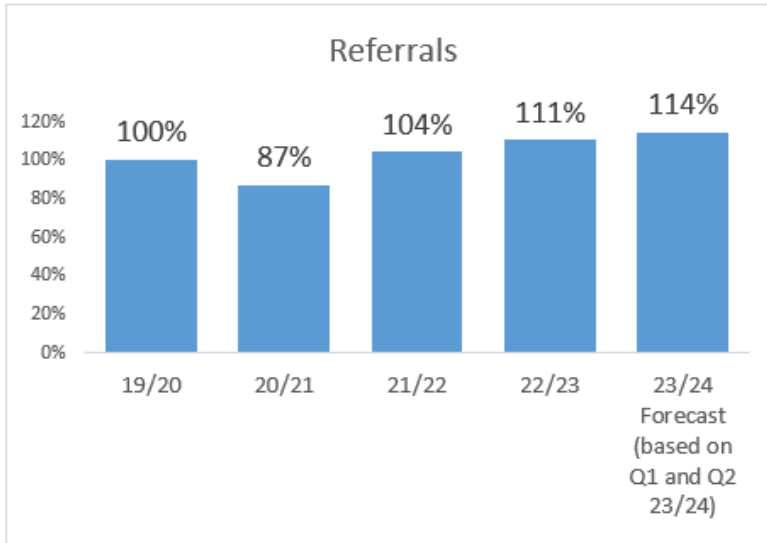
We continue to monitor performance closely and identify actions through detailed breach review processes. Collaboration with referring Trusts, the Cancer Alliance and laboratories continues; to identify delays in patient pathways and to tackle these issues. Internal activity, capacity and demand reviews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

The new national cancer waiting times targets came into affect on 1st October 2023. A paper describing the changes and the likely impact on the Trust's performance was presented to the September Trust Board meeting.

2. Industrial action continues to have a significant impact on the Trust in terms of the time taken by clinical and senior management teams to plan for services on these days, including rearranging patient outpatient appointments. However, this is being well managed by CCC and patient safety is being maintained.
3. Workforce capacity challenges remain, particularly in radiology, which continues to affect our imaging turnaround times. A radiology capacity, activity and demand review is underway.
4. A patient flow project is reviewing the flow of patients from home, to discharge, concentrating on avoiding admission. A separate project (in collaboration with LUHFT) is focussing on inpatient and out patient frailty.



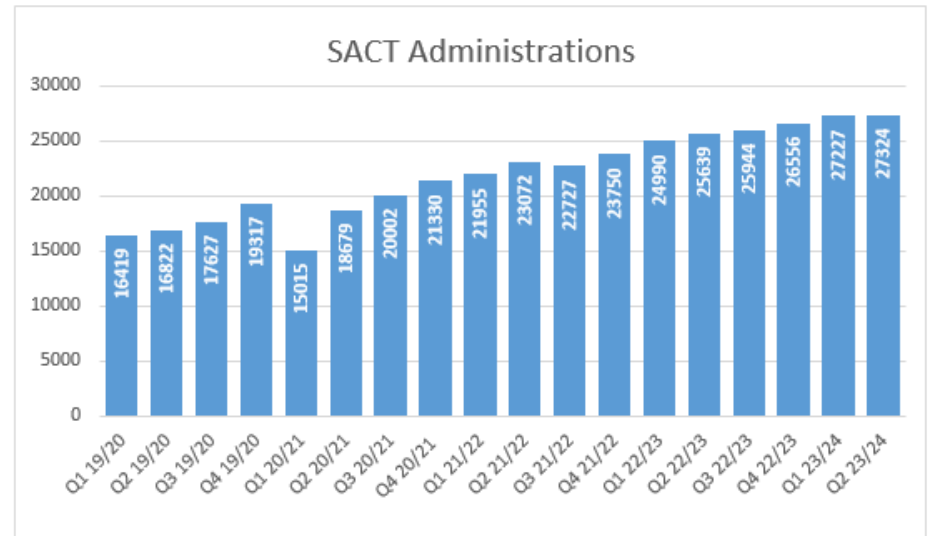
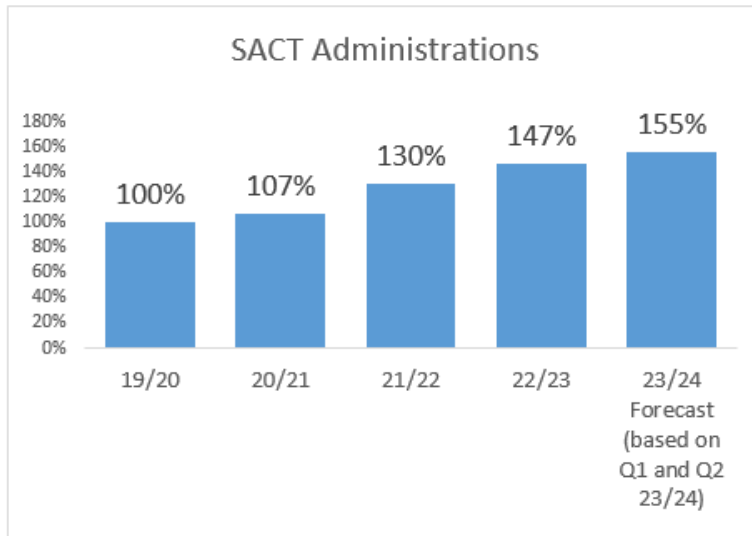
Referrals to CCC



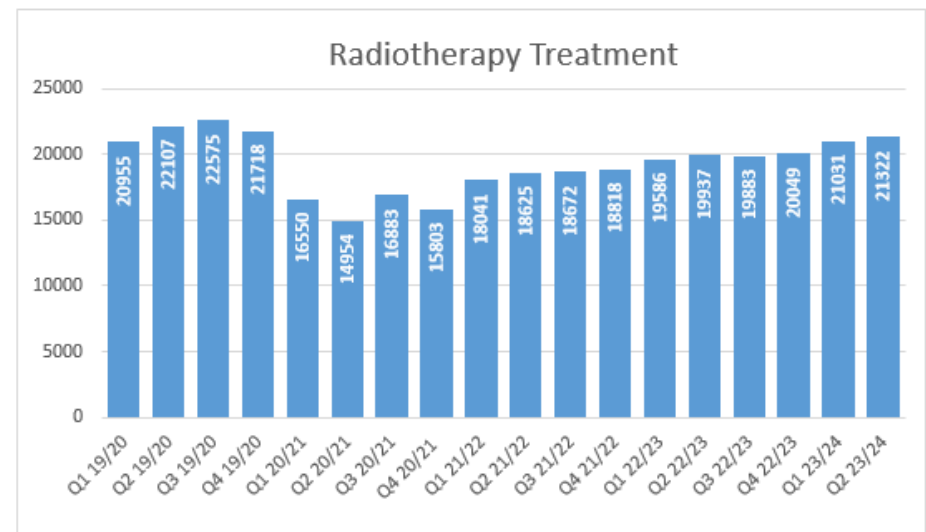
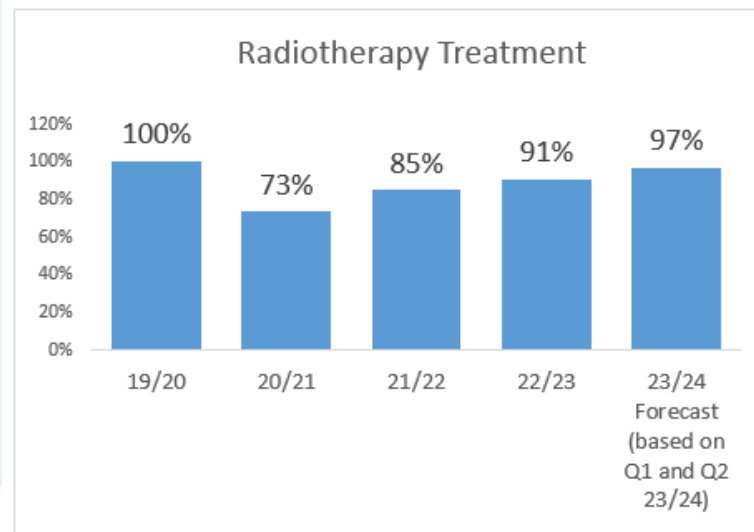
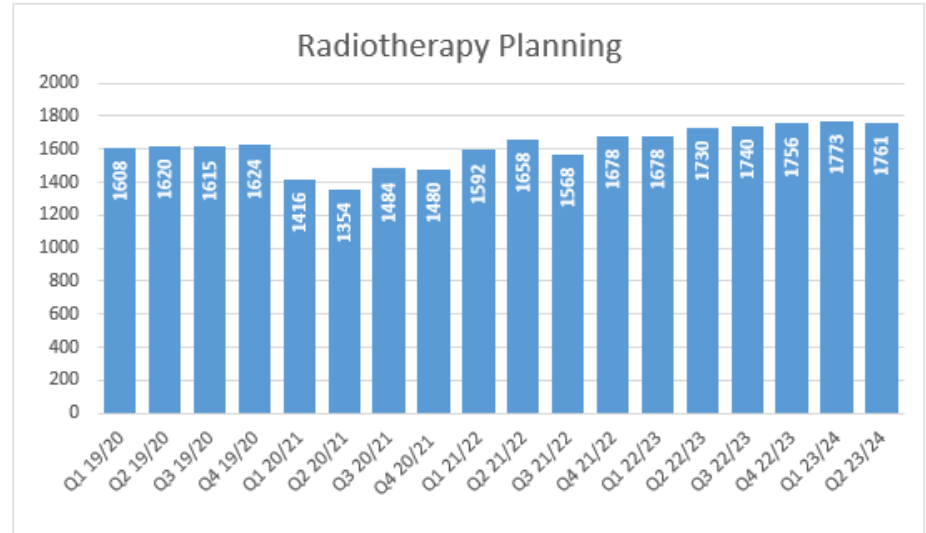
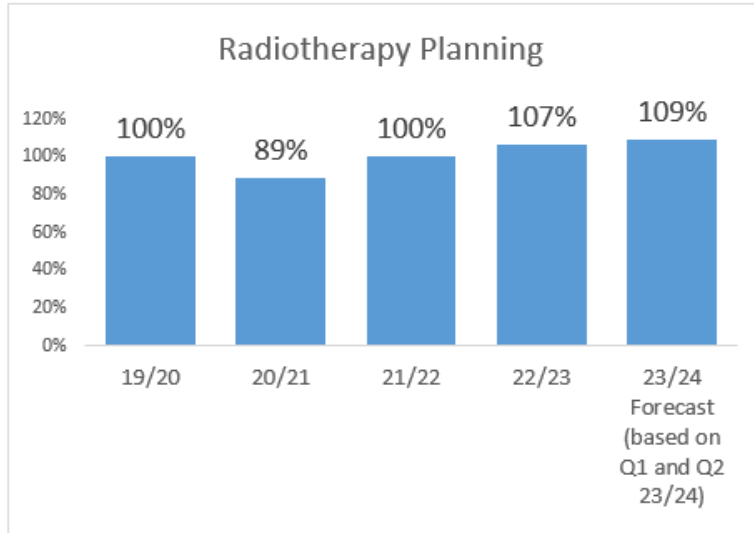
NB: Whilst referrals were high in Q1 and Q2, these will have been affected by an additional bank holiday (Q1 only) and industrial action.



SACT (Chemotherapy and Immunotherapy)

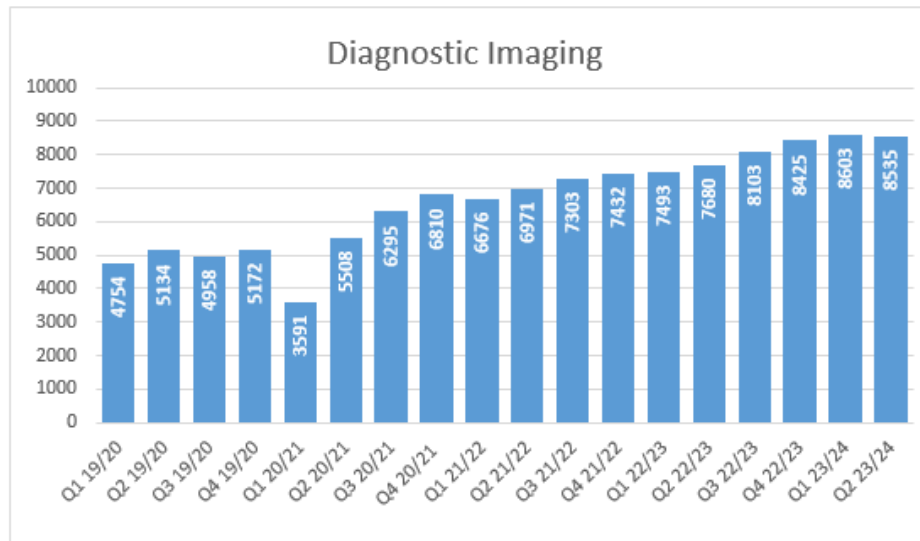
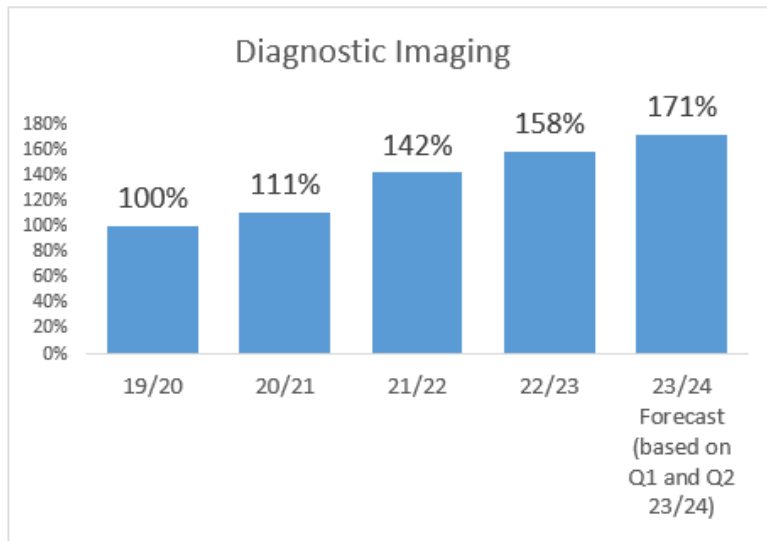


Radiotherapy



The planning data has been amended since the last presentation to COG, to show scanners 2 and 3 only, as data on additional pre scans (commenced in April 2023) was artificially elevating the growth.

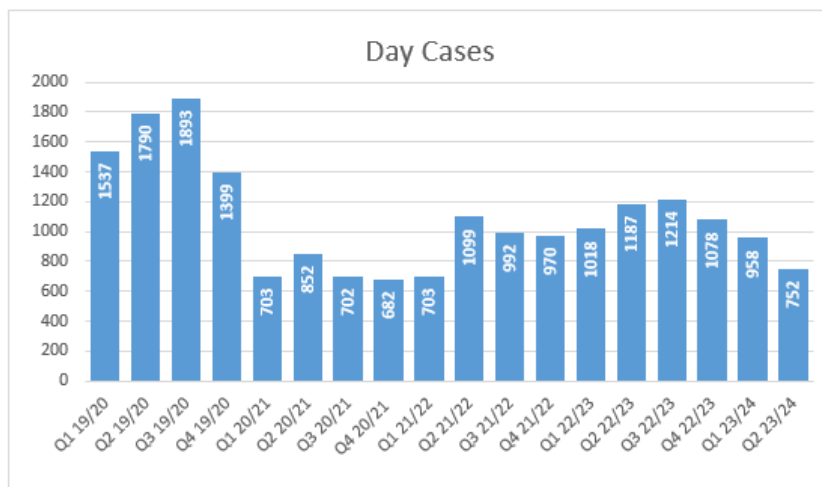
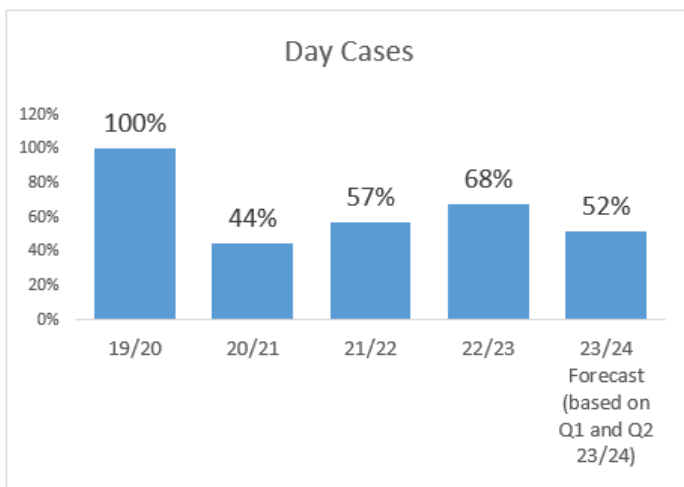
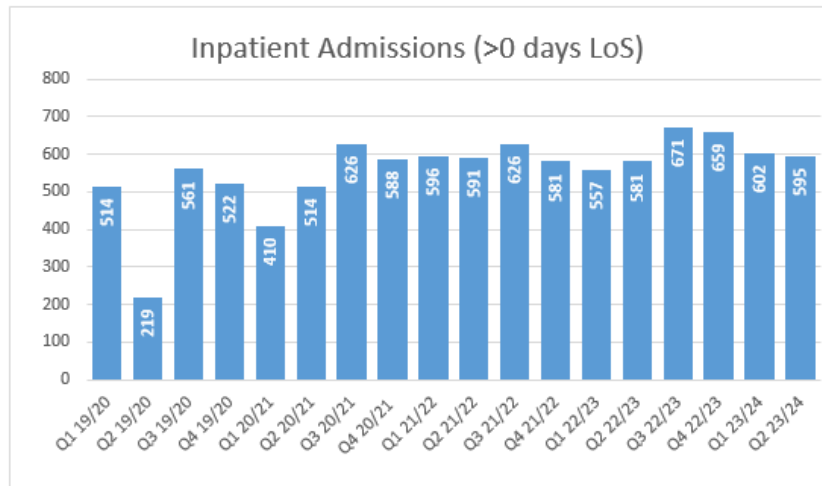
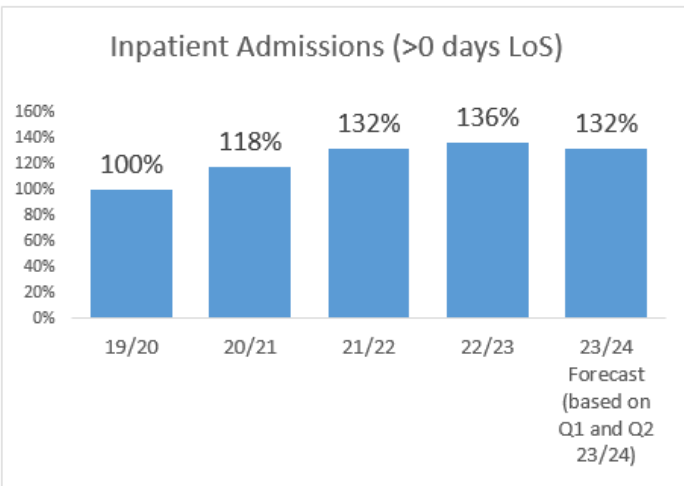
Diagnostic Imaging



This data does not include Community Diagnostic Centre activity.



Inpatients and Day Case



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



Quality Performance (1 of 3)

Key Performance Indicator	Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Last 12 months
Never Events	0	0	1	0	0	0	0	
Serious Incidents (month reported to STEIS)	No target	1	0	0	1	0	0	
Serious Untoward Incidents: % submitted within 60 working days / agreed timescales	100%	100.0%	0 requiring submission	0 requiring submission	100.0%	0 requiring submission	0 requiring submission	
Incidents /1,000 Bed Days	No target	118	107	138	123.5	132.16	127.5	
Incidents resulting in harm (moderate and above) /1,000 bed days	No target	0.4	1.77	1.11	1.72	1.06	1.82	
Inpatient Falls resulting in harm due to lapse in care	0	0	0	0	0	0	0	none
Pressure Ulcers (hospital acquired grade 3/4, with a lapse in care)	0	0	0	0	0	0	0	none
30 day mortality (Radical Chemotherapy)	G: ≤0.6% A: 0.6 - 0.7% R: >0.7%	0.1%	0.2%	0.0%	0.2%	0.3%		
30 day mortality (Palliative Chemotherapy)	G: ≤2.3% A: 2.31 - 2.5% R: >2.5%	1.0%	0.8%	1.1%	1.4%	1.2%		
100 day mortality (BMT)	No Target	12.5%	11.1%	0.0%				
Consultant Review within 14 hours (emergency admissions)	90%	98.9%	96.8%	99.1%	96.2%	98.5%	99.0%	
Safer Staffing: Overall fill-rate	G: ≥90%	96.30%	98.10%	99.4%	92.8%	94.90%	95.20%	
% of Sepsis patients being given IV antibiotics within an hour.	90%	95.0%	95.0%	93.0%	92.0%	98.0%	89.6%	
VTE Risk Assessment	95%	98.80%	99.10%	99.00%	96.60%	92.00%	94.9%	

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

Quality Performance (2 of 3)

Key Performance Indicator	Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Last 12 months
Dementia: Percentage to whom case finding is applied	90%	100.0%	92.6%	86.0%	92.0%	100.0%	100.0%	
Dementia: Percentage with a diagnostic assessment	90%	No patients	No patients	No patients	No patients	No patients	No patients	No Patients
Dementia: Percentage of cases referred	90%	No patients	No patients	No patients	No patients	No patients	No patients	No Patients
Clostridiodes difficile infections (HOHA and COHA)	≤13 (pr yr)	1	1	4	1	1	0	
E Coli bacterium (HOHA and COHA)	≤10 (pr yr)	1	5	2	0	1	4	
MRSA infections (HOHA and COHA)	0	1	0	0	0	0	0	
MSSA bacteraemia (HOHA and COHA)	G: ≤4, A: 5 R: >5 (pr yr)	0	3	0	2	1	1	
Klebsiella (HOHA and COHA)	≤8 (pr yr)	2	0	0	0	1	0	
Pseudomonas (HOHA and COHA)	≤1 (pr yr)	1	0	0	0	0	1	
FFT score: Patients (% positive)	G: ≥95% A: 90-94.9% R: <90%	97.2%	96.4%	96.98%	96.57%	96.52%	96.86%	
Number of formal complaints received	No target	3	2	4	2	0	3.0000	
Number of formal complaints / count of WTE staff (ratio)	No target	0.0017	0.0011	0.0022	0.0011	0.0000	0.0016	
% of formal complaints acknowledged within 3 working days	100%	100%	100%	100%	100%	None received	100%	
% of routine formal complaints resolved in month, which were resolved within 25 working days	G: ≥75% A: 65-74.9% R: <65%	67%	50.0%	33.0%	100%	0%	0%	
% of complex formal complaints resolved in month, which were resolved within 60 working days	G: ≥75% A: 65-74.9% R: <65%	50.0%	50.0%	100%	100%	none resolved	100%	

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

Quality Performance (3 of 3)

Key Performance Indicator	Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Last 12 months
% of FOIs responded to within 20 days	100%	98.0%	97.6%	100%	93.0%	98.0%	94.0%	
Number of IG incidents escalated to ICO	0	0	0	0	1	0	0	
NICE Guidance: % of guidance compliant	G: ≥90% A: 85-89.9% R: <85%	95.0%	96.5%	97.6%	97.4%	97.4%	97.4%	
% of policies in date	G: ≥95% A: 90.1-94.9% R: ≤90%	90.7%	91%	92%	94%	95.8%	95.0%	
NHS E/I Patient Safety Alerts: number not implemented within national timescale.	0	0	0	0	0	0	0	None



Quality Summary

- Infection rates remain above trajectory in some areas, not just at CCC but nationally. We have robust post infection review processes in place which now includes external scrutiny from the specialist commissioner. Each time we identify an area for improvement, 'task and finish' groups are quickly established and processes changed where appropriate.
- There was a rare failure to meet both the VTE risk assessment (missed by 0.1%) and the Sepsis IV antibiotics (missed by 0.4%) targets in September.
 - For VTE, 1 patient was admitted 3 times in September, for planned treatment. Ordinarily such patients would not have an overnight stay and would therefore not require VTE risk assessment (which explains why no assessment was completed), however due to the patient's personal circumstances they were admitted for post general anaesthetic observation and discharged the following day.
 - For Sepsis, the 5 patients who were not given IV antibiotics within 1 hour received them between 1 and 3.5 hours. IV access was difficult to obtain for the longest waiting patient, however they were already being treated with oral antibiotics. The delays (actual or documentation related) for the other 4 patients has been raised at daily ward huddles.
 - No harm came to any of these patients.
- The complaints manager continues to work with the Divisions to ensure complex complaints are identified accurately and managed within the correct timeframe.
- Whilst the vast majority of Freedom of Information requests have been responded to within 20 days, we have not managed to achieve 100% every month. Numbers of requests have increased significantly. Since 1st April, 288 requests have been managed and 279 of these were responded to within 20 days.
- In addition to the usual routine management of policies, we have had a particular focus on this across the Trust, which has resulted in significant improvement, to over the 95% internally set target.



Workforce Performance

Key Performance Indicator	Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Last 12 months
Staff Sickness Absence	G: ≤4% A: 4.1-4.9% R: ≥5%	4.58%	3.94%	3.74%	4.29%	4.73%	4.07%	
Staff Sickness Absence (short term)	G: ≤2% A: 2.1-2.9% R: ≥3%	1.99%	1.58%	1.50%	2.07%	1.95%	2.14%	
Staff Sickness Absence (long term)	G: ≤2% A: 2.1-2.9% R: ≥3%	2.60%	2.35%	2.24%	2.22%	2.76%	1.93%	
Staff Turnover: (12 month rolling)	G: <14% A: 14.1-14.9% R: >15%	14.93%	15.03%	15.24%	15.50%	15.23%	15.16%	
Statutory and Mandatory Training	G: ≥90% A: 75-89.9% R: ≤74%	95.42%	95.49%	95.82%	96.40%	96.69%	96.85%	
Appraisal	G: ≥90% A: 75-89.9% R: ≤74%	91.66%	91.86%	93.32%	86.52%	86.73%	86.25%	
Medical Appraisal	G: ≥90% A: 75-89.9% R: ≤74%	100.0%	100.0%	100.0%	98.0%	98.00%	94.44%	
Pulse Staff Survey: Employee Engagement Score	6.6			7.2			7.4	
Pulse Staff Survey: Advocacy score	6.5			7.8			8.0	
Pulse Staff Survey: Involvement score	6.4			7.0			7.1	
Pulse Staff Survey: Motivation score	6.8			6.9			7.1	
BAME Staff Representation	G: >8% A: 6.1-7.9% R: ≤6%	8.1%	8.4%	8.3%	8.1%	8.2%	8.1%	



Workforce Summary

- Since a Trust high of 7% staff sickness absence in January 2022, this has remained below 5% since January 2023. The Trust's target of 4% or lower, has been achieved twice so far since April. This was last achieved in April 2021.
- Staff turnover has also reduced since 2022 and is relatively static at 1.2% above the Trust's target. The Workforce team are working closely with clinical teams; reviewing the sickness and turnover data in detail, to identify where improvements can be made.
- Overall Trust Statutory and Mandatory training compliance continues to be above the Trust target of 90%.
- Medical Appraisal compliance continues to be above the Trust target of 90%.
- Despite introducing a very well received new online (Non-Medical Staff) Appraisal system, compliance has fallen below the Trust target of 90% in the last 3 months. The L&OD Team have worked with the Digital Team to implement robotic process automation (RPA) that will decrease the time to input into ESR. This process went live on 11th September.
- We are meeting our BAME staff representation target and this has improved from 6.9% in April 2022, to 8.1%.
- We continue to carry out the NHS 'Pulse' satisfaction surveys and compare favourably with other organisations; consistently higher than the national average in all 4 categories.



Research and Innovation Performance

Key Performance Indicator	Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Last 12 months
Study recruitment	G: ≥125 A: 106 - 124 R: <106 (pr month)	62	69	116	71	81	119	
Number of patients recruited (non-commercial, portfolio studies)	R: <35, A: 35 - 42 G: ≥42 (pr month)	55	82	74	59	68	92	
Study set up times (days)	≤40 days	N/A	N/A	N/A	N/A	N/A	N/A	
Recruitment to time and target	G: ≥55% A: 45-54.9% R: <45%	N/A	N/A	N/A	N/A	N/A	N/A	
Number of new studies open to recruitment	G: ≥5 A: 4 R: <4 (pr month)	3	5	6	6	8	7	
Publications	G: ≥17 A: 14-16 R: <14 (pr month)	11	17	31	20	14	26	

NB: The National Institute for Health and Care Research publish the 'Study set up times' and 'Recruitment to time and target' data. They have paused publication of this data until further notice. The latest published data was for September 2022.



Research & Innovation Summary

- All KPIs are on track for 2023/24 except the numbers of patients being recruited to trials. At the end of September 2023, we had achieved 518, or 69% of the target of 750 for this point in the year.
- The main reasons for not currently being on track to achieve this annual target are:
 - A high number of complex early phase studies have opened since December 2021, when the Study Prioritisation Committee started. These studies are scientifically important but recruit low numbers of patients. Currently we have 24 early phase studies open, which is 22% of our portfolio.
 - A number of high recruiting observational studies have closed.
 - Interventional clinical trial recruitment has not recovered to pre-pandemic levels so needs focused effort. This is due to the nature of the studies we have opened which have predominantly been early phase.
 - One potentially higher recruiting study is not recruiting as expected, due to patient choice. Target recruitment for this study is being reviewed.
 - To note, overall recruitment remains higher at Month 6 23/24 than pre-pandemic levels during 19/20.
- Actions:
 - Additional clinical trials pharmacy capacity has been made available, to concentrate on study set-up.
 - We have improved the process of funding clinical research time for medics.
 - The internal study approval process has been revised, which will allow earlier patient recruitment onto trials.
 - A potentially high recruiting study is anticipated to open from January 2024
- Since May 2023, there has been an encouraging increase in the number of studies opening; with at least 5 per month.



Financial Performance

For September 2023, the key financial headlines are:

Metric (£000)	In Mth 6 Actual	In Mth 6 Plan	Variance	Risk RAG	YTD Actual	YTD Plan	Variance	Risk RAG
Trust Surplus/ (Deficit)	451	30	421	Green	159	181	(22)	Yellow
CPL/Propcare Surplus/ (Deficit)	(93)	0	(93)	Green	407	0	407	Green
Control Total Surplus/ (Deficit)	358	30	328	Green	566	181	384	Green
Trust Cash holding	65,290	62,710	2,580	Green	65,290	62,710	2,580	Green
Capital Expenditure	290	290	0	Green	612	612	0	Green
Agency Cap	176	149	(27)	Yellow	853	894	41	Green

For 2023/24 NHS Cheshire and Mersey ICB are managing the required financial position of each Trust through a whole system approach. The Trust submitted a plan to NHSE/I on 4th May 2023 showing a £363k surplus for 2023/24.

The Trust financial position to month 6 (September 2023) is a surplus of £159k, which is £22k behind plan. The group position is a £566k surplus and is £384k better than plan.

The Trust cash position is £65m, which is better than plan by £2.6m. Capital spend is £612k in the year to date, with the majority of capital spend profiled later in the year.

The agency cap has been re-set based on prior year spend and for the year to date the Trust is reporting below the agency cap by £41k.



Questions



Council of Governors 25 October 2023

Chair's Report for: Quality Committee

Date/Time of meeting: 20th September 2023, 13:30pm till 16:30pm

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

General items to note to the Board	<ul style="list-style-type: none"> • The Committee received the Patient Safety and Experience Quarterly Assurance Report and were assured by the contents. • The Committee received the Safeguarding Vulnerable People Annual Report and were assured by the contents. This item is also included on the Trust Board agenda for noting. • The Committee received the Research and Innovation Annual Report and were assured by the contents. • The Committee received the Health and Safety Annual Report and were assured by the contents. This item is also included on the Trust Board agenda for noting. • The Committee received the Revalidation Annual Report and were assured by the contents. This report will be reported through the People Committee going forward. This item is also included on the Trust Board agenda for approval. • The Committee received the Mortality Report and were assured by the contents. • The Committee received the Health Inequalities report and noted the ongoing work. • The Committee received the Never Event Report and were assured by the contents. • The Committee received the Integrated Performance and Quality Report and noted the exception reports. <p>In June 2023 the Committee proposed including the trial set up time and target data in the Integrated Performance Report, despite not being externally ratified. The Committee re-discussed this action and</p>
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noted further work was needed to get meaningful data and that this data would go to Trust Executive Group to be scrutinised by operational managers. The Trust Executive Group will escalate any issues to Trust Board through the Chief Executive. The Committee agreed to close the action.

- The Committee received the Quality Account Update and were assured by the contents.
- The Committee received the VTE Incidents (Ward to Board Presentation) and were satisfied the paper provided the assurance needed following their request for a further look at VTE incidents.
- The Committee received the Quality and Safety Walk-round: June, July & August Reports and were assured by the contents.
- The Committee received the Patient Communication Quality Update and were satisfied the paper provided the assurance needed following their update request.
- The Committee received the Clinical Audit Annual Report and noted the report.
- The Committee received the NICE Compliance Report and noted the report.
- The Committee received the Risk & Quality Governance Committee Assurance Report and noted the report.
- The Committee received the Board Assurance Framework and discussed each of the BAF risks. The Committee agreed the proposed decrease in BAF 1 (Quality) from (3 x 5)15 to (2 x 5)10. The Committee noted the target for March 2024 is (2 x 5)10 and agreed to keep this, acknowledging this was an annual target, the measures need to be maintained and if the Trust achieves further actions to lower the score towards the low risk appetite, the target does not prevent this.

The Committee discussed the ambitious target of (2 x 3)6 for BAF 7, (Research Portfolio) as the risk still stands at (3 x 4)12 and agreed that the target of 6 may be too ambitious to achieve by March 2024. The Director of R&I, Medical Director and Corporate Governance Manager will review BAF 7 and propose a revised target to the Board as part of the November paper.

The Committee were satisfied with the narrative around BAF 13



	<p>(Development and adoption of digitalisation). The quarter 2 Board Assurance Framework will be included on the November 2023 Trust Board agenda.</p> <ul style="list-style-type: none"> The Committee received the Quality Risk Register and were assured by the contents. The Committee felt the areas discussed in the meeting were appropriately reflected in the risk register.
Items of concern for escalation to the Board	No items to escalate.
Items of achievement for escalation to the Board	The Committee were pleased with the items received.
Items for shared learning	No items for shared learning.



Council of Governors 25 October 2023

Chair's Report for: Performance Committee

Date/Time of meeting: 23rd August 2023, 09:30am

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

General items to note to the Board	<ul style="list-style-type: none"> • The Committee received the risk register report; <ul style="list-style-type: none"> ○ 4 new risks scored below 12 ○ 1 risk scored at 15, which relates to the HMRC challenge over current zero rated treatment of drugs ○ 14 risks scored at 12 ○ 8 risks have been closed since the last meeting • The Committee agreed to move away from end of quarter position risk register reports to position to date reports to ensure the latest information is being shared. • The Committee discussed the Government's decision to remove and merge certain cancer targets. The Trust will also continue to monitor cancer waiting times performance via the internal targets. • The Committee received the integrated performance report (IPR) which provided an update on performance in the categories of access, efficiency, quality, workforce, research and innovation and finance. • The Committee noted there have been challenges achieving the 24-day and 62-day targets. • The Committee received an update from the Chief Information Officer that the Information Commissioner's Office (ICO) have confirmed no further action is required on the information governance incidents that had been escalated. • The Committee received the cancer waiting times report and acknowledged the detailed assurance provided. • The Committee received the request from the Integrated Care Board (ICB) Chief Executive to provide a response to the expenditure controls assessment. The Committee discussed in detail and subject to a number of changes, approved the Trust's response letter. • The Committee received the emergency preparedness, resilience and response (EPRR) quarterly update and noted the Trust are working towards the submission deadline of the 30th September 2023.
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	<ul style="list-style-type: none"> • The Committee received the community diagnostic hubs update which provided an update on Clatterbridge’s involvement in the Cheshire and Merseyside community diagnostic centre (CDC) programme. • The Committee agreed the Board should be made aware of the change in milestones since the business case was approved. The Director of Finance assured the Committee a benefits realisation report will be presented to the Board 6 months after the opening of Paddington. • The Committee received the green plan quarterly assurance report which provided an update on energy & utilities, capital projects and suppliers & partners. • The Committee received the regular Clatterbridge Pharmacy Ltd. Subsidiary performance report, which covered a number of metrics. • The Committee received the Finance Committee Chair’s Report from the meeting held on the 11th August 2023.
<p>Items of concern for escalation to the Board</p>	<ul style="list-style-type: none"> • The Committee had a thorough discussion on the 5 board assurance framework (BAF) risks aligned to the Committee. • The Committee noted the requirement for the narrative of each risk to be updated following the discussions held at the meeting, particularly in relation to the impacts of industrial action, changes in business and system working. • BAF 2 – Demand exceeds resources; The Committee received in depth reports, such as the IPR report and Capacity and Demand Deep Dive, which highlighted the capacity and resource challenges. • BAF 3 – Insufficient funding; The Committee received the finance report and noted the 4 KPI targets are not being met and this is a concern. • BAF 8 – The Committee received the research and innovation progress report which highlighted the challenge of securing the additional £500k funding. A business case will be presented at October 2023’ Charity Funding Committee and November 2023’ Trust Board, but it was noted the probability of the Trust being able to support the additional funding is low. It was proposed the business plan may need to be reviewed, as it may no longer be fit for purpose for the next 5 years.
<p>Items for shared learning</p>	<p>No shared learning identified.</p>

Council of Governors 25 October 2023

Chairs report for: People Committee

Date/Time of meeting: 19 September 2023

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

Items of concern for escalation to the Board	<p>Integrated Performance Report The Committee noted that sickness absence is marginally above the target at 4.7% which is an increase from the last 4 months however, there have been higher incidences of Covid reported. Long-term sickness remains marginally above target at 2.8% however a review of the sickness management policy is underway in collaboration with staffside and is due to be completed early October.</p> <p>Staff turnover has decreased slightly in month with 19 leavers but remains above target however the number incorporates those whose fixed term contracts have ended and those who have retired which would result in the Trust being below target at 13.3%. The top three reasons identified for staff leaving are, relocation, promotion, and work life balance. As work life balance remains in the top three, the HRBP Team continue to work with managers to further understand reasons for leaving and to ensure these are being recorded correctly.</p> <p>Workforce Advisory Group Report Two additional risks added to the risk register. The first is in relation to staffing shortages within the medical workforce and the second relates to Bank and Agency controls.</p> <p>Education Governance Committee Report Two risks have been identified, the first is in relation to lack of outpatient clinic rooms for senior registrars to see patients and the second relates to allocation of ST3 staff, which will be reduced from August and will impact on inpatient care for Haemato-Oncology, however positions for two clinical fellows have been filled and will be in place shortly.</p>
Items of achievement for escalation to the Board	<p>Staff Story – Professional Nurse Advocate The Committee commended the role of the Professional Nurse Advocate (PNA) which focuses on nurturing staff through restorative supervision to support the health and wellbeing of colleagues and nursing teams. There are 4 qualified PNA's in the Trust. Feedback from group sessions, 1-1's, and</p>



debriefs has shown enhanced health and wellbeing, enabling staff to stay in practice, reduces burnout and supports learning from practice.

People Commitment Progress Report

The Committee noted good progress being made overall and highlighted the latest achievements including the highest response rate from the Q2 Pulse survey noting improvements across 8 of the 9 questions. The committee also noted the introduction of the new clinical and medical apprenticeships to enable expansion of the undergraduate placement programme. The Staff Excellence Awards will also be taking place in October to celebrate staff achievements.

Assessment against Northwest BAME Assembly Anti-Racist Framework

The Committee noted that the Trust has completed the self-assessment tool developed by the Northwest BAME Assembly and has created an action plan to address the gaps, to prioritise activities that will help the Trust achieve bronze status within the next 12 months. Once bronze status has been achieved work will continue to achieve silver and gold status. The Trust will engage with the Ethnic Diverse staff network and will align the actions identified to support the improvement of the Trusts Workforce Race Equality Standard (WRES) data and action plan, integrating the National NHS Equality, Diversity, and Inclusion Improvement Plan.

Workforce Race Equality Standard Annual Report (WRES)

The Committee noted the improvements made in four of the nine indicators of race equality and noted an increase in BAME staff. There is still some work to do to increase BAME representation however an action plan has been developed with support from the Ethnic Diverse Staff network to make improvements. Actions will also be aligned with the NHS Equality, Diversity, and Inclusion Improvement Framework.

Workforce Disability Equality Annual Report Standard (WDES)

The Committee noted the improvements in six of the ten elements, however there is still work to do to encourage staff to declare their disability status. With the support and involvement of the Disability and Long-Term Conditions staff network, the WDES action plan has been developed in response to the WDES data to make improvements against the identified themes.

Staff Wellbeing & Engagement

The Committee noted a significant increase in the number of staff who have completed the survey of 626 which is the highest response rate to date. Eight out of nine questions have improved scores with the ninth remaining the same. At the Northwest system level, the Trust was top for Employee Engagement, Advocacy, and Involvement and third for Motivation. Key areas of improvement following the 2022 NHS Staff Survey resulted in a new My Appraisal system, more Reward and Recognition introduced such as “The Star Awards” and the introduction of a new Freedom to Speak Up Guardian for staff to support staff to speak up.

Freedom to Speak Up Report and Policy

The Committee noted the updates to the Policy and recommended approval



to the Trust Board. The Committee noted the details within the report and 11 cases raised with the Freedom to Speak Up Guardian, evidencing that employees feel empowered to raise any concerns they have. The Well-Led review found the Trust has a positive culture described as friendly, open and supportive with approachable Managers and Directors.

Guardian of Safe Working Report

The Committee noted there were 7 exceptions this quarter with 4 relating to hours, 2 regarding educational opportunities and 1 relating to patient safety, all issues have been resolved. Working hours of ward-based doctors in training IM/CMT, GP trainees and Oncology trainee doctors remain compliant with the 2016 contract. The organisation did not incur any fines for this period. Within this organisation, working hours for doctors in training are considered safe at the current time based on rotas and rostered hours.

Confidential Staff Matters

The Committee noted the 10 current employee relations cases, 2 appeals and 6 closed cases raised between March and August 2023. It is the intention to bring an annual report to the Committee at the end of the fourth quarter to address any identified themes.

Clinical Education Annual Report

The Committee noted the annual overview of key activity and achievements of the Clinical Education Department 2022-2023. The Trust continues to invest in high quality education and training to support all staff to develop and maximise their full potential. The focus for 2023-2024 will be to deliver on key priority objectives whilst setting ambitious targets to ensure the Trust is recognised as the lead provider of cancer education and training both regionally and nationally.

Learning Leadership and OD Report

The Committee noted the commitment to organisational development and provision of leadership programmes and development opportunities for all levels of staff who wish to develop. The Trust will continue to offer apprenticeship opportunities utilising the apprenticeship levy and plan to offer a Mental Health First Aid course inhouse.

Workforce Plan and Recruitment

The Committee noted the workforce plan for 2023-2024 has been agreed and includes new workforce investments of 21.5 whole time equivalents, 40.93% of investment posts have been recruited and reliable vacancy data enables triangulation between recruitment activity, bank, and agency data. Agency exit plans are in place across all divisions with NHS Professionals providing a fully managed bank service.

Anchor Institute Update

The Committee noted the overview of the 2023-2024 plan, and the Trust being an anchor organisation due it being rooted in the community. The NHS can influence the health and wellbeing of a community by choosing to invest and work with others locally. The recently established Health Inequalities Steering Group has identified existing areas of work and will develop Terms



	<p>of Reference and an action plan to include key activities that contribute to the Trust developing as an anchor institute.</p> <p>Board Assurance Framework (BAF) The Committee noted that there are no changes to the BAF scores and confirmed that BAF10 is on track to reach the target score of 9 by March 2024 which includes time to allow the actions to embed.</p> <p>People Committee Risks The Committee noted that there are currently 2 new people risks, the first has a score of 12 and relates to staffing levels and capacity due to high turnover, however an action plan is in place with two new colleagues joining the Trust shortly. The second has a score of 12 and relates to Agency and Bank controls. A proposal has been made to remove the risk relating to industrial action as this is operational and is on the Performance Committee Risk Register.</p> <p>Policies The Committee noted the changes relating to flexi-retirement within the Retirement Policy and recommended approval to the Board once the policy has been transferred to the new template.</p> <p>Actions from Internal Audit The Committee noted that there were not updates for actions from internal audit.</p>
<p>Items for shared learning</p>	<p>No Shared Learning was identified</p>



Title of meeting: Council of Governors

Date of meeting: 25 October 2023

Report lead	Liz Bishop, Chief Executive					
Paper prepared by	Jon Hayes, Managing Director, Cheshire and Merseyside Cancer Alliance Jenny Hampson, Senior Analyst, Cheshire and Merseyside Cancer Alliance					
Report subject/title	Cheshire and Merseyside Cancer Alliance Quarter 1 Performance Report					
Purpose of paper	To provide the Council with an update on Cheshire and Merseyside Cancer Alliance Performance					
Background papers	This paper has been shared with Provider Chair's and Chief Executives and PLACE Directors.					
Action required	For information/noting					
Link to: Strategic Direction Corporate Objectives	Be Outstanding		√	Be a great place to work		
	Be Collaborative		√	Be Digital		
	Be Research Leaders			Be Innovative		√
Equality & Diversity Impact Assessment						
The content of this paper could have an adverse impact on:	Age	No	Disability	No	Sexual Orientation	No
	Race	No	Pregnancy/Maternity	No	Gender Reassignment	No
	Gender	No	Religious Belief	No		



WE ARE...
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Q1 2023/4 Cancer Report

Section i: Performance data

Cancer Wait Times data relate to June 2023

Section ii: Cancer Programme Highlights

Section iii: Early diagnosis of cancer

Section i: Performance data

- Cancer Wait Times data relate up to end of June 2023

Summary measures:

Most recent 12 months vs previous 12 months (%)



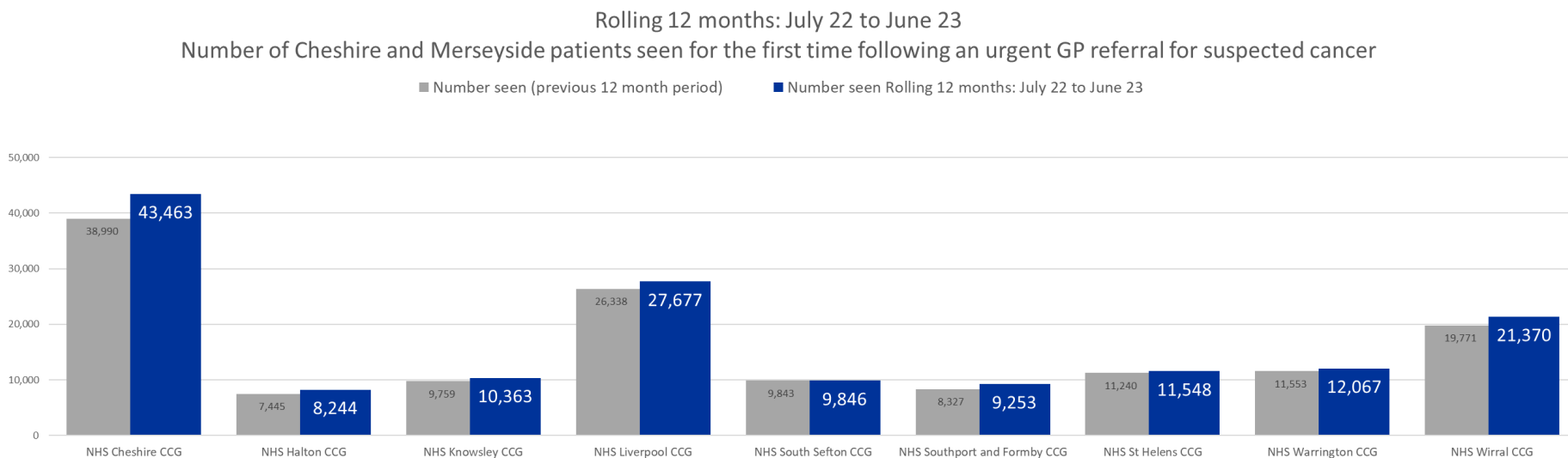
Measure	Value	Commentary
Volume patients seen for the first time following an urgent GP referral for suspected cancer	107%	<p>Data relate to patients registered with Cheshire and Merseyside GPs. Data are from Cancer Wait Times Dataset, most recent month June 23.</p> <p>The sustained increase in activity continues to present challenges to service delivery, however CCC continues to take action to meet demand, including detailed capacity, demand and workforce planning. SACT and RT data refer to August 22-July 23 as a % of August 21-July 22.</p>
Cancer treatment activity: Volume of first definitive treatments for all diagnosed cancers	104%	
Cancer treatment activity: Volume of surgical treatments for all diagnosed cancers (all surgical treatments whether first or subsequent)	102%	
Systemic-Anti Cancer Therapies (SACT) (inc chemo)	112%	
Radiotherapy (RT) plans	120%	

Urgent GP referrals for suspected cancer: Activity



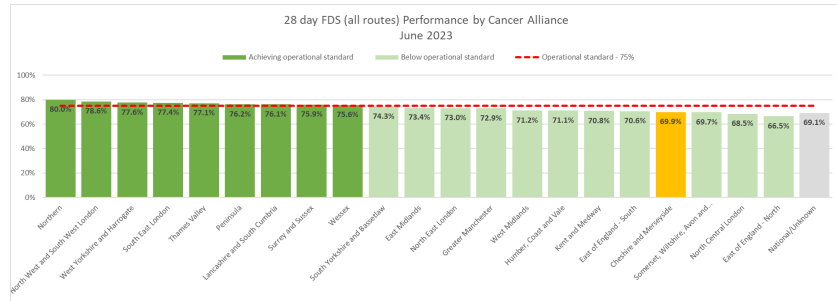
Patients registered with GP Practices in Cheshire and Merseyside:

- Between July 22 - June 23 **153,831** patients were seen for the first time following an urgent GP referral for suspected cancer, compared to 143,266 in the previous 12 month period.
- On average this is **12,800** patients per month.



Source: NHS England Cancer Wait Times data

National comparisons: Operational Standards

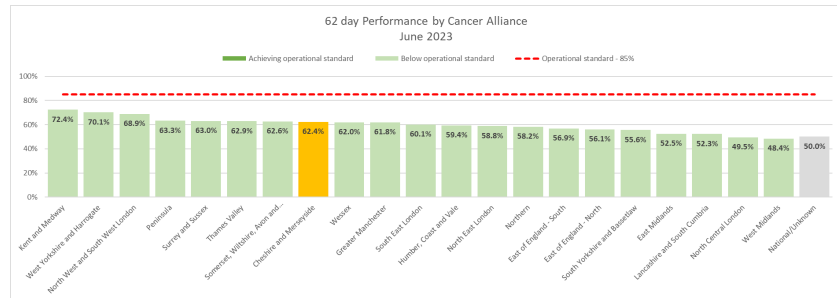


Data refer to patients registered in Cheshire and Merseyside

75% of patients should receive a diagnosis or ruling out of cancer within 28 days of referral*

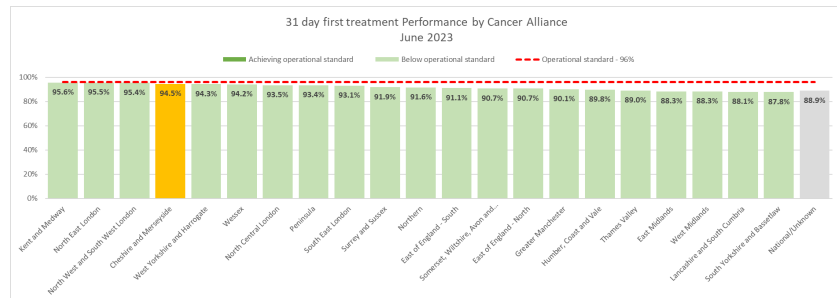
CMCA ranks **18th** out of 21 (June 2023): **69.9%**
England average: 73.5% North West average: 72.5%

*Referral may be via urgent GP referral for suspected cancer, breast symptoms where cancer is not initially suspected or referral from a screening programme.



85% of patients should receive their first definitive treatment for cancer within 62 days of an urgent referral from a GP for suspected cancer.

CMCA ranks **8th** out of 21 (June 2023): **62.4%**
England average: 59.2% North West average: 59.4%



96% of patients should receive their first definitive treatment for cancer within 31 days of a decision to treat.

CMCA ranks **4th** out of 21 (June 2023): **94.5%**
England average: 88.9% North West average: 91.3%

Place level vs operational standards: 12 months rolling July 2022 to June 2023



Operational standard	Cheshire and Merseyside	Cheshire	Halton	Knowsley	Liverpool	South Sefton	Southport and Formby	St Helens	Warrington	Wirral
28 day diagnosis / ruling out of cancer (75%)	66.8%	65.2%	72.0%	65.6%	59.6%	63.1%	65.5%	68.9%	73.3%	75.4%
62 day first definitive treatment (85%)	65.6%	66.4%	70.3%	63.8%	54.8%	53.2%	61.1%	76.1%	66.0%	73.9%
31 day first definitive treatment (96%)	94.0%	93.0%	94.6%	94.5%	93.2%	92.3%	91.2%	96.6%	95.4%	96.1%



Patients registered with GP Practices in Cheshire and Merseyside

Source: NHS England Cancer Wait Times data

Trust level vs operational standards: 12 months rolling July 2022 to June 2023



Operational standard	Cheshire and Merseyside Trusts	CCC	Alder Hey	Bridgewater	COCH	East Cheshire	Liverpool Heart and Chest	LUHFT	LWH	Mid Cheshire	Mersey and West Lancashire: S&O sites	Mersey and West Lancashire: StHK sites	The Walton Centre	Warrington And Halton Hospitals	WUTH
28 day diagnosis / ruling out of cancer (75%)	67.0%	84.0%	100.0%	80.1%	62.0%	64.4%	43.4%	61.1%	50.6%	68.7%	67.0%	69.1%	98.8%	72.6%	76.4%
62 day first definitive treatment (85%)	65.3%	80.3%	100.0%	80.8%	69.5%	52.0%	61.6%	51.1%	17.7%	70.6%	57.3%	78.8%	25.0%	63.6%	73.1%
31 day first definitive treatment (96%)	93.9%	99.1%	100.0%	95.9%	96.9%	83.2%	91.0%	89.2%	79.1%	90.7%	87.1%	97.3%	99.1%	97.3%	95.6%



Patients attending trusts in Cheshire and Merseyside

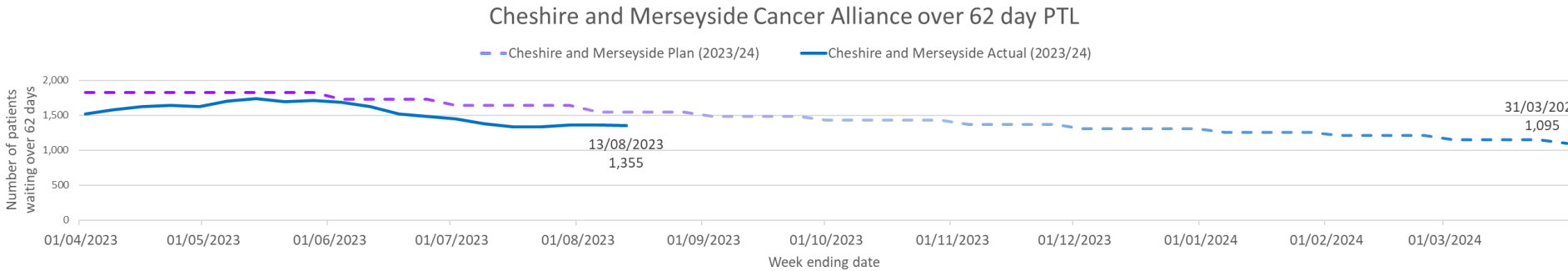
CCC: The Clatterbridge Cancer Centre
 LWH: Liverpool Women’s Hospital
 WUTH: Wirral University Teaching Hospitals

COCH: Countess of Chester Hospital
 S&O: Southport and Ormskirk*

LUHFT: Liverpool University Hospitals NHS Foundation Trust
 StHK: St Helens and Knowsley*

*Southport and Ormskirk, and St Helens and Knowsley trusts merged in July 23 to form Mersey and West Lancashire Teaching Hospitals NHS Trust. Data from June still refer to original trusts.

Patients waiting over 62 days on the Cancer PTL



Over 62 day PTL	Cheshire and Merseyside trusts	CCC	Bridgewater	COCH	East Cheshire	Liverpool Heart and Chest	LUHFT	LWH	Mid Cheshire	Mersey and West Lancashire	The Walton Centre	Warrington And Halton Hospitals	WUTH
End of March 2024 ambition	1095	50	0	102	47	5	264	65	128	236	0	55	143
Latest Week: 13 Aug '23	1355	71	0	90	46	27	298	171	216	209	0	44	183
Distance from plan	-188	14	0	-18	-12	20	-206	66	44	-74	0	-11	-11
Distance from end of March 2024 ambition	260	21	0	-12	-1	22	34	106	88	-27	0	-11	40

Highest Lowest

Highest Lowest

Patients on Cheshire and Merseyside Trust PTL lists, waiting over 62 days

Trusts have agreed Patient Tracking List (PTL) trajectories, to reduce the number of patients waiting over 62 days by the end of 2023/24. The number of patients waiting over 62 days is planned to reduce gradually during 2023/24.

- Cheshire and Merseyside over 62 day PTL is **lower than** trajectory as of 13 August 23. The current number of patients waiting over 62 days is **88%** of the number planned for 13 August 23.
- As of 13 August 23 the current over 62 day PTL is 124% of the volume planned for the end of 2023/24.

Source: Cancer 62 Day Patient Tracking List (PTL)

Southport and Ormskirk, and St Helens and Knowsley Trusts merged in July 23 to form Mersey and West Lancashire Teaching Hospitals NHS Trust.

Section ii:

Cancer Programme Highlights

Transformation and partnerships: Highlights since last report

Personalised Stratified Follow Up (PSFU)

PSFU is an effective way of personalising care to the needs of patients after cancer treatment.

The seven applicable CMCA trusts have PSFU services for breast, endometrial, prostate and colorectal cancer patients, in line with national requirements.

In total there are 47 live and operational PSFU pathways across different cancer types in Cheshire and Merseyside.

Two new PSFU services are due to launch during 2023/24:

- PSFU for haematology cancer patients at Mid Cheshire Hospitals is due to launch later in the year.
- PSFU for lung cancer patients at Southport and Ormskirk sites of Mersey and West Lancashire Teaching Hospitals is due to launch later in the year.

PSFU pathways for metastatic breast and metastatic spinal cord compression are in development.

Grail: Galleri Trial

The Galleri test, developed by GRAIL, can detect early stage cancers through a simple blood test. In the first year of the NHS-Galleri trial, Cheshire and Merseyside recruited over 22,000 participants of the total 140,000 across England. The retention target for year one of the trial is 92% and Cheshire and Merseyside are on track to meet this. The region is seen as an exemplar for implementation of the trial and is supporting with planning for the pilot phase due to commence in late 2024.

Challenges since last report

- PSFU: The Southport and Ormskirk / St Helens and Knowsley merger continues to delay the launch of the lung cancer PSFU service at S&O sites. The Mid Cheshire haematology PSFU service is also delayed due to staffing issues.
- TLHC: Challenges with both procurement and the new national payment structure for TLHCs are impacting Phase 4 TLHC planning and could delay go-live in 23-24.

Targeted Lung Health Checks (TLHC)

Targeted Lung Health Checks invite people aged 55-74 who are identified on GP Practice registers as current or ex-smokers for a Lung Health Check and, if appropriate, refer them onwards for a low dose CT scan and spirometry. The programme aims to identify lung cancers at an earlier stage.

Cheshire and Merseyside has participated in all phases of the national TLHC trial, which has resulted in the Department for Health and Social Care announcing in June, the introduction of a national targeted lung cancer screening programme aiming to reach 40% of the eligible population by March 2025 and 100% coverage by March 2030.

Knowsley, Halton and Liverpool (phases 1 and 2) have been in the programme since July 2021 with St Helens and South Sefton (phase 3) joining in December 2022.

The national cancer programme has approved phase 4 expansion of the Cheshire and Merseyside TLHC footprint to Wirral, Warrington and North Sefton (Southport and Formby) during 2023/24.

Overall, as of May 23, uptake of offered THLCs in Cheshire and Merseyside was 50.2% compared to an England average of 41.1%.

On average, 44.4% of Lung Health Checks (LHCs) result in a Low Dose CT scan in England. In Cheshire and Merseyside, the proportion is higher, with 59.2% resulting in Low Dose CT scans. People who live in deprived areas are more likely to experience health inequalities. In Cheshire and Merseyside 23.4% neighbourhoods are identified as being in the 10% most deprived neighbourhoods in England (Decile 1). High rate of conversion from LHC to CT scan is in line with the relatively high levels of deprivation in Cheshire and Merseyside.

Early diagnosis of Lung cancer in Cheshire and Merseyside has increased from 32.5% in Q2 2021 to 38.6% in Q4 2022, a 6.1 percentage point increase. This is a larger increase than in England overall (5.8 percentage point increase). The notable improvement in Cheshire and Merseyside has been influenced by the THLC programme, and the previous healthy lung programme in Liverpool.

Key activities in the next six months

- Launch of PSFU for haematology at Mid Cheshire Hospitals
- Procurement process for TLHC Phase 4 is in progress following the outcome of ICB finance committee decision in July.

Faster Diagnosis: Highlights since last report

Faster Diagnosis Standard (FDS)

Overall, 75% of patients should receive a diagnosis or ruling out of cancer within 28 days of referral, however some cancer pathways consistently achieve above 75% (e.g. skin and breast), whilst other, more complex pathways consistently achieve below 75% (e.g. urology and lower GI). NHS England has suggested some tumour specific goals for FDS performance for these four main cancer types. Performance against these goals is shown below for the most recent full financial quarter (Apr-Jun 2023).

- Breast: **91.7%** diagnosed / ruled out in 28 days (goal 92%)
- Lower GI: **41.0%** diagnosed / ruled out in 28 days (goal 62%)
- Skin: **84.5%** diagnosed / ruled out in 28 days (goal 85%)
- Urology: **45.1%** diagnosed / ruled out in 28 days (goal 63%)

Faecal immunochemical test (FIT)

FIT is a home test which checks faeces for tiny amounts of blood, a strong indicator for colorectal cancer. If FITs accompany urgent GP referrals for suspected colorectal cancer (lower GI), endoscopies can be avoided and patients can be ruled out for cancer sooner.

All main trusts in Cheshire and Merseyside have live FIT pathways.

The FIT metric in 2023/24 measures the percentage of lower GI urgent GP cancer referrals accompanied by a FIT result, with the result recorded in the 21 days leading up to the referral. In April-June 2023, CM GP practices reported 47% of lower GI urgent GP cancer referrals with a FIT within 21 days before the TWW, compared with 57% in England.

Work continues locally to improve data recording within GP practices. Local KPI data from trusts indicate this figure is well above the England average in most trusts.

Challenges since last report

- Urology – Continued work with trusts to ensure that key pathway steps are in place including MRI before biopsy, ringfenced MRI slots, and Nurse-led LAMP biopsy, despite progress in implementing these key pathway steps, FDS performance remains significantly challenged.
- Long term sustainability of NSS service and individual site-specific transformation funding remains a challenge.

Best Practice Timed Pathways (BPTP)

- Best practice timed pathways support the ongoing improvement effort to shorten diagnosis pathways and meet the 28 day Faster Diagnosis Standard. In 2023/24 CMCA is monitoring BPTP steps for six pathways: prostate, colorectal, lung, oesophageal, gynae and head and neck. NHSE only require monitoring of prostate and lower GI.
- In May, new data were received from Mid Cheshire, COCH and StHK, meaning all trusts who are submitting BPTP data are now submitting data for all relevant pathways with the exception of WUTH which has not yet submitted any BPTP data as of August 2023.

Non Specific Service (NSS)

- NSS pathways are for patients who do not fit into a single 'urgent cancer' referral pathway, as defined by NICE guidance NG12, but who are, nonetheless, at risk of being diagnosed with cancer. Symptoms include unexplained weight loss, fatigue, abdominal pain or nausea; and / or GP 'gut feeling' about cancer. Numbers of NSS patients first seen in trusts on a 28 day pathway are compared against planned numbers from ICS level trajectories.
- In the last three months (April 23-June 23), 429 patients were seen. This is higher than the 383 patients planned in the ICS trajectory*. From July 2023 NSS patients are included in the Faster Diagnosis Standard and Cancer Wait Times data.

*Higher than planned is good

Key activities in the next six months

- Urology - Focused work will continue with trusts to further understand the challenges to meeting pathway timings, identify bottlenecks and streamline processes.
- NSS – Develop an options appraisal which will provide a comparison, assessment, and evaluation of a range of long term options for NSS services. Work with ICB colleagues to agree a sustainable approach for the full and recurrent commissioning of this service.

Health Inequalities and Patient Experience (HIPE): Highlights since last report



Health Inequalities Training-123 approach

The 123 approach to Health inequalities received a boost of £20k to update and extend the delivery of Resources, Training and Support to colleagues across the region. A 12 month quality improvement plan is in progress, to improve all materials, update course content, train new facilitators and significantly increase the reach of Health Inequalities training both locally and nationally.

There has been a significant increase in demand for HI training, with over 70 people trained in the last few weeks and 6 sessions booked in throughout September.

Health Inequalities collaborative working

HIPE team are collaborating with a range of stakeholders. HIPE are offering support and advice across CCC and the region around Health inequality and diverse patient engagement. The HIPE programme manager is a core member of the newly formed HI steering group for CCC.

Working ECMC to ensure HI training for all trials staff.
Working with Prof Simon Rogers to improve Quality of Life survey at a national level with a view to publishing outcomes.
Partnering with community, Cancer Academy, workforce, FD team.

Cancer roadshows 2023

Four of the eight planned roadshows have taken place, visiting Crewe, Kirkby, and Cheshire Show. Roadshows allow CMCA staff to engage with the public, discuss challenges around screening, raise awareness of cancer and provide opportunities for the recruitment of patient representatives from significantly diverse backgrounds.

Patient Experience

HIPE has experienced a significant area of growth, with 42 patients representatives working on 30% of CMCA projects, offering suggestions to improve pathways, projects and proposals.

The project management approach, has embedded change across CMCA, with staff ensuring patients are involved at all stages. Two staff ensure that our diverse patient reps from all walks of life are recognised and supported, with 75% actively contributing to projects.

Challenges

Demand exceeds capacity.
The quality and unique approach of the HIPE team work ensures regular demand to share at national level, deliver workshops and share.

Key activities in the next six months



Training



Recruitment



Reach more Trusts



Roadshows



Increase Reach



Improve Surveys



Create E-learning



Build Team



Develop networks

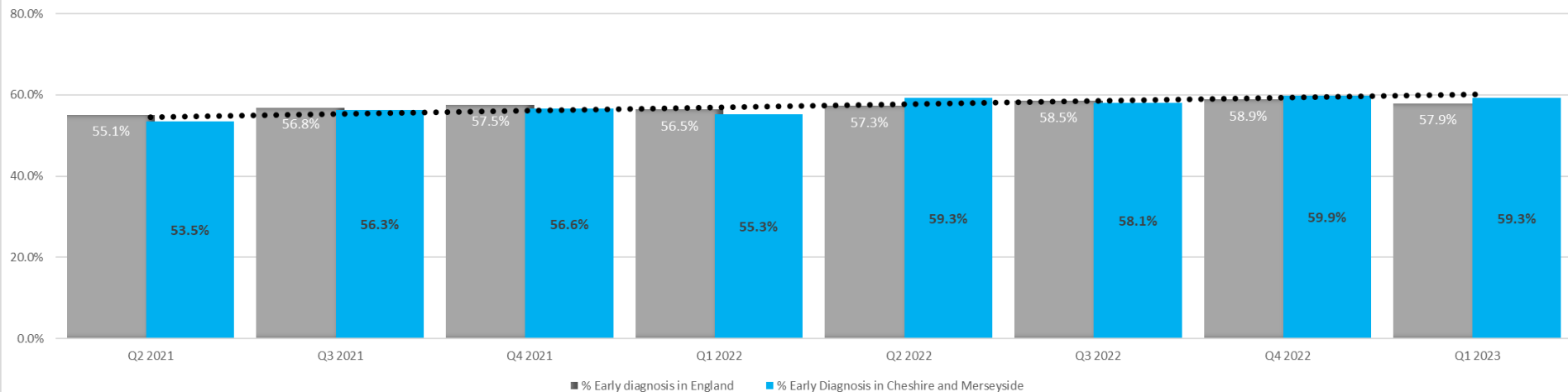
Section iii:

Early diagnosis of cancer

Cancer stage at diagnosis: Rapid Cancer Registration Database (RCRD)



Early diagnosis of cancer: cancers with a known stage excluding non-melanoma skin cancer (c44)
Rapid Cancer Registration Dataset Apr 2021-Mar 2023



The NHS Long Term Plan (LTP) sets an ambition that by 2028, 75% of people with cancer will be diagnosed at an early stage (stage one or two).

- Quarterly early diagnosis proportions have increased overall in the past two years.
- Overall, **57.3%** of Cheshire and Merseyside cancers were diagnosed at an early stage in the last two years, this is **equal to England** (57.3%)
- Early diagnosis in Cheshire and Merseyside has increased **from 53.5% in Q2 2021 to 59.3% in Q1 2023**.

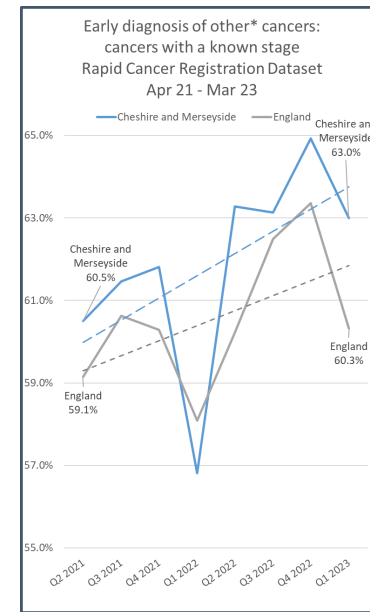
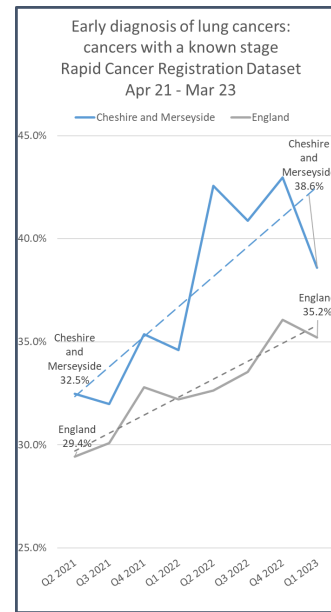
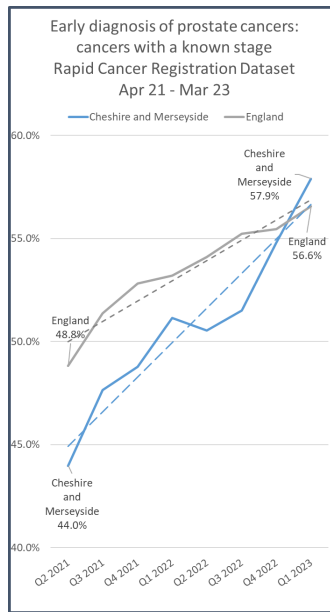
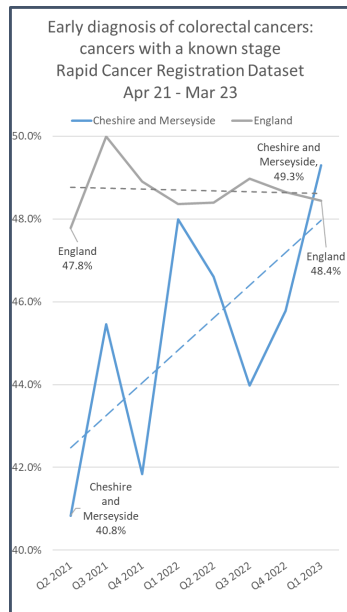
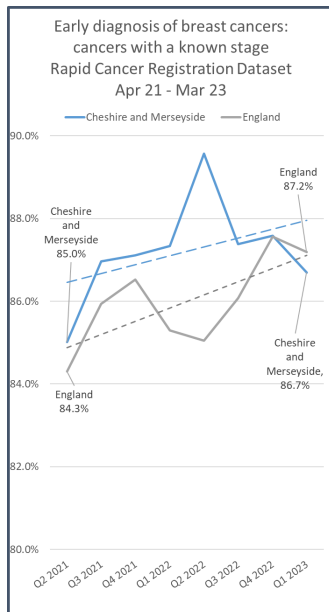
Cancer stage at diagnosis: Rapid Cancer Registration Database (RCRD)



Average percentage early diagnosis: Apr 21 – Mar 23

Area	Breast	Colorectal	Prostate	Lung	Other
Cheshire and Merseyside	87.2%	45.2%	51.3%	37.6%	61.9%
England	86.0%	48.7%	53.7%	32.7%	60.6%

The most recent data from RCRD is up to March 2022. Over the past two years (24 months), early diagnosis rates in Cheshire and Merseyside have been above the England average for breast, lung and other* cancers, but below the England average for colorectal and prostate cancers.



Council of Governors – 25th October 2023

Chair’s Report for: Audit Committee

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

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

<p>General items to note to the Board</p>	<p>The Committee received the Internal Audit Progress Report which provided details of the following audits:</p> <ul style="list-style-type: none"> • Cost Improvement Plan Audit – Substantial Assurance • The review identified that controls were satisfactorily designed and generally operated effectively. The identification of more recurrent/transformational schemes requires more attention as the CIP target becomes more challenging to meet. Furthermore, action is needed to ensure robust quality impact assessments are completed to evaluate scheme impact on service quality and patient safety indicators. • The Committee received an update on the progress of the work of the Trust’s Anti-Fraud Specialist (AFS), against the Anti-Fraud Plan, which detailed the work undertaken in quarter 2 2023/24. It was reported that Fraud Prevention Checks continue to be issued in response to increasing numbers of phishing attacks. None of the phishing attacks were successful against the Trust. Work is under way to revise the Trust’s Anti-Fraud Policy to align it to the NHS Counter Fraud Authority’s (NHSCFA) new Strategy 2023-26. • The Committee reviewed the key financial assurance indicators and noted the positive position across the range of indicators: • Better Payment Practice Code performance remains high at 100% for both volume and value for NHS and 99% for non-NHS value and 97.7% for volume. The national standard requires that the NHS pays at least 95% of all invoices in line with contract terms, typically 30 days. This KPI is closely monitored both nationally and by the Cheshire and Merseyside ICB. The Trust received a second letter of congratulations from NHS England’s Chief Finance Officer, Julian Kelly in September. • Aged Debtors – There has been a slight increase in the level of NHS debt >90 days with 31 invoices totalling £235k outstanding, 16 of which relate to one NHS provider and discussions are on-going to agree a resolution.
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- For *Non-NHS* the level of debt over 90 days at the end of March was £364k (83 invoices). There was a balance of £133k outstanding with the Clatterbridge private clinic, of which £65k was paid during September. The balance relates to dispensing activity where the Trust increased the dispensing fee in April 23 to reflect current costs.
- **Aged Creditors**

Both the NHS and Non-NHS position is really positive which supports the high BPPC achievement.

NHS
There are 4 invoices totalling <£1k over 90 days.

Non-NHS

There are only 8 over 90 days totalling £4k.
- The Committee noted the Tender Waiver Register which provided details of waivers approved in Q2 23/24. Three tender waivers were signed off in Q2 23/24 where the value of the contract exceeded £50k (inc. VAT) and there was a total of two retrospective tender waivers totalling £178,992.00.
- The Committee received the Annual Auditors Report from the External Auditor following the completion of the audit of the 2022/23 audit. The auditor issued an unqualified opinion on the financial statements and did not identify any risks of significant weaknesses in the Trust's Value For Money arrangements for 2022/23. This led to the conclusion that The Trust had in place the arrangements we would expect to see in 2022/23 to enable it to plan and manage its resources to ensure that it can continue to deliver its services. Hassan Rohimun from Ernst Young is scheduled to present the report at the Annual Members meeting on the 26th of October.
- In a separate meeting of Audit Committee members a single item was considered in relation to additional fees requested by the External Auditor which relate to both the 21/22 and the 22/23 audits. The request if agreed would result in significantly higher fees than the original contract. The Audit Committee concluded that the majority of the additional fees could not be agreed based on the information provided to support the request. A meeting involving the Chair of the Audit Committee, the Director of Finance, the Deputy Director of Finance and Ernst Young representatives has been arranged to discuss the additional fees and to enable the Trust to understand the basis for the request.



	<ul style="list-style-type: none"> • The Committee received the quarterly update on Cyber Security and Data Security Assurance that outlined the work completed in the reporting period. Following eight months of work the Trust was awarded ISO27001 accreditation at the end of July. The certificate will be issued by the end of October, coinciding with Cyber Security Month. • The Trust recently achieved the highest rating in the region for Microsoft Defender Endpoint (MDE) status. This monthly data published by NHS England, highlights the Trust’s position as the most secure for the virtual desktop estate, and in the top 20 NHS Trust’s in England for desktops and laptops. • The Committee reviewed the Digital Maturity Assessment (DMA) that has recently been submitted to NHS England. The assessment has also received peer review via partners within the NHS. The Tool covers the 7 “What Good Looks Like” domains. The average score for CCC across all 7 domains was 3.7, on a scale of 1 – 5. ISO27001 accreditation is recognised as maximum maturity within the national Digital Maturity Assessment (DMA) tool and would therefore support an improved rating for the “how mature is your cyber and network security” within the “Safe Practice Domain” next year. • The Committee reviewed the Board Assurance Framework risk BAF14 that relates to Cyber Security. The Committee confirmed that they remain satisfied with the key controls and assurances provided, recognising that the ISO27001 accreditation for all sites provided additional assurance and endorsed the residual risk score of 12 and noted due to the dynamic external environment the target risk also remains at 12. • The Committee reviewed the proposed amendments to the Scheme of Reservation and Delegation and Standing Financial Instructions following the establishment of the independent charity and agreed to recommend the items for approval by the Board. • The Committee reviewed the Code of Governance checklist and noted that good progress had been made against the majority of actions. Further action is required in relation to the work of the Remuneration Committee and reviewing the effectiveness of the Council of Governors.
<p>Items of concern for escalation to the Board</p>	<p>The Report from the Director of Finance highlighted the following</p> <ul style="list-style-type: none"> • The Trust is forecasting that it will deliver its financial target position for 2023/24 - £0.363m surplus.



	<p>Overall the Trust's financial position is in line with plan. However, this is supported by the surpluses currently delivered by the Trust's subsidiaries. The Trust only operational position is a deficit. The Trust is expecting to improve its operational position over the remainder of the year, through CIP implementation cost benefits and reduced temporary staffing costs.</p> <ul style="list-style-type: none"> • The Trust has transacted the majority of the £8.2m CIP target and continues to remain focussed on additional schemes as part of the planning for 2024/25 which has commenced. The five year financial plan is being developed to support the Trust's strategy and it is expected that it will be shared with the Trust Board in November. • The Committee received an update regarding Specialised Commissioning Devolution and those services that will be delegated to the Integrated Care Board from 1st April 2024 which will include Chemotherapy. However, the Committee noted that High-Cost Drugs will continue to be nationally funded. Members discussed the potential implications for the Trust if the devolved funding was not ring-fenced for cancer services and what the potential impact of moving to population based funding could mean. The Director of Finance sits on a working group of the ICB that is currently looking at how financial risk is managed across the system and the implications of devolution should be picked up in future discussions and system planning.
<p>Items of achievement for escalation to the Board</p>	<ul style="list-style-type: none"> • The Committee noted positive progress in relation to the follow-up actions from previous audits. The pilot of Team Mate, an online tracking system provided a single source of evidence and enabled reporting of an accurate position of the outstanding recommendations. 20 recommendations have been partially implemented or superseded and 19 recommendations are not yet due. • The Committee endorsed the proposal to procure the Trust's Internal Audit Service via a Cheshire and Merseyside system approach. This proposal will be presented to a future Trust Board meeting for approval.
<p>Items for shared learning</p>	<p>There were no items for shared learning.</p>



Title of meeting: Council of Governors

Date of meeting: 25th October 2023

Report lead	Kathy Doran, Chair					
Paper prepared by	Jane Hindle, Associate Director of Corporate Governance					
Report subject/title	Annual Fit and Proper Declaration of the Chair					
Purpose of paper	To confirm that the Trust Board continues to meet the requirements of the Fit and Proper Person Test (Regulation 5).					
Background papers	N/A					
Action required	<p>The Council is requested to:</p> <ul style="list-style-type: none"> Note the report 					
Link to: Strategic Direction Corporate Objectives	Be Outstanding			Be a great place to work		
	Be Collaborative			Be Digital		
	Be Research Leaders			Be Innovative		
Equality & Diversity Impact Assessment – an EDIA is not required for this item.						
The content of this paper could have an adverse impact on:	Age	No	Disability	No	Sexual Orientation	No
	Race	No	Pregnancy/Maternity	No	Gender Reassignment	No
	Gender	No	Religious Belief	No		



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Annual Fit and Proper Declaration of the Chair

In line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, the Trust is required to ensure that all individuals appointed to or holding the role of Executive Director (or equivalent) or Non-Executive Director meet the requirements of the Fit and Proper Persons Test (Regulation 5).

The report sets out the Chair's annual declaration of compliance and has been informed by compliance with the agreed Board procedure; individual declarations of interest and an annual individual declaration of compliance with the regulations

The Fit and Proper Persons Test will apply to Directors (both executive and non-executive, whether existing, interim or permanent and whether voting or non-voting) and individuals **“performing the functions of, or functions equivalent or similar to the functions of a director”**.

Regulation 5 states that a provider must not appoint or have in place an individual as a director who:

- is not of good character;
- does not have the necessary qualifications, competence, skills and experience;
- is not physically and mentally fit (after adjustments) to perform their duties. Regulation 5 also decrees that directors cannot have been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity.

These requirements play a major part in ensuring the accountability of Directors of NHS bodies and outline the requirements for robust recruitment and employment processes for Board level appointments. [In exceptional circumstances, Trusts may allow an individual to continue as Director without having met the requirements following approval of the Chairman and following an assessment of all elements of risk.

As Chair of The Clatterbridge Cancer Centre, I confirm that all existing Executive and Non-Executive Directors meet the requirements of the Fit & Proper Persons Test.

My declaration has been informed by: The application of the Board approved Policy on Fit and Proper Persons Requirements including:

- Pre-employment checks for all new appointments undertaken in line with the NHS Employment Standards and including the following:
 - Proof of identity
 - Disclosure and Barring Service check undertaken at a level relevant for the post
 - Occupational Health clearance
 - Evidence of the right to work in the UK
 - Proof of qualifications, where appropriate



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- Checks with relevant regulators, where appropriate
- Appropriate references, covering at least the last three years of employment, including details of gaps in service.
- Additional checks for all Directors on the following appropriate registers:
 - o Disqualified directors
 - o Bankruptcy and insolvency
- Confirmation from the Chair of appointment panels of compliance with the checks process
- Assessment of the Ongoing Independence of Non-Executive Directors
- Annual and on-going Declarations of Interest for all Board members.
- Annual Fit & Proper Persons Test self-declarations completed by all Executive and Non-Executive Directors.
- Completion of annual appraisals
- If there have been any individual concerns raised regarding Directors during the previous year, the outcome of any investigations is reviewed to provide continuing assurance that Directors remain 'Fit and Proper'.

Kathy Doran

Chair

July 2023



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Title of meeting: Council of Governors

Date of meeting: 25 October 2023

Report lead	Kathy Doran, Chair					
Paper prepared by	Jane Hindle, Associate Director of Corporate Governance					
Report subject/title	Re-appointment of Non-Executive Directors					
Purpose of paper	The purpose of the paper is to seek approval for the re-appointment of two Non-Executive Directors, Asutosh Yagnik and Anna Rothery for a second term of 3 years.					
Background papers	Appraisal of the Chair and Non-Executive Directors, July 2023					
Action required	For approval For information/noting					
Link to: Strategic Direction Corporate Objectives	Be Outstanding	✓	Be a great place to work			
	Be Collaborative	✓	Be Digital			
	Be Research Leaders		Be Innovative			
Equality & Diversity Impact Assessment						
The content of this paper could have an adverse impact on:	Age	No✓	Disability	No✓	Sexual Orientation	No✓
	Race	No✓	Pregnancy/Maternity	No✓	Gender Reassignment	No✓
	Gender	No✓	Religious Belief	No✓		



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1.0 Introduction

- 1.1. This paper sets out a proposal for the re-appointment of Non-Executive Directors where Terms of Office are due to end in the next three months.

2.0 Background

- 2.1. The NHS England Code of Governance sets out the following arrangements that apply in respect to the appointment (including re-appointment) of Non-Executive Directors:

Ref C.2.13

Non-executive directors, including the chairman, should be appointed by the Council of governors for specified terms subject to re-appointment thereafter at intervals of no more than three years and to the 2006 Act provisions relating to the removal of a director.

Ref C.4.3

Chairs or NEDs should not remain in post beyond nine years from the date of their first appointment to the Board of Directors and any decision to extend a term beyond six years should be subject to rigorous review.

Serving more than six years could be relevant to the determination of a non-executive's independence

- 2.2. Arrangements to discharge these statutory duties are set out within the Trust's Standing Orders and are reserved to the Council of Governors. The Nominations and Remuneration Committee of the Council has delegated authority to review and make a recommendation for consideration and approval, as appropriate, by the Council of Governors on the appointment, re-appointment and removal of Non-Executive Directors.
- 2.3. The appraisal for all Non-Executive Directors took place in June 2023 and was led by the Chair Kathy Doran. During the process both Asutosh Yagnik and Anna Rothery confirmed their desire to serve another three year term.
- 2.4. The Nomination and Remuneration Committee met on 6th Oct to consider the re-appointment of Asutosh Yagnik and Anna Rothery. Following a recruitment process both were appointed at a meeting of the Council on 26th November 2020 with effect from 1st January 2021, for an initial three year term.
- 2.4. Information pertaining to recent appraisal reviews, was presented to the Nomination and Remuneration Committee in July 2023 and further reference to performance was made and corroborated by observations of Board meetings in the meeting of 6th October.



2.5 Remuneration of Non-Executive Directors is determined by the NHS England framework, (Nov 2019) and established a single uniform annual rate of £13,000. Trusts also have local discretion to award limited supplementary payments depending on the organisations' size in recognition of designated extra responsibilities for example Chair of Audit Committee, but in this instance the annual rate of £13,000 applies.

3.0 Recommendation

3.1 The Nomination and Remuneration Committee of the Council of Governors supported the Chair's proposal to re-appoint Asutosh Yagnik and Anna Rothery for a further three years from 1st January 2024. The Committees decision was informed by the outcome of individual appraisals, evidence of commitment to the role, observation of Trust meetings and the necessity to maintain the stability and continuity of the Board of Directors.

3.2 The Council of Governors is requested to

- a) approve the re-appointment of Asutosh Yagnik and Anna Rothery for a further three-year term from 1st January 2024 to 31st Dec 2027
- b) note that there are no changes to their remuneration at this time



Title of meeting: Council of Governors

Date of meeting: 25 October 2023

Report lead	Jane Hindle, Associate Director of Corporate Governance					
Paper prepared by	Jane Hindle, Associate Director of Corporate Governance Anne Mason, Corporate Governance & Governor Engagement Officer					
Report subject/title	Governance Update					
Purpose of paper	To provide an update in relation to corporate governance matters including the results of the governor self-assessment.					
Background papers	Constitution and Standing Orders Addendum to Constitution – System Working & Collaboration Cycle of Business					
Action required	For discussion For information/noting					
Link to: Strategic Direction Corporate Objectives	Be Outstanding	✓	Be a great place to work			
	Be Collaborative	✓	Be Digital			
	Be Research Leaders		Be Innovative			
Equality & Diversity Impact Assessment						
The content of this paper could have an adverse impact on:	Age	No✓	Disability	No✓	Sexual Orientation	No✓
	Race	No✓	Pregnancy/Maternity	No✓	Gender Reassignment	No✓
	Gender	No✓	Religious Belief	No✓		



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1.0 Introduction

1.1 This paper sets out a number of governance matters for consideration by the Council:

- Self-Assessment and effectiveness review
- Policy for engagement between the Board and Council of Governors
- Calendar of public meetings

2.0 Self – Assessment and effectiveness review

2.1 In line with the Code of Governance for NHS Trusts (amended April 2023) the Council of Governors should periodically assess their collective performance and regularly communicate to members and the public how they have discharged their responsibilities, including their impact and effectiveness on:

- a) holding the non-executive directors individually and collectively to account for the performance of the board of directors
- b) communicating with their member constituencies and the public and transmitting their views to the board of directors
- c) contributing to the development of the foundation trust's forward plans.

2.2 The Council was invited to provide feedback and identify areas for improvement via a self-assessment questionnaire issued in July 2023.

2.3 The self-assessment was derived from the model assessment developed used by NHS Providers and was intended to provide an opportunity for governors to identify areas for improvement.

2.2 Appendix A shows the results of the self-assessment. A proposal regarding holding pre-meets before the full Council of Governor meetings will be discussed with the Lead Governor and reported at a future meeting.

2.3 The Code of Governance also states that the Council of Governors should use this process to review its roles, structure, composition and procedures taking into account emerging best practice. It is proposed that a working group of governors is established to look at this.

3.0 Evidence of performance

3.1 The following assessment demonstrates how the Council of Governors has discharged their responsibilities during the financial year 2022/23:

A. Holding the Non-Executives to account



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- Receiving updates from the Trust Chair regarding system developments
- Attendance at Board Meetings to observe Non-Executives providing challenge.
- Reviewing the Performance Report at each meeting of the Council of Governors and having the opportunity to challenge Non-Executives regarding holding executives to account.
- Receiving the Committee Chair's Reports at each meeting and having the opportunities to ask questions and test understanding of performance.
- Participation in Non-Executive/Governor Walk Rounds to witness Non-Executives questioning staff and patients to enable triangulation of performance reporting.
- Nomination and Remuneration Committee review of the outcome of Non-Executive appraisals.

B. Communicating with their member constituencies and the public.

- Oversight of the Membership Strategy provided by the Membership Engagement and Communication Committee
- Attendance at Glow Green Charity Event
- Review and input into the election materials
- Contribution into the C3 Membership Magazine
- Membership questions via the dedicated governor inbox

C. Contributing to the development of the foundation trust's forward plans.

- Review and comment on the Trust's Quality Priorities for 2023/24 – June 2023
- Review and comment on the Quality Improvement and Learning Strategy
- Input into the re-design of the Trust's website
- Review of the Trust's Five-Year Strategy – July 2023

D. Governor Development and Training

The Health & Social Care Act requires Boards to ensure that governors are equipped with the skills and knowledge they need to undertake their role, through the provision of necessary training. During 2022/23, the Trust has:

- Provided a Governor Handbook for every new governor on appointment.
- Provided an annual induction day for new governors via NHS providers.
- Promoted Governor events including NHS Providers Governor Core Skills/Induction and Member and Public Engagement.
- Merseyside Internal Audit Governor Focus Workshop.
- Invited governors to attend Trust Board meetings.

3.2 Since its introduction in August 2022 the Trust continues to provide regular bulletins to governors to support governors in the discharge of their roles and provide them with up-to-date information that is relevant to their role. The



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Governor Bulletin is distributed monthly to keep Governors abreast of the latest updates from the Trust and includes, the monthly Chief Executive Update, the monthly Team Brief, Lead Governor update, dates of Council of Governors, dates for Non-Executive Director and Governor Engagement Walk-Rounds, monthly Trust Board meeting updates and any other issues pertinent to the Governor role.

4.0 Calendar of meetings

- 4.1 To support governors in discharging their role in relation to “representing the public at large” a number of public meetings relating to health services can be found at Appendix B.

5.0 Policy for engagement between the Board and Council of Governors

- 5.1 The Code of Governance for NHS Trusts sets out the principles of good governance expected of an NHS provider.

5.2 Section 2.6, Appendix B states,

The Council of Governors should establish a policy for engagement with the Board of Directors for those circumstances when they have concerns about the performance of the Board of Directors, compliance with the provider licence or other matters related to the overall wellbeing of the NHS foundation trust and its collaboration with system partners.

- 5.3 A draft policy is attached at appendix C for approval.

6.0 Recommendations

The Council of Governors is requested to:

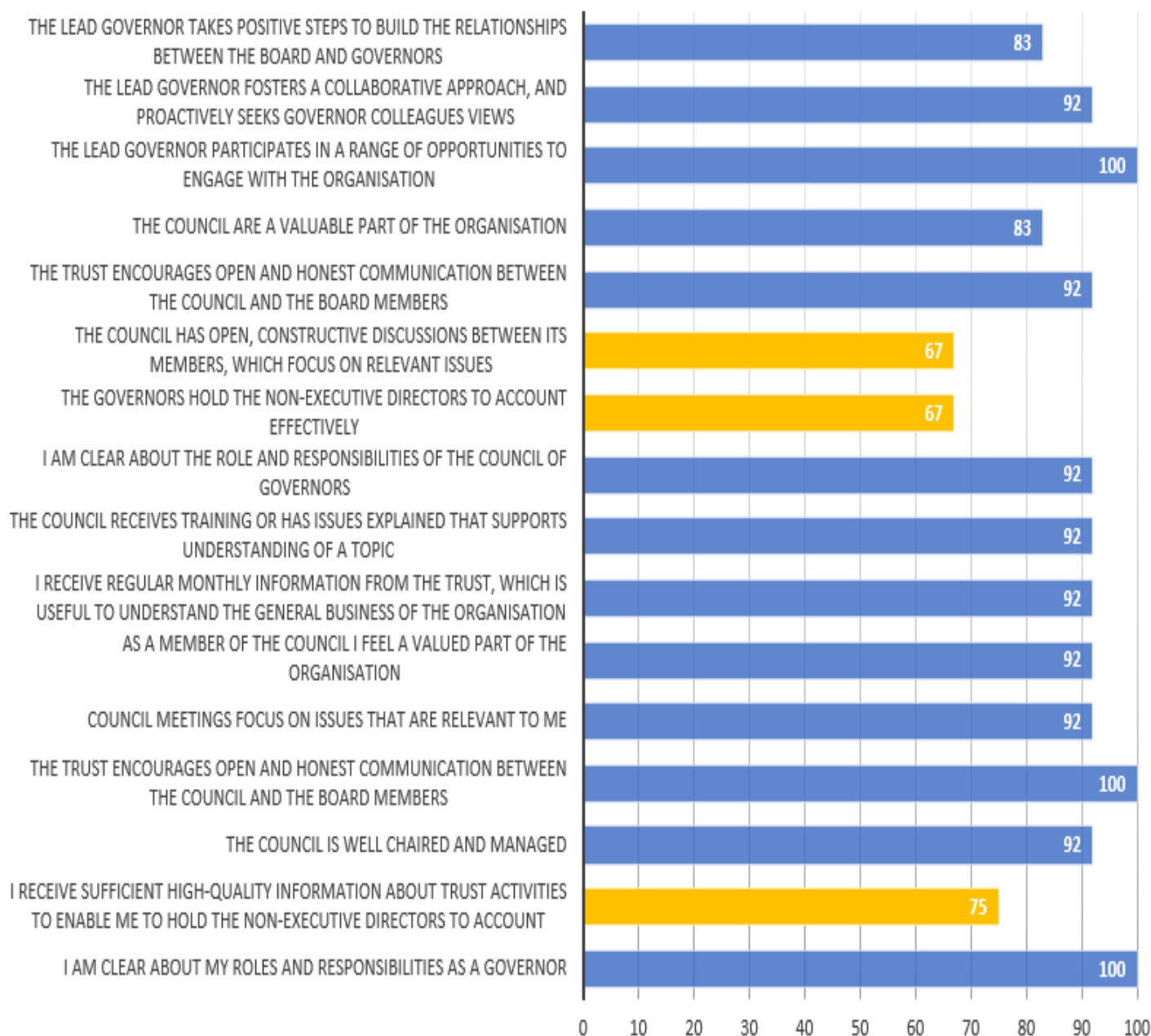
- Note the report.
- Note the proposal to discuss how to improve results with the Lead Governor.
- Provide expressions of interest to participate in the working group
- Approve the Policy for engagement between the Board and Council of Governors



Appendix A – Governor Response – Self-Assessment

The survey was issued to all 19 existing governors and 12 responses were received. Assessment was provided on a scale of Strongly Agree to Strongly disagree.

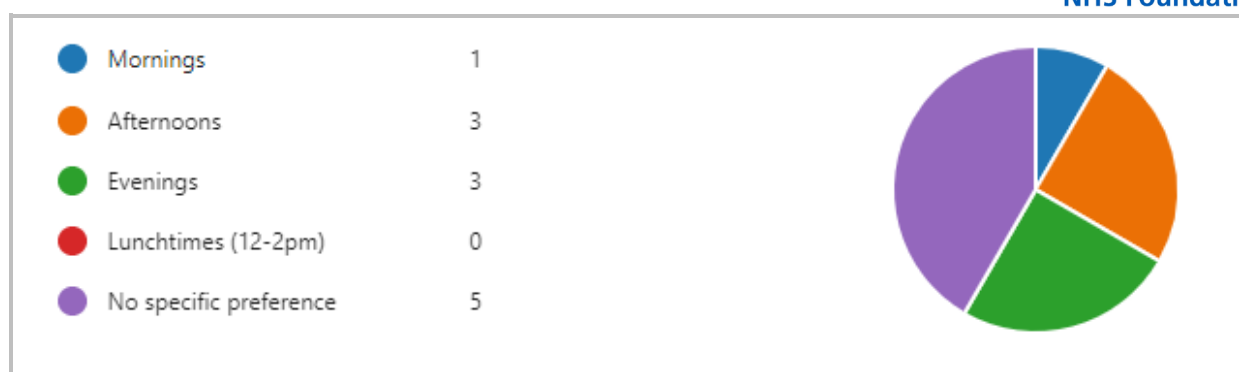
Governor Self-Assessment Results



Do you have a preference regarding the time of meetings?



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Time of Meetings

Individual background and engagement

During the assessment, Governors were asked to provide details of additional engagement activities with the public to provide examples to other Governors regarding opportunities to engage with the public at large. Examples included:

- Role of School Governor
- Involvement with Universities/Alumni Groups
- Sports Coaching with local teams
- Volunteering/ Charity Work
- Patient Member Representative
- Membership of online professional Groups
- Previous Health/Social Care experience
- Faith Groups/Church involvement

Additional Comments from the Review

One comment was received requesting more involvement with how the Trust Board meetings are structured and around Governors being involved.

Appendix B – Calendar of Meetings of Public Bodies



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Cheshire and Merseyside Health and Care Partnership	14 th November 2023, 3pm to 5pm
Cheshire and Merseyside Integrated Care Board	30 th November 2023, 9.00am to midday Whiston Town Hall, Old Colliery Road, Whiston, Merseyside, L35 3QX 25 January 2024, 9.00am to midday 28 March 2024, 9.00am to midday 30 May 2024, 9.00am to midday 25 July 2024, 9.00am to midday 26 September 2024, 9.00am to midday 26 November 2024, 9.00am to midday 30 January 2025, 9.00am to midday 27 March 2025
<p>Place based Meetings:</p> <p>Wirral Place Based Partnership Board: Browse meetings - Wirral Place Based Partnership Board Wirral Council</p> <p>Warrington Place Based Partnership: Working in partnership warrington.gov.uk</p> <p>Halton Place Based Partnership Board: moderngov.halton.gov.uk/ieDocHome.aspx?Categories=</p> <p>Knowsley Place Based Partnership Board: Meetings, agendas, and minutes - Knowsley Council</p> <p>Sefton Place Based Partnership Board: Sefton Partnership</p> <p>St Helens Place Based Partnership Board: Place Partnership Board - St Helens Cares</p> <p>Cheshire West Place Partnership - Public meetings Cheshire West and Chester Council</p>	

**APPENDIX C -
Policy for engagement between the Board and Council of Governors**



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Policy for engagement between the Board and the Council of Governors

INTRODUCTION

This engagement policy has been developed by the Council of Governors in recognition of the recommendations in the NHS Foundation Trust Code of Governance to address engagement between the Board of Directors and the Council of Governors.

The principles in this policy may be applied to engagement between the Council of Governors and committees, sub-committees and joint committees of the Council of Governors and Board of Directors.

1.0 PURPOSE

1.1 This Engagement Policy (**the “Policy”**) outlines the mechanisms by which the Council of Governors and Board of Directors will interact and communicate with each other to support ongoing interaction and engagement, ensure compliance with the Regulatory Framework and specifically provide for those circumstances where the Council of Governors has concerns about:

- 1.1.1 the performance of the Board of Directors.
- 1.1.2 compliance with the Trust’s Provider Licence; or
- 1.1.3 Other matters related to the overall wellbeing of the Trust.

2.0 DEFINITIONS



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a) In this Policy the following definitions shall apply:

Board of Directors	means the board of directors as constituted in accordance with the Constitution;
Chair	means the person appointed in accordance with the Constitution to that position. The expression “Chair” shall be deemed to include the Vice Chair if the Chair is absent from a meeting or otherwise unavailable;
Chief Executive	means the Chief Executive Officer of the Trust appointed in accordance with the Constitution
Constitution	means the constitution of the Trust.
Council of Governors	means the council of governors as constituted in accordance with the Constitution;

3.0 RESPONSIBILITIES

3.1 Informal and frequent communication between the Council of Governors and the Board of Directors are an essential feature of a positive and constructive relationship designed to benefit the Trust and the services it provides. The Board of Directors and Council of Governors shall act in such a manner as to comply with this policy.

3.2 The Chair

3.2.1 The Chair shall act as the link between the Council of Governors and the Board of Directors and shall have the principal role in dealing with any issues raised by Governors involving the Chief Executive, and any other Director as necessary.

3.2.2 The Chair has the most formal contact with Governors and should supplement this with informal contact where possible.

- The Chair shall:
 - i. Operate an open-door policy which encourages Governors to drop in, call,



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and/or email as frequently as they wish if they have issues to raise.

- ii. Support informal meetings outside of formal Council of Governor meetings with the Chief Executive and/or any Director (via the office of the Trust Secretary) to answer questions or confirm decisions taken by the Board of Directors (where appropriate).
- iii. Support the development of special interest relationships between Non-Executive Directors and Governors; and
- iv. Encourage the participation of the Board of Directors in the induction, orientation, and training of Governors.

3.3 Senior Independent Director

- 3.3.1 The Senior Independent Director (“**SID**”) shall act as an alternative source of advice to Governors from the Chair.
- 3.3.2 The SID shall be available to Governors if they have concerns that contact through the normal channels has failed to resolve any issues which have been raised or for which such contact is inappropriate.

3.4 Directors Shall:

- 3.4.1 Co-operate with any requests from the Chair (via the office of the Trust Secretary) to attend informal meetings outside of formal Council of Governor meetings to answer questions from Governors and confirm decisions taken by the Board of Directors (where appropriate).
- 3.4.2 Take an active role in the Governor recruitment process and in particular any job descriptions and advertisements.

3.5 Governors and Council of Governors

- 3.5.1 Governors should raise any concerns (which are covered by this policy as referred to at paragraph 5.1) in accordance with this policy and assure themselves that such issues have been resolved.



- 3.5.2 The Lead Governor shall make themselves available to provide informal advice to any Governor who may seek it in advance of a concern being raised with the Trust Secretary in accordance with paragraph 3.7.
- 3.5.3 The Council of Governors shall observe the requirements of paragraph 7.22 of the Constitution in relation to notifying the Independent Regulator if the Trust is at risk of breaching the conditions of its Provider Licence.

3.6 Trust Secretary will:

- 3.6.1 Be the first point of contact for any Governor or group of Governors who wish to raise a concern covered by this policy. They shall, where possible, resolve the matter informally and/or advise as to whether it is appropriate to take the concerns to the Chairman; and
- 3.6.2 Arrange informal meetings between Governors and Directors (including the Chairman and the Chief Executive) outside of formal Council of Governor meetings to answer questions and confirm decisions taken by the Board of Directors (where appropriate) where requested to do so by the Chairman.

4.0 Formal Communication

- 4.1 Some aspects of formal communication are defined by the constitutional roles and responsibilities of the Council of Governors and the Board of Directors respectively.
- 4.2 Formal communications initiated by the Council of Governors and intended for the Board of Directors will be conducted in accordance with the processes set out in the Constitution.
- 4.3 Wherever possible and practical, written communications will be conducted by e-mail.

5.0 Raising Concerns

- 5.1 Governors (operating as a group or on their own) may raise concerns in the



following circumstances:

- 5.1.1 the performance of the Board of Directors.
 - 5.1.2 compliance with the Trust's Provider Licence; or
 - 5.1.3 Other matters related to the overall wellbeing of the Trust.
- 5.2 Governors should raise any concerns with the Trust Secretary who may in the first instance be able to resolve the matter informally.
- 5.3 Where the Trust Secretary has been unable to resolve the concerns and/or has recommended that they be taken to the Chair the Governor(s) in question should raise the concern with the Chair and make a request for the matter to be investigated.
- 5.4 Following completion of a review of the matter the Chair shall meet with the Governor(s) who raised the concern to discuss the findings as soon as is reasonably practicable.
- 5.5 NHS England strongly encourages all Foundation Trusts and governors to resolve questions internally. Paragraph 39A of the 2006 Act provides NHS England with the ability to appoint a panel of persons to which a Governor of an NHS Foundation Trust may refer a question as to whether the Trust has failed or is failing:
- 5.5.1 to act in accordance with its constitution, or
 - 5.5.2 to act in accordance with provision made by or under Chapter 5 of the 2006 Act.
 - 5.5.3 The Trust will take steps to ensure that the governors are able to access support and advice, as and where necessary.
- 5.6 The Council of Governors may require one or more of the Directors to attend a Governor's meeting for the purpose of obtaining information about the Trust's performance of its functions or the Directors performance of their duties (and deciding whether or not to propose a vote on the Trust's or Director's performance).
- 5.7 The minutes of the meeting shall record the outcome of the discussion.



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- 5.8 Where paragraphs 5.2 and 5.3 apply the Council of Governors must approve the referral and such approval shall require at least half of the Governors voting to agree to the referral.
- 5.9 The Panel shall deal with any referral in accordance with its own procedures.

6.0 LAWS & REGULATIONS

- NHS Foundation Trust Code of Governance
- Council of Governors Code of Conduct
- Declarations of Interest
- Data Protection Act
- Public Interest Disclosure Act 1998
- Trust Constitution



Council of Governors – 25 October 2023

Chairs report for: Membership Engagement and Communications Committee

Date/Time of meeting: 8 August 2023

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

Items of concern for escalation to the Council	No items for concern
Items of achievement for escalation to the Council	<p>The Committee were informed that the Corporate Governance Team are reviewing internal processes to achieve a more joined up approach with the Patient Experience Team, Volunteer Coordinator and Communications Team. Initial meetings are booked to gather information on the current position then plans will be put in place to progress this collaborative approach.</p> <p>The Governors are invited to attend an Integrated Care Systems meeting on 11 September 2023, with Matthew Cunningham, which may provide more insight into collaborative working and ideas for Governors engaging with the Public.</p> <p>The Committee were informed that the Business Intelligence Team have been contacted to provide patient information in relation to constituency areas. This information will be brought back to the Committee when received for review and inclusion in the Membership Data Report</p> <p>The Committee discussed the Trust new website and asked the Council of Governors for ideas to improve the membership pages to encourage involvement to link in with the Patient Experience engagement.</p> <p>A review was carried out on the Membership Implementation Plan noting some of the achievements namely: a refresh of the Membership Application Materials both online and paper formats, membership advertisements through Trust Induction, volunteer induction, and via the Clinical Education team for new students and learners. Governor visibility has improved through monthly screensavers, C3 Magazine, monthly Walk-Rounds, and attendance at PLACE Assessments and organised charity events. The Future plan incorporates the addendum to the Trust Constitution, the four main categories within the Implementation Plan, and how Governors and membership can link in with system working. The report also outlines how the approach can ensure Governors are equipped to address queries from the Care Quality Commission.</p> <p>Governors are asked to use ccf-tr.enquiriesforgovernors@nhs.net email</p>

	<p>address to bring questions from members of the public to the Council of Governors meetings to demonstrate assurance that queries from members of the public are being heard and responded to, and will be published on the Trusts website.</p> <p>A new membership newsletter designed by the Communications Team was sent out to all Governors and will be distributed every 4-6 weeks.</p> <p>An update was provided on the C3 magazine which is envisaged to be constructed by the end of August. The Communications Team have requested ideas from the Committee and the Council of Governors for the Governor and membership pages. Vincent Olsson will feature in an article clarifying the role of a Governor, why he became Governors and why it is beneficial to the Trust.</p> <p>Governors were reminded to complete the Self-Assessment questionnaire by 29 September 2023 which will provide an idea of Governors current engagement with the public and local communities.</p> <p>The Committee were advised that the Charity Team are currently working through the Governance, workloads and plans since becoming an independent Charity, and will be able to provide the Committee with an update once these have been resolved. The Governors were advised that the Glow Green Charity Event will be taking place on 2nd February 2024</p>
<p>Items for shared learning</p>	<p>No items for shared learning</p>