

**Council of Governors Agenda
31 January 2024 at 17:00-
19:00**

	Standard Business		Lead	Time
54-23/24	Welcome, Introduction and Apologies	v	K Doran	17:00
55-23/24	Declarations of Interest	v	K Doran	
56-23/24	Minutes of the Last Meeting – 25 October 2023	d	K Doran	
57-23/24	Matters Arising / Action Log	d	K Doran	
58-23/24	Chief Executive and Chairs Update	p	K Doran/ L Bishop	17:05
59-23/24	Lead Governor Update	v	J Wilkinson	17:10
Strategy Update				
60-23/24	Arrangements for Collaborative working	*	L Bishop	17.15
61-23/24	Five Year Strategy Update	d	T Pharaoh	17:30
62-23/24	Operational and Financial Planning Update	*	Executive Leads	17:45
Our Patients and Performance				
63-23/24	Performance and Quality Presentation	p	Joan Spencer/ James Thomson	18.05
64-23/24	Audit Committee Assurance Report	d	M Tattersall	18:20
65-23/24	Quality Committee Assurance Report	d	T Jones	18:25
66-23/24	Performance Committee Assurance Report	d	G Broadhead	18:30
67-23/24	People Committee Assurance Report	d	A Rothery	18:40
Our Governance				
68-23/24	Governance Report – Proposal to amend the composition of the Council	d	J Hindle	18:50
Any Other Business				
69-23/24	Meeting Review	v	K Doran	19:00
70-23/24	Any Other Business	v	K Doran	
Date and time of next meeting: 13 March 2024 at 1pm venue TBC				

v - verbal
d - document
p - presentation



Draft Minutes of: Council of Governors Meeting
Date/Time of meeting: 25 October 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
Miles Mandelson	Public Governor	Abhishek Mahajan	Staff Governor
John Roberts	Public Governor	Nancy Whittaker	Appointed Governor
Richard Taylor	Public Governor	Heather Westhead	Appointed Governor
John Forsey	Public Governor	Tony Murphy	Appointed Governor
Glenys Crisp	Public Governor	Nancy Whittaker	Appointed Governor
Caroline Pelham-Lane	Public Governor	Mahmoud Elfar	Appointed Governor
Mark Tattersall	Non-Executive Director		
Anna Rothery	Non-Executive Director		
Asutosh Yagnik	Non-Executive Director		
Geoff Broadhead	Non-Executive Director		
Terry Jones	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		
Jayne Shaw	Director of Workforce & OD		

Also in Attendance:

Anne Mason	Corporate Governance & Governor Engagement Officer
Abby Ashcroft	Corporate Governance Administrator
Jane Hindle	Associate Director of Corporate Governance
Lorraine Soudani	Patient Experience Lead

Apologies:

Jane Wilkinson	Public Governor
Linzi Hickson	Staff Governor
Elkan Abrahamson	Non-Executive Director
Tom Pharaoh	Director of Strategy
Tom Meade	Public Governor

	Annual Members Meeting
	Welcome and Introduction: Kathy Doran welcomed all those in attendance and noted the above apologies.
CoG- 38-23/24	Minutes of previous meeting: 26 July 2023 The minutes were approved as an accurate record.
CoG- 39-23/24	Matters arising and Action Log Kathy Doran proposed that item CoG-48-23/24 – Re-appointment of Non-Executive Directors, be conducted at the end of the meeting - the Council agreed. The Action Log was noted.
CoG- 40-23/24	Chief Executive and Chairs Update Kathy Doran and Liz Bishop introduced the report highlighting the following: NHS England have strengthened the requirements pertaining to Fit and Proper Persons Test. The new framework aims to support Trusts in the recruitment and annual review of those in Director positions. Kathy Doran recommended that the council watch the patient story which was presented at the Clatterbridge Cancer Charity Ball and raised £155,000.00 for the benefit of local cancer patients. It was agreed to circulate the Patient Story to members. The Cheshire and Merseyside Acute and Specialist Trusts Chairs Meeting took place in September to discuss a number of issues including specialised commissioning and programmes of work relating to clinical leadership and Laboratory Information Management Systems (LIMS). The group also discussed the challenges with delivering more system contributions whilst also delivering heightened levels of efficiency. The flu and Covid-19 vaccination campaign has commenced for all staff across the Trust sites. It has been established that the Wirral site is the only site that may contain the Reinforced Aerated Autoclaved Concrete (RAAC) but after initial investigation by a structural engineer the concrete used in the original build was not RAAC. However, the Trust has commissioned a detailed survey to be carried out, to provide confirmation. The Staff Excellence Awards took place in October at the Crowne Plaza hosted by Radio City's Leanne Campbell. The awards celebrated the outstanding commitment, dedication, and achievements of staff colleagues across the Trust. Action: Anne Mason to Circulate Patient Story The Council of Governors: Noted the contents of the Report.
	Our Patients and Performance
CoG- 41-23/24	Performance and Quality Presentation The Executive Leads provided an overview of the Performance and Quality presentation: Performance

	<p>Joan Spencer advised the Council that the Trust is performing well against waiting time targets, however the challenge remains with late referrals and molecular testing. There is a huge amount of work in progress to address this with Liverpool University Teaching Hospital (LUHFT) and with the new Paddington Community Diagnostic Centre.</p> <p>Workforce capacity challenges remain in place regarding radiology reporting which continues to affect imaging turnaround times however, a radiology capacity and demand review is underway.</p> <p>A bed occupancy project is reviewing the flow of patients from home to discharge, and a separate project is being carried out, focusing on inpatient and outpatient frailty, together with LUHFT colleagues.</p> <p>A paper explaining the new cancer wait times went to Trust Board in September and noted the three key standards of 28-day faster diagnosis, 31-day decision to treat, and 62-day referral to treatment standard.</p> <p>Joan Spencer assured the Council that work is ongoing to address the challenges of an increase in referrals and highlighted the contributory factors such as late referrals and industrial action but the team continue to monitor performance and identify actions through a detailed breach review process.</p> <p>Quality</p> <p>Julie Gray advised the Council that infection rates remain above trajectory in some areas not just at The Clatterbridge Cancer Centre but nationally. The Trust has a robust infection review process in place which now includes external scrutiny from the specialist commissioner.</p> <p>The Trust experienced a rare failure to meet the VTE risk assessment and the Sepsis IV antibiotics targets in September for planned treatment. Unusually, a patient stayed in overnight due to the patients' personal circumstances and would not ordinarily have had a VTE risk assessment, which explains why the patient was missed and the 5 Sepsis patients were not given IV antibiotics within one hour and received them between 1-3.5hrs however all were on oral antibiotics and no harm came to any of the patients.</p> <p>The complaints manager continues to work with the Divisions to ensure complex complaints are identified accurately and managed within the correct timeframe.</p> <p>There has been a significant increase of Freedom of Information requests received since 1st April 2023, both locally and nationally and are largely related to commercial requests regarding Covid-19. There were 288 requests with 279 responded to within the 20-day target.</p> <p>Workforce</p> <p>Jayne Shaw updated the Council on the workforce performance noting that the sickness absence has been below target for the last two months and noted that September's figures have crept above 5%. This may be due to the increase in Covid cases heading into the winter months.</p> <p>Staff turnover remains static at 1.2% above target however the figures included those who are on fixed term contracts that are coming to an end and those who have retired.</p>
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	<p>Staff appraisals have fallen below the Trust's target of 90% in the last 3 months however work is ongoing to rectify this, and the Trusts Statutory and Mandatory training compliance continues to be above the target of 90%.</p> <p>Research Sheena Khanduri advised the Council that all research KPI's are currently on track with the exception of patients being recruited to trials. At the end of September, the Trust recruited 518 patients against a target of 750 for this point in the year. Some reasons for not reaching the targets are due to trial recruitment figures that have not recovered from pre-pandemic levels, predominantly due to being early phase trials. The first in-human study as a specialist cancer centre also means lower numbers of patients.</p> <p>To address this, the internal study approval process has been revised to allow earlier patient recruitment onto trials and the process for funding of clinical research time for medics has improved. Additional clinical trials pharmacy capacity has been made available to focus on study set up and a potentially high recruiting study will be opening in January 2024.</p> <p>Finance James Thomson advised that the Trust is on plan as a Trust and as a group to hit the target of £363k surplus for 2023/24. The Trust's cash position is £65m which is better than plan by £2.3m and capital spend is £612k year to date with the majority of capital spend profiled for later in the year.</p> <p>The agency cap has been re-set based on prior year end spend and the year-to-date target is reporting below the agency cap by £41k.</p> <p>The Council of Governors: Noted the contents of the Report.</p>
CoG- 42-23/24	<p>Quality Committee Assurance Report (meeting date 20 September 2023) Terry Jones presented the Report highlighting the following:</p> <p>The Committee agreed that the Annual Revalidation Report will report through the People Committee going forward.</p> <p>The Committee agreed that although not nationally mandated, the Research and Innovation trial set up, will now be reported through the Committee.</p> <p>The Committee discussed the Board Assurance Framework (BAF) and proposed a decrease from a score of 15 to a score of 10 for BAF 1 (Patient Safety and Experience). The Committee discussed the ambitious target of 6 for BAF 7 (Research Portfolio) and decided to review and propose a new target at the November Board meeting. The Committee agreed that BAF 13 (Development and adoption of digitalisation) has the appropriate score.</p> <p>The Council of Governors: Noted the contents of the Report.</p>
CoG- 43-23/24	<p>Performance Committee Assurance Report (meeting date 23 August 2023) Geoff Broadhead presented the Report noting the following:</p>

	<p>The Committee discussed the Government's decision to remove and merge certain cancer waiting times and will continue to monitor performance via the internal targets.</p> <p>The Committee received an update regarding the Community Diagnostic Hubs which provided details of The Clatterbridge Cancer Centre's involvement within the Cheshire and Merseyside community diagnostic programme. The Committee requested further detail regarding financial risks to be brought back to the Committee in 6 months.</p> <p>The Committee received the quarterly Green Plan update on energy and utilities, capital projects and suppliers and partners.</p> <p>The regular Clatterbridge Pharmacy Ltd. subsidiary performance report was also received by the Committee.</p> <p>The Council of Governors: Noted the contents of the Report.</p>
CoG- 44-23/24	<p>People Committee Assurance Report (meeting date 19 September 2023) Anna Rothery presented an overview of the report noting the following:</p> <p>The Trust continues to review staff turnover with the top three reasons for leaving identified as relocation, promotion and work life balance. The HR Business Partner Team continue to work with managers to further understand reasons for leaving and ensure they are being recorded accurately.</p> <p>The Committee noted the improvements made in four of the nine indicators of race equality and noted an increase in BAME staff, however there is still some work to do to increase BAME representation. The Trust also showed improvements in six of the ten Workforce Disability Equality Standards and noted there is further work to do to encourage staff to declare their disabilities.</p> <p>The Committee also noted the update and recommended the approval of the Freedom to Speak Up policy to Trust Board. The Committee was advised that there have been 11 cases raised with the Freedom to Speak Up Guardian, evidencing that employees feel empowered to raise any concerns they have.</p> <p>Keith Lewis asked if staff wellbeing and engagement can be broken down by department. Jayne Shaw confirmed that reports are broken down into corporate areas if the response rate is higher than 11. The Trust is also providing listening events for staff to discuss issues in an open forum and have an intranet page dedicated to staff support with issues like finance, physical and mental health, health and wellbeing.</p> <p>The Council of Governors: Noted the contents of the Report.</p>
CoG- 45-23/24	<p>Cancer Alliance Report Liz Bishop presented the Report highlighting the following:</p> <p>The first part of the report focuses on three operational targets, and the Trust is performing well as a system for first treatments however are behind in the diagnosis target, although the Community Diagnostic Hubs should start to improve this target.</p>

	<p>The second part of the report focuses on transformation projects including personalised care, targeted lung health checks and the Galleri test, which detects early-stage cancers through a simple blood test.</p> <p>Each quarterly report will focus on a different element including work that the health inequalities team is doing to increase awareness of cancer.</p> <p>Over the past two years, early diagnosis rates in Cheshire and Merseyside have been above the England average for breast, lung and other cancers but below the average for colorectal and prostate cancers.</p> <p>Miles Mandelson asked if there was a reason why Place level vs operational standards was low in Liverpool, South Sefton, and Formby. Liz Bishop explained that there is a lot of detail behind the information provided and suggested a more detailed session regarding the Cancer Alliance be provided for Governors in the future.</p> <p style="text-align: right;">Action: Corporate Governance Team to arrange Cancer Alliance Session for Governors</p> <p>The Council of Governors: Noted the contents of the Report.</p>
	<p>Our Governance</p>
<p>CoG- 46-23/24</p>	<p>Audit Committee Assurance Report (meeting date 12 October 2023) Mark Tattersall provided an update on the report, highlighting the following:</p> <p>The Cost Improvement Plan Audit provided Substantial Assurance however, the review identified more recurrent/transformational schemes are required to meet the challenges of the Cost Improvement Plan.</p> <p>The Better Payment Practice Code performance remains at 100% for both volume and value for NHS, and 99% for non-NHS value and 97.7% for volume. The Trust received the second letter of congratulations from NHS England’s Chief Finance Officer, Julian Kelly, in September.</p> <p>The Trust was awarded ISO27001 accreditation at the end of July with the certificate being issued at the end of October, coinciding with Cyber Security Month.</p> <p>A separate meeting took place to discuss additional fees requested by the External Auditor, Ernst and Young, relating to both 2021/22 and 2022/23 audits. If agreed the request would result in significantly higher fees than the original contract. The Committee agreed that the majority of the additional fees could not be agreed based on the information provided to support the request. A further meeting has been arranged with Ernst and Young to discuss the additional fees to enable the Trust to understand the basis of the request.</p> <p>The Council of Governors: Noted the contents of the Report.</p>

CoG- 47-23/24	<p>Chair's Report of Fit and Proper Person</p> <p>Kathy Doran presented the report for noting, explaining that those in an Executive Director or Non-Executive Director role, are required to meet the requirements of the Fit and Proper Person Test (Regulation 5, of the Health and Social Care Act 2008). The paper describes what checks are carried out to ensure suitability and are detailed within the report.</p> <p>The Council of Governors: Noted the contents of the Report.</p>
CoG- 48-23/24	<p>Re-appointment of Non-Executive Directors</p> <p>This agenda item was discussed at the end of the meeting as noted in Matters Arising - Kathy Doran asked the Non-Executive Directors concerned namely: Anna Rothery and Asutosh Yagnik, to leave the meeting and then provided details of the report as follows:</p> <p>Kathy Doran informed the Council that Anna Rothery and Asutosh Yagnik are nearing the end of their first three year term as Non-Executive Directors on 31st December 2023. The Nomination and Remuneration Committee met in October to consider reappointment of the Non-Executive Directors for a further three year term. Information pertaining to recent appraisals and evidence of commitment to the role was presented to the Committee including references to performance which was corroborated by observations at Board meetings.</p> <p>The Nomination and Remuneration Committee recommended that the Council of Governors support the proposal to re-appoint Anna Rothery and Asutosh Yagnik for a further three years from 1st January 2024.</p> <p>The Council of Governors approved the Re-Appointment of Anna Rother and Asutosh Yagnik for a further three year term.</p> <p>The Council of Governors: Noted the contents of the Report and supported the re-appointment of Anna Rothery and Asutosh Yagnik for a further three year term.</p>
CoG- 49-23/24	<p>Annual Review of Effectiveness & Governance Update</p> <p>Jane Hindle provided an overview of the report highlighting the following:</p> <p>In line with the Code of Governance for NHS Trusts, the Council of Governors assessed their collective performance and how they have discharged their responsibilities including their effectiveness against the following:</p> <ul style="list-style-type: none"> • Holding the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors • Communicating with their member constituencies and the public and transmitting their views to the Board of Directors • Contributing to the development of the Foundation Trust's forward plans. <p>The Self-Assessment contained comments on how to hold the Non-Executive Directors to account and therefore an opportunity will be provided for Governors to meet prior to the Council of Governor meetings to share views or raise any concerns. The Governors also have the ability to raise any concerns directly with the Lead Governor Jane Wilkinson.</p>

	<p>The Code of Governance also advises that the Council of Governors utilise the Self-Assessment process to review its roles, structure, composition, and procedures, taking into account the emerging best practice. A proposal was made to form a working group to discuss.</p> <p>Action: Corporate Governance to email Governors requesting volunteers for working group to discuss Governor role, structure, and composition</p> <p>The Council of Governors: Noted the contents of the Report and approved the Policy for Engagement between the Board and the Council of Governors.</p>
CoG- 50-23/24	<p>Questions from the Public The Council noted that there were no questions from the Public.</p>
CoG- 51-23/24	<p>Membership Engagement and Communications Committee Report (Meeting date 8 August 2023) Laura Jane Brown presented the Report and highlighted the following:</p> <p>The Corporate Governance Team are reviewing internal processes to achieve a more joined up approach to membership with the Patient Experience Team, Volunteer Coordinator and Communications Team.</p> <p>The Corporate Governance Team are arranging more Governor Engagement meetings such as the Integrated Care Systems meeting that took place in September which provided more insight into collaborative working and ideas for engaging with the public.</p> <p>A new membership newsletter has been introduced and will be distributed to Governors and members every 4-6 weeks providing members with up-to-date information on what is happening in the Trust.</p> <p>The Council of Governors: Noted the contents of the Report.</p>
	Any Other Business
CoG- 52-23/24	<p>Any Other Business Kathy Doran thanked all everyone for attending.</p>
	Date and time of next meeting: 31st January 2024 at 5pm

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
10/25/2023	CG-40/23	Chief Executive and Chairs update	Circulate the Patient Story to Committee Members	GC&GEO	11/1/2023		Action completed 01.11.2023
10/25/2023	CG-45/23	Cancer Alliance Report	Corporate Governance Team to arrange Cancer Alliance session for Governors	GC&GEO	1/31/2024		A session took place on 15th January 2024 with Jo Traak highlighted the work of the Cancer Alliance in relation to health inequalities.
10/26/2023	CG-49/23	Annual Review of Effectiveness & Governance update	Corporate Governance Team to request volunteers for working group regarding composition of Governors	GC&GEO	1/31/2024		Request issued and meeting arranged for 19th January 2024. 31.01.24 on agenda

Title of Meeting: Trust Board Part 1**Date of Meeting: 31st January 2024**

Report lead	Kathy Doran Chair, Liz Bishop CEO					
Paper prepared by	Jane Hindle, Associate Director of Corporate Governance					
Report subject/title	Chair and Chief Executive report					
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	The Board is requested to: <ul style="list-style-type: none"> Note the report 					
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

1.0 Cheshire and Merseyside Acute and Specialist Trusts Chair's Meeting

- 1.1 I attended the Cheshire and Merseyside Acute and Specialist Trusts (CMASST) Chair's Meeting on 15th November. It focussed on managing the 2023/24 Financial Position following NHS England's announcement regarding the impact of industrial action. A further meeting took place on 17 January where Chairs concluded that the forum would continue to meet bi-monthly to share information about collaborative working and to support the work of the CMASST programmes.

2.0 Clatterbridge Cancer Charity Board Meeting

- 2.1 I attended a meeting of the Clatterbridge Cancer Charity Board on 13th November where we received a presentation from the Trust, in relation to the an overview of future potential charitable funding projects to the Charity Board.

3.0 Liverpool Joint Committee

- 3.1 I attended a meeting of the Liverpool Joint Committee on 21st December with a continued focus on shared programmes of work between the trusts. We also received an update in relation to the Chair and Chief Executive arrangements for Liverpool Women's Hospital Foundation Trust.

4.0 Consultant Appointments

- 4.1 I have taken part in several Consultant interviews since the last report and we have made a number of appointments:

Consultant Medical Oncologists	Niladri Ghosal
	Nicola Hannaway
Consultant in Clinical Oncology	Tasos Ioannou

We look forward to them joining the Trust early in the new year.

5.0 Remuneration Committee

- 6.1 The Remuneration Committee of the Board met on 29th of November to consider the Very Senior Manager's pay increase, succession planning and the terms of reference for the Committee. Further meetings took place on 18th December and 17th January 2024 to discuss the arrangements for the joint Chief Executive role.

CEO Update

1.0 National Diagnostics Programme



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- 1.1 Analysis published in early January 2024 shows that more people than ever before are getting tested for cancer with almost 3 million checks over the last 12 months
- 1.2 Almost 3 million people (2,980,258) were seen for urgent cancer checks over the last year (Nov 2022 to Oct 2023) – the highest year on record. Up by 147,960 on the same period last year, and up over a quarter (622,562) on the same period before the pandemic (2,357,696).
- 1.3 The new analysis also shows there has been a 133% increase in the number of people getting checked for cancer, over the last decade – with 1,275,231 urgent cancer referrals between Nov 2012 to Oct 2013.
- 1.4 This record year of checks has been delivered despite NHS staff managing one of the busiest winters ever in addition to unprecedented industrial action. The impact of Christmas and industrial action has affected C&M overall percentage of patients seen within 6 weeks (82.2% in Dec, 79.9% Jan) .However, with continued efforts, the C&M system can still achieve 90% of patients seen within 6 weeks by the end of March.

2.0 Planning Guidance 2024/25

- 2.1 In December 2023 NHS England wrote to trusts to advise them to commence planning for the 2024/25 financial year. The key requirements will be for systems to maintain the increase in core UEC capacity established in 2023/24, complete the agreed investment plans to increase diagnostic and elective activity and reduce waiting times for patients, and maximise the gain from the investment in primary care in improving access for patients, including the new pharmacy first service.

3.0 Cheshire and Merseyside Cancer Alliance Performance

- 3.1 The impact of junior doctor industrial action and the Christmas holiday period resulted in an increase in the number of patients waiting over 62 days and 104 days for treatment in Dec (62 days - 1,187 week ending 31st Dec compared to 1,112 week ending 10th Dec. 104 days- 325 w/e 31st December Vs 294 week ending 17th Dec). This rise is in line with the national trend and as the number of new referrals decreased during the same period it is expected our position will recover quickly.

4.0 Industrial Action

- 4.1 The latest round of junior doctors industrial action concluded on 9 January 2024 and there is little doubt that there will be further action unless a pay settlement is agreed. The BMA have formally put the government's pay offer to consultants to its members via a referendum that closes on 23 January 2024.

5.0 Face to Face Staff Sessions with the Chief Executive



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5.1 As part of our commitment to increase the visibility of the leadership team I am holding a number of informal question and answer sessions with staff during January.

6.0 Staff awards

6.1 Congratulations to Professor Abhishek Mahajan who was awarded Oncology Radiologist of the Year at the Radiology Awards 2023.

6.2 Kate Lacey, Metastatic Spinal Cord Compression Service (MSCC) Lead won the Macmillan Professionals Excellence, "Whatever it Takes" Award.

7.0 Recommendations:

The Council of Governors is requested to:

- **Note the report**



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Title of meeting: Council of Governors
Date of meeting: 31st January 2024

Report author	Tom Pharaoh, Director of Strategy					
Paper prepared by	Tom Pharaoh, Director of Strategy					
Report subject/title	Five-year strategic plan 2021-2025: Implementation report – November 2023					
Purpose of paper	<p>This report was prepared for Performance Committee and Trust Board of Directors in November 2023. The report provides a high-level update on progress in the implementation of the five-year strategic plan. The contents of the report have been provided by leads from across the Trust.</p> <p>Since the publication of the five-year strategic plan in 2021, a six-monthly implementation report has been collated to provide an update on the commitments set out in the plan.</p> <p>This is the first iteration of a new and shorter strategy implementation report that is more appropriate and relevant for the later stages of the lifespan of the strategic plan.</p> <p>As with the previous version of the report, key highlights from the last six months are provided against each of the six strategic priorities. This version then provides much higher level updates on the specific commitments for each of the strategic priorities.</p>					
Background papers	Five-year Strategic Plan 2021-2025					
Action required	To note					
Link to: Strategic Direction Corporate Objectives	Be Outstanding	✓	Be a great place to work	✓		
	Be Collaborative	✓	Be Digital	✓		
	Be Research Leaders	✓	Be Innovative	✓		
Equality & Diversity Impact Assessment						
The content of this paper could have an adverse impact on:	Age	Yes/No	Disability	Yes/No	Sexual Orientation	Yes/No
	Race	Yes/No	Pregnancy/Maternity	Yes/No	Gender Reassignment	Yes/No
	Gender	Yes/No	Religious Belief	Yes/No		



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Five-year strategic plan 2021-2025

Implementation report

November 2023

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Introduction

Our five-year strategic plan (2021-2025) sets out our aims and ambitions years against six strategic themes. The strategic plan sets out a number of commitments for each theme.

As part of our commitment to deliver the strategic plan we have provided a strategy implementation report – giving an update against each of these commitments – every six months since June 2021.

This report was intended to provide a high-level update on the progress and challenges with the implementation of the strategic plan. As we have progressed through the lifespan of the five-year strategic plan this implementation report has become less useful for a number of reasons:

- Many of the commitments have now been delivered and the work on others is part of a continuous process that will not have a clear date of completion.
- It has been necessary to change our position on, or approach to, some of the original commitments meaning that it was necessary to reword them in the report.
- New work streams and initiatives (not mentioned in the five-year strategic plan) have now become priorities for the Trust.
- A number of supporting strategies have now been developed. These outline the ongoing work to deliver specific elements of the five-year strategic plan and there is now separate reporting in place on the delivery of these supporting strategies.

As such, a new and shorter strategy implementation report will be prepared for the remainder of the lifespan of the current five-year strategic plan. This is the first version of this new report.

This report

This report contains a section on each of the six themes in the five-year strategic plan. Each section outlines:

- The key highlights for the theme in the latest reporting period
- The supporting strategies that are now in place to support the theme and where the Trust Board of Directors receives assurance on the delivery of these strategies
- A brief summary of the status of the main work areas outlined in the five-year strategic plan, outlining for each whether they are original commitments, have been reworded, or are additional commitments
- A brief narrative update for each commitment, and
- A description of the status of the commitment, with each being identified as being either:
 - i) Complete
 - ii) In progress
 - iii) Continuous, or
 - iv) Under review

Summary of highlights

Be outstanding

- Development of CAR-T cell therapy service progressing well, positive JACIE inspection of clinical programme and target date of spring 24
- New Quality Improvement & Learning Strategy 2023-25 developed through engagement
- Comprehensive maintenance/refurbishment programme at CCC-Wirral and architects engaged on long term redevelopment

Be collaborative

- The Paddington CDC in CCC-Paddington opened in July 2023 following a rapid mobilisation programme
- CCC continues to engage with Joint Committee of Liverpool providers and site sub-committee
- Health Inequalities Steering Group now formed to coordinate CCC's 'anchor institution' work

Be a great place to work

- Second annual Staff Excellence Awards took place in October 2023 celebrating the dedication of colleagues across the Trust
- Significant staff engagement through 'Big Conversation' events, 'A Day in Your Shoes' programme and 'Pop-up Sessions' with CEO
- Network of Wellbeing and Engagement Champions from across Trust in development

Be research leaders

- Additional research PAs have been allocated to clinical staff and will demonstrate enhanced support for research within the Divisions
- Two new Early Phase Clinical Research Fellows started in August 2023
- Chair of Oncology jointly appointed with the University of Liverpool and started in November 2023

Be digital

- Our new Digital Strategy 2023-2025 launched in June 2023
- Self-assessment made against the national Digital Maturity Assessment highlighting existing maturity and areas for improvement
- New Outpatient Transformation Programme will drive increased telehealth consultations

Be innovative

- Options appraisal in development for second phase of development of CCC-Paddington site now that Paddington CDC is operational
- Outpatient Transformation Programme established to increase telemedicine and innovative patient-initiated follow-up (PIFU)
- New Innovation Manager starting in early 2024 and Innovation Committee to be formed

Key strategic activities in the next 6 months

- Initial delivery of a cutting edge CAR-T cell therapy service for the people of Cheshire and Merseyside
- Continue to deliver Outpatient Transformation Programme
- Proposals for the further use of CCC-Paddington following the exploration of the further opportunities that the acquisition provides
- Deliver further proposals for refurbishment & development of CCC-Wirral and Halton sites
- Continue to work with partner provider trusts to increase opportunities for improvements and efficiencies through collaboration

Be outstanding

Deliver safe high quality care and outstanding operational and financial performance

A. HIGHLIGHTS IN THE LATEST REPORTING PERIOD

- The programme to develop a cutting edge CAR-T cell therapy service for Cheshire & Merseyside is progressing well, with positive JACIE inspection of the clinical programme and a revised target date of spring 2024 to allow completion of the stem cell lab (LCL) JACIE action plan
- Our new Quality Improvement & Learning Strategy 2023-25 has been developed through staff and public engagement and sets out our ambitions for learning for improvement
- Comprehensive maintenance and refurbishment programme taking place at CCC-Wirral, with architects engaged to begin developing proposals for long term redevelopment

B. SUPPORTING STRATEGIES

There are various supporting strategies in place with relevance to this strategy priority:

- Quality Improvement & Learning Strategy 2023-25
- Patient Experience Commitment 2022-2025
- Creating a Greener CCC 2022-2027

The Trust Board of Directors gains assurance on the delivery of these supporting strategies through Quality, People and Performance Committees.

C. SUMMARY OF COMMITMENTS IN STRATEGIC PLAN

The commitments set out in the five-year strategic plan are against four broad themes:

- Operational performance
- Quality, standards and experience
- High quality environments
- Financial and environmental sustainability

Operational performance			
Commitment	Type	Status	Update
Reorganise clinical divisions to underpin SRG model	Original	Complete	Completed in year one of five-year strategic plan
Further integrate our haemato-oncology services with those in the North Mersey area	Original	Complete	Service transfer took place successfully on 1st February 2022
Support the opening of the New Royal	Additional	Complete	New Royal open and link bridges in place
Develop a sustainable and high quality model of care for referrals from the Isle of Man	Original	Complete	Service model in place with ongoing work to optimise MDT working
Report on delivery of benefits of CCC-L	Original	In progress	Work underway, data collection ongoing, draft report target Jan 24

Upgrade the National Centre for Eye Proton Therapy	Original	In progress	Full replacement programme will be delivered by the end of 2023/24
Fully open aseptic pharmacy production unit in CCC-L	Additional	In progress	Awaiting date for MHRA inspection – ongoing work to develop service and commission VHP isolators
Develop a CAR-T cell therapy service for Cheshire & Merseyside	Additional	In progress	Positive JACIE inspection of clinical programme. JACIE action plan developed for LCL stem cell lab. Target start date revised to spring 24.
Develop the working relationship with LUHFT, including the review and management of the SLA for services between RLUH and CCC-L	Reworded	Continuous	SLA review and development one of key work stream of Joint CCC/LUHFT Partnership Group.
Fully open our teenage and young adult (TYA) unit in CCC-L	Original	In progress	CAR-T cell therapy business case includes changes to Ward 5 allowing the opening of the TYA unit.
Develop an interventional radiology service	Original	In progress	Ongoing work with partners in C&M on a coordinated approach to interventional radiology
Continue to work with our partners on the development of the CCC eastern sector hub	Original	Under review	Proposal under review following submission of CCC paper to NHS C&M outlining changes since eastern hub originally proposed
Develop a comprehensive and coordinated approach to urgent cancer care	Original	Continuous	Urgent Cancer Care Programme Board in place bringing together partners from the region under CCC leadership

Quality, standards and experience			
Commitment	Type	Status	Update
Develop new clinical quality strategy	Reworded	Complete	Quality Improvement & Learning Strategy 2023-2025 developed and launched July 2023
Review and refresh our quality improvement methodology	Original	Complete	As above
Implement our dementia and learning disability strategies	Original	In progress	New Dementia Strategy 2022-2026 in place. New Learning Disability and Autism Strategy 2023-2025 in place.
Implement our patient involvement and engagement strategy	Original	In progress	Our Commitment: Patient experience, engagement, inclusion & involvement 2022-2025
Empower staff to report near misses and incidents	Original	Continuous	Ongoing work to achieve this outlined in Quality Improvement & Learning Strategy
Maintain good CQC rating while striving for outstanding	Original	Continuous	Deliver work programme to ensure ongoing readiness of the organisation for CQC inspection
Maintain key clinical accreditations and compliance with regulatory standards - ongoing	Original	Continuous	Managed through Risk and Quality Governance Committee

High quality environments			
Commitment	Type	Status	Update
Optimise our accommodation in The Spine to increase utilisation and bring corporate teams together	Reworded	Complete	Work complete
Redevelop the CCC-Wirral site	Original	In progress	Full maintenance and refurbishment programme for 2023/24. Architect-led process work up redevelopment plans will commence Nov 23.
Work with the charity to develop plans for refurbishing the Halton unit	Reworded	In progress	Architect plans drawn up with division and Halton team. Plans to be finalised in Nov 23 to allow engagement with Charity on fundraising

Financial performance and sustainability			
Commitment	Type	Status	Update
Deliver a productivity improvement programme	Original	Continuous	Challenging cost improvement programme for 2023/24 is on track. 2024/25 programme in development
Deliver an effective capital programme	Original	Continuous	2023/24 capital programme on track with planning underway for 2024/25
Deliver our partner programme, increasing charitable income and continuing to grow the private clinic	Original	Continuous	Charity now independent to seek to maximise income. Strategies in place to grow private joint venture and wholly-owned subsidiaries.
Develop plans to continue to create social value in our local communities and reduce our waste, water consumption and carbon footprint in line with the ambitions set out in the NHS Long Term Plan	Original	Continuous	Green plan in place since Jan 2022. Sustainability Manager in place with governance and reporting, including annual report.

Be collaborative

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

A. HIGHLIGHTS IN THE LATEST REPORTING PERIOD

- The Paddington Community Diagnostic Centre in CCC-Paddington opened in July 2023 following a rapid mobilisation programme after the acquisition of the former Rutherford Cancer Centre: North West earlier in the year
- CCC continues to engage with Joint Committee of Liverpool providers and site-specific sub-committee focused on joint working between CCC-Liverpool and the Royal Liverpool Hospital
- Health Inequalities Steering Group now formed to coordinate CCC's contribution as an 'anchor institution', including through initiative aimed at preventing ill health and lessening health inequalities

B. SUPPORTING STRATEGIES

- There are no dedicated supporting strategies for this strategic objective

C. SUMMARY OF COMMITMENTS IN STRATEGIC PLAN

The commitments to further this strategic objective were set out in four areas:

- NHS Cheshire & Merseyside
- Cheshire & Merseyside Cancer Alliance
- Operational Delivery Networks
- Other partnerships

NHS Cheshire & Merseyside			
Commitment	Type	Status	Update
Work with WUTH to develop a Community Diagnostic Centre on the Clatterbridge Health Campus	Additional	Complete	Clatterbridge Diagnostics opened in July 2021 with some services operating out of CCC-W
Work with partners to develop Paddington Community Diagnostic Centre within CCC-Paddington	Additional	Complete	Opened in July 2023 following a rapid mobilisation programme involving multiple work streams
Play a full and active role in the partnership	Original	Continuous	CEO continues to lead Community CDC programme and wider diagnostic programme
Further develop CCC's credentials as an 'anchor institution' that positively contributes to our local areas in ways beyond providing healthcare	Additional	Continuous	Health Inequalities Steering Group now formed to understand CCC's existing contribution and oversee development of new initiatives

Cheshire & Merseyside Cancer Alliance			
Commitment	Type	Status	Update
Work through the alliance to explore whether any of our services could develop the rapid diagnostic service (RDS) model to support the delivery of the 28-Faster Diagnosis Standard	Reworded	Complete	Lymphoma RDS piloted successfully and implemented with improvements seen in waiting times
Work with the Cancer Alliance, Macmillan and Health Education England to develop an integrated specialist cancer speech and language therapy service for C&M	Additional	In progress	Service model in place and development underway. Discussions with key partners on ongoing project funding concluded.
Work with cancer alliance colleagues on the delivery of our comprehensive and coordinated approach to urgent cancer care	Original	Continuous	Urgent Cancer Care Programme Board in place bringing together partners across the region with strong Cancer Alliance involvement

Operational Delivery Networks (ODNs)			
Commitment	Type	Status	Update
Play a full and active role in the North West Radiotherapy ODN	Reworded	Continuous	CCC CEO chairs Radiotherapy ODN with engagement from clinical team
Play a full and active role in the North West Teenage and Young Adult ODN	Additional	Continuous	CCC COO chairs TYA ODN with engagement from clinical team

Other partnerships			
Commitment	Type	Status	Update
Work together with Liverpool provider trusts to increase opportunities for improvements and efficiencies through collaboration	Additional	Continuous	CCC playing active role in work put in place following Liverpool Clinical Services Review. Other collaboration taking place through CMAST.
Ensure molecular diagnostic testing is available and access to molecular testing is embedded into pathways	Original	Continuous	Internal work underway to streamline processes for receiving and recording genomic results. External engagement taking place with partners on turnaround times and impact on cancer waits.

Be a great place to work

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

A. HIGHLIGHTS IN THE LATEST REPORTING PERIOD

- Second annual Staff Excellence Awards took place in October 2023 to celebrate the outstanding commitment, dedication and achievement of colleagues across the Trust. A total of 220 nominations were received in the 12 award categories.
- Significant staff engagement activity through 'Big Conversation' events, 'A Day in Your Shoes' programme and 'Pop-up Sessions' with the CEO
- Network of Wellbeing and Engagement Champions in development, drawn from teams across the Trust

B. SUPPORTING STRATEGIES

Work towards this strategic aim is set out in **Our People Commitment 2021-2026**. The Trust Board of Directors gains assurance on the delivery of this work through People Committee.

C. SUMMARY OF COMMITMENTS IN STRATEGIC PLAN

The commitments to further support this strategic objective were set out in seven areas in the five-year strategic plan. These areas have been reviewed and updated, especially through the launch of the People Commitment, to five key themes:

- Developing our People
- Workforce for the Future
- Valuing our People Recruitment
- Looking after our People
- Education and Training

Developing our People			
Commitment	Type	Status	Update
Reorganise the directorate structures to ensure the SRGs are embedded	Original	Complete	Reorganisation took place in year one of the strategic plan
Enhance leadership skills and capacity across all levels of the trust, with an increased focus on supporting middle managers and developing a pipeline of talent	Original	Continuous	Leadership and Management Skills Passport in place. Leadership training offer continually developing. New 3 day leadership programme and 2 day management programme launched.
Identify and develop talent and leaders of the future to maximise the potential of all staff and develop the Trusts approach to succession planning	New	Continuous	Funding secured for new Shadow Board Cohort. Work underway to define and educate leaders on succession planning and links to workforce planning. New BI dashboard developed to enable reporting of career conversations from My Appraisal System.
Continue and refine the e-PADR process	Original	Complete	My Appraisal system rolled out to replace e-PADR and processes in place to record and report on appraisals

Develop an allied health professional (AHP) strategy to harness the potential and enhance the value of AHPs	Original	Under review	Joint Nursing and AHP strategy to be developed
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Workforce of the Future			
Commitment	Type	Status	Update
Further develop our employer brand to attract and retain the best talent and promote CCC as an employer of choice	Reworded	Continuous	Review of website recruitment pages underway. Refreshed recruitment training and values-based recruitment toolkit in development.
Focus on the recruitment of a research workforce for the future, including academic clinicians and clinician scientists	Original	Continuous	Ongoing in support of the Research Strategy
Work with schools, colleges, universities and community groups to improve access routes for local people into Trust jobs	Original	Continuous	Work with the Princes Trust to run a step in Health programme. Continue to develop and roll out career insight days to raise the profile of working within the NHS.
Continue to develop our innovative approach to workforce planning, creating new roles and new career pathways	Original	Continuous	Ongoing work linked to ICB workforce planning and workforce growth. New AHP and Nursing Lead reviewing carer pathways and career conversations.
Sustain agile ways of working in support of our multi-site clinical model beyond Covid-19	Original	Continuous	Hybrid and flexible working policies and guidance in place to support managers and staff. Recording of flexible working in ESR in development, alongside the development of reportable metric for flexible working.
Embed digital workforce solutions that will enable our people to work to their full potential through the automation of systems and processes	New	Continuous	Completed establishment control project to enhance reporting. Robotic process automation (RPA) process launched for appraisal and inter-authority transfer process. RPA implemented for ongoing work to digitalise key HR forms and workforce data.
Implement systems and process to enable the expansion of the Undergraduate Placement Programme	New	Continuous	Positive feedback received in Annual Medical Student Report. Increased student capacity from September 23. New collaboration with Edge Hill in place for medical students.

Valuing our People			
Commitment	Type	Status	Update
Review our trust values	Original	Complete	New Trust Values co-produced with staff and launched in 2022 alongside People Commitment
Provide a comprehensive reward and recognition package	Original	Continuous	2 nd Staff Excellence Awards took place in Oct 2023. Recognition toolkit in development. Planning for CCC Festival in June 24 underway.

Foster an open, transparent and high performing culture, where staff feel valued and recognised, actively participate and feel empowered to raise concerns	Original	Continuous	Freedom to Speak Up Guardian in post and awareness raising launched. Series of 'Big Conversation' events held across our sites in autumn 2023. 'A Day in your Shoes' programme launched. Pop up sessions with CEO.
Develop systems and process to enable regular opportunities for staff to share their views and experiences and future develop the trusts culture	New	Continuous	Q2 culture and engagement pulse survey completed, with the Trust highest ever response rate achieved. Improvements seen in 8 out of the 9 questions with 1 question remaining the same. 2023/24 Staff survey launched in September 23, with a closing date of 24 th November.
Develop an inclusive and healthy environment where everyone is treated with respect and dignity	Original	Continuous	EDI strategy in development. Range of staff networks in place. Range of leadership and development programmes launched to support developing a compassionate and inclusive culture.
Actively engage with and involve our diverse communities, ensuring that seldom-heard groups are included from a patient and staff perspective	Original	Continuous	As above plus Trust involvement in Pride events and reverse mentoring programme to begin.

Looking after our People

Commitment	Type	Status	Update
Continue to provide a targeted action on improving the health, wellbeing and engagement of our staff by ensuring staff have access to services and support that will help them manage their physical, mental and financial wellbeing.	Reworded	In progress	Establishing network of engagement and wellbeing champions. Development of Wellbeing and Engagement Trust Forum. Wellbeing and Engagement plan approved at People committee. New Intranet pages in place against the 4 pillars of Wellbeing and Engagement. Variety of wellbeing and engagement activities taking place including free Health MOTs for staff.

Education and training

Commitment	Type	Status	Update
Achieve teaching hospital status	Original	In progress	Association of University Hospitals has issued new guidance. Trust reviewing new criteria with a view to achieving status.
Implement our education strategy	Original	Continuous	New combined education strategy in development

Be research leaders

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

A. HIGHLIGHTS IN THE LATEST REPORTING PERIOD

- Significant work relating to research PA allocation is now complete. Additional research PAs have been allocated to clinical staff and will demonstrate enhanced support for research infrastructure within the Divisions.
- Two new Early Phase Clinical Research Fellows started in August 2023 and are embedded in the ECMC team.
- Chair of Oncology jointly appointed with the University of Liverpool and started in November 2023. This post will be a strategic leader for cancer research across the region.

B. SUPPORTING STRATEGIES

Work towards this strategic aim set out in our **Research Strategy 2021-2026**. The Trust Board of Directors gains assurance on the delivery of this work through Performance and Quality Committees.

C. SUMMARY OF COMMITMENTS IN STRATEGIC PLAN

The commitments to further this strategic objective set out in the five-year strategic plan are against four broad themes:

- Research strategy
- Clinical trials delivery and infrastructure
- Academic research
- Research awareness and education

Research strategy			
Commitment	Type	Status	Update
Implement our research strategy	Original	Continuous	Operationalising the research strategy continues via the Research Strategy Business Plan and quarterly updates to Performance Committee

Clinical trials delivery and infrastructure			
Commitment	Type	Status	Update
Submit our renewal bid for the ECMC in 2022	Original	Complete	Completed – successful ECMC bid announced 01/2023
Support the Liverpool Clinical Research Facility (CRF) bid as a collaborator in 2021	Additional	Complete	Completed – successful CRF bid with LUHFT and LHCH announced in 2022
Develop clinical job plans with protected time for research activities and recruit research active clinicians	Original	Complete	Research PAs allocated. To be awarded for 3-years to start December 2023 with annual review.

Strengthen key aspects of the research and innovation staffing infrastructure and the core team	Original	Continuous	Strengthening has taken place as part of implementation of Research Strategy. Further additions planned, e.g. National Funding Bid Manager, Research Industry Manager.
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Academic research			
Commitment	Type	Status	Update
Increase the number of academic staff within the trust with the aim of securing a future BRC and CRUK Centre status	Original	Continuous/ complete	BRC bid with the Royal Marsden Hospital successful, announced October 2022. Work to further increase academic staff ongoing.
Expand the clinical research fellow programme	Original	In progress	Clinical Research Fellows appointed in 2021 and 2022 to support medical oncology and haemato-oncology respectively. Two Early Phase Clinical Research Fellows appointed and started in post in 2023 to support the academic team. Further expansion planned.

Research awareness and education			
Commitment	Type	Status	Update
Invest to promote research awareness and participation within other non-medical areas	Reworded	Continuous	Work to promote research awareness ongoing through regular scheduled Research Rounds, for example

Be digital

Deliver transformed services,
empowering patients and staff

A. HIGHLIGHTS IN THE LATEST REPORTING PERIOD

- Our new Digital Strategy 2023-2025 launched in June 2023
- Work continues on remote monitoring pilot. New Outpatient Transformation Programme will drive increased telehealth and video consultations.
- Self-assessment made against the national Digital Maturity Assessment highlighting existing maturity and areas for improvement

B. SUPPORTING STRATEGIES

Work towards this strategic aim set out in our **Digital Strategy 2023-2025**. The Trust Board of Directors gains assurance on the delivery of this work through Quality and Audit Committees.

C. SUMMARY OF COMMITMENTS IN STRATEGIC PLAN

The commitments to further this strategic objective set out in the five-year strategic plan are against four broad themes:

- Digital strategy
- Delivering digital for patients
- Delivering digital for our people
- Be driven by intelligence
- Secure and robust digital infrastructure

Digital strategy			
Commitment	Type	Status	Update
Develop our digital strategy	Original	Complete	Digital strategy 2023-2025 launched in June 2023
Achieve HIMSS level 7 status	Original	In progress	Work to improve digital maturity ongoing. New national digital maturity assessment (DMA) process now in place and year 1 self-assessment completed. Digital Board tracking improvements for year 2.

Delivering digital for patients			
Commitment	Type	Status	Update
Engage with our patients to design solutions through co-production	Original	Continuous	Chief Information Officer is chair of the C&M Digital Inclusion Forum. "Empower Citizens" is a pillar of digital maturity assessment. Empowering cancer patients and carers is a key theme of the Digital Strategy.

Expand use of telehealth and other new technologies to keep individuals connected with health professionals and support the delivery of care closer to home	Original	Continuous	Work continues on remote monitoring pilot. New Outpatient Transformation Programme will drive increased telehealth and video consultations. This forms part of the national, regional and digital strategies to support patients to take control of their own health and is a key element of demonstrating increased organisational digital maturity.
Work with others to develop a single digital access point for patients across Cheshire and Merseyside that gives patients access to their electronic records	Original	In progress	Plans are in place to increase the scope of current systems to provide patient portal functionality for CCC patients via NHS app. Digital letters now in place for patients with further development planned.
Give patients access to assistive technology, including remote monitoring	Original	Continuous	Work continues on remote monitoring pilot working with Mersey Care's Clinical Telehealth Hub and access to Cheshire and Merseyside's "Share2Care" shared record platform

Delivering digital for our people

Commitment	Type	Status	Update
Embed strong clinical digital leadership	Original	Continuous	Strong medical, nursing and pharmacist digital leadership now in place
Empower and equip our workforce with digital skills to become fully agile and digitally connected to the wider health and social care environment	Original	Continuous	Ongoing work looking at use of virtual reality in training and education. Also development of 'Attensi' gamification platform to support EPR optimisation and wider training needs.

Be driven by intelligence

Commitment	Type	Status	Update
Establish a true business intelligence function	Original	Complete	BI team is fully embedded and continues to develop with the opportunity of collaborations to support artificial intelligence (AI) and data science
Deliver a new data warehouse and a single set of data visualisation tools	Original	Complete	Fully embedded Data Management Group reports into Digital Board
Share data across Cheshire & Merseyside as part of the CIPHA programme	Original	Continuous	Continue to engage with CIPHA work stream. Progress and opportunities shared with Data Management Group.

Secure and robust digital infrastructure

Commitment	Type	Status	Update
Achieve Cyber Essentials Plus status	Original	Complete	Cyber Essentials Plus achieved in December 2022. Annual

			reaccreditation in progress for Cyber Essentials and Cyber Essentials Plus.
Work with partners to deliver a 'cloud first' approach to our digital infrastructure	Original	In progress	Cloud first strategy continues within Digital Strategy and current work programmes
Embed collaboration tools to support better communication and collaboration across our sites	Original	Continuous	Continued development of collaboration tools through new national Microsoft deal. Work with Isle of Man to align PACs image sharing systems.

Be innovative

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

A. HIGHLIGHTS IN THE LATEST REPORTING PERIOD

- Options appraisal in development for second phase of development of CCC-Paddington site now Paddington CDC has been established: opportunities include CDC expansion, an MR-linac research programme, services for private patients, and additional outpatient capacity
- Outpatient Transformation Programme established with clear remit including increased use of telemedicine to relieve pressure on clinic room capacity and provide innovative models of patient-initiated follow-up (PIFU) where appropriate
- New Innovation Manager starting in early 2024 and new Innovation Committee to be formed

B. SUPPORTING STRATEGIES

Much of the work towards this strategic aim is set out in the Innovation Strategy 2023-2025. The Trust Board of Directors gains assurance on the delivery of this work through Quality Committee.

C. SUMMARY OF COMMITMENTS IN STRATEGIC PLAN

The commitments to further this strategic objective set out in the five-year strategic plan are against four broad themes:

- Build the capacity, capability and culture to support innovation
- Improving patient care through innovation
- Ventures and opportunities

Build the capacity, capability and culture to support innovation			
Commitment	Type	Status	Update
Develop an innovation strategy	Original	Complete	Innovation Strategy 2023-2025 published in Feb 2023. New Innovation Manager starting in early 2024. Innovation Committee to be formed.
Establish an innovation fund	Original	Complete	Charity innovation funding channelled through Bright Ideas and Big Ideas programmes

Improving patient care through innovation			
Commitment	Type	Status	Update
Introduce model of stratified outpatient follow-up	Original	Continuous	Work to establish patient-initiated follow-up ongoing through the newly-established Outpatient Transformation Programme
Expand the Clatterbridge in the Community programme	Original	Continuous	Second service hub opened in Aintree in March 2022 to give equity of service patients in North Merseyside. Continue to expand treatments offered.

Sustain and embed the use of telemedicine in outpatient care beyond Covid-19	Original	Continuous	Key work streams of newly-established Outpatient Transformation Programme
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Ventures and opportunities			
Commitment	Type	Status	Update
Explore commercial opportunities or opportunities to enhance and strengthen patient care or our national and international reputation and brand	Original	Continuous	Current focus is developing phase 2 options appraisal use of CCC- Paddington following successful opening of CDC (phase 1)
Develop and grow subsidiaries and joint venture	Original	Continuous	Ongoing – strategies in place for development/growth

List of acronyms used

AHP	Allied Health Professional	KPI	Key performance indicator
BI	Business intelligence	L&OD	Learning and organisational development
BRC	Biomedical Research Centre	LHCH	Liverpool Heart and Chest Hospital NHS Foundation Trust
C&M	Cheshire and Merseyside	LUHFT	Liverpool University Hospitals NHS Foundation Trust
CAR-T	Chimeric antigen receptor T-cell	MDT	Multidisciplinary team
CDC	Community diagnostic centre	NHSE/I	NHS England/Improvement
CEO	Chief Executive Officer	NIHR	National Institute for Health and Care Research
CIC	Clatterbridge in the Community	ODN	Operational delivery network
CIPHA	Combined Intelligence for Public Health Action	PA	Programmed activity (a block of time in a consultant job plan)
CMAST	Cheshire & Merseyside Acute and Specialist Trust Provider Collaborative	PADR	Performance appraisal and development review
CMCA	Cheshire and Merseyside Cancer Alliance	PEIG	Patient Experience and Inclusion Group
COO	Chief Operating Officer	PHR	Patient held record
CPL	Clatterbridge Pharmacy Limited	PIFU	Patient initiated follow-up
CQC	Care Quality Commission	PMO	Programme Management Office
CRF	Clinical Research Facility	PPJV	Private patient joint venture
ECMC	Experimental Cancer Research Centre	PSIRF	Patient Safety Incident Response Framework
EDI	Equality, diversity and inclusion	QI	Quality improvement
EPR	Electronic patient record	RDS	Rapid diagnostic service
ESR	Electronic staff record	RPA	Robotic process automation
FTSU	Freedom to speak up	R&I	Research and innovation
HCP	(Cheshire & Merseyside) Health and Care Partnership	SACT	Systemic anti-cancer therapy
HIMSS	Healthcare Information and Management Systems Society	SLA	Service level agreement
HO	Haemato-oncology	SRG	Site reference group
ICS	Integrated Care System	TYA	Teenage and young adult
ICB	Integrated Care Board	UoL	University of Liverpool
IoM	Isle of Man	WUTH	Wirral University Teaching Hospital NHS Foundation Trust
IR	interventional radiology		
JACIE	Joint Accreditation Committee of the International Society for Cellular Therapy (ISCT) and the European Group for Blood and Marrow Transplantation (EBMT)		

Council of Governors Performance Update

January 2024

Joan Spencer

James Thomson

Sheena Khanduri

Jayne Shaw

Julie Gray



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The Clatterbridge
Cancer Centre
NHS Foundation Trust

Access

Key Performance Indicator	Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Current Financial Year M1-M9 2023 24
28 day faster diagnosis - (Referral to diagnosis)	75%	85.7%	92.3%	80.0%	71.4%	85.7%	86.7%	80.0%	92.3%	88.9%	
28 day faster diagnosis - (Screening)	75%	No patients	No patients	No patients	No patients	No patients	No patients	No patients	No patients	No patients	No patients
31 day wait from decision to treat to treatment	96%	98.2%	98.9%	99.4%	99.2%	99.4%	99.4%	99.3%	99.4%	99.8%	
Number of 31 day patients treated ≥ day 73	0	0	1	0	0	0	0	0	0	0	
24 days from referral to first treatment	G: ≥85%, A: 80-84.9%, R: <80%	76.1%	75.8%	75.3%	75.2%	78.4%	86.8%	82.5%	89.20%	86.9%	
62 Day Cancer Waiting Time standard	85%	77.6%	71.3%	65.5%	79.0%	71.7%	89.4%	85.4%	83.7%	89.9%	
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	0	0	0	
Diagnostics: 6 Week Wait	99%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
18 weeks from referral to treatment (RTT) Incomplete Pathways	92%	96.0%	96.8%	97.0%	96.1%	95.7%	95.9%	95.6%	96.9%	96.4%	





The Clatterbridge
Cancer Centre
NHS Foundation Trust

Efficiency (1 of 2)

Key Performance Indicator	Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Current Financial Year M1-M9 2023 24
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	8.8	4.9	8.8	7.7	
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	11.5	12.8	12.5	
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	17.1	14.0	15.4	
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	16.1	17.1	11.9	
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	29.0	21.8	27.1	
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	26.0	3.2	3.8	
Delayed Transfers of Care as % of occupied bed days	≤3.5%	4.80%	2.2%	7.2%	3.2%	7.1%	3.6%	2.3%	1.9%	9.1%	
Bed Occupancy (Total) - Midday	G: 85% to ≤92% A: 81%-84.9% and >92%-95% R: <81% or	83.80%	94.50%	90.70%	93.30%	91.10%	91.60%	88.60%	93.00%	81.10%	
Bed Occupancy (Total) - Midnight	G: 85% to ≤92% A: 81%-84.9% and >92%-95% R: <81% or	88.90%	95.10%	93.60%	95.30%	94.00%	92.60%	90.60%	95.20%	80.90%	
% 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%	95.0%	98.0%	95.0%	





Efficiency (2 of 2)

Key Performance Indicator	Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Current Financial Year M1-M9 2023 24
% of elective procedures cancelled on or after the day of admission	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0% for all months
% of cancelled elective procedures (on or after the day of admission) rebooked within 28 days of cancellation	100%	None cancelled	None cancelled	None cancelled	None cancelled	None cancelled	None cancelled	None cancelled	None cancelled	None cancelled	No elective procedures have been cancelled on or after the day of admission
% of urgent operations cancelled for a second time	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0% for all months
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%	81.2%	79.5%	89.2%	
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%	69.8%	63.2%	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%	99.4%	99.4%	99.8%	
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%	96.5%	97.6%	96.3%	
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%	99.7%	98.2%	98.1%	
Percentage of Subject Access Requests responded to within 1 month	100%	78.4%	100%	100%	100%	100%	100%	97.9%	100%	100%	
% of overdue ISN (Information Standard Notices)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0% for all months



Key Operational Issues

1. The national Cancer Waiting Times standards changed in Oct 2023; with all 31 Day and all 62 day standards (e.g. classics, screening and upgrades) being merged into 2 single standards, 31 Day and 62 Day. The 2 Week Wait Standard was dissolved.
2. Whilst we achieved the 62 Day standard in December, this is difficult to meet every month due to the ongoing 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 remain an issue for some time. The new 62 day target is slightly more difficult for us to achieve, however without the molecular testing delays, we would meet the target more consistently.
3. The other main reasons for patients breaching the 62 day targets are:
 - Patients choosing to delay treatment / not being medically fit for treatment / requiring repeat investigations or awaiting results.
 - A high proportion of patients are still 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 35% for Q1 2023/24, 41% in Q2 and 36% in Q3.

We continue to monitor performance closely and identify actions through detailed breach review processes. Internal activity, capacity and demand reviews support operational planning.

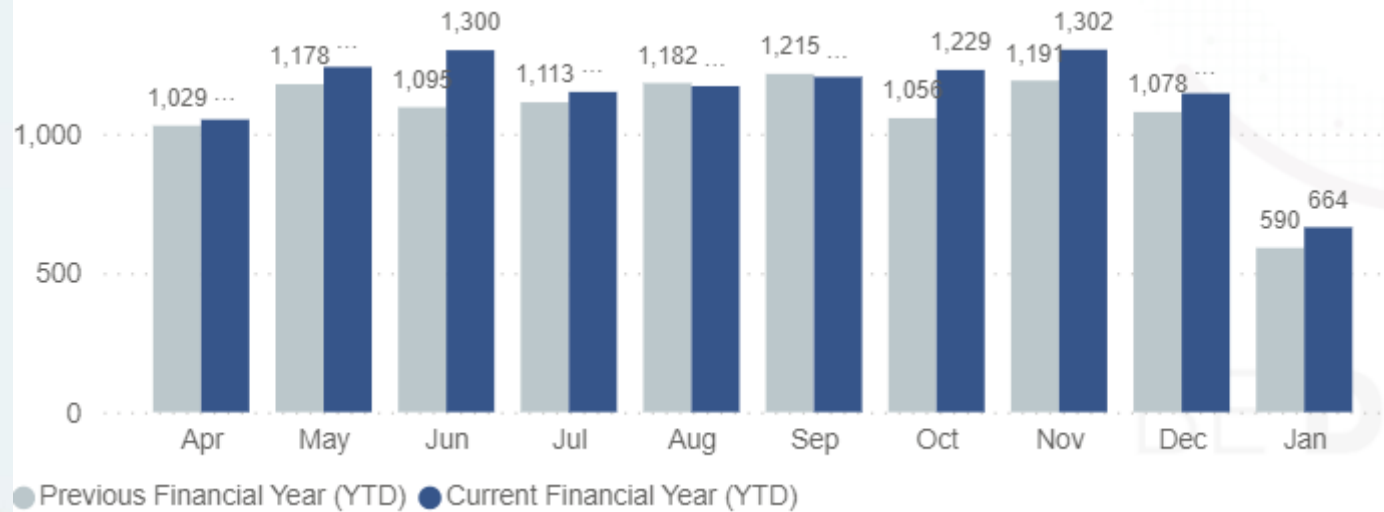
4. National workforce capacity challenges remain, particularly in radiology, which continues to affect our imaging turnaround times. The positive outcomes of a recent concerted effort to reduce test waiting times to 1 week and expedite reporting turnaround times is evident in December's figures.
5. A Patient Flow Transformation project is now well underway; reviewing the flow of patients from home, to discharge, concentrating on avoiding admission.



Referrals to CCC

10,727 vs 11,456
 Previous Financial Year (YTD) Current Financial Year (YTD)

Year over Year (% YTD) 6.80% Year over Year (count YTD) 729



NB: January data is up until 18th January in each year



SACT (Administrations of Chemotherapy and Immunotherapy)



81,905
Previous Financial Year (YTD)

vs

88,432
Current Financial Year (YTD)

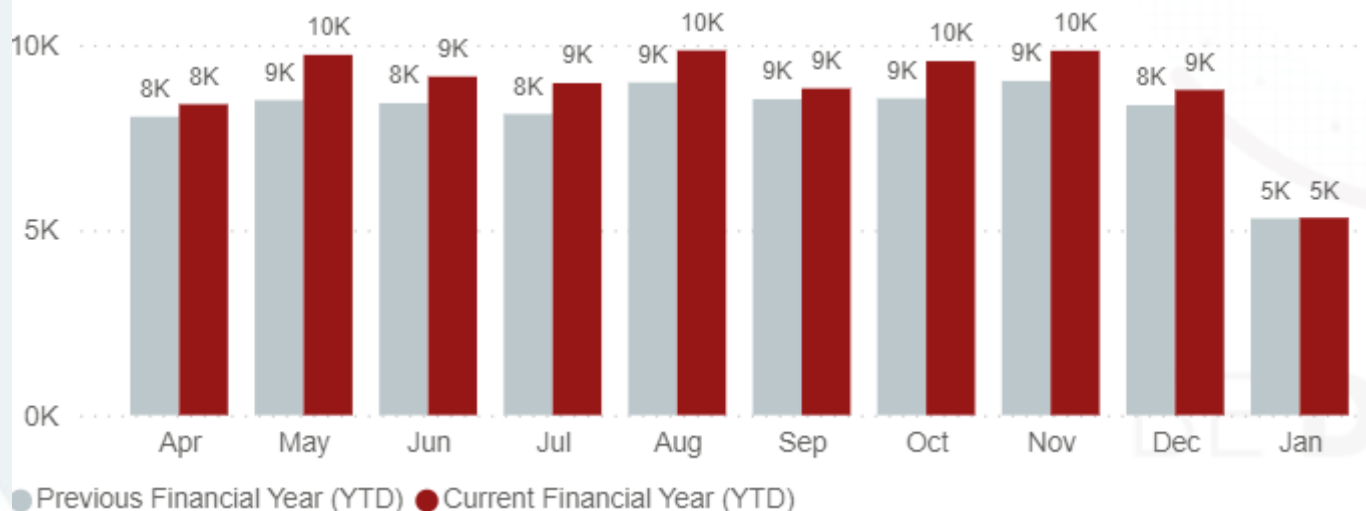
Year over Year (% YTD)

7.97%



Year over Year (count YTD)

6,527



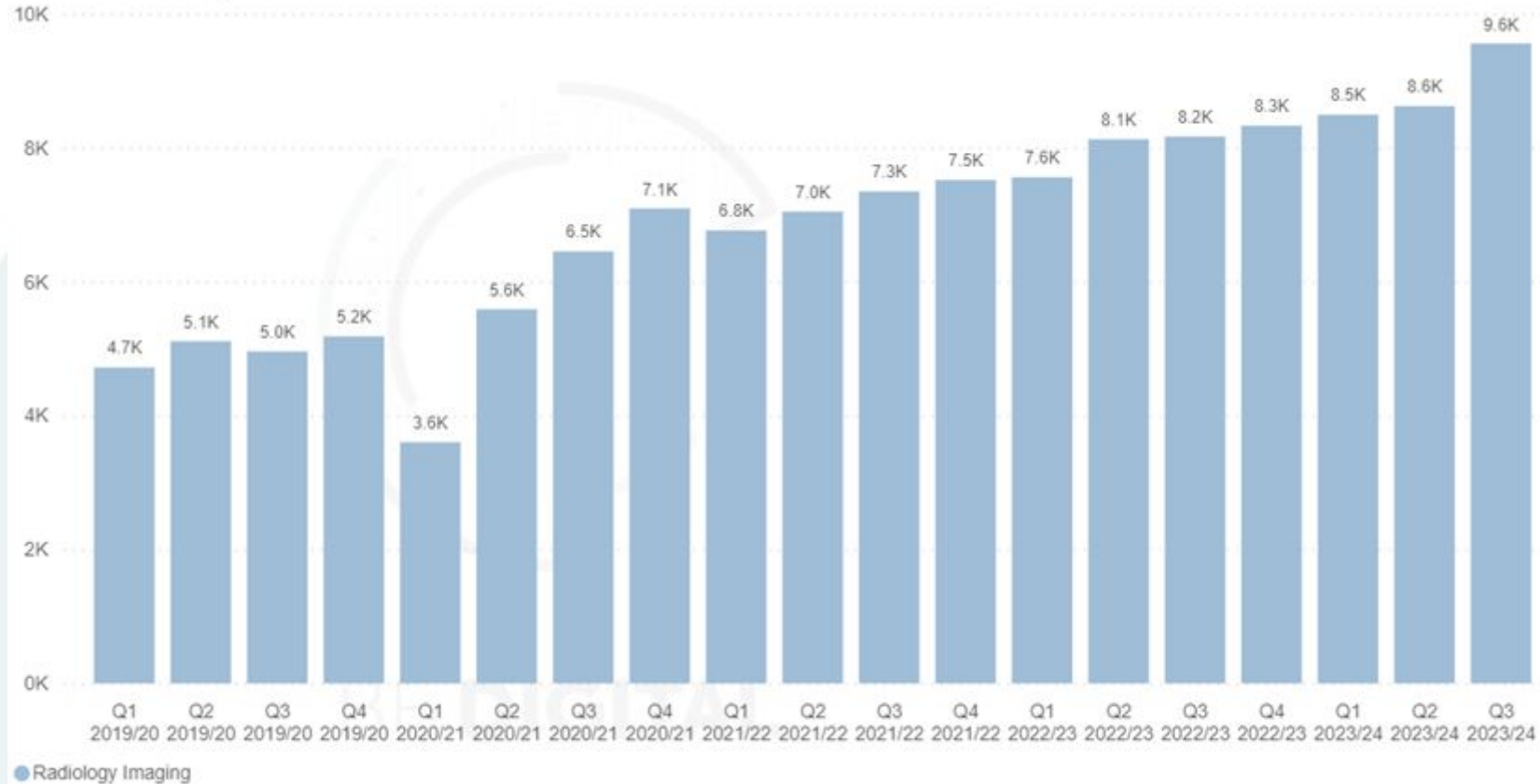
NB: January data is up until 18th January in each year



Radiotherapy



Diagnostic Imaging

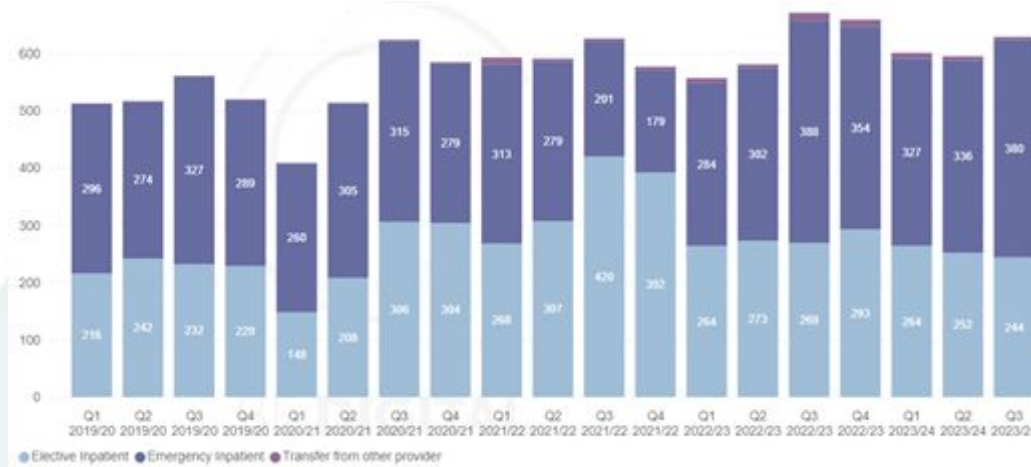


This data does not include Community Diagnostic Centre activity.

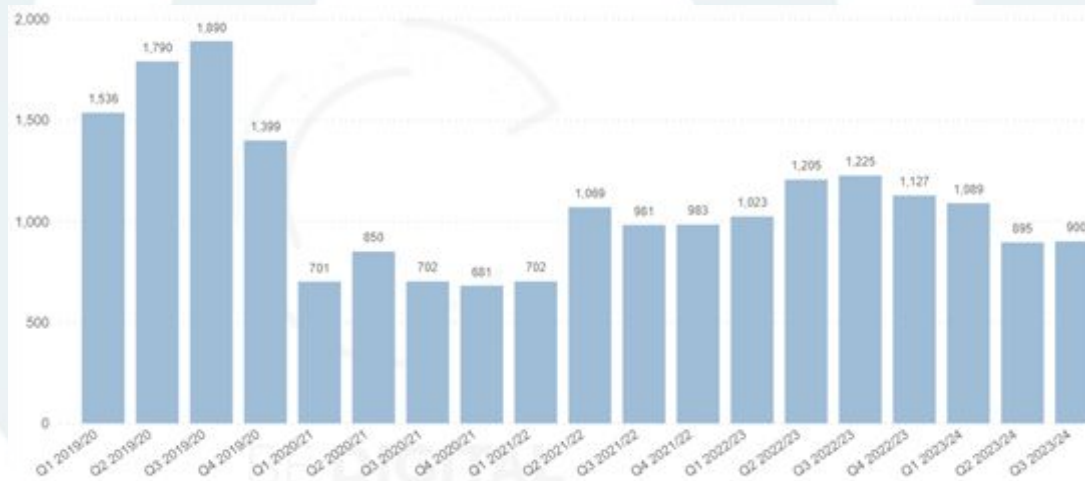


Inpatients and Day Case

Inpatient Admissions (>0 day LoS)



Day Cases



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	Oct-23	Nov-23	Dec-23	Current Financial Year M1-M9 2023 24
Never Events	0	0	1	0	0	0	0	0	0	0	
Serious Incidents (month reported to STEIS)	No target	1	0	0	1	0	0	0	0	1	
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	0 requiring submission	0 requiring submission	0 requiring submission	
Incidents /1,000 Bed Days	No target	118	107	138	123.5	132.16	127.5	124.86	110.51	107.42	
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	1.1	1.08	0.79	
Inpatient Falls resulting in harm due to lapse in care	0	0	0	1	0	0	0	0	0	0	
Inpatient falls resulting in harm due to lapse in care /1,000 bed days	0	0	0	0.37	0	0	0	0	0	0	
Pressure Ulcers (hospital acquired grade 3/4, with a lapse in care)	0	0	0	0	0	0	0	0	0	0	0 for all months
Pressure Ulcers (hospital acquired grade 3/4, with a lapse in care) /1,000 bed days	0	0	0	0	0	0	0	0	0	0	0 for all months
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%	0.0%	0.2%	0.5%		
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%	0.7%	0.7%	1.2%		
100 day mortality (BMT)	No Target	12.5%	11.1%	0.0%	0.0%	0.0%	0.0%				
Consultant Review within 14 hours (emergency admissions)	90%	98.9%	96.8%	99.1%	96.2%	98.5%	99.0%	98.2%	90.8%	99.2%	

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	Oct-23	Nov-23	Dec-23	Current Financial Year M1-M9 2023 24
Safer Staffing: Fill-rate for Registered Nurses – day shifts	G: ≥90%	97.40%	98.10%	97.60%	93.10%	94.10%	94.60%	91.90%	94.60%	94.30%	
Safer Staffing: Fill-rate for Registered Nurses – night shifts	G: ≥90%	96.90%	97.4%	98.6%	97.0%	93.00%	93.80%	94.90%	97.20%	93.50%	
Safer Staffing: Fill-rate Care Staff – day shifts	G: ≥90%	91.70%	94.3%	97.0%	83.5%	89.70%	91.80%	95.30%	98.00%	92.50%	
Safer Staffing: Fill-rate Care Staff – night shifts	G: ≥90%	98.40%	102.90%	106.1%	97.1%	105%	102.40%	102.60%	99.40%	99.40%	
Safer Staffing: Overall fill-rate	G: ≥90%	96.30%	98.10%	99.4%	92.8%	94.90%	95.20%	95.20%	96.80%	94.70%	
% of Sepsis patients being given IV antibiotics within an hour.	90%	95.0%	95.0%	93.0%	92.0%	98.0%	89.6%	98.00%	93.00%	93.30%	
VTE Risk Assessment	95%	98.80%	99.10%	99.00%	96.60%	92.0%	94.9%	94.5%	95.60%	94.5%	
Dementia: Percentage to whom case finding is applied	90%	100.0%	92.6%	86.0%	92.0%	100.0%	100.0%	100.0%	96.0%	96.0%	
Dementia: Percentage with a diagnostic assessment	90%	No patients	No patients	No patients	No patients	No patients	No patients	No patients	No patients	No patients	No patients were referred
Dementia: Percentage of cases referred	90%	No patients	No patients	No patients	No patients	No patients	No patients	No patients	No patients	No patients	No patients were referred
Clostridiodes difficile infections (HOHA and COHA)	≤13 (pr yr)	1	1	4	1	1	0	0	0	1	
E Coli bacterium (HOHA and COHA)	≤10 (pr yr)	1	5	2	0	1	4	2	1	2	
MRSA infections (HOHA and COHA)	0	1	0	0	0	0	0	0	0	0	
MSSA bacteraemia (HOHA and COHA)	G: ≤4, A: 5, R: >5 (pr yr)	0	3	0	2	1	1	1	0	0	
Klebsiella (HOHA and COHA)	≤8 (pr yr)	2	0	0	0	1	0	3	0	0	
Pseudomonas (HOHA and COHA)	≤1 (pr yr)	1	0	0	0	0	1	0	1	1	



The Clatterbridge
Cancer Centre
NHS Foundation Trust

Quality Performance (3 of 3)

Key Performance Indicator	Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Current Financial Year M1-M9 2023 24
FFT score: Patients (% positive)	G: ≥95%, A: 90-94.9%, R: <90%	97.2%	96.4%	96.98%	96.57%	96.52%	96.86%	97.29%	97.00%	96.00%	
Number of formal complaints received	No target	3	2	4	2	0	3	2	2	1	
Number of formal complaints / count of WTE staff (ratio)	No target	0.0017	0.0011	0.0022	0.0011	0.0000	0.0016	0.0011	0.0011	0.0005	
% of formal complaints acknowledged within 3 working days	100%	100%	100%	100%	100%	None received	100%	100%	100%	100%	
% of routine formal complaints resolved in month, which were resolved within 25 working days	G: ≥75%, A: 65-74.9%, R: <65%	67%	50.0%	33.0%	100%	0%	0%	100%	50.0%	100%	
% 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%	50.0%	None due	100%	
% of FOIs responded to within 20 days	100%	98.0%	97.6%	100%	93.0%	98.0%	94.0%	100%	90.0%	92.70%	
Number of IG incidents escalated to ICO	0	0	0	0	1	0	0	0	1	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%	95.5%	94.9%	94.8%	
% of policies in date	G: ≥95%, A: 90.1-94.9%, R: ≤90%	90.7%	91%	92%	94%	95.8%	95.0%	95.0%	95.4%	94.3%	
NHS E/I Patient Safety Alerts: number not implemented within national timescale.	0	0	0	0	0	0	0	0	0	0	0 for all months

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



Quality Summary

- 1 Serious Incident has been recorded in December, relating to a patient fall. This is under investigation.
- Infection rates remain above trajectory in some areas, not just at CCC but nationally. We have robust post infection review processes in place, including 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. Such efforts have reduced our C diff infections each quarter this year, from 6, to 2 and then 1.
- VTE risk assessment within 24 hrs has been marginally below target on several occasions this year. Full reviews have taken place and have confirmed that there has been no harm to patients as a result of this. Several assessments were delayed during the Junior Doctor Industrial action. Actions are underway to ensure the 95% is achieved.
- The complaints manager continues to work with the Divisions to ensure complex complaints are identified accurately and managed within the correct timeframe. The numbers of complaints have reduced significantly, mainly due to revising our PALS service; providing a better patient experience by resolving issues more quickly.
- 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, from an average of 30 in 2021/22, 40 in 2022/23 and now 48 per month in 2023/24 so far. Processes are under review, to ensure faster escalation of delays.





Workforce Performance

Key Performance Indicator	Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Current Financial Year M1-M9 2023 24
Staff Sickness Absence	G: ≤4% , A: 4.1-4.9% , R: ≥5%	4.58%	3.94%	3.74%	4.29%	4.73%	4.07%	5.20%	5.01%	4.66%	
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%	2.70%	2.56%	2.19%	
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%	2.51%	2.45%	2.47%	
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%	15.14%	15.11%	14.78%	
Statutory and Mandatory Training	G: ≥90% , A: 75-89.9% , R: ≤74%	95.42%	95.49%	95.82%	96.40%	96.69%	96.85%	95.05%	96.99%	96.77%	
Appraisal	G: ≥90% , A: 75-89.9% , R: ≤74%	91.66%	91.86%	93.32%	86.52%	86.73%	86.25%	88.62%	91.57%	92.68%	
Medical Appraisal	G: ≥90% , A: 75-89.9% , R: ≤74%	100.0%	100.0%	100.0%	98.0%	98.00%	94.44%	98.23%	99.08%	98.23%	
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%	8.5%	8.4%	8.8%	
Flu: % of 'Frontline' CCC Staff Vaccinated (at end period)	80% by end Feb 2024							37.01%	43.26%	46.90%	



Workforce Summary

- 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 remains relatively static and was within 1% of the Trust's target in December 2023. The Workforce team continue to work closely with clinical teams; reviewing the sickness and turnover data in detail and promoting the exit interview process, 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 fell below the Trust target of 90% in July to Oct 2023. The L&OD Team worked with the Digital Team to implement robotic process automation (RPA) that reduced the time to input into ESR. This process went live on 11th September. The target has been achieved since October 2023.
- We are meeting our BAME staff representation target and this has improved from 6.9% in April 2022, to 8.8% in December.
- 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	Oct-23	Nov-23	Dec-23	Current Financial Year M1-M9 2023 24											
											4/23	5/23	6/23	7/23	8/23	9/23	10/23	11/23	12/23			
Study recruitment	G: ≥125, A: 106 - 124, R: <106 (pr month)	62	69	116	71	81	119	91	72	56												
Number of patients recruited (non-commercial, portfolio studies)	R: <35, A: 35 - 42 G: ≥42 (pr month)	55	82	74	59	68	92	53	54	41												
Number of new studies open to recruitment	G: ≥5, A: 4, R: <4 (pr month)	3	5	6	6	8	7	3	5	3												
Publications	G: ≥17, A: 14-16, R: <14 (pr month)	11	17	31	20	14	26	29	14	13												



Research & Innovation Summary

- All KPIs are on track for 2023/24 except the numbers of patients being recruited to trials. At the end of December 2023, we had achieved 733, or 66% of the target 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 during the year. Currently 24% (29/119) of our portfolio is made up of early phase studies. Out of the 46 studies opened in-year (since April 2023), 15 are early phase (33%). Of the 159 interventional patients recruited almost a third were recruited onto early phase trials. Early phase trials are scientifically important, highly complex, time intensive and low recruiters. The complexity and volume of the early phase trial work is reflected in the income received which is significantly higher than pre-pandemic levels.
 - A number of high recruiting observational studies have closed over recent months.
 - Randomisation lines were closed for up to a 2-weeks over the Christmas period impacting on recruitment.
- 154 patients have been recruited onto non-commercial portfolio studies (**123% of target at M3**).
46 new studies have opened since April 2023 (**118% of target at M9**).
Reviewing recruitment by SRG, the split of 737 patients recruited to date this year can be seen in Table 1.
175 publications have been recorded since April 2023 (**11% of target at M9**).
- X-Ray Vision is a significant new chemo-rad trial which is part of our Merck Pipeline. Majestec-9 is a HO study with one of our HO Consultants as national Chief Investigator, which is excellent for CCC's reputation. We also have a trial open, STAR-MS where CCC is an integral partner in the delivery of this trial with The Walton Centre. This extends CCC's expert reach in HO transplant therapy.



Research & Innovation Summary

Achievement highlights for December 2023

- First patient randomised at CCC (second in the UK) to the BNT122-01 study. The study is a Phase II, randomized, controlled trial to compare RO7198457 versus watchful waiting in high risk colorectal cancer patients who are ctDNA positive following resection. This is a nationally significant colorectal screening project which CCC is contributing to, 30+ patients screened to date. Protocol design is complex with a three-stage consent process before patients can be randomised.

(PI: Dr Amir Montazeri, Lower GI).

- The 400th patient has been recruited to the Pivotal Boost study at CCC. This is a phase III randomised controlled trial of prostate and pelvis versus prostate alone radiotherapy with or without prostate boost. Overall the trial has recruited > 2000 patients Nationally and is open in 49 centres.

National Chief Investigator and local PI) : Dr Isabel Syndikus, Urology).

- CCC was highest UK recruiter during December 2023 for the Atlanta study. Atlanta is a study for men with cancer which has spread from the prostate and is hoping to target the cancer with hormone therapy and other treatments.

(PI: Dr Azman Ibrahim, Urology).



Financial Performance

For December 2023, the key financial headlines are:

Metric (£000)	In Mth 9 Actual	In Mth 9 Plan	Variance	Risk RAG	YTD Actual	YTD Plan	Variance	Risk RAG
Trust Surplus/ (Deficit)	43	30	13	Green	524	272	252	Green
CPL/Propcare Surplus/ (Deficit)	104	0	0	Green	863	0	0	Green
Control Total Surplus/ (Deficit)	147	30	117	Green	1,387	272	1,115	Green
Trust Cash holding	68,048	63,366	4,682	Green	68,048	63,366	4,682	Green
Capital Expenditure	17	0	17	Green	1,921	321	1,600	Green
Agency Cap	171	149	(22)	Yellow	1,393	1,341	(52)	Yellow

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. At the request of the ICB the Trust has reviewed the ability to increase its forecast outturn (FOT) and has agreed an improved position of £1.863m through non-recurrent means. The updated FOT figure has been reported in national returns at month 9.

The Trust financial position to month 9 (December 2023) is a surplus of £524k, which is £252k better than plan. The group position is a £1.39m surplus and is £1.1m better than plan and in line with the updated FOT agreed.

The Trust cash position is £68m, which is above plan by £4.7m. Capital spend is £1.92m 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 above the agency cap by £52k.



Questions



Council of Governors – 31 January 2024

Chair’s Report for: Audit Committee

Date/Time of meeting: 18 January 2024

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

General items to note	<p>Internal Audit Report</p> <p>The Committee received the Internal Audit Progress Report which provided details of the following audits and outcomes:</p> <p>Key Finance Systems – received Substantial Assurance and confirmed that there is a good system of internal control designed to meet the system objectives.</p> <p>Threat and Vulnerability Management – received Substantial Assurance and highlighted good evidence of internal controls including evidence that cyber security awareness training is taking place.</p> <p>Director of Finance Report</p> <p>The Trust is forecasting that it will deliver its revised financial target position for 2023/24. During November, Cheshire and Merseyside ICB requested that organisations improve their financial positions if possible. The Trust increased its plan from £343k surplus to £1,860k surplus. This was discussed and agreed at an Extra-ordinary Trust Board in November, and is based on an improved financial run-rate from across the Clatterbridge Group.</p> <p>Ant-Fraud Progress Report</p> <p>The Committee received an update on the progress of the work of the Trust’s Anti-Fraud Specialist (AFS), against the Anti-Fraud Plan. It was reported that the NHS Counter Fraud Agency planned to visit the Trust on 25th January to review the Trust’s use of the case management national database.</p> <p>Three referrals were received during quarter 3 and these related to: a member of staff working whilst off sick from their role in another trust, an</p>
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	<p>alleged theft by a service manager and an alleged patient fraudulent letter. All three referrals have been added to the national database.</p> <p>Financial KPI's</p> <ul style="list-style-type: none"> The Committee reviewed the key financial assurance indicators and noted the positive position across the range of indicators: <p>Better Payment Practice Code <i>NHS</i></p> <ul style="list-style-type: none"> Performance remains high, significantly above the required 95% of invoices paid in 30 days for all months except September. In September one invoice for £98k was paid on day 33. The Trust is looking into the reason for late payment which appears to be due to a systems/processing issue with the purchase ledger. This meant we failed the required 95% by value, but not volume as the issue related to a single invoice. <p><i>Non-NHS</i></p> <ul style="list-style-type: none"> Performance remains high above the required 95% for all months except October. There had been a large number of unaccounted invoices with a Research and Innovation transport supplier. The issues with this supplier were resolved and they were all paid in October but were paid later than the 30 days target. <p>Aged Debtors</p> <ul style="list-style-type: none"> The level of NHS debt outstanding for over 90 days has reduced, with 26 invoices totalling £144k, the majority of which relate to one provider and will be picked up as part of discussions to review the Service Level Agreement between the parties. The level of Non-NHS debt over 90 days at the end of November was £707k (99 invoices), £211k of this relates to charges linked to the Clatterbridge private clinic and the majority of the remaining balance relates to commercial trials activities. The Finance Team are actively working to resolve these. <p>Aged Creditors</p> <ul style="list-style-type: none"> Both the NHS and Non-NHS position is positive which continues to support the high Better Payment Practice achievement. <p><i>NHS</i></p> <ul style="list-style-type: none"> There are 3 invoices totalling £349k over 90 days.
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- *Non-NHS*
 - There are only 7 invoices outstanding over 90 days totalling £8k.

Accounting Timetable 2023/24

NHS England have not yet formally published the key submission dates for the 2023/24 Annual Report and Accounts. However, the Trust has formulated a draft plan for the year-end using the 2023 timetable as a guide. The Audit Committee will review the draft reports at its meetings in April and May 2024.

Tender Waivers

- The Committee noted the Tender Waiver Register which provided details of waivers approved in Q3 23/24. A total of eleven waivers totalling £1.948m were signed off in Q3 23/24 where the value of the contract exceeded £50k (inc. VAT) and included ten retrospective tender waivers. Five quotation waivers were also signed off in Q3, totalling £156k (including VAT). The most common reason for the waivers related to the specialist character of the goods or services required meaning it is not possible or desirable to obtain competitive quotations.

Cyber and Information Governance Quarterly Update

- The Committee received the quarterly update on Cyber Security and Data Security Assurance that outlined the work completed in the reporting period. The Trust has received its formal certification for ISO27001 accreditation for all sites. This is a huge accolade for the Trust and demonstrates our commitment to data security to our stakeholders.
- **Microsoft Defender Endpoint (MDE) status** - Microsoft MDE is a tool that measures the Trust's security posture in real time and is closely monitored by NHS England. A monthly report is delivered outlining the security position for all Trusts in England. In November 2023 the trust remained at the top of the posture table for Cheshire and Merseyside.
- The national data also shows the Trust's position as the most secure for the virtual desktop estate, and in the top 25 for desktops and laptops.
- The Committee reviewed the Board Assurance Framework risk BAF14 that relates to Cyber Security. The Committee noted and approved the residual risk score of 12, which remains unchanged due to the dynamic nature of the risk.



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	<p>Code of Governance Checklist</p> <ul style="list-style-type: none"> The Committee noted the progress against the compliance requirements set out in the revised Code of Governance for NHS Provider Trusts. Good progress has been made across the majority of the principles where non-compliance gaps were previously identified due to work progressed in relation to the composition of the Council of Governors and the role of the Remuneration Committee. Work will continue on the outstanding non-compliance areas over the coming quarter to enable compliance by the end of the financial year.
Items of concern for escalation to the Board	None
Items of achievement for escalation to the Board	<ul style="list-style-type: none"> The Committee noted positive assurance in relation to the follow-up actions from three audits for which the Committee had asked for specific progress reports to be produced. James Crowther, Head of IT, Joan Spencer, Chief Operating Officer and Owen Smith, Managing Director of PropCare attended the meeting to provide detailed updates in relation to a number of technical matters for the audits: <ul style="list-style-type: none"> Critical Apps (estates) 2022/23 Medical Devices year 2021/22 IT Service Continuity and Resilience 2020/21 The Committee noted that the Trust has delivered its Cost Improvement Programme for 2023/24 and achieved the annual efficiency target. This significant achievement has resulted in year-to-date savings of £8,300k, against the annual target of £8,249k.
Items for shared learning	There were no items for shared learning.

Council of Governors - 31st January 2024

Chair's Report for: Quality Committee

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

		Was the meeting Quorate?	Yes/No
Chair	Terry Jones		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	<p><u>Patient Safety and Experience Quarterly Assurance Report</u> The Committee received the Patient Safety and Experience Quarterly Assurance Report, which informed the Committee on aspects of patient safety, patient experience and clinical effectiveness. A total number of 1089 incidents were reported and reviewed in quarter 2, with 880 reporting no harm. 92% of respondents to the Friends and Family test reported a positive experience in in-patient and day case areas and 97% reported a positive experience in the outpatient departments. Preparations for the transition to the new NHSE mandated Patient Safety Incident Response Framework (PSIRF) were ongoing in quarter 2 and the Trust went live with the new framework on the 1st October 2023. The Committee noted the challenges due to vacancies within the Quality, Experience and Standards Division and were reassured vacancies will be filled by April 2024. The Committee were assured by the contents of the report.</p> <p><u>Mortality Report</u> The Committee received Mortality Report, which included the following papers: 1) Mortality summary report 2) Mortality Dashboards 3) Quarter 2 2023/24 Complaints, Claims, Inquests and Serious Untoward Incidents - Mortality Surveillance 4) Mortality lesson learnt 5) Model Health System Surveillance and Specialised Services: Haematopoietic Stem Cell Transplantation (Adult) The Committee noted there had been no avoidable deaths. Due to the small number of patients, some of the percentages in the report looked high. The Committee discussed the presentation of data and consistent narrative that small numbers skew the percentages. The Committee requested a Bone Marrow Transplant Mortality Rate update to come back to the Committee in March as a Ward to Board Presentation. The Committee noted the contents of the report.</p> <p><u>Confidential Claims & Inquest Report</u> The Committee received the Confidential Claims & Inquest Report, which</p>
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	<p>provided a full financial year overview of claims in 2022/2023. The Committee noted the contents of the report.</p> <p><u>Cost Improvement Programme Quality Impact Report</u> The Committee received the Cost Improvement Programme Quality Impact Report, which provided assurance to the Committee on the Trust's CIP process. The Committee received the Quality Impact Assessment Form for CIP schemes and an overview of the Trust process for reviewing the impact on Quality. The Committee requested consideration to include any disproportional impact the scheme may have on any group with protected characteristics. The Committee also discussed how the impact of CIP schemes is reviewed post-implementation and were informed of further work to be done in 2024/25 to include post implementation reviews. The Committee requested a follow up report in 12 months.</p> <p><u>Integrated Performance and Quality</u> The Committee received the Integrated Performance and Quality Report and reviewed the quality section including complaints, freedom of information requests, incidents and policies. The Committee noted the early resolution meetings being completed by the Patient Advice and Liaison Service to reduce the number of grievances, which reach the formal compliant stage. The targets for complaint responses and freedom of information responses were not met in month 5. The complaints response process is being reviewed and the freedom of information response delay was due to capacity in the Information Governance team. The Committee noted one incident was referred to the Information Commissioner's Office (ICO), which will be reviewed. The Committee noted the in-date policy target had been met for the second month in a row.</p> <p><u>Quality Account Update</u> The Committee received the Quality Account Update, which provided an update on progress against the Trust's quality priorities for 2023/24 as set out in the Quality Accounts. The Trust was ahead of progress in quarter 1 and remains on track. In quarter 2, there had been lots of work on education and training on the wards. The Committee were assured by the contents.</p> <p><u>Patient Letters Ward to Board presentation</u> The Committee received the Patient Letters Ward to Board presentation on the Admin Service Datix Review, which looked at appointment errors in quarter 2. There were 50 errors related to admin services, which accounted do 0.0002% of appointments booked. There were 4 themes identified and actions were presented to the Committee. The Committee were assured by the contents.</p> <p><u>Quality and Safety Walk-round Reports</u> The Quality and Safety Walk-rounds involve an Executive Director and Senior Manager visiting a clinical or non-clinical area of the Trust each month to meet staff and look at their role in patient safety. The Committee received a verbal</p>
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	<p>update that the September – December walk-rounds took place, however the reports had been deferred to the March 2024 meeting due to process delay. The Committee will review 6 months of Quality and Safety Walk-rounds in March 2024.</p> <p><u>Risk & Quality Governance Committee Assurance report</u> The Committee received a verbal update regarding the Risk and Quality Governance Committee meeting, which took place the day prior. There were no items for escalation. The Committee will review the Risk and Quality Governance Committee assurance report in March 2024</p> <p><u>Board Assurance Framework</u> The Committee received the Board Assurance Framework (BAF) and discussed each of the BAF risks assigned to Quality Committee. The Committee were assured by the report and noted the connectivity with the rest of the agenda.</p> <p><u>Quality Risk Register</u> The Committee received the Quality Risk Register for quarter 2, which detailed the 86 risks (5 of which score 15 or above) on Datix (the risk management system) that align to Quality Committee. The Committee discussed the risks and noted some of the risks had moved on since the end of quarter 2. Further discussions were had around Medical gases, storage at the Wirral and discharge cleaning in patient areas. The Committee were assured by the contents.</p> <p><u>Internal Audit Plan</u> The Committee discussed the changes to the Internal Audit Plan to amend the planned Quality Spot Checks Audit to an audit of the discharge process following a serious incident, which came through the commissioners. The Final Report will be produced in quarter 4.</p>
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.



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Council of Governors 31st January 2024

Chair's Report for: Performance Committee

Date/Time of meeting: 22nd November 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	<p>Risk Register The Committee received the risk register report;</p> <p>There are 3 risks with risk scores of 15 and above assigned to the Committee</p> <ul style="list-style-type: none"> • HRMC challenge • Medical Gases Assurance • Interventional Radiology Service infrastructure – this risk has now been reduced in score following discussion at Risk and Quality Committee. <p>Progress has been made to mitigate risks with a score of 12 and below and 4 risks were closed during the reporting period.</p> <p>Integrated Performance Report 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.</p> <ul style="list-style-type: none"> • The Committee noted there have been challenges in achieving the 24-day and 62-day targets.89% with 14 avoidable breaches occurring. • Some challenges were noted regarding category 1 patients but a plan to commence treatment on alternate day has recently been agreed and is expected to deliver improvements. • Appraisals have seen an improvement in month, as at the date of the meeting the position was above 90%. <p>Inpatient Capacity Management Report The Committee received a report regarding management of inpatient capacity including the revised governance arrangements underpinned by the development of activity dashboards which have supported improved productivity. In addition the work around the Urgent Care Pathway and the benefit to the system was highlighted. . Future work is focused on reducing admissions, improving flow and reducing length of stay including Implementation and full utilisation of our Ambulatory Care facility for myeloid, Stem Cell, Lymphoma & Sarcoma.</p>
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Cancer Waiting Times Report

The report provided the Committee with evidence of the current challenges impacting on Cancer Waiting Times.

62 day performance - Molecular testing delays at Manchester Genomic Laboratory Hub (MGLH), Radiographer industrial action and late referrals have impacted performance.

Actions take to reduce avoidable breaches include the launch of an E-Referral system, which will include up to date test results and improve the quality of referrals. The importance of working closely with the Cancer Alliance and other Trusts around this was noted. In addition, the ongoing development of a Cancer Wait Times (CWT) Dashboard to provide greater intelligence to track patients and expedite pathways will support improvement.

Finance Report

The Committee reviewed the Finance Report and noted the positive position at Month 7. The Trust financial position to the end of October is a £308k surplus, which is £96k above plan. The group is showing a £741k surplus to the end of October, which is £529k above plan. Trust Pay is overspent by £68k, within this is £159k unmet CIP. While the CIP programme is overachieving overall the Trust is achieving more in non-pay areas and less in pay areas. The Trust's cash position is in line with plan. with Capital expenditure of £996k has been incurred to the end of October.

Research & Innovation Strategy Business Plan

The Committee received an update regarding the Research and Innovation Strategy Business Plan and noted that there had been a delay in gaining approval for £0.5m funding from the charity, to support the funding of year 3 of the strategy. It was noted that due to two vacant posts the current position is outside of plan however recruitment initiatives are on-going to secure suitable candidates.

It was noted that the recent job planning cycle has included the allocation of research sessions which will enable consultants to carry out additional research activity.

In terms of performance against agreed indicators currently academic commercial income and grant income are behind plan.

The Committee requested a revision of the plan to demonstrate the funding flows from the Trust and Charity.

Green Plan Assurance Report

The Committee reviewed progress against the Green plan which detailed corporate approach, workforce, care models and adaptation. Highlights



included the appointment of a permanent Sustainability Programme Manager, the inclusion of sustainability work as part of the recruitment process, and corporate induction. Clinical teams have sustained significant levels of virtual outpatient appointments, and a model of remote monitoring for lung cancer immunotherapy patients is being piloted. The Annual Sustainability Report will bring together the key achievements over the past 12 months and will be presented to the next meeting of the Committee.

Five Year Strategy Progress Report

The progress and achievements during the reporting period were noted by the Committee.

PropCare Performance Report

The Committee received an update on performance from the Managing Director of PropCare with highlights including the operationalisation of Paddington CDC, and positive delivery on a number of capital projects.

The Committee noted that PropCare are supporting the wider NHSE requirement for collaboration at scale through a number of initiatives which have the potential to benefit both CCC and the wider Cheshire and Merseyside Trusts.

Clatterbridge Private Clinic JV

The Committee received a performance update that provided assurance regarding operational and financial performance. The new manager is working through the previous issues. In terms of activity, there has been an increase in demand for both Chemotherapy and Radiotherapy treatments and overall activity is expected to perform in line with plan. The financial position is positive with year to date profit above budget and a continued strong liquidity position.

Annual Insurance Report

The Committee reviewed the Trust's Annual Insurance Report which demonstrated the current insurance provision in place in addition to the Clinical Negligence Scheme. The Committee noted that there is a piece of work underway nationally to determine if there is an opportunity to simplify and strengthen the market in order to reduce costs.

ICB Planning Update

The Committee received an update regarding the operational planning timeline for 2024/25, with the annual planning guidance expected in December. Preparations are underway to launch system wide planning across all areas – quality, workforce, activity and finance. Following receipt of the guidance the Board Development Session scheduled for January 2024 will focus on the draft 2024/25 plan and the five year outlook which will help inform the Trust's strategy for the next five years.



	<p>Board Assurance Framework</p> <p>The Committee reviewed the Board Assurance Framework risks within its remit and noted the proposed revision to the risk score for BAF risk 3. The Committee challenged the scoring given the system position and the need to consider the articulation of the control gaps in order to reflect the financial pressures.</p> <p>The Committee requested that the ongoing work to mitigate risks be reflected in the dates within the BAF where actions will continue through to year-end.</p>
<p>Items of concern for escalation to the Board</p>	<p>Forecast Out-turn position 2023/24</p> <p>The Committee reviewed the revised position following recent discussions with the ICB and noted the risks around ERF funding and depreciation.</p> <p>Emergency Preparedness Resilience & Response and Core Standards Report</p> <p>The Committee received an update regarding the activity completed during quarter 2, including the review and updating all relevant policies, completion of a Training Needs Analysis and delivery of Strategic and Tactical Health Commander training to managers. During the reporting period 7 episodes of industrial action were managed, the Trust was on standby for a major incident (M53) and 4 business continuity incidents were managed.</p> <p>During the latter part of quarter 2 there has been a robust focus on completing the Core Standards Submission including collation of the supporting evidence. The feedback from the submission has led to the identification of a number of additional risks which will be monitored via the Committee.</p> <p>The Committee noted the deterioration in the Trust's position in relation to revised EPRR Core Standards. Following a Check and Challenge process by NHS England NW the findings show the Trust's position as fully compliant with 10 standards and partially compliant with 49 standards. It was noted that an action plan to improve compliance will be brought back to the Committee on a quarterly basis.</p>
<p>Items for shared learning</p>	<p>No shared learning identified.</p>



Council of Governors 31 January 2024**Chairs report for: People Committee****Date/Time of meeting: 12 December 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>Guardian of Safe Working Report A Haematology pathway has been established whereby the Liverpool University Hospital Foundation Trust (LUHFT) Guardian shares any relevant exception reports for systematic oversight to the Clatterbridge Cancer Centre (CCC) Guardian. At time of writing this report no information has been provided regarding Haematology trainees/junior doctors exemptions, and therefore it is assumed there are no exemptions at the time the report was written. However, an update has been requested from the LUHFT Guardian.</p> <p>Workforce Growth Update The plan demonstrates workforce growth against the workforce plan, which indicates that the Trust is an outlier having more staff than planned. However, the figures corresponded with the predicted numbers when the forecast was originally made. A forensic analysis has since been carried out and shared with the Integrated Care Board and Chief People Officer who have assurance around the Trust position. Additionally, during a Cheshire and Merseyside HR Directors meeting, it became apparent that Trusts are using different measures and data sources therefore, work will begin to develop one measure for all trusts to use. The purchase of Paddington Community Diagnostic Centre (CDC) has also affected staffing numbers however, going forward these figures will be reported separately from core business which will improve the figures.</p>
Items of achievement for escalation to the Board	<p>Staff Story – Kerry Gibbons – On-Boarding Process Kerry Gibbons joined the Trust in June 2023 and has worked for the NHS for 17 years in various organisations and commented that the most positive experience of the process has been here at the Trust. The process was very smooth and efficient and ESR and Mandatory training were all set up. Documentation throughout the On-Boarding process was easy to complete, and the team were helpful and friendly. The local induction was informative and interesting, and not too long. Kerry suggested adding information regarding the Trust Green Plan and having less printed materials.</p>

National Approach to Domestic Violence – patients and staff

The Trust has signed up to the Sexual Safety in Healthcare Organisational Charter and will develop an action plan to meet the 10 principles, which be monitored through the Workforce advisory Group. The team will launch the Domestic Abuse and Sexual Violence Programme with Sheena Khanduri as Executive Lead.

Integrated Performance Report

Mandatory Training - The Trust has now achieved compliance for ILS, BLS and Safeguarding Training. Thanks was given to all those involved with achieving compliance.

Retention and Turnover Report

The Committee noted that the report demonstrates a reduction in staff turnover, however, remains above target in month. The report details reasons for leaving and information from leaving interviews which remain low in number despite encouragement from the team to complete the interviews. However, the Trust does compare favourably against other specialist organisations.

People Commitment Progress Report

The digital team will aim to support staff with digital literacy by discussing alternatives to online training such as the ECDL programme which is currently only offered to staff online.

Equality, Diversity and Inclusion Update

The Trust committed to joining up to the Northwest BAME Assembly Anti-Racist Framework to become an intentionally anti-racist organisation. One of key objectives for 2024-2025 will be to increase the number of staff who declare a disability.

Staff Wellbeing and Engagement

The Committee noted that 1779 (66%) of staff completed the staff survey against an ambitious target of 70% and local data results are expected in January 2024. Full national benchmarking data is expected in February 2024 and full national data will be received in March 2024. Results will be shared across the organisation once the embargo is lifted.

Apprenticeship Update

The Trust currently has a healthy cohort of staff on apprenticeship programmes; however, is not fully utilising the apprenticeship funding available which is a common theme across public sector organisations. The intention is to continue to educate managers and staff on understanding how apprenticeship training opportunities can assist patient safety, workforce planning, role transformation and promoting continuous professional development for its current staff members.

Additionally, Trust levy funds have been transferred to 5 non-qualifying organisations in the last 12 months and the Learning and Organisational Team are working closely with the Liverpool Region Skills and Employability

	<p>Team to identify opportunities for the Trust to support health and social care organisation across the Liverpool City Region via the levy transfer.</p> <p>Board Assurance Framework (BAF) Following a refresh that was undertaken in quarter 1, no changes have been made to the BAF scores for quarter 2. Further work will take place regarding BAF 10 to reduce the score by focussing on certain cohorts of staff, for example those who leave the Trust within 12 months of joining.</p> <p>University Hospital Accreditation The Trust has undertaken a self-assessment to establish whether it is feasible to achieve University Hospital status. A draft has been submitted to the University to consider collaborative working and an update will be brought back to the Committee in 2024</p> <p>People Committee Risk Report The Committee noted there are two Risks on the Risk Register scoring over 12. One relates to lack of resource within the medical staffing team; however this risk has since closed due to recruiting a full team. The second risk relates to use of Agency constraints however this risk has now reduced due to new controls that have been put in place.</p> <p>Workforce Advisory Group Assurance Report Appraisals were showing as marginally underperforming for October however, data for November demonstrates that the Trust is now compliant.</p>
<p>Items for shared learning</p>	<p>No Shared Learning was identified</p>

Title of meeting: Council of Governors**Date of meeting: 31st January 2024**

Report lead	Jane Hindle, Associate Director of Corporate Governance					
Paper prepared by	Jane Hindle, Associate Director of Corporate Governance, Skye Thomson Governance Manager, Ann Mason, Corporate Governance and Governor Engagement Officer					
Report subject/title	Proposal for amendments to the Composition of the Council of Governors					
Purpose of paper	The purpose of the paper is to seek approval of amendments to the composition of the Council following discussions held on 19 th January 2024.					
Background papers	None					
Action required	For approval					
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 composition of the Council of Governors.

2.0 Background

2.1. The NHS England Code of Governance sets the principles of good governance that a Foundation Trust should comply with in respect of its Council of Governors.

a) Ref C.4.8

Led by the Chair, 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. The Council of Governors should use this process to review its roles, structure, composition and procedures, taking into account emerging best practice

In addition the Code states that:

b) Ref 2.2

The Council of Governors should not be so large as to be unwieldy. The Council of Governors should be of sufficient size for the requirements of its duties. The roles, structure, composition, and procedures of the Council of Governors should be reviewed regularly.

2.2 Schedule 7 of the National Health Service Act 2006 (as amended by later legislation) sets out the minimum requirements for Foundation Trusts in relation to the composition of its Council of Governors.

2.3. The Trust's Constitution is derived from the Act and was reviewed and amended in January 2023 following approval by the Council. This review did not include any amendment to the size or composition of the Council.

3.0 Proposed Changes

3.1 A working group of governors met on 19th January 2024, to consider a number of options. Supplementary information that supported the discussion can be found at appendix A.

3.2 Any amendment to the composition of the Council must take into consideration the following requirements:

- a) More than half of the members of the council of governors must be elected by public members of the Trust
- b) At least three members of the Council must be elected by the staff constituency
- c) At least one member of the Council must be appointed by one or more qualifying local authorities.



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- d) If any of the corporation's hospitals includes a medical or dental school provided by a university, at least one member of the council must be appointed by that university.
- e) The Rest of England is typically included as a constituency within the Constitution to enable trusts to have a large pool of suitable candidates for Non-Executive roles. It is a requirement that Non-Executive Directors are members of the Trust when they enter office.

3.3 The Current composition of the Council and associated vacancies can be found in table 1 below.

Public Constituency	Number of Positions	End of Term
Cheshire and West and Chester	2	2025 2024
Liverpool	3	2025 Vacancy 2026
Sefton	2	2025 2026
St Helens and Knowsley	2	2025 Vacancy
Warrington and Halton	2	2025 Vacancy
Wirral and the rest of England	3	Vacancy 2026 2024
Wales	1	2024
TOTAL	15	4 Vacancies
Staff Constituency		
Doctor	1	2025
Non-Clinical	1	Vacancy
Nurse	1	2024
Other Clinical	1	2025
Radiographer	1	2026
Volunteers, service providers	1	2026
TOTAL	6	1 Vacancy
Liverpool University Hospitals NHS FT	1	2025
NHS England	1	Vacancy
Wirral Council	1	2026
Liverpool Council	1	2024
Cancer Alliance	1	2025
Macmillan Cancer Support	1	2025
Isle of Man Department of Health	1	2026
Liverpool University	1	2025
TOTAL	8	1 Vacancy

Table 1



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3.4 Public Constituency

Whilst the distribution of seats on Council does not have to be undertaken on a strictly proportional basis, and can take into account other factors such as the level of service provision for different areas, there is expected to be some relationship between population and the number of seats for the various parts of the public Constituency

3.5 Staff Constituency

The working group were concerned that staff side should be included in discussions to make changes to the staff constituencies. The Associate Director of Corporate Governance consulted Mike Varey, Staff Side Chair and following discussion with his colleagues a proposal to include a class for Allied Health Professionals is included. This is in keeping with similar trusts.

3.6 Appointed Governors

As for all governors, the partnership constituency should enable engagement with representatives from organisations who have direct contact with the public in relation to health and social care and can therefore provide opportunity to hear their views. The ongoing focus on ensuring that hard to reach groups are represented should be taken into consideration when determining the seats within this constituency.

3.7 The following amendments are proposed:

Public Constituency	Number of Positions
Cheshire and West and Chester	2
Liverpool	3
Sefton	2
St Helens and Knowsley	1
Warrington and Halton	1
Wirral and the rest of England	2
Wales	1
TOTAL	12
Staff Constituency	
Doctor	1
Non-Clinical	1
Nurse	1
Allied Health Professional	1
TOTAL	4
Liverpool University Hospitals NHS FT	1
Wirral Council	1
Liverpool Council	1
Macmillan Cancer Support	1
Isle of Man Department of Health	1
Liverpool University	1
TOTAL	6

Table 2

3.8 If the Council are in agreement to the proposal, any vacant seats will be removed with immediate effect and those with a current incumbent will be removed when their term of office ends.



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3.9 It should be noted that meetings of the Council are open to members of the Trust and the public and therefore any member of staff, including former governors can attend the meetings.

4.0 Recommendation

4.1 The Council of Governors are asked to

- a) Comment on and approve the areas of change
- b) Note the intention to revise the Trust Constitution to reflect the changes.



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Appendix A

Relationship between population and the number of seats for each public constituency

ICB Place area	CCC Constituency	CCC Governor	Numbers of patients in area	
Liverpool	Liverpool	2 Governors (1 vacancy)	3149	26.18%
Wirral	Wirral & the Rest of England	2 Governors (1 vacancy)	2047	17.02%
Sefton	Sefton	2 Governors	1751	14.56%
Cheshire West & Chester	Cheshire West & Chester	2 Governors	1990	11.56%
Warrington	Warrington & Halton	1 Governor (1 vacancy)	989	8.22%
Knowsley	St Helens & Knowsley	1 Governor (1 vacancy)	874	7.27%
St Helens	St Helens & Knowsley	1 Governor (1 Vacancy)	795	6.61%
Halton	Warrington & Halton	1 Governor (1 vacancy)	613	5.10%
	Wales	1 Governor	343	2.85%
Cheshire East			75	0.62%

CCC Constituency	CCC Governor	Number of staff
Doctor	1 Governor	109
Non-Clinical	1 Vacancy	634
Nurse	1 Governor	468
Other Clinical	1 Governor	444
Radiographer	1 Governor	233
Volunteers, service providers	1 Governor	101



WE ARE...
KIND EMPOWERED RESPONSIBLE INCLUSIVE

Information Pack

**The Clatterbridge Cancer Centre NHS Foundation Trust Board of Directors
Register of Interests**

Name and Position	Declared Interests
Kathy Doran Chair	<ul style="list-style-type: none"> • Chair of Local Governing Body of Birkenhead High School Academy and therefore ex officio • Member of the Academy Trust Board of the Girls Day School Trust
Liz Bishop Chief Executive	<ul style="list-style-type: none"> • Director on the Clatterbridge Private Clinic Board (Joint venture with The Mater) • Attended HSJ Partnership Awards table was purchased by Attain
Sheena Khanduri Medical Director	<ul style="list-style-type: none"> • Member of Private Practice Joint Venture Board • Trustee of Clatterbridge Cancer Charity
Julie Gray Chief Nurse	<ul style="list-style-type: none"> • Director on the Clatterbridge Private Clinic Board (Joint venture with The Mater)
Joan Spencer Chief Operating Officer	<ul style="list-style-type: none"> • My sister Ann Ford is the Deputy Chief Inspector of Hospitals with the CQC • Member of the Private Patient Venture Board
Jayne Shaw Director of Workforce & OD	<ul style="list-style-type: none"> • Nil
James Thomson Director of Finance	<ul style="list-style-type: none"> • I am the Trust representative for the 2 subsidiary companies - PropCare Limited, and Clatterbridge Pharmacy Limited • Trust representative for the Clatterbridge Private Clinic LLP. This is a joint venture with the Matter Private Limited (Republic of Ireland). I am a member of the LLP Board
Sarah Barr Chief Information Officer	<ul style="list-style-type: none"> • Nil
Tom Pharaoh Director of Strategy	<ul style="list-style-type: none"> • My brother-in-law is a partner within the Liverpool office of Hill Dickinson - a law firm that CCC uses for legal advice
Mark Tattersall Vice Chair	<ul style="list-style-type: none"> • Nominated Non-Executive Director for the Trust's subsidiary PropCare • Director and Board Chair of MHM Ltd, a private limited company engaged in providing consultancy and market research services to the cultural, heritage and charitable sectors in the UK and overseas
Geoff Broadhead Senior Independent Director	<ul style="list-style-type: none"> • Chair of Clatterbridge Pharmacy Ltd • Member of Merseyside Pension Fund Pension Board – interest ended May 2023 • Member of the Merseyside Police and PCC Joint Audit Committee

	<ul style="list-style-type: none"> • Wife held Senior Position in Warrington and Halton CCG and subsequently Cheshire and Merseyside ICB
David Elkan Abrahamson Non-Executive Director	<ul style="list-style-type: none"> • Chair of Trustees of the Bloom Appeal, a blood cancer charity • Solicitor with Broudie Jackson Canter solicitors - I deal with major Inquests and Inquiries. In that capacity I currently represent the Covid 19 Bereaved Families for Justice, a representative group of bereaved which has core participant status in several modules of the Covid Inquiry • Director of 'Hillsborough Law Now Ltd.', a company whose aim is to get a Duty of Candour law enacted
Terry Jones Non-Executive Director	<ul style="list-style-type: none"> • Director, Liverpool Head and Neck Centre (LHNC). LHNC was formed as a formal collaboration between LUHFT, CCC, The Walton Centre and the University of Liverpool to facilitate the enhancement of head and neck cancer research and treatment in Cheshire & Merseyside. The Directorship is one of my core employment roles • Director of Research, Liverpool University Hospitals NHS Foundation Trust (LUHFT). This role, to lead the research strategy for LUHFT is another of my core employment roles • Director of Research, Cheshire and Merseyside Integrated Care System
Anna Rothery Non-Executive Director	<ul style="list-style-type: none"> • Non-Executive Director Elected Member Leader of Liverpool Community Independents Party – interest ended May 2023 • Senior Fellow Liverpool Hope University • Visiting Fellow Liverpool Hope University
Asutosh Yagnik Non-Executive Director	<ul style="list-style-type: none"> • Founder and Managing Director, AdSidera Ltd, UK • Director, Leigh Court (Harrow) Ltd, UK • Senior Fellow, Institute for Strategy, Resilience and Security (ISRS), University College London, UK • Senior Partner, Aura Capital Partners, Iceland
Jane Hindle Associate Director of Corporate Governance	<ul style="list-style-type: none"> • Partner is a Director of the Walton Centre Foundation Trust • Company Secretary of Clatterbridge Pharmacy Ltd • Company Secretary of PropCare Services Ltd

Acronyms

AHP	Allied Health Professional	CCC-W	Clatterbridge Cancer Centre Wirral	LeDeR	A service improvement programme for people with a learning disability and autistic people
ALS	Advanced Life Support	CCC-L	Clatterbridge Cancer Centre Liverpool		
AO	Acute Oncology	CCC-A	Clatterbridge Cancer Centre Aintree	LFPSE	Learn From Patient Safety Events
AQuA	Advancing Quality Alliance	DoF	Director of Finance	LHCH	Liverpool Heart and Chest Hospital NHS Foundation Trust
AMM	Annual Members Meeting	DBS	Disclosure and Barring Service	LHP	Liverpool Health Partners
BLS	Basic Life Support	DPA	Data Protection Act	LUHFT	Liverpool University Hospitals NHS Foundation Trust
BRC	Biomedical Research Centre	ECMC	Experimental Cancer Research Centre	MDT	Multidisciplinary Team
BAF	Board Assurance Framework	EDI	Equality, Diversity and Inclusion	MECC	Membership Engagement Communications Committee
BMA	British Medical Association	EPR	Electronic Patient Record	MWL	Mersey and West Lancashire Teaching Hospitals NHS Foundation Trust
BAME	Black Asian Minority Ethnic	ESR	Electronic Staff Record	NHSE/I	NHS England/Improvement
BoD	Board of Directors	EHR	Electronic Health Record	NHSP	NHS Professionals
C&M	Cheshire and Merseyside	EPR	Electronic Patient Record	NIHR	National Institute for Health and Care Research
CAMRIN	Cheshire and Merseyside Radiology and Imaging Network	FoSH	Federation of Specialist Hospitals	NMC	Nursing and Midwifery Council
CAR-T	Chimeric Antigen Receptor T-cell	FFT	Friend and Family Test	NRLS	National Reporting and Learning System
CCG	Clinical Commissioning Group	FTSU	Freedom to Speak Up	NWPQA	North West Pharmaceutical Quality Assurance
CCIO	Chief Clinical Information Officer	FOI	Freedom of Information	NED	Non-Executive Director
CCRS	Clatterbridge Committee for Research Strategy	GDPR	General Data Protection Regulations	OD	Organisational Development
CDC	Community Diagnostic Centre	GMC	General Medical Council	ODN	Operational Delivery Network
CDU	Clinical Decisions Unit	HCI	Health Care International	OSC	Overview and Scrutiny Committee
CE+	Cyber Essentials Plus	HCP	(Cheshire & Merseyside) Health and Care Partnership	PA	Programmed Activity (a block of time in a consultant job plan)
CEO	Chief Executive Officer	HEE	Health Education England	PADR	Performance Appraisal and Development Review
CET	Clinical Effectiveness Team	HIMSS	Healthcare Information and Management Systems Society	PEIG	Patient Experience and Inclusion Group
CIC	Clatterbridge in the Community	HO	Haemato-oncology	PHR	Patient Held Record
CIP	Cost Improvement Plan	HR	Human Resources	PIFU	Patient Initiated Follow-up
CIPHA	Combined Intelligence for Public Health Action	ICS	Integrated Care System	PMO	Programme Management Office
CIO	Chief Information Officer	ICB	Integrated Care Board	PPJV	Private Patient Joint Venture
CMAST	Cheshire & Merseyside Acute and Specialist Trust Provider Collaborative	IM&T	Information Management and Technology	PREMs	Patient Reported Experience Measures
CMCA	Cheshire and Merseyside Cancer Alliance	IoM	Isle of Man	PSIRF	Patient Safety Incident Response Framework
CMIO	Chief Medicines Information Officer	IPR	Integrated Performance Report	PALS	Patient Advice & Liaison Service
CNIO	Chief Nursing Information Officer	ILS	Intermediate Life Support	PHE	Public Health England
CNS	Clinical Nurse Specialist	JACIE	Joint Accreditation Committee of the International Society for Cellular Therapy (ISCT) and the European Group for Blood and Marrow Transplantation (EBMT)	PPI	Patient and Public Involvement
CPL	Clatterbridge Pharmacy Limited				
CQC	Care Quality Commission	KLOE	Key Line of Enquiry		
CoG	Council of Governors	KPI	Key Performance Indicator		
COO	Chief Operating Officer	L&OD	Learning and Organisational Development		
CRF	Clinical Research Facility	LCR	Liverpool City Region		
CRFS	Clatterbridge Research Funding Scheme	LCRI	Liverpool Cancer Research Institute		

QI	Quality Improvement	TEG	Trust Executive Group
RCP	Royal College of Physicians	TOG	Trust Oversight Group
RDS	Rapid Diagnostic Service	ToR	Terms of Reference
R&I	Research and Innovation	TfC	Together for Children
RPA	Robotic Process Automation	TIC	Transformation and Improvement Committee
RAG	Red, Amber, Green Classifications	TMA	Transitional Monitoring Approach
SABR	Stereotactic Ablative Radiotherapy	TUPE	Transfer of Undertakings (Protection of Employment)
SACT	Systemic Anti-Cancer Therapy	TYA	Teenage and Young Adult
SDEC	Same Day Emergency Care	UoL	University of Liverpool
SLA	Service Level Agreement	WDES	Workforce Disability Equality Standard
SPC	Statistical Process Control	WRES	Workforce Race Equality Standard
SRG	Site Reference Group	WTE	Whole Time Equivalent
SRO	Senior Responsible Officer	WUTH	Wirral University Teaching Hospital NHS Foundation Trust
SFI	Standing Financial Instructions		
SIRO	Senior Information Risk Officer		
SRO	Senior Responsible Officer		
SLA	Service Level Agreement		
SUI	Series Untoward Incident / Serious Incident		

StEIS Strategic Executive Information System