

The Clatterbridge Cancer Centre NHS Foundation Trust
MINUTES OF THE COUNCIL OF GOVERNORS
Thursday 7th November 2019
R&1 Room 2&3
5:30pm

Present:	Kathy Doran	Chair
	Ray Murphy	Governor, Nominated - Cancer Steering Group
	Andrea Chambers	Governor, Nominated - Manx Cancer Help
	Amit Patel	Governor, Staff - Doctor
	Christine Littler	Governor, Public - Wirral & rest of England
	Deborah Spearing	Governor, Staff – Non Clinical
	Laura Jane Brown	Governor, Staff – Nurse
	Glenys Crisp	Governor, Public – Warrington & Halton
	Pat Higgins	Governor, Public – Cheshire West & Chester
	Keith Lewis	Governor, Public – Liverpool
	Jackie McCreaney	Governor, Public – Liverpool
	Pat Gillis	Governor, Public – St Helens & Knowsley
	Trish Marren	Governor, Public – Warrington & Halton
	Liz Bishop	Chief Executive
	James Thomson	Finance Director
	Sheila Lloyd	Director of Nursing & Quality
	Jayne Shaw	Director of Human Resources
	Sheena Khanduri	Medical Director
	Joan Spencer	Interim Director of Operations
	Elkan Abrahamson	Non Executive Director
	Terry Jones	Non Executive Director
	Angela Wendzicha	Assoc. Director of Corporate Governance
	Margaret Moore	Corporate Governance (Secretary)
Apologies:	Carla Thomas	Public Governor, Sefton
	Anne Olsson	Public Governor, Sefton
	Brian Blundell	Public Governor, Cheshire West & Chester
	Andrew Waller	Governor, Public – Wirral & rest of England
	Jane Wilkinson	Governor, Public – Wales
	John Field	Governor, Public – Wirral & rest of England
	Samantha Wilde	Governor, Staff – Radiographers
	Sonia Holdsworth	Governor, Nominated – Macmillan Cancer Support
	Myfanwy Borland	Governor, Staff – Other Clinical
	Steve Sanderson	Governor, Public – St Helens & Knowsley
	Alison Hastings	Non Executive Director
	David Teale	Non Executive Director
	Geoff Broadhead	Non Executive Director
	Mark Tattersall	Non Executive Director

Item	Administrative Items	Action
CoG/45/19	<p>Chair Welcome and Note of Apologies</p> <p>The offered apologies were noted.</p>	
CoG/46/19	<p>Declarations of Committee Members and other attendees interests concerning agenda items</p> <p>Angela Wendzicha declared an interest as the Company Secretary for CPL and PropCare.</p>	
CoG/47/19	<p>Minutes of the meeting: 22nd July 2019</p> <p>The minutes of the last meeting were agreed as a true and accurate record.</p>	
CoG/48/19	<p>Matters Arising and Summary of Agreed Actions</p> <p>It was agreed that the Action Sheet was correct as reported. The Council noted that:</p> <ul style="list-style-type: none"> • COG-005-19(i) – An update on Cancer Alliance will be provided before the next meeting • COG-005-19(ii) – For the benefit of new Governors, information regarding the Alliance will be provided • COG-035-19 – Liz Bishop provided a brief overview regarding the expansion into Liverpool. A full update will be given at the next meeting. <p>KD informed the Council that CCC’s Twitter account contains lots of internal photos and provides up to date information.</p>	
Items for discussion – Performance & Quality/Strategy		
CoG/49/19	<p>Key Talk – Research at CCC</p> <p>Dr Gillian Heap, Director of Research & Innovation Operations together with Linda Lyons, Senior Research Nurse shared their presentation which provided an overview of the Research at Clatterbridge Cancer Centre. They informed the Council of the highlights over the year and explained how investigator-led research is taking place. They finished the presentation with patient stories.</p> <p>The Council noted the contents of the presentation.</p> <p>KD thanked GH and LL for a very informative presentation.</p> <p>KD advised the Council the Trust Board looking at the next stage of Strategic Development regarding the expansion into Liverpool. There are several pieces of work currently taking</p>	

	<p>place. Liverpool Health Partners are co-ordinating a workshop which covers healthcare needs focussing on lung and head and neck cancers.</p> <p>KD then introduced our newly appointed Non Executive Director Professor Terry Jones explaining his speciality is head and neck surgery. TJ gave an overview of this position.</p>	
CoG/50/19	<p>Eastern Sector Update Joan Spencer, Interim Director of Operations presented an update to the Council.</p> <p>Eastern Sector: JSp gave an update regarding the Future Clinical Model. The sectors were explained, it was pointed out the location of the Eastern Sector is currently undergoing the formal process of consultation, however owing to the forthcoming Government election, restrictions are placed during the pre-election period (Purdah). The two hospitals interested in running the service are Warrington & Halton/St Helens & Knowsley.</p> <p>All Sector hubs will provide an holistic Multi-Disciplinary Team (MDT) service to all patients attending their first outpatient appointment with a common cancer. (Breast, Colorectal, Prostate and Lung). Patients with an intermediate cancer (i.e. UGI, Gynae) may also be seen at the sector hub depending on demand and provision of Specialist MDTs. All services for rare cancers or inpatient care will be delivered in the new Cancer Hospital in Liverpool.</p> <p>The new model will support CCC in delivering the 7-days to first appointment target.</p> <p>A brief discussion took place and a query was raised regarding Cancer Alliance, LB informed the Council that CCC hosts the Alliance and we have representation on their Board. It was suggested an update from the Cancer Alliance at a future meeting would be helpful.</p> <p>JSp was asked to give an update on the Eastern Sector at the next Council meeting.</p>	<p>Linda D</p> <p>JSp</p>
CoG/51/19	<p>Trust Board Development Day – Update A handout was given to the Council that had been presented at the Trust Board Development day last month. Both KD and LB explained The Clatterbridge Culture and how we are going to position the Trust with the following cultural elements:</p> <ul style="list-style-type: none"> • Vision and Values • Goals and Performance • Support and Compassion 	

	<ul style="list-style-type: none"> • Learning and Innovation • Teamwork <p>Jayne Shaw informed she will be creating a new 'staff tree' poster that will highlight what our behaviours look like. The Council will be informed once the poster has been completed.</p>	JSh
CoG/52/19	<p>Performance & Strategic Overview</p> <p>JT talked through his presentation informing the Council:</p> <ul style="list-style-type: none"> • Confirmed submission of the draft 5-year NHS Plan • Cancer waiting time is a continued focus at the Trust and across the area • Increased Chemotherapy activity, 4.7% above plan • Our cumulative surplus of £2.6m is on-plan • Forecast to remain on plan and deliver a £3m surplus • Efficiencies are being delivered to date but £0.2m unidentified for 2019-20 • The agency expenditure means we are limited to a 4 in that category • NHSI not minded to change segment of rating of 'maximum autonomy' <p>A discussion took place; a question asked regarding agency spend. JT advised that in order to ensure safe staffing levels the expenditure is clinically justified. The expenditure is not due to sickness absence.</p> <p>KD confirmed the Council will receive an update at each meeting.</p>	
	<p>Kathy Doran said that she would like to take this opportunity to thank our Senior Governor, Steve Sanderson for his service as Senior Governor over the last 8-years. Owing to some recent issues he has to step down as Senior Governor. KD congratulated him of steering the Governors through some tricky situations and his tireless support of the Trust.</p>	
CoG/53/19	<p>Senior Governor – Call for Nominations</p> <p>Angela Wendzicha informed the Council that in accordance with the current Council of Governors Standing Orders (2010), the Council of Governors shall appoint one of the Governors to be the Senior Governor of the Council of Governors.</p> <p>AW gave an overview of the role (detailed in appendix A) and asked Governors who were interested in applying for the role to submit an Expression of Interest form to be received by AWe by Friday 15th November 2019.</p> <p>A closed ballot will take place and the results communicated to the Council of Governors.</p>	All Govs

	KD asked if Governors were clear about the process and parameters. Governors agreed they were.	
CoG/54/19	<p>Council of Governors Standing Orders AW advised the Council of Governors Standing Orders form an integral part of the Trust's Constitution. Standing Orders are written rule which regulate the proceedings of the Council of Governors.</p> <p>The Trust Constitution is currently being reviewed and will be presented to the Council of Governors for approval in early 2020. In the meantime, the Council are requested to review the draft version 3 of the Standing Orders and provide any comments to Angela Wendzicha by 29th November 2019. The revised document will then be submitted to the Trust Board.</p>	All Govs
Governance and Other Matters		
CoG/55/19	<p>Audit Committee - Update The Chair of the Audit Committee had given apologies for the meeting. James Thomson advised he had included updates in his Performance Report (item CoG/52/19) and added:</p> <ul style="list-style-type: none"> • All Cyber Essentials Updates were complete and up to date • Freedom to Speak Up – assurance was given that systems are in place. <p>JT confirmed that Trust External Auditors had not been present at the September Audit Committee meeting. To date non had been appointed. The vacancy will be re-advertised.</p>	
CoG/56/19	<p>Performance Committee Update incorporated in item CoG/52/19</p>	
CoG/57/19	<p>Quality Committee – Update For the benefit of new Governors Sheila Lloyd, Director of Nursing and Quality gave an overview of the purpose of the Quality Committee. She explained there is a Trust Strategy 3-year plan which included the expansion into Liverpool, once completed a further plan will be developed. SL gave an example of daily incident calls that take place, any incidents that may have occurred the previous day are discussed, the information is logged on Datix and shared across the whole Trust not just the department.</p> <p>A brief discussion took place, a question was raised regarding Patient Surveys – SL informed the Council that Andy Waller (Public Governor for Wirral & rest of England) is Chair of the Patient Experience Committee (PEC), he also sits on the Patient Experience and Inclusion Group and reports updates back to PEC which include patient survey reports. Updates</p>	

	from the Patient & Public Involvement & Engagement Strategy Pledges are on the password protected section of our public website.	
Closing Business		
CoG/58/19	<p>Any Other Business, including review of meeting: LB provided an update on our low energy Proton Beam unit. She explained the unit is over 30-years old and it is difficult to obtain new parts, there is also some staffing issues. The Trust is working with NHS England to find a solution. KD requested as update at the next meeting.</p> <p>LB informed the Council the BBC Hospital series will air early 2020. The Trust has been invited to be part of the new series, filming will start in approximately 6-weeks.</p> <p>KD asked MM to circulate the presentations from tonight to all Governors.</p> <p>The Terms of Reference for the Council of Governors Committees have been updated, AWe will email to Governors.</p> <p>AWe suggested the Council meeting on 13th February 2020 at 17.00 at the Wirral site, the Council agreed.</p> <p>SL informed the Council our Chemotherapy Service at work, which sees specialist nurses visiting patients at work to administer treatment, won the category Nursing in the Community at the recent Nursing Times Awards. This is a great achievement, not just for nurses but the team who support them. Glenys Crisp, Public Governor for Warrington & Halton travelled to London in support of the nomination.</p> <p>A suggestion was made to receive an update of the Private Clinic. KD said may not be possible for the February meeting the suggestion is noted for a future date.</p> <p>The Council were advised our Charity had been awarded £25,000 as part of the Tesco Bags of Help Centenary Grant scheme. CCC were voted first in the North West by the public who shop at Tesco stores.</p> <p>KD expressed her thanks to Dr Amit Patel, Staff Governor who will be leaving the Trust at the end of November. Dr Patel has accepted a new position at the Christie Hospital.</p> <p>KD thanked Governors and staff for attending the meeting.</p>	<p>LB</p> <p>MM</p> <p>AWe</p>
	<p>Date of next meeting: Thursday 20th February at 17.00. Room to be advised.</p>	

Council of Governors Committee - Action Log

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

Item No.	Date of Meeting	Item	Action(s)	Action by	Date to complete by	Date Completed / update
CoG-05-19	13.02.19	Key Talk – Cancer Alliance & Transformation Plans	(i) Update on Cancer Alliance to be provided in 12 months to Council of Governors	AWe	20.02.20	May-20
			(ii) Information regarding the Alliance to be included within the Governors Induction Programme (for new Governors elected September 2019)	AWe	01-Nov-19	Packs being developed
CoG-35-19	22.07.19	Transforming Cancer Care	The Council requested an update on the expansion into Liverpool in 6 months	FJ	20.02.19	Agenda Item COG-09-20
CoG-50-19	07.11.19	Eastern Sector Update	Cancer Alliance update	LD	20.02.20	Postponed until May 20 meeting
			Eastern Sector update	JSp	20.02.20	Deferred to May meeting owing to Purdah
CoG-51-19	07.11.19	Trust Board Development Day	New 'staff tree' to be shared with Council once completed	JSh	21.05.20	Ongoing
CoG-53-19	07.11.19	Senior Governor - call for Nominations	Governors asked to submit Expressions of Interest	All Govs	15.11.19	Completed
CoG-54-19	07.11.19	Standing Orders	Governors to review draft version 3 and provide comments	All Govs	29.11.19	Ongoing
CoG-58-19	07.11.19	AOB	(i) Update Council re: Proton Beam Therapy	LB	20.02.19	Included in Trust Board Update - Agenda Item COG-05-20
			(ii) Circulate all presentations from meeting 07.11.19	MM	08.11.19	Completed
			(iii) Email Terms of Reference to all Governors	AWe	20.02.20	Agenda Item COG-14-20

Clatterbridge Cancer Centre The Next 5 Year Strategy 2020-2025

Council of Governors

Liz Bishop, Chief Executive





The Clatterbridge
Cancer Centre
NHS Foundation Trust

National & Regional Context



Long Term Plan for Cancer - Aims

Continued transformation of cancer care so that from 2028:

An **extra 55,000 people** each year will survive for five years or more following their cancer diagnosis

Three in four cancers (75%) will be diagnosed at an early stage, from just over 50% currently

For Cheshire & Merseyside this means that by 2028:

At least **1,000 people** each year will survive 5 years or more following their cancer diagnosis

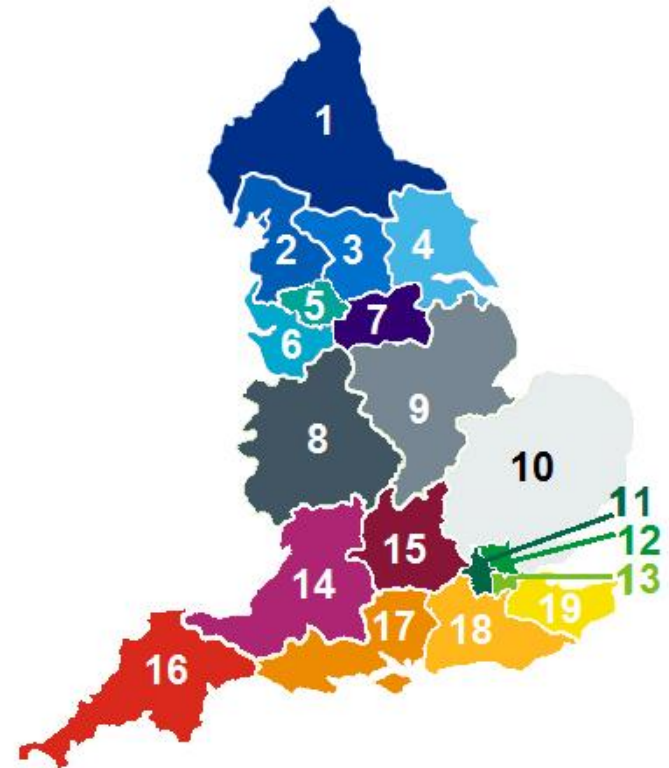
At least **300 more people** each year will be diagnosed at an earlier stage to achieve the 75% ambition

How will this be delivered

19 Cancer Alliances established 2016 to deliver the LTP for Cancer with responsibility for system oversight and coordination:

- We have £34m over 5 years to improve survival, early diagnosis, patient experience and long-term quality of life across a whole population.
- Coordinating and collaborating across the footprint where best placed to add greatest impact and value
- Reduce variation and improve access
- **NEW IN 2019-responsible for performance, including 62 days, delivery of the 28 day Faster Diagnosis Standard and system wide changes**

**Cheshire &
Merseyside**
Cancer Alliance



Grid of key cancer indicators at Cancer Alliance level - January 2020

	Period covered	London							Midlands				North					South						
		ENGLAND		North Central and East London		North West and South West London		South East London	East Midlands	East of England	East of England - North	East of England - South	West Midlands	Cheshire and Merseyside	Greater Manchester	Humber, Coast and Vale	Lancashire and South Cumbria	North East and Cumbria	South Yorkshire and Bassetlaw	West Yorkshire and Harrogate	Kent and Medway	Peninsula	Somerset, Wiltshire, Avon and Gloucestershire	Surrey and Sussex
Sustainable operational performance	Two week wait for all cancers (%)	November 2019	91.3	92.0	93.6	92.9	90.4	-	85.9	92.0	87.6	94.0	92.9	92.6	91.2	89.1	94.0	96.0	95.8	87.3	92.8	92.5	91.9	89.4
	Two week wait for symptomatic breast patients (where cancer was not initially suspected) (%)	November 2019	87.5	91.0	95.3	98.1	82.0	-	82.6	90.8	74.8	93.1	84.4	83.2	81.5	87.4	93.9	93.9	93.7	90.6	94.8	92.8	91.4	88.0
	One Month (31-day) diagnosis to first treatment wait for all cancers (%)	November 2019	95.9	97.7	97.4	97.1	95.2	-	97.2	95.5	93.8	95.9	97.0	93.3	94.9	97.2	97.8	97.0	96.8	95.7	96.0	96.4	94.8	95.2
	31-day wait for second or subsequent treatment: anti-cancer drug treatments (%)	November 2019	99.4	99.6	100.0	100.0	99.9	-	98.2	97.7	100.0	99.8	99.5	99.0	100.0	98.4	100.0	99.6	100.0	99.8	99.4	98.2	99.3	99.4
	31-day wait for second or subsequent treatment: surgery (%)	November 2019	91.6	93.3	95.4	95.0	87.0	-	92.3	86.8	91.5	95.9	99.1	90.7	85.8	87.3	96.3	95.8	95.2	93.5	89.4	95.9	92.7	86.0
	31-day wait for second or subsequent treatment: radiotherapy treatments (%)	November 2019	96.9	98.0	96.6	99.6	92.9	-	96.9	97.9	95.5	99.3	99.8	100.0	99.5	98.3	92.1	97.4	95.6	97.1	95.0	98.8	99.1	92.8
	62-day wait for first treatment following an urgent GP referral for all cancers (%)	November 2019	77.4	80.1	84.4	78.2	72.9	-	74.5	76.5	70.1	83.6	74.1	70.3	75.6	80.7	77.9	78.8	82.9	78.1	78.0	79.5	78.7	82.3
62-day wait for first treatment following referral from an NHS cancer screening service for all cancers (%)	November 2019	83.8	95.7	86.6	75.7	81.0	-	85.1	87.4	74.2	92.4	83.9	83.3	74.1	91.0	95.1	88.0	84.7	81.8	86.8	83.3	76.5	77.0	
Screening and early diagnosis	Breast screening coverage (ages 50-70) (%)	March 2019	71.6	59.1	66.5	68.3	74.2	73.2	-	-	71.3	72.1	68.5	75.1	71.6	74.8	74.7	69.7	73.4	75.4	72.7	70.0	73.8	74.5
	Bowel screening coverage (ages 60-74) (%)	March 2019	60.5	50.1	51.9	52.9	62.0	61.5	-	-	58.6	59.8	59.0	63.2	63.3	62.5	62.3	61.2	61.5	64.0	63.6	62.5	61.0	64.7
	Cervical screening coverage (ages 25-49) (%)	March 2019	69.6	61.2	61.0	67.2	73.1	72.0	-	-	70.0	72.4	70.5	74.4	72.6	75.1	74.8	71.7	73.6	75.4	74.4	72.0	70.0	72.8
	Cervical screening coverage (ages 50-64) (%)	March 2019	76.2	74.7	72.8	75.5	78.2	76.9	-	-	75.9	74.6	76.0	77.7	76.5	76.9	78.1	78.1	76.5	77.0	77.2	75.8	77.3	76.7
Cross-cutting	Emergency presentations (%)	2018/19-Q4	17.4	18.5	18.2	16.3	17.5	-	16.4	16.3	18.2	18.7	19.5	18.3	16.3	18.0	19.3	18.5	15.8	14.7	16.1	16.7	15.6	18.4
	Early stage diagnosis (%)	2018/19-Q1	51.8	51.4	52.9	52.0	47.3	-	56.1	53.8	53.5	50.1	53.6	52.3	48.7	51.7	47.6	50.2	48.4	52.8	52.8	51.6	51.7	53.6
	One-year cancer survival index (%)	2017	73.3	73.7	75.6	73.8	72.1	-	73.2	72.9	71.6	74.5	72.8	72.1	73.0	71.9	72.2	73.0	72.6	74.4	74.0	74.6	74.1	74.1
	Patient experience (score out of 10)	2018	8.80	8.61	8.74	8.77	8.72	8.81	-	-	8.76	8.82	8.88	8.84	8.86	8.90	8.83	8.80	8.74	8.89	8.87	8.82	8.75	8.86
Contextual	Breast screening uptake (ages 50-70) (%)	March 2019	72.4	61.9	65.9	67.4	75.5	73.9	-	-	71.4	72.6	69.4	75.0	71.6	76.3	74.8	72.5	73.8	75.3	74.1	73.4	74.0	73.6
	Bowel screening uptake (ages 60-74) (%)	March 2019	60.4	49.3	50.3	52.2	61.8	61.3	-	-	59.0	59.2	58.9	63.2	63.2	62.7	63.1	60.9	61.2	64.4	64.3	62.9	60.9	65.2
	Incidence age-standardised rate (per 100,000 population)	2017	596.9	572.7	543.1	611.3	586.8	587.7	-	-	597.7	625.4	637.0	616.1	591.1	634.0	621.1	615.5	601.1	613.1	571.3	586.1	572.8	601.6
	Cancers staged (%)	2017	81.4	81.2	80.3	80.3	78.9	83.9	-	-	80.9	81.2	83.5	82.6	80.7	84.0	79.8	84.4	84.0	80.4	80.7	77.5	76.6	83.2
	Five-year cancer survival index (%)	2013	53.6	52.6	55.4	52.7	52.8	-	54.2	53.4	52.8	53.7	51.9	53.3	52.9	52.5	52.2	53.5	52.5	55.4	54.8	54.9	55.3	55.2
	Under 75 cancer mortality age-standardised rate (per 100,000 population)	2017	131.7	124.0	112.0	130.5	133.0	126.9	-	-	136.8	141.6	152.4	140.7	140.2	146.4	142.4	139.8	134.8	126.9	122.3	117.8	117.8	128.2

Grid of key cancer indicators at CCG and STP levels - January 2020

Indicator Category	Indicator	Period	Geographic Area												
			Cheshire & Merseyside STP	Eastern Cheshire	Halton	Knowsley	Liverpool	South Cheshire	South Sefton	Southport & Formby	St Helens	Vale Royal	Warrington	West Cheshire	Wirral
Sustainable operational performance	Two-Week Wait (%)	November 2019	94.0	94.3		94.2	88.3	98.0	94.5	95.6	94.7	96.8		97.3	93.5
	62-day Standard (%)	November 2019	83.6	81.8	96.4	91.7	76.8	88.9	82.6	81.4	87.7	76.9	79.5	81.7	87.1
Screening and early diagnosis	Breast screening coverage (%)	March 2019	72.1	75.0	71.7	66.4	65.7	72.7	66.7	72.0	73.1	73.9	76.7	79.2	74.3
	Bowel screening coverage (60-74) (%)	March 2019	59.8	65.4	57.7	53.6	54.2	62.3	57.1	63.7	60.1	61.1	61.7	64.0	59.7
	Cervical screening coverage (ages 25-49) (%)	March 2019	72.4	76.6	72.9	73.1	66.4	73.7	71.6	74.4	74.4	76.3	75.2	74.3	73.1
	Cervical screening coverage (ages 50-64) (%)	March 2019	74.6	78.8	73.9	72.7	70.3	77.0	70.9	76.5	75.6	77.4	76.9	77.9	73.6
Cross-cutting	Emergency presentations (%)	2018/19-Q4	18.7	16.2	16.7	18.1	18.4	18.1	20.6	17.4	23.0	23.9	18.2	21.3	16.6
	Early stage diagnosis (%)	2018/19-Q1	50.1	58.8	45.1	51.1	49.3	54.5	43.6	51.6	51.9	53.0	46.9	53.7	44.0
	One-year cancer survival index (%)	2017	74.5	75.7	72.9	72.6	73.2	75.3	74.3	76.6	74.0	75.4	74.7	75.4	74.8
	Patient experience (%)	2018	8.8	8.7	8.8	8.9	9.0	8.9	8.9	9.0	8.8	8.9	8.8	8.7	8.8
Contextual	Breast screening uptake (%)	March 2019	72.6	73.1	72.5	66.6	64.6	75.2	71.2	74.9	72.6	69.9	76.5	79.2	79.4
	Bowel screening uptake (60-74) (%)	March 2019	59.2	64.8	56.6	53.1	53.4	62.6	56.3	62.8	59.1	61.4	61.4	63.5	59.4
	Incidence age-standardised rate	2017	625.4	558.6	686.9	668.0	657.3	559.2	654.7	523.2	647.8	569.9	611.0	652.1	662.4
	Cancers staged (%)	2017	81.2	85.3	81.1	81.2	80.3	84.0	79.6	78.1	84.4	86.0	81.2	81.0	77.4
	Under 75 cancer mortality age-standardised rate	2017	141.6	110.2	167.6	160.1	174.7	128.8	158.7	113.6	135.5	126.2	122.0	133.0	145.1

Current programme in Cheshire & Merseyside

Preventing avoidable cancer

- Making every contact count (MECC)
- Smoking cessation in secondary care (PH48)
- CURE

Screening

- Design and mobilise a screening improvement programme for bowel, breast and cervical cancer
- FIT testing on bowel cancer rolled out in 2019
- Implement the HPV primary screening for cervical cancer

Earlier and better diagnosis

- From September 2019 roll out of boys aged 12-13 will be offered HPV vaccine
- Targeted Lung Health Checks in Halton and Knowsley
- Optimal pathways for lung and colorectal cancer
- Pathways for patients with non-specific symptoms-the Rapid Diagnostic Centre-2 more proposals to be funded in Head and Neck Cancer and Upper and lower GI
- Optimal pathway for upper GI and prostate cancer
- Digital pathology
- Imaging
- Endoscopy

High quality modern services

- MDT optimisation project

Living with and beyond cancer

- All patients having access to the recovery package
- Supported self management for breast, colorectal and prostate patients



The Clatterbridge
Cancer Centre
NHS Foundation Trust



The next 5 year strategy – 2020 to 2025

Our Strategic Priorities 2015-20



Transforming cancer care through our new clinical model



Retaining and developing our outstanding staff



Investing in patient focused research and innovation



Taking a leadership role in collaboration with regional care bodies and research centres



Be Enterprising



Maintaining excellent quality, operational and financial performance



What have we delivered-2015-20



The Clatterbridge
Cancer Centre
NHS Foundation Trust

Transforming Cancer Care- delivered CCC-L and the Model of Care, bringing care closer to home

Retaining and developing our outstanding staff-significant investment in additional clinical staff; e PADR roll out and 92% appraisal rate; developed a suite of leadership development programmes

Investing in research-increased our recruitment to clinical trials by >70% and improved set up times from 198 days to 27 days

Leadership role-starting to have a wider impact through the Cancer Alliance and a “presence” in Liverpool

Be enterprising-successful subsidiaries, Private Care Joint Venture and Charity but has this been maximized

Maintaining excellent performance-sustained patient surveys, improved cancer waiting times performance and recurrent financial surplus but need to improve on CQC rating and staff survey



**Our unique network of cancer care
delivered
from 18 sites**

Refreshed Priorities 2020-25

Build successful teams

Develop and deliver a research strategy driven by population needs to improve outcomes for the future

Deliver excellent quality, operational and financial performance

Digital at scale for the benefit of patients & staff

Be the system leader for cancer

Be enterprising

Build successful teams

Refresh the Trust Values

Focus on Middle Management Development-the “connecting layer”-they set the tone for how teams work

Provide a model of Education and Learning for all Staff that is responsive to existing, new and emerging health care pathways.

Develop the clinical leadership model alongside a new management structure based on tumour groups

Deliver excellent workforce KPI's, including improvement in staff survey results

Develop a Consultant workforce plan to ensure sustainable high quality services

Develop supra-regional teams where necessary e.g. paediatric neuro-oncology

Develop and deliver a research strategy driven by population need to improve outcomes

Develop and deliver a CCC Research Strategy that aligns with the LHP/UoL strategy and driven by local population needs, e.g. lung and Head & Neck cancers

Build on the UoL partnership and develop a strategic workforce plan for research active clinicians to include joint workforce planning and investment

Deliver successful major grants

Develop a research workstream through the C&M Cancer Alliance with a focus on early detection and diagnosis

Collaborate with The Christie on specific and/or rare programmes where it can add value and improve access, e.g. proton beam, Cellular Therapies

Deliver excellent quality, operational and financial performance

Deliver improved quality (e.g. improve patient experience surveys) & meet all regulatory standards including achievement of CQC outstanding rating.

Make patient experience as important as outcomes-Patient Experience & Involvement Strategy.
Working with Patients, Staff and Governors.

Deliver financial surplus targets, and ensure productivity benefits of Liverpool investment is realised

Improve performance against our constitutional standards

Optimise our operating model to deliver improved quality of care and increase efficiency to meet rising demand

Digital at scale for the benefit of patients and staff

Easy Digital access for all patients, with co-production and sustained Digital patient participation, supporting care closer to home.

Develop predictive analytics to support population health through business intelligence developments

Undergo a programme of digital transformation to deliver streamlined services, reduce administrative burdens and support clinical services

Work with vendors to increase standards and interoperability across healthcare providers to improve access for patients and staff

Develop staff skills and capability in technology

Create “paper free” at the point of care

Be the system leader for cancer care

Refresh the governance and structures of the Cancer Alliance to facilitate delivery of the LTP for cancer

Embed C&M Cancer Alliance into the CCC and vice versa

Deliver region-wide faster diagnosis standard and 62 day target and the Faster Diagnosis Standard

Deliver pathway re-design to enable faster and earlier diagnosis (e.g. Rapid Diagnostic Centres) and improve screening

Work with partners to deliver system changes e.g. LWH and gynae cancer; Haemato-oncology in North Mersey

Be enterprising

Invest in the CCC-Charity and aim to double income to support the hospital to deliver leading edge treatment, research and technology & facilities

Submit plan for refreshed Wirral site, with a plan to complete by 2021-22

PharmaC-grow chemotherapy at home; expand pharmacy procurement and dispensing outside of CCC and develop telemedicine and e-prescribing

Continued growth of the Private Care JV with targeted expansion plans in Liverpool and haemato-oncology (JV strategy development away day 4 March)

PropCare strategy-business growth opportunities in contract management; capital planning and strategic estates planning



The Clatterbridge
Cancer Centre
NHS Foundation Trust

QUESTIONS?





**The Clatterbridge
Cancer Centre**
NHS Foundation Trust

The Clatterbridge Cancer Centre Liverpool – our new hospital

Liz Bishop

Council of Governors, February 2020



Update on progress - CCCL

- Building progressing well, although significant recent challenges to overall programme e.g.
 - Replacement of damaged cladding;
 - Replacement of solar panels
- As a result of this our go live date has been delayed by a few weeks, to **27 June**
- Operational commissioning progressing well
 - Hospital & departmental handbooks developed
 - Operational staff now planning practical details associated with move
 - Advanced draft of Service Level Agreement (SLA) with Liverpool University Hospitals in place for services to be provided from them to us & vice versa
 - Mobilisation planning underway with PropCare on Facilities Management services (Vinci for estates, ISS for hotel services); plans in place to step down SLAs with WUTH
- Good progress made with Liverpool Council on provision of interim parking for patients and staff, prior to completion of Paddington Village parking in early 2021



External View



The Clatterbridge
Cancer Centre
NHS Foundation Trust



Cross-sectioned view



Consultant Exam - Outpatients (Level M1)



Circulation – Day Ward (Level 01)



The Clatterbridge
Cancer Centre
NHS Foundation Trust



BMT Room (Level 05)



Circulation – Hospital Street (Level 05)



Lifts



Move planning - workstreams

- Detailed move plans
- Licences
- Training & orientation
- Stockholding
- Access
- Security & alarms
- Telephony
- Equipping
- ISS
- Removals
- Dump the junk



Relocation work programme

Week Commencing	Focus of Work Programme	Areas to Cover	Routine Tasks	Guest Attendees / Chairs	Additional Invitees
10 & 17 February 2020	Telephony and IM&T	<ul style="list-style-type: none"> All department contact numbers (especially those on patient information leaflets/website) Equipping spreadsheet review Clinics for CCC-L built in Meditech review 	<ul style="list-style-type: none"> Review Detailed Move Plan for Assumptions / Updates 	<ul style="list-style-type: none"> Jim Dalton Dave Croft Simon Turner Pauline Vickers Bev Talbott 	
24 February & 2 March 2020	Stockholding	<ul style="list-style-type: none"> Pharmacy Stock Linen requirements Pantry stockholding Stationary Part boxes Adapted utensils etc. 	<ul style="list-style-type: none"> Review Detailed Move Plan for Assumptions / Updates 	<ul style="list-style-type: none"> Tony Marsland Burhan Zavery Danielle Roderick 	Department staff responsible for ordering and storing stock
9 & 16 March 2020	Building and New Equipment specific Staff Training	<ul style="list-style-type: none"> Review training matrix to ensure all area specific training requirements and staff groups are captured Review orientation plan First aid and fire training / marshalls Agree how training for each area will be delivered i.e. face to face, online, film etc. Identify equipment which requires specialist moving / recalibration on delivery etc. 	<ul style="list-style-type: none"> Review Detailed Move Plan for Assumptions / Updates 	<ul style="list-style-type: none"> Mike Varey Stephanie Thomas Derry Sinclair / Steve Povey 	Staff to be nominated as peer training representatives
23 & 30 March 2020	Access Badges	<ul style="list-style-type: none"> Review staff lists / groups to allocate restricted zone access rights Agree out of hours access for all staff Distribute forms to be returned to PropCare to update staff access rights 	<ul style="list-style-type: none"> Review Detailed Move Plan for Assumptions / Updates 	<ul style="list-style-type: none"> PropCare Rep (Pam / Lydia / Jess) Derry Sinclair / Steve Povey re security / fire 	Staff members who can be responsible for distributing access form and returning to PropCare (including taking photos of staff who do not currently have a CCC-W pass)
6 & 13 April 2020	ISS	<ul style="list-style-type: none"> Confirm catering requirements including meal times, hot/cold Confirm portering requirements 	<ul style="list-style-type: none"> Review Detailed Move Plan for Assumptions / Updates 	<ul style="list-style-type: none"> Danielle Roderick 	Ward housekeepers and/or centre assistants or healthcare assistants
20 & 27 April 2020	Security and Alarms	<ul style="list-style-type: none"> Confidential waste arrangements Agree training on different types of alarms and how to reset or escalate including: <ul style="list-style-type: none"> Fire (Intermittent / Continuous) Intruder alarms in non-24 hour areas Medical gas alarm Disabled toilet alarms Panic alarms Temperature monitoring alarms Drug cupboard 	<ul style="list-style-type: none"> Review Detailed Move Plan for Assumptions / Updates 	<ul style="list-style-type: none"> Derry Sinclair / Steve Povey Steve Morris Danielle Roderick Sue Fox 	



Training & Orientation



Who?

**CCC staff based
in Liverpool**

Other CCC staff
e.g. consultant of
the week

Other NHS staff
Royal, NWAS

**Facilities staff
(ISS)**

Volunteers



What?

CCCL orientation
Hospital and
departmental

**General CCCL
training**
Fire, H&S, etc.

**Specific CCCL
training**
New equipment, etc.

**Mandatory
training**
For new staff (and
maintain for existing)



How?

**Face to face
training**

Only where
necessary

Orientation tours

**Departmental
handbooks**

**Exercises and
simulations**

**Whole hospital
handbook**

Other written info

Orientation packs, info
sheets, policy summaries





The Clatterbridge
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Artwork in CCC - L



Atrium



The Clatterbridge
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Leo Fitzmaurice



The Clatterbridge
Cancer Centre
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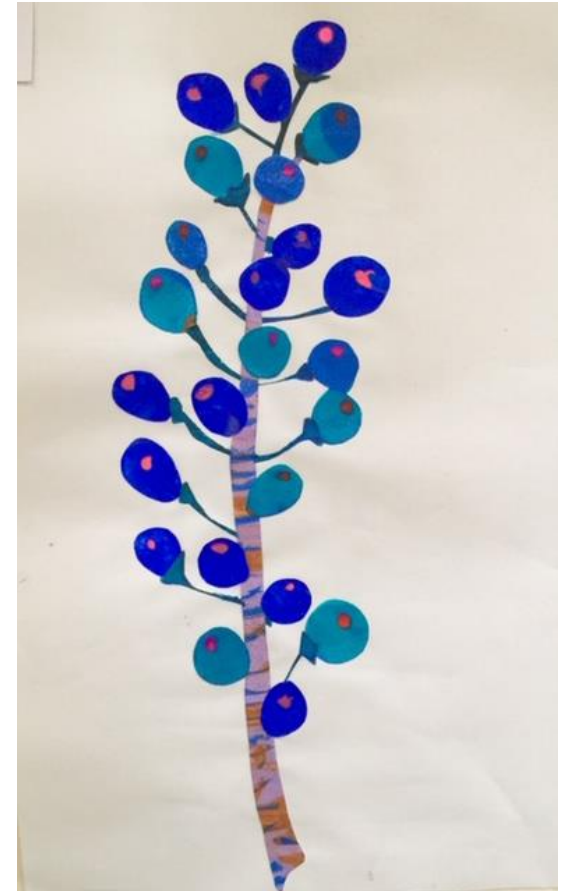
Liz West



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Rachael Howard – Wayfinding Motif's





The Clatterbridge
Cancer Centre
NHS Foundation Trust

QUESTIONS?



Council of Governors Performance Update

20th February 2020

Joan Spencer

James Thomson

Sheila Lloyd

Jayne Shaw



Contents

1. Operational Performance

2. Quality Performance

3. Financial Performance

4. Workforce Performance

5. Questions



Overall Performance

Safe	78 days since a C.diff infection Standard = 4 CCC actual = 10	8 years & 206 days since a MRSA infection	100% compliance with sepsis target (excluding HO)	93.3% compliance with VTE target assessment target (exc. HO)	0 Incidents resulting in harm to patients (Due to lapse of care)			
Effective	3.7 days average length of stay for elective patient CCCW		6.2 days average length of stay for emergency patient CCCW		98.9% of emergency admissions seen by a consultant within 14hrs			
Caring (to date)	1 Complaints	22 PALS contacts	94.8% of inpatients who completed the F&F would recommend us		100% of outpatients who completed F&F postcard would recommend us			
Responsive	62 Day		31 Day			18 Week Waits		2WW
	76.1%	100%	96.3%	96.5%	97.1%	100%	96.1%	97.9%
	Classic	Screening	1sts	Subs Chemo	Subs RT	Admit.	Non-Admit.	Incomplete pathways
Well Led	4.5% sickness absence		92.5% of staff have had a PADR in the last 12 months			94.8% compliance with statutory & mandatory training		
Regulation	NHS Improvement Oversight Rating: 3 (1 is the lowest risk)							
CQC	Rating: Good							



Operational Performance

Directive	Key Performance Indicator	Change in RAG rating from previous month	Target	Jan-20	YTD	12 Month Trend
Operational						
	62 Day Cancer Waiting Times Standard	↓	85%	76.1%	89.1%	
	2 Week Cancer Waiting Times Standard	↓	93%	87.5%	96.0%	
	Referral to Treatment: 18 weeks (Incompletes)	↔	92%	97.9%	98.2%	
	Diagnostics: 6 Week Wait	↔	99%	100.0%	100.0%	
	Clinic Waits: Outpatients Wirral (<30 mins)	↔	80%	83.1%	83.3%	
	Clinic Waits: Delamere (<30 mins)	↔	80%	85.3%	82.2%	
	Clinic Waits: Outpatients Peripheral (<30 mins)	↔	80%	89.5%	87.7%	
	Length of Stay: Elective (days) CCCW	↔	2	3.7	6.2	
	Length of Stay: Emergency (days) CCCW	↑	8	5.3	8.0	
	Length of Stay: Elective (days) CCCHO 7Y	↔	21	5.7	15.4	
	Length of Stay: Emergency (days) CCCHO 7Y	↔	16	31.0	24.0	
	Bed Occupancy: Conway Ward 12 noon CCCW	↔	G: 80-85%	58.0%	74.1%	
	Bed Occupancy: Mersey Ward 12 noon CCCW	↔	A: 75-79% & 86-90%	64.0%	78.4%	
	Bed Occupancy: Conway Ward 12 midnight CCCW	↔	R:<75% & >90%	58.0%	74.1%	
	Bed Occupancy: Mersey Ward 12 midnight CCCW	↔	R:<75% & >90%	63.0%	76.5%	
	Clinical Utilisation Review: patients not meeting criteria CCCW	↔	Jan = 12%	5.5%		
	Radiology Reporting: Inpatients (within 24hrs) CCCW	↓	G: =>90% A: 80-90%	79.4%	75.5%	
	Radiology Reporting: Outpatients (within 7days) CCCW	↔	R: <80%	95.5%	74.2%	
	Travel time to clinic appointment within 45 minutes CCCW	↔	G: =>90%, R:<90%	97.0%	97.2%	

Robust Bed Occupancy data for Haemo-Onc will not be available until the inpatient data is collected in Meditech - indicative date is May 2020



Key Operational Issues

1. Getting ready for the expansion into Liverpool
2. Delivery of the Cancer waiting time standards is a continued focus at the Trust. The new 28 day faster diagnosis standard will go live on 1st April 2020
3. New and refreshed performance metrics agreed and ready for “go live” on 1st April 2020
4. Business planning and contract round underway for 2020-21
5. Directorates working with Finance Business Partners to develop local plans



Quality Performance

Directive	Key Performance Indicator	Change in RAG Rating from previous month	Target	Jan-20	YTD	12 Month Trend
Quality						
	Never Events	→	0	0	0	
	Serious Untoward Incidents	→	0	0	2	
	Safety Thermometer	↔	95%	92.6%	94.2%	
	Inpatient Falls resulting in harm (due to lapse in care)	→	-	0	0	
	Pressure Ulcers (hospital acquired out of 374 with a lapse in care)	→	0	0	0	
	Consultant Review within 14 hours (percentage of patients)	→	90%	98.9%	98.2%	
	VTE Risk Assessment	↓	95%	93.3%	96.4%	
	Sepsis: IV antibiotics within 1 hour	↑	100%	100.0%	96.6%	
	Dementia: Screening, Assessment and Referral	→	95%	100%	99.1%	
	Clostridium Difficile Infections	→	<4 per yr	0	8	
	E coli	↑	<10 per yr	2	6	
	MRSA	→	0	0	0	
	MSSA	→	<5 per yr	0	3	
	Klebsiella	→	<10 per yr	0	4	
	Pseudomonas	→	<5 per yr	0	8	
	Staffing fill rate: Trust	→		93.3%	91.0%	
	Staffing fill rate: Nurses - days	→	G: 90 - 100%	87.7%	85.6%	
	Staffing fill rate: Nurses - nights	→	A: 85 - 89% and 101 - 105%	100.7%	96.7%	
	Staffing fill rate: Care staff - days	→	R: <85% >105%	97.4%	92.3%	
	Staffing fill rate: Care staff - nights	↑		94.0%	90.7%	
	30 Day Mortality Rate: Radical Chemotherapy	→		0.4%	0.3%	
	30 Day Mortality Rate: Palliative Chemotherapy	→		1.4%	1.2%	
	30 Day Mortality Rate: Chemotherapy	→		1.1%	0.9%	
	30 Day Mortality Rate: Radiotherapy	→		2.5%	2.5%	
	Partners in Care Assessments	↑	G: 90%, A: 85% - 89%, R: <85%	94.1%	87.4%	
	FFT inpatient score (% positive)	↑	95%	100.0%	98.9%	
	FFT outpatient score (% positive)	→	95%	98.2%	98.1%	
	FFT inpatient response rate	↓	G: 30%, A: 25% - 29%, R: <25%	16.8%	24.8%	
	FFT outpatient total responses	→	-	544	5679	
	Complaints	→	-	1	20	

NB: blue arrows are included for KPIs with no target and show the movement from last month's figure.



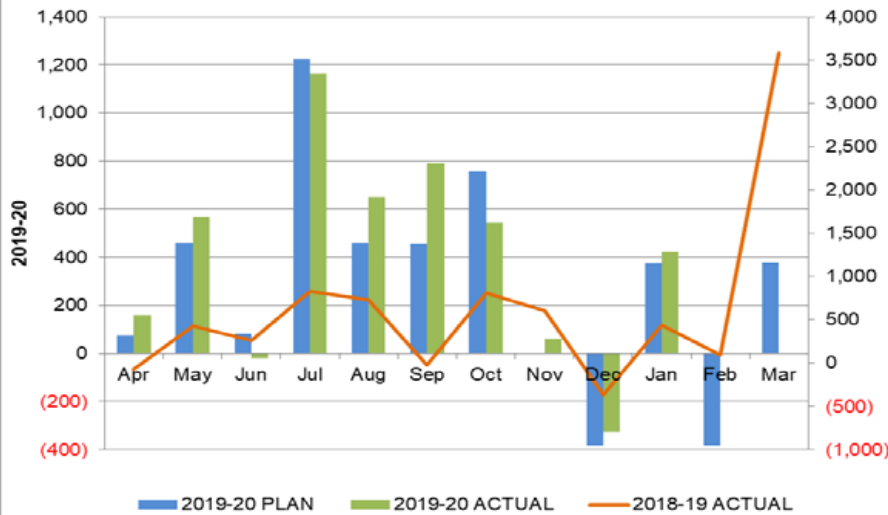
Key Quality Issues

1. Risk management training and support to staff continues to improve quality safety compliance
2. VTE education continues on medical induction to ensure assessments undertaken
3. Continue to participate in the E.coli Cancer Collaborative initiatives for Infection Control
4. Patients continue to be encouraged to complete the Family and Friends Test
5. Clinical governance leads now in each Directorate to support matrons and patient safety leads to deliver Quality and Safety agenda



Financial Performance

2019-20 Control Total Position (inc PSF)



- Income has overachieved plan by £12.4m, £1.4m in month.
- Expenditure is overspent by £12.4 m, £1.3m in month
- Capital expenditure is £3.6m behind plan.
- The Trust had delivered 90% of its CIP at end December and forecast to deliver full £1.8m by March 2020.
- The agency expenditure means we are limited to a 4 in that category.
- The financial risk rating overall is 3 due to agency expenditure

Metric	M10 Actual	M10 Plan	Comment	Previous Period
Overall Rating	3	1	Due to agency override	3
Capital Service Cover Ratio	2	2	As expected	2
Liquidity	1	1	Based on Trust cash holding	1
I&E Margin	1	1	As expected	1
Variance from Control Total	1	1	As expected	1
Agency	4	1	Spend of £1,709k against ceiling cap of £949k YTD	4



Finance Risks and Planning

Risks

- Non-delivery of recurrent CIP
- Non-delivery of CQUIN
- Mobilisation costs for new build
- Agency costs

Planning

- Directorates to identify further CIP
- Budget plans 2020-21
- Commission contract negotiations 2020-21
- Trusts and commissioning groups are being asked for plans to meet the objectives of the 5 Year NHS Plan
- Aim to work together and become financially balanced as care systems

Workforce Performance

Directive	Key Performance Indicator	Change in RAG rating from previous month	Target	Jan-20	YTD	12 Month Trend
Workforce						
	Staff Sickness (monthly)	↔	U: <3.5%, A: 3.6-3.9%, R: =>4%	4.5%	4.2%	
	Staff Turnover (12 month rolling)	↔	12%	14.3%	N/A	
	Statutory and Mandatory Training	↔	90%	94.8%	N/A	
	PADR rate	↔	95%	92.5%	N/A	

Sickness – in month 4.5% against target of 3.5%

Main reasons for sickness absence remain consistent

- Coughs, colds, flu
- Gastrointestinal problems
- Anxiety, stress and depression

Excellent performance with flu vaccination programme

General analysis of gastro sickness hasn't identified any specific themes

Stress audits and resilience sessions in place for staff



Workforce Performance

Turnover – year to date 14.3% against target of 12%

- Highest reason is promotion (both within and outside of NHS)
- Move to Liverpool not stated as reason for leaving in month

PADR – in month 92.5%, against target of 95%

All clinical directorates are underperforming with two seeing a decline in month.

Extension of the 2020/21 window has impacted performance.

Mandatory training in month 94.77% against target of 90%

Continued focus on non-compliant areas (ALS, BLS and safeguarding level 3) as well as maintenance of compliance up to and during move period.



Questions





The Clatterbridge
Cancer Centre
NHS Foundation Trust

Governor Participation Opportunities In CCC

Karen Kay , Deputy Director of Nursing
Gill Murphy, Associate Director for Improvement
Sue Relph, Patient Experience Manager



15 Steps

15 steps Challenge tool, developed by Institute of Innovation and Improvement and recommended as part of the CQC well led framework.

Plan in place for team (Executive / Non executive / Governor) to
Complete 6 visits by April 2021 to all areas across the trust

Objective is to assess departments :

- Welcoming
- Safe
- Caring and Involving
- Well organised and calm

Training will be provided for those who wish to be involved



Mock CQC peer reviews/ PLACE mock walkabouts

- To ensure compliance with CQC standards and to ensure staff are familiar with CQC standards, mock reviews are undertaken by a team, which going forward should involve governors. Training will be provided to those who wish to be involved.
- Patient Lead Assessments of the Clinical Environment (PLACE) will be undertaken quarterly throughout the year with an external submission required annually. Training will be given to all involved.



Shadowing Patients (walking in my shoes)

Patient and family shadowing is a method of improving the patient's experience- it also gives the shadower an insight into aspects of a patient's journey, that they may not be familiar with

'Shadowers' will receive training before they meet the patient/family. They will have an understanding of what they should be looking for

They will be asked to observe , record and evaluate the patient and family's experience collecting touchpoint data, time study data and talking to care givers



Pledges

Patient and Public Involvement and Engagement Strategy 2019 – 2021

1. Improve Utilisation of our Members
2. Introduce “In Your Shoes”
3. “You Said We Did”
4. Incorporate Mental Health Awareness
5. We will deliver personalised care
6. Transform CCC World Class Digital Technology
7. Increase number of patients taking part in trials
8. Patient Health and Wellbeing – The Arts

To support the leads in delivering the pledges across CCC



Volunteering at CCC

Current Volunteer Opportunities :

- Refreshment assistants (Wirral and Aintree)
- Headstrong team (Wirral)
- Wayfinders (Wirral and Aintree)
- Self Check-in assistants (Wirral and Aintree)
- Simple hand and foot massage volunteers (Wirral and Aintree)

Expanding into CCCL- we are currently actively recruiting for

- Wayfinders
- Self Check-In Assistants
- Beverage Bay Assistants
- Ward based -helping hand Volunteers
- Headstrong/ Massage Volunteers
- Mealtime assistance
- Rapid responders



What do I need to do to become a Volunteer at CCC?

- Complete an Application Form (stating availability and role preference)
- Complete DBS
- Provide us with evidence as to who you are
- Supply us with 2 references

All volunteers are required to attend Induction training .

We do ask that Volunteers should wait for 2 years after receiving treatment themselves, or after the loss of someone close, before they decide to volunteer

All of our Volunteers, in all roles, have an understanding that they are there for the benefit of our patients offering support and signposting whenever it is required



Governor Membership & Communications Committee Terms of Reference

Name and designation of policy author(s)	<i>Angela Wendzicha, Associate Director of Corporate Governance</i>
Approved by (committee, group, manager)	<i>To be completed by author</i>
Approving signature	<i>To be completed by DCM</i>
Date approved	<i>To be completed by DCM</i>
Review date	October 2020
Review type (annual, three yearly)	Annual
Target audience	<i>Council of Governors</i>
Links to other strategies, policies, procedures	<i>Council of Governors Standing Orders</i>
Protective Marking Classification	<i>Public Document</i>
This document replaces...	<i>Version 2</i>

Circulation/Dissemination:

Date added into Q-Pulse	<i>For completion by DCM</i>
Date notice posted in the Team Brief	<i>For completion by DCM</i>
Date document posted on the intranet	<i>For completion by DCM</i>

Date	Version	Author name and designation	Summary of main changes
October 2019	2	Angela Wendzicha, Associate Director of Corporate Governance	Full review of Version 1 (2014) and re-draft of the document

Title:

Governor Membership & Communications Committee
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Authority & Aim:

<p>1.1 The Governor Membership and Communications Committee (“the Committee”) is constituted under the current Council of Governors Standing Orders as a standing committee of the Council of Governors.</p> <p>1.2 The Committee is authorised to secure the attendance of additional individuals with relevant experience and expertise it considers necessary.</p> <p>1.3 The aim of the Committee is to ensure the objectives of the Foundation Trust Membership Strategy are met in addition to providing a mechanism for discussing and making recommendations to the Council of Governors.</p>

Specific Work Areas:

<p>The Committee will:</p> <p>2.1 Contribute to the development and review the Membership Strategy and associated Implementation Plans.</p> <p>2.2 Develop an annual work plan and review and monitor progress of the work plan.</p> <p>2.3 Support membership recruitment initiatives as appropriate.</p> <p>2.4 Receive reports on the Membership figures and keep under review the public membership profile against the demography of the population in order to inform decisions on future membership recruitment activities.</p> <p>2.5 Present an annual report on the Membership Strategy to the Council of Governors.</p> <p>2.6 In conjunction with the Communications Team, develop communication tools to support the implementation of the Membership Strategy.</p> <p>2.7 Support the production of a Members’ Newsletter to ensure that members are kept updated on the Trust’s developments and work of the Council of Governors.</p>

Reporting Arrangements:

<p>3.1 The Chair of the Committee will report to the Council of Governors at every meeting (at least 4 times per year).</p> <p>3.2 The Chair of the Committee will advise the Council of Governors of any areas where progress against the implementation plan linked to the Membership Strategy is not being made.</p>

3.3 The Committee will agree information for submission to the Trust Annual Report.

Membership:

4.1 Membership of the Committee will comprise the following:

- Up to 6 Governors, one of whom will be elected as Chair and one as Deputy Chair;
- Foundation Trust Member
- Executive Director
- Non-Executive Director
- Associate Director of Corporate Governance
- Associate Director of Strategic Communications & Marketing
- Legal and Governance Manager
- Governor and Membership Officer

4.2 Endorsement of the Chair and Deputy Chair role will be carried out on an annual basis at the Council of Governors.

Quorate:

5.1 The Committee will be quorate with the following present:

- Three Governors (excluding the Chair of the Committee)
- Representative from the Corporate Governance Department
- Executive or Non-Executive Director
- Representative from the Communications Team

5.2 Members will be expected to attend at least 3 out of 4 meetings per year.

Notice of Meetings:

6.1 The Committee will be supported administratively by the Corporate Governance Department.

6.2 Agenda items will be agreed by the Chair of the Committee in advance of the meeting and papers supporting the agenda circulated at least 3 working days prior to the Committee date.

Frequency:

The Committee will meet at least four times per year to be agreed by the members of the Committee.

