



# Council of Governors

Thursday 9 December 2021

Agenda and Papers





**MEETING OF COUNCIL OF GOVERNORS  
AGENDA  
Thursday 9 December 2021  
13:30 to 16:00**

**Virtual Meeting via MS Teams**

Ref	Time	Item	Owner	Purpose
<b>STANDING ITEMS</b>				
1	13:30	Welcome and Apologies (v)	Acting Chair	N/A
2	13:35	Minutes of meetings held on 30 September 2021 <ul style="list-style-type: none"> <li>Council of Governors meeting (d)</li> <li>Annual Members Meeting (d)</li> </ul>	Acting Chair	Approve
3		Action Log (d)	Acting Chair	Information
4		Declarations of Interest (v)	Acting Chair	N/A
<b>REPRESENTING MEMBERS INTERESTS</b>				
5	13:40	Lead Governor's Report (d)	Lead Governor	Information
6	13:45	Acting Chair's Report (v)	Acting Chair	Information
<b>STRATEGY AND PERFORMANCE</b>				
7	13:50	Covid Update (v)	Chief Executive	Information
8	14:00	Integrated Performance Report (d)	Chief Executive	*Assurance
9	14:10	Equality Diversity and Inclusion Strategy (d)	Chief People Officer	*Assurance
10	14:20	CQC update (p)	Chief Nurse	*Information
11	14:35	Trust Strategy (p)	Medical Director	*Information
<b>BREAK</b>				
12	14:55	10 minute comfort break	n/a	n/a
<b>QUALITY AND SAFETY</b>				
13	15:05	Quality Account 2022/23 Priorities (p)	Chief Nurse	Decision
14	15:20	CQC National Inpatient Survey Results (p)	Head of Patient Experience	*Assurance
<b>GOVERNOR COMMITTEES</b>				
15	15:30	Membership and Engagement Group (v)	Committee Chair	Information
16	15:35	Nominations Committee (d) <ul style="list-style-type: none"> <li>Approval of Senior Independent Director To Follow</li> </ul>	Committee Chair	Decision
<b>REGULATORY/GOVERNANCE</b>				
17	15:45	Approval of Non-Executive Director Appointments (d)	Acting Chair	Decision

v = verbal, d = document p = presentation

Ref	Time	Item	Owner	Purpose
18	15:50	Lead Governor Appointment (d)	Corporate Secretary	Decision
19	15:55	Business Performance Committee Chair's Reports (d)	Committee Chair	*Assurance
20		Quality Committee Chair's Report (d)	Committee Chair	*Assurance
21		Audit Committee Chair's Report (d)	Committee Chair	*Assurance
22		RIME Committee Chair's Report (v)	Committee Chair	Assurance
23		Charity Committee Chair's Report (d)	Committee Chair	*Assurance
<b>CLOSE OF MEETING</b>				
24	16:00	Any Other Business (v)	Acting Chair	N/A

\* These items are provided for noting by / or for information to the Council of Governors, they do not require approval or a decision to be made. Governors are asked to read the papers prior to the meeting and may raise any questions in the Council of Governors meeting but these items will not formally be presented

Please Note – The Governors Pre-meeting will take place on  
Monday 6 December at 1pm via MS Teams

v = verbal, d = document p = presentation

**UNCONFIRMED**

**Minutes of the Council of Governors Meeting**

**Thursday 30 September 2021**

**Virtual meeting held on MS Teams**

Seth Crofts	Deputy Chair
<b>Governors</b>	
Barbara Strong (Lead Governor)	Doreen Brown
Rich Cottier	Cameron Hill
Jonathan Desmond	John Kitchen
Nanette Mellor	Ella Pereira
Andy Burgen (Governor elect)	Ian Linford (Governor elect)
John Lloyd-Jones (Governor elect)	Tom Stretch (Governor elect)
John Taylor (Governor elect)	Carla Worrall (Governor elect)

**In Attendance**

Karen Bentley	Non-Executive Director
Nalin Thakkar	Non-Executive Director
Su Rai	Non-Executive Director
David Topliffe	Non-Executive Director
Jan Ross	Chief Executive
Andy Nicolson	Medical Director
Lisa Salter	Director of Nursing & Governance
Mike Burns	Director of Finance & IT
Michael Woods	Interim Director of Operations
Paul Buckingham	Interim Corporate Secretary
Carol Miller	Membership Manager/Corporate Governance Assistant (Minutes)
Andy Ayre	Engagement Partner, Grant Thornton LLP (Item 5 only)
Jon Roberts	Auditor, Grant Thornton LLP (Item 5 only)

**Apologies**

Amanda Chesterton	Colin Cheesman
Rhys Davies	Peter Clegg
William Givens	Stella Howard
Melissa Hubbard	Chris Sutton
Stan Winstanley	Jan Vaughan
Adrian Wells	
Janet Rosser (Chair)	
Michael Gibney (Director of Workforce & Innovation)	

<b>COG 31</b> <b>21/22</b>	<b>Apologies</b> Apologies were received and noted as above.
<b>COG 32</b> <b>21/22</b>	<b>Welcome and Declaration of Interests:</b> Mr S Crofts welcomed all those present to the meeting and welcomed in particular the Governors elect who were attending their first Council of Governors meeting. He thanked those Governors who had completed their terms of office for their contributions to the work of the Council of Governors.  Mr S Crofts advised that a pre-meeting of Governors had been held on 27 September 2021 and noted that no questions on notice had been received prior to

	<p>the meeting.</p> <p><b>Declaration of Interests</b> Mr S Crofts declared an interest in Agenda item 6 - Re-Appointment of Non-Executive Director.</p>
<b>COG 33</b> <b>21/22</b>	<p><b>Minutes of Previous Meeting and Matters Arising</b></p> <p>The minutes of previous meetings held on 8 June and 29 June 2021 were agreed as a true and accurate record.</p> <p><b>Matters arising:</b></p> <p>08/06/21 <b>10/21/22 Quality Accounts Update</b> - FTSUG to be invited to November 2021 Chairs Briefing</p>
<b>COG 34</b> <b>21/22</b>	<p><b>Annual Reports and Accounts 2020/21</b></p> <p>Mr P Buckingham presented a report on the Annual Report &amp; Accounts 2020/21 to the Council of Governors for information. He briefed the Council on the content of the report and noted that, while the Annual Report &amp; Accounts had been approved by the Board of Directors on 24 June 2021, there had been a subsequent delay in laying the Annual Report &amp; Accounts document before Parliament with a consequent delay in publication of the document.</p> <p>Mr P Buckingham explained that this situation had been due to a delay in completion of audit work as a result of additional requirements associated with the Value for Money (VFM) assessment. He noted that the situation was not peculiar to the Walton Centre with the delay in audit completion experienced by NHS Foundation Trusts across the country. Mr P Buckingham advised that. Following completion of audit work, the Annual Report &amp; Accounts document had been laid before Parliament on 9 September 2021 and had subsequently been published on the Trust's website.</p> <p>Mr P Buckingham concluded his report by noting that there was again no requirement for the Trust's Quality Account to be incorporated in the Annual Report &amp; Accounts document. He advised that the Quality Account 2020/21 had been approved by the Board of Directors on 24 June 2021 and had been published on the Trust's website in advance of the 30 June 2021 deadline. Mr P Buckingham noted that copies of both the Annual Report &amp; Accounts 2020/21 and Quality Account 2020/21 had been included in the meeting pack for reference and information.</p> <p><b>The Council of Governors:</b></p> <ul style="list-style-type: none"> <li>• Received and noted the report on the Annual Report &amp; Accounts 2020/21.</li> </ul>
<b>COG 35</b> <b>21/22</b>	<p><b>Auditor's Annual Report 2020/21</b></p> <p>Mr J Roberts and Mr A Ayre joined the meeting.</p> <p>Mr J Roberts presented the Auditor's Annual Report 2020/21 and briefed the Council of Governors on the content of the report. He explained the statutory responsibility for Public Sector bodies to undergo a Value for Money Audit (VFM) by an external independent auditor and noted that the VFM Audit assessed the use, efficiency and propriety of public monies by the Trust and included assessments on:</p> <ul style="list-style-type: none"> <li>• Financial sustainability</li> <li>• Governance arrangements</li> <li>• Financial arrangements for:             <ul style="list-style-type: none"> <li>- approval,</li> <li>- economy,</li> <li>- efficiency and</li> <li>- effectiveness</li> </ul> </li> </ul>

	<p><b>Outcome</b></p> <ul style="list-style-type: none"> <li>• Positive report with no concerns raised</li> </ul> <p><b>Recommendation</b></p> <ul style="list-style-type: none"> <li>• Continue to build on current procedures to ensure Continuous Improvement</li> </ul> <p>In response to a question from Mr P Buckingham, Mr J Roberts confirmed that the VFM assessment would remain a requirement in future years but with the likelihood that the reporting timetable would complete at the end of June, as in previous years. He noted that this would allow time for Annual Report &amp; Accounts documents to be laid before Parliament before the summer recess. Mr J Roberts advised that it was currently unclear how changes in the NHS and the development of Integrated Care Systems (ICS) would impact on the future audit requirements.</p> <p>Ms S Rai offered assurance to Governors on the external audit process and confirmed that the Audit Committee had considered the findings of external audit report prior to submission of the annual accounts to the Board of Directors for approval. No areas of concern had been identified and the auditors had issued an unqualified audit opinion on the financial statements.</p> <p><b>The Council of Governors:</b></p> <ul style="list-style-type: none"> <li>• Received and noted the Auditor's Annual Report 2020/21</li> </ul> <p>Mr J Roberts and Mr A Ayre left the meeting.</p>
<p><b>COG 36 21/22</b></p>	<p><b>Terms of Reference – Nominations Committee</b></p> <p>Mr P Buckingham presented the Nominations Committee Terms of Reference (TOR) to the Council of Governors for approval. He advised that the ToR, which had last been reviewed and approved by the Council of Governors in 2016, had been subject to initial review by the Nominations Committee during a meeting held on 14 September 2021.</p> <p>Mr P Buckingham referred the Council to s3 of the report and provided an overview of the proposed amendments to current arrangements which related to; Committee Chair, Committee Membership and Term of Office. He then advised that, subsequent to the 14 September meeting it had been suggested by Ms B Strong that s2.3 of the ToR be amended to provide clarification on the nomination process for Governor Membership of the Committee. Consequently, it was proposed that s2.3 be amended to read:</p> <p><b><i>Governor appointments to the Committee shall be for a period of three years, provided the Committee member remains a Governor of the Foundation Trust. Appointees to the Committee shall have served a minimum of one year as a Governor or be considered to have the relevant experience to undertake the role.</i></b></p> <p><b><i>Expressions of interest in membership of the Committee will be sought from Governors with appointments subject to approval by the Council of Governors. Appointments will be decided by ballot where the number of nominees exceeds the number of vacant positions. Relevant experience, such as a background in recruitment services for example, will be a matter to be determined by the Council of Governors with advice from the Chair and Corporate Secretary.</i></b></p> <p><b>The Council of Governors:</b></p> <ul style="list-style-type: none"> <li>• Approved the Terms of Reference for the Nominations Committee as set out</li> </ul>

	at Annex A to the report subject to the amendment noted above.
<b>COG 37 21/22</b>	<p><b>Lead Governor's Report</b></p> <p>Ms B Strong reiterated the gratitude and thanks previously given to departing Governors by Mr Crofts and welcomed the newly elected governors to the Council of Governors.</p> <p>Ms B Strong informed the incoming Governors of the Governor WhatsApp Group which she administered and which was used to inform Governors of any urgent requests and information and to quickly expedite any immediate issues e.g. virtual meeting access difficulties. Any Governors who wished to be a part of the Group should email Ms Strong.</p> <p>As agreed at the last Council of Governors, expressions of Interest had been sought for the role of Deputy Lead Governor. One expression of interest had been received from Mr J Kitchen, Public Governor for North Wales, who was well placed to fulfil the role and had the required experience. Governors were asked to approve the appointment of Mr J Kitchen as Deputy Lead Governor.</p> <p><b>The Council of Governors:</b></p> <ul style="list-style-type: none"> <li>• Received and noted the Lead Governor's report</li> <li>• Approved the recommendation that Mr J Kitchen be appointed as Deputy Lead Governor for a period of 2 years commencing 1 October 2021</li> </ul>
<b>COG 38 21/22</b>	<p><b>Integrated Performance Report 20/21</b></p> <p>Ms J Ross updated governors on activity within the Trust and the key challenges faced to the recovery of elective care and treatment in a timely manner; against the continuing background of covid, changes to patient pathways, and capacity reduction due to the maintenance of safe appropriate staffing levels, system change and support of the wider Cheshire and Merseyside Region (C&amp;M).</p> <p>The priority remained to reduce waiting lists and see patients waiting over 52 weeks whilst prioritising patients clinical needs.</p> <p>The Executive Directors gave an overview and update on the Integrated Performance Report included within the meeting papers.</p> <p>Mr Burns updated Governors on the financial position:</p> <ul style="list-style-type: none"> <li>• The Trust ended the year with a £377k surplus. The position included £1,917k elective recovery fund against a planned position of £1,263k, £654k above plan.</li> <li>• At month July 2020 the Trust had delivered marginally above plan (£302k v £219k).</li> <li>• The plan was to break even whilst working within block funding and the wider C&amp;M health system.</li> </ul> <p>Ms Salter updated Governors on the position for quality and safety;</p> <p><b>Quality</b></p> <p>Quarter 1 20/21:</p> <ul style="list-style-type: none"> <li>• 3 patients with MSSA against a threshold of 8</li> <li>• 3 patients with Ecoli against a threshold of 7</li> <li>• 0 cases MRSA blood stream infection since November 2017</li> <li>• 2 Category 2 pressure ulcers with 2 year to date (YTD)</li> </ul>

- 1 pulmonary embolisms (PE)

Position at end of August 2021

- 3 cases of MSSA YTD
- 3 case of Ecoli YTD
- 2 Category 2 pressure ulcer YTD
- 1 Pulmonary embolism YTD

Quality improvement work had proven successful in reducing Ecoli cases. Similar improvement work had commenced to reduce MSSA cases.

### Safety

- 1 moderate harm falls in May 2021, first since February 2019
  - Investigation concluded this was not due to a deficit in care
- 56 falls in Q1 including falls with harm (7). This was a decrease compared to Q4 2020/21
- 6 incidents reported to HSE via RIDDOR in Q1:
  - 2 fractures (staff members),
  - 3 incidents resulting in more than 7 day absence from work (staff members)
  - 1 incident was due to a fall in the car park resulting in moderate harm (member of the public).
- 43 Safeguarding incidents/concerns in Q1 compared with 75 in Q4 – 19 of these incidents reported in Q1 were related to Deprivation of Liberty (DoLS) breaches due to Covid restrictions on external visitors required to undertake assessments.

Mr Woods updated Governors on activity:

At the end of Q1:

- Referral to treatment average wait 10.54 weeks against the target of 8.2 weeks.
- 136 patients were waiting over 52 weeks.
- Performance against the DM01 diagnostic target 0.60%, against the target of 1%.
- YTD cancelled operations on the day for non clinical reasons 1.05%, against the 0.8% threshold.
- All cancer targets were achieved.

In August 2021, the following activity was delivered against the Phase 3 recovery plan 19/20 target of 95%:

- Daycase 138%
- Elective 66%
- Non Elective 83%
- New Outpatients 89%
- Follow Up Outpatients 101%

### The Council of Governors:

- Received and noted the briefings on the Integrated Performance Report.



<p><b>COG 39</b> <b>21/22</b></p>	<p><b>Reappointment of Non-Executive Director (NED)</b> Having previously declared an interest, Mr S Crofts left the meeting.</p> <p>Mr P Buckingham presented the recommendation of the Council of Governors Nominations Committee held on 14 September 2021 to re-appointment Mr S Crofts as a Non-Executive Director for a further 12 month period commencing 1 November 2021 to allow for continuity and stability within the Non-Executive Director cohort.</p> <p>Mr P Buckingham advised that, if approved, Mr Crofts would continue to undertake his current portfolio and arrangements would be made for a planned transition of responsibilities, such as Deputy Chair and Senior Independent Director over the 12-month period November 2021 - October 2022. No changes to Mr Croft's terms and conditions would result from the proposed re-appointment.</p> <p><b>The Council of Governors:</b></p> <ul style="list-style-type: none"> <li>• Approved the re-appointment of Mr S Crofts as a Non-Executive Director for a further 12 month period commencing 1 November 2021</li> </ul>
<p><b>COG 40</b> <b>21/22</b></p>	<p><b>Papers to Note and/or for information</b> The following items were provided for information prior to the meeting and were not formally presented at the meeting</p> <ul style="list-style-type: none"> <li>• <b>Annual Report and Accounts 2020/21</b></li> <li>• <b>Quality Account 2021/21</b></li> <li>• <b>Key Issue Reports for:</b> <ul style="list-style-type: none"> <li>- Audit Committee</li> <li>- Business Performance Committee</li> <li>- Quality Committee</li> <li>- Research, Innovation and Medical Education Committee</li> </ul> </li> </ul> <p>No questions were raised by Governors.</p> <p><b>The Council of Governors:</b></p> <ul style="list-style-type: none"> <li>• Received and noted the reports.</li> </ul>
<p><b>COG 41</b> <b>21/22</b></p>	<p><b>Any Other Business</b> None</p>
<p><b>COG 42</b> <b>21/22</b></p>	<p><b>Review of Meeting</b> Mr Buckingham thanked Governors for their participation and attendance and invited them to join the Annual Members Meeting.</p>
<p><b>COG 43</b> <b>21/22</b></p>	<p><b>Date, time and venue of next meeting</b> The next meeting of the Council of Governors is scheduled to be held on: 9<sup>th</sup> December 2021.</p>

**UNCONFIRMED**

**MINUTES**  
**ANNUAL MEMBERS' MEETING**  
**Thursday 30<sup>th</sup> September 2021**  
**Due to COVID Restrictions this meeting was held on MS Teams**

<b>Present:</b>	Mr Seth Crofts	(SC)	Acting Chair
	Ms Jan Ross	(JR)	Chief Executive Officer
	Dr Andy Nicolson	(AN)	Medical Director
	Ms Lisa Salter	(LS)	Chief Nurse
	Mr Mike Burns	(MB)	Chief Financial Officer
	Ms Madeleine Fletcher	(MF)	Head of Fundraising
	Ms Barbara Strong	(BS)	Lead Governor
	Mr Adam Barley	(AB)	Specialist Nurse, Organ Donation
	Dr Helen Butterfield	(HB)	Clinical Lead, Organ Donation

**In attendance:** 22 Members

**1. Welcome**

- 1.1. SC welcomed members to the meeting; he thanked all the staff at the Walton Centre for their magnificent response during the year and the fantastic work that they had undertaken in response to the Covid pandemic.
- 1.2. There were no declarations of interest and no questions had been received in advance of the meeting. Members were invited to submit questions at the end of the meeting.

**2. Minutes of the meeting held on 17 September 2020**

- 2.1. The minutes of the previous meeting had been approved by the Council of Governors as a true and accurate record. They are available on the Trust Website [AMM Minutes](#)

**3. Trust Response to the Covid-19 Pandemic**

- 3.1. AN updated members on the huge impact of Covid on the NHS and the Walton Centre and the close collaboration which had taken place across the Cheshire and Merseyside Region to organise and run a Regional Command and Control Centre. The Walton Centre was an integral part of the Regional Critical Care Delivery Network, hosting meetings which assessed capacity and the redeployment of services. The Trust had taken the lead for stroke, Head and Neck Cancers and Neurological conditions patients, Walton Centre Clinical staff had been redeployed to enable continuity of service delivery and the Sid Watkins Building had been redeployed as a 'Safe Site' for non-covid patients, enabling continued treatment for Infusion Patients.
- 3.2. The aspirational aim of the NHS Long Term Plan, to increase service delivery to patients nearer to home, had been achieved overnight with the Trust being the highest user regionally for Attend Anywhere. The suspension of visiting had enabled the Trust to be innovative and imaginative in developing methods of communication for stable patients on the Intensive Care Unit (ITU). The Trust IT Department had enabled the quick and successful adoption of agile working practices including enabling virtual meetings and working from home and the Procurement Department had alleviated the supply shortages including Personal Protective Equipment (PPE) by successfully sourcing alternative supply chains.

- 3.3. During the three waves of Covid, it had become apparent that the Cheshire and Merseyside region had disproportionate mortality and case rates and evidence emerged of the increased risk to staff and patients from Black, Asian and Ethnic Minority (BAME) backgrounds. As a result The Trust conducted Individual risk assessments for staff and patients and introduced health and wellbeing initiatives for staff. The Trust became a leader in Covid Neurological research, appearing regularly in the media.
- 3.4. The Trust continues to face challenges in reducing waiting lists backlogs, adapting patient flow to include increased infection control measures and ongoing staff shortages due to self isolation. The focus in coming years will be resuming the 'New Business as Usual' by learning to adapt, increase the use of IT for patient access, adopting flexible working, staff welfare initiatives and addressing the risk and health inadequacies which Covid had highlighted.

#### **4. Strategy Update and Looking to the Future**

- 4.1. JR summarised the challenging year and the outcomes which had taken place against the background and uncertainty of Covid. The key role of staff in delivering outstanding care and the negative impact of Covid was recognised; with a key priority for the Trust being the expansion of the existing staff Health and Wellbeing programme. An Equality, Diversity and Inclusion (ED&I) Strategic Committee had been established to address the implications of the disproportionate impact of Covid on BAME patients and staff. Praise was given to staff who had continued to deliver outstanding care for patients focused on the Trust Values; this had been recognised by the Care, Quality Commission (CQC) in an 'Outstanding' inspection rating and in the reassessment and award of Investors in People (IIP) Gold.
- 4.2. The Trust continued to further the ambition of improving safety and quality for patients by adopting key initiatives and investment to support best possible system working, clinical outcomes and improve care including; the establishment of a regional 24/7 Thrombectomy Pathway with Operational Clinical teams; the purchase of a CT and a Multitron Rex Scanner and the award of Digital Aspirant funding to enable the 'NHS Digital IT Project' progress in its ambition of improving access to patient records.
- 4.3. MF highlighted the donations and contributions made to the Walton Centre Charity by local businesses and individuals who had provided scrubs and health and welfare initiatives. Funding had also been received from NHS Charities Together which had enabled the Trust to focus on staff wellbeing by providing welfare and mental health initiatives, including the renovation of staff rest areas.
- 4.4. The Trust Strategy would be refreshed in 2021/22 with a focus on strong leadership, staff development and support, collaborative working in the development of the Cheshire and Merseyside Integrated Care System (ICS).

#### **5. Annual Accounts 2020/21**

- 5.1. MB gave a brief overview of the Trusts financial performance in 2020/21. Regional financial management during the pandemic had been through The Cheshire and Merseyside Health Care Partnership to ensure break-even in all organisations in the region and included additional specific Covid costs and funding. It was anticipated that the financial framework would continue into 2021/22.
- 5.2. The Trust was in a healthy financial position and had achieved a surplus of £1.508m. An increase of £9m cash was as a result of an increase in payables and a decrease in receivables. The requirement to deliver efficiency savings which had been suspended during 2020/21 would

recommence in 2021/22; official guidance had not been released but it was expected to be a 3% efficiency. The Trust continued its capital investment in clinical services with a total investment of £8.9m and £3.4m in patient safety and service development.

- 5.3. The following reports are available on the Trust Website:

[Annual report and Accounts 2020-21](#)  
[Auditors Annual Report on the Walton Centre NHS Foundation Trust 2020-21](#)

## 6. Nursing and Governance

- 6.1. JR gave an overview of infection prevention and patient quality during the year in response to Covid. Rapid changes had been effectively actioned by the adaptability of the team and enhanced policies and guidelines had been implemented to support enhanced infection control measures. Daily feedback from NSW ensured that safe staffing levels had been maintained and quality assured and a recruitment had taken place with 40 nurses recruited from overseas.

## 7. Governor Update

- 7.1. BS updated members on Governor activity and engagement. Innovative processes had been introduced for Governors as Covid restrictions had prevented access to Trust premises including virtual attendance at Council of Governors meetings. These had been favourably received by Governors and attendance at meetings had improved. Monthly meetings with the Trust Chair had also been introduced keeping Governors up to date with the changing NHS national and local response to Covid.
- 7.2. Governor Elections, which had been suspended in 2020, had taken place and nine new Governors had been elected. Ms Strong welcomed the new Governors and thanked the departing Governors for their contributions over their time with the Trust.

## 8. Organ Donation

- 8.1. CB gave an informative presentation on the crucial role the Trust played in Organ Donation, being in the top 20 hospitals in England in 2020 and the Trust had supported 17 proceeding donors and their families to gift 38 transplants. This was higher than the average in the UK and was a reflection on the care given to patients and families by staff at the Walton Centre. The Walton Willow Tree was the centre of an annual event which commemorated the gift of life given by donors with individual engraved leaves placed on the tree by donor families.
- 8.2. CB thanked ITU and the Theatre teams at the Trust on behalf of donors, recipients and their families.

## 9. Questions from members

- 9.1. Following the presentations Members present were given the opportunity to ask the presenters questions.
- 9.2. Following a question on the ethnic diversity and experience of the Board and Non-Executive Directors (NEDs), SC confirmed that the Trust continued to actively promote diversity for all staff including the Board and that the diversity of Directors had improved in recent years. The NEDs experience included backgrounds in Industry, Transformation, Healthcare and Research.
- 9.3. Following a question on the policy for outpatient virtual patient appointments post-Covid, JR confirmed that 'Attend Anywhere' would continue to be used where suitable and in conjunction with patient's clinical needs and wishes. It was anticipated that 40% of follow-up consultations would continue to be held virtually.

- 9.4. Following a question on access to digital patient records, MB offered assurance that records would continue to be held and shared within Information Governance and Data Protection Regulations. The Trust Data Protection Officer (DPO) was part of the regional network and would ensure that procedures put in place would protect the privacy and appropriate sharing of patient information.
- 9.5. Following a question on the Trust's research priorities, AN informed members that the Research Department had undergone restructuring and that a new Clinical Director had been appointed. Regional links continued to be enhanced with Liverpool Health Partners and Universities to maintain the traditional strong areas of research for the Trust including Neurology Epilepsy, Health Inequalities, Neuro-oncology and Neurological Infections. New areas of research included Parkinsons and Neurological movement disorders.
- 9.6. Following a question on the introduction of presumed consent for organ donation in May 2020, CB confirmed that it was not expected that there would be an immediate increase in donations. The legislation did encourage family discussions on Organ Donation which would make any decisions easier at the end of life and ensure that patient's wishes were met. Patient families' consideration would always be sought should there be an opportunity for gifting transplant donations.

#### **10. Any other Business and Close of Meeting**

- 10.1. SC closed the meeting by thanking the presenters, attendees and members for their support during the meeting.

#### **11. Meeting Close**

- 11.1. A recording of the Walton Centre Virtual Annual Members Meeting 2021 is available by following this link: [AMM 2021 Recording](#)

## Council of Governors Matters arising Action Log:

	Complete & for removal
	In progress
	Overdue

Date of Meeting	Item Ref	Agenda item & action	Lead	Update	Deadline	Status
08/06/21		<b>Quality Accounts update</b> Julie Kane, Freedom to Speak up Guardian to be invited to a Chair and Governor Briefing	CM	<del>To be invited – November 2021</del> Due to the availability of the Lead, will present at February 2022 Chairs Briefing. Governors have been sent a meeting invitation.	December 2021	

The following items have been deferred to a future meeting due to operational pressures during the COVID Pandemic

17/09/20	COG 19 20/21	<b>Chairs Report – Research, Innovation and Medical Education Committee</b> Update on Neurological implications of COVID research, to be presented to a meeting at a later date when available	S Crofts	To be added to March 2021 Agenda  Governors to contact Ms Rosser with areas to be included  Deferred until information available	<del>January 2021</del>	
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**Report to the Council of Governors**  
**Date: 9 December 2021**

<b>Title</b>	<b>Lead Governor report</b>
<b>Sponsoring Director</b>	Katharine Dowson Corporate Secretary
<b>Author (s)</b>	Barbara Strong Lead Governor
<b>Previously considered by:</b>	
<b>Executive Summary</b>	<p>The purpose of this report is to update Governors on the significant events or developments in which the Lead Governor has been involved since the last Council of Governors meeting held on 30<sup>th</sup> September 2021.</p>
<b>Related Trust Ambitions</b>	<ul style="list-style-type: none"> <li>•</li> </ul>
<b>Risks associated with this paper</b>	
<b>Related Assurance Framework entries</b>	All
<b>Equality Impact Assessment completed</b>	<ul style="list-style-type: none"> <li>• No</li> </ul>
<b>Any associated legal implications / regulatory requirements?</b>	
<b>Action required by the Council of Governors</b>	<p>The Council of Governors is recommended to:</p> <ul style="list-style-type: none"> <li>• Note the Report</li> </ul>

## 1. Introduction

1.1. This report updates governors with significant events or developments since the last CoG meeting (held 30th September 2021).

## 2. Committees and Groups

2.1. Governor membership of groups/committees was updated and sent to all governors.

2.2. The Membership and Engagement Group was not able to meet as planned on 6th October due to technical problem relating to Microsoft Teams. The next meeting is on 7th December.

2.3. Membership Strategy Start and Finish Group – no expressions of interest were received.

## 3. Governor Training

3.1. Induction Training October 25th 2021

3.1.1. Five of the new governors attended this training on and a recording of the day's proceedings was sent to all trust governors afterwards. I would encourage all governors, however well-experienced, to access this recording. It is a helpful refresher training and includes updated information on the NHS.

3.2. Virtual Boardroom (VBR) Training November 23rd 2021

3.2.1. This was attended by just four trust governors, which was disappointing as VBR is the main source for meeting papers, and governors are encouraged to use it.

## 4. Chair's Governor on line Briefings

4.1. These briefings continue to be helpful, informative and appreciated by governors.

4.2. At the October meeting, as arranged, David Topliffe returned to present a summary of his work with the Business Performance Committee. This was very well received and appreciated by the governors present and prompted some good questions.

4.3. The most recent meeting was held on 23rd November and the whole meeting was given over to the Trust's Sustainability Development Plan. This was presented by Stephen Holland, Head of Estates and Tina Davies, Head of Facilities. Again, this presentation was engaging and prompted good dialogue. Governors will be circulated with the document and comments on the plan are welcome.

4.4. Future Planned Subjects for Chairs Briefings include:

January 2022	Patient Experience Team
February 2022	Freedom to Speak Up Guardian

4.5. Suggestions from governors for further topics in 2022 are welcome.

NB. Meetings take place each month except March, June, September and December.

4.6. The next Chair's Governor Briefing is due to be held on line at 10.00 on 18th January 2022

## 5. Lead Governor Role

5.1. As I was due to reach the end of my term as Lead Governor at the end of December, a request for expressions of interest for the Lead Governor role was sent to public governors who had served for at least 1 year.



5.2. Disappointingly, no expressions of interest were received. I have, therefore agreed to remain in post for a further year. I hope in a year more public governors will be eligible and interested in taking on this role.

## **6. Admin Note on Outlook Meeting invitations**

6.1. It appears that some Governors are not receiving or accepting Outlook meeting invitations.

6.2. An email is sent out at the beginning of the year with meeting dates but these can change, be cancelled or be updated. The Trust uses and sends meeting invitations, updates and meeting links through Microsoft Outlook. The Microsoft Outlook App or Programme is free to download.

6.3. For governors who do not use Microsoft Outlook could they please send an email to the meeting administrator accepting or declining meetings.

6.4. If governors cannot or have not had access to meeting papers a week before a meeting, they should contact the meeting administrator.

6.5. It is hoped that COG can resume to face to face and/or blended meetings in 2022 – do governors have any comments or thoughts?

6.6. Please send your comments to Carol Miller.

# **The Walton Centre NHS Foundation Trust**

## **Governors Report for the Period Ending September 2021**

## Glossary

- **Open Pathway. Target 8.2 weeks**

The Walton Centre is taking part in a Referral to Treatment pilot scheme where performance is measured by average patient waiting times in weeks. A requirement of this scheme is that performance is shown by average waiting time instead of against the 92% standard. Open pathways, or incomplete pathways are where the patient is still awaiting first definitive treatment (either as an Outpatient or Inpatient). In order to sustain delivery of the standard the average wait of these patients must be under 8.2 weeks.

- **I&E (Income & Expenditure).**

The Income and expenditure account records the Income received from undertaking patient care and other sources of Income including medical training. This is offset by the cost of running the organisation.

- **CIP (Cost Improvement Programme).**

The NHS is required to make efficiency savings on an annual basis. The efficiency requirement is reflected within the national tariffs set each financial year. The target is expressed as a % of the expenditure budgets of the organisation.

- **Capital Target.**

Capital expenditure is expenditure on building and equipment within the organisation.

- **Use of Resource Risk Rating (UoR)**

NHS Improvement introduced the Single Oversight Framework in October 2016. This incorporates 5 ratings:

- Capital service cover - the level of income available to fund the Trust's capital commitments;
- Liquidity - the level of cash available to fund the Trust's activities;
- I&E margin - the % of the Trust's surplus/(deficit) in relation to its income;
- Variance on the I&E margin - the % variance of the I&E margin against plan; and
- Agency Expenditure – The percentage of Agency Expenditure compared to the Trust Agency Ceiling control total.

Scoring 4 (poorest) to 1 (best) against each metric, the overall finance and use of resources score is a mean average of the scores of the individual metrics under this theme – except that if a provider scores 4 on any individual finance and use of resources metric, their overall use of resources score is at least a 3.

## Finance

Due to COVID, the financial regime remains based on block funding for the 1st 6 months of the financial year (H1) and anticipated spend for the same period (based on average spend in Q3 of 2020/21). The H1 plan is at a break-even position (submitted to HCP and NHSE/I in May) in line with C&M requirements.

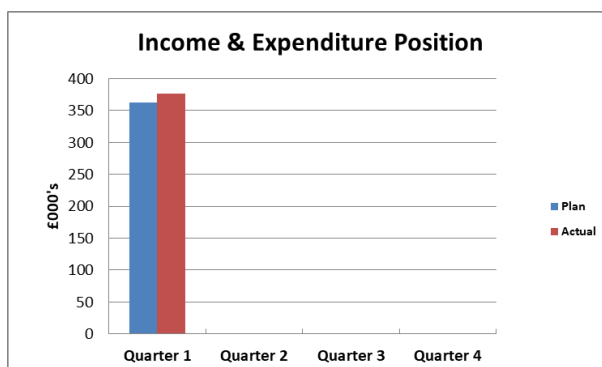
The current H1 plan includes:

- Elective Recovery Fund (ERF) income and costs for the delivery of activity above the national trajectory targets;
- 'Block' system funding received for Top-up, COVID related costs, growth and CNST;
- Efficiency requirement to ensure a break-even position.

It is also expected that the Healthcare Partnership (HCP) will deliver a balanced financial plan for H1 and the Trust is continuing to work with the partnership to achieve this position.

At the end of quarter 2 2021/22 the Trust is reporting a breakeven position of £0k against a breakeven plan.

The position includes £2,089k elective recovery fund against a planned position of £2,526k, £437k below plan. Please note NHSE/I have yet to confirm ERF income values for M4-6 to the Trust therefore this may be subject to change.



## COVID Expenditure

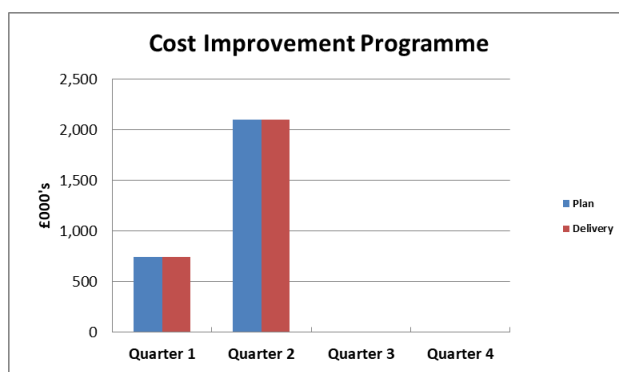
A summary of the Trust COVID-19 expenditure for Quarter 2 is below. At the end of the September, £539k had been incurred in response to COVID-19 for this financial year.

COVID -19 Expenditure	Apr-21 Actual £'000	May-21 Actual £'000	Jun-21 Actual £'000	Jul-21 Actual £'000	Aug-21 Actual £'000	Sep-21 Actual £'000	Year to Date Actual £'000
Pay cost (incl. additional shifts, on-call, etc )	93	50	57	49	54	47	350
Decontamination	0	7	3	0	0	0	10
Agile working	0	12	1	0	0	0	13
Infection Control	0	0	0	0	22	4	26
Other	20	1	43	19	21	36	140
<b>TOTAL</b>	<b>113</b>	<b>70</b>	<b>104</b>	<b>68</b>	<b>97</b>	<b>87</b>	<b>539</b>

Other spend includes providing free car parking for staff.

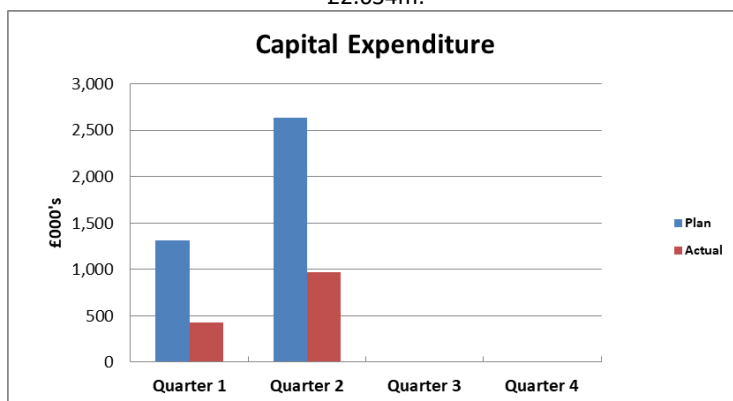
Efficiency Savings

In order to deliver the Trust's control total target for H1 in 2021/22, we need to deliver a QIP 1.5%. By September (end of H1), we plan to achieve the QIP target of £2.1m by break even position. The biggest challenge is achieving the H2 QIP target, which is likely to be a minimum of 3%.



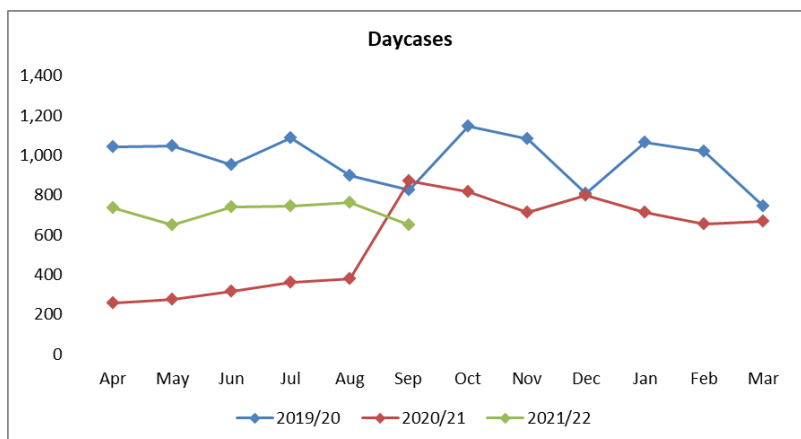
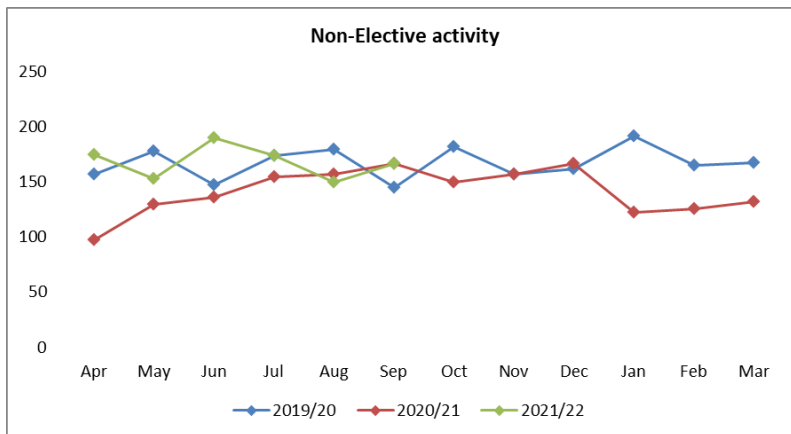
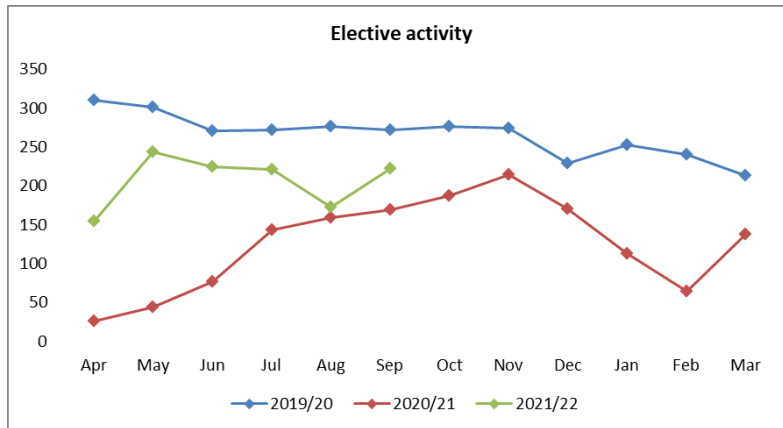
Capital

The Q2 capital expenditure is £966k, £1,668k below the total agreed funding allocations for the Q2 YTD of £2.634m.

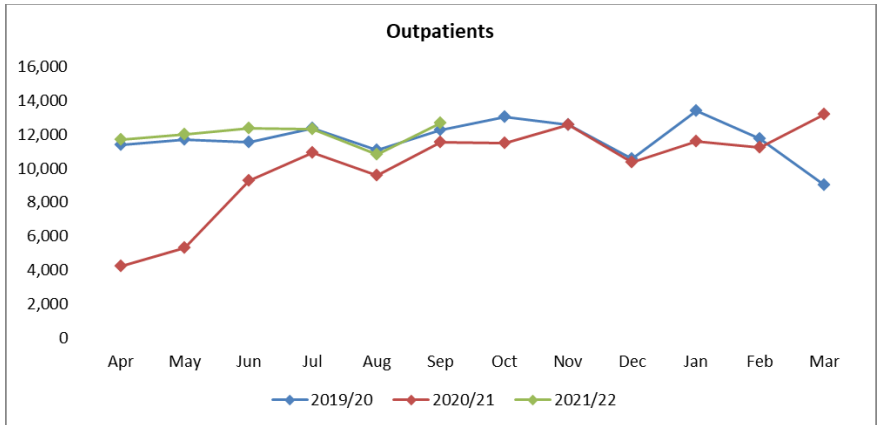


**Activity**

**Inpatient & Day Case Activity:** Inpatient activity remained at similar levels in Q2 2021/22 to Q1.



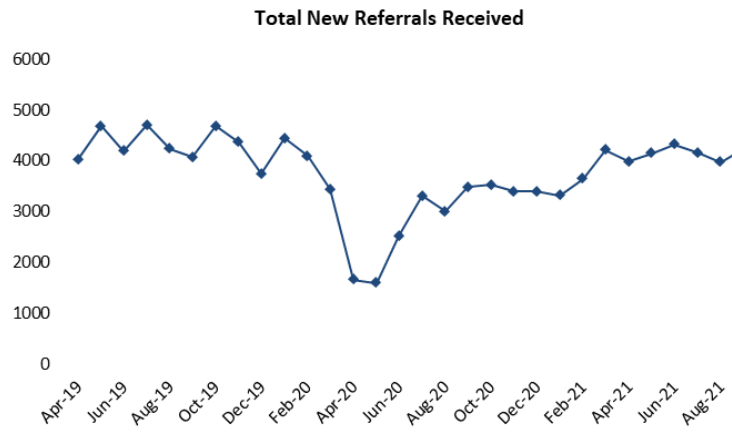
**Outpatient Activity:** Outpatient activity remained consistent in Q2 2021/22.



**Referrals for outpatient appointments**

Clean referrals exclude referrals that are created by consultants retiring or transferring part of their practice to a colleague as part of service development or reorganisation and give a clearer indication of growth in demand for our services.

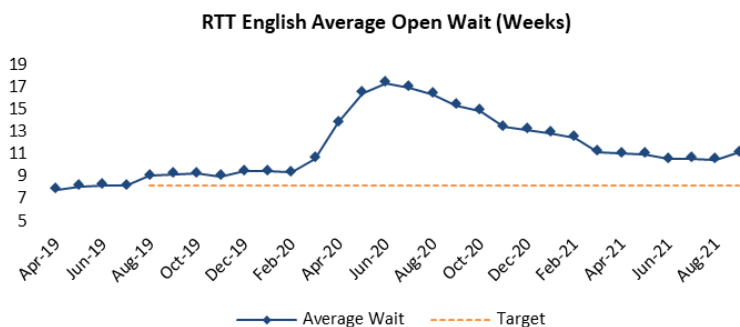
Referrals continued to recover in Q2 2021/22 following the drop due to Covid-19.



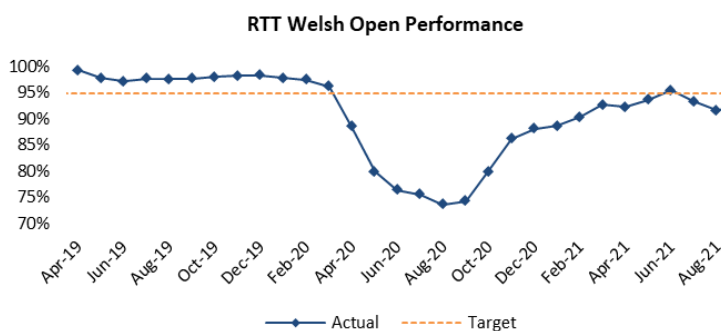


**RTT (Referral to Treatment)**

The Walton Centre is taking part in a Referral to Treatment (RTT) pilot scheme, where performance is measured by average patient waiting times in weeks. A requirement of this scheme is that performance is shown by average waiting time, rather than against the 92% standard and that the backlog cannot be shown. Performance at the end of Q2 21/22 is 11.16 weeks. Performance has improved through the quarter following a deterioration of performance due to Covid-19

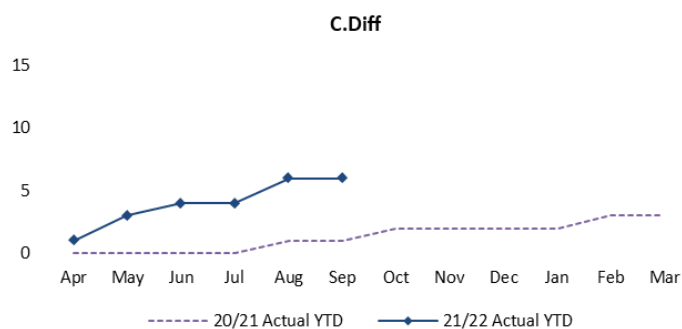
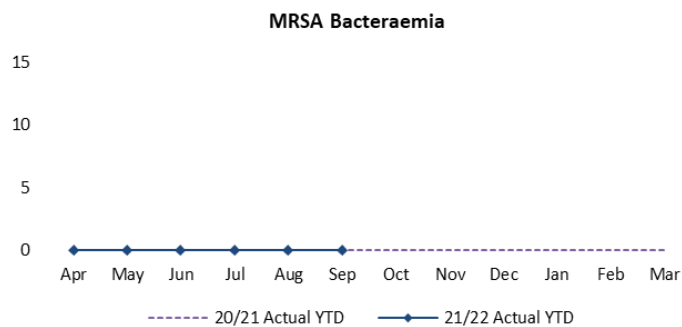


Welsh RTT performance continues to be monitored against the 95% standard, with performance above the standard at 92.46% in September 2021. Performance against the Welsh RTT target has stabilised throughout the Quarter following a drop in performance due to Covid-19.



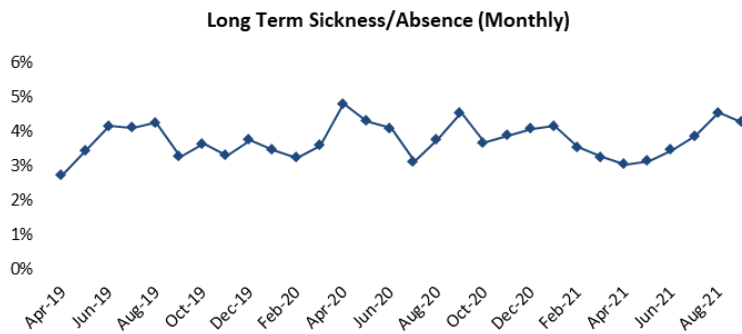
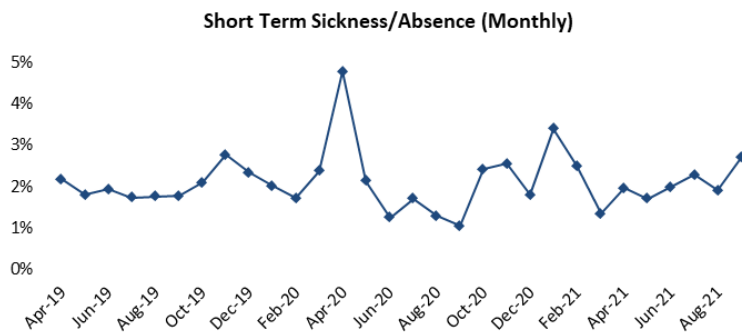
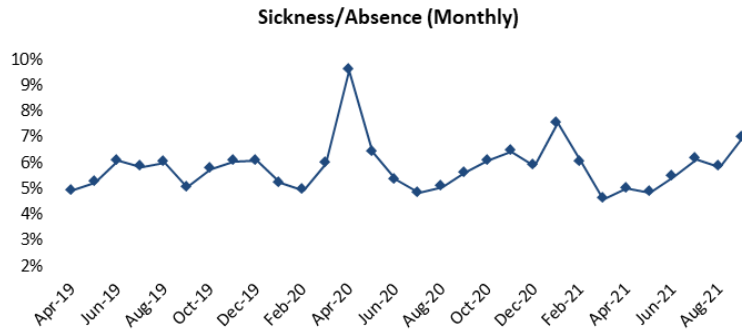
**Infection Rates**

No cases of MRSA Bacteraemia were reported during Q2 2021/22. The Trust has reported 6 cases of Clostridium Difficile against the PHE year-end threshold of 5 cases for 2021/22.



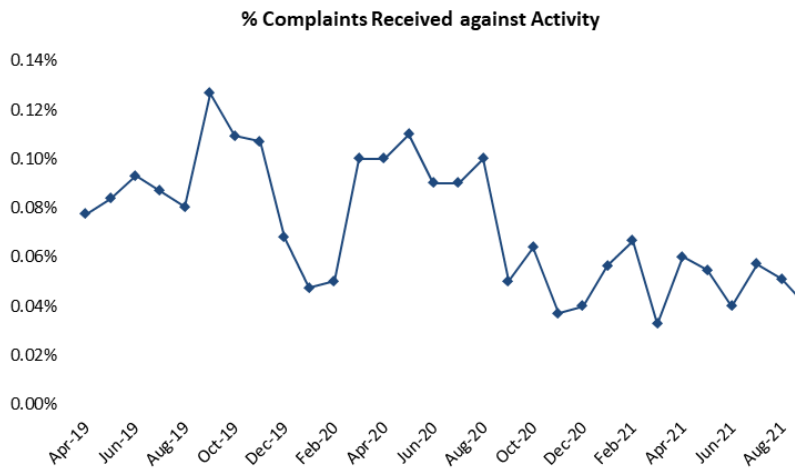
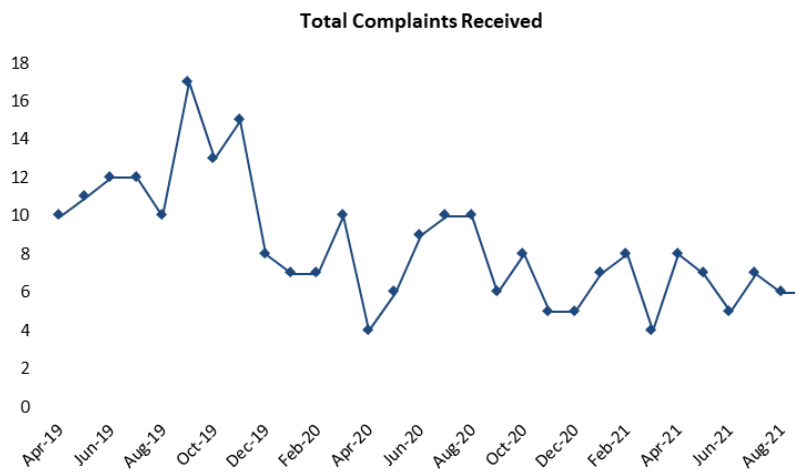
**Workforce**

Monthly sickness/absence rate is 6.97% which is above the target of 4.75%. The breakdown between long term and short term sickness as at September 2021 is as follows: 4.27% on long term sickness and 2.70% on short term.



**Complaints**

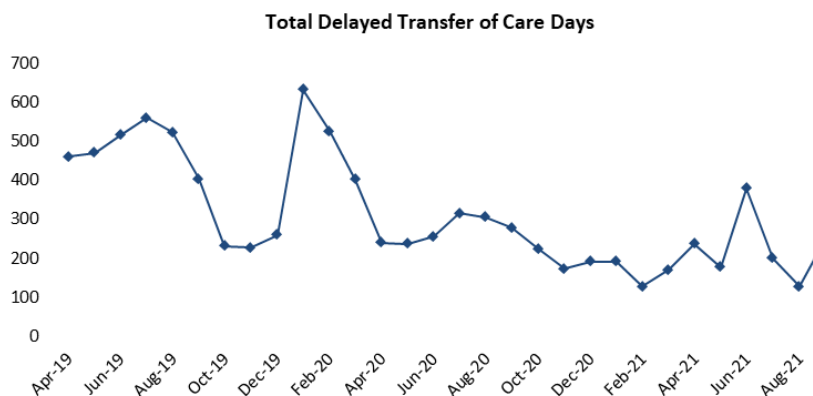
The Executive team receive a detailed monthly report in relation to complaints. Trends and themes are discussed and challenged. A Quarterly report is also provided to the Patient Experience Group. Q2 2021/22 has seen 19 complaints reported.



**Efficiency Measures**

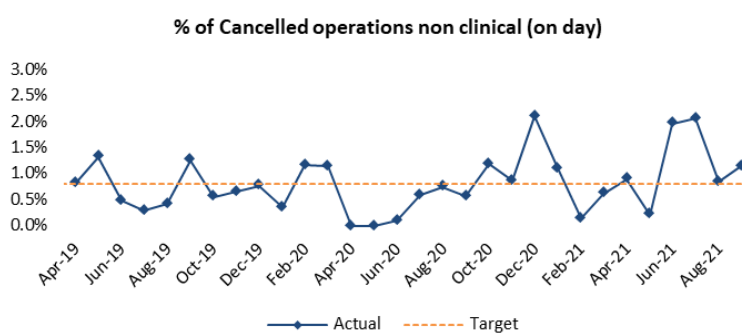
**Delayed Discharges / Delayed Transfers of Care (DTC):**

The total Delayed Patient days has remained consistent during Q2 2021/22.



**Cancelled Operations:** The number of cancelled operations in Q2 2021/22 has increased compared to Q1 in 2021/22.

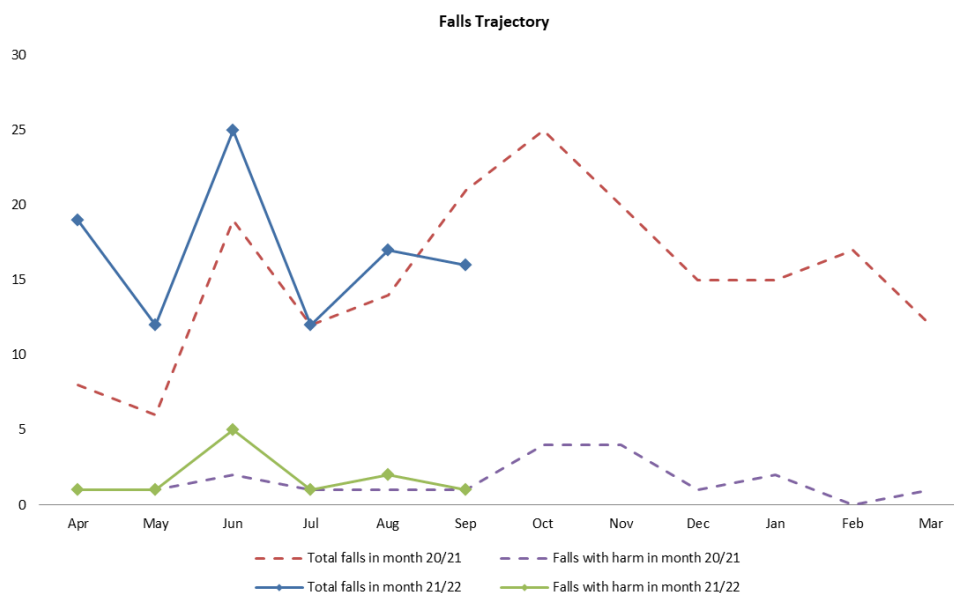
	Number of non-clinical cancellations
Q1 2021/22	38
Q4 2020/21	29
Variance	+9



## Safety Indicators

### Patient Falls:

Our goal is to achieve a year on year improvement with the prevention of falls and falls with harm.



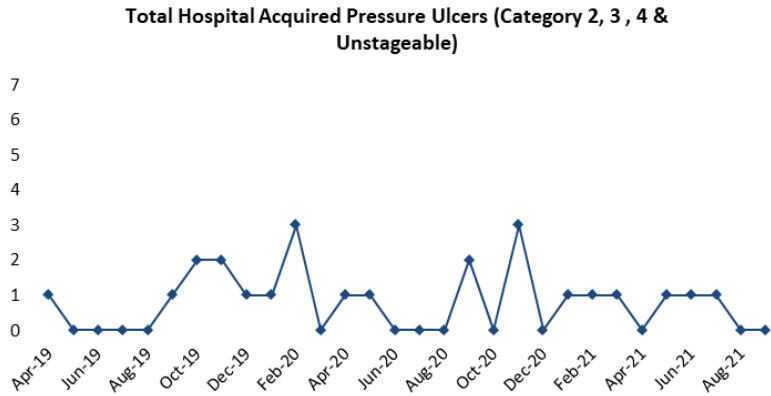
In 21/22 there has been 101 total falls of which 11 were resulted harm. This compares to 80 total falls at this stage of 20/21. There was one moderate harm fall within the Trust in Q1 21/22.

A monthly falls analysis report is currently compiled by the Falls prevention steering group then disseminated to local departments/wards highlighting any themes/trends in month, lessons learnt and any good practice for sharing. Patients at risk of falls are being correctly identified and there is evidence that measures are being taken to reduce the risk. Falls at the bedside and in bathrooms are most common; more patients who have fallen have capacity and choose to take the risk of mobilising on their own. Follow up questionnaires are done in real time to try and establish the reasons for the fall and any actions that can be taken to reduce future risk.

### Pressure Ulcers

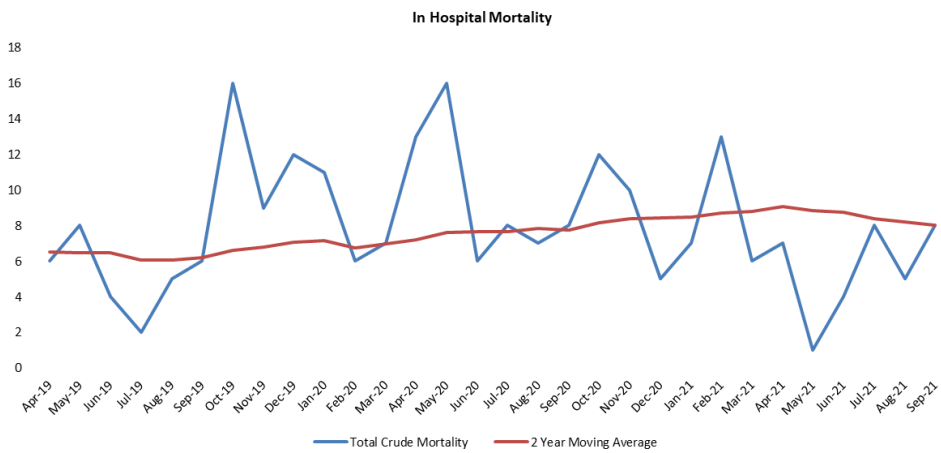
In Q2 2021/22 there was one Walton Centre acquired pressure ulcer.

Below is a graphic representation of our position to date



### Mortality

Rolling crude mortality reduced in September 21. All cases are subject to detailed clinical review and discussion at Quality Committee and no cause for concern identified.





## REPORT TO THE COUNCIL OF GOVERNORS

Date 09/12/21

<b>Title</b>	NHS People Plan and ED&I Update
<b>Sponsoring Director</b>	Name: Mike Gibney Title: Chief People Officer
<b>Author (s)</b>	Name: Andrew Lynch Title: Equality & Inclusion Lead
<b>Previously considered by:</b>	<ul style="list-style-type: none"> <li>• Staff Partnership Group</li> <li>• Local Negotiating Group</li> </ul>
<b>Executive Summary</b> This presentation provides an update on the NHS People Plan and especially the ED&I work within the trust.	
<b>Related Trust Ambitions</b>	<ul style="list-style-type: none"> <li>• All</li> </ul>
<b>Risks associated with this paper</b>	N/A
<b>Related Assurance Framework entries</b>	<ul style="list-style-type: none"> <li>•</li> </ul>
<b>Equality Impact Assessment completed</b>	<ul style="list-style-type: none"> <li>• N/A</li> </ul>
<b>Any associated legal implications / regulatory requirements?</b>	<ul style="list-style-type: none"> <li>• Compliant with employment legislation within the UK</li> </ul>
<b>Action required by the Board</b>	Delete as Appropriate <ul style="list-style-type: none"> <li>• To consider and note</li> </ul>





# People Plan/Strategy Update

Mike Gibney

Director of Workforce and Innovation

Andrew Lynch, Equality & Inclusion Lead

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# National Context

We are the NHS: People Plan for 2020/21

- Responding to new challenges and opportunities
- Looking after our people
- Belonging to the NHS
- New ways of working and delivering care
- Growing for the future
- Supporting our people for the long term

# Deliver



The Walton Centre  
NHS Foundation Trust

To provide the right systems, processes and environment to enable our workforce to be as efficient and effective as they can be in delivering high quality care to patients:

- A suite of HR Policies covering a range of employment areas including supporting staff who are absent due to illness and supporting their return to work
- Ensure staff have sufficient rests and breaks from work and encourage them to take annual leave in a managed way
- Pension flexibilities

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# Provide



The Walton Centre  
NHS Foundation Trust

To provide a compassionate and inclusive work environment working at the Centre, or in the community, where our staff are motivated, engaged, valued and share the same vision:

- Ensure staffing reflects the diversity of the community, regional and national labour markets
- Workforce leadership is representative of the overall BAME workforce
- Risk assessments
- Tackle the disciplinary gap

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# Invest



The Walton Centre  
NHS Foundation Trust

To invest in education and training to ensure we deliver the highest calibre of health care staff for future NHS patients:

- Offer more apprenticeships ranging from entry level jobs through to senior clinical, scientific and managerial roles
- Ensure staff have CPD, supportive supervision and protected time for training
- Support expansion of clinical placement capacity during 20/21: provide an increased focus on support for students and trainees

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# Lead



The Walton Centre  
NHS Foundation Trust

To lead education and training, embedding research and innovative approaches to deliver changes across the health economy:

- Flexible working to be discussed at induction and in annual appraisal
- Roll out the new carers passport to support people with caring responsibilities
- Board members to give flexible working their focus and support

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# Adopt



The Walton Centre  
NHS Foundation Trust

To adopt new ways of working to create a place that recruits, retains and supports an efficient, resilient and productive workforce delivering excellence in healthcare:

- Flexible working- for all from day 1
- Modelled from the top
- Design new roles which make the greatest use of each person's skills and experiences and fit in with their needs and preferences

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# Recognise



The Walton Centre  
NHS Foundation Trust

To recognise the importance of excellence in staff wellbeing and to embed a high performing culture based upon our Walton Way values and standards of behaviour:

- Ensure line managers have wellbeing conversations with staff, and encourage wellbeing to reduce stress and burnout. Conversations to include equality, diversity and inclusion.
- Ensure staff have a safe rest space to manage and process the physical and psychological demands of work
- Prevent and tackle bullying, harassment and abuse against staff, and create a culture of civility and respect
- Prevent and control violence in the workplace- in line with existing legislation
- Board- Wellbeing Guardian

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# Key Dates

- Review of HR/OD- end of 20/21
- NHS violence reduction standard- approach to protecting staff- December 2020
- All staff to have personalised H&W plan- reviewed annually- September 2020
- H&W induction- October 2020
- Review of recruitment – staffing reflects diversity- October 2020
- Resources to help leaders have conversations re race- October 2020



# Key Dates

- Universities offering blended nursing degree programme and more flexible approach to learning- January 2021
- Toolkit for civility – March 2021
- Board level competency framework for ED&I- March 2021
- Review of governance arrangements to allow staff networks to contribute to and inform decisions- cross system by December 2021
- Speaking up- quarterly staff survey to track morale- commences first quarter of 20/21

# COG EDI Update December 2020

## COVID -19

The Trust took account of the first waves of Covid – 19 by ensuring that staff were risk assessed against relevant protected characteristics and by promoting uptake of the vaccines. These measures ensured that there was a high uptake of vaccines amongst B.A.M.E staff and no greater impact on this staff group in terms of serious covid related illness. The Trust continues to monitor the situation in relation to new variants and promotes high levels of booster vaccines for staff.

- **Black Lives Matter**

Black Lives Matter as a broad movement/brand to highlight racial inequalities has been waning across the country as the Murder of George Floyd recedes in to the past. However the work of the Trust to counter racial discrimination and inequality continues, as is evidenced by the Trusts WRES reports.



# COG EDI Update December 2020

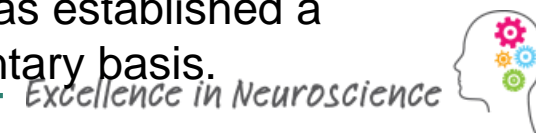
- **Race@WCFT**

The Trust's staff Race Equality Staff Network continues to meet and has Black Lives matter as a standing item on it's agenda. This group is also represented on other important ED&I committees at the Trust e.g. SBAC and the ED&I Steering Group.

- **Building Capacity**

The Walton Centre is leading a new and shared ED&I function within the Specialist Trust Alliance. The Walton Centre is joined by Alder Hey and Clatterbridge in pooling its ED&I budget with a view to building a sustainable and high functioning team across all 3 sites.

This has enabled the Trusts to recruit a shared Head of Equality, Diversity & Inclusion who commences in post in January 2022. Her name Ayo Barley and she is currently the business development manager at the Liverpool School of Tropical Medicine. She brings strategic expertise and has established a number of community based initiatives, often on a voluntary basis.



# COG EDI Update December 2020

- **Community Engagement**

The Trust has recognised the importance of community engagement in ensuring the long term diversity of our workforce. To that end, the Trust has become the first NHS organisation to be represented on the new Race Equality Business Support Network, which is part of the Growth Platform and works to enable change and growth that makes our economy work for everyone across Merseyside; to provide guidance, inspiration and support for businesses, create opportunities for growth and foster resilience.



The Walton Centre  
NHS Foundation Trust

# Questions

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**REPORT TO Council of Governors**  
**Date – 9 December 2021**

<b>Title</b>	<b>CQC National Adult Inpatient Survey Results 2020</b>
<b>Sponsoring Director</b>	Name: Lisa Salter Title: Chief Nurse
<b>Author (s)</b>	Name: Lisa Gurrell Title: Head of Patient & Family Experience
<b>Previously considered by:</b>	NA
<b>Executive Summary</b>	
<p>The Trust is required to participate in the CQC National Inpatient Survey annually to allow benchmarking of the patients' experience with other NHS providers. The survey is recognised as being a key indicator of overall care for the organisation and regulators, including the CQC and commissioners. Picker Institute was commissioned by The Walton Centre together with 75 other NHS organisations to collate and present the organisation's results for each Trust.</p> <p>The report outlines the 'banding' (how our Trust has scored compared to other Trusts across England) however does not include national scores. These scores can be shared officially after the publication of results on or after 19<sup>th</sup> October 2021. The report the CQC will publish summarises the experience of 73,000 patients who used adult services in 2021.</p> <p>The Walton Centre has been identified as performing '<b>Better Than Expected</b>' because our patients answered positively about their care across the entire survey and this was significantly above all other Trust averages. The results highlight a 56% response rate (previously 50%, with an average response rate of 45% for other organisations and the Trust scored much better, better or somewhat better for 9 out of 10 sections of the survey. This is remarkably positive and especially as this was during the Covid-19 pandemic.</p> <p>The Trust was rated 8<sup>th</sup> out of 75 Trusts of those using Picker for overall positive score, which is an improvement in rank from last year (9<sup>th</sup>).</p> <p>The survey highlights the excellent results for The Walton Centre and aligns to our outstanding rating by the CQC. Two areas for improvement were identified including waiting time for admission and support provided following discharge by health or social care.</p> <p>The Council of Governors is asked to note the results of the National Inpatient Survey and action plan attached.</p>	
<b>Related Trust Strategic objectives</b>	<ol style="list-style-type: none"> <li>1. Improving quality by focusing on patient safety, patient experience and clinical effectiveness;</li> <li>2. Sustaining and developing our services;</li> </ol>
<b>Are there any risks associated with this paper?</b>	N/A
<b>Related Assurance Framework entries</b>	N/A
<b>Are there any associated legal implications / regulatory requirements?</b>	Compliance with Commissioners and national requirements identified in CQC regulation
<b>Equality Impact Assessment completed?</b>	NA
<b>Action required by the Council of Governors</b>	To Note the report and Action Plan

**Committee:** Council of Governors  
**Subject:** CQC Inpatient Survey Results 2020  
**Author:** Lisa Gurrell, Head of Patient Experience  
**Executive Lead:** Lisa Salter, Director of Nursing and Governance  
**Date:** 9 December 2021

## 1. Introduction/Background

The Adult Inpatient Survey runs annually and all eligible organisations in England are required to conduct the survey. This gives the opportunity to benchmark with other Trusts. The survey is recognised as being a key indicator of overall care for an organisation and is used by regulators, such as the CQC and commissioners. The Trust's ambition to improve quality utilises the national in-patient survey results as a measure of progress and year on year improvement is set as one of the aims of the Quality Strategy with a drive to be in the top 20% of Trusts for all categories.

The CQC will use the results of the survey in regulation, monitoring and inspection of NHS Trusts in England. Survey data will be used in CQCs Insight, which provides inspectors with an assessment of performance in areas of care within NHS Trusts that need to be followed up. Survey data will also be used to support future CQC inspections.

## 2. Methodology

The Trust utilised the Picker Institute to undertake the survey. The scores collated are returned to the CQC who statistically standardise the results to provide a system where the results of every acute hospital can be compared despite their location or variations in patient factors e.g. age, ethnicity, levels of deprivation.

In 2020, the survey underwent several significant methodology changes:

- The survey mode changed from paper only to mixed mode (ie paper and electronic format). At the start of fieldwork, patients were only offered the option to complete the survey online, and later in fieldwork were provided with a paper questionnaire.
- The online survey was available in nine non-English languages and included accessibility settings.
- The sampling month changed from July to November 2020.
- Patients were sent reminders to complete via SMS as well as post.
- The questionnaire was re-evaluated to reduce its length and ensure the content remained in line with current policy and practice.
- Materials such as letters and the multilanguage sheet were updated to reflect the new methodology.

The benchmark reports are calculated by converting responses to particular questions into scores. For each question in the survey, the individual responses are scored on a scale of 0 to 10, with 10 representing the best possible response. The survey itself covers the patients' pathway from source of admission to discharge.

In 2020 the CQC amended their analysis and reporting in an attempt to provide Trusts with more granular feedback from the survey. Previously all questions were banded as either 'better', 'about the same' or 'worse'.

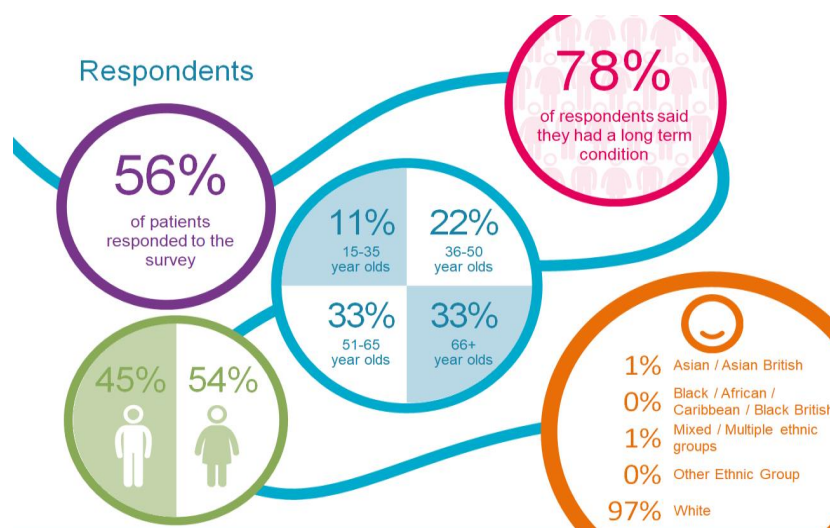
The CQC amended the benchmarking methodology to provide Trusts with more detailed results. The scores have been categorised into one of the seven bandings:



- Much better than expected
- Better than expected
- Somewhat better than expected
- About the same as expected
- Somewhat worse than expected

### 3. Survey Activity / Respondents

In 2020, 1250 patients were invited to take part, 683 questionnaires were completed, giving an overall response rate of 56% compared to 45% response rate for similar organisations. This was noted to be an improvement compared to the 50% response rate in the previous year.



### 4. Results

The results include a historical and external comparison (against the other organisations).

The survey is split into the following sections:

- Admission to Hospital
- The Hospital and Ward
- Doctors
- Nurses
- Your Care and Treatment
- Operations and Procedures
- Leaving Hospital
- Overall

#### Banding – Scores

##### Better

- The Trust was much better than most Trusts for 7 questions
- The Trust was better than most Trusts for 17 questions
- The Trust was somewhat better than most Trusts for 5 questions

##### Same

- The Trust was about the same as other Trusts for 16 questions

##### Worse

- **The Trust was not worse, somewhat worse or much worse than most Trust's in any part of the survey**

## 4.1 Tables of Results

The Trust's scores have significantly improved compared to those in 2019.

- ✓ **92% Rated overall experience as 7/10 or more**
- ✓ **99% of patients treated with respect and dignity overall**
- ✓ **99% of patients had confidence and trust in the doctors and nurses**

The banding displayed in the column with the header '2020 band' in the tables below, are based on an analysis technique called the 'expected range'. It determines the range in which the Trust score fell without differing significantly from the average score of all Trusts taking part in the survey. This highlights where the results are *Better*, *Much Better* or *Somewhat Better* and if the results remain 'about the same', the column is empty.

### Tables of results

Table 1: Admission to hospital

Question	Respondents	2020 Score	2020 Band
Q2. How did you feel about the length of time you were on the waiting list before your admission to hospital?	380	7.4	
Q3. How long do you feel you had to wait to get to a bed on a ward after you arrived at the hospital?	647	9.1	Much better

Table 2: The hospital and ward

Question	Respondents	2020 Score	2020 Band
Q4A. There were restrictions on visitors in hospital during the coronavirus (COVID-19) pandemic. Were you able to keep in touch with your family and friends during your stay?	612	8.5	Better
Q5.1. Were you ever prevented from sleeping at night by noise from other patients?	625	6.1	
Q5.2. Were you ever prevented from sleeping at night by noise from staff?	625	8.3	
Q5.4. Were you ever prevented from sleeping at night by hospital lighting?	625	8.9	Much better
Q7. Did the hospital staff explain the reasons for changing wards during the night in a way you could understand?	36	7.4	
Q8. How clean was the hospital room or ward that you were in?	674	9.7	Better
Q9. Did you get enough help from staff to wash or keep yourself clean	498	9.2	Better
Q10. If you brought medication with you to hospital, were you able to take it when you needed to?	427	8.3	
Q11. Were you offered food that met any dietary requirements you had?	365	9.2	Better
Q12. How would you rate the hospital food?	660	8.0	Better
Q13. Did you get enough help from staff to eat your meals?	170	8.1	
Q14. During your time in hospital, did you get enough to drink?	653	9.8	Much better

Table 3: Doctors

Question	Respondents	2020 Score	2020 Band
Q15. When you asked doctors questions, did you get answers you could understand?	642	9.1	Somewhat better
Q16. Did you have confidence and trust in the doctors treating you?	676	9.6	Better
Q17. When doctors spoke about your care in front of you, were you included in the conversation?	673	8.8	

Table 4: Nurses

Question	Respondents	2020 Score	2020 Band
Q18. When you asked nurses questions, did you get answers you could understand?	655	9.3	Somewhat better
Q19. Did you have confidence and trust in the nurses treating you?	675	9.5	Better
Q20. When nurses spoke about your care in front of you, were you included in the conversation?	669	9.0	
Q21. In your opinion, were there enough nurses on duty to care for you in hospital?	677	8.4	Somewhat better

Table 5: Your care and treatment

Question	Respondents	2020 Score	2020 Band
Q22. Thinking about your care and treatment, were you told something by a member of staff that was different to what you had been told by another member of staff?	607	8.5	Better
Q23. To what extent did staff looking after you involve you in decisions about your care and treatment?	656	7.9	Better
Q24. How much information about your condition or treatment was given to you?	665	9.4	Much better
Q25. Did you feel able to talk to members of hospital staff about your worries and fears?	598	8.3	Somewhat better
Q26. Were you able to discuss your condition or treatment with hospital staff without being overheard?	619	6.9	
Q27. Were you given enough privacy when being examined or treated?	674	9.7	Better
Q28. Do you think the hospital staff did everything they could to help control your pain?	618	9.3	Better
Q29. Were you able to get a member of staff to help you when you needed attention?	635	9.0	Better

Table 6: Operations and procedures

Question	Respondents	2020 Score	2020 Band
Q31. Beforehand, how well did hospital staff answer your questions about the operations or procedures?	519	9.3	Somewhat better
Q32. Beforehand, how well did hospital staff explain how you might feel after you had the operations or procedures?	553	7.7	
Q33. After the operations or procedures, how well did hospital staff explain how the operation or procedure had gone?	564	8.4	

Table 7: Leaving hospital

Question	Respondents	2020 Score	2020 Band
Q34. To what extent did staff involve you in decisions about you leaving hospital?	668	7.9	Better
Q35. To what extent did hospital staff take your family or home situation into account when planning for you to leave hospital?	545	8.3	Much better
Q36. Did hospital staff discuss with you whether you would need any additional equipment in your home, or any changes to your home, after leaving the hospital?	250	8.6	
Q37. Were you given enough notice about when you were going to leave hospital?	678	8.1	Much better
Q38. Before you left hospital, were you given any written information about what you should or should not do after leaving hospital?	629	8.2	Better
Q39. Thinking about any medicine you were to take at home, were you given any of the following [information about medicines]?	466	5.0	
Q40. Before you left hospital, did you know what would happen next with your care?	652	7.1	
Q41. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	637	8.9	Better
Q42. Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?	378	8.4	
Q44. After leaving hospital, did you get enough support from health or social care services to help you recover or manage your condition?	380	6.9	

Table 8: Respect and dignity

Question	Respondents	2020 Score	2020 Band
Q45. Overall, did you feel you were treated with respect and dignity while you were in the hospital?	675	9.6	Better

Table 9: Overall experience

Question	Respondents	2020 Score	2020 Band
Q46. Overall, how was your experience while you were in the hospital?	675	9.0	Much better

Table 10: Feedback on quality of care

Question	Respondents	2020 Score	2020 Band
Q47. During your hospital stay, were you ever asked to give your views on the quality of your care?	540	2.2	Better

Table 11: Section Scores

Section	2020 Score	Band
Section 1. Admission to hospital	8.2	
Section 2. The hospital and ward	8.5	Better
Section 3. Doctors	9.2	Somewhat better
Section 4. Nurses	9.1	Better
Section 5. Care and treatment	8.6	Better
Section 6. Operations and procedures	8.5	
Section 7. Leaving hospital	7.7	Better
Section 8. Respect and dignity	2.2	Better
Section 9. Overall experience	9.6	Better
Section 10. Feedback on quality of care	9.0	Much better

These results are the best The Walton Centre has ever received for the inpatient survey thus demonstrating the positive impact of the many Trust initiatives that have been implemented in the last few years including:

- ✓ Patient & Family Centred Care (PFCC)
- ✓ A3 Service Improvement Projects for e.g. Patient Flow, Discharge
- ✓ Action plans following engagement and feedback from Healthwatch
- ✓ Open-visiting (although suspended in line with covid-19)
- ✓ Patient & Family Stories
- ✓ Pride course / Building Rapport
- ✓ Matrons and Patient Experience Rounds (although suspended in line with covid-19)
- ✓ Discharge improvement work
- ✓ Daily Trust safety huddle

The above, together with the commitment, passion and drive from our staff, have provided our patients with a positive experience and a high quality standard of care and treatment. This is a great testament to the leadership and staff at The Walton Centre.

## 5. What our patients told us

Was there anything particular good about your hospital care?

'All staff were very aware of Covid and were meticulous in all areas of care and *cleanliness*.  
*Excellent*'

'All the staff from surgeon's to nurses to HCAs, went above and beyond to help myself and the other patients in our little ward. I and others were treated with the upmost care and dignity we were all respectful of each other.'

'Everyone was so welcoming. I was seen to very quickly from diagnosis to operation and I couldn't be happier with the results. Absolutely amazing team at the Walton centre from the surgeons and their team to the nurses. Nothing was ever too much for anybody, compassionate and listened to you. Overall, they were very thorough with everything and I am very grateful.'

'All the staff were very professional, showed a huge amount of kindness and care during my stay. I felt the staff couldn't do enough for me; they were so personable at all times. The consultant came up on the ward straight after the procedure to tell me it had gone very well and I would be monitored closely in the future. This was so reassuring for me and greatly helped in my speedy recovery. I had such a positive experience that I have absolutely  
'Excellent care as always - I had a very good experience' 'everything about my care was first class'

'PROBABLY THE BEST EXPERIENCE I HAVE HAD IN HOSPITAL'

'Nothing is too much trouble for the staff here; each and every one of them is to be commended for their professional manner.'

'Good care from Nurses when short of staff. Rooms kept clean thank you to all staff & domestics.'

'I was admitted as an emergency into Aintree and transferred to the Walton centre through the night. From the minute I arrived I felt they fully understood my emergency. And even when the emergency scans, were so busy that I had to wait an extra day. I felt they did their best keep me informed about what was going to happen to me. The nursing staff were very busy at all times but I did think they tried their best to keep a good eye on all of the patients.'

I received excellent care at Walton Hospital. I have never been in hospital or had an operation so I was a bit apprehensive but it was unfounded as I was well looked after and would never feel worried again.

The nurses were really kind and very attentive! They made me feel calm when I felt overwhelmed and were just all round lovely!

'I was diagnosed in Aintree A&E with compression of my spinal cord I was rushed to the Walton Centre, I felt in safe hands even though I was in a lot of pain and distress. The staff who admitted me made me feel very comfortable, and the first registrar who talked to me about my operation was very patient and informed me about the procedure and what to expect. It was an anxious time since none of my family could be with me due to COVID however the ward was very calm and serene which made me feel less anxious.'

'Since 2015 I've been visiting The Walton Centre Having numerous operations. In sept 2020 I was patient for day during pandemic I felt extremely safe The staff on Caton were 100% helpful Respectful etc Nothing was too much And because of this I have left legacy in my Will to the spinal unit.'

'Particularly difficult to go through a Brain operation with no family allowed to visit (due to Covid19)... but I have to say, the Staff at the Walton Centre are outstanding, friendly, helpful, and caring... Thank you so much

Without exception all the members of the team I encountered were caring and completely professional at all times. I received excellent care

'Walton Centre are under pressure like all other hospitals but the nurses and staff are so caring it is amazing how they rise above the lack of staff issue, the rising infection rates and the lack of support. I consider the care of the consultants, doctors and nurses to be proficient, dignified and high quality. They are putting the patient first all the time. Cooks, Cleaners, HCAs are all excellent and very important as well, without these members of staff the hospital will not be able to run efficiently.'

More staff- just to give other nurses a bit of a rest

You need more nurses on the wards please

Noise at night but this was when new patients came in

Aftercare – after leaving hospital

Nurses understaffed & stretched

Some consultants/surgeons did appear to have the tendency to just disappear and discuss things about others without actually talking to you as the patient, then they disappears again. This made me feel slightly not included or they did not want my opinion. Other care was good

I was not informed on progress as much as I thought I should have been but raised a concern and this was

No, Thank you 😊

Meals for vegetarians – more choice please

*Communication with families*

*Lack of nursing staff on ward meant care was not consistently high. Lack of empathy for*

I don't think so...

More staff and pay for you all

I found the ward very noisy & I had difficulty sleeping

Absolutely not coming from The Midlands I was very impressed with my treatment.

Felt a little awkward after op. BP had been low all night. I was dizzy & asked for help to get the shower running. I was in pain. I informed complaints team. They quickly solved the problem.

*Food options: a ketogenic diet is known to help control a large number of health problems, with evidence to back this. I would like to have this option readily available.*

Consultants should introduce themselves

More food choices please, the choices were limited, especially if you are in a long time – everything else was fab.

Communication with family members who were not able to visit due to covid restrictions was poor. Waiting a number of days for updates on condition and treatment.

All in all it was pretty good - nice staff, food OK and excellent treatment

From my personal experience – change nothing

I could say private rooms for all patients, but perhaps I'm being a bit too picky.

No, Walton is the beacon of good practice from a nurse of 45 years

I could not have asked for better treatment than I received from the nurses and other staff e.g. cleaners, psychology rehab and other

## **6. Improvements Identified**

Whilst the results from the survey are better than other Trusts for 27 questions, for 15 questions we remain the same as other Trusts although this is an improvement from 33 in 2019. Further improvement can be made to better this score and to go from good to great and we will be able to shape our services to achieve this.

We recognise, however, that the Trust strives to continually improve the patient experience and details of how will achieve this is detailed in the improvement plan.

## **7. Summary**

This report brings together the outcomes from the CQC inpatient survey of our patient's experiences of care and treatment in our Trust. The results are very good considering this was the most difficult year for the NHS; however, we recognise that there is always room for improvement to the care we deliver to every patient.

Our vision in the Trust is Excellence in Neuroscience and we acknowledge that we will only achieve this by truly placing the quality, safety and experience of our patients and families at the heart of what we do. Our approach to care recognises each patient as part of a wider group, including families, friends and carers and we embrace this with our patient and family centred approach to care.

During 2021/22 and beyond we will continue to build on this work to ensure we are working together with patients and their families as equal partners in care, in line with The Walton Way.

The attached improvement plan in Appendix 1 outlines the actions we can take to progress and improve the experience of patients in areas where our scores/banding have remained the same, demonstrating that we are committed to continual improvement.

## **8. Recommendations**

The Council of Governors:

- receive the report noting the significant improvement in the results of the survey
- be assured that the Trust actively engages with patients and their families / carers under our care
- be assured that the Trust continues to learn from feedback to continually improve how care is delivered
- note and agree the improvement plan attached which will be progressed via the Senior Nurse Team Meeting



KEY CODE	Not Achieved	To Commence	Partially Achieved	Achieved	
<b>Areas for Improvement</b>	<b>Actions</b>			<b>Lead</b>	<b>Due Date</b>
<b>Admission to Hospital</b> Length of time waiting for admission	<ul style="list-style-type: none"> <li>➤ By continuing to work towards the Trust's recovery plan in line with the roadmap will improve waiting times for patients. Continually monitored at Board Level.</li> </ul>			Deputy Director of Operations	April 2022
<b>Hospital and Ward</b>	<ul style="list-style-type: none"> <li>➤ Awareness raised via Ward Manager Meetings/Learning &amp; Sharing (Professional Nurse Forum) November 2021</li> <li>➤ Chief Nurse walkabout at night monitoring noise on wards and to be progressed by Senior Nursing Team</li> <li>➤ Improved communication and clarity to be provided to patients during ward moves – via Ward Manager Meetings/Learning &amp; Sharing (Professional Nurse Forum) November 2021</li> <li>➤ Improved clarity to patients during admission to explain who is eligible to undertake own medication during admission – via Ward Managers Meetings/Learning &amp; Sharing (Professional Nurse Forum) November 2021</li> <li>➤ Patients to be offered support where required during mealtimes. Introduction of mealtime support volunteers in line with covid restrictions– via Ward Managers Meetings/Learning &amp; Sharing (Professional Nurse Forum) November 2021</li> </ul>			Divisional Heads of Nursing / Matrons  Chief Nurse  Divisional Heads of Nursing / Matrons  Divisional Heads of Nursing / Matrons /Patient Experience  Divisional Heads of Nursing / Matrons	November 2021  Complete  November 2021  November 2021  November 2021
<b>Doctors &amp; Nurses</b> Included patients in conversation when speaking in front of them	<ul style="list-style-type: none"> <li>➤ Awareness raising to consultants and junior medical staff &amp; nursing staff</li> <li>➤ Shadowing of ward rounds</li> </ul>			Medical Director/ Chief Nurse Divisional Nurse Directors/ Matrons	November 2021
<b>Care and Treatment</b> Patients being able to hold discussions without being overheard	<ul style="list-style-type: none"> <li>➤ Improved communication and clarity to be provided to patients– via Ward Manager Meetings/Learning &amp; Sharing (Professional Nurse Forum) November 2021</li> </ul>			Medical Director/ Divisional Nurse Directors/ Matrons	November 2021
<b>Operations and Procedures</b> Explained how well patient may feel following procedure	<ul style="list-style-type: none"> <li>➤ Improved communication and clarity to be provided to patients from clinicians/specialist nurses – via Ward Manager Meetings/Learning &amp; Sharing (Professional Nurse Forum)</li> </ul>			Divisional Heads of Nursing / Matrons	November 2021

Areas for Improvement	Actions	Lead	Due Date
<p><b><u>Leaving Hospital</u></b>  Staff discussed need for additional equipment/home adaption after discharge</p> <p>Provided with enough support from health or social care and informed what would happen next about care</p>	<ul style="list-style-type: none"> <li>➤ Therapies staff to reiterate and clarify if any additional equipment will be required following discharge.</li> <li>➤ Improve discharge chat/process to provide more detailed information/signposting if required.</li> </ul>	<p>Therapies Lead/ Ward staff</p> <p>Divisional Nurse Directors/Matrons/ Therapies Leads</p>	<p>November 2021</p> <p>November 2021</p>



**Report to the Council of Governors**  
**Date: 9 December 2021**

<b>Title</b>	<b>Senior Independent Director</b>
<b>Sponsoring Director</b>	Seth Crofts Acting Chair
<b>Author (s)</b>	Katharine Dowson Corporate Secretary
<b>Previously considered by:</b>	n/a
<b>Executive Summary</b>	The purpose of this report is to approve the appointment of a new Senior Independent Director
<b>Related Trust Ambitions</b>	<ul style="list-style-type: none"> <li>• Best practice care</li> <li>• Be recognised as excellent in all we do</li> </ul>
<b>Risks associated with this paper</b>	None
<b>Related Assurance Framework entries</b>	All
<b>Equality Impact Assessment completed</b>	n/a
<b>Any associated legal implications / regulatory requirements?</b>	No
<b>Action required by the Council of Governors</b>	The Council of Governors is recommended to: <ul style="list-style-type: none"> <li>• Approve the appointment of an interim Senior Independent Director.</li> </ul>

## 1.0 Introduction

1.1 The purpose of this report is to seek approval to appoint a Senior Independent Director.

## 2.0 Background

2.1 Following the confirmation of the Deputy Chair into the Acting Chair role, the other roles held by the Deputy Chair needed to be considered, to ensure that the principles of good corporate governance were still being applied. The Deputy Chair also held the role of Senior independent Director which is a role to provide support to the Chair and also act as an alternative point of contact for Governors and other Directors when required. Therefore it is best practice to appoint another Non-Executive Director into this role.

2.2 The NHS Foundation Trust Code of Governance provides the following guidance

*A.4.1. In consultation with the council of governors, the board should appoint one of the independent non-executive directors to be the senior independent director to provide a sounding board for the chairperson and to serve as an intermediary for the other directors when necessary. The senior independent director should be available to governors if they have concerns that contact through the normal channels of chairperson, chief executive, finance director or trust secretary has failed to resolve, or for which such contact is inappropriate. The senior independent director could be the deputy chairperson.<sup>1</sup>*

## 3.0 Current Position

3.1 The Acting Chair has recommended that Su Rai should take this position on an interim basis until a new Chair is in post when all Non-Executive Director roles and responsibilities would be reviewed. Su is the longest standing and most experienced Non-Executive Director who is coming to the end of her first term. Su is Chair of the Audit Committee and the Charity Committees and has performed well in her role at the Trust.

## 4.0 Recommendation

4.1 The Council of Governors is recommended to:

- Appoint Su Rai as Senior Independent Director until a new Chair has been appointed.

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<sup>1</sup> [NHS Foundation Trust Code of Governance July 2014](#)



**Report to the Council of Governors**  
**Date: 9 December 2021**

<b>Title</b>	<b>Lead Governor</b>
<b>Sponsoring Director</b>	Seth Crofts Acting Chair
<b>Author (s)</b>	Katharine Dowson Corporate Secretary
<b>Previously considered by:</b>	n/a
<b>Executive Summary</b>	
The purpose of this report is to approve the appointment of a new Lead Governor	
<b>Related Trust Ambitions</b>	<ul style="list-style-type: none"> <li>• Best practice care</li> <li>• Be recognised as excellent in all we do</li> </ul>
<b>Risks associated with this paper</b>	None
<b>Related Assurance Framework entries</b>	All
<b>Equality Impact Assessment completed</b>	n/a
<b>Any associated legal implications / regulatory requirements?</b>	No
<b>Action required by the Council of Governors</b>	The Council of Governors is recommended to: <ul style="list-style-type: none"> <li>• Approve the appointment of the Lead Governor for a period of 12 months</li> </ul>

## **1.0 Introduction**

1.1 The purpose of this report is to seek approval to appoint to the Lead Governor position.

## **2.0 Background**

2.1 The role of Lead Governor is a recommended, although not mandatory, role for Foundation Trusts as set out in the Statutory Duties for Governors.<sup>1</sup> The details of the role are set out in the Lead Governor Role Specification (Appendix A).

## **3.0 Current Position**

3.1 Barbara Strong has been in the role of Lead Governor since January 2019 and therefore, as the Trust Constitution states that the term of office should be two years, her term of office is due to finish in January 2022.

3.2 The Trust Constitution also states that the Lead Governor should be chosen from the public Governors only and that any candidates should have been a Governor at The Walton Centre for at least twelve months to have an understanding of the role and of the Trust.

3.3 The role specification was revised as part of the process, as it had not been reviewed since 2016. Comments were sought from the Acting Chair and Lead Governor to ensure it remained fit for purpose. This was then circulated to all eligible Governors in November and they were invited to speak to the Corporate Secretary and submit expressions of interest for the role. The role description was also circulated to all Governors to advise them of the process in place.

3.4 Barbara had expressed her wish for others to have an opportunity to take on this role but advised that if there were no other expressions of interest received she would carry on with the role for a further twelve months only as she will be nearing the end of her final term of office as a Governor. Barbara has performed well in her role, despite the challenges of Covid during her term of office. As no other expressions were received it is recommended that Barbara Strong is appointed.

## **4.0 Recommendations**

4.1 The Council of Governors is recommended to:

- Approve the appointment of Barbara Strong as Lead Governor for a further twelve months to January 2023.

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<sup>1</sup> [Your Statutory Duties: A Reference Guide for NHS Foundation Trust Governors](#)

## Appendix A

### Lead Governor Role Specification

#### Background

1. *Your Statutory Duties*<sup>2</sup>, Monitor's reference guide for NHS Foundation Trust governors sets out the role of the Lead Governor as follows:

*'Monitor<sup>3</sup> did not intend the person holding this role to "lead" the council of governors or assume greater power or responsibility than other governors. We recognise that many NHS foundation trusts have broadened the original intention of this role and given greater responsibility or power to their lead governor. We continue to require only that the lead governor act as a point of contact between Monitor and the council when needed. Directors and governors alike should always remember that the council of governors as a whole has responsibilities and powers in statute, and not individual governors.'*

2. Communication, in the normal course of business, from NHS Improvement and NHS England (NHSIE) to Governors, continues to be disseminated by the Corporate Secretary.
3. However the Lead Governor would liaise between NHSIE Monitor and the Council of Governors where, for example, there were concerns about the leadership or processes in the Trust, such as concerns about the appointment or removal of the Chair.

#### Duties and Responsibilities

- Act as the point of contact for NHSIE, on behalf of the Council of Governors, in circumstances where it would be inappropriate for NHSIE to contact the Chairman (or vice versa)
- Undertake the role of Deputy Chairman of the Council of Governors in exceptional circumstances when it is not appropriate for the Chairman or another Non-Executive Director to do so
- Act as the point of contact between the Council of Governors and the Trust and represent the Council of Governors at Trust or other events, as appropriate
- Meet routinely with the Chairman of the Board of Directors and the Corporate Secretary to discuss the agenda for Council of Governor meetings
- Collate Governors' input for the Senior Independent Director and Chairman, as required regarding annual performance appraisals of the Chairman and Non-Executive Directors respectively
- Meet with members of the Council of Governors at least once a year, without the Chairman being present
- Act as co-ordinator of Governor responses to consultations
- Attend interviews/ focus groups for Care Quality Commission inspections and visits
- Chair the Council of Governor's pre-meeting and any informal meetings of the Governors
- Be a member of the Nominations Committee

<sup>2</sup> [Governors Guide Statutory Duties Nov 2013pdf](#)

<sup>3</sup> Monitor is now part of NHS England and NHS Improvement

## The Walton Centre NHS Foundation Trust

- Attend meetings as required
- Contribute to the induction and training of Governors/NEDs
- Work with individual Governors who need advice or support to fulfil their role as a Governor
- Contribute to the election process to ensure that terms of office are identified at the beginning of the process
- Support arrangements to ensure that the Council of Governors is represented at external events, i.e. NHS Providers, Governwell
- Report to the Council of Governors as Lead Governor on the work of the Council

### Person Specification

4. In order to be able to fulfil this role effectively, the Lead Governor will:
- Have served as a Public Governor of The Walton Centre for at least one year
  - Have the confidence of Governor colleagues and of members of the Board of Directors
  - Have the ability to influence
  - Be able to present well-reasoned argument
  - Be committed to the success of the Foundation Trust
  - Be able to commit the time necessary
  - Be able to motivate the Council of Governors with inspirational leadership qualities in order that the Governors all play their part in promoting the values of the Trust into the community
  - Be committed to the Walton Values
  - Have an understanding of The Walton Centre Constitution
  - Work with integrity in accordance with the Nolan Principles.
  - Be proactive and not just reactive.

### Lead Governor Term of Office

5. The Lead Governor will be appointed for a fixed term of two years or until their term of office ends, whichever is the sooner.

### Deputy Lead Governor

6. A Deputy Lead Governor may be appointed to meet the demands of the increasing level of responsibility.

November 2021



## Key Issues Report

<b>Report Date:</b> 07/10/21		<b>Report of:</b> Business Performance Committee
<b>Date of last meeting:</b> 28/09/21		<b>Membership Numbers:</b> Quorate
1.	<b>Agenda</b>	<p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> <li>• Elective Recovery Fund (ERF) Thresholds update</li> <li>• Integrated Performance Report</li> <li>• Transformation &amp; QIP Exception Report</li> <li>• Digital Aspirant Programme Financial Plan 2021-22</li> <li>• Digital Aspirant Business Cases</li> <li>• Communication, Marketing &amp; Commercial Update</li> <li>• Winter Plan</li> <li>• Terms of Reference – People Group and Transformation Board</li> <li>• Chair's Reports from 5 Sub committees</li> </ul>
2.	<b>Alert</b>	<ul style="list-style-type: none"> <li>• The Committee reviewed the Integrated Performance Report, which detailed performance in August 2021, and noted that performance for Elective activity in month had been just 66.03% against the target of 95%. The Committee was advised that the deterioration in performance was associated with staffing levels in Theatres due to a combination of annual leave and sickness absences. The Interim Chief Operating Officer (COO) briefed the Committee on actions taken to improve performance which included daily performance meetings and the setting of stretch targets. The Interim COO advised that there had been a significant improvement in performance in September 2021 with performance of circa 81% at the date of the meeting. Board members should note the consequent impact on income from the Elective Recovery Fund as a result of this under-performance.</li> <li>• On a more positive note, the Committee noted excellent performance against the Diagnostic 6-week Standard with zero breaches in month and consequent 0% performance against the 1% target. The Trust also achieved 100% performance in August 2021 against each of the four Cancer Standards.</li> </ul>
3.	<b>Assurance</b>	<ul style="list-style-type: none"> <li>• Mr B Davies, Service Improvement &amp; Transformation Lead, joined the meeting to report progress with the Transformation projects and the Trust's Quality Improvement Programme (QIP). The Committee took positive assurance from the report with projects related to Patient Flow, Outpatients and E-roster roll out</li> </ul>

		<p>all currently Green-rated. The Committee also noted that the Trust was expected to achieve the H1 QIP target by 30 September 2021.</p> <ul style="list-style-type: none"> <li>• The Committee also took positive assurance from a report on progress against the Digital Aspirant Programme which was presented by Mr J Griffiths, Head of IM&amp;T. The Committee was advised that the overall confidence level of the Programme for the reporting period February – August 2021 was Green-rated, with each of the core elements also green-rated. In considering the report, the Committee noted the importance of effective procurement planning, in the context of a worldwide shortage of semi-conductor devices, and was assured by Mr Griffiths that plans were in place to mitigate this risk.</li> <li>• The Committee reviewed the 8 principal risks in the Board Assurance Framework (BAF) where BPC is identified as the Assurance Committee and endorsed the amendments to BAF entries proposed by the relevant Lead Executives. The Committee queried a proposed reduction in the risk score for Risk ID 002, which relates to operational performance, in the context of performance on elective activity and the Interim COO provided assurance that the reduction was justified given the controls in place and Trust performance in comparison with wider system performance. With regard to Risk ID 013, Financial Plan, the Committee was advised by the Chief Finance Officer that uncertainty around H2 planning requirements may necessitate an increase in the risk score for Quarter 3. The Committee agreed that this should be brought to the attention of the Board during consideration of the BAF on 7 October 2021.</li> </ul>
4.	<b>Advise</b>	<ul style="list-style-type: none"> <li>• The Committee considered and approved a number of Business Cases relating to the Digital Aspirant Programme. The Business Cases were: <ul style="list-style-type: none"> <li>○ Datacentre Replacement</li> <li>○ Main build LAN Upgrade</li> <li>○ Wireless Lan Upgrade</li> <li>○ Ward Hardware Refresh</li> <li>○ Bed Management Upgrade</li> <li>○ Clinical Locations Hardware Refresh</li> </ul> </li> </ul> <p>The value of all the above Business Cases were within the Committee's delegated financial limits and approval was subject to clarification of associated capital charges.</p> <ul style="list-style-type: none"> <li>• The Committee reviewed a Communications, Marketing and Commercial Update report which was presented by Dr A Rose, Head of Commercial Engagement &amp; Marketing, and Ms E Parr, Communications &amp; Marketing Manager. The Committee noted a range of positive developments in each of these areas and acknowledged the need for a Commercial Strategy and updated Communications &amp; Engagement Strategy to be developed as work on the refresh of the Trust Strategy is progressed.</li> </ul>

		<ul style="list-style-type: none"> <li>• The Committee reviewed a report from the Interim COO which provided an overview of the Trust's Winter Plan 2021/22 and detailed arrangements in relation to; Influenza / Covid-19 vaccination programmes, Managing Capacity &amp; Demand and Escalation Plans. The Committee noted the likelihood of the Trust's participation in mutual aid support through the Critical Care Network and Rapid Access to Neurology Assessment (RANA) programmes. The Trust's internal Winter Plan will contribute to the system winter plan which is coordinated by the North Merseyside &amp; Southport A&amp;E Delivery Board.</li> <li>• The Committee reviewed a report detailing compliance against the Emergency Planning Resilience &amp; Response (EPRR) Core Standards in advance of submission for regional review on 1 October 2021. While the report identified a non-compliant position against 1 of the 38 standards, the Committee was advised by the Interim COO that the non-compliant position had been addressed subsequent to preparation of the report. The final Statement of Compliance will be presented to the Board of Directors for approval on 4 November 2021.</li> <li>• The Committee reviewed and approved Terms of Reference for the People Group and the Transformation Programme Board.</li> </ul>		
5.	Risks Identified			
6.	Report Compiled by	David Topliffe Non-Executive Director	Minutes available from:	Corporate Secretary

# Key Issues Report

<b>Report Date:</b> 04/11/21		<b>Report of:</b> Business Performance Committee
<b>Date of last meeting:</b> 26/10/21		<b>Membership Numbers:</b> Quorate
1.	<b>Agenda</b>	<p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> <li>• Finance &amp; Procurement Delivery Update</li> <li>• Integrated Performance Report</li> <li>• Transformation &amp; QIP Monthly Exception Report</li> <li>• Digital Aspirant Programme Financial Forecast 2021-22 &amp; Digital Aspirant Monthly update</li> <li>• Long Term Sickness</li> <li>• Sustainability Plan</li> <li>• Response to People Plan &amp; Annual Staff Survey</li> <li>• Five Year Capital Plan Update</li> <li>• 2021-22 Cycle of Business</li> <li>• Chair Reports from 7 subcommittees</li> <li>• H2 Draft Plan</li> </ul>
2.	<b>Alert</b>	<ul style="list-style-type: none"> <li>• Integrated Performance Report (IPR): Elective and Day Case activity continues to lag the recovery plan, totalling 83.78% for September. Under performance was mainly due to staffing shortages in theatres. Average Referral to Treatment (RTT) wait increased in September for the first time in 6 months although month-to-date indicates an improvement.</li> <li>• The vast majority of the year's larger-than normal capital spend, for both Digital Aspirant and other capital, is now phased into the latter part of the year. Delay in equipment availability (especially those involving semi-conductors) risks overrun beyond year end which could result in a loss of funding and impact next year's plans. A decision on the award of 'Project Jupiter' (Transcranial MR Guided Brain focussed ultrasound system, tcMRgFuS) would add clarity. Spend will need be managed closely including bringing forward projects planned for next year to avoid loss of funding</li> <li>• With regards to the Cycle of Business, it was noted that several 'sub-strategies which were due for update/review had been deferred to better align with the overall Trust Strategy review.</li> </ul>
	<b>Assurance</b>	<ul style="list-style-type: none"> <li>• IPR: Performance for cancer treatment standards, outpatient activity and 6 week diagnostic performance continue to be met against the recovery plan. The new text reminder service had improved the Outpatient DNA rates in the first month of</li> </ul>

		<p>implementation</p> <ul style="list-style-type: none"> <li>• Sickness has increased to 7%. The deep dive into the management of long-term sickness was reviewed with line-manager/professional support provided. Appraisal compliance remains below target and the Committee asked that this was addressed by the People Group with a view to devising an action plan</li> <li>• H1 21/22 (April – September 2021) ended with a break-even position for income and expenditure as per plan. QIP schemes also achieved plan, albeit non-recurrently. However achieving the higher target required in H2 (October – March 2022) will be challenging.</li> <li>• The Transformation Projects for outpatients, patient flow and e-roster are on track but projects for theatres are delayed primarily due to staffing challenges</li> <li>• The Finance &amp; Procurement departments have made good progress against their strategic plans, despite challenges. Significant progress is being made on the Health Procurement Liverpool Procurement Hub for Specialist Trusts</li> <li>• Positive progress is being made against the implementation of the People Plan and actions from the staff survey. It was noted that implementation of the Carer's Passport has been delayed due to staff capacity</li> <li>• The Digital Aspirant project programme is on track and RAG rated green against central tracking. Some concerns regarding equipment availability were noted.</li> </ul>		
	<b>Advise</b>	<ul style="list-style-type: none"> <li>• The Trust has been short-listed for two, high profile, international Health &amp; Well-being awards through Investors in People and Engage Awards.</li> <li>• Following a meeting with the CEOs of LUHFT &amp; WCFT is expected that the Spinal Services will transfer formally to WCFT from 1<sup>st</sup> December 2021.</li> <li>• The Finance Department suffered a 25% loss of staff over recent months, mainly via progression opportunities to other Trusts. Interview exits were conducted and no concerns were raised. A new revenue neutral organisational structure has been agreed. Recruitment will emphasise Walton as an employer of choice, highlighting development opportunities and other non-cash benefits.</li> <li>• A 5 year capital plan, largely based on replacement of assets (such as scanners) and risk registers suggests sustained shortfalls against likely capital allocations.</li> <li>• The updated Terms of Reference for the Capital Management Group were approved by the Committee.</li> <li>• The Committee commented on the Sustainability Plan which will be brought to Board in the coming months for approval by financial-year end.</li> <li>• Mr Burns outlined the first draft submission for H2 21/22 plan based on initial premises. Further revisions are likely through November in line with system reviews.</li> <li>• BPC Priorities remain unchanged: <ul style="list-style-type: none"> <li>• Short-Term: Recovery plan &amp; financial break-even this year</li> <li>• Medium Term: Transformation &amp; QIP programmes; People Plan Implementations; Digital Strategy Implementation.</li> </ul> </li> </ul>		
2.	Risks Identified	Achieving 21/22 capital plan		
3.	Report Compiled	David Topliffe, Non-Executive Director	Minutes available from:	Corporate Secretary

## Key Issues Report

<b>Report Date:</b> 07/10/21		<b>Report of:</b> Quality Committee
<b>Date of last meeting:</b> 23/09/32		<b>Membership Numbers:</b> Quorate
1.	<b>Agenda</b>	<p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> <li>• Patient Story</li> <li>• Medical Director's update</li> <li>• Integrated Performance Report</li> <li>• Quality &amp; Clinical Strategy Progress update</li> <li>• Visibility &amp; Walkabout Quarterly Report</li> <li>• PLACE Report Update</li> <li>• Quarterly Trust Risk Register</li> <li>• Complex Discharge Update</li> <li>• Spinal Cord Stimulation Update</li> <li>• Pharmacy Review on Critical Care</li> <li>• Board Assurance Framework</li> <li>• ACCP (Advanced Critical Care Practitioners) Presentation</li> <li>• Sub-Committees Chairs' reports</li> </ul>
2.	<b>Alert</b>	<ul style="list-style-type: none"> <li>• IPR – Ms Salter advised that there had been an incident of whistleblowing to the CQC on Chavasse Ward and that information has been shared with the CQC following engagement with ward staff. No further communication has been received from CQC. The Quality Committee discussed the importance of staff well-being and Ms Salter provided an update of the staff support mechanisms which are in place.</li> <li>• Ms Salter verified that the CQC are undertaking a proactive visit to the Trust on 30/09/21 as part of the IRMER review which looks at Ionising Radiation. The Radiology team have sent all the necessary paperwork that was requested and were commended for their rapid response.</li> </ul>
	<b>Assurance</b>	<ul style="list-style-type: none"> <li>• The Deputy Medical Director advised that the Cranial Neurosurgery GiRFT visit had taken place. The meeting was positive but no formal feedback has been received. It was noted that length of stay was the only area which was slightly higher than other trusts.</li> <li>• IPR – Mr Foy advised there were positive improvements in the RAMI data over the last 12 months.</li> <li>• Walkabouts have continued during Covid-19 with focussed discussions with staff teams on agile working, the impact of Covid 19. Education and updates regarding Lamp testing and vaccinations were also shared.</li> <li>• Pharmacy Review on Critical Care – Ms Riley advised that Pharmacy cover</li> </ul>

		<p>for ITC has increased but is not 24/7 cover. However following bench marking, this is in line with other organisations. It was noted that incidents have not increased and have reduced since the pharmacy cover was altered. Mr Lakhani confirmed he is satisfied with the service on ITU and expressed no concerns. The Quality Committee were happy to support this decision.</p> <ul style="list-style-type: none"> <li>Mr M Jennings, Advanced Critical Care Practitioner (ACCP) provided a comprehensive presentation explaining the role of ACCPs. The ACCPs support the medical staff establishments and are highly trained (MSC level &amp; specialist training). Significant work has been undertaken to ensure education is provided for the team. It is evident that the team are passionate about their work and that feedback from colleagues is positive.</li> </ul>		
	<b>Advise</b>	<ul style="list-style-type: none"> <li>IPR - Ms Salter noted that there had been a decrease in FFT scores. In some instances this arose from IT issues within Outpatients/virtual appointments with patients waiting for some time on-line for their appointment to start. Ms Abernethy is investigating the implementation of a virtual assistant to keep patients updated regarding wait times.</li> <li>IPR – Updates were provided with regards to nurse recruitment. It is envisaged that 40 international nurses will have taken up their places by the end of December. Recruitment and retention remains a focus for teams. It was noted that nurse bank fill rates were a challenge over the summer but teams ensured patient safety. Ms Martin &amp; Ms Fisher are undertaking work with NHSP with regards to fill rates and late cancellations.</li> <li>IPR – Ms Salter provided an update with regards to HCAI and the extensive work that has been put in place to mitigate further cases. A robust action plan is in place which is being monitored closely by Ms Martin and the IPC team. It was noted that HCAI are on the Board Assurance Framework (BAF) and will be included when the BAF is next presented to Quality Committee.</li> <li>Quality &amp; Clinical Strategy – Ms Salter advised that 3 priorities for each element are to be identified and taken to the Quality Committee in October for sign off whilst awaiting the Trust strategy to be written and ratified.</li> <li>PLACE report – the PLACE inspections were suspended last year due to Covid 19. A new process is being launched with regards to PLACE this year. In the meantime a PLACE 'lite' is being undertaken in the autumn.</li> </ul>		
2.	Risks Identified	<ul style="list-style-type: none"> <li>Trust Risk Register – New Risk 869 regarding Moving &amp; Handling. Ms Salter noted that a new Health &amp; Safety Manager is due to commence in post next week and that another Trust will support with Moving &amp; Handling in addition to the Health &amp; Safety Manager. Ms Salter met with Prof. Thakkar who raised concerns with regards to the lack of actions for this risk and was satisfied that the Trust were addressing the risks appropriately.</li> </ul>		
3.	Report Compiled by	Seth Crofts Non-Executive Director	Minutes available from:	Corporate Secretary

# Key Issues Report

<b>Report Date:</b> 04/11/21		<b>Report of:</b> Quality Committee
<b>Date of last meeting:</b> 21 October 2021		<b>Membership Numbers:</b> Quorate
1.	<b>Agenda</b>	<p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> <li>• Patient Story</li> <li>• Medical Director's update</li> <li>• Integrated Performance Report</li> <li>• Infection Prevention &amp; Control update</li> <li>• Quarterly Governance &amp; Risk Management Report</li> <li>• End of Life Care update</li> <li>• Quality &amp; Clinical Strategy progress update</li> <li>• Seizure management presentation (deferred)</li> <li>• Digital Strategy Update (deferred)</li> <li>• Local Cancer Patient Survey update</li> <li>• Quarterly Pharmacy KPI</li> <li>• Equality, Diversity &amp; Inclusion update</li> <li>• Pathology Quality Assurance Dashboard (PQAD)</li> <li>• In Patient Survey Results report</li> <li>• Quality Committee Cycle of Business</li> <li>• Sub-Committees Chairs' reports and minutes</li> </ul>
2.	<b>Alert</b>	<ul style="list-style-type: none"> <li>• The patient story centred on a patient who collapsed at home due to an aneurysm. The patient's husband is tetraplegic and the family felt there were elements of unconscious bias with references being made that the patient is her husband's carer when this is not the case. Risks for the family were identified and addressed. The Committee recognised the issues highlighted by this story and felt it should be shared with staff. Some actions have been noted.</li> <li>• The Medical Director advised there had been a never event in which medication had been administered via the incorrect route. The patient was unharmed and appropriate investigations are in progress. Duty of Candour was actioned.</li> <li>• The Committee noted the excellent results from the In-Patient Survey with WCFT moving up from 9<sup>th</sup> position to 8<sup>th</sup>. Work is on-going to continually improve the service.</li> </ul>
3	<b>Assurance</b>	<ul style="list-style-type: none"> <li>• The Medical Director advised that the CQC visit to Radiology with regards to Ionising Radiation on 30/09/21 was very successful with no areas for immediate improvement. It was also noted that the 24 hour/7day Thrombectomy service commenced in October and has been well received.</li> </ul>



		<ul style="list-style-type: none"> <li>The Committee received assurances from the Risk Team that significant work is underway to support staff with violence and aggression incidents. The Violence &amp; Aggression Strategy has been completed and will be presented to Trust Board. 100% of formal complaints received in Q2 were acknowledged within 3 working days and responded to within the negotiated timeframe meeting the Trust's KPIs. It was noted that a new risk pertaining to CPE has been added to the Governance Assurance Framework.</li> <li>The Chief Nurse presented the KPIs on behalf of the Pharmacy Team noting that the majority of KPIs are on track. There are some areas that are reduced due to staffing challenges. It is hoped that a representative from Pharmacy will be able to attend the next QC meeting.</li> <li>The Pathology Quality Assurance Dashboard was presented with assurances that the majority of areas are rag rated as green. Ms Hayes was unable to attend the meeting and has been asked to attend in November to provide an update with regards to the three areas RAG rated as red within Clinical Governance.</li> <li>The E, D&amp;I Lead provided an update of current workstreams noting that the Trust has joined a Race Equality Business Support Group, the SBAC meeting is scheduled for 08/11/21 with actions being progressed. Black History month was celebrated with an E, D &amp; I stand on the 1<sup>st</sup> floor. Advice was provided for colleagues on the covid vaccine. The need to relaunch disability work across the Trust was noted.</li> </ul>
4	<b>Advise</b>	<ul style="list-style-type: none"> <li>The Medical Director advised that meetings have taken place with LUHFT regarding the transfer of Spinal Services to WCFT.</li> <li>IPR – it was noted that nursing turnover has increased following a sustained period of improvement. Clarification of the recruitment and retention process was provided. A number of incidents within the Neurology Division remain open, however processes have been reviewed and incidents have been closed which will be reflected next month. The Divisional Nurse Director is pushing for Friends &amp; Family Tests to be completed within Neurosurgery. Concerns were raised that risk assessments are not being completed and work is being undertaken to improve compliance.</li> <li>The Committee received an update with regards to Infection, Prevention &amp; Control. There are concerns with regards to the increases in incidents of MSSA especially within ITU. One of the Consultant Anaesthetists is taking the lead for IPC within the department. It was verified that action plans for MSSA &amp; C. Difficile will be presented at the next IPCC meeting and actions are updated weekly. Hand hygiene is being closely monitored.</li> <li>As part of Local Cancer Patient Survey update, Ms Crofton provided an update on progress of actions to date. It was noted that the team had planned to revise the local survey in quarter three however The Brain Tumour Charity have developed patient and carer surveys which can be accessed via the BRIAN app and the charity website. Ms Crofton also highlighted that the Neuro Oncology team is preparing for The Tessa Jowell Brain Cancer Mission (TJBCM) Centre of Excellence designation virtual site visit on the 10<sup>th</sup> November to showcase the service.</li> <li>The Committee were advised that an SLA for EOL support from the Palliative</li> </ul>

		<p>Care Team has been embedded. The ToR for the EOL Group are to be reviewed. Bereavement services are to be reviewed post covid. Ms Crofton also shared a partial patient story which highlighted that visiting arrangements for patients at EOL had not been optimal. The Patient Experience Team will offer extra support to relatives who have a family member at the Trust who is at EOL.</p> <ul style="list-style-type: none"> <li>The Quality &amp; Clinical Strategy is to be reviewed at the November QC meeting.</li> </ul>		
5	<b>Risks Identified</b>	<p><b>Recommendations for Trust Board</b></p> <ul style="list-style-type: none"> <li>Visiting for EOL patients</li> </ul>		
6	<b>Report Compiled by</b>	Seth Crofts Non-Executive Director	Minutes available from:	Corporate Secretary

## Key Issues Report

<b>Report Date:</b> 4/11/21		<b>Report of:</b> Audit Committee
<b>Date of last meeting:</b> 19/10/21		<b>Membership Numbers:</b> Quorate
1.	<b>Agenda</b>	<p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> <li>• Internal Audit Progress Report</li> <li>• Internal Audit Recommendation Report</li> <li>• External Audit Progress Report</li> <li>• Aged Debt Report</li> <li>• Tender Waivers</li> <li>• External Visits Update Report</li> <li>• Register of Interests Report</li> <li>• Review of Standing Financial Instructions</li> <li>• Review of Scheme of Reservation and Delegation</li> <li>• Annual Cycle of Business</li> <li>• Divisional Assurance Frameworks</li> </ul>
2.	<b>Alert</b>	<ul style="list-style-type: none"> <li>• The Committee reviewed the External Audit Progress Report and was advised that the Value for Money (VFM) audit had been completed and delivered alongside the audit opinion. Planning and interim work would begin in January 2022 for the 2022/23 external audit and it was noted that audits would continue to be completed remotely where possible. It was also noted that Jon Roberts would be stepping back as the audit link for the Trust and the new audit link would be Sarah Ironmonger who would be introduced at the January 2022 meeting.</li> <li>• The Committee reviewed the aged debts report and noted that the highest proportion of aged debts related to Liverpool University Foundation Trust. The committee requested details regarding the amount of debt and narrative relating to this. It was highlighted that the majority of these debts related to agreements made at Divisional level within both Trusts and there were disputes on both sides that required resolution. Work was ongoing to resolve disputes and engage with Divisional teams to discuss how to proceed.</li> </ul>
	<b>Assurance</b>	<ul style="list-style-type: none"> <li>• The Committee considered the Internal Audit Progress Report and noted that no Audit Reports had been finalised since the last meeting on 20 July 2021. The following audits were noted to be in progress:</li> </ul>

		<ul style="list-style-type: none"> <li>○ Review of SMART (this audit would be completed during this quarter)</li> <li>○ Informatics Improvement Plan (the scope for this audit was still under review which may change the title of the audit)</li> <li>○ Procurement (the terms of reference for this audit had been signed off)</li> <li>○ Key Financial Controls (this audit would begin in November 2021)</li> </ul> <p>It was noted that there were no concerns relating to an audit opinion being provided.</p> <ul style="list-style-type: none"> <li>• The Committee reviewed the updated Standard Financial Controls and Scheme of Reservation and Delegation following a review of job titles and portfolios within the Executive Team to ensure job titles were correctly reflected and departments sat within the most suitable areas within the organisation.</li> </ul>		
	<b>Advise</b>	<ul style="list-style-type: none"> <li>• The Committee reviewed the register of interests and positive feedback was provided.</li> </ul>		
2.	Risks Identified	<ul style="list-style-type: none"> <li>• None</li> </ul>		
3.	Report Compiled by	Su Rai, Non-Executive Director	Minutes available from:	Corporate Secretary

## Key Issues Report

<b>Report Date:</b> 04/11/21		<b>Report of:</b> Walton Centre Charity Committee
<b>Date of last meeting:</b> 14/10/21		<b>Membership Numbers:</b> Quorate
1.	<b>Agenda</b>	<p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> <li>• Finance Report – including investment reports</li> <li>• Fundraising Activity update</li> <li>• T&amp; D Funding Applications &amp; 3 applications from WC Charity</li> <li>• Reserves Options Policy</li> <li>• Annual Investment Performance Analysis by Jagger &amp; Associates</li> <li>• Annual Report &amp; Accounts (final)</li> <li>• Independent Review Statement</li> <li>• Cycle of Business</li> </ul>
2.	<b>Alert</b>	<ul style="list-style-type: none"> <li>• The Committee was presented with a T&amp;D funding application for the 2<sup>nd</sup> Year of a Master's Programme for a member of staff within the Psychology Team. The application generated discussion as the applicant is not self-funding any proportion of the costs and 25% is being met by the department in lieu of unpaid hours. The Committee approved the application following discussion around:- <ul style="list-style-type: none"> <li>○ The Committee has already committed to the funding of the 1<sup>st</sup> year of the programme which carries an expectation of approval for the 2<sup>nd</sup> year</li> <li>○ To review and strengthen the Charity Policy with regards to T&amp; D applications to mitigate similar applications in the future.</li> </ul> </li> </ul>
3.	<b>Assurance</b>	<ul style="list-style-type: none"> <li>• The Head of Fundraising provided an update on Fundraising Activity, congratulating those who ran the virtual London Marathon for which the total raised currently stands at £6,000. The Christmas Appeal will focus on Home from Home and the planning for the Jan Fairclough Ball in November is progressing well. The Committee noted that focus is on smaller, achievable projects in view of the current climate due to the pandemic.</li> <li>• The Committee received the Annual Investment Performance Analysis by Jagger &amp; Associates which provided assurances that the performance of the two fund port folios (CCLA &amp; Ruffer) investment balances have increased from £1.06m in June 2020 to £1.20m in June 2021. In April 2022, the Committee will review whether Jagger services will be re-commissioned.</li> </ul>

4.	<b>Advise</b>	<ul style="list-style-type: none"> <li>• The Committee received the final annual report and accounts and welcomed the new format. The accounts had been audited by an independent auditor (Peter Taaffe from BWM) who reported that the accounts were well presented. Mr Taaffe advised he can support with the Reserves policy and provide guidance with regard to investments. The accounts will be presented to Trust Board for approval as recommended by the Committee. Once approved the accounts will be filed with the Charity Commission and published on the Charity Committee website.</li> <li>• The Committee received the Finance Report which showed that the fund had reduced from £1,693,498 at the start of the financial year to £1,605,225 as at 30 September 2021. This reduction was expected as a number of events for beginning 2021/22 were cancelled due to the on-going pandemic and there was less support from NHS Charities together. On a more positive note, both CCLA &amp; Ruffer Investments recorded increases in performance. CCLA investment increased by £6k from June to September with a valuation of £624k. CCLA will present to Committee in January 2022. Ruffer investment increased by £3,000 giving a valuation of £587k.</li> <li>• The Committee approved the following funding applications: <ul style="list-style-type: none"> <li>○ 9 applications from the Training &amp; Development for part funding towards staff professional development. Exception approval for one of the 9 applications as detailed in the alert section above.</li> <li>○ Furniture for Junior Doctor's Mess (6,945)</li> <li>○ Furniture for x 4 staff rooms (£7,176)</li> <li>○ Cycle Rack (£5,478)</li> </ul> <p>The latter 3 applications were formally ratified by the Committee as initial approval had been by email due to time constraints.</p> </li> <li>• The Committee reviewed the Reserves Policy Options and agreed that a further option would be presented at the next meeting in which the reserves would be reviewed on a 12 monthly basis to allow review of costs and commitments. This would also be linked to the Investment Strategy whereby reserves could be invested but also easily liquidated should the need arise.</li> <li>• Ms Fletcher advised that she has accepted an invitation to become a Trustee of separate charity, namely Barrie Wells Trust. There is no conflict of interest as this is not a fundraising charity and no financial remuneration is received.</li> <li>• The Committee conveyed their thanks to Prof. Thakkar for his contributions to the Charity Committee as this will be his last meeting prior to stepping down as Non-Executive Director in December 2021.</li> </ul>		
5.	Risks Identified	<ul style="list-style-type: none"> <li>• None.</li> </ul>		
6.	Report Compiled by	Su Rai Non-Executive Director	Minutes available from:	Corporate Secretary