



Council of Governors

Tuesday 2 June 2020

Agenda and Papers





**MEETING OF COUNCIL OF GOVERNORS
AGENDA
Tuesday 2nd June 2020
2pm**

**Virtual Meeting
(Link is via the outlook invitation)**

Ref	Time	Item	Owner	Purpose *	Questions or comments
STANDING ITEMS					
1	14.00	Minutes of the meeting held in January 2020	J Rosser	Approve (d)	
2	14.00	Declarations of Interests	J Rosser	N/A	
REPRESENTING MEMBERS INTERESTS					
3	14.05	Questions on notice received from the public and governors	J Rosser	Information	
4	14. 10	Lead Governors report	B Strong	Information (d)	
5	14.15	Chairs Report including proposal to extend the term of office of Mr S Crofts	J Rosser	Information (d)	
STRATEGY AND PERFORMANCE					
7	14.20	Chief Executive's Performance Report	H Citrine	Assurance (d)	
8	14.30	COVID-19 Update and Recovery Plan	J Ross	Assurance (d)	
9	14.45	Staff Survey Results – March 2020	M Gibney	Assurance (d)	
GOVERNANCE					
10	15.00	BPC Chair's Reports – Feb & May 2020	S Samuels	Assurance (d)	
11	15.05	Quality Committee Chair's Report January & May 2020	S Crofts	Assurance (d)	
12	15.10	Audit Committee Chair's Report - April 2020	S Rai	Assurance (d)	
13	15.15	RD&I Committee Chair's Report March 2020	S Crofts	Assurance (d)	
14	15.20	Register of Interests – Governors	J Hindle	Information d)	
14	15.25	COG Effectiveness Review	J Hindle	Information (d)	
15	15.35	Governor Elections	J Rosser	Decision (d)	
CLOSE OF MEETING					
16	15.40	Any other business and Close of meeting	Janet Rosser	N/A	

* v = verbal, d = document p = presentation

Please use this form to record your decision in support of the recommendations or proposals within the agenda item and ask any questions you may have and return at least 2 days before the scheduled meeting. Questions and answers will be circulated to all members.

* v = verbal, d = document p = presentation

UNCONFIRMED

Minutes of the Council of Governors Meeting

Thursday 13th January 2020

Board Room, Walton Centre

Present

Janet Rosser (Chair)

Governors

Alison	Astles	Ruth	Austen-Vincent
Colin	Cheesman (Lead Governor)	Jonathan	Desmond
William	Givens	Linda	Griffiths
Jan	Harrison	Melissa	Hubbard
John	Kitchen	Nanette	Mellor
Barbara	Strong	Stan	Winstanley

In Attendance

Seth	Crofts	Non-Executive Director
Su	Rai	Non-Executive Director
Mike	Burns	Director of Finance
Jan	Ross	Acting Chief Executive
Jane	Hindle	Corporate Secretary
Julie	Kane	Quality Manager
Mark	Foy	Head of Informatics and Business Intelligence
Lisa	Gurrell	Head of Patient Experience
Carol	Miller	Membership Manager/Corporate Governance Assistant (Minutes)

Apologies

Governors

Doreen	Brown	Nicola	Brown
Amanda	Chesterton	Peter	Clegg
Rich	Cottier	Rhys	Davies
Natalie	Dill	Cameron	Hill
Stella	Howard	Sharon	McLoughlin
Ella	Pereira	Chris	Sutton
Jan	Vaughan	Adrian	Wells

Sheila	Samuels	Non-Executive Director
Barbara	Spicer	Non-Executive Director
Nalin	Thakkar	Non-Executive Director

Hayley	Citrine	Chief Executive
Mike	Gibney	Director of Workforce and Innovation
Andy	Nicolson	Medical Director
Lisa	Salter	Director of Nursing and Governance

COG Apologies

38/19

Apologies were received and noted as above.

COG Welcome and Declaration of Interests:

39/19 The Chair welcomed all those at the meeting.

Declaration of Interests

None

COG Minutes of the meeting held on 19th September 2019 :

40/19 Action Tracker and Matters Arising

The minutes of the previous meeting were agreed as a true and accurate record.

Matters arising:

The following item was closed:

- COG 31/19 Lead Governor Report
- COG 32/19 Chairs Briefing
- COG 34/19 Trust Performance

Minutes of the Annual Members Meeting held on 19th September 2019 :

The minutes of this meeting were agreed as a true and accurate record.

COG Quality Account Priorities 2020/21

41/19 The Quality Manager introduced the proposed Quality priorities for 2020/21 and explained that the purpose of the priorities was to improve safety, experience and effectiveness and that they had been chosen by:

- all Heads of Departments,
- discussions with numerous personnel in order to understand what areas of improvement or support was required and
- information from incidents, concerns, complaints, compliments and survey results.

Governors were asked to select one from each of the following groups:

Patient Safety

- FOCUS (Free of Criticism for Universal Safety)
- Improve the number of staff trained in ILS (Immediate Life Support)
- Introduction of MITEL telephone system to help with patient access

Patient Experience

- Road to Recovery pathway for Welsh patients
- LASTLAP (Looking after staff to look after people)
- Outsourcing Mail

Clinically Effective

- HCA Apprenticeship Training
- Bespoke Spinal Module
- Multitom Rax 3D (Robotic Advanced X-Ray technology)

As part of the Quality Account review, Governors were also asked to vote for one 2019/20 indicator to be audited.

- Support religious beliefs and cultures within the Theatre Department
- Introduce in-house Master Neurosciences Training Module
- Contact patients requiring telemetry test prior to admission to reduce DNAs

The governors would be informed of the outcome of the votes at the next COG meeting.

Following the presentation the Governors asked if Sepsis identification was an issue for the Trust, if outsourcing mail would result in staff cuts and if the proposed MITEL telephone system would alleviate difficulties patients experienced with the Patient Advice Line.

The Acting Chief Executive was able to assure governors that difficulty in Sepsis identification was primarily an issue for organisations which had an Accident and Emergency Department and was not an issue for this Trust.

Outsourcing mail would not result in redundancies but would result in cost and efficiency savings. It would also ensure robust Information Governance and Data Protection compliance as any errors would be tracked as part of the Contract; the proposed company had a 0.001% error rate.

It was envisaged that the introduction of MITEL system would be used on the Patient Advice Line.

COG Patient Story

42/19 Due to apologies, the planned End of Life Care patient story would be presented at the next meeting in March 2020.

The Head of Patient Experience presented an account of a walk around she had conducted in her first week at the Trust and a patient she had met.

The 80 year old patient, had travelled from the Isle of Man for an early afternoon appointment following diagnosis of an aneurism.

She explained that she had taken an early morning flight and that her flight home was not until late afternoon. Upon arrival at the Trust she had been shown to a safe comfortable area to wait with her companion. She felt comfortable and particularly praised the receptionist who had tried to change her appointment time and flights. It had been a tiring day but she remained positive about the experience as the wait had given her the opportunity to talk to other patients and to observe how staff interacted with them. This had offered her assurance about attending the Walton Centre for treatment.

Following the presentation the governors asked if a more appropriate appointment time could have been given, if telephone or digital appointments could have been utilised and if overnight stays funded by the Walton Charity could be considered for patients travelling a distance for appointments.

The Acting Chief Executive explained that travel arrangements for Isle of Man patients were not arranged or funded by the Trust. Where practical telephone appointments were used but that this was reliant on the type of appointment required. The possibility of the Walton Charity funding overnight stays would be explored as well as the possibility of the Patient Access Centre reserving early appointment slots for long distance patients.

ACTION: The possibility of Walton Charity funding for overnight accommodation to be explored.

ACTION: The procedure for proactive appointment allocation to be explored

ACTION: The Digital Care Agenda to be added to the March COG Agenda

COG Lead Governor Report

43/19 The COG Steering Group had explored the possibility of using Skype for meetings but it was felt that conference telephone facilities had previously worked well when used and that there was no enthusiasm for Skype.

The lead governor, Colin Cheesman, reported that his term as Lead Governor would end at the conclusion of the meeting and that Barbara Strong would be taking over the role. Barbara Strong thanked Colin Cheesman for the work and enthusiasm he had brought to the role.

COG Chairs Briefing

44/19 The Chair apologised for the cancellation of the Council of Governors in December, which had been due to a delay in the publication of NHS Planning Guidance which informed the Annual Planning cycle. There would be an attempt made to synchronise Council of Governor meetings with the planning and business cycle.

The use of the Board room for future meeting was discussed and it was agreed that it was more conducive to discussion. The use of table microphones for meetings was discussed and presenters were to be encouraged to use microphones provided.

There had been 1 Public and 2 partnership Governor resignations since the last COG meeting. This had resulted in 6 partnership vacancies 3 of which had been long term. In order to ensure balance the composition of the Council of Governors would be reviewed and benchmarked with similar Trusts.

Chairs lunches would be organised for 2020/21 and governors would receive an invitation to attend.

It had been a challenging time for the Board, with long term sickness absence for the Chief Executive and the Director of Nursing and Governance. Plans had been put into place and had ensured short term stability.

The Chairs 3 years term of office was due to end in April 2020 and she expressed a wish to be considered for re-appointment. The Corporate Secretary would commence procedures for the Council of Governors to consider re-appointment.

The Trust Board receive updates on the wider healthcare system across Merseyside and Cheshire e.g. One Liverpool. The Chair asked if Governors would find this update helpful in allowing them to place the Trust strategies within the context of the wider NHS community. Governors were asked to contact the Chair with their views.

ACTION: The Chair would explore the feasibility of table Microphones for meetings.

ACTION: Governors to contact the Chair with views on Wider Healthcare community updates

COG Trust Forward Plan Update

45/19 The Acting Chief Executive informed governors that NHS Operational Planning and Contracting Guidance had not been published by NHS England. This had led to a delay to the Trusts forward planning as it was mapped against the guidance.

It was suggested that a smaller group be involved in the process and it was agreed that the COG Steering Group would be utilised.

ACTION: Forward Planning to be added to the COG Steering group agenda for February 2020

COG Performance Report

46/19 The Acting Chief Executive introduced the Governors to the reformatted Performance Report which was a work in progress. Governors were requested to send feedback on the new format.

Finance

- **Position at end of Quarter 2 2019/20**
 - At Q2 the Trust reported a YTD surplus of £1,594k against a plan of £1,586k, £8k above plan. As the Trust delivered the planned Q2 position it is able to receive £512k of Provider Sustainability Funding
 - The Trust achieved a Use of Resources rating of 1 at the end of Q2 (the lowest level of risk)
- **Position at end of Month 8 2019/20**

At month 8 the Trust's position was a surplus of £2,686k against a plan of £3,036k, a £350k shortfall

Safety

- **Position at end of Quarter 2 2019/20**
 - 3 RIDDOR incidents were reported to HSE in Q2 – all were staff related
 - A decrease in falls has been seen from 76 in Q1 to 66 in Q2
 - 1 Cat 4 Pressure Ulcer was reported in Q2
 - Q2 80 incidents which has increased from 734 in Q1 – the main reason relates to Safeguarding (13 in Q1 and 72 in Q2)

Quality

- **Position at end of Quarter 2 2019/20**
 - 0 patients in Q2 with Clostridium Difficile against an annual threshold of 8
 - No patients with a MRSA bloodstream infection (Last was Nov 2017)
- **Position at end of Month 8 2019/20**
 - 0 patients in month 8 with Clostridium Difficile
 - No patients with a MRSA bloodstream infection

Activity

- **Position at end of Quarter 2 2019/20**
 - Outpatient activity was below plan for new outpatient attendances by 623, (2.03%); but in comparison to Q2 2018/2019, this represents 5 fewer attendances (0.17% decrease).
 - The Trust treated fewer inpatients in Q2 2019/20 against plan by 7.85%.
- **Position at end of Month 8 2019/20**
 - Outpatient activity, new patients 3831; with follow ups at 7669
 - Inpatient activity- elective 229, non elective 162
 - Non Elective – cases 162, Day cases – 1080
 - Referral to Treatment - Average wait – 9.0 weeks (8.5 week target)
 - Cancelled Ops
Number cancelled on day - 9
% cancelled on day – 0.66%

The reduction in planned activity, due to Consultant Pension taxation issues, was still

impacting on finances and activity. National guidance had been released on how this could be managed and different ways of working, this has led to a slight improvement.

NHSI had been appraised of the situation and the Trust had applied for a change to our Control Total of £4.7million, which was the highest in the region. NHSI were fully supportive of the recovery plan, however the quarter 4 surplus of £1.7 million remained a challenge.

Following the presentation Governors asked why more consultants had not been employed.

The Acting Chief Executive informed governors that, as a Specialist trust, there was a shortage of specialised Consultants available. The Health Care Partnership 5 year plan had been submitted which looked at different ways of working.

ACTION: Comments on the reformatted Performance Report to be sent to the
Corporate Secretary

COG Chairs reports

47/19

The Chair explained that presenting the Chairs reports for Committees chaired by Non-Executive Directors would give governors a mechanism to fulfill their statutory duty of Holding the NEDs to Account.

Business Performance Committee

Deferred due to availability of NED Chair.

Quality Committee

Seth Crofts presented the chairs report for Quality Committee (QC). The role of the QC was to ensure that there is a comprehensive and integrated approach to patient safety and quality throughout the organization by challenging the people who were leading services. To celebrate and gain assurance on good practice to ensure that high standards of care were provided by the Trust and, in particular, that adequate and appropriate governance structures, processes and controls are in place for managing risk, lessons learnt from incidents and Never Events.

Audit Committee

Su Rai presented the Chairs Report and explained that the role of the Audit Committee was to oversee internal auditors, external auditors other assurance work, Counter fraud and financial reporting to offer assurance that adequate and appropriate governance structures, processes and controls are in place.

The focus going forward for governors would be the retendering of the External Auditors.

The governor member of the Research, Development and Innovation committee reported that a very informative presentation had been given on TWC Biobank, what it was, did and the potential opportunities it afforded. Suitable comments and challenges were offered by attendees and non-executive directors.

A broad discussion of clinical research followed. There are significant and dynamic changes in progress concerning neuroscience networking and strengthening ties with Liverpool university. The importance of research to this trust for multiple reasons cannot be overemphasised but funding, in particular for clinical trial, could be problematic.

COG Governor Effectiveness Review

48/19 The Corporate Secretary explained to governors that the Trust was required to demonstrate how governors were supported to fulfil their statutory roles.

A self-evaluation form had been approved by the COG Steering Group for circulation to Governors. The results would be presented to the Council of Governors meeting in March 2020.

ACTION: Self-evaluation form to be circulated to Governors for return in the first week of February 2020

COG Membership Committee Terms of Reference

49/19 The Corporate Secretary presented the Terms of Reference for a new Membership Group. The formation of the group would enable governors to fulfil their statutory obligation to represent the interests of members and the public by developing and reviewing the processes and activities for the recruitment and engagement of new and existing members of the Trust and was a standard Governor meeting across NHS Foundation Trusts.

The membership of the committee would comprise of 6 governors and the Council of Governors were requested to approve the membership and the terms of reference.

The lead Governor had circulated his comments and concerns to the Council of Governors prior to the meeting and requested that the following was minuted:

- The group should have a clear set of objectives
- Clarity on how the effectiveness of the group would be assessed
- That the Membership Strategy should not be a stand-alone strategy but incorporated into a wider Trust communications and engagement strategy.
- A consensus on what constituted engagement needed to be agreed.

The Corporate Secretary explained that the Terms of Reference contained clear purpose and duties and that any detailed objectives would be agreed by the group. Guidance and support would be given to the group in order that they could effectively fulfil those objectives.

The membership of the group would include key personnel from the Trust including the Heads of Communications, Volunteers and the Walton Charity. It had previously been communicated and addressed at the COG Steering Group that any Membership Strategy would be included within the Trust Communications Strategy. In line with other Terms of Reference, there would be an annual review.

Although the COG Steering Group had originally been set up to offer advice to the COG on, amongst other things, Membership and engagement, the new group would lead on engagement and the role of the Steering Group would be to steer on specific pieces of work as required.

The Council of Governors approved the Membership Group and the Terms of Reference would be revised and agreed at the first meeting.

ACTION: Membership Group to be set up and TOR to be added to the agenda for the first meeting

The Walton Centre NHS Foundation Trust

COG Any Other Business

50/19

None

COG Review of Meeting

51/19

The Chair thanked the Governors for their participation and attendance.

COG Date, time and venue of next meeting

52/19

The next meeting of the Council of Governors Meeting will be held on 31st March 2010, 13:45 – 16:30 in the Boardroom.

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
18/06/19	COG 21/19	Equality, Diversity and Inclusion Briefing - Dates of engagement events to CM for requests for Governor to attend	A Lynch / C Miller	19/09/19 – Training has been delivered to governors by A Lynch 12 th April 2019.	December 2019	
13/01/20	COG 41/19	Quality Account Priorities The outcome of the Governors vote on the quality account priorities to be shared with governors.	L Salter	The following priorities were agreed for 2020/21: <ul style="list-style-type: none"> • Improve the number of staff trained in immediate Life Support (ILS) • FOCUS – Free of Criticism for Universal Safety • Introduction of MITEL System • Introduce Multitom Rax 3D Imaging • HCA Apprenticeship Training • Bespoke Spinal Module • Introduce the Road to Recovery • LASTLAP – Looking After Staff That Look After People • Outsourcing Mail 	March 2020	
13/01/20	COG 44/19b	Chairs Briefing Governors to contact the Chair with views on Wider Healthcare community updates	All members	On Agenda as a standing item	29/02/20	
13/01/20	COG 45/19	Trust Forward Plan Forward Planning to be added to the COG Steering group agenda for February 2020	J Hindle	The item was included in the Steering Group meeting of Feb 2020 and is referenced In Lead Governors Report on the agenda.	29/02/20	
13/01/20	COG 46/19	Performance Report Comments on the reformatted Performance Report to be sent to the Corporate Secretary	All members	Comments received regarding the IPR and fed back to the Head of Informatics and Business Intelligence.	29/02/20	
13/01/20	COG 48/19	Governor Effectiveness Review Self-evaluation form to be circulated to Governors for return in the first week of February 2020	J Hindle	Outcome of the survey is on the agenda under COG Effectiveness review.	29/02/20	

13/01/20	COG 49/19	Membership Committee Term of Reference Membership Group to be set up and TOR to be added to the agenda for the first meeting	J Hindle	1 st meeting held virtually in March and feedback was received in relation to the TORs.	29/02/20	
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The following items have been deferred to a future meeting due to operational pressures during the COVID Pandemic

13/01/20	COG 42/19a	Patient Story The possibility of Walton Charity funding for overnight accommodation to be explored	J Ross			
13/01/20	COG 42/19b	Patient Story The procedure for proactive appointment allocation to be explored	J Ross			
13/01/20	COG 42/19c	Patient Story The Digital Strategy and specifically around patient care to be included in a future agenda	M Burns			
13/01/20	COG 44/19a	Chairs Briefing Explore the feasibility of table Microphones for meetings	J Hindle			

Questions from Governors and Members of the Public

Ref	Questioner	Date	Method	Topic	Question	Lead	Answer	Date of Response	Method of Response
1	Public Governor - North Wales	2/28/2020	email	Coronavirus	Briefing for Governors on COVID19 and WCFT preparedness	L Salter	Information added to Internet site with links to information. Email sent to Governors to make them aware. <u>Board papers for March, April and May available</u>	3/3/2020	email to all governors
2	Public Governor - North Wales	2/28/2020	email	NHS Priorities	NHS priorities and how they effect WCFT.	H Citrine	A regular item will be included on the CoG agenda. Item on agenda 31/03/20	3/31/2020	Presentation
3	Public Governor - North Wales	2/28/2020	email	Governor Travel and Expenses	Breakdown of how much the governing body costs to run including travelling and parking expenses. Governor <u>Travel and Subsistence claims.</u>	J Hindle	A verbal update to be provided at the May meeting		
4	Public Governor - North Wales	2/28/2020	email	Car Parking	Are there any plans to increase car parking charges. Is there any evidence that Patients are missing appointments and are there any complaints or concerns <u>raised regarding car parking.</u>	J Ross L Gurrell	When Aintree implemented the ANPR system at the latter part of last year they had no view at that time to increase the parking charges and subsequently they have remained static.	5/27/2020	At COG
5	Public Governor - North Wales	2/28/2020	email	Meeting venue	Alternative venues with parking for quarterly COG.	Comms/ Procurement	Given the situation regarding COVID-19 and social distancing this may not be an issue as alternative methods of meeting are <u>explored</u>		
6	Public Governor - North Wales	2/28/2020	email	Size of COG	Are there too many governors?	J Hindle	The number of governors is set out in the Trust's Constitution which was last reviewed and revised in 2018. The Trust does appear to be an outlier when compared to other Trusts and therefore this will be factored into the review in 2020/21.	5/27/2020	
7	Staff Member	3/3/2020	Hayleys	Finance	I know all trusts are quite short on money at the moment, but I was wondering what the process is for us if we have an idea that requires investment but could save money in the long run?	H Citrine	It is true that the money is tight in the healthservice at the moment. This doesn't mean that we've stopped investing in new projects though, we just have to do everything we can to ensure that we are spending money wisely. If for instance you had an idea for a great project which could save money and improve patient care in time, but needs some initial investment, we'd need to see a clear plan for how the work would deliver savings in subsequent years before proceeding.	3/3/2020	Hayleys Huddle and Team Brief
8	Staff Member	3/3/2020	Hayleys Huddle	Strategy	Are we going to be doing our usual annual Strategy refresh soon? I think it's really valuable for us to see how all the different workstreams are progressing	H Citrine	The Exec team is currently working on pulling this information together and I've been delighted to see how much progress we've made this year so far! Our plan is to share this with our staff in a few months' time.	3/3/2020	Hayleys Huddle and Team Brief



REPORT TO COUNCIL OF GOVERNORS
Date: 2nd June 2020

Title	Lead Governors Report Q1 20/21
Sponsoring Director	Janet Rosser, Trust Chair
Author (s)	Barbara Strong, Lead Governor
Previously considered by:	None
Executive Summary	The Lead governor report is a standing item on the Council of Governors agenda and is a mechanism for updating the COG on activities undertaken by the lead governor and the work of the COG within the previous quarter.
Action required by the Committee:	The Council of Governors is requested to: <ul style="list-style-type: none"> • note the reports.
Related Trust Ambitions	<ol style="list-style-type: none"> 1. Deliver best practice care and treatments on our specialist field. 2. Provide more services closer to patient's homes, driven by the needs of our communities, extending partnership working. 3. Be financially strong, meeting our targets and investing in our services, facilities and innovations for patients and staff. 4. Lead research, education and innovation, pioneering new treatments nationally and internationally. 5. Adopt advanced technology and treatments enabling our teams to deliver excellent patient and family centred care. 6. Be recognised as excellent in our patient and family centred care, clinical outcomes, innovation and staff wellbeing
Risks associated with this paper	None identified
Related Assurance Framework entries	None
Equality Impact Assessment completed	Not applicable
Any associated legal implications / regulatory requirements?	

Lead governor's report to Council of Governors Q1 20/21

June 2020

Introduction

This report, written in the form of a timeline, describes main events and activities I have been involved in after taking over as Lead Governor for The Walton Centre at the end of 2019.

To demonstrate a flavour of the wider context, it also briefly indicates the progress of the pandemic in the UK at the time.

1. January 28th, 2020. Meeting with Trust Chair

We discussed the following:

- The need for the previously proposed Forward Planning Group. It was agreed that the annual Operational Plan is tightly prescribed by NHS England both in content and timing, so it might be better just to circulate that plan to governors when appropriate. Instead, some means of involving governors in the strategic planning process should be developed so they can contribute to service provision choices.
- Further tailoring of the Integrated Performance Report (IPR) to suit governor needs.
- The role of the Council of Governors (COG) Steering Group and revision of the terms of reference (TOR) To be discussed at the next Steering Group meeting.
- As agreed at COG, there should be a separate Membership and Engagement Group, with the TOR to be agreed at the first meeting.
- Access to papers. The use of Virtual Boardroom (VBR) should be the preferred way for access to documents, so refresher training should be made available to governors.
- The chair would ensure that there would be a note in a future *Neuromatters* relating to the sad news of the death of Mark Holmes, a previous governor.

On this day the first human transmission of SARS-CoV-2 (Covid 19) in Europe was announced.

2. February 6th COG Steering Group Meeting.

This was the first meeting I was to chair as lead governor. It was a short meeting since most members sent their apologies. The main issue discussed was the Membership Group and Engagement.

On this day the third case of Covid 19 was confirmed in the UK.

3. March 17th Membership Meeting

The next meeting that I was due to chair was on 17th March. The decision was taken to conduct the meeting virtually.

This was the inaugural meeting of the Membership Group. Members were asked to review three documents via email:

- Membership Group Terms of Reference
- Draft comms/Engagement strategy
- Draft Membership Strategy

Comments and conditional approvals were returned via email.

By 17 March there were 1,950 known cases of Covid 19 in the UK.

4. March 30th observed Neurological Alliance Meeting (Via Zoom)

I was invited to observe this meeting. The main topic of discussion was concern around the use of the Clinical Frailty Scale to assess patients' suitability for critical care within the context of the Covid 19 pandemic and how this relates to patients with neurological conditions. The principal issue of concern was that the scale is not sufficiently nuanced to account for people of any age with neurological conditions. These people may have complex needs, and need support with daily living, but are otherwise well.

I was asked to pass these concerns on to the trust. I discussed this with the Corporate Secretary and forwarded the meeting notes, so that they could be shared with the relevant clinical leads and the trust newly formed Ethics Committee.

(I understand that the NICE guidance has now been updated to reflect a more holistic approach and the scale is not to be used for younger people, or people with long term disabilities, learning disabilities or autism.)

30 March was day 8 of Lockdown and there were 22,141 confirmed cases of Covid 19 in the UK

5. April 30th Observed Trust Board meeting

I observed the Trust Board via *MS Teams*. The agenda focussed largely on the trust's activities relating to pandemic management. Nevertheless, the end of year performance report showed that the trust had succeeded in meeting annual performance targets in 2019/20.

I was invited to comment at the end of the meeting, and I confirmed how observing the board, albeit in unusual circumstances, was reassuring - confirming that the trust was continuing to take the outstanding care of patients and staff alike. I did express concern that perhaps other governors might, like me, feel anxious and distanced by circumstances - knowing the difficulties that health services were experiencing at the time, and wanting to make a contribution.

Observing the board in this way was a good experience, and I subsequently suggested that governor observation at virtual Trust Board meetings could be one way of safely involving governors and allowing them to discharge at least part of their duties.

This was day 37 of lockdown. 165,221 cases of Covid 19 were confirmed in the UK

6. May 2nd Governor Engagement Questionnaire

Following Trust Board, and after discussions with the Corporate Secretary, on May 2nd, I emailed all governors with a brief questionnaire. This was to sample governors' current views in relation to fulfilment of their role and I asked for ideas on how they could remain engaged during these difficult times, whilst observing the social and safety restrictions.

There was a good response to this questionnaire. Based on the feedback, as a start, I set up a *whats app* group for governors to support more effective and faster communications. The results of the questionnaire are presented in a separate document which will also be presented to the COG.

May 2nd was day 39 of lockdown 182,260 cases of Covid 19 were confirmed in the UK

Results of questionnaire for Walton Centre Governor engagement during COVID 19 pandemic

Date: 22.05.20

Author: Barbara Strong, Lead Governor

Background

This document represents a summary of results from a short engagement questionnaire sent to trust governors in early May 2020 (Five questions in total). It was devised in order to establish if there was any way to improve communications and engagement with governors while social distancing prevented them from attending the trust in person.

Completion of the questionnaire was optional, but it was suggested that a “Nil Return” would be useful to indicate receipt of the questionnaire in the event that the recipient had no comments or issues to pass on. A proportion of the governors are relatively new and may not be familiar with the trust anyway, so this long period of ‘lockdown’ might result in some of them becoming increasingly disengaged.

The questionnaire was sent to 22 governors on 2 May 2020 and reminder sent on 19 May 2020

Number of responses received was 18. Not all respondents completed the questionnaire and not all of those who did made any comment. However, there was overall a good response with some helpful feedback.

Summary of responses

Q1 Have the effects of the current pandemic caused you anxieties in relation to your role as governor?

Ten governors responded with ‘No’. Five respondents answered ‘yes’, reporting anxiety around inability to fulfil their role, provide oversight and about generally being “out of the loop”. This was primarily because they were unable to attend the trust for meetings or ask questions arising from the weekly bulletins.

Q2. For the protection of the public, governors themselves, patients and staff, social distancing has meant that the previous ways of working have changed, and face to face meetings cannot be held for the foreseeable future.

Have virtual meetings, be it either video or email-based worked for you?

The majority of respondents have experience with and would be able to meet via MS teams, Zoom etc. Some had reservations about the ability of the technology to support these meetings, and the appropriateness of their use for informal meetings. Nevertheless, 13 respondents said they would be able to participate in virtual meetings. Unfortunately, one respondent would not be able to for domestic reasons.

Q3. Does the weekly bulletin give you sufficient information about what is happening in the trust?

Most of the governors (13) answered yes to this question, suggesting that the majority were satisfied with the level of information coming to them from the trust. However, three governors answered ‘no’. Some respondents would like specific detail in the weekly bulletins around staff and

patient morbidity and mortality and the trust's testing capacity. There is also, a request for more information about discrete departments in the trust and services in the community e.g. outpatients. One respondent wanted more financial information.

Q4. Would you be interested in participating in a governors' *whats app* group?

The majority of respondents (14) thought a *whats app* group was a good idea and supplied telephone numbers for the purpose. One person replied 'no' to this question and two did not answer 'yes' or 'no'. Two had previous negative experience of *whats app* and had reservations about its intrusiveness, so did not supply their phone numbers. The *whats app* group is now set up with specific guidelines about appropriate usage.

Q5. A number of governors have contacted the trust to offer help during the crisis and the trust is very grateful for these offers. Do you have any ideas you would like to share about how you and fellow governors could contribute, given the lockdown and strict rules about social distancing?

Most respondents were very keen to get involved with any initiatives and showed concern for the wellbeing of patients and staff. A few would be limited to working remotely because they are in the at-risk groups. Nevertheless, one or two respondents had helpful ideas for improving engagement.

One suggestion in relation to the wider context, was the utilisation of third sector bodies and networks, such as the Neurological Alliance. In Cheshire and Merseyside, for example, that would give access to all the main neurological charities and support groups. They are able quickly to identify any problems in the community and to collect and present views from across the sector.

Another suggestion was to enhance the use of social media platforms, such as Twitter/Instagram/Facebook/Intranet. These could be used for and by governors to promote the role and what governors can offer for patients, carers and staff and generally to support the trust during the pandemic.

Other comments

A final section was left for governors to make other comments and most respondents did not use this section. However, for those that did, the main point raised was in relation to the governance function of governors. The message is that the importance of governor input in this situation, albeit extraordinary, is still relevant; governors should be able to fulfil their role in relation to oversight, and virtual meetings should be the norm, as it is now in other organisations.

Below is the list of questions with anonymised responses. Xs denote removal of potential identifiers.

Question No:

1. Have the effects of the current pandemic caused you anxieties in relation to your role as governor?
Yes 5 No 10
Comments
No personal impact on role apart from sorry that meetings cannot be held for safety reasons.
Not really because weekly updates make me feel more confident that as a Governor I am being kept up to date in relation to the work of the Trust and on the whole (not withstanding my answer to Q3) I am being kept in the loop to the current situation within WCFT.
I am not involved with any committees, so it has made no difference to me.
Some uncertainty about the role of Governors [if any] in such an emergency
I feel really out of the loop despite the updates. I do not feel I can ask questions about what is happening at the Trust
For the reasons described in 2, changes caused by the pandemic
I feel like I am not engaging sufficiently with my responsibilities
Confident in the senior management inc the Board, to manage the emergency. Regular weekly bulletins also helpful.
We are well informed about relevant Trust action
Not anxiety as such, just concern that I'm not an active Governor at present
Unable to attend meetings
I have had some concerns regarding coronavirus, but the weekly bulletin has reassured me that the trust is acting in patients' interests.
2. For the protection of the public, governors themselves, patients and staff, social distancing has meant that the previous ways of working have changed, and face to face meetings cannot be held for the foreseeable future. Have virtual meetings, be it either video or email-based worked for you?
Yes 13 No 1
Comments
I'm not aware of any meetings. I plan to attend xxxxxx meeting on Friday (using MS Teams)
Partially. As a xxxxxx team, we gave up on Microsoft Teams for meetings as our meetings are not nearly as structured as something like the Trust board meeting and I don't think it works as well for a free-flowing group discussion. I have been a remote participant in a couple of work-related meetings via phone and video – it was much better than not being involved at all, but voice/video technology still has a way to go before it's an acceptable substitute for actually being there!
The use of digital technology to enable virtual meetings has worked well for me. Necessity has forced many more people to become familiar

with the protocols and should force the pace of change in other areas e.g. remote
They are extremely easy to set up. If you can use the internet you can use Zoom.
Fully understand that as yet only email updates provided are well presented and useful.
I do not understand why a video conference hasn't been set up to move the Governors meetings online.
Unfortunately, I am not able to participate in virtual meetings as I do not have a computer in a private space. xxxxxxxxx
I am having regular Zoom, Adobe Connect and Microsoft Team meetings in my employed role – they work well.
I've not attended any video virtual meetings at present. However, I have responded to emails promptly. I'm happy to continue doing this.
I have received all of the necessary information by email, communication has happened swiftly, and I have been able to tell the trust my decisions/thoughts. I haven't been in a video meeting.
Either works/will work for me.
Although I have not as of yet been asked to participate in any virtual meetings (I know there was talk of the last scheduled COG been held virtually, but as there were no further comms on this and the situation nationally at the time I assumed the meeting hadn't gone ahead)
Haven't had any
I am having regular Zoom, Adobe Connect and Microsoft Team meetings in my employed role – they work well.
I have been involved in both Zoom and MS Teams meetings and they worked well. Happy to continue as long as required attending meetings this way
Not anxiety as such, just concern that I'm not an active Governor at present.
Bandwidth can cause buffering problems on slow connections. Concerns remain about security and Zoom
Random thought: If using remote meeting video software please give thought to provision or use of good quality microphones rather than the usual telephone stuff and to use landscape rather than portrait mode!

3. Does the weekly bulletin give you sufficient information about what is happening in the trust?
Yes 13 No 3
Comments
I find these emails informative and helpful.
From this point on, can we be given the number of covid-19 cases currently in the Walton Centre, and cumulatively since the outbreak? The number of fatalities would also be useful information.
On the whole the updates are useful. However I would suggest that Governors should have broad outline figures with regards to current COVID infection rates of both patients and staff in order for us to have broad assurances about the work of the trust If these figures cannot be made available on a weekly basis for confidentiality reasons (and it possibly isn't required for us to be updated in specifics on a weekly basis on figures, I feel we need some assurances . I note there was a fatality at WCFT due to COVID 19 that was reported in the local media, however (to my knowledge-apologies if I've missed it wasn't reported in any updates to Governors). Also assurances that there is an established process in place for staff to obtain their results, and WCFT is getting this data in an appropriate

time frame would be appreciated.
I'd like more financial info
The weekly bulletin has inevitably been focussed on the clinical management therefore internally focussed. The Governor's role is more outward looking and meant to reflect the interests of the public and patients. I do not want to cause extra work, but more information about the impact on outpatients would be helpful
The ability to ask questions after being provided with reports from each section of the Trust. I understand that the Trust is extremely busy and it is not business as usual however there still needs to be some level of oversight by the Governors.

4. Would you be interested in participating in a governors' <i>whats app</i> group?
Yes 13 No 1 N/A 2
Comments
I have concerns. Principally, belonging to other WA groups I've found they can be quite intrusive and undisciplined. It would be necessary to control communication through one or at most two individuals.
I have had experience of this and found that I was inundated with hundreds of messages as people chatted at all hours of the day and night, often about irrelevant topics.

5. A number of governors have contacted the trust to offer help during the crisis and the trust is very grateful for these offers. Do you have any ideas you would like to share about how you and fellow governors could contribute, given the lockdown and strict rules about social distancing?
Yes 5 No 9
Comments
A good way of reflecting that 'outward' focus is to work through bodies such as the Neurological alliance. In Cheshire and Merseyside, the alliance brings together all the main neurological charities and support groups. They are able quickly to identify any problems in the community and to collate views from across the sector.
I am locked in in North West Wales
I would love to help The Walton Centre during this crisis in any way that I can. I have plenty of spare time at the moment. Can I please be informed if there is anything I might be able to do?
No, but happy to contribute to new initiatives.
I would be willing to help in anyway appropriate, but would have to be done remotely due to being in a high-risk group
As a staff governor, I would actually give the feedback that the Trust is a lot quieter than was originally anticipated. I honestly think that the Trust governors are best off staying safe and off-site until the danger has passed, rather than volunteering their services – the gesture is appreciated, but help is genuinely not needed.

I am willing to help in any way I can, whether be patient, carer or staff support. What about an official staff Facebook group?
 I work for xxxxxxx Trust and they set up this a few months ago for staff to access. My Trust share updates, good practice, motivational posts etc and it boosts staff morale and aids in communication. I'm happy to help with this.
 More posts on Twitter/Instagram/Facebook/Intranet about the role of the Governors and what we can do to help during the pandemic for patients, carers and staff. As I say, I'm happy to provide my email address for people to contact me.
 My Trust currently sends out a daily bulletin of Covid-19 updates and changes to policy/practice, who to contact for support etc. They also send a weekly news bulletin for general Trust updates. Does The Walton Centre do something similar?

Other comments

I understand that the Trust is extremely busy, and it is not business as usual however there still needs to be some level of oversight by the Governors.


Look forward to meeting/engaging with team on site in future.

The weekly bulletin has inevitably been focussed on the clinical management therefore internally focussed. The Governor's role is more outward looking and meant to reflect the interests of the public and patients. I do not want to cause extra work, but more information about the impact on outpatients would be helpful

Governors meetings are an extremely important part of the Governance of the Trust. I do not feel it is acceptable not to have them in some shape or form.



Title	Extension to the Term of Office Senior Independent Director
Sponsoring Director	Janet Rosser , Trust Chair
Author (s)	Janet Rosser , Trust Chair
Previously considered by:	The Nomination and Remuneration Committee of the Council of Governors
Executive Summary	<p>The Council of Governors are asked to consider the attached paper and approve the extension of Seth Crofts term of office from 1st November 2020 to 31st October 2021 and to note the scope of the role of the Senior Independent Director.</p> <p>This proposal has been considered and supported by the Nomination and Remuneration Committee of the Council of Governors</p>
Action required by the Council	<p>The Council of Governors are requested to:</p> <ul style="list-style-type: none"> • Approve the extension to the term of office of Mr Crofts • Note the scope of the role of the Senior Independent Director
Related Trust Ambitions	<p>Delete as appropriate:</p> <ul style="list-style-type: none"> • Best practice care • More services closer to patients' homes • Be financially strong • Research, education and innovation • Advanced technology and treatments • Be recognised as excellent in all we do
Risks associated with this paper	Not applicable
Related Assurance Framework entries	No applicable
Equality Impact Assessment completed	<ul style="list-style-type: none"> • Not applicable

Any associated legal implications / regulatory requirements?	In line with the constitution the Council of Governors is responsible for the appointment of the Non-Executive Directors 
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Seth Crofts – Extension of NED term

1.0 Background

Seth has been a NED at the Walton Centre since 2014, serving 2x 3 year terms of office, the second of which expires on 31st October 2020. During his tenure Seth has been a member of, and / or chaired the main subcommittees of the board. This has given him an in depth knowledge of the Trust and a good deal of corporate memory. In addition to this governance role Seth has been a passionate advocate of staff and patient experience , regularly taking part in organised and ad hoc walkabouts and is well known by staff for his down to earth, approachable style . He has also been a regular attendee at, and contributor to, council of governor meetings. He also brings a wealth of knowledge of nursing and medical training from his external role as Dean of Faculty of Health and Social Care at Edge Hill University.

2.0 Current role

His current portfolio comprises:

Chair: Quality Committee

A main board sub-committee which oversees quality and governance on behalf of the board and provides independent assurance to the board.

Chair: Organ donation committee.

This is an area of work in which Seth is particularly interested and has become an invaluable member of the committee.

Chair: Research, Development and Innovation committee.

Seth is the first NED to chair this committee and has provided an independent and knowledgeable dimension to its work.

Member: Audit committee.

Another main sub-committee of the board responsible for overseeing the system of internal control.

In addition to these roles Seth is also the Trust's Freedom to Speak up NED, liaising with the Trust's freedom to speak up guardian on behalf of the board, and is the board's Senior Independent Director to act as a link between the chair and the board the scope of which is shown at appendix A.

His last formal appraisal was on 27th August 2019 at which time he was able to demonstrate effective performance of, and commitment to, his role as a NED. I have no

concerns about his performance since that date- in fact Seth always demonstrates that he is willing to go beyond his formal role for the benefit of the Trust.

3.0 Proposed extension of term

As above, Seth's second term of office comes to an end on 31st October 2020 when he will have served as a NED for six years. The Monitor Code of Governance for Foundation Trusts provides (at para B.7) that all NEDs should be submitted for re-appointment at regular intervals and that in exceptional circumstances NEDs may serve longer than 6 years but this should be subject to annual re-appointment. We originally intended to replace Seth this year and a succession planning paper was brought to this committee which included that proposal. That was in the context of a stable health environment where disruption to the board which inevitably follows the recruitment and re-appointment of new members can be better managed.

We are now in a period of huge instability. COVID has disrupted, and will continue to disrupt our patient services and we are under the "Command and Control" of regional and national teams. Our financial situation has been changed by the introduction of a fixed payment by English commissioners and staff are understandably concerned about the future. For those reasons we need stability at board level and need the time we have to concentrate on resolving the current issues. For those reasons I am asking the Governors to extend Seth's term for one year only. Seth has been consulted and is happy with that approach.

4.0 Recommendation

The Committee is requested to:

- a) approve the extension of Seth Crofts term of office from 1st November 2020 to 31st October 2021
- b) note the scope of the role of the Senior Independent Director

Appendix A

Senior Independent Director – Role Description

The Senior Independent Director is a Non-Executive Director appointed by the Board of Directors in consultation with the Council of Governors to undertake the role described below.

The Senior Independent Director may be, but does not have to be the Trust Vice/Deputy Chairman.

The Senior Independent Director will be available to members of the NHS Foundation Trust and to Governors if they have concerns which contact through the usual channels of Trust Chairman, Chief Executive, Director of Finance and Trust Board Secretary has failed to resolve or where it would be inappropriate to use such channels.

The Senior Independent Director should liaise with the Lead Governor (where one has been appointed) in the areas where their roles are complementary.

In addition to the duties described here, the Senior Independent Director has the same duties as the other Non-Executive Directors.

The Senior Independent Director, the Trust Chairman and Non-Executive Directors

The Senior Independent Director has a key role in supporting the Trust Chairman in leading the Board of Directors and acting as a sounding board and source of advice for the Trust Chairman. The Senior Independent Director also has a role in supporting the Trust Chairman as Chair of the Council of Governors.

The Senior Independent Director should hold a meeting with the other Non-Executive Directors in the absence of the Trust Chairman at least annually as part of the Trust Chairman's appraisal process.

There may be other circumstances where such meetings are appropriate. Examples might include informing the re-appointment process for the Trust Chairman, where Governors have expressed concern regarding the Trust Chairman or when the Board of Directors is experiencing a period of stress as described below.

The Senior Independent Director and the Council of Governors

While the Council of Governors determines the process for the annual appraisal of the Trust Chairman, the Senior Independent Director is responsible for carrying out the appraisal of the Trust Chairman on their behalf as set out as best practice in Monitor's Code of Governance.

The Senior Independent Director might also take responsibility for an orderly succession process for the Trust Chairman role where a reappointment or a new appointment is necessary.

The Senior Independent Director should maintain regular contact with the Council of Governors and attend meetings of the Council of Governors to obtain a clear understanding of Governors' views on the key strategic and performance issues facing the NHS Foundation Trust.

The Senior Independent Director should also be available to Governors as a source of advice and guidance in circumstances where it would not be appropriate to involve the Trust Chairman; Trust Chairman's appraisal or setting the Trust Chairman's objectives for example.

In rare cases where there are concerns about the performance of the Trust Chairman, the Senior Independent Director should provide support and guidance to the Council of Governors in seeking to resolve concerns or in the absence of a resolution, in taking formal action. Where the NHS Foundation Trust has appointed a Lead Governor the Senior Independent Director should liaise with the Lead Governor in such circumstances.

The Senior Independent Director and the Board of Directors

In circumstances where the Board of Directors is undergoing a period of stress the Senior Independent Director has a vital role in intervening to resolve issues of concern. These might include unresolved concerns on the part of the Council of Governors regarding the Trust Chairman's performance; where the relationship between the Trust Chairman and Chief Executive is either too close or not sufficiently harmonious; where the trust's strategy is not supported by the whole Board of Directors; where key decisions are being made without reference to the board or where succession planning is being ignored.

In the circumstances outlined above the Senior Independent Director will work with the Trust Chairman, other Directors and/or Governors, to resolve significant issues

The Walton Centre NHS Foundation Trust

**Governors Report for the Period Ending
March 20**

Glossary

- **Open Pathway. Target 92%.**

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 two above standards 92% of these patients must be waiting under 18 weeks. The remaining 8% tolerance is to allow for patients where starting treatment within 18 weeks would be inconvenient or clinically inappropriate. 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.

- **Hospital Standardised Mortality Ratio (HSMR)**

Mortality rates are calculated by dividing the number of deaths among hospital patients with a specific medical condition or procedure by the total number of patients admitted for that same medical condition or procedure. This risk adjustment method is used to account for the impact of individual risk factors such as age, severity of illness and other medical problems that can put some patients at greater risk of death than others. A score of 100 means the outcomes were as expected. Below 100 is favourable, and above 100 requires further investigation.

- **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.

Executive Summary 2019-20

The last 12 months has seen both successes and challenges in terms of the Trusts performance. Performance in March 2020 has been affected by the COVID-19 international pandemic which has impacted significantly on throughput, performance of key metrics and how the Trust operates; by following national guidance which balances ensuring sufficient capacity within the healthcare system to treat pandemic patients, ensuring that patients with urgent or life threatening conditions can receive the care and treatment they need whilst minimising the spread of the infection amongst our patients, staff and the wider general population. Trusts were mandated to cancel all non-urgent activity from 15th April 2020 however it was necessary to implement reduced activity to enable crucial training of staff to take place in March 2020 in preparation.

Prior to March, the most significant challenge in year was the tax changes implemented which affected the NHS pension scheme. This impacted a significant number of our Consultants and resulted in a reduction in willingness to undertake WLI activity and actively reduce contracted PA's, making the delivery of planned activity extremely difficult.

In June 2019 the Trust was approached to take part in a clinical review of the referral to treatment standard. The review recommended testing the use of an average (mean) wait measure for people on the waiting list as a potential alternative to a threshold target, currently set at 92% of incomplete pathways being within 18 weeks, to see whether keeping the focus on patients at all stages of their pathway can help to reduce long waits.

In summary, the Trust had successfully maintained all mandated standards and targets (cancer and diagnostic waiting times) until March 2020, when the diagnostic waiting times over 6 weeks exceeded 1.00%, at 1.33% due to cancellations as a result of COVID-19. Due to the Access Target pilot, the Trust had been monitoring waiting times via Average Wait as a designated pilot site. The threshold of 8.2 weeks wait was not achieved at March 2020 in any speciality. Financially, our year end control total was successfully achieved as at 31st March 2020.

Quality

Infection prevention has been a challenge for the Trust as it has been in previous years. This year has seen zero MRSA Bacteraemia and with the exception of E Coli, all other infections were within the set threshold for the year.

This year has continued to see a positive culture for incident reporting and raising concerns at the trust daily safety huddle. An increase has been seen in the number of DoLS incidents due to an MIAA audit that was undertaken and advised that delays with DoLS from the local authority should be recorded as incidents. This has had a positive outcome as a new process is now in place for escalation to the Director of Nursing and Governance for any delays in the DoLS process or referrals. An increase in incident reporting has also been noted for controlled drugs again this was also due to an MIAA audit

advising that all discrepancies in liquid controlled drugs should be recorded. Communications issues have also been a theme from incidents and complaints this year and this will be monitored through the Governance Assurance Framework, and the divisions.

Pressure ulcers remain within trajectory and a full investigation is undertaken for any moderate harm to patients. There has been a slight increase from 8 to 11 when comparing 18/19 and 19/20 however there has been an increase in the number of reviews undertaken in year and is reflective of the increasing complexity of our patient group.

VTE remains on target and managed and investigated via the policy. There has been an increase in instances, with an increase from 2 to 7 when comparing 18/19 to 19/20.

There has been no moderate harm falls this year, compared with 5 in 18/19, which is really positive, there has been a number of no harm / low harm falls which are managed and investigated within the area the fall occurred and monitored via the trust falls group which feeds into the Professional Nursing Forum for shared learning.

FFT remains positive this year and remains consistent between 97%-98%, with all feedback shared with the patient experience team then the divisions. The introduction of the Patient and Family Centred Care Group has seen many projects to improve patient experience working with patients and families.

Violence and aggression does remain an issue for the Walton Centre, due to the nature of our patient group and the issues regarding patients who lack capacity. Work has been undertaken this year with the governance team and the divisions to try and support staff, looking at the introduction of the resilience app and also the introduction of the last lap.

The number of complaints the Trust has received in 19/20 has increased to 132 when comparing the number received in 18/19 of 90. The main area of growth in complaints is relating to the significant increase in waiting times within some services in year.

Finance

Key achievements:

- Delivery of year end control total (and associated receipt of Provider Sustainability Funding), and finance risk rating of 1 (lowest level of risk);
- Agreement of year end settlements with key commissioners that enabled the Trust to deliver its financial targets;
- Cash balance of £26.7m – equivalent to 79 days operating expenses;
- 19/20 agency spend £1m below cap set by NHSI.

Difficulties experienced during 19/20:

- Identification and delivery of recurrent cost savings (£1.5m undelivered in 19/20);
- Significant drop in activity during 19/20 as a result of tax implications on pensions resulting in the development of a financial recovery plan;

- Significant drop in activity in March 2020 due to COVID-19

Future points to note for 20/21:

- Suspension of 20/21 business planning;
- Payment by results suspended for 1st 4 months of 20/21, with income being based on block payments set nationally, with 'top up' payments being made to cover additional costs incurred in relation to COVID 19;
- 20/21 capital limits to be set nationally at Health & Care Partnership level, and to be prioritised and agreed at C&M footprint level. Allocations have not yet been announced.

Workforce

Staff sickness has increased from 4.94% to 5.67 when comparing rates for 18/19 and 19/20.

Staff sickness absence continues to be managed in accordance with Trust policy and is monitored by Business Performance Committee via the Sickness Absence Action plan.

Staff turnover has decreased from 19.5% to 15.33% when comparing rates for 18/19 and 19/20. Nursing recruitment and turnover has been a challenge for the Trust and is a recognised national issue. The Walton Centre has maintained lower vacancies than other trusts and several actions have been undertaken throughout the year to ensure that effective and timely recruitment is occurring i.e. recruiting corporately rather than by ward, regular organised recruitment open days and the introduction of a rotational programme to allow nurses the opportunity of moving between wards every 6 months. Progress is monitored via BPC.

During the past year the Trust has continued to build its adaptive approach to workforce planning that has HEE/ HENW strategic processes at its core. This identified the longer term workforce themes for the Trust to inform planning at a regional level and included the traditional financial modelling that demonstrated an understanding of demand and therefore additional capacity. A strategic workforce plan was produced and approved at executive level.

The Trust has developed a partnership approach to working with NHSP around the management of the temporary nursing staff workforce. This has resulted in a decrease in the reliance on agency staff and an increase in fill rates.

The Trust has been successful in maintaining its corporate and administration agency costs within the agency cap, and has largely managed to bring all nursing and medical agency expenditure in line with the cap during the year.

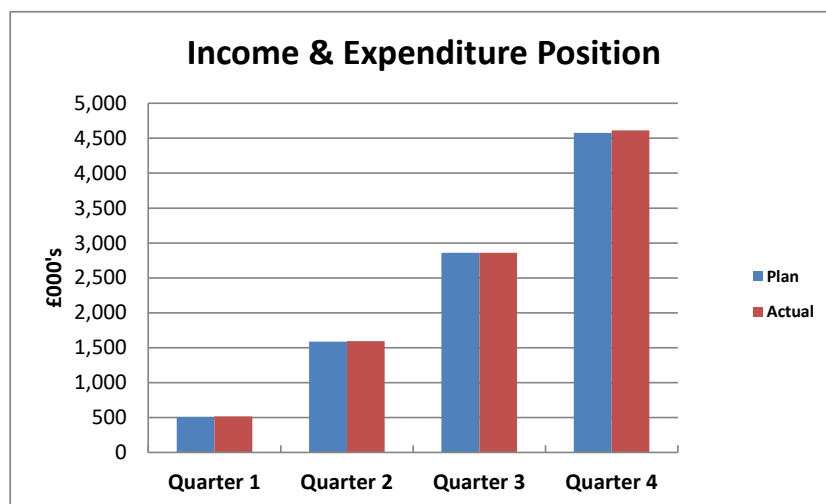
The Trust continues to regularly report its exceptions to NHSI on a weekly basis as requested and the agencies utilised by the Trust are all on the approved frameworks. The Trust continues to participate in collaborative project work around bank/agency usage across C&M.

The Trust uses the Skills for Health real time rostering database for the majority of specialties. This allows for effective management of the rotas, and helps to identify potential gaps in staffing levels at an early stage. The Trust continues to work with Skills for Health to develop a system for managing the rotas for nursing staff. During 19/20 this has been rolled out to all Surgical Wards resulting in all acute wards now utilising the system.

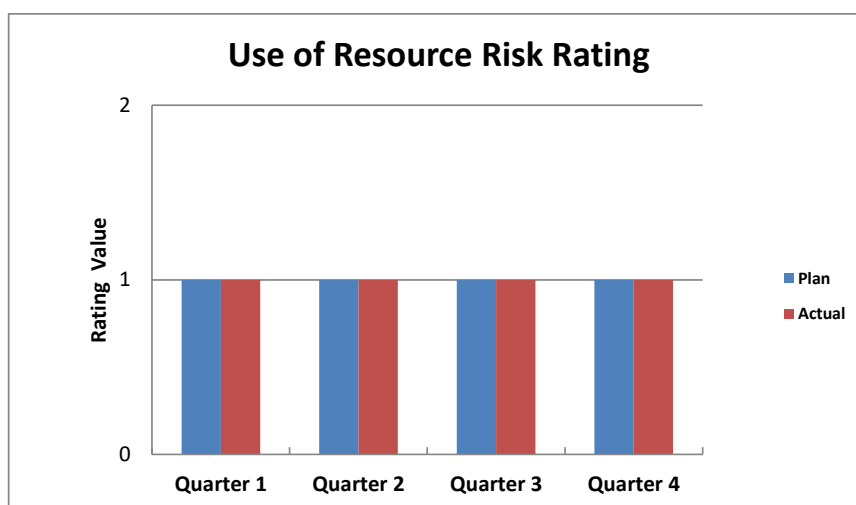
Quarter 4 Update

Finance

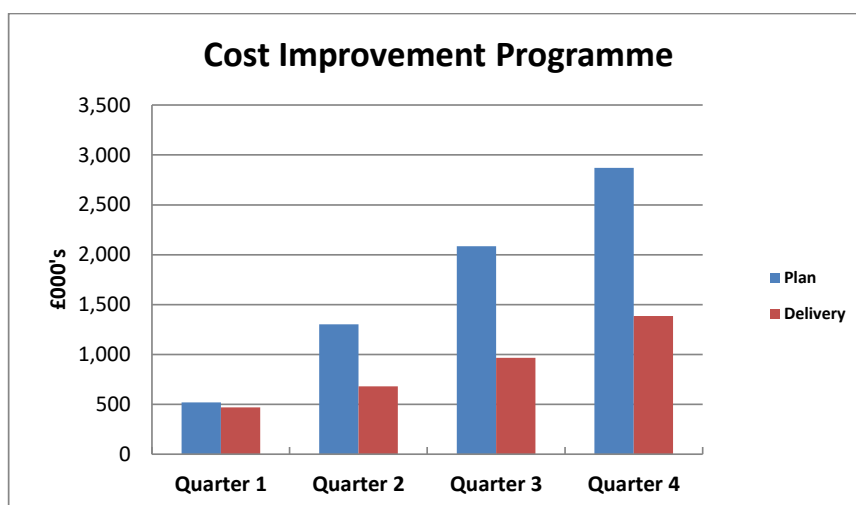
At quarter 4 the trust reported a year to date surplus of £4,612k against a planned surplus (control total) of £4,578k, £34k above plan. As the trust delivered the planned quarter 4 position it is able to receive £1,382k of Provider Sustainability Funding against a full year control allocation of £1,382k (PSF – this is included in the surplus position).



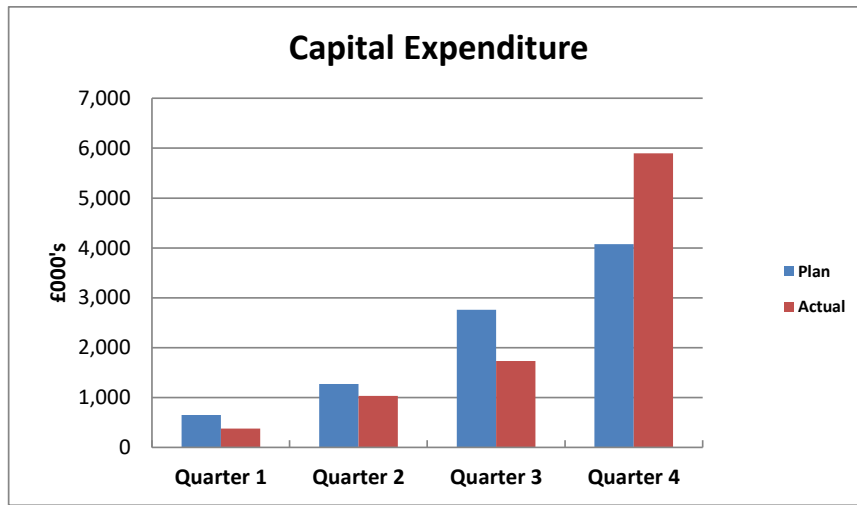
The Trust achieved a level 1 Use of Resource Risk Rating (UoR) at the end of quarter 4 against a plan of level 1 (level 1 is the lowest level of risk).



The Trust has delivered cost improvement savings of £1,387k against a plan of £2,870k at the end of quarter 4 which was £1,483k lower than plan.

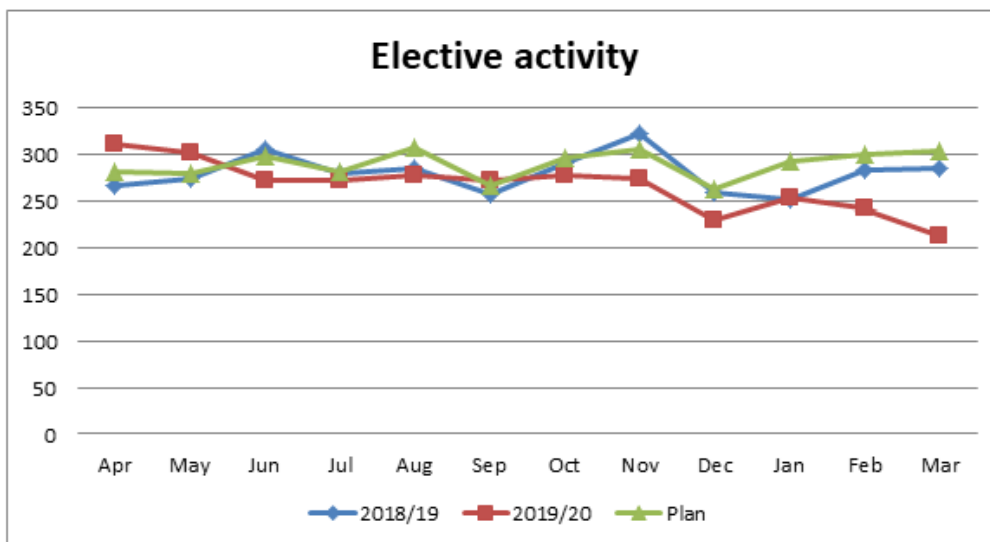


Capital expenditure at the end of quarter 4 was £5,896k against a plan of £4,075k, £1,821k above plan.

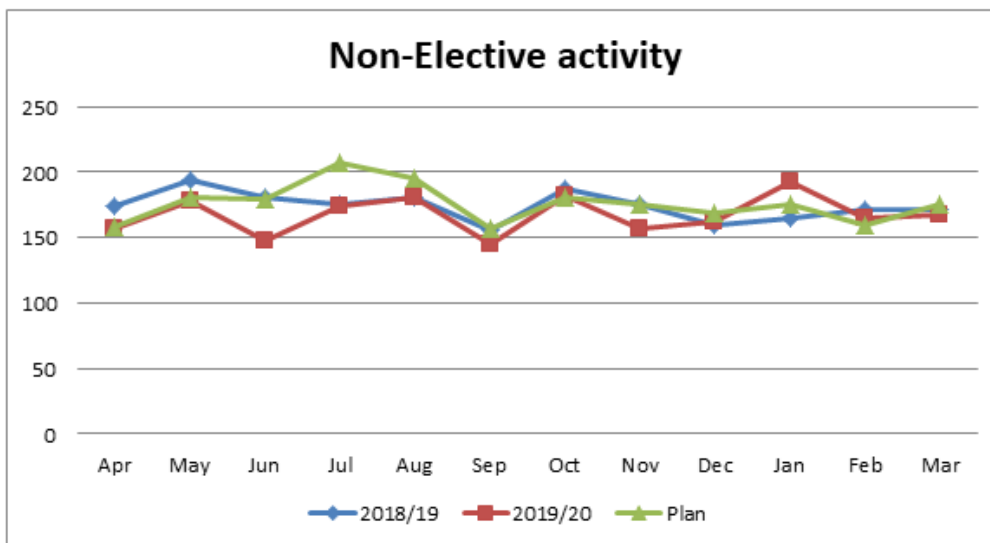


Activity

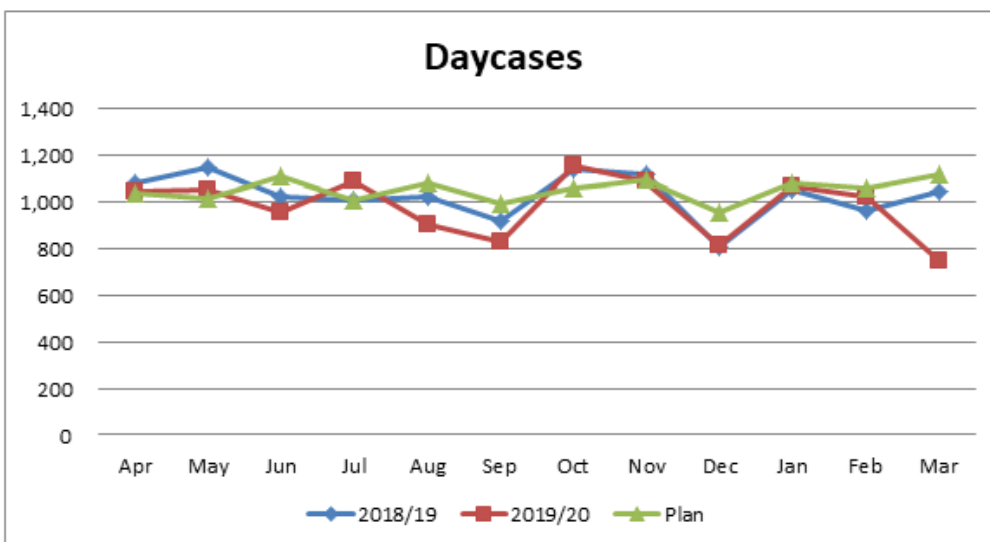
Inpatient & Day Case Activity: The Trust treated fewer patients in Q4 of 2019/20 than in Q4 2018/19 (-7.30%).



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2018/19	265	273	304	279	285	257	290	322	258	251	283	285
2019/20	310	301	271	272	277	272	277	274	229	253	241	213
Plan	281	279	298	280	306	266	296	305	262	292	299	303

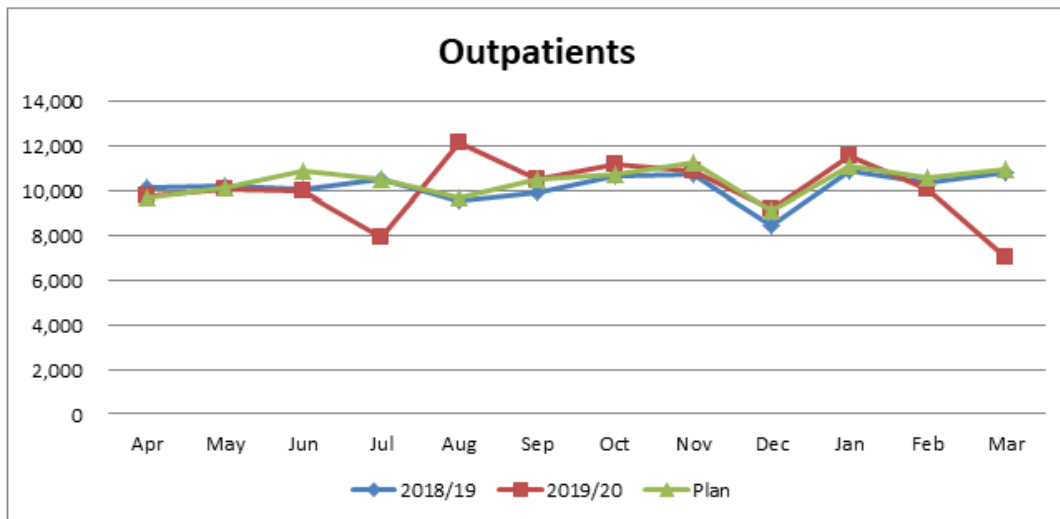


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2018/19	174	194	181	175	180	156	187	176	159	165	171	172
2019/20	157	178	148	174	180	145	182	157	162	192	165	168
Plan	158	181	179	207	195	157	180	175	169	175	160	175



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2018/19	1,078	1,147	1,021	1,007	1,016	915	1,139	1,118	803	1,052	960	1,043
2019/20	1,043	1,049	953	1,089	897	828	1,149	1,083	809	1,067	1,019	744
Plan	1,037	1,014	1,106	1,003	1,080	992	1,054	1,091	953	1,079	1,057	1,114

Outpatient Activity: The Trust treated more outpatients in Q4 of 2019/20 than in Q4 of 2018/19 (-10.66%).



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2018/19	10,087	10,184	10,011	10,459	9,488	9,898	10,659	10,704	8,428	10,868	10,342	10,814
2019/20	9,713	10,018	9,967	7,916	12,095	10,495	11,166	10,884	9,164	11,546	10,063	7,000
Plan	9,671	10,141	10,854	10,511	9,663	10,488	10,683	11,239	9,081	11,079	10,530	10,916

Welsh Activity v Plan for Quarter 4 2019/20

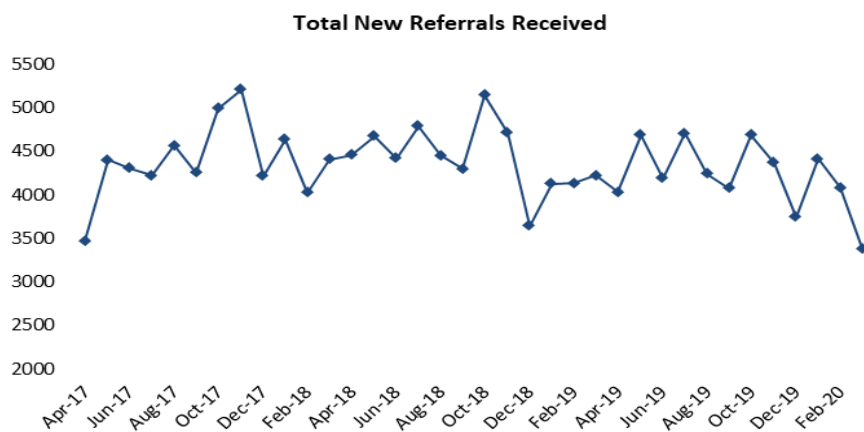
Q4 2019/20

Patient Category	Plan	Actual	Variance
Day Case	200	212	12
Inpatient	250	226	-24
Outpatient	5536	4876	-660

Referrals for outpatient appointments

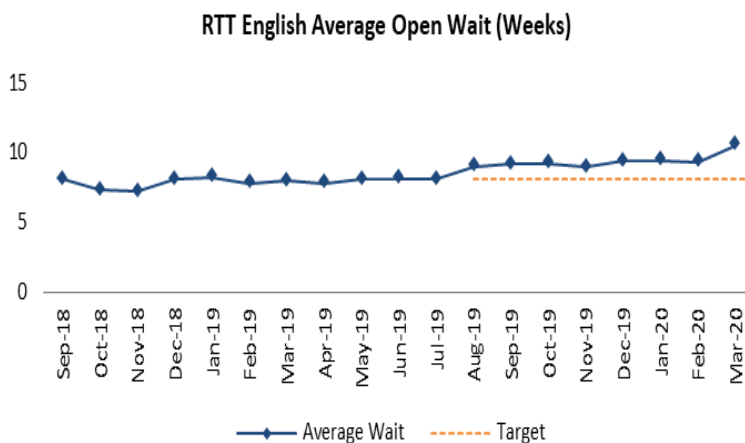
Clean referrals exclude referrals that are created by consultants retiring or transferring part of their practice to a colleague as part of service development or reorganisation and give a clearer indication of growth in demand for our services.

Referrals have remained at a consistent level during 2019/20

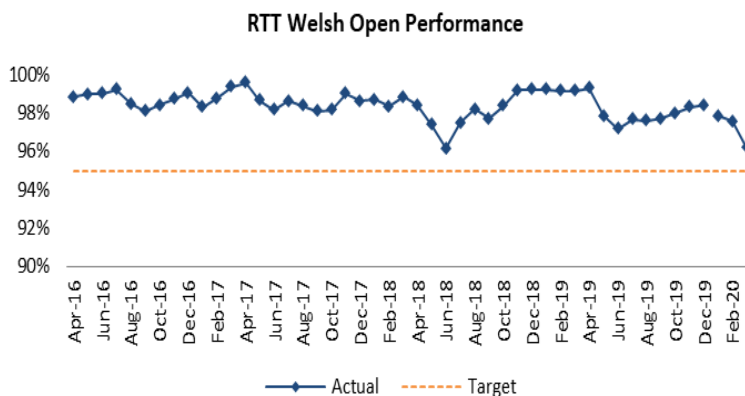


RTT (Referral to Treatment)

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 Q4 19/20 is 10.58 weeks.



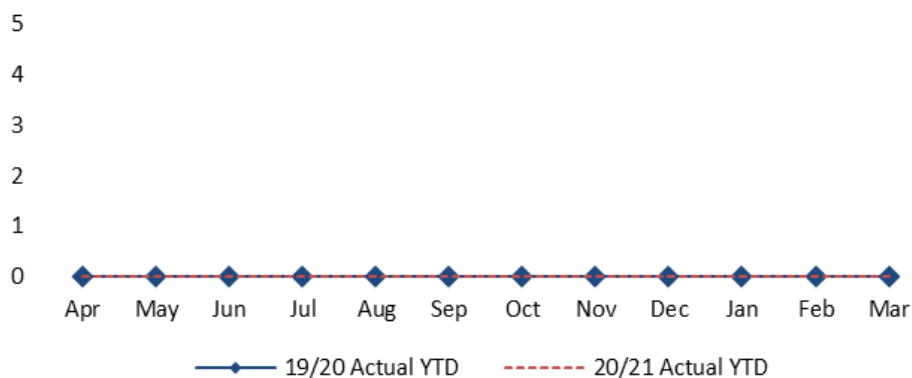
Welsh RTT performance continues to be monitored against the 95% standard, with performance above standard at 96.19%. Performance against the Welsh RTT target has been maintained throughout the quarter and there have been no breaches of the 36 week maximum wait target.



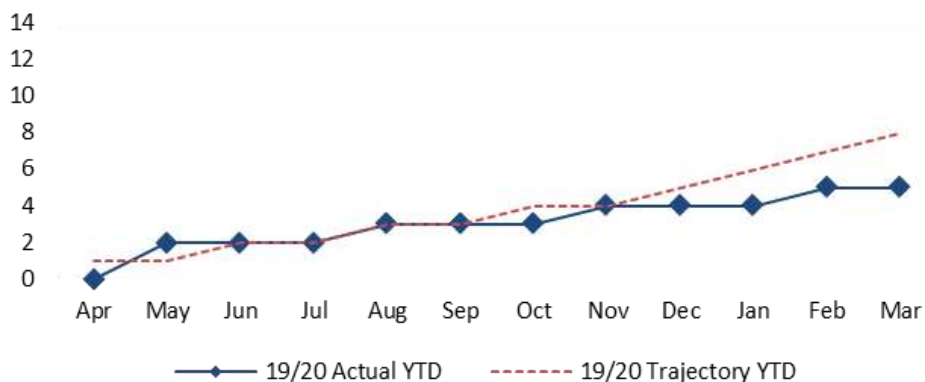
Infection Rates

No cases of MRSA Bacteraemia were reported during Q4 19/20. The Trust has reported 5 cases of Clostridium Difficile against the PHE year-end threshold of 8 cases for 19/20.

MRSA Bacteraemia 2019/20



C.Diff



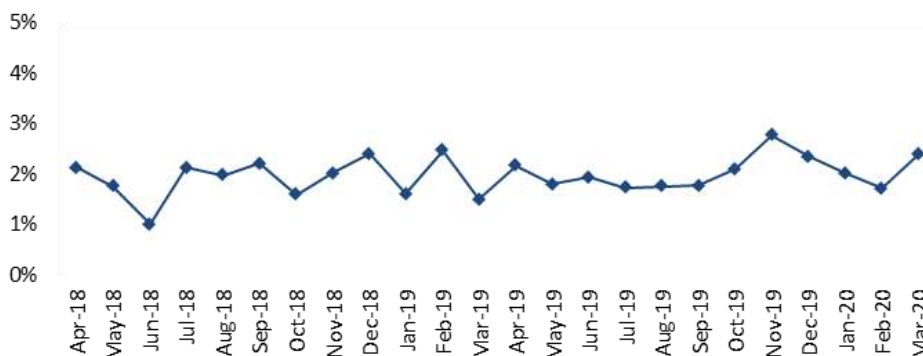
Workforce

Monthly sickness/absence rate is 5.97% which is above the revised target of 4.75%. The breakdown between long term and short term sickness as at 31st March is as follows: 3.59% on long term sickness and 2.38% on short term.

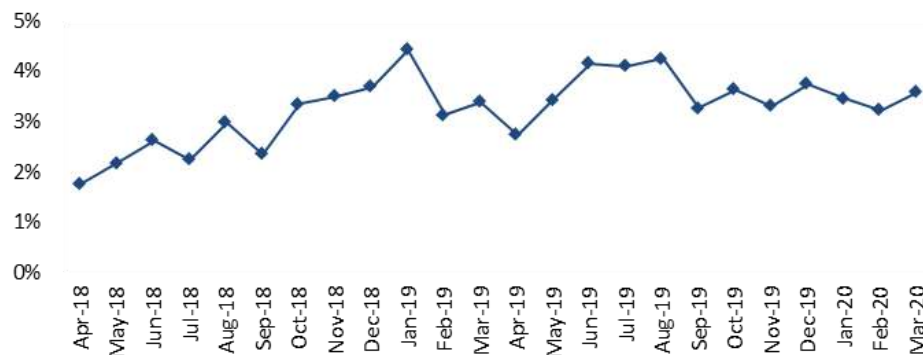
Sickness/Absence (Monthly)



Short Term Sickness/Absence (Monthly)

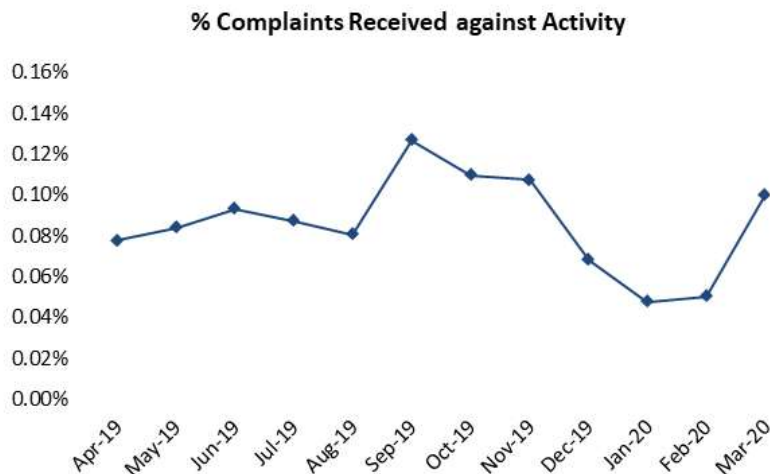


Long Term Sickness/Absence (Monthly)



Complaints

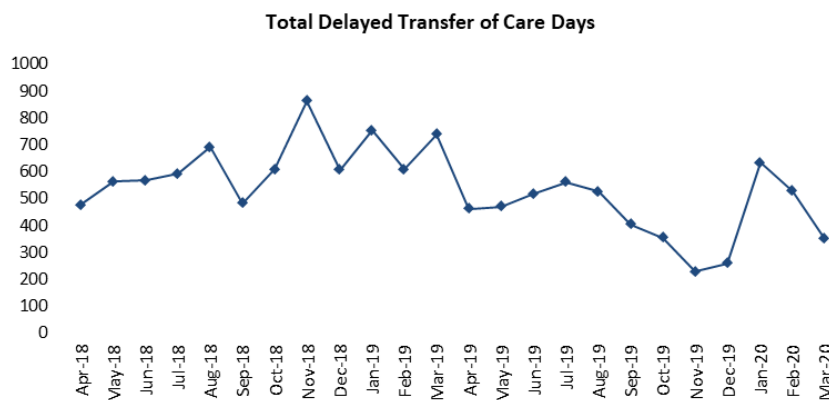
The Executive team receive a detailed monthly report in relation to complaints. Trends and themes are discussed and challenged. A Quarterly report is also provided to the Patient Experience Group. Q3 2019/20 has seen 36 complaints reported, which is 3 fewer the number of complaints received in Q2 2019/20 (39).



Efficiency Measures

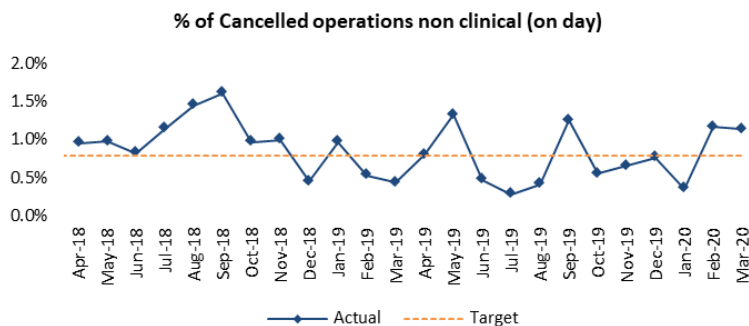
Delayed Discharges / Delayed Transfers of Care (DTOC):

The total Delayed Patient days has remained consistent in 19/20



Cancelled Operations: The number of cancelled operations in Q4 2019/20 has increased compared to Q4 in 2018/19.

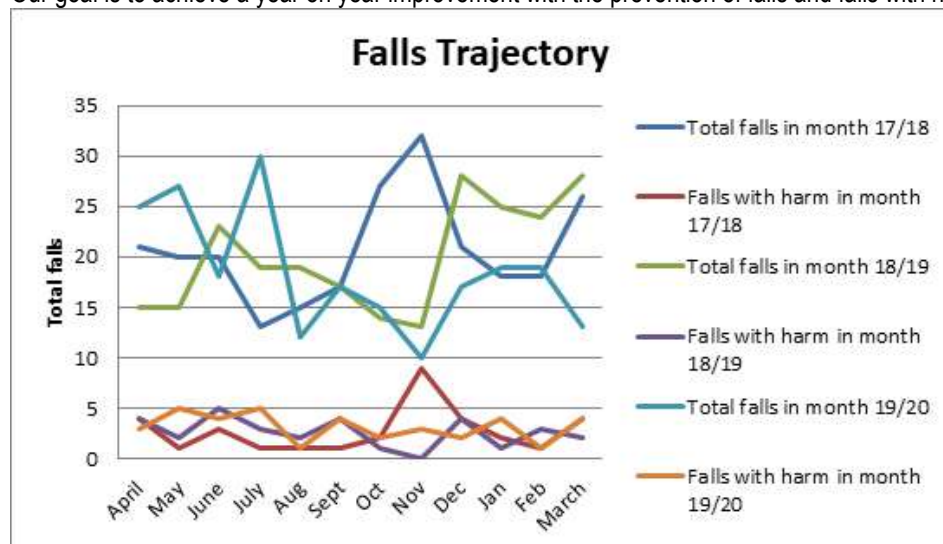
	Number of non-clinical cancellations
Q4 2018/19	26
Q4 2019/20	31
Variance	5 (19.23%)



Safety Indicators

Patient Falls:

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



To the end of March (Q4) there has been 222 total falls including 38 falls with minor harm. This compares to 240 total falls and 31 falls with harm in the same time frame last year. There has been a small increase in quarter to previous and to date there has been no moderate harm falls within the Trust. The Falls Prevention steering group meet monthly as a multi-disciplinary group and discuss all falls with harm incidents.

One of the falls in quarter 4 involved a patient who fell out of the ceiling track hoist whilst being transferred from the bathroom to their bed. The patient sustained a head injury and laceration as a result which was later classified as a minor harm incident. This incident prompted an investigation to review the hoist, sling and the procedure that was undertaken. The equipment had been checked by the company just before the incident and was working. Findings found that a new member of staff attempted to transfer the patient back to bed on their own; this is not normal practice but there were some patient factors that may have influenced this decision making. As a result of this incident the hoist spreader bars have all been changed by the company and no further incidents have occurred since.

A work plan for the Falls Prevention steering group for 2019/20 is ongoing. Each month a falls analysis report is compiled by the Falls prevention steering group which is then disseminated to local departments/wards highlighting any themes/trends in month, lessons learnt and any good practice for sharing. Analysis has shown that patients at risk of falls are being correctly identified and there is evidence that some measures are being taken to reduce the risk but this may not be consistent across all areas. A continuing theme which is a challenge is patients who have capacity and are advised to ask for help but then choose to take the risk and mobilise on their own. Staff are encouraged to educate the

patients on the risks and provide them with information about falls. Leaflets for inpatients and patients with long term conditions have been updated and are printed and distributed.

We had a meeting with our falls equipment provider about new devices that are available, this included a device that can be fixed in the bathroom / toilet and could be attached to the patient as required. It would activate if the patient tried to stand or move from a sitting position. We felt that patients would benefit from such devices and a request will be made to charitable funds.

Video surveillance was installed in the Complex rehabilitation unit (CRU) to help with the monitoring of multiple patients in single side rooms at risk of falling. Staff take it in turn to observe the patients on a monitor and call for assistance if a patient tries to mobilise without help. A review of its effectiveness in reducing falls with this group of patients will be undertaken.

A bedrails audit was due to take place in Q4, results will be collated and feedback to the Falls Prevention steering group and relevant clinical areas. The audit looks at the number of patients using bedrails and if they were deemed suitable at that time.

A falls gap analysis was undertaken; the purpose of the gap analysis was to identify any discrepancies between actual and reported falls. This can help with interpretation of the falls rates and the culture of reporting. A smaller gap suggests a better culture. (National Falls audit 2017). All falls were reported; this would suggest that there is a good culture of incident reporting within the Trust. Also good communication between nursing staff and physiotherapists who were informed of which patients had fallen on the ward and who may require additional assessments.

The Trust have been progressing with a national CQUIN related to falls which refers to 3 key falls prevention interventions for patients over the age of 65. These are lying and standing BP being recorded once during patient stay, a rationale being documented for use of hypnotics, anxiolytics or antipsychotics in this cohort of patients, and a documented mobility assessment for patients within 24 hours of admission. Patients are excluded from the study if they are bed bound, hoist dependent or unable to participate in the lying and standing blood pressure.

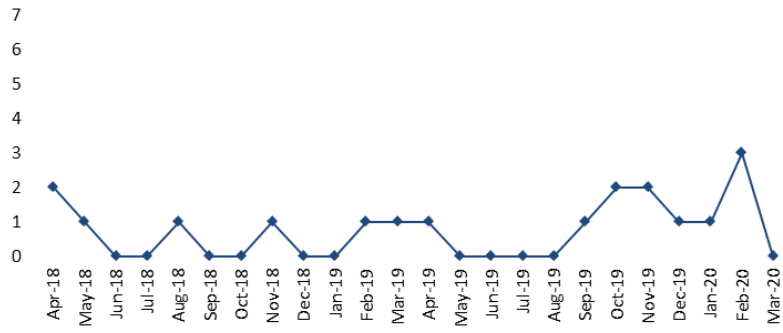
We are collating the results for quarter 4 and hope to see an increase in compliance from quarter 3 with the recording of lying and standing blood pressure.

Pressure Ulcers

In Q4 2019/20 there were 4 category 2 Walton Centre acquired pressure ulcer.

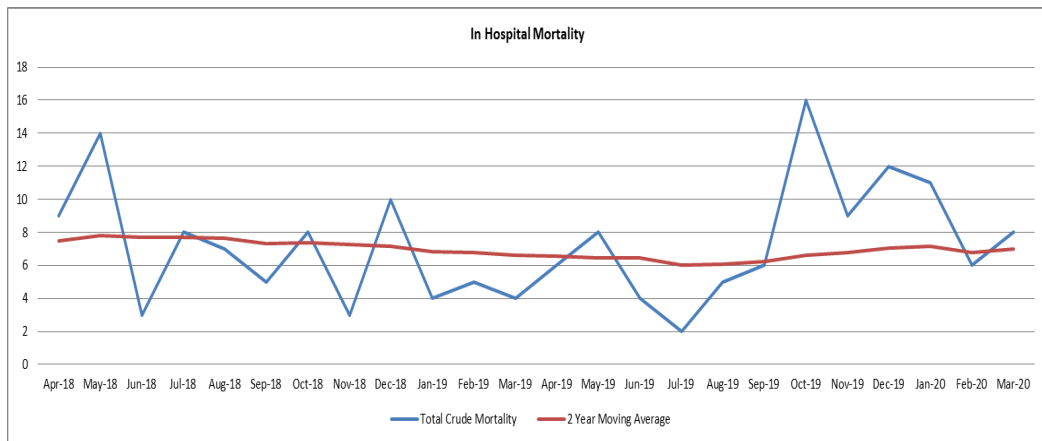
Below is a graphic representation of our position to date

Total Hospital Acquired Pressure Ulcers (Category 2, 3, 4 & Unstageable)



Mortality

Mortality was in line with average in Q4. All cases are subject to detailed clinical review and discussion at Quality Committee and no cause for concern identified.





Response to the second phase of COVID-19 capacity recovery

Jan Ross – Deputy Chief Executive
April 2020



Approach

- Cheshire & Merseyside Approach
- Hospital Cell
- Maximize capacity to treat patients – ensuring equability of access
- Remain prepared for 2nd Wave COVID-19

Key Principles

- Effective Planning
- Infection control
- Social distancing
- Alert – 2nd wave
- Follow clinical advice
- Capitalise on opportunity – New ways of working



Key Assumptions

- 80% Occupancy
- 85% Non-Elective
- Continue to support Stroke services from Aintree
- PPE availability

Summary Capacity Plan
The Walton Centre NHSFT (15/05/20)

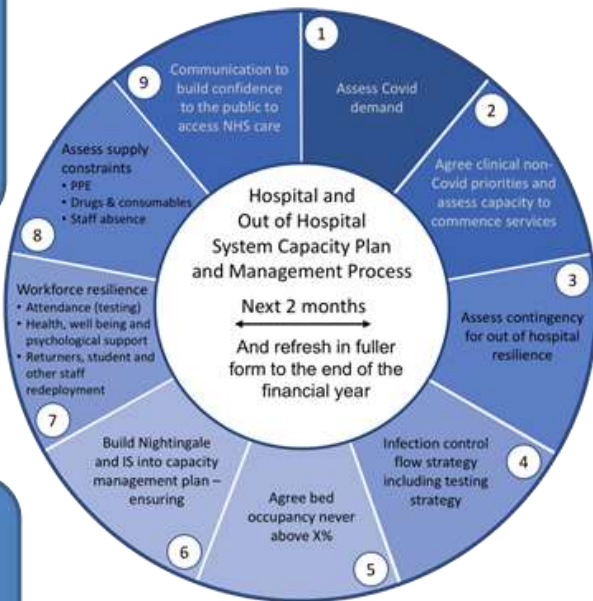
Following national guidance and continue to offer full services for urgent / emergencies patients.
 GP referrals are being accepted for all specialties.
 Advice and guidance service provision has been expanded in all specialties.

Average COVID demand: G&A 14 confirmed, 3 suspected. ITU 3 confirmed, 1 suspected.
 Assumption COVID demand is additional across all beds.

Running at an average of 7 days PPE stock. Only concern is the unreliability of the push deliveries.
 Staff absence being managed through redeployment and bank usage. ITU staffable beds is 75% of available beds.
 Only concern regarding supply of consumables / drugs is some anaesthetics drugs

85% of normal seasonal demand would equate to 71 beds. In addition, non elective activity is enhanced due to the transfer of Aintree Hospital Stroke ward and Royal Spinal Service transfer.
 Normal seasonal demand in relation to these transferred services. Unknown so assumed demand limited to 23 beds

Sickness / Shielding rates X% and x% respectively.
 Comprehensive staff support package in place.
 18 x Students placed via C&M universities
 Redeployed staff
 Bank usage in critical care



Current average BDs for Delayed Discharges/transfers is 56% of 19/20 levels.
 Variance equates to 8 beds.

No IS capacity has been commissioned. Currently exploring use of off site IS or NHS capacity for limited pain day case activity as this is area of significant performance pressure (52wk breaches) and would support primary and secondary care services by reducing patient demand.

Of 5 acute wards, 1 has been ring fenced as a Stroke ward. Remaining 4 wards;
 1 x Isolation COVID-19 positive/suspected/step down (RED/GREEN)
 2 x Emergencies screened on admission (AMBER)
 1 x Scheduled & pre screened (WHITE)
 Separate flow for amber / white pathway patients.

Regionally agreed 80% maximum occupancy. Normal seasonal occupancy circa 77% however Stroke and Spinal impact needs factoring in to 19/20 act. Capacity remaining (working to 80% occupancy) after COVID / non elective demand represents 45% of normal elective activity levels.

Any questions?



The Walton Centre
NHS Foundation Trust



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Staff Survey 2019

Mike Gibney, Director of Workforce and Innovation
Jane Mullin, Deputy Director of Workforce and Innovation

Background

- The 2019 survey was distributed to all Trust staff between September and November 2019
- 622 staff took part in this survey
- Response rate of 46% of all staff against a national average of 58% for the 14 organisations in our benchmarking group



Context for Staff Engagement



The Walton Centre
NHS Foundation Trust

The Staff Survey is an important annual strand in the organisation's overall approach to staff engagement. Other elements include:

- Established staff communications and engagement methods including a daily safety huddle, CEO huddle, weekly email bulletin to all staff, Walton Weekly; plus a monthly team brief meeting for all heads of department which is led by the Chief Executive
- Quarterly clinical senates draw together clinicians to discuss clinical issues and are well attended from all specialties
- Quarterly staff listening weeks/ health and wellbeing days
- Participation in Staff Friends and Family Test

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Findings

The findings for the 2019 survey are arranged under 11 themes:

- Equality, Diversity and Inclusion
- Health and Wellbeing
- Immediate Managers
- **Morale**
- Quality of Appraisals
- Quality of Care
- Safe Environment- bullying and harassment
- Safe Environment- violence
- Safety Culture
- Staff Engagement
- **Team Working** – new for 2019

There has been no statistically significant change in nine of the themes and two themes indicate a significant improvement this year.



Findings

In the following 7 themes the Trust was either better or the same as the national average:

- Equality, diversity and inclusion - better than national average
- Health and Wellbeing - better than national average
- Immediate Managers - same as the national average
- Morale - better than national average
- Quality of Care - same as national average
- Safe Environment - bullying and harassment - better than national average
- Staff Engagement - same as the national average



Findings

In the following 2 themes the Trust's score was worse than the national average

- Quality of Appraisals
- Safe Environment - violence

Findings

In the following 2 themes the Trust's score was the best in group:

- Morale
- Team Working

National Picture

- Improved in 5/11 themes
- Immediate managers
- Morale
- Quality of Appraisals
- Quality of Care
- Safety Culture
- No improvement in B&H and V&A
- Equalities gap widened for BME Staff

Quality of Appraisals

- Appraisal compliance rate at end of January 2020 was 83% against a target of 85%
- Whilst the Trust's scores for this theme remain below the national average, there has been an improvement in all 4 questions from the 2018 survey
- Revised appraisal documentation was launched in January 2019 and was designed to encourage staff and managers/appraisers to have a meaningful conversation
- Mandatory line management training programme "Building Rapport the Walton Way" covers the importance of appraisals, pay progression, objective setting and the appraisal cycle



Quality of Appraisals

- It helped me improve how I do my job - increase from 22% in 2018 to 23.1% in 2019
- It helped me agree clear objectives for my work - increase from 34.6% in 2018 to 36.2% in 2019
- It left me feeling that my work is valued by my organisation - increase from 35.4% in 2018 to 36.2% in 2019
- The values of my organisation were discussed as part of the appraisal process - increased from 33.7% in 2018 to 39.2% in 2019



Safe Environment - Violence

- Over the past 12 months there has been a continuous focus on this area
- LastLap - Looking after staff to look after people
- Issues of violence and aggression are discussed at the safety huddle meeting on a daily basis
- Whilst the Trust's scores for this theme remain below the national average, there has been an improvement in 2 of the 3 questions from last year's scores
- Organisational level commitment to FMLM



Safety Environment

The scores that improved were as follows:

- In the last 12 months how many times have you personally experienced physical violence at work from patients, relatives or other members of the public?

This score improved from 22.3.1% in 2018 to 20.3% in 2019

- In the last 12 months how many times have you personally experienced at least one incident of violence from managers?

This score improved from 0.8% in 2018 to 0.4% in 2019

The score that decreased was:

- In the last 12 months how many times have you personally experienced at least violence from colleagues?

This score decreased from 2.1% in 2018 to 2.7% in 2018



WDES

- 9 questions
- 2018 v 2019 - better in 8 out of 9 questions
- Better than national average in 7
- Worse than national average in 2
- B&H from patients/relatives public - reduced 36% to 32% - average 27.8%
- Reporting B&H – 56% to 52 % - average 53%
- Experiencing B&H from colleagues 22% to 15%



WRES

- 4 questions
- 2018 v 2019 - better in 1 out of 4 questions
- Experiencing B&H from colleagues 23% to 21% average 29%
- Better than national average in 2
- Worse/same than national average in 2
- B&H from patients/relatives public - 29% to 35% - average 20%
- Provides equal opportunities for career progression 91% to 77% - average 75%
- Discriminated against be manager 10% to 13% - average 13%



Key Highlights



The Walton Centre
NHS Foundation Trust

- Has your employer made adequate adjustments to enable you to carry out your work?- increase from 74.6% in 2018 to 86.7% in 2019 - best score in the benchmarking group
- Does your organisation take positive action on health and well-being? - increase from 48.7% in 2018 to 50% in 2019 - best score in benchmarking group for the 5th consecutive year
- The support I get from my immediate manager- increase from 70.7% in 2018 to 78.6% in 2019 - best score in benchmarking group
- My immediate manager values my work - increase from 70.9% in 2018 to 78.4% in 2019 - best score in benchmarking group
- In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?- decreased from 8.4% in 2018 to 7.2% in 2019 - best score in benchmarking group
- I am able to make suggestions to improve the work of my team/department - increase from 76.9% in 2018 to 80.9% in 2019 - best score in benchmarking group

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Next Steps



The Walton Centre
NHS Foundation Trust

- Action planning for whole survey with Staff Side
- Staff Survey Champions
- Divisional action plans - Divisional Leads
- Particular focus upon quality of appraisals, safe environment (violence)
- Need to continually refresh 'successful' initiatives
- Focus Groups – services & teams
- Staff Survey engagement event 27th April 2020

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The Walton Centre NHS Foundation Trust

REPORT TO COUNCIL OF GOVERNORS

Date 2nd June 2020

Report Title	Chair's Assurance Report
Sponsoring Director	Sheila Samuels – Non-Executive Chair
Author (s)	Jan Ross, Director of Strategy and Operations
Purpose of Paper:	
<p>The Business Performance Committee continues to receive reports and provide assurance to the Board of Directors against its work programme via a summary report submitted to the Board after each meeting. Full minutes and enclosures are made available on request.</p> <p>The paper provides an update to the Board of the meeting of the Business Performance Committee held on 25 February 2020.</p>	
Recommendations	<p>The Council is requested to:</p> <ul style="list-style-type: none"> note the summary report

1.0 Matters for the Board's attention

- 2020/21 Business Planning – draft submission
- Pain Service presentation

2.0 Items for the Board's information and assurance

The Committee received the following updates:

a) **Operational Deep Dive – Pain Service**

The Divisional Director of Operations for Neurosurgery presented a deep dive into the current pain service highlighting an increase in referrals, reasons and numbers. Concern was raised regarding the sustainability of the current situation and the waiting times for pain services at the Trust. Current risks and options were explained and the impact of such options.

The Committee agreed that they had a better understanding of the current financial and qualitative impact of the situation. An update would be provided at the next meeting, following a planned meeting with NHSE/I when the problems around delivering the service would be raised. The update would identify possible options in addressing the issue insofar as it impacted on the Trust / patient care.

b) **Integrated Performance Report Operations**

The Director of Operations and Strategy went through the IPR in relation to operational management highlighting areas of good practice which included cancer and radiology. The area of concern continued to be the average wait within the pain service, theatre utilisation and the Committee were also asked to note that the areas for improvement highlighted within the data were the areas of focus.

Finance

The Director of Finance updated on the key issues from the finance section of the report. January reported an £652k surplus (including PSF income) which was in line with plan. In month delivery to plan was partly due to a change in accounting methods for partially completed spells. In M10 PSF cash was assumed given that the plan was delivered in month (£155k). Use of resource risk rating remained at 1 (lowest level of risk).

Pay and non-pay expenditure showed an in month over spend of £438k against plan (YTD £766k under spent). The Committee were asked to note that QIP and vacancy factor was now not allocated to pay and non-pay and would be shown separately. Pay expenditure was £154k

underspent against plan in month primarily due to vacancies (medical and nursing). Agency spend was £37k in January (increase in month due to medical and admin staffing). Non pay was £58k over spent in month (£127k underspent YTD). The key reasons for this were increased drugs costs and interpreting and legal costs.

The Trust delivered £125k of savings against planned savings of £261k in January. The Trust cash balance at the end of January was £26.1m.

Capital expenditure was £262k which was £75k above plan.

The forecast still remained below plan with recovery schemes still being worked through. Weekly phone calls were taking place with NHSE/I regarding the likelihood of meeting the year end control total. The key risks were outlined in particular the challenge to deliver recurrent QIP.

The Committee were asked to note the submission dates of 2020/21 business planning and the significant increase to CNST costs for 20/21 which had been queried with NHS Resolution.

Workforce

The Director of Workforce and Innovation went through the well led indicators. Friends and Family test remained good and significantly above the national average. There had been a significant increase in sickness / absence levels over the past 12 months. Overall vacancy levels had increased significantly.

c) Performance Assurance Framework

The Director of Operations & Strategy highlighted the risks from the Activity Plan and updated on current mitigations. Updates were noted from last month's report in particular the forthcoming QIP time-out session and an update on spinal reconfiguration with the establishment of a weekly provider board.

d) Policy Update Report

This was noted by the Committee.

e) Terms of Reference

- **Capital Management Group** – approved but required clarification on whether relevant policies and procedures would be escalated to Trust Board or to Business Performance Committee.

f) Work Plan (Cycle of Business)

The Director of Operations and Strategy presented an updated cycle of business. It was confirmed that workforce elements would be included in the People Strategy and the Finance and Procurement Strategy would be added.

g) Custom Procedure Packs – Recommendation Report for contract award

The Head of Procurement presented a Recommendation Report for a contract award for the Theatre procedure packs following a procurement process under NHSSC Category towers. The Committee approved the contract and noted it would give an annual saving of £18k per annum.

h) Patient Administration System (Silverlink Contract)

The Head of Procurement presented the Front Line Support for PAS Recommendation for Contract Award and asked for comments before approval at Trust Board. The report was compiled following a review and completion of a framework benchmarking exercise for the provision of front line support of the Trust's patient care system to ensure compliance and value for money.

Five main options were presented with the preferred being option 4 which would be to award Silverlink a 5 year contract under the HTE direct award option of the ComIT2 framework.

i) Service Improvement – Update on Theatre Transformation

The Head of Service Improvement Transformation presented a paper on progress to date on theatre transformation programme highlighting areas for opportunity, the model to be used and the overall aims of the programme. It was recognised this was currently a work in progress and the next steps were outlined. There was a request to show KPIs and current performance on the next update paper.

j) Heating and Pipework Replacement Scheme

The Estates Manager gave an update on Phase 2 of the heating replacement scheme highlighting the current works position, variations to date and estimated costs. The Committee were also briefed on plans for Heating Scheme Phase 3 and were in agreement on the need to increase governance arrangements for this phase. It was noted the paper would be presented to Trust Board in April for approval.

k) Finance / Operational Plan

The Deputy Director of Finance presented the current assumptions / draft finance and operational plan. Highlighted were key risks and current CIP requirements and ideas to support the plan going forward. Concern was raised that there was no contingency arrangements for pressures within the plan and this would need to be the subject of further discussion at the Trust Board prior to the plan being finalised.

3.0 Progress against the Committee's annual work plan

The Committee continues to follow its annual work plan.



REPORT TO THE COUNCIL OF GOVERNORS
Date 2ND June 2020

Report Title	Chairs Assurance Report for Quality Committee
Sponsoring Director	Seth Crofts (Non-Executive Director)
Author (s)	Lindsey Vlasman – Deputy Director of Nursing and Governance
Purpose of Paper:	
<p>The Quality Committee continues to receive reports and provide assurance to the Board of Directors against its work programme via a summary report submitted to the Board after each meeting. Full minutes and enclosures are made available on request.</p> <p>The paper provides an update the Board of the meeting of the Quality Committee held on 23rd January 2020</p>	
Recommendations	<p>The Council is requested to:</p> <ul style="list-style-type: none"> • note the summary report

1.0 Matters for the Board’s attention

- Potential future changes for EPMA
- Introduction of the new IPR
- Increase of Mortality in October 2019 noted on the IPR
- 2 Serious Incidents in December 2019 (1 wrong level surgery and 1 category 2 pressure ulcer)
- 2 CPE on Sherrington Ward for December 2019 both being investigated

2.0 Items for the Board’s information and assurance

A) Patient Story

A patient story was presented with key actions and key learning shared.

B) Digital Strategy

An overview of the digital strategy was presented including,

- Future developments with EP2
- Cyber attack updates
- End of life of IT products
- New NHS email system
- Windows 10
- Transformation programmes
- Call centre patient access centre
- Upgrade of software

C) Medical Directors Update

- Update regarding the latest report from blood and organ donation
- ICNARC report positive

D) Integrated Performance Report

The new format of the IPR was discussed and how this would be presented at future meetings. A discussion regarding complaints and the Walton centre being an outlier for the amount of complaints that we receive compared to other outstanding trusts.

RAMI data was discussed and an agreement was made that AN was to have a further meeting regarding mortality reports and reviews and widening the remit of mortality meetings to the MDT.

HO to have a further meeting with MF to discuss pressure ulcers and how they are recorded on the IPR.

Divisions also to meet with MF to discuss the divisional charts

The committee happy with the new format of the IPR but would like a heat map for each division which would be easier to present.

E) Board Assurance Framework

An overview of the BAF was provided and the risk for violence and aggression risk was discussed and has been reduced. A new risk has been put onto the BAF regarding the Quality Strategy and the risks associated with achievement of this.

F) Mortality and Morbidity Quarter 2 Report

DC gave an overview of neurosurgery mortality and MW gave an overview of neurology. All cases within the report were discussed.

G) Safety Huddle Quarter 3 Report

An overview of the safety huddle for Q3 was provided with the key themes

H) Infection Prevention Quarterly Quarter 3 Report

An overview was provided for Q3 regarding infection prevention. Legionella update provided with the current position, hydrops has now been purchased and will be rolled out across the trust and will support staff with their flushing schedules. Tissue Viability Nurse post remains vacant and will be advertised this week. Flu Campaign CQUIN currently not met further work needs to be undertaken for final figures.

I) Medicines Management Annual Report

An overview was provided regarding Medicines Management at The Walton Centre.

- Medicines reconciliation was also discussed
- A description of the portal was provided
- Controlled Drugs Update was provided
- Non Medical prescribing overview
- Anti Microbial stewardship
- EPMA
-

Review work plan for this report to come to committee in June rather than January

J) Governance and Risk Management Q3 Report

Overview of the report was provided, looking at incidents, complaints, and the increase of incidents for safeguarding.

There has been a further increase in complaints, concerns and claims for quarter 3 and the key themes have been identified. The divisions will be working to address these.

K) Quarterly Trust Risk Register

The trust risk register was presented and a discussion was had for the high risks and the new risks.

L) Quality Accounts

The quality accounts were presented with an overview of accounts that had been chosen from the council of governors meeting. Further engagement will be provided to Health watch and the other external provide



REPORT TO THE COUNCIL OF GOVERNORS
2nd June 2020

Report Title	Chairs Assurance Report
Sponsoring Director	Seth Crofts – Non-Executive Chair, Research, Development and Innovation Committee
Author (s)	Mike Gibney, Director of Workforce and innovation
Purpose of Paper:	
The paper provides an update to the Board of the meeting of the Research, Development and Innovation Committee held on the 4 March 2020.	
Recommendations	The Council is requested to: <ul style="list-style-type: none"> • note the summary report

1.0 Matters for the Board’s attention

NRC Organisational Change

As part of the on-going programme to improve the internal research service, Committee was informed of the structural changes within the team. Essentially, there will be one Band 7 nurse with a flatter structure beneath that brings the service into line with the provision at other trusts.

NRC Financial Recovery Update

The underlying issue behind the service’s financial challenge has been a reduction in commercial studies and the new structure will prioritise these noting that there is a pipeline of commercial studies ready to be actioned.

The trust is involved in collaborative research projects which are funded by NIHR and other sources. The committee felt that income sources from collaborative projects should be captured as part of the research income for the trust

2.0 Items for the Board’s information and assurance

The Committee received the following updates:

Hyperacute Stroke Research Centre

Dr Kausik Chatterjee, Stroke Physician, Countess of Chester NHS FT and Dr Alakendu Sekhar Consultant Vascular Neurologist, The Walton Centre NHS FT and SRG Lead in Stroke Northwest Coast presented to the Committee on the Hyperacute Stroke Research Centre. This is a joint venture between The Walton Centre NHS FT, The Countess of Chester NHS FT and the Clinical Research Network North West Coast. Key items of note were:

- 2-tier stroke research
- Commenced in 2010
- Centrally funded - £200-400k
- Yearly application process: scrutinised by Health Service Research Centre (HSRC) oversight group
- First joint HSRC between a stroke centre and a specialised neuro-centre - accreditation gained in 2018

An overview of the stroke workflow was provided particularly with regards to the thrombotic clinical pathway and The Walton Centre's contribution.

Strategic Partners Update

ARC: NWC – Dates have been set for the ARC Fest quarterly meetings to discuss the implementation of population focused research across key themes.

Innovation Agency: NWC – The Innovation Agency Partnership Board last met on the 22/01/20. The format of the meeting had been a business planning workshop using world café techniques to identify the future work programme for the Innovation Agency that reflect the wider system issues and risks. There was also a focus on what contribution/impact the Innovation Agency could deliver. The engagement exercise was worked around the following seven themes:

- Mental health
- CVD
- Workforce and supporting activities e.g. coaching and leadership development
- Patient Safety Collaborative
- Economic Growth
- Local Programmes – establishing a pipeline from universities, trusts, local authority partners, workforce boards etc.
- Digital

CRN: NWC – Jacqui Pirmohamed, Chief Operating Officer for the Clinical Research Network North West Coast, had retired. A replacement appointment had been made but the details had not been widely communicated. It was therefore anticipated that changes could be implemented in the next financial year. Support continued to be provided to for the TONiC study.

LHP – The key points of note were that the Trust was participating in a mental health collaboration for young people with epilepsy and that Dr Conor Mallucci had been appointed as the Neuroscience Lead for LHP.

Reinvestment in Research Policy

Recent NIHR guidance had recommended for trusts to implement a Reinvestment in Research Policy to provide assurance and guidance on the recovery and allocation of income generated through conducting commercial clinical research studies in accordance with national guidelines. The policy was approved by the Committee.

RD&I Finance and Performance Report

The RD&I Management Accountant informed the Committee that a £132k overspend was forecast for year end and that business planning had been undertaken for 2020/21 which indicated a £272k overspend however, this was based on 2020/21 income. However, there is a case to be optimistic based upon the number of trials (notably commercial studies) that are in the pipeline for the forthcoming financial year. There is also an appetite to deepen the Committee's understanding of funding sources, the financial flows and the value of partnership arrangements to ensure financial recovery.

CRN funding for 2020/21 had been confirmed as £30K against a target of 1900. This was a 5% reduction from the previous year. Conversations were being held between the Trust and the CRN as the Trust had not been consulted regarding funding allocation or recruitment targets for 2020/21.

Sponsorship Oversight Group

A review of the group had been undertaken and last met on the 03/03/20. Confirmed minutes and Terms of Reference would be brought to the May Committee meeting.

Medical Innovation Group Update

The group last met on the 18/02/20 and the key items of note were:

Innovation Strategy – This had now been endorsed at Board level and the group was informed that the fundamental purpose of the strategy was to embed a culture of innovation across the Trust and to establish a pipeline of ideas across all service areas.

Elementary Routine Nutritional Screening Tool (ERNST) – Presentation by Vicky Davies, Principal Dietitian, on her development of an app that could screen for both undernutrition and overnutrition. It has a considerable number of practical applications covering significant numbers of the population. The app was warmly endorsed by the group and Vicky is working closely with Dr Andy Rose, Head of Commercial Engagement, to explore funding options to develop a prototype. There is commercial potential for this concept and once the prototype has been established, will explore a formal commercial partnership.

Artificial Intelligence Project – Presentation by Dr Sundus Alusi, Consultant Neurologist, overview a joint proposal with Liverpool John Moores University to differentiate progressive supra-nuclear palsy (PSP) from Parkinson's disease (PD) in the early stages. The objective was to identify a matrix of indicating factors within a Smart Home environment within Liverpool John Moores University. These will include:

- Record limb / general movements
- Record Gait (speed, stride length, turning)
- Record speech quality
- Analyse Eye movement

The group agreed to support Dr Alusi to access the Research Capability Fund to resource the development of a comprehensive research business case which would be brought to a future meeting of the Research, Development and Innovation Committee.

Both presentations represent innovative concepts underlining the creativity and energy that exists within the Trust.

Workforce Innovation Group Update

The inaugural meeting of the group had been held further to which there had been agreement for the workplace innovation agenda to be integrated into the transformation agenda. A meeting was being held in April 2020 to consider how the work is taken forward.



REPORT TO THE COUNCIL OF GOVERNORS
Date 2ND JUNE 2020

Report Title	<i>Chairs Assurance Report from the meeting held 21st April 2020</i>
Sponsoring Director	Su Rai – Non-Executive Chair
Author (s)	Jane Hindle, Corporate Secretary
<i>Purpose of Paper:</i>	
<p>The Audit Committee continues to receive reports and provide assurance to the Board of Directors against its work programme via a summary report submitted to the Board after each meeting. Full minutes and enclosures are made available on request.</p> <p>The paper provides an update to the Board following the meeting of the Audit Committee held on 21st April 2020.</p>	
Recommendations	<p><i>The Council is requested to:</i></p> <ul style="list-style-type: none"> <i>note the summary report</i>

1.0 Matters for the Board’s attention

There were no matters requiring the Board’s attention.

2.0 Items for the Board’s information and assurance

The Committee received the following updates:

a) Internal Audit Update Report and Head of Internal Audit Opinion

The Committee received the Head of Internal Audit’s overall assurance level and overview for the year. The report set out the need for the Trust to maintain strong governance and good stewardship during the Covid-19 pandemic and to reflect on some of the bigger decisions when putting together the annual governance statement. An overall opinion of substantial assurance was provided.

There was considered to be a good system of internal control. The commentary continued to describe the assurance framework opinion and how internal audit came to the conclusion that the Trust had met NHS requirements through a risk based plan of work agreed with management and approved by the Audit Committee.

b) Internal Audit Plan 2020/21

The Committee received the draft Internal Audit Plan of agreed and mandated work which included the work mandated by Public Sector Internal Audit Standards or NHS Digital (i.e. in the case of Data Protection and Security Toolkit DPST) or audits that had been identified on a risk basis. It was agreed that a degree of flexibility was required due to the impact of COVID-19.

c) Internal Audit Charter

The Committee received the Internal Audit Charter - a formal document presented alongside the Internal Audit Plan. The Internal Audit Charter is mandated through the Public Sector Internal Audit Standards and defines the internal audit activity’s purpose, authority and responsibility.

d) 2019-20 Anti-Fraud Services Annual Report

The Committee received the report which detailed the work that had been undertaken against the work plan for the financial year. Reference was made to the Engagement Meeting with representatives from NHS Counter Fraud Authority (NHSCFA) as this was a new process and an alternative to the former two day inspection of the Trust's Counter Fraud arrangements. The meeting took place in February 2020 and the recommendations included reviewing the effectiveness of engagement around the fraud agenda and ensuring that risks relating to fraud were regularly updated. It was acknowledged that Covid-19 would have an impact on the programme of work during 2020/21.

e) Anti-Fraud Annual Plan 2021-22

The Anti-Fraud Plan was presented to the Committee and attention brought to the areas to be covered during the financial year. Covid-19 would have an impact on work and a meeting would take place with the Director of Finance to discuss what work needed to be done. Regular meetings would then take place throughout the year.

f) External Audit Progress Report and Audit Plan 2019/20

The Committee received an update on progress against the plan. The report provided generic comments on the impact of Covid-19 particularly in terms of changes to the timetable and finding new ways of working which was hoped would become good practice in the future.

g) Audit Plan Addendum 2019/20

The Committee received an addendum to the 2019/20 External Audit Plan which outlined the Value for Money (VFM) audit. The distinction was made that the responsibility of the auditors was to form a view on the accuracy of arrangements for VFM as at 31 March 2020 so the impact of Covid-19 did not impact on the existing arrangements expected at that point. Whilst the auditors will be aware of the Covid-19 responses and implications of VFM for this year's audit the main work done on it will be in next year's audit.

h) NHS Trust and Foundation Trust Accounts Key Financial Indicators 2018-19

The Committee received a report which identified 11 key financial indicators from all current NHS trusts and foundation trust accounts for the year ending 31 March 2019 to enable trusts to compare its performance with all other trusts and identify areas for further investigation.

i) Tender Waivers

The Committee received the report which detailed all waivers in the period January to March 2020. (Q4). In line with the Trust's Standing Financial Instructions the Trust reports tender waivers where the value of the expenditure exceeds £50,000 and which has not followed appropriate procurement process in terms of formal tendering or been purchased via a national framework.

There had been 2 waivers in the last quarter:

- Waiver W2019/85 was recorded in January 20 and related to the upgrade of the Laboratory Information Management System (LIMS).
- Waiver W2019/104 was recorded in April 20 for the purchase of infusion pumps and syringe drivers.

j) Bad Debt Write Off

The Committee reviewed the bad debt write offs. Those from 2019 totalling £245 had been approved to be written out of the ledger at a previous Audit Committee and would be reported to NHSI together with the losses and compensation payments for the year.

A further item valued at £29,852 had now been identified and this related to an overseas patient, with no travel insurance, treated as an emergency in 2016. Part of the debt had been recovered from South Sefton CCG but the outstanding debt remained. Members were advised that a new process had been put in place around recovering debt from overseas patients

k) Aged Debtors

The Committee received a report summarising the position at M12 in relation to aged debtors. In line with the Trust's Treasury Management Policy the financial accounts team chase payment of debts on a monthly basis in order to maximise the availability of cash. The Committee were updated that resources were now in place for the debt recovery process and good progress had been made.

l) Losses and Special Payments

The Committee Accountant, Ms Stevenson, presented the report for 2019/20 detailing that 7 losses or compensation payments costing £24,166 had been made. There had been an increase in the value compared to last year. Payments under £10k were covered by the Trust and over that amount by Clinical Negligence Scheme for Trusts.

Looking at the reasons for some of the payments it was apparent to Non-Executives that staff are sometimes victims of violence and aggression by patients and it was suggested that by looking at payments made to staff over a period of 5 years would be another way of looking at the impact of that problem. It was requested that this data be put together for analysis by another Committee (i.e. Quality Committee).

3.0 Progress against the Committee's annual work plan

The Committee continues to follow its annual work plan and there have been no deferred matters during the year. Areas of focus for the coming meeting will be:

- Financial Statements
- Annual Governance Statement
- Annual Report
- Board Assurance Framework
- Compliance with the Provider Licence
- Quality Account
- 3rd Party assurances
- Annual Report of the Committee



REPORT TO COUNCIL OF GOVERNORS
Date: 2nd June 2020

Title	Governor's Register of Interests
Sponsoring Director	Janet Rosser, Trust Chair
Author (s)	Jane Hindle, Corporate Secretary
Previously considered by:	None
Executive Summary	
<p>In line with the provisions of the Standing Orders for the Council, this paper sets out the table the current list of declared interests from Governors. Members with a 'nil entry' have not been listed, for ease of reference. Governors are required to notify the Corporate Secretary of any new or changed interests, and update the public Register. An annual exercise is carried out to ensure that all Governors confirm that their entry on the register is up to date.</p> <p>Members with a conflict of interest in the agenda must declare that at the start of the meeting, and should withdraw from the relevant item whilst it is being considered.</p>	
Action required by the Committee:	<p>The Council of Governors is requested to:</p> <ul style="list-style-type: none"> note the current entries on the Register of Interests.
Related Trust Ambitions	<ol style="list-style-type: none"> 1. Deliver best practice care and treatments on our specialist field. 2. Provide more services closer to patient's homes, driven by the needs of our communities, extending partnership working. 3. Be financially strong, meeting our targets and investing in our services, facilities and innovations for patients and staff. 4. Lead research, education and innovation, pioneering new treatments nationally and internationally. 5. Adopt advanced technology and treatments enabling our teams to deliver excellent patient and family centred care. 6. Be recognised as excellent in our patient and family centred care, clinical outcomes, innovation and staff wellbeing
Risks associated with this paper	None identified
Related Assurance Framework entries	None
Equality Impact Assessment completed	Not applicable
Any associated legal implications / regulatory requirements?	It is a requirement of the Trust's Constitution and Standing Orders that the Trust hold a publicly available Register of Interest for all governors.

Council of Governors Register of Interests May 2020

Name	Declared Interest
Colin Cheesman	<ul style="list-style-type: none"> • Member and Advisor - The NeuroTherapy Chester • Trustee – Chester Voluntary Action • Member and Advisor – Parkinsons UK
Prof Peter Clegg	<ul style="list-style-type: none"> • Dean of the Institute of Ageing and Chronic Disease
Jonathan Desmond	<ul style="list-style-type: none"> • Sister, Dr Helen Elizabeth Millward .employed as a Registrar at The Walton Centre • Town Councillor (unpaid) – Maghull Town Council
Ruth Austin-Vincent	<ul style="list-style-type: none"> • MS Society - Regional External Relations Officer for Mersey, Cheshire and Isle of Man for MS Society • Lay Member for Engagement - Halton CCG • Chair - Mersey and Cheshire Neurological Alliance • Consultancy work in E&D – EW Group • Wellbeing Co-ordinator - Extinction Rebellion(XR) Liverpool
Natalie Dill	<ul style="list-style-type: none"> • Full time Staff Nurse - Cheshire and Wirral NHS Foundation • Business Owner Orgánico – 20% of profits are donated to the Walton Centre Charity.
Stella Howard	<ul style="list-style-type: none"> • Sister is a patient at The Walton Centre • Volunteer - Maggie’s Cancer Support Centre Clatterbridge
John Kitchen	<ul style="list-style-type: none"> • Lay Member – SURE Group at Liverpool Heart and Chest
Chris Sutton	<ul style="list-style-type: none"> • BT Plc - Major Corporate Accounts Mobility Specialist
Adrian Wells	<ul style="list-style-type: none"> • Married to Helen Wells, Deputy Director of Finance WCFT



REPORT TO THE COUNCIL OF GOVERNORS

Date

Title	Council of Governors Effectiveness Review 2020
Sponsoring Director	Janet Rosser Chair
Author (s)	Name: Jane Hindle Title: Corporate Secretary
Previously considered by:	None
Executive Summary	
<p>One of the provisions of the FT Code of Governance (B.6.5) is that the Council of Governors, led by the Chair, should periodically assess their collective performance, taking into account emerging best practice, as described under the Monitor publication 'Your statutory duties: A reference guide for NHS Foundation Trust Governors'.</p> <p>The purpose of this paper is to support the Council of Governors in considering their collective performance.</p>	
Related Trust Ambitions	<p>Delete as appropriate:</p> <ul style="list-style-type: none"> • Best practice care • More services closer to patients' homes • Be financially strong • Research, education and innovation • Advanced technology and treatments • Be recognised as excellent in all we do
Risks associated with this paper	Not applicable
Related Assurance Framework entries	No applicable
Equality Impact Assessment completed	<ul style="list-style-type: none"> • Not applicable
Any associated legal implications / regulatory requirements?	
Action required by the COG	<p>The Council of Governors are requested to:</p> <ol style="list-style-type: none"> a) Note the report b) approve the action plan

Council of Governors Effectiveness Review 2020

1.0 Introduction

1.1 One of the provisions of the FT Code of Governance describes how the Council of Governors should assess their effectiveness.

1.2 Clause B.6.5) states that the Council of Governors, led by the Chair, should periodically assess their collective performance, taking into account emerging best practice.

1.3 More specifically it states that :

Led by the chairman, the board of governors should periodically assess their collective performance and they should regularly communicate to members, details on how they have discharged their responsibilities, including their impact and effectiveness on:

- Contributing to the development of forward plans of the NHS foundation trust and
- Communicating with their member constituencies and transmitting their views to the board of directors.
- The Council of governors should use this process to review its roles, structure, composition and procedures, taking into account emerging best practice.”

1.4 The purpose of this paper is to support the Council of Governors in considering their collective performance.

2.0 Evidence of effectiveness

2.1 Evidence for the impact and effectiveness of the Council of Governors and areas for possible improvement have been considered under the three main responsibilities of the Council of Governors:

- Holding the non-executive directors individually and collectively to account for the performance of the Board of Directors;
- Communicating with their member constituencies and the public and transmitting their views to the Board of Directors, and

- Contributing to the development of forward plans of NHS Foundation Trusts.

2.3 In addition to this Governors have recently participated in a self-assessment survey and a summary of those findings is also included for consideration.

3.0 Holding the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors

3.1 The table below is taken from the Monitor publication ‘Your statutory duties: A reference guide for NHS Foundation Trust Governors’ sets out examples of activities that governors might undertake in seeking to hold the non-executive directors to account. The document is clear that it is not intended to set out “best” or even “good” practice, but that the approach should be decided at a local level. The right column evidences the Trust’s current position for consideration.

1. To hold the Non-Executives individually to account:	
a) Receive performance information for the chair and other Non-Executive Directors as part of a rigorous performance appraisal process as well as to inform decisions on remuneration terms for the chair and the other Non-Executive Directors.	<p>Non-Executive Performance and Remuneration</p> <p>During 2019/20 the Nomination and Remuneration Committee of the Council of Governors met on 3 occasions.</p> <p>In 2019 the Committee considered proposals to extend the term of office of two Non-Executive Directors Mr Seth Crofts, Ms Sheila Samuels. This was supported by satisfactory appraisals Executives as confirmed by the Chair.</p> <p>The Committee also considered a proposal to increase the remuneration of the Non-Executives in line with the 1% pay increase award to the Executives. This was supported by the full Council of Governors at its meeting in September 2019.</p> <p>In March 2020 the Nomination and Remuneration Committee considered a proposal to re-appoint Ms Janet Rosser as Chair for a further 3 years. This was supported by a successful appraisal that</p>

	has been completed by the Senior Independent Director and Lead Governor in 2019.
b) Observe the contributions of the Non-Executive Directors at board meetings and during meetings with governors.	Governors have a standing invitation to attend Board meetings and there are regularly two Governors in attendance.
2. To hold the Non-Executive Directors collectively to account:	
a) Receive the quality report and accounts and question the non-executives on their content	<p>The quality report and accounts were received by CoG at the AGM in September 2019. Feedback on the quality account was provided by the Trust's external auditors, and also the Director of Nursing and Governance.</p> <p>Governors were able to raise questions of the non-executives, and discussion included clarification of the</p>
b) Ask about the CQC's judgments on the quality of care provided by the trust.	<p>Governors were involved in focus groups during the CQC inspection and had the opportunity to question NEDs in the COG meeting prior to this.</p> <p>Throughout the inspection governors were kept up to date via regular emails in advance of the final outcome report. meetings</p> <p>The final report was presented to the governors in September 2019.</p>
c) Receive in-year information updates from the Board of directors and question the non-executives on their content, including the performance of the trust against the goals of the forward plan.	Non-Executive Board members attend the four Council of Governors meetings each year, and now give updates on current work and feedback from committees. This is in addition to an update on operational issues from the executive team.
d) Invite the chief executive or other executive and Non-Executive Directors to	Governors are able to share concerns and ask questions of NEDs at the Council of Governors meeting.

<p>attend council of governors meetings as appropriate and use these opportunities to ask them questions.</p>	<p>As governors are invited to attend the Board, some sub-committees and other groups within the corporate governance structures they can use their observations to inform their questions at the COG meeting. The process develops strong and direct engagement between governors and the Board, especially NEDs.</p> <p>In addition, less formal opportunities to engage with the Chair are provided through the Chairs Lunch meetings which involve only a small group of governors.</p>
<p>e) Receive information on proposed significant transactions, mergers, acquisitions, separations or dissolutions and question the nonexecutives on the Board's decision- making processes, and then, if satisfied, approve the proposal.</p>	<p>There have been no proposed significant transactions, mergers, acquisitions, separations or dissolutions in the past 12 months.</p>
<p>f) Receive information on documents relating to non-NHS income, in particular any proposal to increase the proportion of the trust's income earned from non-NHS work by 5% a year or more, and question the non-executives on the Board's decision-making processes; then, if satisfied, approve the proposal.</p>	<p>Just over 5% of the Trust's income is non-nhs/ income from non-patient related activities and this is reported in the annual accounts.</p> <p>A proportion of this is from R&D activity and a governor is in attendance at the RD&I Committee meetings.</p> <p>If the Trust was looking to increase this increase this income a proposal would be made to the Board.</p>

3.2 Improvement Actions

Governors who attend meetings are reminded that they have a responsibility to provide a written summary of the meetings they have attended. This is an important part of supporting and enabling fellow governors in their role.

4.0 Communicating with their member constituencies and the public and transmitting their views to the Board of Directors

- 4.1 There is active monitoring and review of the membership database to ensure that the Trust holds accurate information on its members.
- 4.2 The Trust's quarterly membership newsletter, 'Neuromatters', includes a 'Governor' page, which over the last year has featured:
- A biography of one of the newly appointed governors;
 - Details of the Trust's AGM;
 - The continual push to improve the FT's membership database, (including obtaining email addresses);
 - An explanation of changes to public membership boundaries;
 - Confirmation of public governor appointments, following the uncontested election.

4.3 Improvement Actions

The Trust has recently established a Membership Group to provide a focus to the membership strategy and to inform the Trust's wider Communication and Engagement Strategy of the Trust. This work will continue during 2020. Questions on notice will be included as a standing item on agendas and a log of questions received will be reported.

5.0 Contributing to the development of forward plans of NHS Foundation Trusts

- 5.1 The Council of Governors receives regular presentations by the Chief Executive and Executive team, providing an overview of the national and local position. These lead to an informed discussion of the Trust's strategy and forward plan.
- 5.2 Through their attendance at various meetings governors have the opportunity to raise queries and contribute to the plans and performance of the Trust. During 2019 governors were in attendance at Trust Board meetings where the following strategies were discussed and approved, People Strategy, Quality Strategy, Digital Strategy, Innovation Strategy, Research and Development Strategy.

5.3 Improvement Actions

Due to the COVID-19 response provider Trusts have not been required to submit operational plans for 2020/21 however the Trust is still focused on the delivery of its Strategy and the Council of Governors receive regular reports on the Trust's performance in relation to this. Opportunities to involve more governors in consultation on specific strategies will be explored in 2020. The first of these will be the Trust's Communication and Engagement Strategy and Estates Strategy.

6.0 Self-Assessment Survey

6.1 At the last meeting of the Council of Governors it was agreed that part of this evaluation would be undertaken by a survey, anonymised to encourage candid replies and would be limited in scope, focusing on the following four areas:

- Training needs
- Preferred methods of delivery/support
- Short and long term personal development priorities and
- Governor Skills and Knowledge.

15 out of the 24 active Governors in post responded, a response rate of 63%.

6.2 Governors were asked if they felt that they needed further training/or support to fulfil their role and statutory responsibilities.

6.3 53% of Governors feel that they require further training and support to fulfil their role and statutory responsibilities as Governor at the Trust and areas identified for further training/ improved understanding were as follows:

a) Strategic Context

The current NHS context and strategy,

Understanding of various functions (was this NHS or trust??)

Understanding the Strategic Vision of the Trust and Trust Operational Plan.

b) Operational Delivery

The full scope of medical conditions treated at the Trust and

New/innovative treatments developed at the Trust.

Understanding of financial issues,

c) The Governance Framework

Knowledge of the work of governor committees,

Holding the NEDs to Account:
How decisions are made and
Top 3 risks and challenges.

d) Membership Engagement:

Increased patients & families/carers engagement,

6.4 Preferred methods of delivery

Governors were asked about their information needs and how the Trust could best deliver any training or support

Currently new governors attend a 1 day induction event to support them in understanding their role and further opportunities for development are offered via attendance at NHS Provider events.

There was no overall consensus on the preferred method of delivery. These broadly fell into a 50% split between Face to Face meetings or Self-education, including the use of on-line resources. Suggestions received included:

- Those who are new to the role would benefit from events/training, networking supplemented with some online resources,
- Signposting to the right resources would support self-education
- Using the experience of other Governors would be helpful
- Delivered by e-mail or telephone conference and
- Full day e-learning package.

There was an acknowledgment that Governors needed to be flexible in any approach taken in order not to put too much pressure on the increasing demands on the Trust team and NHS in general.

Short and long term development priorities

Governors were asked if there were any other ways in which the Trust could support them to deliver their role and if there were any other practical considerations that would be helpful such as the timing of meetings.

Governors were keen to better understand the work of the Trust and to have closer relationship between Governors and the Board, as well as increased opportunity to meet with patients and staff. Suggestions included:

- Joint Workshops with people who use services to understand barriers and problems accessing the service,
- Attending Staff meetings,
- Attending staff and patient events and
- Closer connection between Governors and volunteers.

Regarding the location and timings of meetings, suggestions included holding meeting at weekends, evenings and in locations across the catchment area. Members were happy to continued receiving papers electronically.

Governor Skills and Knowledge

Below is a list of Governors specialist skills and knowledge. As this is an anonymous survey individuals names were not included within this report but the Corporate Governance Team will retain this the detail so that Governor skills and knowledge can be utilised when opportunities arise:

- Clinical Governance,
- Commissioner and Provider NHS Trusts,
- Communicating with people with a learning disability,
- Community and care services,
- Community development,
- Developing the voice of the people,
- Digital technology and it's applicability to healthcare,
- Employee engagement,
- Engagement, Communications and Complaints,
- Equality, inclusion and organisational change training,
- Fiscal planning,
- Fluent Welsh speaker,
- Health Care Ethics,
- NHS Clinical and Management,
- Occupational therapy in acute inpatient trusts,
- Organisational/business and people development,
- Organising and managing with healthy exercise,
- Patient/Public engagement in research activity,
- Primary Care Commissioning,
- Registered Nurse,
- Social Isolation following Brain Injury,
- Specialist Clinical area Operating Theatres,
- Staff Mediation and
- Town Councillor.

6.5 Improvement Actions

The Trust has produced a Governor Handbook in 2019 and this will be made available to all governors via the reading room in virtual Board. In addition to this the Corporate Secretary will look to devise an E-Learning Governor Training programme, and investigate the possibility of holding meetings in an alternative format.

The Corporate Governance Team will keep a log of Governor skills to support the Trust in ensuring appropriate involvement and consultation in the Trust's plans.

The development of the Communications and Engagement Strategy and the work of the Membership Group will focus on improving governor engagement opportunities

7.0 Recommendation:

The Council of Governors is requested to:

- review the contents of the report
- agree the proposed additional actions to further enhance the impact and effectiveness of the Council of Governors.



REPORT TO COUNCIL OF GOVERNORS
Date: 2nd June 2020

Title	Council of Governors Elections
Sponsoring Director	Janet Rosser, Trust Chair
Author (s)	Jane Hindle, Corporate Secretary
Previously considered by:	None
Executive Summary	<p>Governor elections for both public and staff governors are usually held June – August each year. The elections cover both vacant seats and governors eligible for another term of office.</p> <p>In March 2020 all Trusts were advised by their regulatory body NHSE/I that because of the COVID outbreak they can, amongst other things, stop or delay governor elections where necessary. This paper sets out the background for those elections (paragraph 2), the constitutional and legal requirements governing elections (paragraph 3), the implications of not holding elections (paragraph 4) and a summary which asks the Council of Governors to approve the Trust decision to delay those elections to 2021.</p>
Action required by the Committee:	<p>The Council of Governors is requested to:</p> <ul style="list-style-type: none"> • Approve the deferral of this year’s elections to 2021, • Hold vacant seats until 2021 and • Approve the continued tenure of 2 governors until 2021.
Related Trust Ambitions	<ol style="list-style-type: none"> 1. Deliver best practice care and treatments on our specialist field. 2. Provide more services closer to patient’s homes, driven by the needs of our communities, extending partnership working. 3. Be financially strong, meeting our targets and investing in our services, facilities and innovations for patients and staff. 4. Lead research, education and innovation, pioneering new treatments nationally and internationally. 5. Adopt advanced technology and treatments enabling our teams to deliver excellent patient and family centred care. 6. Be recognised as excellent in our patient and family centred care, clinical outcomes, innovation and staff wellbeing
Risks associated with this paper	None identified
Related Assurance Framework entries	None
Equality Impact Assessment completed	Not applicable
Any associated legal implications / regulatory requirements?	It is a requirement of the Trust’s Constitution and Standing Orders that the Trust hold a publicly available Register of Interest for all governors.

Council of Governors' Elections 2020

1. Executive Summary

Governor elections for both public and staff governors are usually held June – August each year. The elections cover both vacant seats and governors eligible for another term of office. In March 2020 all Trusts were advised by their regulatory body NHSE/I that because of the COVID outbreak they can, amongst other things, stop or delay governor elections where necessary. This paper sets out the background for those elections (paragraph 2), the constitutional and legal requirements governing elections (paragraph 3), the implications of not holding elections (paragraph 4) and a summary which asks the Council of Governors to approve the Trust decision to delay those elections to 2021.

2. Background

Where there is a vacant seat on the Council of Governors (for example where a governor has resigned) or where a governor is seeking to be re-elected for a second or third term the Trust holds an election. This carries both a financial cost in paying the external organisation which runs the election, and a resource cost i.e. the time of Trust staff involved in the process. This is a substantial time commitment for Carol Miller before, during and after the elections and additional time for Jane Hindle with input also from the Chair and CEO. At the moment time is constrained both because of the additional work associated with COVID and because several of the team including Carol and the chair of the Trust are working remotely. Finances are also constrained because the way Trusts are being paid this financial year has been put on a completely different footing.

3. Constitutional and legal requirements

The Trust's constitution provides that:

- a) There should be 33 governors- 17 public governors, 4 staff governors and 12 appointed governors from specific organisations. Each governor can hold office for 3 years and is eligible for re-election at the end of each 3 year term but subject to an overall maximum of nine years. This is also reflected in the Monitor Code of Governance which provides that elected governors must be subject to re-election at regular intervals not exceeding 3 years. The Trust currently has three vacant posts- one public governor for Cheshire and 2 staff governors. Additionally Jonathan Desmond is eligible for re-election for a second term and Barbara Strong is eligible for re-election for a third term.
- b) Elections must be conducted in accordance with the Model Election Rules which provide the mechanism by which the elections must be conducted. There is no express requirement either in the Constitution or in the Model Rules for an election to be held each year.
- c) Where a vacancy arises the Council of Governors may either call an election within 3 months to fill the seat or (if applicable) invite the next highest polling candidate at the last election to fill the seat until the next election or leave the seat vacant until the next election if the governor's unexpired term of office is less than nine months.

4. Implications of not holding elections in 2020
 - a) Voting and quorum. Assuming Jonathan and Barbara continue in office (and they have both indicated they are happy to do that) the Trust would run with 3 public /staff governor vacancies . We also have 6 appointed governor seats vacant –these potentially could be filled at any time as they do not require an election. To run a governors’ meeting the Trust’s constitution requires that decisions are made by a majority of governors present and voting and that eleven governors form a quorum for decision making. Given we have a maximum of 9 vacancies out of 33 governors decision making would comply with the constitution and would be sufficiently robust.
 - b) Technically we would be in breach of constitution provision 12.4 – this says that a governor is not eligible for re-election if he or she has already held office for more than 6 consecutive years. That means if we hold Barbara’s re-election in 2021 she will by then have held office for 7 years. In the case of the 3 vacant seats we would not comply with the 3 months/ next highest candidate provision (see 3c) above) . We would also technically be in breach of the Monitor Code of Governance because both Barbara and Jonathan’s re-elections would exceed the three year rule. It is the Trust’s governors who can refer questions about failure to comply with the constitution to the Trust’s regulators.
 - c) In the executive summary to this paper it refers to advice from the national regulator that Trusts could stop or delay governor elections. No detailed guidance was given about the implications of doing this. A direct question from the chair of the Trust to the regulator’s regional director on this point resulted only in a referral back to the original guidance.

5 Summary

Given the resourcing implications of organising an election whilst the executive team are dealing with the COVID outbreak and key members of the support team are working remotely and given the small number of elected governor vacancies we are asking the Council of Governors to:

1. approve the deferral of this year’s elections to 2021,
2. hold the 3 vacant seats until 2021 and
3. approve the continued tenure of Barbara Strong and Jonathan Desmond as governors until they can stand for re-election next year. In both cases their respective re-election terms will be 2 years to coincide with the requirements of the Trust’s constitution.