



Council of Governors

Thursday 10 December 2020

Agenda and Papers





MEETING OF COUNCIL OF GOVERNORS

AGENDA

Thursday 10th December 2020
14:30 to 16:30

Virtual Meeting Via MS Teams

Ref	Time	Item	Owner	Purpose *
STANDING ITEMS				
1	14:30	Welcome and Apologies <ul style="list-style-type: none">• Lisa Salter• Lindsey Vlasman• Melanie Worthington• Ella Pereira	J Rosser Chair	N/A (v)
2	14:35	Minutes of the meeting held on September 19 th 2020 and minutes of the AMM 2020	J Rosser Chair	Approve (d)
3	14:40	Action Arising Action Log	J Rosser Chair	Information (d)
4	14:45	Declarations of Interests in relation to the agenda	J Rosser Chair	N/A (v)
REPRESENTING MEMBERS INTERESTS				
5	14:50	Questions on notice received from the public and governors	J Rosser Chair	Information (d)
6	14:55	Lead Governors report	B Strong Lead Governor	Information (d)
7	15:00	Chairs Report	J Rosser Chair	Information (v)
STRATEGY AND PERFORMANCE				
8	15:05	Covid-19 Update	H Citrine Chief Exec	Assurance (v)
9	15:20	Integrated Performance Report	H Citrine Chief Exec	Assurance (d)
10	15:30	The People Plan and ED&I update	M Gibney Andrew Lynch	Information (d)
REGULATORY / GOVERNANCE				
11	15:40	Selection of Quality Account Priorities	J Kane Quality Manager	Decision (p)
12	15:55	Non-Exec Directors Appraisals & Remuneration	J Rosser	Decision (v)
13	16.05	BPC Chair's Reports	J Rosser NED	Assurance (d)
14		Quality Committee Chair's Report	S Crofts NED	Assurance (d)
15		Audit Committee Chair's Report	S Rai NED	Assurance (d)
16		RIME Committee Chair's Report	S Crofts NED	Assurance (d)
17		Charity Committee Chair's Report	S Rai NED	Assurance (d)
Information Items Papers to Note / For Information These items are provided for noting by / or for information to the Council of Governors, they do not require approval or a decision to be made. Governors are asked to read the papers prior to the meeting and may raise any questions in the Council of Governors meeting but these items will not formally be presented				
18	16.10	Winter Plan	J Ross	Information (v)

* v = verbal, d = document p = presentation

CLOSE OF MEETING				
19	16:15	Any other business Brexit CQC Visit	J Rosser Chair	N/A

* v = verbal, d = document p = presentation

UNCONFIRMED

Minutes of the Council of Governors Meeting

Thursday 17 September 2020

Virtual meeting held on MS Teams

Present

Janet Rosser (Chair)

Governors

Barbara	Strong (Lead Governor)	Ruth	Austen-Vincent
Amanda	Chesterton	Rich	Cottier
Jonathan	Desmond	William	Givens
Cameron	Hill	Ella	Pereira
Chris	Sutton	Jan	Vaughan
Stan	Winstanley		

In Attendance

Seth	Crofts	Non-Executive Director
Su	Rai	Non-Executive Director
Hayley	Citrine	Chief Executive
Mike	Burns	Director of Finance and IT
Jan	Ross	Director of Operations and Strategy
Lindsey	Vlasman	Deputy Director of Nursing
Carol	Miller	Membership Manager/Corporate Governance Assistant (Minutes)

Apologies

Nicola	Brown	Alison	Astles
Doreen	Brown	Colin	Cheesman
Rhys	Davies	Natalie	Dill
Melissa	Hubbard	Stella	Howard
Nanette	Mellor	John	Kitchen
Adrian	Wells		
Nalin	Thakkar	Non-Executive Director	
Barbara	Spicer	Non-Executive Director	
Lisa	Salter	Director of Nursing and Governance	
Jane	Hindle	Corporate Secretary	

COG 18 Apologies

20/21 Apologies were received and noted as above.

COG 19 Welcome and Declaration of Interests:

20/21 The Chair welcomed all those at the meeting. No questions on notice had been received prior to the meeting. It was confirmed that the meeting was quorate.

Declaration of Interests

Seth Crofts declared an interest in agenda item 7 Chairs Report.

COG 20 **Minutes of the meeting held on 2nd June 2020 :**
20/21 **Action Tracker and Matters Arising**

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

Matters arising:

The following item was updated:

- **COG 05 20/21 Lead Governors Report**
Virtual Boardroom Guidance and Training.
 - The MS Teams Guidance document will be updated and redistributed to Governors - October 2020.
- **COG 13a 20/21 Governor Effectiveness Review**
e-learning package to be devised.
 - In progress – October 2020.
- **COG 13b 20/21 Governor Effectiveness Review**
Governor Handbook to be added to VB Documents
 - Document is being revised and will to be added to the VB Library section and sent to all governors – October 2020.

COG 21 **Questions on notice received from the public and governors**
20/21 Presented for information, no comments were received.

The Council of Governors:

- **Noted the report**

COG 22 **Lead Governors Report**
20/21 Ms Strong updated the governors on activity during the last quarter:

- Faster communication using Governor WhatsApp Group
- Regular Chairs briefings provided timely updates
- 2 meeting of the COG Membership and Engagement Group had taken place
- Ms Strong had attended a meeting of the Lead Governors Association
- Chairs annual appraisal had taken place on 3 September 2020

COG 23 **Chairs Report**
20/21 Ms Rosser updated the governors on:

Non Executive Directors Recruitment

Mr Crofts left the meeting.

The NED vacancy which had arisen following the departure of Ms Samuels at the end of August 2020 had been advertised and 41 applications had been received. The long list had been finalised and focus groups arranged. It was expected that interviews would take place the last week of September 2020 and an extraordinary meeting of the COG would be called to approve the appointment.

An additional vacancy had arisen due to the resignation of Ms Spicer and the feasibility of filling the vacancy from the existing recruitment was being explored with advice from the HR department. It was acknowledged that this may not be appropriate due to the specific nature of the Person Specification and the skill set

which would be need to be replaced following the departure of Ms Spicer.

Ms Samuels had also undertaken the role of Deputy Chair. It had been agreed at Mr Crofts Annual Appraisal that this role would be a development opportunity and that he could undertake this role alongside his role of Senior Independent Director.

A meeting had been called of the Council of Governors Nominations Committee. The members of the Nominations Committee recommend to the Council of Governors that Mr Crofts undertake the role of Deputy Chair for the final year of his term of office.

Approval: The Council agreed to appoint Seth Crofts to the role of Deputy Chair for 1 year.

Mr Crofts re-joined the meeting.

Governors

Ms Griffiths, Public Governor for Merseyside, had resigned effective from September 2020.

This brought the number of Vacancies on the Council of Governors to 10:

- 2 Public Governors - to be filled by election in 2021
- 2 Staff governors - to be filled by election 2021
- 6 Partnership Governors – to be filled by parent organisation,
No nominations had been received and this would continue to be followed up

The reduced number of Governors could impact on the quoracy of meetings; this would be kept under review.

Briefings

The fortnightly Chair and Governor Briefings had been well received. It had been agreed to reduce the meeting to monthly. This decision was taken prior to the possible 2nd wave of COVID, local lockdowns and the possible implications for the Trust in returning to business as usual and it was agreed to keep the format, frequency and content of the briefings under review

COG 24 20/21 Chief Executives Performance Report 19/20

It was acknowledged that Ms Ross had provided regular updates to governors at the Chairs Briefings and this update covered the Trust Operational Performance in Q1:

- **Safety**
 - There had been no never events
- **Quality**
 - 1 C Diff infection against a threshold of 7 , this highlighted the heightened awareness of infection control measures which had been put in place following COVID
- **Activity**
 - Significant Impact by reduced patient activity due to COVID restrictions
 - The Trust achieved all Cancer Treatment standards
 - The number of cancelled electives and outpatient appointments as a result of COVID had impacted on average weekly waits (trial instead of Referral to Treatment (RTT) 18 weeks) waiting times, which were above the target.
 - The phase 3 recovery plan has been submitted
 - Now seeing significant improvement on the number of patients being

seen and treated.

Mr Burns update governors on the Financial position at Q1:

- The Trust ended the year with a £4,757k surplus.
 - This entitled the Trust to Provider Sustainability Funding (PSF) of £1,488k (including £106k relating to 18/19 'bonus' funding).
- The Trust received an unqualified external audit opinion for the 2019/20 accounts.
- NHS COVID financial regime had been extended to the end of September 2020
- Additional COVID costs covered issues such as:
 - Extra £1.5 million staffing/sickness
 - PPE sourcing from external sources

Ms Austen-Vincent acknowledged the work and successes of the Trust, particularly for Cancer patients, however she asked for assurance that there were ongoing conversations on the impact for patients of cancellation of services, virtual appointments and consultations.

Ms Citrine acknowledged that whilst outpatient activity had increased, remote consultations were not always appropriate and may be difficult for some neuroscience patients; particularly new patients or those whose conditions would formally have included a physical assessment. A step by Step approach, focused on patient needs, was being adopted whilst being mindful of the patient's long term condition and risk.

This had been discussed at Clinical Senate, which is a forum for engaging with all consultants across the Trust and Chaired by the Medical Director.

The Council of Governors:

- **Noted the report**

COVID update

Ms Citrine provided a regional update on COVID. The regional status was being reviewed on a daily basis:

- There were no COVID patients currently within the Trust,
- Local lockdown and restrictions were likely due to the increased number of cases across the region
- Testing capacity and delays were impacting on staffing levels
- The implications for Phase 3 recovery and expected activity levels was a risk
- Extended visiting pilot had been suspended to ensure patient safety, particularly for Auto Immune Suppressed and Patients with cognitive impairments

Mr Givens requested clarification on COVID tests for staff.

Ms Citrine clarified that tests were organised and taken at the Trust; however were then sent to Liverpool Clinical Laboratory's (LCL) for processing.

Ms Austen-Vincent requested assurance on the continuation of services during a

COVID 2nd wave, particularly where the suspension of those services had an adverse effect on patients e.g. Botox

Ms Ross stated that there was recognition of the impact of withdrawing elective activity. Phase 2 planning built upon processes and lessons learnt which had been put in place during Phase 1; this should ensure that services are kept open as long as possible.

The Council of Governors:

- **Noted the report**

COG 25 National Inpatient Survey
20/21

Ms Vlasman highlighted the positive result which had been achieved in the Inpatient Survey, conducted by the Care Quality Commission in July 2019. The Trust used the Picker Institute to analyse the results and benchmark the Trust against similar Trusts across the NHS.

The Trust had performed 'Better than Expected' and there had been a 50% response rate and the Trust rated as the 6th best in England and was better in 8 out of 12 areas. This was the highest the Trust had been rated in the survey.

There were 2 areas where the Trust did not perform as well as other Trusts and 2 areas where the Trust had stayed the same. Initiatives and Action Plans had been put in place over the last 2 years including A3 Projects for Family and Patient Centred Care and Champions. Further work was required around Discharge and Referrals to community care and these were included within the Action Plan.

Ms Rosser thanked the Trust on behalf of the Council for the hard work and positive outcome.

The Council of Governors:

- **Noted the report**

COG 26 Chairs Reports – Business Performance Committee
20/21

Ms Rai presented the report on behalf of Ms Samuels and reported that there had been 2 meetings in the last quarter and the following matters were raised for the Boards attention:

- Board Assurance Framework (BAF) - targets and Risk Appetites to be reviewed in light of COVID
- Capital programme – noted that capital spending was below plan
- IPR – discussed increased activity from July 2020
- Agile working – Key Performance Indicators put in place to monitor
- Website – Business case approved
- Contract payroll – Contract awarded to St Helens and Knowsley Trust

COG 27 Chairs Report – Quality Committee

20/21 Mr Crofts reported that there had been 2 meetings in the last quarter and the following matters were raised for the Boards attention:

- Presentation from Rehab Network - testament to work as single point of contact and improving the patient journey into Primary Care settings
- Approved 3 year Quality Strategy
- Quality Accounts – all priorities achieved
- Challenges – BAF risk on patient challenging behaviours, Staff and patient support put in place and risk score lowered
- Increase in Deprivation of Liberty safeguarding orders for patients with reduced capacity had increased. This was due to the nature of the Trusts patients and a refinement of the procedures

COG 28 Chairs Report – Audit Committee

20/21 Ms Rai reported that there had been one meeting in the last quarter and the following matters were raised for the Boards attention:

- Final External Audit report had been received from Grant Thornton
- Internal Audit Report had been updated by MIAA and significant assurance was given for Rehab access and bed utilisation
- Counter Fraud Authority review had 2 recommendations:
 - Feedback from Fraud training and
 - Checking effectiveness of training
- The external auditor's contract expires in 2021. The tender process had started and would be presented at the December or March Council of Governors for approval

COG 29 Chairs Report – Research, Innovation and Medical Education Committee

20/21 Mr Crofts reported that there had been one meeting in the last quarter.

The Terms of Reference and remit for the Committee had been reviewed to include Medical Education. The following matters were raised for the Boards attention:

- Focus on innovation and raising the profile within the Trust
- Financial challenges as a result of reduced research activity and commercial trials during COVID
 - Strategies for reinvestment of National monies into the Research Centre to make the infrastructure safer
 - Commercial opportunities arising from Data transfer and Intellectual Property Rights
- One Liverpool COVID Research Strategy – Trust clinicians involved in studies on the Neurological Impact of COVID
- Liverpool Health Partners - Neurosciences strand, progressing the shape of the Research Programme

Ms Rosser asked why Medical Education had been included in the committee's remit.

Mr Crofts explained that its inclusion raised the profile of Medical Education within the Trust, generated funding for the Trust and allowed for transparency and oversight by a Board Committee.

Ms Citrine confirmed the importance of including medical education with research as its an integral part of junior doctors training and its necessary to start the interest in research early in careers, its also apart of appraisals.

Ms Austen-Vincent expressed interest in the Research being undertaken on the Neurological implications of COVID.

Mr Crofts reported that research was at an early stage. When available an update would be presented to the Council of Governors.

Professor Clegg was able to confirm that the research was being undertaken by a national consortium and an initial paper had been published and work was ongoing.

Action: Update on Neurological implications of COVID research, to be presented to a meeting at a later date when available

COG 30 Any Other Business
20/21

Ms Chesterton enquired on future plans for Sherrington Ward which had been utilised for Aintree University Hospital Stroke patients during COVID phase1.

Ms Ross advised that the Trust was in the process of submitting their Phase 3 plans and that Sherrington Ward had been incorporated. Assurance was given that the plans had included Sherrington Wards capacity for use of Trust patients.

COG 31 Review of Meeting
20/21

The Chair thanked the members for their participation and attendance and invited the Governors to join the Annual Members Meeting which was taking place following the Council of Governors meeting.

COG 32 Date, time and venue of next meeting
20/21

The next meeting of the Council of Governors Meeting will be held on Thursday 10th December via MS Teams

UNCONFIRMED
MINUTES
ANNUAL MEMBERS' MEETING
Thursday 17th September 2020
Due to COVID Restrictions this meeting was held on MS Teams

Present

Ruth Austen-Vincent	Partnership Governor
Andy Ayre	Grant Thornton, External Auditor
Michael Burns	Director of Finance and IT
Andrew Carter	Staff Member
Amanda Chesterton	Staff Governor
Hayley Citrine	Chief Executive
Peter Clegg	Partnership Governor
Richard Cottier	Public Governor
Seth Crofts	Non-Executive Director
Jonathan Desmond	Public Governor
Sam Fleet	Staff Member
William Givens	Public Governor
Alex Moore	Staff Member
Daniel Perks	Staff - ISS
Ella Pereira	Partnership Governor
Su Rai	Non-Executive Director
Marion Rogers	Parkinsons UK
Jan Ross	Director of Operations and Strategy
Janet Rosser	Chair
Barbara Strong	Public Governor
William Sutherland	Staff - ISS
Chris Sutton	Public Governor
Jan Vaughan	Partnership Governor
Lindsey Vlasman	Acting Director of Nursing and Governance
Carol Miller	Membership Manager/Corporate Governance Assistant (Minutes)

AMM Welcome

01/20 Ms Rosser, Chair welcomed members to the first Virtual Annual Members meeting.

No Questions in advance had been received prior to the meeting. Questions could be submitted after the meeting to membership@thewaltoncentre.nhs.uk

AMM Minutes of the meeting held on 11 September 2019

02/20 The minutes of the previous meeting had been approved by the Council of Governors as a true and accurate record. They are available on the Trust Website:
<https://www.thewaltoncentre.nhs.uk/173/being-a-member.html>

AMM COVID Recap – March 2020

03/20 Ms Rosser reflected on the events of the past year contrasting the 2019 AMM at which the Trust celebrated the CQC Outstanding rating. Within the following few months, COVID-19 struck quickly and unexpectedly and had an enormous impact on staff, patients and treatment of patients. The Trust is now working towards a return to full capacity.

AMM The New Way We Work

04/20 Ms Citrine, Chief Executive reiterated Ms Rosser's message reflecting on how the Trust is working in different ways including holding virtual appointments and consultations, staff working from home, provision of psychological support for staff and patients, increasing critical care capacity and transforming both wards and units at the Trust to care for COVID-19, neuroscience and other speciality patients. The Trust's IT infrastructure had been upgraded to enable all of these new initiatives.

The Cheshire and Merseyside system had been supported by the Trust including enabling treatment of patients with Head and Neck cancer and relocating Liverpool University Hospital Stroke patients to the Walton Centre to release capacity for COVID-19 patients on the Aintree Liverpool University Hospital site. Furthermore, extending the admission criteria of the Trust's critical care and rehabilitation services to support COVID-19 patients.

Following government instructions, all elective care was cancelled from March 2020 in order to create COVID-19 capacity. Coordination and mutual aid across Cheshire and Merseyside providers helped to manage PPE resources in the region. Supplies were replenished twice daily at the Trust, appropriate training for PPE equipment was provided and clinical and non-clinical staff were redeployed and trained as required. The Walton Centre also hosts and chairs the Critical Care Network which played a key part in managing critical care for COVID-19 patients across the Cheshire and Merseyside region, ensuring all patients, who needed it got a critical care bed.

Patient visiting was stopped with a few exceptions. Telephones and iPads were made available, allowing patients to keep in touch with loved ones. Specialist nurses also coordinated patient family updates ensuring all families were briefed on how their loved ones were. Currently, visiting is restricted, whilst the Trust increases patient activity and a walk-through video had been produced making patients aware of changes to infection prevention and control procedures providing reassurance that attendance at the Trust is safe.

The Walton Centre Charity received generous support from the community in response to an emergency appeal. Together with £15k in donations and two grants from NHS charities, the charity was able to offer staff gifts, free refreshments and pamper packs. Furloughed airline staff offered staff a First Class Lounge experience as part of their Project Wingman initiative. This was well received by staff. Donations of food, refreshments and gifts were received from a number of small local enterprises and local area volunteer groups provided the Trust with PPE supplies. Links to these groups will be retained; this will be a key part going forward of the Trust's partnership working as an Anchor Institution.

AMM Strategy Update and Highlights

05/20 Ms Citrine summarised the Trust's 5 year strategy which is now in its third year. Progress made in year 2 included examples of the highlights;

- **Deliver best practice care. The Trust has :**
 - Extended the staff health and wellbeing programme; Introduced a Building rapport course for line managers;
 - Become a more diverse Trust Board;
 - Extended the Thrombectomy Service to 7 day working;
 - Had no MRSA infections for the third year running;
 - Been the first Trust in the country to be named a Surgical Spinal Centre of Excellence by Eurospine.

- **Provide more services closer to patient's homes. The Trust has:**
 - Set up a dedicated Neurosurgical Clinic in North Wales and has also set up an Ambulatory Care Service in both St Helens and Liverpool University Foundation Trust hospitals;
 - Introduced a Best Practice secondary headache patient pathway in Cheshire and Merseyside to ensure consistency of service;
 - Provided community rehabilitation services in St Helens to provide rehabilitation closer to home.
- **Invest, be financially strong. The Trust has:**
 - Invested in new radiology equipment, with a Multitom Rax ensuring a more comfortable, less claustrophobic patient experience;
 - Established an Agile working approach for staff working off site, investing in supportive IT equipment;
 - Retained best use of resource rating 1 the highest rating achievable in the NHS Generated a financial surplus and invested in patient care;
 - Introduced a Quality Improvement methodology to improve patient care.
- **Adopt advanced technology and treatments:**
 - In partnership with the University of Liverpool, the Trust has developed Liverpool's first Neuroscience department for research;
 - The Trust has developed a Masters Module for Spinal Management;
 - Invested in the city as part of our anchor institute approach including our 'Workplace Safari and Liverpool City Region Careers Hub- over 200 school children attended to talk to staff about NHS careers.
- **Lead research, education and Innovation. The Trust has:**
 - Developed ward level/bedside technology to support clinicians delivering patient care;
 - Extended the use of Microsoft Teams to empower new and agile ways of working;
 - Invested in 3D goggles for patients in pre-operative areas;
 - Implemented a new IT platform 'Attend Anywhere' for remote consultations;
 - Designed a new Trust Website to enhance all users' experience.
- **Be recognised as excellent in all we do:**
 - Established a co-chaired joint strategic workforce partnership with Liverpool City Council with particular focus on health care assistants;
 - Achieved CQC Outstanding rating overall and with a greater number of individual outstanding areas and no areas for improvement;
 - The Trust was rated sixth overall in the National In-patient Survey;
 - Staff Survey improvement; year on year improvement with significant improvement in staff health and wellbeing.

Partnership Working and COVID-19. The Trust has:

- Collaborated with the University of Liverpool on research into the neurological effects of COVID-19;
- Temporarily hosted the Stroke Service and Head and Neck Cancer services;
- Proposed two non-executive directors as members of a Strategic regional BAME Advisory Committee;
- Collaborated in regional COVID rehabilitation services;
- Collaborated across Cheshire and Merseyside to ensure mutual aid for PPE supplies.

Highlights of the year

Neurology

- Acute Headache, Parkinson's Disease, post seizures and Multiple Sclerosis pathways implemented ensuring best practice;
- 3T wide bore MRI scanner installed to give improved patient experience.

Neurosurgery

- Introduced an Alert pager system for families and patients in Critical Care;
- Opened a Critical Care Garden Room allowing patients access to outdoor space which helps recovery.

Patient and Family Centred Care

- Religious beliefs assessment and product information has been provided for patients having surgery;
- The Trust featured in an episode of BBC2 Hospital Programme on Complex Functional patients.

Fighting Racism

- Good progress has been made on the Equality, Diversity and Inclusion 5 year strategy;
- A Strategic BAME Advisory Committee has been introduced, chaired by Ms Citrine with a diverse range of staff members. A full statement on how the Trust is supporting the agenda can be found at www.thewaltoncentre.nhs.uk/175/equality-and-diversity

AMM Engagement and Membership

06/20 Ms Rosser updated the members on the formal reporting of engagement with members.

There was recognition that the current membership may not be representative of the patients and public served by the Trust. In order to improve this, a Council of Governors Membership and Engagement Group had been set up whose remit is to address underrepresentation of groups and to take forward the Membership and Communications Strategy which is currently being finalised.

AMM Annual Accounts 2019/20

07/20 Mr Burns, Director of Finance and IM&T updated members on the Trust's financial performance.

The Trust had the highest financial target (known as its control total) in Cheshire and Merseyside. Hard work by staff ensured that this challenge had been met and the Trust achieved a surplus of £4.757m. This built on previous successes of achieving every control total which had been set by NHSE/I. Turnover increased, driven by the change in national prices for the treatment costs of the Trust's more complex patients. The Trust was also successful in achieving a year end cash balance of £26.7m, £1.7m above plan.

The Trust achieved a risk Level 1 for Use of Resource Risk Rating, the lowest level set by NHS/EI.

The Trust made a recurrent cost saving of £1.4m. The savings, achieved through procurement of goods and services and the Quality Improvement Programme, had no adverse impact on patient safety, quality of care or experience.

The Walton Centre NHS Foundation Trust

The Trust had delivered that on the efficiency programme by £1.5m. It has invested in a Service Transformation Team to help it to progress the annual efficiency savings agenda and the team was reviewing opportunities.

Investment continued in clinical services. NHSE/I had provided additional funding to purchase a replacement MRI scanner. The replacement pipework scheme will be ongoing for the next 5 years and a significant investment in clinical IT systems and architecture has taken place to ensure the full implementation of electronic patient records has been made.

AMM Quality Accounts 2019/20

08/20

Ms Vlasman updated members on the Quality Accounts for 2019/20. In consultation with Stakeholders, Health Watch and Governors, nine objectives had been selected for Patient Safety and Experience and Clinical Effectiveness, Highlights included:

Patient safety

- Implementation of Aseptic Non Touch Technique. Key staff has been trained and training has been cascaded within their clinical areas including the use of competency assessment documents.

Patient experience

- Introduction of patient and family centred champions to meet monthly and oversee the work plan of improvements and projects.

Clinical effectiveness

- Introduction of a system to contact patients having telemetry tests undertaken prior to admission to reduce the number of patients who do not attend their appointments (DNAs). The number of DNAs has reduced as a consequence.

Ms Vlasman confirmed that all Quality Accounts had been met.

The Quality Accounts for 2020/21 had been selected but the presentation of the Quality Accounts had been delayed due to COVID-19. However work had started and good progress had been made.

AMM Auditor's Report

09/20

Grant Thornton, the Trust's external auditor reported on the annual audit to the members. The audit was completed between April and June with the timetable extended to account for the COVID-19 outbreak in March 2020. The audit had taken place virtually and did not include the Trust's Quality Accounts as their deadline for production has been delayed due to COVID-19.

The auditor's opinion was issued on the 25 June 2020 and the clear overall opinion was UNMODIFIED This opinion covered the financial statements, true and fair opinion and value for money. No weaknesses to arrangements were found during the audit. This was consistent with internal audit reports that had been presented to Audit committee over the year.

Within the audit opinion, attention was drawn to the material valuation and uncertainty disclosures relating to the valuation of land and buildings. This was due to the current pandemic placing uncertainty on valuations and this approach had been taken across all NHS providers.

The Accounts were deemed of a good standard, with no adjustments required and only several minor amendments to classifications were suggested and actioned.

**AMM
10/20**

Acknowledgements

Ms Rosser closed the meeting by reflecting on the strong performance of the Trust in a difficult year. Ms Rosser thanked the strong performance of the Executive Team and all staff for their dedication and hard work in adjusting to new demands and working situations.

A recording of the meeting is available. Please follow the link
<https://www.thewaltoncentre.nhs.uk/173/being-a-member.html>

Meeting Close.

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
02/06/20	COG 05 20/21	Lead Governors Report Virtual Boardroom Guidance and Training	J Hindle	Governors were invited to MIAA training in July 2020. 4 Governors attended. Governors IT questionnaire sent out and main issues identified as differences between the use of the App and Web based platforms. The MS Teams Guidance document will be updated and redistributed to Governors. Document will be sent to Governors at the same time as their meeting papers.	Sept 2020 October 2020 Dec 2020	
02/06/20	COG 13a 20/21	Governor Effectiveness Review e-learning package to be devised	J Hindle	In progress <u>Dec 2020</u> It has been agreed to provide a series of vlogs/podcasts to support governors in their role. The first will feature the Trusts work around innovation and is due in January.	October 2020 March 2021	
02/06/20	COG 13b 20/21	Governor Effectiveness Review Governor Handbook to be added to VB Documents	J Hindle	Document is being revised and will to be added to the VB Library section and sent to all governors. Item added to the Library.	October 2020	

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 To explore the possibility of Walton Charity funding for overnight accommodation.	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 To provide an update on the Trust's Digital Strategy, 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			
17/09/20	COG 19 20/21	Chairs Report – Research, Innovation and Medical Education Committee Update on Neurological implications of COVID research, to be presented to a meeting at a later date when available	S Crofts			



REPORT TO COUNCIL OF GOVERNORS 10th December 2020

Title	REPRESENTING THE VIEWS OF MEMBERS
Sponsoring Director	Janet Rosser, Trust Chair
Author (s)	Jane Hindle, Corporate Secretary
Previously considered by:	None
Executive Summary In line with their statutory duties governors are required to represent the views of their members. The attached report demonstrates the questions all governors have raised on behalf of their constituencies and the trusts response.	
Related Trust Ambitions	Delete as appropriate: <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	None
Related Assurance Framework entries	None
Equality Impact Assessment completed	<ul style="list-style-type: none"> • Yes/No – (please specify)
Any associated legal implications / regulatory requirements?	It is a requirement of the National Health Service Act 2006 (the 2006 Act) and amended by the 2012 Act that Trusts provide a mechanism to support the Council of Governors to represent the views of their constituents.
Action required by the Council	The Council is requested to: <ul style="list-style-type: none"> • note the response provided by the Trust

Questions from Governors and Members of the Public Q2 and Q3 2020/21

Ref	Questioner	Date	Method	Topic	Question	Lead	Answer	Date of Response	Method of Response
27	Governor - Rest of England	20/07/2020	email	COVID Recovery Plan	Does the trust have any specific plans in place if there are cases of COVID-19 related neurological complications, as several recent studies have found ?	J Ross	We are aware of the risk of neurological manifestations of covid and two of our Consultants are leading a UK wide study into this (Dr Michael and Prof Solomon). Dr Michael is providing a lecture today to all the neurologists on this issue so all are updated and educated. Our neurologists continue to provide an outreach service to all hospitals in the region and our on-call service is 24/7 – we can advise of any cases of covid with neurological complications. If there is a need to transfer any patient with neurological condition (covid or non-covid related) here then we will continue to do so.	22/07/2020	Chair and Governors Catch up meeting
28	Governor - Merseyside	21/07/2020	email	Operational process	Any info on Covid case numbers both for staff and patients by week?	J Ross	We have had a total of 54 covid positive patients we currently have 3 inpatients. We currently have 3.9% staff off sick 0.48% covid or covid related and 3.07% on special leave.	21/07/2020	Chair and Governors Catch up meeting
29	Governor - Merseyside	21/07/2020	email	Operational process	Update please on supply and back up stocks of PPE for staff?	J Ross	We have no current PPE issues to report.	21/07/2020	Chair and Governors Catch up meeting
30	Governor - Merseyside	21/07/2020	email	Policy	Policy now on wearing of face masks for all staff, patients, and visitors to centre?	J Ross	All staff and anyone entering the Walton centre must now wear a surgical mask, inline with national guidance.	21/07/2020	Chair and Governors Catch up meeting
31	Governor - Merseyside	27/07/2020	email	Operational process	What restriction and checks are in place for anybody visiting the hospital.				
32	Governor - Merseyside	27/07/2020	email	Operational process	Could you give me any indication of the monthly costs if any, for agency staff.	J Rosser	Data on Nursing and Agency staffing is included in the Performance Report issued to Governors and in the Trust Board Public Board papers which are available for all Governors and Members of the Public to access	02/09/2020	Email sent to Governor
33	Governor - Neurological Alliance	05/08/2020	Verbal	Operational process	Does the Trust have any links or is the Trust considering links with 3rd parties or charities who could offer IT support to patients to attend virtual appointments/consultations (e.g. providing IT equipment / shadowing or attending appointments with patients) Would any such arrangement breach data protection or are there are any other barriers to signposting patients to 3rd party assistance.	L Salter	The Trust is exploring links with the Brain Charity with regards to providing a virtual information service and support for our inpatients, via iPad providing information and to for video call. A MS teams meeting is set for the end of August to discuss how the charity can support the Trust taking this forward for our inpatients and we could explore what support they could provide for outpatients. Patients would need to provide consent in order for the 3rd party to be involved to ensure that data protection is not breached.	18/08/2020	Chair and Governors Catch up meeting
34	Staff Member	Sep-20	Email	Operational	Just a question around social distancing and the impact it is having on the centre. Is there any reason why the fallow space can't be used now as the need for social distancing is likely to be going on for some time."	H Citrine	We are expecting following the work on agile working processes that we will need less space for some departments than previously, which will free up space for others. As space is identified it is reviewed and reallocated to departments following needs identified in the review process by staff groups led by Paula Bamber and the team. If we do need further space when this has been completed we will review all areas available to us including the fallow space; however as you may know our capital requirements are already oversubscribed this year and converting the fallow space would need capital outlay, so this wouldn't be our first choice. We are constantly having to re-evaluate approaches as we learn about COVID and requirements change. It's clear this isn't a short term issue so we want to make sure we make the right decisions and revisit them as circumstances change, so we may need different iterations at different stages. Thanks for the suggestion, it is really helpful to hear ideas from staff and also to dispel myths that may be causing worry.	28/09/2020	Ask Hayley / Walton Weekly

35	Staff Member	Sep-20	Email	Operational	<p>I am writing as I understand earlier in the year we lost our library service. I am keen to find out what replacement service is being planned?</p> <p>Prior to the loss of the library I had expressed concerns that the service was not to the standard of other trusts I had worked in, but now we have no library at all. In a trust that prides itself on providing the best evidence based practice a top level library service is essential.</p> <p>Since joining the trust in 2018 I have struggled to complete literature reviews on relevant topics due to poor support in this area and I am very concerned that rather than improve, this situation has in fact deteriorated.</p>	H Citrine	<p>We recognise this is a really important area and we need a good solution for our staff. The previous arrangements for library services on the Aintree site were withdrawn in April this year. There have been a number of meetings to scope out a new and improved service to go live as soon as possible. Liverpool University Hospitals are currently finalising costings for the new arrangements and the proposed service will include journals, books and online collections, inter library loans, study space, NHS Athens account for NHS resources, Athens accounts, and support to search resources. We'll keep our staff informed about when this service is launched and how they can access these resources.</p> <p>December 2020 The Trust has agreed new contract with colleagues at Liverpool University Foundation Trust to provide a comprehensive library service from this month. The agreement includes access to the usual learning materials, databases and journals and has increased accessibility as it is a more virtual service. However there will still be some study facilities across the road in the Clinical Science Centre.</p>	21/09/2020	Ask Hayley / Walton Weekly
36	Staff Member	Nov-20	Verbal	Operational	Are we continuing with trying to keep Walton mainly COVID-19 free this time	H Citrine	Yes we are, there's an agreement across Cheshire & Merseyside to try and keep some hospitals with less COVID-19 patients so that they can continue with electives, whether that's neurological or other urgent patients such as head and neck. Obviously at some point we may have to revise this but at the moment we are on track and is reviewed daily.	09/11/2020	Hayley's walk around
37	Staff Member	Nov-20	Verbal	Operational	What about neuro patients that are urgent and COVID-19 positive?	H Citrine	Yes we will always continue to take these patients.	09/11/2020	Hayley's walk around
38	Staff Member	Nov-20	Verbal	Operational	Are we going to take stroke services again?	H Citrine	That's not our plan, we have suggested to Liverpool University Hospitals how we could help work with them differently to support patients but not to take on the stroke unit.	09/11/2020	Hayley's walk around
39	Staff Members	Nov-20	Verbal	Operational	<p>When will staff testing commence?</p> <p>Does it include bank and agency staff who work regularly for us?</p> <p>Does it include ward clerks?</p> <p>Will staff get COVID vaccine when it is launched from work?</p>	H Citrine	<p>From Friday 20th November 2020 for many, and others to follow for all frontline staff.</p> <p>Yes definitely.</p> <p>Yes, this includes our ward clerks.</p> <p>Yes there are a couple of vaccines that are closer to this than others and arrangements are being put in place - once we know which vaccine and timescales we will let staff know.</p>	21/11/2020	Hayley's walk around



REPORT TO COUNCIL OF GOVERNORS 10th December 2020

Title	Report of the Lead Governor
Sponsoring Director	Janet Rosser, Trust Chair
Author (s)	Barbara Strong, Lead Governor
Previously considered by:	None
Executive Summary The attached provides a report from the Lead Governor of their activities during the reporting period.	
Related Trust Ambitions	Delete as appropriate: <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	None
Related Assurance Framework entries	None
Equality Impact Assessment completed	No
Any associated legal implications / regulatory requirements?	It is a requirement of the National Health Service Act 2006 (the 2006 Act) and amended by the 2012 Act that Trusts provide a mechanism to support the Council of Governors to represent the views of their constituents.
Action required by the Council	The Council is requested to: <ul style="list-style-type: none"> • note the report

Introduction

This report updates governors with significant events or developments in which the Lead Governor has been involved since the last COG meeting (held 17th September 2020).

1. Chair's virtual briefings with governors

These briefings continue to be helpful and informative. The most recent included two excellent presentations from Ben Davies on the draft Transformation Strategy and the positive impact of Covid-19 on Trust transformation. The governors present were able to ask questions and give their input.

Unfortunately, governor attendance at the briefing was disappointing.

2. Health Service Journal (HSJ) Virtual Summit on Integrated Care 23rd 24th September

I attended two days of this three-day summit, primarily for the sessions covering shared learning from the pandemic, and recovery strategies developed by trusts nationally.

The headline take-away message in relation to Covid-19 was, unsurprisingly, that the pandemic has highlighted and exacerbated health inequalities and rendered the vulnerable groups in society more vulnerable.

The more positive finding is that the pandemic has accelerated developments, many of which were previously either slow-moving or theoretical; it enabled streamlining of governance structures and created and improved partnership working, e.g., between Health and Social Care.

3. New Non-Executive Director (NED) appointments

A warm welcome on behalf of the governors to Karen Bentley and David Topcliffe who were appointed in October.

Ella Pereira and I participated in the rigorous selection process, the first part of which was on 25th September and involved a full day of on-line focus groups with the eight shortlisted applicants. This was followed on 1st October by a half day of virtual interviews for the four people on the final shortlist.

I have subsequently had introductory Zoom meetings with both Karen and David.

4. New Partnership Governor

Equally, a warm welcome to Melanie Worthington who joined us as a new Partnership Governor, representing the Neurological Alliance. She is the regional service Development Manager for the Motor Neurone Disease Association and co-chair of the Cheshire and Merseyside branch of the Neurological Alliance. Melanie replaces Ruth Austen-Vincent, who has left us after serving as a governor for the Walton Centre for five years. I'd like to thank Ruth on behalf of all the governors for everything she has done over this time and wish her the very best for the future.

Lead Governors' Association

The Lead Governors' Association functions as a national group in which members can share ideas and good practice, discuss relevant issues and provide mutual support.

Recent issues discussed in this group include comparisons of different ways governors have remained engaged during the pandemic. There were many similarities in approach across the country, though some trusts seem to have been having many and/or more frequent virtual meetings.

We appeared to be the only trust at the time to have a governors' "What's app" group and that seemed to be well received as an idea for other trusts.

On a more general note, other issues that have arisen include:

- Achieving a diverse and representative membership
- Tenure of Lead Governor role
- Benefits of a Deputy Lead Governor role

5. Membership and Engagement Group

This meeting was due to take place on 1st December. However, it has been postponed until early 2021. The new date is to be agreed.

Ends

The Walton Centre NHS Foundation Trust

Governors Report for the Period Ending September 20

Glossary

- **Open Pathway. Target 8.2 weeks**

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

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

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

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

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

- **Capital Target.**

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

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

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

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

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

Finance

As a result of COVID-19, and the national response required to manage this, NHSI/E announced that 2020/21 business planning was suspended and that a new financial framework would be in place for the 1st 4 months of 2020/21. This initial plan was extended till the end of September (month 6).

The financial regime has now moved into the next phase, with the trust now being monitored against a year-end forecast deficit of £1.5m submitted in October (a revised forecast was submitted on 18th November with a planned year end deficit of £1.3m). Although this plan was used to prepare the M7 accounts, it is still to be finalised and agreed with NHSI/E.

From October, the key changes from reporting in April – September (Month 1-6) are:

- 'Block' funding received for COVID related costs & growth (based on fair share of sector funding) for M7-12 rather than being reimbursed monthly via retrospective top-up;
- No retrospective monthly top-up funding will be received to bring Trust to breakeven;
- No national requirement for Trusts to report a breakeven position although there is a requirement for the Cheshire & Merseyside Healthcare Partnership to deliver a breakeven position by the end of the year.

However, at quarter 2 of 2020/21, the Trust reported a breakeven position in line with the guidance set by NHSI/E but did require an additional top up payment to achieve this. This top up was required due to increased activity and corresponding increase in costs incurred during this period. A summary of the Trust COVID-19 expenditure for Quarter 1 and 2 is below. At the end of the September, just under £1.78m had been incurred in response to COVID-19.

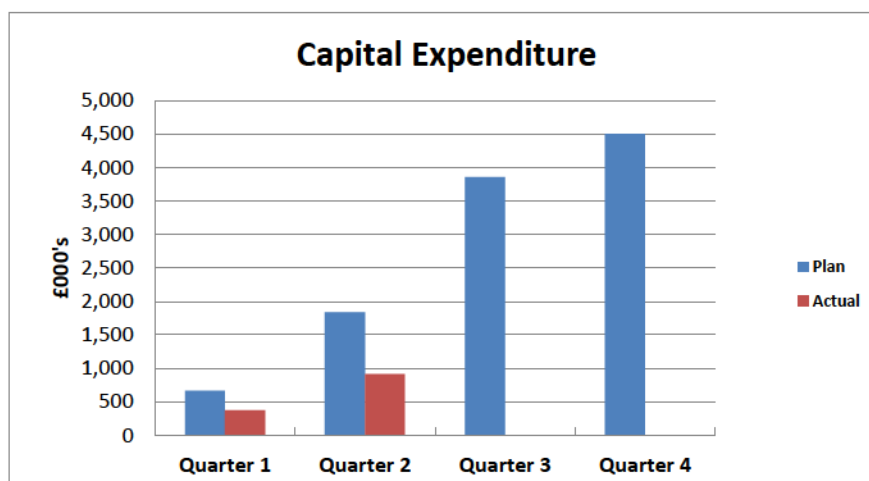
COVID -19 Expenditure YTD	Sep-20 Actual £'000
Pay cost (incl. additional shifts, on-call, etc)	807
Annual leave provision (Junior Doctors)	52
PPE	636
Decontamination	27
Remote working	98
ITU	6
Other	153
TOTAL	1,779

* (Other includes Aintree Car Parking £120k, Staff Uniforms £7k, ACC storage contribution £10k)

Efficiency Savings

Due to the current financial arrangements mentioned above, and response to COVID-19, there have been no requests to deliver efficiency savings as in previous years. However, the Trust continues to review opportunities to reduce its cost base and develop new ways of working, especially during this challenging time. Work has been started to look at potential efficiency schemes for 2021/22.

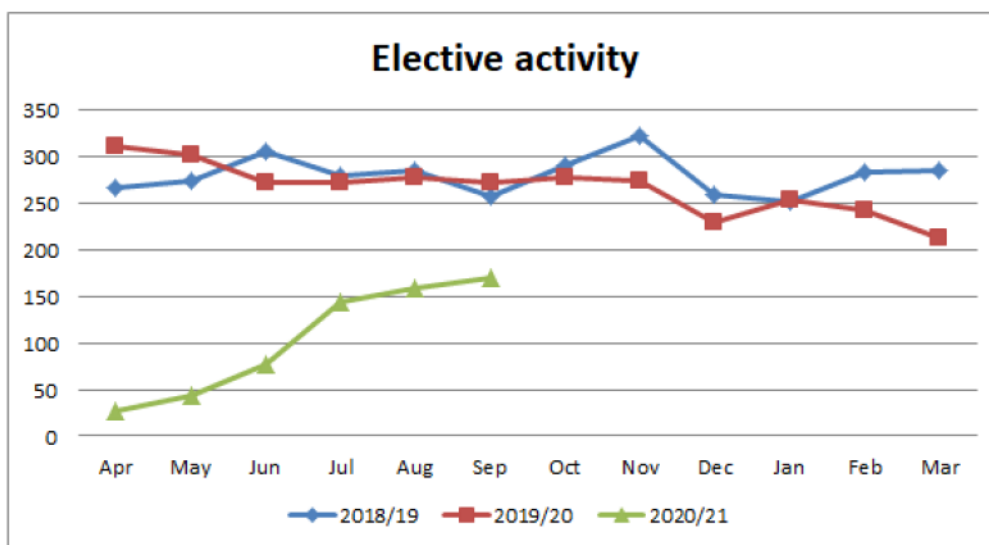
Capital



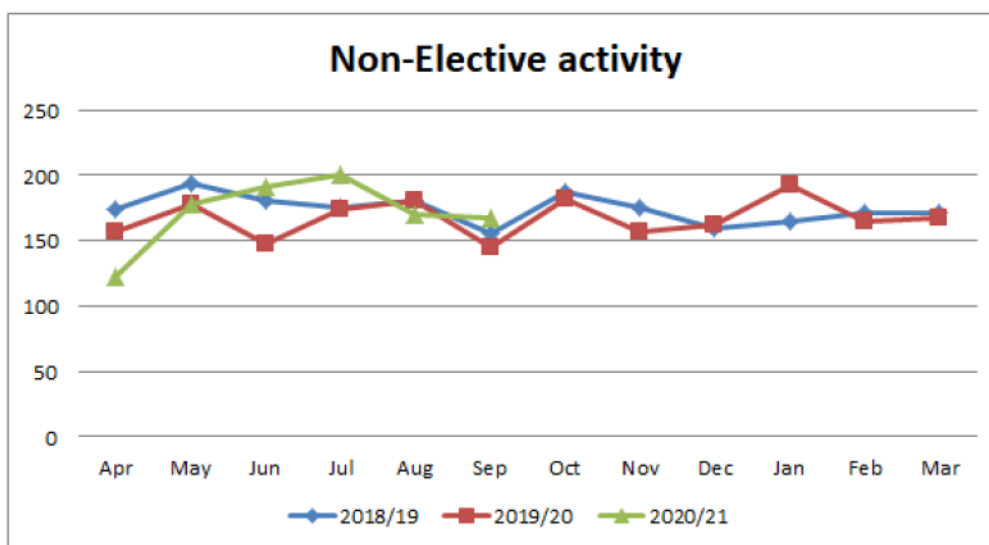
Capital expenditure at the end of quarter 1 was £915k against a plan of £1,836k, £921k below plan. The underspend is due to expected capital spend being at the end of the year (due to the replacement of an MRI machine) whilst the plan was profiled in equal 12ths.

Activity

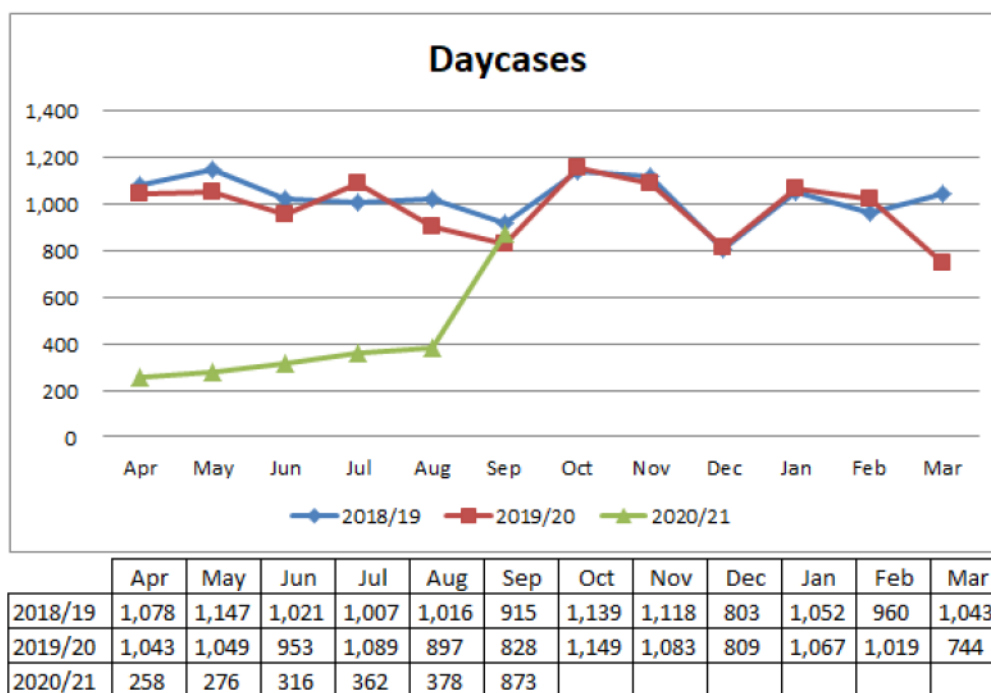
Inpatient & Day Case Activity: Inpatient activity increased Q2 2020/21 following the drop in Q1 due to Covid-19.



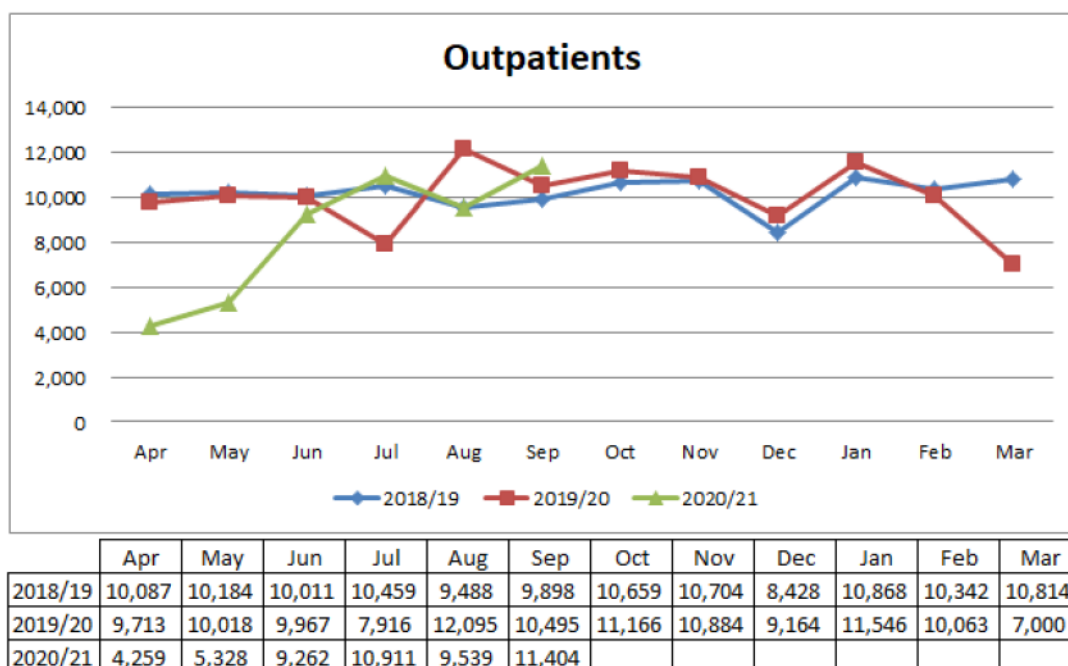
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2018/19	265	273	304	279	285	257	290	322	258	251	283	285
2019/20	310	301	271	272	277	272	277	274	229	253	241	213
2020/21	27	44	77	144	159	170						



	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
2020/21	122	178	191	201	170	167						



Outpatient Activity: Outpatient activity increased Q2 2020/21 following the drop in Q1 due to Covid-19.



Welsh Activity v Plan for Quarter 2 2020/21

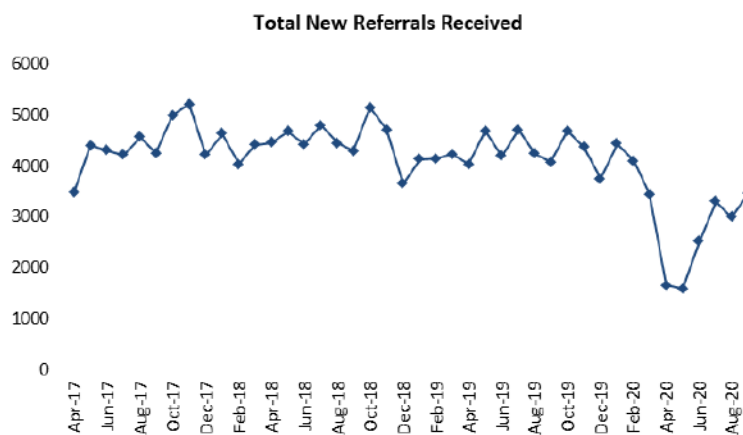
Q2 2020/21

Patient Category	Plan	Actual	Variance
Day Case	226.8	170	-56.8
Inpatient	222.64	151	-71.64
Outpatient	5524.01	4839	-685.01

Referrals for outpatient appointments

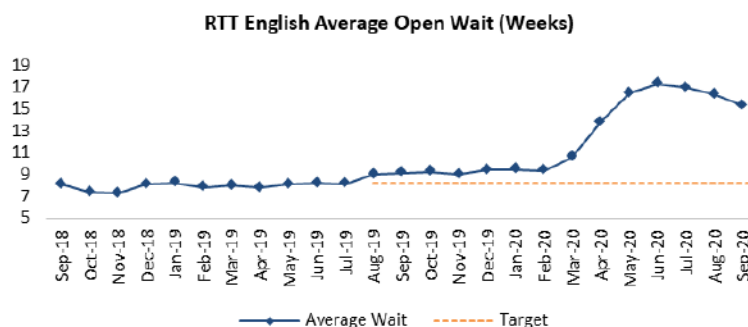
Clean referrals exclude referrals that are created by consultants retiring or transferring part of their practice to a colleague as part of service development or reorganisation and give a clearer indication of growth in demand for our services.

Referrals have started to recover in Q2 2020/21 following the drop due to Covid-19.

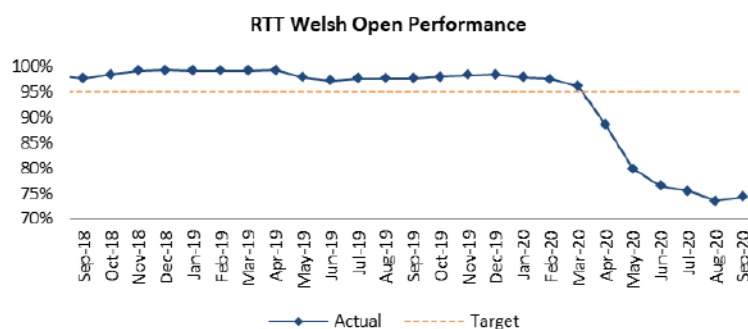


RTT (Referral to Treatment)

The Walton Centre is taking part in a Referral to Treatment (RTT) pilot scheme, where performance is measured by average patient waiting times in weeks. A requirement of this scheme is that performance is shown by average waiting time, rather than against the 92% standard and that the backlog cannot be shown. Performance at the end of Q2 20/21 is 15.34 weeks. Performance has improved through the quarter following a deterioration of performance due to Covid-19

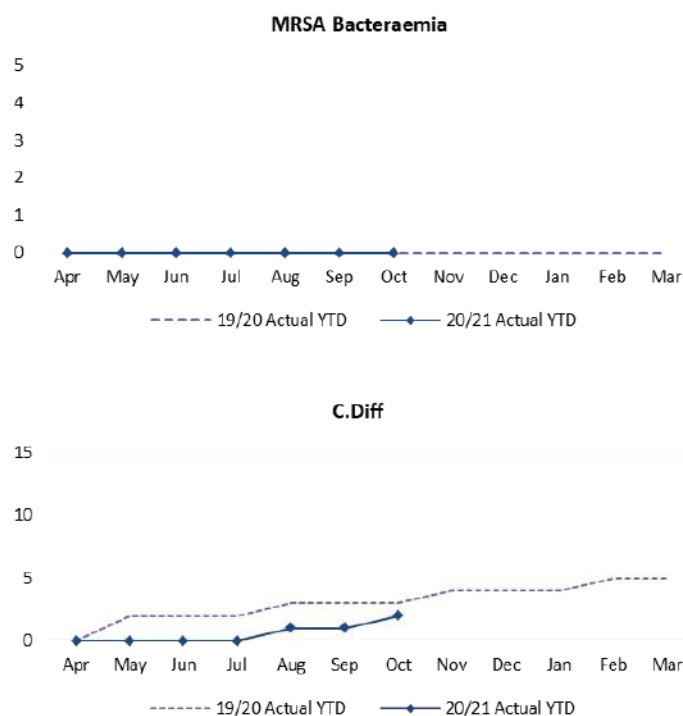


Welsh RTT performance continues to be monitored against the 95% standard, with performance above standard at 74.37%. Performance against the Welsh RTT target has stabilised throughout the Quarter following a drop in performance due to Covid-19. There have been 111 breaches of the 36 week maximum wait target.



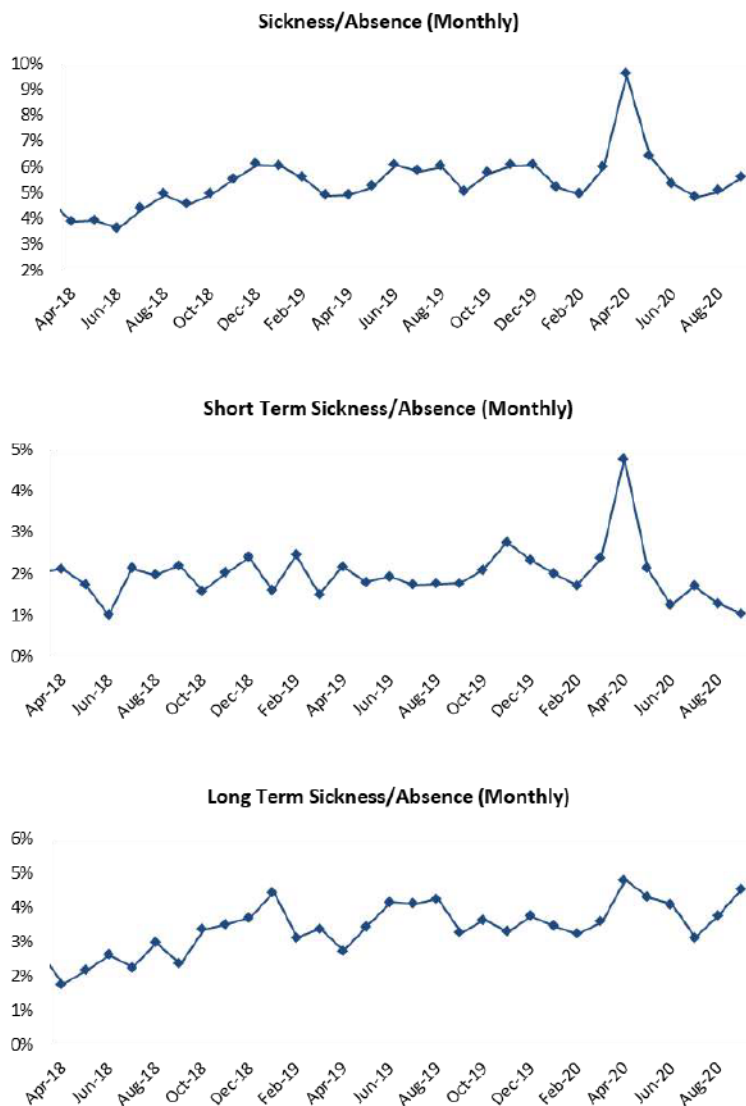
Infection Rates

No cases of MRSA Bacteraemia were reported during Q2 2020/21. The Trust has reported 2 cases of Clostridium Difficile against the PHE year-end threshold of 7 cases for 2020/21.



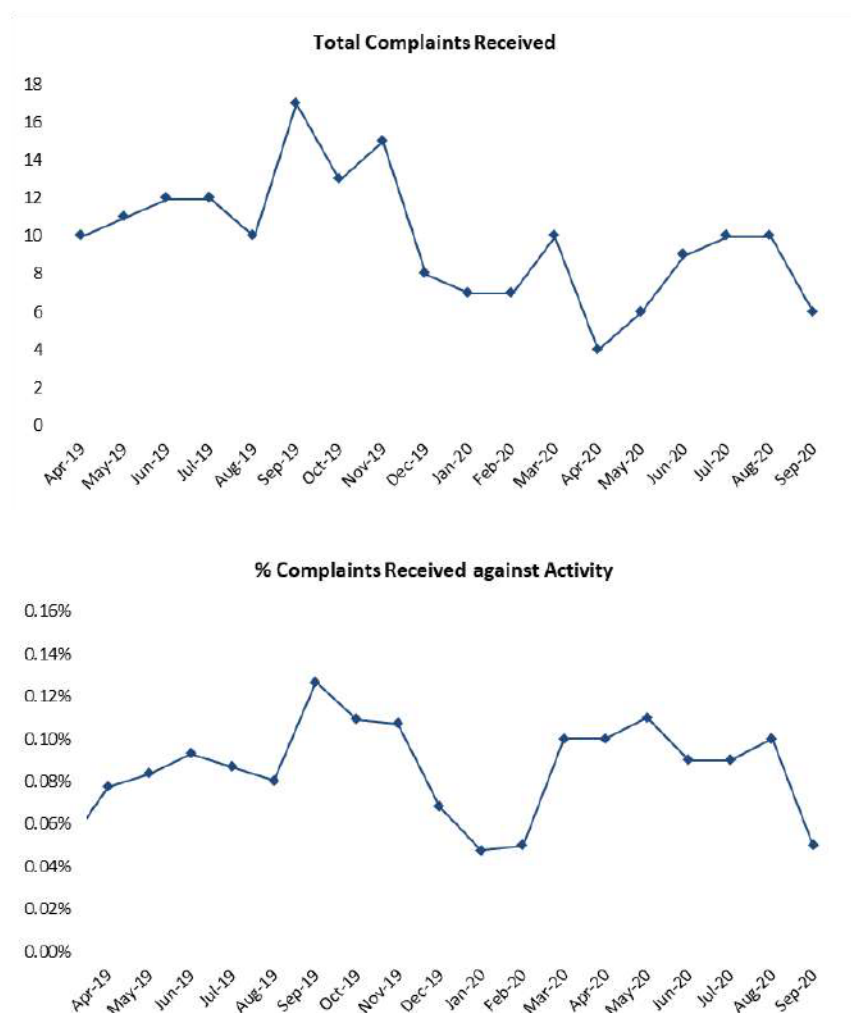
Workforce

Monthly sickness/absence rate is 5.60% which is above the revised target of 4.75%. The breakdown between long term and short term sickness as at 30th September is as follows: 4.55% on long term sickness and 1.05% on short term.



Complaints

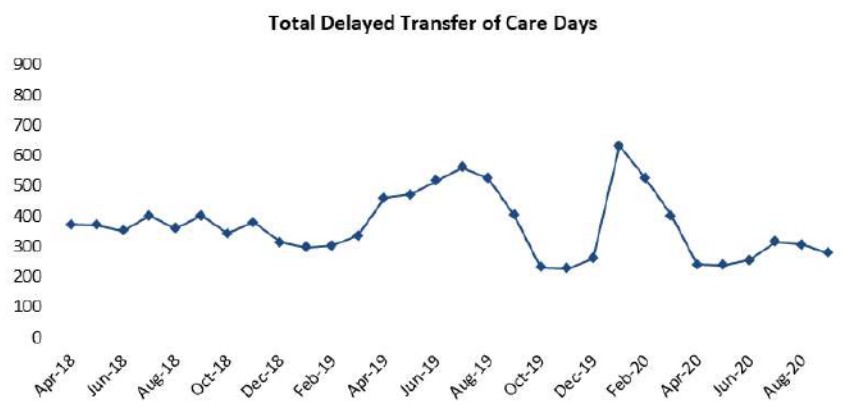
The Executive team receive a detailed monthly report in relation to complaints. Trends and themes are discussed and challenged. A Quarterly report is also provided to the Patient Experience Group. Q2 2020/21 has seen 26 complaints reported.



Efficiency Measures

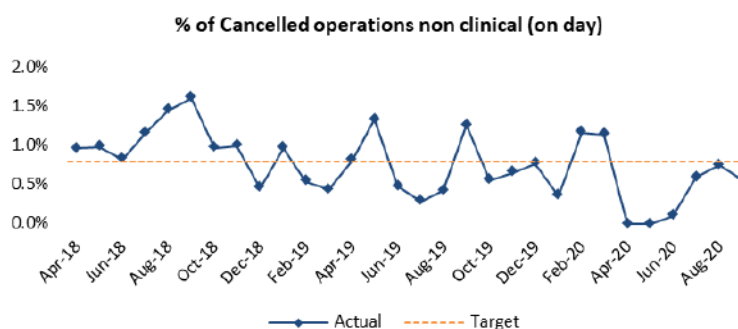
Delayed Discharges / Delayed Transfers of Care (DTC):

The total Delayed Patient days has remained consistent during 19/20 and 20/21



Cancelled Operations: The number of cancelled operations in Q2 2020/21 has increased compared to Q1 in 2020/21.

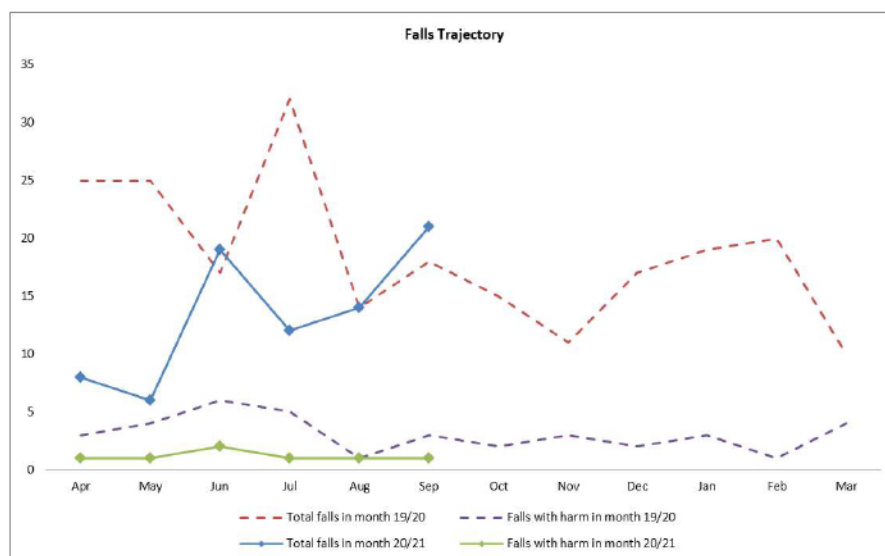
	Number of non-clinical cancellations
Q1 2020/21	1
Q1 2020/21	13
Variance	12



Safety Indicators

Patient Falls:

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



In 20/21 there has been 80 total falls of which 7 were minor harm. This compares to 131 total falls at this stage of 19/20. There has been no moderate harm falls within the Trust in 20/21.

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

Leaflets for inpatients and patients with long term conditions are being developed and will be printed and distributed. The Falls Prevention steering group meet monthly as a multi-disciplinary group and discuss all falls with harm incidents. A work plan for the group for 2019/20 has been developed.

We are planning a meeting with our falls equipment provider about new devices that are available, this includes 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. If the devices are suitable a request will be made to charitable funds to fund the devices.

Video surveillance has been installed in CRU to help with the monitoring of multiple patients at risk of falling; who are in single side rooms; this will be used from January. A bedrails audit and falls gap analysis will be taking place in the next quarter.

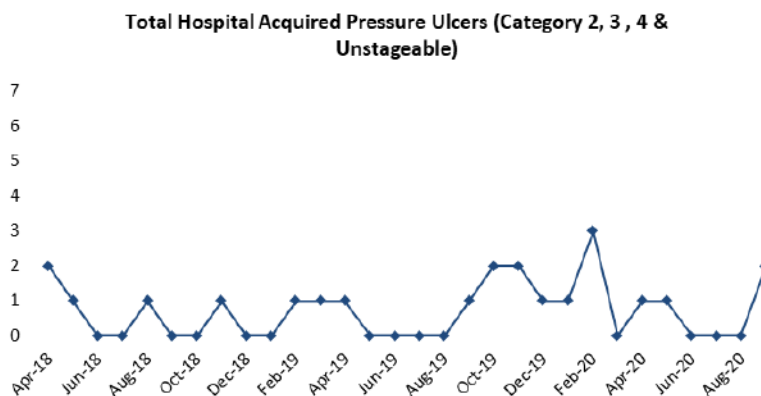
The Trust have been progressing with a national CQUIN related to falls which refers to 3 key falls prevention interventions for patients over the age of 65. These are lying and standing BP being recorded once during patient stay, a rationale being documented for use of hypnotics, anxiolytics or antipsychotics 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. Although we have not managed to meet the target for full compliance, there has been a noticeable increase between quarter 2 and 3. Compliance against the recording of lying and standing blood pressure is being promoted via the trust daily safety huddle.

Pressure Ulcers

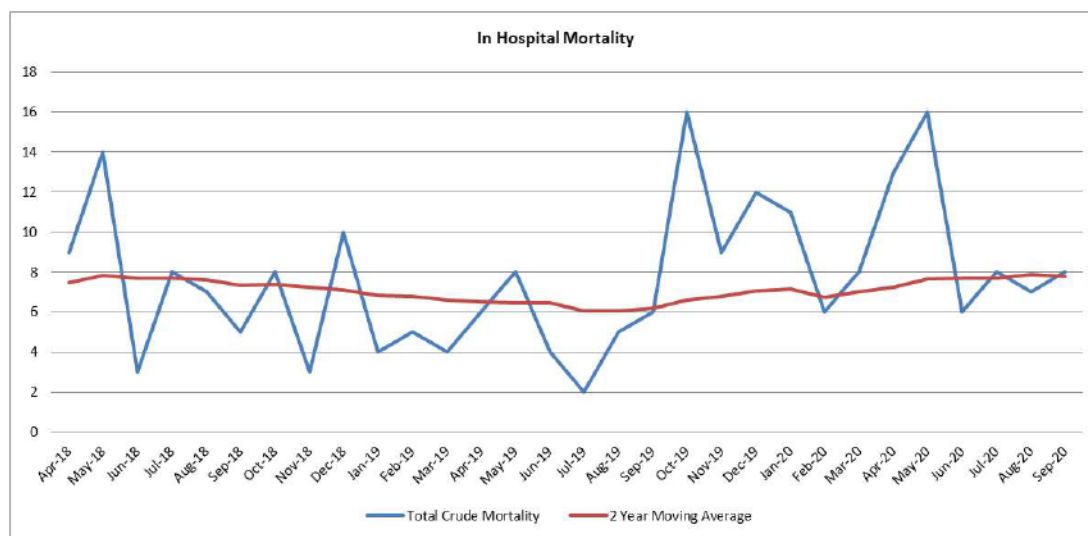
In Q2 2020/21 there was two Walton Centre acquired pressure ulcer.

Below is a graphic representation of our position to date



Mortality

Crude mortality reduced in Q2 20/21 compared to Q1. All cases are subject to detailed clinical review and discussion at Quality Committee and no cause for concern identified.





REPORT TO COUNCIL OF GOVERNORS 10th December 2020

Title	The NHS People Plan 2020/21
Sponsoring Director	Janet Rosser, Trust Chair
Author (s)	Mike Gibney, Director of Workforce and Innovation
Previously considered by:	Trust Board – September 2020
Executive Summary The attached provides an update on the Trust's response to the NHS People Plan that was published in July 2020.	
Related Trust Ambitions	Delete as appropriate: <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	
Related Assurance Framework entries	BAF Risk 006 If the Trust does not attract, retain and develop sufficient numbers of qualified staff then it may be unable to maintain service standards leading to service disruption and increased costs
Equality Impact Assessment completed	No
Any associated legal implications / regulatory requirements?	Trusts are required by the regulator to demonstrate that they have implemented the recommendations from the NHS People Plan.
Action required by the Council	The Council is requested to: <ul style="list-style-type: none"> • note the report



People Plan/Strategy Update

Mike Gibney

Director of Workforce and Innovation

Andrew Lynch, Equality & Inclusion Lead

Excellence in Neuroscience



National Context

We are the NHS: People Plan for 2020/21

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

Deliver



The Walton Centre
NHS Foundation Trust

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

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

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Provide



The Walton Centre
NHS Foundation Trust

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

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

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Invest



The Walton Centre
NHS Foundation Trust

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

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

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Lead



The Walton Centre
NHS Foundation Trust

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

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

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Adopt



The Walton Centre
NHS Foundation Trust

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

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

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Recognise



The Walton Centre
NHS Foundation Trust

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

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

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Key Dates

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



Key Dates

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



COG EDI Update

December 2020

- COVID -19
- Black Lives Matter
- Race@WCFT
- Community Engagement



The Walton Centre
NHS Foundation Trust

Questions

Excellence in Neuroscience





REPORT TO THE COUNCIL OF GOVERNORS 10 December 2020

Title	Non-Executive Directors Appraisals and Remuneration
Sponsoring Director	Name: Mrs Janet Rosser Title: Chair
Author (s)	Name: Mrs Janet Rosser Title: Chair
Previously considered by:	N/A
Executive Summary <p>The chair has undertaken appraisals for three of the five Non-Executive Directors; their objectives for last year have been met and forward objectives for 2021/2022 have been agreed. Two new Non-Executive Directors joined the Trust in November 2020 and will not have an appraisal until next year; however their respective responsibilities have been agreed.</p> <p>Non-Executive Directors are currently paid £13,136.34 per annum and not generally eligible for any additional remuneration nor automatic annual uplifts. To ensure fairness across all board members, in the last two years, Non-Executive Director pay has been uplifted in line with nationally recommended pay for executives. This year the recommended uplift is 1.3% effective from April 2020.</p> <p>The Board Remuneration Committee approved this uplift for executive pay at its meeting on December 3rd 2020; I am therefore seeking approval from the Council of Governors to the uplift of 1.03% for Non-Executive Directors.</p>	
Related Trust Ambitions	N/A
Are there any risks associated with this paper?	N/A
Related Assurance Framework entries	N/A
Are there any associated legal implications / regulatory requirements?	N/A
Equality Impact Assessment completed?	N/A
Action required by the CoG	The COG is requested to: APPROVE the uplift of 1.03% for Non-Executive Directors



REPORT TO THE COUNCIL OF GOVERNORS

10 December 2020

Non-Executive Director Appraisals and Remuneration

Appraisals

The chair has undertaken appraisals for three of the five Non-Executive Directors. All three met their objectives for last year and set out below are their current responsibilities and forward objectives for 2021/2022.

The remaining two Non-Executive Directors (Karen Bentley and David Topcliffe) have only just joined the Trust and so would not normally have a full appraisal until next year. We have however agreed their respective responsibilities.

Mr Seth Crofts:

Chair:

Organ Donation Committee
Research, Innovation and Medical Education Committee (formerly Research, Development and Innovation Committee)
Quality Committee

Member:

Remuneration Committee
Audit Committee

Priorities for 2021/22

- Act as Senior Independent Director.
- Act as Non-Executive Lead for raising concerns.
- Support implementation of Trust Strategy 2018-2023.
- Chair Quality Committee.
- Chair RIME Committee.
- Chair Organ Donation Committee.
- Explore ways to deliver more contact with clinical staff using MS Teams.

Ms Su Rai:

Chair:

Audit Committee
Charity Committee

Member:

Remuneration Committee
Business Performance Committee

Priorities for 2021/22

- Learn more about the Trust's patients and services.
- Support the Director of Finance with the new financial framework.
- Support the Charity Committee to navigate through this difficult year.
- To take an active role and support the Trust's Black, Asian and Minority Ethnic (BAME) agenda.

- Take BAME agenda forward.
- Continue effective engagement with the Governors.

Professor Nalin Thakkar:

Member:

Remuneration Committee
Quality Committee
RIME Committee
Charity Committee

Priorities for 2021/22

- Continue working with members of the RIME Committee both formally and informally to strengthen the RIME strategy and with agreement of the Committee, review the strategy.
- Explore opportunities as they arise to develop knowledge of the Trust once we are able to return to the site.
- Continue contributing to the Equality, Diversity and Inclusion (EDI) strategy.
- When COVID restrictions are eased, work with Data Analysis Team on production of better analytics and interpretation of data.

Remuneration

All Non executive directors are currently paid £13,136.34 per annum. They are not generally eligible for any additional remuneration (other than expenses wholly incurred in carrying out their duties) and nor are there any automatic annual uplifts.

To ensure fairness across all board members, we have, in the last two years uplifted Non-Executive pay in line with nationally recommended pay for executives. This year the recommended uplift is 1.03% effective from April 2020.

The Board Remuneration Committee approved this uplift for executive pay at its meeting on December 3rd 2020; I am therefore seeking approval from the Council of Governors to the uplift of 1.03% for Non-Executive Directors.

Janet Rosser
CHAIR
4 December 2020



REPORT TO COUNCIL OF GOVERNORS 10 December 2020

Report Title	Chair's Assurance Report – BPC 22 September 2020
Sponsoring Director	Barbara Spicer – 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 to the Board on request.</p> <p>The paper provides an update to the Council of Governors of the meeting of the Business Performance Committee held on 22 September 2020.</p>	
Recommendations	<p>The Council of Governors is requested to:</p> <ul style="list-style-type: none"> Note the summary report

1.0 Matters for the Council of Governors attention

- Phase 3 Finance and Activity Plan discussions and assurance.
- The move to include activity into performance reporting within the IPR.
- Recommendation that Trust Board approve the six month extension of the ISS Facilities Management.
- Contract and Re-procurement Timetable Sign-off.
- Recommendation that Trust Board approve the Communication and Engagement Strategy.
- Good depth of discussion around Digital Strategy.

2.0 Items for the Council of Governors information and assurance

The Committee received the following updates:

a) Phase 3 Finance and Activity Plan

The Committee received an update on the Trust's Phase 3 plan submission and Phase 3 arrangements to be in place in September. The Committee noted the move away from individual trust blocks to a 'system funded envelope' which would allow for breakeven within the system and the reimbursement of directly related Covid-19 costs. Potential implications for the Trust were highlighted and discussed. In line with the timetable set by C&M HCP the Trust had collated both its activity plan and initial financial forecast for 2020/21 and followed the request that the finances be split into the expenditure categories of

- base expenditure;
- Covid related expenditure;
- restoration expenditure relating to cancer, elective activity, diagnostics, mental health, community and other and;
- Winter pressures.

The Committee were referred to the initial phase 3 financial summary I&E Deficit of £4.686m and the activity plan projections compared against the phase 3 requirements. Initial systems submissions would be made on 7 October and a more detailed Provider submission would be required by 22 October.

b) Integrated Performance Report

Operations – The Committee noted the move to including activity reporting within the IPR. The purpose of the report to provide assurance on performance metrics had not changed but there had been a move to being measured and monitored against activity levels (not collated to performance). Cancer performance remained above target as the Trust had continued to prioritise this activity.

Underperforming measures were RTT in England (still measured against average wait) and the 52 week breaches (28 in August) were discussed at length. The Committee requested more narrative around the overdue follow up waiting numbers (FOWL) and a briefing paper would come to the next meeting in October.

Finance – The Committee noted the M5 breakeven position in line with national guidance. Covid costs were £123k in August resulting in YTD costs of £1,591k.

Workforce – The Committee noted the position on nursing turnover which had improved slightly. Vacancy levels were under control and sickness absence stood at 4.6% in August with 0.5 being Covid related.

c) Senior Information Risk Owner (SIRO) Annual Report

The Committee received the report from the SIRO (Director of Finance and IT) on his role to act as an advocate for information risk on the Board. Noted was the substantial assurance gained for the 10th year in succession from Internal Audit on the Data Security and Protection Toolkit. The Information Governance Department continued to have robust monitoring and reporting arrangements in place which allowed gaps to be identified quickly and action taken where necessary. The Committee noted the significant achievement from the department to consistently push to maintain and exceed high standards and continue to provide the same levels of assurance.

d) Information Governance Annual Report

The Committee were provided with assurance on the progress and developments made within Information Governance throughout the Trust in 2019/20. Achievements were highlighted and also discussed was the impact that Covid had on the department.

e) Communications, Marketing and Commercial Update

The Committee received the update on communications and engagement activity (both internal and external) and also information on some commercial activities including the Spinal Improvement Partnership Project building on the Spine Tango Initiative and Research and Innovation projects with commercial potential VERA and ERNST. An update was given on the website development with an estimated timeline and the recruitment of a project manager for 6 months to oversee the implementation. A further update would be provided at the meeting in January. The Committee were pleased to see plans regarding staff recognition for the year were being set up.

f) Trust Risk Register (scores 12 and above)

The Committee noted the top risks with 3 having a risk rating of 20. Discussion took place about aligning the Trust Risk Register with the Covid Risk Register and the issue of how the Board scores risks which was acknowledged to be a work in progress.

g) Transformation Board – Terms of Reference and Work Programme

The Committee received and approved the Terms of Reference with some minor changes around the quoracy and how the Transformation Board would report and monitor benefits.

h) Business Performance Committee – Terms of Reference

The Committee agreed to the change in reporting arrangements. The Medical Education Committee would now report through RIME Committee going forward.

i) Cycle of Business

Noted.

j) Extension of the ISS Facilities Management Contract and Re-procurement Timetable Sign-off

The Committee were asked to recommend to Trust Board to extend the current ISS facilities management contract until 30 September 2021 to support a robust procurement exercise due to delays in re-tendering during the COVID 19 pandemic and to also acknowledge and agree the tender timetable / process to include all current ISS services to be covered as part of the re-tender exercise. The Head of Procurement provided a comprehensive background of the situation and the current position and the Committee discussed the issue at length. It was agreed conversations would need to take place with ISS staff appropriately and it was noted the desire from the trade unions to bring the services in-house. The need for scoping exercises and soft market analysis with

providers was acknowledged to help with the tender exercise. The Committee agreed to endorse the recommendation to Board to extend the current ISS contract.

k) Office 365 Business Case

The Committee were asked to approve the move to Office 365 from the current Microsoft Office 2010. The benefits of the move to 365 were outlined as were the options to remain with the current system or move to another software. The Committee agreed to support the business case which was £63,141 p/a excluding VAT. The budget arrangements were explained but as the full life costs were unknown the Committee approved for one year with a review in 6 months through the Digital Strategy.

l) Communication and Engagement Strategy

The Strategy set out how communications and engagement activities would reinforce the goals and ambitions of the Trust's five year strategy. The strategy had been designed to meet the needs of a changeable environment and would be treated as a living document. The document had been shared with the Executive Team, Staff Partnership Committee and external stakeholders. The Committee focussed on the key aims of the strategy and the 6 areas of focus being staff / patients / external stakeholders / trust brand / fundraising and research and innovation opportunities. The accessible format of the strategy was welcomed but concern was raised around the resources of the department to achieve the aims of the strategy. The issue of using staff as ambassadors was raised and the need to "demonstrate" the research opportunities and aims rather than support them. The Committee agreed to endorse the Strategy to Trust Board for approval.

m) Digital Strategy Delivery Update

The Digital Strategy update was noted by the Committee. The key challenge had been agile deployment over the last few months and ensuring the ability for staff groups to complete work in a safe environment. EPR had been paused for a few months to concentrate on other priorities and staff from Project Management deployed to help with delivery of agile work. It was noted the department were leading in some changes of systems and was working collaboratively with C&M.

n) AOB – IPC Sleeve Pricing Agreement

The Committee were asked to approve the increased costs relating to IPC sleeves as the NHS Supply Chain pricing agreement had expired and increased the cost by £3,634.32 per annum. A new 24 month agreement value of £115,096.56 required approval by end of September. The Committee approved the pricing agreement.

Due to concern around the increase in positive COVID cases the Committee were asked to note that emergency planning and resilience had been stepped back up with Command and Control daily meetings and daily tactical meetings.

3.0 Progress against the Committee's annual work plan

The Committee continues to follow its annual work plan.



REPORT TO COUNCIL OF GOVERNORS
10 December 2020

Report Title	Chair's Assurance Report – BPC 27 October 2020
Sponsoring Director	Janet Rosser – Chair of Board of Directors
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 to the Board on request.</p> <p>The paper provides an update to the Council of Governors of the meeting of the Business Performance Committee held on 27 October 2020.</p>	
Recommendations	<p>The Council of Governors is requested to:</p> <ul style="list-style-type: none"> Note the summary report

1.0 Matters for the Council of Governors attention

- Detailed discussion around the finance framework and planning submission.

2.0 Items for the Council of Governors information and assurance

The Committee received the following updates:

a) Finance Framework and Planning Submission

The Committee were presented with an update on the current situation around the financial framework and noted there had been several changes of late that potentially have a significant impact on foundation trusts. The presentation outlined what this meant for governance and reporting for trusts. It also covered the latest national financial framework together with the key points around financial planning for months 7-12. The final submission to the HCP on 19 October resulted in a forecast of £1.53m deficit which was based on the agreed methodology across the system for allocation of COVID and growth income (although this may be subject to further change). This financial position was also submitted to NHSI/E in a detailed financial submission on 22 October. The presentation would be shared at the forthcoming Trust Board meeting with Non-executive Directors suggesting that a paper be prepared giving an explanation as to why CIPs could not be delivered at the present time. The Committee noted the current situation and acknowledged that it was worrying that a lot of control and governance for trusts had been taken away.

b) Integrated Performance Report

Operations – The Committee were referred to the summary of KPIs which showed cancer performance had remained above target as the Trust had continued to prioritise this activity. Underperforming measures were highlighted but the Committee were asked to note that they were starting to improve. The IPR continued to look at activity rather than performance.

The Committee received an update on the current Covid position in the Trust and across the region.

Finance – The Trust broke even in month 6 as per national guidance but did require a £760k top up (confirmation of this had not been received which could be a potential risk). The Committee were updated on the capital position and it was envisaged would go over and above the capital plan but following the Capital Management Group meeting there did seem to be some options available to bring capital back to plan. Cash remained in a healthy position at £41.6m in the back equating to 123 days of operating costs.

Workforce – The Committee were updated on the current workforce position. Turnover had come down but recruitment remained a challenge. The sickness figures were explained with 5.75% of staff of sick and 3% on special leave, 38 staff were currently self-isolating. It was acknowledged this was a difficult situation to manage on a day to day basis.

c) Transformation Programme Update (Covid Lessons Learnt)

The Committee received a presentation on Covid-19 *the positive impact* which provided updates on the new way of working; service delivery response; HR response; feedback from both staff and patients and getting the balance right going forward. Discussion took place on agile working; home working and how staff were supported to maintain health and wellbeing. The Committee acknowledged an informative piece of work.

d) Follow Up Waiting List Briefing Paper

Following a request by a Non-executive Director at a previous meeting the Committee were updated on the current position. It was noted that following an improvement in the position there had been significant deterioration in March and April 2020 due to the cancellation of routine activity in response to COVID. The paper set out the next steps to address the issue. It was confirmed an update is regularly received by Executive Directors and at the Neurology Performance meeting. Updates would continue to be provided within the IPR and reported by exception to BPC if required.

e) Board Assurance Framework

The Committee received the BAF noting no shift in risks primarily due to Covid. The two emerging financial risks were highlighted relating to Capital Allocation and Financial Plan 2020/21. Target risk scores would be discussed at the forthcoming Executive Team meeting. The Committee agreed that the BAF risks were appropriate and would be discussed in greater at Trust Board on 5 November. It was requested that any further comments be passed to Ms Hindle.

f) Cycle of Business

This was noted and acknowledged that the work load was evenly spread.

g) Neurologic Consignment Agreement for Radiology

The Committee were briefed on the consignment stock supplied by Neurologic for radiology stents, microcatheters and embolization devices. In the past month it had been requested by clinicians that the range of products be increased and this amounted to an increase of £9k to the previously agreed value. Following assurance around any risks the Committee agreed to the uplift and approved the Consignment Agreement to a value of £146,395.

h) E Rostering Update

The Committee received the report detailing the current situation with regards to the development and implementation of a pilot E-rostering system with Skills for Health (S4H) and were updated on the limited level of functionality compared to other comparators on the market. The paper contained various options for consideration with the preferred option being a direct award to Allocate (the current market leaders) via the Framework. It was acknowledged the current system worked well for medics and would remain in place for that function. Discussion took place around funding issues; implementation; compatibility with the present system and time frames. The Committee agreed that a paper would return to the meeting in January 2021 with an update on funding and implemation and it was agreed the cost of the current system that would remain in place be factored in to any business case.

i) Pain Service Options and Key Actions Update

The Committee were presented with a paper setting out the key actions taken in order to mitigate the observed increase in demand for Pain services as a result of a reduction in the service across C&M and Wales during 2019/20. From October 2020 the Trust would no longer accept GP referrals and would only provide a Tier III service which was detailed in the paper. The transfer of day case activity to Halton would continue. The Committee noted the actions taken to date.

j) Transformation Strategy

The new 5 year Strategy was presented for consideration and recommendation for approval at Trust Board. The document set out the strategic transformation plan for the coming 5 years covering service redesign and reform to enhance and improve health and wellbeing for patients.

Transformation priorities would continue to cover the redesign of outpatient services; theatres and patient flow. In order to deliver these programmes of work the governance structure was outlined together with the risks recognising the most fundamental being cultural. It was agreed that communication would play a key role in addressing the cultural change and Dr Rose would work on this with the Communications Team. The Strategy would be recommended by the Committee to Board for approval.

k) People Strategy

An update of the People Strategy was presented reflecting key issues and actions from the *"We are the NHS People Plan 2020/21, action for all of us"*. Objectives had been based on what was contained in the national plan and the Trust's own objectives. The two main themes that had arisen from the national plan were staff health and well-being and flexible working. It was considered that a lot of the objectives would be met by March 2021. The update against the Strategy was noted with further updates to come back to Committee in January and April 2021.

l) Finance and Procurement Strategy

The update against the Strategy covered an overview of the last 12 months covering achievements and challenges and the goals and ambitions for the year ahead. The main focus of the strategy was to support the delivery of the Trust strategy and explanation was provided on what that meant for both Finance and Procurement departments. The Committee were updated on how the teams had adapted to agile and home working with approximately 95% of staff currently working from home. Non Executives noted that it was good to see that Finance was driving the organisation forward and the development of PLICS and SLR reporting would see more emphasis to deliver costs savings and understand cost drivers and benchmark against other trusts. The update against the Strategy was noted by the Committee.

3.0 Progress against the Committee's annual work plan

The Committee continues to follow its annual work plan.



The Walton Centre NHS Foundation Trust

REPORT TO COUNCIL OF GOVERNORS 10TH December 2020

Report Title	Chair's Assurance Report – BPC 24 November 2020
Sponsoring Director	Janet Rosser – Chair of Board of Directors
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 Council of Governors of the meeting of the Business Performance Committee held on 24 November 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 Council's attention

- Approval of Intelligence Strategy.
- Approval of Guide XT Agreement.
- Approval of the EPRR core standards self-assessment

2.0 Items for the Council's information and assurance

The Committee received the following updates:

a) Cost Improvement Programme – Update Paper

The Committee were given a high level overview on the CIP position and how efficiency targets have been applied nationally for this financial year. Whilst it was not clear what the CIP ask would be for 2021-22 the Trust would be looking at what could be introduced and implemented for the coming financial year. Discussions took place around efficiency improvements and cost improvements and it was acknowledged that efficiency schemes were not necessarily cash releasing. Updates were provided on innovations and the repurposing beds scheme that was due to be implemented. The situation remained unclear as to how C&M HCP would bridge the gap to ensure a break even position but it was updated that a range of negotiations had been taking place. The Committee noted the contents of the paper.

Integrated Performance Report

Operations – The IPR continued to focus on activity. The Committee were referred to the summary of KPIs. Key concerns were around waiting times except for cancer patients. Average wait overall was 14.85 weeks with 'Other' at 23 weeks (Pain patients). Waiting times were moving in the right direction but some patients had waited 52 weeks breaching the standard. Measures were being taken to bring these back on trajectory. Diagnostic waiting times were improving week by week following a robust improvement plan however infection control principles remain a challenge. Discussions took place around Covid positive staff numbers and impact on service delivery; introduction of lateral flow testing for front line staff; update on the measures to improve those patients waiting 52 weeks; cancelled operations and DNA rates in Outpatients.

Finance – The Committee were asked to note that the financial regime changed in Month 7 meaning that retrospective top up payments would no longer be applied to bring trusts back to breakeven and no monthly payments would be made for Covid costs (as block funding had been received for Months 7-12). At M7 the Trust reported £196k surplus against a planned deficit of £59k (which was £255k better than plan) and the Committee were briefed on how this figure was achieved. Discussions took place around a second CT scanner; the possible elective penalty to be included in the forecast; capital plan; cash position and increase in agency costs in M7.

Workforce – The Committee were updated on the current workforce position including sickness rates (including a break-down of sickness absence figures) and nursing turnover. Discussion took place around long term sickness and whether it was higher in specific areas.

b) Estates and Facilities Q2 Report

The Committee were presented with a quarterly update on the performance and progress within the Trust's Estates and Facilities services for Q2 2020-21. The report covered updates on agile working; hotel services contract; water quality scheme; heating replacement scheme; fire compartmentation works; theatre ventilation refurbishment works; clinical waste and waste management service. Main discussion took place around the impact on theatres if there was a chance they were not compliant in having appropriate ventilation. It was agreed that this was a risk but assurance given that theatres were clean with very low infection rates so were workable. The contents of the report were noted by the Committee.

c) Transformation Programme Update

The Committee received the update on the work that had been conducted within the 3 main focus areas for Service Improvement and Transformation which were Outpatients; Theatres and Patient Flow together with an update on Agile working. It was requested that going forward KPIs be added to the report in order to see the benefits and measures of the transformation programme. The Committee were interested to see how the £200k of financial savings referred to through agile working had been identified - this would be picked up with Mr Davies and Mr Burns outside the meeting.

d) Terms of Reference

To be updated to include new reporting arrangements and would be presented for approval at the meeting in January 21.

e) Update against Agile Working Policy

The report covered how work on implementing a full agile system within the Trust had been ongoing since June 2020 following the initial impact of Covid 19 and how new ways of working were required to be put in place quickly. The report covered the background to the schemes and the current position. The Agile Working Policy had been produced and signed off and was located on the intranet for staff to access. Discussion took place around how the schemes worked e.g booking pods to work in; staff rotas for being on site etc. The situation had also provided an opportunity to review governance arrangements and meeting structures and how meetings would take place in the future.

f) EPRR Annual Assurance Self-Assessment Process

The annual report highlighted the EPRR assurance self-assessment outcome and onward reporting process. It was updated that due to the impact of Covid 19 the 2019-20 core standards were to be carried over to provide assurance for 2020-21. The Trust was compliant with the applicable standards and no actions were required following the self-assessment process.

g) Cycle of Business

Noted by the Committee.

h) Patient Initiated Follow Up (PIFU) Project

A presentation was given on the PIFU Project which the Trust had been an early adopter site for. The proposal was to implement an enhanced general referral triage process delivering many benefits including a reduction in the number of inappropriate referrals that result in an appointment, reduction in the waiting time for general neurology new appointments and a reduction in the number of patients on the new patient waiting list. The presentation covered actions taken to date and an overview of progress with the key areas of focus in the first 90 days being Epilepsy, MS and Headache. The benefits realisation were identified and the need to ensure good communication around the Project. Discussions took place around how the project would work in practice and whether the current 7,000 patients waiting for a first appointment would be part of a separate project.

i) Intelligence Strategy

The Strategy set out the Intelligence plan for the coming years and was aligned to the Trust's 2019-2023 strategy. The aim of the strategy was to put data and analytics at the heart of every decision across the Trust with the aim of supporting and improving the care and experience of all service users. The Committee noted the vision, values and goals together with priorities and delivery and also the risks to delivering the strategy. The biggest risk was considered to be the cultural adoption of the plan and willingness to change around the organisation. The Committee approved the Strategy

j) AOB – Guide XT Agreement

The Committee were asked to approve an agreement. Boston Scientific have offered the Trust a Guide XT licence and software package in support of Implantable Pulse Generators purchased via the High Cost Tariff Excluded Devices scheme. The package comes at no financial cost and is offered based on a market share of at least 50% in this area achieved in the last financial year and a commitment to do so in the next 12 months. Admittedly the Committee were confused about what they were asked to agree to which was basically committing to purchasing Boston devices via the central model for a 12 month period. At the moment these devices are paid directly by NHSE/I under the zero cost model however in the coming months the Trust will move into the visible cost model which will mean the Trust will pay for the devices and then reclaim the monies from NHSE/I. The spend on the devices (covered by NHSE/I) is in excess of £500k per annum so the agreement was sought by the Head of Procurement for transparency purposes. Following a lengthy debate the Committee agreed to approve the agreement but it would be reviewed in 6 month's time.

3.0 Progress against the Committee's annual work plan

The Committee continues to follow its annual work plan.



REPORT TO COUNCIL OF GOVERNORS 10 December 2020

Report Title	Chair's Assurance Report – Quality Committee 17 September 2020
Sponsoring Director	Seth Crofts, Non-Executive Director
Author (s)	Lindsey Vlasman Acting Director of Nursing
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 to the Board on request.</p> <p>The paper provides an update to the Council of Governors of the meeting of the Business Performance Committee held on 17 September 2020</p>
Recommendations	<p>The Council of Governors is requested to:</p> <ul style="list-style-type: none"> Note the summary report

1.0 Matters for the Council of Governors attention

- Ms Oulton confirmed that a PLACE review will not be undertaken due to Covid-19
- Do Not Attempt Cardiopulmonary Resuscitation Policy (DNA-CPR) update. The policy was updated to include the move to only using the purple DNA form. The policy was approved by the Committee.

2.0 Items for the Council of Governors information and assurance

The Committee received the following updates:

a) **Medical Director's update**

Dr. Nicolson provided updates with regards to the Stroke Service moving back to Aintree and highlighted the collaboration with LUFT with regards to spinal services. It was noted that four orthopaedic LUFT spinal surgeons now support spinal cases at WCFT which is proving successful. Dr. Nicolson also advised that the GiRFT Neurology meetings are now recommencing following a pause due to Covid-19. A date has been set for October 2020.

b) **Communications Quality Presentation**

A quality presentation was provided by the Communications Team highlighting their work to support both staff and patients during the covid-19 pandemic in keeping all groups up to date with constantly changing guidelines. The team are constantly on hand to support tea Quality Committee conveyed their thanks to team for their hard work during this challenging time.

c) **Integrated Performance Report**

Attention was drawn to risk assessments which were rag rated as red due to very small percentage. It was noted that work is on-going around risk assessments with regards to both MUST and MUAC assessments. It was also noted that a Quality Improvement Group has been established and work is in progress with regards to the increase in MSSA cases. It was confirmed that the number of DoLs applications is due to the patient cohort..

d) **Quarterly Pharmacy KPI reports**

Ms Philips presented the report with a focus on performance around TTO's discharge prescriptions, turnaround times, cost improvements/savings made and MDT attendance. Ms Philips advised that the pharmacy team are currently short staffed which may lead to a reduced presence on the wards. The team are looking at the possibility of recruiting a locum pharmacist. Following discussions with regards to pharmacy services at the weekend, it was agreed that this would kept under review at divisional level.

e) Local Survey Action Plan Update

Ms Crofton provided an overview of progress to date. Unfortunately, due to the Covid-19 pandemic, the Trust lost a donation from MacMillan which targeted for work on patient experience. The team are now working with other agencies and trusts in order to improve patient experience for all cancer patients. The team have secured funding to employ a further clinical support co-ordinator. Work is planned within the Trust with Cancer Specialist Nurses providing education to the wards.

f) Pharmacy Review on Critical Care

Ms Abernethy provided an overview and noted that further support will be required on critical care for a 7 day service.

g) Losses and Compensation Report

Ms Stevenson provided an update. This was brought to Quality Committee to highlight payments made to staff as a result of violence and aggression incidents. Payments had been made over three financial years but were mainly related to one case. The Committee noted the report.

h) Trust Risk Register

An overview of the Trust Risk Register was provided with discussion taking place with regards to risks with a score of 15 and above notably Risk ID 737 legionella and Risk ID 793 cancellations/demands on services due to Covid-19 affecting patient experience. The new risk ID 801 with regards to antiepileptic therapy was discussed. Ms Vlasman will liaise with Ms Philips (pharmacy lead) to establish why this has been added as a new risk. The Quality Committee accepted the report.

i) Infection Prevention & Control Committee Terms of Reference (ToR)

The updated ToR had been reviewed at the Infection Prevention & Control Committee and was approved by Quality Committee.

j) Sub-Committee Chairs' Reports and Minutes

Chairs' reports and minutes from sub-committees were noted by Quality Committee.

3.0 Progress against the Committee's annual work plan

The Committee continues to follow its annual work plan.



REPORT TO COUNCIL OF GOVERNORS
10 December 2020

Report Title	Chair's Assurance Report – Quality Committee 22 October 2020
Sponsoring Director	Seth Crofts, Non-Executive Director
Author (s)	Lindsey Vlasman Acting Director of Nursing
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 to the Board on request.</p> <p>The paper provides an update to the Council of Governors of the meeting of the Quality Committee held on Thursday 22 October 2020.</p>	
Recommendations	<p>The Council of Governors is requested to:</p> <ul style="list-style-type: none"> Note the summary report

1.0 Matters for the Council of Governors attention

- Nosocomial Infections and Risk Register with regards to staffing levels across the Trust.
- Service Improvement Presentation & Covid Debriefing sessions for staff.

2.0 Items for the Council of Governors information and assurance

The Committee received the following updates:

a) Medical Director's update

Dr. Nicolson provided an update regarding the current impact of Covid-19. The Executive Team are involved in various regional calls due to the rapid rise in regional covid case, with local trusts needing to cancel elective cases. WCFT are in negotiation neighbouring with regards to mutual support for head and neck cancer and in rehab. Concerns were raised with regards to staffing and the impact of contact tracing on staffing levels.

The GiRFT meeting took place remotely and feedback has been positive.

b) Integrated Performance Report

Ms Vlasman highlighted key points from the report noting that further work regarding the risk assessments is still on-going with the Divisions and Mr. Foy, Head of IT & Business Intelligence. There were two SUIs (unexpected cardiac arrest, unstageable pressure ulcer). It was noted that Divisions are undertaking a deep dive with regards to MSSA and E-Coli following increases in infections. Currently there have been seven MSSA infections with a Trust trajectory of 8 cases for the year. Attention was also drawn to the increases in VTE. This increase is due to Pulmonary Embolism cases in Covid patients.

c) Board Assurance Framework (BAF)

Ms Vlasman explained the three risks on the BAF pertaining to Quality Committee, namely Risk ID001 Coronavirus, Risk ID004 Harm to staff from patients and risk ID005 failure to deliver the benefits of the Quality Strategy. Ms Vlasman advised that the risk score for ID004 will remain at 12 as incidents had increased but could be attributed to three patients and future incidents are to be monitored. The risk score for ID005 will also remain the same. The Trust is endeavouring to deliver the aims of Quality Strategy but larger initiatives may be delayed due to Covid-19.

d) Mortality and Morbidity Report Q2

Dr. Nicolson provided an overview of the report noting that the number of deaths had decreased from April/May which was expected. The report included a detailed review of a particularly difficult case which highlights the challenges of such case to the Quality Committee. Mr. Foy provided an explanation of RAMI data.

e) Equality, Diversity & Inclusion (E,D&I)Update

Mr. Lynch provided an update on the WRES data and noted that that further work is required in this area. Attention was drawn to the formation of the strategic BAME advisory group which will also undertake focussed work on recruitment. Updates were provided with regards to reasonable adjustments, the E, D & I Champions and work in conjunction with schools to promote jobs in the NHS.

f) Infection Prevention & Control Report Q2

Ms. Vlasman gave an overview of the report. It was noted that the Surgical Site Infection data is not correct. This was recorded as an action for the IPC lead nurse to investigate further.

g) Service Transformation – Update during Covid-19

Mr. Davies, Head of Service Transformation delivered a presentation outlining the service transformation initiatives undertaken during the covid -19 pandemic which included the following:-

- IT systems updated to enable Agile Working to be put in place
- Virtual Attend Anywhere appointment system for patients which also included positive feedback from patients.
- Relocation of Stroke services
- Transfer of Head and Neck cancer services.
- Updates on PPE and procurement
- The introduction of relative telephone lines

h) Governance & Risk Management Report Q2

The following points were highlighted from the report:-

- The Risk Register has been reviewed and three new risks added.
- There was an increase in moderate incidents from Q1 to Q2
- There was one RIDDOR incident relating to staff injury
- GAF ref 309 increase in MSSA incidents which are being investigated by Divisions.
- FFT reporting is on hold until January 2021

i) Quality Committee Terms of Reference

The committee agreed to the addition of the Equality, Diversity and Inclusion Group to the Quality Committee Terms of Reference.

3.0 Progress against the Committee's annual work plan

The Committee continues to follow its annual work plan. MECC is to be removed from the work plan as this is not expected to be resumed until April 2021.



REPORT TO COUNCIL OF GOVERNORS 10TH December 2020

Report Title	Chair's Assurance Report – Quality Committee 19 November 2020
Sponsoring Director	Seth Crofts, Non-Executive Director
Author (s)	Lindsey Vlasman Acting Director of Nursing
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 to the Council of Governors of the meeting of the Quality Committee held on Thursday 19 November 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 Council's attention

- Positive feedback received from the Peer Review of the Major Trauma Network, GMC Trainer/Trainee Survey and from Liverpool University Neurology placement students
- KPI's that do not feed into the Quality Committee IPR but have an impact of patients i.e. patient waiting times and 52 week breaches
- Following discussion around the patient's story, provision for patients with visual and other impairments to be noted
- The Quality Presentation by the Spinal Team
- Quality Accounts achieved for 2020/21 and requests for 2021/22
- End of Life Care update
- The support and team work shown by Outpatient's department during the covid pandemic

2.0 Items for the Council's information and assurance

The Committee received the following updates:-

a) Medical Director's update

Dr. Nicolson noted that the clinical teams were continuing to manage issues relating to the covid pandemic and that liaison meetings across the region are on-going.

Dr. Nicolson advised that a Peer Review for the Major Trauma Network had been completed. The report highlighted high standards of care for major trauma patients at the Walton Centre which were also maintained throughout the covid pandemic.

The results from the GMC trainer/trainee survey undertaken in July 2020 had been received. Dr. Nicolson highlighted key points from the conclusion of the report which included:-

- the learning and working environment was reported as being fair and inclusive
- opportunities for education and training at the Walton Centre remained viable despite the significant clinical pressures of the covid pandemic
- positive feedback was received from students with the Trust rated as good or very good for the support offered.

Dr. Nicolson also drew attention to the report received from the University of Liverpool following a change to their curriculum for medical students, which altered neurology placements. The Walton Centre scored higher than other trusts across all domains. Dr. Nicolson conveyed his thanks to the training teams for an excellent job during a very difficult period. Again feedback from students was very positive, acknowledging the high standard of teaching at the Walton Centre.

b) Quality Presentation – Spinal Team

Ms Smallwood, Spinal ANP presented the Quality Presentation to the Committee on behalf of the Spinal Team. The presentation noted how the team has grown and developed and how the team has supported the reduction in junior doctor hours. Attention was drawn to issues around education for the ANPs as courses fall between nursing and medical courses. The team aim to provide an MSc Spinal Module with a view to this commencing in September 2020 and also envisage showing casing their work in medical journals.

c) Integrated Performance Report (IPR)

An overview of the IPR was provided. It was noted that there have been 7 cases of MSSA with a trajectory of 8 year to date, for which there is an improvement group working on reducing further cases. An increase in the number of VTE incidents was noted, which were attributed to a consequence of the covid pandemic. The risk assessments remain in the red but teams are aware of this and are working to rectify. Further work is being undertaken with regards to pressure ulcers and falls prevention. Attention was also drawn to waiting times for patients and 52 week breaches with it being noted that teams are doing all that is possible to bring patients in as soon as possible. It was felt this KPI should be added to the IPR for Quality Committee.

d) Visibility & Walkabout Update

An overview of the Visibility and Walkabout report was presented. It was noted that walkabouts are currently reduced due to the covid pandemic but the senior leadership team continue to meet with staff to gather feedback and concerns. Covid de-brief sessions for staff have been undertaken to obtain further feedback from staff. The daily safety huddle, Hayley's Huddle and the regular covid tactical command meetings provided further opportunities for raising concerns. Daily communications are circulated by the Communications team to keep staff fully up to date.

e) Quality Accounts

Ms Kane delivered an update with regards to the Quality Accounts. 9 priorities had been achieved for 2020/21 and planning is commencing for 2021/22.

f) In-Patient Survey Update

Ms Gurrell provided a short update on progress to date with actions all on target. The 2020 In-patient survey will capture patients who are in the hospital during November 2020 for which posters have been displayed around the Trust and notifications shared on social media.

g) End of Life Care (EoLC) Update

An update was provided by Ms Crofton who noted that it has been a difficult year for the EoLC and Palliative Care teams. Ms Crofton advised that some systems have been streamlined and clarified for staff which included the use of the universal DNA CPR form. End of Life Care plans have been introduced in paper format with the view of moving to eP2. Initial feedback for the EoLC care plans is positive. Memory boxes for bereaved families have also recently been delivered to wards but as yet have not been used. The operational group is in place with Aintree and there has been an increase in the number of palliative care interventions and referrals.

h) Clinical Audit Progress Report

Dr. Nicolson provided an update on progress to date with regards to clinical audits. The clinical audit department are managing a number of audits and working through the action plans.

i) Quarterly Trust Risk Register Report

Ms Vlasman gave an overview of the Trust Risk Register and noted the two new risks with a score of 16 that have been added i. e. Risk 807 with regards to staff rest areas to allow for 2 metres social

distancing, if suitable rooms are not found there is a risk of staff contracting Covid-19. Risk 812 with regard to decreasing staffing levels affecting staff health & well-being and work/life balance

j) AOB

- Ms Vlasman provided an update on forth-coming Covid projects that of Lateral Flow Asymptomatic staff testing, Covid vaccination programme and Lamp Testing. An internal project manager has been assigned to oversee all of the above projects.
- Ms Vlasman highlighted the 75% uptake of the flu vaccine by patient facing clinical staff.
- A Quality Committee meeting has been added for December 2020.

3.0 Progress against the Committee's annual work plan

The Committee continues to follow its annual work plan.



REPORT TO COUNCIL OF GOVERNORS
10 December 2020

Report Title	Chair's Assurance Report – AC 20/10/20
Sponsoring Director	Su Rai – Non-Executive Chair
Author (s)	Jane Hindle, Corporate Secretary
Purpose of Paper:	
<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 to the Board on request.</p> <p>The paper provides an update the Council of Governors of the meeting of the Audit Committee held on 20th October 2020</p>	
Recommendations	<p>The Council of Governors is requested to:</p> <ul style="list-style-type: none"> Note the summary report

1.0 Matters for the Council of Governors attention

The audit committee recommended the proposed amended limits to the Scheme of Reservation and Delegation for Board approval.

2.0 Items for the Council of Governors information and assurance

The Committee received the following updates:

a) Divisional Assurance Presentation

The Committee received a presentation from Neurology Division detailing the governance and assurance structure within the Division. It was noted that the corporate structure was mirrored within the Division to ensure consistency in approach. An update on Divisional Assurance processes would be provided every 6 months regarding changes in any risks.

b) Audit Committee role in 'Deep Dive' work

The committee agreed that deep dive work would be owned by Board sub-committees and presented to the Audit Committee if there was a failure in the process. Mechanisms to escalate deep dive work to the Committee would be introduced to these appropriate Board sub-committees.

c) Annual Report – Theatre Consumables Audit

The Committee received the final report of the theatres consumables audit which completed the work set out in the 2019/20 audit plan. Recommendations from the report had been completed and assurances provided that robust controls were in place to mitigate any potential fraud risk.

d) Internal Audit Progress Report Q2

The Committee agreed to requests for amendments to two audit timescales with audits around exit interviews and the review of SMART to be deferred to 2021/22. Assurances were provided that this would still provide sufficient work to provide substantial assurance.

e) Internal Audit Recommendations Report

The Committee received the internal audit recommendations report and it was noted that work would be undertaken within the relevant teams to review each recommendation to clarify if anything had been completed, superseded or was incorrect and had not been communicated to the internal audit team.

f) Losses and Compensations Benchmarking Briefing Note

A briefing note was received detailing the benchmarking process undertaken to compare the Trusts losses and compensations with those of a sample of comparable Trusts and it was noted that there were significant reporting differences between each Trust and therefore the Trust would use its own historical data as a means of comparison.

g) External Audit Progress Report

The Committee received the external audit progress report and noted the requirement of a new Value for Money audit following a review and update of the code of practice by the National Audit Office. Guidance around this was still being finalised and it was recognised that this would require a fee variation for 2020/21. An overview of the outcome of the Redmond Review was also presented with an overview of key recommendations provided.

h) Executive Response to Challenge Questions

The Committee noted Executive response to challenge questions posed in the external audit progress report and it was recognised that this provided good assurance that the Trust was dealing with the challenges and issues raised. Themes of the challenge questions posed included queries around the Trusts strategy to resume services, the scrutiny of current clinical information, work to address race inequalities, reviewing the strategy for meeting the mental health needs of the local population, the impact of technology on Trust operations and a review of the Trust people plan.

i) Tender Waivers

The committee received a report of tender waivers made in quarter 2 of 2020. There had been 3 occasions where a waiver had been provided. One related to the Trust allocation of a regional purchase of clinical gowns in regards to COVID-19. The second waiver related to Liverpool Health Partnership and the Trust is now looking to put this on a purchase order. The third waiver related to the maintenance contract for the Kinevo microscope and the Trust is now looking to put this on a purchase order.

j) Aged Debt Report

The Committee received the aged debt report and an overview of the largest debts was provided. Assurances were provided that work was ongoing to recover these debts and the finance team met to review aged debts each week.

k) Bad Debt Write-Offs

The committee noted the three proposed bad debt write offs presented totalling 56,874. It was highlighted that each of these related to overseas patients who had since left the country and 75% of the cost of each invoice had been received from South Sefton CCG. Assurance was provided that there would be no impact on the financial performance of the Trust.

l) Committee Cycle of Business 2020-21

The Committee noted the cycle of business for 2020-21.

m) Review of Committee Terms of Reference

It was noted that the incorrect version of the Terms of Reference had been provided for review, this would be updated prior to further submission to the Committee for approval.

n) Quality Account

The Committee received the Quality Account for the year 2019/20 and noted that the priorities for the year had all been achieved. The Quality Account had been signed off by Healthwatch prior to being presented to NHSE/I and the CCG and it was highlighted that joint feedback from NHSE/I and the CCG was awaited. Following receipt of this feedback the Quality Account would be published on the Trust website.

o) Annual Review of Standing Financial Instructions (SFIs) and Scheme of Reservation and Delegation

The Committee noted the annual review of Standing Financial Instructions (SFIs) and Scheme of Reservation and Delegation noting that the only amendment this year was the thresholds to the OJEU framework.

p) *Scheme of Reservation and Delegation Limits Benchmarking and Proposed Limits*

The Committee recommended the revised approval limits proposed for Board approval noting that these would only take effect when the current emergency powers ended.

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

- Timetable for the preparation of the Financial Statements 2020/21
- External Audit Plan & Fees for 2021-22
- Tender Waivers
- Counter Fraud Progress Report



REPORT TO THE COUNCIL OF GOVERNORS

Date: 10 December 2020

Report Title	Chair's Assurance Report – RIME Committee 02/09/20
Sponsoring Director	Seth Crofts – Non-Executive Chair
Author (s)	Dr Nicolson, Executive Lead for Research and Development
Purpose of Paper:	
The Research, Innovation and Medical Education 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 to the Board on request.	
The paper provides an update to the Council of Governors of the meeting of the Research, Innovation and Medical Education Committee held on 2 September 2020.	
Recommendations	The Council of Governors is requested to: <ul style="list-style-type: none"> Note the summary report

1.0 Matters for the Council of Governors Attention

a) *MHRA Corrective and Preventative Action Plan*

A report was brought to the Committee to update on areas identified within the Corrective and Preventative Action (CAPA) Plan from the findings of the Medicines and Healthcare products Regulatory Agency (MHRA) Inspection Report of November 2016. The Committee was informed that there were no outstanding actions. The key area of note was the measures that had been implemented through the Sponsorship and Governance Oversight Committee which would prevent the need for the Trust to have a CAPA Plan in the future. It was also noted that the EDGE data system was being utilised more consistently by the Neuroscience Research Centre.

Committee was informed that a formal audit procedure had not been implemented by the Neuroscience Research Centre due to staffing constraints but that it would be instigated in 2021.

b) *Intellectual Property Update*

To-date, the commercialisation of Trust intellectual property (IP) and data deriving from research and innovation projects had not been undertaken on a significant scale. The Trust may also be losing potential financial and other benefits as processes for intellectual property management and data commercialisation were not in place. A discussion paper was presented to the Committee outlining approaches that could be taken. Key areas of focus were highlighted as being investigator led research and innovation projects. With regards to commercial research projects, IP and data issues were primarily included within the contracts.

External consultation and the review of other trust's IP policies would be undertaken to inform the development of IP policy and guidance for The Walton Centre.

2.0 Items for the Council of Governors Information and Assurance

a) *Innovation Strategy Quarterly Update*

A comprehensive report was presented to the Committee on the progress of implementing the Trust's Innovation Strategy which included an overview of the short term (2019-2020) and medium term (2020-2022) objectives. It was noted that the majority of the short term objectives were on track and although there had been some time delays incurred due to the COVID-19 pandemic, actions were in place to address them. Committee was also informed of the progress had been made with regards to achieving the medium term objectives. A review of all of the innovation pipeline projects/initiatives was due to be undertaken in Q3.

The COVID-19 pandemic had been a catalyst for innovation both in terms of conception and spread and adoption. The Committee was apprised of the key role that innovation had had in the Trust's response to the challenges posed during these times in the areas of patient care, medical education and new/innovative ways of working.

b) Medical Education Committee

A summary of the Medical Education Committee's current activity:

- A key area focus had been the preparation of the Medical Undergraduate Working Group for the year 4 students that were due to arrive at the Trust week commencing the 7 September 2020. Dr Davies and Dr Smith are involved and there was an identified core group of consultants supervising the undergraduate students. There was a review being undertaken of the Medical Education PAs to support the additional consultant input requirement
- A meeting was being held week commencing the 7 September 2020 between Dr Dougan, Dr Nicolson and the Director of Finance and IM&T to look at the Medical Education finances in more detail and to gain a greater understanding
- Medical Education currently had a fragile administration infrastructure which was attributed to absence of the Medical Education Manager in 2020. Dr Dougan was liaising with Mr Gibney regarding this
- Positive feedback was being received for the majority of the education programmes. It was noted that there some difficulties with the IMT group but that these were being addressed
- Proposal to broaden the scope of the undergraduate intake. It was felt that there was the will and capacity for this
- The following feedback was received following the most recent GMC survey:
 - The Neurology division had been listed as an exemplar for education
 - Although Neurosurgery had previously been an outlier, it had been rated as 'green'. Mr Nick Carleton-Bland had been awarded an Excellence in Education from the School of Surgery
 - With regards to Neurosurgical higher training, there were many out of programme at the moment therefore the Trust is supporting Neurosurgery by employing trust doctors
 - Very good feedback for Anaesthetics
 - Pain was highlighted as an area of improvement
 - Overall, the quality of education received at The Walton Centre was reported as very good.
- One area for future collaborative working was identified as looking at how to encourage junior doctors to participation in research. This was not only supportive of the potential benefits of research in career development but also in succession planning for the Trust.

3.0 Progress Against the Committee's Annual Work Plan

The Research, Innovation and Medical Education (RIME) Committee Terms of Reference were ratified by the Trust Board on the 30 July 2020 following which a revised cycle of business commenced at the Committee meeting held on the 2 September 2020. A detailed review of the work plan would be undertaken at the January 2021 meeting to ensure proportionate representation was reflected across the areas of Research and Development, Innovation and Medical Education.



The Walton Centre NHS Foundation Trust

REPORT TO COUNCIL OF GOVERNORS 10th December 2020

Report Title	Chair's Assurance Report
Sponsoring Director	Su Rai – Non-Executive Chair
Author (s)	Mike Burns, Director of Finance and IT
Purpose of Paper:	
The Walton Centre Charity 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.	
The paper provides an update to the Council of Governors of the meeting of the Walton Centre Charity Committee held on 12 November 2020.	
Recommendations	The Board is requested to: <ul style="list-style-type: none"> Note the summary report

1.0 Matters for the Council's attention

The Committee noted that the item relating to solicitors being on site was still under review.

2.0 Items for the Council's information and assurance

The Committee received the following updates. Items listed in order of discussion.

a) *Update on Investment Position*

The CCLA portfolio was valued at £545,554 at 30 June 2020 and £559,791 at 30 September 2020 an increase of £14,237. Positive contributions came from holdings in some consumer facing sectors and health-related industries, in particular equipment providers.

The Ruffer portfolio was valued at £510,917 at 30 June 2020 and £511,672 at 30 September 2020 a rise of £755. The Ruffer portfolio has remained protectively positioned throughout this quarter and has continued to deliver positive returns which were driven primarily by the gold mining stocks and the US inflation linked bonds (TIPS).

Summary Reports from:

CCLA July – September

CCLA provided a detailed report on the performance of the investments between 1 July and 30 September 2020. The report included market information, fund holdings and transactions and Ethical and Responsible Investment Report.

Ruffer as at 5 November

Ruffer provided a summary of the current position of the portfolio as at 5 November which outlined that the fund had reduced to £504,124 from £511,672 at 30 September.

b) *Jagger and Associates Performance Report*

Jagger & Associates are an independent investment advisor who monitor and review the performance of both investors over the period 30th June 2019 to 30th June 2020. The report was noted. Some suggestions were offered as to where Jagger & Associates could add some value to the Trust in future requirements.

c) *Finance Report as at 31 October 2020*

This report detailed the financial performance of the charity as at 31 October 2020 and showed that the fund had reduced by £92,825k from 1 April 2020. The report also detailed the closing balances of the individual funds to enable the committee members to review the performance of these funds.

d) Fundraising Activity Report

The Committee received the report and noted the contents. The Head of Fundraising highlighted the following sections from the report:

- Despite cancelled events due to the pandemic, and the subsequent impact on community fundraising, many patients/families have continued to do what they can in an individual capacity to help raise funds and awareness for the Charity.
- The Jan Fairclough Ladies Lunch was held virtually over the summer – supporters were given a three course menu recipe in return for a donation. Lunches held in own homes. £2,000 was raised.
- A donation of £10,000 had been received for the Home from Home via the Construction Impact Framework.
- The current focus is the Christmas Campaign and implementation of the Lottery scheme.

Second Wave Grant

The Charity has received a further £50,000 from NHS Charities Together to help support staff as they care for patients through the second wave of the pandemic. Total grants received from this national campaign to date is £145,500.

The funds have been spent, or allocated to be spent, as outlined below:

£27,000	Miscellaneous during first wave including staff breakfast/snack bags; volunteer wellbeing packs; dietician snack trolley for patients; new seating/shading for courtyards.
£50,000	Allocated to the refurbishment of the junior doctors' mess.
£18,500	Allocated staff rest/break area improvements.
£50,000	Second wave grant allocated to support staff through winter months by providing extra facility for breaks to help ensure social distancing and health & wellbeing.

Total £145,500

Covid 19 Landscape Report

A report from external fundraising consultant to provide the Committee with observations and context on the impact of the pandemic on fundraising income in the charity sector as a whole. Sources included Institute of Fundraising, Charity Times and National Lotteries Heritage Fund. Impact is severe, with UK charities facing a £12 billion funding gap. The Walton Centre Charity's position is much more positive as we have benefitted from the national campaign and only have a small team structure to sustain.

e) Applications for funding from T&D Department

All 19 applications for T&D funding were approved. However attention was drawn to an application received from PMP for an MSc qualification for which the applicant was not contributing to the cost of the course which is usual procedure. Concerns were raised that this could set a precedent for the future. It was agreed that the application would be approved but that further information would be obtained by T&D as to why nil contributions had been agreed. It was also noted that the education budget is include as part of the review of Charitable Projects Budgeting Process.

f) Application for Specialist Arm Board

Dr. Chandran presented the application for £7,201 for the purchase of a Specialist Arm Board which is used to support a patient's arm in the correct position to allow radial puncture for day case angiography. This piece of equipment has been in use, free of charge for a trial period which is now

at an end. It was noted that patients are able to mobilise sooner following their procedure and that there are fewer complications. Feedback from patients is positive. The Committee approved this application.

g) Application for Long Service Awards

The application for £8,400 for long term staff awards was approved by the Committee. It was noted that due to the covid pandemic, there would be no formal event. The value of the vouchers remains the same as last year.

h) Application for Staff reward and recognition platform Highfive

The application for funding to support a staff reward and recognition platform called Highfive was approved. Following discussion with regards to how the platform works, it was agreed that funding would be approved for a trial period of one year. The initial application is for £5,400 but it was noted that all of this may not be required as funding may possibly be available from Health and Wellbeing budgets.

i) Review of Charitable Projects Process

A sub-group consisting of Dr Moore, Dr Niven, Mr Buxton, M. Burns and M. Fletcher had met to discuss the process and following some further discussions still to be held will present an updated plan at the next Charity Committee meeting in January.

j) Report on longer term commitments to the Charity

The report was received by the Committee and clarified by Ms. Lang. It was noted that £371,000 has been committed to spend but movement is slow due to the covid pandemic. Dr. Moore requested further information with regards to the timescale of the commitments as some could be long term. Ms Lang advised she would add a timescale column to future reports in order to provide this information.

k) Risks associated with the Charity

It was agreed that a Risk Management Policy with associated risk register should be developed for the Charity in order for the Committee to monitor and manage risks in more detail. M. Fletcher will draft to be discussed at meeting in January.

l) RDI Annual Report (update on funding used for excess treatment costs)

Ms Williams provided an explanation of excess treatment costs and an update on the position to date. It was confirmed that none of the £30,000 allocated had been used as many clinical research trials had been suspended due to the covid pandemic. It was highlighted that reserving funds for excess treatment costs was limiting and discussion ensued as to whether this funding could be extended to other research projects. Ms Williams advised she would add this to the agenda for the next R, D & I meeting with a view to provide an update in January 2021.

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 10TH December 2020

Title	Winter Plan
Sponsoring Director	Jan Ross Deputy Chief Executive
Author (s)	Jan Ross, Deputy Chief Executive Ben Davies, Transformation Lead
Previously considered by:	Trust Board – approved November 2020
Executive Summary This paper outlines the Trusts winter plan for 2020/21 and will be used as the template for future winter plans	
Related Trust Ambitions	<ul style="list-style-type: none"> • Best practice care • Be recognised as excellent in all we do
Risks associated with this paper	N/A
Related Assurance Framework entries	Risk 003 If the trust does not see and treat patients in a timely manner then it will not meet the NHS constitutional standards leading to poor patient outcomes and experience, regulatory scrutiny and reputational damage.
Equality Impact Assessment completed	<ul style="list-style-type: none"> • No
Any associated legal implications / regulatory requirements?	NHS Trusts are required by the regulator to demonstrate that they have plans in place to enable them to respond to winter pressures.
Action required by the Council	The Council are requested to: <ul style="list-style-type: none"> • note that the Trust has plans in place for the Winter Period of 2020/21



WINTER PLAN

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1. Context and introduction

This document sets out the Trusts arrangements in place to allow our hospital to be best prepared to tackle the challenges that winter brings. Whilst winter is not an emergency or considered an unusual event, we at the Walton Centre recognise that this period reflects increases in pressure not only with our Trust but across our whole system. Our ambition is to improve the services for our patients, delivering improved outcomes and better experience of care, whether that be by phone, online or in hospital.

The challenges COVID-19 has placed upon the NHS so far this year are arguably the most demanding and testing we have ever experienced. As winter approaches the 2nd wave of COVID-19 is starting to be felt and as such will make the pressures experienced normally this time of the year even more challenging. From an operational perspective it had meant a total change in how services are provided. We have moved from a totally face to face method of providing outpatients visits to a mix of face to face, telephone and virtual outpatient appointments. Feedback from both patient and clinicians on the whole has been positive.

Research and feedback has also informed us that the restrictions on daily living caused by Covid 19 has had a profound impact on both the physical and mental health of patients who have long term neurological conditions. As such as we continue to develop and review our services consideration is needed in how we address this in the way we provide this type of support to our patients.

Maintaining flow and ensuring patients are being treated and cared for in the correct place and in a timely way requires the involvement and planning of the whole health and social care system. A&E Delivery Boards, which bring together all stakeholders across health and social care to lead and be accountable for patient flow in the system, have been required to create and submit a system-wide Winter plan this year. The Walton Centre is a member of the North Merseyside & Southport A&E Delivery Board, therefore directly feeds into this plan, whilst also less formally ensuring that support is given to our wider geographical footprint. The Walton Centre's Winter Plan for 2019/20 the focus on our contribution to the North Merseyside plan.



2. Winter planning considerations for the Walton Centre

As with other health providers, the Walton Centre's capacity and demand follows seasonal variations, with the winter period potentially leading to an increase in trauma admissions caused by falls and accidents due to the cold and icy weather conditions. It is however pertinent to acknowledge that as a specialist neuroscience trust the impact of winter on demand is significantly less than our neighbouring acute hospital Trusts.

The more relevant issue for the Walton Centre during the winter period is the consequent impact of the capacity pressures across the wider health and social care system. This is twofold; firstly the impact this has on the flow of patients, both through increased challenges in transferring patients back to their local hospital when they are at high levels of escalation, and longer waits for social care involvement. The capacity pressures in the wider system also require a response and support from the Trust, not only ensuring we transfer neuro patients in a timely way but consider how we can provide support over and above normal levels without compromising our regional service.

3. Reflecting on previous winter - 2019/20

Below is a brief summary of the pressures felt by the trust and the actions we put in place to assist the system to better deal with the increased demand on services across the North Merseyside & Southport A&E Delivery Board. This information has then been discussed and has informed the actions for 2020/21 winter plans.

- Whilst bed occupancy levels increased during the winter period, the Walton Centre was able to manage its elective activity throughout the winter period.
- In support of neighbouring acute Trusts, the Trust provided the following support when OPEL level 3 and 4 were declared:
 - The threshold for admissions of patients with neuroscience conditions was lowered to allow more patients to be transferred into the Walton Centre to help local DGHs bed pressures.
 - Input into all North Merseyside daily calls and support as required.
 - Day-to-day support and response to escalated patients from neighbouring DGHs to expedite reviews or transfers.

Lessons learnt:

- Having better co-ordination of information regarding referrals (pending review and accepted) across rehabilitation and acute beds would be helpful in responding to queries and escalation from neighbouring Trusts in a more timely and informed way. There were many examples where neighbouring Trusts escalated delayed transfers, when the patients had already been reviewed and not accepted or the referral hadn't been received. Whilst mostly impacting on the senior operational team, this did lead to incorrectly seeking information and support from medical colleagues when not required.

- Our escalation responses to OPEL 3 and 4, whilst managed well, were not pre-determined in our winter plan. It is clear not only from this experience but the requirements placed above all health and social care organisations to have robust escalation protocols, that having these pre-planned, communicated and understood internally that this will promote greater alignment across the health system and impact earlier.

4. Influenza Plan

With the onset of winter cold weather increases the risk of flu, not only to our patients but to our staff members as well. As such it is critical that we have robust flu plans, along with a vaccination strategy, to ensure we protect our staff as best as possible against potentially contracting flu. Staff vaccinations are aligned with the national targets and approaches in accordance with our Trusts Influenza plan which is attached in the appendix for reference.

Flu vaccination is one of the most effective interventions we have to reduce pressure on our health and social care system over winter. As such we aim to vaccinate as many of our staff as possible but due to supply and demand pressures we have prioritised front line, patient facing staff to be the first to receive vaccination. We have asked those staff not in this category to utilise the vaccination services being offered by their local GP service so they can get vaccinated in a timely manner.

This year's delivery of the influenza plan is likely to be more challenging because of the impact of COVID-19 on our health and social care services.

5. Capacity and demand

The following forecasting has been undertaken to look at the potential requirements for beds through the forthcoming winter months. Forecasting has been conducted based on last year's length of stay (adjusted to remove Rehab bed days) over the winter months.

G&A		Scenario 1 (19/20 activity)	Scenario 2 (Trust plan* c.85% of 19/20)	Scenario 3 (Trust Elective plan and 115% of Non Elective)	Scenario 4 (Non Electives Only – 100%)
Elective	Nov	35	28	28	-
	Dec	37	32	32	-
	Jan	44	36	36	-
	Feb	56	50	50	-
Non Elective	Nov	70	60	80	70
	Dec	71	61	81	71
	Jan	84	72	97	84
	Feb	87	76	100	87
Total	Nov	104	88	108	70
	Dec	108	93	114	71
	Jan	128	108	132	84
	Feb	143	126	150	87
Available Beds (132)	Nov	28	44	24	62
	Dec	24	39	18	61
	Jan	4	24	0	48
	Feb	-11	6	-18	45

- Trust plan is as per phase 3 recovery plan submitted to the Hospital Cell.

Critical Care Capacity

The Trust critical care unit has the physical bed capacity to increase to 22, however this is dependent upon staff availability and ceasing of elective activity. Use of this capacity will be agreed as part of the Cheshire and Merseyside Critical Care Network escalation plan.

In order to have the ability to provide mutual aid over the winter months we have devised an escalation plan framework based on the demand of the system. This will be utilised to determine what steps we will take to reduce the pressure for external Trusts and create capacity internally.

Threshold Model

System Escalation level	1	2	3	4
	Low pressures	Moderate pressures	Severe pressures	Extreme pressures
*WCFT Elective Delivery	None cancelled	>50% cancelled	>50% cancelled	All cancelled, except cancer
Mutual aid offered to the system				
Elective & Cancer	8 Beds Theatre and Day ward Capacity	8 Beds Theatre and Day ward Capacity	8 Beds Theatre and Day ward Capacity	8 Beds Theatre and Day ward Capacity
Inpatient (General & Acute beds)	8 Beds	20 Beds	20 Beds	50 Beds

*Dependent upon the level of mutual aid required the proportion of elective activity delivered at the Trust will vary and may not strictly be reduced as detailed above.

6. Escalation plan

There are three pre-agreed escalation plans in place when the North Merseyside & Southport A&E Delivery Board escalates to OPEL 3 and 4. It should be noted that the first two weeks in January 2021 will be planned in advance to be at these levels.

Action 1

The Trust will, when safe to do so and when quality of care will not be compromised, not pursue the repatriation protocol. This will see patients identified as ready for repatriation remain in a Walton Centre bed whilst the escalation level remains high. Consideration should be given to patients who live further away from the Walton Centre and the impact this will have on visitation and patient and family experience. It needs to be noted however that by doing this it will see a rise in our length of stay for stranded and super stranded patients and this is to be taken into consideration when reviewed this data over the winter period.

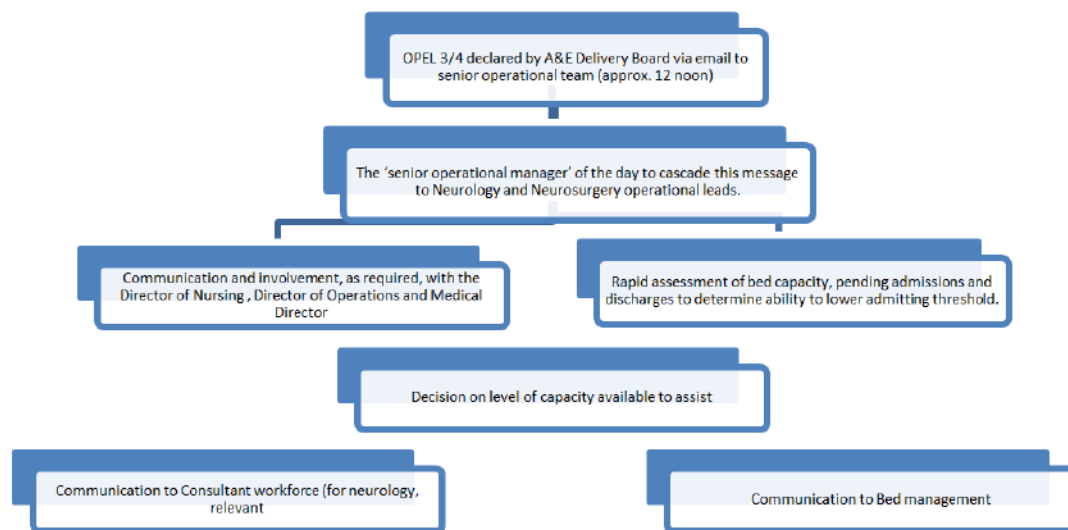
Another factor that may not allow for as much flexibility with this scheme is the relocation of the Spinal Services from Liverpool Hospital Foundation Trust to the Walton centre. With the increase in patients

being seen at the trust it means that demand on our bed base will be higher however this should release bed capacity at the acute setting.

Action 2

When OPEL level 3 or 4 is declared the following escalation protocol will be enacted:

- i. Reduced threshold for admission introduced. (Details provided in Appendix 1). This will be actioned, communicated and monitored via the following SOP:



Action 3

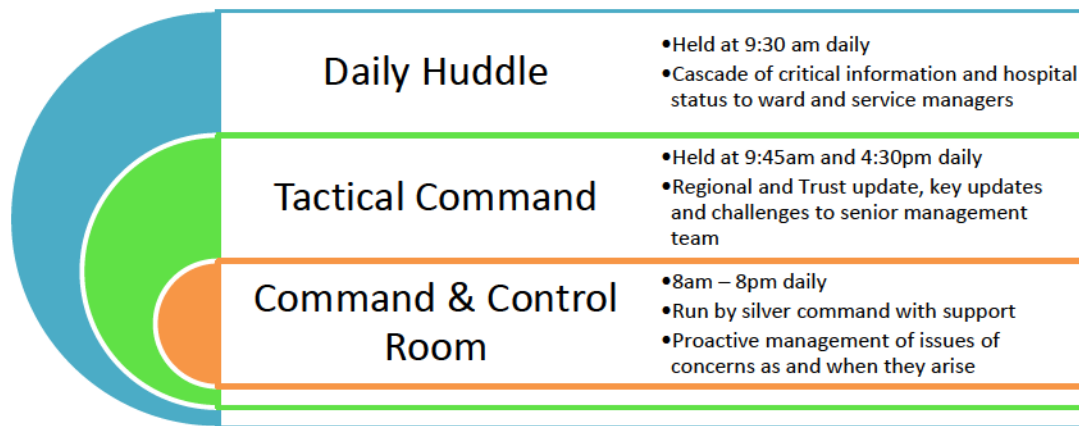
Implementation of the Rehabilitation Escalation Standard Operating Procedure

Full details of this SOP are provided in Appendix 2.

When a patient has been medically accepted for the Cheshire and Merseyside Rehabilitation Network and is medically fit for transfer but no Network bed immediately available, the SOP facilitates the transfer of the patient, subject to bed availability, to an acute bed on the Walton Centre site whilst awaiting a rehabilitation bed to become available.

7. Management approach

In order to manage the concurrent pressures that we will face over winter the Trust will use a command and control structure along with a robust communications plan. By taking this approach it will afford the Trust better grip and control of the challenges we will face and ensure that staff are kept up to date with regular communication channels in place. Below is a high level overview of the daily management and communication strategies that will be in place over the winter months to support our winter plans.



The Walton Centres reduced threshold for admission in response to bed status and emergency demand across Cheshire & Merseyside

1. The Walton Centre will help whenever we can, as long as it is clinically safe to do so and would not compromise those elements of emergency services that can only be provided here.
2. We would be willing to take some patients **with neurological or neurosurgical problems** if that is their primary problem and they do not have co-morbidity which would make transferring here dangerous.
3. In effect, we would lower our thresholds, and so take patients who would normally not require inpatient transfer here.
4. No clinical criteria will be set out other than in point 2 above.
5. All patients would have to be considered on an individual case-by-case basis.
6. All patients would have to be discussed individually, consultant to consultant (with the on-call consultant).

Rehabilitation Escalation Standard Operating Procedure

At times of escalation when there is pressure on the acute beds across the Merseyside area and a patient has been medically accepted for the Cheshire and Merseyside Rehabilitation Network and is medically fit for transfer but no Network bed is available the following procedure may be implemented in liaison with the bed management teams of CMRN and WCFT:

- Patient MUST have a planned admission date for a Network bed
- Patient to be transferred to available bed at Walton Centre Foundation Trust
- Patient to be under the care of the Consultant of the week covering the ward patient is admitted to
- Therapy to be provided by acute treating team
- Patient to be informed of reason for transfer and explanation that Specialist Rehabilitation will not start until transfer to Network bed

Influenza Plan

Executive Summary

Influenza (flu) is a widespread and familiar infection in the UK, especially during the winter months. The illness, caused by the influenza virus, is usually relatively mild and self-limiting. However some groups of people, such as older people, young children and people with certain medical conditions may be prone to severe infection, or even death.

In light of the risk of flu and COVID-19 co-circulating this winter the delivery of a successful flu immunisation programme is essential to protecting vulnerable people and supporting the operational resilience at WCFT. In the event of flu pandemic it is projected that up to 50% of the workforce, may require time off at some stage over the entire period of the pandemic this would massively affect our patients and services at WCFT.

All frontline health care workers should receive a flu vaccination this season. This will ensure they are able to meet their responsibilities to protect all patients and their families as well as themselves. Additionally this will safeguard the overall safe running of services. The flu immunisation programme must be accessible to all and its progress monitored to ensure effective contemporaneous delivery for the duration of the campaign.

In order to deliver the campaign additional support from the divisions and the senior nursing team will be provided for peer vaccinators across all of the clinical areas in the trust. Training has been provided and coordinated by the infection control team working closely with LUHFT.

As required by the Department of Health and Social Care/Public Health England the Trust is required to publish a self-assessment for Trust Board that details our performance against the recommended best practice management checklist (appendix 1).

Background

All frontline healthcare workers with direct patient contact need to be vaccinated for the following reasons:

- Flu contributes to unnecessary morbidity and mortality in vulnerable patients.
- To protect patients and families
- Influenza may increase the risk of acquiring COVID-19 infection.
- Up to 50% of confirmed influenza infections are subclinical (i.e. asymptomatic).
- Unvaccinated, asymptomatic (but nevertheless infected) staff may pass on the virus to vulnerable patients and colleagues.
- Flu-related staff sickness affects service delivery, impacting on patients and on other staff.

In 2019 - 2020, WCFT immunised 80.3% of frontline healthcare workers and met the 'flu CQUIN requirement of 80%. However, some organisations achieved over 90% of staff vaccinated. Although there is no CQUIN payment attached to the 2020-2021 seasonal staff 'flu campaign the Trust is required to achieve a minimum of 90% of its frontline healthcare workers to be vaccinated.

Duties

Board of Directors

The Board of Directors has overall responsibility for ensuring that all staff are appropriately trained and competent to effectively fulfil their role within the organization and maintain the safety of the organization. The trust has an obligation to comply with statutory and regulatory responsibilities.

Lead Executive Director

The lead executive director of the flu plan is the Director of Nursing and Governance who has strategic responsibility for ensuring that the plan is delivered.

Infection Control Team

The infection control team will operationally manage the flu plan, supported by the divisional team and the senior nursing teams.

Aims and Objectives of delivering the flu plan

- To vaccinate 100% front line health care workers
- To minimise the spread of the virus
- To reduce morbidity and mortality from influenza illness
- To ensure essential and critical services are maintained and expanded as needed
- To communicate timely information to staff and service users
- To protect staff and patients against any adverse effects where possible

Key Issues

Consideration of factors that may impact upon the attainment of uptake:

- Ongoing COVID-19 pandemic.
- WCFT has historically had a good uptake of vaccine from its health care workers. However, there is some staff who perceive the programme to be a coercive approach. This staff group will require further support and guidance
- Staff become resentful if constantly asked if they have had their flu jab in a prolonged campaign and perceive that it is target driven, staff will be supported to understand the importance of having their flu jab
- Some staff that have a genuine reaction to the vaccine in previous years guidance will be given for this staff group.
- Some staff express fears of the safety of the vaccine or that the vaccine does not offer protection.

Delivery Plan

The plan is founded on the view that the Trust has committed leadership and promotion at all levels of the Organisation, we have a dedicated and effective communications plan, ease of access to vaccinations for our workforce and incentives for staff uptake. This will underpin the successful early achievement of herd immunity and maximum uptake by frontline healthcare workers.

PHE have advocated that for the 2020 -2021 campaign 100% of frontline healthcare workers are to be offered the flu vaccination. However our Campaign supports the offer of flu vaccination to all staff regardless of occupation focusing on front line staff in the first phase.

In observing regional best practice, St Helens and Knowsley describe the effective use of 2 peer vaccinators per clinical area coupled with incentives and contemporaneous communications as the reason for their successful uptake of 94% in last year's campaign. The Walton Centre has adapted this practice.

To deliver an effective flu plan the Trust has provided:

- A dedicated member of the infection control team to lead
- Early effective planning following an implementation plan
- A new flexible approach to vaccinator education and training including an electronic competency based assessment/record.
- Revised delivery plan to take into account the ongoing challenges of COVID-19.
- A robust communications plan.
- Regular updates and reports to Board

Key areas to enable delivery of the plan;

- Phased approach to delivery of the programme with frontline healthcare workers targeted in phase one. The vaccinations arrive at the trust in 3 separate batches when the first batch of vaccinations arrive at the trust they will be given to frontline healthcare workers only.
- To ensure that staff are aware of what is expected of them in terms of the benefits of being vaccinated.
- To ensure that staff are given the correct facts about the flu vaccination in order to eliminate rumours/myths, this will be led by the Communication Team.
- Peer vaccinators will be responsible for their own clinical area.
- 'Buy in' and support from the Trust to recognise the multifaceted benefits of vaccination.
- Ensure staff complete the opt out form if they decline the vaccine

The campaign will include different ways to facilitate the access to vaccination to our staff in line with COVID 19 requirements:

- Walk about sessions to all clinical areas in the trust
- Clinics
- Dial a jab
- Drop in sessions
- Placing a vaccination station in Sid Watkins Building
- Vaccinators working nights and weekends to capture this staff group

Timescales for delivery

Flu vaccinations will be available from the end 28th September 2020 until February 2021 (the campaign may conclude at an earlier date if required).

WCFT purchases flu vaccine via LUHFT. The Trust has been informed that it will receive a set allocation as the start of the campaign and at subsequent points. Traditionally the majority of vaccinations take place in October/early November; therefore this may impact on vaccine uptake as was the case during the 2019-2020 campaign, when there were widespread issues with vaccine supply.

Conclusion

The trust has an effective flu plan in place to ensure all front line healthcare staff are offered the vaccine and 90% of the staff receive it. The plan will be managed via the infection control committee and the senior nursing team meetings, and updates will be provided to the executive teams.

The self-assessment (appendix 1) demonstrates the delivery of best practice in the effective delivery of the flu campaign to our workforce. It is recognised that achieving a 90% uptake rate amongst staff will be challenging. Despite the desire to achieve >90% of our frontline staff vaccinated, it is likely that the Trust will have a cohort of employees who chose to make an informed decision, and decline the offer of the vaccine. We will continue to capture the reasons as to refusal where possible. This has been presented and received at Trust Board.

Staff Seasonal Flu Campaign 2020 - 2021

	Committed leadership	Evidence	Trust self-assessment
A1	Board record commitment to achieving the ambition of vaccinating all front line healthcare workers	Board support at commencement of campaign. Staff declining offer of vaccine asked to complete anonymised proforma to capture reasons for refusal	
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers	QIV ordered for HCW's and TIV available for HCW's over the age of 65 via Occupational Health	
A3	Board receive an evaluation of the flu programme including data, successes, challenges and lessons learnt	Infection Prevention and Control Committee minutes, quarterly IPC reports	
A4	Agree on a board champion for flu campaign	Director of Nursing & Governance is board champion	
A5	All board members receive flu vaccination and publicise this	Offered to all Board members information circulated by social media, email, Walton weekly	
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives	All departments invited to Flu Planning Group. Meeting booked for June 2020 and September 2020. Peer vaccinators trained face to face training(September 25th 2020), or e-learning/ online training provided and written instruction approved, staff side representative involved in the opt out process	
A8	Flu team to meet regularly from September 2020	Flu team meeting June 2020, September 2020 and review December 2020. Weekly communications to Trust Flu Fighters A 'wrap up and review' meeting to be held at the closure of the campaign	
B	Communications plan		
B1	Rationale for the flu vaccination	Communication programme	

	programme and facts to be published – sponsored by senior clinical leaders and trade unions	implemented under direction of Director of Nursing & Governance/Infection Prevention & Control	
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	Accessibility across a 24/7 programme with open access to all employees	
B3	Board and senior managers having their vaccinations to be publicised	Photographs and promotion through Trust media	
B4	Flu vaccination programme and access to vaccination on induction programmes	Provided at induction and details of mobile vaccination and flu clinics provided	
B5	Programme to be publicised on screensavers, posters and social media	Established communications programme e.g. poster, social media, notice boards Trust wide	
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	Weekly figures submitted to executive team and headline figures promoted widely e.g. safety huddle, Walton Weekly, Trust wide email	
C	Flexible accessibility		
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	Support from senior leadership for identified peer vaccinators Senior Nursing Team are peer vaccinators Increased number of vaccinators compared to 2019-2020 campaign	
C2	Schedule for easy access drop in clinics agreed	Due to the COVID-19 pandemic there will be programme of vaccinator walkabouts in place of the clinics traditionally offered. This will be subject to ongoing review	
C3	Schedule for 24 hour mobile vaccinations to be agreed	Peer immunisers to provide cover 24 hour 7 day operation	
D	Incentives		
D1	Board to agree on incentives and how	This is now completed	

	to publicise this		
D2	Success to be celebrated weekly	Feature in Walton Weekly and key messages on social media, email	

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