



**NHS**

**The Walton Centre**  
NHS Foundation Trust

# **Council of Governors**

**Monday 13<sup>th</sup> January 2020**

**13:45 – 16:00**

**Boardroom**

**Main Building**



## MEETING OF COUNCIL OF GOVERNORS

**AGENDA**  
**Boardroom**  
**Monday 13<sup>th</sup> January 2020**  
**13:45 – 16:00**

V = verbal,  
 d = document p = presentation

Item	Time	Item	Owner	Purpose	Reference
1	13:45	Welcome and Apologies	Janet Rosser	N/A	(v)
2	13:50	Declaration of Interests	Janet Rosser	N/A	(v)
<b>QUALITY</b>					
3	13:55	Quality Accounts Priorities 2020/2021	Julie Kane	Assurance	(p) to follow
<b>PATIENT STORY</b>					
4	14:20	End of Life Care	Anna Crofton	Information	(p)
5	14:40	Minutes and actions of meeting held on 19/09/19  Minutes of the Annual Members Meeting held on 19/09/19	Janet Rosser	Decision	(d)
6	14:45	Lead Governors Report	Colin Cheesman/ Barbara Strong	Information	(v)
7	14:55	Chairs Briefing	Janet Rosser	Information	(v)
<b>STRATEGY</b>					
8	15:05	Trust Forward Plan update	Jan Ross	Information	(v)
<b>PERFORMANCE</b>					
9	15:15	Performance Report	Jan Ross Mike Burns	Assurance	(d)
<b>HOLDING THE NEDs TO ACCOUNT</b>					
10	15:20	Chairs Reports: <ul style="list-style-type: none"> <li>• Business Performance Committee</li> <li>• Quality Committee</li> <li>• Audit Committee</li> </ul>	NEDs	Assurance	(d)
<b>GOVERNANCE</b>					
11	15:30	Governor Effectiveness Review	Jane Hindle	Information	(v)
12	15:40	Membership Committee Terms of Reference – for approval	Jane Hindle	Decision	(d)

**Date and Time of Next Meeting: Thursday 5 March 2019,**  
**The Lecture Theatre, Sid Watkins Building**

**UNCONFIRMED**

**Minutes of the Council of Governors Meeting**

**Thursday 19<sup>th</sup> September 2019**

**Sid Watkins Building, Walton Centre**

<b>Present</b>			
Janet	Rosser (Chair)		
<b>Governors</b>			
Ruth	Austen-Vincent		
Andy	Burgen	Tony	Cahill
Colin	Cheesman (Lead Governor)	Amanda	Chesterton
Rich	Cottier	John	Kitchen
Sharon	McLoughlin	Nanette	Mellor
Derek	Rothwell	Barbara	Strong
Adrian	Wells	Stan	Winstanley
<b>In Attendance</b>			
Seth	Crofts	Non-Executive Director	
Sheila	Samuels	Non-Executive Director	
Su	Rai	Non-Executive Director	
Hayley	Citrine	Chief Executive	
Mike	Burns	Director of Finance	
Lisa	Salter	Director of Nursing and Governance	
Mike	Gibney	Director of Workforce and Innovation	
Jan	Ross	Director of Operations and Strategy	
Andy	Nicolson	Medical Director	
Nicole	Brown	Governor (elect) North Wales	
Linda	Cole	Governor (elect) Merseyside	
William	Givens	Governor (elect) Merseyside	
Jan	Harrison	Governor (elect) Staff Non-Clinical	
Cameron	Hill	Governor (elect) Rest of England	
Chris	Sutton	Governor (elect) Rest of England	
Angela	Grimshaw	Member - Director MHAS North Wales	
Jane	Hindle)	Corporate Secretary	
Gill	Woods	Personal Assistant (Minutes)	
<b>Apologies</b>			
Doreen	Brown	Peter	Clegg
Lesley	Collins	Ged	Comerford
Rhys	Davies	Jonathan	Desmond
Diane	Foulston	Phil	Gibbons
Stella	Howard	Melissa	Hubbard
Isabel	Moreno	Ella	Pereira
Jan	Vaughan	Nalin	Thakkar

<p><b>COG 28/19</b></p>	<p><b>Apologies</b> Apologies were received and noted as above.</p>
<p><b>COG 29/19</b></p>	<p><b>Welcome and Declaration of Interests:</b>  <b>Declaration of Interests</b> The Chair Non-Executive Directors declared an interest in respect of Agenda item 4 Nominations Committee regarding NED Pay uplift.</p>
<p><b>COG 30/19</b></p>	<p><b>Minutes of the meeting held on 18<sup>th</sup> June 2019: Action Tracker and Matters Arising</b>  The minutes of the previous meeting were agreed as a true and accurate record.  Matters arising:  The following item were updated:</p> <ul style="list-style-type: none"> <li>• COG 21/19 Equality, Diversity and Inclusion Briefing Dates and locations are still to be finalised</li> <li>• COG 23/19 Governor Elections - Meeting attendance via SKYPE Feasibility and process to be assessed by COG Steering Group</li> </ul> <p>The following item were Closed:</p> <ul style="list-style-type: none"> <li>• COG 17/19 Lead Governor Report - Chairs Lunches' Dates arranged and sent to Governors.</li> </ul>
<p><b>COG 31/19</b></p>	<p><b>Lead Governor Report</b> It had been a busy quarter for Governors and the Trust. Governors congratulated staff on achieving a second outstanding rating following the CQC Inspection.  Expressions of interest were sought for the role of the lead governor from Public Governors who had been in post for 12 months. Any eligible governors were requested to email the Corporate Secretary by 21<sup>st</sup> October 2019.  Governors were reminded of the importance in submitting feedback for all meetings and activity attended.  <b>ACTION:</b> The Corporate Secretary would approach Governors for expressions of interest in the Lead Governor role</p>
<p><b>COG 32/19</b></p>	<p><b>Chairs Briefing</b> The Chair thanked the Governors who had come to the end of their term of office; Isabel Moreno, Ged Comerford , Jonathan Austin and Michael Lewis who had left earlier in the year.  Particular thanks were given to Andy Burgen who had been a Governor for 5 years, firstly as a Partnership Governor before becoming a Public Governor for North Wales and Tony Cahill who had been a Public Governor for Merseyside for 6 years. Both had made an enormous contribution to the Council of Governors. The Chair also acknowledged Derek Rothwell, Partnership Governor for Liverpool CCG who would be retiring in November 2019.  <b>Governor Election Results</b> New governors in attendance were welcomed and introduced to the Council of Governors. They would officially take up their role at the end of the Annual Members meeting.</p>

	<p>Governors were asked to consider how the trust could develop a representative membership. The Chair advised that the Trust was considering establishing a separate membership group of the Council of Governors to utilise their skills and knowledge of engagement to better seek the views of our membership.</p> <p><b>ACTION:</b> Governors to contact the Corporate Secretary for expressions of interest in joining a possible Governor Membership Engagement Group.</p>
<p><b>COG 33/19</b></p>	<p><b>Nominations Committee Feedback</b></p> <p><b>Succession Planning</b> The Council of Governors were given assurance that the Chair had developed a succession plan for NED roles.</p> <p><b>Pay Uplift for Executives and Non-Executive Directors</b> The Chair and Non-Executives left the meeting.</p> <p>The Council of Governors were asked to approve the proposal from the Nominations Committee to increase the pay of the Non-Executive Directors by 1% in line with the cost of living and that it be back dated to 1<sup>st</sup> April 2019.</p> <p><b>ACTION:</b> The Governors approved the 1% increase for NEDS backdated to April 2019.</p> <p>The Chair and Non-Executive Directors re-joined the meeting.</p>
<p><b>COG 34/19</b></p>	<p><b>Trust Performance – Governors’ Corporate Performance Update Position at end of Quarter 1 2019/20</b></p> <p><b>Finance</b></p> <ul style="list-style-type: none"> <li>• £515k surplus against a planned Control Total of £510k. This includes Provider Sustainability Funding (PSF) of £332k for achieving our financial plan to date. In month 4 2019/20 the Trust has delivered a £140k surplus which is £15k above plan.</li> </ul> <p><b>At month 4</b></p> <ul style="list-style-type: none"> <li>• The Trust has delivered marginally above plan (£1,058k v £1,052k).</li> <li>• Noted that M5 was not looking as promising due to the impact of pensions on activity.</li> </ul> <p><b>Quality</b></p> <ul style="list-style-type: none"> <li>• 2 patients in Q1 with Clostridium Difficile against a threshold of 8</li> <li>• No patients with a MRSA bloodstream infection (Last was Nov 2017)</li> </ul> <p><b>At month 4</b></p> <ul style="list-style-type: none"> <li>• HCAI – 3 patients with Clostridium difficile (trajectory of 8)</li> <li>• 0 patients with MRSA Bacteraemia</li> <li>• Nursing turnover is 18.15% (12 month rolling) 19 staff nurses to commence Sept/Oct. Work underway across Cheshire &amp; Merseyside.</li> </ul> <p><b>Activity</b></p> <ul style="list-style-type: none"> <li>• Outpatient activity was below plan, mainly due to an under performance in new outpatient activity.</li> <li>• Elective activity was above plan.</li> <li>• Referral to Treatment (RTT) target and cancer treatment targets for patients achieved at Trust level.</li> <li>• Total Non Clinical Cancelled Operations in Q1 decreased by 5% when compared with Q1 18/19.</li> </ul>

	<p><b>At Month 4</b></p> <ul style="list-style-type: none"> <li>• Elective Inpatient activity over plan, with an under-performance of 2.1% for outpatient attendances.</li> <li>• RTT target and cancer treatment targets for patients achieved a at Trust level.</li> <li>• Total Non Clinical Cancelled Operations continues to improve when compared with last year (2018/19: 48, 2019/20: 39).</li> </ul> <p>The Chief Executive noted month 5 needed to be reported at Trust Board at the end of the month but shared with governors an early position in relation to challenges with activity and finance in relation to the national pension changes and their implications.</p> <p>Following the presentation the Governors requested assurance on the rise in the number of complaints received and the reduction in Welsh activity.</p> <p>Assurances were given that the number of complaints had reduced and that less than 10 were received each month. It was difficult to compare complaints with the National average due to the specialist nature and size of the patient cohort.</p> <p>Welsh activity had reduced, driven by the national issue of doctor's overtime impacting on their pensions and annual leave. Assurance was given that activity was closely monitored and were possible additional clinics were organised.</p> <p>The Chair acknowledged that the data within the performance report was for the previous 3 months and informed the Governors that a performance report was produced and presented to Trust Board on a monthly basis. The governors were asked if it would be beneficial to receive this and to share their views with the Corporate Secretary.</p> <p><b>ACTION:</b> Governor to send feedback on the contents, usefulness and frequency of the Performance report.</p>
<p><b>COG 35/19</b></p>	<p><b>Any Other Business</b></p> <p>None</p>
<p><b>COG 36/19</b></p>	<p><b>Review of Meeting</b></p> <p>The Chair thanked the Governors for their participation and attendance.</p>
<p><b>COG 37/19</b></p>	<p><b>Date, time and venue of next meeting</b></p> <p>The next meeting of the Council of Governors will be held on 10<sup>th</sup> December 2019. 13:30 – 4:30pm* in the Lecture Theatre, Sid Watkins Building.</p> <p>*Approximate time</p>

**UNCONFIRMED  
MINUTES**

**ANNUAL MEMBERS' MEETING  
Thursday 19<sup>th</sup> September 2019  
Sid Watkins Building, Walton Centre**

<b>Present</b>		
Ruth	Austen-Vincent	Partnership Governor
Jean	Blevin	Staff Member
Nicole	Brown	Governor (elect) North Wales
Andy	Burgen	Public Governor
Mike	Burns	Director of Finance
Tony	Cahill	Public Governor
Colin	Cheesman	Public Governor
Amanda	Chesterton	Staff Governor
Hayley	Citrine	Chief Executive
Linda	Cole	Governor (elect) Merseyside
Rich	Cottier	Public Governor
Seth	Crofts	Non-Executive Director
David	Fairclough	League of Friends
Mike	Gibney	Director of Workforce and Innovation
Angela	Grimshaw	Member - Director MHAS North Wales
Jan	Harrison	Governor (elect) Staff Non-Clinical
Cameron	Hill	Governor (elect) Rest of England
Jane	Hindle	Corporate Secretary
John	Kitchen	Public Governor
Debbie	Lee	Staff Member
Sharon	McLoughlin	Staff Governor
Nanette	Mellor	Partnership Governor
Carly	Milsom	Staff Member
Andy	Nicolson	Medical Director
Emily	Nolan	Staff member
Colette	O'Regan	Volunteer
Natasha	Parsler	Public member
Alan	Pendleton	Staff Member
Angela	Pieri	External Auditor
Su	Rai	Non-Executive Director
Jan	Ross	Director of Operations and Strategy
Janet	Rosser	Chair
Derek	Rothwell	Partnership Governor
Lisa	Salter	Director of Nursing and Governance
Sheila	Samuels	Non-Executive Director
Barbara	Strong	Public Governor
Chris	Sutton	Governor (elect) Rest of England
Adrian	Wells	Public Governor
Stan	Winstanley	Public Governor
Gill	Woods	Personal Assistant (Minutes)

**AMM  
01/19**

**Welcome and Highlights from the Chair:**

The Chair welcomed all attendees including the Trust’s new Governors, whose terms would commence upon the conclusion of this meeting.

The Chair and Chief Executive introduced a powerful video which illustrated the Trust’s numerous key achievements over the last year.

Highlights included:

- Partnership, Regional and Community Working.
- Investors in People Gold, Navajo Award, 1<sup>st</sup> European Centre of Spinal Excellence and joint 1<sup>st</sup> in North West for IG Toolkit.
- Full review of Trust Strategies:
  - Best possible patient outcomes
  - Providing care closer to home
  - Investing in staff and services
  - System leaders, working in partnership to improve care
  - Pioneering innovation
  - Track record of excellent quality, safety and finances
- CQC – ‘Outstanding’ Rating:

**Medical Care**

**Safe** Good (Oct 2016), **Effective** Good (Oct 2016),  
**Caring** Outstanding (Oct 2016), **Responsive** Good (Oct 2016),  
**Well-Led** Good (Oct 2016), **Overall** Good (Oct 2016).

**Surgery**

**Safe** Good (Aug 2019), **Effective** Outstanding (Aug 2019),  
**Caring** Good (Aug 2019), **Responsive** Good (Aug 2019),  
**Well-Led** Outstanding (Aug 2019), **Overall** Outstanding (Aug 2019).

**Critical Care**

**Safe** Good (Aug 2019), **Effective** Good (Aug 2019),  
**Caring** Outstanding (Aug 2019), **Responsive** Good (Aug 2019),  
**Well-Led** Good (Aug 2019), **Overall** Good (Aug 2019).

**Outpatients**

**Safe** Good (Oct 2016), **Effective** (Not Rated),  
**Caring** Outstanding (Aug 2019), **Responsive** Good (Oct 2016),  
**Well-Led** Good (Oct 2016), **Overall** Good (Oct 2016).

**Rehabilitation Services**

**Safe** Good (Oct 2016), **Effective** Outstanding (Oct 2016),  
**Caring** Good (Oct 2016), **Responsive** Outstanding (Oct 2016),  
**Well-Led** Good (Oct 2016), **Overall** Outstanding Oct 2016.

**Overall**

**Safe** Good (Aug 2019), **Effective** Outstanding (Aug 2019),  
**Caring** Outstanding (Aug 2019), **Responsive** Good (Aug 2019),  
**Well-Led** Good (Aug 2019), Outstanding (Aug 2019).



<b>AMM 02/19</b>	<p><b>Minutes of the meeting held on 11 September 2018</b></p> <p>The minutes of the previous meeting were agreed as a true and accurate record.</p>																																
<b>AMM 03/19</b>	<p><b>Council of Governors Election Results 2019</b></p> <p>The results of the 2019 Governors elections were reported:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Constituency</th> <th style="text-align: left;">Reappointed</th> <th style="text-align: left;">New</th> <th style="text-align: left;">Leaving</th> </tr> </thead> <tbody> <tr> <td>Public: Cheshire</td> <td></td> <td>Alison Astles</td> <td>Jonathan Austin</td> </tr> <tr> <td>Public: Merseyside</td> <td></td> <td>Linda Cole Natalie Dill William Givens</td> <td>Tony Cahill Ged Comerford Alan Griffiths</td> </tr> <tr> <td>Public: North Wales</td> <td></td> <td>Nicola Brown</td> <td>Andy Burgen</td> </tr> <tr> <td>Public: Rest of England</td> <td></td> <td>Cameron Hill Chris Sutton</td> <td></td> </tr> <tr> <td>Staff: Medical</td> <td>Rhys Davies</td> <td></td> <td></td> </tr> <tr> <td>Staff: Non-Clinical</td> <td></td> <td>Jan Harrison</td> <td>Isabel Moreno</td> </tr> <tr> <td>Partnership: Liverpool CCG</td> <td></td> <td></td> <td>Derek Rothwell</td> </tr> </tbody> </table> <p>The Chair informed that the new Governors would commence their term of office upon the conclusion of this Annual Members' Meeting and formally welcomed them to the Trust.</p> <p>Those Governors leaving the Trust were thanked for their continued commitment and support throughout their term(s) of office.</p>	Constituency	Reappointed	New	Leaving	Public: Cheshire		Alison Astles	Jonathan Austin	Public: Merseyside		Linda Cole Natalie Dill William Givens	Tony Cahill Ged Comerford Alan Griffiths	Public: North Wales		Nicola Brown	Andy Burgen	Public: Rest of England		Cameron Hill Chris Sutton		Staff: Medical	Rhys Davies			Staff: Non-Clinical		Jan Harrison	Isabel Moreno	Partnership: Liverpool CCG			Derek Rothwell
Constituency	Reappointed	New	Leaving																														
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Staff: Medical	Rhys Davies																																
Staff: Non-Clinical		Jan Harrison	Isabel Moreno																														
Partnership: Liverpool CCG			Derek Rothwell																														
<b>AMM 04/19</b>	<p><b>Appointment of Non-Executive Directors</b></p> <p>The Chair informed that there had been a change at Board Level with 3 Non-Executive Directors (NEDs) terms coming to an end and the appointment of 3 new NEDs.</p>																																
<b>AMM 05/19</b>	<p><b>Membership Constituency Representation.</b></p> <p>The Trust membership at August 2019 stood at: Public members = 5,875 Staff Membership = 1,331</p> <p>There was underrepresentation of protected groups within the membership and the Governors had been working with the Trust lead for Equality and Diversity to develop meaningful public engagement strategies.</p>																																
<b>AMM 06/19</b>	<p><b>Annual Accounts 2018-19</b></p> <p>Mike Burns, Director of Finance, reported the following:</p> <p><b>Financial performance</b></p> <p>The key headlines included:</p> <ul style="list-style-type: none"> <li>• The Trust achieved a surplus of £5.8m versus a control total of £3m; this included c£4.7m Provider Sustainability Fund (PSF) 'bonus and incentive funding';</li> <li>• Turnover had increased by 1.45% (£1.9m) from 2017/18 excluding STF and donations, the majority being due to growth in demand for services;</li> <li>• The surplus had been achieved through some non-recurrent items in 2018/19. Achievement of</li> </ul>																																

The Walton Centre NHS Foundation Trust

financial targets still remained a challenge;

- Cash was above plan at the end of the year.

Performance: NHS Improvement Targets:

- The Use of Resources Risk Rating measured the ability to cover the cost of borrowing, income and expenditure performance, any variation from financial plan, agency spend against target and levels of liquidity (cash).
- The Trust had achieved an Actual Level of 1 against a Planned Level of 1. It was confirmed that Level 1 was the lowest level of risk.

Cost reductions and efficiency:

- The Trust had made cost savings of £1.1m in 2018/19; this was £2.2m behind plan.
- This had mainly been delivered through:
  - Procurement of goods/services and review of products;
  - Skill mix reviews and management of vacancies;
  - 'Quality Improvement Programme (QIP)' had been introduced to manage and deliver savings.

Investments:

- Investment continued in clinical services:
 

○ Medical equipment and infrastructure	£1.40m
○ Replacement MRI Scanner	£1.26m
○ Replacement Pipe Work	£1.03m
○ Investment in Trust Estate	£0.42m
○ IM&T development of clinical systems and infrastructure	£0.86m
<b>Total investment</b>	<b>£4.97m</b>

Revenue investments:

- Patient safety and service development investments:
 

○ Additional consultants (Incl. non-pay)	£0.7m
○ Additional staff to meet demand / mandatory standards	£0.2m
<b>Total investment</b>	<b>£0.9m</b>

Forward view: 2018/19 onwards:

- 2019/20 was already a challenging year – Trust was reviewing options to improve the underlying financial position.
- Challenges would continue given the level of settlement publicised in 5 year forward view.
- Continue to be part of a local delivery system in North Merseyside and wider Cheshire & Mersey.
- A new 5 year financial plan was to be submitted to NHSI in September 2019.

Following the presentation members asked for assurance on the Welsh Commissioners and how procurement savings had been achieved.

The Director of Finance and IT was able to offer assurance that an agreement had been reached with Welsh Commissioners on funding and that procurement savings had been achieved through the use of NHS Frameworks contracts.

<p><b>AMM 07/19</b></p>	<p><b>Quality Account 2017-18</b></p> <p>The Director of Nursing and Governance presented her slides, informing of the quality account objectives that had been achieved in 2017/18:</p> <ul style="list-style-type: none"> <li>• Reduce falls,</li> <li>• Reduce missed doses of critical medications,</li> <li>• Invest in staff training for patients with challenging behaviour,</li> <li>• Improve how we provide information to patients,</li> <li>• Initiate enhanced training on oral hygiene,</li> <li>• Improve the way we listen and act on patient, family and carer feedback,</li> <li>• Extended Health and Wellbeing programme to improve staff resilience and mindfulness,</li> <li>• Reduce non-clinical cancelled operations and</li> <li>• Review safety huddle.</li> </ul> <p>Highlights also included:</p> <ul style="list-style-type: none"> <li>• Designed Hyper Acute Stroke Research Centre Accreditation</li> <li>• Taken part in BBC Two Hospital episode</li> <li>• Specialist Spinal Surgeon became Eurospine president</li> <li>• Introduction of the WALTON Six Steps</li> <li>• Infection Prevention &amp; Control Team member named NHS Procurement Champion (NHS in North Excellence in Supply Awards)</li> <li>• Bespoke e-referral system for Pain Service launched and Community Pain Management Programme</li> <li>• Advanced Nurse Specialist received the prestigious Lord Hastings Award</li> <li>• Walton Surgical Assistant role was created</li> </ul>
<p><b>AMM 08/19</b></p>	<p><b>Auditors Report on the Financial Accounts and Quality Account 2017-18</b></p> <p>Angela L Pieri, Senior Manager at Grant Thornton, the Trust's external auditors, reported an unqualified opinion on the audit of the Trust's financial accounts and Quality Account for 2018-19 in accordance with regulatory compliance.</p>
<p><b>AMM 09/19</b></p>	<p><b>Presentation – Hydrocephalus Care at Home, Sara Kewin, Advanced Nurse Practitioner</b></p> <p>The presentation discussed two ICP monitoring methods, which was a procedure to measure intracranial pressure, inpatient hospital monitoring and outpatient implants used at home. The benefits to patients and the trust of outpatient implants were discussed.</p> <p>Following the presentation members asked for clarification on the scope and availability of implants.</p> <p>Confirmation was given that the pilot initiative would be rolled out, including patients from North Wales.</p>

<p><b>AMM 10/19</b></p>	<p><b>Presentation – Patient Story, David Carter, Risk and Governance Auditor Lead</b></p> <p>David Carter introduced a story about a Patient with a benign brain tumour who had developed a wound infection on his return home.</p> <p>The Patients infection had been managed using Outpatient Parenteral Antimicrobial Therapy (OPAT) within the home. The patient continued close supervision by a multidisciplinary team. Receiving treatment at home with the care, support and expertise of the OPAT team greatly improves patient experience.</p> <p>Following the presentation members commented on the positive nature of OPAT but sought assurance on the scope and process, particularly the process for working with community teams.</p> <p>David Carter responded that the NHS had plans to roll OPAT out across the united kingdom. There was an opportunity for the Trust to be involved in the governance process.</p>
<p><b>AMM 11/19</b></p>	<p><b>Acknowledgements</b></p> <p>The Chair thanked the presenters and all those present for attending the Walton Centre Annual Members’ Meeting 2017.</p> <p>The Trust also thanked ISS who had kindly provided the afternoon refreshments for the Annual Members’ Meeting.</p> <p><b>Meeting Close.</b></p>

# The Walton Centre NHS Foundation Trust

## Governors Report for the Period Ending October 19

## Glossary

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

Open pathways, or incomplete pathways are where the patient is still awaiting first definitive treatment (either as an Outpatient or Inpatient). In order to sustain delivery of the two above standards 92% of these patients must be waiting under 18 weeks. The remaining 8% tolerance is to allow for patients where starting treatment within 18 weeks would be inconvenient or clinically inappropriate. The Walton Centre is taking part in a Referral to Treatment pilot scheme where performance is measured by average patient waiting times in weeks. A requirement of this scheme is that performance is shown by average waiting time instead of against the 92% standard.

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

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

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

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

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

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

- **Capital Target.**

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

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

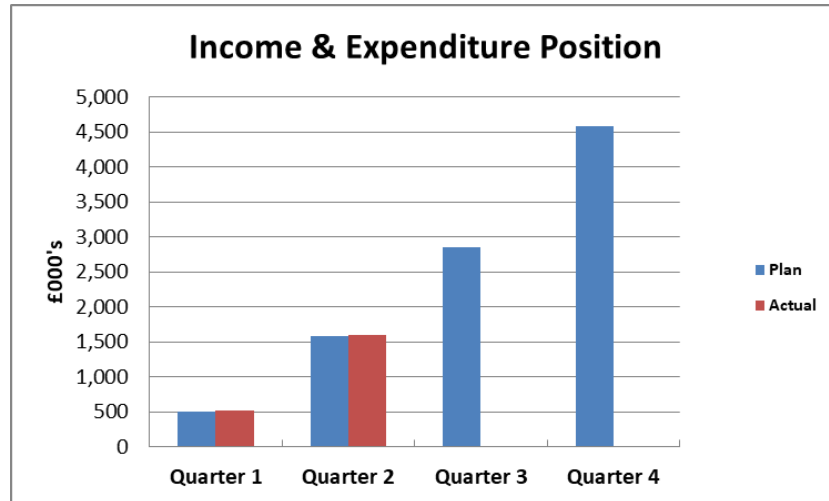
NHS Improvement introduced the Single Oversight Framework in October 2016. This incorporates 5 ratings:

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

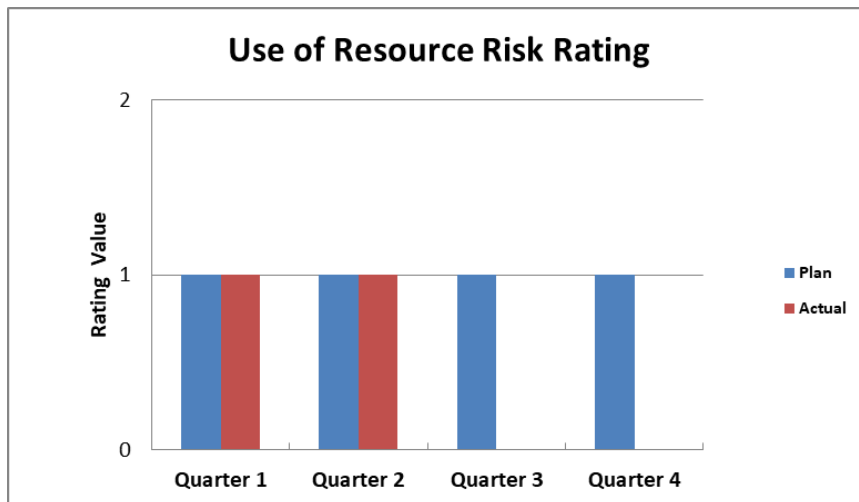
Scoring 4 (poorest) to 1 (best) against each metric, the overall finance and use of resources score is a mean average of the scores of the individual metrics under this theme – except that if a provider scores 4 on any individual finance and use of resources metric, their overall use of resources score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

**Finance**

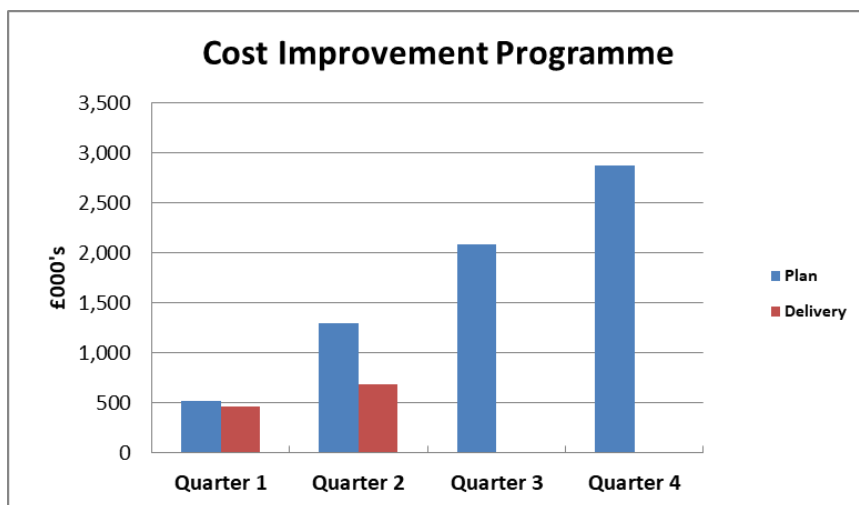
At quarter 2 the trust reported a year to date surplus of £1,594k against a planned surplus (control total) of £1,586k, £8k above plan. As the trust delivered the planned quarter 2 position it is able to receive £512k of Provider Sustainability Funding against a full year control allocation of £1,382k (PSF – this is included in the surplus position).



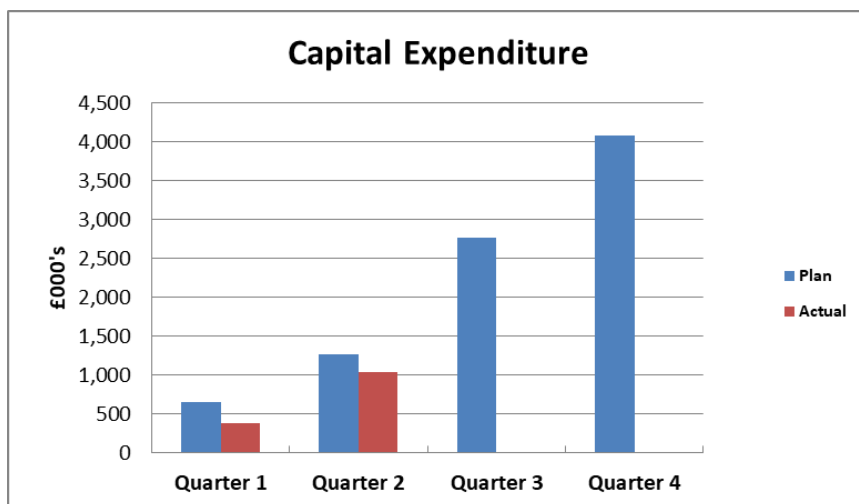
The Trust achieved a level 1 Use of Resource Risk Rating (UoR) at the end of quarter 2 against a plan of level 1 (level 1 is the lowest level of risk).



The Trust has delivered cost improvement savings of £682k against a plan of £1,302k at the end of quarter 2 which was £620k lower than plan.



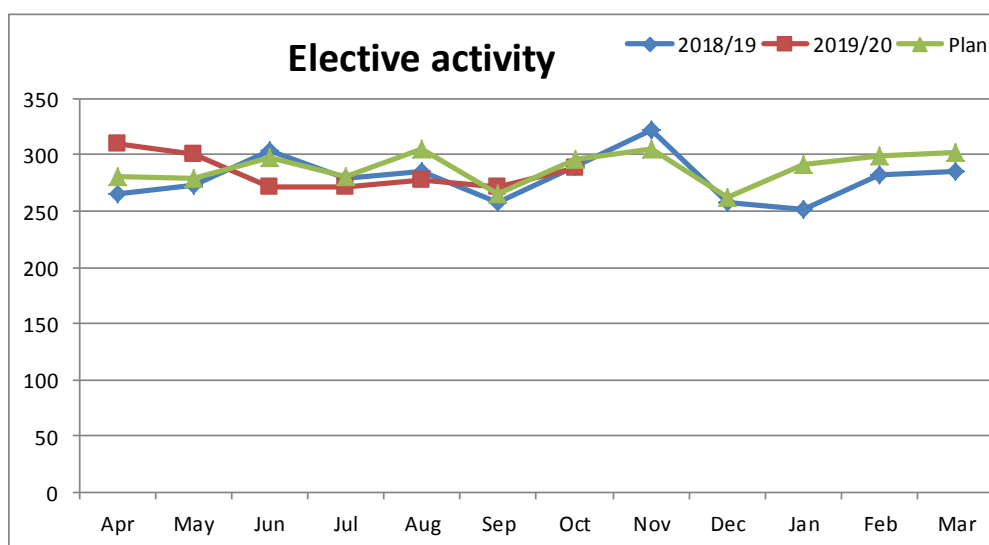
Capital expenditure at the end of quarter 2 was £1,033k against a plan of £1,273k, £240k below plan.



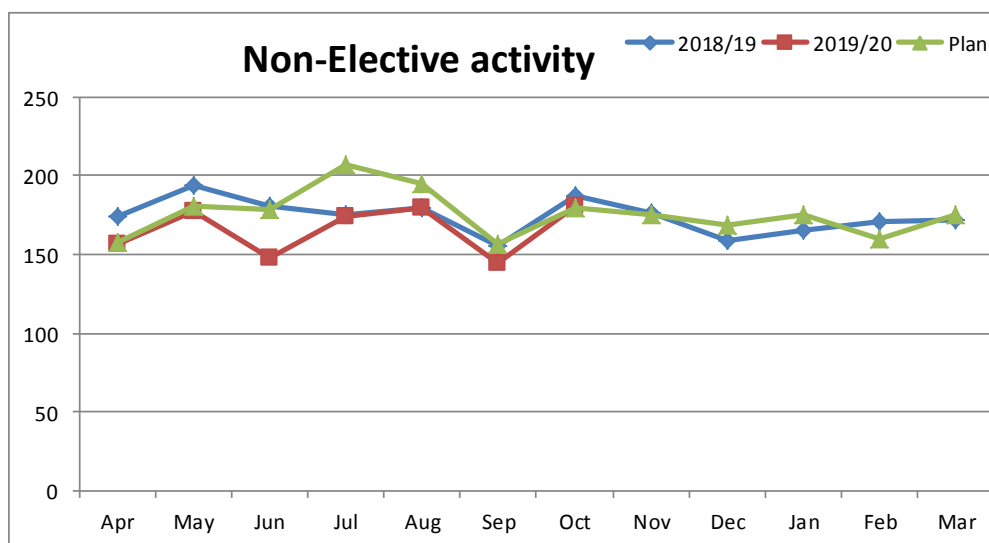


## Activity

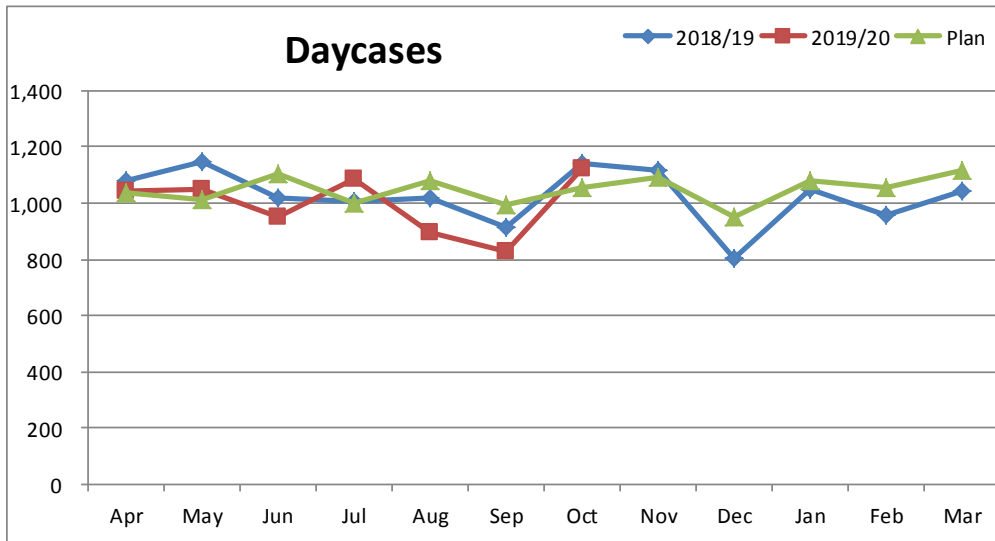
**Inpatient & Day Case Activity:** The Trust treated fewer patients in Q2 of 2019/20 than in Q2 2018/19 (-3.19%).



	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	288					
Plan	281	279	298	280	306	266	296	305	262	292	299	303

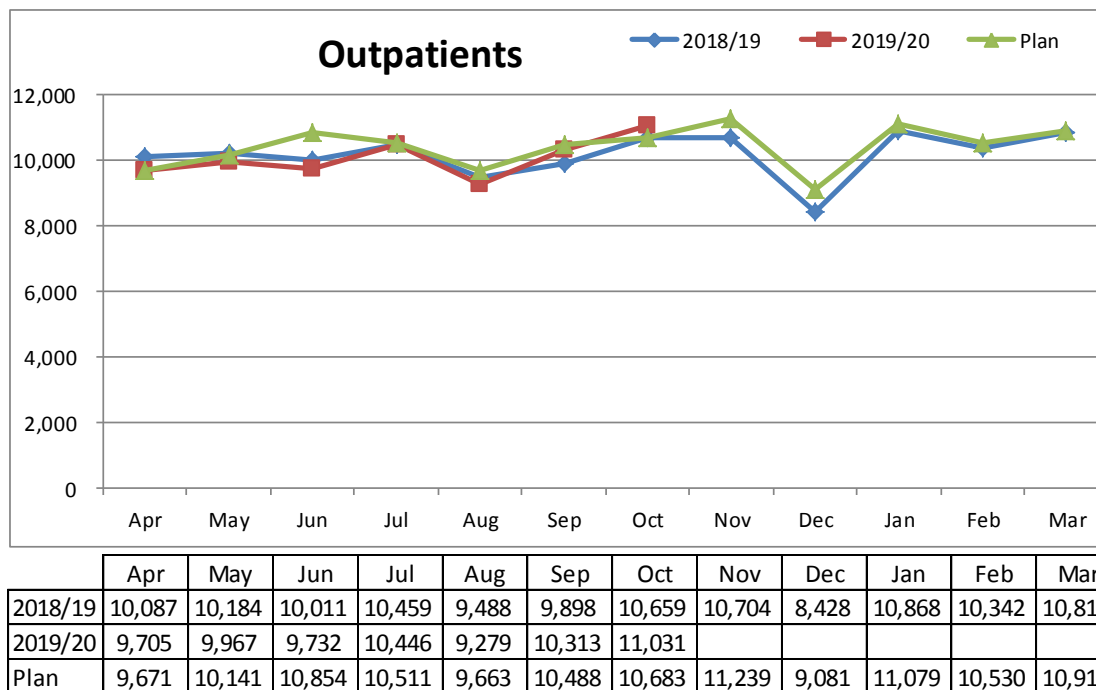


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2018/19	174	194	181	175	180	156	187	176	159	165	171	172
2019/20	157	178	148	174	180	145	181					
Plan	158	181	179	207	195	157	180	175	169	175	160	175



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2018/19	1,078	1,147	1,021	1,007	1,016	915	1,139	1,118	803	1,052	960	1,043
2019/20	1,043	1,049	953	1,089	897	828	1,126					
Plan	1,037	1,014	1,106	1,003	1,080	992	1,054	1,091	953	1,079	1,057	1,114

**Outpatient Activity:** The Trust treated more outpatients in Q2 of 2019/20 than in Q2 of 2018/19 (0.65%).



Welsh Activity v Plan for Quarter 2 2019/20

Q2 2019/20

Patient Category	Plan	Actual	Variance
Day Case	192	206	14
Inpatient	254	228	-26
Outpatient	5239	5196	-43

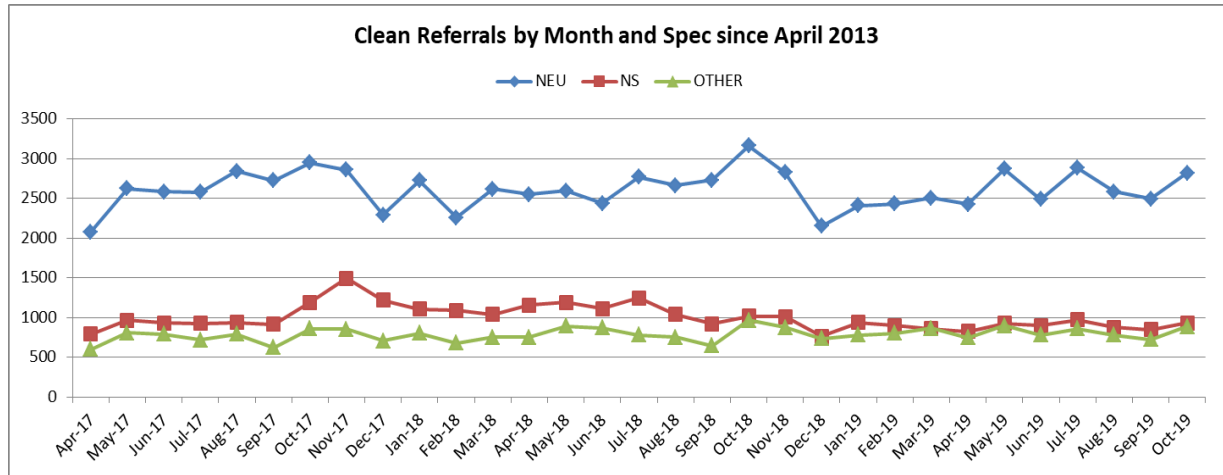
Month 7 2019/20

Patient Category	Plan	Actual	Variance
Day Case	64	87	23
Inpatient	86	83	-3
Outpatient	1829	1915	86

### Referrals for outpatient appointments

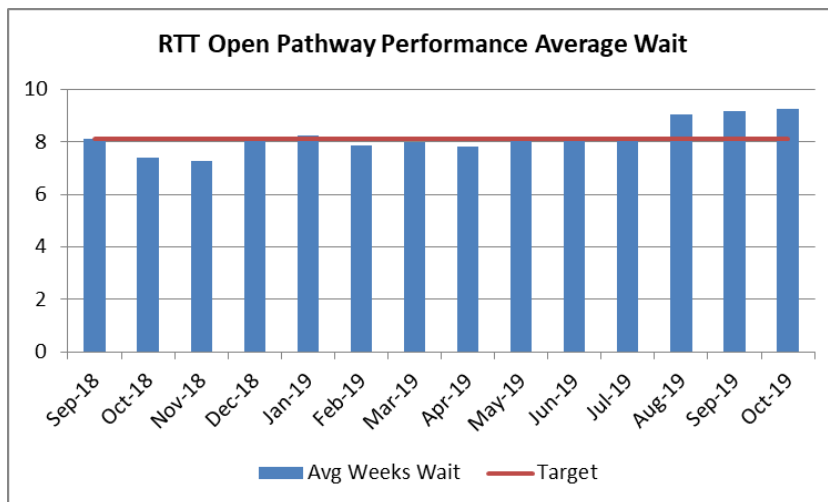
Clean referrals exclude referrals that are created by consultants retiring or transferring part of their practice to a colleague as part of service development or reorganisation and give a clearer indication of growth in demand for our services.

With the paper switch-off, GPs are now referring patients electronically. If an appointment slot is unavailable when referring, this creates an Appointment Slot Issue, which can in turn lead to a delay in the referral being recorded on our system. Further to this, GP referrals to Pain now go through a Referral Assessment System, which can also result in a delay in being recorded on our system. This may result in referrals in-month appearing artificially low, therefore referrals by month will be refreshed from year to date.

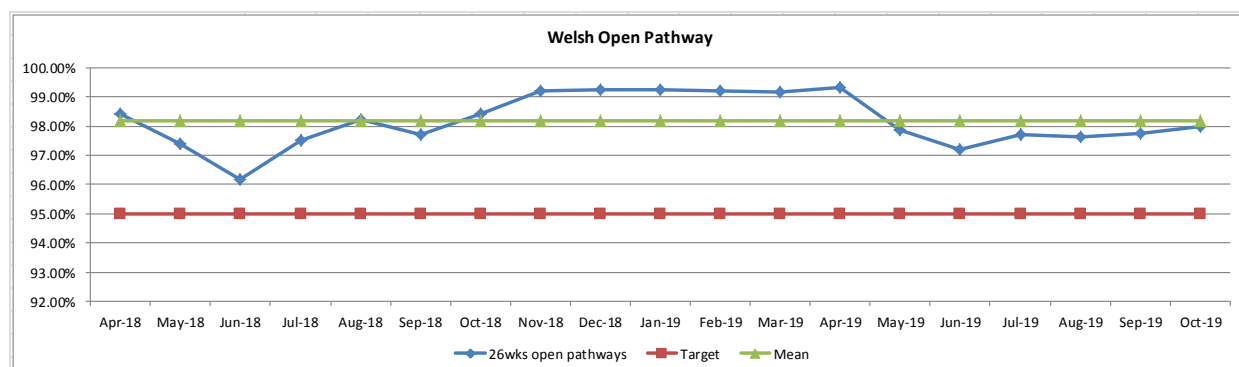


**RTT (Referral to Treatment)**

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.



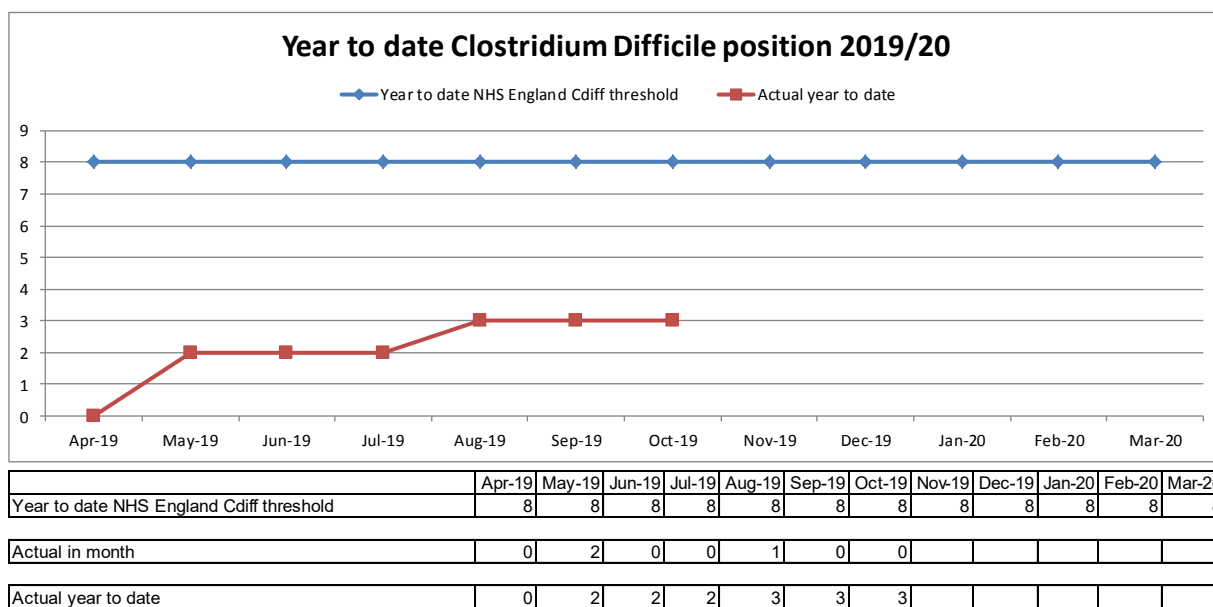
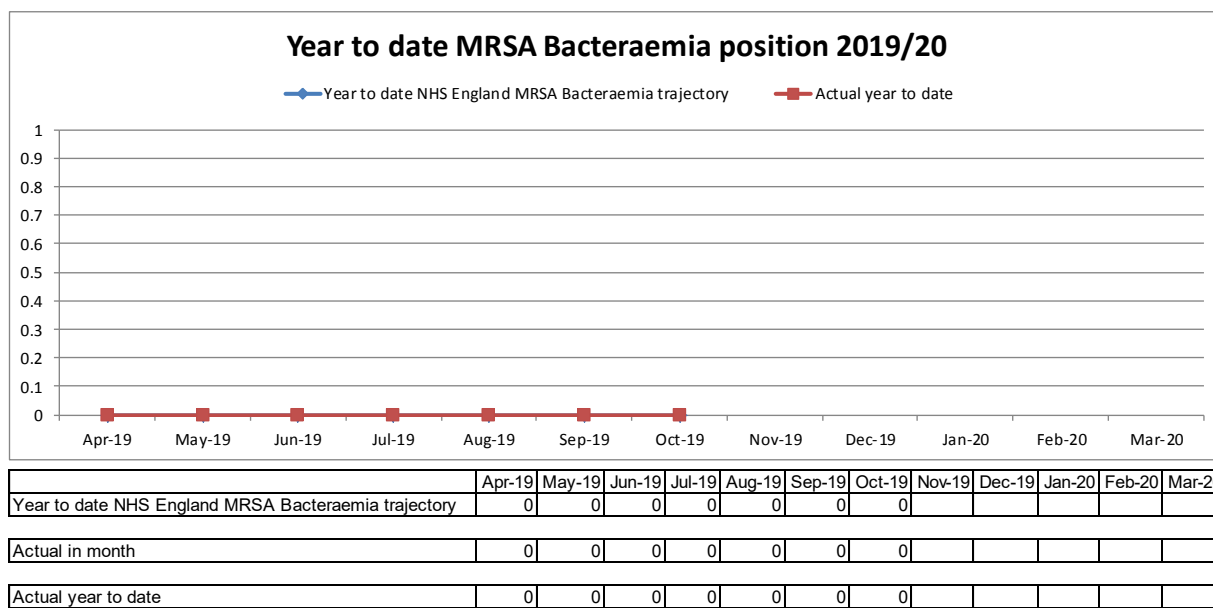
Welsh RTT performance continues to be monitored against the 95% standard, with performance above standard at 98.00%. Performance against the Welsh RTT target has been maintained throughout the quarter and there have been no breaches of the 36 week maximum wait target.



Month	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Patients under 26wks on open pathways	98.43%	97.41%	96.17%	97.51%	98.23%	97.72%	98.40%	99.21%	99.26%	99.24%	99.19%	99.16%	99.31%	97.86%	97.20%	97.69%	97.63%	97.73%	98.00%
36 Week Breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

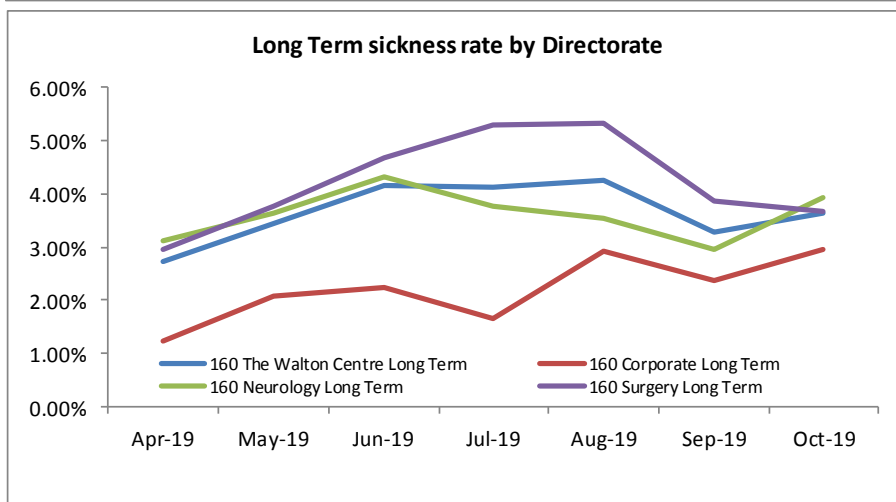
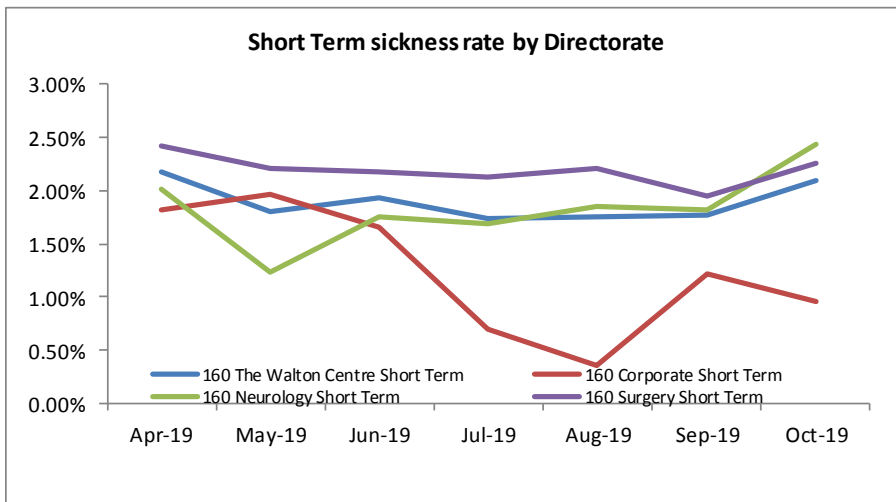
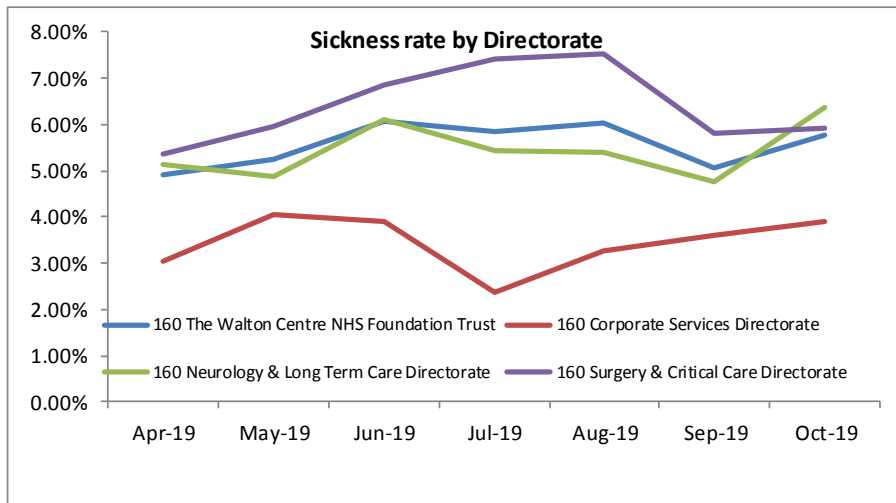
## Infection Rates

No cases of MRSA Bacteraemia were reported during Q2 19/20. The Trust has reported 1 case of Clostridium Difficile against the PHE year-end threshold of 8 cases.



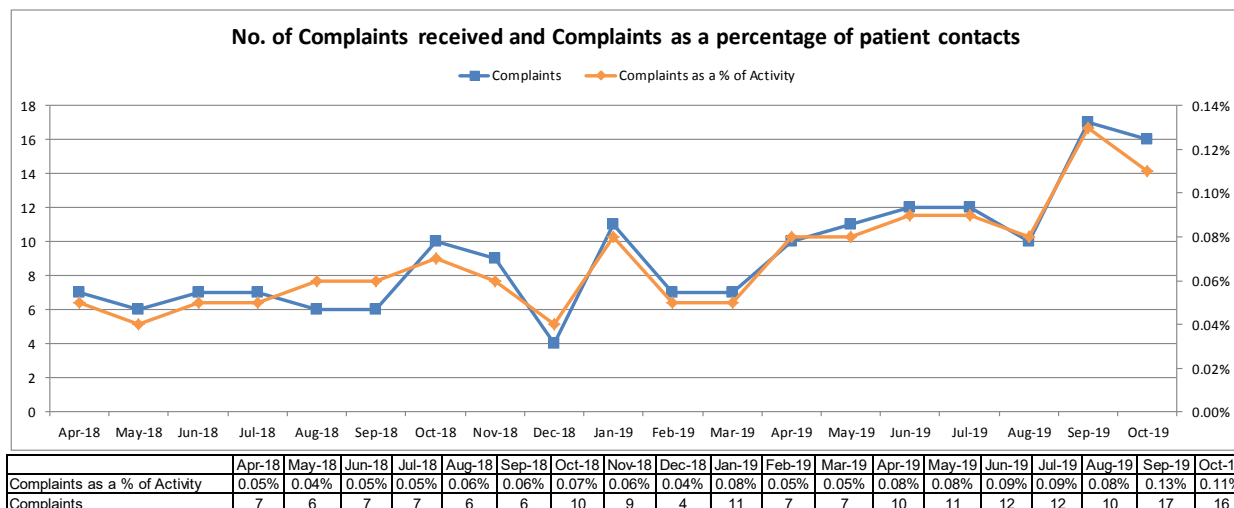
**Workforce**

12 month rolling sickness is 5.75% which is above the revised target of 4.2%. The breakdown between long term and short term sickness as at 31<sup>st</sup> October is as follows: 70.10% on long term sickness and 29.90% 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 2019/20 has seen 39 complaints reported, which is 6 (18.18%) above the number of complaints received in Q1 2019/20 (33).



## Efficiency Measures

### Delayed Discharges / Delayed Transfers of Care (DTOC):

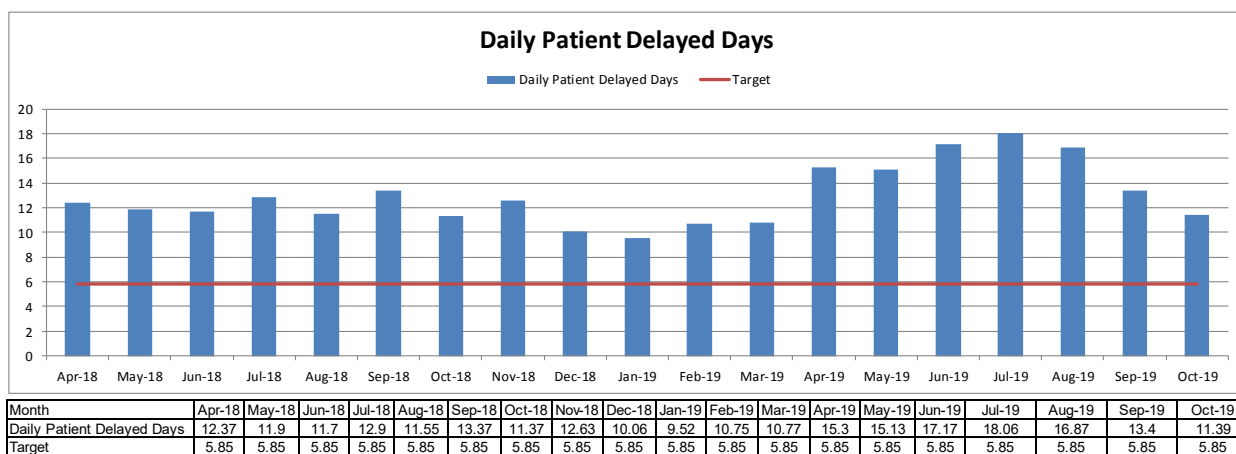
NHS North set a target reduction on DTOC in line with the Department of Health's mandate to reduce delayed transfers of care to 3.5% nationally by September 2017. The regional target is 3.3% of occupied beds. The lower regional target is set to compensate for much higher levels of DTOC in other parts of the country in order that the overall target of 3.5% is met.

At WCFT we have consistently been in breach of this target with average performance above 8% since April 2016, a position which has deteriorated (in line with many Trusts) since November 2016. This is due to the pressure in the health and social care system but also some internal data quality issues that have been resolved.

The Trust's target was to reduce our DTOC to an average of 5.85 daily patient delays by September 2017. Performance in October 2019 was 11.39 daily delays, which is an improvement from June 2019 (17.77).

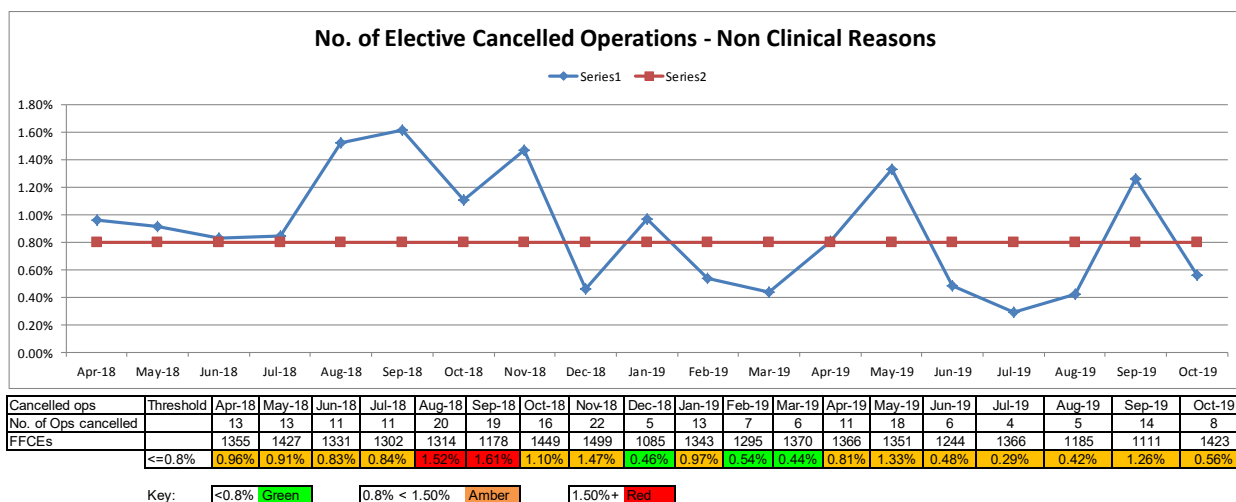
It should be noted that following a review of the national definition of DTOC and extensive internal and external consideration the Trust made a change to the classification of specification rehabilitation beds in M9 2017/18, which has corrected the reporting of transfers into a consultant-led specialist rehabilitation beds as a DTOC.





**Cancelled Operations:** The number of cancelled operations in Q2 2019/20 has decreased compared to Q2 in 2018/19.

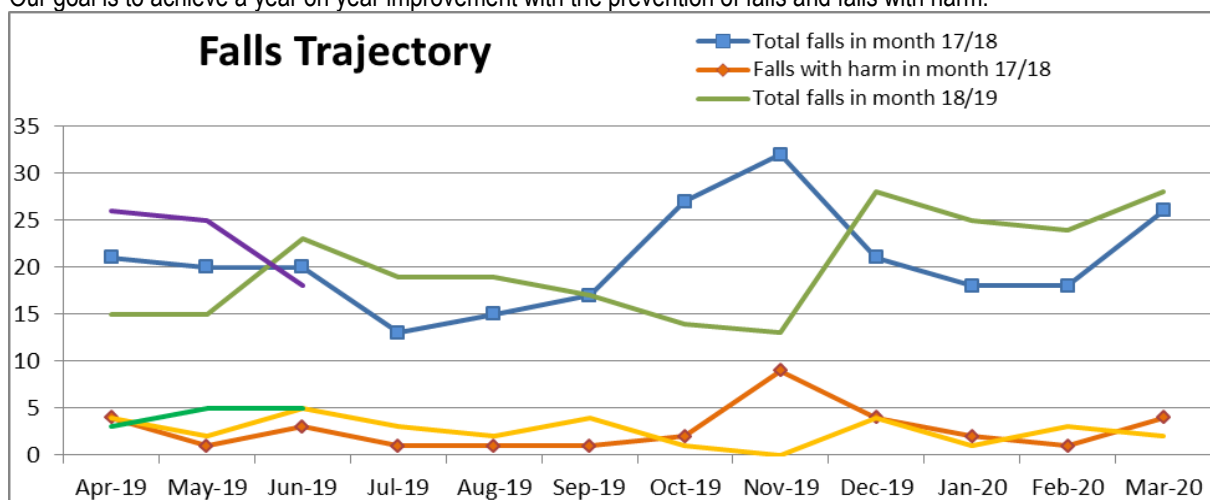
	Number of non-clinical cancellations
Q2 2018/19	50
Q2 2019/20	23
Variance	-27 (-0.54%)



**Safety Indicators**

**Patient Falls:**

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



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

In quarter 1 there were 69 total falls including 13 falls with harm (12 minor, 1 moderate). This compares to 52 total falls and 10 falls with harm in the same time frame last year. There has been an increase in falls this quarter compared to previous and this data is regularly reviewed and feedback to staff via various forums.

1 moderate harm fall was recorded in May 2019; this is still under discussion with the neurosurgical team. The patient suffered a bleed for which professional opinion may indicate occurred prior to the fall. An SBAR has completed for this incident and it is under review by the Neurosurgical governance and risk team.

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. A high proportion of falls take place either en route to or in the bathrooms on the wards. Staff are reminded to ensure regular toilet rounds are actively being provided and our nursing documentation (3C's- comfort round chart) is due to be reviewed to promote and evidence this further.

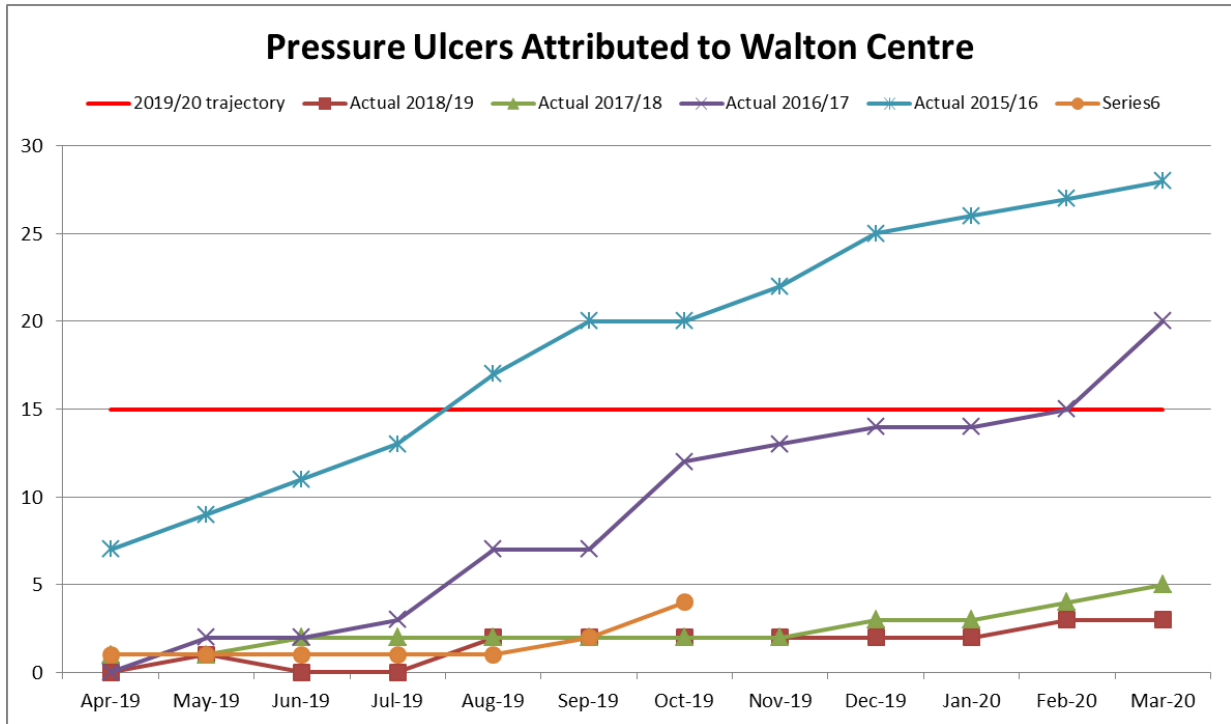
The Falls Prevention steering group meet monthly as a multi-disciplinary group and discuss all falls with harm incidents. A work plan for the group for 2019/20 has been developed. As part of this we are currently trialling some new falls alarm sensors on two of our wards as well as infra-red sensors that can be used in toilets and bathrooms. The Trust falls lead is part of the Cheshire and Merseyside Falls Steering group where ideas and best practice is shared.

For 2019/20 we have 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. Whilst the Royal College of Physicians have suggested all patients at risk of falls should have a lying and standing BP completed and if positive escalated to the medical team this is a fairly new change in practice for the Trust. Training on this has been promoted for the last 12 months which may prove a challenge for the CQUIN. We are actively promoting compliance via the trust daily safety huddle.

### Pressure Ulcers

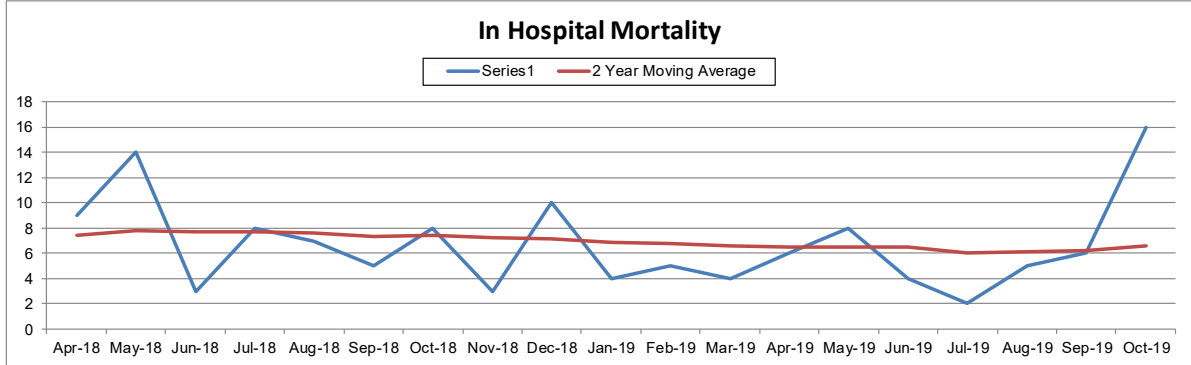
In Q2 2019/20 there was 1 category 2 Walton Centre acquired pressure ulcer. There were 2 category 2 Walton Centre acquired pressure ulcers in October 2019.

Below is a graphic representation of our position to date. Previous years are included but give a cumulative figure for each of those years.



## Mortality

Mortality remained within trajectory in Q2, the longer term trend remains within the expected range for the case mix of patients treated. All cases are subject to detailed clinical review and discussion at Quality Committee and no cause for concern identified.



Mortality by Specialty

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Neurosurgery	8	11	3	7	6	5	6	3	9	4	5	4	6	7	4	2	4	6	12
Neurology	1	3	0	1	1	0	2	0	1	0	0	0	0	1	0	0	1	0	3
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Total	9	14	3	8	7	5	8	3	10	4	5	4	6	8	4	2	5	6	16
2 Year Moving Average	7.46	7.83	7.71	7.71	7.63	7.33	7.38	7.25	7.13	6.83	6.79	6.63	6.54	6.46	6.46	6.04	6.08	6.21	6.63

**Chair's Report – Business Performance Committee 24 September 2019**

**Prepared by Jan Ross on behalf of  
Sheila Samuels, Chair**

Agenda Item	Discussions at the meeting
<p><b>Month 5 presentation on Finance and Activity</b></p>	<p>The Director of Finance and IT and the Director of Operations and Strategy presented the current financial and operational performance at M5. The presentation highlighted the current issues, risks and planned mitigation.</p> <p>The Director of Finance and IT explained that NHSI were aware of the position and plan to come into the Trust after M6 activity has been submitted.</p>
<p><b>Integrated Performance Report</b></p>	<p>Summaries of the report were provided by the Director of Finance and IT, Director of Operations and Strategy and Director of Workforce and Innovation.</p> <p><b>Operations</b> The Director of Operations and Strategy highlighted the overall IPR and concern regarding waiting times which have increased particularly within Pain.</p> <p><b>Finance</b> It was agreed by the Committee that the presentation on M5 finance and activity covered the current financial position and no further discussion was required.</p> <p>The Director of Finance highlighted the current cash position.</p> <p><b>Workforce</b> The Director of Workforce and Innovation gave an overview on the IPR in relation to workforce.</p> <p>Turnover remained a concern and currently stood at 18.15%.</p> <p>Sickness/absence was discussed including the current target and gap which for sickness was 6.02%.</p>
<p><b>Performance Assurance Framework</b></p>	<p>The Director of Operations and Strategy presented the updated risks against which the Business Performance Committee will monitor.</p> <p>Updates on the risks were highlighted in yellow. It was agreed that this had been covered during the finance and activity M5 presentation at the beginning of the meeting.</p>
<p><b>Policy Update Report</b></p>	<p>The Director of Workforce and Innovation presented the report.</p> <p>The Chair queried whether the Social Media Policy should come to the Committee following approval by LNC, given there had been major changes to the Policy.</p>

Agenda Item	Discussions at the meeting
<p><b>Terms of Reference</b></p> <p><b>Information Governance and Security Forum</b></p>	<p>The Director of Finance and IT talked through the changes to the Terms of Reference which included changes to membership and reporting.</p> <p>The Terms of Reference were approved by the Committee.</p>
<p><b>Work Plan</b></p>	<p>The Chair asked for the work plan to be revised to include dates for all items and to provide a date for an E-roster update to be presented at a future meeting.</p>
<p><b>Follow up Waiting List (FOWL) Update and Action Plan</b></p>	<p>The Divisional Director for Neurology tabled the latest FOWL Status Report.</p> <p>The Committee agreed that a summary paper would be presented at the next meeting in October and then move to updates to the Divisional teams.</p> <p>The team were thanked for the actions taken to date.</p>
<p><b>Informatics Department – Action Plan</b></p>	<p>Mark Foy, Head of Informatics, talked through the updates to the Information Services Review and action plan.</p> <p>The Committee were asked to note progress to date, outstanding and new actions added by the Head of Informatics since his arrival at the Trust.</p> <p>The Committee agreed to review strategic changes in 3 months' time.</p>
<p><b>Sickness Absence Management Audit</b></p>	<p>The Head of Business HR presented the Sickness Absence Management Audit following on from a limited assurance rating following an MIAA audit.</p> <p>Key concerns and areas of action were highlighted on the internal audit that was carried out between January and July 2019 with 3 areas requiring improvement.</p> <p>Following discussion it was agreed that this was a real concern and the action plan needed strengthening.</p> <p>The report would be shared with MIAA.</p> <p>The Committee were informed that the timely completion of return to work forms would be included in the forthcoming first line management training programme.</p> <p>Discussion took place as to why the audit process confirmed that there were gaps in management processes. The Director of Workforce and Innovation reiterated that a tender for line manager training had been returned from several companies and training will commence in October</p>

Agenda Item	Discussions at the meeting
	focussing upon line manager behaviours first and then processes. The purpose is to enable managers to fully understand the importance of key processes.
<b>RIS Contract Extension</b>	<p>Consultant Neurologist, Dr Niven, presented the paper and provided a background to the Radiology Information System in which the Trust was part of a consortium of 11 hospital trusts in Cheshire &amp; Merseyside and was hosted at the Royal Liverpool Hospital. He explained the functioning of the system and how it linked regionally. The Radiology team would like to look at procurement of other products however the other trusts used this system so it made operational sense to extend the contract then commence a procurement process with all 11 trusts. Dr Niven confirmed there was a forum in place to work through procurement.</p> <p>The Committee agreed to a two year extension to the Trust's Radiology Imaging System at a cost of £85,438 (inc VAT) per annum.</p>
<b>Draft Digital Strategy</b>	<p>The Head of IT talked through the draft Digital Strategy and how this had developed from the previous strategy highlighting current priorities.</p> <p>The draft strategy was agreed and would now be shared with the wider teams. Timeframes would also be added to the strategy objectives.</p>
<b>Update on Trust Transformation Programme of Work</b>	<p>The Director of Operations and Strategy presented the report and introduced the newly appointed Service Improvement Manager to the meeting who gave an overview on the Trust's Quality Improvement Programme initiatives which would support the Trust's cost improvement and efficiency requirements.</p> <p>The work would focus primarily on three key schemes:</p> <ol style="list-style-type: none"> <li>1. Outpatient improvement plan;</li> <li>2. Theatre efficiency programme; and</li> <li>3. Patient flow programme.</li> </ol> <p>The Service Improvement Manager talked through the approach using the logic model which would cover the diagnostic phase / limited stage / data / observations.</p> <p>As well as the wider transformation work being undertaken she would be looking for 'quick wins' before commencing the bigger programmes of work.</p>
<b>Issues to escalate</b>	<p>Issues to escalate to Trust Board were agreed as:</p> <ul style="list-style-type: none"> <li>• The financial position and the visit of a representative from NHSI following M6.</li> <li>• RTT waiting times.</li> <li>• Sickness Absence Policy and lack of assurance that the policy was being implemented (although the Committee had been given and accepted some of the reasons for this).</li> </ul>
<b>AOB</b>	The Director of Finance and IT said there had been two reportable incidents from Information Governance that would be reported to Trust

Agenda Item	Discussions at the meeting
	Board.

**Date of next meeting: Tuesday 29 October 2019**



**Chair's Report – Business Performance Committee 29 October 2019**

**Prepared by Jan Ross on behalf of  
Sheila Samuels, Chair**

Agenda Item	Discussions at the meeting
<p><b>Recovery Plan Presentation</b></p>	<p>The Director of Finance &amp; IT and Director of Operations &amp; Strategy presented the Trust's financial recovery plan.</p> <p>Key issues highlighted included:</p> <ul style="list-style-type: none"> <li>• Performance since Month 6;</li> <li>• Plan to improve the forecast;</li> <li>• Recovery plan options; and</li> <li>• Sustainable improvements.</li> </ul> <p>The next steps were presented and agreed by the Committee.</p>
<p><b>Integrated Performance Report (IPR)</b></p>	<p>Summaries of the report were provided by the Director of Finance &amp; IT, Director of Operations &amp; Strategy and Deputy Director of Workforce &amp; Innovation.</p> <p><b>Operations</b> The Director of Operations &amp; Strategy went through the operational aspects of the IPR highlighting the areas of concern:-</p> <ul style="list-style-type: none"> <li>• Average wait had increased. The main issue was pain and discussion took place regarding the NHS Improvement visit and expectations moving forward.</li> <li>• Pain remained the longest wait at 13-28 weeks. The Director of Operations &amp; Strategy and Director of Finance &amp; IT had discussed the issue with NHS England. It was further highlighted by the Divisional Director of Operations for Neurosurgery that Oswestry had closed their service with no identification of service provision.</li> <li>• The Director of Finance &amp; IT talked through the current financial position and forecast. Risks were highlighted within the earlier presentation on the Recovery Plan.</li> <li>• The delivery of Quality Improvement Programme schemes were discussed in detail by the Committee.</li> </ul> <p><b>Finance</b> Covered in detail as part of the Recovery Plan.</p> <p><b>Workforce</b> The Deputy Director of Workforce &amp; Innovation highlighted the key issues:</p> <ul style="list-style-type: none"> <li>• There had been an increase in vacancies.</li> <li>• There had been a slight decrease in nursing turnover an issue on which there had been a lot of focus.</li> <li>• There had been an increase in vacancies in the finance department which reflected on corporate vacancies. This was an issue that the Director of Finance would raise with other specialist trusts as there appeared to be an increase in banding across</li> </ul>

Agenda Item	Discussions at the meeting
	<p>some of the trusts in Merseyside.</p> <ul style="list-style-type: none"> <li>• An update on Friends and Family results was provided (as the results were not reported in the IPR).</li> <li>• The Committee discussed in detail nurse bank costs including reasons for the increase.</li> </ul>
<b>Performance Assurance Framework (PAF)</b>	The Director of Operations & Strategy presented the PAF highlighting that there are risks associated with delivery of the plan and mitigations in place.
<b>Policy Update Report</b>	Noted by the Committee.
<b>Social Media Policy</b>	The Deputy Director of Workforce & Innovation presented the Policy which was a re-write of the current policy. Discussion took place regarding the detail of the policy and support required for staff before the policy was ratified.
<b>Terms of Reference for approval:</b>	<p><b>Business Performance Committee</b> The Corporate Secretary presented the revised Terms of Reference for approval prior to presentation at Trust Board. Discussion took place highlighting that more detail be included.</p> <p>The Terms of Reference were approved by the Committee.</p> <p><b>Resilience Planning Group</b> The Director of Operations &amp; Strategy presented the Terms of Reference highlighting the changes. The Terms of Reference were approved by the Committee.</p> <p><b>Medical Devices and Facilities Group</b> The Deputy Director of Nursing presented the Terms of Reference. The minor changes were noted and the Terms of Reference were agreed by the Committee.</p> <p><b>Staff Partnership Committee</b> The Deputy Director Workforce and Innovation presented the Terms of Reference. The minor changes were noted and the Terms of Reference were agreed by the Committee.</p>
<b>Work Plan</b>	The revised Work Plan was presented by the Director of Operations & Strategy. This was approved by the Committee however it was agreed that further work was required in line with the new Terms of Reference.
<b>Board Assurance Framework (BAF)</b>	The Corporate Secretary presented the BAF in its new format and updated on the changes. All risks were noted and agreed including the 2 new risks added (Cyber Security and Achieving the Financial Plan) and it was agreed to remove Risk ID 0023 Failure of WHSSC to pay tariff at HRG4+ levels.
<b>Follow Up Waiting List Paper (FOWL)</b>	The Divisional Manager for Neurology presented a paper on the issue of overdue follow up waiting list in Neurology. Following a piece of work there had been a 3018 reduction overall.

Agenda Item	Discussions at the meeting
	<p>The Committee were informed of the key actions that had taken place, lessons learnt and the plan on how to manage the work going forward.</p> <p>The Committee agreed that future updates of the FOWL would be undertaken via the Executive Team meeting reported / escalated through the IPR.</p>
<b>Staff Experience Action Plan</b>	<p>The Deputy Director of Workforce &amp; Innovation presented the Staff Experience Action Plan. The format of the action plan stated the Q2 position and the plans for the future against each objective. Key highlights included:</p> <ul style="list-style-type: none"> <li>• Staff recognition through award nominations.</li> <li>• Menopause workshop and further work around this issue including the Trust hosting a Menopause Conference in the New Year.</li> <li>• A focus on morale with walkabouts in progress with the Deputy Director of Nursing and Deputy Director of Workforce.</li> <li>• All wards were now able to provide electronic staff rostering.</li> <li>• The trial of last lap which was an initiative to support staff in caring for patients.</li> <li>• The line manager training programme had been broken into cohorts and 140 line managers will receive the training which commences in December.</li> </ul> <p>The Committee were reminded of the importance of staff completing the staff survey which had recently been circulated.</p>
<b>Digital Function (bi-annual report)</b>	<p>The Head of IT provided an update on the digital function. This included:</p> <ul style="list-style-type: none"> <li>• On-going work with Electronic Patient Record and paperlight milestones;</li> <li>• Continuing expansion of work with Sustainability and Transformation Partnership on the Share2Care and PED4PED programmes;</li> <li>• Continuing expansion of the electronic letters to GPs which was approximately 3,000 per month;</li> <li>• ISO 27001 reaccreditation with zero adverse findings;</li> <li>• Deputy Head of IM&amp;T was on secondment to Liverpool Heart and Chest Hospital;</li> <li>• The expansion of VOIP telephone system, Windows10 and planning for NHS Mail adoption; and</li> <li>• The Patient Administration System (PAS) Heartbeat server which had gone live.</li> </ul>
<b>Risks Associated with Pension Changes</b>	<p>A verbal update was provided by the Director of Operations and Strategy providing details of the current plan to introduce Time-Off in Lieu (TOIL). A more detailed update would be given at the next meeting.</p>
<b>Theatre Utilisation Presentation</b>	<p>The Service Improvement &amp; Transformation Lead attended the meeting to present the current plan to increase theatre utilisation. Discussion took place about monitoring this programme of work and expected</p>

Agenda Item	Discussions at the meeting
	reporting of benefits analysis.
<b>AOB</b>	None.
<b>Issues to be highlighted to Trust Board</b>	<p>It was agreed that the following items would be raised at Trust Board by the Chair of the meeting:</p> <ul style="list-style-type: none"> <li>• Follow up Waiting List paper</li> <li>• Recovery plan.</li> </ul>

**Date of next meeting: Tuesday 26 November 2019**

**Chair's Report – Business Performance Committee 26 November 2019**

**Prepared by Jan Ross on behalf of  
Sheila Samuels, Chair**

Agenda Item	Discussions at the meeting
<p><b>Financial Recovery Plan and Protocol for changes to an in-year financial forecast</b></p>	<p>The Director of Finance &amp; IT gave the headlines on the current performance and issues related to the requirement of a Trust Recovery Plan.</p> <p>Month 7 showed a £362k surplus which excluded £135k PSF given the non-achievement of the control total. Income was above plan by £26k and expenditure above plan by £315k. Pay underspend was £161k but non-pay and exclusions were above plan by £476k. Given the performance in Month 5 and Month 7 consideration was needed around delivery of the control total given the issues relating to WLIs etc. At present there was a gap of £500k to hit the control total (including the Recovery Plan) and the Recovery Plan presented both short and medium term solutions to deal with the changes required to ensure ongoing delivery of the activity and financial plan.</p> <p>The protocol to change the control total was outlined within the paper and the process would need to be worked through in Quarter 3. Discussions had taken place with NHSE/I and Specialist Commissioners.</p> <p>Next actions required were:</p> <ul style="list-style-type: none"> <li>• The Trust agrees the new forecast, which would be worked up again at Month 8.</li> <li>• Engagement with senior clinicians to agree the plan.</li> <li>• System level sign-off required.</li> <li>• Trust Board to agree the Recovery Plan and to action the protocol.</li> </ul> <p>The Director of Finance &amp; IT recommended that the Trust commit to the formal process.</p> <p>Robust discussion and challenge took place regarding the plan and assumptions made.</p> <p>The Committee agreed to recommend to Trust Board to continue to work through the process outlined within the Recovery Plan with an action to include the Trust's auditors within the plan discussion. It was also requested that risks needed to be made clear with assumptions.</p>
<p><b>Integrated Performance Report (IPR)</b></p>	<p>Summaries of the report were provided by the Director of Finance &amp; IT, Director of Operations &amp; Strategy and Director of Workforce &amp; Innovation.</p> <p><b>Operations</b></p> <p>The Director of Operations &amp; Strategy gave an overview of the IPR. Areas of concern were focused on (RAG rated Amber) and included being Responsive and Well Led.</p>

Agenda Item	Discussions at the meeting
	<ul style="list-style-type: none"> <li>• Cancer 31 day diagnosis to treatment remained Amber due to a time delay in histology. There had been a breach of the 2 week rule for urgent cancer patients. This was by 1 day.</li> <li>• Delays in discharges remained an issue alongside DNA rates.</li> </ul> <p>The Committee noted that the reduction in Follow Up Waiting List was still being managed but requested that monitoring data should breakdown the numbers waiting over 12 months, as per previous data.</p> <p><b>Finance</b> The finance position had been covered under the Recovery Plan. The Director of Finance &amp; IT highlighted the current cash position the capital plan to agree to replace the MRI scanner.</p> <p>The Trust remained on financial risk rating 1.</p> <p><b>Workforce</b> The Director of Workforce &amp; Innovation indicated that vacancies were within target. The Committee noted that turnover was still high and the Deputy Director of Nursing confirmed that the actions to improve this were still on-going and an update would come to Committee in the New Year as per the work plan.</p> <p>The Line Manager programme was now being delivered.</p>
<b>Performance Assurance Framework (PAF)</b>	<p>The Director of Operations &amp; Strategy highlighted the risks from the Activity Plan and updated on current mitigations. Changes noted from last month's report included:</p> <ul style="list-style-type: none"> <li>• Financial Recovery Plan.</li> <li>• CQUIN Delivery.</li> <li>• Best Practice Tariff was under recovery.</li> <li>• Pension Contributions.</li> <li>• Standardisation rates for agency staff.</li> </ul>
<b>SCD Loan Agreement</b>	<p>The Deputy Head of Procurement presented a Business Case for a contract with Cardinal Health as a preferred supplier of ICP sleeves that would deliver a saving of £13,109 to the Trust.</p> <p>The devices would be free of charge on the basis that 50 sleeves (consumables) are purchased annually. The loan basis is for 2 years with an option to terminate (60 days). The total value of the equipment was £128,590 and any equipment damaged beyond repair or cost would be charged at the depreciated rate. The equipment on site was at risk to the Trust but assurance was provided that this could be managed.</p> <p>Following discussion the Committee approved the Business Case further to clarification around the requirement for consumables.</p>
<b>Policy Update Report</b>	<p>The report was noted by the Committee.</p>
<b>Social Media Policy</b>	<p>The revised Policy was presented with the suggested amendments approved by the Committee.</p>
<b>Emergency Planning Resilience &amp; Response (EPRR) self-assessment</b>	<p>The Director of Operations &amp; Strategy introduced the EPRR core standards. There were 55 Core Standards applicable to specialist providers of which 51 were applicable to the Trust. It was reported that</p>

Agenda Item	Discussions at the meeting
<b>against NHS England Core Standards</b>	the Trust was delivering full compliance to all applicable standards.
<b>Work Plan</b>	The Work Plan was noted and agreed by the Committee.
<b>Digital Strategy</b>	The Head of IT brought back the Digital Strategy originally presented at the September meeting. Key highlights were the transparency and links to other key strategies. Concern was raised regarding interdependencies and it was updated that this would be monitored through the Digital Prioritisation Group.
<b>Capital Programme</b>	<p>The Capital Programme update paper was presented by the Director of Operations &amp; Strategy. In October 2019 the Trust was contacted by NHSE/I regarding an item of radiology equipment that had reached its lifespan of 10 years. There was a commitment to replace all NHS diagnostic equipment that was over 10 years old before April 2020. The Trust had therefore increased the capital programme to include replacing the MRI scanner. The Trust had not had full agreement from NHSI/E that they would support the increased capital programme however had asked the Trust to work through the procurement process which was being done.</p> <p>The Committee approved the revised capital plan.</p>
<b>Clinical Utilisation Review Report</b>	<p>The Deputy Director of Nursing gave an overview of the CUR bed management tool and progress with the CQUIN and provided assurance that the Trust was on target with all aspects of the work streams.</p> <p>The Committee discussed the reasons for delays in discharges both internally and externally and the ongoing work to address the issues.</p>
<b>AOB</b>	<p>In answer to a query by a Non-executive Director regarding the EPPR, the Director of Operations &amp; Strategy clarified that no lead Non-executive Director role was required as alternative arrangements had been put in place as permitted by the guidelines.</p> <p>The Chair sought clarification on an item in Walton Weekly around a rise in staff cancelling their NHSP bank work shifts at short notice or not attending a shift they had booked. Assurance was provided on the process.</p> <p>On behalf of the Committee, the Chair congratulated the Director of Finance &amp; IT and the Director of Workforce &amp; Innovation on their personal achievements in gaining recognition through national awards, in competition with public and private sectors.</p>
<b>Issues to be highlighted to Trust Board</b>	<p>It was agreed the following items would be highlighted to Trust Board:</p> <ul style="list-style-type: none"> <li>• Recovery Plan (closed session).</li> <li>• EPPR.</li> <li>• Capital Programme.</li> </ul>

Date of next meeting: Tuesday 28 January 2020



## Chair's Report

**Prepared by Lisa Salter, Director of Nursing and Governance  
on behalf of Seth Crofts, Non-Executive Director and Quality Committee Chair**

The following report summarises the discussions held on 19<sup>th</sup> September 2019 by the Quality Committee. Agenda items are listed in order of the meeting and areas of discussion that the Board may wish to consider will have additional commentary alongside.

Agenda item	Discussions at the meeting
<b>What Quality Looks Like Dietetic Service</b>	<p>Principal Dietician – Vicky Davies explained how the department ensures an excellent quality service is provided.</p> <p>All aspects of the service is audited and analysed with continual improvement being made.</p> <p>Assurance was provided that the department have the correct staffing resource through the close monitoring of KPIs.</p> <p>The team have presented at local and national conferences and have written several articles and book chapters for various publications.</p> <p>Dr Kirsty Martin-McGill has just completed her PhD at the Walton Centre and has been pivotal in developing the service and sharing practice.</p> <p>Vicky added that she is also currently undertaking her PhD and that their team have been fully supported by the Consultants and Research Dept.</p>
<b>Quality Strategy</b>	<p>Lisa Salter presented the Quality Strategy and asked for feedback following extensive discussions with staff. The Committee were happy to ratify.</p>
<b>Quality Committee Work Plan</b>	<p>Following discussions prior to Quality Committee the following changes were suggested then subsequently agreed by Quality Committee:-</p> <ul style="list-style-type: none"> <li>• Removal of 'Darzi Themes'. Presentations of What Quality Looks like to continue with prompts being made available to presenters of the positive/negative aspects to include. Informatics to be added to the teams for presentations.</li> <li>• The Trust Strategy Update Reports – names to be amended to the new names and reporting to be changed to every 6 months.</li> <li>• Quarterly Reporting - CRU update to be removed as agreed at the July Quality Meeting</li> <li>• Annual reporting – remove Medical Devices Management – this will be presented at BCP</li> <li>• Standing Items – MIAA recommendations for Annual Programme – reporting to now be every 6 months.</li> </ul>
<b>Medical Director's Update</b>	<p>Andrew Nicolson presented.</p> <ul style="list-style-type: none"> <li>• The Rehab Network Peer review which took place on Tuesday 17<sup>th</sup> September looked at all areas of service. Praise was given for care delivered, innovation and processes in place. There were no significant improvements to be made. The final report is awaited.</li> <li>• An update with regard to the potential exposure to CJD concern was shared. GPs have all been made aware. The Trust are still trying to contact seven patients.</li> <li>• GMC survey for trainees has highlighted positive feedback from trainees at the Walton Centre, especially in Neurosurgery. Some areas for slight improvements were also noted but overall there is a year on year improvement.</li> </ul>



<p><b>Integrated Performance Report – August 2019</b></p> <p><b>Integrated Performance Report – August 2019</b></p>	<p>Lindsey Vlasman presented the IPR.</p> <p>Based on an overall assessment of the metrics across each domain the ratings are:-</p> <ul style="list-style-type: none"> <li>• Safe - Green/amber</li> <li>• Caring - Green</li> <li>• Effective - Green</li> <li>• Responsive - Amber</li> <li>• Well Led - Amber</li> </ul> <ul style="list-style-type: none"> <li>• There was x 1 SUI noted for August which was category 4 pressure ulcer on CRU for which an RCA is underway.</li> <li>• There was x 1 C. Difficile infection on Caton Ward which takes the Trust to x 3 incidents against a trajectory of 8 for the year.</li> <li>• A number of vacancies exist within nursing – however there are x 19 RNs due to start at the Trust in September/October. The Deputy Director of Nursing and Deputy Director of HR are meeting staff on a monthly basis to review staffing retention. The surgical division are reviewing skill mix in ITU to look at how this can support retention.</li> <li>• Some cross divisional complaints were noted and a theme recognised with regards to how appointments are managed.</li> </ul>
<p><b>Mortality and Morbidity Report</b></p>	<p>Martin Wilson and David Carter presented:-</p> <ul style="list-style-type: none"> <li>• A slight change in how the report has been presented was noted.</li> <li>• For Neurosurgery, projected mortality is within limits and there are no concerns for any specific day.</li> <li>• A concern was recognised that language translation was problematic for one patient. This was discussed and as a result the region has recruited someone to speak this language to support patient care.</li> <li>• Neurology – all the cases are reviewed at the Mortality and Morbidity meetings as well as at the regional thrombectomy meeting.</li> </ul>
<p><b>Quality Committee Attendance</b></p>	<p>Presented by Lisa Salter:-</p> <ul style="list-style-type: none"> <li>• Good attendance noted for the committee members.</li> <li>• Head of Risk Tom Fitzpatrick was omitted from the report and is to be added.</li> <li>• A review of medical attendance and availability if future Quality Meeting moves to a Friday morning is required.</li> </ul>
<p><b>MECC Progress Report</b></p>	<p>Presented by Lindsey Vlasman:-</p> <ul style="list-style-type: none"> <li>• Thanks given to all staff who have completed the MECC mandatory training.</li> <li>• It was highlighted that in order to receive the MECC CQUIN, The Walton Centre required access to an alcohol prevention nurse and smoking cessation service to support this. More data is required to establish the WTE requirement that The Walton Centre need.</li> </ul>
<p><b>CQC Insight Report &amp; Action Plan</b></p>	<p>Presented by Lindsey Vlasman:-</p> <ul style="list-style-type: none"> <li>• There were concerns raised that the CQC insight report lacked correct up to date data (i.e. sickness, staff turnover, V/A). It was noted that a piece of work is underway with regards to V/A with MerseyCare.</li> <li>• The action plan has been compiled following the CQC visit and this will be monitored via Quality Committee. Some actions still need to be agreed at the meeting.</li> </ul>
<p><b>Quarterly Trust Risk Register Report</b></p>	<p>Presented by Tom Fitzpatrick:-</p> <ul style="list-style-type: none"> <li>• MIAA currently undertaking review of Risk Register and is to be completed next week. This will be presented to Quality Committee.</li> </ul>

	<ul style="list-style-type: none"> <li>• Tom Fitzpatrick explained that the Divisional Risk Registers are regularly presented to Execs to ensure these are escalated appropriately and managed accordingly.</li> <li>• It was noted that some risks need to be altered.</li> </ul>
<b>Pharmacy KPI report</b>	<p>Presented by Sian Davison on behalf of Jenny Sparrow:-</p> <ul style="list-style-type: none"> <li>• Single does units have been used instead of larger bottles to support cost improvements.</li> <li>• KPIs all green with the exception of medicine verification which was amber. This score was due to staff shortages arising from a vacancy, annual leave and sickness. Anticipated improvements would happen in September. The same shortages impacted on rehab MDT ward rounds.</li> </ul>
<b>Infection Prevention Control TOR</b>	Helen Oulton presented the updated document.
<b>Quality Surveillance Report</b>	<p>Presented by Rebekah Phillips:</p> <ul style="list-style-type: none"> <li>• Rebekah Phillips noted that the KPIs included paediatrics and chemotherapy which has resulted in The Walton Centre not having 100%. All aspects compliant by services so The Walton Centre request that as some areas had N/A for paediatrics and chemotherapy, the results should therefore be 100%.</li> </ul>
<b>Quality Visibility and Walkabout update</b>	<p>Presented by Lindsey Vlasman:-</p> <ul style="list-style-type: none"> <li>• New rotas for walkabouts to be circulated this week. These will include non-clinical walkabouts. Sarah Flynn asked if action plans were to be completed. It was highlighted that actions for improvements to be undertaken have been completed by managers very quickly.</li> <li>• Tom Fitzpatrick suggested that themes feed into the Governance Assurance Report.</li> </ul>
<b>Pharmacy Review on Critical Care</b>	<p>Presented by Emma Burraston:-</p> <ul style="list-style-type: none"> <li>• Emma Burraston is currently in discussion with Aintree University Hospital with regards to how this may be taken forwards and a business case is being progressed.</li> </ul>
<b>Sub-Committee Chairs' Reports</b>	<ul style="list-style-type: none"> <li>• Chairs' reports received from sub-committees were noted.</li> <li>• Neurosurgery – Sharon McLoughlin to present to Quality Committee for the work she has led on Dott Ward.</li> </ul>

## Chair's Report

**Prepared by Lindsey Vlasman, Deputy Director of Nursing and Governance  
on behalf of Seth Crofts, Non-Executive Director and Quality Committee Chair**

The following report summarises the discussions held on 21<sup>st</sup> November 2019 by the Quality Committee. Agenda items are listed in order of the meeting and areas of discussion that the Board may wish to consider will have additional commentary alongside.

Agenda item	Discussions at the meeting
<b>Medical Directors Update</b>	<p><b>Presented by Dr Nicolson</b></p> <p>The GIRFT visit was discussed and a summary of the report was that it was found difficult to benchmark with other units, the Walton centre case mix is very different. It was highlighted how good patient experience information was and they were very impressed with the work of the AHPs, and the MDT approach at the trust. 1 issue highlighted was that we were high on a number of infections the work the trust is doing around this was shared and discussed. They also mentioned that we could do more research, at the trust.</p> <p>1 Never Event with a central line being inserted and a guide wire left insitu which was later identified on an x-ray. Full RCA has been commenced.</p>
<b>What Quality Looks Like to me</b>	<p><b>What is Speech and Language Therapy,</b></p> <p>The service has 3 Quality statements, which mirrors the trust strategy.</p> <p>Mouth Care Matters: NHSE initiatives, staff at the trust were trained to deliver mouth care appropriately and then deliver training to other staff.</p> <p>Data was shared about mouth care and the quality of mouth care at the Walton centre, significant improvements have been made with this.</p> <p>The team want to be at the forefront of clinical excellence</p> <p>The chatterbox project was shared this is a project for patients with young children, funding was received from charity committee for an iPad and Lego to support family's with children so they can understand acquired communication difficulties.</p> <p>The team support in house training and professional development.</p> <p>Fibreoptic Endoscopic Evaluation of Swallow (FEES) – new equipment for speech and language therapy, business case completed and the trust have supported the kit to undertake this.</p>
<b>Making Every Contact Count</b>	<p><b>Presented by Suzanne Simpson:</b></p> <p>The issues with recording on EP2 were discussed and the plans to record for the CQUIN for alcohol and tobacco, which will go live on 25th November 2019.</p> <p>Training on track for MECC</p> <p>Ahead of other trusts with training</p> <p>MECC has also been added onto Health and Safety programme</p> <p>Still further work to be completed for the SLA for alcohol and tobacco.</p>

<b>Integrated Performance Report – August 2019</b>	<p><b>Presented by Lindsey Vlasman</b></p> <p>A discussion was had regarding the IPR and how this should be reported by the divisions and not corporately, and the vision would be to go for a dashboard, rather than a report, Mark Foy will be taking this to the board away day in December then will attend quality committee in December 2019.</p> <ul style="list-style-type: none"> <li>• Caring - Green</li> <li>• Effective - Green / Amber</li> <li>• Responsive - Amber</li> <li>• Well Led - Amber</li> <li>• Safe - Green</li> </ul> <p>KPIs not met for October is nursing turnover which is at 17.22% which is down from September 17.34%</p> <p>FFT remains positive</p> <p>0 SUIs</p> <p>0 Never Events</p> <p>0 Mixed Sex breeches</p> <p>0 VTE</p> <p>0 Cdif</p> <p>0 MRSA</p> <p>0 Ecoli</p> <p>0 MSSA</p> <p>Overall vacancy levels for the trust 6.37% nursing 7.52%</p> <p>Trust sickness 5.75%</p>
<b>Quarterly Trust Risk Register</b>	<p><b>Presented by Tom Fitzpatrick</b></p> <p>A discussion about the salary sacrifice risk was had and what are the plans to manage this which will need to be discussed with HR,</p> <p>The top risks were discussed and a focus on the violence and aggression risk as this is high on the BAF and much lower on the trust risk register. The exec team are currently reviewing this risk.</p> <p>A discussion regarding legionella was had this has now been put on the corporate risk register as a 10 and there is a management plan in place.</p>
<b>NICE Exception Report Q1 and Q2</b>	<p><b>Presented by Dr Nicolson</b></p> <p>An update was given from Dr Nicolson regarding the NICE Exceptions</p>
<b>Pharmacy Quarterly update report KPIs</b>	<p><b>Presented by Jenny Sparrow</b></p> <p>An update was given regarding the pharmacy quarterly KPIs, a discussion was held about TTOs, and how Aintree pharmacy work closely with The Walton Centre.</p>
<b>CARES Update</b>	<p><b>Presented by Julie Kane</b></p> <p>An update was given on the assessments and how the process has changed, to Gold Silver and Bronze and how we asses the clinical areas.</p>
<b>FFT Update</b>	<p><b>Presented by Lindsey Vlasman</b></p> <p>An update was given regarding the changes from April 2020 to FFT.</p>

<b>Inpatient Survey Results and Action Plan</b>	<b>Presented by Lindsey Vlasman</b>  An update was given re the inpatient survey and the trust is still awaiting the results for the current survey for 2019.
<b>Clinical Audit Progress Report</b>	<b>Presented by Dr Nicolson</b>  Dr Nicolson provided an update on the clinical audits, the majority of audits have been completed or within an agreed timescale. Positive report on schedule.
<b>Digital Strategy Update</b>	<b>Presented by Martin Wilson</b>  Justin Griffiths was unable to attend to present the strategy Martin Wilson gave an update to the committee (the highlights of the strategy) and Justin will attend in January 2020I to give an in-depth update.
<b>Risk Management Strategy Update</b>	<b>Presented by Tom Fitzpatrick</b>  An update was given about the risk management strategy and how this will be combined into the risk management policy.
<b>Quality Accounts</b>	<b>Presented by Julie Kane</b>  An update given on the quality accounts and this year we only need to pick 3 quality accounts rather than the number selected in previous years ideas to be sent to Julie by the 2 <sup>nd</sup> of December
<b>Quality Committee Terms of Reference</b>	<b>Presented by Jane Hindle</b>  Janes role is to review terms of reference of all committees she has already completed BPC and Audit Committee. Membership and quoracy was discussed.
<b>Terms of reference clinical effectiveness group</b>	<b>Presented by Dr Nicolson</b>  Terms of reference was discussed no changes
<b>Chairs reports and sub committee minutes</b>	<b>Updates were given for all of the sub committees</b>



The Walton Centre NHS Foundation Trust

## REPORT TO THE TRUST BOARD

Date 28<sup>th</sup> November 2019

<b>Report Title</b>	<b>Chairs Assurance Report</b>
<b>Sponsoring Director</b>	Su Rai – Non-Executive Chair
<b>Author (s)</b>	Jane Hindle, Corporate Secretary
<b>Purpose of Paper:</b>	
The Audit Committee continues to receive reports and provide assurance to the Board of Directors against its work programme via a summary report submitted to the Board after each meeting. Full minutes and enclosures are made available on request.	
The paper provides an update the Board of the meeting of the Audit Committee held on 15 <sup>th</sup> October 2019	
<b>Recommendations</b>	The Board is requested to: <ul style="list-style-type: none"> <li>Note the summary report</li> </ul>

### 1.0 Matters for the Board's attention

There were no matters requiring the Board's attention.

### 2.0 Items for the Board's information and assurance

The Committee received the following updates:

#### a) **Internal Audit Update Report and Follow Up Report**

The Committee noted that the Trust's Year End Forecasting process received substantial assurance. It was recommended that the Trust establishes clear guidance or a procedure outlining the roles and responsibilities of staff involved in the process as the Trusts reliance on a small number of staff exposes it to risk in terms of resilience.

The Committee noted that the Risk Management process had received substantial assurance and that there were no matters of significant concern raised.

There were a number of outstanding follow up actions from previous audits however progress had been seen since the last report.

#### b) **External Audit Update**

The audit of the 2018/19 financial statements was complete and the final position had been reported to the Trust's Annual Member's Meeting in September 2019. The recommendations made to management will be followed up as part of the 2019/20 audit planning. The auditors continue to work closely with the finance team regarding emerging developments to ensure the audit process for 2019-20 is smooth and effective.

#### c) **Scheme of Reservation and Delegation and Standing Financial Instructions**

The Committee noted some minor amends to the documents relating mainly to job titles and responsibilities. A number of policies reserved to the Board had also been included within the revised version. The Committee agreed to recommend the revised documents for approval by the Board.

#### d) **Losses and Special Payments**

The Committee reviewed the register of losses and special payments noting that the year to date figure for 2019/20 was £13,600 which was as a result of 5 separate payments. In 2018/19 the final total was £6243. One claim in 2019 had resulted in a payment of £10,000 as a result of an incident relating to the physical assault of a member of staff.

**e) *Bad Debt Write-Offs***

The Committee noted that the current figure for bad debt write offs was 9 items amounting to £245. October 2019 included 3 items which met the requirements for write off against the bad debt provision with no impact on the Trust's financial performance. All 3 items represented balances too small to pursue.

**f) *Tender Waivers***

The committee received a report of tender waivers made in quarter 2 of 2019. There had been 2 occasions where a waiver had been provided. One related to Liverpool Health Partnership The Trust is now looking to put this on a purchase order. The second waiver related to the Occupational Health contract with Aintree University Hospital. The Committee had requested a comparison of waiver limits against similar size trusts.

**g) *Overseas Patients***

The Committee received the revised Overseas Patients Policy for comment. The key changes reflect amendments to the Charging Regulations in 2017 and previous Internal Audit recommendations and are reflected in the financial procedures within section 7 of the policy.

**h) *Board Assurance Framework***

The Committee reviewed the Board Assurance Framework and the position of the strategic risks. The Committee noted the inclusion of a new risk relating to Cyber Security.

**i) *Review of Committee Terms of Reference***

The Committee considered revised terms of reference which contained a number of minor changes most notably the inclusion of the Director of Nursing and Governance as a key attendee of the Committee and revised wording around the committee's role in relation to Whistleblowing and raising concerns.

**j) *Committee Cycle of Business 2020-21***

The Committee approved a revised cycle of business for 2020-21. Key changes included removal of the review of the Register of the Trust Seal – this is a matter reserved to the Board.

### **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 2019/20
- External Audit Plan & Fees for 2020-21
- Tender Waivers
- Counter Fraud Progress Report

Self-Evaluation: Name .....

Please mark one of the boxes below that most accurately reflects your personal evaluation:

- I feel I need further training and/or support to fulfil my role and statutory responsibilities as Governor at the Walton Centre NHS Foundation Trust. I have indicated below the areas that require priority attention. I also acknowledge that on-going development is important and have indicated areas below where I would wish to obtain further knowledge or skill over the next year.
- I feel the training and support currently available to me, relevant to my role as a Governor at the Walton Centre NHS Foundation Trust, is adequate and enables me to fulfil my role and statutory responsibilities. I acknowledge that on-going development is important and have indicated areas below where I would wish to obtain further knowledge or skill over the next year.

Priority: Required Training and/or Support	How could the Trust best provide this training? e.g. face to face, e-learning, wider networking. Full day, half day, early/late events.
Longer Term: Areas for Further Development	

Do you have any specialist skills and/or knowledge you would like to tell us about? .....

**THANK YOU** for taking the time to complete this evaluation. The findings will be presented at the Council of Governors' meeting in [date ].





The Walton Centre NHS Foundation Trust

**REPORT TO THE COUNCIL OF GOVERNORS**  
Date 13<sup>th</sup> January 2020

<b>Title</b>	<b>Council of Governors Membership Committee Terms of Reference</b>
<b>Sponsoring Director</b>	Janet Rosser Chair
<b>Author (s)</b>	Name: Jane Hindle Title: Corporate Secretary
<b>Previously considered by:</b>	<ul style="list-style-type: none"> <li>Council of Governors Steering Group</li> </ul>
<b>Executive Summary</b>	
<p>The formation of a Council of Governors Membership Committee is proposed in order to enable governors to fulfil their statutory obligation to represent the interests of members and the public by developing and reviewing the processes and activities for the recruitment and engagement of new and existing member of the Trust.</p> <p>Membership of the committee will comprise of 6 governors. The Council of Governors is requested to:</p> <ol style="list-style-type: none"> <li>approve the membership of the committee</li> <li>approve the terms of reference</li> </ol>	
<b>Related Trust Ambitions</b>	<p>Delete as appropriate:</p> <ul style="list-style-type: none"> <li>Best practice care</li> <li>More services closer to patients' homes</li> <li>Be financially strong</li> <li>Research, education and innovation</li> <li>Advanced technology and treatments</li> <li>Be recognised as excellent in all we do</li> </ul>
<b>Risks associated with this paper</b>	Not applicable
<b>Related Assurance Framework entries</b>	No applicable
<b>Equality Impact Assessment completed</b>	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>
<b>Any associated legal implications / regulatory requirements?</b>	
<b>Action required by the COG</b>	<p>The Council of Governors are requested to:</p> <ol style="list-style-type: none"> <li>approve the membership of the committees</li> <li>approve the revised terms of reference</li> </ol>

# Terms of Reference

## Council of Governors – Membership Committee

### 1.0 AUTHORITY

The Membership Committee is authorised by the Council of Governors (CoG) and will be Governor-Led

### 2.0 PURPOSE

The Membership Committee has responsibility for developing and reviewing processes and activities for the recruitment and engagement of new and existing members of The Walton Centre NHS Foundation Trust in line with the Membership Strategy

### 3.0 DUTIES

- 3.1 Contribute to the development of the Membership Strategy and ensure that it seeks a membership which is representative of the patients and public served by the Trust.
- 3.2 Oversee the delivery of the implementation plan to support the Membership Strategy, including advising partners and stakeholders as appropriate on communication and engagement activities.
- 3.3 Establish a developmental approach which encourages each Governor to engage with the Membership as best suits his/her skills and time available.
- 3.4 Advise on and support focused recruitment and engagement of FT members.
- 3.5 All members will contribute to and support the development and implementation of the membership strategy and support the wider Council of Governors and other partner agencies to participate in all related activities.
- 3.6 To contribute to the organisation and promotion of the Annual Members' Meeting.
- 3.7 The Committee will review its own performance and terms of reference once a year to ensure it is operating effectively. It will use the performance indicators outlined in the membership strategy to measure its effectiveness.

### 4.0 EQUALITY AND DIVERSITY

- 4.1 The Group will have regard for the NHS Constitution and ensure that it complies with relevant legislation and best practice in the conduct of its duties.

### 5.0 MEMBERSHIP

- 5.1 The Committee will be comprised of six Governors.
- 5.2 The Chair of the Committee will be elected on an annual basis.
- 5.3 All Governors will be welcome to attend meetings of the Committee although voting rights will be restricted to the six formal Governor members

### 6.0 QUORUM

- 6.1 A quorum shall be three members of the Committee and any decisions reached at an inquorate meeting referred to the next quorate meeting for approval

### 7.0 REPORTING

- 7.1 The Chair of the Committee will report on the proceedings of each meeting to the next meeting of the Council of Governors via an Assurance Report.

7.2 The Lead Governor of the Council of Governors will attend the Annual Members' Meeting to report on the activities of the Committee in the previous 12 months.

## **8.0 ADMINISTRATION OF MEETINGS**

8.1 The Committee will meet at least quarterly and the duration of each meeting shall be approximately 1.5 hours.

8.2 The Corporate Secretary will make arrangements to ensure that the Committee is supported administratively. Duties in this respect will include preparation of agendas and taking minutes of the meeting.

8.3 Agendas and papers will be circulated at least 4 working days (or 3 working days plus a weekend) in advance of the meeting.

8.4 Minutes will be circulated to Committee members as soon as is reasonably practicable.

## **9.0 REVIEW**

9.1 The Terms of Reference shall be reviewed every 12 months and submitted to the Council of Governors for approval following a review by the Committee of its performance against the terms of reference.