Council of Governors

Thursday 17 September 2020

Agenda and Papers

Excellence in Neuroscience

MEETING OF COUNCIL OF GOVERNORS
AGENDA
Thursday 17th September 2020

13:30 to 14:20
Virtual Meeting Via MS Teams

Ref	Time	Item	Owner	Purpose *	Questions or comments
STANDING ITEMS					
1	13:30	Welcome and Apologies	J Rosser Chair	N/A (v)	
2	13:30	Minutes of the meeting held in June 2020	J Rosser Chair	Approve (d)	
3	13:30	Action Arising Action Log	J Rosser Chair	Information (d)	
4	13:30	Declarations of Interests	J Rosser Chair	N/A (v)	
REPRESENTING MEMBERS INTERESTS					
5	13:35	Questions on notice received from the public and governors	J Rosser Chair	Information (d)	
6	13:40	Lead Governors report	B Strong Lead Governor	Information (v)	
7	13:45	Chairs Report	J Rosser Chair	Information (v)	
STRATEGY AND PERFORMANCE					
8	13:50	Chief Executive's Performance Report	H Citrine Chief Exec	Assurance (d)	
9	14:00	National Inpatient Survey	L Vlasman Deputy Dir Nurs & Gov	Assurance (d)	
GOVERNANCE					
11	14:15	BPC Chair's Reports	S Samuels NED	Assurance (d)	
12		Quality Committee Chair's Report	S Crofts NED	Assurance (d)	
13		Audit Committee Chair's Report	S Rai NED	Assurance (d)	
14		RD&I Committee Chair's Report	S Crofts NED	Assurance (d)	
CLOSE OF MEETING					
16	14:20	Any other business and Close of meeting	J Rosser Chair	N/A	

The Annual Report and Accounts, Quality Account and Auditor's Report will be presented at the Annual Members Meeting following this meeting.

Please use this form to record your decision in support of the recommendations or proposals within the agenda item and ask any questions you may have and return to Jane.hindle@thewaltoncentre.nhs.uk by mid-day Wednesday 16th September.

* v = verbal, d = document p = presentation

The Walton Centre NHS Foundation Trust

UNCONFIRMED

Minutes of the Council of Governors Meeting
Tuesday 2 June 2020
Virtual meeting held on MS Teams

Present
Janet   Rosser (Chair)

Governors

Barbara	Strong (Lead Governor)	Alison	Astles
Ruth	Austen-Vincent	Doreen	Brown
Nicola	Brown	Colin	Cheesman
Amanda	Chesterton	Rich	Cottier
Jonathan	Desmond	William	Givens
Stella	Howard	Melissa	Hubbard
John	Kitchen	Nanette	Mellor
Ella	Pereira	Chris	Sutton
Jan	Vaughan	Stan	Winstanley

In Attendance

Seth	Crofts	Non-Executive Director
Su	Rai	Non-Executive Director
Sheila	Samuels	Non-Executive Director
Nalin	Thakkar	Non-Executive Director
Hayley	Citrine	Chief Executive
Mike	Burns	Director of Finance and IT
Mike	Gibney	Director of Workforce and Innovation
Jan	Ross	Director of Operations and Strategy
Jane	Hindle	Corporate Secretary
Jane	Mullin	Deputy Director of Workforce
Carol	Miller	Membership Manager/Corporate Governance Assistant (Minutes)

Apologies
Governors

Rhys	Davies	Natalie	Dill
Cameron	Hill	Linda	Griffiths
Adrian	Wells		

Barbara	Spicer	Non-Executive Director
Andy	Nicolson	Medical Director
Lisa	Salter	Director of Nursing and Governance

COG 01 20/21	**Apologies**
	Apologies were received and noted as above.
COG 02 20/21	**Welcome and Declaration of Interests:**
	The Chair welcomed all those at the meeting and explained how the meeting would be conducted. Questions received prior to the meeting would be answered during the agenda item but within the context of the fast moving environment answers were only current at the time they were given.

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	Declaration of Interests Barbara Strong and Jonathan Desmond declared an interest in agenda item 15, Governor Elections.
COG 03 20/21	**Minutes of the meeting held on 13th January 2020 :** **Action Tracker and Matters Arising** The minutes of the previous meeting were agreed as a true and accurate record. Matters arising: The following item was updated: • COG 21/19 The following items were complete and removed from the Action Tracker: • COG 41/19 • COG 44/19b • COG 45/19 • COG 46/19 • COG 48/19 • COG 49/19 The following items had been deferred to a future meeting due to operational changes and pressures during the COVID pandemic: • COG 49/19a • COG 42/19b • COG 42/19c • COG 44/19a **Minutes of the Council of Governors meeting 31st March 2020 :** Ms Hindle reported that the virtual meeting held in March had been quorate and had considered 2 items. To reappoint the Chair and to appoint Ms Samuels as Deputy Chair. The Council of Governors agreed unanimously to both appointments. **The Council of Governors**: • **Agreed to reappoint the chair for a further 3 years and to appoint Ms Samuels as Deputy Chair.**
COG 04 20/21	**Questions on notice received from the public and governors** Ms Hindle explained that this document was shared for information and would be included as a standing item on the agenda. Governors should forward any questions they receive from members of the public to Ms Hindle and they would be logged and answered as appropriate.
COG 05 20/21	**Lead Governors Report** Ms Strong gave an overview of the main events and activities she had undertaken in Q1 20/21. The Governors had requested the formation of a Forward Planning Group. Ms Strong had met with Ms Rosser and they had agreed, that as the NHS England Annual Operational Plan was prescriptive, this negated Governor Involvement. However, Governors would be able to contribute to the subsequent strategic planning process and service provision development. Governor suggestions had been incorporated in the development of the new format for the Performance Report.

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	Governors were to be encouraged to use Virtual Boardroom (VB) for their meeting papers. A User Guide and possible on-line training to be provided. A question had been raised regarding the Trusts use of the NICE Guidance Clinical Frailty Scale. Staff Governor Ms Chesterton informed the governors that the guidance had been published but had since been withdrawn. The Trust had used it for Neurosurgical patients but that it had not influenced patient clinical treatment. The results of a governor questionnaire on Trust engagement and Governor role within the COVID Pandemic were presented. The governors had appreciated the weekly updates but requested that additional data be included: • Mortality/Morbidity, • Infection rates, • Testing, • Trust service provision and • Finance. Confirmation and assurance was received that all questions which had been raised by Governors in advance of the meeting had been answered and any additional questions could be submitted after the meeting. **ACTION**: **Virtual Boardroom Guidance and training to be provided for Governors/September 2020.**
COG 06 20/21	**Chairs Report** Ms Rosser updated the Governors on the enormous amount of work which had been undertaken within the Trust. She had been attending weekly updates with the Non Executive Directors. This had been very helpful and she put forward a suggestion that similar fortnightly briefings could be organised between herself and Governors. The NEDs offered assurance to governors on the usefulness the updates had been in elevating the difficulties in remote working and in ensuring support for the Executives. The Annual Report had not been presented to Governors at the meeting, as per the Council of Governors Work Plan, as the date for submission to Parliament had been deferred until June 2020. COVID 19 had impacted financial planning. The Trust Board had agreed a forward plan. **ACTION: Governors to confirm their availability for attendance at Chair's update meetings./J Hindle July 2020**
COG 07 20/21	**Extension of Term for Mr Crofts – Senior Independent Director** Ms Pereira requested that the COG approve a recommendation from the Governor Nominations Committee for an extension of NED Seth Croft term of office from 1st November 2020 to 31st October 2021. Board stability was crucial within the current external environment due to the COVID pandemic.

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	Ms Hubbard was able to offer insight into the difficulties of holding a virtual recruitment process. **The Council of Governors:** - **approved the extension of Mr Crofts Term of Office until 31st October 2021 noted the scope of the role of the Senior Independent Director.**
COG 08 20/21	**Chief Executives End of Year Performance Report 19/20** Ms Citrine introduced the new style Performance report to the Governors and an update of the performance of the Trust within Quarter 1 20/21. It had been a strong year; particularly during a period of uncertainty surrounding Junior Doctors contracts and pension tax implications which had impacted on the provision of additional clinics. The Walton Centre had taken part in a National Trial on how Referral to Treatment Targets (RTT) were measured and managed. Ms Citrine explained the strategic processes being undertaken in the Trust to deal with COVID 29. A Regional Command and Control structure had been put in place across Cheshire and Merseyside which was responsible for all strategic decisions. There were two approaches, In hospital and out of hospital, known as cells. When practical, outpatient appointments had taken place via Attend Anywhere, with patients attending the Trust individually should that not be practical, e.g. an examination was required. There had been a reduction in trauma cases involving traffic and head injuries, these were expected to increase as the lockdown eased. The Trust was continuing to treat emergency patients. The impact of COVID had begun to have a dramatic impact on the increase in waiting times as elective and outpatients clinics had been suspended. The Trust continued to meet cancer patient waiting times but it was expected that there would be 52 week breaches going forward. As diagnostic waiting times had increased there was impact monitoring of patient risk to ensure no patients came to harm. Regional Command and Control was expected to continue to the end of the year. This would ensure equity of approach across the region. The reduction in Patient Activity was unlikely to return to pre-COVID activity levels. The Cheshire and Merseyside recovery plan included an emphasis on clinical need as opposed to waiting time measurement and outlined what activity each Trust could undertake based on independent work carried out by PA Consulting. Confirmation and assurance was received that all questions which had been raised by Governors in advance of the meeting had been answered and any additional questions could be submitted after the meeting. **The Council of Governors:** Noted the report.
COG 09 20/21	**COVID_19 Update and Recovery Plan** Ms Ross updated the Governors on the Cheshire and Merseyside recovery plan. The plan was based upon: - Elective work being paused if there was a 2nd wave of the pandemic, - Maximising capacity and ensuring equitable care across the region,

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- New ways of working being utilised,
- Maximum 80% bed occupancy,
- Stroke patients from Aintree continuing to be seen by the Trust until August 2020,
- Activity in line with PA Consultancy work,
- Treatment based upon clinical need not waiting times.

The Trust had been able to manage supply of PPE and held a 7 day stock. The national shortage of 8833 masks had not impacted on the Trust as FIT testing had included more than 1 make which had ensured the Trust had multiple suppliers.

Ms Rosser assured the governors that publicity reporting that Trusts had refused referrals from GPs had not occurred in the Trust and Ms Ross was able to confirm that the Trust had continued to accept referrals. Patients would also remain on the waiting list and would not be subject to the process of removal after refusing 2 appointment dates. This would impact on waiting lists numbers.

The governors requested assurance on validation of GP referrals, the increased use of digital consultations and patient support.

Ms Ross was able to offer assurance that all referrals were validated and if those patients were not a clinical priority alternative treatments and alternative methods of consultation were explored. Patients placed on waiting lists would continue to be regularly monitored to ensure that their clinical risk had not changed. There had been a necessity to quickly progress digital plans and this would become to default unless there was a clinical need for face to face consultations. The Trust acknowledged that it was important to ensure that vulnerable patient groups were not marginalised and that support was put in place for patients to ensure confidence in the new system. The Trust was in a position to ensure continued communication and engagement with elective care patients on the waiting list, whose treatment had been suspended during the pandemic.

Confirmation and assurance was received that all questions which had been raised by Governors in advance of the meeting had been answered and any additional questions could be submitted after the meeting.

The Council of Governors: Noted the report

COG 10 20/21	**Staff Survey Results**

Staff Survey Results
Mr Gibney and Ms Mullin updated the Governors on the results of the staff survey and a survey which had been carried to assess the level of support staff had received during the pandemic and whilst working from home. The results would be used in staff focus groups to develop appropriate policies and procedures.

The staff survey highlighted that the Trust was better or the same as the national average for 7 out of 11 areas. An area for improvement was incidents of violence. These were categorised and incidents taken through the Daily Staff Safety Huddle. If the patient behaviour was extreme measures were put in place to resolve and ensure staff safety.

Ms Mullin provided an update on the Staff Health and Wellbeing initiatives and charity work which had taken place:

- Local and national initiative,
- Continued to provide counselling support,
- Additional mental health support, helpline and offers for staff from VIVUP,

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- Guiding and signposting,
- Free car parking,
- Samaritan helpline,
- Broadband and data enhancements and
- On line shipping priority.

These initiatives would continue whilst in the recovery phase, over the next 6 to 12 months, when it was anticipated the need would be greatest. The Trust were ensuring that all support offered was appropriate and proportionate.

Mr Gibney informed the governors that a survey had taken place for Clinical and Non-clinical staff to assess the level of support and connection with the Trust whilst Home Working. The survey results would inform work going forward and would build on the work which had already been put in place. The response rate had been good with 502 staff responding. A combined staff survey and questionnaire action plan would be put in place following focus groups and consultation with Staff Side, Local Negotiating Committee and Staff Partnership Committee.

Mr Gibney informed the governors of the work being undertaken to ensure the Trust conformed to Government COVID 19 policy and guidelines for returning to work and patient appointments.

There were 3 main areas of work which needed to be put in place based upon the needs of the business:

- Agile working Policy and framework,
- Safe working environment for staff,
- Safe attendance for patients and
- Support and training for home working.

This was challenging to ensure staff were on site when needed and maximising the reduced space for staff and patients.

The Governors asked for clarification on staff who were shielding being asked back to work.

Ms Mullin assured the governors that all staff who had received a shielding advisory letter were either, shielding, working from home or had been moved into alternative areas of work. This was based on individual need, discussions with the Line Manager and a risk assessment. However any decisions had to be within the Government Guidance.

Confirmation and assurance was received that all questions which had been raised by Governors in advance of the meeting had been answered and any additional questions could be submitted after the meeting.

The Council of Governors: Noted the report

COG 11 20/21	**Chairs reports** The Chair explained that presenting the Chairs reports for Committees chaired by Non-Executive Directors would give governors a mechanism to fulfill their statutory duty of Holding the NEDs to Account. The following Chairs Reports were presented: • Business Performance Committee • Quality Committee

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	• Audit Committee • Research Development and Innovation Committee Ms Samuels, Mr Crofts and Ms Rai were able to give assurance to the Governors on the high level of assurance which they had received from Executives and staff and the processes which had been put in place during the pandemic.	
COG 12 20/21	**Register of Interests – Governors** Ms Hindle presented the Governors Public Register of Interest for information. Governors were requested to send any discrepancies or omissions to Ms Hindle. **ACTION**: Governors to contact Ms Hindle with any discrepancies or omissions from the register of interest.	
COG 13 20/21	**Governor Effectiveness Review** Ms Hindle presented the results of the Governor effectiveness review which had been undertaken. 63% of governors had responded. The Governors were asked to agree the additional actions recommended within the report. Confirmation and assurance was received that all questions which had been raised by Governors in advance of the meeting had been answered and any additional questions could be submitted after the meeting. **The Council of Governors**: Noted the report and agreed the recommendations **ACTION**: e-learning package to be devised. Governor Handbook to be added to VB. Governor engagement to be included in Membership Group work plan	
COG 14 20/21	**Governor Elections** Ms Strong and Mr Desmond left the meeting. Ms Rosser gave the context for the recommendations within the report. Although there were no guidelines from Regulators, the consensus was that Regulators would consider the composition of the existing Council of Governors robust due to the numbers of Governors and the spread of constituency representation. Confirmation and assurance was received that all questions which had been raised by Governors in advance of the meeting had been answered and any additional questions could be submitted after the meeting. **ACTION**: the Council of Governors supported the recommendations. 2020 Elections to be deferred to 2021	
COG 15 20/21	**Any Other Business** None	

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COG 16 20/21	**Review of Meeting**
	The Chair thanked the Governors for their participation and attendance and asked for feedback from Governors on their experiences and suggestions for future meetings.
COG 17 20/21	**Date, time and venue of next meeting**
	The next meeting of the Council of Governors Meeting will be held on 17th September 2020 via MS Teams

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Council of Governors
Matters arising Action Log:

	Complete & for removal
	In progress
	Overdue

Date of Meeting	Item Ref	Agenda item & action	Lead	Update	Deadline	Status
18/06/19	COG 21/19	**Equality, Diversity and Inclusion Briefing -** Dates of engagement events to CM for requests for Governor to attend	A Lynch / C Miller	19/09/19 – Training has been delivered to governors by A Lynch 12th April 2019. 02/06/20 Lisa Salter to chase This item will be closed and taken forward by the COG Membership and Engagement Group.	December 2019	
02/06/20	COG 05 20/21	**Lead Governors Report** Virtual Boardroom Guidance and Training	J Hindle	Governors were invited to MIAA training in July 2020. 4 Governors attended. Governors IT questionnaire sent out and main issues identified as differences between the use of the App and Web based platforms. The MS Teams Guidance document will be updated and redistributed to Governors.	~~Sept 2020~~ October 2020	
02/06/20	COG 06 20/21	**Chairs Report** Governor fortnightly Chairs update	J Rosser C Miller	Governors to email with preference If appropriate meeting to be set up. 5 meetings had taken place and additional meetings have been set up for the remainder of 2020 including morning and afternoon meetings.	July 2020	
02/06/20	COG 12 20/21	**Register of Interests** Governors to notify discrepancies' and omissions	Governors J Hindle	No updates provided.		
02/06/20	COG 13a	**Governor Effectiveness Review**	J Hindle	In progress	October	

	20/21	e-learning package to be devised			2020	
02/06/20	COG 13b 20/21	**Governor Effectiveness Review** Governor Handbook to be added to VB Documents	J Hindle	Document is being revised and will to be added to the VB Library section and sent to all governors.	October 2020	
02/06/20	COG 13c 20/21	**Governor Effectiveness Review** Governor engagement to be added to membership Group Work Plan	J Hindle	Actioned		
02/06/20	COG 14 20/21	**Governor Elections** 2020 elections to be deferred to 2021	J Hindle	Actioned		

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

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

Questions from Governors and Members of the Public

Ref	Questioner	Date	Method	Topic	Question	Lead	Answer	Date of Response	Method of Response
1	Public Governor - North Wales	28/02/2020	email	Coronavirus	Briefing for Governors on COVID19 and WCFT preparedness	L Salter	Information added to Internet site with links to information. Email sent to Governors to make them aware. Board papers for March, April and May available	03/03/2020	email to all governors
2	Public Governor - North Wales	28/02/2020	email	NHS Priorities	NHS priorities and how they effect WCFT.	H Citrine	A regular item will be included on the CoG agenda. Item on agenda 31/03/20	31/03/2020	Presentation
3	Public Governor - North Wales	28/02/2020	email	Governor Travel and Expenses	Breakdown of how much the governing body costs to run including travelling and parking expenses. Governor Travel and Subsistence claims.	J Hindle	A verbal update to be provided at the May meeting	02/06/2020	
4	Public Governor - North Wales	28/02/2020	email	Car Parking	Are there any plans to increase car parking charges. Is there any evidence that Patients are missing appointments and are there any complaints or concerns raised regarding car parking.	J Ross L Gurrell	When Aintree implemented the ANPR system at the latter part of last year they had no view at that time to increase the parking charges and subsequently they have remained static.	27/05/2020	At COG
5	Public Governor - North Wales	28/02/2020	email	Meeting venue	Alternative venues with parking for quarterly COG.	Comms/ Procurement	Given the situation regarding COVID-19 and social distancing this may not be an issue as alternative methods of meeting are explored		
6	Public Governor - North Wales	28/02/2020	email	Size of COG	Are there too many governors?	J Hindle	The number of governors is set out in the Trust's Constitution which was last reviewed and revised in 2018. The Trust does appear to be an outlier when compared to other Trusts and therefore this will be factored into the review in 2020/21.	27/05/2020	email to governors and Chair and Governors Catch up meeting
7	Staff Member	03/03/2020	Hayley's	Finance	I know all trusts are quite short on money at the moment, but I was wondering what the process is for us if we have an idea that requires investment but could save money in the long run?	H Citrine	It is true that the money is tight in the health service at the moment. This doesn't mean that we've stopped investing in new projects though, we just have to do everything we can to ensure that we are spending money wisely. If for instance you had an idea for a great project which could save money and improve patient care in time, but needs some initial investment, we'd need to see a clear plan for how the work would deliver savings in subsequent years before proceeding.	03/03/2020	Hayley's Huddle and Team Brief
8	Staff Member	03/03/2020	Hayley's Huddle	Strategy	Are we going to be doing our usual annual Strategy refresh soon? I think it's really valuable for us to see how all the different workstream are progressing	H Citrine	The Exec team is currently working on pulling this information together and I've been delighted to see how much progress we've made this year so far! Our plan is to share this with our staff in a few months' time.	03/03/2020	Hayley's Huddle and Team Brief
9	Governor - Staff Clinical	01/06/2020	Email	COVID Recovery Plan	How long will stroke unit be staying on Sherrington?	Jan Ross	Verbal update given at the Council of Governors	02/06/2020	
10	Governor - Merseyside	01/06/2020	Email	COVID Recovery Plan	What does the term "Hospital Cell" mean?	Jan Ross	Verbal update given at the Council of Governors	02/06/2020	
11	Governor - Merseyside	01/06/2020	Email	COVID Recovery Plan	What is the start date for the Recovery Plan - or has it already started?	Jan Ross	Verbal update given at the Council of Governors	02/06/2020	
12	Governor - Merseyside	01/06/2020	Email	COVID Recovery Plan	Secondly , it is a mainly positive that the second wave plans report only raises a couple of concerns (anaesthetic drug and a problem relating to reliability of push stock of PPE)	Jan Ross	Verbal update given at the Council of Governors	02/06/2020	

Ref	Questioner	Date	Method	Topic	Question	Lead	Answer	Date of Response	Method of Response
13	Governor - Merseyside	01/06/2020	Email	COVID Recovery Plan	What assurances are the trust getting that these issues will be mitigated/resolved ?	Jan Ross	Verbal update given at the Council of Governors	02/06/2020	
14	Governor - Merseyside	01/06/2020	Email	Staff Survey Results	I would be interested to understand what process is in place when the Trust Categorizes incidents	Mike Gibney	Verbal update given at the Council of Governors	02/06/2020	
15	Governor - Merseyside	01/06/2020	Email	Governor Elections	Given that we could be in breach of the constitution [by deferring election to 2021] would there be potential sanctions from the regulator?	Jane Hindle	Verbal update given at the Council of Governors	02/06/2020	
16	Governor - Partnership Brain Charity	01/06/2020	Email	Charitable Funds	Of the money that has been donated to the Trust to help with the crisis, how much of this is ring-fenced for staff? Was any of this money used to support patients?	Mike Gibney	The money donated for the emergency appeal which was set up by the Charity (approximately £16,000) was set up with the objective to support staff through the covid crisis, in line with the objectives for NHS Charities Together (national appeal). There is also a note to this on the charity website to say that any funds left over after supporting staff and helping them care for patients during this period will be used to support charitable projects in the hospital which have been impacted by the drop in fundraising income during this time. We have used some of this money to support patients, directly impacted by the visiting restrictions, by helping the dieticians to provide a daily snack trolley. Most of this has however been able to be achieved through gifts-in-kind product donations (protein bars, fruit, milk for milkshakes). Money has also been spent to provide shade for the courtyard over in CRU, which will enable staff to take our long-term patients out on a nice day, whilst providing safe/shaded spaces… so benefits both staff and patients. But the majority of the money is spent or has been allocated to be spent on staff health and wellbeing.

The grants received directly from NHS Charities Together (approx. £45,000 to date), is from the stage 1 of the grant process with a main objective of emergency support for staff health and wellbeing, volunteer support where appropriate. This has all been spent or allocated to be spent on staff health & wellbeing and support initiatives. There has also been funds allocated to support our shielding volunteers (wellbeing pack). | 24.06.2020 | email to governors and Chair and Governors Catch up meeting |
| 17 | Governor - Partnership Brain Charity | 01/06/2020 | Email | Patient Experience | The Brain Charity normally receives approx. 170 referrals a month from staff at The Walton Centre. Since the outbreak we have received a total of approx. 5 referrals. We are aware that strokes, brain haemorrhages etc. are still happening and worried that these patients are not being supported holistically during our absence.

How are the patients at Walton currently being supported with social care issues such as money problems and emotional support? | Jan Ross | We have seen a significant drop in our Non – elective activity since the covid19 outbreak.

We have also had a bed occupancy level of 40% therefore a significant drop in patients that we are treating.

All patients are managed in a holistic way and any support required is offered and relevant referrals made- due to the large investment in adult social care there does appear to be a lot more available support in the community.

The trust has also incurred £174k of capital expenditure during April and May 2020 which includes building work in the trust intensive care unit, medical equipment and costs in relation to IM&T hardware and software for setting up staff to work remotely off site. | 16/06/2020 | email to governors and Chair and Governors Catch up meeting |
| 18 | Governor - Partnership Brain Charity | 01/06/2020 | Email | Patient Experience | Is there a way The Brain Charity could work virtually with patients on the wards if we were able to provide the equipment? | Lisa Salter | Patients have the use of iPad on the wards so can access the Brain charity if they want. We do have leaflets about the wards with info about the Charity available. There is no shortage of iPad for accessing this. | 17/06/2020 | email to governors and Chair and Governors Catch up meeting |
| 19 | Governor - Cheshire | 01/06/2020 | Email | Staff Survey Results | [How the Trust] accounted for our relativity poor (in relation to our comparators) staff participation rate (48% - and 58% comparators). It did not seem to be consistent with the other results. | Mike Gibney | | | |

Ref	Questioner	Date	Method	Topic	Question	Lead	Answer	Date of Response	Method of Response
20	Governor - Cheshire	01/06/2020	Email	Operational process	[..] in the wake of the Coronavirus to use digital technology as an integral part of service delivery and that service user engagement was seen as part of the development process.	Jan Ross	Digital technology has played a very big part in the Trusts ability to manage the COVID19 pandemic. The Executive team are currently re –prioritising the digital programme to ensure a robust and sustainable plan will further support the Trust.	16/06/2020	email to governors and Chair and Governors Catch up meeting
21	Governor - North Wales	01/06/2020	Email	Operational process	The introduction of I pads and virtual medical assessment with cost implications.	Jan Ross	The Trust are already doing virtual consultations but PCs have been set up with the functionality as they are more reliable The trust has invested in a considerable number of iPad – mainly for patients to stay in contact with their loved ones as visiting was suspended. The Trust was support with COVID19 costs early on in the process however access to COVID19 funds is now managed at a Cheshire and Mersey – hospital cell level.	16/06/2020	email to governors and Chair and Governors Catch up meeting
22	Governor - North Wales	01/06/2020	Email	Finance	A breakdown of costs implications due to the virus.	Mike Burns	As of the end of May 2020, the trust has incurred £650k of expenditure in relation to the COVID-19 pandemic. The majority of spend has been in relation to staff pay costs (£353k) including overtime, on-call payments and nurse bank to cover shifts across the organisation. The trust has also purchased £210k worth of Personal Protective Equipment (PPE) for staff and patient safety during the pandemic. Other spend includes providing free car parking for staff and increasing the number of staff uniforms for staff. A full breakdown can be seen below.	22/06/2020	email to governors and Chair and Governors Catch up meeting
23	Headway Wales via Governor - North Wales	23/06/2020	Email	Engagement	We have 12 branches and 1 group in Wales that, between them, cover the whole of the country providing community based support to over 1600 brain injury survivors. Our regular contact with the network via frequent information mailings and through attendance at meetings and events has been negatively impacted by the COVID-19 travel and social distancing regulations introduced by the Welsh Government. In order to restore some semblance of 'physical' contact we are looking at creating a programme of on line Webinar sessions on topics of interest and relevance to our brain injury community. To that end I wondered if you, at the Walton would be interested in delivering a session regarding the services available at some future date?				
24	The Brain Charity/Governor - Partnership	23/06/2020	email	Engagement	[..] when our staff might be able to come back to the building?	Lisa Salter	Telephone conversation to update Governor	23/06/2020	
25	Governor - Merseyside	23/06/2020	email	Operational process	Elaborate on the problems with the Pain Team.				
26	Governor - North Wales	23/06/2020	email	Patient Data	Number and percentage of Welsh Patients seen at the Trust.			24/06/2020	email to governors and Chair and Governors Catch up meeting

Answer for Ref 22 (breakdown table):

May 20 - Month 2	Actual £'000
Pay costsm(incl. additional shifts, on-call, etc)	£353,000
PPE	£ 210,000
Decontamination	£17,000
Remote Working	£2,000
ITU	£7,000
Car Parking	£40,000
Staff Uniforms	£15,000
Other	£6,000
Total	£650,000

Answer for Ref 26 (table):

Attendance Type	%of Welsh Activity 019/20
All	15.24%
Inpatients	10.42%
Outpatients	16.17%
Telephone Clinics	11.67%

Ref	Questioner	Date	Method	Topic	Question	Lead	Answer	Date of Response	Method of Response
27	Governor - Rest of England	20/07/2020	email	COVID Recovery Plan	Does the trust have any specific plans in place if there are cases of COVID-19 related neurological complications, as several recent studies have found ?	Jan Ross	We are aware of the risk of neurological manifestations of covid and two of our Consultants are leading a UK wide study into this (Dr Michael and Prof Solomon). Dr Michael is providing a lecture today to all the neurologists on this issue so all are updated and educated. Our neurologists continue to provide an outreach service to all hospitals in the region and our on-call service is 24/7 – we can advise of any cases of covid with neurological complications. If there is a need to transfer any patient with neurological condition (covid or non-covid related) here then we will continue to do so.	22/07/2020	Chair and Governors Catch up meeting
28	Governor - Merseyside	21/07/2020	email	Operational process	Any info on Covid case numbers both for staff and patients by week?	Jan Ross	We have had a total of 54 covid positive patients we currently have 3 inpatients. We currently have 3.9% staff off sick 0.48% covid or covid related and 3.07% on special leave.	21/07/2020	Chair and Governors Catch up meeting
29	Governor - Merseyside	21/07/2020	email	Operational process	Update please on supply and back up stocks of PPE for staff?	Jan Ross	We have no current PPE issues to report.	21/07/2020	Chair and Governors Catch up meeting
30	Governor - Merseyside	21/07/2020	email	Policy	Policy now on wearing of face masks for all staff, patients, and visitors to centre?	Jan Ross	All staff and anyone entering the Walton centre must now wear a surgical mask, inline with national guidance.	21/07/2020	Chair and Governors Catch up meeting
31	Governor - Merseyside	27/07/2020	email	Operational process	What restriction and checks are in place for anybody visiting the hospital.	Jan Ross			
32	Governor - Merseyside	27/07/2020	email	Operational process	Could you give me any indication of the monthly costs if any for agency staff.	Janet Rosser	Data on Nursing and Agency staffing is included in the Performance Report issued to Governors and in the Trust Board Public Board papers which are available for all Governors and Members of the Public to access	02/09/2020	Email sent to Governor
33	Governor - Neurological Alliance	05/08/2020	Verbal	Operational process	Does the Trust have any links or is the Trust considering links with 3rd parties or charities who could offer IT support to patients to attend virtual appointments/consultations (e.g. providing IT equipment / shadowing or attending appointments with patients) Would any such arrangement breach data protection or are there any other barriers to signposting patients to 3rd party assistance.	Lisa Salter	The Trust is exploring links with the Brain Charity with regards to providing a virtual information service and support for our inpatients, via ipads providing information and to for video call. A MS teams meeting is set for the end of August to discuss how the charity can support the Trust taking this forward for our inpatients and we could explore what support they could provide for outpatients. Patients would need to provide consent in order for the 3rd party to be involved to ensure that data protection is not breached.	18/08/2020	Chair and Governors Catch up meeting

Introduction

This report updates governors with significant events or developments in which the Lead Governor has been involved since the last COG meeting (held 2nd June 2020).

1. <u>What's app group</u> that I set up in May is working well. It has been used appropriately and as a faster method of communication than email, it has proved helpful for last minute changes or rapid communications.

2. <u>Chair's Governor Fortnightly Briefings using *Microsoft Teams* commenced 24th June</u>

   To improve engagement with governors the Chair initiated these briefings, the first of which was June 24th. These informal and interactive meetings have proved very helpful in providing the opportunity for the chair to provide the governors with updates close to real time and for the participants to have discussions around key areas of interest. These will now become a regular monthly event.

3. <u>July 27th 2020. Second meeting of Membership and Engagement Group</u>

   The Group approved the following:

   - The Terms of Reference for the Membership and Engagement Group
   - The Communications and Engagement Strategy

   Deferred:

   - The approval of the new Electronic Membership Application Form was deferred pending completion of Equality, Diversity and Inclusion requirements.

4. <u>Lead Governors' Association</u>

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

   After some confusion around membership lists during the handover period of the chair for this group, I was added to this national group in July. Currently members are discussing differences and similarities in the way governors work within their trusts with specific focus on the committees and groups governors are part of. I shall feed back any information of note that emerges in due course.

5. <u>Governor resignation</u>
   Public Governor, Linda Griffiths resigned in August

6. Membership and Engagement Group

Unfortunately, the meeting of this group due to be held on 1st September did not take place due to lack of availability of group members. The next meeting will take place on 1st December 2020.

7. Chair's Annual Appraisal

The Chair's annual appraisal was conducted on 3rd September 2020 by the Senior Independent Director and the Lead Governor, via *MS Teams*.

6 Lead governors report

The Walton Centre NHS Foundation Trust

Governors Report for the Period Ending
June 20

Glossary

- **Open Pathway. Target 8.1 weeks**

The Walton Centre is taking part in a Referral to Treatment pilot scheme where performance is measured by average patient waiting times in weeks. A requirement of this scheme is that performance is shown by average waiting time instead of against the 92% standard. Open pathways, or incomplete pathways are where the patient is still awaiting first definitive treatment (either as an Outpatient or Inpatient). In order to sustain delivery of the standard the average wait of these patients must be under 8.1 weeks.

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

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

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

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

- **Capital Target.**

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

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

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

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

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

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Finance

As a result of COVID-19, and the national response required to manage this, NHSI/E announced that 2020/21 business planning was suspended and that a new financial framework would be in place for the 1st 4 months of 2020/21. This initial plan has now been extended till the end of September, and we are currently awaiting confirmation on how the finances will managed after this time.

Plans that Trusts have been monitored against have been set by NHSI based on average income and expenditure rates for M8-10 (2019/20). This is different from initial plans that were submitted to NHSI in March 2020 (for 2020/21). For the first 6 months of 2020/21 (April – September) all provider Trusts have moved to a simplified basis of contracting to ensure that NHS organisations have sufficient funding to respond to the crisis, and have been recompensed through "block" payments.

Providers are expected to report a breakeven position for months 1-6 (April – September) with a top up mechanism in place to ensure they do. Retrospective top-up payments are also available for costs incurred that were not covered by block payment, i.e. reimbursement to providers to cover reasonable COVID-19 costs incurred (net of any cost reductions e.g. consumables not required).

Therefore, for the first quarter of 2020/21, the Trust reported a breakeven position in line with the guidance set by NHSI/E and did not require any additional top up payments. Additional expenditure for COVID-19 was offset by reductions in other consumable costs due to reduced activity taking place during this period. A summary of the Trust COVID-19 expenditure for Quarter 1 is below. At the end of the June, just under £1.17m had been incurred in response to COVID-19.
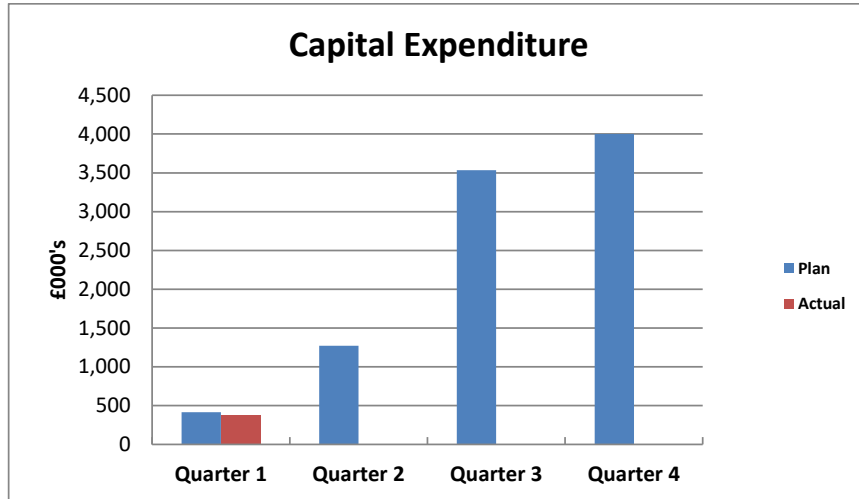
COVID -19 Expenditure YTD	Jun-20 Actual £'000
Pay cost (incl. additional shifts, on-call, etc)	544
Annual leave provision (Junior Doctors)	52
PPE	469
Decontamination	15
Remote working	3
ITU	4
Other	79
TOTAL	1,166

* Other includes Aintree Car Parking £60k, Staff Uniforms £7k)

Efficiency Savings

Due to the current financial arrangements mentioned above, and response to COVID-19, there have been no requests to deliver efficiency savings as previously delivered. However, the Trust continues to review opportunities to reduce its cost base and develop new ways of working, especially during this challenging time.
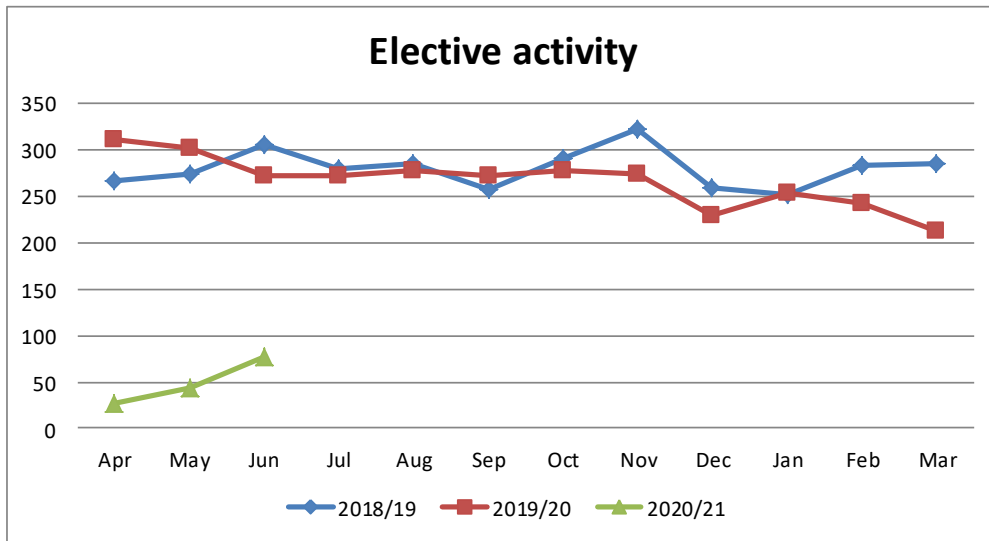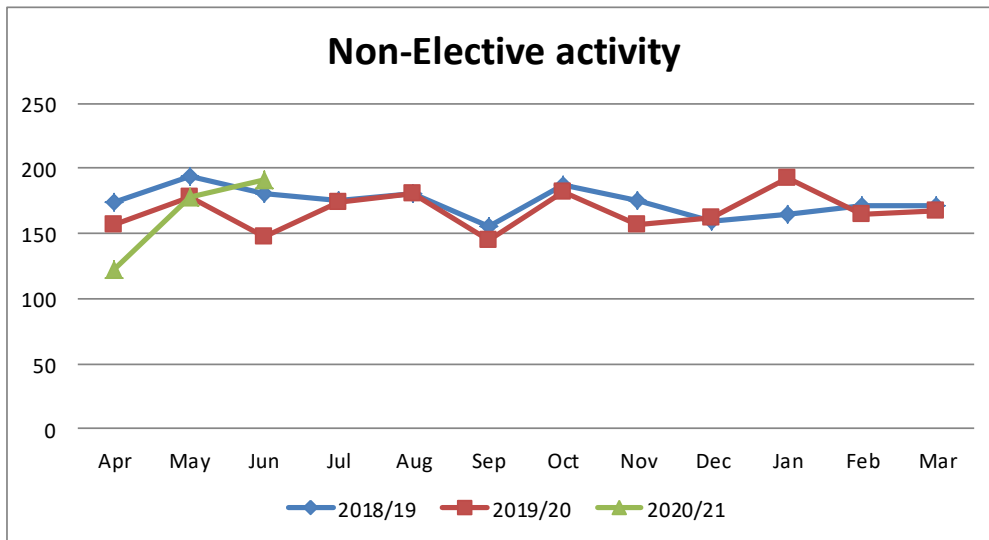
Capital

Capital expenditure at the end of quarter 1 was £458k against a plan of £666k, £208k below plan.

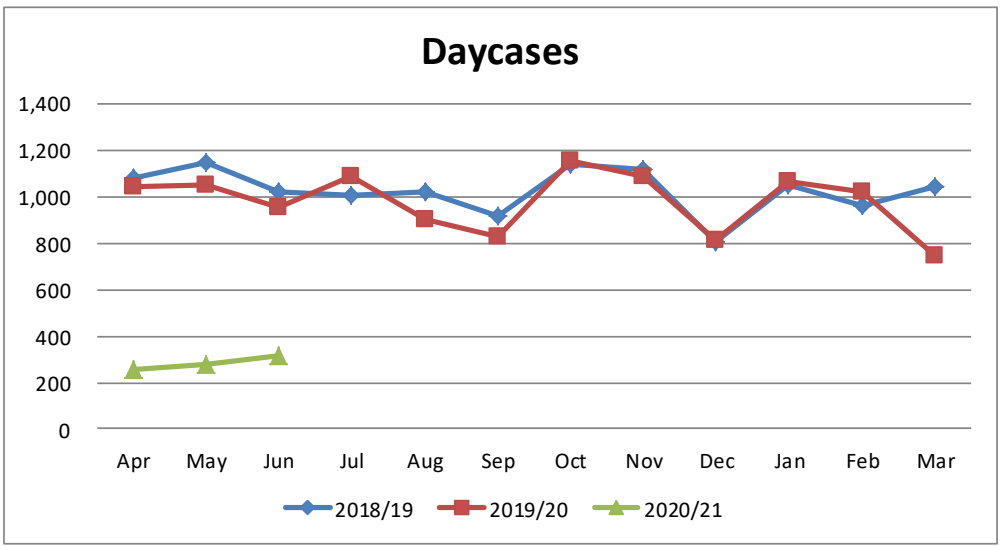Governors Report for the Quarter Ending June 20

Activity

Inpatient & Day Case Activity: Inpatient activity was reduced in Q1 2020/21 due to Covid-19.

Elective activity

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

Non-Elective activity

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2018/19	174	194	181	175	180	156	187	176	159	165	171	172
2019/20	157	178	148	174	180	145	182	157	162	192	165	168
2020/21	122	178	191									

Daycases

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2018/19	1,078	1,147	1,021	1,007	1,016	915	1,139	1,118	803	1,052	960	1,043
2019/20	1,043	1,049	953	1,089	897	828	1,149	1,083	809	1,067	1,019	744
2020/21	258	276	315									

Governors Report for the Quarter Ending June 20

Outpatient Activity: Outpatient activity was reduced in Q1 2020/21 due to Covid-19.

Outpatients

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2018/19	10,087	10,184	10,011	10,459	9,488	9,898	10,659	10,704	8,428	10,868	10,342	10,814
2019/20	9,713	10,018	9,967	7,916	12,095	10,495	11,166	10,884	9,164	11,546	10,063	7,000
2020/21	3,197	3,974	7,462									

Welsh Activity v Plan for Quarter 1 2020/21

Q1 2020/21

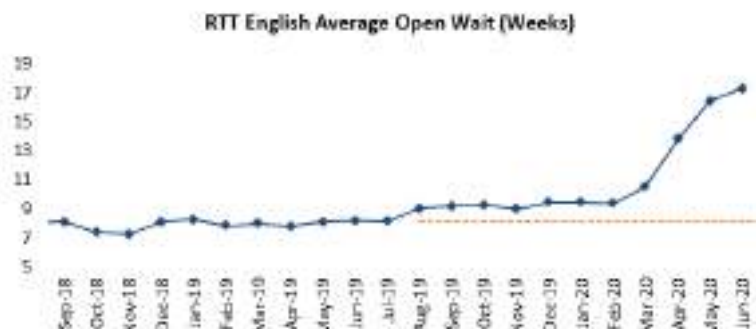| Patient Category	Plan	Actual	Variance
Day Case	-	87	-
Inpatient	-	70	-
Outpatient	-	2776	-

Referrals for outpatient appointments

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

Referrals dropped in Q1 2020/21 due to Covid-19.

Total New Referrals Received

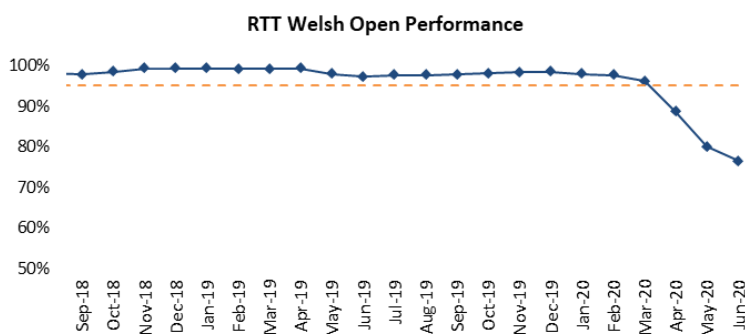Governors Report for the Quarter Ending June 20

RTT (Referral to Treatment)

The Walton Centre is taking part in a Referral to Treatment (RTT) pilot scheme, where performance is measured by average patient waiting times in weeks. A requirement of this scheme is that performance is shown by average waiting time, rather than against the 92% standard and that the backlog cannot be shown. Performance at the end of Q1 20/21 is 17.32 weeks. Performance has decreased throughout the Quarter due to Covid-19

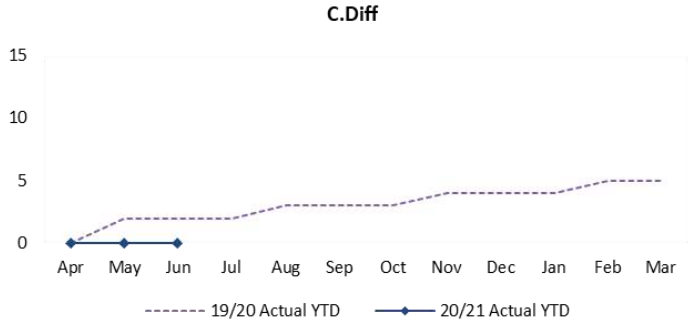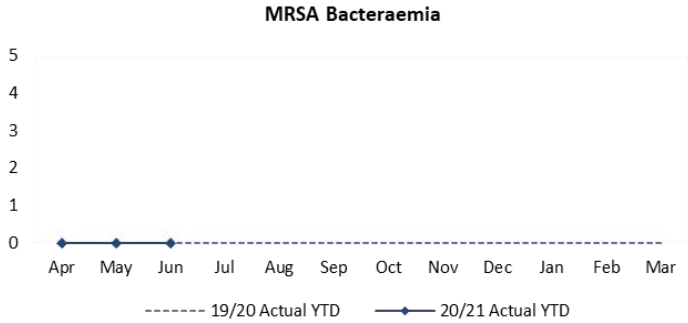RTT English Average Open Wait (Weeks)

Welsh RTT performance continues to be monitored against the 95% standard, with performance above standard at 76.50%. Performance against the Welsh RTT target has decreased throughout the Quarter due to Covid-19 and there have 8 breaches of the 36 week maximum wait target.
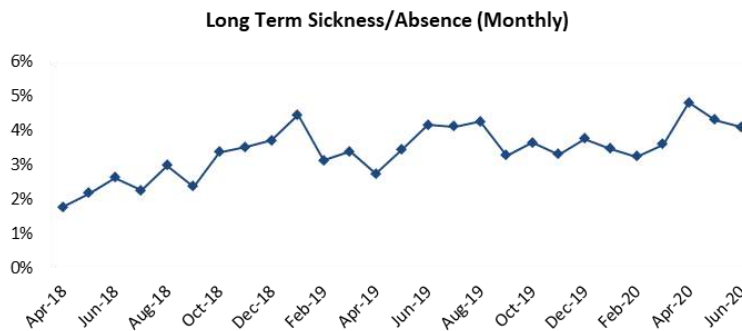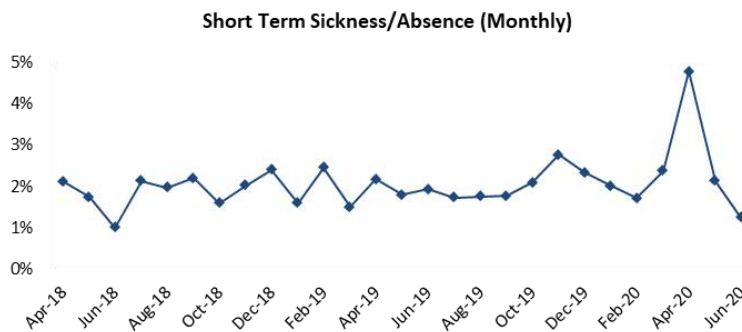

RTT Welsh Open Performance

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Infection Rates

No cases of MRSA Bacteraemia were reported during Q1 2020/21. The Trust has reported 0 cases of Clostridium Difficile against the PHE year-end threshold of 7 cases for 2020/21.

MRSA Bacteraemia

------- 19/20 Actual YTD   20/21 Actual YTD

C.Diff

------- 19/20 Actual YTD   20/21 Actual YTD

Workforce

Monthly sickness/absence rate is 5.34% which is above the revised target of 4.75%. The breakdown between long term and short term sickness as at 30th June is as follows: 4.09% on long term sickness and 1.25% on short term.

Sickness/Absence (Monthly)

Short Term Sickness/Absence (Monthly)

Long Term Sickness/Absence (Monthly)

Governors Report for the Quarter Ending June 20

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. Q1 2020/21 has seen 19 complaints reported, which is 5 fewer the number of complaints received in Q4 2019/20 (24).

Total Complaints Received in month

% Complaints Received against Activity

Governors Report for the Quarter Ending June 20

Efficiency Measures

Delayed Discharges / Delayed Transfers of Care (DTOC):

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

Total Delayed Transfer of Care Days

Cancelled Operations: The number of cancelled operations in Q1 2020/21 has decreased compared to Q4 in 2019/20.

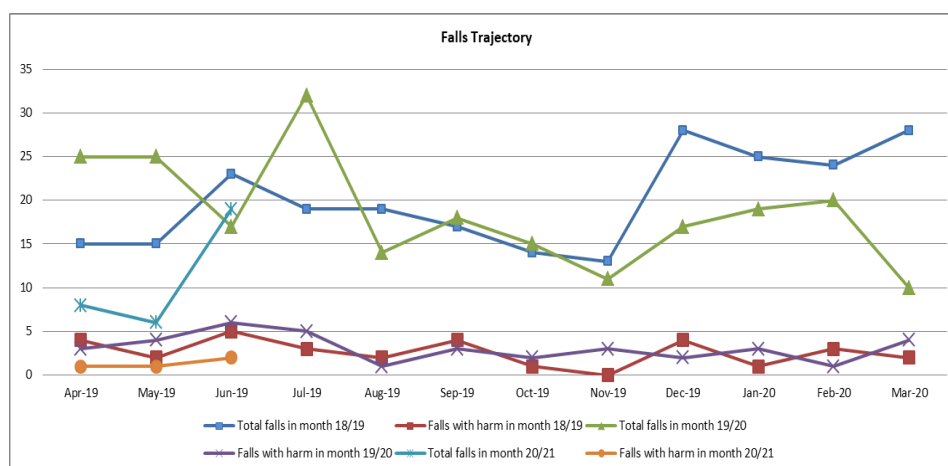|	Number of non-clinical cancellations
Q4 2019/20	31
Q1 2020/21	1
Variance	30 (-96.77%)

% of Cancelled operations non clinical (on day)

Governors Report for the Quarter Ending June 20

Safety Indicators

Patient Falls:

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

In 20/21 there has been 33 total falls of which 4 were minor harm. This compares to 67 total falls in Q1 19/20 There has been no moderate harm falls within the Trust in 20/21.

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

Leaflets for inpatients and patients with long term conditions are being developed and will be printed and distributed.

The Falls Prevention steering group meet monthly as a multi-disciplinary group and discuss all falls with harm incidents. A work plan for the group for 2019/20 has been developed.

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

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

The Trust have been progressing with a national CQUIN related to falls which refers to 3 key falls prevention interventions for patients over the age of 65. These are lying and standing BP being recorded once during patient stay, a rationale being documented for use of hypnotics, anxiolytics or antipsychotics in this cohort of patients, and a documented mobility assessment for patients within 24 hours of admission. Patients are excluded from the study if they are bed bound, hoist dependent or unable to participate in the lying and standing blood pressure. Although we have not managed to meet the target for full compliance, there has been a noticeable increase between quarter 2 and 3. Compliance against the recording of lying and standing blood pressure is being promoted via the trust daily safety huddle.

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Pressure Ulcers
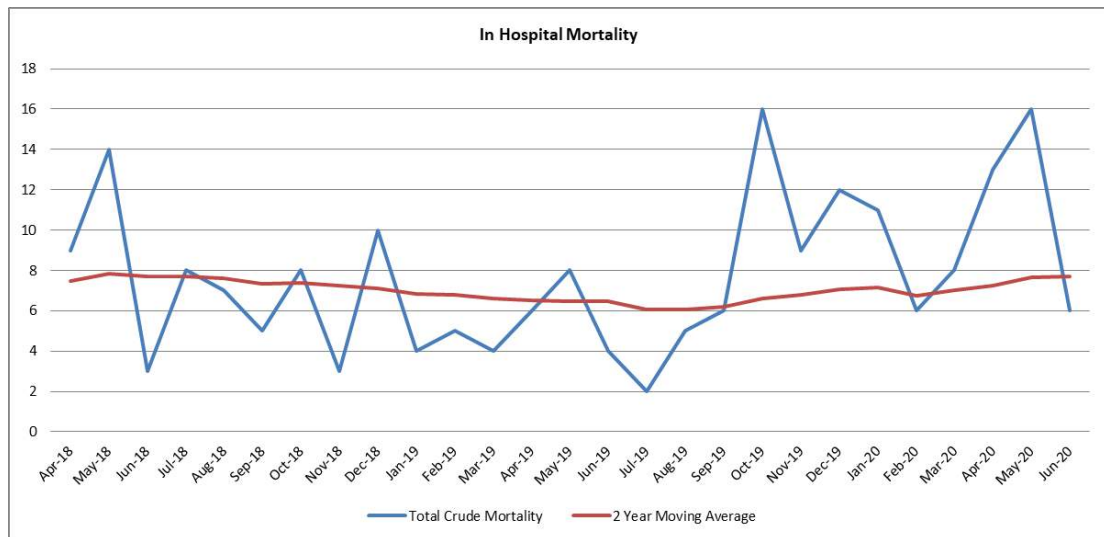
In Q1 2020/21 there were zero Walton Centre acquired pressure ulcer.

Below is a graphic representation of our position to date

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

Mortality

Crude mortality increased slightly in Q1 19/20. All cases are subject to detailed clinical review and discussion at Quality Committee and no cause for concern identified.

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REPORT TO THE COUNCIL OF GOVERNORS

Date – 17 September 2020

Title	**National Adult Inpatient Survey 2019 Review**
Sponsoring Director	Name: Lisa Salter Title: Director of Nursing and Governance
Author (s)	Name: Lisa Gurrell Title: Head of Patient & Family Experience
Previously considered by:	Quality Committee and Trust Board

Executive Summary

The Trust is required to participate in the CQC National Inpatient Survey annually to allow benchmarking of the patients' experience with other NHS providers. The survey is recognised as being a key indicator of overall care for the organisation and regulators including the CQC and commissioners. Picker was commissioned to collate and present the organisation's results by the Trust.

The results highlight a 50% response rate and that the Trust scored better on 8 of the 12 sections of the survey (1 section is not applicable as relates to A&E); therefore the Trust was rated 6th in England for overall patient experience. An excellent result.

The Trust's results were better than most Trusts for 26 questions and worse than most Trusts for only 2 questions. Demonstrating an overall very positive survey. Two areas for improvement were identified including discharge and collating feedback. An action plan is included in this paper.

The CQC have confirmed that the Trust has been identified as performing '**Better than expected'.** This is because the proportion of respondents, who answered positively to questions about their care, across the entire survey, was significantly above the trust average. The survey highlights the excellent results for The Walton Centre and aligns to our outstanding rating by the CQC.

Related Trust Strategic objectives	1. Improving quality by focusing on patient safety, patient experience and clinical effectiveness; 2. Sustaining and developing our services;
Are there any risks associated with this paper?	N/A
Related Assurance Framework entries	N/A
Are there any associated legal implications / regulatory requirements?	Compliance with Commissioners and national requirements identified in CQC regulation
Equality Impact Assessment completed?	NA
Action required by the Board	The COG is requested to: • Note the report and action plan which will be monitored by Quality Committee

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CQC Inpatient Survey 2019

1.   Introduction/Background

The national inpatient survey is the largest scale patient feedback initiative about hospital services enabling year-on-year comparison for organisations and also the opportunity to benchmark with others. The survey is recognised as being a key indicator of overall care for an organisation and is used by regulators such as the CQC and commissioners. The Trust's ambition to improve quality utilises the national in-patient survey results as a measure of progress and year on year improvement is set as one of the aims of the Quality Strategy with a drive to be in the top 20% of Trusts for all categories.

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

2.   Methodology

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

The results are then published as a 'worse than most other Trusts', 'same as 'and 'better than most other Trusts'. These groupings are based on statistical analysis. Full details of the methodology of the survey can be found at: www.nhssurveys.org

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

3.   Demographics & Scoring

The 2019 survey of adult inpatient's experiences involved 143 NHS acute trusts in England. The CQC received responses from 76,915 patients, who had stayed in hospital for one night or more, a response rate of 45%. Of the 1221 eligible, 613 completed the survey, at a response rate of 50.16%, which is 5% above national average. This was an excellent response rate as previous years have been much lower.

For each question, individual responses are converted into scores on a scale of 0-10, 10 being the most positive, and 0 the least positive. The higher the score, the more positive the results.

4.   Results

A varied number of Trusts take part in the survey and not all of the 68 questions asked are applicable to every Trust. Section 1, which pertains to trusts who have an Accident & Emergency Department of two

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questions, is not applicable. There were two questions (Q51 & Q66) that had been amended so it was not possible to compare to previous years.

There were no historical comparisons available this year for our Trust due to the discrepancies noted in 2018 survey.

It was noted that The Walton Centre was better than most Trusts for 26 questions and about the same as other Trust's for 33 questions.

The Trust was only worse than most trusts for 2 questions only, highlighting a very positive and encouraging survey.

The CQC report that the Trust has been identified as performing '**Better than expected'.** This is because the proportion of respondents to the survey who answered positively to questions about their care, across the entire survey, was significantly above the trust average.   This demonstrates that our patients received a positive experience with outstanding care and treatment.

Section scores

Section	2019 Score	Band
1. The accident and emergency department		
2. Waiting list or planned admission	8.9	
3. Waiting to get to a bed on a ward	9.3	Better
4. The hospital and ward	8.5	Better
5. Doctors	9.1	Better
6. Nurses	8.8	Better
7. Your care and treatment	8.6	Better
8. Operations and procedures	8.1	
9. Leaving hospital	7.3	
10. Feedback on care and research participation	2.3	Better
11. Respect and dignity	9.5	Better
12. Overall experience	8.9	Better

The two questions that the Trust rated lower than other Trusts are highlighted below and related to post discharge.

54. After leaving hospital, did you get enough support from health or social care professionals to help you recover and manage your condition? There were 323 respondents – score was measured at 5.3/10

66. After being discharged, was the care and support you expected available when you needed it?
     There were 416 respondents, and the score was measured at 7.2/10

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

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- ✓ Patient & Family Centred Care (PFCC) and introduction of PFCC Champions
- ✓ A3 Improvement Projects
- ✓ Action plans following engagement and feedback from Healthwatch
- ✓ Open-visiting
- ✓ Patient Stories
- ✓ Matrons and Patient Experience Rounds
- ✓ Discharge improvement work
- ✓ Call for Concern
- ✓ Trust safety huddle

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

5.   Findings & Themes

The areas of achievement and areas for improvement are detailed below:
Key: ↑ Better than other Trusts highlighted sections ↓ Worse than other Trusts   ↔ Same as other Trusts

Section	Result
2. Waiting list/Planned Admission	↔ *Length of time on the waiting list prior to admission* ↔ *Was admission date changed* ↔ *Specialist had been given enough information about condition in the referral*
3. Waiting for a bed	↑ **Time waiting for a bed on the ward** ↔ *They were satisfied with the length of time they waited* ↔ *Their admission date did not change prior to admission*
4. Hospital & Ward	↑ **Hospital staff explained the reasons for being moved in an understanding way** ↑ **Cleanliness of the hospital** ↑ **Enough help provided with personal care** ↑ **Hospital food and the choice offered** ↑ **Provided with enough refreshments** ↔ *They did not share a sleeping area with people of the opposite sex* ↔ *They were not bothered by noise at night* ↔ *Provided with enough support with meals* ↔ *Were able to take their own medicines if they brought them into hospital* ↔ *Felt well looked after by non-medical staff* ↔
5. Doctors	↑ **Doctors answered important questions in a way the patient could understand** ↑ **Confidence in the Doctors providing care and treatment** ↔ *Doctors did not talk in front of them as if they were not there*
6. Nurses	↑ **Nurses provided information and answered questions in a way the patient could understand** ↑ **Confidence in the Nurse providing care and treatment** ↑ **Nurses did not talk in front of patient** ↑ **Aware of which nurse in charge of care and informed after shift change** ↔ *Were provided with enough nurses on duty*

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	↔ *Received enough support during their stay*
7. Care & Treatment	↑ **Confidence and trust in all other clinical staff involved in treatment** ↑ **Caring team worked well together** ↑ **Involved as much as I wanted to be about decisions regarding care and treatment** ↑ **Found someone to discuss my worries and fears with** ↑ **Staff did all they could to manage my pain** ↑ **Staff attended to me in a reasonable time** ↔ *Were given enough privacy during discussions as well as when being examined or treated* ↔ *Given enough privacy when being examined* ↔ *Provided with enough information and emotional support* ↔ *Sometimes a member of staff would say one thing and another would say it differently*
8. Operations & procedures	↔ Their questions were all answered prior to operation ↔ Were informed how they would expect to feel following operation or procedure ↔ Were informed that the operation or procedure had been done in a way they could understand
9. Leaving Hospital	↑ **Provided with printed information on what to do following discharge** ↑ **Informed of danger signs to look out for** ↑ **Provided with contact details if worried about condition** ↓ Enough support after leaving hospital from health/social care ↓ Care and support expected was available following discharge ↔ *They were given enough notice regarding discharge and discharge was timely without delay* ↔ *Knew what to expect when leaving hospital* ↔ *Received an explanation regarding their discharge medication, the purpose and side effects* ↔ *Social and domestic situations were considered prior to discharge* ↔ *Provided families and carers with the information they required* ↔ *Discussed if patients required additional equipment or adaptions in their home* ↔ *Staff discussed if they required input from other services such as social care or other providers* ↔ *They were involved in decisions about care*
10. Feedback on care/research	↑ Met with and/or provided with information on how to complain ↔ Did anyone discuss your views about quality of care ↔ Information was provided about participation in research
11. Respect & Dignity	↔ Overall treated with dignity and respect during admission
12. Overall Experience	↑ **Very good experience**

6. Improvements Identified

As detailed above the two main areas for improvement relates to post discharge which may include care provided by other NHS care providers and/or support services. We recognise, however, that an

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improvement is required to improve the patient experience and expectations in this area. Details of how will achieve this is detailed in the action plan.

Whilst the results from the survey are better than other Trusts for 26 questions, for 33 questions we remain the same as other Trusts. Further improvement can be made to better this score and to go from good to great and we will be able to shape our services to achieve this.

7.   Summary

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

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

During 2020/21 and beyond we will continue to build on this work to ensure we are working together with patients and their families as equal partners in care, in line with The Walton Way.

The action plan in Appendix 1 outlines the actions required and learning identified to progress care delivery at The Walton Centre to where we want to be. These actions not only include the actions relating to the 2 questions for which the Trust scored lower than other Trust but actions to improve the experience of patients in areas where we have remained the same, demonstrating that we are committed to improving the experience of our patients. This action plan will be monitored via the Divisional Risk and Governance meetings and presented to Quality Committee for monitoring the actions until the Committee are satisfied that they are closed.

In the next year and beyond we will continue to build on this work to ensure we are all working together with patients and their families as equal partners in care, in line with our Walton Way values.

The CQC have confirmed that this year they will undertake the survey in November, as opposed to August and to speed up the process are changing the format so there will be no comparison to the previous year.

8.   Recommendations

The COG are asked to:
- note the report and the significant improvement in the results of the audit.
- be assured that the Trust actively engages with patients under our care
- be assured that the Trust learns from the feedback they receive to continually improve how care is delivered
- note the action plan within the report
- note the survey will take place in November 2020 and the CQC are changing the format to speed up the process and the report will not provide a comparison to the previous year

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Appendix 1   <u>**National Inpatient Survey 2019 - Action Plan**</u>

KEY CODE		Not Achieved	To Commence	Partially Achieved	Achieved

Section	Areas where we could improve further	Actions	Lead	Due Date	Update November 2020
2. Waiting list or planned admission	↔ Improve waiting times	• Due to capacity/demand GP pain referrals currently closed due to lack of secondary care capacity. • Divisional teams working through lists in line with clinical priority/following C-19 gov restrictions. *No further actions can be implemented until the above is complete.*	Divisional Directors of Operations	*Aug 20	*Although plans for improvement are in place, this is somewhat restricted in line with Government guidance for Covid-19 and introducing urgent/routine activity*
3. Waiting for a bed	↔ Improve length of time waiting for a bed ↔ Minimise date changes prior to admission	• Patients are contacted on the day of admission when beds are ready to prevent a delay when arriving in hospital. • Same Day Admission Lounge in operation, staggering of TCI times has been explored but not feasible as anaesthetists are required to review patients prior to surgery and this needs to occur before they commence their daily list. • Information regarding the above to be added into patient information leaflets upon review. • Dates will continue to be changed on occasion due to clinical priority but patients are informed at the earliest opportunity and reschedules asap.	Bed Managers Divisional Director of Operations Patient Info Lead/Head of PET	Aug 20	*Although plans for improvement are in place, this is somewhat restricted in line with Government guidance for Covid-19 and introducing urgent/routine activity* **Practice to continue**

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Section	Areas where we could improve further	Actions	Lead	Due Date	Update November 2020
4. Hospital & Ward	↔ Reinforce and raise awareness of single sex areas ↔ How can we support further with meals? ↔ How patients are supported by non-medical staff	• Mealtime volunteer buddies • Meal observations • Information added to all newly reviewed patient information • Continue with virtual visiting • Explore option of large adaptable screens to support virtual visiting & use for inpatients on wards	Head of PET Matrons	Oct 2020	Plans for volunteers to safely resume some roles following risk assessments commenced July 2020 Work has commenced on new patient information project
5. Doctors	↔ Drs not to talk in front of patients	• Drs to include patients in conversations as much as possible • Bedside handover	Medical Director Clinical Directors Matrons	Oct 20	Bedside handover is in place in all areas. Awareness to be raised at Matron's rounds
6. Nurses	↔ Support provided by nurses on duty	• Visual assurance – safe shift – enough staff on duty – review to move to electronic board • Comfort checks • PFCC Champions on all wards /areas	Matrons Divisional Nurse Directors	Oct 20	PFCC Group to recruit more Champions Review feasibility of electronic board in wards/clinical areas
7. Care & Treatment	↔ Privacy during examination ↔ Consistent information provided by staff	• Series of small videos from staff promoting care/treatment/safety raising awareness on social media • Raise awareness of chaperone policy for inpatients	Communications Matrons	Oct 20	To be commenced
8. Operations & Procedure	↔ Improve communication to patients and families so they know what to expect and receive timely updates	Improve communication by: • Theatre staff to visit patient prior to and post op • Theatre staff ring relatives to inform them when they are out of theatre	Lead Nurse/Theatres/ ITU	Aug 20 On-going	ITU staff call families as soon as this is practical/possible with updates

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Section	Areas where we could improve further	Actions	Lead	Due Date	Update November 2020
9. Leaving Hospital	↓ Improve the experience and expectation of patients leaving hospital including: ● Improving information provided on support planned from external agencies including other NHS providers and social care. ● Ensuring we are clear in informing patients what to expect when leaving hospital ● Provide patients with detailed summary of discharge plans in timely manner ● Involve family members where possible in decisions regarding discharge/care to support patient further	● Improve written discharge information to include details of referrals to external sources. ● Provide contact details of external agencies eg social care/ district nurse upon discharge ● Review feasibility of follow up courtesy call following discharge. ● Review timeliness of discharge summaries with a view to improvement. ● Include patients & families in MDT meetings for complex discharges – option of using zoom for patients who live outside the area whose families are not present.	Divisional Nurse Directors/Matrons Ward Managers Divisional Nurse Directors Divisional Nurse Directors Divisional Nurse Directors	*Aug 20	*Although actions to improve will be implemented current Government restrictions/guidance may have an impact progress. Introduced during Covid-19 for discharges including complex one for patients being transferred to other NHS settings.
10. Respect & Dignity	↔ Treat with dignity & respect at all times	● Raise awareness and reinforcement of Walton Way and Trust values & behaviours. ● Matron walkabouts ● Matron availability posters ● Patient Experience walkabouts	Divisional Nurse Directors/Matrons Matrons Head of PET	Aug 2020 Aug 2020 Aug 2020	Matron Ward Rounds are in operation PET on hold due to Covid-19 will recommence August 20.

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Section	Areas where we could improve further	Actions	Lead	Due Date	Update November 2020
11. Feedback on care & research participation	↔ Raise awareness of research studies and how we can communicate this during admission.	• Benchmark with other Trusts who score highly	Head of Research	Dec 2020	Matron Ward Rounds are in operation PET on hold due to Covid-19 will recommence Sept/Oct 20
	↔ Improve measures for collating patient feedback.	• Matrons/Patient Experience Rounds • Patients & Families encouraged to share their stories – now included in complaints leaflet.	Matrons/Head of PET	Aug 20 **Complete** June 2020	

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The Walton Centre NHS Foundation Trust

REPORT TO COUNCIL OF GOVERNORS
17 September 2020

Report Title	Chair's Assurance Report – BPC 26 May 2020
Sponsoring Director	Sheila Samuels – Non-Executive Chair
Author (s)	Jan Ross, Director of Strategy and Operations
Purpose of Paper:	

The Business Performance Committee continues to receive reports and provide assurance to the Board of Directors against its work programme via a summary report submitted to the Board after each meeting. Full minutes and enclosures are made available to the Board on request.

The paper provides an update to the COG of the meeting of the Business Performance Committee held on 26 May 2020.

Recommendations	The COG is requested to:
	• Note the report

1.0 Matters for the Board's attention
- BAF - Board to review realism of targets.
- BAF - Board to review risk appetite.
- National Data Opt-Out Policy was approved.
- The concerns with the Trust's Capital Programme (HTP Management) were received and noted.

2.0 Items for the COG's information and assurance
The Committee received the following updates:
a) *Integrated Performance Report*
Operations
Ms Ross highlighted the operational performance for April and as activity had stopped this had been reflected in performance. Cancer patients had continued to be treated and Theatres were running one urgent list. This had been in line with the Hospital Cell guidance.

Finance
Mr Burns highlighted the financial performance for April. The financial regulations had changed and all trusts will be reported as break even. The M1 plan was based on average spend incurred in M8-10 in 2019/20 plus inflation (rather than internally set budgets). Income is received as block payments from commissioners with values set nationally. If costs are greater than block income they should be reimbursed through retrospective top up payments. There was no requirement for the Trust to receive a top up payment for M1.

There was a slight risk with the Welsh contract which NHSI/E was reviewing. The Welsh commissioners were paying on contract value rather than on outturn and the gap was £180k.

There had been £0.5m additional costs incurred around COVID in April of which £287k related to the annual leave accrual (based on 70% of clinical staff not being to take annual leave). This was a new provision and was consistent with the approach taken by other trusts in C&M.

The cash position was healthy with a balance at the end of April of £40.8m.

Workforce
Ms Mullin updated on the current position of sickness including COVID and special leave. 10% of staff in total were absent from work which compared well across C&M; 5.2% were off sick (1.28% COVID related); 5.34% were on special leave (shielding).

There had been a push for staff to increase the uptake on training and development and appraisals.

The Walton Centre NHS Foundation Trust

The Trust had written to all staff who were shielding to encourage them to get up to date with mandatory training. An update was provided on the health and wellbeing initiatives available to support staff.

Dr Niven provided an update on the situation with medics.

b) *Staff Engagement Action Plan – Q4 Update*
Ms Mullin presented progress on the Staff Engagement Action Plan. The Committee commented that the action plan contained good detail. Updates were provided on WRES/WDES reporting which had been reinstated recently; Vivup launch and Line Manager training. The staff survey on COVID is due to close on 29 May when themes will be identified.

Ms Vlasman updated on Violence, Bullying and Harassment and recent incidents, particularly in CRU. Staff were being supported as much as possible.

c) *Policy Framework Update*
Ms Vlasman highlighted the policies that had come through Command & Control and had been approved immediately in order to be used (as national guidance was being changed daily in some cases). It was queried why The Committee were being notified of these polices (as they had not been ratified by BPC sub-committees) and were more relevant to Quality Committee. It was also noted that this type of report was not presented at Quality Committee meetings. Ms Vlasman will pick up with Ms Hindle and update.

d) *Memorandum of Understanding re collaborating to share staff to address any service issues caused by COVID19.*
Ms Mullin updated on the paper which was presented in two parts. Part 2 was a MoU from Health and Care Partnership for Cheshire & Merseyside providing guidance. The HR Department had put together advice and guidance for managers and employees and it was agreed this was an excellent piece of work that had been tried and tested in the transfer of the stroke service from Aintree Hospital.

e) *National Data Opt Out Policy*
Ms Blyth presented the Policy. By 2020 all health and care organisations are required to be compliant with the national data opt-out policy, where confidential patient information is used for research and planning purposes. The national data opt-out applies to the disclosure of confidential patient information for purposes beyond individual care across the health and adult social care system in England. The key points were highlighted and clarification provided on how this would be operationalised. Queries were raised as to how many patients use this policy as the regulation has been in place for a while. Ms Blyth had not asked NHS digital for that data as yet but it was not considered to be massive figures. Figures would be reported via IGSF Chair's Report to BPC going forward.

The Committee approved the Policy.

f) *Board Assurance Framework*
Ms Hindle presented the BAF. It was agreed that the right risks were being captured but concern was raised regarding the target scores. In the context of COVID the risk around operational performance had increased. In the last financial year this was scored as 16 but the score had increased due to a reduction in overall activity due to the impact of COVID 19.

The Committee reviewed all risks in detail and discussed some new risks that might emerge around financial governance and remote working and if these should be included going forward.

Discussion also took place around COVID possibly changing the Board's risk appetite and this was considered a piece of work to be considered when setting target scores. This would be taken forward as a Board Action.

g) Operational Risk Register

Ms Vlasman talked through the Risk Register which had come to BPC for the first time as it had been highlighted by MIAA as a gap in reporting.

The risks were reviewed and higher level risks discussed.

It was agreed that the format was helpful and would continue to be presented to BPC but only those risks that were relevant to BPC who would look at them and if necessary escalate and take up to Board through the governance structure.

h) Work Plan

It was agreed to continue with the current work plan as much as possible. Ms Ross and Ms Woods would go through the work plan and defer any items not appropriate at the present time.

i) Response to the second phase of Covid 19 capacity recovery

Ms Ross presented Phase 2 recovery plan based on C&M in-hospital cell joint working and assumptions. The paper had previously been presented to Trust Board and identified the overall available capacity to enable recovery of elective activity. The modelling suggested that the Trust would for the next 6 weeks have the capacity to deliver 45% of 19/20 planned elective activity. The paper described the assumptions made as well as the constraints and risks.

Discussion took place around:

- Waiting lists;
- Patient's being referred back to GP's;
- What to remain sighted on as a Board;
- The mix of trying to see urgent cases and the problem of patients being nervous to return to a hospital setting;
- The acceptance that only 45%-50% of patients will be seen due to PPE and staff restrictions;
- Alternative treatment options;
- Productivity decline; and
- The commencement of Phase 3 discussion looking at quantifying the turnaround times in diagnostics and theatres and the basic principles for the Phase 3 Plan.

j) Capital programme – update

Mr Burns updated the Committee on the capital programme arrangements that had previously been approved by the Committee in March 2020. The £4m submission agreed in March had been increased by £600k due to a healthy cash balance and in order to address other capital requirements. When submitted to Health Care Partnership they required it be reduced back to £4m on the basis that they would manage any slippage across all C&M trusts. Mr Burns had challenged this request as it was unclear how the Trust would be guaranteed the £600k should requirements from other hospitals be seen as a priority. An updated submission was made based on the £4m plan with a rider that has not been finalised as yet. The final submission will be made on Friday 29 May.

Discussion took place around how the Trust might get access to the money required with the concern there was no guarantee. The Committee were satisfied from the discussion that there was a good audit trail in place to show the thinking around the submission. It was noted that there were few things in the capital programme that could be deferred and that the pipework was a big issue that had taken up a good proportion of the capital plan.

The Committee noted the position.

3.0 Progress against the Committee's annual work plan

The Committee continues to follow its annual work plan.

REPORT TO THE COUNCIL OF GOVENORS
17 September 2020

Report Title	Chair's Assurance Report – BPC 28 July 2020
Sponsoring Director	Sheila Samuels – Non-Executive Chair
Author (s)	Jan Ross, Director of Strategy and Operations
Purpose of Paper:	

The Business Performance Committee continues to receive reports and provide assurance to the Board of Directors against its work programme via a summary report submitted to the Board after each meeting. Full minutes and enclosures are made available to the Board on request.

The paper provides an update to the COG of the meeting of the Business Performance Committee held on 28 July 2020.

Recommendations	The COG is requested to:
	• Note the report

1.0 Matters for the COG's attention

- IPR to include updates on the activity recovery position in future reports for Assurance purposes.
- Agile Working Policy approved but KPIs to be incorporated and Committee to receive updates on a regular basis.
- Overseas Patient Policy approved.
- Approval of Access and Performance Business Case.
- Approval of Website Development Business Case.
- Approved the preferred option for the Payroll Services through a Recommendation Report for formal contract award by Trust Board to St Helens and Knowsley Teaching Hospitals NHS Trust.
- Approval of additional Mitel Licences (for IT department)

2.0 Items for the COG's information and assurance

The Committee received the following updates:

a) *Integrated Performance Report*

Operations - Ms Ross highlighted key operational issues. Referral to treatment times (RTT) had significantly increased and was currently at 17.32 weeks. There were five 52 week breaches reported in June. Of these two were related to 14 day isolation and patients unwilling to come into hospital. Wales 18 week RTT position was 76.5% with eight patients waiting over 36 weeks. Diagnostic performance remained below standard however is improving. Discussion took place relating to the Recovery Plan and requirement for more transparency re the Hospital Cell role and how that would impact on planning for recovery. A paper that was due to be presented at the forthcoming Executive Team meeting on elective activity would be circulated to the Committee and updates on the recovery position to be included in future reports for assurance purposes.

Finance – Mr Burns presented the Month 3 financial position reporting a breakeven position in line with national guidance. Month 3 plan had been based on average spend incurred in Months 8-10 in 2019 plus inflation (rather than internally set budgets). Income showed an underperformance of £199k (compared to plan) with expenditure showing an in-month underspend of £192k. COVID costs in June amounted to £516k resulting in YTD costs of £1,165k. Discussion took place around financial forecasting which is taking place every month within the department to ensure when the contract is eventually known challenges can be made. Non-executives agreed this was an issue for Board discussion at the forthcoming meeting.

Workforce – Mr Gibney talked through workforce metrics. Training and Mandatory Training levels were good. Nursing turnover was down with the stability index (nurses who had not moved in the past 12 months) at 87%. Sickness levels were broken down and explained. Staff absence was

currently 7%. Discussions took place around shielding (due to end on 3 August) and staff quarantining on return from Spain.

b) *Service transformation – update on work progressed during COVID 19*
Mr Davies joined the meeting and presented on the service improvement and transformation agenda. He talked through what had happened since the onset of lockdown; the need to adapt to new ways of working; challenges and lessons learnt. He updated on staff and patient feedback to the introduction of new functions. Discussion took place around staff debrief sessions and the formation of a staff group to look at lessons learnt starting with clinical areas and moving to back office staff. Outcomes of these meetings would be fed to Trust Board through the Committee. Going forward Transformation would continue to focus on the original themes of Outpatients, Theatres and Patient Flow focussing on efficiency rather than capturing savings, however it was acknowledged that CIP would probably be expected to be measured at some point towards the end of the year.

c) *Agile Working Policy*
Mr Davies continued with his presentation looking at Agile Working focussing on Technology; work life balance; cost and profitability and sustainability and the proposed agile timeline was referred to and noted. Risks and challenges were highlighted leading to the presentation of the Agile Working Policy which the Committee discussed at length. The Committee agreed to approve the Policy but with the development of some KPIs which the Committee requested updates on a regular basis.

d) *Overseas Patient Policy*
Mr Green, Head of Financial Services, Income and Planning, presented the policy following up on an audit recommendation from 2017/8. Some concerns were raised as to the wording in the policy around disciplinary action and staff accountability. Subject to that being changed and some minor amendments the policy was approved.

e) *Policy Framework Update*
Updated noted. Ms Vlasman to link with Ms Hindle on why the update was produced when one was not presented to other Committees (such as Quality Committee) and that some of the Policies did not relate to the Committee's schedule of business.

f) *Freedom of Information Annual Report*
Ms Blyth, Information Governance Manager, presented the report giving an outline of the FOI requests during the period of April 2109 – March 2020. The report outlined the number of requests received along with the themes and departments the requests related to. The Committee welcomed the "brilliant" report.

g) *Terms of Reference*
Operational Management Board
Ms Ross presented the Terms of Reference for the formation of a new Board to support the Director of Operations and Strategy in discharging her role and current delegated authority. They were presented to provide the Committee with assurance around the management framework and were noted by the Committee.

Digital Programme Board
Mr Burns presented the Terms of Reference which had some minor changes since last presented and were approved by the Committee.

Capital Management Group
Ms Ross presented the Terms of Reference which had significant changes to reflect the functionality of the group. It had been approved by CMG. The Committee approved the Terms of Reference.

h) *Cycle of Business*
Noted.

i) Access and Performance Business Case

Ms Ross presented the Business Case to support access and performance going forward moving it from the division of neurology and managing it outside the divisions. With an overall investment of £226,972 required to support the business case BPC approval was needed. Both Mr Burns and Mr Gibney had agreed they felt this was the right approach. Discussion took place regarding assurance of current performance and how concerned the Committee should be. It was acknowledged that it would take time to recruit and embed the new structure in the divisions but at the moment with the current structure the capacity was not there to look at different scenarios etc. The Business Case was approved by the Committee.

j) Website Development Business Case

Mr Burgess, Acting Head of Procurement, with the support of Mr Carney and Dr Rose presented the Business Case compiled following a tender exercise for the Website Creation, Content Management System, Development and Support Services for the Trust. The report set out how the evaluation of Invitation to Tender responses had been conducted, reported on results and made a recommendation of the preferred provider Sitekit who would provide a three year contract with the option to extend for a further two years at a cost of £104,220 inc VAT. The Committee approved the Business Case but requested that a Project Plan be produced and presented to the Committee in six months time.

k) Payroll Recommendation Report

Mr Burgess presented a recommendation report for a contract award for payroll management services. Following review and benchmarking the recommendation was to award a three year contract to the incumbent supplier St Helens and Knowsley Teaching Hospitals NHS Trust. The cost for the service was £67,266 per annum with a total contract cost, including all extension periods, of £336,330 (maximum 5 year contract). The Trust had been happy with the service provided by St H&K and through benchmarking exercises proved to be the best trust to provide the service. The Committee agreed to recommend to Trust Board to approve the contract (with the option to extend for an additional 2 x 12 months) under the Health Trust Europe LLP Framework.

l) People Strategy

The People Strategy Update was presented jointly by Mr Gibney and Ms Mullin and key highlights given. The aim of the strategy remained placing staff at the heart of the Trust's plans and was based on the responses to the NHS Interim People Plan published in June 2019. The final plan which was still awaited would influence the Trust's local strategy. Discussion took place around the Trust's involvement with Liverpool City Council and lessons learnt to improve our people practice. The Committee acknowledged how hard the HR department had worked over the last few months adapting to new guidance and ways of working which had been tackled well and NEDs had been assured by this.

AOB – Additional Mitel Licences

Ms Wells requested BPC approval for the purchase of additional Mitel Licences at a cost of £26,417 which would take the total contract cost to £101,342.40 inc VAT. COVID IT pressures had resulted in the IT department requiring more licences. Non-executives said they would have preferred to have seen the detail however in the circumstances the Chair had allowed the item under AOB as there did not seem to be any other options available. The Committee approved the purchase of the additional licences.

3.0 Progress against the Committee's annual work plan

The Committee continues to follow its annual work plan.

REPORT TO THE COUNCIL OF GOVERNORS

Date – 17 September 2020

Report Title	Chair's Assurance Report – Quality Committee 21 May 2020
Sponsoring Director	Seth Crofts, Non-Executive Director and Quality Committee Chair
Author (s)	Prepared by Lisa Salter, Director of Nursing and Governance

Purpose of Paper:	

The Quality Committee continues to receive reports and provide assurance to the Board of Directors against its work programme via a summary report submitted to the Board after each meeting. Full minutes and enclosures are made available to the Board on request.

The following report summarises the discussions held on 21st May 2020 at the Quality Committee.

Recommendations	The COG is requested to: • Note the report

Local Cancer Survey Action Plan
An update was given regarding the cancer action plan and will be presented again in September. Further work is being completed with the Patient Experience for further questions to be asked regarding how clinics are planned for the future.

Medical Director's Update
Discussion took place regarding mortality in relation to admissions/mortality due to COVID-19 for local Trusts. The chart indicated that the WCFT had the 2nd lowest number of deaths for the local region due to COVID-19. WCFT has had low volume and selective admissions but the data was re-assuring. The data indicated that WCFT was not a negative outlier for the number of COVID-19 deaths.

Further work arising from the COVID-19 situation, was the development of a Clinical Ethics Group. This was created to consider any difficult ethical decisions which may have arisen around resources and ITU care provision during the COVID-19 crisis. The group have been taking part in weekly calls and sessions have proved useful.

Board Assurance Framework (BAF)

It was noted that risk 004 scores had reduced. As part of the key controls for this risk, the Quality Committee agreed to an internal audit of the effects of violence and aggression incidents on the emotional and psychological well-being of staff together with an Equality, Diversity and Inclusion element.

With regards to risk ID 005 delivery of the Quality Strategy it was noted that the Clinical Audit Plan should come to Quality Committee at the start of the financial year for approval but this had been delayed due to the current COVID-19 crisis. The current risk rating for has not yet been adjusted, again due the COVID situation but an update of the Quality Strategy is to be provided at the July 2020 Quality Committee.

Risk ID001 COVID -19 had been added for information only as this risk is discussed further at Trust Board.

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Quality Performance Report (QPR formerly IPR)
A summary was given for neurology including the smooth transition of the stroke service to WCFT. The suboptimal risk assessment scores were noted and that much of this was related to paper documentation being completed by Aintree staff rather than electronic records. It was noted that there had been a reduction in MUST scores and this was being managed locally. No harm came to any patients and there was no drop in care or treatments.

Neurosurgery reported that due to the COVID-19 situation, there were no matron assurance checks within the month but it was noted that the divisional nurses and matrons all worked together within ward areas to support staff and patients.

Infection Prevention & Control Annual Report (including Q4)
Excellent progress in the HCAI reduction programme this year and notably that of MSSA bloodstream infections as this is the first year the Trust has met the trajectory. Reductions in the numbers for C. Difficile, CPE and CAUTI were also noted.

The notable exception to above reductions was the increase and subsequent breach of the internal target for E. Coli infections for which work streams have been set up to investigate this further. The CQUIN for the Flu Campaign was achieved and thanks conveyed to all involved. It was noted the target for the upcoming 2020/21 campaign will be 90% which will be challenging.

Quality Accounts
All improvements for 2019/20 had been achieved. Priorities have been chosen for 2020/21 that of Patient Safety, Clinical Effectiveness and Patient Experience with three priorities within each of these areas. Due to COVID-19, Grant Thornton did not audit or comment. In normal circumstances, the document is published in June but has been put back until 15th December 2020. The report has been sent to Healthwatch, NHS England and special commissioners and their comments are expected in October 2020. The document was agreed and signed off by the Quality Committee.

NCEPOD Report
Due to some sickness and vacancies, some gaps existed however these are being monitored closely by CESG. One of the main areas of concern is that of diabetes. It was noted that steps were taken to rectify issues but due to unforeseen circumstances this has proved difficult and work is on-going to resolve the matter. No discharge information audit has been undertaken and that this was an area that needs to be looked at further.

Safeguarding Annual Report
The Datix reporting system has been continuously reviewed and refined to enable more specific reporting. The DoLS monitoring system is now finely tuned and feedback from MIAA has been excellent.

There has been a rise in the number of safeguarding referrals from 89 to 222 which is indicative of the extent of the understanding and education staff within the Trust have with regards to safeguarding our patients.

It is hoped that the new Liberty of Safeguards Act (LPS) when they commence will assist with the delays currently experienced for patients who have a DoLs in place and was due to be discussed in Parliament in October 2020 but has been deferred to February 2021.

Governance, Risk & Patient Experience Annual Report
There had been a slight reduction in the overall number of incident reporting. There was a notable decrease in the number of serious incidents reported but moderate harm incidents had increased slightly. The number of communication incidents had decreased but this will continue to be monitored via the Governance Assurance Framework Ref 304. There was a

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slight reduction in the number of violence and aggression incidents. The number of fire safety incidents had also decreased.

There has been a 36% increase in the number of complaints mainly around appointments and communication and this is being managed by the Divisions.

Quality Committee Work Plan
The work plan will be reviewed to ensure that no items have been missed and that usual items will be brought back on to the Agenda such as patients stories and quality presentations.

Chairs' Reports & Minutes from Sub Committee Meetings
The following Chairs' reports and minutes were circulated in the board pack:-

- **Infection Control Committee –** minutes dated 09/03/05 no comments received.
- **Clinical Effectiveness and Services Group** – minutes dated 05/03/20 – no comments received.
- **Health & Safety Group** - minutes 17/02/20 no comments received

The meetings below had either not taken place due the COVID-19 crisis or not yet scheduled

- **Patient Experience Group** - no meeting due to COVID-19
- **Quality & Patient Safety Group** no meeting due to COVID-19
- **Neurosurgery Governance Group** – no meeting due to COVID-19
- **Neurology Governance Group** – minutes & Chairs report February 2020
- **Corporate Governance Group** no meeting due to COVID-19
- **Safeguarding Group** – no meeting due to COVID-19
- **Organ & Tissue Donation** no meeting
- **Human Tissue Act Group** yearly meeting (June 2020)

Royal College of Physicians Report Action Plan (RCP)
The RCP action plan has been through the Neurology Risk and Governance meeting for three consecutive meetings with updates on progress being made.
Following a final satisfactory review by the Neurology Risk and Governance Group, it is envisaged that the action plan would be presented at the Clinical Effectiveness Group.

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Report Title	Chair's Assurance Report – Quality Committee 23 July
Sponsoring Director	Seth Crofts – Non-Executive Chair
Author (s)	Lisa Salter, Director of Nursing and Governance, on behalf of Seth Crofts, Non-Executive Director and Quality Committee Chair
Purpose of Paper:	
The Quality Committee continues to receive reports and provide assurance to the Board of Directors against its work programme via a summary report submitted to the Board after each meeting. Full minutes and enclosures are made available to the Board on request. Agenda items are listed in order of the meeting.	
Recommendations	The COG is requested to: • Note the report

Agenda item	Discussions at the meeting
CMRN Quality Presentation by Ms J. Peacock	All patients seen by a single point of contact (SPOC) so journey through the network is positive and rehabilitation potential and expectations are clear. The MDT approach is key to the success and includes doctors, therapists, psychologists and neuropsychiatry as well as vocational rehabilitation. This is all monitored by UKROC administrators. The network have a Quality Committee which takes an MDT approach where they share lessons learned and essential information. The teams are currently writing a rehab book, which will support the Masters' Module. Links with other Trusts, especially in Cheshire, Wales and Isle of Man, have been encouraged within the last 12 months to ensure people are clear regarding how the C& M Network can support patient care,
Medical Director's update by Dr. A. Nicolson	Funnel plots shared and explained. These highlighted that WCFT had a low number of patients with Covid-19 with low numbers of deaths. Organ donation information was presented noting that from April 19 – February 202 there had been 17 organs donated with 38 patients receiving transplants. Between March 2020 and May 2020, there have been 5 organs donated with 14 patients receiving transplants.
Mortality & Morbidity Report Dr. Nicolson , Mr Carter & Dr. Wilson	New data was shared in the report which gave assurance to the committee, albeit the CHKS data is 3 months behind. It was explained that the stroke death data was to be reviewed in line with other national data.
Integrated Performance Report Input from Divisions	Some challenges experienced for visiting due to other Trusts changing rules although the WCFT have maintained the regional agreement to only enable visiting when patient is at EOL/has enhanced needs. The Divisions shared information related to quality of care and patient experience. During Covid-19, the Divisions have worked hard to deliver all aspects of excellent and safe patient care and they should be praised for working stronger as triumvirates/quadrumvirates. Despite lower numbers of patients, quality is on track

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	to be delivered.
Patient Safety Strategy **Mr. T Fitzpatrick**	A full review of the policy in WCFT will be undertaken and how learning takes place so assurance is gained for incident management. Patient safety incident management system (PSIMS) will replace National Reporting Learning System (NRLS). A task and finish group will be set up to review changes.
SOP – Reasonable Adjustments **Mr. A Lynch**	This document needs to be shared at the next Equality, Diversity & Inclusion (E, D &I) group and personalised to WCFT to ensure all elements are captured.
Medicines Management Report **Mr. D Thornton**	Well-presented report for last 12 months, despite Covid-19. The report also identified plans and areas for development in 2020/21, which were accepted by the Committee. A full upgrade to the EPMA system will need to be installed with full training and ITU support, however further discussions will need to be held. Thanks noted for an excellent service and for maintaining and updating policies and SOP especially during COVID-19.
Controlled Drugs Accountable Officer Report	Management of controlled drugs (CDs) continues to be monitored. Handling of patients' own CDs requires further improvement, although it was noted significant progress has been made over the past 12 months.
IPC Q1 Report **Ms. C Chalinor**	Universal decolonisation introduced Trust wide to support reduction in hospital acquired infections (HCAI). Data shared regarding HCAI. Catheter acquired infection information and service improvements noted. CPE outbreak data from HDU given and shared with our commissioners. Extensive work undertaken during Q1 with COVID-19 and a Trust-wide approach was promoted. Changes in PPE, in accordance with PHE, has been maintained but had its challenges. Excellent work has been achieved in the occurrence of no EVD infections in the last 4 months. FIT testing work has been led by Laura Abernethy who should be praised for this.
Visibility Update **Ms. L Vlasman**	Assurance give to the Committee that although walkabouts have not happened due to COVID-19, other walkabouts and interventions have been put in place together with opportunities for the NEDs to speak to senior managers which has worked well.
In-Patient Survey **Ms. L Gurrell**	Excellent results highlighted by the CQC and noted to be the best to date for WCFT. WCFT was better than most Trusts for 26 questions. The next survey will be in November however the questions and process will change.
Quality Strategy **Ms. L Salter**	Committee noted that year 1 actions had been undertaken and some elements due in years 2 & 3 had already been progressed. Some good progress noted.
Pressure Ulcer Policy **Ms L Salter**	This was written by Cheshire & Merseyside Pressure Ulcer group and tailored to WCFT. A new Tissue Viability Specialist Nurse – Angela King (TVN) due to commence in 3 months' time. Committee ratified both documents
Review of Serious Incidents & Mortality and Morbidity process **Mr. S Crofts**	It was noted that there is a good clear policy in place with a Serious Incident (SI) meeting in place. The SI meeting requires further attendance at times. Mortality review is strongly medically led but an MDT approach is required and work needs to be progressed. Divisional Governance groups are key to sharing learning from these. This approach forms part of the Quality Strategy.
Governance & Risk Management Report **Mr. T. Fitzpatrick** **Ms L. Gurrell**	There were 2 new themes logged within the framework for the increase in medicine incidents and increase in catheter acquired infections (CAUTI). Improvement actions were noted. Legionella and water flushing system discussed. Further water testing is due next week and this will be presented at IPC Committee

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Work Plan	The work plan was agreed by the Committee
CESG (Minutes) **Mr. Nicolson**	The minutes noted that the status epilepticus guidelines have been progressed and signed off by the group. Agreed this document would also be shared with the Royal College.

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The Walton Centre NHS Foundation Trust

REPORT TO COUNCIL OF GOVERNORS
17 September 2020

Report Title	Chair's Assurance Report – Audit Committee 21 July 2020
Sponsoring Director	Su Rai – Non-Executive Chair
Author (s)	Jane Hindle, Corporate Secretary

Purpose of Paper:	

The Audit Committee continues to receive reports and provide assurance to the Board of Directors against its work programme via a summary report submitted to the Board after each meeting. Full minutes and enclosures are made available to the Board on request.

The paper provides an update to the COG of the meeting of the Audit Committee held on 21st July 2020.

Recommendations	The COG is requested to: • Note the report

a. **External Audit** – the update focussed on finalising the year end work around the audit of the annual report and accounts and the auditor had presented their final letter summarising this work.

b. **Internal Audit –** had provided an update regarding their work and the challenges of completing the majority of their work remotely. The Committee noted that the audit of the Rehab access and bed utilisation KPI's had been awarded significant assurance.

c. **Counter Fraud Authority Review –** The Committee received a report following a visit to the Trust by the Counter Fraud Authority in February 2020. The review found the Trust to be compliant with the five strategic foundations and contained only 2 recommendations, one of which related to the effectiveness of the Counter Fraud Programme.

d. **Challenge Questions –** The Committee received the Trust's response on the key strategic challenge questions and topics included, Brexit, Collaborative working, Leadership, Backlog Maintenance and Capital funding.

Ms Rai and Mr Burns had also discussed the external audit contract and the next steps around awarding a new contract.

The Walton Centre NHS Foundation Trust

REPORT TO THE COUNCIL OF GOVERNORS
17 September 2020

Report Title	Chair's Assurance Report – RD&I 01/07/20
Sponsoring Director	Seth Crofts – Non-Executive Chair
Author (s)	Mike Gibney, Director of Workforce and Innovation
Purpose of Paper:	

The Research, Development and Innovation Committee continues to receive reports and provide assurance to the Board of Directors against its work programme via a summary report submitted to the Board after each meeting. Full minutes and enclosures are made available to the Board on request.

The paper provides an update to the COG of the meeting of the Research, Development and Innovation Committee held on 1 July 2020.

Recommendations	The COG is requested to:
	• Note the report

1.0 Matters for the Board's Attention

a) Research, Innovation and Medical Education (RIME) Committee

Through the Trust's Strategy, there was recognition that there should be alignment of the research, innovation and medical education functions in order for The Walton Centre to remain a centre of excellence. It was proposed for Medical Education to report into the Committee rather than the Business Performance Committee and would be reflected in the name; Research, Innovation and Medical Education (RIME) Committee. Committee members were in support of the proposal and the revised Terms of Reference were considered and approved. The associated committee cycle of business was also approved and welcomed by members in light of the additional elements to the Committee's remit. It was noted that the cycle of business was an indicative work programme and that additional priority items would be included when required.

b) R&D Finance and Performance Report

The R&D Management Accountant informed Committee that due to COVID-19, NHS funding arrangements, income and expenditure were only reported to the first 4 months of 2020/21 as national financial guidance only related to this period. Guidance for months 5-12 was due to be released imminently and future reports would reflect the national guidance once published.

It was anticipated that the Neuroscience Research Centre (NRC) would break even as although there had been no changes to the grant payment schedules, it was estimated that the income received from NHS Improvement would make up the shortfall in income from commercial trials due to activity ceasing during this period.

The Chair noted the current financial position and reminded members that the fundamental financial challenge was related to business as usual. The NRC would need to be flexible and responsive to changes from governing bodies i.e. NHS England, NIHR. It was noted that due to the staffing challenges within the department, the reduction in activity over this period had been less detrimental and that it would therefore be less exposed if changes were introduced.

A request was made by Dr Frank for research data facilities to be provided as a part of the IT infrastructure post COVID-19 as an enabler for the Trust to be responsive to future research study requests.

The Committee was informed that nationally, there were clinical trial units that had returned to operating at 80-90% capacity and therefore presented a risk to the Walton Centre in terms of access to feasibility studies. Although this was the national picture, it was noted that a high percentage of commercial research operated internationally and therefore the Trust was competing in a robust market place for Neuroscience trials.

The Walton Centre NHS Foundation Trust

2.0 Items for the Board's Information and Assurance

a) *Data Transfer and Intellectual Property*
The Head of Commercial Engagement and Marketing updated the Committee on how data transfer and intellectual property had been historically managed within the Trust with regards to research studies. It was reported that for commercial studies, it had been resourced via the individual companies. For investigator led studies, historically, advice has been sought from the Trust's Information Governance Department, the NRC and the principal investigators. Going forward, the Trust needed to consider how to resource the legal assessments of intellectual property and data transfer and it was recommended that the funding of these elements be built into the research contracts. There was agreement that there had been missed opportunities for the Trust to benefit from some of the research projects that had been undertaken and to retain credit.

It was felt that each study would need to be reviewed on an individual basis rather than implementing a general policy, due to the diverse nature of projects. This was the approach being taken for innovation projects where intellectual property arrangements can be complex. It was noted that work was being undertaken to explore some aspects of TONiC, where industry wants to collaborate with the programme.

The Director of Research Infrastructure and Education for LHP informed the Committee that similar discussions were being held by a number of the specialist trusts across the region and therefore suggested that a working group be held to gain a greater understanding of how other trusts were managing intellectual property, enable shared learning and agreed to share some background information on intellectual property management.

There was agreement that there needed to be a more systematic approach within the Trust with regards to intellectual property and that an update would be brought to the next Committee meeting in September 2020.

b) *LHP Partnership Update*
An update was provided on the Neuroscience theme and that there was a focus on neurology and mental health. In the process of recruiting a theme manager to which there had been a significant number of strong applications. It was noted that the University of Liverpool was working with the Walton Centre to develop a faculty of Neuroscience.

c) *STrategic One Liverpool Partnership for COVID*
The Director of Research Infrastructure and Education for LHP gave an overview of the STOP COVID programme the aims of which were to:

- Develop new diagnostics, drugs and treatments for COVID-19
- Better understand the impact of social inequality on viral transmission, disease and recovery
- Understand risks for development of severe clinical disease and protective immunity
- Understand and address the impact of the COVID pandemic on our residents, health and social care services and other economic issues.

A command and control structure had been implemented which enabled multiple stakeholders to be in the same place who could make strategic decisions on how the workforce should be prioritised and mobilised across the system whilst also listening to member trusts to support new research when managing the workforce to deliver the COVID studies. Although the structure had worked well, LHP was starting to transition into the clinical restarting and system reset phase. This included looking at how to support member organisations to restart their research portfolios and continue to building capacity.

As part of the next steps, conversations were being held with research leads from member organisations to gain feedback of their experiences of being part of the STOP COVID programme. Recommendations would be taken to the LHP Board in July 2020 to outline key principles for moving forward.

d) Medical Innovation Group Update

Although the Medical Innovation Group had not formally met during the COVID period, the Director of Workforce and Innovation gave an update on the following projects:

Elementary Routine Nutritional Screening Tool (ERNST) - This product will enable patients at risk of malnutrition and obesity to access appropriate care and treatment more efficiently and consistently. Uniquely, ERNST will provide quick and easy digital screening to detect risk for both conditions. This is an exciting, innovative development by Vicky Davies, Principal Dietician for Neuroscience. Key points of note were:

- An MoU between The Walton Centre and ERNST Nutrition Limited (Vicky Davies' company) had been signed off
- £8K of funding had been agreed by the Executive Team for the development of a prototype
- Proposal received from Citrus Suite Limited for prototype development
- A future funding application to be made to the Walton Charity Committee for IT development

Virtual Engagement Rehabilitation Assistant (VERA) - An interactive virtual platform that supports holistic rehabilitation of patients and carers in inpatient and community settings. Key points of note were:

- £60K funding had been confirmed from the Stroke Association for research and evaluation
- £37K funding application was being made for IT development to the Walton Charity Committee at the 9 July 2020 meeting
- Dr Rose was working on a Collaboration Agreement between The Walton Centre, University of Central Lancashire (UCLAN) – research and evaluation support and Citrus Suite – IT development company.

Trajectories of Outcome in Neurological Conditions (TONiC) – Professor Young provided the following update:

Currently working with a genetics company based in Ireland who had made an offer of approximately £2 million in either direct or in-kind funding to genotype 5,000 of the TONiC participants in whole geno sequence. This would enable a biobank of MS samples to be created. As it would exceed the capacity of The Walton Centre's biobank to hold the samples, it was proposed for the biobank to be held at the University of Liverpool's biobank. It was noted that the consent process attached to this would include consent for later use in service studies which would be a valuable resource not only for the Trust, but for external researchers including pharmaceutical companies with regards to commercialisation.

The majority of the contractual work was being undertaken by the contract officers and Legal Department at the University of Liverpool due to limited internal resources. However, it was confirmed that the clinical data would remain at The Walton Centre.

The geno sequences and contract would be returned to Professor Young which would enable them to be shared with other parties in due course either for research or commercial purposes. Also, under the ethics, anonymised data would be placed under national and international repositories for wider use. Concerns were expressed regarding the ability to hold the data files due to the file sizes.

Negotiations were taking place with Roche to undertaken phase 7 of TONiC. It was noted that an application that had been made to the MRC for the programme grant had not been successful and that revisions were being made for resubmission.

Ethics permission had been received for the COVID amendment of TONiC and would be commencing for MS. TONiC had been approached by the patients' organisation MND and the MND register as was the preferred method to look at the affects of COVID on MND with having 38 sites across the UK.

The Committee was informed that TONiC largely worked independently from the NRC. It was noted that the internal financial support for the programme was of a high calibre.

The Chair requested that as a Trust, need to ensure that all opportunities in terms of infrastructure, finance and reputation were capitalised.

3.0 Progress Against the Committee's Annual Work Plan

The Research, Innovation and Medical Education (RIME) Committee Terms of Reference would be taken to the Trust Board on the 30 July 2020 to be ratified following which a revised cycle of business would commence from the next Committee meeting scheduled for the 2 September 2020.