



Council of Governors

Tuesday 8 June 2021

Agenda and Papers



UNCONFIRMED

Minutes of the Council of Governors Meeting

Tuesday 9 March 2021

Virtual meeting held on MS Teams

Present

Janet Rosser (Chair)

Governors

Barbara	Strong (Lead Governor)	Amanda	Chesterton
Colin	Cheesman	Rich	Cottier
Peter	Clegg	William	Givens
Cameron	Hill	Stella	Howard
John	Kitchen	Nanette	Mellor
Ella	Pereira	Jan	Vaughan
Stan	Winstanley	Melanie	Worthington

In Attendance

Su	Rai	Non-Executive Director
Nalin	Thakkar	Non-Executive Director
Karen	Bentley	Non-Executive Director
David	Topliffe	Non-Executive Director
Hayley	Citrine	Chief Executive
Jan	Ross	Director of Operations and Strategy
Michael	Gibney	Director of Workforce and Innovation
Lisa	Salter	Director of Nursing and Governance
Helen	Wells	Deputy Director of Finance
Paul	Buckingham	Interim Corporate Secretary
Carol	Miller	Membership Manager/Corporate Governance Assistant (Minutes)

Apologies

Alison	Astles	Doreen	Brown
Jonathan	Desmond	Rhys	Davies
Natalie	Dill	Melissa	Hubbard
Chris	Sutton	Adrian	Wells
Seth	Crofts	Non-Executive Director	
Mike	Burns	Director of Finance and IT	

COG 53 20/21	Apologies Apologies were received and noted as above.
COG 54 20/21	<p>Welcome and Declaration of Interests: The Chair welcomed all those at the meeting and informed the Governors that following feedback the meeting agenda timings had been revised and speakers had been advised to be succinct and to allow sufficient time for questioning. The Governors pre-meeting had also taken place on a different day.</p> <p>No questions on notice had been received prior to the meeting. It was confirmed that the meeting was quorate.</p> <p>Declaration of Interests None</p>

<p>COG 55 20/21</p>	<p>Minutes of the meeting held on 17th September 2020 : Action Tracker and Matters Arising</p> <p>The minutes of the previous meeting were agreed as a true and accurate record.</p> <p>Matters arising:</p> <p>The following items were updated:</p> <ul style="list-style-type: none"> • COG 13a 20/21 Governor Effectiveness Review <ul style="list-style-type: none"> - An update to be given at the June 2021 meeting. • COG 19 20/21 Research Innovation and Medical Education Committee <ul style="list-style-type: none"> - This item deferred until further information was available. <p>The following items were updated and closed:</p> <ul style="list-style-type: none"> • COG 36 20/21 Lead Governors Report Questions on notice received from the public and governors <ul style="list-style-type: none"> - On the agenda of the March meeting of the Council of Governors Membership and Engagement Group. • COG 37 20/21 Lead Governors Report Alternate Governor attendance at HSJ events <ul style="list-style-type: none"> - HSJ had confirmed that this was possible but that due to GDPR regulations, Governors would need to register individually. Ms Strong will inform governors of suitable events via the Corporate Governance Assistant. • COG 43 20/21 Selection of Quality Accounts Priorities Votes received and actioned. • COG 52 20/21 Review of Meeting Suggestions had been received and actioned, see minute COG 54 20/21 and the Governors pre-meeting had taken place on a different day.
<p>COG 56 20/21</p>	<p>Lead Governors Report</p> <p>Ms Strong updated governors on activity during the last quarter. The following would be of interest to governors :</p> <ul style="list-style-type: none"> • NHS White PaperCQC Consultation <ul style="list-style-type: none"> - Seeking stakeholder input on a proposed changes on inspections and the inclusion of data from external sources and stakeholders. • Engagement Questionnaire; <ul style="list-style-type: none"> - Low return and engagement from Governors, - Positive response to Chairs briefings and an agreement that these would continue on a monthly basis and - Pre-meeting timing and day to be kept under review <p>Following the report Ms Salter offered assurance that monthly CQC virtual meetings were continuing. The consultation proposed that reviews would link with external stakeholders and data to inform Key Lines of Enquiry before formal reviews took place which would result in reduced visits.</p> <p>Updates would be shared with Governors when they were available.</p> <p style="text-align: center;">Action: Ms Miller to continue to schedule monthly Chairs briefings and Governors to forward requests for items and EXECs attendance</p>

<p>COG 57 20/21</p>	<p>Chairs Report Ms Rosser updated the governors on:</p> <p>Internal updates from Trust:</p> <ul style="list-style-type: none"> - Appointment of 3 Consultant Neurologists who were Specialist Registrars; • Ms Parr, Head of Communications had taken up her role and had extensive experience and background in the NHS and Police; • Ms Rosser to take on the new requirement for Trusts to have a Wellbeing Guardian at Board Level: <ul style="list-style-type: none"> - Working with Ms Mullen Deputy Director of HR to develop the role, - Staff wellbeing following Covid was a central concern for the Trust. <p>External updates following fortnightly NHSEI Chairs Briefing:</p> <ul style="list-style-type: none"> • Cheshire and Merseyside Recovery Plans to be submitted in March 2021: <ul style="list-style-type: none"> - Update to be given at the next Chair and Governor briefing in April • Covid vaccination <ul style="list-style-type: none"> - North West - 2.6 million - Cheshire and Merseyside - 1 million Targeted engagement by GPs with underrepresented groups • Financial funding structure had changed • NHS White paper <ul style="list-style-type: none"> - 1st reading expected in May 2021 with Royal assent in January 2022. <p>ACTION: Recovery plans to be discussed at April 2021 Chair and Governor Briefing</p>
<p>COG 58 20/21</p>	<p>COVID-19 Update Ms Citrine updated governors on the regional Covid position:</p> <ul style="list-style-type: none"> • Improved national position and the National Roadmap was in place which staged easing of restrictions, • From 1st March 2021 Command and Control physical presence in the Board Room was stood down, however remains in place as a way of working • There had been a reduction in COVID Directors Regional Meetings from weekly to fortnightly, • Walton Centre just over 80% of staff had been vaccinated. No themes have been identified for why the remaining 20% had not taken up the vaccine offer, numbers are increasing still albeit slowly. Regionally vaccination was also just over 80% but BAME staff and young women were lower but this wasn't the case at Walton, indeed BAME staff were higher at uptake. • Covid patients across Cheshire and Merseyside down from 30%+ to 10%, • Emergency admissions returning to normally expected levels, • Caution remains around Critical Care capacity <ul style="list-style-type: none"> - Bed Base returning to normal after Covid Surge but 25 – 30% Critical Care beds remained Covid related, • Staff returning from Nightingale Hospitals and • Ms Ross was leading on the Walton Road Map which was based upon the National Road Map expected timescales and included patient priority planning and the resumption of visiting. <p>In response to a comment from Ms Chesterton, Ms Citrine confirmed that student placements continued within the Trust and all students had been offered the vaccination. Ms Salter confirmed that all students had opted into the Lateral Flow/Lab Testing taking place within the Trust for front line staff.</p> <p>In response to follow up questions from Ms Mellor and Ms Chesterton, Ms Ross confirmed that the Trust Road Map would consider the appropriate safe time for the</p>

	<p>resumption of voluntary organisations attending the Trust. The valuable work and the importance of that provision for patients and staff in supporting and signposting vulnerable patients was acknowledged.</p>
<p>COG 59 20/21</p>	<p>Chief Executives Performance Report 20/21</p> <p>Ms Rosser explained that whilst the Quarterly Performance Report was included with the meeting papers and a verbal update was given at the meeting, monthly reports were also available on the Trust website in the public Trust Board meeting papers. A review would take place on the format of the Governor Performance Report and the appropriate level of information to include within the reports.</p> <p>Ms Ross updated governors on activity:</p> <ul style="list-style-type: none"> • Learning taken from the Covid 1st wave was being put into practice: <ul style="list-style-type: none"> - Continued focus on cancer patients, - Diagnostics maintained, - Outpatients continued and - Elective activity reduced. • Planning on restoration of services, <ul style="list-style-type: none"> - Plan was system wide and due to commence in April 2021, - Categorising patients based on clinical need ensuring parity of service - Patients who have waited over 52 weeks <ul style="list-style-type: none"> Business Performance Committee undertaking work to reduce the numbers by scrutinising systems and processes and Quality Committee reviewing the clinical impact on patients. • Staff recovery plan: <ul style="list-style-type: none"> - Higher absences during Covid and - Staff wellbeing a key priority. • Activity in line with wider system: <ul style="list-style-type: none"> - Continued Critical Care capacity, - Continued Support of: <ul style="list-style-type: none"> Major Trauma Collaborative and Rehab network, particularly implications of Long Covid. • Wider system support: <ul style="list-style-type: none"> - Acute Neurology and alignment with Aintree, - Continued support of Head and Neck cancers and - Additional CT Scanner to support diagnostics. <p>Ms Salter updated governors on the current position for quality and safety:</p> <ul style="list-style-type: none"> • Improvement work had led to a reduction in infection rates: <ul style="list-style-type: none"> - Quality Committee will be presented with the results of a deep dive which had taken place on the rise in MSSA, improvement work will be implemented; • Tissue Viability Nurse took up post in Q3: <ul style="list-style-type: none"> - Conducting staff education programme and was sharing experience on reducing harm from Pressure Ulcers; <p>In response to a comment by Ms Rosser and Ms Chesterton, Ms Salter acknowledged the results of the hard work of all staff in achieving the positive results and the support given by The Infection Prevention Team, particularly during a period of Policy and guideline changes.</p> <p>In response to questions from Mr Winstanley and Ms Howard, Ms Salter and Ms Ross confirmed that lessons learnt from the first Covid wave and a subsequent staff survey included:</p> <ul style="list-style-type: none"> • Improved Communications: <ul style="list-style-type: none"> - The move to a virtual Daily Safety Huddle has led to increased attendance and had reduced staff time away from patient care. Due

	<p>to the positive feedback from staff, the Safety Huddle is to remain virtual and continue to include weekends.</p> <ul style="list-style-type: none"> • Increased Flexible working: <ul style="list-style-type: none"> - Provided Staff support, - Enabled Working from home and - Increased effective use of technology. • Virtual Consultations: <ul style="list-style-type: none"> - Successful implementation and positive patient feedback and - Road map would offer a balanced offer of face to face and virtual consultations based upon individual patient and diagnostic need. • Continual improvement: <ul style="list-style-type: none"> - Staff feedback and lessons learnt was an ongoing process and the staff survey would be repeated. <p>Ms Wells updated governors on the current financial position:</p> <p>From Month 8 Trusts no longer needed to record a breakeven if delivering to Cheshire and Merseyside NHSI plan Trusts and could record a deficit or surplus.</p> <ul style="list-style-type: none"> • Year to date surplus of £41k against a planned deficit of £809k: <ul style="list-style-type: none"> - After plan was submitted, there was unanticipated income from increased work in Thrombectomy and Spinal services, cancelled elective activity due to Covid and reduced spend on drugs and devices. • Month 10 forecasting a surplus of £0.5m: <ul style="list-style-type: none"> - Final position may change following discussions and reviews in line with Cheshire and Merseyside and National position. • Look forward: <ul style="list-style-type: none"> - Business planning delayed until Q2 2021/22, Awaiting guidance and - Allocated income is anticipated to take into account increased spend e.g. Increased Medical Insurance contributions. <p>The Council of Governors: Noted the report.</p>
<p>COG 60 20/21</p>	<p>Terms of Reference – COG Steering Group Mr Buckingham presented the revised TORs for agreement and the change in title to COG Advisory Committee reflecting the clearer functions of the group:</p> <p>The Council of Governors: Approved the revised TORs</p>
<p>COG 61 20/21</p>	<p>Council of Governors Elections Mr Buckingham updated governors on the 2021 Governor Elections following the deferred elections from 2020.</p> <p>Given the number of vacant seats the elections will commence in June until August. The March meeting of the COG Membership and Engagement group meeting will discuss engagement and publicity of the Election.</p> <p>The Council of Governors: Noted the report</p>

<p>COG 62 20/21</p>	<p>Council of Governors Register of Interests Mr Buckingham requested that Governors undertake the annual review of their register of interests.</p> <p>The Council of Governors: Noted the report</p> <p>Action: Governors to submit outstanding declaration of interest via MES Declare</p> <p>In response to questions from Mr Givens:</p> <ul style="list-style-type: none"> • Ms Rosser confirmed that Non Executive Directors attended the Council of Governors meetings and it was agreed that speakers would announce themselves and their roles before they present. • Mr Gibney confirmed that regular communication and publicity took place including press releases, Neuromatters magazine, Stakeholder newsletters, regular social media coverage on the Trust Twitter and Facebook pages and contributions to Science Journals. News and media coverage about the Trust was also collated by the Communications Team. • Ms Rosser confirmed that relevant Trust emails were forwarded to Governors by Ms Miller. • Ms Citrine, Ms Ross and Ms Chesterton offered assurance that appointments and consultations were offered on an individual needs basis; based upon appropriateness, patient need and personal requirements. This included virtual and face to face to ensure balance and equality of access to services to all patients. <p>ACTION: Speakers to announce their name and role when first presenting or speaking at Governor Meetings</p>
<p>COG 63 20/21</p>	<p>Chairs Reports – Business Performance Committee Mr Topcliffe reported that there had been 2 meetings in the last quarter and the following matters were highlighted:</p> <ul style="list-style-type: none"> • Due to Covid restrictions and to allow potential bidders full access to the site, the previously reported retendering exercise for cleaning, portering, catering and security has been deferred until April 2022. • Additional Capital budget has enabled improvements scheduled for 2022 to be bought forward to 2021. <p>The Council of Governors: Noted the report</p>
<p>COG 64 20/21</p>	<p>Chairs Report – Quality Committee Ms Rosser updated Governors on behalf of the committee Chair Mr Crofts and reported that there had been 2 meetings in the last quarter and the following matters were highlighted:</p> <ul style="list-style-type: none"> • As previously reported the Quality Committee would be undertaking investigations on MSSA. <p>The Council of Governors: Noted the report</p>
<p>COG 65 20/21</p>	<p>Chairs Report – Audit Committee Ms Rai reported that there had been 1 meeting in the last quarter and the following matters were highlighted:</p> <ul style="list-style-type: none"> • Covid had impacted on the process of conducting internal and external audits, • The External Auditors - additional Value for Money work required for 20/21, • Ext Audit of financial audits had received Significant Assurance and • The Committee Effectiveness review would be based upon the NHS Audit handbook and be undertaken by external auditors MIAA.

The Walton Centre NHS Foundation Trust

	<p>The Council of Governors: Noted the report</p>
<p>COG 66 20/21</p>	<p>Chairs Report – Research, Innovation and Medical Education Committee Mr Gibney updated Governors on behalf of Mr Crofts and reported that there had been 1 meeting in the last quarter and the following matters were highlighted:</p> <ul style="list-style-type: none"> • The Trust had a research deficit in 20/21 due to the suspension of ‘business as usual’ and the concentration on Covid trials and research, • Following recommendations of an Independent review, a review of the research portfolio would be undertaken to balance commercial and traditional sponsored research trials and • The Walton Centre was the Medical Education regional lead for Neuroscience. <p>The Council of Governors: Noted the report</p>
<p>COG 67 20/21</p>	<p>Chairs Report - Charity Committee Ms Rai reported that there had been 1 meeting in the last quarter. The following matters were highlighted:</p> <ul style="list-style-type: none"> • Charity Annual report and accounts were submitted to the Charity Commission on time and approved, • Work was being undertaken to align the charity project approval process to Trust strategies and objectives, • Investments were performing well and • Work to identify risks and mitigations was being undertaken. <p>Following a question from Mr Givens, Ms Rai offered assurance that potential sources of grants and funding were explored, including funding from NHS Charities together of £145Km for staff wellbeing and support during Covid.</p> <p>The Council of Governors: Noted the report</p>
<p>COG 68 20/21</p>	<p>Quality Accounts Report 2019/20 Ms Salter updated governors on the report which was included in the papers.</p> <ul style="list-style-type: none"> • Confirmation of the Quality Priorities which had been selected by the Council of Governors, • The report had been presented and approved by the Trust Board and • External stakeholders, including Health Watch had commented and provided positive feedback <p>The Council of Governors: Noted the report</p>
<p>COG 69 20/21</p>	<p>Any Other Business</p> <p>None</p>
<p>COG 70 20/21</p>	<p>Review of Meeting The Chair thanked governors for their participation and attendance.</p>

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COG 71 20/21	Date, time and venue of next meeting The next meeting of the Council of Governors will be held on 8 th June 2021.
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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
09/03/21	COG 56 20/21	Lead Governors report Continue to schedule monthly Chairs briefings and Governors to forward requests for items and EXECs attendance	CM	Briefings have been organised up to August 2021 and a NED invited to attend on a rota basis	April 21	CLOSED
09/03/21	COG 57 20/21	Chairs Report Recovery plans to be discussed at April 2021 Chair and Governor Briefing	JR		April 2021	CLOSED
09/03/21	COG 62 20/21	Council of Governors Register of Interests Speakers to announce their name and role when first presenting or speaking at Governor Meetings	All	Reminder to be given at the start of each meeting	Ongoing	CLOSED

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

17/09/20	COG 19 20/21	<p>Chairs Report – Research, Innovation and Medical Education Committee Update on Neurological implications of COVID research, to be presented to a meeting at a later date when available</p>	S Crofts	<p>To be added to March 2021 Agenda</p> <p>Governors to contact Ms Rosser with areas to be included</p> <p>Deferred until information available</p>	January 2021	
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Lead governor's report to Council of Governors
June 2021

Introduction

This report updates governors with significant events or developments in which the Lead Governor has been involved since the last COG meeting (held 9th March 2021).

1. 10th March Engagement Meeting
Liverpool National Institute for Health Research (NIHR) Biomedical Research Centre in Infection

I attended this on-line meeting to which relevant Walton Centre stakeholders, including governors, were invited. The meeting was to raise awareness of the proposal to establish a Biomedical Research Centre (BRC) for Infection in Liverpool.

John Kitchen, who also attended, has kindly provided a short briefing for governors - attached below at page 4, **Appendix 1**

2. 16th March Governor Membership and Engagement Group

Agenda Items of note/actions arising are summarised below:

- Update on recent communications activity.
- Update on recent charity activity.
- Discussion and approval of revised membership form which had been updated to include diversity information.
- The revised Communications Strategy was presented and governors noted that the Membership Strategy annex had been removed from the document. Following discussion, it was agreed that :
 - Carol Miller (CM) would send members document to log governor and membership strategy operational suggestions
 - A start and finish sub group to be set up which would consider Trust membership
 - The group business cycle would be based upon the core elements of the Communications Strategy
- CM presented the data which had been previously requested to assist with targeted engagement.
- Paul Buckingham (PB) introduced Terms of Reference and Business Cycle for consideration. He invited comments ahead of the annual review, which is to be presented at the next meeting, in June 2021.
- Governor Elections: Governors interested in participating in election activity and engagement should contact PB.
- Fitness for purpose of the *Questions Received from Governors and Members of the Public* document. After some discussion, the governors agreed that this document will be used in future to log questions on notice received before COG meetings. It will be included at the end of the Agenda and Board Pack for information.

3. 14th April Extraordinary COG meeting

This meeting was held to allow discussion and approval by governors of the plan for appointment of new Chief Executive and the Interim arrangements.

4. Chair's virtual briefings with governors

These briefings continue to be helpful, informative and well received by governors. The most recent topics covered are below. There was a short Q&A session after each section of the briefing.

- Headlines from the chair on the latest messages about the proposed health bill, which will be in place from the beginning of 2022.
- Trust Briefing items including:
 - Recruitment of the new CE – process and details.
 - An update on visiting times and arrangements.
 - Suspension of international recruitment of nurses due to problems in India with Coronavirus.
- Briefing from Su Rai, Non-Executive Director covering her background and main areas of work in the trust, including the committees she chairs.
- 'Working together to improve health and social care for all': The chair set aside time for a brief discussion of changes proposed in the forthcoming health bill, in general, and in relation to the work of governors.

5. National Lead Governors' Association

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

After on-line discussions with NLGA colleagues, and in consultation with the Chair and the Corporate Secretary, I advocate the introduction of the following two examples of good practice for Walton Centre governors:

- Governors' Charter/Code of Conduct (*Please see item 6 below*)
- Deputy Lead Governor Role (*Please see item 7 below*)

6. Governors' Code of Conduct

At the NHS Provider Governor Workshop in February a presentation on the development of a Governors' Charter was delivered as an example of good practice. After some research and with input from NLGA colleagues, it seems that development of a Code of Conduct is a broader and more common approach. With this in mind PB will be presenting a draft Code of Conduct to the COG.

7. Deputy Lead Governor (DLG) role

Following previous on-line discussions about this role with NLGA colleagues, I thought that it would be helpful to establish the position of DLG for the Walton Centre governor body.

There are several benefits to the establishment of this role. Principally, it gives another public governor the opportunity to become more involved; it helps share the workload of the lead governor; and it means that there is backup in the event of the prolonged absence of the lead governor. There is provision for this role within the constitution.

I have discussed the proposal at length with the Chair and the Corporate Secretary, and they agree that this role would be beneficial.

The outline proposal for the process is as follows:

- Expressions of interest to be invited soon, with a deadline at the beginning of July.
- Ballot of governors if necessary. (Not required if only one person is interested)
- Ratification of the decision at the September COG meeting.

The invitation for expressions of interest with more details will be sent out to governors soon.

The Liverpool NIHR Biomedical Research Centre in Infection Engagement Meeting

The proposal for Liverpool to join Sheffield, Newcastle Manchester and eight other cities that already have Biomedical Research Centres (BRCs) across the UK, is truly exciting and one where the skills and resources the City has in abundance would play a major role. In my opinion it is essential.

The primary goals are to make Liverpool a world leading centre of excellence in the fields of treatment and prevention of infectious disease and to develop a culture encompassing and supporting Academic Health Sciences. This necessitates improving links between university departments and the Research Development & Innovation departments of hospitals. Clearly defined research areas have already been proposed.

Developing this theme will increase large scale research funding to Liverpool and this in turn will increase recruitment of high-level scientists, benefitting both the local and national health systems and raising the profile of our excellent hospitals, of which The Walton Centre (TWC) is one. As the only specialist Neuroscience Trust in the UK, TWC will play a pivotal role in Liverpool BRC.

We are at a critical time in healthcare, novel drugs and delivery systems are becoming more and more expensive. New approaches involving complex technologies like genomics and proteomics are moving apace. Every bit as daunting and exciting as the space race this is Liverpool's (and the UK's) opportunity.

John Kitchen, May 2021

The Walton Centre NHS Foundation Trust

Governors Report for the Period Ending March 2021

Glossary

- **Open Pathway. Target 8.2 weeks**

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

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

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

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

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

- **Capital Target.**

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

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

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

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

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

Finance

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

The financial regime then moved into the next phase, with the trust being monitored against a year-end forecast deficit of £1.5m submitted in October (a revised forecast was submitted on 18th November with a planned year end deficit of £1.3m).

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

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

At the end of quarter 4 2020/21 the Trust is reporting a £1.5k surplus (after the impact of donations), a £2.8m improvement on the planned £1.3m deficit position. **To note that this position is provisional subject to external audit review.**

A summary of the Trust COVID-19 expenditure for Quarter 1 to 4 is below. At the end of the March, just over £2.9m had been incurred in response to COVID-19.

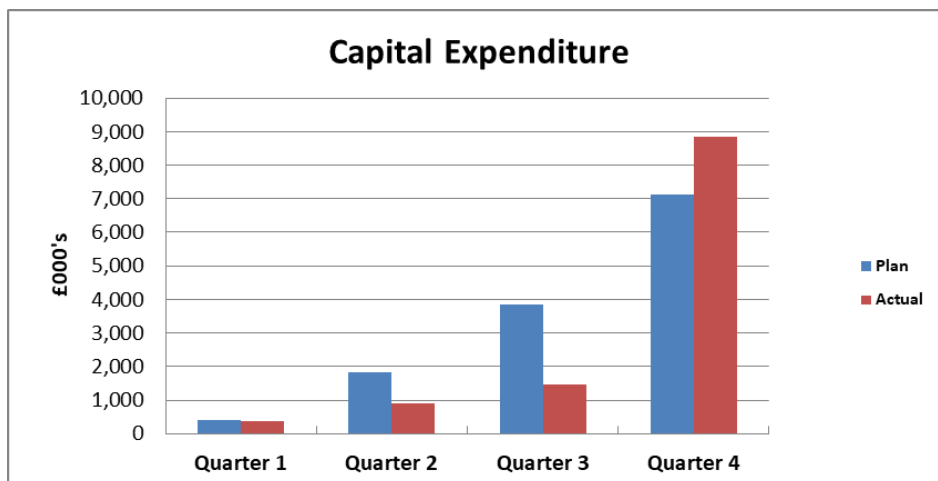
COVID -19 Expenditure YTD	Mar-21 Actual £'000
Pay cost (incl. additional shifts, on-call, etc)	1,486
Annual leave provision (Junior Doctors)	52
PPE	628
Decontamination	37
Remote working	325
ITU	43
Other	300
TOTAL	2,871

* (Other includes Aintree Car Parking £243k, Staff Uniforms £7k, ACC storage contribution £11k. Well Being First Aid Training £11k)

Efficiency Savings

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

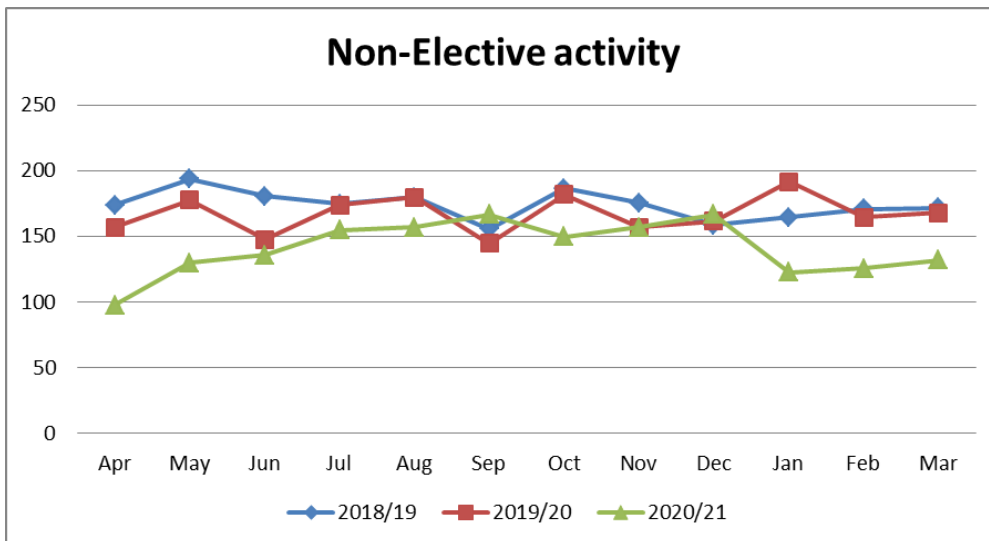
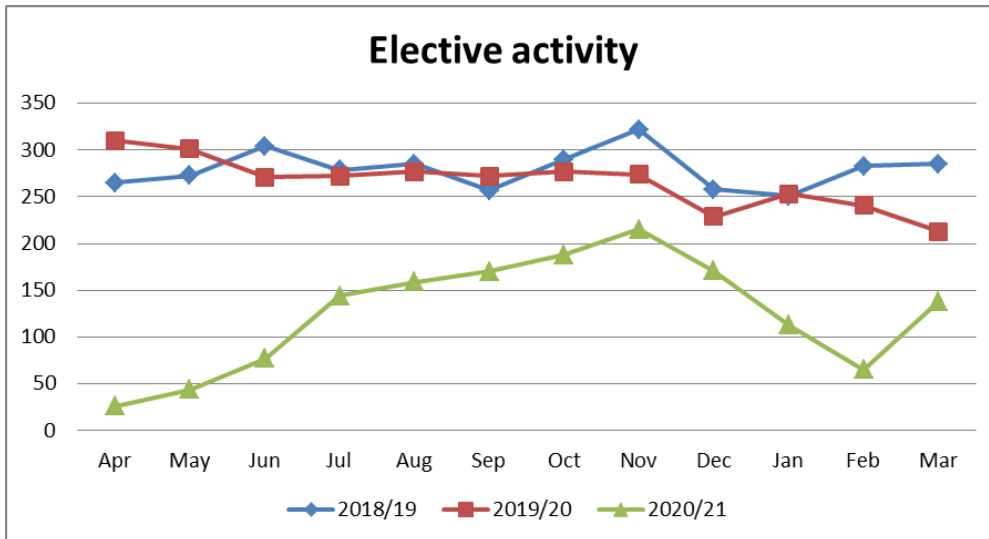
Capital

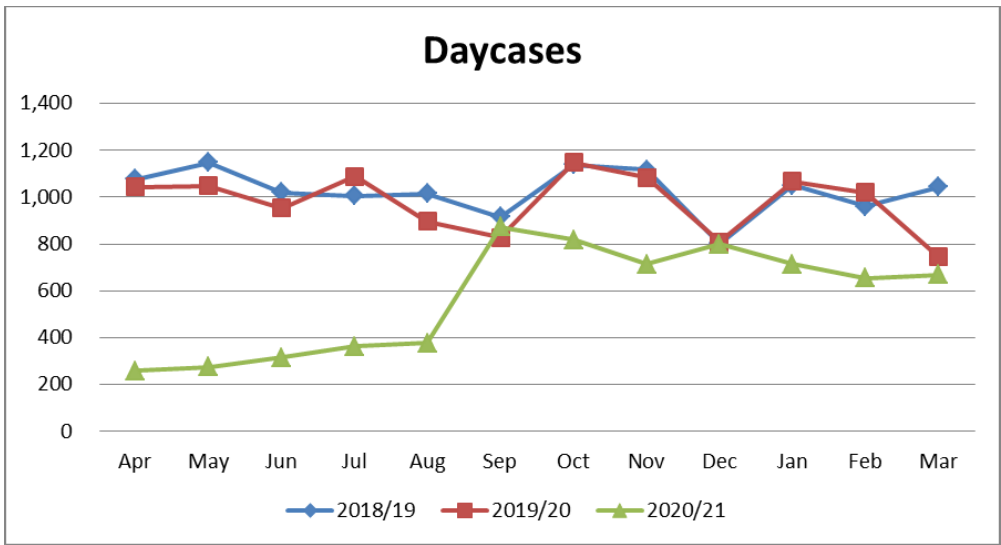


The year-end capital spend is £8.9m, £1.7m above the total agreed funding allocations for the year. This is in line with the agreed £1.7m overspend with the C&M HCP.

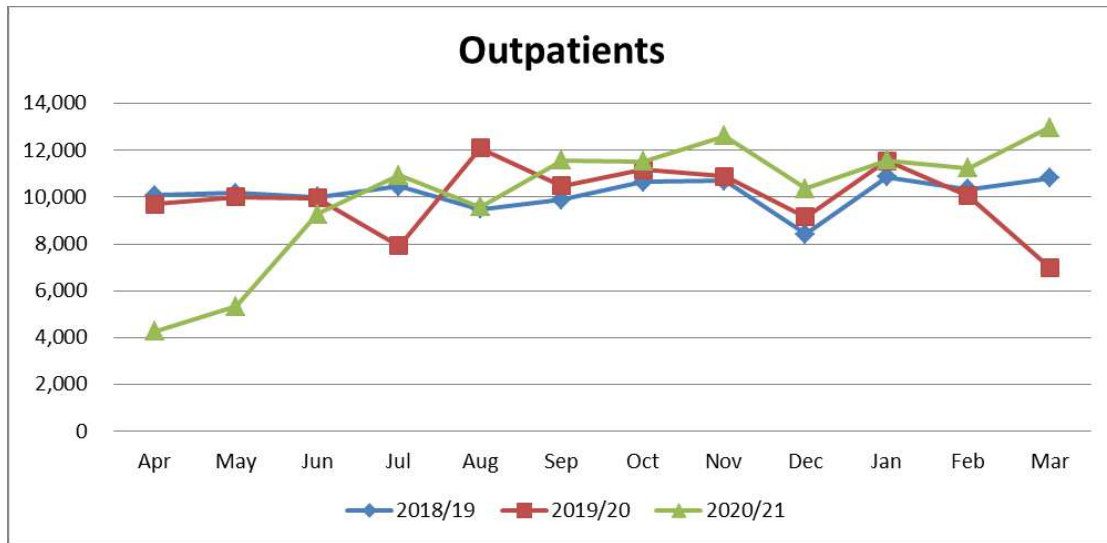
Activity

Inpatient & Day Case Activity: Inpatient activity remained at similar levels in Q4 2020/21 to Q3 for Non Elective and Daycases while Elective Activity started to recover in March.





Outpatient Activity: Outpatient activity remained consistent in Q4 2020/21.



Welsh Activity v Plan for Quarter 4 2020/21

Q4 2020/21

Patient Category	Plan	Actual	Variance
Day Case	233	189	-44
Inpatient	227	113	-114
Outpatient	5826	5252	-574

Referrals for outpatient appointments

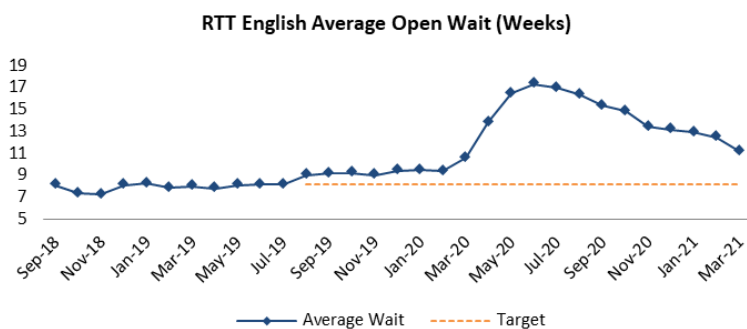
Clean referrals exclude referrals that are created by consultants retiring or transferring part of their practice to a colleague as part of service development or reorganisation and give a clearer indication of growth in demand for our services.

Referrals continued to recover in Q4 2020/21 following the drop due to Covid-19.

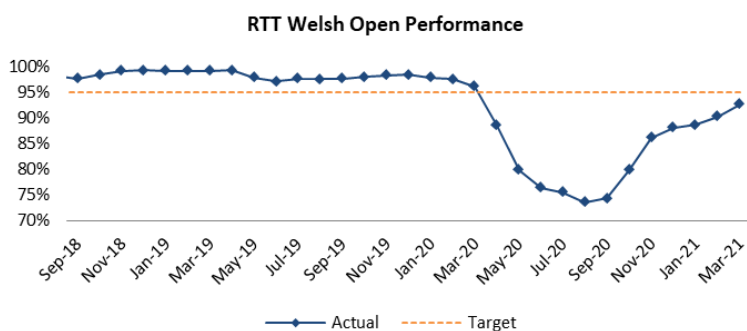


RTT (Referral to Treatment)

The Walton Centre is taking part in a Referral to Treatment (RTT) pilot scheme, where performance is measured by average patient waiting times in weeks. A requirement of this scheme is that performance is shown by average waiting time, rather than against the 92% standard and that the backlog cannot be shown. Performance at the end of Q4 20/21 is 11.18 weeks. Performance has improved through the quarter following a deterioration of performance due to Covid-19

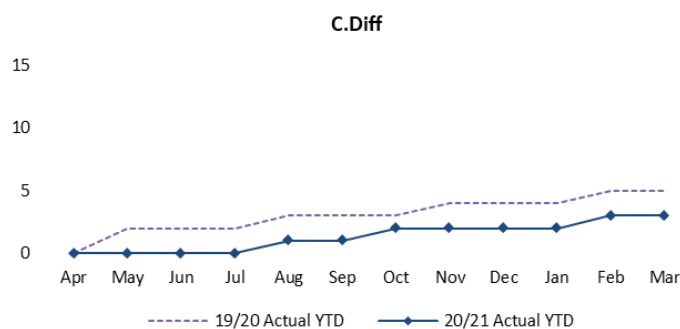
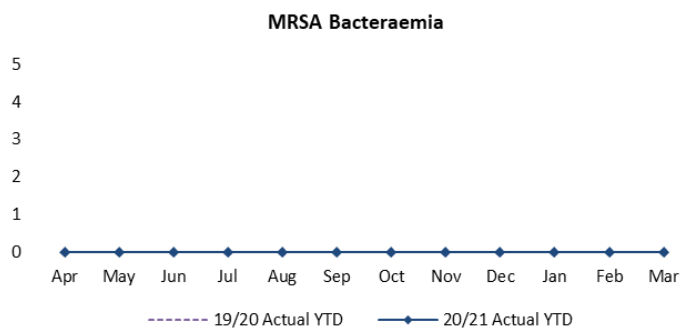


Welsh RTT performance continues to be monitored against the 95% standard, with performance below the standard at 92.75%. Performance against the Welsh RTT target has stabilised throughout the Quarter following a drop in performance due to Covid-19. There have 73 breaches of the 36 week maximum wait target.



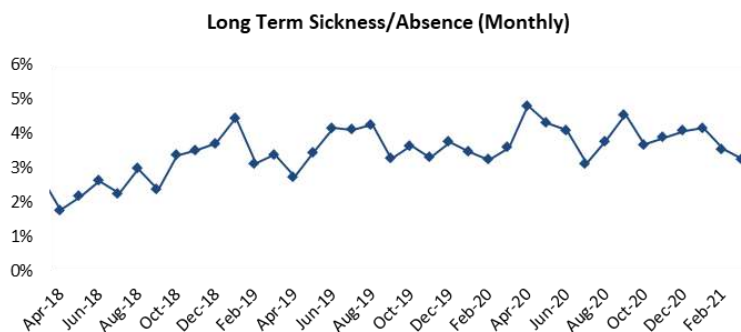
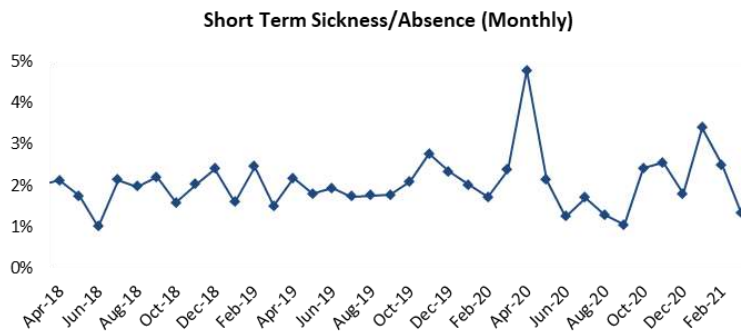
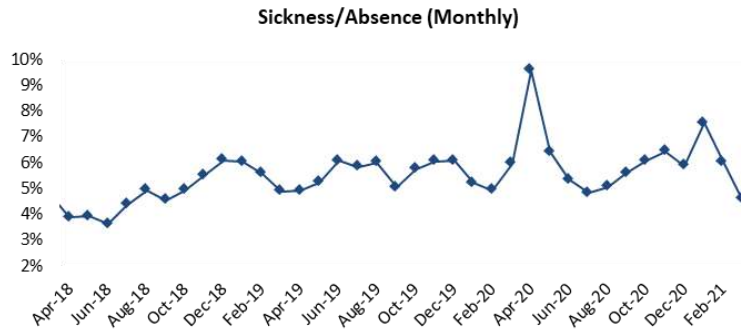
Infection Rates

No cases of MRSA Bacteraemia were reported during Q3 2020/21. The Trust has reported 3 cases of Clostridium Difficile against the PHE year-end threshold of 7 cases for 2020/21.



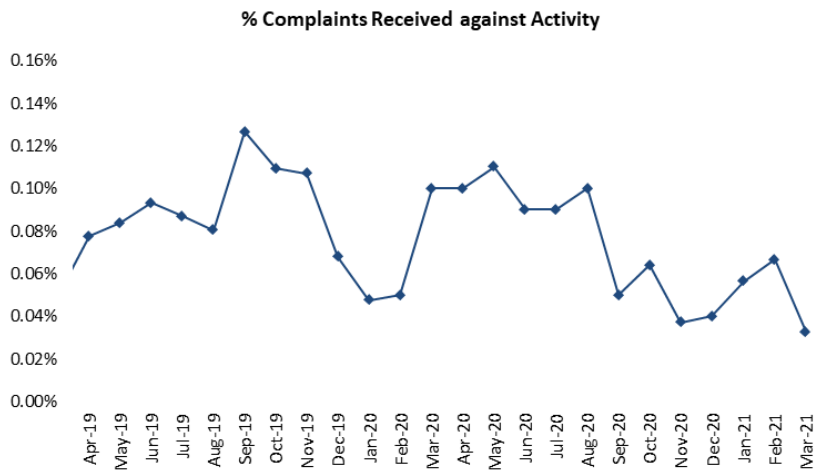
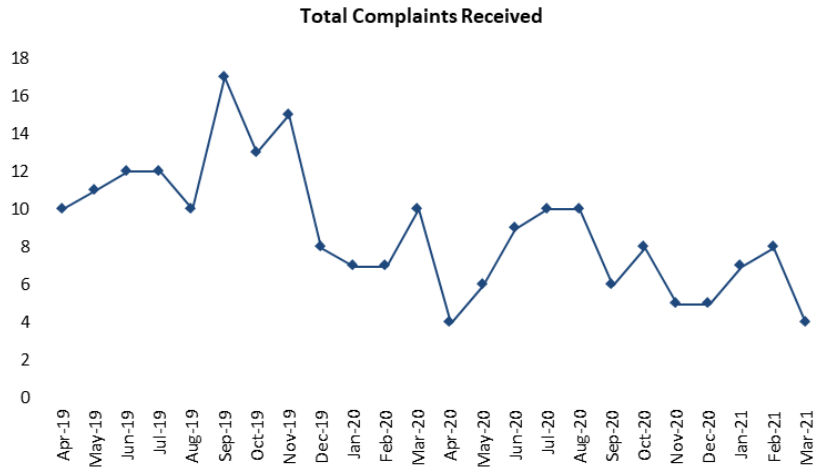
Workforce

Monthly sickness/absence rate is 4.60% which is below the revised target of 4.75%. The breakdown between long term and short term sickness as at March 2021 is as follows: 3.26% on long term sickness and 1.34% on short term.



Complaints

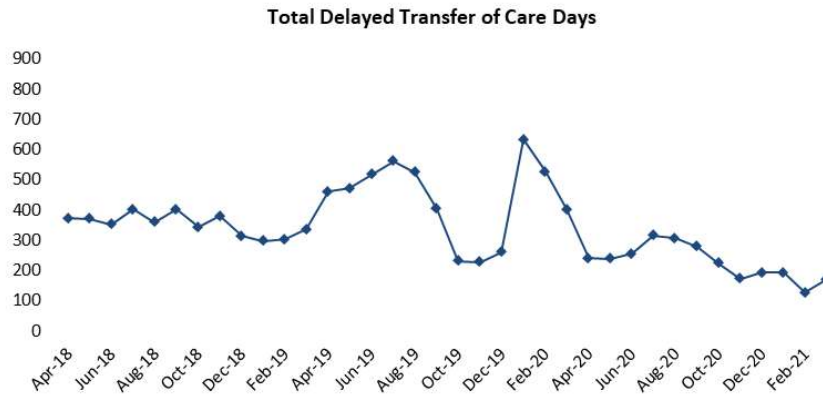
The Executive team receive a detailed monthly report in relation to complaints. Trends and themes are discussed and challenged. A Quarterly report is also provided to the Patient Experience Group. Q3 2020/21 has seen 19 complaints reported.



Efficiency Measures

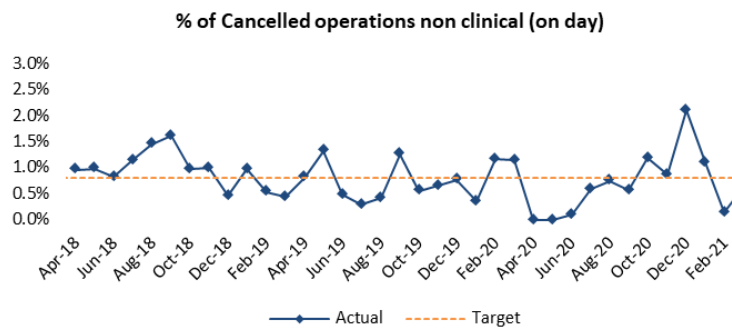
Delayed Discharges / Delayed Transfers of Care (DTC):

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



Cancelled Operations: The number of cancelled operations in Q4 2020/21 has decreased compared to Q3 in 2020/21.

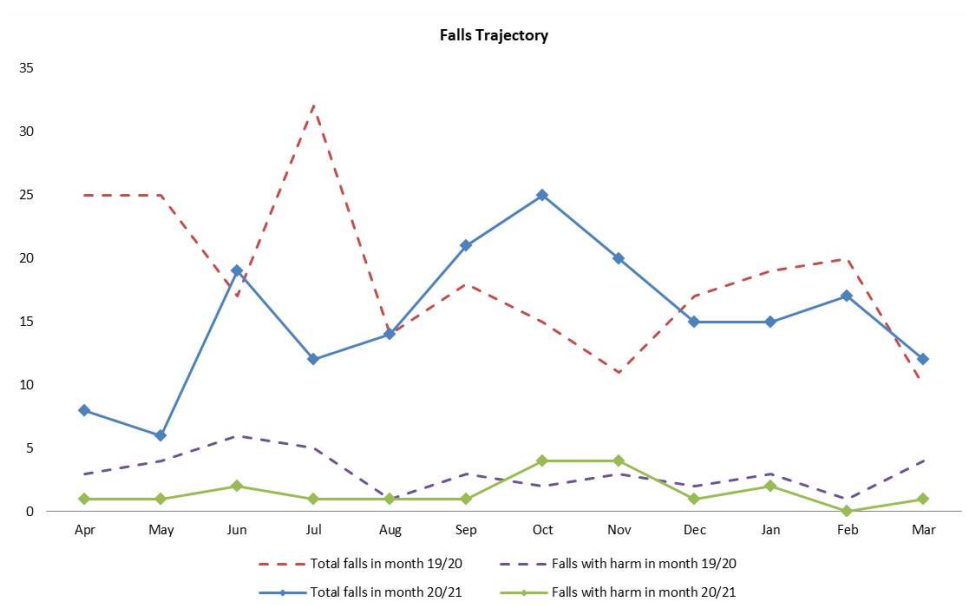
	Number of non-clinical cancellations
Q3 2020/21	40
Q4 2020/21	15
Variance	-25



Safety Indicators

Patient Falls:

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



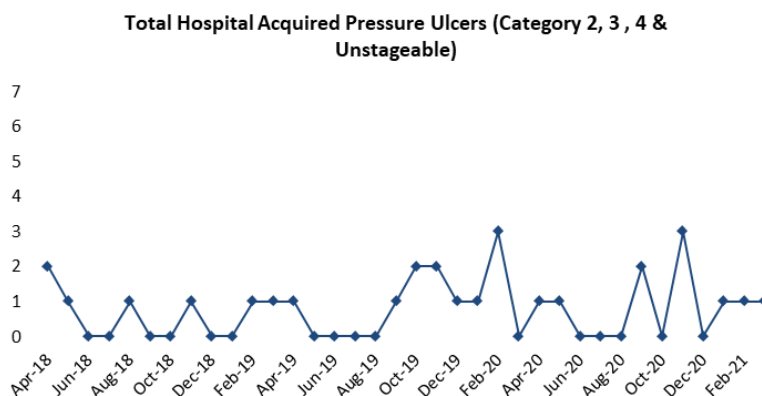
In 20/21 there has been 184 total falls of which 19 were minor harm. This compares to 223 total falls at during 19/20. There has been no moderate harm falls within the Trust in 20/21.

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.

Pressure Ulcers

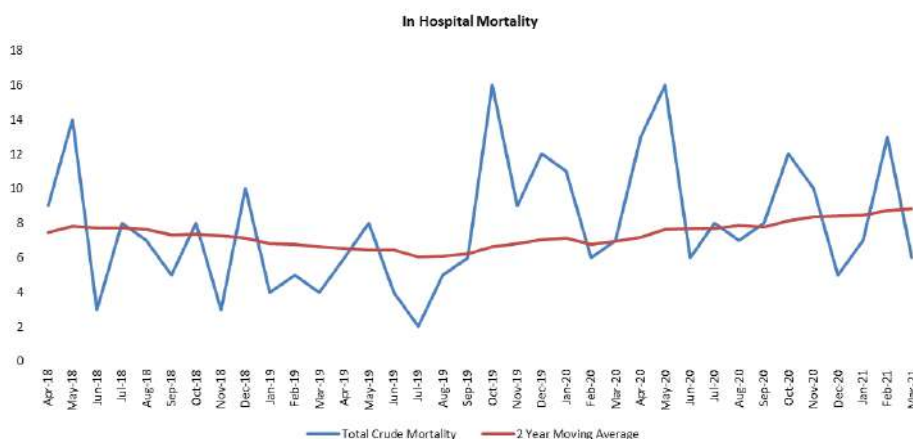
In Q4 2020/21 there was three Walton Centre acquired pressure ulcer.

Below is a graphic representation of our position to date



Mortality

Crude mortality remained consistent in March 21. All cases are subject to detailed clinical review and discussion at Quality Committee and no cause for concern identified.





The Walton Centre NHS Foundation Trust



The Walton Centre
NHS Foundation Trust

REPORT TO THE Council of Governors

Date: 8th June 2021

Title	Patient Experience Activity/Engagement Report 2020/21
Sponsoring Director	Name: Lisa Salter Title: Director of Nursing and Governance
Author (s)	Name: Lisa Gurrell Title: Head of Patient Experience
Previously considered by:	<ul style="list-style-type: none"> • NA
<p>Executive Summary: The purpose of the report is to</p> <ol style="list-style-type: none"> 1. Provide the Council of Governors with an update on the Patient Experience Strategy, Activity and Engagement 2. Provide assurance that issues are being identified and managed effectively. 	
Related Trust Ambitions	<ul style="list-style-type: none"> • Best practice care • Be recognised as excellent in all we do
Risks associated with this paper	The risk of the failure to inform committee of the board of the risk profile of the organisation.
Related Assurance Framework entries	<ul style="list-style-type: none"> • None
Equality Impact Assessment completed	<ul style="list-style-type: none"> • No
Any associated legal implications / regulatory requirements?	<ul style="list-style-type: none"> • Yes – Failure to comply with CQC/HSE regulations
Action required by the Board	<ul style="list-style-type: none"> • To consider and note

1 **Introduction**

Over the last 12 months during the Covid-19 pandemic the Patient Experience Team (PET) has:

- ✓ Continued to listen to and support patients, their families and carers, thereby effectively resolving enquiries and concerns before they escalate to formal complaints.
- ✓ Provided support to families who were unable to visit their loved-ones during Covid-19 and for the families of the bereaved.
- ✓ 100% of complaints activity had met target including acknowledgement, response times. Rated as High Performing on Integrated Performance Report. This has been achieved by embedding a robust complaints management process including implementing a local resolution pro-forma.
- ✓ Proactively engaged with families/clinical staff by being involved at the earliest opportunity at best interest and multi-disciplinary meeting prior to discharge, therefore providing support at the earliest opportunity.
- ✓ Continued to support and engage with volunteers with welfare calls, virtual coffee mornings/quizzes, newsletters and socially distanced visits.

2. **Complaints and Concerns**

In 2020/21 the Trust has had a 43% reduction in the number of formal complaints that were received and investigated compared to 2019/20. This indicates that in line with our Key Performance Indicators – complaints is a High Performing Measure. The number of complaints received has remained at a consistent level. Publication of national data has been suspended due to COVID-19. Prior to this the number of complaints per 1000 WTE had been above peers and the national average so we are considered High Performing. Local data shows a reduction in raw numbers since Q4 19/20 with the number received each month typically below average.

There has been a significant increase in concerns and enquiries, the numbers of the latter have more than doubled (115%) but were effectively dealt with and responded to before escalating. This demonstrates the proactive approach and practice of the team.

The quality of complaint responses has improved and the response time has significantly reduced from 57 working days in 2019/20 to an average of 23 working days in 2020/21 demonstrating a robust management process.

Our ambition is to aim to continue to reduce the numbers of formal complaints in 2021/22 by continuing to embed actions and lessons learnt and proactively resolving enquires and concerns at the very earliest opportunity. In addition, we aim to maintain the improved response time.

3. **Compliments**

There were 203 compliments received in 2020/21 compared to 287 received in 2019/20. All compliments are shared with staff involved.

4. **Coroners & Police**

A 50% (45) increase in police requests was noted in 2021/21 compared to (30) in 2019/20. These requests are for information or statements.

A death is reported to the Coroner if the cause of death is unclear, a post mortem is required or an inquest is required. An inquest is a fact finding exercise to determine the cause of death, There was also a notable 75% (21) increase in the number of HM Coroners requests received in 2020/21 compared to 12 the previous year.

5. **Claims**

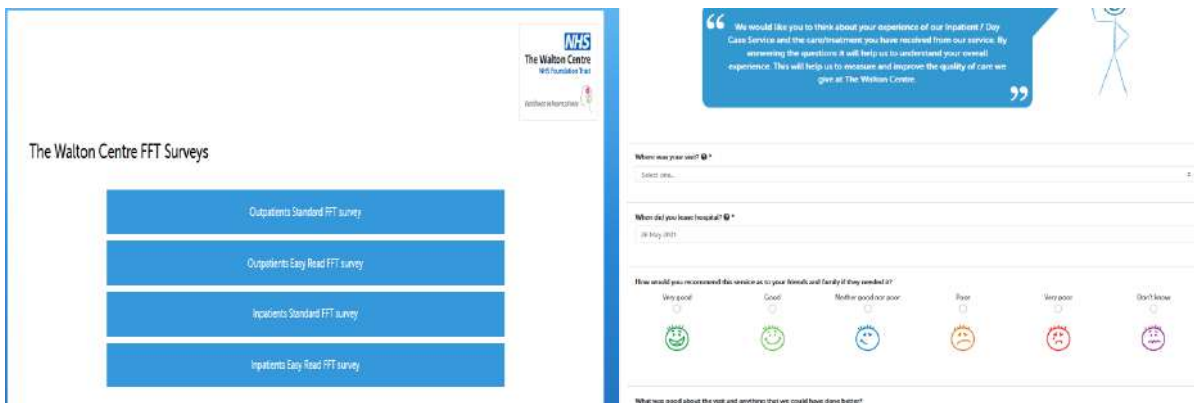
In 2020/21, 27 new claims were received (clinical & corporate) in 2020/21, that is an 42% increase compared to 19 previous year. It is important to note It is important to note that a three year limitation date. This means that individuals have three years to bring a claim before the courts, starting from the date the alleged negligence happened. Therefore, new claims letters can relate to 3 years previously or beyond.

6. **Friends & Family Test (FFT)**

FFT was on hold until Q4 when 871 responses were received for Q4 with 93% of responses rating the service as very good, and 4.5% as good. In Q4 we received > 500 responses for outpatients; 88% of these respondents rated the service as very good or good.

7. **New Initiatives**

- ✓ The development of a digital platform for Friends & Family Feedback was implemented in 2020 in order for patients to provide feedback following virtual appointments and inpatients can provide real time feedback and digital survey which also has an easy read version has been shared on social media. This is to support the post cards available for patients to complete which also come in an easy-read format as demonstrated below.



- ✓ In March 2021, the Head of PET successfully secured funds from NHSE/I to purchase three activity screens for the wards. These ActiviTouch tables are highly adaptable to meet the accessibility needs of all patients and can be used for life-size virtual visiting; the height and screen can be adjusted by an electric motor. All touchscreens feature an integrated 5MP webcam in the top front of the screen which can be disabled and is behind a safety feature lens cover. The screens can be used for zoom virtual visiting. The devices provide the availability of interactive activities/games/sensory apps for use by patients, families and volunteers. This will support cognition and social interaction.

The photographs below demonstrate how we will undertake virtual visiting, interactive games and they have been gratefully received on CRU and the wards.



8. Summary

In 2020/21 - 88 formal complaints were closed, 532 concerns were resolved and 220 enquiries received and responded to within the negotiated timeframe. This demonstrates a vigorous complaint management policy and procedure together with excellent collaborative working between PET and Divisions. The complaints tracker which is the live document containing all open complaints and actions is presented at the Executive Meeting on a bi-monthly basis to provide assurance to the executive team assurance of the process and learning. To strengthen this process further, a weekly meeting takes place between PET and the Divisions to discuss progress on complaints, concerns and any actions and learning. A new process for Local Resolution meetings was also introduced in 2020 and these have continued to take place in line with covid-19 safety precautions.

It is encouraging to note that the number of formal complaints have greatly reduced in 2020/21 whilst an increase has been noted in the numbers of concerns and enquiries received and resolved, demonstrating that our teams are working in partnership to swiftly resolve issues informally before they escalate. A significant reduction in response times to complaints has been noted which again a testament of collaborative is working. The team are working in the same vicinity and partnership with the Matrons in order to proactively reach out to patients and families who have concerns before these are raised directly for example, being involved in best interest meetings and complex multi-disciplinary discharge meeting to support both patients and staff.

The complaints management process will be further reviewed and strengthened where possible over next 12 months following the implementation of the NHS Complaint Standards which are being piloted in 2021 and will be implemented in 2022. The Standards aim to support organisations in providing a more streamlined approach to complaint handling with the focus on early resolution and well trained staff. Early resolution has been the focus for the Trust in 2020/21 and the team continue to build on this.



The Walton Centre
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Excellence in Neuroscience 

Staff Survey 2020



Mike Gibney / Jane Mullin

www.thewaltoncentre.nhs.uk 



Background



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548

Staff took part

39%

Response rate of
all staff

56%

National average
of specialist
trusts in England

- The 2020 survey was distributed to all Trust staff between September and November 2020
- Mixed mode

Context for Staff Engagement



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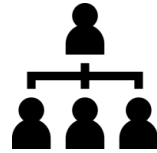
- The Staff Survey is an important annual strand in the organisation's overall approach to staff engagement. Other elements include:

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



Findings

The findings are arranged under ten themes:

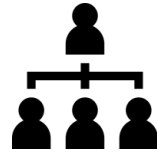


- Equality, diversity and inclusion
- Health & wellbeing
- Immediate managers
- Morale
- Quality of care

- Safe environment- Bullying and harassment
- Safe environment- violence
- Team Working
- Safety culture
- Staff engagement

Findings

In the following 9 themes the Trust were **better** than the national average:



- Equality, diversity and inclusion
- Health & wellbeing- highest scoring Trust
- Immediate managers
- Morale
- Quality of care- highest scoring Trust



- Safe environment- Bullying and harassment
- Safety culture
- Staff engagement- highest scoring Trust
- Team working- highest scoring Trust

Findings

In following theme the Trust's score was **worse** than the national average:

Safe
environment:
violence



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Local Comparison



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Trust	EDI	Health and wellbeing	Immediate managers	Morale	Quality of care	Safe Environment - bullying and harassment	Safe environment – violence	Safety culture	Staff engagement	Team working	Recommend as a place to work	Recommend as a place to be treated	Response rate / number of respondents
Alder Hey NHSFT	9.4	6.4	6.9	6.6	7.6	8.7	9.8	7.1	7.1	6.8	78%	91.7%	51.3% 1899
Bridgewater community NHSFT	9.5	6.2	7.0	6.4	7.5	8.7	9.9	7.1	7.2	6.9	60.2%	78.2%	50.4% 769
Cheshire and Wirral Partnership NHSFT	9.4	6.5	7.3	6.4	7.5	8.5	9.5	7.0	7.2	6.7	68.9%	75.5%	51% 1869
Countess of Chester NHSFT	9.1	6.0	6.7	6.2	7.4	8.1	9.4	6.6	7.0	6.3	65%	73.5%	42% 1716
East Cheshire Trust	9.1	6.0	6.9	6.2	7.4	8.1	9.4	6.6	7.0	6.5	66.9%	72.7%	40.4% 990
Liverpool Heart and Chest Hospital NHSFT	9.5	6.7	7.3	6.4	8.0	8.8	9.6	7.5	7.6	7.0	76%	92%	64% 1125
Liverpool University FT	9.1	6.0	6.6	6.0	7.6	8.2	9.4	6.6	6.9	6.4	64.2%	75%	43.9% 5245
Liverpool Women's NHSFT	9.5	6.5	6.8	6.3	7.6	8.7	9.8	6.9	7.1	6.8	65.9%	82%	55.3% 796
Mersey Care NHSFT	9.2	6.5	7.4	6.5	7.6	8.4	9.5	7.2	7.2	7.0	67.6%	73.8%	36.7% 2609
Mid Cheshire NHSFT	9.4	6.2	6.9	6.4	7.5	8.3	9.4	7.1	7.2	6.5	73.5%	78.3%	43.5% 2033
North West Boroughs NHSFT	9.3	6.5	7.5	6.4	7.7	8.6	9.6	7.0	7.2	7.1	66.5%	70.7%	35.6% 1344
Southport and Ormskirk NHS Trust	9.2	6.3	6.7	6.2	7.5	8.1	9.5	6.5	6.8	6.3	59.6%	58.4%	45.4% 1412
St Helens and Knowsley Teaching Hospital	9.4	6.7	7.3	6.7	8.1	8.5	9.5	7.2	7.6	7.0	78.5%	87.2%	41% 510
Warrington and Halton NHSFT	9.4	6.5	6.9	6.3	7.6	8.4	9.5	6.9	7.1	6.5	67.9%	71.3%	36% 1492
Wirral Community Health and Care NHSFT	9.4	6.1	7.2	6.3	7.3	8.7	9.9	7.0	7.1	6.6	63.9%	78.8%	52.4% 825
Wirral University Hospitals	9.3	6.0	6.6	6.1	7.5	8.1	9.5	6.6	6.9	6.3	62.1%	72.1%	40.9% 2492
The Clatterbridge Cancer Centre NHS FT	9.5	6.6	7.3	6.4	7.7	9.0	9.9	7.3	7.4	6.9	68.4%	89.5%	58.1% 862
The Walton centre NHSFT	9.3	6.8	7.1	6.6	8.1	8.5	9.3	7.2	7.6	7.0	78.9%	91.7%	38.6% 548

National Headlines



- Three of the ten key themes improved, these include; health and wellbeing, bullying and harassment and violence.



- One of the key themes worsened, team working



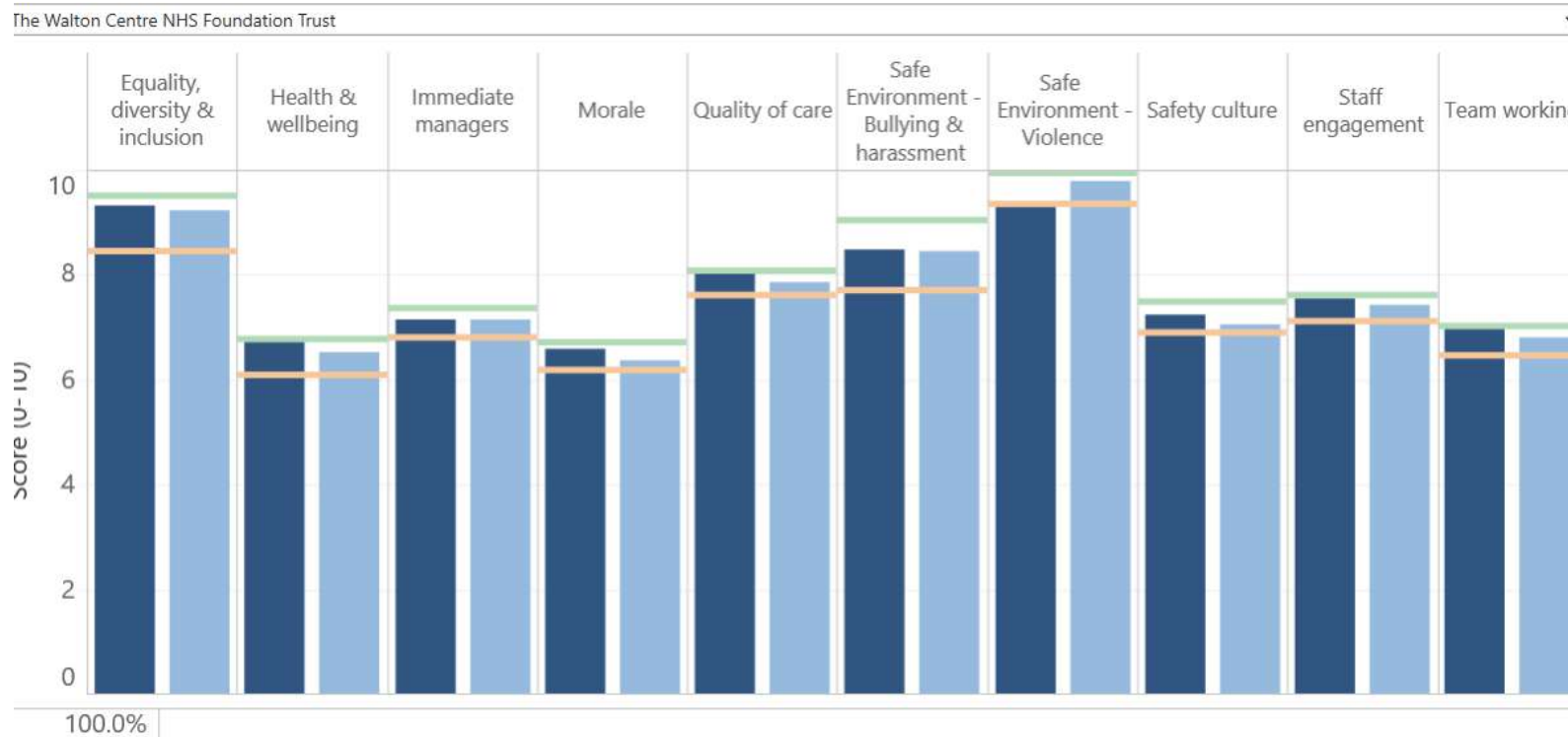
- The remaining six themes, including the staff engagement score, remained stable.

National Comparison



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Excellence in Neuroscience 



Areas to celebrate

- In the last 3 months have you come to work despite not feeling well enough- decrease from 55.7% in 2019 to 39.6% in 2020.
- I am able to deliver the care I aspire to – 75.5% in 2019 to 82% in 2020, best in benchmarking group
- Care of patients is my Organisation's top priority- 87.4% in 2019 to 91.8% in 2020, best in benchmarking group
- Morale had the best score in the benchmarking group for those staff working on a specific covid ward/area
- Staff engagement and team working for all staff had the highest score in the benchmarking group



Areas to Improve

- Safe environment- violence for all staff had the lowest score in the benchmarking group
- Team working for shielding staff had the lowest score in the benchmarking group
- Morale
- WRES/WDES



WRES

- **The general 2020 response is not significantly different from the previous year.**
- In 2020 there was only a marginal difference between the average and the best performing trusts, with The Walton Centre scoring slightly above average.
- Of the four questions asked, there were two which showed small improvements and two which showed small deteriorations against the 2019 scores.
- Prioritise action towards the questions where the gap between White and BME responses are widest

WDES

- Of the eight questions asked, six showed some deterioration and two showed some improvement against the 2019 score
- Largest deteriorations are:

2020 NHS Staff Survey Results > WDES > Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties

6)	2018	2019	2020
Staff with a LTC or illness: Your org	29.8%	24.4%	40.0%
Staff without a LTC or illness: Your org	22.7%	14.9%	21.3%
Staff with a LTC or illness: Average	30.8%	26.7%	29.8%
Staff without a LTC or illness: Average	21.7%	20.6%	21.6%

This metric has deteriorated on the 2019 figure with yes responses from staff with a LTC or illness falling by 15.6%.

WDES

2020 NHS Staff Survey Results > WDES > Percentage of staff with a long lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work

8)	2018	2019	2020
Staff with a LTC or illness: Your org	80.0%	86.1%	70.0%
Staff without a LTC or illness: Average	75.2%	76.5%	77.0%

This metric has deteriorated on the 2019 figure with yes responses from staff with a LTC or illness falling by 16.1%.

Collaborative approach



The Walton Centre
NHS Foundation Trust



reciprocal
partners programme
ed&i champion
reasonable adjustment policy
equality impact assessment
race network
external partners

same strategic committee
ed&i steering group
racism badge
carers passport
lgbt+ network
disability

Next Steps

- Action planning for whole survey
- Participation in regular NHSI/E People Pulse survey
- Need to continually refresh ‘successful’ initiatives
- H&WB front and centre
- Create genuine lasting improvements for staff

Any questions?



The Walton Centre
NHS Foundation Trust





Report to the Council of Governors
Date: 8th June 2021

Title	Fit and Proper Persons Requirements – Chair’s Annual Declaration
Sponsoring Director	Janet Rosser Chair
Author (s)	Paul Buckingham Interim Corporate Secretary
Previously considered by:	Not Applicable
Executive Summary	
<p>The purpose of this report is to provide the Council of Governors with assurance that all individuals subject to the Trust’s Fit and Proper Persons Policy meet the Fit and Proper Persons Requirements. The report was first considered and endorsed by the Board of Directors on 6 May 2021.</p> <p>NHS providers have a legal obligation to meet the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 5: Fit and Proper Persons Requirement (FPPR). The purpose of the FPPR is to:</p> <ul style="list-style-type: none"> • Ensure that NHS providers are not managed or controlled by individuals who present an unacceptable risk either to the organisation or people receiving the services provided by the Trust; and • Ensure that Directors are fit and proper to assume responsibility for the overall quality and safety of care delivered by the Trust. <p>As Chair of The Walton Centre NHS Foundation Trust, I can confirm that all relevant individuals have satisfied, and continue to satisfy, the Fit and Proper Persons Requirements. The factors informing this declaration are detailed at s3 of the report.</p>	
Related Trust Ambitions	All
Risks associated with this paper	
Related Assurance Framework entries	All
Equality Impact Assessment completed	No
Any associated legal implications / regulatory requirements?	NHS providers have a legal obligation to meet the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 5: Fit and Proper Persons Requirement (FPPR).
Action required by the Council of Governors	<p>The Council of Governors is recommended to:</p> <ul style="list-style-type: none"> • Receive the report and note the assurance provided that all individuals subject to the Trust’s Fit and Proper Persons Policy meet the Fit and Proper Persons Requirements.

1.0 Introduction

The purpose of this report is to provide the Council of Governors with assurance that all individuals subject to the Trust's Fit and Proper Persons Policy meet the Fit and Proper Persons Requirements.

2.0 Background

NHS providers have a legal obligation to meet the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 5: Fit and Proper Persons Requirement (FPPR). The purpose of the FPPR is to:

- Ensure that NHS providers are not managed or controlled by individuals who present an unacceptable risk either to the organisation or people receiving the services provided by the Trust; and
- Ensure that Directors are fit and proper to assume responsibility for the overall quality and safety of care delivered by the Trust

Regulation 5 places a duty on NHS providers not to appoint an individual, or allow an individual to continue to be, an Executive Director or equivalent or a Non-Executive Director under given circumstances. This means that individuals subject to the FPPR should not be appointed / continue to hold office unless they meet the following criteria. The individual:

- Must be of good character
- Must have the qualifications, competence, skills and experience which are necessary for the relevant office or position or the work for which they are appointed
- Must be able, by reason of health, after reasonable adjustments, to perform the tasks which are intrinsic to the office or position for which they are appointed or to the work for which they are employed
- Has not been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying out a regulated activity or providing a service elsewhere which, if provided in England, would be regulated activity
- Must be able to supply information as set out in Schedule 3 of the 2014 Regulations when requested by the Care Quality Commission.

The Chair is required to submit a declaration to the Board of Directors on an annual basis providing assurance that all individuals subject to the Trust's policy meet the Fit and Proper Persons Requirements.

3.0 Chair's Declaration for 2020/21

As Chair of The Walton Centre NHS Foundation Trust, I can confirm that all relevant individuals have satisfied, and continue to satisfy, the Fit and Proper Persons Requirements.

The Trust's Fit and Proper Persons Policy extends the scope of individuals subject to the Fit and Proper Persons Requirements to Deputy Directors and Divisional Directors, in addition to Executive Directors and Non-Executive Directors. This ensures that the appropriate checks and declarations will have been completed for individuals who may have to assume acting up responsibilities as a Board member (a situation which arose during 2020/21 due to the extended absence of the Director of Nursing & Governance).

There were two appointments made to the Board of Directors during 2020/21. Ms K Bentley and Mr D Topliffe were appointed as Non-Executive Directors with effect from 1 November 2020 and satisfactory pre-employment checks and self-declarations were completed for both individuals.

My declaration has been informed by:

- An Internal Audit review of the Trust's Fit and Proper Persons arrangements, reported in February 2021, which resulted in an assessment of Substantial Assurance.
- Satisfactory completion of annual Fit and Proper Person self-declarations and Criminal Record self-declarations by all individuals subject to the Trust's policy.
- Satisfactory completion of checks for all individuals subject to the Trust's policy against the Disqualified Directors Register and Insolvency Register carried out by the Interim Corporate Secretary.
- Satisfactory pre-employment checks and self-declarations for individuals newly appointed to the Board (see above).
- Approval of a Fit and Proper Persons Policy, which clearly defines responsibilities and timetable for completion of annual checks, by the Audit Committee.

A register of relevant self-declarations and completed checks is included for reference at Annex A to this report.

4.0 Recommendations

The Council of Governors is recommended to:

- Receive the report and note the assurance provided that all individuals subject to the Trust's Fit and Proper Persons Policy meet the Fit and Proper Persons Requirements.

FIT AND PROPER PERSONS – REGISTER OF ANNUAL CHECKS

Name	FPP Self Declaration	Insolvency Register	Disqualified Director Register	CRB Self Declaration	Copy of Most Recent Appraisal	Notes
Janet Rosser	8 April 2021	6 April 2021	6 April 2021	13 January 2021	9 September 2020	
Seth Crofts	15 April 2021	6 April 2021	6 April 2021	24 February 2021	2 September 2020	
Su Rai	6 April 2021	6 April 2021	6 April 2021	25 February 2021	18 January 2021	
Nalin Thakkar	6 April 2021	6 April 2021	6 April 2021	25 February 2021	5 January 2021	
Karen Bentley	6 April 2021	7 April 2021	6 April 2021	14 January 2021	-----	Commenced 1 Nov 20
David Topliffe	8 April 2021	6 April 2021	6 April 2021	13 January 2021	-----	Commenced 1 Nov 20
Jan Ross	6 April 2021	6 April 2021	6 April 2021	14 December 2020	4 April 2021	
Lisa Salter	6 April 2021	6 April 2021	6 April 2021	24 January 2021	23 April 2020	
Mike Burns	13 April 2021	6 April 2021	6 April 2021	13 January 2021	20 May 2020	
Mike Gibney	6 April 2021	6 April 2021	6 April 2021	4 December 2020	19 May 2020	
Andy Nicolson	7 April 2021	6 April 2021	6 April 2021	13 January 2021	21 September 2020	
Emma Burraston	-----	6 April 2021	6 April 2021	17 February 2021	12 February 2019	Maternity Leave
Julie Riley	6 April 2021	6 April 2021	6 April 2021	23 November 2020	12 May 2020	
Helen Wells	7 April 2021	6 April 2021	6 April 2021	26 November 2020	29 September 2020	
Jane Mullin	6 April 2021	6 April 2021	6 April 2021	23 November 2020	4 December 2020	
Lindsey Vlasman	6 April 2021	6 April 2021	6 April 2021	13 January 2021	27 August 2019	
Sacha Niven	6 April 2021	6 April 2021	6 April 2021	3 December 2020	30 September 2019	2020 Medical Appraisals deferred due to Covid-19 pandemic



Report to the Council of Governors
Date: 8th June 2021

Title	Code of Conduct for Governors
Sponsoring Director	Paul Buckingham Interim Corporate Secretary
Author (s)	Paul Buckingham Interim Corporate Secretary
Previously considered by:	Not Applicable
Executive Summary	
<p>The purpose of this report is to present a draft Code of Conduct for Governors for adoption by the Council of Governors. It is recognised good practice to establish a Code of Conduct for Governors which individual Governors would certify on initial election / appointment and at any subsequent re-election or re-appointment. The Trust's Constitution, at s2.2, Annex 7, states that <i>The Council shall at all times seek to comply with the Foundation Trust's Code of Conduct for the Council of Governors.</i></p> <p>The content of the draft Code of Conduct is based on a sample document set out in The Foundations of Good Governance: A Compendium of Best Practice published by the Foundation Trust Network (now incorporated in NHS Providers).</p>	
Related Trust Ambitions	All
Risks associated with this paper	
Related Assurance Framework entries	All
Equality Impact Assessment completed	No
Any associated legal implications / regulatory requirements?	
Action required by the Council of Governors	<p>The Council of Governors is recommended to:</p> <ul style="list-style-type: none"> Formally adopt the Code of Conduct for Governors as presented.



Council of Governors Code of Conduct for Governors

June 2021



Excellence in Neuroscience



Contents

1.	Introduction	3
2.	Principles of Public Life	3
3.	Our Purpose, Our Vision and Ambitions.....	3
4.	Our Values.....	4
5.	The Role of the Council of Governors	4
6.	Confidentiality	4
7.	Conflicts and Register of Interests	4
8.	DBS Checks	5
9.	Meetings	5
10.	Personal conduct	5
11.	Training & Development.....	6
12.	Interpretation, Concerns & Compliance.....	6
13.	Non-Compliance with the Code of Conduct.....	6
14.	Review and revision of the Code.....	6
15.	Agreement with the code	6
Annex A	Principles of Public Life	7
Annex B	Governor Guide for Meetings	8
Annex C	Walton Centre Values and Behaviours.....	10
Annex D	Governors Code of Conduct Compliance Agreement form.....	13

1. Introduction

The purpose of this Code of Conduct is to provide guidance on the standards of conduct and behaviour expected of all Governors. This Code, with the NHS Constitution, forms part of the framework designed to promote the highest possible standards of conduct and behaviour within the Trust.

The Code is intended to operate in conjunction with the Trust's Constitution and NHS Improvement's Code of Governance. The Code applies at all times when Governors are carrying out the business of The Walton Centre NHS Foundation Trust or representing the Trust.

2. Principles of Public Life

The principles underpinning this Code of Conduct are drawn from the 'Seven Principles of Public Life'. Full details of the Seven Principles are included for reference at Annex A. In summary, the principles are:

- Selflessness
- Integrity
- Objectivity
- Accountability
- Openness
- Honesty
- Leadership

3. Our Purpose, Our Vision and Ambitions

Our Purpose - what we do

Dedicated specialist staff leading future treatment and excellent clinical outcomes for brain, spinal and neurological care nationally and internationally.

Our purpose has been chosen by our staff to reflect our culture, what we believe in and what we strive to deliver for our patients and their families. As a specialist Trust we have a strong track record of consistently performing well, delivering excellent patient outcomes in our specialist area of neurosciences care. We have a therapeutic focus and world class expertise in many rare and complex patient conditions in our specialist field.

Our Vision - what we strive for

Excellence in Neuroscience.

We are always striving for outstanding patient outcomes and the best patient, family and carer experience. We will continue to cherish the standards we have achieved, whilst exploring how we can enhance these further, shaping neuroscience treatments and care for the future.

Our Ambitions – set in consultation with staff, patients and partners

We will:

- Deliver best practice care and treatments in our specialist field.
- Provide more services closer to patients' homes, driven by the needs of our communities, extending partnership working.

- Be financially strong, meeting our targets and investing in our services, facilities and innovations for patients and staff.
- Lead research, education and innovation, pioneering new treatments nationally and internationally.
- Adopt advanced technology and treatments enabling our teams to deliver excellent patient and family centred care.
- Be recognised as excellent in our patient and family centred care, clinical outcomes, innovation and staff wellbeing.

4. Our Values

Our values underpin everything we do. They are:

Caring - caring enough to put the needs of others first

Dignity – passionate about delivering dignity for all

Openness – open and honest in all we do

Pride – proud to be part of one big team

Respect – courtesy and professionalism – it's all about respect



5. The Role of the Council of Governors

The role of the Council of Governors is to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors and to represent the interests of the members of the Trust, patients and the public. The role is set out in detail in the Trust's Constitution, Council of Governors standing orders, NHS Improvement's Code of Governance and is further addressed in NHS Improvement's (formerly Monitor) guide for NHS Foundation Trust Governors. In carrying out its work, the Council of Governors needs to take into account and respect the statutory duties and liabilities of the Board of Directors and individual Directors.

6. Confidentiality

Governors must comply with the Trust's Data Protection Policy, which details responsibilities in relation to Data Protection law and General Data Protection Regulations (GDPR), and must not disclose any confidential information, except in specified lawful circumstances, and must not seek to prevent a person from gaining access to information to which they are legally entitled. Nothing in this Code precludes Governors from making a protected disclosure within the meaning of the Public Disclosure Act 1998. The Corporate Secretary should be consulted for guidance, if required.

7. Conflicts and Register of Interests

In accordance with the provisions of the Trust's Constitution, Annex 7 para 7 to 8, Governors are required to register all relevant interests via the Trust's on-line Register of Interests which can be accessed at <https://wcftr.mydeclarations.co.uk/>

Governors have a duty to avoid a situation in which they have a direct or indirect interest that conflicts or may conflict with the interests of the Trust and a further duty not to accept a benefit from a third party by reason of being a Governor or for doing (or not doing) anything in that capacity.

Governors must declare the nature and extent of any interest at the earliest opportunity or within 20 days of the interest arising. If such a declaration proves to be, or becomes, inaccurate or incomplete, a further declaration must be made. It is then for the Chair to advise whether it is necessary for the Governor to refrain from participating in discussion of the item or withdraw from the meeting.

It is the responsibility of each Governor to update their register entry if or when their interests change and on an annual basis.

8. DBS Checks & Fit and Proper Persons

Governors are required to undertake a 'Standard' DBS check. The Trust will provide and pay for all Governor DBS checks following initial election and for repeat checks if re-elected. Governors who fail to complete a DBS form within a 2 month period may not be permitted or eligible to continue as a Governor of the Trust. The Trust cannot accept a DBS check undertaken by another organisation. However, if an individual is signed up to the DBS Auto-update Service, the Trust will use this service to check their current DBS status.

Governors on the Council of Governors should meet the 'fit and proper' persons test described in the NHS Provider Licence. For the purpose of the licence and application criteria, fit and proper persons are defined as those without certain criminal convictions and director disqualifications and those who are not bankrupt (undischarged).

9. Meetings

Governors have a responsibility to attend all Council of Governors meetings. When this is not possible apologies should be submitted to the Corporate Secretary in advance of the meeting. Failure to attend three meetings of the Council of Governors in any period of 12 months may result in removal of a Governor, unless:

- The absences were due to reasonable causes; and
- The Governor will be able to start attending meetings of the Trust again within such a period considered reasonable by the Council of Governors.

A Governor guide for conduct during meetings is included for reference at Annex B.

10. Personal Conduct

Governors will support the Trust by abiding to our values and behaviours at all times. Governors are expected to conduct themselves in a manner that reflects positively on the Trust and not to conduct themselves in a manner that could reasonably be regarded as bringing their office or the Trust into disrepute. Specifically, Governors must treat others with respect, must not breach the Trust's Equality and Diversity standards and must not bully any person.

Governors must not seek to use their position improperly to confer an advantage or disadvantage on any person and must comply with the Trust's rules on the use of its resources. Governors must also have regard to advice provided by the Chair and Corporate Secretary concerning their statutory duties.

Examples of our values, and the behaviours which may impact on them, are included for reference at Annex C.

11. Training & Development

The Trust is committed to providing appropriate training and development opportunities for Governors to enable them to carry out their role effectively. Governors will be expected to attend training so that they have the skills required to fully carry out their role. The Trust will seek to identify and offer training and development opportunities as appropriate.

12. Interpretation and Concerns

Questions and concerns about the application of the code should be raised with the Corporate Secretary. At meetings, the Chair will be the final arbiter of interpretation of the Code.

13. Compliance with the Code of Conduct

Governors are required to give an undertaking that they will comply with the provisions of this Code. Failure to comply with the Code may result in disciplinary action in accordance with the procedure set out in Annex 5 of the Trust's Constitution.

14. Review and Revision of the Code

This Code of Conduct has been agreed by the Council of Governors. The Corporate Secretary will lead a periodic review of the Code. It is for the Governors to agree to any amendments or revisions to the Code.

15. Agreement with the Code

Governors are required upon appointment, reappointment or upon any reviews of the Code of Conduct, to sign the agreement at Annex D and return it to the Corporate Secretary.

Principles of Public Life

Selflessness

Holders of public office should act solely in terms of the public interest, they should not do so in order to gain financial or other benefits for themselves, their family or their friends.

Integrity

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

Objectivity

In carrying out public business, including making public appointments, awarding contracts or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Accountability

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness

Holders of public office should be as open as possible about all the decisions and actions they take: they should give reasons for their decisions and restrict information only when the wider public interest demands.

Honesty

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

Holders of public office should promote and support these principles by leadership and example.

Governor Guide for Meetings

This guide is for all meetings and events which Governors attend and should be read in conjunction with the Council of Governors Standing Orders within the Trust's Constitution, Annex 7.

Attendance and submitting apologies

1. Governors are expected to attend meetings whenever possible.
If you are unable to attend a meeting, apologies should be forwarded to the Corporate Secretary and/or meeting organiser as soon as possible and at least three hours before the meeting start time to enable apologies to be formally recorded.
2. Governors are expected to attend meetings on time.
If you anticipate that you will be late, the Corporate Secretary and/or meeting organiser should be informed as soon as possible.
3. Governors are expected to stay for the duration of the meeting, assuming that meetings run to time.
If you are aware that you have a conflict, you should give prior notice to the Corporate Secretary or meeting organiser to ensure that a quorum is maintained for relevant agenda items.
4. Governors are expected to familiarise themselves with the meeting papers before the meeting starts.
Where confidential or sensitive information is included within meeting papers, Governors should ensure that members of their family and/or your friends and/or colleagues do not have access to them.

During the meeting

5. Governors are expected to actively listen, be receptive and participate in meetings.
Even if you are not a confident speaker, other attendees often feel assured that you are engaged and are actively following the meeting discussion by showing positive listening behaviours.
6. Governors wishing to comment or ask a question should allow presenters to finish their item.
Governors should then raise their hand and the Chair will invite those who have identified themselves to speak one at a time. Questions should be as succinct as possible.
7. Governors are expected to respect and value people's differing views and opinions.
8. One person should speak at a time. When available, a microphone should be used.
You are expected to use polite, plain and simple language, taking care not to talk for too long or too hastily.
9. In the event that a speaker is not understood, Governors are to politely request them to repeat or provide a further explanation of what they are saying. It is likely that other attendees will also benefit from this request.
10. Presenters and Governors should avoid using abbreviations with words being spoken in full.

Additional provisions for virtual meetings

11. Governors should remain on mute unless invited to speak by the Chair or speaker.
12. Where confidential or sensitive information is being shared, Governors should ensure that other members of their family and/or your friends/colleagues/other visitors do not have access to their meeting papers or are able to overhear the meeting.

After the meeting

13. Meeting papers should be held and disposed of securely.

14. Governors are expected to complete and submit the appropriate feedback forms:

- Trust board governor observation
- Governor attendance at meetings
- Governor training and event attendance

DRAFT

Walton Centre Values and Behaviours

CARING	ACCELERATING Behaviours	STABILISING Behaviours	BLOCKING Behaviours
<p>Caring enough to put the needs of other first</p> <p>We put the needs of others first, always striving to go the extra mile</p> <p>Delivering a first class service, we will never be too busy to listen, always show compassion and be interested in everybody’s needs</p> <p>Working in a safe and secure environment where everybody feels valued</p>	<ul style="list-style-type: none"> • Talk to each other and give feedback i.e. thank you, well done, constructive criticism • Go that extra mile, doing a bit more without being asked to for others • Willing to make tough decisions and being accountable for them • Follow through with actions first time, every time • Create opportunities to teach, coach and support others 	<ul style="list-style-type: none"> • Explain and communicate in a way that ensures others understand • Involve others in decisions i.e. ask for their views • Motivate each other through positive talk – I can do, will do, etc • Demonstrate genuine interest in the needs of others by listening and discussing 	<ul style="list-style-type: none"> • Disregard others in “my” desire to get what “I” want • Self-importance – “I am” or “my view” is more important than “you” or “yours” • Rude manner – shout, put others down, don’t listen Inflexible – “I” can’t change even if it’s what’s needed • Apathy – can’t really be bothered • Acting to please others just to be liked • Inadequate preparation
DIGNITY	ACCELERATING Behaviours	STABILISING Behaviours	BLOCKING Behaviours
<p>Passionate about delivering dignity for all</p> <p>We provide an environment that enables individuals to be treated with tolerance, privacy and dignity</p> <p>We take time to talk and listen, involving everybody in the decisions that affect them</p> <p>Embracing everybody’s differences, we tailor quality services to meet their needs</p>	<ul style="list-style-type: none"> • Take initiative to resolve problems and proactively action them • Confront difficult/ sensitive issues in a positive way • Celebrate peoples differences and the value those differences bring • Consider impact on the whole organisation not just own work area 	<ul style="list-style-type: none"> • Understanding of peoples differences • Conversations are kept confidential • Protect dignity – don’t always go for the easy option 	<ul style="list-style-type: none"> • Discrimination of any type i.e., race, gender, age, sexual orientation, religion, etc. • Non-verbal signs i.e., tutting, raising eyebrows, looking at watch while talking, moaning/ groaning when asked to help/ contribute to others workload etc. • Not taking steps to protect dignity because it takes too much effort

RESPECT	ACCELERATING Behaviours	STABILISING Behaviours	BLOCKING Behaviours
<p>Courtesy and professionalism – it's all about respect</p> <p>We value everyone that makes this such a special place</p> <p>We earn the trust placed in us through being approachable, professional and always having the “right” attitude</p> <p>Aware of the impact of our own behaviour, we will be polite, courteous and friendly to all</p>	<ul style="list-style-type: none"> • Regular communication from line Managers and regular communication from staff to managers • Considers the impact of actions before implementing/taking action • Acknowledge how others feel – when entering other ward/ department • Willing to admit if feeling dissatisfied in a constructive way • Encourage team members and colleagues to share ideas and knowledge to support innovation 	<ul style="list-style-type: none"> • If “I” we get it wrong “I” we admit it • Participate in/conduct meaningful appraisal • Give/receive constructive feedback • Receive feedback from team brief • When urgent don't email – ring instead • Understand that others may be sensitive/ shy/ easily embarrassed to speak up in public • Enable others to contribute ideas/suggestions to support innovation 	<ul style="list-style-type: none"> • Unfriendly – hardly ever/never smiles, hardly ever/never says hello, not approachable to others • Negative – criticises, blames others privately/ and or publically • Email's unnecessary information • Doesn't listen/doesn't respond • Unbending – never gives in even when only a minor issue • Dictatorial – can be shown as being snappy, rude • Disregard/undervalue ideas/suggestions from others that could support innovative practice
PRIDE	ACCELERATING Behaviours	STABILISING Behaviours	BLOCKING Behaviours
<p>Proud to be part of one big team</p> <p>We are blessed to be part of the Walton Centre. A very special place that continually strives for excellence</p> <p>We value each other, working as a “team” to achieve our common cause</p> <p>Accepting we don't always get it right. We will work together to change for the better</p>	<ul style="list-style-type: none"> • Challenges inappropriate behaviour/supports others to do so • Proactive positivism towards change • Idea generation • Energy/ drive • Leads by example • Aims to achieve continuous improvement • A role model for innovation to team members and colleagues 	<ul style="list-style-type: none"> • Support colleagues to deliver • Good verbal communication • Positive talk – polite manners • Assist others – e.g. even if “you” are busy, etc • Dress professionally • Gives solutions not just problems • Be supportive to team members/colleagues to enable them to innovate 	<ul style="list-style-type: none"> • Over promising, under delivering • Killing enthusiasm by negativity – “glass always half empty” • Lack of participation and involvement • Not taking responsibility or abdicating responsibility • Failure to organise self • Overlook others new ideas • Ignoring or not giving recognition for innovative practice

OPENNESS	ACCELERATING Behaviours	STABILISING Behaviours	BLOCKING Behaviours
<p>Open and honest in all we do</p> <p>We strive for open and honest communication with our staff, patients, carers, families, communities and professionals outside of the NHS</p> <p>We encourage their involvement in decisions about the care and services we provide</p> <p>We provide timely and relevant information to enable everybody to feel involved in decisions that affect them and act on their feedback</p>	<ul style="list-style-type: none"> • If in an Executive/Senior Manager role – ensure visibility to others in the organisation • Involve/ invite others in the decision making process and problem solving where possible, where that is impossible explain why • Provide critical feedback when required • Maintain professional conversations • Proactively canvass for ideas and innovation • Proactively develop and maintain “knowledge exchanges” both within the organisation and across the NHS to support and encourage innovation • Champion and implement the development and/or adoption of innovative ways of working 	<ul style="list-style-type: none"> • Attendance of departmental representative at team briefs • Provide/attend regular team briefings/ read team briefs • Dispel rumours • Direct, open , honest communication style • Share knowledge to encourage innovation • Demonstrate adaptability through developing and/or adopting innovative ways of working 	<ul style="list-style-type: none"> • Gossiping – encourage hearsay/rumours • Inconsistent communication • Refusal to change • No department representative at team briefs • Don't bother to pass communication on • Can't be bothered to read team briefs/ intranet to keep self up to date • Decisions made without appropriate consultation • Unprofessionalism –passing the buck or not taking action when you should • Inappropriate conversations which could be overheard by others • Reluctance/refusal to share knowledge that could support innovation • Negative attitude to developing and/or adopting innovative ways of working

The Walton Centre Governors

Code of Conduct Compliance Agreement Form

- ✓ I confirm that I have received and read the Code of Conduct for Governors.
- ✓ I agree to comply with the Code in carrying out my role as a Governor of The Walton Centre NHS Foundation Trust.
- ✓ I will at all times comply with the Constitution, The Code of Conduct and relevant Trust Policies.
- ✓ I will commit to actively supporting the Trust's Vision and Values.
- ✓ I will seek at all times to support the Trust in its aims and priorities and ensure that its needs and interests are foremost in decision-making.
- ✓ I will act with discretion and care in respect of difficult and confidential issues.
- ✓ I will maintain confidentiality with regard to information gained.
- ✓ I will uphold the seven principles of public life as outlined by the Nolan Committee
- ✓ I will be honest and act with integrity and probity at all times.
- ✓ I will seek to ensure that my Governor colleagues are valued and that judgements about them are consistent, fair and unbiased and are properly founded.
- ✓ I will seek to ensure that no one is discriminated against because of their religion, belief, race, colour, gender, marital status, disability, sexual orientation, age, social or economic status.

Signed:

Name:

Date:

Please return this completed signed form to: -

Corporate Secretary
Executive Offices
The Walton Centre NHS Foundation Trust,
Lower Lane, Liverpool, L9 7LJ

or email to: Governors@thewaltoncentre.nhs.uk



REPORT TO THE COUNCIL OF GOVERNORS
Date 8 June 2021

Report Title	Chair's Assurance Report – Business Performance Committee
Sponsoring Director	David Topliffe, Non-Executive Director
Author (s)	David Topliffe, Non-Executive Director
<p>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.</p> <p>The Committee has met on four occasions since the last Council of Governors meeting on 9 March 2021:</p> <ul style="list-style-type: none"> • 23 March 2021 • 27 April 2021 • 4 May 2021 • 25 May 2021 <p>This report summarises where assurance has been gained on key issues, together with a look ahead based on current priorities.</p>	
Recommendations	<p>The Council of Governors is recommended to:</p> <ul style="list-style-type: none"> • Note the summary report

1. Scope

Updated Terms of Reference were approved by the Board in April 2021. BPC's remit encompasses: operational performance; transformation & efficiency improvement; workforce & organisational development; estates and facilities; finance, investment & procurement; information management & technology (including data security, digital and intelligence).

BPC reviews and approves business cases for proposed expenditure (capital & revenue) between £150,000 - £500,000.

A task and finish sub-team is currently working-up feedback from an effectiveness review undertaken in March 2021 and outcomes will inform content of a plan to further improve the Committee's effectiveness.

2. Risk Management

The 7 principal risks within the Board Assurance Framework where BPC is identified as the Assurance Committee were reviewed. The residual risk was reduced for 2 topics, whilst the others were deemed stable. A particular focus was placed on Cyber Security, noting that recently secured "Digital Aspirant" funding would help reduce the risk. One new risk was added (income related to changes in the HCP financial framework).

3.0 Operational Performance

Assurance was received by data that waiting lists have continued to progressively reduce over recent months. The overall average wait has reduced since last summer (with the exception of neurosurgery which has broadly plateaued reflecting the particular restrictions to elective surgery); 36+ week waiters have reduced since October 2020 and 52+ week waiters since Feb 2021.

A Recovery Plan, encompassing both staff welfare and operational activity, has been agreed which exceeds the national requirements (i.e. targets a faster restoration of activity levels through the year, with corresponding positive impact on waiting lists). April 2021 was the first month of the recovery plan; performance was ahead of plan in day case, outpatient and non-elective, but behind in elective (owing to 2 specific issues which BPC were assured had been remedied during May 2021).

4.0 Transformation & Efficiency Improvement

The 25 May 2021 meeting received positive assurance from plans relating to the 3 key 'transformation' (step change improvement) programmes for outpatients, theatres, discharge and patient flow including the governance arrangements for the overall programme which is now accelerating (after main Trust priorities were elsewhere over the last year). Assurance was also given that incremental efficiency improvement efforts will emphasise staff engagement and 'buy-in'.

5.0 Workforce

An update to the People Strategy Action Plan noted the successful acceleration of flexible working, together with the challenges as staff increasingly return to site, a deepened focus on Health & Wellbeing and safety, progress in ED&I including in recruitment. An Apprenticeship Policy was approved. 'Investors in People' reaccreditation at Gold level was achieved. The 2020 Staff Survey scored better or equal to the national average in 8 out of 9 themes, albeit from a comparatively low response rate (39%).

Several themes from the survey have been highlighted to form the basis of an action plan which, together with other benchmark data and a wider update to the People Plan, will return to BPC in June 2021. A Workforce Sub-Group will be formed to drive the Strategy Action Plan forward, reporting to BPC. The Sub-Group is also tasked with devising 'leading' indicators alongside the existing 'lagging' indicators such as sickness, turnover and vacancy levels (which have all improved over recent months, albeit not yet meeting targets).

6.0 Finance, Procurement & Information Technology

Assurance was taken at the 25 May 2021 meeting from updates on progress with implementation of the finance, procurement and intelligence strategies, highlighting good progress through the pandemic. Notable are the continued commitment to personal and professional development, internal audit assessment outcome and clear evidence of a culture change improvement in relation to using data.

2020/21 ended with a £1.5m surplus of Income over Expenditure (subject to audit). This was £2.8m better than plan, but in a year with significant changes to the financial regime as the pandemic progressed.

The 2021/22 Income and Expenditure budget process is being complicated still further by the move to 'System' (Cheshire and Merseyside Health & Care Partnership) coordination. The current focus is merely on the first half year (April to September 2021) and involves elements of 'block contracts' potentially supplemented by an 'Elective Recovery Fund' to reward progress in recovery of activity.

This remains work in progress, but expectations of 'breaking even' under the emerging new financial model underlines the importance of the Trust's efficiency improvement programmes, and (for the longer term) transformation and developing 3rd party income.

The Trust invested £8.9m capital expenditure in 2020/21. Against an original budget of £4m, the opportunity to invest far more arose late in the year as other sources of funding became available at short notice. This involved the Executive committing to a significant stretch target which required considerable focus and teamwork across boundaries to deliver it successfully. This seized an opportunity to realise improvements and mitigate risks earlier than otherwise and now creates further optionality for 2021/22. A capital budget of £10m has been secured for 2021/22: £6.2m general budget, plus ring-fenced 'Digital Aspirant' funding of £3.75m.

7.0 Priorities

Current priorities include:

- Recovery Plan (staff wellbeing and operational activity)
- Adapting to changes in the financial regime
- Transformation and Efficiency improvement programmes
- Further advancing the People Strategy
- Updating and implementing the Digital Strategy

8.0 Recommendations

The Council of Governors is recommended to:

- Receive and note the Summary Report.



REPORT TO THE COUNCIL OF GOVERNORS
Date 8TH June 2021

Report Title	Chair's Assurance Report – Quality Committee 18 March 2021
Sponsoring Director	Seth Crofts, Non-Executive Director
Author (s)	Lisa Salter Director of Nursing
<p>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.</p> <p>The paper provides an update to the Council of Governors of the meeting of the Quality Committee held on Thursday 18 March 2021</p>	
Recommendations	<p>The COG is recommended to:</p> <ul style="list-style-type: none"> • Receive and note the Quality Committee Chair's Report • Approve the revised Terms of Reference for the Quality Committee included at Annex A.

1.0 Matters for the COG's attention

- Staff story
- MSSA implementation plan
- Organ Donation update

2.0 Items for the COG's information and assurance:-

a) Staff Story (Usually a patient story)

Ms Crompton made reference to her experience and how supported she was in IPC when starting in role and how joined up the process was in managing the Covid-19 pandemic.

Ms Crompton provided a comprehensive presentation which comprised of three staff members' stories who worked throughout the 3 waves of the pandemic. Staff accessed Trust's support network which really helped. Anxiety was very high at times, especially when patients were dying of Covid-19. Concerns noted regarding staff not knowing the routines/environment, following staff moves to different wards and how this impacted on colleagues. Despite the challenges faced by staff, the presentation also demonstrated how staff found solace and support from friends and colleagues on the wards and via the Trust support platforms. Both patients and staff have coped incredibly well. Ms Crompton was thanked for a well-balanced presentation which reflected the openness and transparency of the Trust.

b) Medical Director's update

Mr Nicolson reported that a letter had been received from NHSBT commending the work of the Trust with regards to organ donation despite Covid-19. From April 2020 to September 2020 a total of 11 recipients received organ donations from 5 donors.

A patient death arising from a dislodged tracheostomy went to the Coroner's Court this week which noted a death of misadventure.

c) Integrated Performance Report

Risk assessments in neurology were an issue. Some of this was due to the pressures of one specific ward experiencing seven deaths due to Covid -19 in one week. Staff morale was low. A new ward

manager has commenced on the ward who is focussing on improving this. Assurance was given that no harm came to those patients for whom the risk assessments were delayed

Nursing staff turnover for neurology is over 30% with some attributed to internal promotion. Focus is on exit interviews with the view to retaining staff. Work is underway to review skill mix across the wards and significant work is taking place with regards to both international recruitment and general recruitment.

It was noted that MSSA remains a concern. See item i below.

d) End of Life Care update

Dr Bellieu (Specialty Clinical Lead for Palliative and End of Life Care at LUHFT) provided an update on the National Audit of Care and End of Life) NACEL 2019 survey. It was noted that the survey was taken over a short timescale and as a Specialist Trust, due to the low number of deaths (2), it is difficult to gain significant information. Some improvements however have been seen since the last review which included increased utilisation of syringe drivers and good use of anticipatory prescribing.

e) Quality & Clinical Services Strategy

Ms Salter thanked the Divisions and Trust teams for the work undertaken and completed on the Quality and Clinical Services Strategy despite the Covid-19 pandemic, which is no mean feat. The Divisional Leads provided an overview of work completed to date.

f) Quarterly Trust Risk Register Report

Mr Fitzpatrick provided the update of the Trust Risk Register noting that there are 25 risks in total. Attention was drawn to Risk 543 which related to a delay in IT projects posing a risk to patient safety. Mr. Griffiths (Head of IT) advised that during the pandemic, IT students had left the Trust which meant there were less people to complete projects. However, Mr Griffiths added that students would be returning to the work place in the summer. It was also noted that the Trust has just received digital aspirant funding which will enable work to progress quickly. Mr Fitzpatrick conveyed his thanks to those updating the risk registers in timely manner.

g) Visibility and Walk around update

Due to the Covid-19 pandemic the Walkabout & Visibility rota was altered for just the Senior Nursing Team and the Executive Team. Focus in supporting staff, discussing how things are changing in light of Covid-19.

h) Pharmacy Review on Critical Care

The situation remains similar since CQC visited, albeit pharmacy staffing in ITU during the week has increased by the addition of an extra band 7 pharmacist. The issue has been discussed with the pharmacy lead at LUHFT and no incidents have arisen despite there being no cover pharmacy cover on ITU at the weekend. It remains on the risk register. It was noted that there is an on-call pharmacist available if required..

i) MSSA Quality Improvement Report

Ms Oulton presented the report noting that there have been 13 cases of MSSA 8 of which were on ITU. The Trust is an outlier in the North West and is the 2nd highest in the region. A request was made to have new KPI timescales to be added to the report with the Quality & Improvement Group reviewing this. A check is also to be made to ensure that MSSA features on the Risk Register for ITU. Work on improvement in this area was noted.

j) Pharmacy Quarterly KPI Report

Ms Sparrow presented the report. For TTOs (discharge drugs) verified on the wards, there was a drop to 64% due to staffing issues. Ms Sparrow agreed to contact Mr. Foy with regards to SPC charts so the Committee could better analyse the data. It was noted that no harm came to patients from the two pharmacy errors that occurred.

k) Board Assurance Framework

Mr. Buckingham presented the paper and noted that it will be presented to Trust Board in April 2021. RIDDOR incidents are to be added to Risk 004.

l) Quality Committee Effectiveness Review & Terms of Reference (ToR)

The Effectiveness Review and ToR were reviewed and ratified by the Committee. A copy of the revised Terms of Reference is included at Annex A for approval by the Board of Directors

m) Health & Safety ToR

Mr. Fitzpatrick presented the paper. Amendments are to be made to Divisional Operations Manager from Divisional Managers. Ms Salter and Mr Fitzpatrick to discuss if the Deputy Head of Risk is to be added back into the group as he is the Safety Manager.

n) E, D & I Standard Operating Procedure (SOP)

Clinical engagement is required for the SOP. Mr. Lynch will share the document with Dr. Nicolson and Ms Salter. Ms Salter and Mr Lynch to finalise SOP.

o) Minutes/chairs' reports

- **Infection, Prevention & Control** – instigated new tool for investigating hospital acquired covid infections. NHSE/I visit to the Trust due to high numbers of Covid-19 outbreaks. Actions are being monitored by the IPCC.
- **Clinical Effectiveness & Services Group** – Work is on-going to develop a 24 hour Thrombectomy service
- **Health & Safety Group** – below trajectory for fire training compliance.

p) AOB

None presented.

3.0 Progress against the Committee's annual work plan

The Committee continues to follow its annual work plan. The work cycle for 2021 -22 was presented and ratified by the Committee.

4.0 Recommendations

The Council of Governors are recommended to:

- Receive and note the Summary Report.



REPORT TO THE COUNCIL OF GOVERNORS
Date 8TH June 2021

Report Title	Chair's Assurance Report – Quality Committee 22 April 2021
Sponsoring Director	Seth Crofts, Non-Executive Director
Author (s)	Lisa Salter Director of Nursing
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.	
The paper provides an update to the Council of Governors of the meeting of the Quality Committee held on 22/04/21.	
Recommendations	The COG is requested to: <ul style="list-style-type: none"> Note the summary report

1. Items for the COG's attention

- Thrombectomy
- Neurophysiology Presentation
- Tissue Viability Report

2. Items for the COG's information and assurance

a) Patient story

Ms Gurrell presented a patient story explaining their experiences during covid, set out in the six steps of the patient journey. The patient attended for a scan on numerous occasions and was remembered by staff which made her feel welcome. The Consultant made her at ease and the fact that she received an email the following day, checking on her, was seen as positive. An excellent story that resulted in a positive experience for the patient during the pandemic, despite her anxieties.

b) Medical Director's update

Thrombectomy service – patient complexity has increased over the past few years. Some issues have escalated in recent weeks related to competencies of nursing staff. This impacted on the service as there was no weekend cover for two weeks. This was reported to NHSE and support sought from Salford Royal Foundation Trust (SRFT). However it was identified that SRFT were having similar issues. Weekend cover has been finalised for next weekend, 8am -8pm cover from July. It is hoped that 24 hour/7 day service will commence in September, a service which is not available anywhere else in the region. Concerns were raised that this has impacted on the reputation of the Trust. Tracking of learning from this will managed by the Divisions and will be presented to Quality Committee in July 2021.

c) Integrated Performance Report

Positive IPR and noted improvements in Neurology (Chavasse) with a new ward manager in place. No HCAI were reported in March for the Division. Neurosurgery Division is working to decrease the incidents of MSSA. Significant work is underway specifically with line management and decolonisation.

There was one unstageable pressure ulcer for which an RCA is underway. There are 16 RN vacancies across the Divisions at present. International Recruitment was planned for 7 RNs to arrive this month, however talks are being held nationally due to India being on the covid red list

There is significant acuity across all wards in both Divisions with extra staff being required, however NHSP are supporting this.

Patient flow data is now included in the report. The Trust's length of stay is outside what would be expected by our peers.

d) Equality Brief Covid-19

Ms Vlasman presented the report which is being taken to E, D & I for work to be progressed. The recovery plan has considered how certain groups have been prioritised within BAME groups. Staff mental health has been considered and a business case is being taken to the Executive Team to extend the internal psychology service to staff.

e) Quality Presentation Neurophysiology

Ms Finnegan presented about her department and how her team work across the Trust and other organisations. Preparation of the patient and communication are both key to getting the best results. The department are keen to innovate and lead the way in this field. The team are passionate about audit and development to support best practice and care. The department are continually striving to gain feedback to improve patient experience. The team have been specifically innovative during covid-19 and as a result have implemented mobile telemetry. The company supplying equipment have improved the device following feedback from the Neurophysiology team. There are excellent opportunities for training and staff retention and the team work closely with Manchester Metropolitan University.

The whole team were highly responsive to the needs of the Trust during the pandemic, moving to various wards to assist with patient care.

f) Quality Accounts

Ms Kane noted that four Quality Account priorities were postponed due to Covid-19. It was also noted that a full year's work was not possible which was also due to the pandemic and so was delivered in a shorter timeframe.

g) Tissue Viability Report (TV)

It was reported that due to a significant gap in the TV staff post, there were gaps in service delivery. However the IPC team worked hard to fill the gaps and ensure that patient safety was prioritised. A cultural change will be necessary to ensure TV care is delivered. Human factors are being considered as part of the RCA work/investigations. There is a need to be clear that training and empowerment is not just to focus on nursing staff but will also encompass medical staff. A further report is to be presented in June. Ms King noted that there were significant gaps in the service and had completed some work already to enhance standards. A plan is being finalised to ensure completion of work required.

h) Pathology Quarterly Assurance Report

Ms Hayes presented the report noting KPIs for the department. It was recognised that not having an order communications system, certain KPIs could not be provided. This provides an issue to staff operationally in requesting tests and obtaining results. It was reported that 82% of equipment has been deferred for capital replacement until next year but this was not causing concern at the current time.

i) Equality Diversity & Inclusion update

The Equality, Diversity and Inclusion (E, D & I) Steering group has been relaunched and the first meeting took place in March 2021. The group have been working on Government guidelines regarding the use of the term BAME and how this will alter. Saying 'no to racism' work is being progressed. A relaunch of the disability staff network is planned. Further training for staff is to be launched and will include civility and unconscious bias. Some focussed work is being undertaken to support veterans.

j) Terms of Reference E, D & I Steering Group

The ToR were agreed and ratified.

k) Terms of Reference Corporate Governance

The ToR were agreed and ratified.

l) Quality Committee work cycle

The work cycle was agreed and ratified.

m) AOB

Sharing & Learning Forum Terms of Reference

The ToR were agreed and ratified. It was agreed that the Quality Committee ToR would be amended to include the Sharing & Learning Forum.

n) Review of the meeting

Committee members felt that good discussion and debate had taken place with most members contributing.

3.0 Progress against the Committee's annual work plan

The Committee continued to follow its annual work plan this month.

4.0 Recommendations

The Council of Governors are recommended to:

- Receive and note the Summary Report.



REPORT TO THE COUNCIL OF GOVERNORS
Date 8TH June 2021

Report Title	Chair’s Assurance Report – Quality Committee 20 May 2021
Sponsoring Director	Seth Crofts, Non-Executive Director
Author (s)	Lisa Salter Director of Nursing & Governance
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.	
Purpose of Paper: The paper provides an update to the Council of Governors of the meeting of the Quality Committee held on 20/05/21.	
Recommendations	The COG is requested to: <ul style="list-style-type: none"> Note the summary report

1. Items for the COG’s attention:-

- Incident of Pressure Ulcer Category 4 on ITU
- Fractured humerus following a patient fall on Caton Ward
- Application for Tessa Jowell Brain Cancer Mission (TJBCM) Centre of Excellence Designation
- Peer Review on Critical Care – achieved 151 out the 155 areas for review.
- Governance & Risk Management Q4 report & Infection, Prevention & Control report Q4 – to recognise the work achieved within a challenging 12 month period

2. Items for the COG’s information and assurance

a) Patient Story

The patient and family story related to their experience through the hospital, having been admitted for treatment of epilepsy. The story highlighted the complexity of the situation and how various teams and external stakeholders were engaged to provide the best outcome for the patient. It was noted that this was a complex case in which staff caring for the patient were supported by the senior nurse team. The story also demonstrated the importance of an MDT approach for obtaining positive outcomes.

b) Medical Director’s update

Dr Nicolson provided an update regarding the out of hours Thrombectomy Service. A lot of work has been undertaken by the teams in Radiology, Theatres and the two Divisions to resolve staffing issues. The action plan has been approved by the Executive Team to progress this work. Weekend cover was restored on the first weekend in May and it is hoped that extended weekend hours will be possible during the summer with a view to commencing a 24 hour/7 day service in September.

c) Integrated Performance Report (IPR)

Ms Salter and the Divisional Nurse Directors presented key elements of the IPR. Incidents of x 2 MSSA and x 2 C. Difficile infections to date in this new financial year are a cause for concern. Focussed meetings are underway to identify causes and improvement work is underway.

Attention was drawn to x 2 recent incidents (not in the report) – a category 3 pressure ulcer had deteriorated to a category 4 for a patient on ITU/Dott Ward The rapid review indicated no lapses in care. On Caton Ward, there was a patient fall in a bathroom from which the patient suffered a fractured humerus. Full RCA reports are underway for each.

International Recruitment of nurses has been delayed due to the pandemic crisis in India. The Trust continues to recruit staff to both nurse and health care vacancies.

d) Governance & Risk Management Q4 Report

Mr. Fitzpatrick and Ms Gurrell presented the report. There have been significant increases in the number of concerns but a reduction in the number of complaints and in complaint response times. The increase in claims and Coroner's referrals was also noted. Communication was a theme with regards to complaints and this has been discussed in the Divisional meetings with the PET and is being managed closely. It was noted that this theme often includes complaints from patients when they disagreed with their clinician's diagnosis.

A strategy is required in relation to violence and aggression competencies – this is being developed and will be presented to Quality Committee.

e) Mortality & Morbidity Report

Dr Nicolson advised that guidance has recently been released on how to review Covid-19 related deaths. Within WCFT there were 24 covid related deaths of which 17 are recognised as nosocomial.

f) Infection, Prevention & Control Annual Report

Ms Oulton presented the report. It was noted that C.Difficile infections had decreased year on year. The IPC team had reviewed incidents of C.Difficile with NHSE/ Special Commissioners earlier this week with x 2 incidents noted as no lapses in care for x 2 cases last year. Excellent work has been undertaken to reduce infections in EVDs.

MSSA remains an issue and exceeded the year's trajectory. Significant work is underway to reduce the number of infections. The team are working with informatics to identify themes and enable Trust staff to view incidents of HCAs in real time.

Reflections on the pandemic were shared and thanks conveyed to all for supporting the team.

g) Nurse Staffing Report

Ms Vlasman presented the report which is a summary of the last 6 months staffing. It was noted that staffing was reviewed on a daily basis and that an extra daily staffing meeting was implemented. Assurances were provided that staffing had been safe. It was highlighted that both Matrons had worked tirelessly to ensure safe staffing on the wards. It was noted that the CQC whistleblowing this month had been responded to and shared Trust wide, recognising significant support being given to staff. It was recognised that our staff and their families have experienced some very challenging times in the past 15 months in their personal as well as their professional lives.

h) Local Cancer Patient Survey Update

Ms Crofton presented the report drawing attention to a revised pre-op service which will support this patient group. A neurosurgery training programme has been introduced for half hourly weekly sessions (Fridays) which have an MDT approach and are already having a positive impact.

The Trust is applying for Tessa Jowell Centre of Excellence designation. This would allow the Trust to use the BRIAN app to gain patient experience feedback. If the application is successful, this would be an accolade for the Trust.

i) C&M Audit Critical Care Delivery Network Peer Review

A positive review was presented and the team are awaiting the overall report. Out of 155 areas of assessment, only x 4 require further work, demonstrating a positive outcome.

j) ToR Quality & Patient Safety Group

The ToR for Quality and Patient Safety Group were approved.

k) ToR Neurosurgery Risk & Governance

The ToR for Neurosurgery Risk & Governance were approved.

l) QC work plan

The Quality Committee work plan was received and ratified.

m) Chairs Reports/mins

- **Quality & Patient Group**
Chair's report for 15/04/21 was noted.
- **Infection Control**
Chair's report for 12/04/21 was noted.
RCAs were delayed in being reviewed and work is now back on track.
- **Clinical Effectiveness**
Minutes for 25/03/21 & Chair's report 20/04/21 were noted and thrombectomy work was referenced.
- **Corporate Governance**
Chair's report for 27/04/21 noted – positive feedback received with regards to NOSS support for staff.
- **Sharing & Learning Forum**
Minutes 13/03/21 were noted – focus on lamp testing and vaccination programme.

3.0 Progress against the Committee's annual work plan

The NCEPOD and Safeguarding Annual Reports were deferred until the June Quality Committee.

4.0 Recommendations

The Council of Governors are recommended to:

- Receive and note the Summary Report.



REPORT TO THE COUNCIL OF GOVERNORS
Date 8TH June 2021

Report Title	Chair's Assurance Report
Sponsoring Director	Su Rai – Non-Executive Chair
Author (s)	Mike Burns, Director of Finance and IT
Purpose of Paper:	
The 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.	
The paper provides an update to the Council of Governors of the meeting of the Audit Committee held on 20 April 2021.	
Recommendations	The Board is requested to: <ul style="list-style-type: none"> Note the summary report.

1.0 Matters for the COG's attention

- Final Accounts to be recommended for Trust Board approval on 24 June 2021.
- Approval of Fit and Proper Persons Policy and the significant work undertaken to produce a robust system was acknowledged.
- Positive outcome received from Head of Internal Audit with an overall opinion of Substantial Assurance. This opinion was not expected to change when the draft report was finalised.
- The Anti-Fraud Annual Report for 2020-21 indicated a high level of compliance for the majority of measures.
- Agreement of External Audit plan for this audit cycle and formal approval of fees.
- The Quality Accounts for 2020-21 would again not be subject to audit, in line with national guidelines.

2.0 Items for the COG's information and assurance

The Committee received the following updates:

a) Internal Audit Progress Report Q4

Committee received an update from MIAA that since the last meeting 4 audits had been finalised with Data Quality and Fit and Proper Persons both receiving substantial assurance. Audits for Complex Discharge Process and Cyber Security were at the reporting stage. Explanation was provided as to why Data Protection and Security Toolkit audit did not require an assurance level at this stage and it was updated that there would be a second assessment of this audit in Q1. The work that had taken place around Fit and Proper Persons was noted and once the policy was approved later in the agenda there would only be one recommendation outstanding relating to validation of contract documentation held on file which had now been addressed.

b) Internal Audit Follow Up Report Q4

The Committee noted that there were currently 27 recommendations outstanding, there were 7 recommendations due for follow up since the last report and 8 recommendations had been implemented or superseded since the last report. A long standing final recommendation around EPR had now been completed.

Attention was drawn to the number of deadlines that needed to be revised as they had gone beyond the March 21 deadline however assurance was given that none stood out as a concern and it was noted that some lapses could be as the result of a timing issue. Mr Burns updated that the

Recommendations Report was now discussed at Executive Team meetings and followed up with staff to ensure actions were being followed up.

c) Internal Audit Plan 2021-22 for Approval

The Committee noted the fee figure was the same as reported last year but was subject to inflationary increase in value which had not as yet been confirmed. The report detailed the Audit Plan for 21/22 which consisted of mandated plans and those agreed by the Trust and the rationale for the audit. Details of the ICS System Development were provided which was a system wide piece of work which would evaluate and support the Trust preparedness to work in collaboration / partnership at a system and place level. The Committee approved the Internal Audit Plan for 2021-22 to be carried out within a 168 resource day plan.

d) Internal Audit Charter

The Internal Audit Charter was received by the Committee. The Charter is mandated through the Public Sector Internal Audit Standards (2016) and is a formal document that defines the internal audit activity's purpose, authority and responsibility and is presented on a yearly basis.

e) Internal Audit Annual Report & Head of Internal Audit Opinion

The Committee received the report and noted the overall opinion of Substantial Assurance which showed there was a good system of internal control designed to meet the organisation's objectives and that controls were generally being applied consistently. The basis for forming the opinion was outlined and the Assurance Framework Document was visibly used by the organisation and reflected the risks discussed by the Board.

During the course of the year MIAA had undertaken follow up reviews on which the Trust had made good progress. There were 19 recommendations raised as part of the reviews undertaken during 2020/21 all accepted by management. There were no critical recommendations.

The report was presented in draft and would feed into the Annual Governance Statement to be submitted next week. MIAA acknowledged it had been a difficult year for all and thanked the Trust for facilitating the completion of the audit plan and Ms Rai concurred and thanked MIAA and the finance team for pushing forward with the Internal Audit Plan and gave her congratulations on behalf of the Committee for the Substantial Assurance received.

f) Anti-Fraud Annual Report 2020-21

The report was presented detailing work undertaken across all 4 areas of NHS Authorities Counter Fraud strategy and the standards that the Trust was required to comply with. The Trust scored very well against the majority of the indicators. Attention was drawn to the two Amber ratings in relation to investigations and around recovery of any losses and publicising any criminal / disciplinary cases in relation to fraud cases. As there had not been any referrals in year requiring action the Trust was unable to evidence full compliance in this area hence the Amber rating. This was considered unusual by the Committee to receive an Amber rating on an issue on which the Trust had not had an opportunity to test but acknowledged that was how it was rated across the sector.

The Committee noted this was a transitional year before the new standards were put in place from 1 April and a new report was being collated around these with a return date of 31 May 2021.

g) Anti-Fraud Annual Plan for 2021/22

The annual plan included all the core work taking into account national and regional risk areas, strategic risks from the Board Assurance Framework and management requests. Also included was a review of the fraud risks in line with the new Standards and a post event assurance of the PPE procurement process. Yet to be determined is a piece of work to be agreed by the Executive Team.

Discussion took place around the Gifts and Hospitality and Conflicts of Interest risk and the recommendations that had come from the review and while there were some process based recommendations in place the Interim Corporate Secretary felt an education programme should be set up with periodic reminders for staff that they have an obligation to make declarations.

h) External Audit Plan for year ending 31 March 2021

The document provided an overview of the planned scope and timing of the statutory audit of the Trust. The risks required special audit consideration and procedures to address the likelihood of a material financial statement error were identified as:

- o Management Override of Controls
- o Valuation of Land and Buildings

Following on from a risk assessment regarding the Trust's arrangements to secure Value For Money a key area of focus to consider around the Trust's financial sustainability was identified, particularly the restoration of services post-Covid 19. The change in emphasis of the audit of accounting estimations was discussed, together with the Trust's approach to this.

Other work was referred to in the document as well as timelines and fees which were noted. It was queried whether the £10k for VFM work was included in the £77k proposed fee and following clarification on this the audit fees were agreed by the Committee. It was noted the fees for the Independent Examination of The Walton Centre Charity were separate to the proposed fee for 2020/21.

i) Executive Response to Challenge Questions

The Committee received the report providing responses to the challenge questions posed in the October 2020 External Audit Progress Report around Autumn 2020 Spending Review and The Digital Revolution.

j) Bad Debt Write Off

The Committee noted the contents of the report and approved the writing off of £7,661 invoices in April 2021.

k) Aged Debt Report

The report summarised the position at Month 12 in relation to debtors (both NHS and non-NHS) and showed the movement in agreed debt between March 2020 and March 2021. Debt at the end of March was £2.2m and this represented a reduction of £3.4m from March 2019/20. There had been an increase of £359k debt from February 2021 mainly relating to 0-30 days debt (salary recharges and year end invoices).

In response to a query around the scrutiny of payment by the Trust to creditors it was confirmed that the Trust was bound by 95% of payments made within 30 days and a statement to this effect was made in the Annual Report.

l) Tender Waivers Q4

The Committee approved the one tender waiver recorded in Q4 for an Intraoperative monitoring system which was a replacement system. The INOMED system was the only available system which provided all the required intra-operative monitoring capabilities in one single unit. The Committee was satisfied with the explanation for a tender waiver being implemented.

m) Losses and Compensations Register

The Committee noted there had been 4 losses or compensation payments to date costing £8,664. This compared to £24,166 payments in 2019/20. It was noted there was a payment of £3k made for an IG breach which was explained to the Committee and it was felt that more of these payments would be coming forward in the future so it was important for staff to adhere to the rules around IG and remain vigilant.

n) Preparation of Quality Account 2020/21

The Committee received a report on the progress of the quality account priorities for the year 2020/21. It was noted by the Committee that all but 4 of the quality account priorities were achieved and the Committee were updated on progress. These were noted by the Committee.

The priorities for focus for 2021/22 had been identified and these would be forwarded to Committee members for information.

o) External Visits Update Report

The Committee received the report providing a status update in relation to external recommendations and were briefed on progress around

- MHRA – Good Clinical Practice Compliance
- MFRS – Revisit following OPD fire
- IPC Peer Review
- MTCC Accreditation Report
- IIP Gold Award
- CQC mental Health Provision
- UKAS Labs Provision

The Committee welcomed the report in its new format and noted the contents but requested a date for completion column going forward.

p) Preparation of Annual Report 2020/21

The Committee were presented with the report to provide assurance that arrangements were in place for the production of the Annual Report 2020/21. Good responses had been received from the relevant department leads and an initial draft Annual Governance Statement would be ready shortly with an initial rough working draft of the Annual Report for internal review in 2 weeks' time.

It was understood that the incorporation of the Quality Accounts into the Annual Report would not take place this year and that the date for submission of the Quality Accounts was likely to be later in the year and not 30 June 2021. The Committee noted the progress contained within the report.

q) Compliance with FT Code of Governance

The Committee were provided with a background to the report to assist NHS Foundation Trust Boards to improve their governance practices. The Interim Corporate Secretary reviewed compliance with the Code of Governance for 2020/21 and referred to the outcomes in Appendix 1 of the report. There was a positive level of compliance however there were several areas where compliance could be strengthened and these areas were RAG-rated Amber. Members of the Committee had some questions relating to the report but these would be picked up outside of the meeting.

The Committee endorsed the outcomes of the review of compliance with the Code of Governance which would support declarations made in the Annual Report 2020/21.

r) Fit and Proper Persons Policy

The requirement for a Fit and Proper Persons Policy was recommended as part of the Internal Audit Review undertaken last year. It had been based on a draft procedure document that was in place during the time of the audit and was updated by the Interim Corporate Secretary and Deputy Director of HR detailing specific responsibilities between the Corporate Secretary and the HR Department. A timetable had been produced for the completion of annual checks. The Policy had been agreed by Executives and the minor amendments suggested by them were detailed to the Committee who subject to those changes approved the Policy.

Thanks were conveyed to the Interim Corporate Secretary for the robust piece of work undertaken which put the Trust in a strong position going forward in this area.

s) Committee Effectiveness Review

The report presented the outcome of the Committee Effectiveness Review for consideration and agreement. The Interim Corporate Secretary completed the Committee Processes checklist provided by HFMA. The Committee discussed the 3 key areas where it had not been possible for the Interim Corporate Secretary to complete an assessment and these related to how the Committee integrated with other Committees that reviewed risk; how the Committee reviewed key data against the data quality dimensions and if the Committee approved a policy to govern the value and nature of non-audit work carried out by the external auditors.

The Walton Centre NHS Foundation Trust

Discussion also look place around clinical audit outcomes and how the Committee should receive assurance on this going forward bearing in mind the committees have separate roles and this should be taken into consideration in the reporting mechanism.

The Committee considered and agreed the outcome of the Effectiveness Review and acknowledged the gaps where more work was required.

3.0 Progress against the Committee's annual work plan

The Committee continued to follow its annual work plan. Items were now RAG-rated for clarification and to keep track on those that had been deferred due to timing issues. A text box would be added to the Cycle of Business for explanation on items that been subject to a delay.

It was noted the next meeting would take place on 24 June to recommend approval of the Annual Report and Accounts.

4.0 Recommendations

The Council of Governors are recommended to:

- Receive and note the Summary Report.



REPORT TO THE COUNCIL OF GOVERNORS
Date 8TH June 2021

Report Title	Chair's Assurance Report – RIME Committee 31/03/21
Sponsoring Director	Seth Crofts – Non-Executive Chair
Author (s)	Mike Gibney, Director of Workforce and Innovation
Purpose of Paper:	
<p>The Research, Innovation and Medical Education Committee continues to receive reports and provide assurance to the Board of Directors against its work programme via a summary report submitted to the Board after each meeting.</p> <p>The paper provides an update to the Council of Governors of the meeting of the Research, Innovation and Medical Education Committee held on 31 March 2021.</p>	
Recommendations	<p>The COG is requested to:</p> <ul style="list-style-type: none"> Note the summary report

1.0 Matters for the COG's Attention

- The ongoing financial position and the need to establish a financial recovery plan. This year has been a challenge for Research functions across the NHS. The suspension of business as usual has clearly had an impact upon activity and the potential for income generation. The environment is further challenging as virtually all commercial trials (other than those that were COVID-19 related) were suspended and new and planned ones have been put on hold. A comprehensive plan is being developed in response to the external review and a financial recovery plan I central to this.
- Ms Murphy's independent review of the NRC and her recommendations and how we intend to take it forward. A comprehensive and independent review of research at the Walton Centre was undertaken by Caroline Murphy, Director of Operations at Kings College Trials Unit. The report consisted of an 'as is' analysis of research based upon a review of documents and a series of interviews with key internal and external stakeholders. The report proposed 25 potential actions/suggestions to be considered. Committee agreed that further analysis/engagement should be prioritised with the key stakeholder groups including research nurses, governance, admin support, trust consultant body and key external sources of support (LHP, NIHR, etc.). The report was noted by committee and a confidential action plan will be produced in due course.

2.0 Items for the COG's Information and Assurance

- Committee received via the consent agenda a Research and Development Finance Performance Report, an update on the Health Education Annual Return and confirmed the minutes of the Sponsorship and Governance Oversight Group.

3.0 Progress Against the Committee's Annual Work Plan

- Discussed and currently on track.

4.0 Recommendations

The Council of Governors are recommended to:

- Receive and note the Summary Report.



REPORT TO THE COUNCIL OF GOVERNORS
Date 8TH June 2021

Report Title	Chair’s Assurance Report – RIME Committee 31/03/21
Sponsoring Director	Seth Crofts – Non-Executive Chair
Author (s)	Mike Gibney, Director of Workforce and Innovation
Purpose of Paper:	
<p>The Research, Innovation and Medical Education Committee continues to receive reports and provide assurance to the Board of Directors against its work programme via a summary report submitted to the Board after each meeting.</p> <p>The paper provides an update to the Council of Governors of the meeting of the Research, Innovation and Medical Education Committee held on 5 May 2021.</p>	
Recommendations	<p>The COG is requested to:</p> <ul style="list-style-type: none"> Note the summary report

1.0 Matters for the COG’s Attention

- Innovation Update**

The following was highlighted:

Collaborative partnerships are being supported which develop income, equity or royalties. The Innovation Strategy approved in 2019, contains a pipeline of projects which have been developed and are progressing. The BAF innovation action tracker shows the trust is doing well despite the delays. The Strategy Annual Implementation Plan is progressing well and some items are complete.

- Medical Education**

There have been two new appointments within the Medical Education Faculty. Dr Rhys Davies has taken over from Dr Dougan as Director of Medical Education and Elaine Anderson has succeeded Sue Griffiths as Royal College Tutor for Anaesthetics.

Student experience continues to be good in relation to undergraduate education, placements are well evaluated despite Covid restrictions affecting on site activity. The University of Liverpool are running a timetabling project which is looking at creating a uniform student timetable for all clinical placement sites. This may suit the fluidity of the hospital better than a strict timetable but it also provides the medical school with documented activity and clear evidence of when the schedule is not being met.

Conversations are ongoing internally and with colleagues at other trusts to see find out their plans in relation to returning to business as usual and bringing students back on site both nationally and internationally.

It appears that a number of honorary contracts have lapsed. Once the process has been agreed at Medical Education Committee, the SOP will be circulated to all consultants.

In relation to educator accreditation, it has been 5 years since GMC training standards were introduced. The internal process for monitoring accreditation has been reviewed and a SOP will be created to provide clarity which will be circulated to the consultant body.

From August, ST2 trainees will be rotating through Neurology and ITU as part of their ST2 year.

Funding has been sourced from study leave monies for a coaching course for registrars in Neurology which will take place in June.

Renovations have taken place to one of the office spaces on the second floor for the Neurology registrars for new office space with a break out area and upgraded AV kit to facilitate the remote teaching and online activity.

- **Neuro Podcasts Project**

Dr Williamson discussed the recent development of an educational neurology podcast which was originally designed for medical students. Although there were many podcasts available the team wanted to tie this podcast to a learning resource that was available online.

It is mainly Walton Centre consultants who are taking part in the episodes and they are keen to continue with the project. Consent was sought to affiliate the project with the Walton Centre NHS Foundation Trust and promote the trust from a Medical Education perspective, encouraging other Consultants to become involved in the project, possibly neurosurgeons and neurorehab.

- **Clinical Senate meeting takes place on Wednesday, 16 June 2021**

2.0 Items for the Board's Information and Assurance

3.0 Progress Against the Committee's Annual Work Plan

- Discussed and currently on track.

4.0 Recommendations

The Council of Governors are recommended to:

- Receive and note the Summary Report.



REPORT TO THE COUNCIL OF GOVERNORS
Date 8TH June 2021

Report Title	Chair's Assurance Report
Sponsoring Director	Su Rai – Non-Executive Chair
Author (s)	Mike Burns, Director of Finance and IT
Purpose of Paper:	
<p>The Walton Centre Charity Committee continues to receive reports and provide assurance to the Board of Directors against its work programme via a summary report submitted to the Board after each meeting.</p> <p>The paper provides an update to the Council of Governors of the meeting of the Walton Centre Charity Committee held on 15 April 2021.</p>	
Recommendations	<p>The COG is requested to:</p> <ul style="list-style-type: none"> Note the summary report

1.0 Matters for the COG's attention

- The Committee received an update on progress on the development of a Risk Management Policy for the Charity. A Risk Register would be received at each meeting going forward.
- The implementation of a budget for the Charity would take place and would be reviewed and agreed on an annual basis.
- A review of Year 3 of the 2018 Fundraising Strategy was presented and the development of a new 3 year strategy was in hand which would be presented in July 2021.

2.0 Items for the COG's information and assurance

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

a) Summary Investment Reports from:

- CCLA** - A Market Review was provided by CCLA which was noted. The Committee were updated on the mid-market valuation as at 31 March 2021 which was £576,365 (a £5k decrease from the last quarter).
- Ruffer** – Ruffer provided a summary of the current position of the portfolio as at 31 March 2021 which outlined that the fund had increased to £585,265 (a rise of £44k from the last quarter).

Discussion took place around the tender process for investment managers and how often the performance was assessed. The Committee were also keen to ensure that the ethical stance agreed by the Committee three years ago was still being adhered to. It was agreed this would be reviewed yearly in line with the Investment Policy.

b) Finance Report as at 31 March 2021

The report detailed the financial performance of the Charity as at 31 March 2021 and showed that the fund had reduced from £1,850,270 at the start of the financial year to £1,616,743 as at 31 March 2021. Due to the current pandemic various regular events had been cancelled however the loss in income had been partly offset by five grants from NHS Charities totalling £147,600.

The Committee looked at the various fund balances and discussion took place around those funds where there had been no movement and no communication back to the finance department around plans for the funds. It was agreed that at the next meeting the Committee would make a decision on whether these stagnant funds would be merged back into the general fund in line with current governance requirements. Guidelines for agreement would be drawn up around this issue.

The Committee also discussed the tender process around moving from the current auditors to a more cost effective company to carry out the Independent Examination of the accounts.

c) Report on longer term commitments to the Charity

The Committee noted the longer term commitments however it was requested that going forward more information be contained within the report (for funds of £5k and more) in order to have more visibility on spending plans.

d) Fundraising Activity Report

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

- The Charity's partnership with Aintree Racecourse's Community Programme enabled the Trust to be one of the focus charities of this year's Grand National festival.
- Due to restrictions there was still limited fundraising activity in the community.
- Since the last meeting in January £20,762 had been received in memory of patients treated at the Walton Centre. There had been notification of a residual legacy of £70,000 which will come through once the Estate was settled and finalised.
- The Lottery continued to be promoted on the Trust's social media platforms as well as the website and since the last meeting a further 38 had signed up for the weekly draw.
- Last year saw the cancellation of the Trust's major fundraising events and it was still unsure as to whether they could go ahead this year in their current form due to Covid 19 so the fundraising team were exploring possible options.
- The Committee were provided with an update on NHS Charities Together Grants and Stage 3 funding for which NHS charities could apply for recovery grants to support the mental health and recovery of NHS staff and volunteers and work was taking place to identify suitable projects for the Trust to submit an application.

e) Update on Risk Management Policy

The Committee received a report sharing NHS Charities Together recommended approach to manage risk and discussed whether a 'stand-alone' risk management policy for the Charity was warranted. The Committee completely agreed with the importance of this acknowledging that the risks for a charity were very different from a health organisation but wanted to ensure the correct corporate governance was in place. The Risk Appetite detailed in the report was agreed and a small group would consider and determine the risks that would form part of the Risk Register that would be presented at the next meeting for discussion.

As Corporate Trustee for the Charity it was suggested the risks be presented to Trust Board on an annual basis. The Chair noted the good progress that had been made around this issue.

f) Applications from T&D Department and YTD Report

All 8 applications presented for funding from T&D were approved; however there were two main areas discussed; the high number of applications from Horsley ITU and that all the applications were retrospective. Going forward it was requested for governance purposes that requests be emailed to the voting members of the Committee rather than being presented retrospectively.

g) Application – Addition to Robotic Arm, ETV Module Software

The application was presented by Ms Roscoe, Cranial Service Manager for Neurosurgery, to pay for the software and hardware, including a laptop, to operate the recently purchased endoscopic robotic arm. The initial business case for the robotic arm included use for endoscopic surgery, however this software and hardware module was not purchased, despite it being within the budget and approved.

The Committee approved the application for £20,000 noting the funding would come from the Sid Watkins Innovation Fund and not the General Fund as stated.

h) Consultancy Report

The Committee agreed to the payment of £11k (April 2021/April 22) for the continued services of Quiet Consultancy (Fundraising consultants). The summary report detailed the support received

over the past year and the Committee acknowledged the business critical knowledge and strategic advice received. The service would continue to be reviewed on an annual basis.

i) Draft Charity Governance Document

The Committee received the document in draft and invited comments and suggestions prior to it being approved in July for guidance and publication on the Trust Intranet. Initial comments included review of the application process to include an updated flow chart and inclusion of the prioritisation process when confirmed. There was also discussion around the £60k reserve figure which all agreed should be increased.

j) Fundraising Strategy Update

The Committee received a review of the third year of the 2018-2021 fundraising strategy that was originally presented in April 2018. The Committee noted how some of the objectives were not met in year 3 due to the onset of the pandemic.

A new 3 year strategy is being developed taking into consideration the very different landscape following Covid 19. The new environment includes a shift in how people work and socialise and with most aspects of the economy severely affected, the impact on income generating potential will differ across income streams.

Crucial to the new fundraising strategy is to have a specific campaign / fundraising project on which to focus and proactively seek major donations. The new Strategy would link in with the priorities of the current Trust Strategy.

k) Cycle of Business 2021-22

The cycle of business was noted and welcomed by the Committee with extra items suggested at the meeting agreed.

l) Any Other Business

The Committee agreed the increased in costs in the Home from Home fund being reimbursed back to the Trust. This was an increase to £41k per year for fundraising purposes.

3.0 Progress against the Committee's annual work plan

The Committee continues to follow its annual work plan.

4.0 Recommendations

The Council of Governors are recommended to:

- Receive and note the Summary Report.