Council of Governors Meeting
(Public)

Thursday 14 March 2023
13:00 - 16:30

Location:
Sid Watkins Building
2nd Floor Lecture Theatre

The Walton Centre
NHS Foundation Trust

Excellence in Neuroscience

MEETING OF COUNCIL OF GOVERNORS AGENDA

Tuesday 14 March 2023
13:00 to 16:00

Lecture Theatre, Sid Watkins Building, The Walton Centre

Please Note – The Governors Pre-meeting will take place in person on
Tuesday 14 March 12:45.

Ref	Time	Item	Owner	Purpose
STANDING ITEMS				
1	13:00	Welcome and Apologies (v)	Chair	Information
2	13:05	Declarations of Interest (v)	Chair	Information
3	13:10	Action Log (v)	Chair	Information
4	13:15	Minutes of meetings held on 8 December 2022 (d)	Chair	Approve
GOVERNOR ITEMS				
5	13:20	Lead Governor's Report (d)	Lead Governor	Information
6	13:30	Chair's Report (v) • CMAST and ICS • Liverpool Clinical Providers Review • External Stakeholder Meetings • Deputy Lead Governor • Well Led Review	Chair	Information
STRATEGY				
7	13:45	Trust Strategy 2022-25 Update (d)	Deputy Chief Executive	Assurance
INTEGRATED PERFORMANCE REPORT				
8	14:00	Performance and Finance: Business and Performance Committee Chair's Assurance Reports – January/ February 2023 (d)	NED Committee Chair	Assurance
9	14:10	Quality: Quality Committee Chair's Assurance Reports – January/ February 2023 (d)	NED Committee Chair	Assurance
BOARD COMMITTEES CHAIR'S ASSURANCE REPORTS				
10	14:20	Audit Committee – February 2023 (d)	NED Committee Chair	Assurance
11	14:30	Research, Innovation and Medical Education Committee Chairs Assurance Reports – December 2022(d)	NED Committee Chair	Assurance
12	14:40	Walton Charity Committee – January 2023 (d)	NED Committee Chair	Information
14:50 BREAK (10 minutes)				

v = verbal, d = document p = presentation

Ref	Time	Item	Owner	Purpose
REGULATORY/GOVERNANCE				
13	15:00	Review of Council of Governor Subgroups Membership (d)	Corporate Secretary	Information
14	15:10	Annual Register of Interests 2022/23 (d)	Corporate Secretary	Information
GOVERNOR COMMITTEES				
15	15:20	Membership and Engagement Group (d) • Minutes of the Meetings held on 8 February 2023 • Terms of Reference	Committee Chair	Assurance
16	15:30	Nominations Committee (d) • Minutes of the Meetings held on 27 February 2023 • Associate Non-Executive Directors	Committee Chair	Assurance
ITEMS TO NOTE				
17	15:40	Council of Governors Cycle of Business (d)	Corporate Secretary	Information
CLOSE OF MEETING				
18	15:45	Any Other Business (v)	Chair	N/A

Date of Next Meeting:
Thursday 22 June 2023, 1pm - 4pm
Lecture Hall, Sid Watkins Building, Walton Centre NHS Foundation Trust

<u>Please Note</u>

The Governors Pre-meeting will take place at 12:45 in person on
Thursday 22 June 2023

v = verbal, d = document p = presentation

UNCONFIRMED MINUTES
COUNCIL OF GOVERNORS MEETING HELD IN PUBLIC
Lecture Hall, Sid Watkins Building
Thursday 8 December 2022

Present	Role	Initials
Su Rai	Deputy Chair	DC
Jan Ross	Chief Executive	CEO
Andrew Nicolson	Medical Director	MD
Mike Gibney	Chief People Officer	CPO
Nicky Martin	Deputy Chief Nurse	DCN
Helen Wells	Deputy Chief Financial Officer	DCFO
David Topliffe	Non-Executive Director	NED-DT
Paul May	Non-Executive Director	NED-PM
Ray Walker	Non-Executive Director	NED-RW
Karen Bentley	Non-Executive Director	NED-KB
Barbara Strong	Lead Governor Merseyside	LG
Jonathan Desmond	Public Governor Merseyside	Gov-JD
Carol Hopwood	Public Governor Merseyside	Gov-CH
Belinda Shaw	Public Governor Merseyside	Gov-BS
Tereasa Moretti	Public Governor Merseyside	Gov-TM
John Kitchen	Public Governor North Wales	Gov-JK
John McClelland	Public Governor Rest of England	Gov-JM
Nanette Mellor	Partnership Governor The Brain Charity	Gov-NM
Amanda Chesterton	Governor Staff Non-Clinical	Gov-AC
Andrew Brodbelt	Governor Staff Medical	Gov-AB

In Attendance		
Katharine Dowson	Corporate Secretary	CS
Nicola Troy	Corporate Governance Officer	CGO
Lisa Judge	Head of Patient Experience	HPFE

Apologies		
Max Steinberg	Chair CBE	Chair
Lindsey Vlasman	Chief Operating Officer	COO
Mike Burns	Chief Finance Officer	CFO
John Taylor	Governor North Wales	Gov-JT
Tom Stretch	Public Governor Cheshire	Gov-TS
Louise Pate	Staff Governor	Gov

Ella Pereira	Partnership Governor	Gov-EP
Jan Vaughan	Partnership Governor	Gov-JV
Melanie Worthington	Partnership Governor	Gov-MW

1. Welcome and Apologies

1.1 Apologies were received and noted as above. Gov-MW attempted to join by Teams but was unable to connect successfully due to connection issues.

2. Declarations of interest

2.1. None

3. Matter Arising and Action Log

3.1. None

4. Minutes of the previous Meeting

4.1. The minutes of the previous Council of Governors meeting, held on the dates below were agreed as a true and accurate record. There were no open actions for discussion
- 14 June 2022
- 8 September 2022
- 8 November 2022

5. Lead Governors Report

5.1. The LG presented the report and provided an overview of Governor activity highlights which included the appointment of a new Non-Executive Director (NED), the induction of new Governors and a number of walkabouts at the Trust.

5.2. LG reminded the group that she was due to end her term as Lead Governor 2022 and advised that expressions of interest for taking over the role had been invited by CS.

The Council of Governors noted the Lead Governors Report.

6. Chair's Report

6.1. DC provided an update to the Council of Governors on the following areas:

CMAST and ICS (Cheshire and Merseyside Acute and Specialist Trusts) (Integrated Care System)
-Performance
-Finance and activity, including flow and winter pressures.

6.2. Gov-AB asked, what assurance could be given that the Walton Centre performs and works with other Trusts across the region.

6.3. DC advised that the Trust has a duty to collaborate and had done for a number of years on behalf of patients. There was now a system financial budget and within this there are CIPs (Cost Improvement Projects) to drive efficiency through transformation which often required partnership with other Trusts. The ICS was now in place to ensure that Trusts work together as opposed to being in competition to get the best value for money.
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6.4 Gov-AB and Gov-AC asked how this worked for the Trust as patients were not only drawn from Cheshire and Merseyside, but also from Wales and the rest of England. DC acknowledged that this had always been an interesting challenge. The CEO added that the Trust was not alone regarding this issue and there were opportunities for the Trust to do things differently and to see this as a positive to utilise the Trusts national profile to overcome challenges that arise.

6.5. Gov-AB asked if system working was also in place in North Wales. CEO clarified that it was different in North Wales however, they were aware of the changes and continue to work with the Trust to ensure patient care was not effected MD stated that the subject of this impact does arise and gave assurance that there were regular meetings with Welsh Commissioners.

External Stakeholder Meetings
6.8 DC advised that the Chair had been meeting with key stakeholders in the region including the Chairs of the Liverpool Trusts and had attended Chair's briefings.

Industrial Action

6.7. The CPO advised that there were several Trade Unions that had balloted to take strike action. The trade union that had balloted at the Walton Centre was the RCN (Royal College of Nursing). The RCN have taken a strategic approach with a focus on Merseyside for the first date, advising that they would not strike in Cumbria, Lancashire, Manchester or Cheshire. The Trust anticipates that the strike will have a significant impact on nursing although the Trust does have mitigations in place for business continuity during this time.

6.8. The DCN advised that meetings with the strike committee had taken place on two occasions. The strike committee are RCN staff who are nominated to the Walton Centre. During the meeting, they agreed a picket line and the location of the strike committee who will support RCN members on the day of the strike. Trust delegations were submitted to request specific staff members work to maintain safe staffing levels. Some delegations were agreed, and some were declined. Another meeting is scheduled for 9 December to continue further discussions regarding declined delegations. The DCN assured the CoG that they are working closely with the RCN to minimise disruption for patients and maintain safe levels of staffing.

University Hospital Status

6.9 The achievement of University Hospital status had been welcomed and it was anticipated that this would have a positive effect on the Trust's reputation, research, and teaching.

Trust Strategy Launch

6.10 DC advised that the new Trust Strategy was now officially launched, and implementation had begun.

Other Key Activities

6.11 DC advised that a number of other key activities had taken place which included:
- Governor walkabouts
- Governor engagement
- Staff Engagement
- Staff events
- Gaining understanding of the Trust and issues
- Jan Fairclough Ball for the Walton Centre Charity
- Visit by Steve Rotherham, Metropolitan Mayor for Liverpool

- Tour of the new Royal Liverpool Hospital

Governor Resignations

6.12 DC advised that unfortunately two Governors had resigned due to time pressures, Staff Governor Carla Worral, who represented the Non-Clinical support staff after two years in post and Carol Hulse, Public Governor for Cheshire who had been appointed in September.

Non-Executive Director appointment

6.13 DC advised that Irene Afful had been appointed at an extra ordinary Council of Governors on 8 November 2022. Irene was born and raised in Liverpool and worked for 25-years in the Merseyside Police Service. She was instrumental in re-establishing, relaunching and chairing the Black Police Association, and served as Female Vice President of the National black Police Association, advancing equality on the national stage. She was also responsible for designing, implementing and delivering the Phoenix Leadership Programme, a positive initiative aimed at increasing the recruitment of minority groups to the Police service.

Since her retirement in 2016 she has set up her own coaching consultancy business supporting clients across all sectors. Her clients some from a variety of business, public, private and social enterprise sectors.

Irene will commence the role as NED on 1 January 23 for a three-year term.

The Council of Governors noted the Chairs Report

7. Business Performance Committee (BPC) Chair's Report

7.1 NED-DT presented an overview of the Committee's work and key issues report and highlighted points for finance, operational activity, and workforce that were subject to oversight by the Committee as noted below:

- All Cancer waiting times, diagnosis and treatment target continue to be achieved.
- Eradicated the Trust 104-week waiters and now 78-week waiters continue to reduce the backlog and pressures.
- Staff Vacancies are low, especially in Nursing. Main vacancies are within corporate non-clinical positions.
- Continue to strive towards Trust's commitments.

Challenges:

- Activity around delayed transfer of care patients who are awaiting discharge into a safe environment. There are particular delays finding places in care homes or the community until care packages are in place.
- Cancelled Operations.
- Increased waiting list times from additional long-term waiters being transferred into the Spinal service from other Trusts. Awareness of the impact while remaining committed to collaborate with other Trusts.

7.2 Gov-CH asked if patients could not be discharged because there are no beds in the care homes or is funding the issue. NED-DT advised that it is due to many factors, although capacity is the main issue, for example moving on to a less intensive rehabilitation setting due to waiting times and backlogs, this is a particular issue in spinal services. Gov-AC added that she was aware from working on the wards, that Southport Spinal Injuries Unit currently had a two to three months waiting list for spinal support.

7.3 CEO advised that the Trust had supported the move to the new Royal Liverpool Hospital by taking a number of their patients to ensure that they had beds for all patients which would have a positive impact on waiting times.

7.4 LG-BS asked if the budget that needed to be found for cost improvement programme was attainable. NED-DT replied that the Trust has continuously found ways to cost improve and continues to do this and the forecast is that this would be achieved this year. NED-RW added that there had been a lot of hard work that had been involved in doing this but much of the savings are non-recurrent, which increase the challenge for next year.

7.5 Gov-AB asked what were Ponta Beams which are in the capital budget for this year. NED-DT advised that Ponta beam is ceiling system or unit are the ports for the electricity and ventilation for wards that require replacing.

7.6 Gov-AB asked about the plan for the ventilation system to be replaced in theatres. NED-DT advised that the Committee had not yet seen the formal business plan however he was aware that this was a complex project that was in planning. There were risks to performance and theatre capacity which required mitigation. and an implementation plan would be in place. BPC would see this before Board approval was given.

The Council of Governors noted the Business and Finance Assurance Chairs Report

8. Quality Committee Chairs Report

8.1 NED-RW presented an overview of the Committee's work and key issues report and highlighted the points below:

- CARES rollout: a comprehensive assessment looking at internal reports in relation to standards of service
- Assurance through national reports, Care Quality Commission (CQC) staff and patient surveys.
- NED/ Governor walkabouts in clinical and non-clinical areas.
- Regular meeting to ensure Committee is functioning and performing well and for purpose in line with regular reviews of the Terms of Reference (ToR).
- Access to training.
- Focus on wider collaboration.
- CMAST event revealed that the Trust was highlighted as exemplar.

8.2. LG-BS asked for an update on the washer disinfector in relation to Pseudomonas infection and the CEO advised that the Trust had commissioned a new disinfector.

8.3 LG-BS asked for an update on the Flu vaccination. DCN advised that a high number of staff had now received the flu vaccination. This included 710 **patient facing** staff which was slightly under 70%. The target is to have 90% of patient facing staff vaccinated, the target does not include members of staff who are not patient facing so the overall number of staff is higher. The team continue to work on this everyday by visiting staff rooms, office areas and offering evening and weekend slots.

8.5 DCN advised that many vaccination hubs have closed due to the reduced demand for Covid vaccinations. . However, there is still a hub in Aintree, and they do visit the Trust with the Covid vaccine to encourage greater staff uptake.

8.6 GOV-AB asked if there was a plan to have Neurophysiologists on site. NED-RW advised that the numbers of Neurophysiologists on site was currently low; there is a short-term plan, which includes developing current staff to take up the vacant roles. MD added that the Trust was aware of the risks, advising that was a small speciality and national recruitment is challenging. The Neurophysiologist who recently left, continues to support remotely for the time being whilst other clinicians enhance their capability in this area.

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8.7 Gov-AC asked if there was a plan for repatriation of patients who have cannot be discharged because there is no package of care or safe place for them to go to. CEO advised that this was a national issue, the Trust must continue to care for these patients while risk sharing. There are significant pressures within onward care facilities and organisations, as they are at capacity and have their own operational pressures.

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8.8 Gov-AB asked how else patients could be supported in their discharge to get them home.GOV-NM added that this appeared to be a long-term issue and could patients who are ready to be discharged be moved to a lower-level ward and cared for in a different way until discharge.

8.12 CEO advised that conversations in relation to supported discharge for patients do take place regularly and, in some cases, this has enabled them to be discharged early. NED-RW added that the health and social care system overall recognise that this was challenging. DC added that this was a long-term wider issue across the NHS, and it was anticipated that during the winter, pressures will continue.

The Council of Governors noted the Quality Committee Assurance Report

9. Equality and Diversity

CPO presented an overview of the Trust's work on Equality, Diversity and Inclusion (ED&I) and highlighted the following new initiatives:

Capacity/Capability
- ED&I Lead post vacant since June 2022.
- Recruitment had not yet been successful, despite ongoing attempts Year.
- Sam Linekar, Neuromyelitis Optica Nurse Specialist seconded two days per week for six months.

WRES (Workforce Race Equality Standard) and **WDES** (Workforce Disability Equality Standard)
- Submitted and action plans agreed.
- Key issue remains encouraging staff to declare disabilities.

Civility Training
- Ten online training modules delivered in Summer 2022.

Review of ED&I Issues Raised at Ward Level
- Series of 1:1s and drop-in sessions.

- Questionnaire to all trained and untrained nurses.
- Outcome due second week in December.

Development of BAME Strategy/Actions
- Clive Lewis (Business Psychologist)/Globis conducting an organisational diagnostic with BAME (Black, Asian and Minority Ethnic) staff across the Trust to produce an informed short to medium term strategic framework.
- Terms of Reference include:
  - Offering a questionnaire to all members of the Trust's BAME community
  - 1-1 interviews with key stakeholders
  - Consideration of benchmarking
  - Final product to reflect industry best practice based upon Globis' experience/history of work in this area. Report due mid-December 2022.
  - Outcomes presented/reported to Strategic BAME group and Exec Team.

Current Activity
- ED&I Lead focussing on establishing/re-energising staff networks.
- BAME, Disability and LGBTQ+. network
- Building Rapport – integrated ED&I module.
- Diversity calendar of events: online based content.
- Transgender – policy for staff being reviewed and policy for patients being developed. Awareness training available.
- Plan to offer training in Neurodiversity with The Brain Charity.
- Gender pay gap report.

The Council of Governors noted the Equality and Diversity Update

10. **Audit Committee**

DC provided an update on the Audit Committee Chair's Assurance Report and highlighted key points as noted below:

Alerts

- Credit Card Fraud Update

The Trust had been made aware of a payment made via the Trust credit card for services not received to a value of £1,500. Processes for using the credit card were reviewed and gaps in control identified. Several actions had been implemented to close these gaps and am updated process put in place to ensure this does not happen again.

- The National Cost Collection Index (NCCI)

NCCI or 2020/21 was published by NHS England in July 2022. This indicated that the Trust has a more expensive cost base than average however it represented a marginal reduction from the previous year's cost base due to being a specialist Trust and not comparable to an acute Trust.

Advise

- Outstanding internal audit recommendations
- Financial compliance
- Clinical Audit Progress
- Self-assessment
- External Incidents

- Committee effectiveness review

The Council of Governors noted the Audit Committee Update

11. Research Innovation and Medical Education (RIME) Committee

11.1 NED-PM gave an overview of the key objective of the RIME Committee and presented the Chair's Assurance Report highlighting the key points as noted below:

- Neuroscience Research Centre function, output, challenges, engagement, and recruitment.
- Review of the structure and membership of the RIME Committee to ensure the effectiveness and focus is on strategic issues.
- Pain Consultant, Dr Andreas Goebel was recognised in 2022 for his work in relation to the diagnostic criteria for Fibromyalgia patients.
- Top ranked Trust for Medical Education recognition.

11.2 Gov-NM stated that this work was excellent for the Trust's brand. Gov-NM asked the Trust could ensure research recognition is not for the individual benefit of the person but for the Trust and how did the Trust plan to involve and engage with other professionals in the supporting industries. NED-PM advised that his other role at University of Liverpool, was as inaugural Director of Clinical Academic Development. This was a role specifically designed to challenge this issue, and the responsibility of the role was to ensure that this did not happen.

11.3 LG-BS asked for clarity around the threat impact of the predicted financial deficit in research. NED-PM replied that previously there was very little understanding and clarity around unit value, including recovery plans. However, moving forwards it was felt this could appropriately be managed with greater understanding in relation the numbers of increased recruitments to trials and being clear about costs of trials.

11.4 Gov-AB asked if there were any specific goals for research and what assurance do Governors have that performance was being monitored. NED-PM replied that the Trust continued to collaborate with the University reviewing how engagement with university appointments could be increased and agreed there needed to be measurable metrics for this. Ultimately, there was positive intention and regular feedback would be provided moving forwards as this was currently work in progress. CPO added that the structure of RIME committee and subgroups will ensure focus remains on track and in line with the Trust strategy.

The Council of Governors noted the RIME Committee Update

12. Walton Charity Committee

12.1 DC provided an overview of the Charity Committee Chairs Assurance Report highlighting the points below:
- Investment update.
- New Fundraising Strategy including digital fundraising.
- Study Support and impact of providing this for example the chatbot project and impact of investment.
- Financial Performance and Covid risk management.
- Staff health and wellbeing support.
- Forecasted costings.
- Jan Fairclough Ball raised over £50.000

12.2 Gov-AB asked what the cost of fundraising per pound was. DC advised that while there were a lot of fixed costs, they are managed. Fundraising costs compared to income generated is 0.8% lower when compared with other Trusts who have a charity. The Trust strives to raise income 2.5 times of its costs. 70% of costs goes directly to charitable projects although this may fluctuate. Maintaining sustainable charity funds over the year is an important function of the Committee. CPO added that predicting income was a challenge as a significant lump sum could be received as a charitable gift or left in peoples wills which cannot be forecast.

The Council of Governors noted the Charity Committee Update

13. Quality Account

13.1 DCN presented the proposed Quality Account priorities for 2022/23 highlighting the below areas:
- Patient Safety
- Clinical Effectiveness
- Patient Experience
- Progress and position on current objectives.

13.2 DCN advised that as part of the Quality Account Review, all Governors would be asked for their opinions and to vote on proposed objectives for 2022/23 following them meeting.

The Council of Governors noted the Quality Account Update

14. CQC National Inpatient Survey

14.1. HPFE provided highlights of the results of the National Adult Inpatient survey highlighting the below points:

- The Trust was ranked 11th overall for positive patient experience.
- Respondents and response rate was 47% which was higher than the average of 39%
- Making fair comparisons between Trusts was difficult as the CQC recognise that Trusts have different profiles of people who utilise their services, this could potentially affect their results making comparison difficult.
- Overall results including highest and lowest scores.
- There were over 300 free text comments that were reviewed in line with survey results and trends that were identified for improvements were noted in the action plan.
- Action Plan approval.

14.2 LG-BS asked if the Council of Governors would see the action plan results. HPFE advised that the updated action plan would be presented to Quality Committee in the Spring 2023 and monitored through the Board Committee.

14.3 Gov-AB stated that the Trust had been ranked 2.2 last year and 2.4 this year, while this was ranked '*better*' on feedback on care, this was still a poor score overall. NED-RW advised that these scores are general scores and agreed that while the score was low, it was better and provides room for improving.

14.4 Gov-CH asked when were the questions asked as if the questions were asked months after the hospital stay the feedback would be lower as time passed. HPFE advised that the questions were asked in October 2021 relating to a July stay. A preliminary report was made available to the Trust after data has been collated for viewing, the Trust is unable to publish the data until a particular date. Gov-JMc stated that the results are out of date before they are presented and asked if there was another way this could be completed so data was up to date at the time of publishing and presenting it to the Council.

14.5 CEO advised that this is a national survey that the Trust cannot control, and it is mandatory for all NHS Trusts to take part in it. Although there were alternative methods that the Trust used to get more real time data such as the Pulse Survey to understand where there are issues now or areas for improvement.

14.6 Gov-NM asked if QR codes are available and visible for patients to use to fill in feedback. HPFE advised that there are QR codes available for patient to scan in Outpatients and on the Wards, in addition there is the option of postcards with this information on. Staff visit wards areas with an iPad and engage with patients regarding feedback on the friends and family survey feedback.

The Council of Governors noted the CQC Inpatient Survey Results Update

15. External Audit Contract

15.1 DCFO presented the proposal for the renewal of the External Audit Contract highlighting the below points:

- Current external Audit Provider: Grant Thornton UK LLP.
- Contract is due to expire March 2023.
- There are currently no opportunities to procure this jointly with other Trusts but extending by a year, as allowed for under the contract would bring the Trust closer to a timescale that may allow a joint tender with other specialist trusts
- There remains a good working relationship between management and the provider.
- Grant Thornton ensures regular rotation of audit team members to ensure that appropriate independence is maintained.
- An additional year would provide the Trust with another year of stability with a provider who has extensive experience of the Trust and its operations.
- The audit 'market' remains challenging with little likelihood of other companies bidding for the service.

The Council of Governors approved the renewal of the External Audit Contract.

16. New Code of Governance and Governor Addendum to Statutory Duties

16.1 CS gave a brief overview of the report and highlighted the main points:

- Code of Governance and next steps- document updated to reflect changes in legislation and terminology.
- Addendum to Your Statutory Duties - reference guide for NHS Foundation Trust Governors
- Guidance on good governance and collaboration
- Consultation on Provider License.

16.2 LG-BS asked whether having a representative of NHS ENGLAND on panels of appointments slow the process down. CS advised that the process should not be affected. It would not be

compulsory for an NHSE representative to attend however, they would be invited to be on the panel.

16.3 LG-BS asked how would people know if the Trust was in breach of its licence. CS advised that, for example, CQC could come to the Trust to complete an inspection, discover an issue and advise the Trust that this was a breach of the licence, they would then issue the Trust with a notice to resolve the issue promptly or enforce action against the Trust.

The Council of Governors noted the New Code of Governance and Governor Addendum to Statutory Duties update

17. Lead Governor Appointment

17.1 CS provided an overview of the report and highlighted the key points as below:
- Barbara Strong is coming to the end of her third term as Lead Governor and is due to finish on 1 January 2023.
- There was only one nomination received for the Role of Lead Governor - John Taylor, Public Governor North Wales.
- The recommendation is for John Taylor to uptake the role of lead Governor.

17.2 DC took the opportunity to thank BS on behalf of the Board for her continued support and dedication to the role of Lead Governor.

The Council of Governors approved the appointment of John Taylor as Lead Governor from 1 January 2023 for two years.

18. Membership and Engagement Group

18.1 LG provided a brief overview on behalf Gov-JT (Chair of the Committee) and highlighted the points below:

- Non-Executive (NED) & Governor Walkabouts have been successfully reinstated and are fully booked until February 2023. All Governors were encouraged to attend at least one per year.
- The Trust has had positive media coverage which had been well received.
- Membership and Engagement Group have implemented an Action Plan to monitor the implementation of the Membership Strategic Implementation Plan
- Encouraging Membership Engagement
- Availability on Committee and opportunity to observe.

18.2 Minutes from the previous meeting were available for information:

- 16 August 2022
- 15 November 2022

18.3 Gov-JMc asked what boards and committees would be available for Governors to join and contribute. CS stated that CGO had emailed a list of committees and vacant seats to all Governors, to gain an expression of interest in joining Committees and interest would be appropriately considered. In addition, CS explained that there are three Governor Committees that have Governors on, however, the Board does not have Governors on intentionally, as the role of the Governors is to hold the NEDS's to account and they cannot be a part of the Group discussions and hold to account.

19. Nominations Committee

19.1 Minutes from the previous meeting were available for information. The main focus for each meeting had been the recruitment of a new Non-Executive Director and sign off of NED appraisals:

- 5 September 2022
- 30 September 2022
- 11 October 2022
- 30 November 2022

20. CoG Advisory Committee Group

20.1 LG-BS advised that the main item for this meeting was to consider the proposed change to the Constitution to the quorum for the Council of Governors. The Council of Governors were asked to consider approval to proposed changes in Trust quoracy to one-third of current Governors to be quorate rather than a defined number. This would make the current quorum seven Governors. This was then ratified at the Annual Members Meeting.

20.2 Minutes from the previous meeting were available for information:
- 16 August 2022

21. Any Other Business

21.1 There was no other business

Next Meeting: Thursday 14 March 23 at 13:00-16:30
Venue: Lecture Theatre, Sid Watkins Building

Report to Council of Governors
Tuesday 14 March 2023

Report Title	Lead Governor's Report
Executive Lead	Max Steinberg, Chair
Author (s)	John Taylor, Lead Governor
Action Required	To note

Level of Assurance Provided *(do not complete if not relevant e.g. work in progress)*

☐ **Acceptable assurance**	☐ **Partial assurance**	☐ **Low assurance**
Systems of controls are suitably designed, with evidence of them being consistently applied and effective in practice	Systems of controls are still maturing – evidence shows that further action is required to improve their effectiveness	Evidence indicates poor effectiveness of system of controls

Key Messages *(2/3 headlines only)*

The new Lead Governor's engagement and objectives

Next Steps *(actions to be taken following agreement of recommendation/s by Board/Committee)*

N/A

Related Trust Strategic Ambitions and Themes	**Impact** *(is there an impact arising from the report on any of the following?)*		
Choose an item	Not Applicable	Not Applicable	Not Applicable

Strategic Risks *(tick one from the drop down list; up to three can be highlighted)*

Choose an item.	Choose an item.	Choose an item.

Equality Impact Assessment Completed *(must accompany the following submissions)*

Strategy ☐	Policy ☐	Service Change ☐

Report Development *(full history of paper development to be included, on second page if required)*

Committee/ Group Name	Date	Lead Officer (name and title)	Brief Summary of issues raised and actions agreed
n/a			

The Walton Centre NHS Foundation Trust

Lead Governor's Report

Introduction

1. This report updates the Council of Governors (CoG) with significant events or developments since the CoG meeting held on 8 December 2022.

2. CoG will no doubt join me in thanking my predecessor, Barbara Strong, for her work and dedication whilst in the role of Lead Governor, and we wish her a speedy recovery from her recent operation.

Overview of Meetings

3. Committees and Groups

- The Council of Governors (CoG) Nominations Committee met on 27 February 2023

- The Council of Governors (CoG) Membership and Engagement Group met on 8 February 2023

- The Council of Governors (CoG) Advisory Committee last met on 16 Aug 2022.

Minutes from the meetings held since the last CoG in March will be shared at the March CoG as agenda items.

Virtual Membership Events

4. Virtual Event

On 16 February 2023 a Neurophysiology Service Member's event was held, this was the last event planned for 2022/23.

This was a success and the feedback from the event was extremely positive.

There will be a schedule of event for 2023/24 which will be circulated in due course.

Quality Walkabouts

5. Trust Walkabouts were reinstated in July 2022 and dates were arranged and are running through until March 2023. The walkabouts provide an opportunity for Governors and NEDs, accompanied by a Senior Manager, to visit wards, departments within the Trust and engage with patients and staff.

Dates for 2023/24 are awaiting confirmation.

Pan Liverpool meeting

6. Pan Merseyside Trusts Membership and Engagement Meeting

There has been a "Pan Merseyside Trusts" meeting on Membership & Engagement.

Public Governor John McClelland attended the meeting on CoGs behalf.

Lead Governors Meeting

7. Lead Governors Meeting

Lead Governors from a number of Merseyside-based Trusts are planning to regularly meet to share ideas and intelligence.

A notable matter discussed at the recent (February) meeting was that the Secretary of State had intervened to effectively veto LUHFT's selected new Chair. A new Chair has now been appointed.

I shall be taking up the role of representing us on the Lead Governor's Association.

Several meetings and Conferences are usually held each year and I shall attend and report, as necessary.

The Well Led Review

8. The Well Led Review

There has been a meeting with the reviewers and Governors on 3rd March.

Author: John Taylor
Date: 1 March 2023

Report to Council of Governors
14 March 2023

Report Title	Trust Strategy 2022-25 Update
Executive Lead	Andy Nicolson, Medical Director and Deputy Chief Executive
Author (s)	Executive Team
Action Required	To note

Level of Assurance Provided

☐ **Acceptable assurance**	✓ **Partial assurance**	☐ **Low assurance**
Systems of controls are suitably designed, with evidence of them being consistently applied and effective in practice	Systems of controls are still maturing – evidence shows that further action is required to improve their effectiveness	Evidence indicates poor effectiveness of system of controls

Key Messages

- Good progress against priorities set for Q3.
- Priorities for Q4 outlined, mapped to each strategic aim.

Next Steps

- 1, 2 and 3 year strategic priorities will be mapped.
- Quarterly progress against priorities will be reported to Trust Board.
- Strategy KPIs will be refined and a dashboard developed with the Business Intelligence team.

Related Trust Strategic Ambitions and Themes	Impact		
All Applicable	Not Applicable	Not Applicable	Not Applicable

Strategic Risks

All Risks	Choose an item.	Choose an item.

Equality Impact Assessment Completed

Strategy ☐	Policy ☐	Service Change ☐

Report Development

Committee/ Group Name	Date	Lead Officer (name and title)	Brief Summary of issues raised and actions agreed
Board of Directors	2 February 2023	A Nicolson, Deputy Medical Director	Noted

The Walton Centre NHS Foundation Trust

Trust Strategy Update - Quarter 3 2022-23

Executive Summary

1. Following the approval of the Trust strategy 2022-25 by Trust Board in September 2022, it was agreed that there would be quarterly reports to Board of key priorities for each quarter and progress made against previous priority areas. The latest summary is here shared with the Council of Governors for information.

2. There has been good progress made against all of the priorities for Q3 2022-23 with some incomplete related to external factors, but with a clear plan for completion. Priorities for Q4 2022-23 are summarised.

3. At a Board development session strategic KPIs against the five strategic aims were identified. These have been shared with the Business Intelligence team to refine into key measurable KPIs.

Introduction

4. The Trust Strategy 2022-25 was approved by the Board of Directors in September 2022. Quarterly updates against the delivery of the Strategy were agreed and the first one was received by the Board in October 2022. This update included the proposed milestones for the first quarter.

5. This report updates on the delivery of the previous quarter's milestones and sets out milestones for the next quarter as well as any wider progress on the delivery of the Trust's five strategic ambitions.

Our new strategy sets out how we will continue to deliver excellent clinical outcomes and the very best patient experience.

Our strategic ambitions

Education, training and learning	Research and innovation	Leadership	Collaboration	Social responsibility
Leading the way in neurosciences education and training.	Delivering high-quality clinical neuroscience research, in collaboration with universities and commercial partners.	Developing the right people with the right skills and values to enable sustainable delivery of health services.	Clinical and non-clinical collaborations across and beyond the ICS, building on existing relationships and services.	Supporting our local communities and providing services for patients within and beyond Cheshire and Merseyside.

6. Since the last update the Board have also met to discuss the development of a number of KPIs (Key Performance Indicators) to be developed into a dashboard to show progress against the aims of the Strategy. These have been updated based on the feedback received from the Board and are now with the Business Intelligence department to develop into a summary dashboard.

Quarterly Objectives - Education, training and learning

Quarter Set	Previous Quarter Objectives (Quarter 3 2022-23)	Exec lead	Progress/ Comments	Status
Q3 22-23	Develop job descriptions for non-medical Consultant roles as part of future modelling of clinical workforce	CNO COO	JDs agreed and job matched.	
Q3 22-23	In collaboration with Higher Education Institutes develop further training modules for non-medical staff	CNO	Masters level spinal module in development with LJMU. Expected to commence Sep 23.	
Q3 22-23	Run a national neurosurgery training course for medical students and junior doctors incorporating NeuroVR simulator	CPO	Complete with positive feedback and presentation to Trust Board.	
New objectives for next quarter				
Q4 22-23	Run a national training course in neurosurgery for higher level trainees utilising simulation / VR	CPO		
Q4 22-23	Implement Acute Illness Management course on a monthly basis, delivered by SMART team to train the clinical teams	CNO COO		
Q4 22-23	Launch of "Call for concern" - patients and families can call the clinical teams directly if they have any concerns for their family's treatment.	CNO COO		

Quarterly Objectives – Research and Innovation

Quarter Set	Previous Quarter Objectives (Quarter 3 2022-23)	Exec lead	Progress	Status
Q3 22-23	Achieve University Hospital status	CPO	Complete	🟩
Q3 22-23	Work with University of Liverpool on joint strategy for neuroscience research, including plan to invest in joint clinical / academic posts	CPO MD	Meeting took place January 31st 2023.	🟧
Q3 22-23	Initiate the process to become the first NHS Trust in the UK to implement the industry standard – Investors in innovation (ISO 56000 series)	CPO	Complete – presenting to Board Development Day in March 2023.	🟩
New Objectives for next quarter				
Q4 22-23	Work with University of Liverpool on joint strategy for neuroscience research, including plan to invest in joint clinical / academic posts	CPO MD		
Q4 22-23	Begin the second phase of developing the Chatbot concept with Tata Consultancy to test practical implementation and system for triage	CPO		
Q4 22-23	Review the demand and equipment required to develop a neurophysiology service for testing small nerve fibres	COO MD		

Quarterly Objectives – Leadership

Quarter Set	Previous Quarter Objectives (Quarter 3 2022-23)	Exec lead	Progress	Status
Q3 22-23	Bespoke Aqua leadership programme for newly appointed triumvirates	CPO	This was due to start in late February 2023.	🟩
Q3 22-23	Develop a prescriptive succession planning process for business critical roles	CPO	Business planning process for 2023-24 will include a succession planning process. This will be supported by training.	🟧
Q3 22-23	Devise a programme for system leadership development to Board and the Trust's wider leadership team	CPO	A bespoke session was delivered by Chris Lake in October 2022 based upon a framework of 7 key elements. The Liverpool clinical services review has delayed role out of training to the wider leadership team.	🟧
New Objectives for next quarter				
Q4 22-23	Prioritise clinical pathways which require development / revision jointly with colleagues in partner organisations	MD		
Q4 22-23	Initiate project jointly with ICB medicines management team on the prescribing of drugs in epilepsy	MD		
Q4 22-23	Further develop key leadership relationship with the Faculty of Medical Leadership and Management promoting The Walton Centre at national FMLM Conference.	CPO		

Quarterly Objectives – Collaboration

Quarter Set	Previous Quarter Objectives (Quarter 3 2022-23)	Exec lead	Progress	Status
Q3 22-23	Participate and influence the Liverpool clinical services review	CEO	Complete, presented to February Board	
Q3 22-23	Collaboration with partner organisations to enhance acute neurology care by opening the redesigned RANA ward area	COO MD	RANA ward area opened and fully operational.	
Q3 22-23	Enhance the skills of staff to deliver the national service for Transcranial MR guided focussed ultrasound for essential tremor	COO MD	Patients have been successfully treated with oversight from the company, Consultant Neurosurgeon will shortly be certified as independent.	
New Objectives for next quarter				
Q4 22-23	Fully engage and support the recommended outputs from the Liverpool clinical services review	CEO		
Q4 22-23	Increase numbers of patients seen in RANA through further engagement with partner organisations and relaxing referral criteria	COO MD		
Q4 22-23	"Whiston project" for initial brain tumour management to be implemented in other organisations in C&M.	COO		

Quarterly Objectives – Social Value

Quarter Set	Previous Quarter Objectives (Quarter 3 2022-23)	Exec lead	Progress	Status
Q3 22-23	Achieve the Fair Employment Charter	CPO	Complete	🟩
Q3 22-23	Become a founder member of Liverpool Citizens	CPO	Complete. Pre-founding assembly 30 November 2022	🟩
Q3 22-23	Develop an in-house Wellbeing hub for staff	CPO	Fully developed but not yet open	🟧
New Objectives for next quarter				
Q4 22-23	Open the Trust's first physical and Well-being hub for staff to be open 24/7	CPO		
Q4 22-23	Formally sign Memorandum of Understanding with Everton in the Community as a strategic partner for the Everton Mind Health Zone as part of the Goodison Park legacy scheme.	CPO		
Q4 22-23	Prioritise the roll-out of initiatives to support staff at risk of in-work poverty	CPO		

Conclusion

7. Good progress is demonstrated against the key priorities for Q3 2022-23, and further key priorities are now set for Q4 2022-23.

8. High level 1, 2 and 3 year priorities will be mapped out, with quarterly targets for the first 12 months of the strategy. Quarterly updates against progress will be presented to Trust Board.

9. The strategic KPIs will be refined and a dashboard established with the Business intelligence team.

Recommendation

To note

Author: A Nicolson, Medical Director
Date: March 2023

Board of Directors Key Issues Report

NHS
The Walton Centre
NHS Foundation Trust

Report Date: 25/01/23	Report of: Business Performance Committee (BPC)	
Date of last meeting: 24/01/23	Membership Numbers: Quorate	
1	Agenda	The Committee considered an agenda which included the following: • Formal approval of 2 business cases CCTV Access Control upgrade and Kinevo Microscope for Theatres • Board Assurance Framework • Trustwide Risk Register • Integrated Performance Report – December 2022 • People Substrategy • HCA Sickness update • Health and Wellbeing Dashboard • Bed Repurposing Scheme update • Digital Transformation monthly update • 2023/24 Financial Plan • Sustainability Plan update • Template for Annual Report from Committee subgroups • Terms of Reference for 4 subcommittees • Key Issues reports from 9 subgroups
2	Alert	• The latest draft to the 2023/24 finance plan still represents a significant challenge ahead, with a number of uncertainties remaining (not least expected activity) and a range of risks. An update will be given to Closed Board.
3	Assurance	*Integrated Performance Report* • All cancer wait/treatment and diagnostic targets continue to be achieved • The overall number of long waiters has now started to reduce • The proportion of outpatients now on Patient Initiated Follow Up (PIFU) has already virtually reached the end year target of 5% • A 'perfect storm' in December of continued bed capacity constraints (largely because of stranded patients who cannot be transferred elsewhere), industrial action, a flu outbreak and Christmas annual leave resulted in a very high level of cancellations, an all-time low theatre utilisation and an increase in average waits • Sickness spiked to 7.8% (flu mainly). Vacancy levels remain low • Appraisal completion fell further; revised (slimmed down) accompanying paperwork is about to be implemented which should help. Mandatory training started to improve • The reported Income and Expenditure outcome was a £0.6m surplus in December (£2.7m YTD) and forecast to reach £3.9m by end of year (i.e. £1m better than plan)

		The main favourable variances relate to interest on cash deposits (interest rates have risen significantly) and Welsh income which is higher than plan • All the planned £5m cost improvement for the year has now been identified, albeit less is recurrent than planned (64% v 83%); £3.6m has been delivered so far with a further £1.3m projected • Capital spend remains behind plan; reassurance was given that project activity in Q4 will ensure that end of year plan will be met • Performance paying creditors on time (Better Payment Practice Code) has started to deteriorate again; a recent recruit to the Accounts Payable team is expected to resume an improvement trend. *Other matters* • The 7 BAF risks (and associated high operational risks) relating to BPC were reviewed, incorporating updates to controls and actions. Adjustment to the risk ratings of 2 BAF risks is recommended to Board • Updates were received on the progress of implementing the revised transformation framework, the sustainability plan, a Health & Wellbeing dashboard and the benefits realised from the bed repurposing scheme • The Digital Aspirant project continues to make good progress, albeit the majority of this year's spend is projected to be in Q4.		
4.	**Advise**	• An updated People substrategy was reviewed and is recommended to Board for approval • 9 Key Issues reports from subgroups were received and noted. 4 subgroup terms of reference were reviewed and approved • A template for annual reports (effectiveness reviews) of subgroups was endorsed • 2 business cases totalling £0.9m were endorsed, having been approved by Chair's action between meetings		
5.	**Risks Identified**	• A range of unknowns (e.g some premises) remain in the financial planning process • The low capital allocation indicated for future years would mean that upgrading Theatres to mitigate risks relating to ventilation and lighting would take several years, and constrain addressing other 'maintenance backlog' issues		
6.	**Report Compiled**	David Topliffe Non-Executive Director	Minutes available from:	Corporate Secretary

Board of Directors Key Issues Report

NHS
The Walton Centre
NHS Foundation Trust

Report Date: 22/02/23	**Report of:** Business Performance Committee (BPC)	
Date of last meeting: 21/02/23	**Membership Numbers: 8 (Quorate)**	
1	**Agenda**	The Committee considered an agenda which included the following: • Digital Substrategy • Estates, Facilities and Sustainability Substrategy • Integrated Performance Report • Gender Pay Gap Report • Reservist Policy • Digital Transformation Monthly Update • Financial Plan Update • Capital Programme 2022/23 Update • Information and Data Quality Group Terms of Reference
2	**Alert**	• The extent of the escalation of industrial action in March, if it materialises as set out at the time of the meeting, threatens to impact services severely.
3	**Assurance**	*Integrated Performance Report* • January's activity was much improved on December's 'perfect storm' although still behind plan in some respects. • All cancer wait / treatment and diagnostic targets continue to be achieved. • The overall number of long waiters continued to reduce; however, average waits and also Referral to Treatment have slightly declined but are monitored closely by the divisions. • Outpatient waiting lists and DNA appointments remain high. • Sickness reduced slightly to 7%. Vacancy levels remain low. • Some metrics from the People Pulse survey have been adopted as leading indicators. January's indicators were improved from the previous one (July) but participation at 8% is still very low. Key themes for improvement were Communication and Reward & Recognition. • The reported Income and Expenditure outcome was a £0.3m surplus in January (£3.1m YTD) and forecast to reach £4.6m by end of year (i.e. £1.7m better than plan). • Capital spend remained behind plan; reassurance was given that the end of year plan would be met. • Performance paying creditors on time (Better Payment Practice Code) has continued to deteriorate again, despite an improvement plan in operation. *Other matters* • The Digital Aspirant project continues to make good progress, with assurance provided of completion of this year's planned programme and spend by the end of Q4.

4.	**Advise**	• The latest updated draft to the 2023/24 finance plan represents a significant improvement to the previous position, albeit carrying a range of risks. An update will be given to closed board.
		• An updated Digital substrategy was reviewed and is recommended to Board for approval. An implementation plan will be drawn up and overseen by the Digital Transformation Programme group.
		• A draft Estates, Facilities & Sustainability substrategy was reviewed and endorsed to be presented for Board approval after proposed improvements have been incorporated. An implementation plan will be drawn up and overseen by BPC.
		• The latest gender pay gap report was received.
		• A policy for military Reservists was endorsed.
		• A revised Terms of Reference for the Information & Data Quality Assurance Group was approved.
		• Key Issues reports from 6 subgroups were received and noted.
		A need for further consideration of the management of risks relating to cybersecurity was highlighted to Audit Committee.
5.	**Risks Identified**	• The sum total of all strategy implementation plans may not be affordable (people and / or finance) – notwithstanding all ambitions are supported - requiring choices be made. This might be usefully viewed as a new strategic risk.
6.	**Report Compiled**	David Topliffe Non-Executive Director	Minutes available from:	Corporate Secretary

Report to Council of Governors
09/2022

Report Title	Performance Report
Executive Lead	Lindsey Vlasman – Chief Operating Officer
Author (s)	Rebecca Sillitoe – Senior Information Analyst Matthew Crilly – Head of Finance – Neurosurgery
Action Required	To note

Level of Assurance Provided *(do not complete if not relevant e.g. work in progress)*

☐ **Acceptable assurance**	✓ **Partial assurance**	☐ **Low assurance**
Systems of controls are suitably designed, with evidence of them being consistently applied and effective in practice	Systems of controls are still maturing – evidence shows that further action is required to improve their effectiveness	Evidence indicates poor effectiveness of system of controls

Key Messages *(2/3 headlines only)*

- Performance measures have continued to recover following the Covid-19 pandemic

Next Steps (*actions to be taken following agreement of recommendation/s by Board/Committee*)

- Ongoing

Related Trust Strategic Ambitions	Impact *(is there an impact arising from the report on any of the following?)*		
	Choose an item.	Choose an item.	Choose an item.

Strategic Risks *(tick one from the drop down list; up to three can be highlighted)*

002 Meeting operational performance standards	001 Impact of Covid 19 on delivery of strategic objectives	Choose an item.

Equality Impact Assessment Completed *(must accompany the following submissions)*

Strategy ☐	Policy ☐	Service Change ☐

Report Development (*full history of paper development to be included, on second page if required*)

Committee/ Group Name	Date	Lead Officer (name and title)	Brief Summary of issues raised and actions agreed

Performance Report

Executive Summary (required)

This report provides assurance on all Performance Report measures aligned to Council of Governors. Performance is presented to give a high level summary and comparison of performance indicators quarter on quarter throughout the year.

Conclusion (always required)

Performance measures have continued to recover following the Covid-19 pandemic.

Recommendation (always required)

To note performance

Author: Rebecca Sillitoe – Senior Information Analyst
Date: 09/03/2023

The Walton Centre NHS Foundation Trust

Governors Report for the Period Ending
December 2022

1

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

Month 9 – in month £364k ahead of plan and year to date £786k ahead of plan. The key drivers for the favourable variance is due to 22/23 final Welsh contract being higher than plan, increased interest receivable (due to interest rate increases) and higher than planned level of vacancies.

Income - YTD overperformance of £2,620k, due to:

- Increased NHS England funding relating to the 2022/23 pay award.
- Increased WHSSC funding relating to final agreed contract being above plan.
- Increased reimbursement for High-Cost Drugs and Devices due to higher volumes being used.
- Increased Isle of Man activity (which is paid on PbR basis).
- Increased level of Health Education England funding.
- Offset by risk around thrombectomy, transcranial ultrasound and spinal activity, and Spinal ERF activity.
- Lower than anticipated salary recharges due to delayed transfer of Health Procurement Liverpool staff (offset in expenditure).

ERF income has been reported to plan YTD and forecast in line with reporting guidance issued by NHS England. ERF Income is reported under patient related income.

Expenditure (inc. Financing Costs) - YTD over-spend of £1,799k due to:

- Increased pay costs due to 2022/23 pay award being higher than was assumed by NHSE at budget setting.
- Increased spend on High-Cost Drugs and Devices including spend on Botox that is not reimbursed as it is no longer classed as an excluded drug.
- Offset by Non-recurrent vacancy savings.
- Delays in TUPE of Health Procurement Liverpool staff, all staff have now transferred in October.

Income & Expenditure Position
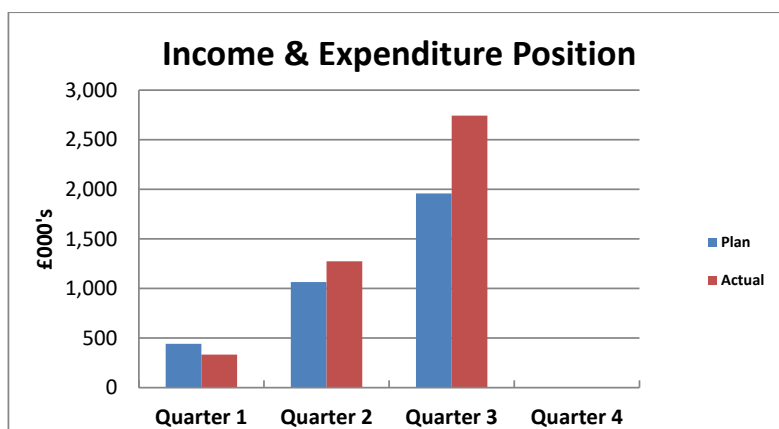
Efficiency Savings

In order to deliver the Trust's control total target By December we planned to achieve the QIP target of £4.007m. We have currently achieved £4.060m which was in line with plan.

Cost Improvement Programme
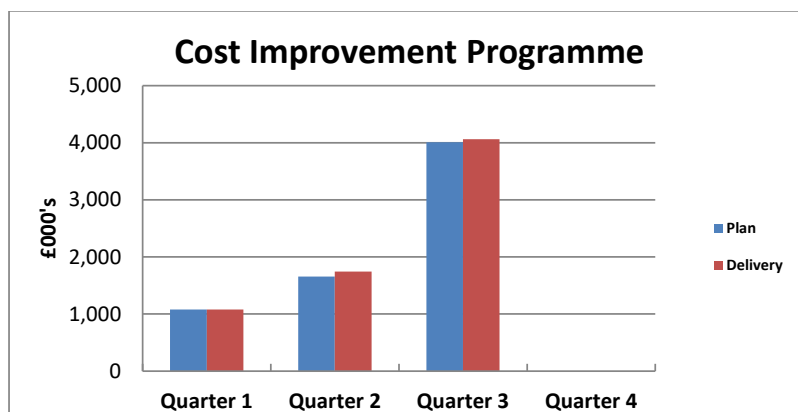
Capital

The Q3 capital expenditure is £2.451m (£854k of which is Digital Aspirant.), £2.358m below the total agreed funding allocation for the Q3 YTD of £4.809m,

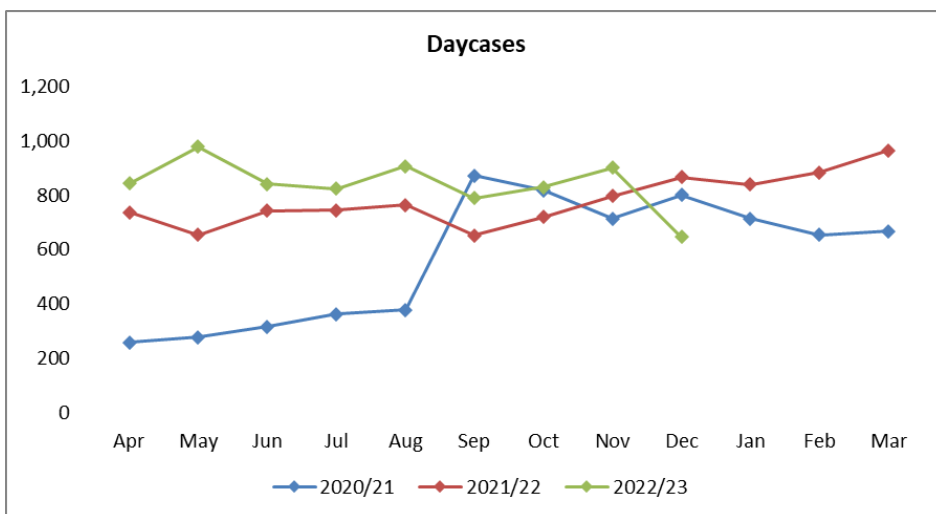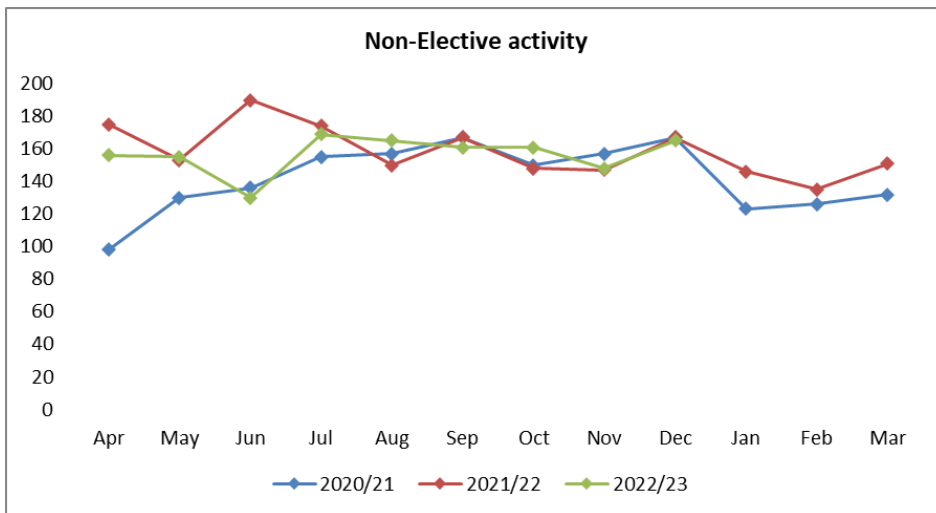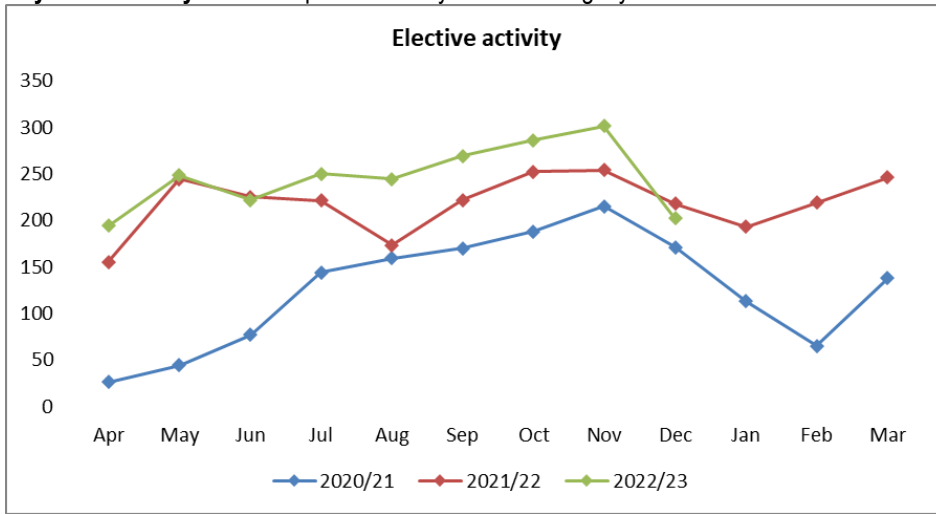Year to date spend on divisional schemes includes:

- Heating and pipework replacement
- Bed repurposing
- Radiology Syngo equipment
- Theatres Brain lab and S7 equipment
- Walk in freezer and alterations
- IT Staffing

Additional Public Dividend Capital (PDC) has been secured in relation to Digital Diagnostic Capability programme (£510k) & IM&T – LIMS and Cyber Security (£252k), which have been incorporated into the capital plan and forecast.

Capital Expenditure

4
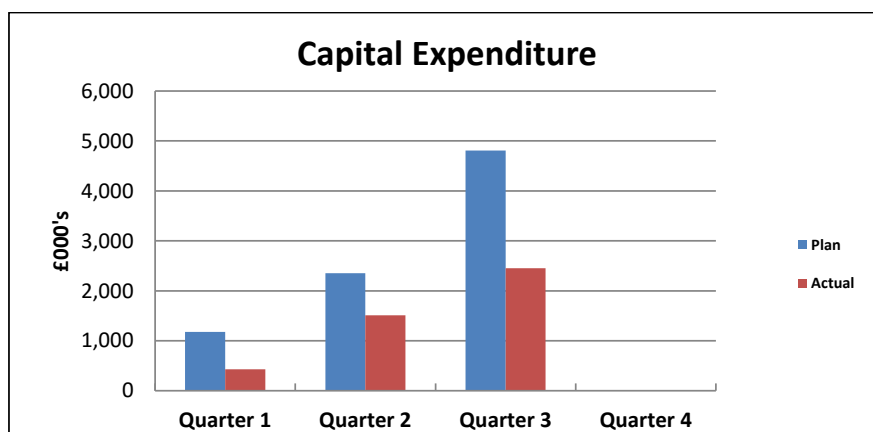
Activity

Inpatient & Day Case Activity: Overall inpatient activity increased slightly over Q3 of 2022/23.

Elective activity

Non-Elective activity


Daycases

Governors Report for the Quarter Ending December 2021

Outpatient Activity: Outpatient activity remained consistent with 2021/22 activity through Q3 of 2022/23.

Governors Report for the Quarter Ending December 2021
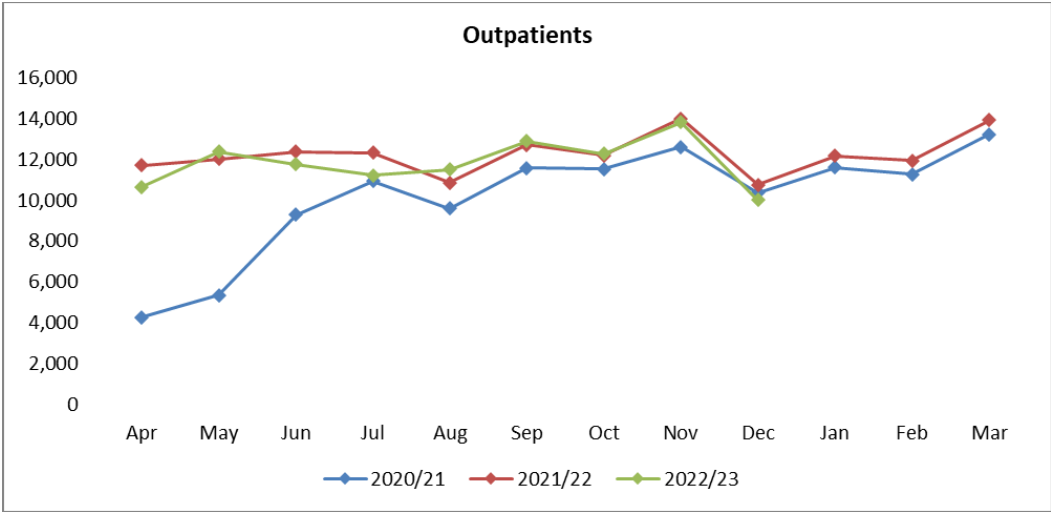
**Referrals for outpatient appointments**

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

Referrals have climbed slightly over the last two quarters of 2022/23 and remain at expected levels.

Total New Referrals Received

Governors Report for the Quarter Ending December 2021
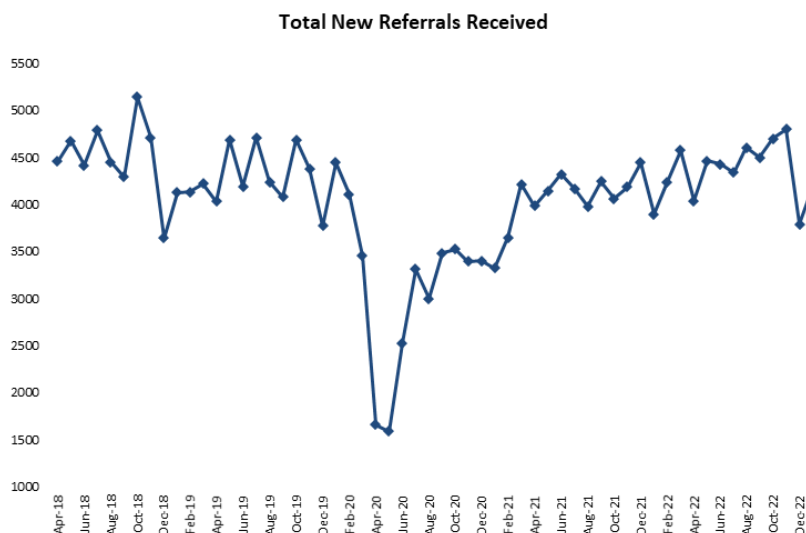
RTT (Referral to Treatment)

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 Q3 22/23 is 12.35 weeks.

**RTT English Average Open Wait (Weeks)**
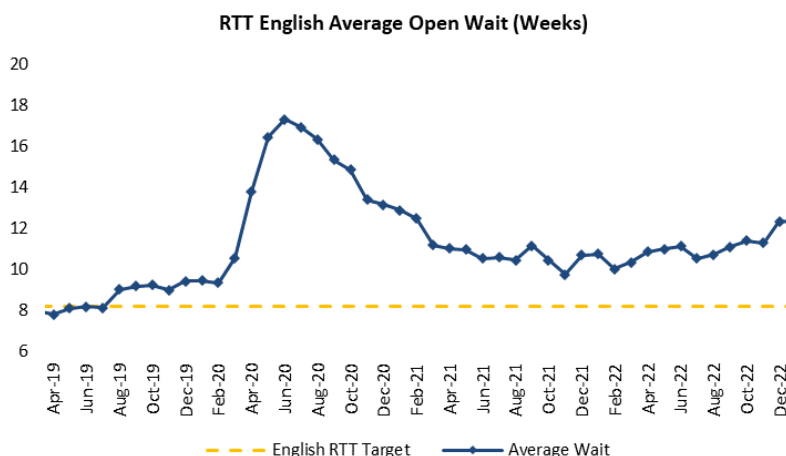
Welsh RTT performance continues to be monitored against the 95% standard, with performance below the standard at 84.79% in December 2022. Performance against this standard has dropped over the previous two quarters of 2022/23.
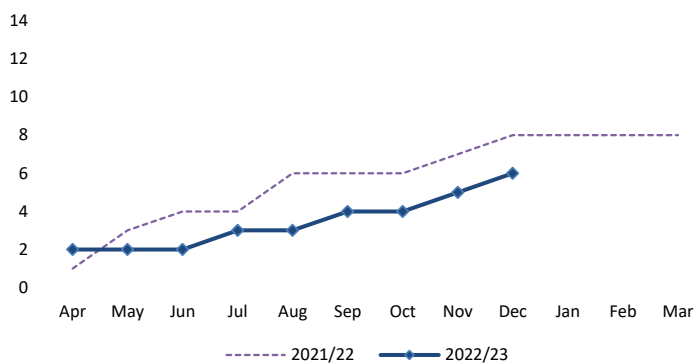
RTT Welsh Open Performance

8

Governors Report for the Quarter Ending December 2021
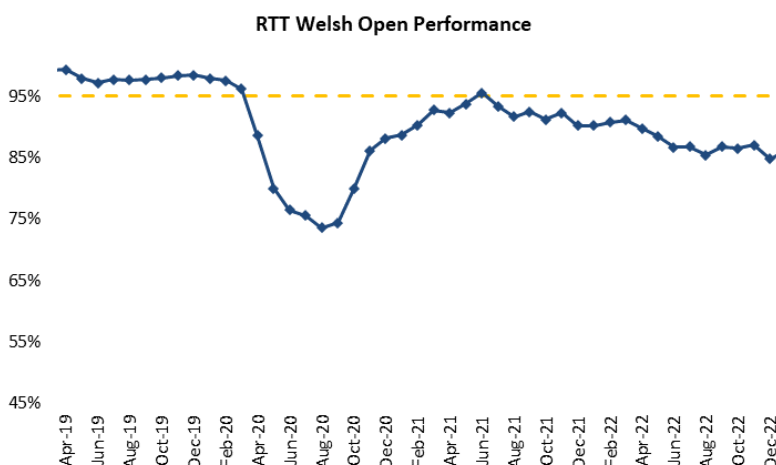
Infection Rates

No cases of MRSA Bacteraemia were reported during Q3 2021/22. The Trust has reported 6 cases of Clostridium Difficile so far this year against PHE threshold of 8 for the complete year.
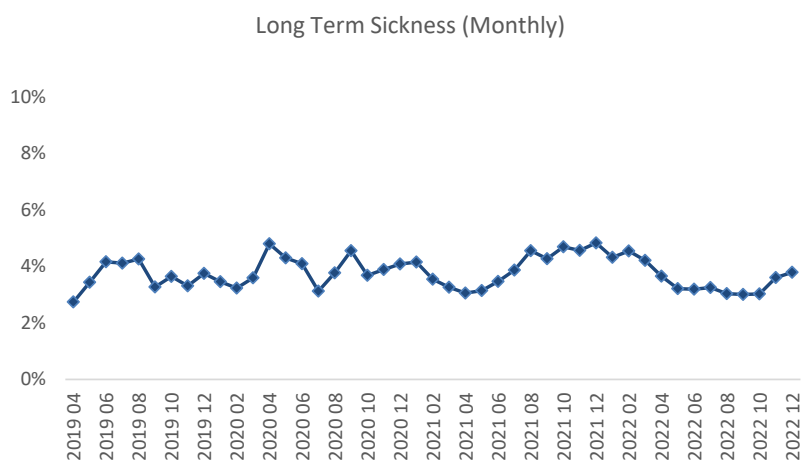
MRSA Bacteraemia
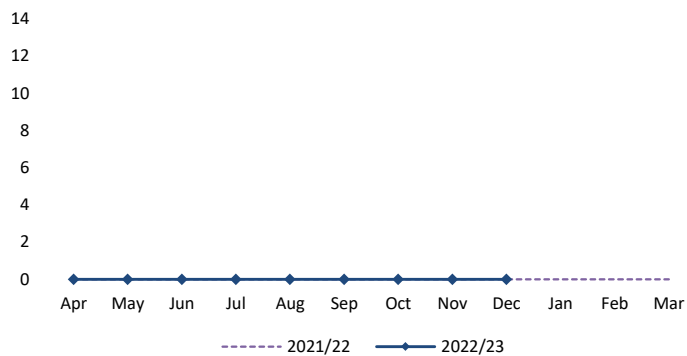
Clostridium Difficile

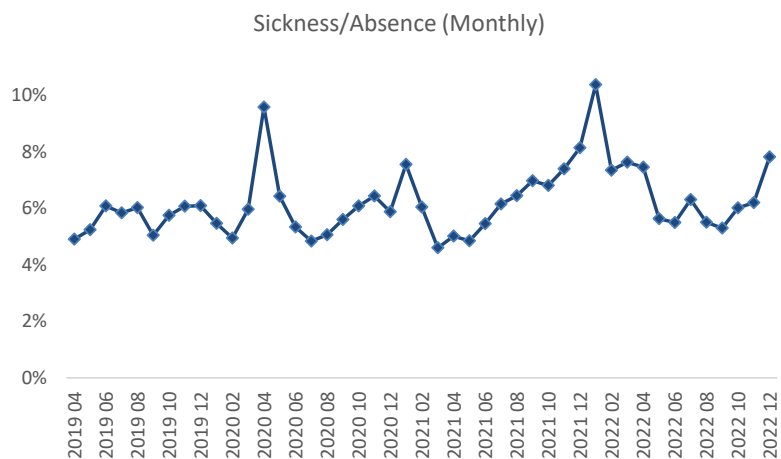**Workforce**

Monthly sickness/absence rate is 7.82% which is above the target of 4.75%. The breakdown between long term and short term sickness as at December 2022 is as follows: 3.79% on long term sickness and 4.03% on short term.

Sickness/Absence (Monthly)

Short Term Sickness (Monthly)

Long Term Sickness (Monthly)

10

Governors Report for the Quarter Ending December 2021
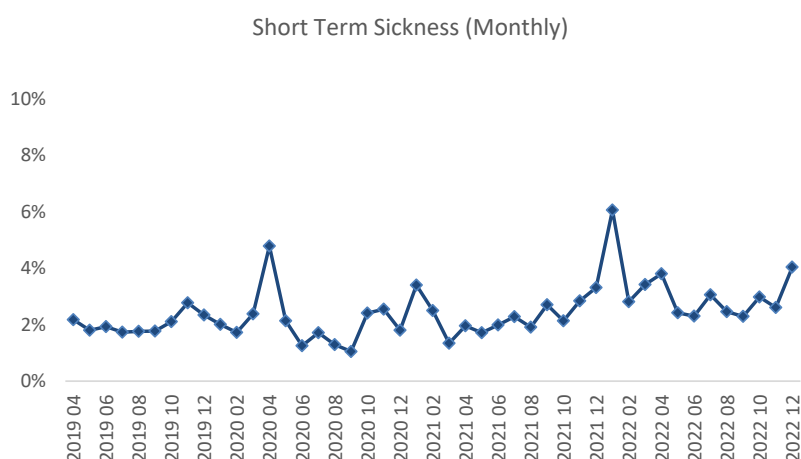
Complaints

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 2021/22 has seen 25 complaints reported.

Total New Complaints Received in month

% New Complaints Received against Activity

11

Governors Report for the Quarter Ending December 2021
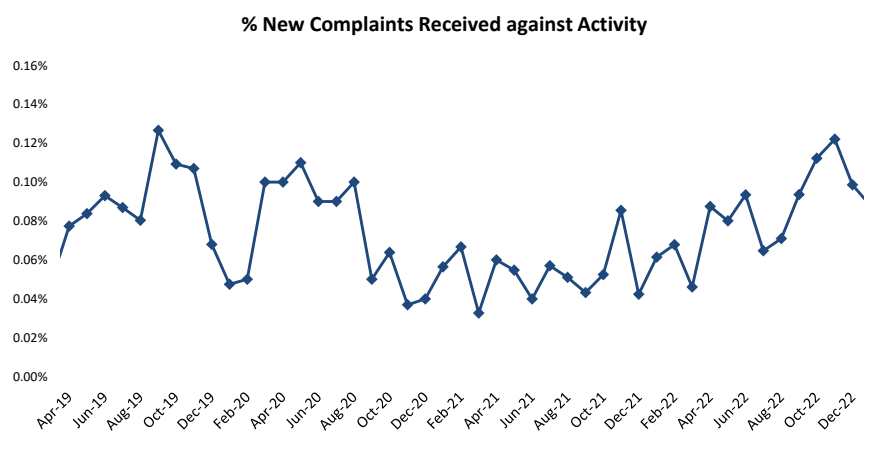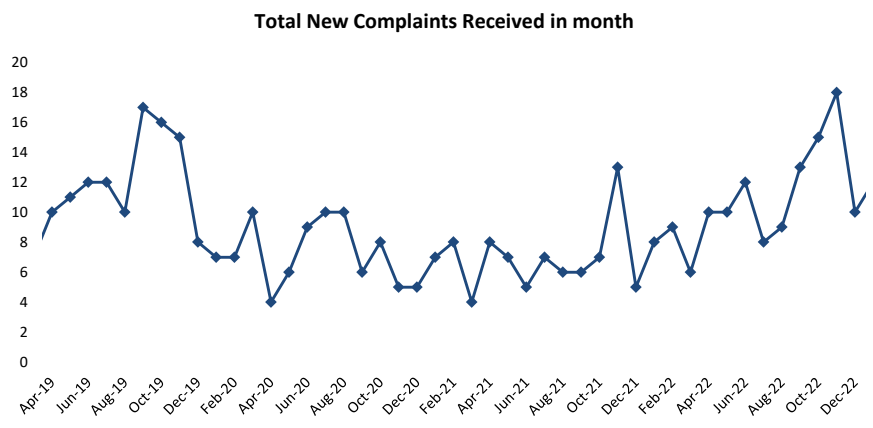
Efficiency Measures

Delayed Discharges / Delayed Transfers of Care (DTOC):

The total Delayed Patient days has remained consistent during Q3 2022/23. The delayed patient days does not include those patients awaiting a bed in a different acute setting.
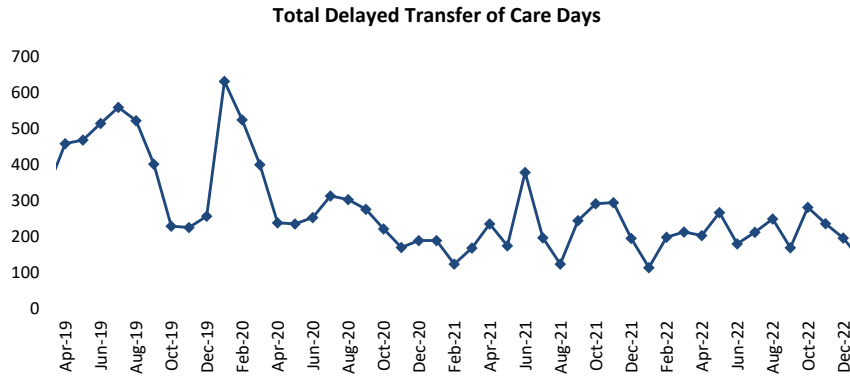
Total Delayed Transfer of Care Days

Cancelled Operations: The number of cancelled operations in Q3 2022/23 was significantly increased by the strike action and related cancellation of activity. In the first two months of Q4 performance has improved significantly.

	Number of non-clinical cancellations
Q3 2022/23	94
Q2 2022/23	26
Variance	-1

Number of Cancelled operations non clinical (on day)

Governors Report for the Quarter Ending December 2021
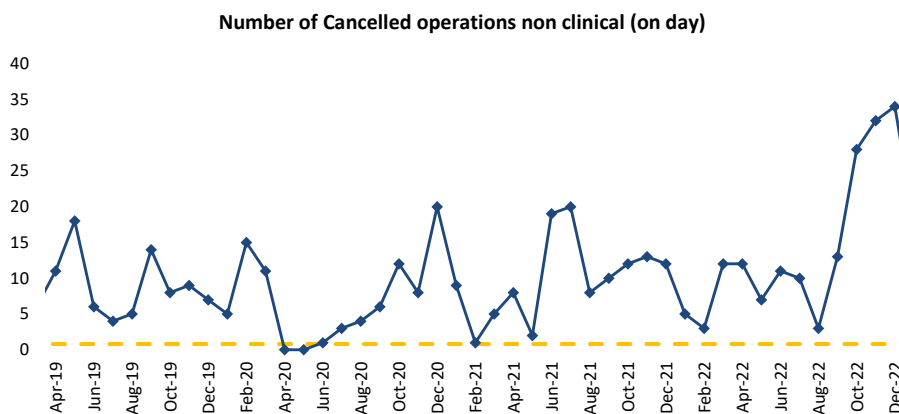
Safety Indicators

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

Falls Trajectory

In 22/23 there has been 166 total falls of which 24 resulted harm. This compares to 153 total falls at this stage of 21/22. There was one moderate harm fall within the Trust in Q1 22/23.
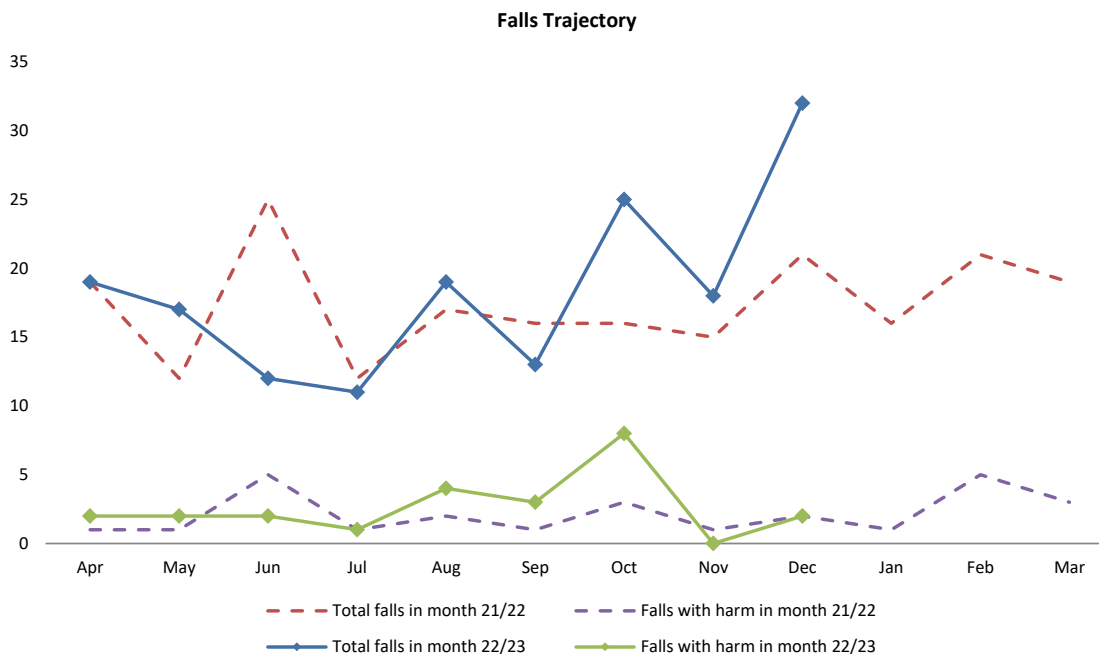
A monthly falls analysis report is currently compiled by the Falls prevention steering group then disseminated to local departments/wards highlighting any themes/trends in month, lessons learnt and any good practice for sharing. Patients at risk of falls are being correctly identified and there is evidence 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 Q3 2022/23 there were thirteen Walton Centre acquired pressure ulcers.

Below is a graphic representation of our position to date

Total Hospital Acquired Pressure Ulcers
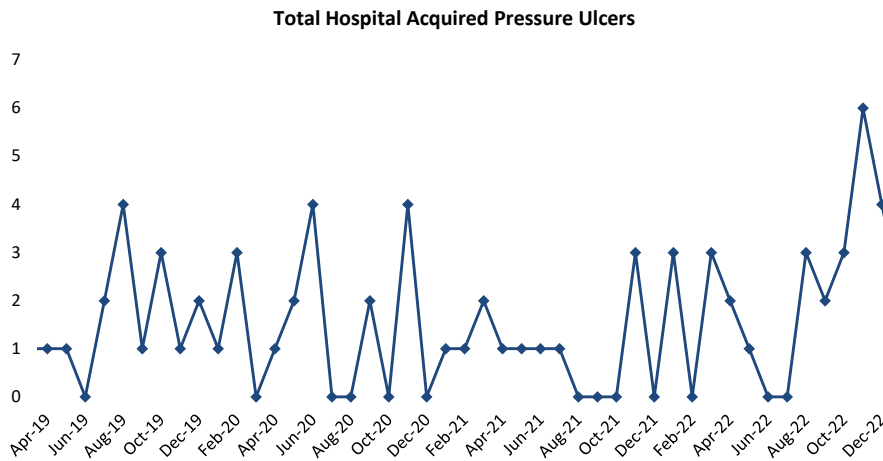
Mortality

Rolling crude mortality reduced in December 22. All cases are subject to detailed clinical review and discussion at Quality Committee and no cause for concern identified.

In Hospital Mortality

14

Governors Report for the Quarter Ending December 2021

Board of Directors Key Issues Report

The Walton Centre NHS Foundation Trust

Report Date: 2 February 2023	Report of: Quality Committee
Date of last meeting: 19 Jan 2023	Membership Numbers: Quorate 7 Attendees
1.	**Agenda**	The Committee considered an agenda which included the following: • Patient Story • Integrated Performance Report & Divisional KPI Reports • Quality or Risks for Escalation • Board Assurance Framework • Governance & Risk Quarter 3 Report • Trust Wide Risk Register • Quality Improvement Plan • Infection, Prevention & Control Board Assurance Framework • Infection, Prevention & Control Quarter 3 Report • Tissue Viability Quarter 3 Report & Education Plan • Pharmacy KPI Report • Draft Annual Report Template • National Patient Safety Strategy (NPSS) Implementation Plan • Key Issues Reports from sub-committees • Sharing & Learning Forum Terms of Reference • Clinical Effectiveness & Services Group
2.	**Alert**	Whilst the impact of the strike action was reported to be limited on inpatients the Committee noted it has had an impact on clinic cancellations cancelled operations.
	Assurance	**PERFROMANCE REPORT – QUALITY** • The committee recognised the significant sustained effort of staff during a very busy December in which the Trust experienced significant operational pressures and saw both an increase in the acuity and dependency of patients. • There were no Serious Incidents and No Never events in December and the in-patients Friends and Family Test (FFT) remains very high 97% (target 90%) • The Trust has successfully received national accreditation for its anaesthetic services • The Major Trauma Review has been completed with a positive report with only minor actions for the trust • Response times in relation to Video Telemetry have improved significantly since last reported (no missed responses and an average response time of 26 seconds) • The % of Beds occupied by 14-day standard patients is now in excess of 35% and impacts on patient flow and admissions • 28 Day readmission normally around 5% is now close to 8% • Venus Thromboembolism (VTE) Risk Assessment (90% in Neurology – target 95% • National Early Warning Score (NEWS) Compliance – Neurology is variable

1

- Six red flags associated with Safe Staffing during December. Committee was assured that there was now a greater flexibility in the deployment of staff across the Trusts with a significant reduction in the number of "red" shifts.

The Committee will continue to monitor these areas

- **Infection Control**
  - o MSSA Increasing steadily since September with the potential to now exceed the annual trajectory
  - o Ecoli exceeded the annual trajectory
  - o C.Diff is now above trajectory

Senior Nursing Teams are working closely with the Infection Control team to develop and implement the improvement plan

- **Patient Story** – The committee asked that this agenda item going forward is face to face where possible and reflects the breadth of the services offered including stories from patients who have formally complained
- **BAF** – The committee discussed the Board Assurance Framework (BAF) and considered the BAF entries to be an accurate reflection and acknowledged the ongoing work in respect of Collaborative Pathways. Operational risk (921) apropos neuro-ophthalmology to be reviewed and if necessary revise the risk score and update the controls and mitigation to reflect the verbal assurances the committee received.
- **Governance and Risk** New format of the report with clear focus on controls and assurance, feedback given for further improvement. Key incidents and risks triangulate with a number of other reports i.e. Integrated Performance Report, Infection Control and Tissue Viability
- **Gram Negative Quality Improvement Programme** Plan to be further updated to identify action owners and review the lessons learnt from previous plans (2015 and 2017) and adopt an agreed Quality Improvement methodology to ensure the proposed changes are embedded. Committee to monitor through existing reporting.
- **Infection Prevention and Control Board Assurance Framework** Committee were not assured by the paper and asked that this paper be resubmitted once it had been reviewed by the Infection Prevention and Control Committee with clear action owners and deadlines included.
- **Infection Prevention and Control Report** Processes are in place to capture and report key infection performance data. Significant increase in infections associated with External Ventricular Drains (now 10.8%) and its impact on patient experience, A working group was in train and early indications are that the rise of infections may be associated with lapses in aseptic techniques. The Committee asked that the data relating to this continues to be reported as well as a more detailed update in the next Infection Control quarterly report
- Staff uptake of the **Covid booster** low at 13%, this figure does not capture those vaccinated elsewhere. **Flu** uptake stands at 61% of front facing staff (target is 90%)
- **Tissue Viability** Increase in Pressure Ulcers (12 in the first 2 quarters and 14 in Q3). Increased patient acuity and dependency, staff shortages and an influx of new starters were identified as contributing factors. Delivery of the ward-based education programme had again been delayed and whilst welcoming the development of a business case for additional resource the Deputy Director of Nursing was asked to

2

		provide an update at the next Committee on actions being taken to address the identified capacity issues and enable the delivery of ward-based education programme. • **Patient Experience Report** Increase in formal complaints up from 26 in Q2 to 44 in Q3 and a corresponding decrease in concerns from 242 in Q2 to 187 in Q3. Themes remain constant. The Committee received assurance of a Quality Control process that is in place before the Chief Executive signs off complaint responses. It was noted that MIAA had reviewed the complaints process a year ago and the outcome was significant assurance o View challenged that patients have unrealistic expectations and disagree with descriptions of disputes regarding 'factual accuracy', it was recognised that this may have been better phrased o Claim had been settled for approximately £5million. Committee were pleased to note that an in-person apology had been provided to the claimant. Impact on insurance to be advised to Committee. • Pharmacy report provided assurance on delivery of this service • Safeguarding – the Committee noted the Group's key issues report was not provided and that greater assurance was required • **Recommendations for Other Committees** To explore with the Audit Committee potential for reviewing the current process for providing assurance on the implementations of recommendations arising from, complaints incidents, litigation, and the coronial process. • **To bring to the attention of the BPC chair** the need for assurance regarding the induction of new staff		
	Advise	• The Trust has been approached to take on additional spinal services from a third-party private provider from March		
2.	Risks Identified	• It was identified that the Quality Committee do not have sufficient access to information to gain full assurances with regards to Safeguarding. A full report will be presented to Quality Committee at the next meeting with plans in place for regular report to be received by the Committee.		
3.	Report Compiled	Ray Walker	Minutes available from:	Tracey Eaton

3

Trust Board Key Issues Report

The Walton Centre
NHS Foundation Trust

Report Date: 16/02/23	**Report of: Quality Committee**
Date of last meeting: 16/02/23	**Membership Numbers: 8**
1.	**Agenda**	The Committee considered an agenda which included the following: • Integrated Performance Report and Joint Divisional Report • Mortality and Morbidity Q3 Report • Clinical Audit Progress Report • Visibility and Walkabout Q3 Report • End of Life Care Strategy Progress Update • Safeguarding Statutory Responsibilities Update Report • National Inpatient Survey and Action Plan Progress Update • NICE Guidance Update – Outstanding Assessments • Pathology Quality Assurance Dashboard Update • Trauma Audit & Research Network (TARN) Annual Review Report • Anaesthesia Clinical Services Accreditation (ACSA) Annual Report
2.	**Alert**	**Patient Story:** The Committee agreed that as patient stories are already presented to the Board this would not be a standing agenda item going forward. The Committee retained the option for specific patient stories to be part of the agenda where appropriate.
	Assurance	**Integrated Performance Report and Joint Divisional Report** Given this is a monthly report the committee focusses on areas where data suggests special cause variation **Complaints:** The Committee challenged the view in the IPR that complaints were 'high performing'. The data indicated an increase in complaints and work was in train to provide more granular understanding of the issue. **Patient Flow:** The Committee noted that there had been a decrease in the number of beds occupied by 14-day stranded patients. The potential impact on patient experience was discussed, particularly the impact on delayed access to treatment. The Committee were assured that systems were in place to address this and noted that the total number of delayed transfer of care days had decreased for the third consecutive month. **Infection Control:** The Committee discussed surgical site infections and were assured that this was closely monitored by the divisions and data remained within

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expected parameters. The Committee welcomed the ongoing focus on fundamentals of infection control and the proposed field work of short observation studies by members of the infection control team to enable bespoke feedback to clinical teams.

Ward Score Cards: The Committee discussed the CARES assessment and queried if it was acceptable for wards to be rated Gold if their PDR and mandatory training data was below the expected standard, it was agreed that the Chief Nurse would review the standards in the CARES review and update the committee.

Theatre Lights and Air Handling Units: The Committee discussed the patient safety risk at length and recognised that robust mitigations were in place. The maintenance team attended theatres each day to carry out air flow checks. The risk score would be reviewed based on the mitigations in place. The Committee noted the ongoing work on a project to replace the units which is being monitored by BPC.

Mortality and Morbidity Q3 Report
The Committee noted that while the Walton 12 month rolling RAMI score had increased for seven consecutive months this still remained below its peers. The Committee reviewed information from the quarterly report from the Intensive Care National Audit and Research Centre (ICNARC) and noted the findings from 2018 up until June 2022. It was highlighted that the risk-adjusted acute hospital mortality for patients with a low risk of death who were admitted to critical care was below expected rates. The Committee were assured but recognised the importance of continued scrutiny of the monthly mortality data

Clinical Audit Progress Report
The Committee were assured that progress continued to be made to address the backlog. The Committee noted some high priority audits remain outstanding, for example the External Ventricular Drainage (EVD) audit and requested that they be progressed.

Visibility and Walkabout Q3 Report
The Committee received the report and noted the positive feedback. The Committee recognised the importance of feedback to staff and the need to communicate a "You said - We did" approach following such visits. The Committee requested an updated plan for 23/24 to consider back office areas and ISS provided services and also to reflect the engagement of members of the Council of Governors.

End of Life Care Strategy Progress
The Committee were updated on progress and agreed to receive a costed implementation plan for assurance at the June meeting.

Safeguarding Statutory Responsibilities Update Report
The Committee noted the challenges in respect of Deprivation of Liberty Safeguards (DoLS) and requested the implementation plan for Liberty Protection Safeguards (LPS) to be included in future reports as this would replace the current DoLS system.

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The Committee asked for future reports to provide activity updates by area to better understand the reporting culture and that an analysis be undertaken around the provision and uptake of safeguarding training. The Committee agreed that Junior Doctors safeguarding training data should be reported on separately as they are employed by another Trust and the issue of assurance in respect of Junior Drs be pursued through Health Education England (HEE) and the host Trust.

The Committee requested a further Safeguarding Report to be presented at the next meeting.

National Inpatient Survey and Action Plan Progress Update
The Committee received the report which had previously been discussed at Board and reiterated the expectation that dates in the action plan should not slip.

NICE Guidance Update – Outstanding Assessments
The Committee were assured that significant progress had been made and that clear processes were in place to assess NICE guidance.

Pathology Quality Assurance Dashboard Update
The Committee were assured by the report but asked that the next report contain a trend analysis of the measures relating to diagnostic histopathology which continued to underperform however it was recognised that these targets did not reflect the Neuropathology speciality pathway and were therefore difficult to achieve on a regular basis.

Trauma Audit & Research Network (TARN) Annual Review Report
The report provided significant assurance and highlighted the importance and effectiveness of working collaboratively with other Trusts in the local system.
It was noted that Walton Centre has a significant rate of survival and was in the top 3 nationally. It was recognised that the Trust continued to improve the time from incident to craniotomy The median time was 293 minutes and the national Major Trauma Centre average time was 370 minutes. This was also a decrease of 67 minutes compared to the previous year.

Royal College of Anaesthetists ACSA Committee Assessment
Third party assurance was received from the College's ACSA Committee who formally recognised the anaesthetic department at The Walton Centre as an accredited department having gained re-accreditation in November 2022.

Clinical Effectiveness and Services Group - Endoscopic Spinal Cord Stimulator Paddle Placement
The Committee discussed this innovative approach to an existing procedure which is being pioneered by the Walton Centre and were assured that the relevant safeguards were in place including consent and an evaluation of the procedure.

Neurosurgery Risk, Governance and Quality Group
Data provided by informatics regarding mandatory training and PDRs was felt to be inaccurate so was not available for this meeting. This will be referred to the BPC who hold the lead on this issue.

Quality and Patient Safety Group
It was noted that there had been a significant decrease in the number of outstanding policies, procedures and guidelines from 97 to 38. The Committee asked that this data be incorporated into the report on a regular basis.

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	Advise	It was reported that a serious incident had occurred (fractured neck of femur) since the meeting papers were circulated. A review was underway and an update would be provided at the next meeting.			
2.	Risks Identified	Ongoing discussion regarding risks related to theatre lights and air handling units.			
3.	Report Compiled by	Ray Walker – Non-Executive Director	Minutes available from:	Katharine Dowson – Corporate Secretary	

4

Board of Directors' Key Issues Report

Report Date: 15/02/23	**Report of:** Audit Committee	
Date of last meeting: 07/02/23	**Membership Numbers:** Quorate	

1.	**Agenda**	The Committee considered an agenda which included the following: • Update on Externally Reportable Incident • Internal Audit Progress Report Q3 • Internal Audit Recommendation Report • Data Protection and Security Toolkit Audit Report • IT Infrastructure Housekeeping Audit Report • Controlled Drugs Audit Report • Internal Audit Plan 2023/24 • Annual Review of Effectiveness of Internal Audit • External Audit Update and Progress Report 2022/23 • Counter Fraud Progress Report • Tender Waivers Q3 • Financial Compliance Report • Timetable for the Preparation of the Financial Statement • HFMA Financial Sustainability Assessment • Risk Management Framework • Annual Cycle of Business
2.	**Alert**	• The Controlled Drugs Audit Report gave limited assurance, with nine recommendations and identified high compliance in most areas but there were some areas of non-compliance identified. A number of actions had been implemented to close these gaps and the report would be subject to follow up within six months to ensure maximum compliance is attained. • The IT Infrastructure Housekeeping Audit Report gave moderate assurance. It showed that there needed to be more work on how the Trust manages the resources to reach the required skillsets and the number of staff required to work in the Team as well as facilitating more working with LUFTH and the ICS. Steps already taken to improve on this were presented to the Committee.

	Assurance	• The Committee considered the Internal Audit Progress Report and noted that a number of audits had started since the meeting on 18 October 2022. The following audits were underway:
		   o Data Quality (reporting stage)
		   o Accounts Payable and Corporate Credit Card (Fieldwork)
		   o Health Procurement Liverpool (Fieldwork)

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		○ Sickness Absence (Fieldwork) ○ Infection Prevention and Control (scoping stage) - The Internal Audit Progress Report also informed that the following audits had been finalised: ○ Management of Controlled Drugs (Limited Assurance) ○ HFMA Financial Governance Checklist ○ Assurance Framework (NHS requirement met) ○ Data Protection and Security Toolkit (substantial / moderate assurance) ○ IT Infrastructure Housekeeping (moderate assurance) - The committee received an update on the Externally Reportable Incident which awaited a response from the information Commissioners Office (ICO). The ICO was comfortable with how the Trust handled the incident and the actions put in place to avert further occurrence and the incidents had been closed, apart from one. - The 2022/23 Internal Audit Plan is on schedule and plans were underway for the preparation of the 2023/24 Internal Audit Plan. - There were no issues identified following the Annual Review of Effectiveness of the Internal and External Audit services. - The committee received the Counter Fraud Progress Report with some areas for improvement identified but generally a good report. - The external auditors provided an update of their responsibilities and a high level summary of their approach to the 2022/23 audit, as well an overview of the emerging sector issues. - The Financial Reporting Update was received, and it was noted that there had been a reduction in aged debt between November and December 2022 however there were few issues identified around Better Payment Practice Code (BPPC) which led to a slight deterioration but action plans were already in place to resolve the issues. - The committee approved the timetable for the preparation of the financial statements and the revised accounting policies.
	Advise	- The committee considered the Quality Accounts, and it was agreed that the committee would further assess the requirement for an audit of these accounts as these were no longer subject to an audit by the external auditors. - The Committee reviewed the Risk Management Framework and recommended the framework for approval by the Trust Board.
2.	**Risks Identified**	Following the HFMA Financial Sustainability Assessment, there was need for an understanding of the system's funding and how funds flowed to the Trust as it could pose a potential risk for the external audit going forward.
3.	**Report Compiled by**	Su Rai, Non-Executive Director Minutes available from: Corporate Secretary

2

Board of Directors' Key Issues Report

NHS
The Walton Centre
NHS Foundation Trust

Report Date: 23/01/23	**Report of:** Research, Innovation and Medical Education Committee
Date of last meeting: 20/12/22	**Membership Numbers:** Quorate

1.	**Agenda**	The Committee considered an agenda which included the following: • People Sub-strategy • Research and Development Strategy Implementation Update 2021/22 • NIHR & UKRI Funding Applications • RIME Strategic Partnerships • Strategic Partners Update • Committee Cycle of Business • Board Assurance Framework – Q3 2022/23 • Sub-group Terms of Reference – Innovation Group • Research and Development Financial and Performance Update • Sponsorship and Governance Research Group Chair Report • Medical Education Group Chair Report
2.	**Alert**	**Research and Development Finance and Performance Report** The Research and Development Finance and Performance Report for month 8 of the 2022/23 financial year was presented to the Committee. The financial position for month 8 was a combined deficit of £183.7K for the NRC and commercial trials expenditure. Year-to-date expenditure was reported as £237.6K deficit, therefore there was an increased deficit from plan of £54K. It was reported that overall, there had been a reduction in spending due to current vacancies and that the deficit was primarily attributed to the reduction in income. There was agreement that greater clarity, accuracy and transparency of the figures and understanding of the data was required. Committee was informed that work was being undertaken the Head of the NRC and Finance to address this and that a research study finance report would be brought to the March 2023 Committee meeting. **Sponsorship and Governance Research Group Chair Report** The Chair report from the meeting held on the 26 October 2022 was reviewed by the Committee and it was noted that the meeting had not been quorate and attendance was an area of concern. This would be addressed through the revised Terms of Reference that were to be implemented over the coming months in line with the recent review of the RIME Committee's sub-group structure.

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		Medical Education Group Chair Report An overview of the Chair reports from the meetings held on the 20 September 2022 and 13 December 2022 were provided. Limited resource of medical education office staff was highlighted as needs to be addressed to ensure the Trust's continued success of the faculty and to enable the function to continue to provide a national training offer. The item was being included on the risk register in order to progress.
3.	**Assurance**	**People Sub-strategy** A review of the Trust's People Strategy had been undertaken to ensure alignment to the strategic ambitions in the Trust Strategy 2022-25. The Sub-strategy has completed its initial consultation phase and is currently going through its final sign off committee cycle. The Sub-strategy was brought to Committee for approval as it contains the strategic objectives and implementation plans for Innovation and Medical Education. Key areas of focus for innovation were noted as: - Embedding an innovative culture within the organisation - Ensuring strategic alignment of innovation project activity - Development of a sustainable pipeline - Influencing health outcomes through organic innovation and also through social innovation initiatives e.g. social value, Goodison Park Legacy Health Zone development - The innovation function had commenced the initial assessment phase of the Investors in Innovation process which is a 3-year development framework to ensure organisation capability to deliver innovation and brings practice in line with the 8 ISO innovation standards. It is the industry standard for innovation and the governing body is the Institute of Innovation and Knowledge Exchange (IKE), the UK's professional body for innovators. The Walton Centre is the first Trust to be accepted to undertake the process. The explore and inform phase was undertaken on the 9 December with a presentation being made to the assessment panel by Mr Gibney and Ms Saunderson and now progressing into the self-assessment element. It was noted that training and mentoring is provided as part of the process and that IKE would be delivering an innovation session at the Board Development Day on in March 2023. Key areas of note for medical education were: - Maintaining business as usual for the undergraduate and post-graduate training programmes i.e. maintaining GMC training standards, undergraduate standards of excellence that have been achieved - Sustaining engagement with learners was a key area of investment - Development of the education faculty and ensuring the required provision support and resources are provided - Reviewing external opportunities to consolidate Medical Education within Research and grow the quality improvement outputs - Readiness to implement Health Education England workstreams and initiatives - Maintaining communication and engagement at a strategic level throughout the organisation - Increase understanding of opportunities available through University Hospital Status, Health Education England and Higher Education Institutes. **Research and Development Strategy Implementation Update 2021-22**

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An update was provided on the implementation of the Research and Development Strategy 2019-2024. It was highlighted that the strategy had been developed for implementation within a very different research landscape than the one at present.

It was proposed for the Research and Development Strategy to be reviewed to account for the challenges within the research landscape post COVID-19 and to be realigned to the Trust Strategy 2022-25. Key areas of focus were noted as:
- Quality assurance for clinical research facility and Research and Development – progress had been made but further work required
- Greater understanding of research finance to inform growth
- Recruitment within the research team and number of Trust research clinical leaders

This view was fully supported by the Committee.

Board Assurance Framework – Q3 2022/23
The Q3 Board Assurance Framework Report for 2022/23 was presented to the Committee for the risks which it provides assurance: Medical Education Strategy (008), Research and Development (009) and Innovative Culture (010). All risks had been updated and reviewed by the Executive Team on 31 August 2022. Key points of note were as follows:
- Proposed for the scoring for Medical Education Strategy risk to be reduced from 12 to 8 which was attributed to the ability to demonstrate that the Trust had the capability and reputation to run successful national events e.g. the Undergraduate Neuroskills Neurosurgery training day events which had attracted a national audience and received very good feedback. As the events were oversubscribed, further sessions would be held in January 2023. A national training day for Neurosurgery Surgical Emergencies run by the Royal College of Surgeon Tutor had also been held and also a Spinal Masterclass for the Neurosurgery trainee programme was due to be undertaken in January 2023.

  As the Medical Education Strategy risk was now classed as a low scoring risk, it would be managed by the Medical Education Team and not receive Executive scrutiny.

- Operational risks had also been included in the Medical Education Strategy risk and work was progressing to identify operational risks for the Research and Development and Innovative Culture risks by the Q4 report.

Sub-group Terms of Reference – Innovation Group
In line with the RIME Committee sub-group structure review, an Innovation Group is being convened to provide oversight and accountability of the Trust's innovation agenda and to strengthen its governance and reporting processes. The group would be Co-chaired by the Clinical Lead for Innovation and the Innovation Manager and meet on a bi-monthly basis. An assurance report informing of the Group's work would be submitted by the Co-chairs following each meeting to RIME Committee.

An Innovation Forum would also be established to enable wider engagement and participation in the innovation agenda with all staff groups across the organisation following the completion of the initial assessment phase of the Investors in Innovation process.
The Innovation Group's Terms of Reference were reviewed and agreed by the Committee.

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		Non-executive Director RIME Committee Members To bring the Committee's membership in line with the other Trust Board sub-committees, two additional Non-executive Directors would be joining the Committee from the March 2023 meeting, Mr David Topcliffe and Mr Ray Walker, both of whom are established Non-executive Directors within the Trust. The change in membership was welcomed by the Chair and the Committee agreed for its Terms of Reference to be updated to reflect the change which would be approved at the February 2023 Board meeting.
4.	**Advise**	**NIHR & UKRI Funding Applications** The Trust's Research, Innovation and Medical Education departments are working in partnership with Dr Jade Thai, Neuroscience and Mental Health Lead for The Walton Centre, Alder Hey and Mersey Care trusts, on a number of system wide collaborative NHIR and UKRI submissions comprising of: • NHIR HealthTech Research Centre • NIHR Mental Health Research for Innovation Centre • NIHR & UKRI System Engineering Innovation Hubs for Multiple Long-term Conditions (SEISMIC) • UKRI Engineering and Physical Sciences Research Council (EPSRC) Network Grant An overview of the submissions was provided and noted with updates to be brought to future committees meetings to inform on progress. The Committee noted that since the report had been written, the Trust had also participated in the NHIR Infrastructure bid submission for single molecule array (SiMoA) research technology and MEG technology for use in pain medicine practice research. Update report to be brought to the March 2023 Committee meeting. NIHR Scholars Programme Discussions were held regarding NHS trusts contributing to the programme in a more systematic way. It was noted that the Trust had a consultant participate in the previous and current cycle. The Committee was informed that the programme was in its fourth year and continued to be well evaluated by attendees. The programme had made a positive impact in research leadership roles with partner organisations and grant income from academic funding calls and commercial life-science partnerships. Although applications for the next cycle had closed, the Trust was actively encouraged to apply for subsequent calls. Mentoring support and executive sponsorship were highlighted as key to the success of the programme. It was proposed for a proportion of the medical education COVID-19 pandemic recovery funding to be utilised in support of a scholars programme light being developed to prepare research clinicians to apply for the programme. This view was fully supported by the Committee. **Strategic Partners Update - ARC: NWC Spotlight Report**

4

		Professor Marson gave an overview of the Applied Research Collaboration (ARC) North West Coast which brings together the Cheshire and Mersey, and the Lancashire and South Cumbria Integrated Care Boards.

		There is an ARC for each of the regions across England to which £135millon funding is allocated annually across the primary function for which is to enable research. The central objective for any research project is to diminish health inequalities. The national priority areas were identified as mental health, adult social care and social work, prevention including behavioural risk factors, multimorbidity, health and care inequalities, person-centred care, healthy ageing and children's health and maternity.	
		Along with the CRN and the ICB, the ARC is one of the main vehicles for the Trust to collaborate with its partners particularly to identify health inequality issues for our patients with neurological conditions i.e. need to think about the issues they are facing within the wider system. The example of epilepsy patient experiences of seizures within care homes was provided. Issues faced within the wider system by patients with neurological conditions creates barriers to accessing mental and general health care due to the wariness of non-neuro healthcare professionals of neuro conditions. The use and management of Valproate was also highlighted as an area of concern.	
		In addition to health inequality data, community engagement was highlighted as a key element that the Trust was progressing through its social innovation agenda which enables the data to be validated by communities and people.	
		It was noted that the ARC as a strategic partner, could assist with how the Trust's services are co-ordinated, function and delivered in a way that reduced health inequalities.	
		There was agreement for the Trust's health inequality research priorities to be discussed at the Board level.	
5.	**Risks Identified**	• No new risks identified	
6.	**Report Compiled by**	Professor Paul May, Non-Executive Director	Minutes available from:	Corporate Secretary

5

Board of Directors' Key Issues Report

NHS
The Walton Centre
NHS Foundation Trust

Report Date: 24/01/23		**Report of:** The Walton Centre Charity Committee Meeting
Date of last meeting: 20/01/23		**Membership Numbers:** Quorate
1	**Agenda**	The Committee considered an agenda which included the following: • Revised Terms of Reference • Finance Report to 31 December 2022 • Annual presentation from Investment Managers CCLA • Investment Reports from CCLA and Ruffer • Fundraising Activity Update including outline plan presentation from Digital Fundraising Manager • Charity Risk Register • Training & Development Department Annual Report and Impact Statement • Application for Royal Liverpool Philharmonic proposal • 3 applications for formal approval (approved by the Committee between meetings) • Charity Commission Internal Controls Checklist • Preparation of the Financial Statements 2022/23 • Governance Arrangements and Financial Instructions
2	**Alert**	• No issues for Alert to Board of Directors
3	**Assurance**	• Following a review of the Committee effectiveness at the end of the year the revised Terms of Reference to increase the Non-Executive Director membership from 2 to 3 were endorsed for Board approval subject to a potential change to the quoracy of the meeting to include clinical representation in order for the meeting to be quorate. It was discussed and agreed that there should be training in place for new members to the Committee around the responsibilities of being a trustee. • The Charity Commission Internal Controls Checklist was received by the Committee and approved with some minor changes. Independent Examiners, BWM Accountants, had recommended completion of the checklist to help charity trustees evaluate the charity's performance against the legal requirements and good practice recommendations put in place by The Charity Commission. • The Charity Risk Register was noted with no new risks identified. Two risk levels had been increased relating to loss of income from charity investments and unsatisfactory income generation given the current economic environment. • The Preparation of the Financial Statements for The Walton Centre Charity 2022/23 were presented and the Committee approved the accounting policies and confirmed they were satisfied that the accounts should be prepared on a going concern basis. • The Walton Centre Charity Governance Arrangements and Financial Instructions were presented in draft. Minor changes were recommended including the incorporation of the revised Terms of Reference. The final version would be circulated to the Committee for approval prior to the next meeting in April 2023.

4	**Advise**	• A presentation was given by Investment Managers CCLA on the annual performance of the portfolio highlighting the volatility of the markets at the present time and how risks were being mitigated and opportunities taken advantage of. The fund stood at £577k as at 31 December 2022.
		• The Investment reports from both CCLA and Ruffer were noted. The Committee discussed and agreed that holding £1m in investments was appropriate at the present time. The long term strategy was to spend the funds but that was based on a pipeline of schemes and projects being developed and accepted. This would form part of the Fundraising substrategy in the future.
		• A subgroup would convene to discuss the cash reserves and where and when to invest this sum of money currently standing at £490k.
		• The finance report showed that the fund balances had reduced from £1,438k to £1,284k in the last quarter. The Walton Centre Charity Plan 2022/23 would be looked at to show a more realistic forecast in the current economic climate.
		• A plan of action to address slow movement and/ or a lack of plans in some of the funds was outlined and agreed by the Committee. This would culminate in a presentation at Clinical Senate to outline the responsibilities of fund managers. (latest position of all funds to be tabled).
		• The Committee received the fundraising activity report providing an update on NHS Charities Together grant applications. The Digital Fundraiser gave an introductory presentation detailing plans for the role with a particular focus on the next 6 months in post. The presentation was well received by the Committee who asked if they could be updated on the impact that digital fundraising had on the Charity once the post holder was fully embedded in the role.
		• The Committee enthusiastically approved an application from the General Fund (£11,528) to support a pilot programme delivered in partnership with Royal Liverpool Philharmonic and the Walton Centre between April and July 2023 agreeing it would benefit patients and staff alike.
		• The Committee gave formal approval to applications for Staff Long Service awards; a research application (grant funded) from Professor Jenkinson's fund for Dr George Richardson; and the purchase of new equipment Hocoma Erigo rehabilitation (proceeds for which were covered by the Jan Fairclough Ball).
		• The establishment of a separate Health and Wellbeing Fund had been discussed at length at a previous meeting and was revisited due to the worrying cost of living crisis. It was considered that a separate fund designated for staff health and wellbeing may encourage donations however it may be to the detriment of the General Purpose fund which currently supports lots of health and wellbeing initiatives. There was also concern around conflicting corporate responsibility. It was agreed the Charity would not proceed with a separate fund but would revisit the situation in the future.
		• Training and Development department presented an annual report containing summary of study leave applications and progress updates from individuals which each received 25% support from charitable funds over the 2022/23 financial year. An impact presentation was received from a member of staff who had benefitted from charitable funds towards professional development.
5	Risks Identified	• None
6	Report Compiled by	Su Rai Non-Executive Director	Minutes available from:	PA to Chief Finance Officer

Report to the Council of Governors
Tuesday 14 March 2023

Report Title	Review of the Council of Governor Subgroups Membership
Executive Lead	Katharine Dowson, Corporate Secretary
Author (s)	Nicola Troy, Corporate Governance Officer1.
Action Required	To note

Level of Assurance Provided *(do not complete if not relevant e.g. work in progress)*

☐ **Acceptable assurance**	☐ **Partial assurance**	☐ **Low assurance**
Systems of controls are suitably designed, with evidence of them being consistently applied and effective in practice	Systems of controls are still maturing – evidence shows that further action is required to improve their effectiveness	Evidence indicates poor effectiveness of system of controls

Key Messages *(2/3 headlines only)*

- To note the changes in the Subgroups Membership.

Next Steps *(actions to be taken following agreement of recommendation/s by Board/Committee)*

Related Trust Strategic Ambitions and Themes	Impact *(is there an impact arising from the report on any of the following?)*		
Choose an item	Not Applicable	Not Applicable	Not Applicable

Strategic Risks *(tick one from the drop down list; up to three can be highlighted)*

Choose an item.	Choose an item.	Choose an item.

Equality Impact Assessment Completed *(must accompany the following submissions)*

Strategy ☐	Policy ☐	Service Change ☐

Report Development *(full history of paper development to be included, on second page if required)*

Committee/ Group Name	Date	Lead Officer (name and title)	Brief Summary of issues raised and actions agreed
n/a			

Review of the Council of Governors Subgroups Membership

Background

1. The Trust had governors due to depart in September 2022 as they were coming to the end of their term in office as a Governor and also welcomed five new Governors.

2. This resulted in a number of Governor vacancies on the Governor Committees/Groups and the Patient Experience Groups.

3. It is important that the Trust maintain full membership and attendance to ensure that there is a consistently good level of representation from Governors to make decisions, approve reports or documents, to meet meeting quoracy and the ability of that committee or group.

4. Governor Committee membership was subsequently reviewed, and Governors received communication asking for expressions of interest in joining Committees by Friday 20 January 2023.

Requirements and expectations:

*   Governors did not need any specific expertise, as the role on the group would be as a Governor and representative of the Trust membership.

*   If Governors felt that they could or would like to contribute to the work of one or more of these Committees/Groups.

*   Governors were invited to observe the preferred meeting prior to joining and have a conversation with the Corporate Secretary if they wished to do so.

Conclusion

5. All expressions of interest were received and discussed, taking into consideration interest and demand in joining the group.

6. All Governors were notified of the Committee or group that they had become a member of and provided with the 2023 meeting dates and MS Teams meeting joining links.

7. Governors standing down from the subgroups who are coming to the end of their term in office this year were thanked for their ongoing support and input especially into Non-Executive Director (NED) recruitment processes which had been very valuable and greatly appreciated.

Recommendation

To note the report.

Author: Nicola Troy
Date: 8 March 2023

APPENDIX 1

Council of Governors Committee/Group	Nº Meetings per year	Purpose
Membership and Engagement Group Governor Members: Amanda Chesterton John Taylor Barbara Strong Jonathan Desmond Nanette Mellor Belinda Shaw John McClelland	**4**	To support the Council of Governors and make recommendations to the Council of Governors including: • Contributing to the development of the Membership Strategy and ensuring that it seeks a membership which is representative of the patients and public served by the Trust. • Overseeing the delivery of the implementation plan to support the Membership Strategy, including advising partners and stakeholders as appropriate on communication and engagement activities. Establishing a developmental approach which encourages each Governor to engage with the Membership as best suits his/her skills and time available.
Advisory Group Governor Members: Barbara Strong Melanie Worthington John Taylor John McClelland	**2** **As required**	To support the Council of Governors and make recommendations to the Council of Governors including: • Considering proposals from Trust management on the appointment of an External Audit service provider • Scrutinising proposals for amendments to the Trust's Constitution • Working with the Corporate Secretary to: - review the narrative for the Council of Governors section of the Annual Report & Accounts and with the Director of Nursing & Governance to review narrative for the Council of Governors response to the Annual Quality Report. identify training needs and development programmes for the Council of Governors.
Nomination Committee Governor Members: John Taylor Barbara Strong Louise Pate	**As required**	To support the Council of Governors and make recommendations to the Council of Governors, with external advice as appropriate, and with due consideration to laws and regulations and the provisions of the NHS Foundation Trust Code of Governance and other relevant guidance including: • The identification and nomination of Non-Executive Directors, including the Chair • Consideration of appropriate succession planning • Periodic review of appropriate terms and conditions for Non-Executive Directors, including the Chair Managing the process for any removal of the Chair and other Non-Executive Directors.

Andrew Brodbelt Carol Hopwood		
Patient Experience Group Governor Members: Tom Stretch Nanette Mellor Melanie Worthington Ian Linford Andrew Brodbelt	**4**	To assist the Trust Board to obtain assurance that high, safe standards of care are provided, that care is influenced by patient feedback and to ensure that a positive patient experience is received. This includes: • Seeking assurance that the Trust has effective mechanisms and systems in place to capture the views and experiences of patients and their carers • Reviewing trends emerging from users' feedback on their experience of care, including complaints and commendations, and the actions taken by the Trust as a result of same. Reviews and analyses trends, which will focus on themes, service areas and professional actions • Receiving information on complaints and claims and ensure procedures are properly investigated and changed to minimise risk to patients in the future • Reviewing and monitoring compliance with the Model of Best Practice and Procedure for Handling Complaints • Receiving the quarterly and annual Patient Experience Report • Agreeing and monitoring the Trust volunteer strategy and receiving updates on recruitment, demographics and outcomes of the service Accepting and monitoring relevant self-assessments against CQC Regulations.

Report to Council of Governors
14 March 2023

Report Title	**Governor's Register of Interests**
Executive Lead	Katharine Dowson, Corporate Secretary
Author (s)	Nicola Troy, Corporate Governance Officer
Action Required	To note

Level of Assurance Provided *(do not complete if not relevant e.g. work in progress)*

☐ **Acceptable assurance**	✓ **Partial assurance**	☐ **Low assurance**
Systems of controls are suitably designed, with evidence of them being consistently applied and effective in practice	Systems of controls are still maturing – evidence shows that further action is required to improve their effectiveness	Evidence indicates poor effectiveness of system of controls

Key Messages *(2/3 headlines only)*

- Current list of declared interests from Governors for 2022/23
- All Governors are required to declare their interests each year

Next Steps (*actions to be taken following agreement of recommendation/s by Board/Committee*)

- Governors requested to update and or review declarations before end of March 2023

Related Trust Strategic Ambitions and Themes	Impact *(is there an impact arising from the report on any of the following?)*		
Choose an item	Quality	Compliance	Legal

Strategic Risks *(tick one from the drop down list; up to three can be highlighted)*

Not Applicable	Choose an item.	Choose an item.

Equality Impact Assessment Completed *(must accompany the following submissions)*

Strategy ☐	Policy ☐	Service Change ☐

Report Development *(full history of paper development to be included, on second page if required)*

Committee/ Group Name	Date	Lead Officer (name and title)	Brief Summary of issues raised and actions agreed
n/a			

The Walton Centre NHS Foundation Trust

Governor's Register of Interests

Executive Summary

1. This paper sets out the current list of declared interests from Governors and Governors are requested to review the declarations for 2022/23.

2. All Governors have made a declaration on the register but three Governors have not reviewed these in the last twelve months and are asked to update these before 31 March 2023.

3. Declarations should be made when Governors start in post or in April of each year so all Governors will be asked to renew in April for 2023/24 regardless of when the last update was done.

Background

4. In line with the provisions of the Standing Orders for the Council, NHS National Policy and the Managing Conflicts of Interest Policy Governors are required to declare any new or changed interests which arise in relationship to, or which could impact on their Governors activities on an annual basis:

   • Gifts
   • Hospitality
   • Outside employment
   • Patents
   • Loyalty interests
   • Sponsored events, research
   • Donations
   • Clinical private practice
   • Shareholding and other ownership issues

Conclusion

5. The Trust public register can be accessed by anyone via this link
   https://wcft.mydeclarations.co.uk

6. Governors are also reminded that any member with a conflict of interest in relation to any agenda item must be declared at the start of the meeting, and the member should withdraw from the relevant item whilst it is being considered.

Recommendation

To note the report.

Author: N Troy
Date: 2 March 2023

The Walton Centre NHS Foundation Trust

Council of Governors Register of Interests 2022- 2023

Employee	Date Declared	Interest Type	Interest Description
Barbara Strong	07/04/2022	Nil Declaration	N/A
Jonathan Desmond	16/04/2021	Loyalty Interests	Walton Centre NHS Trust – Sister to Dr Helen Elizabeth Millward employed as a Registrar in Rehabilitation Unit (Sid Watkins).
Carol Hopwood	08/09/2022	Outside Employment	A provider of legal services to the Insurance Industry and individuals. The business is 98+% for road traffic collisions. Head of the departments that deal with serious and catastrophic injuries. The balance of work is employment law, neighbour disputes and other litigation.
Belinda Shaw	28/09/2022	Nil Declaration	N/A
Teresa Moretti	29/09/2022	Loyalty Interests	Previous Patient of the Epilepsy and MS Service. Current Patient of the Neurosurgery and Pain Clinic
	07/07/2022	Outside Employment	Social Worker
Robert Howe	07/04/2022	Nil Declaration	N/A
Ian Linford	28/07/2021	Outside Employment	Northwest clinical senate Expert patient role on clinical senate – unpaid Bi monthly meetings usually 3 hours in length. plus ad hoc service reviews when required
Tom Stretch	16/02/23	Outside Employment	Halton Borough Council - Councillor for Norton

			South & Preston Brook Ward of the Borough of Halton unitary authority
John Taylor	01/09/2021	Nil Declaration	N/A
John Kitchen	01/04/2022	Outside Employment	Member of SURE group LHCH
John McClelland	22/09/2022	Outside Employment	Non Exec Director/Trustee for the Trust and Chair of the Audit & Ethics Committee
Geoff Heyes	30/10/2022	Nil Declaration	N/A
Melanie Worthington	28/02/2022	Outside Employment	Motor Neurone Disease Association and co-chair for the Cheshire & Merseyside Neurological Society in a voluntary capacity.
Ella Pereira	01/03/2022	Outside Employment	Edge Hill University Professor of Computing.
Jan Vaughan	07/03/2022	Outside Employment	NHS England Stakeholder Governor
Nanette Mellor	24/02/2023	Outside Employment	The role of CEO at The Brain Charity holds responsibility for the strategic direction, service development and financial sustainability of The Brain Charity, a nationwide charity that supports those affected by neurological conditions.
Peter Clegg	09/04/2019	Outside Employment	University of Liverpool
Andrew Brodbelt	19/04/2022	Nil Declaration	N/A
Louise Pate	04/10/2021	Nil Declaration	N/A
Amanda Chesterton	30/03/2022	Nil Declaration	N/A

UNCONFIRMED

MINUTES
Council for Governors Membership and Engagement Group
8 February 2023
MS Teams

Present:

John Taylor	Chair (Outgoing) Public Governor – North Wales	Chair
Amanda Chesterton	Chair (Incoming) Staff Governor	Chair
Nanette Mellor	Partnership Governor – The Brain Charity	NM
Belinda Shaw	Public Governor – Merseyside	BS
John McClelland	Public Governor – Rest of England	JMc
Madeleine Fletcher	Head of Fundraising	MF
Elaine Vaile	Communications and Marketing Manager	EV

In Attendance:

Katharine Dowson	Corporate Secretary	KD
Nicola Troy	Corporate Governance Officer	NT

Apologies:

Barbara Strong	Public Governor – Merseyside	BS
Jonathan Desmond	Public Governor – Merseyside	JD

1. Welcome and Apologies

1.1. Apologies were noted as above.

2. Appointment of the Chair

2.1. The Chair informed that group that as he had been appointed Lead Governor on 1 January 2023 and that he would therefore be stepping down as Chair of the Membership and Engagement Group but would continue to support the Committee.

2.2. The Chair thanked the Committee for their and advised that there had only been one expression of interest for the position of Chair and he would therefore nominate Amanda Chesterton, Staff Governor.

The Membership and Engagement Group members agreed with the appointment nomination to Chair of the Committee.

2.3. The appointment of the new Chair of the Membership and Engagement Group would be reported to the Council of Governors at the next meeting on 14 March 2023.

2.4. The Chair advised that she would be attending a NHS Providers course on effective chairing to strengthen her skills and to ensure the role would be fulfilled.

3. Declarations of Interest

3.1. None

4. Minutes from Previous Meeting

4.1. The minutes of the 15 November 2022 were confirmed as a true and accurate record and there were no open actions for discussion.

5. Matters Arising and Action Log

5.1. There were no actions to be discussed regarding the Action Log as all items were on the meeting agenda.

5.2. NT provided a brief update on the action log items:

- **Liaise with Communications in relation to promotion of Trust Membership**.

  -NT was meeting with EV to discuss ways to raise awareness of Trust membership.

- **Welcome Letter for Members**.

  -NT was in the process of developing a Welcome Letter for new joining Members.

6. Membership and Governor Engagement Events and Activity

6.1. The Chair encouraged the group to share any engagement or activity that they may have been involved in since the last meeting in November 2022.

6.2. The Chair enquired if the Allied Health Professionals Event had taken place on 22 November. NT explained that as interest was very low in the event it had been cancelled. NT added that the next event was Neurophysiology on 16 February 2023 and there were already two staff members who had confirmed their attendance for the event.

6.3. The Trust's annual PLACE Assessment had taken place on 22 November. The PLACE assessment (Patient-Led Assessment of the Environment) is an annual snapshot that gives the Trust a clear picture of how the environment is seen by others who use it and identify potential areas of improvement. All Governors were invited to take part in the assessment. Governors Ian Linford and John McClelland had participated.

6.4. JMc stated that it was a great opportunity to take part and encouraged others to become more involved. The Chair agreed adding that these assessments were informative and interesting.

6.5. JT advised that he had recently informally met with Lead Governors from other Trusts across Liverpool and noted that other Trusts face similar in relation to membership engagement. There were future meetings planned and JT advised that he would keep the group informed of any interesting or useful discussions and ideas.

6.6. The Chair stated that joining members ultimately want to know what the benefits are and proposed two targeted options:

- *Long Term Condition patients:* Patients who can gain insight to understand the system that they are being treated in and input into how they are treated.

- *Posters with QR Code:* a poster in public areas with a QR code on so that patients can scan the code and be taken to the enrolment page to become a member.

- *Nearly qualified Health Care Professionals:* Those in their final year at University as it would enhance their CV. Although this may not be a long-term membership it would boost the number and maintain a relationship with these professionals.

6.7.   The Chair added that she was also a Student Lead for Occupational Therapy and suggested that she could have a conversation with the Education Facilitator to promote membership to all final year students on placement.

6.8.   KD added that another option which is similar is to target Sixth Forms and colleges and those students considering careers in the NHS. However this is more difficult for specialist Trusts than District General Hospitals. Previous research has shown that the majority of people who become members are either individuals that would like to have a career within the NHS or those who would like to give back and support the Trust.

6.9.   NM asked if membership could be monetised or automatically become a member when they set up arrangements of a direct debit. The member would then receive personalised newsletters, access behind the scenes information and more than what a non-paying member would receive.

6.10. KD advised the Trust cannot charge people for membership, although people can pay to support the Walton Centre, and this would be possible via the Charity or Fundraising. The Trust's newsletter Neuromatters was initially just for members but now this is for everybody and over time has become more generic.

6.11. JT reminded the group of the Membership Strategy and action plan and that the focus was not to increase membership but to retain and engage membership. JT added that during the time he was a patient in 2006, amongst the information received at discharge there was a becoming a member leaflet. At the local Lead Governor meeting this idea had been well received. KD commented that when the Trust has initially been building its membership in order to become a Foundation Trust there had been a recruitment drive which included leaflets in discharge packs.

6.12. The focus now was on the balance of representation rather than just more numbers. however, low level recruitment would be required to retaining current membership numbers.

6.13. NM commented that in comparison to 2016 numbers of Governors and membership were bigger but that more Governors were needed and as they come from the Membership this was the rationale to increase membership.

6.14. The Chair asked if the University Teaching Hospital status would change the minimum number of members required. KD advised that it would not, and that the Trust already had two Governors representing local universities.

6.15. NM proposed that all new joining staff were made fully aware that they are a member of the Trust via the Trust induction process.

   Action: Create a Membership poster with a QR Code (NT)

7.   Membership Action Plan

7.1.   JT asked about the red flagged item: Review and feedback on events regularly and NT advised that due to the lack of interest in recent events there had been no events to provide feedback on at this time.

7.2.   NT advised that the next upcoming event is about the Neurophysiology Service, due to be held on 16 February which would be hosted by the Service Lead Caroline Finnegan. Feedback on this event would be provided at the next meeting.

7.3.   NT added that there were plans to create a members questionnaire to be created and circulated to current members in an attempt capture further information and increase engagement. This would ask how members would like to be contacted and what were they interested in hearing about.

The Membership and Engagement Group noted the action plan status

8.   Membership and Demographic Data

8.1.   CGO gave a brief update of the membership database which included:

- Public, Staff and Total Membership numbers.

- Membership Diversity Data

- Local Population Profile categories: Age, Gender and Ethnicity.

- Percentage of Membership categories: Age, Gender Ethnicity.

- Breakdown of data across constituencies.

8.2.   The Chair asked if the group wanted to see how the membership of the local population was reflected in those categories or do, they want to see the patient groups of those areas.

8.3.   NT explained that this point had been raised at a previous meeting in November, advising there was no comparable data via the database regarding this. KD stated the requirement for the group to compare the membership figures of the local population and not the patient body.

8.4.   JT asked about how someone would define that they are Welsh rather that White British and how could the Trust identify Welsh speakers. CS advised that this point had been raised at a previous meeting and clarified that the Committee had a responsibility to all members who reside in North Wales, regardless of their language. Demographic information pulled on Ethnicity does not require people to declare if they are a White Welsh or White Scottish but it does have a separate group for White Irish but these are not defined by the Trust.

8.5.   JT asked about the services that the Trust provide and what is offered in Welsh. KD replied that this was a question for the Trust more generally rather than a membership issue but confirmed that signage at the Trust was in Welsh and several consultants were Welsh speaking. The Chair added that the Trust does support the Welsh language and has physiotherapists who are Welsh speaking as well as consultants. NT added that the Trust regularly utilises Beacon Languages to provide translation for those patients who require it.

8.6.   NM stated that the data was difficult to compare with anything and to be sure if communication are aimed at the right areas. NM added that the Trust generally does not do very well with ethnicity in relation to staff and was unsure if this as the same for patients. KD advised that the Trust has more staff members that are from BAME backgrounds as a proportion than in the local community. However this is not reflected in relation to Governors and Members.

The Membership and Engagement Group noted the Membership update.

9.   Terms of Reference

9.1.   KD advised that the Terms of Reference (ToR) for the Membership and Engagement Group. The ToR have been reviewed as part of the annual cycle. The format has been updated in line with the Trust's other Subgroups, however the content is the same and there were no proposed changes to the membership, duties or other aspects of the group. If the Committee were content these would be taken to the full Council for approval in March.

The Membership and Engagement Group agreed the new Terms of Reference.

10. Cycle of Business

KD gave a brief overview of the Cycle of Business (CoB) for the Membership and Engagement Group.

The Membership and Engagement Group noted the Cycle of Business (CoB) 2023/24

11. Group Membership

11.1.   KD advised that there has been a review of membership within all the Governor Committees following the elections last year. KD welcomed the new joining Governors to the group.

12. Walton Charity Update

12.1.   MF provided an update on developments over the last 12 months. A new three-year Substrategy for the Charity was being developed to tie in with the new Trust Strategy and focus would be on the three main areas:

- **Income generation**:

  -The Trust was heavily reliant on corporate events which had been impacted due to Covid and fundraising would be moving to greater use of digital platforms.

  - To encourage people to support on a regular basis through the lottery scheme or standing orders/ direct debits to provide a more sustainable income.

- **Strengthening the Fundraising team:**

  -Now a team of four, including a new Digital Fundraising Manager who would analyse information to target the market r.

- **Review application grant processes**

  -    A comprehensive grant making policy.

- Impact reports

12.1. MF updated the Group on events that had resumed and held so far:

- <u>Jan Fairclough Ball</u> – This was held in Liverpool on the 25th November 2022 and raised just under £50,000.

- <u>Golf Day</u>- To be held in May 2023

- <u>Walk for Walton</u>- a virtual sponsored walk. People were encouraged to do what they could where they could during the month of May 2023.

- <u>Lunch-</u> planned for June 2023

- <u>Liverpool Cathedral Abseil</u>

- <u>Snowdon Hike</u>- Planned for September 2023

12.2. NM advised that there was a Digital Comms Charity Conference, and there were a number of great speakers at the Conference who would be able to advise and provide an insight on software to support Digital Fundraising.

12.3. In relation to legacy NM suggested that it would be good to involve a solicitor on Wills and Trusts who could talk to patients on what they would like to do in terms of leaving a Trust or legacy and this would be of benefit to patients.

13. AOB

13.1. The Chair thanked JT for his work as Chair of the Committee.

13.2. The Chair thanked all members of the committee for their valuable input today.

Date of next meeting:
Wednesday 10 May 2023
10.00am
via MS Teams

Report to Council of Governors
14 March 2023

Report Title	Membership and Engagement Group Terms of Reference
Executive Lead	Katharine Dowson, Corporate Secretary
Author (s)	Katharine Dowson, Corporate Secretary
Action Required	To approve

Level of Assurance Provided *(do not complete if not relevant e.g. work in progress)*

☐ **Acceptable assurance**	☐ **Partial assurance**	☐ **Low assurance**
Systems of controls are suitably designed, with evidence of them being consistently applied and effective in practice	Systems of controls are still maturing – evidence shows that further action is required to improve their effectiveness	Evidence indicates poor effectiveness of system of controls

Key Messages *(2/3 headlines only)*

- Terms of Reference have been reviewed with one minor change proposed
- New format adopted in line with other Trust Subgroups

Next Steps (*actions to be taken following agreement of recommendation/s by Board/Committee*)

- To be approved by Council of Governors

Related Trust Strategic Ambitions and Themes	**Impact** *(is there an impact arising from the report on any of the following?)*		
Not Applicable	Not Applicable	Not Applicable	Not Applicable

Strategic Risks *(tick one from the drop down list; up to three can be highlighted)*

Not Applicable	Not Applicable	Choose an item.

Equality Impact Assessment Completed *(must accompany the following submissions)*

Strategy ☐	Policy ☐	Service Change ☐

Report Development *(full history of paper development to be included, on second page if required)*

Committee/ Group Name	Date	Lead Officer (name and title)	Brief Summary of issues raised and actions agreed
n/a			

Membership and Engagement Group Terms of Reference

Executive Summary

1. The Terms of Reference (ToR) for the Membership and Engagement Group have been reviewed as part of the annual cycle. The format has been updated in line with the Trust's other Subgroups but the content is the same and there are no proposed changes to the membership, duties or other aspects of the group. The ToR is attached at Appendix 1.

2. One minor change to the purpose of the Group is proposed, with the change highlighted in red in paragraph 5.

   - The Membership and Engagement Group is responsible for developing and reviewing the strategy, processes and activities for the recruitment and engagement of new and existing members of the Walton Centre NHS Foundation Trust.

Recommendation

To recommend approval to the Council of Governors

Author: Katharine Dowson, Corporate Secretary
Date: January 2023

Appendix 1 – Membership and Engagement Group Terms of Reference

Membership and Engagement Group
Terms of Reference

Authority/Constitution

1. The Membership and Engagement Group (the Group) is authorised by the Council of Governors of The Walton Centre NHS Foundation Trust.

2. The Group is a working group of the Council of Governors has no powers in its own right and must refer all decisions to the Council of Governors for approval.

3. The Group is authorised to request specific reports from individual functions within the organisation and to seek any information it requires from any member of staff in order to perform its duties.

4. The Group is authorised to create, advisory or working groups as are necessary to fulfil its responsibilities within its terms of reference. The Group remains accountable for the work of any such group. Any of these groups will report directly to the Group who will oversee their work.

Purpose

5. The Membership and Engagement Group is responsible for developing and reviewing the strategy, processes and activities for the recruitment and engagement of new and existing members of the Walton Centre NHS Foundation Trust.

Membership

6. The Group shall be comprised of a minimum of:
   - 5 Public Governors
   - 1 Staff Governor

7. The Group will be deemed quorate when three voting members are present.

8. The Chair of the Group will be elected on an annual basis from the Groups members. If the Chair is not available to attend a meeting, a meeting Chair shall be elected by the Governors present.

9. Other staff or external advisers may be co-opted or requested to attend for specific agenda items as necessary:

10. The following will be invited on a regular basis to support the work of the Group:
    - Corporate Secretary
    - Corporate Governance Officer
    - Volunteer Coordinator
    - Equality, Diversity and Inclusion Lead/ Representative
    - Walton Centre Charity Lead/ Representative

Requirements of Membership

11. Members should attend at least 75% of all meetings each financial year and aim to attend all scheduled meetings. Attendance will be recorded and monitored.

12. Conflicts of Interest – the Companies Act 2006 defines a conflict of interest as arising when the interests of directors or 'connected persons' are incompatible or in competition with the interests of the organisation. Group members are required to exercise judgement and to declare such interests as there is a risk of implied improper conduct. The relevant interest, once declared, will be recorded in a register of interests, maintained by the Company Secretary.

Duties

13. In order to fulfil its role and obtain the necessary assurance, the Group will undertake a number of duties:

   14. Contribute to the development of the Membership Strategy and ensure that it seeks a membership which is representative of the patients and public served by the Trust.

   15. Oversee the delivery of the implementation plan to support the Membership Strategy, including advising partners and stakeholders as appropriate on communication and engagement activities.

   16. Establish a developmental approach which encourages all Governor's to engage with the Membership as best suits their skills and time available.

   17. Identify, support and advise on recruitment and engagement of Foundation Trust members working alongside the Membership and Communication Teams.

   18. Review the membership profile against the demography of the population to inform decisions on future membership strategy and activities.

   19. Support the wider Council of Governors to participate in all related activities.

Data Privacy

20. The Group is committed to protecting and respecting data privacy. The Group will have regard to the EU General Data Protection Regulation (Regulation (EU) 2016/679) (GDPR) and demonstrate, where applicable, compliance with data protection legislation, in particular the Data Protection Act 1998 (DPA).

Equality, Diversity & Inclusion

21. In conducting its business, the Group will at all times seek to meet its obligations under the Equality Act 2010 and promote its commitment to equality and diversity by the creation of an environment that is inclusive for both our workforce, patients and service users, including those who have protected characteristics and vulnerable members of the community.

Reporting

22. The Group will be accountable to the Council of Governors. The Council of Governors will be informed of the Group's work through the minutes of their meetings.

Administration of Meetings

23. Meetings shall be held quarterly with additional meetings held on an exception basis at the request of the Chair or any three voting members of the Group. There shall be at least four meetings per year.

24. The Corporate Secretary will make arrangements to ensure that the Group is supported administratively. Duties in this respect will include development and monitoring of a workplan, agenda setting, taking minutes of the meeting and providing appropriate support to the Chair and Group members.

25. Agendas and papers will be circulated at least four working days in advance of the meeting.

26. Minutes will be circulated to members for comment as soon as is reasonably practicable.

27. An annual workplan will be agreed which will be reviewed at least quarterly by the Group to ensure it is meeting its duties.

Review

28. The Terms of Reference shall be reviewed annually (next review date: February 2024) and approved by the Council of Governors.

29. The Group will undertake an annual review of its performance against its work plan and the Trust's strategic objectives to the Council of Governors in order to evaluate the achievement of its duties.

UNCONFIRMED

COUNCIL OF GOVERNORS

NOMINATIONS COMMITTEE

Monday 27 February 2023

10am -10:30am

Present:

Max Steinberg	Chair	Chair
Barbara Strong	Governor	Gov
Carol Hopwood	Governor	Gov

In Attendance:

Katharine Dowson	Corporate Secretary	CS
Nicola Troy	Meeting Administrator	MA

Apologies:

Andrew Brodbelt	Staff Governor	Gov
Jan Vaughan	Partnership Governor	Gov

1. **Apologies**

   1.1. As noted above.

2. **Declarations of interest**

   2.1. There were no new declarations of interest.

3. **Minutes from Previous Meeting and action log**

   3.1. The minutes of the previous meeting held on 30 November 2022 were reviewed and confirmed as a true and accurate record.

4. **Associate Non-Executive Director (ANED)**

   4.1. KD explained that the Trust would like to appoint an Associate Non-Executive Director. The role description would be the same as for a NED although the ANED would be a non-voting Board role.

   4.2. The ANED role would be a temporary position and suited to a candidate who would like to be and displays the potential to be a Non-Executive Director but may not currently have the full skillset or relevant experience to undertake the role of a NED at this point in their career.

   4.3. The candidate would be provided with an opportunity to build on and strengthen their skills, gaining valuable experience and exposure, to be able to confidently contribute at Board level.

   4.4. KD advised that by working in collaboration with other local Trusts who are interested in supporting a ANED role, there could be a pool of potential candidates that Trust's participating could select appropriate candidates from and explained that here are various ways to recruit to the post, as listed below:

   - **Direct Recruitment** and advertising on job platforms.

- **NHS Innovation Agency**, a Coaching Leadership Programme for potential future NEDs.
- **NExT Director Scheme**, provided by NHS England focussing on developing senior level people who would progress to work and contribute at Board level.

4.5. BS stated that being involved in previous NED recruitment, she felt this was a good approach and would provide further structure to the Board.

4.6. CH asked if the NExT scheme were just for NHS Candidates, as that would close the margin of people to select from, adding it would be beneficial for succession planning to find specific skillsets the Trust may not have. KD clarified that ANED position would be open to all candidates, including those from a non-NHS background.

4.7. The Committee agreed and supported the proposal of recruiting an ANED.

4.8. KD stated that the proposal discussed with the committee would be presented to the Council of Governors at the next meeting on 14 March 23.

Recommendation: Nominations Committee noted and agreed with the proposal to recruit an Associate Non-Executive Director.

5. **AOB**

   5.1. There was no other business.

Date of next meeting

To be confirmed.

Report to Council of Governors
14 March 2023

Report Title	Associate Non-Executive Director Posts
Executive Lead	Max Steinberg, Chair
Author (s)	Katharine Dowson, Corporate Secretary
Action Required	To decide

Level of Assurance Provided *(do not complete if not relevant e.g. work in progress)*

☐ **Acceptable assurance**	☐ **Partial assurance**	☐ **Low assurance**
Systems of controls are suitably designed, with evidence of them being consistently applied and effective in practice	Systems of controls are still maturing – evidence shows that further action is required to improve their effectiveness	Evidence indicates poor effectiveness of system of controls

Key Messages

- Options for appointing an Associate Non-Executive Director to the Board as an additional (non-voting) member

Next Steps (*actions to be taken following agreement of recommendation/s by Board/Committee*)

- Share proposal with Board of Directors
- Identify candidates and begin recruitment

Related Trust Strategic Ambitions and Themes	Impact *(is there an impact arising from the report on any of the following?)*		
Choose an item	Not Applicable	Not Applicable	Not Applicable

Strategic Risks *(tick one from the drop down list; up to three can be highlighted)*

Choose an item.	Choose an item.	Choose an item.

Equality Impact Assessment Completed *(must accompany the following submissions)*

Strategy ☐	Policy ☐	Service Change ☐

Report Development *(full history of paper development to be included, on second page if required)*

Committee/ Group Name	Date	Lead Officer (name and title)	Brief Summary of issues raised and actions agreed
Nominations Committee	27 February 2023	K Dowson Corporate Secretary	Preferred option agreed and recommended for approval by Council of Governors

Associate Non-Executive Directors

Executive Summary

1. The Trust would like to appoint an Associate Non-Executive Director (ANED) to the Board to widen its diversity and bring greater representation from the local community. This would be a temporary post for someone who aspires to be a Non-Executive Director (NED) but does not yet have the requisite Board experience to secure a fully-voting NED role.

Background

2. The ANED role is used to support the Board succession strategy and develop candidates who have the potential to fulfil a Non-Executive Director (NED) role but do not yet have sufficient Board level experience or cannot commit the required time at this stage in their career. The Associate NED role is a 'step up' role aimed to attract future NED candidates who have the ability to succeed in a Trust Board-level role. This would be a developmental post for people looking to take the next step in their career, utilising skills associated with strategic business management and, together with others, governing and leading as part of a Board.

3. The post could also be used to fill a particular skills gap in the Board, where identified, where a candidate may have expertise in a particular area but does not have the wider skills to contribute to discussions across a wider agenda.

4. Under the new Code of Governance, the Trust is required to have a plan for the Board and senior management of the organisation to reflect the diversity of the local community and/or workforce. Ensuring the Board has a diverse range of perspectives, skills, knowledge, experience and competencies is integral to developing services that meet the needs of the local communities and that the workforce needs are fully understood. This will take some time and the appointment of Associate NEDs may help move the Board towards a more diverse make up more quickly.

5. The Trust would like to support people with the potential to become a confident NED who may not have the requisite Board level experience. The role of ANED provides an opportunity to build on their competencies and support them to acquire the knowledge, skills and experience they may need to secure a full NED role in the Trust or elsewhere in Cheshire and Merseyside or the wider NHS system.

6. There are alternatives to appointing a full ANED for 1-2 years, this would be through national and regional scheme placements which are designed to support future NED candidates in gaining the development and experience that they require to become NEDs.

Options

7. There are three options that have been identified to enhance the current Board:

1. Direct Recruitment

8. An ANED could be appointed via direct advertising of the role through existing job platforms such as NHS Jobs or using the services of an agency to support recruitment which would incur a fee.

9. Remuneration for this post would be at the discretion of the Trust but an audit of other Trusts suggested that most ANEDs are remunerated at the same level as NEDs or slightly below. Therefore, there would be a financial cost to the Trust of up to £13k per anum.

10. The post would be for two years with a review at the end of year one. During this period it would be anticipated that the ANED may be considered for any NED vacancies that arise during this period, but they would need to apply and compete as part of an open recruitment process.

11. The role description would be the same as for a NED but there would be no Director responsibility as this would be a non-voting Board role.

2. NHS Innovation Agency

12. The North West Innovation Agency are in the process of developing a Coaching for Leadership Programme for aspiring NEDs, focused on recruiting candidates with protected characteristics across Cheshire and Merseyside and they have completed a pilot programme with ten candidates and are currently planning Phase 2. The programme is a coaching programme which supports those who are 1-5 years away from being ready for a NED role. Currently they do not offer placements as part of this. This scheme is designed as an early pipeline for aspiring NEDs but some of those who are near completion may be ready for a post.

3. NExT Director Scheme – NHS England

13. The NExT Director Scheme is a national development programme created and designed to help find and support the next generation of talented people from groups who are currently under-represented on NHS boards. It focuses particularly on supporting people from local BAME communities and disabled people, with senior level experience, into board level roles in the NHS. People with other protected characteristics are also considered for placements. This is designed for people who are twelve months away from being appointed as a NED but who need some Board level experience.

14. The 12-month programme gives successful candidates an insight into the role and responsibilities of being an NHS NED by supporting senior people in bridging knowledge gaps, for example by helping them with:
   - Operating at board level
   - Transitioning from executive to non-executive roles
   - Board level exposure in an organisation of huge size and complexity
   - Understanding NHS structures and accountability, how the money flows, who the key partners are, where all the regulators fit and the board's role in quality and safety

15. Individual NExT Directors are offered a placement with a provider Trust in their area for up to 12 months, depending on each individual's rate of progression. This would provide the opportunity to learn first-hand about the challenges and opportunities associated with being a NED in the NHS.

16. Participating Trusts would be asked to offer a range of development support including:

   - Access to board and committee meetings and papers as appropriate, including an opportunity to review and analyse meetings to learn with board members

- The assignment of an experienced NED mentor for the period to help shape the individual's personal programme and provide regular feedback and advice
- Opportunities to shadow key senior staff and meet staff and patient groups
- A comprehensive local induction programme based on the Trust's standard induction programme and access to the same training and networking opportunities available to them
- The opportunity to learn and contribute to the full range of the Trust's organisational challenges, leadership styles and governance structures.

17. There would be no remuneration for these placements, just the costs of any training and the resource to support the post.

18. The main caveat with this option is that there are currently no candidates in the North West, the focus so far has been predominantly in London although there is enthusiasm to support the recruitment of candidates in the North West. It has been proposed by NExT that we could complete an open recruitment to the NExT programme locally. All suitable candidates would be offered a place on the programme and we could pick our preferred candidate for a placement with us. NExT would support the Trust with documentation and they have completed a similar programme in the West Midlands recently.

Collaboration

19. Liverpool Heart and Chest (LHC) NHS Foundation Trust are in the same position as the Trust and joined the Trust on the call with the NExT programme. They have confirmed that they would like to collaborate with us on the preferred approach. Liverpool University Hospitals NHS Foundation Trust (LUHFT) have also expressed some interest although they have yet to confirm.

Preferred Option

20. As the Trust is considering appointing a ANED with the primary purpose of widening diversity it is proposed that the Trust works in collaboration with LHC and potentially LUHFT to advertise placements on the NeXT scheme with the aim of appointing one candidate to the Board for a 12 month placement, starting by September 2023, which they would complete in parallel with the completion of the NExT scheme. The Trust would approach the Innovation Agency in the North West to encourage those who have finished this scheme to apply as part of their career progression.

Conclusion

21. The Committee is asked to consider the appointment of a ANED as part of the NExT placement scheme for a period of one year.

Recommendation

To approve the recommended approach,

Author: Katharine Dowson
Date: March 2023

Agenda Items
Standing Items
Welcome and apologies
Declarations of Interest
Minutes of previous meeting
Matters Arising / Action Log
Lead Governor Report
Chair's Report
Intergrated Performance Report
Performance and Finance: Busniness and Performance Committee Chair's Report
Quality: Quality Committee Chair's Assurance Reports
Strategy
Annual Review - Trust Strategy 2022 - 2025
Equality Diversity & Inclusion Strategy
Board Committes Chair's Assurance Report
Audit Committee
Research, Innovation and Medical Education Committee
Walton Charity Committee
Quality & Safety
Draft Annual Quality Account (incl. Auditors opinion)
Selection of Quality Account Priorities
PLACE results
NED Walkaround Report
National Inpatient Survey
Staff Survery Results
Patient Experience
Patient Experience and Listening Week Feedback
Patient Experience Strategy, Activity and Engagement update
Regulatory/Governance
Annual Review of COG Subgroup Membership

Annual Appraisal of Chair and NEDs
Remuneration of Non-Executive Directors (as required)
Appointment of Non-Executive Directors (as required)
Annual Declaration of Fit and Proper Persons
Annual Register of Interests
Governor Elections
Governor Election Results and welcome to new Governors
Appointment of Trust Chair*
Appointment of the Chief Executive*
Appointment of the Deputy Chair of the Trust*
Bi-Annual Appointment of Lead Governor*
Governor Committee Assurance Reports
Membership and Engagement Group
Advisory Committee
Nominations Committee
Items to Note
Cycle of Business
Questions on Notice from members and governors
Ad Hoc Items in Year

2024			Quarter 1	Quarter 2	Quarter 3
Action Required	**Lead**		**June**	**Sept**	**Dec**
Information	Chair		✓	✓	✓
Information	Chair		✓	✓	✓
Approval	Chair		✓	✓	✓
Information	Chair		✓	✓	✓
Information	Lead Governor		✓	✓	✓
Information	Chair		✓	✓	✓
Information	NED Committee Chair		✓	✓	✓
Information	NED Committee Chair		✓	✓	✓
Information	Medical Director				
Information	Chief People Officer				✓
Information	NED Chair		✓	✓	✓
Information	NED Chair		✓	✓	✓
Information	NED Chair		✓	✓	✓
Information	Chief Nurse		✓		
Decision	Chief Nurse				
Information	Chief Operating Officer		✓		
Information	Chief Nurse		✓		
Information	Chief Nurse				✓
Information	Chief People Officer		✓		
Information	Head of Patient Experience				✓
Information	Head of Patient Experience		✓		
Decision	Corporate Secretary				

Information	Lead Governor	✓	✓	
Decision	Chair			
Decision	Chair			
Information	Corporate Secretary	✓		
Information	Corporate Secretary			
Information	Corporate Secretary	✓		
Information	Chair		✓	
Decision	Lead Governor	As required		
Decision	Chair	As required		
Decision	Chair	✓		
Decision	Corporate Secretary			✓
Information	Governor Chair	✓	✓	✓
Information	Governor Chair	✓	✓	✓
Information	Governor Chair	✓	✓	✓
Information	Corporate Secretary	✓	✓	✓
Information	Chair	When received		

Quarter 4
Mar
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Deferred item until June COG- Report not completed in time to go to March CoG NT