



Meeting Of The Council of Governors

Thursday 8th September 2022
13:00-15:15

MS Teams

Agenda





Council of Governors

Thursday 8th September 2022

13:00 -15:15

Lecture Theatre

Sid Watkins Building & Virtual

Agenda





MEETING OF THE COUNCIL OF GOVERNORS AGENDA

8th September 2022
13:00 to 15:15
Lecture Theatre
Sid Watkins Building

Ref	Time	Item	Owner	Purpose
STANDING ITEMS				
1	13:00	Welcome and Apologies (v)	Chair	N/A
2	13:05	Minutes of the previous Council of Governors Meeting held on: <ul style="list-style-type: none"> • 8 March 2022 • 14 June 2022 • 26 July 2022 (extra ordinary) 	Chair	Approve
3	13:10	Matters Arising & Action Log (v)	Chair	Approve
4	13:10	Declarations of Interest (v)	Chair	Information
5	13:10	Governor Elections 2022 & New Governor Statements (d)	Chair	Information
STRATEGIC CONTEXT				
6	13:15	Lead Governor's Report (d)	Lead Governor	Information
7	13:20	Chair's Report (v)	Chair	Information
8	13:25	Trust Strategy 2022-2025 (d)	Medical Director	Information
INTEGRATED PERFORMANCE REPORT				
9	13:40	Performance and Finance: Business and Performance Committee Chair's Assurance Report (d)	NED Committee Chair	Assurance
10	13:45	Quality: Quality Committee Chair's Assurance Report (d)	NED Committee Chair	Assurance
BOARD COMMITTEES				
11	13:50	Audit Committee Chair's Assurance Report (d)	NED Committee Chair	Assurance
12	13:55	Research, Innovation and Medical Education Committee, Chair's Assurance Report (d)	NED Committee Chair	Assurance

v = verbal, d = document p = presentation

Ref	Time	Item	Owner	Purpose
13	14:00	Walton Charity Committee, Chair's Assurance Report (d)	NED Committee Chair	Assurance
ANNUAL REPORT & ACCOUNTS				
14	14:05	Auditor's Report on the Annual Report & Accounts 2021-22 (p/d)	S Ironmonger & A Pieri, Grant Thornton UK LLP	Assurance
BREAK (5 Minutes)				
WORKFORCE				
15	14:30	Staff Survey Results (V)	Deputy Chief People Officer	Assurance
GOVERNOR COMMITTEES				
16	14:50	COG Membership and Engagement Group 16 August 2022 <ul style="list-style-type: none"> Chair's update (v) Minutes (v) 	Governor Committee Chair	Assurance
17		COG Nominations Committee 29 June, 12 July & 5 September <ul style="list-style-type: none"> Chair's update (v) Minutes (d/d/v) Terms of Reference (d) 	Chair	Assurance/ Approval
18		COG Advisory Committee 16 August 2022 <ul style="list-style-type: none"> Chairs Update (v) Minutes (d) 	Lead Governor	Assurance
GOVERNANCE				
19	14:55	Trust Constitution (d)	Chief Executive	Approval
CONSENT AGENDA				
20	15:00	Cycle of Business (d)	Chair	Information
CLOSE OF MEETING				
21	15:00	Any Other Business		

Meeting Held in Private

Ref	Time	Item	Owner	Purpose
STANDING ITEMS				
22	15:05	Minutes of Council of Governors meeting (in private): <ul style="list-style-type: none"> 8 March 2022 (d) 14 June 2022 (d) 	Chair	Approve

v = verbal, d = document p = presentation

Ref	Time	Item	Owner	Purpose
23	15:10	NED Appraisals (v)	Chair	Assurance

Annual Members Meeting to follow on at 3.30pm

Date of Next Meeting: Thursday 8 December 2022 @1pm.

Lecture Hall, Sid Watkins Building, Walton Centre NHS Foundation Trust

v = verbal, d = document p = presentation

UNCONFIRMED

**MINUTES
COUNCIL OF GOVERNORS PUBLIC MEETING
8 March 2022
MS Teams**

Present:

Name	Role		Initials
Seth Crofts	Acting Chair		AC
Barbara Strong	Lead Governor	Merseyside	LG
Jonathan Desmond	Public Governor	Merseyside	Gov
William Givens	Public Governor	Merseyside	Gov
Robert Howe	Public Governor	Cheshire	Gov
John Kitchen	Public Governor	North Wales	Gov
John Lloyd-Jones	Public Governor	Merseyside	Gov
Nanette Mellor	Partnership Governor	The Brain Charity	Gov
Ella Pereira	Partnership Governor	Edge Hill University	Gov
Thomas Stretch	Public Governor	Cheshire	Gov
John Taylor	Public Governor	North Wales	Gov
Jan Vaughan	Partnership Governor	M'side & Cheshire Clin Network	Gov
Melanie Worthington	Partnership Governor	Cheshire & M'side Neuro Alliance	Gov

In attendance:

Karen Bentley	Non-Executive Director		NED
Su Rai	Senior Independent Director		SID
David Topliffe	Non-Executive Director		NED
Ray Walker	Non-Executive Director		NED
Mike Burns	Chief Financial Officer		CFO
Jan Ross	Chief Executive Officer		CEO
Katharine Dowson	Corporate Secretary		CS
Carol Miller	Meeting Administrator - Corp Gov & Membership		MA

Apologies:

Amanda Chesterton	Staff Governor	Clinical	Gov
Rhys Davies	Staff Governor	Medical	Gov
Louis Pate	Staff Governor	Nursing	Gov
Mike Gibney	Chief People Officer		CPO
Andy Nicolson	Medical Director and Deputy Chief Executive		MD
Lisa Salter	Chief Nurse		CN
Lindsey Vlasman	Acting Chief Operating Officer		ACOO

Observing:

Martin Bamber	Public Member Merseyside
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1. Welcome and Apologies

- 1.1. Apologies were received and noted as above.
- 1.2. The meeting was quorate
- 1.3. The AC gave a eulogy for Janet Rosser, following the recent notice of her death. He acknowledged her passion and the contribution made to the Trust over 10 years as Trust Chair and Non-Executive Director.

2. Minutes of meetings

- 2.1. The minutes of the Council of Governors held on 9 December 2021 were agreed as a true and accurate record with the following amendment:

17. Lead Governor Appointment
Barbara Strong left the meeting for this agenda item only.

17.1. *The CS updated Governors on the expressions of interest exercise which had taken place for the role of Lead Governor. As no responses had been received, the LG had agreed to undertake the role for a further 12 months in order to allow additional governors to become eligible for the role as outlined in the Trust Constitution. It was noted that the final year for the LG would end in September 2023 as they would have served three full terms of three years.*

- 2.2. The minutes of the Extraordinary Council of Governors held on 14 February 2022 were agreed as a true and accurate record with the following amendment:

2.6 *BS added that she had been on the final panel and was supportive of the decision which had to be about who was the right person to take the Trust forward and echoed the positive comments about Mr Crofts and how difficult the decision had been.*

3. Action Log

- 3.1. The action log was updated as follows

09/12/21 8. Neurological Alliance National Survey Results Report will be published in summer 2022 and therefore will be tabled at either the June or September meeting

4. Declarations of Interest

- 4.1. None

5. Lead Governor's Report

5.1. LG presented the Lead Governor report and acknowledged that this would be the last CoG meeting for the AC and thanked him, on behalf of the governors, for his contribution over the nine years as NED and praised the work he had undertaken at short notice as Acting Chair.

5.2. The LG highlighted the pan-Liverpool Training and engagement events as an effective way to network with members and governors of local trusts and encouraged governors to attend.

5.3. **The Council of Governors noted the Lead Governor's report**

6. Acting Chairs Report

6.1. The AC thanked governors for their support during his time as a NED and commented that it had been a privilege to be a NED and to step into the role of Acting Chair of the Walton Centre which was "the NHS at its very best". The Board were in a strong position, with the skills of the new NEDs and Chair, to be effective in a challenging time of change for the NHS.

6.2. The CEO reiterated the thanks given and highlighted the effective role he had played as Acting Chair and the support he had given.

6.3. The CEO gave an update on the Cheshire and Merseyside ICS.

6.4. A substantive CEO had been appointed, interviews were underway for the role of Chair, other key posts had been advertised and key engagement meetings continued. The Provider Collaborative were discussing collaborative mechanisms for local Trusts, support services and local government with a focus on population health and the patient experience.

7. Covid update

- 7.1. The CEO provided an update on Covid highlighting:
- Vaccination as a condition of deployment (VCOD) had been revoked

- 90% of staff had been vaccinated and support was in place to encourage staff uptake of the vaccination offer
- Covid numbers were small within the Trust and were stagnant across the region
- Visiting at the Trust would be updated in line with regional guidelines
- Elective recovery remained a focus to clear backlogs of waiting lists for 52 week and the 104 week spinal patients transferred from Liverpool University Hospitals NHS Foundation Trust (LUFHT)
- All patients on waiting lists were clinically assessed and prioritised

7.2 The Council of Governors noted the Covid update

8. Integrated Performance Report Q3

8.1. The CFO and ACOO presented the Integrated Performance Report and highlighted the following :

- | | |
|-------------|---|
| Activity | <ul style="list-style-type: none"> - Plans were in place to increase activity - Referrals had returned to expected rates - Ongoing focus on clearing long waiters - Infection prevention recovery plan had led to significant improvements |
| • Workforce | <ul style="list-style-type: none"> - Theatres activity affected by staff Covid related sickness and self-isolation due to family members isolating |
| • Finance | <ul style="list-style-type: none"> - Breakeven at Q3 £26k surplus against a plan of £120k - Forecast to breakeven at end of Q4 2021/22 - In line with Cheshire and Merseyside finance regime commitment - in 2022/23 moving back to normality with 12 month financial planning cycle and 3 to 5 year capital planning - Reduction in capital for 2022/23, risk based approach to reprioritising and reviewing capital plans with operational teams |

8.2. The Council of Governors noted the integrated performance Report

9. Annual Register of Interests 2021/22

9.1. The CS presented the governors annual register of Interests which was noted by the CoG.

9.2. Declarations for 2022/23 would be requested in the 1st quarter of 2022/23

9.3. The report was noted with the following amendment:

The Loyalty interest below had ended on 16 April 2021:

Jonathan Desmond
Walton Centre NHS Trust - sister Dr Helen Elizabeth Millward employed as a Registrar in Rehabilitation Unit (Sid Watkins).

9.4. The Council of Governors noted the report on the annual register of interests for governors

10. Governor Survey Results

10.1. The CS presented the results of the governor survey undertaken in January 2022.

10.2. Following comments received CS replied that it was hoped that the main CoG meeting would take place in person, with the option to attend virtually. COG Committees would mostly continue to take place virtually. Further training for Governors would be put in place to use Virtual Boardroom.

10.3. Following comments from governors it was agreed that the possibility of issuing governors with nhs.net email accounts would be explored.

10.4. **ACTION** nhs.net email accounts for governors to be explored.

11. Governor Elections

11.1. The CS presented the plans for the governor elections in 2022:

- Elections would take place by post and online between June – August 2022 and run in accordance with the Trust Constitution Annex 4, Model Rules of Election
- 10 seats eligible for election in 2022 - 9 public and 1 staff
- Constituency data, previous election turnout and the election timetable were included in the report for information

11.2. **The Council of Governors noted the Governor elections report**

12. MIAA Insight – Results of Governor Survey

12.1. The SID presented the results of a national MIAA governor insight report following a survey which had been undertaken of all NHS Foundation Trusts. Five Walton Centre Governors had responded.

12.2. Following the presentation a discussion took place on the process for holding the NEDs to account and how central this was to CoG meetings, the CoG Cycle of Business and how public governors could represent members of their constituencies.

12.3. The LG, as Chair of the CoG Membership and Engagement Group explained that the group had the remit, in liaison with the CS, to monitor and put in place opportunities for member engagement and identifying what membership of the Trust represented.

12.4. The CS provided further clarification on the role of the public governor as a representative of the interests of their constituency members as a whole by offering views to the CoG from the perspective of that constituency. This did not mean Governors were expected to represent all views from their constituencies.

12.5. CS advised that the Trust was intending to introduce an annual governor self-assessment effectiveness survey would allow further analysis and the results would be brought back to the CoG in June 2022.

12.5 **ACTION:** Results of the CoG Effectiveness survey to be presented in June 2022

13. Council of Governors Cycle of Business

13.1. The CS presented the Annual Cycle of Business.

13.2. Following comments on the process and opportunity to hold the NEDs to account, it was agreed that further consideration was needed to consider how NEDs are held to account by governors with a number of options to be explored including Committee presentations and NED/Governor engagement opportunities.

13.3 **ACTION:** The Cycle of business for 22/23 to be revised in consideration of centralising the role of holding the NEDs to Account

14. Governor Committee minutes and Terms of Reference Annual Review

14.1. The LG presented the minutes and annual review of committee/group Terms of Reference (ToR)

14.2. The LG advised that the CoG Advisory Committee had vacant roles within the membership and governors were encouraged to become members or observe the committee. Following a request by the committee, a further opportunity for governors to comment on the Trust Strategy had been organised and all governors had been invited to attend.

- 14.3. The CoG Membership and Engagement Group had identified that age was an under-represented group within the Trust membership and had plans to develop mechanisms to enhance engagement to that group.
- 14.4. Governors were asked to approve the ToR for the CoG Advisory Committee and CoG Membership and Engagement Group.
- 14.5. **The Council of Governors approved the ToR for the CoG Advisory Committee and the CoG Membership and Engagement Group**

15. Key Issues Reports

- 15.1. The following key issue reports were noted by governors:
 - Business Performance Committee
 - Quality Committee
 - Audit Committee
 - Charity Committee
- 15.2. Following questions from governors the CFO and NEDs gave assurance to governors that the Audit Committee and MIAA had oversight of the Cyber Security key risk on the Trust Board Assurance Framework (BAF) and that weekly IT updates and patches were actioned, ongoing controls and awareness was measured and peer reviewed nationally. NEDs DT and SR confirmed that the BAF risk was also monitored at Audit Committee, Business Performance Committee and MIAA undertook IT security audits, reviews and checklists.
- 15.3. The CEO gave assurance that the national process on contract exit strategies for Russian companies and interests was being actioned by the Trust Procurement team.
- 15.4. **The Council of Governors noted the key issue reports**

16. Any Other Business

- 16.1. None

Council of Governors

Matters arising Action Log: 8 September 2022

	Complete & for removal
	In progress
	Overdue

Date of Meeting	Item Ref	Agenda item & action	Lead	Update	Deadline	Status
09/12/21	8	Integrated Performance Report Neurological Alliance National Survey results to be circulated to Governors when complete	DCOO	Neurological Alliance National update – Report Circulated to Governors August 2022	June 2022 Sept 2022	

**Report to Council of Governors
8 September 2022**

Report Title	Governor Elections 2022 and New Governor Statements		
Executive Lead	Jan Ross, Chief Executive		
Author (s)	Nicola Troy, Corporate Governance Officer		
Action Required	To note		
Level of Assurance Provided <i>(do not complete if not relevant e.g. work in progress)</i>			
<input checked="" type="checkbox"/> Acceptable assurance Systems of controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/> Partial assurance Systems of controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/> Low assurance Evidence indicates poor effectiveness of system of controls	
Key Messages <i>(2/3 headlines only)</i>			
<ul style="list-style-type: none"> • Governor elections took place between June and August 2022 • Seven new Governors have been elected and will start in post from 8 September 2022 			
Next Steps <i>(actions to be taken following agreement of recommendation/s by Board/Committee)</i>			
<ul style="list-style-type: none"> • To induct the new Governors 			
Related Trust Strategic Ambitions and Themes		Impact <i>(is there an impact arising from the report on any of the following?)</i>	
All Applicable		Not Applicable	Not Applicable
Strategic Risks <i>(tick one from the drop down list; up to three can be highlighted)</i>			
All Risks	Choose an item.	Choose an item.	
Equality Impact Assessment Completed <i>(must accompany the following submissions)</i>			
Strategy <input type="checkbox"/>	Policy <input type="checkbox"/>	Service Change <input type="checkbox"/>	
Report Development <i>(full history of paper development to be included, on second page if required)</i>			
Committee/ Group Name	Date	Lead Officer (name and title)	Brief Summary of issues raised and actions agreed
n/a			

Changes to Constitution

Background

- The Trust had nine governor vacancies as per Table 1 and therefore held elections between June and August 2022.

Constituency	Vacancies
Merseyside	5
Cheshire	1
North Wales	1
Rest of England and Wales	2

- Key Dates:
 - Nominations opened: Monday 6 June 2022.
 - Nominations closed: Monday 11 July 2022 at 5pm.
 - Voting opened Friday: 29 July 2022.
 - Voting closed: at 5pm on Friday 19 August 2022.

Election Results

- Merseyside – 3 of 6 vacancies filled (elected unopposed)
Rest of England – 2 of 2 vacancies filled (elected unopposed)
Cheshire – 2 nominations for 2 vacancies (election took place)
Staff Medical - 2 nominations for 2 vacancies (election took place)
North Wales – No nominations received
- There remains four vacancies for public governors (3 Merseyside and 1 North Wales).

Governor Induction

- All newly elected Governors received an email congratulating them on their appointment and asked to save the date for the Governor Induction Day and for their first Council of Governors on 8 September, followed by the Annual Members Meeting.
- New Governors were also sent a welcome pack. The formal induction day will take place on 3 October in conjunction with Liverpool Heart and Chest NHS Foundation Trust.
- All unsuccessful applicants were contacted thanking them for their interest in the post as a Governor at The Walton Centre NHS Foundation Trust. They were advised that if a vacancy should occur in that constituency then they would be invited to take up that post at any point in the next three years.
- The current quorum of eleven Governors is based on a standard figure (used by many Trusts) which is one-third of Governors. The Walton Centre constitution sets out 33 Governors posts in total. However, as Governor numbers are now at 19 this means that effectively quoracy is over 50% of Governors. Given work pressures, annual leave and sickness this puts significant pressure on a core group of Governors to attend. A review of other constitutions (Table 1) shows a range of approaches to quoracy.

Conclusion

9. The Trust is pleased to welcome seven new governor colleagues and would like to thank those governors who are finishing their terms of office for their time and dedication over the last three years.

10. The election statements of the seven new governors are attached at Appendix 1.

Recommendation

To note

Author: Nicola Troy
Date: September 2022

Appendix 1

New Governor Statements

Staff Medical

Andrew Brodbelt: I have studied and worked at the Walton Centre for 35 years. Firstly, as a medical student, then as a trainee, and for the last 17 years as a Consultant Neurosurgeon, leading the cancer service. I am totally committed to the Trust, and ensuring we continue to strive to deliver high quality and safe care to our patients. I was the Clinical Director and then Divisional Director for Neurosurgery for 8 years. During that time, we achieved Outstanding in our 2 CQC visits. I enjoy promoting the Walton Centre in different ways and was happy to be filmed in the television series which provided an insight into our patients and work (Channel 5: Brain Hospital, BBC2: Hospital). I am a passionate believer in Walton, the service it provides to patients, and that the patient's needs must be central in all aspects of the Walton Centre's work and development. I believe that research and education must underpin advances at every level and in every department to move the Trust forward. COVID and the current financial pressures are a massive challenge to patients and staff, and the aftereffects, including changes in working practices, increased waiting lists, and the effects on everyone's lives continue to reverberate.

I feel I can offer an understanding of the workings and history of the centre, backed with sound practical knowledge, and a desire to help with the ongoing development and running of the centre. I have the energy and enthusiasm to work in the role of governor.

Merseyside

Belinda Shaw: I would like to introduce myself my name is Belinda Shaw. I was born in New Zealand. I came to the UK when I was 4 years old. I have lived in Liverpool for 44 years. I have a daughter and 3 grandchildren.

I have worked with various local community groups where I have gained knowledge of the inequality of health in vulnerable groups within our city. Throughout my working life I've been involved on numerous committees I've gained knowledge and experience especially monitoring NHS Trusts putting patients and NHS staff safety first. I've worked with various councillors and MP's on breast cancer issues for women and men. I am passionate and outspoken about awareness and prevention on health issues and genetics.

I have the experience, skills and qualities required to be a governor. I previously was a parent/carer governor for Alder Hey Foundation Trust. I had the pleasure of working with a variety of people and gaining knowledge during my time there. I know and understand what is expected of me if I'm elected governor, it would be my pleasure to do everything I possibly can to give back to our hospital and community, as I understand the pandemic has impacted on our hospitals and community.

Carol Hopwood: My mother was cared for by The Walton Centre after her diagnosis of Motor Neurone Disease. My father has Alzheimer's and my husband has a brain injury so I am passionate about helping those with neurological issues. I have been fundraising for the Trust for the past 10 years. In 2014 I set up a charity - Headway Sefton offering practical, emotional and social support to brain injury survivors. We ensure their voices are heard. I will bring the voice of our headway members and clients to the table which will give the Trust invaluable insight into the daily issues they face. I have previous experience as a school Governor and business owner. I sit on the Operations Board of my employer. I am a specialist brain injury lawyer. My children are now adults so I have the time to commit to this important role. Thank you.

Teresa Moretti: I have over ten years' experience working in the NHS as a mental health social worker in a clinical role and I am very interested in the provision of healthcare and the implementation of best practice in the workplace. I am experienced in working in complex care, within complex medical and emotional issues and supporting patients to maximise independence and function. Having been a patient of the Walton Centre for a number of years across various clinics I would like to contribute to support the Walton Centre to maintain and progress the high standards of treatment

and care it is recognised in providing. In my work role I have a strong background in patient advocacy, a desire to protect autonomy and best interests and an empathetic and rationalised approach which would allow me to represent the views of the community to the hospital and work to ensure safe and properly resourced services and the accountability of the institutions that provide this care.

I would be proud to contribute to raising the awareness of the amazing work carried out by the Walton Centre and to support the professionals who care for the patients through ensuring that the care provided is holistic and representative of the patient's views. I have experience of the effectiveness of collaborative working and am confident in contributing within this setting.

I am a mother who is active in my local community, co-founding a charity to collect food from local businesses, redistributing directly to those in need.

Cheshire

Carol Hulse: As a person who believes in integrity and fairness, I would strive to do my best for my fellow patients. I too have been a patient at Walton Hospital. I know we are blessed to have a specialist hospital in the area.

The public, patients and staff want a fair system, one that is transparent and accountable. I would work to make that happen. I am not naive...just a lady from a working-class background with a strong will. I do stand up for what I know to be right.

I have worked as a teacher for most of my life and currently work with disaffected young people. I see young people from all sorts of situations and backgrounds. It is my mission to make sure our health service continues to thrive and operate for the people who use the hospital service. It is my mission to make sure that services can be accessed by all.

Staff should have due consideration and care as the people who administer the Health Care System. At the moment I understand how stretched resources are and how overworked staff are. If we want to have a good healthcare system, we should also look after the people who look after us. I do NOT believe that we should have a 2-tier healthcare system as one of the strengths of the UK is our NHS. The Walton Centre and group of hospitals is exceptional, and we should fight to ensure it continues to operate.

Rest of England

Geoff Heyes: I have undergone several spinal surgeries over the last 15 years, all with good results, and experienced first-hand how difficult certain situations are for disabled members of society, I have nothing but praise for all staff working at the Walton Centre.

During my many years of being treated at the Walton I have seen quite a few changes for staff and Patient's, and I am a firm believer that I am more than able to offer help, advise and guidance if I were to be elected to the role of governor.

John McClelland: A few years ago, I experienced first hand the tremendous work that the staff undertake, helping individuals and their families at a very personal and challenging time in their lives. After then retiring from my Logistics business, my time was used to support and help the family and close friends, overcome the loss of a very special lady who donated her body to Liverpool University Hospital.

Just before Covid, I decided it was time that I personally needed to return to working, on a part time basis, and my first role was to join the Cidari Academy Trust, as a Non-Executive Director/Trustee. Cidari has 12 schools across the Northwest and recently I also took on the role of Chair for the Audit and Ethics Committee for the Trust.

With still having both the time and motivation to take on more, I would like to become a Governor for the Walton Centre. I believe my business and life skills would be useful assets to support the Centre continuing to deliver outstanding care and treatment, during these very difficult and demanding times.

Council of Governors
Thursday 8th September 2022

Report Title	Lead Governor's Report		
Executive Lead	Max Steinberg, Chair		
Author (s)	Barbara Strong, Lead Governor		
Action Required	To note		
Level of Assurance Provided <i>(do not complete if not relevant e.g. work in progress)</i>			
<input type="checkbox"/> Acceptable assurance Systems of controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/> Partial assurance Systems of controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/> Low assurance Evidence indicates poor effectiveness of system of controls	
Key Messages <i>(2/3 headlines only)</i>			
<ul style="list-style-type: none"> • Governors have been back on site and there have been opportunities for them to visit hospital areas and engage with members through walkabouts, events and visits • Governors have been actively involved in Non-Executive Director recruitment and at committees • 			
Next Steps <i>(actions to be taken following agreement of recommendation/s by Board/Committee)</i>			
N/A			
Related Trust Strategic Ambitions and Themes	Impact <i>(is there an impact arising from the report on any of the following?)</i>		
Choose an item	Not Applicable	Not Applicable	Not Applicable
Strategic Risks <i>(tick one from the drop down list; up to three can be highlighted)</i>			
Choose an item.	Choose an item.	Choose an item.	
Equality Impact Assessment Completed <i>(must accompany the following submissions)</i>			
Strategy <input type="checkbox"/>	Policy <input type="checkbox"/>	Service Change <input type="checkbox"/>	
Report Development <i>(full history of paper development to be included, on second page if required)</i>			
Committee/ Group Name	Date	Lead Officer (name and title)	Brief Summary of issues raised and actions agreed
n/a			

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 14th June 2022.

Overview of Meetings

1. Committees and Groups

- The Council of Governors (CoG) Nominations Committee met on:
29th June 22
12th July 22
25th July 22
5th September 22
- The Council of Governors (CoG) Membership and Engagement Group met on:
16th Aug 22.
- The Council of Governors (CoG) Advisory Committee met on:
16th Aug 22.

2. Minutes from these meetings will be shared at the September CoG as agenda items.

Trust Strategy

3. Governors are advised that the three-year Trust Strategy was approved by the Trust Board at the meeting on 7th July and will be presented to the COG on 8th September.

Training and Engagement

External

NHS Code of Governance Consultation

4. Governors were invited to a briefing session hosted by Liverpool University Hospitals Foundation Trust on the draft NHS Code of Governance including the '**Addendum for Governors**' which took place on 30th June 2022. This was an excellent opportunity to learn more about the proposed changes and for governors to discuss the addendum. This was attended by the Lead Governor.

Governor Induction Day

5. All newly elected Governors are invited to attend the **Annual Governor Induction Day** which takes place on Monday 3rd October 2022 and is hosted by Liverpool Heart and Chest Hospital Foundation Trust.
6. This is also open to existing Governors who wish to refresh their knowledge.

NHS Providers Training

7. Training for governors hosted by NHS Providers is available and the timetable of training events has been circulated to governors by the Corporate Secretary.

Internal Events

8. 21 June 2022 **Understanding the role of the Governor and how you can stand for election.** Seven members attended this event hosted by the Corporate Secretary and three attendees subsequently stood for election.
9. 8th July **Governors' lunch with the Chair** followed by tour of the Lipton ward redevelopments. This was a valuable opportunity to meet in person and have an informal discussion with the Chair and new Corporate Governance & Membership Officer, in addition to a tour of the building. Two governors attended.
10. 12th July **Unconscious Bias** training provided by Gatenby Sanderson. This was a helpful and informative online training event for all Nominations Committee members.
11. 8th July 2022 **Radiology Department.** A presentation was planned for members however, the interest for this event was minimal, which resulted in the session being cancelled. There are plans to rebook this event later in the year.
12. Further quarterly events are planned as follows:
 - 22 November 2022 **Allied Health Professionals**
 - 16 February 2023 **Neurophysiology**
13. In the first instance these are taking place online with the possibility of holding face to face or hybrid engagement events with memeber in the future.
14. **Quality Walkabouts** recommenced in the trust in July and several dates are arranged running through to March 2023. These provide an opportunity for governors and NEDs, accompanied by a manager, to visit wards and departments in the trust, and engage with patients and staff.
15. **Chair's Governor online Briefings**

These briefings were welcomed by Governors during Covid when they were not able to attend in person and there was significant and rapid change. With the return to face to face activity these have been removed from calendars.

Non-Executive Director (NED) Recruitment

16. Governors were involved in the recruitment process for a new NED on the following dates:
 - Wednesday 29th June Longlisting. (CoG Nominations Committee)
 - Tuesday 12th July – Shortlisting. (CoG Nominations Committee)
 - Monday 25th July – Focus groups and interviews
17. No appointment was made, so recruitment for this appointment is continuing. New dates are arranged for the selection process, which begins in late September and runs through to early November.

Election Update

18. The election process began on June 6th when nominations opened. They closed on 11th July and voting started on 29th July. Voting closed on 19th August. The results are as follows:
 - Six for Merseyside – three nominated unopposed.

- One for Cheshire – there was more than one nomination, so this went to election.
- One for North Wales – no nominations received.
- Two for the rest of England and Wales -two nominated, unopposed.
- One for trust medical staff – there was more than one nomination, so this went to election.

The seven new governors' appointments will be ratified by the CoG on 8th September and their tenure will commence immediately following the meeting.

Author: Barbara Strong

Date: 30th August 2022

Report to Trust Board
1 September 2022

Report Title	The Walton Centre NHS Foundation Trust Strategy 2022 to 2025		
Executive Lead	Dr Andy Nicolson Medical Director		
Author (s)	Executive Directors Julie Riley, Deputy Director of Strategy		
Action Required	To approve		
Level of Assurance Provided <i>(do not complete if not relevant e.g. work in progress)</i>			
<input checked="" type="checkbox"/> Acceptable assurance Systems of controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/> Partial assurance Systems of controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/> Low assurance Evidence indicates poor effectiveness of system of controls	
Key Messages <i>(2/3 headlines only)</i>			
<ul style="list-style-type: none"> • An ambitious but realistic strategy for the next three years which builds on and furthers the Trust's excellent reputation in neurosciences • Developed using a fully inclusive approach • Communications and engagement approach and key documents outlined 			
Next Steps <i>(actions to be taken following agreement of recommendation/s by Board/Committee)</i>			
<ul style="list-style-type: none"> • Launch and share the strategy with staff, public and stakeholders 			
Related Trust Strategic Ambitions and Themes	Impact <i>(is there an impact arising from the report on any of the following?)</i>		
All Applicable	Not Applicable	Not Applicable	Not Applicable
Strategic Risks <i>(tick one from the drop down list; up to three can be highlighted)</i>			
All Risks	Choose an item.	Choose an item.	
Equality Impact Assessment Completed <i>(must accompany the following submissions)</i>			
Strategy <input type="checkbox"/>	Policy <input type="checkbox"/>	Service Change <input type="checkbox"/>	
Report Development <i>(full history of paper development to be included, on second page if required)</i>			
Committee/ Group Name	Date	Lead Officer (name and title)	Brief Summary of issues raised and actions agreed
Executive away day and Trust Board development session	September 2021	Chair and CEO	To develop the strategy
Trust Board	December 2021	Chair and CEO	Agreement in principle
Trust Board	April 2022 May 2022 July 2022	Chair and CEO	Main ambitions agreed and to move to completion

The Walton Centre NHS Foundation Trust Strategy 2022 to 2025

Background

1. The Board approved the Trust Strategy in principle in July 2022, pending the production of the final public document and supporting communications approach. These have now been completed and are included in this paper in the following appendices:
 - Trust Strategy Document – Appendix 1
 - Trust Strategy Summary – Appendix 2
 - Trust Strategy Poster – Appendix 3
2. The Trust Strategy sets out the ambitions for The Walton Centre to continue its journey to maintain its outstanding rating as both a regional and national centre. The strategy aligns with national, regional and local healthcare system plans, including acute and primary care services, along with the voluntary and third sector and social care. The Strategy reflects the changes set out in the Health and Care Bill 2022 and the establishment of an Integrated Care Board (ICB) for the Integrated Care System (ICS) in Cheshire & Merseyside. The Strategy will align to the ICS as well as more local place-based plans and to the strategies of its wider catchment area into North Wales and the Isle of Man.
3. Covid-19 has dominated the provision of healthcare since March 2020. As the Trust moves into living with Covid, there is a need to focus on the recovery of elective services and the inevitable backlog and longer waiting lists. It is therefore more important than ever to work collaboratively as part of the health and social care system, for the benefit of the population as a whole. One of the main drivers of the development of the ICS is to address health inequalities, which has been highlighted in the 10 year review of the Marmot report (2020). This is of particular relevance as some of the most deprived boroughs in England, but also some of the widest health inequalities are local to the Trust.

The Strategy

4. The strategy covers three years from 2022 to 2025 which reflects the pace of change in the NHS due to the Covid-19 pandemic and the changes to healthcare infrastructure described above. High quality patient and family care remains at the forefront of the strategy alongside the following ambitions to grow and develop the Trust to meet the current and future needs of the patients and communities it serves.
5. There are five strategic ambitions:
 - **Education, training and learning** - Leading the way in neurosciences education and training
 - **Research and Innovation** - Delivering high-quality clinical neuroscience research, in collaboration with universities and commercial partners
 - **Leadership** - Developing the right people with the right skills and values to enable sustainable delivery of health services
 - **Collaboration** - Clinical and non-clinical collaborations across and beyond the Integrated Care System (ICS), building on existing relationships and services
 - **Social Responsibility** - Supporting our local communities and providing services for patients within and beyond Cheshire and Merseyside
6. Beneath this there are seven enabling Substrategies which cut across all components of this strategy:

- **Quality** – Ensuring the delivery of the highest quality of care to our patients and their families
 - **People** – Committed to a safe, healthy and productive workplace that promotes diversity of thoughts, heritage and social background
 - **Estates, facilities and sustainability** – Taking a multidisciplinary approach to ensuring that sustainability in estates and facilities is at the heart of our work
 - **Finance and commercial development** – Maximising use of resources, improving productivity and developing market opportunities to deliver best value for the Trust and the wider system
 - **Communications and Marketing** – Promoting our work as the only specialist neurosciences NHS trust and ensuring patients and staff receive the best quality information
 - **Charity** – Supporting the work of the Trust through new opportunities and initiatives in particular digital fundraising
 - **Digital** – Developing and implementing industry leading digital solutions for our patients and our people
7. All of the above will be underpinned by strategic implementation plans which will provide detail and action plans.

Communications and Engagement Plan

8. The agreed Trust Strategy has now been formatted into a final design (Appendix 1) alongside a summary document (Appendix 2) and a poster (Appendix 3). An outline PR plan is also attached as Appendix 4.
9. The objectives of the communications plans are:
- To raise awareness of the new Trust Strategy
 - To communicate the plans and ambitions of The Walton Centre NHS Foundation Trust
 - To inform stakeholders of the impact of the Trust's work across the region and the country
 - To engage staff and patients in the strategy and its execution
10. External stakeholders will be sent the Trust Strategy and an interactive webpage will be established. Presentations will be made to the Council of Governors and at the Annual Members Meeting on 8 September 2022. Use will also be made of newsletters, podcasts and NHS publications.
11. The Strategy will be shared with Trust staff through email, drop-in sessions, posters, stalls, team meetings and through a specific launch event. These will be enhanced by introductory films from the Chair, Chief Executive and Medical Director and the use of all regular Trust communication channels.

Conclusion

12. The Trust Strategy has been developed over several months with engagement from internal and external stakeholders and is now ready to be shared in its final format with these groups. Careful consideration has been given to how to share this in the most effective way.

13. Focus now turns to the implementation of the Strategy and the development of the enabling substrategies which are now in development and will be considered by the Board in due course.

Recommendation

14. To endorse the Trust Strategy 2022-25 and approve the attached documents and approach to communicate the Strategy to stakeholders.

Author: Julie Riley
Date: 22nd August 2022

Appendix 1

The Walton Centre NHS Foundation Trust Strategy 2022 to 2025



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Foreword

The Walton Centre is the only specialist hospital trust in the UK providing comprehensive neurology, neurosurgery, spinal, pain management and rehabilitation services. Our three-year strategy sets out how we will continue to deliver excellent clinical outcomes and patient experience with our team of dedicated, specialist staff.

The strategy covers the three years from 2022 to 2025, and reflects the pace of change in the NHS due to the COVID-19 pandemic and the infrastructure changes brought about by the Health and Social Care Bill 2021.

At The Walton Centre, we place our patients and their families at the heart of everything we do. We are a national leader in neurology and neurosurgery, and are rated as 'Outstanding' by the Care Quality Commission (CQC). We have leading specialists and dedicated staff across our site in Liverpool, and offer a world-class service in diagnosing and treating injuries and illnesses affecting the brain, spine and peripheral nerves and muscles, and in supporting people with a wide range of long-term neurological conditions.

We serve an area of 3.5 million people across Merseyside, Cheshire, North Wales, the Isle of Man, and parts of Lancashire and Greater Manchester, and have service partnerships with 12 NHS Trusts across 19 hospitals and medical centres. Our 'Walton Clinic' model of care for neurology means that many patients are able to access outpatient consultations and some tests closer to home, through our clinics at these sites. Neurosurgery, highly specialised assessments and inpatient care is carried out at The Walton Centre itself.

Since our last strategy in 2018, we have grown, developed and innovated at pace. This includes being the first neuroscience centre in the region to provide a 24/7 thrombectomy service, and the introduction of the Rapid Access Neurology Assessment (RANA).

We have been recognised for our high-quality service, including achieving Tessa Jowell Centre of Excellence status for the care of patients with brain tumours, and recognition by Eurospine as a centre of excellence for spinal surgery. We have also received Anaesthesia Clinical Services Accreditation from the Royal College of Anaesthetists, Neuromuscular Centre of Clinical Excellence for Adults from the Muscular Dystrophy Campaign, and accreditation by UKAS (United Kingdom Accreditation Service) for the Neuroscience Laboratories.

This new strategy sets out how we will expand our services further and will continue to innovate, research and develop. We also highlight what the key initiatives will be over the next three years, and how we will further develop our services across our regions, as well as developing national neuroscience services.

We will work in partnership with the emerging Cheshire and Merseyside Integrated Care System (ICS), cementing our unique position as a key specialist partner within that system.

Our strategy aligns with national, regional and local system plans, including acute and primary care services, along with the voluntary and third sector, linking in with the Cheshire and Merseyside ICS' place-based plans and those of One Liverpool, North Wales, and across Merseyside.

In developing this strategy, we involved staff from across the Trust, patients and families, the voluntary sector, support groups, our Governors and members, and representatives from partner trusts, primary care and the ICS. There has been positive engagement from staff and stakeholders, who clearly hold The Walton Centre dear to their hearts. We will continue to listen and engage, and use that feedback to further influence our plans as we implement our strategy.



Jan Ross

Jan Ross
Chief Executive



Max Steinberg

Max Steinberg CBE
Chairman

About us

The Walton Centre is the only specialist neurosciences NHS trust providing a high-quality, integrated and multidisciplinary service to Merseyside, Cheshire, North Wales, the Isle of Man and parts of Lancashire and Greater Manchester – a population of 3.5 million people.

We were rated as 'Outstanding' for a second time by the Care Quality Commission (CQC) following its inspection in April 2019.

Our 'hub and spoke' clinical model means we have satellite clinics in multiple sites across our region, enabling patients to be seen closer to home by the most appropriate specialist, with an average of 180,000 patients per year seen in clinics. We have one of the busiest neurosurgical units in the country, and are partners in the Merseyside Major Trauma Centre Collaborative with our neighbouring trust, Liverpool University Hospitals NHS Foundation Trust. We also host the Cheshire and Merseyside Rehabilitation Network and the Cheshire and Merseyside Adult Critical Care and Major Trauma Operational Delivery Networks.

The hospital is five miles from the centre of Liverpool, in a purpose-built building which opened in 1998. We have 119 acute beds, 30 complex rehabilitation beds, 10 acute rehabilitation beds, and it is one of only a few centres in the UK with a dedicated, 20-bedded Neurocritical Care Unit. We are also one of a small number of trusts that has an intraoperative MRI suite, in addition to six other operating theatres. We have four additional high-resolution MRI scanners and two CT scanners, ensuring our patients have access to the best diagnostic facilities possible. We perform over 40,000 scans per year.

The Sid Watkins building at The Walton Centre, which opened in 2015, houses the Cheshire and Merseyside Complex Rehabilitation Unit, together with outpatient facilities, the 'Home from Home' centre for use by patients' families, and a dedicated Education Department.

We are proud to be one of the best places to work and have achieved the industry standard Investors in People Gold for our organisational culture and our health and wellbeing support for staff.


The Walton Centre Charity

The Walton Centre Charity supports the vital work of the Trust by investing charitable funds in areas and projects that enhance patient, family and staff experience, treatment and care.



The Charity focuses on four key areas
Improved environment and facilities for patients and their families
Innovation and new technology
Research and development
Enhanced staff training and wellbeing

Our vision



Excellence in Neuroscience

Our vision at The Walton Centre is underpinned by a shared set of values. These behaviours are encouraged in all we do.

Our mission

Specialist staff working collaboratively to reduce health inequalities and achieve excellent clinical outcomes and patient experience.

The Walton Way

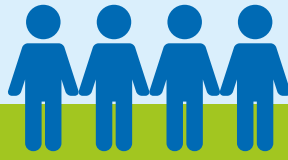


At The Walton Centre we are guided by clear values which were developed and are upheld by our staff.

These values include a learning culture that empowers staff to make and lead change, be curious and seek continuous improvement.



The Walton Centre serves an area of **3.5 million people**



The Walton Centre is rated Outstanding by the CQC



Service partnerships with 12 NHS Trusts in the region



Our 'Walton Clinic' neurology model provides clinics at 19 hospitals and health centres in the region



The Walton Centre employs 1,500 members of staff



The Walton Centre hosts:

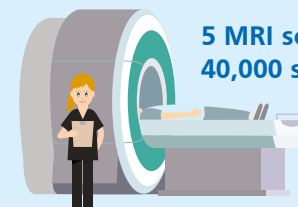
- Cheshire and Merseyside Rehabilitation Network
- Cheshire and Merseyside Adult Critical Care Network
- Major Trauma Centre Collaborative

180,000 patients per year seen across all our clinics



25,000 procedures carried out every year

119 acute beds, 30 complex rehabilitation beds, 10 acute rehabilitation beds



5 MRI scanners and 2 CT scanners, with 40,000 scans per year



The health landscape

The COVID-19 pandemic has had a huge impact on healthcare provision since March 2020, and has had a huge impact on healthcare provision. As we emerge from the pandemic, there needs to be a sustained focus on the recovery of clinical services and tackling the backlog of patients needing care and treatment. It is therefore more important than ever that the health and social care system works collaboratively, for the benefit of the population as a whole.

The NHS has demonstrated its resilience and adaptability during this unprecedented period. There has been increased collaboration between providers which has focused healthcare delivery to ensure equity of access. IT infrastructure has been significantly developed, such as in enabling remote consultations for patients during COVID restrictions. The benefits from these new ways of working will continue to be built on. We need to be responsive to patient needs and further adapt pathways to allow flexibility where clinically appropriate.

The Health and Social Care Bill 2021 set out the legislative changes needed to enable health and care to work more closely together, setting up Integrated Care Boards (ICB) across England. In our region, the Integrated Care System covers Cheshire and Merseyside, and is one of the largest ICSs in the country. The ICB will be responsible for delivering health and social care for the duration of our strategy.

/// The Cheshire and Merseyside Health and Care Partnership will serve a population of 2.7 million people, across nine boroughs, or 'places'.

One of the main drivers of the development of the ICSs was to address health inequalities. This is a key issue in our region, which contains some of the most deprived boroughs in England and has some of the widest health inequalities.

There is a staffing crisis across the country in health and social care, especially in nursing which has over 40,000 vacancies across England. The Walton Centre is working hard to recruit and retain the best people, to remain an outstanding place to work, and to prioritise the health and wellbeing of our workforce.



6 The Walton Centre NHS Foundation Trust Strategy 2022 to 2025

Our strategy

The strategy comprises five strategic ambitions which will enable us to continue to deliver world-class care to our patients and their families:

<p>Education, training and learning</p>	<p>Research and innovation</p>	<p>Leadership</p>	<p>Collaboration</p>	<p>Social responsibility</p>
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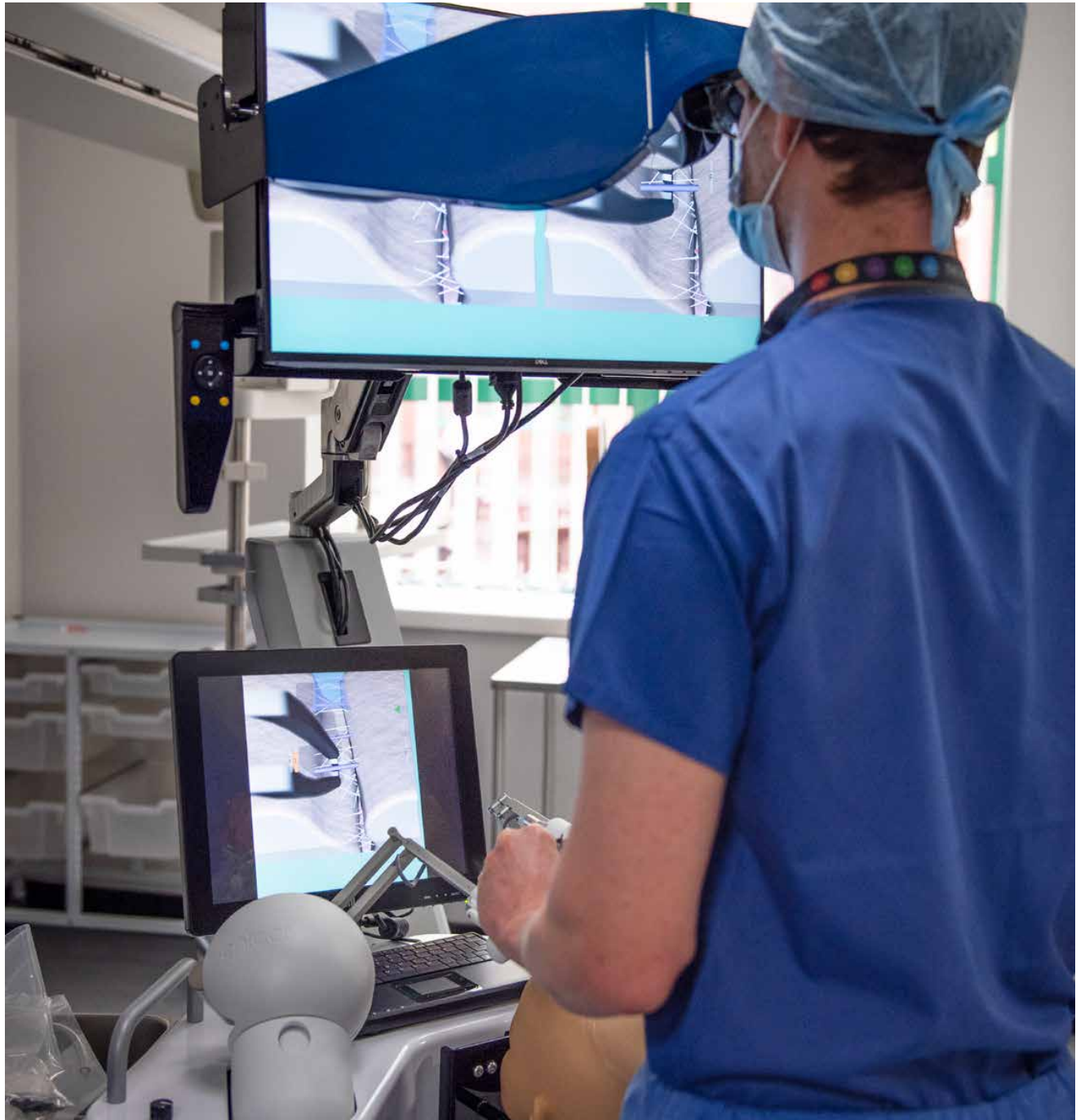
Underpinning these ambitions are seven enabling strategies:

<p>Quality Ensuring the delivery of the highest quality of care to our patients and their families</p>
<p>People Committed to a safe, healthy and productive workplace that promotes diversity of thoughts, heritage and social background</p>
<p>Digital Developing and implementing industry-leading digital solutions for our patients and our people</p>
<p>Estates, facilities and sustainability Taking a multidisciplinary approach to ensuring that sustainability in estates and facilities is at the heart of our work</p>
<p>Finance and commercial development Maximising use of resources, improving productivity and developing market opportunities to deliver best value for the Trust and the wider system</p>
<p>Communications and marketing Promoting our work as the only specialist neurosciences NHS trust and ensuring patients and staff receive the best quality information</p>
<p>Charity Supporting the work of the Trust through new opportunities and initiatives, in particular digital fundraising</p>

7 The Walton Centre NHS Foundation Trust Strategy 2022 to 2025

Strategic ambitions

These five strategic ambitions outline the key direction for The Walton Centre and our focus for delivering the very best patient-centred treatment and care.





Leading the way in neurosciences education and training.

Education, training and learning

We are a national leader in neurosciences education and training, and aim to improve the quality of care for patients with neurological symptoms in all settings. We are one of the leading providers of medical education in neuroscience in the UK and beyond.

We have close links with universities in north west England and North Wales, and deliver training of the highest standard to the next generation of doctors, nurses and allied health professionals. Consistently excellent feedback is received from undergraduate medical students and in the General Medical Council (GMC) trainee survey.

Through our system leadership role in neurosciences, we will share our knowledge and expertise, and provide support to our colleagues. We will have closer clinical interaction with colleagues in the ICS, and will provide teaching sessions and learning packages.

We will continue to be involved in regional neuroscience conferences and will share our expertise at national and international teaching courses and conferences.

Our staff are trained to the highest level using the most up-to-date techniques and innovations to enable the best outcomes for patients.

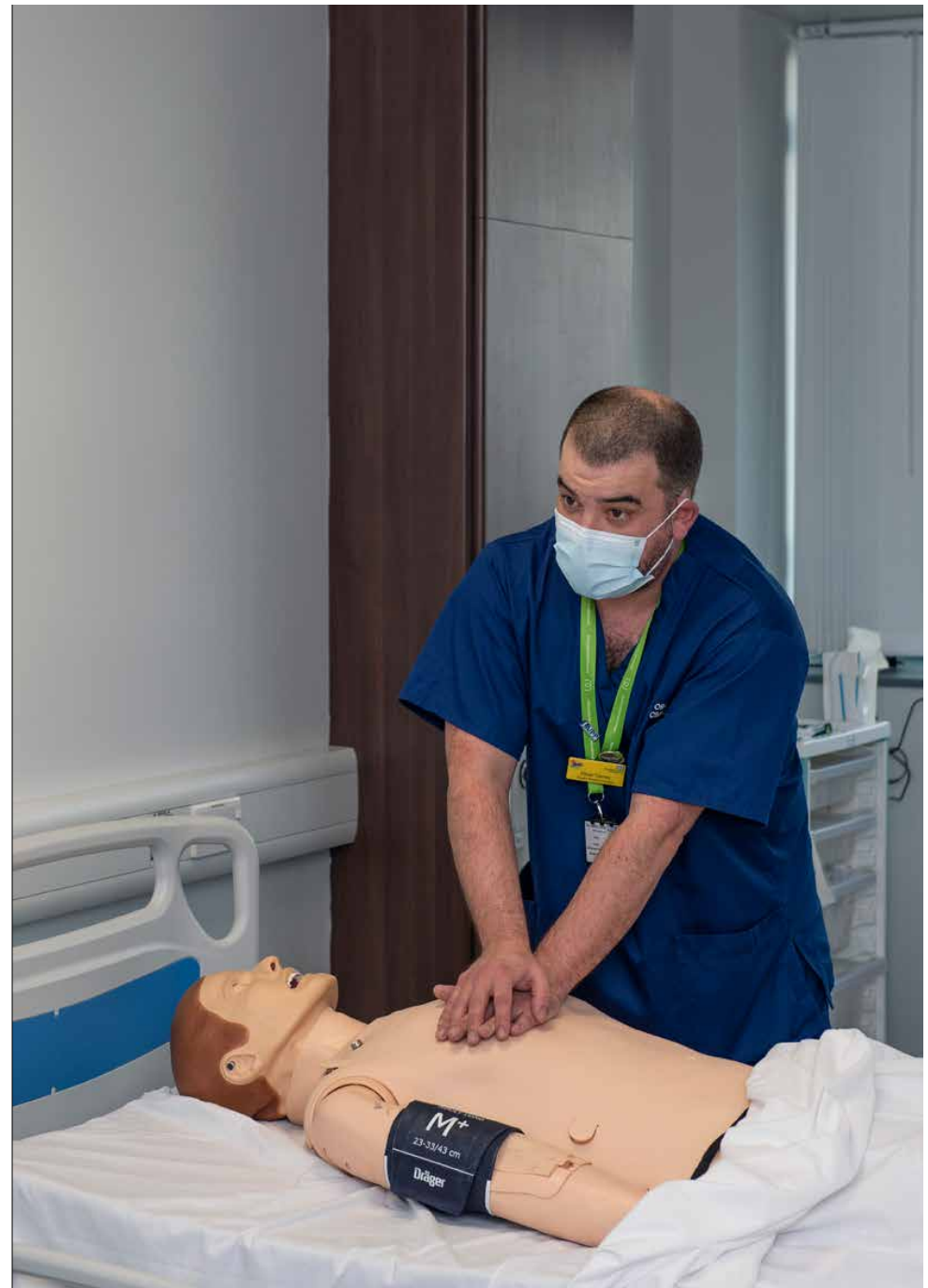
We will expand national training opportunities in neurology including the NeuroPodcases web resource and the NeuroPACES course for physicians in training.

Over the coming years, our spinal team will develop a national hub for training in innovative, minimally invasive robotic and endoscopic spinal surgery. We are the first NHS trust to invest in a virtual reality simulator for neurosurgical training. We will expand the training opportunities that this provides to regional neurosurgical trainees and deliver national training courses.

How we will know we have succeeded
Develop advanced training modules for non-medical staff jointly with higher education institutions
Achieve year-on-year improvements in feedback in the GMC trainee survey
Expand delivery of undergraduate medical education
Establish national virtual reality training programme in neurosurgery and develop a national hub for training in robotic and endoscopic spinal surgery
Lead and deliver a national neuroscience conference
Develop non-medical consultant posts

We will continue to provide training and further education opportunities, such as advanced modules in rehabilitation, developed in collaboration with local higher education institutions.

By investing in education and training, we will attract the best staff to work with us and ensure we have a workforce fit for the future.





Delivering high-quality clinical neuroscience research, in collaboration with universities and commercial partners.

Research and innovation

The Walton Centre has a proud tradition of delivering high-quality clinical neuroscience research, in collaboration with our local universities and commercial partners, to improve patient outcomes and experiences.

Our clinicians have research expertise in areas including epilepsy, neuroinflammatory disease, neurological infections, neuro-oncology, spinal disorders, pain and neurodegenerative disease. During the pandemic, clinicians from The Walton Centre led UK research into the neurological manifestations of COVID-19.

// We will continue to focus on research to ensure that patients can benefit from evidence-based treatment and care, and the opportunities that participation in research brings

We will support our staff and provide opportunities for them to undertake research by developing areas of focus, based on the needs of the population we serve. We have excellent links with academic institutions and these will be strengthened further as we recruit to more combined academic posts for both medical and non-medical staff. We will work with universities to expand research in neurosciences and pain, with collaborations between clinicians and scientists.

We want to become a world-leading neurosciences research centre and will do this by developing a business model for research and development, and offering opportunities for reinvestment and growth.

We attract the most highly skilled and motivated people, who want to support our research and innovation ambitions. We will foster and develop a culture of innovation to enable our teams to improve services to patients through advanced technologies. All staff will be empowered to develop innovative solutions to any issue they identify. Our culture will be one of openness, continual learning and curiosity for ways to improve our own practice.

How we will know we have succeeded

Increase the number of active research studies from baseline by year-on-year

Increase the number of research active clinical staff by 20%

Increase the number of our patients offered the opportunity of participation in clinical trials by 20%



Developing the right people with the right skills and values to enable sustainable delivery of health services.

Leadership

Clinical leadership is key to the successful delivery of high-quality patient care. Developing the right people with the right skills and the right values is a key priority to enable the sustainable delivery of health services, as leadership is one of the most influential factors in shaping an organisational culture.

Our aim is to develop clinical and non-clinical leaders who embrace change and lead through positivity. Our succession planning and talent management will ensure we have the right staff in the right roles, and that they personally develop as well as improve our services.

Ensuring the necessary leadership behaviours, and personal qualities is fundamental to the organisation.. The Trust needs high-quality leaders at every level and in every area to ensure that it is able to deliver outstanding, compassionate care to the people it serves. Leaders come in many different forms and can operate at any level; leadership can bring about positive outcomes for staff and the organisation.

We are the first trust to become an affiliate member of the Faculty of Medical Leadership and Management (FMLM). We will develop this association, with specific input into leadership development, both medical and non-medical, and medical appraisal. We will continue to offer non-clinical leaders opportunities to develop.

// We believe in a consistent and fair approach to leadership, which runs through the organisation and our Walton Way values.

We will lead on developing expertise in neurosciences in the region through our system leadership role and with greater involvement along the whole patient pathway, from the community through to secondary and tertiary care services.

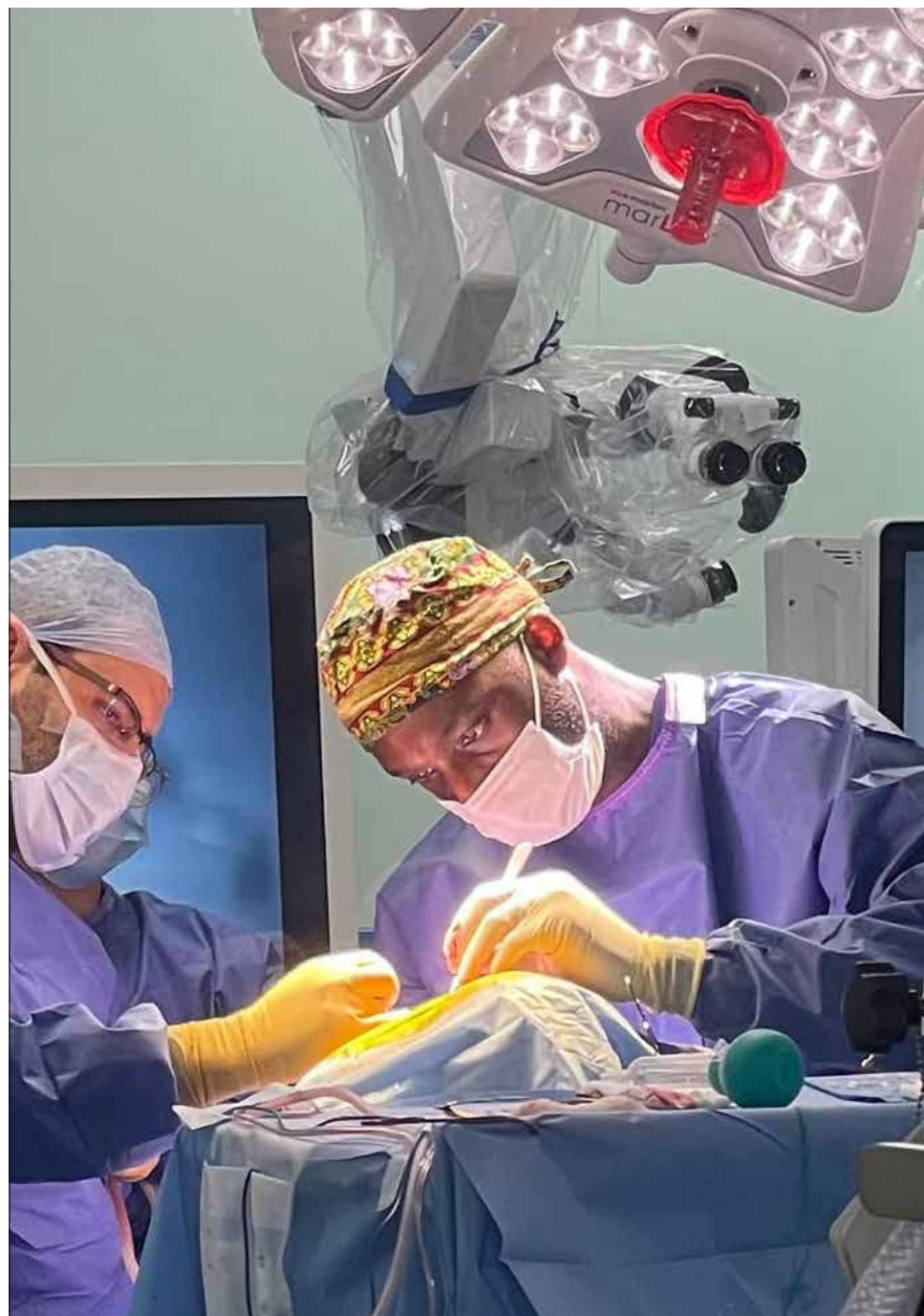
How we will know we have succeeded

Develop a clinical leadership programme with the Faculty of Medical Leadership and Management

Lead on the development of clinical pathways regionally

All staff in leadership roles will have the opportunity to complete a leadership programme

We have developed pathways of care for common conditions such as headache, seizures and back pain. In association with patient groups, primary care and partner trusts, we will work to enhance care so that patients are managed in the correct setting, in a timelier manner, and only access specialist services when needed. Examples of current work in this area include the multiple sclerosis optimum pathway and the Parkinson's Disease Excellence Framework.





Clinical and non-clinical collaborations across and beyond the ICS, building on existing relationships and services.

Collaboration

We have for many years had a wide geographical footprint, which enables care to be given closer to home. Our services cover the whole of the Cheshire and Merseyside ICS, but also beyond into North Wales, the Isle of Man and parts of Lancashire and Greater Manchester. We have therefore always collaborated with partners in the health system to improve patient care. Within the new ICS, we will further develop our clinical and non-clinical collaborations, which will build on existing services.

The Walton Centre plays a pivotal role in the region in addressing the challenge of unwarranted variation and ensuring quality of care. As the sole provider of neurosciences within Cheshire and Merseyside, we are committed to demonstrating to the Integrated Care Board how we can add value to the wider health system through positively impacting patient flow, length of stay and accident and emergency capacity. We will work closely with our acute partners, social care and voluntary groups to achieve this.

Neurology

We currently deliver the highest quality neuroscience services regionally. We will continue to build on our successful 'hub and spoke' model, which provides care closer to home for many patients. We will enhance this further by developing an acute neurology service with our external clinical partners, based on 'Getting It Right First Time' (GIRFT) recommendations.

The newly formed Rapid Access Neurology Assessment (RANA) service will be developed into a one-stop-shop service. This service will contribute to a significant reduction in inpatient bed days in our partner trusts, in addition to a reduction in investigations, both of which will result in savings for the wider system. Most importantly, patients with acute neurological conditions will be assessed and investigated by an appropriate specialist in a timely manner, which will improve patient outcomes and experience.

Stroke

We are the only neuroscience service in the north west to provide a 24/7 thrombectomy service for patients who have had a stroke. We will work with partners on the optimum pathways so that the best outcomes for patients can be achieved, which will be monitored through the regional multidisciplinary team.

We will increase the number of patients treated with this life-saving technique by 20%. We will continue to work to support the development of the North Mersey stroke pathway.

Rehabilitation

The Walton Centre has a unique complex rehabilitation service, supported by state-of-the-art facilities. We host the Cheshire and Merseyside Rehabilitation Network, an example of an existing collaborative network across providers. We aim to be the lead provider in this network and believe that we can work with our current partners and others to enhance rehabilitation further for all patients and to work in collaboration with the stroke rehabilitation services.

Within the three-year duration of this strategy, by working collaboratively with partner organisations, we will:

Reduce mean length of stay for patients with neurological conditions by two days

Reduce admissions to acute trusts by 10% for patients with neurological symptoms by expanding the acute neurology model

Increase the number of patients with acute stroke treated by thrombectomy by 20%

Enhance care and experience for patients with spinal and neurosurgical conditions across the region by collaboratively developing pathways of best care

Establish a new region-wide pain service with partners, to address equity of access and unwarranted variation

Pain

Chronic pain is a significant issue within our population and it severely impacts patients' quality of life. Spend on prescription medication for pain in the region is high, which has been shown to be closely linked with social deprivation. However, there is significant variation in how easily patients can access pain services across our region.

The Walton Centre has a successful track record of providing specialist pain services and is recognised as the regional service for complex pain. There is an opportunity for our ICS to reconfigure services to greatly improve care for the large proportion of the population who have chronic or complex pain.

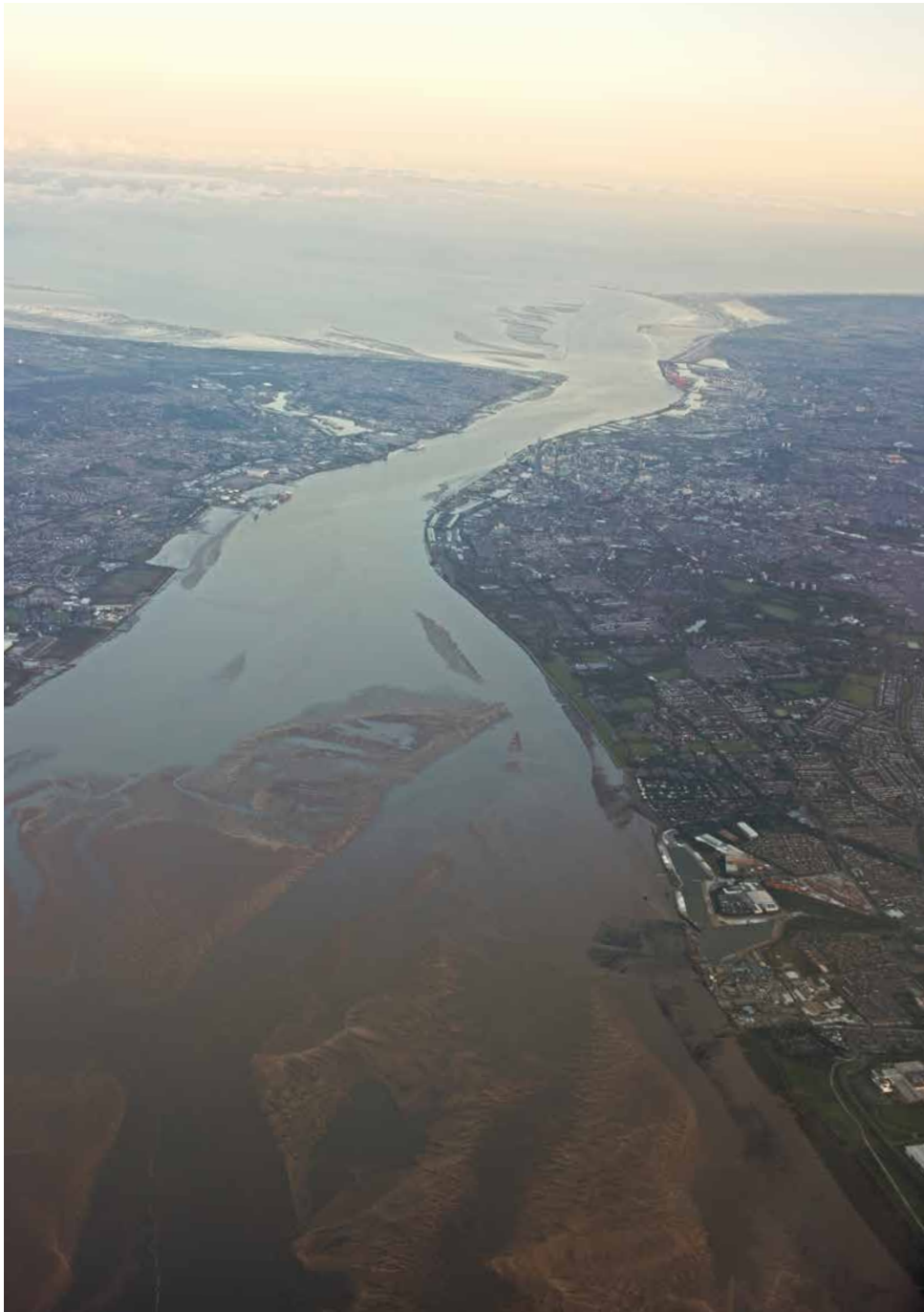
In collaboration with our acute partners, we will lead on the Pan-Mersey pain programme to ensure that services are standardised and resources are used effectively. This will mean there is a more equitable service across our region, with a focus on non-medical interventions and subsequent reduction in spend on pain medication and attendances at accident and emergency departments. The aims of this service redesign are to improve patient outcomes and to have health economic benefits.

Neurosurgery/spinal surgery

We provide neurosurgical care for our population and attract referrals from further afield. We work collaboratively with our partners to ensure the highest quality, joined-up pathways for patients with brain conditions such as tumours, vascular abnormalities, infection and trauma.

The Walton Centre is now the only provider of spinal surgery services in Cheshire and Merseyside, following a review of the regional services, with input from GIRFT, to improve quality of care and reduce unwarranted variation. Our service is a joint neurosurgical/orthopaedic service and, for the first time in our region, spinal expertise across specialties has come together to provide a truly integrated service. This shared expertise will be used to improve patient-reported outcomes in degenerative, malignant and infective spinal disease. Working closely with our community and acute providers on pathway development, will ensure that people with spinal conditions receive the best care possible when needed, by the appropriate professional.





Supporting our local communities and providing services for patients within and beyond Cheshire and Merseyside.

Social responsibility

Although The Walton Centre provides services for patients within and beyond Cheshire and Merseyside, we are anchored in the Liverpool City Region, and we want to support our local community further. Health and social care is the largest employer across Cheshire and Merseyside. By focusing on the wellbeing of our staff and committing to equality, diversity and inclusion, we are also supporting our local population.

There is significant variation in the population we serve in terms of deprivation and health. The 2020 Marmot Review highlighted that, nationally, health inequalities have grown in the last 10 years, and this particularly impacts the most deprived regions in the north of England. There is an urgent need to ensure all of our population have access to the best quality health and social care services. We will use data based on indices of multiple deprivation to analyse how our communities access our services, which will dictate where we need to focus our services so that we reach the most vulnerable and those who may not readily access the services they need.

It is well recognised that a number of neurological conditions may exacerbate health inequality as they can impact employment opportunities and independence. It is therefore vital that we understand the specific issues that people with neurological conditions can have by engaging with patient groups and addressing their needs in a personalised, holistic way.

The Cheshire and Merseyside 'Prevention Pledge' is a place-based approach to creating a sustainable and transformational shift in improving population health. We will work with local areas on interventions and strategies relevant to local communities.

We have committed to become a founder member of Liverpool Citizens, an alliance of active citizens and leaders from local institutions who are dedicated to working together for the common good.

In April 2022, the NHS adopted the Government's Social Value Model, which measures the positive impact NHS providers and suppliers have on their local population. Further to signing up to the Cheshire and Merseyside Healthcare Partnership Social Value Charter, we have committed to achieving the Cheshire and Merseyside Healthcare Partnership Award and the Social Value Quality Mark.

How we will know we have succeeded

Achieve the Cheshire and Merseyside Healthcare Partnership Award and the Social Value Quality Mark

Implement Health Coaches for people with long-term conditions

Make progress towards 80% reduction in NHS carbon footprint by 2028

Establish the Trust as a founder member of Liverpool Citizens

Through our sustainable procurement policy, develop partnerships with local companies

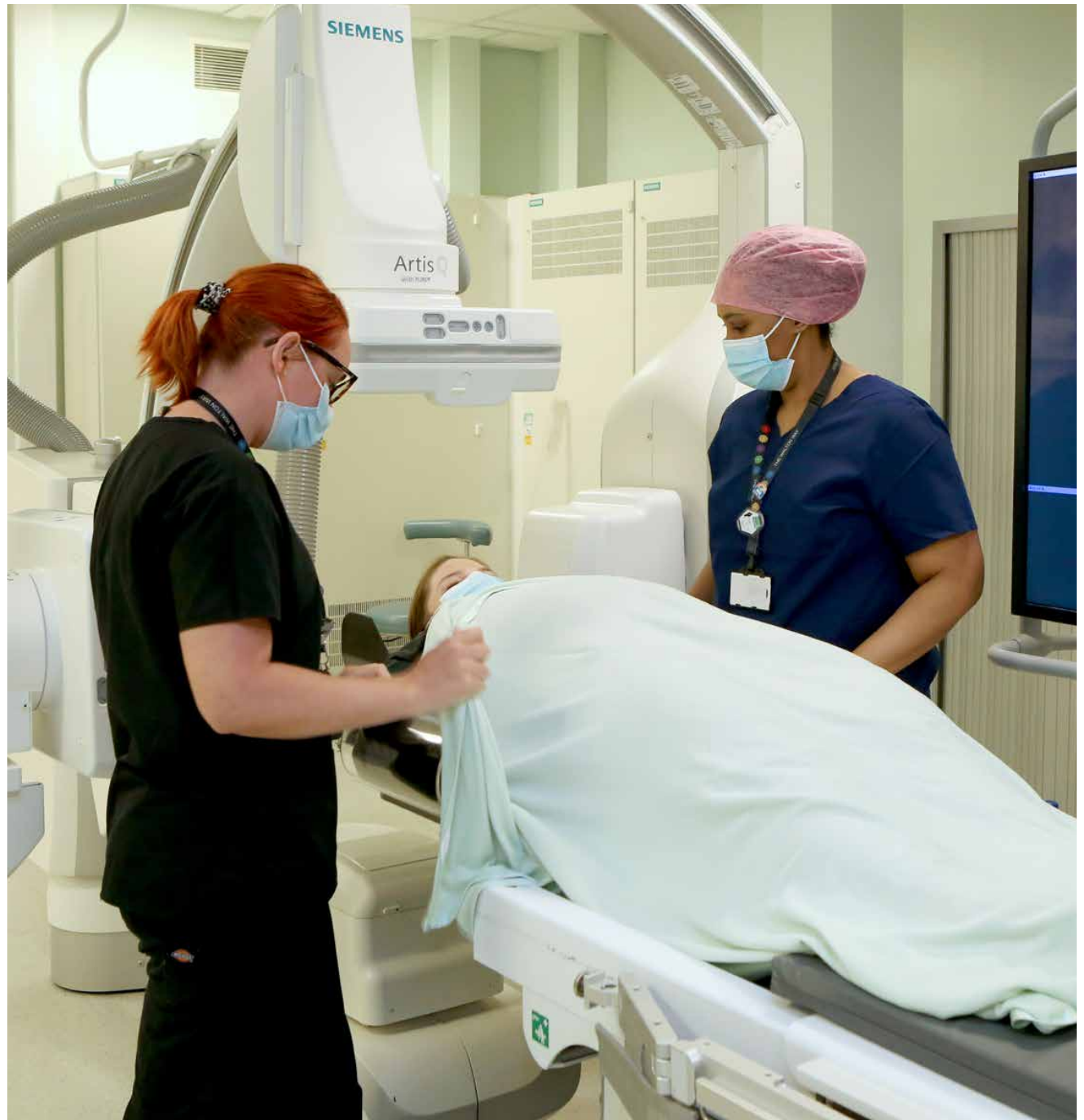
We will support the ICS on ensuring the principles of social value, inclusivity and citizenship are realised by offering opportunities for support and employment. By 2025, through offering opportunities for support and employment we will significantly increase the number of apprenticeships. We will work with local schools to offer work experience to students from disadvantaged backgrounds, and to promote the Trust as an employer of choice.

We will continue to prioritise partnership working with staff side and trade unions, to deliver genuine change that will improve the quality of life for our workforce.

It is imperative that we provide care in a way that also protects our environment. We will develop a sustainability plan which will outline how we will reduce waste, reduce carbon emissions, and use our estate in the most energy efficient way.

Enabling strategies

Underpinning our five strategic ambitions are seven enabling strategies which feed into all aspects of the Trust's work, providing a critical link between our overarching ambitions and their delivery.





Quality

Ensuring the delivery of the highest quality of care to our patients and their families.

Providing the highest quality of care is at the heart of all that we do, as recognised by the Care Quality Commission, who rated us as 'Outstanding'.

We pride ourselves on meeting the highest possible standards for patient safety, experience and outcomes. We consistently achieve excellent clinical outcomes, as demonstrated by national benchmarking for:

- Trauma (TARN, as part of the Major Trauma Collaborative with Liverpool University Hospitals)
- Spinal (Spine Tango, British Spine Registry)
- Functional neurosurgery (DBS)
- Critical care (ICNARC)
- Skull base surgery (vestibular schwannoma and pituitary)
- Shunts (National Shunt Registry)
- Vascular (AVM registry)
- Cancer pain (National Cordotomy Registry)
- National Neurosurgical Audit Programme

We believe that it is essential to measure patient outcomes so that we can assure ourselves, our patients and the regulators that we provide the highest standard of care and that we are constantly striving to improve.

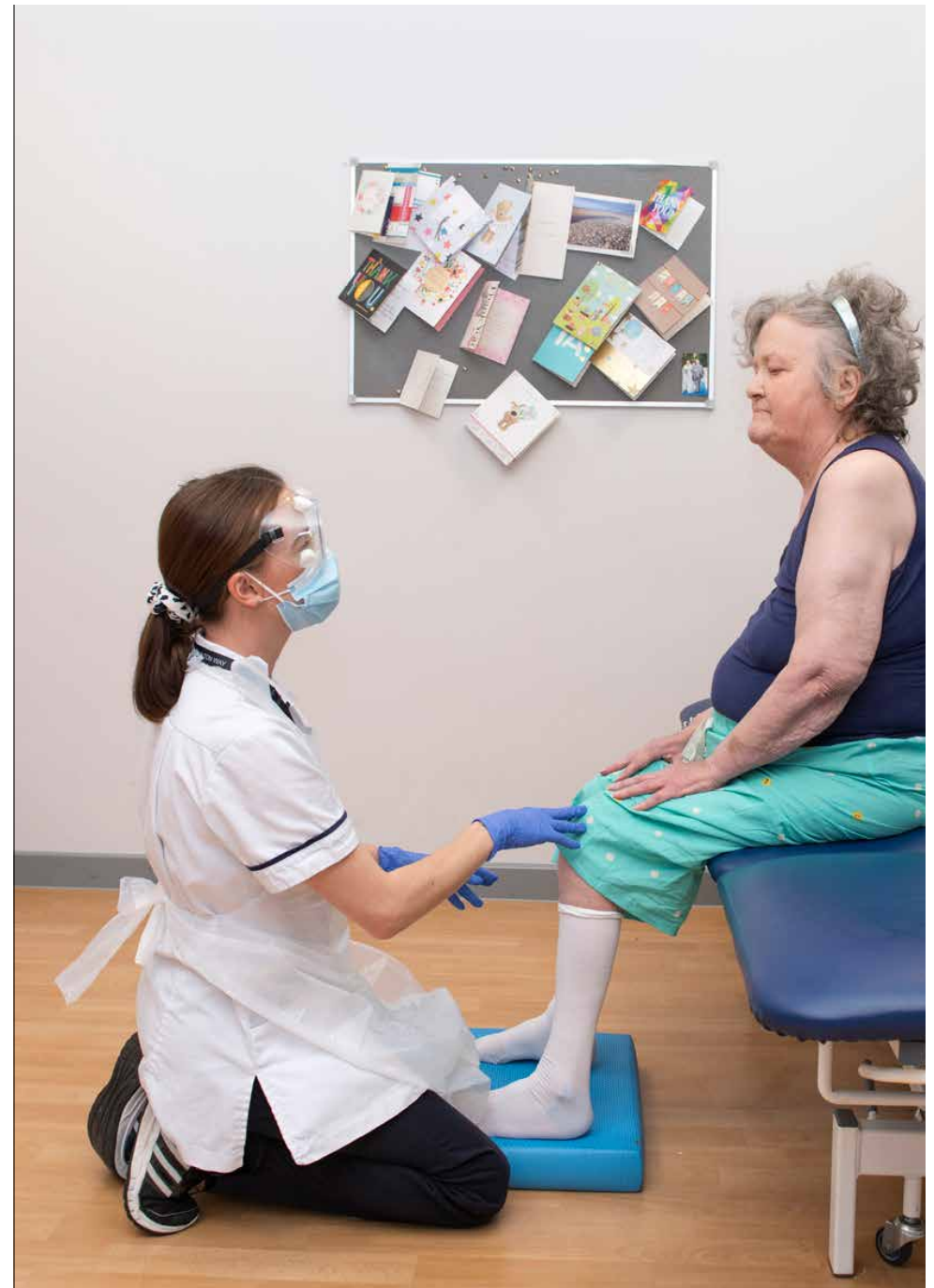
Over the next three years, we will continue to provide excellent care and support to patients with acute and long-term neurological/neurosurgical conditions, and we will build on and improve the current service models.

Our core clinical services are neurology, neurosurgery, spinal surgery, pain, rehabilitation, and interventional radiology. We will engage with patients and families to improve the information they receive at the point of diagnosis of a long-term condition, and after diagnosis when they feel ready to know more about their condition.

We treat patients with any neurological condition, from the very common to the very rare. We provide the same high-quality service for all conditions, to ensure that each of our patients is treated according to their individual needs.

Our services for patients with very rare conditions continue to grow as medical knowledge increases, for example in neurogenetics. We currently provide two national services, and we will further embed and develop these. We are the Centre for the North of England for Neuromyelitis Optica (NMO), which is now a well-established multidisciplinary service for this rare neurological condition. We have recently become the second centre in England to use MRI-guided focused ultrasound thalamotomy for essential tremor. This provides the opportunity for life-changing treatment for many patients with this disabling condition, as part of an integrated multidisciplinary movement disorders service. We will embed this service so that people living in the north of England can access this treatment. Our functional neurosurgery service will further expand the availability of treatment for patients with Parkinson's disease, epilepsy and pain.

Our multidisciplinary vascular service provides unrivalled quality of care for patients with serious vascular conditions such as stroke, brain aneurysms and vascular malformations, and achieves excellent patient outcomes. We will further develop this service to ensure that as many patients as possible will benefit from these innovative treatments.





People

Committed to a safe, healthy and productive workplace that promotes diversity of thought, heritage and social background.

We will recruit and retain the best people, prioritise the health and wellbeing of our workforce, and provide training opportunities for all staff.

Our people are fundamental to the delivery of high-quality healthcare at The Walton Centre. We want our staff to feel valued and supported, and to create the conditions for them to deliver the highest possible standard of healthcare.

We want to attract the very best talent to our centre of excellence and be recognised as being a great place to work. We will build upon our well-established staff health and wellbeing programme, with a renewed focus on psychological support for our staff.

// Our staff will be supported to develop, to have a voice that counts in the organisation, and encouraged by a culture of engagement, listening and action.

We will strive to maintain our industry standard Gold accreditation by Investors in People, and aim to become the first NHS trust to achieve Platinum status.

It is important that we attract, develop and celebrate a diverse workforce. It is essential that all staff feel comfortable to bring their whole selves to work. We will continue to wholeheartedly commit to the equality, diversity and inclusion agenda. We have developed the Strategic Black and Minority Ethnic Group, which reports directly to Trust Board, and have formed a workforce disability group. We will continue to learn and develop in this area and will achieve improved scores in the WRES (Workforce Race Equality Standard) and WDES (Workforce Disability Equality Standard) year on year.

The NHS Staff Survey offers a snapshot in time of how people experience their working lives, gathered at the same time each year. The results help inform improvements in staff experience and wellbeing. The health and wellbeing of staff is front and centre of The Walton Centre's Staff Survey action plan.

The NHS Staff Survey has nine themes:

Compassionate and inclusive

Recognised and rewarded

A voice that counts

Safe and healthy

Work flexibly

Teamworking

Staff engagement

Morale

Always learning

Our ambition is to continually improve scores across all themes.



Digital

Industry leading digital solutions for our patients and our people.

We will harness the full potential of digital technologies, increase our digital maturity and prioritise digital inclusion.

Technology can support more efficient, user-friendly ways of working. We will work to harness the full potential of digital technologies to modernise operations and drive performance improvements. We will work in collaboration with clinical and support staff to foster an environment that facilitates digital solutions.

The Trust is in the top 20% of NHS organisations in terms of digital maturity, with our recent achievement of Healthcare Information and Management Systems Society (HIMSS) Stage 5 for Digital Maturity. We will work to achieve an even higher HIMSS level. We are part of the national Digital Aspirant programme, which helps NHS trusts raise their digital maturity by supporting organisations to deliver a set of core capabilities.



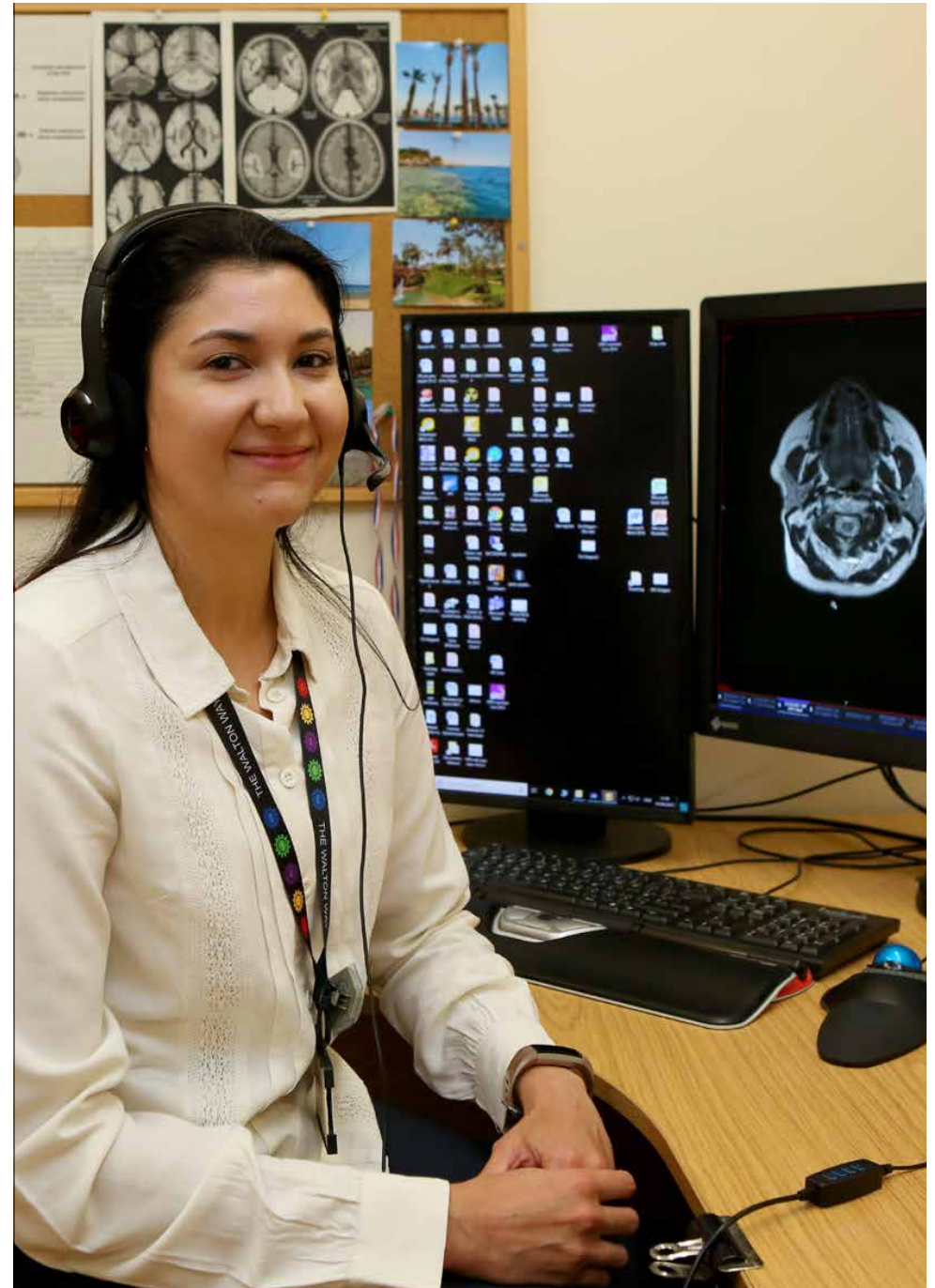
We are also committed to the national digital transformation agenda for the NHS, which is underpinned by seven pillars of 'What Good Looks Like':

1. Well-led
2. Ensure smart foundations
3. Safe practice
4. Support people
5. Empower citizens
6. Improve care
7. Healthy populations

We have combined all our portfolios and programmes into a virtual project management office, which enables visible assurance and governance against the digital transformation programme success measures. We will support both our staff and our patients and carers to thoroughly engage with the digitisation of services that can improve outcomes, experience and safety through the introduction of new tools and processes which will improve patient experience and efficiency of services.

The Trust will drive the digital agenda in the region it covers by leading on digital maturity, the green plan and interoperability on behalf of the Cheshire and Merseyside ICS. The Digital Team is actively involved in supporting digital enablement within the Liverpool community to ensure communities can access our digital services and that information is within easy reach of those who require it, be that a patient or carer.

Digital inclusion will be prioritised in all of our digital programmes and initiatives, to ensure either help is given to patients, be that hardware, software or training, or to provide a non-digital equivalent, to enable equity across our population.





Estates, facilities and sustainability

Estates and facilities are fundamental to the operational management of the Trust and form part of a multidisciplinary approach to keep our patients, staff and visitors safe and comfortable within the environment.

The NHS produces approximately 5.4% of the UK's greenhouse gas emissions and 40% of UK public sector emissions. On a global level, healthcare generates so much carbon dioxide equivalent (CO2e) that if it were a country, it would be the world's fifth biggest polluter.

Climate change is the greatest health threat facing the world. However, it also offers the greatest opportunity for us to redefine the social and environmental determinants of health to provide sustainable health services across Cheshire and Merseyside and to deliver the ambitions set out in Delivering a Net Zero National Health Service.

In developing a comprehensive Sustainability Plan, The Walton Centre will strive to exceed the emission reduction targets set by the Government and the NHS.

We will develop an 'Estates, facilities and sustainability sub-strategy' to meet the needs of future developments.

As an organisation, we acknowledge the impact we have on the environment and are therefore committed to continuing the work to actively reduce the Trust's carbon footprint.

We are therefore investing significant funds in plant replacement and the introduction of new technology which will deliver reductions in the organisation's carbon footprint.

As part of the Sustainability Plan, all areas within the Trust will be required to embed carbon reduction into their day-to-day activities and business planning processes.

Our work in sustainability is critical in achieving our ambitions to be an Anchor Institution. The Walton Centre aspires to work with local suppliers and businesses to grow the local economy. The Trust will review all its supply chains with the intention of sourcing locally and sustainably thus reducing our carbon footprint.

The Walton Centre plans to focus on the following initiatives:

Estates and facilities
Travel and transport
Medicines
Theatres/Anaesthetics
Digital systems





Finance and commercial development

We will maximise use of resources, improve productivity and develop market opportunities to deliver best value for the Trust, the public, and the wider system.

Cheshire and Merseyside and the wider health system are facing unprecedented financial challenges. The Walton Centre has continued to perform well financially, delivering against the targets set by the Health and Care Partnership, and as a result, bringing additional income into the region. The Trust will continue to strive to meet the ongoing financial challenges and to perform well through efficiency to achieve the best value in its use of funding. We aim to maintain the highest rating of level 1 on the System Oversight Framework (SOF).

We will work with our partners in health and social care as a member of the Cheshire and Merseyside ICS to achieve financial stability across the region.

In working to deliver the best value services, we will focus on service transformation and maximising productivity, while ensuring high-quality care and using resources responsibly.

We will review service development opportunities across Cheshire, Merseyside and beyond that ensure our services are known and recognised, so that all patients who require our expertise can access this. We will explore non-NHS opportunities to diversify income. All income generated through these areas will be invested directly into patient care. The Trust will look to partner across corporate services to maximise scale and efficiency. For example, through Health Procurement Liverpool, the Trust has partnered with other specialist trusts on procurement services to provide scale and opportunity across purchasing and contract management, which delivers greater benefits across the partners.

Making use of digital initiatives and artificial intelligence within corporate services will help to streamline workflows and generate efficiencies that can help us achieve the savings that will be required to deliver financial stability.

The Trust will ensure it gets maximum return on capital investments, as capital resources become more constrained in the Cheshire and Merseyside system. We will use rigorous business case processes to ensure that investments are prioritised and sound investment decisions are made, that not only make best use of resources, but maximise benefits to our patients and staff.

The implementation of the Cheshire and Merseyside Integrated Care Board provides The Walton Centre with an opportunity to influence the development of neuroscience care across the region. As the single provider of neuroscience services, the Trust is in an excellent position to help its acute hospital partners to manage some of their ongoing pressures following the pandemic.

Being the clinical leader for neuroscience care in the region, we can have an impact on how patients are cared for in the community and secondary care, and can directly help reduce hospital admissions, length of stay and unnecessary investigations. Through this influence on the wider delivery of neuroscience services, The Walton Centre can help to deliver best value to the health system through our clinical model and ongoing innovative approach to patient care.



Communications and marketing

We will engage with the wider health and care system, raising the profile of The Walton Centre, ensuring that patients, families and staff receive the best quality information.

A specialist neuroscience hospital, this enables a strong clinical focus in our specialties, resulting in better outcomes and experiences for our patients and a positive working environment for staff. It is essential The Walton Centre has a strong brand, to ensure maximum recognition locally, regionally and nationally for the benefit of patients, family and friends, staff and our stakeholders.

A strong brand supports research funding and investment, recruitment and retention and the work of The Walton Centre Charity, as well as providing reassurance to patients and the wider community about the Trust's status as the best place to receive treatment and care for neurological, neurosurgical, spinal, pain and rehabilitation services.

We want to raise the profile of The Walton Centre as a nationally leading trust, and as a trusted voice in neuroscience both regionally and nationally. Internally, we will ensure that staff are communicated with effectively and efficiently and are able to participate in two-way communication and engagement, at all levels of the organisation.

We will work to ensure that all interactions with The Walton Centre, whether as a patient, family member, visitor, stakeholder or staff member are of the highest standard, through a focus on the different communication channels including printed staff and patient materials, the hospital environment, patient information, the recruitment process, fundraising, and digital, including the Trust website, social media and staff intranet.

Every contact with The Walton Centre should be professional, accessible, and engaging. We will work with teams across the Trust to improve processes and outputs where possible through communications – for example, the recruitment journey, patient communications, and the in-hospital experience.

Digital communication is an ever-growing and developing channel for patients, staff and stakeholders. The new Walton Centre website launched in September 2021 and has seen increased visitor numbers and accessibility ratings. We will continue to manage and enhance the website in line with the Trust's strategy and objectives, national and local initiatives, and best practice. We will support the production of engaging online content (including exploration of webinars and podcasts) and explore emerging platforms, tools and technologies to ensure a positive and productive user experience.

Our focus on internal communications will ensure effective two-way communications and engagement with Trust staff, on-site partners, and volunteers to sustain an environment where staff feel informed, included and valued. As part of this, we will embed a new email marketing platform to improve the accessibility and engagement of internal emails. This will also feed into the development of alternative staff communications techniques for those staff for whom digital isn't a best practice channel.





Charity

The Walton Centre Charity supports the vital work of the Trust by investing charitable funds in areas and projects that enhance patient, family and staff experience, treatment and care.

New fundraising opportunities and initiatives will focus on digital, social media and virtual platforms, and enable a more focused approach for digital income generation.

The COVID-19 pandemic had led to a very different landscape in terms of how people work and socialise, and most aspects of the economy have been severely affected. The impact on income-generating potential will differ across income streams such as community, corporate and major donor fundraising. The Charity is therefore developing a new Fundraising Strategy that will take this into consideration.

New fundraising opportunities and initiatives will focus on digital, social media and virtual platforms, as well as offering hybrid event opportunities wherever possible. The new strategy will include a proposal for how to grow and develop the Fundraising Team to add skills and enable a more focused approach for digital income generation.

Emphasis will be placed on ensuring that the Charity's positive impact is shared both internally and externally in order to encourage further involvement and support for future fundraising. Working closely with the Communications and Marketing Team, we will develop a plan to improve existing supporter journeys, as well as develop and implement new digital stewardship programmes. In addition, charitable fund application procedures will be reviewed in order to develop a comprehensive Grant Making Policy which will incorporate assessment and prioritisation procedures for new projects, and impact reporting on initiatives funded.

The Fundraising Strategy will ensure the Charity can effectively contribute to the overall income of The Walton Centre NHS Foundation Trust, supporting and enabling developments, particularly in innovation and research.

The Charity focuses on four key areas:

Improved environment and facilities for patients and their families

Innovation and new technology

Research and development

Enhanced staff training and wellbeing



Developing and delivering our strategy

In developing this strategy we have created a dynamic and innovative approach for delivery of the leading treatments and care for every patient. Developed in conjunction with our stakeholders, both internal and external, it provides the blueprint to drive our services forward to benefit patients.

Developing and delivering our strategy

We took an inclusive and integrated approach to developing this strategy. The steps taken included:

Trust Board and Executive Team development sessions to agree high-level external drivers and challenges

Communication and involvement of staff, patients, carers and support groups

Communication and involvement of acute, ICS and primary care colleagues



We consulted and communicated with:

Internal stakeholders

Multidisciplinary clinical staff
 Medical consultants
 Departmental meetings
 Clinical staff
 Non-clinical meetings/departments
 Governors
 Trust members
 Executive and Non-Executive Directors
 The Walton Centre Charity

External stakeholders

Neuro Therapy Centre
 The Brain Charity
 Parkinson's UK
 Epilepsy Action
 MS Society
 MND Association
 Cheshire and Merseyside Neurological Alliance
 West Cheshire and North Wales Neurological Alliance
 Isle of Man Neurological Alliance
 North Wales Neuroscience Board
 Health Watch
 Integrated care partners
 General Practitioners
 TIDE
 NHS partners
 Universities
 Cheshire West Partnership
 Public Health
 Pain Relief Foundation
 Social services
 Public members

Developing and delivering our strategy

This is a bold but clear and ambitious strategy, developed by our staff, patients, families, carers and support groups.

A series of launch and engagement events will be held. The strategy will be a visible and dynamic framework for our organisation.

We will deliver the ambitions within the strategy using our existing transformational model, which is closely aligned with the operational teams within both our clinical and non-clinical divisions.

Annual priorities will be set which will form our strategic objectives and framework.

This strategy builds on our existing leadership of neurosciences, and our level of treatment and care, and provides a platform to further strengthen patient and family experience, collaboration and transformation.



Credit: khaosproductions



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Published Month 2022

The Walton Centre NHS Foundation Trust Strategy summary 2022 to 2025



Welcome

The strategy covers the three years from 2022 to 2025, and reflects the pace of change in the NHS due to the COVID-19 pandemic and the infrastructure changes brought about by the Health and Social Care Bill 2021.

At The Walton Centre, we place our patients and their families at the heart of everything we do. We are a national leader in neurology and neurosurgery, and are rated as 'Outstanding' by the Care Quality Commission (CQC). We have leading specialists and dedicated staff across our site in Liverpool, and offer a world-class service in diagnosing and treating injuries and illnesses affecting the brain, spine and peripheral nerves and muscles, and in supporting people with a wide range of long-term neurological conditions.



Jan Ross

Jan Ross
Chief Executive



Max Stienberg

Max Stienberg CBE
Chairman

These five strategic ambitions will enable us to continue to deliver world-class care to our patients and their families:

Our strategic ambitions

Education, training and learning



Leading the way in neurosciences education and training, to improve the quality of treatment and care for patients.

Research and innovation



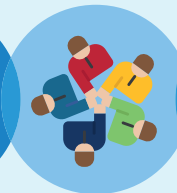
Delivering high-quality clinical neuroscience research, in collaboration with universities and commercial partners.

Leadership



Developing the right people with the right skills and values to enable sustainable delivery of health services.

Collaboration



Clinical and non-clinical collaborations across and beyond the ICS, building on existing relationships and services.

Social responsibility



Supporting our local communities and providing services for patients within and beyond Cheshire and Merseyside.

Enabling strategies

Underpinning the strategic ambitions are seven enabling strategies which feed into all aspects of the Trust's work



Quality

Ensuring the delivery of the highest quality of care to our patients and their families



People

Providing a safe, healthy and productive workplace that promotes diversity of thought, heritage and social background



Digital

Developing and providing industry leading digital solutions for our patients and our staff



Estates, facilities and sustainability

Fundamental to the Trust's operational management and to keep our patients, staff and visitors safe within our environment



Finance and commercial development

Maximising resources, improving productivity and developing market opportunities to deliver best value



Communications and marketing

Raising the profile of the Trust and ensuring that patients, families and staff receive the best quality information




Charity

Supporting the vital work of the Trust by investing charitable funds in projects that enhance patient, family and staff experience, treatment and care



The Walton Centre
NHS Foundation Trust

Excellence in Neuroscience 

QR code
tbc

Read our full strategy at:
thewaltoncentre.nhs.uk/strategy

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Published Month 2022

The Walton Centre Strategy 2022-2025

Excellence in Neuroscience

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



Leading the way in neurosciences education and training.

Research and innovation



Delivering high-quality clinical neuroscience research, in collaboration with universities and commercial partners.

Leadership



Developing the right people with the right skills and values to enable sustainable delivery of health services.

Collaboration



Clinical and non-clinical collaborations across and beyond the ICS, building on existing relationships and services.

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Supporting our local communities and providing services for patients within and beyond Cheshire and Merseyside.

Enabling strategies

Underpinning our five strategic ambitions are seven enabling strategies which feed into all aspects of The Walton Centre's work, providing a critical link between our overarching ambitions and their delivery.

Quality



People



Digital



Estates, facilities and sustainability



Finance and commercial development



Communications and marketing



Charity



Read our full strategy at: thewaltoncentre.nhs.uk/strategy

Report Date: 29/06/22		Report of: Business Performance Committee (BPC)
Date of last meeting: 28/06/2022		Membership Numbers: Quorate
1	Agenda	<p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> • Board Assurance Framework Q1 2022/23 • Integrated Performance Report May 2022 • Financial Planning Update • Sustainability Plan • Appraisal Compliance Update • Nursing Turnover Update • Equality, Diversity & Inclusion Annual Report • Intelligence Strategy Update • Freedom of Information Annual Report • Digital Aspirant NHSX Monthly Update • Digital Strategy Update • Cycle of BPC Business • Sub-committee Chair's Reports for 6 sub-committee meetings
2	Alert	<p>An additional number of long waiters were identified in early June as part of the transfer of spinal services from Liverpool Universities NHS Foundation Trust (LUFHT). The list includes 11 patients who have been waiting over 104 weeks. The Trust has been working hard to assess, reprioritise and reschedule these patients and return the number of 104 week waiters to zero by the end of July. However, there are challenges due to the availability of the particular supplies that are required. This will impact the recovery trajectory and the Trust is likely to miss its long wait reduction targets which have been set based on prior data.</p>
3	Assurance	<p><i>Integrated Performance Report</i></p> <ul style="list-style-type: none"> • All cancer wait/treatment and diagnostic targets continue to be achieved • Patient flow and outpatient transformation indicators remain strong • With regards to activity recovery – high levels of day case and outpatients were achieved in May but elective activity remains below target and continues to be a key focus for improvement • Sickness is currently at 7% which is below levels recorded earlier in the year but still above target. Absence due to covid is climbing again, currently at 2% • An action plan, to sustainably return appraisal rates to above target by August, was presented, noting an improvement in the first month of enhanced focus • The report on nursing turnover, which typically averages 15% per annum, provided context that turnover is in line with the long-term trend and is inherent in our nursing recruitment and development model which often involves earlier-career nurses moving

elsewhere to expand their experience, with many returning later. A mark of the success of the model is that nursing vacancies remain low, so the level of turnover does not equate to 'gaps' in staffing. Benchmarking data shows that turnover is similar or only marginally higher than the average for the region an only around 3% higher than national average.

- Staff turnover is highest in non-clinical areas, such that staffing pressures are the highest there, related to skills shortages beyond the NHS.
- Income and expenditure outcome was £131k ahead of plan in May (£114K ahead, year to date). This is due to additional funding for inflation being added to allocations but not to the plan at this point. The plan will, however, be adjusted from July onwards pending Board approval of a revised plan in line with system-wide challenges (see Advise section) Elective Recovery income is lagging plan, related to operational performance, which is the biggest current financial concern.
- There has been a very slow start to capital spend, partly due the delay in finalising the additional capital allocations at system level
- Better Payment Practice Code (BPPC) (paying creditors on time) has deteriorated after starting to improve over the past couple of months; an improvement plan will be presented to Audit Committee
- The range of metrics included in the IPR to BPC has been reduced significantly over the last 2 months; the committee requested that some metrics, which provide helpful context and triangulation, be reinstated

Other matters

- 7 of the 12 new BAF principal risks have been assigned to BPC as the lead assurance group. All were reviewed with some minor changes and reported back to Board for endorsement. None are currently deemed 'red risks'. It was recommended to the Board that the risk score for *BAF007 Capital Investment* was reduced from a 12 to a 9 given the improvement in the gap between capital requirements and funding received
- The Sustainability Plan will now be finalised following positive feedback, together with recommendations for improvement, from NHS England (NHSE). Prior comments from BPC and recommendations made by NHSE will be acted upon, as part of the implementation of the plan, by the newly appointed Associate Director of Operations
- The Informatics Team continue to achieve excellent progress with gaining external qualifications and professional registration. Data quality has increased to be one of the highest in the NHS (98.9% DQMI score). Clinical coding met all mandatory and advisory levels of accuracy in the latest internal audit. The current 3-year action plan is on track for completion, with the intent to reset further strategic objectives for 23/24 onwards
- There was an increase in requests under the Freedom of Information (FOI) Act in 2021/22 back towards pre-pandemic levels, but with a tendency for requests to be more complex to address. 100% were responded in the required time, sustaining the record that the trust has never had a breach

4.	Advise	<ul style="list-style-type: none"> • A further revision of the 2022/23 financial budget was submitted on 20 June 2022. An increased surplus of £2.9m is now targeted to contribute to a better system position. This remains a challenge, critically dependent on achieving stretching activity targets (£4.1m elective recovery funding depends on this) and a Cost Improvement Plan (CIP) target of £4.9m. • Capital allocation has increased to £5.7m (plus £2.7m digital aspirant funding) which remains below internal plans. Further internal prioritisation will take place and if significant concern remains regarding residual risk, this will be escalated (and reflected in the BAF). • The Committee noted an increase in spending on bank staff in May despite decreasing sickness and vacancy levels and requested further information into the reasons for this • An updated Digital Strategy is in development and will be presented to BPC in September. • The Equality, Diversity and Inclusion annual report will now be presented to BPC in July prior to coming to Board • 6 Key issues reports from sub-groups were received and noted. 		
5.	Risks Identified	<ul style="list-style-type: none"> • None 		
6.	Report Compiled	David Topliffe, Non-Executive Director	Minutes available from:	Corporate Secretary

Report Date: 27/07/22		Report of: Business Performance Committee (BPC)
Date of last meeting: 26/07/22		Membership Numbers: Quorate
1	Agenda	<p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> • Committee Time Efficiency Update and Three month review of BPC changes • Trustwide Risk Register covering BPC risks • Transformation Quarterly Update • Deep Dives into Elective Recovery and Cost Improvement Programme • Digital Aspirant NHSX monthly update • Finance and Procurement Strategy update • Equality, Diversity and Inclusion Annual Report • Key Issues Reports for 6 sub committees
2	Alert	<ul style="list-style-type: none"> • The Information Governance Security Forum reported an externally reportable incident (in May) relating to a patient receiving another patient's letter. This is highlighted to Audit Committee.
3	Assurance	<p><i>Integrated Performance Report</i></p> <ul style="list-style-type: none"> • All cancer wait/treatment and diagnostic targets continue to be achieved. • Patient flow and outpatient transformation indicators remain strong, with the exception of Did Not Attends (DNA) for follow-ups which remains challenging. • With regards to activity recovery – the number of very long waiters is reducing, high levels of day case and outpatients were achieved in June but elective activity remains below target and continues to be a key focus for improvement. • Sickness remains around 7% (ie high). There was a further improvement in appraisal compliance towards the aim of meeting the target by August. • The reported Income and Expenditure outcome was £111k adverse in June, but this includes adjusting the plan as revised by Board in July. The year to date position is more meaningful (since it incorporates adjustments to both actuals and plan) and shows a small favourable variance of £11k. • Capital spend is behind plan but is expected to pick up in Q2. • Further improvements have been made to narratives in the IPR and to the range of metrics presented. <p><i>Other matters</i></p> <ul style="list-style-type: none"> • 'Deep dives' reviews were made of progress against the elective recovery plan, Cost Improvement Plan (CIP) and transformation programme, all providing partial assurance as work is ongoing to achieve planned targets.

		<ul style="list-style-type: none"> Numerous challenges (many external or widespread across the sector) negate the premises upon which the elective recovery plan is based but a range of mitigations are being worked at pace. CIP was on plan in Q1 (£1m delivered) but with a higher proportion of non-recurrent than planned. A total of £3.5m has been so far identified for the full year, which leaves a further £1.4m to be identified, with a high focus on this. The bed repurposing project now has confirmed financial savings (strong element of recurrent CIP delivery) and wider KPIs in place. The new Lipton and Caton wards are open with Sherrington and Jefferson to follow in October. Good progress is also being made on e-Roster, 'Attend Anywhere' and Patient Initiated Follow-Up. Potential savings from hybrid mail are now better quantified and the business case will be revisited to check proposed savings against latest projections. Partial assurance was provided on progress implementing the Digital Aspirant project: it continues to progress on track but risks remain. Key BPC-related risks from the divisional risk registers were reviewed with a focus on assurance of mitigation/action. Improvements in associated actions, gaps in control and assurance were welcomed. Progress on the current Finance & Procurement Strategy was reviewed. New Finance and Commercial Development Substrategy in development, expected for approval in Q3. 		
4.	Advise	<ul style="list-style-type: none"> The Equality, Diversity and Inclusion annual report of statutory returns was presented ahead of coming to Board. The changes to the terms of reference, cycle of business and reduced number of core attendees made in March were reviewed. It was agreed that the changes had had a positive impact on the effectiveness of the committee in particular regarding the quality and impact of challenge and becoming more strategic in focus and should be made permanent. Further ideas aimed at continued improvement to efficiency and effectiveness were tabled and agreed. 6 Key issues reports from sub-groups were received and noted. New guidance from NHSE on elective recovery planning which arrived the day before the meeting was reviewed and considered to be already addressed within current plans. Quality Committee had referred to BPC a CQC Insight report on their assessment of Well-Led, part of which relates to trends of People metrics. The People Group were asked to include the metrics which CQC track in the suite of expanded indicators which they are compiling and will track. 		
5.	Risks Identified	<ul style="list-style-type: none"> Neurology division have added a risk to the register highlighting the shortage of Ophthalmology Consultants at Liverpool University Hospital NHS Foundation Trust (LUHFT) who provide a service to our patients. Due to 1 resignation and 1 retirement the divisional management team are working closely with LUHFT to understand how to mitigate this risk. 		
6.	Report Compiled	David Topliffe, Non-Executive Director	Minutes available from:	Corporate Secretary

Board of Directors' Key Issues Report

Report Date: 7/7/22		Report of: Quality Committee
Date of last meeting: 16/6/22		Membership Numbers: 16 Quorate
1.	Agenda	<p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> • Patient Story • Integrated Performance Report and KPI Reports • Quality Presentation – Informatics and Business Intelligence • Trust Risk Register • Board Assurance Framework • Medications Management and Controlled Drugs Annual Report • Quarterly Pharmacy KPI Report • National In-patient survey action plan • Clinical Audit and NICE Guidance Updates • External Visits Regarding Quality • Internal Audit Recommendations Update • Sharing & Learning Forum – Terms of Reference • Sub Committee Key Issues / Chair's Reports from 7 sub-committee meetings
2.	Alert	<p>SHOT preventing transfusion delays in bleeding and critically anaemic patients was highlighted through the Chair's Report for Clinical Effectiveness and Services Group. The Trust did not have its own transfusion laboratory so would need to wait for LUHFT to update their policies. Plans were in place to update training and assurance had been provided by LUHFT the deadline would be met but the Trust needed to understand if there was a way around this potential issue.</p> <p>Concerns were raised around consultant recruitment. It was noted that interviews for consultants in Epilepsy were currently taking place but due to the small amount of applicants the issue had been added as a risk for both the Epilepsy and Neurophysiology services.</p> <p>A cluster of unusual Pseudomonas infections was highlighted detailing that there were 2 separate issues with the infections arising from water supply and the other from deep seated surgical site infections. The issue had been discussed at regional level and an action plan instituted.</p>
3.	Assurance	<p>The Risk Manager presented the Risk Register and the top risks were noted. A review was currently underway in relation to gaps in controls and assurance and a dashboard was being built by the Informatics team targeting gaps. Consideration would be given to having an age profile on some risks. Assurance was provided that a paper would be taken to the Executive Team for approval around risk flows and an update provided to the Committee on this and the ongoing work taking place.</p>

		<p>The Committee received the Q1 Board Assurance Framework from the Corporate Secretary and agreed the new BAF linked into the new strategic ambitions and reflected the risks for the Trust to achieving those. It was noted that BAF would be presented to Board on 7 July 2022 for approval.</p> <p>The Pharmacy and Medicines Management Annual Report 2021-22, presented by the Assistant Clinical Director of Pharmacy and WCFT Lead, was favourably received prior to presentation at Trust Board. The report reflected a challenging year due to significant staff shortages and issues raised by Covid 19 and the international immunoglobulin shortage. It was noted how proud the Assistant CD of Pharmacy was of the WCFT pharmacy staff and the gold standard that was delivered. Despite the challenges faced the Pharmacy department maintained all essential and important services and managed to complete 3 of the 4 CD reports throughout the year.</p> <p>Concern had been escalated by local CCGs and GPs regarding controlled drugs prescribed within the pain clinic. This was discussed by Pharmacy with CCGs who were satisfied that they were assured with the prescribing rationale as clinical documentation was positive.</p> <p>There remained a national shortage of Omnipaque Contrast and supplies were not expected until June 2022. The divisional team had liaised with Pharmacy and a new approach of using vials for more than one patient was considered safe and appropriate by Clinical Effectiveness and Services Group.</p>
4.	Advise	<p>The Chief Nurse presented the changes to the IPR following a review to ensure it contained appropriate metrics. The changes would also prevent duplication with Divisional Risk and Governance Committee meetings. Key focus included low CDT levels, however it was noted that many trusts had already reached trajectory on this for the year. Discussion highlighted high staffing levels however both Divisional Chief Nurses were able to explain the additions to the baseline establishment. It was noted that some of the staffing level data was difficult to interpret by some members of the Committee.</p> <p>The Neurology Division had a good monthly performance. There would be a continued focus on improving Friends and Family Test data.</p> <p>The Neurosurgery Division similarly had a positive month. It was noted there had been a transfer of 62 patients from LUHFT under the spinal service and this had been managed well by the Division. The Committee were advised that for 48 hours in May ITU did not meet adequate staffing numbers and the SMART team provided support to meet staffing KPIs and no harm to patients was reported. There continued to be a successful rate of filling nursing vacancies.</p> <p>PDR compliance data was now considered inaccurate with a lot of appraisals having been completed but the necessary uploading on information to the ESR system had not taken place. Divisional Directors were reviewing individuals within each division for more accurate information. Business Performance Committee continued to examine this issue in depth.</p> <p>The Committee received an informative presentation from the Head of Information and Business Intelligence on the core functionality of the team to add value. The presentation highlighted the importance of categorisation in clinical coding; and how data quality was essential for accurate monitoring. The role of the analytics team was</p>

		<p>also explained. The team would continue to strive to obtain professional quality recognition for the work they did.</p> <p>The Head of Patient Experience presented the CQC National Inpatient Survey 2020 action plan and the Committee noted the work completed. It was agreed to close the action plan and add the outstanding action to the 2021 action plan once the current embargoed results were released.</p> <p>The Terms of Reference for Sharing and Learning Forum were approved.</p> <p>Work in progress on clinical audits and NICE guidance assessment activity for both divisions were noted by the Committee. Changes to the next report were suggested to show closed items to recognise work completed and to provide an understanding on the impact on patient care and outcomes.</p>		
5.	Risks Identified	<p>The Pharmacy Report identified the risk that LUFHT were building their own EPMA/EPR system which would have an impact on the Trust if implemented. This issue was now being monitored at the right level through the Chief Operating Officer.</p>		
6.	Report Compiled by	Ray Walker Committee Chair	Minutes available from:	Tracey Eaton Executive PA

Board of Directors' Key Issues Report

Report Date: 01/09/22		Report of: Quality Committee
Date of last meeting: 21/07/22		Membership Numbers:16 Quorate
1.	Agenda	<p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> • Patient Story • Quality or Risks for escalation to Quality Committee • Integrated Performance Report/Divisional KPI Reports • Quality Presentation by the Vascular Service • Governance and Risk Quarter 1 Report • Risk Reporting Process • Tissue Viability Quarter 1 Report • Infection Control Quarter 1 Report • Clinical Audit Plan and NICE Guidance Exceptions • Ward Accreditation (CARES) & Tendable Update • CQC – Bi-Monthly Report • Patient Experience Quarter 1 Report • The Brain Tumour Pathway - presentation • Sub-Committee Key Issues Reports to Quality Committee
2.	Alert	<p>Quality or Risks for Escalation to Quality</p> <ul style="list-style-type: none"> • It was noted that there is a national shortage of Consultant Neuro-ophthalmologists. The Trust use the service based at LUHFT but both consultants are leaving. Posts are out to advert and LUHFT are engaging with discussions with the divisions. The issue has been added to the risk register <p>CQC Insight Report</p> <ul style="list-style-type: none"> • The Report was noted by the Committee with declines in Safe and Well-Led acknowledged. Business Performance Committee to be advised of impact of staff survey on CQC rating. The CN has a meeting with CQC 21/07/22 and will ask that Pulse Staff Survey to be considered.
	Assurance	<p>Patient Story</p> <ul style="list-style-type: none"> • The story recounted the journey of a patient, suddenly unable to walk. Diagnosed with transverse myelitis, the patient had an 8 week stay on Chavasse Ward. The patient appreciated the knowledge and caring nature of all who looked after him. The patient advised that he will be sad to leave the Trust, describing it as a 'hidden gem'. The Committee noted the emotion in the story and discussed the fact that a local patient was not aware of the WCFT, highlighting the need for branding and increased profile of the Trust.

		<p>Quality Presentation on behalf of Vascular Team</p> <ul style="list-style-type: none"> The presentation demonstrated how the team manage patients with sub-arachnoid haemorrhage (SAH) Care is underpinned by policy, NICE Guidelines together with a focus on Patient Family Centred Care (PFCC) and Making Every Contact Count (MECC). Road to Recovery course for patients and families and follow up care is acknowledged as an excellent standard. The British Neurovascular Group wants to adapt WCFT Road to Recovery for other organisations. The Committee noted the excellent work of the team discussed how WCFT can be recognised for this work <p>Integrated Performance Report</p> <ul style="list-style-type: none"> Attention was drawn to the number of Catheter Acquired Urinary Tract Infections (CAUTI) as IPC/LN noted 14 incidents year to date (from April 22) but only 3 incidents are noted on the report. IPC/LN advised that the 3 noted on the report are blood stream infections as opposed to CAUTI. Data to be clarified at next meeting. A quality improvement group has met and a number of workstreams identified <p>Risk & Governance Report Q1</p> <ul style="list-style-type: none"> Merseyside Internal Audit Agency (MIAA) review of Risk Management – Core Controls. The Trust received an assurance rating of high. There has been a slight reduction in the number of violence and aggression incidents. Currently there is a very agitated patient on the ward. Security team recognised as extremely supportive with this patient. <p>Infection, Prevention & Control Q4 and Annual Report</p> <ul style="list-style-type: none"> C. Difficile infections both regionally and nationally have increased however WCFT are currently on target Tendable Audits are now being rolled out. Very positive feedback received with regarding usage and access to data. <p>Ward Accreditation (CARES) & Tendable update</p> <ul style="list-style-type: none"> Excellent outcome for Cairns Ward, achieving Gold standard. Team to be asked to present at Quality Committee. Caton Ward achieved Bronze. Action plan and support in place for Caton Ward Timescales for when all CARES assessments will be completed to be provided to Quality Committee <p>Clinical Audit & NICE Guidance Exceptions</p> <ul style="list-style-type: none"> The position is much improved since last presentation at Committee Timescales to be provided to show trajectory for when NICE Guidance Assessments & Audits have been completed <p>Brain Tumour Pathway Presentation</p> <ul style="list-style-type: none"> The presentation demonstrated how the pathway aims to manage patients so that no delay is experienced. Excellent collaboration and Patient & Family Centred Care (PFCC) was noted. The team presented to the Cheshire & Merseyside Alliance and have been shortlisted for Nursing Times Award 2022. Warrington, LUFHT and Wirral want to replicate this work
	Advise	<p>Governance & Risk Q1 Report</p> <ul style="list-style-type: none"> There were 7 unwanted fire signals during Q1 with the fire brigade attending the Trust on 3 occasions. Calls tend to occur out of hours. Divisional Nurse Directors

		<p>to focus on ensuring compliance with regards to fire training which currently stands at 79% for the Trust</p> <p>Mortality & Morbidity Report</p> <ul style="list-style-type: none"> The report noted an avoidable death for which the background was provided. The Coroner has stated natural causes for this death but learning will progress. The Committee noted good governance was in place and followed in being open when investigating the case The Swan Model was explained and how this will support patients who are at end of life. <p>Tissue Viability (TV) Q1 Report</p> <ul style="list-style-type: none"> Wards now have an awareness of how many pressure ulcer free days they have achieved and bedside education is on-going where possible. Discussion to take place with Chief People Officer and RIME Committee with regards to whether it is feasible to support research into devices for prevention of pressure ulcers related to Nasogastric Tubes (NGT) Tissue Viability Plan to come to Committee in September. IPC/LN noted the Tissue Viability team is only 1.35 WTE and with more specialised surgeons coming in, potentially more TV staff are required. Concerns were noted regarding TV establishments 		
2.	Risks Identified	<ul style="list-style-type: none"> See risk above in alert section (first bullet point) 		
3.	Report Compiled by	Ray Walker	Minutes available from:	Corporate Secretary

Board of Directors' Key Issues Report

Report Date: 19/07/22		Report of: Audit Committee
Date of last meeting: 19/07/22		Membership Numbers: Quorate
1.	Agenda	<p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> • Internal Audit Progress Report Q1 • Internal Audit Recommendation Report • Counter Fraud Services Progress Report • External Audit Update and Progress Report 2021/22 • Policy on the Supply of Non-Audit work by External Auditors • Tender Waivers Q1 • Better Payment Practice Code • Annual Report on the Register of Interests • Standards of Business and Personal Conduct Policy • Health Procurement Liverpool Proposed Waiver Process • Information Governance Annual Report 2021/22 and Action Plan 2022/23 • Cyber Security Annual Report 2021/22 • Clinical Audit Plan • External Visits Update Report
2.	Alert	<ul style="list-style-type: none"> • The Committee noted no alerts to be highlighted to the Board.
	Assurance	<ul style="list-style-type: none"> • The Committee considered the Internal Audit Progress Report and noted that a number of Audit Reports were in progress since the meeting on 26th April 2022. The following audits were underway: <ul style="list-style-type: none"> ○ 2021/22 data Protection and Security Toolkit (reporting stage) ○ 2021/22 IT Infrastructure Housekeeping (reporting stage) ○ Risk Management (reporting stage) ○ Conflicts of Interest (reporting stage) ○ Management of Controlled Drugs (fieldwork stage) ○ Quality Account (fieldwork stage) ○ Data Quality (scoping stage) • The Committee received the Information Governance Annual Report for 2021/22 and Action Plan for 2022/23 and noted that the Trust had received substantial assurance on the self-assessment rating of the Data Security and Protection Toolkit for the twelfth year in succession.

	Advise	<ul style="list-style-type: none"> • The Committee reviewed the outstanding internal audit recommendations report and noted that there had been a further decrease in the number of outstanding recommendations. Work was ongoing to close all remaining open recommendations. • The Committee received the anti-fraud services progress report and noted the details of referrals received throughout the quarter. • The Committee received the Clinical Audit Plan and noted that audits would be monitored at Quality Committee along with a review of the audits and their impact on services. • The Committee received the external audit plan update report and noted that work on the 2021/22 external audit plan had been completed. An unqualified audit opinion had been provided for the financial statements and these had been approved by Parliament. • The Committee noted the update report on work to improve compliance with the Better Payments Practice Code and the Committee were assured that training and robust processes were being implemented to improve compliance. • The Committee approved proposed changes to the tender waivers process for all Trusts involved in the Health Procurement Liverpool collaboration to ensure a consistent approach for all parties. • The Committee approved the Standards of Business and Personal Conduct Policy and the Policy for the Supply of Non-Audit Work by External Auditors. 		
2.	Risks Identified	• None		
3.	Report Compiled by	Su Rai, Non-Executive Director	Minutes available from:	Corporate Secretary

Board of Directors' Key Issues Report

Report Date: 11/05/22	Report of: Research, Innovation and Medical Education Committee
Date of last meeting: 04/05/22	Membership Numbers: Quorate
1.	<p>Agenda</p> <p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> • Committee Effectiveness Review 2021/22 and Terms of Reference Report • Board Assurance Framework – Q4 2021/22 • Good Clinical Practice Training Progress Update • UK Clinical Guidelines for the Diagnosis of Fibromyalgia Syndrome • Strategic Partnerships Update • Medical Education Strategy and Implementation Plan Update • Outcomes from R&D Workshop on 18/03/22 • Research and Development Finance and Performance Report • Review of SPARK Funding Applications • Sub-committee Chair's Reports for 2 sub-committee meetings
2.	<p>Alert</p> <p>Committee Effectiveness Review 2021/22 and Terms of Reference Report</p> <ul style="list-style-type: none"> • Further to feedback received from members in the 2021/22 Committee Effectiveness Review, it was proposed for a working group to be convened to review the Committee's function, responsibilities and engagement encompassing terms of reference, membership and work plan and those of its sub-committees. There was agreement that the day and time of the Committee meetings should also be reviewed as are currently scheduled to be held the evening prior Trust Board which was thought to be detrimental to its effectiveness. <p>Outcomes from R&D Workshop on 18/03/22</p> <ul style="list-style-type: none"> • Outcomes from the NRC workshops held in March and April 2022 - Clarity on the improvements required with an emphasis that now was the time for reinvestment into research and that if this did not take place within the next 3 months, there would be critical failures for the Trust in terms of reputation, staff retention and patient outcomes. An action plan for the next 3-18 months had been developed with the key priorities identified as: <ul style="list-style-type: none"> ○ Staffing – appointment of a senior NRC manager within the next 3 months and research nursing resource ○ Governance and quality assurance ○ Communication. <p>Recruitment to a senior manager position (Band 8a) for the NRC was approved at Executive Team Meeting on 04/05/22.</p>

		<p>Review of SPARK Funding Applications</p> <ul style="list-style-type: none"> An update on Liverpool Health Partners SPARK grant applications where the Trust was either the study sponsor or lead site was presented. Out of 28 applications made; 17 had been unsuccessful, 1 had been successful and 10 were outstanding. Further work was being undertaken by the NRC to identify the reasons why applications had been unsuccessful to enable lessons to be learnt. Although some of the projects had been a success in terms of creating collaborations/networks there was acknowledgement that there was a need to turn activity into successful outcomes.
3.	Assurance	<p>Good Clinical Practice Training Progress Update</p> <ul style="list-style-type: none"> A comprehensive review of GCP training compliance had been undertaken by the NRC which showed that out of 207 research active members of staff as of the 25 March 2022: 105 GCP certifications were in date, 53 GCP certifications required renewal, 49 had either not completed their GCP training or there was no record. <p>Committee was assured that there were no non-compliant members of staff contributing to clinical trial/investigatory work and that the risks were being appropriately managed. Follow ups were being made with those staff identified as requiring GCP certification renewal or completion of their GCP training. Risk of future reoccurrence would be managed via recent increase in the administrative capacity within the NRC which would support a more robust governance process moving forward and also strengthening alignment with the Principal Investigators Forum.</p>
4.	Advise	<p>UK Clinical Guidelines for the Diagnosis of Fibromyalgia Syndrome</p> <ul style="list-style-type: none"> Dr Andreas Goebel was one of the lead authors for the new UK Clinical Guidelines for the diagnosis of Fibromyalgia Syndrome along with a Primary Care colleague from the Liverpool City region, Dr Chris Barker. The guidelines were launched at the Royal College of Physicians in Liverpool on the 26 April 2022: https://www.rcplondon.ac.uk/news/rcp-publishes-new-guidance-diagnosis-fibromyalgia . These were the first UK guidelines for the condition and would have a significant contribution to the patient group. Since their launch, the guidelines had received 4,000 downloads by service providers nationally and were an excellent example of cross-sector collaboration work across primary and tertiary care. <p>Dr Goebel had also been involved in an auto-immune basis for Fibromyalgia study in conjunction with Kings College London which was nominated in December 2021 by the Guardian as one of the top 10 science stories of the year: https://www.theguardian.com/science/2021/dec/19/the-years-top-10-science-stories-chosen-by-scientists. As a result of the study, there had already been a £10 million investment generated in the North West primarily in Liverpool, from private companies.</p> <p>Medical Education Strategy and Implementation Plan Update</p> <ul style="list-style-type: none"> As a Trust, we are continuing to grow our medical education faculty and have recently appointed a Trainee Health and Wellbeing Lead, Miss Maggie Lee, Neurosurgical Consultant. This was a one-year funded post through Health Education England as part of the national COVID Recovery training programme to provide additional support to clinical and educational leads with regards to junior doctor pastoral and professional needs. Dr Antonella Macerollo had also been appointed as Undergraduate Research Co-ordinator for the Trust.

		The Trust was also looking to appoint to an Educational Appraisal Lead role and an expression of interest had been received in response to this. Financial approval had been received for a further year's funding for the Education Fellow posts.		
5.	Risks Identified	• No new risks identified		
6.	Report Compiled by	Professor Paul May, Non-Executive Director	Minutes available from:	Corporate Secretary

Board of Directors' Key Issues Report

Report Date: 27/7/22		Report of: The Walton Centre Charity Committee Meeting
Date of last meeting: 22/7/22		Membership Numbers: Quorate
1	Agenda	<p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> • Annual update from Investment Manager – Ruffer • Finance Report and Charity Committee Plan to 31 May 2022 • Benchmark Report on fundraising costs • Investment Reports from Investment Managers Ruffer and CCLA • Fundraising Activity update • Charity Risk Register • 8 applications for funding from Training & Development department • Support for the application for 4 consumable probes for Laser Interstitial Thermal Therapy (LITT) • Formal application towards the support of the Wellbeing strategy through Wellbeing4business • Committee Effectiveness review • Draft Annual Report and Accounts • Draft Charity Governance document • Fundraising Strategy update
2	Alert	<ul style="list-style-type: none"> • Investment Managers, Ruffer presented an annual report on the performance of the portfolio which was well received by the Committee. The total value at 30 June 2022 was £598,191 which showed a positive return of 1.6% in what was a very challenging year. The presentation detailed the need to protect the current portfolio structure due to the likelihood of a recession and the likelihood that in the year ahead charity reserves will struggle with inflation predicted at 10% or more. The volatility of the markets was discussed but the Committee agreed to continue to follow the Ethical Investment Policy. The Committee would receive advice from independent advisors at the next meeting on the cash reserves held by the Trust although it was acknowledged at this point in time investment would not be the best option given forecast market performance. • The Committee considered that the presentation by Ruffer could be appropriate for a closed board agenda item to provide Trust Board insight to the uncertain times ahead. • Fund balances had reduced by £19,920 at 31 May 2022 which was a concern but it was acknowledged it was only 2 months into the financial year. The Head of Fundraising said that more income from events (Golf Day and Walk for Walton) was expected in June 2022.
3	Assurance	<ul style="list-style-type: none"> • The Committee received a benchmark report of fundraising costs and charitable expenditure of 10 NHS charities in the northwest covering a 3 year period. The charities benchmarked against were specialist providers. Fundraising costs were difficult to compare but the report provided a deeper understanding of fundraising expenditure and the Committee was satisfied that the Charity was at

		<p>the right level in relation to costs, however the focus needed to remain on income generation so that the percentage of fundraising costs to income reduced over time. The exercise would be conducted on an annual basis going forward.</p> <ul style="list-style-type: none"> The Committee received the Charity Risk Register report noting there were no new risks since last presented in April 2022. Risk 9 relating to unsatisfactory income generation was highlighted and the Committee noted that the current cost of living crisis would undoubtedly impact on people's ability to give to charity and this was starting to emerge. The Head of Fundraising would work with the Risk and Governance team to upload risks on to the Datix Risk Management system to obtain risk IDs and formal review dates. 		
4	Advise	<ul style="list-style-type: none"> The Committee gave support to a potential application for the cost of consumable probes for Laser Interstitial Thermal Therapy (LITT) at £10k + VAT per probe (4 probes required). The procedure would be performed on 4 patients and this would put the Trust in a favourable position for being a potential site to provide the functional service in the future. Once the application had been through the process flow, including approval from Clinical Effectiveness and Services Group, it would be re-presented to the Committee for approval. The fundraising costs, particularly to the finance department, were considered high by some members of the Committee as was the cost apportionment of £400 to some of the individual funds. The allocation of fundraising costs together with how the funds benefitted from a share of the reserves in 2018 was explained. Going forward the report would contain more narrative around spending commitments and movement (particularly the top 3 funds) and the Head of Fundraising and Head of Financial Services would arrange meetings with the individual fundholders to discuss plans (particularly for stagnant funds). It was noted that the Charity Financial Plan now had a planned break-even position. Following the presentation of the Training and Development applications for study leave discussion took place around clinical study leave and professional development and the difference between the applications presented to the Committee. Training requests for charitable funds were considered to be 'enhancements', and the study leave policy was clear on expectations. The Committee would receive impact presentations from staff who benefited from charitable funds towards training on an annual basis (January 2023). The presentation of the Committee Effectiveness Review enabled a discussion on the Terms of Reference which would be presented at the next meeting (October 2022) for approval. The voting members and quoracy of the meetings would be reviewed as would the tenure of attendees. It was also suggested that going forward meetings commenced at 09.30 to avoid an overrun. As outlined as part of the Fundraising Strategy update the Committee approved the appointment of a Digital Fundraising Manager and the recruitment process for this post would commence. 		
5	Risks Identified	<ul style="list-style-type: none"> None 		
6	Report Compiled by	Su Rai Non-Executive Director	Minutes available from:	Corporate Secretary

External audit: Presentation to the Annual Members Meeting of The Walton Centre NHS Foundation Trust

External audit process and outcomes for 2021/22

8 September 2022

Angela Pieri, Senior Audit Manager

Purpose of the session

- 1 Overview of the role of External Audit and key outputs
- 2 Audit work performed for 2021/22 and outcomes



1 What is the role of External Audit?



To provide independent assurance to the Council of Governors by:

- ✓ giving an opinion on the Trust's annual accounts, Annual Report, Remuneration Report and Annual Governance Statement
- ✓ 'true and fair' view of assets and liabilities at 31 March and financial performance in the year
- ✓ commentary on the Trust's arrangements for delivering value for money



To consider the use of our special reporting powers if there are any issues of significant concern:

- referral to NHS Improvement
- reports in the Public Interest



Materiality



The true and fair audit opinion is given when auditors obtain reasonable assurance the statements are free from material misstatements, therefore a level is set annually.

Auditor judgement – the basis was 2% of gross operating expenditure of £154.4m.

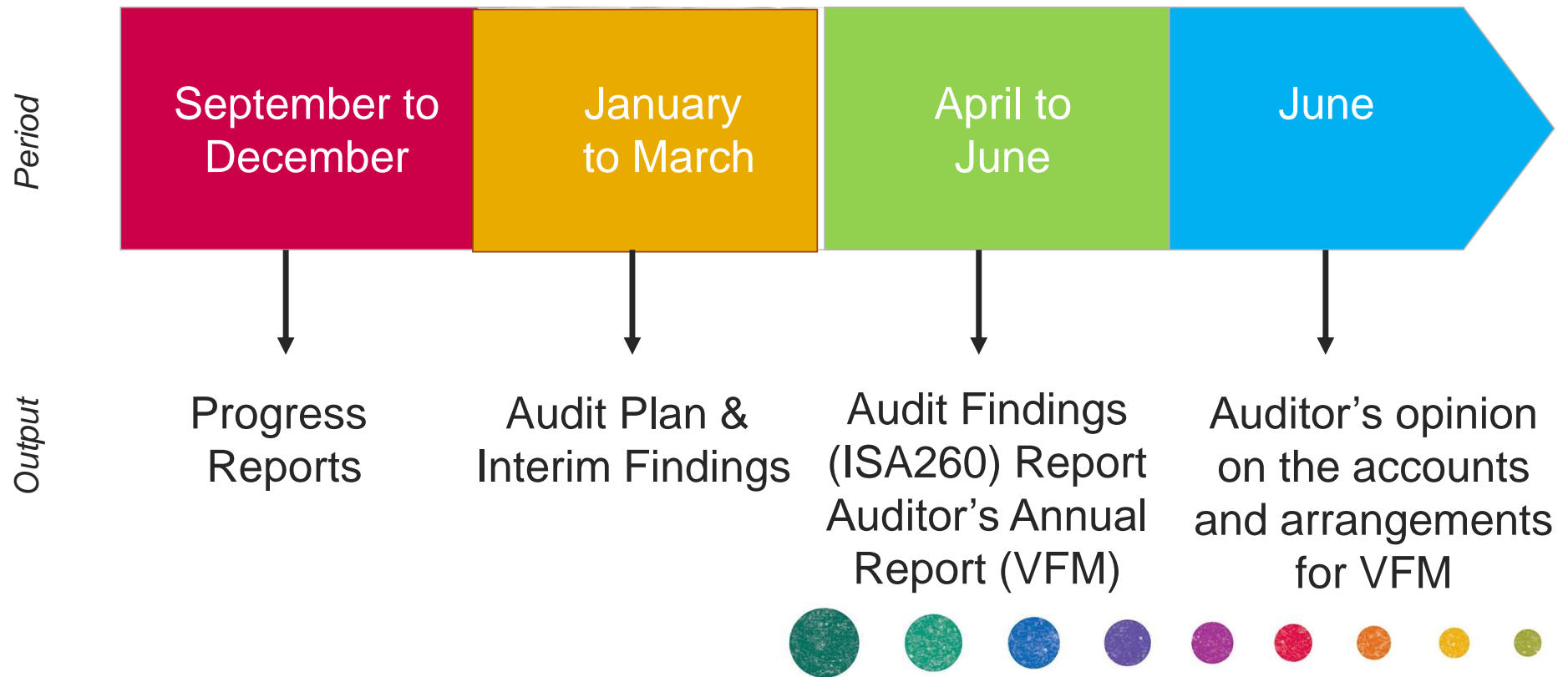


For 2021/22 the materiality for the Trust was set at £3.09m.

A trivial level of reporting was set at £0.155m.



Auditors key outputs during the year



2 Audit work – outcomes 2021/22

An unqualified opinion given on the Trust's annual accounts (group), Annual Report, Remuneration Report and Annual Governance Statement on 22 June 2022



- ✓ Audit Findings Report issued on 20 June 2022 to the Audit Committee
- ✓ no issues identified that impacted upon the financial position
- ✓ minor disclosure adjustments identified were all amended by the Trust in the final version of the financial statements
- ✓ Any action plan points to aid future closedown agreed with management responses

An unmodified opinion given on the Trust's arrangements over value for money on 22 June 2022



- ✓ Auditor's Annual Report on VFM issued on 20 June 2022 to the Audit Committee
- ✓ no significant weaknesses identified
- ✓ A management response received for the one minor improvement recommendation made

We did not need to use our additional reporting powers, no issues of significant concern were identified.



Work performed in 2021/22 - What were the key areas of focus for the financial statements audit?

- management override through journal entries
- management estimation processes and judgements
 - income and debtors
 - expenditure and creditors
 - valuation of land & buildings



Value for Money audit 2021/22

- second year of an audit approach to the use of resources audit work first introduced in 2020/21
- review of the Trust's arrangements in 3 areas:
 1. Financial sustainability
 2. Governance
 3. Improving economy, efficiency and effectiveness – “the 3Es” (service delivery, performance and outcomes)



What are the areas of focus for the 2021/22 Value for Money audit

- financial position
- financial planning and budget setting
- budget monitoring
- governance arrangements in place
- risk management
- internal audit, counter-fraud, codes of conduct
- performance against targets
- benchmarking performance and use of data
- partnership working





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The Walton Centre
NHS Foundation Trust

Excellence in Neuroscience 

Staff Survey 2021



Mike Gibney / Jane Mullin

www.thewaltoncentre.nhs.uk 



Background



The Walton Centre
NHS Foundation Trust

Excellence in Neuroscience 

600

Staff took part

41%

Response rate of
all staff

54%

National average
of specialist
trusts in England

- The 2021 survey was distributed to all Trust staff between September and November 2020
- Mixed mode

Context for Staff Engagement



The Walton Centre
NHS Foundation Trust

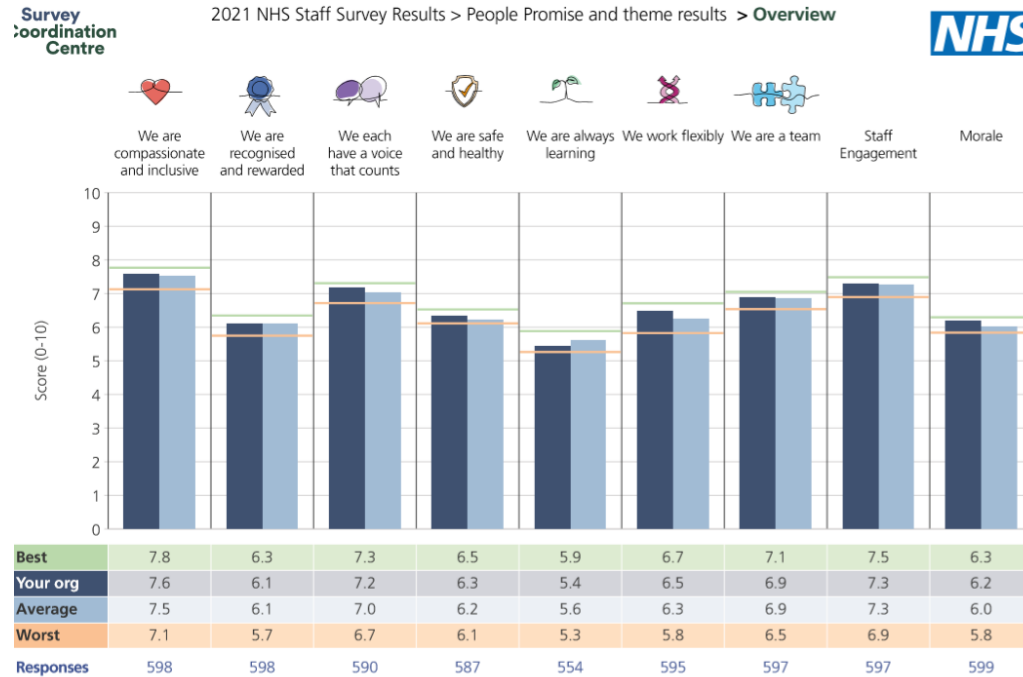


- The Staff Survey is an important annual strand in the organisation's overall approach to staff engagement. Other elements include:

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



Findings



9

Findings

- 5 themes – better than average
- 3 themes- same as average
- 1 theme- worse



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Findings



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Survey
Coordination
Centre

2021 NHS Staff Survey Results > Appendices > Significance testing – 2020 vs 2021



The table below presents the results of significance testing conducted on the theme scores calculated in both 2020 and 2021*. Note that results for the People Promise elements are not available for 2020. The table details the organisation's theme scores for both years and the number of responses each of these are based on.

The final column contains the outcome of the significance testing: ↑ indicates that the 2021 score is significantly higher than last year's, whereas ↓ indicates that the 2021 score is significantly lower. If there is no statistically significant difference, you will see 'Not significant'. When there is no comparable data from the past survey year, you will see 'N/A'.

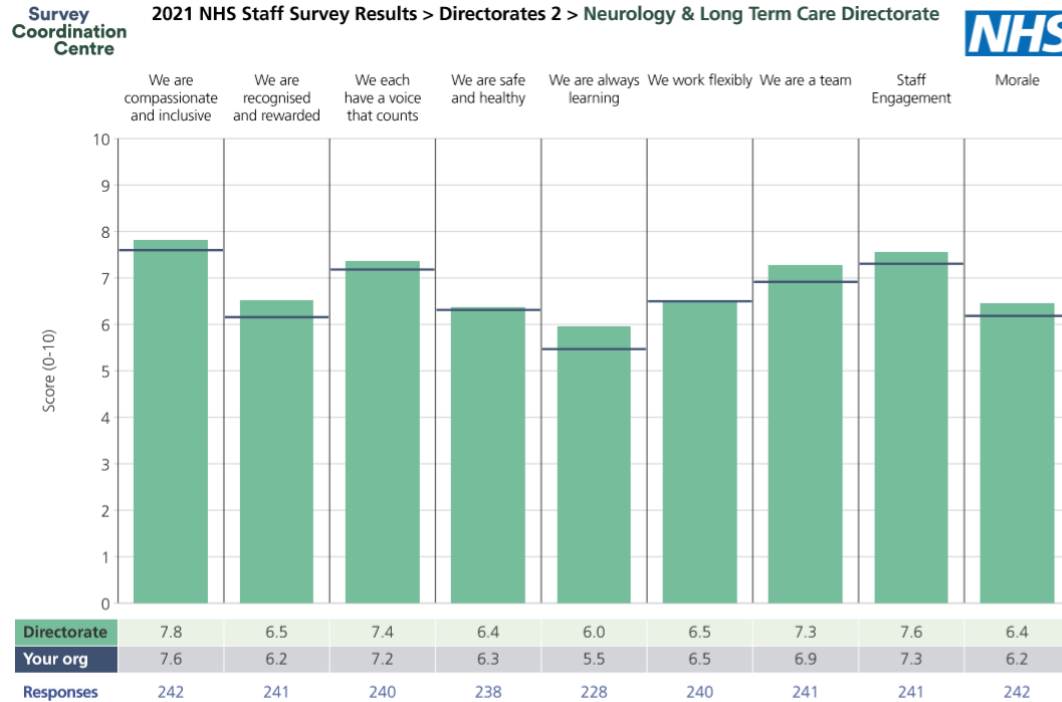
People Promise elements	2020 score	2020 respondents	2021 score	2021 respondents	Statistically significant change?
We are compassionate and inclusive			7.6	598	N/A
We are recognised and rewarded			6.1	598	N/A
We each have a voice that counts			7.2	590	N/A
We are safe and healthy			6.3	587	N/A
We are always learning			5.4	554	N/A
We work flexibly			6.5	595	N/A
We are a team			6.9	597	N/A
Themes	2020 score	2020 respondents	2021 score	2021 respondents	Statistically significant change?
Staff Engagement	7.6	547	7.3	597	↓
Morale	6.5	546	6.2	599	↓

Neurology



The Walton Centre
NHS Foundation Trust

Excellence in Neuroscience



Neurosurgery

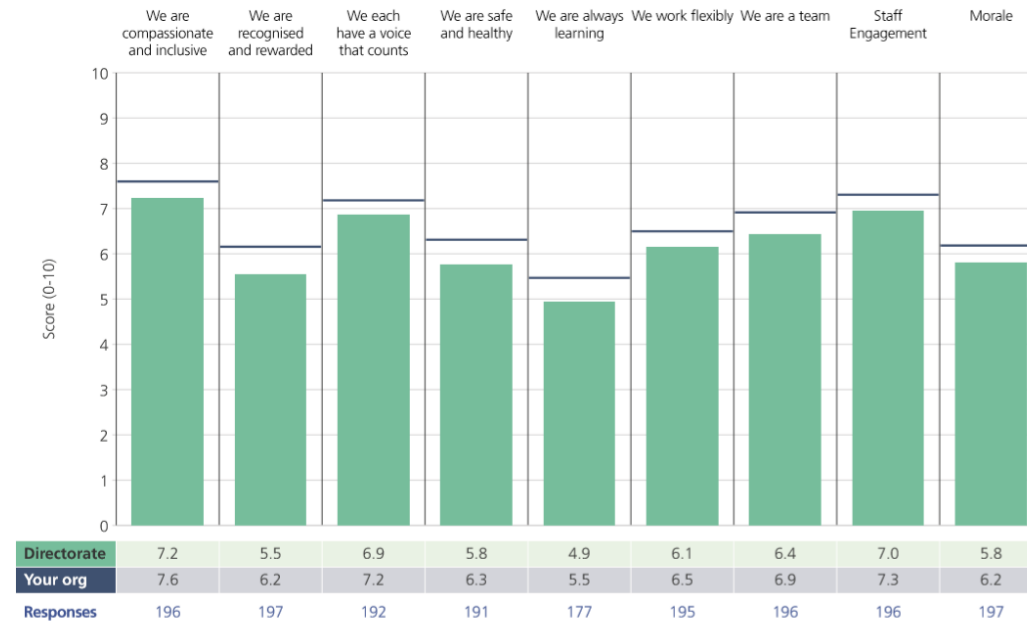


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Excellence in Neuroscience

Survey
Coordination
Centre

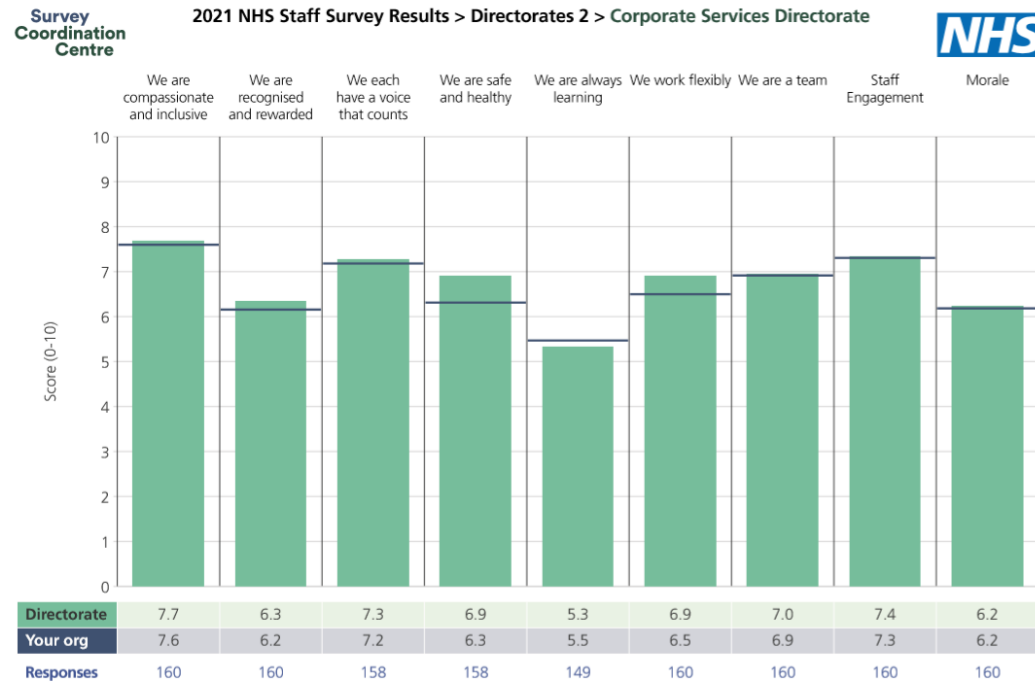
2021 NHS Staff Survey Results > Directorates 2 > Surgery & Critical Care Directorate



Corporate



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14

Areas to celebrate

- We each have a voice that counts- highest score
- We are safe and healthy- highest score
- I have unrealistic time pressures- best score
- Team Working



Areas to Improve

We are always learning- appraisals
Care of patients is my Organisations top
priority-91% to 84%
Recommend as a place to work 78% to 68%
Enough Staff- 50% to 39%



WRES/WDES

- **WRES Headlines**

- **Abuse by patients:** above average experiences of abuse by service users. 25.1% white vs 21.6% BME

- **Abuse from staff:** below average for white, above for BME. 19.7% white vs **33.3%BME**

- **Equal career opportunities:** on average for both white and BME (falling for white – getting worse) **Only 45% of BME feel that they have equal career opportunities.**

- **Discrimination from managers:** increased for white, and BME/ - up **5% for BME**

- **WDES Headlines**

- **Abuse by patients:** above average experiences of abuse by service users – **above average for both staff groups, worse than last year**

- **Abuse from managers:** fallen for both groups, below average - 3% worse for those with disabilities

- **Abuse from colleagues:** worse than last year, below average – **23% of staff with LTC have experienced this**

- **Reporting:** 54% of people with LTC report it (same as average). 58.9 without report it (above average)

- **Equal career opportunities:** Less than last year, **47.9% LTC (below average)** vs 63.3 no LTC.

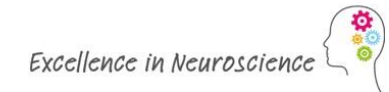
- **Pressure to come to work when not well:** both are average **29% with LTC** vs 20% without

- **Values their work:** above average 43% LTC vs 48.9% no LTC

Adequate adjustments: below average adequate adjustments made



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Next Steps

- Action planning for whole survey 28th March
- TEA events
- Participation in regular NHSI/E People Pulse survey
- Need to continually refresh 'successful' initiatives
- H&WB front and centre
- Create genuine lasting improvements for staff



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Any questions?



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Minutes of the Council of Governors Nominations & Remuneration Committee

Wednesday 29 June 2022

Virtual meeting held on MS Teams

Present

Su Rai	Senior Independent Director (SID) (Chair)
Barbara Strong	Lead (Public) Governor (LG)
Ella Pereira	Partnership Governor (Gov)
John Kitchen	Public Governor (Gov)
Jan Vaughan	Partnership Governor (Gov)
Louise Pate	Staff Governor (Gov)

In Attendance

Katharine Dowson	Corporate Secretary (CS)
Jan Ross	Chief Executive Officer (CEO)
Michelle Shirley	Partner – Gatenby Sanderson (PGS)
Emma Pickup	Senior Partner – Gatenby Sanderson (SPGS)

Apologies

Max Steinberg	Chair
John Kitchen	Public Governor

Ref.	Item
1	Welcome and Apologies
1.1	Apologies as above.
2	Declaration of Interests
2.1	None
3	Minutes of the previous Meeting
	The minutes of the previous meeting, held on 11 May 2022, were agreed as a true and accurate record. There were no open actions for discussion.
4	NED Recruitment (longlisting)
4.1	PGS advised that the longlisting process had been competitive as there had been 47 applications which is a significant number. The purpose of today's meeting was to agree a long list of eight to ten candidates who would be interviewed in the coming week to test their motivation, style and experience.
4.2	PGS reminded the Committee that the Trust want a good Non-Executive Director (NED) who can contribute to the whole breadth of Trust business at the right level of seniority. The Trust was also looking for experience in marketing/branding and/or digital transformation. SPGS added that adding to the diversity in the Board was also a priority for the Trust and Gatenby Sanderson (GS) would also be delving into how candidates had contributed to diversity in their previous leadership roles. There was a good mix of gender and a number of candidates with a disability, but the range of candidates from different ethnic backgrounds was not as wide as had been hoped. SID commented that the demographic information at the front of the report had been helpful.

The Walton Centre NHS Foundation Trust

4.3	PGS outlined the candidates in the A list who were recommended for longlisting.
4.4	A list Candidate 1 - digital transformation background and part of insight programme for aspirant NEDs through which they had received positive feedback. Testing of their focus on technology rather than digital transformation would be key.
4.5	Candidate 2 – CS advised that this candidate was known to the Chair as they currently worked together at the Shakespeare North Trust. This candidate had a digital transformation background with strong links to Liverpool
4.6	Candidate 3 – Current NED in the NHS with a digital transformation background (in financial services). They hold a number of roles and therefore their time availability would need to be tested. LG asked whether it would be appropriate for a NED to be on two NHS Boards and it was agreed that their intentions in their current role would need to be explored.
4.7	Candidate 4 – a very similar background to candidate 3 and currently in an academic role. The Committee felt this candidate offered a very similar skill set to candidate 3 and therefore only one was likely to proceed to interview and therefore a comparison between the two would be helpful.
4.8	Candidate 5 – both marketing and digital transformation and based in Wales. An interesting background in charity and public sector organisations, primarily as a consultant in recent years.
4.9	Candidate 6 – locally connected marketeer, exploration of their wider contribution to the Board would be explored through the next assessment stage. Board experience is as a trustee with charities rather than as a NED.
4.9	Candidate 7 – was a generally experienced, senior candidate in the property sector rather than within digital and marketing.
4.10	Candidate 8 – is a marketing specialist, with experience in the public and charity sectors.
4.11	SID questioned whether some of the candidates had quite a narrow experience and may struggle to contribute to the Board more widely. The Committee agreed that all candidates were of interest and should be longlisted
4.12	PGS advised that List B had some good candidates but they had not made the A list as their experience was at senior manager level rather than Board or they did not have an interest in marketing or digital transformation.
4.13	CS advised that the Chair had highlighted two candidates who could help balance the longlist between marketing and digital transformation. These were candidates 9 and 16 who were both senior marketing professionals. CEO agreed that there needed to be more balance towards marketing but agreed with the Committee that these two candidates did not have sufficient board level experience.
4.14	CS advised that the Governor who had been unable to make the meeting had highlighted candidate 10 who was a previous Governor at the Trust. Following some discussion, it was agreed that as a lay member on Clinical Commissioning Groups they did not have sufficient senior Board level experience. They also did not have any marketing or digital experience.

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4.15	CEO asked the committee to consider candidate 13; although they did not have the marketing or digital experience, they were a good allround candidate with an interesting background and NED experience. The Committee agreed to progress this application which would also widen the diversity of the longlist.
4.16	CEO highlighted candidate 41 who would bring more of a marketing experience. PGS advised that this candidate was on the C list so was not recommended, she also had a primary NHS background so would not bring a fresh perspective. JR agreed that the application was not strong, but she had an excellent reputation. It was agreed to move candidate 41 to the longlist.
4.17	The Committee confirmed that there would be ten candidates (five men and five women) progressed to the next stage. PGS advised that GS would now explore their lived experience, their links to The Walton Centre, their understanding of the role, their time commitment and any other applications that they may have in progress. SID added that it was important to understand how candidates aligned with the Trust values and that candidates understand the difference between a NED and Executive role. GS would also test their knowledge of the NHS and support them to understand it before interview.
4.18	PGS advised that all candidates that had spoken to GS would be phoned and advised of the outcome and those that had applied directly would be emailed. CS noted that there were some candidates who would make excellent Governors and the Trust was currently conducting nominations for Governor elections. CS asked if candidates could be pointed towards the Trust and PGS agreed that this would be appropriate. Action: Link to Governor election information to be sent to GS for unsuccessful candidates. Resolved: To shortlist all candidates on the A list plus candidate 13 from the B list and candidate 41 from the C list
5	NED Recruitment Process
5.1	CS presented the plan for the interview day on Monday 25 July 2022 and advised that further details would be sent out to the committee in the coming days.
6	Any Other Business There was no further business.
7	Date, time and venue of next meeting Tuesday 12 July 1pm. Microsoft Teams

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Minutes of the Council of Governors Nominations & Remuneration Committee

Tuesday 12 July 2022

Virtual meeting held on MS Teams

Present

Max Steinberg	Chair
Barbara Strong	Lead (Public) Governor (LG)
Ella Pereira	Partnership Governor (Gov)
Jan Vaughan	Partnership Governor (Gov)
Louise Pate	Staff Governor (Gov)

In Attendance

Katharine Dowson	Corporate Secretary (CS)
Jan Ross	Chief Executive Officer (CEO)
Nicola Troy	Corporate Governance Officer (CGO)
Michelle Shirley	Partner – Gatenby Sanderson (PGS)
Serena Dobson	Partner – Gatenby Sanderson (SPGS)

Apologies

John Kitchen	Public Governor (Gov)
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Ref.	Item
1	Welcome and Apologies
1.1	Apologies as above.
2	Declaration of Interests
2.1	The Chair declared that he knew two of the candidates from current and previous roles. These were candidates 1 and 4.
3	Minutes of the previous Meeting
3.1	LG advised that John Kitchen had not been in attendance at the last meeting but had been recorded on the minutes as present.
3.2	LG noted that at 4.15 of the minutes, the point had been raised by LG not the CEO.
3.3	Subject to the points raised, the minutes from the last meeting on 29 June 2022 were agreed as a true and accurate record.
3.4	There were no open actions.
4	NED Recruitment (Shortlisting)
4.1	PGS reported that there were ten candidates who had been interviewed by Gatenby Sanderson (GS). Five were recommended as bringing the required broad experience, some of whom had previous Non-Executive Director (NED) experience.

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4.2	There were three marginal candidates who could offer a more specialised experience but had less of the broader board experience. Two candidates were not recommended at this point as they did not have the requisite experience.
4.3	PGS asked whether the Trust wanted someone who would be 'board ready' or were the Trust able to support someone with less experience who may bring something slightly different around diversity. CEO replied that the Trust did need someone with board experience at this point as the last two NEDs appointed in January were in their first Board NED roles.
4.4	CS reminded the group that it was important to consider what strengths the candidates could bring to complement the Board rather than duplicate current skillsets. CS also reminded the Committee that expertise in digital or marketing had been highlighted as gaps, as had diversity. Given the candidates on the shortlist it was likely to be challenging to achieve greater diversity on the Board, but it was something to consider in decision making today. The Chair added that the Trust faces issues of raising its profile and although this is the role of the Executive having a non-executive who can give challenge and leadership views on this matter would be of benefit.
4.5	PGS presented the five candidates on the recommended list: Candidate 1 Has a strong digital transformation background in both the public and private sectors working at Chief Executive level and with Non-Executive experience. This candidate was likely to think differently and be challenging and was overall, a strong candidate.
4.6	Candidate 2 Was confident and well prepared and demonstrated good understanding of the context in which the Trust operates. An experienced NED and Trustee with an understanding of the importance of quality care. CS asked whether there may be a conflict of interests as this candidate was a Trustee of a key stakeholder organisation
4.7	Candidate 3 Experienced in digital transformation and in promoting inclusion in their leadership role. Also an experienced Non-Executive Director.
4.8	Candidate 4 A marketing director with Chief Executive experience and broad experience in the Liverpool area. PGS asked if there could be a conflict of interest with this candidate, given his role with the knowledge quarter. The Committee considered that this would not be a conflict..
4.9	Candidate 5 A strong, well-prepared candidate working as a marketing director. More familiar with Manchester than Liverpool but could bring a different perspective because of this. While this candidate has not been a NED they have had a similar roles as a Trustee.
4.10	The Committee agreed that these candidates were strong. LG noted that two candidates 4 and 3 were similar although candidate 4 did not appear to have strength in diversity and inclusion. Gov (LP) asked if any of the marginal candidates could bring more of the balance the Committee were looking for including diversity. LG commented that in the recommended group there were four men, one woman and nobody with a Black, Asian, Minority Ethnicity (BAME) background.

4.11	CEO agreed that some of the candidates were similar and possessed similar qualities to current members of the board. Diversity is important including having a diversity of approach and thought. Care Quality Commission (CQC) had set expectations that Board should represent their population and different voices and asked the Committee to be mindful to avoid recruiting more of the same skill sets.
4.12	CS commented that while Candidate 4 did not have a strong background in leadership on equality, diversity and inclusion (EDI) they had a strong focus on deprivation and social inclusion. PGS replied that Candidate 4 was good and understood deprivation but had less experience on leadership in this area.
4.13	PGS presented the candidates who were in the marginal list. Candidate 6 had interviewed well, showing dedication, passion and a genuine desire to make a difference. However, they were untested as a NED and had very limited experience on Boards. They had also shown a lack of knowledge about the Trust and its operations despite having completed an associate NED role at a NHS Trust. Their experience in digital was largely about systems rather than true transformation.
4.14	Candidate 7 Brought a strong technical knowledge and passion for problem solving but not always following this through to delivery as had worked in interim roles for some time. This candidate was untested as a NED and their ability to contribute widely to the Board was not apparent through their responses.
4.15	Marginal Candidate 3 A NHS executive who understands the NHS well with a strong marketing background but struggled to articulate her wider corporate contribution.
4.16	The Committee agreed that Candidate 2 was of interest for their breadth of experience which encompassed marketing and digital transformation. They could also bring a challenge to the Board and a new way of looking at issues.
4.17	LG commented that Candidate 3 did not have the breadth of experience to be progressed and the Committee agreed. LG referenced the unconscious bias training recently completed by the Committee and asked how candidates such as Candidate 1 could get the opportunity for Board level experience. LG asked if they could be supported by a more experienced NED to understand the role and responsibilities.
4.18	CEO suggested that the associate NED route was an option which the Trust had not previously explored. However, Candidate 1 had already completed this elsewhere but had still not been able to articulate the context in which the Trust was working. The Chair felt that there was a gap in experience for Candidate 1 but agreed that the Associate NED roles should be explored. Action: Associate NED role to be explored with CEO and Chair (CS)
4.19	After further discussion Candidates 1 and 3 were not progressed to interview as their skill sets did not bring sufficient additional skills and experience to the Board.
4.20	Resolved: Candidates 1,4, 5 and 7 to be invited to interview.

The Walton Centre NHS Foundation Trust

5	NED Recruitment Process CS presented the plan for the interview day on Monday 25 July 2022 and advised that further details would be sent out to the committee in the coming days.
6	Any Other Business There was no further business.
7	Date, time and venue of next meeting To be confirmed

**Report to Council of Governors
8 September 2022**

Report Title	Nominations Committee Terms of Reference		
Executive Lead	Jan Ross, Chief Executive		
Author (s)	Katharine Dowson, Corporate Secretary		
Action Required	To approve		
Level of Assurance Provided <i>(do not complete if not relevant e.g. work in progress)</i>			
<input checked="" type="checkbox"/> Acceptable assurance Systems of controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/> Partial assurance Systems of controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/> Low assurance Evidence indicates poor effectiveness of system of controls	
Key Messages <i>(2/3 headlines only)</i>			
<ul style="list-style-type: none"> Terms of Reference (ToR) have been refreshed with minimal changes 			
Next Steps <i>(actions to be taken following agreement of recommendation/s by Board/Committee)</i>			
N/A			
Related Trust Strategic Ambitions and Themes		Impact <i>(is there an impact arising from the report on any of the following?)</i>	
People		Not Applicable	Not Applicable
Strategic Risks <i>(tick one from the drop down list; up to three can be highlighted)</i>			
Not Applicable	Choose an item.	Choose an item.	
Equality Impact Assessment Completed <i>(must accompany the following submissions)</i>			
Strategy <input type="checkbox"/>	Policy <input type="checkbox"/>	Service Change <input type="checkbox"/>	
Report Development <i>(full history of paper development to be included, on second page if required)</i>			
Committee/ Group Name	Date	Lead Officer (name and title)	Brief Summary of issues raised and actions agreed
Nominations Committee	5 September 2022	Katharine Dowson, Corporate Secretary	Draft ToR agreed by Committee

Terms of Reference (ToR) Nominations Committee

Background and Analysis

1. A review of the ToR has taken place at Nominations Committee and has been agreed. There has only been one change made which was proposed by the Committee. The quorum described in paragraph 7 of the ToR (Appendix 1), has been amended from 'to include two *elected* governors' to two governors'.
2. The format has been refreshed in line with other Board Committees.

Conclusion

3. The ToR have been updated to ensure they remain fit for purpose and reflect the requirements for the Committee as set out in the Trust Constitution.

Recommendation

To approve

Author: Katharine Dowson
Date: 5 September 2022

Appendix 1 – Terms of Reference

Appendix 1

COUNCIL OF GOVERNORS NOMINATIONS AND REMUNERATION COMMITTEE TERMS OF REFERENCE

Authority/Constitution

1. The Nominations and Remuneration Committee (*hereinafter referred to as 'the Committee'*) is constituted as a standing Committee of the Council of Governors. The Committee's constitution and terms of reference shall be as set out below, subject to amendment at future Council of Governors meetings.
2. The Committee is authorised by the Council of Governors to act within its Terms of Reference (ToR). All members of staff re requested to cooperate with any request made by the Committee.
3. The Committee is authorised by the Council of Governors, subject to funding approval by the Board of Directors to request professional advice and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for, or expedients to, the exercise of its functions.

Purpose

4. The Committee is responsible for making recommendations to the Council of Governors on the appointment and remuneration of the Chairman and Non-Executive Directors of the Trust and on plans for their succession.

Membership

5. The Committee shall be appointed by the Council of Governors and comprise the following members:
 - Trust Chair (Chair)
 - Lead Governor
 - Up to four additional Governors, to include at least three elected Governors
6. The following may be invited to attend for all, or part of, any meeting as appropriate to provide support and advice to the Committee
 - Chief Executive
 - Corporate Secretary
 - Chief People Officer
7. The quorum necessary for the transaction of Committee business shall be three members, to include at least two Governors and the Chair. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee

8. The Chair of the Committee shall be the Chair of the Board of Directors. They may appoint the Deputy Chair or Senior Independent Director to deputise in their absence. In the absence of the Chair and/or an appointed Deputy, the remaining members present shall elect one of their number to chair the meeting. The Chair shall not chair the Committee when it is dealing with the matter of succession to the Chair position and shall not participate in discussions concerning their performance or possible re-appointment.
9. Other staff or external advisers may be co-opted or requested to attend for specific agenda items as necessary.

Requirements of Membership

10. Members should attend at least 75% of all meetings each financial year but should aim to attend all scheduled meetings. Attendance will be recorded and monitored and it is a requirement to record this in the Annual Report.
11. 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. Committee/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

12. In order to fulfil its role and obtain the necessary assurance, the Committee will ensure that:
 - 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
 - Managing the process for any removal of the Chair and other Non-Executive Directors.

Data Privacy

13. The Committee is committed to protecting and respecting data privacy. The Quality Committee 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

14. In conducting its business, the Committee 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 our community.

Reporting

15. The Committee will be accountable to the Trust Executive Directors. The Executive Directors will be informed of the Committee's work through receipt of the action notes to the Executive Director's meeting.
16. HMG sits in parallel with the Trust's governance structure and holds no powers of authorisation or approval in its own right. It can make recommendations to escalate items under discussion to other Trust Groups or Committees, Executive Directors or the Trust Board to facilitate the approval process. HMG can allocate actions to members of HMG.

Administration of Meetings

17. Meetings shall be held monthly, with additional meetings held on an exception basis at the request of the Chair or any three members of the Group. There shall be a minimum of ten meetings per year.
18. The Corporate Secretary will make arrangements to ensure that the Committee is supported administratively. Duties in this respect will include development and monitoring of a workplan, agenda setting, taking action notes of the meeting and providing appropriate support to the Chair and Group members.
19. Agendas and papers will be circulated at least four working days in advance of the meeting.
20. Action notes will be circulated to members for comment as soon as is reasonably practicable. Any actions arising out of the meeting shall be formally recorded, checked by the Chair and submitted for agreement and updates from the action owner at the next meeting.
21. An annual cycle of business will be agreed which will be reviewed at each meeting by the Group ensure it is meeting its duties.

Review

22. The Terms of Reference shall be reviewed annually and approved by the Trust Executive Team.
23. The Committee will undertake an annual review of its performance against its work plan in order to evaluate the achievement of its duties.

Approved: September 2022
Review Date: September 2023

**Report to Council of Governors
8 September 2022**

Report Title	Trust Constitution		
Executive Lead	Jan Ross, Chief Executive		
Author (s)	Katharine Dowson, Corporate Secretary		
Action Required	To approve		
Level of Assurance Provided <i>(do not complete if not relevant e.g. work in progress)</i>			
<input checked="" type="checkbox"/> Acceptable assurance Systems of controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/> Partial assurance Systems of controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/> Low assurance Evidence indicates poor effectiveness of system of controls	
Key Messages <i>(2/3 headlines only)</i>			
<ul style="list-style-type: none"> Proposed change to the Constitution regarding the quorum for the Council of Governors 			
Next Steps <i>(actions to be taken following agreement of recommendation/s by Board/Committee)</i>			
<ul style="list-style-type: none"> Ratification by Annual Members Meeting 			
Related Trust Strategic Ambitions and Themes	Impact <i>(is there an impact arising from the report on any of the following?)</i>		
All Applicable	Not Applicable	Not Applicable	Not Applicable
Strategic Risks <i>(tick one from the drop down list; up to three can be highlighted)</i>			
All Risks	Choose an item.	Choose an item.	
Equality Impact Assessment Completed <i>(must accompany the following submissions)</i>			
Strategy <input type="checkbox"/>	Policy <input type="checkbox"/>	Service Change <input type="checkbox"/>	
Report Development <i>(full history of paper development to be included, on second page if required)</i>			
Committee/ Group Name	Date	Lead Officer (name and title)	Brief Summary of issues raised and actions agreed
Council of Governors Advisory Group	16 August 2022	K Dowson, Corporate Secretary	Agreed with proposal and recommended approval to Board of Directors and Council of Governors
Board of Directors	1 September 2022	K Dowson, Corporate Secretary	Approved, subject to approval by Council of Governors and ratification by Annual Members Meeting

Changes to Constitution

Background

1. The Trust Constitution includes the Standing Orders of the Trust. These are effectively the Terms of Reference for the Council of Governors and Board of Directors. The Trust Constitution also details how Governors are elected and outline the membership of the Trust. The Constitution was last reviewed in 2018. The quorum is the minimum number of Governors required at a meeting in order for any decisions to be made.
2. A full review of the Constitution was planned for 2022/23, however given the imminent update to the NHS England Code of Governance which may require further Constitutional changes it is proposed to wait until this is published and conduct a full review at a later date. The Code of Governance has recently been out to consultation and Governors were invited to a Liverpool-wide information session for Governors on the new document in June.
3. However, it is considered that the issues caused by the current quorum level need to be addressed more quickly as it has been clear for some time that the level of quoracy required to make decisions is negatively impacting on the flow of business and decision-making. Meetings are frequently delayed while a number of Governors are requested to join to get to eleven. In June the Council was not quorate so was not able to approve the new Membership Engagement Strategic Plan.

Changes to Quorum

4. In 2018, item 4.17 of the Constitution regarding quorum was changed. The number of Governors (eleven) required was maintained, but the requirement to have a certain number of public/ staff/ appointed was removed. The relevant section of the current constitution is below.

4.17 Quorum

4.17.1 Eleven Governors shall form a quorum.

4.17.2 If a Governor has been disqualified from participating in the discussion on any matter and from voting on any resolution by reason of the declaration of a conflict of interest s/he shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

4.17.3 The Council of Governors may agree that its members can participate in its meetings by telephone, video or video media link. Participation in a meeting in this manner shall be deemed to constitute presence in person at the meeting.

5. The current quorum of eleven Governors is based on a standard figure (used by many Trusts) which is one-third of Governors. The Walton Centre constitution sets out 33 Governors posts in total. However, as Governor numbers are now at 19 this means that effectively quoracy is

over 50% of Governors. Given work pressures, annual leave and sickness this puts significant pressure on a core group of Governors to attend. A review of other constitutions (Table 1) shows a range of approaches to quoracy.

Table 1 – Quorum for other Foundation Trusts

Trust	Quorum
Liverpool University Hospital NHS FT	10 (5 elected, 1 appointed)
Mid Cheshire Hospitals	1/3 (1 staff, half public Governors)
Kingston Hospital	1/3 (5 public, 2 staff, 1 appointed)
Manchester University Hospitals	11 (4 public, 1 staff, 1 appointed)
Sheffield University Hospitals	1/3 (5 public, 1 staff, 1 patient)
Liverpool Heart and Chest	10 Governors
East London	1/3 (1/3 to be public Governors)

6. It is proposed that the Governors and Board of Directors consider moving to a one-third minimum approach. This would be based on the number of Governors in place, not the number of available posts. This would make the current quorum seven. Following current Governor elections, it is anticipated that the number of Governors in post will be 22 and the quorum would then be eight. It is not proposed to put any further restrictions in on the numbers as this is what was removed in 2018.

7. The proposed new wording for 4.17.1 would be

One third of current Governors shall form a quorum.

Conclusion

8. The Council of Governors has consistently carried a number of vacancies for some time which indicates that a review of the Governor posts may need to be considered as part of a wider review. With the move to collaborative working at Place having twelve partnership Governors to represent significant local stakeholders may not be as necessary as it was in 2009 when the Trust Constitution was first adopted. Many of these posts have never been filled by the partner organisations

9. The change proposed to the quoracy in the short-term will aid the business of the Trust and take the pressure off the current Governors. Although pressure will be relieved with the new Governors starting in September, moving to a proportional quorum rather than a set number would protect the Governors against non-quorate meetings if there are any further vacancies. However when numbers are stronger the quorum will automatically rise to reflect this.

Recommendation

To approve, subject to ratification by the members at the Annual Members Meeting.

Author: Katharine Dowson, Corporate Secretary

Date: August 2022

COG CYCLE OF BUSINESS 2022-2023

COG CYCLE OF BUSINESS 2022-2023			Quarter 1	Quarter 2	Quarter 3	Quarter 4
Agenda Items	Action Required	Lead	June	Sept	Dec	Mar
Standing Items						
Welcome and apologies	Information	Chair	✓	✓	✓	✓
Formal Introductions from all attending and presenting	Information	Chair	✓	✓	✓	✓
Declarations of Interest	Information	Chair	✓	✓	✓	✓
Minutes of previous meeting	Decision	Chair	✓	✓	✓	✓
Matters Arising Action Log	Information	Chair	✓	✓	✓	✓
Governor Items						
Lead Governor Report	Information	Lead Governor	✓	✓	✓	✓
Strategy and Performance						
Strategic Context - Chairs Report	Information	Chair	✓	✓	✓	✓
COVID Update-	Information	Director of Workforce and Innovation	✓	✓	✓	✓
Integrated Performance Report	Information	Director of Finance	✓	✓	✓	✓
Annual Review - Trust Strategy 2018 - 2023	Information	Chief Executive	✓			
Equality Diversity & Inclusion Strategy	Information	Director of Workforce and Innovation			✓	
Patient Experience Strategy, Activity and Engagement update	Information	Head of Patient Experience	✓			
Quality & Safety						
Draft Annual Quality Account (incl. Auditors opinion)	Information	Director of Nursing and Governance	✓			
Selection of Quality Account Priorities	Decision	Director of Nursing and Governance			✓	
PLACE results	Information	Director of Operations and Strategy	✓			
Patient Experience and Listening Week Feedback	Information	Head of Patient Experience			✓	
National Inpatient Survey	Information	Director of Nursing and Governance			✓	
Staff Survey Results	Information	Director of Workforce and Innovation	✓	✓		
Regulatory/Governance						
Annual Review of Trust Operational Plan	Information	Director of Operations and Strategy				
Annual Audit Committee Report	Information	NED Chair		✓ at AMM		
Annual COG Effectiveness Review	Information	Corporate Secretary	✓			
Annual Review of COG Sub-group Terms of Reference & Membership	Decision	Corporate Secretary				✓
Annual Declaration of Fit and Proper Persons	Information	Corporate Secretary	✓			
Annual Register of Interests	Information	Corporate Secretary				✓
Governor Elections	Information	Corporate Secretary				✓
Governor Election Results and welcome to New Governor	Information	Chair		✓		
Appointment of Trust Chair*	Decision	Lead Governor	As required			
Appointment of the Chief Executive*	Decision	Chair				
Appointment of the Deputy Chair of the Trust*	Decision	Chair				
Bi-Annual Appointment of Lead Governor*	Decision	Corporate Secretary				
Governor Committee Assurance Reports						
Membership and Engagement Group	Information	Governor Chair	✓	✓	✓	✓
Advisory Committee	Information	Governor Chair	As required			
Nominations Committee	Information	Governor Chair	As required			
Board Committee Assurance Reports						
Audit Committee Chair's Assurance Report	Information	NED Chair	✓	✓	✓	✓
Business Performance Committee Chair's Assurance Report	Information	NED Chair	✓	✓	✓	✓
Walton Centre Charity Chair's Report	Information	NED Chair	✓	✓	✓	✓
Quality Committee Chair's Assurance Report	Information	NED Chair	✓	✓	✓	✓
Research, Development and Innovation Committee Chair's Assurance Report	Information	NED Chair	✓	✓	✓	✓
Items to Note						
Governors Calendar and Cycle of Business	Information	Corporate Secretary	✓	✓	✓	✓
Questions on Notice from members and governors	Information	Chair	When received			

UNCONFIRMED

**MINUTES
COUNCIL OF GOVERNORS MEETING HELD IN PRIVATE
8 March 2022
MS Teams**

Present:

Name	Role		Initials
Su Rai	Non Executive Director		NED
Jonathan Desmond	Public Governor	Merseyside	Gov
William Givens	Public Governor	Merseyside	Gov
Robert Howe	Public Governor	Cheshire	Gov
John Kitchen	Public Governor	North Wales	Gov
John Lloyd-Jones	Public Governor	Merseyside	Gov
Nanette Mellor	Partnership Governor	The Brain Charity	Gov
Ella Pereira	Partnership Governor	Edge Hill University	Gov
Thomas Stretch	Public Governor	Cheshire	Gov
John Taylor	Public Governor	North Wales	Gov
Jan Vaughan	Partnership Governor	M'side & Cheshire Clin Network	Gov
Melanie Worthington	Partnership Governor	Cheshire & M'side Neuro Alliance	Gov

In attendance:

Katharine Dowson	Corporate Secretary		CS
Carol Miller	Meeting Administrator -	Corp Gov & Membership	MA

Apologies:

Amanda Chesterton	Staff Governor	Clinical	Gov
Rhys Davies	Staff Governor	Medical	Gov
Louis Pate	Staff Governor	Nursing	Gov

1. Welcome and Apologies

- 1.1. Apologies were received and noted as above.
- 1.2. The meeting was quorate

2. Declarations of Interest

- 2.1. None

3. Chairs Appraisal

- 3.1. The Chairs appraisal had taken place and had been submitted in compliance with NHSE/I obligations and timescales.

4. Acting Chairs (AC) Appraisal

- 4.1. The Acting Chairs appraisal had taken place in January and he had been measured against objectives set when he was conducting his role as NED and objectives set in August 2021 when undertaking his role as Acting Chair.
- 4.2. The appraisal had included feedback from governors, Executives and NEDs and SID advised that the AC had approached it in a professional and reflective manner. It had been noted that he had undertaken the role at short notice, during Covid recovery and a time of change within the NHS and he had undertaken the role effectively and proactively engaged with external Chairs. A few learning points had been identified and the overall outcome had been effective and successful with positive feedback received.

4.3. The CoG noted the Acting Chairs Appraisal

5. Any Other Business

5.1. None

6. Close of Meeting

UNCONFIRMED

**MINUTES
COUNCIL OF GOVERNORS PRIVATE MEETING
14 June 2022
Boardroom, The Walton Centre/ MS Teams**

Present:

Name	Role		Initials
Max Steinberg (Chair)	Trust Chair	Walton Centre Foundation Trust	TC
Amanda Chesterton	Staff Governor	Clinical	Gov-AC
Jonathan Desmond	Public Governor	Merseyside	Gov- JD
Peter Clegg	Public Governor		Gov-PC
Louis Pate	Staff Governor	Nursing	Gov-LP
Ella Pereira	Partnership Governor	Edge Hill University	Gov
Barbara Strong	Lead Governor	Merseyside	LG
John Taylor	Public Governor	North Wales	Gov
Melanie Worthington	Partnership Governor	Cheshire & M'side Neuro Alliance	Gov

In attendance:

Katharine Dowson	Corporate Secretary		CS
Tracey Eaton	Personal Assistant to Chief Nurse for Minutes		PA

Apologies:

Rhys Davies	Staff Governor	Medical	Gov-RD
William Givens	Public Governor	Merseyside	Gov-WG
Robert Howe	Public Governor	Cheshire	Gov-RH
John Lloyd-Jones	Public Governor	Merseyside	Gov-JLJ
Nanette Mellor	Partnership Governor	The Brain Charity	Gov- NM
Jan Vaughan	Partnership Governor	C&M Clinical Network	Gov-JV

1. Welcome and Apologies

All welcomed by the new chair Max Steinburg and apologies were noted.

2. Minutes of meetings

There were no amendments noted for the minutes. As this meeting was not quorate, the minutes of the private COG meeting held 08/03/22 would be confirmed at the next private COG meeting on 08 September 2022.

3. AOB

None presented

4. Review of the Meeting

4.1. All agreed that the new agenda giving greater focus on the Non-Executive Directors (NED) was a positive addition to the meeting, allowing for healthy discussion and debate and for assurances to be gained.

4.2. GOV-LP drew attention to the Trust Strategy noting that development has been in progress for some time but managers are not fully conversant with the contents but they are still expected to ensure that their teams know key aims. GOV-AC advised that all staff are being encouraged to attend the TEA (talk, engage action) events being held by the Executive at which staff can be shown how the strategy applies to them. Some vocabulary within the document was highlighted as not particularly useful (e.g., triumvirates)

- 4.3. TC noted that the draft strategy had been sent to an external wordsmith in order that the vocabulary was intelligible and understood by all. Photographs and animations would also be included. TC reported that the new draft strategy was much improved and was due at Trust Board for final sign off in July. The Head Communications & Marketing had been asked to ensure that the Strategy is communicated to all areas within the Trust.
- 4.4. GOV-JT drew attention to the fact that once again the meeting was not quorate. It was noted that many apologies had been received due to holidays or other commitments. The CS verified that quoracy is currently 11 members which is difficult to achieve when there are only 20 governors. The CS noted that whilst reviewing the constitution she would suggest that the quoracy is lowered. Further discussion ensued and it was agreed that quoracy should be proportionate to the number of elected governors. This would enable meetings to be quorate so that business can be conducted in a more timely manner. TC conveyed his thanks for the comments raised advising that these have been noted.
- 4.5. TC requested feedback from the governors with regards to how the COG meetings are conducted, both positive and negative and whether anything could be improved. TC conveyed his thanks to all of the governors for their continued support and contributions to the Trust.

Next meeting: Thursday 8th September at 13:00 in the Lecture Theatre Sid Watkins Building