# Meeting Of The Council of Governors
## Agenda

Thursday 8th December 2022
13:30-16:00

**Lecture Theatre 2nd Floor**

**Sid Watkins Building**

# MEETING OF COUNCIL OF GOVERNORS AGENDA

**Thursday 8 December 2022**
**13:30 to 16:15**

**Lecture Theatre, Sid Watkins Building, The Walton Centre**

| Ref | Time | Item | Owner | Purpose |
|---|---|---|---|---|
| **STANDING ITEMS** | | | | |
| 1 | 13:30 | Welcome and Apologies (v) | Deputy Chair | Information |
| 2 | 13:35 | Declarations of Interest (v) | Deputy Chair | Information |
| 3 | 13:40 | Action Log (v) | Deputy Chair | Information |
| 4 | 13:45 | Minutes of meetings held on 08 September 2022 (d)<br>• Council of Governors Meetings<br>  -14 June 2022<br>  - 8 September 2022<br>  - 8 November 2022 (extra ordinary)<br>• Annual Members Meeting - 8 September 2022 | Deputy Chair | Approve |
| **GOVERNOR ITEMS** | | | | |
| 5 | 13:50 | Lead Governor's Report (d) | Lead Governor | Information |
| 6 | 13:55 | Chair's Report (v)<br>• CMAST and ICS<br>• External Stakeholder Meetings<br>• University Hospital Status<br>• Trust Strategy Launch<br>• Governor Resignations<br>• New Non-Executive Director | Deputy Chair | Information |
| **INTEGRATED PERFORMANCE REPORT** | | | | |
| 7 | 14:05 | Performance and Finance:<br>Business and Performance Committee Chair's Assurance Reports – Sept/Oct/Nov (d) | NED Committee Chair | Assurance |
| 8 | 14:10 | Quality: Quality Committee Chair's Assurance Reports – Sept/Oct/Nov (d) | NED Committee Chair | Assurance |
| 9 | 14:15 | Equality Diversity & Inclusion Update (d) | Chief People Officer | Assurance |
| **BOARD COMMITTEES CHAIR'S ASSURANCE REPORTS** | | | | |
| 10 | 14:25 | Audit Committee -18 October 2022 (d) | NED Committee Chair | Assurance |
| 11 | 14:30 | Research, Innovation and Medical Education Committee - 7 September 2022 (d) | NED Committee Chair | Assurance |
| 12 | 14:35 | Walton Charity Committee – 21 October 2022 | NED Committee Chair | |
| **14:40 BREAK (10 minutes)** | | | | |

**v = verbal, d = document p = presentation**

| Ref | Time | Item | Owner | Purpose |
|------|------|------|-------|---------|
| **QUALITY AND SAFETY** | | | | |
| 13 | 14:50 | Quality Account 2022/23 Priorities (p)<br>*Quality Manager* | Chief Nurse | Decision |
| 14 | 15:00 | CQC National Inpatient Survey Results (p)(d) | Head of Patient Experience | Assurance |
| 15 | 15:10 | External Audit Contract (p) | Deputy Head of Finance | Assurance |
| **REGULATORY/GOVERNANCE** | | | | |
| 16 | 15:20 | New Code of Governance and Governor Addendum to Statutory Duties (d) | Corporate Secretary | Assurance |
| 17 | 15:30 | Lead Governor Appointment (d) | Corporate Secretary | Decision |
| **GOVERNOR COMMITTEES** | | | | |
| 18 | 15:40 | Membership and Engagement Group (d)<br>Minutes of the Meetings held on:<br>• 16 August 2022<br>• 15 November 2022 | Committee Chair | Assurance |
| 19 | 15:50 | Nominations Committee (d)<br>Minutes of the Meetings held on:<br>• 5 September 2022<br>• 30 September 2022<br>• 11 October 2022<br>• 30 November 2022 | Committee Chair | Assurance |
| 20 | 16:00 | CoG Advisory Committee (d)<br>Minutes of the Meeting held on 16 August 2022 | Committee Chair | Assurance |
| **CLOSE OF MEETING** | | | | |
| 21 | 16:05 | Any Other Business (v) | Deputy Chair | N/A |

**Date of Next Meeting:**
Tuesday 14 March 2023, 1.30-4.30pm
Lecture Hall, Sid Watkins Building, Walton Centre NHS Foundation Trust

Please Note – The Governors Pre-meeting will take place on
Thursday 8 December 12:45 in person.

**v = verbal, d = document p = presentation**

**UNCONFIRMED**

**MINUTES**
**COUNCIL OF GOVERNORS PUBLIC 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 | (from 2:30) | 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-JT |
| Melanie Worthington | Partnership Governor | Cheshire & M'side Neuro Alliance | Gov-MW |

**In attendance:**

| | | |
|---|---|---|
| Karen Bentley | Non-Executive Director | NED-KB |
| Mike Burns | Chief Finance Officer | CFO |
| Lisa Judge | Head of Patient & Family Experience | HPFE |
| Julie Kane | Quality Manager & Freedom to Speak up Guardian | QMNED- |
| Paul May | Non-Executive Director | PM |
| Andy Nicolson | Medical Director | MD |
| Su Rai | Senior Independent Director | NED-SR |
| Lisa Salter | Chief Nurse | CN |
| Lindsey Vlasman | Chief Operating Officer | COO |
| Ray Walker | Non-Executive Director | NED-RW |
| 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 Ross | Chief Executive Officer | The Walton Centre | CEO |
| David Topliffe | Non-Executive Director | The Walton Centre | NED-DT |
| Jan Vaughan | Partnership Governor | C&M Clinical Network | Gov |

**1   Welcome and Apologies**

1.1.   This was the first COG meeting to be chaired by Max Steinberg, the Trust's new Chair who was warmly welcomed and introductions were made. Apologies were received and noted as above.

1.2.   The meeting was not quorate. The Membership Strategy will therefore come to the next meeting for discussion and ratification. See further discussion in pargraph18 below.

**2.  Minutes of meetings**
No changes were made to the minutes dated 8 March 2022. These would be approved at the GOG meeting in September 2022.

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3. **Action Log**
   The action log was reviewed. The closed items, noted below, were agreed as closed and would be removed from the action log. For all other actions, please refer to the action log.

   - Meeting 08/03/22 item 10 – NHS.net mail for Governors. Two Governors have taken this up and is now complete
   - Meeting 08/03/22 item 12 – COG effectiveness review results – this is on the agenda – refer to item 8 below
   - Meeting 08/03/22 item 13 – agenda to be reviewed to centralise role of Governors – agenda revised.

4. **Declarations of Interest**
   4.1. The Chair (TC) advised he is also the Chair of the Shakespeare North Playhouse and Chair of the Roy Castle Lung Cancer Foundation.

   4.2. Gov-TS advised that he is a Councillor with Halton Borough Council.

5. **Lead Governor's Report**
   5.1. The Lead Governor (LG) presented her report and conveyed her thanks for the opportunities provided for the governors to feed into the new Trust Strategy.

   5.2. Governor Training was highlighted and all governors were encouraged to attend as the training is well-delivered and useful.

   5.3. Attention was also drawn to the forthcoming NED recruitment at which the governors will be involved. In addition, it was noted that there are currently ten governor vacancies within the Trust and nominations are currently open. LG asked all to share this information to attract more nominees.

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

6. **Chairs Report**
   6.1. In response to item 10 in the Lead Governor's report regarding Chair and Governors online briefings, TC advised that he is arranging for face-to-face meetings with small groups of governors (from July to Sept) to have informal discussion. The CS will join where possible. TC noted that he also hopes to have one to one meetings with NEDs.

   6.2. Having now been in post as WCFT Chair for three months, TC reported that he has had meetings with external bodies and recently met with Raj Jane designated chair of the Integrated Care Board (ICB). It was noted that a review of the structure of NHS services within the region is to be commissioned at the request of the Government. TC had noted his concerns with regards to the timing of the review and had also made clear the contributions and collaboration provided by WCFT. Updates as to when the review will commence would be provided when known.

   6.3. TC confirmed that he had undertaken walkabouts within the Trust and that the governors shortly would receive notification of dates when they could join the NEDs on their walkabouts.

   6.4. TC drew attention to the launch of the Integrated Care System (ICS) on 1 July 2022, noting that there inevitably would be a period of adjustment and learning as services moved from Clinical

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Commissioning Groups (CCG) to the ICB/ICS. TC anticipated further guidance with regards to ICS operations and finance would be forthcoming.

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

7. **Trust Strategy**
   7.1. TC conveyed his thanks to the governors for their comments received regarding the Trust Strategy. Comments had been acknowledged and the strategy was almost complete. It was being sent to an external company for support with wording and presentation so that the document was meaningful and intelligible.

   7.2. The MD added that the strategy has been discussed at a number of board meetings and duly amended following feedback received. The finalised strategy would be presented to the Board in July for sign off. Further discussion would take place regarding presentation of the Strategy to Trust staff and to governors.

**The Council of Governors noted the Trust Strategy Update**

8. **Annual COG Effectiveness Review**
   The CS presented the COG Effectiveness Review noting that this was the first time the exercise had been undertaken and this would be conducted annually going forwards. Key points from the report were noted as follows: -

   8.1. Response to the review was about 55% which would hopefully increase at the next review as governor responses would provide useful insight and data. Overall responses were positive with 77% strongly agreeing or agreeing with statements and none strongly disagreeing. Graphs of all outcomes were included in the report.

   8.2. The CS drew attention to a key set of questions relating to governors holding the Trust to account. Whilst most responses were positive it was noted that some highlighted a lack of understanding in this area which would be worked upon throughout the year. With regards to opportunities to question the Board, not all governors agreed with this statement. It was felt the COG agenda did not lend itself to such questioning, hence the change in the format of the agenda for this meeting with NEDs leading discussions. This change would provide the governors with the opportunity to put questions to the both the NEDs and the Executive Directors would support with additional information as required

   8.3. With regards to membership engagement, the CS advised that lack of engagement was in the main due to the covid-19 pandemic. However, it was noted that membership engagement opportunities do need to be enhanced going forward and the Membership Strategy which was on the agenda at item 18

   8.4. The CS advised that results of this review had been benchmarked against the Mersey Internal Audit Agency (MIAA) audit which had been presented to Governors at the last meeting. WCFT governor responses were in line or better than NHS overall apart from 'holding NEDS to account' which was noted above as an area for improvement. Following a query raised by the LG, the CS advised that the MIAA audit took place in January – February 2022 and the COG survey took place in early May 2022. All areas for improvement were recorded in the action plan with the CS welcoming any further feedback or suggestions.

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8.5.  The LG commented that the survey results were well presented in graph form and provided useful information and it was hoped that there would, be an improvement in responses from governors next time.

**The Council of Governors noted the Annual COG Effectiveness Review**

9.  **Integrated Performance Report relating to Business Performance Committee (BPC)**

   9.1. NED-KB presented the IPR and highlighted key points for finance, activity, and workforce subject to oversight by BPC. NED-KB noted that the report was closely monitored for assurance by committees and the Board. The CN added that recently, nationally covid-19 rates had risen by 30% and rates in the Northwest were the highest nationally. WCFT had seen an increase in staff absences of 50%, in comparison to previous weeks. However, it was noted that at the current time there was just one covid positive patient within the Trust.

   9.2. The LG noted the reduction of cancelled operations from 37 to 20 and requested further clarity in relation to the total number of operations and the impact this is having on patients. The COO noted that a large number of operations were cancelled in April due to covid related staff absence within theatres. The COO advised that if procedures were cancelled on the day, every effort was made to keep the patient in hospital and perform the operation as soon as possible. Where this cannot be achieved, patients are re-admitted within 28 days. NED-PM added that the number of cancelled operation was less than 10% of operations performed at the Trust over the year.

   9.3. GOV-MW enquired as to whether there would  be a review and further information with regards to Patient Initiated Follow Up (PIFU) and how this is performing. The COO verified that PIFU is constantly being reviewed and is currently performing well. However due to the patient cohort at WCFT, careful validation processes are followed to ensure the correct follow-up procedures are in place for each patient. The CN added that PIFU was discussed with each patient and changes could be made to suit individual needs. The MD advised that PIFU is largely well received by patients and works well for chronic conditions such as epilepsy and Multiple Sclerosis. However, for other patient groups such as those with Motor Neurone Disease, PIFU was not always appropriate. . An update of performance would be provided to Governors.

**The Council of Governors noted the Business Performance Committee IPR**

10. **Integrated Performance Report for Quality Committee**

   10.1. NED-RW clarified the data discussed and reviewed at Quality Committee which was aligned with CQC areas of safety, timeliness of interventions, effectiveness, and patient experience. With regards to these areas a number of metrics were analysed and these included Infection, Prevention & Control (IPC), harms, incidents, and complaints. (IPC) had been challenging and remained an area of focus. Staffing was also reviewed as this could have a direct effect on patient care.

   10.2. The LG drew attention to the indicator on the Care Quality Commission insight report that the area of 'Safe' was deemed to be declining. NED-RW advised that this had been discussed in depth at Quality Committee and at Board level and was due to two Never Events which happened at the Trust and has therefore impacted on the safety domain. It was noted that the CN and her team had regular meetings with the CQC who were not duly concerned. NED-RW also advised that it could take some time for this data to come out and for the rating to be updated.

**The Council of Governors noted the Quality Committee IPR**

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## 11. Quality Committee Key Issues Reports

11.1. NED-RW provided an overview of the remit and aims of the Quality Committee, the data received and highlighted key points as noted below:

- Focus on key areas as noted above reviewing internal and external data
- Triangulation of data with walkabouts within the Trust – talking to staff and patients
- Receipt of reports from various sub-groups
- Keen to push forward improvements and subsequent effectiveness
- Review and input to key strategic risks on the Board Assurance Framework
- Produce Key Issues reports to inform discussion at Board level

11.2. NED-RW advised that all of the above were used in order to provide assurances to the Board that Quality is being managed appropriately.

**The Council of Governors noted the Quality Committee Key Issues Reports to Board**

## 12. Draft Quality Account

12.1. The QM provided an overview on behalf of the CEO. The report provided updates relating to priorities set for 2021/22 and confirmed what priorities had been agreed for 2022/23. QM summarised the processes for managing the Quality Account.

12.2. It was noted that nine improvement priorities were agreed with various stakeholders for 2021/22 and had been focused upon throughout the year. Each of the priorities fell into three domains including Patient Safety, Clinical Effectiveness and Patient Experience. Overall, five of the priorities were achieved, two partially achieved and two not achieved. Priorities not achieved would be carried forward to 2022/23. QM advised the draft Quality Account had been presented to various committees including the Council of Governors Advisory Committee. Final commentaries from key stakeholders would be included in the final report which was scheduled to be published at the end of June 2022.

12.3. In response to a query raised by GOV-TS, QM clarified the role of Mental Health First Aiders. These are staff members who have received Mental Health First Aid Training to support colleagues with mental health issues, by signposting to the necessary support avenues.

**The Council of Governors noted the Draft Quality Account and assurances provided**

## 13. Audit Committee Key Issues Reports

13.1. NED-SR provided an overview of the Audit Committee meeting held on 17 May 2022. The main focus of this meeting was the review of key financial statements in preparation for final sign off as noted within the report.

13.2. The Audit Committee also reviewed clinical audit processes, register of interests and the Fit & Proper Persons report. It was noted that there was one outstanding declaration for the Fit and Proper Persons because the staff member was on maternity leave.

13.3. NED-SR drew attention to the NED Independence review, which had concluded that none of the declarations made were considered a conflict of independence. An example of the depth of discussion by the Audit Committee was provided relating to declarations made by NED-PM who had links with Liverpool University and had previously been an employee of the Trust. All information was considered and it was concluded that input from NED-PM would be an asset and that there was no evidence that these links were preventing appropriate challenge and comment.

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13.4. The Audit Committee also signed off and closed the strategic risks for the last financial year. Risks for the current financial year were considered by the Executive Team, Trust Board and aligned to sub-committees. The Audit Committee had reviewed the process in order to gain assurances that key risks had been identified and allocated to the correct committees.

**The Council of Governors noted the Draft Quality Account and assurances provided**

## 14. Business Performance Committee (BPC) Key Issues Reports
14.1. NED-KB advised that the agenda for BPC was wide and some points were covered in the IPR in paragraph 9 above. Key highlights from the Key Issues Reports included: -
- Positive outcomes from the Bed Repurposing Project for patients, staff and from a cost perspective
- Continued efforts made to improve compliance for mandatory training and appraisals
- The Health & Well-being Strategy was signed off at Trust Board. The Strategy was wide ranging and comprehensive and was accompanied by a robust and detailed plan. Initial staff engagement was positive and would be monitored closely
- Quarterly People Pulse (in addition to the Staff Survey) surveys were now distributed to staff and provided regular feedback
- The Executive Team and NEDs were working to improve visibility which was affected by Covid-19. The Executive Team were holding TEA (Talk, Engage Action) talks through the summer so that staff could meet the team. HR then provide time during which staff can share their thoughts in a confidential environment.

14.2. The LG enquired as to why the uptake for the flu campaign at 56% was lower than previous years. NED-KB advised this was due to several factors, notably the campaign was delivered off site making it hard for front line staff to attend. In addition, some staff declined the flu vaccinations as it was being administered at the same time as covid booster injections and this reflected vaccination fatigue from staff. Different arrangements were planned for this year's campaign with the aim to achieve the target of 80% which had always previously been met.

**The Council of Governors noted the Business Performance Committees Key Issues Reports**

## 15. Charity Committee Key Issues Reports
15.1. NED-SR provided a summary of points discussed at the Charity Committee held on 22/04/22 and drew attention to the following key points:
- The value of investments held by the Trust had been affected by global issues
- Home from Home funds had decreased following cancellation of fundraising events
- The Committee approved an increased in Charity reserves from £60k to £296k
- Work was on-going with regards to the Charity Risk Register, Grant Making Policy, and overall Fundraising Strategy
- Updates on grant applications and progress on initiatives were provided
- WCFT had received around £200k from NHS Charities Together during the covid pandemic. It was expected that this charity will become a national fund-raising organisation which may impact on WCFT charity
- Fundraising events were being re-established following Covid-19

**The Council of Governors noted the Charity Committee Key Issues Reports**

## 16. RIME Key Issues Reports

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16.1. NED-PM presented the Chair's Report for RIME Committee and drew attention to the following points within the report:
- A working group was to be established to review the RIME committee function, engagement, responsibilities, work plan and terms of reference
- An action plan had been developed for review of the Neurosciences Research Centre
- SPARK funding applications - further work was being undertaken to identify why some applications were not successful
- The work of Dr Andreas Goebel in the production of guidelines in the diagnosis of Fibromyalgia and his research work in this area had been highlighted.

**The Council of Governors noted the RIME Key Issues Reports**

## 17. Patient Experience Strategy, Activity and Engagement Annual Report
17.1. The HPFE presented the report providing a high-level summary of key points as noted below:
- 100% of Trust KPIs were achieved for acknowledging and responding to complaints in 2021/22. Activity and themes were detailed in the report
- The Trust were awarded high assurance, following an internal audit by Mersey Internal Audit Agency (MIAA) of complaints procedure and process
- A new role of Patient Support Assistants had been introduced

17.2. Following a question raised by the LG, the HPFE clarified the role of the patient support assistants noting that the assistants work on the wards and have face to face contact with patients. They provide both practical and emotional support and escalate concerns to the senior nursing teams. The service was proving to be very successful.

**The Council of Governors noted the Patient Experience Strategy, Activity and Engagement Annual Report and the assurances provided**

## 18. COG Membership & Engagement Group
18.1. GOV-JT, Chair of the Membership and Engagement Group, provided updates from the COG Membership and Engagement Group, noting that it was unfortunate that this COG meeting was not quorate as approval of the Membership Strategy would need to be deferred until the next COG meeting scheduled for 8 September 2022. However, GOV-JT emphasised the importance of progression of work on the action plan.

18.2. Attention was drawn to the forthcoming elections for governors in four constituencies with a request made to existing governors (especially public governors) to make themselves available for conversations with potential new governors to advise on the responsibilities of the role. The CS confirmed that a virtual meeting is being held at 5pm on 21 June 2022 to interested members to help them understand the role of the governor and how to apply.

18.3. The increase in communications activity had been welcomed but a word of caution was noted that communications should not only be via social media as not all members and patients engage in this way. It is therefore important that various forms of communication are used. TC also highlighted that the Executive Team were keen to celebrate the successes of the Trust as recently seen on TV where spinal and essential tremor treatments were showcased. TC noted the importance of WCFT being recognised nationally as centre of excellence for neurosciences.

18.4. NED-PM enquired about the impact that the Covid-19 pandemic has had on governor engagement. The LG reported that the overall impact has been negative. However, LG also added that whilst governor attendance at online meetings was low, the level of engagement had increased and the

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opportunity for remote meetings was welcomed as opposed to all meetings being cancelled. The LG also noted the that meeting planned for potential new governors should help to improve future retention as new candidates will be more aware of commitments and responsibilities. GOV-JT referred to the Membership Strategy sections on What is Membership and highlighted the importance of engaging members as it is from this domain that governors are elected. It is anticipated that more face-to-face activity will enhance and improve future engagement for the governors.

18.5. GOV-AC noted that the proposed governor meetings with the Chair will be very beneficial with TC advising that invitations will be sent shortly. GOV-AC also advised that the PLACE assessments which include governors and members are an excellent way to engage. CN advised that recent PLACE had been shortened versions due to the pandemic but the Trust was keen to include governors/members when full PLACE assessments resume as this inclusive approach was beneficial to the Trust.

18.6. TC advised that the Membership Strategy could not be formally approved as the meeting was not quorate however TC noted that all governors present were in approval of the Membership Strategy. It was agreed that the Membership Strategy would be added to the agenda for the extra-ordinary COG meeting scheduled for July for final approval by remaining governors.

**The Council of Governors noted the Membership Strategy and recommended final approval at the extra ordinary COG meeting scheduled for July 2022.**

## 19. COG Nominations Committee
19.1. TC confirmed that the draft minutes of the meeting dated 11 May 2022  would be approved at the next Nominations Committee. TC provided updates on the progress of the forthcoming NED recruitment, confirming that strong interest is indicated and that long-listing will take place with the Nominations Committee on 29 June 2022. TC conveyed his apologies for that meeting but advised that he would provide his views in advance of the meeting.

## 20. COG Advisory Committee
20.1. The LG advised that with regards to the Quality Account, the report had only been received shortly before the meeting. In view of this, the Advisory Committee reached the decision to take time after the meeting and forward any comments to the LG. The LG subsequently added all comments to the appropriate section on the Quality Account. The CS confirmed that final approval of the Quality Account will be at the extra-ordinary Board meeting on 20 June 2022.

20.2. The LG noted the Committee had reviewed and discussed in depth the findings of the CoG Effectiveness Review.

## 21. AOB
21.1. The governors provided feedback of the meeting, noting that the new format provided much improved opportunities to raise questions and to gain assurances. The higher profile  of the NEDs on the agenda was welcomed and their input was useful and appreciated. The meeting had provided good opportunities for debate and discussion.

21.2. TC encouraged all to attend the Chair's lunches (restrictions permitting) over the summer and encouraged all to attend the next COG meeting in person where possible (again restrictions permitting)

**TC conveyed his thanks to the Governors and NEDs for their attendance and input at the meeting.**

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

DRAFT

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<p style="text-align:center;"><span style="color:red;"><strong>UNCONFIRMED</strong></span> <strong>MINUTES</strong></p>

<p style="text-align:center;"><strong>COUNCIL OF GOVERNORS MEETING HELD IN PUBLIC</strong><br><strong>Lecture Hall, Sid Watkins Building</strong></p>

<p style="text-align:center;"><strong>Thursday 8 September 2022</strong></p>

**Present:**

| Name | Role | | Initials |
|---|---|---|---|
| Max Steinberg CBE | Chair | | Chair |
| Su Rai | Senior Independent Director | | SID |
| David Topliffe | Non-Executive Director | | NED-DT |
| Paul May | Non-Executive Director | | NED-PM |
| Karen Bentley | Non-Executive Director | | NED-KB |
| Jan Ross | Chief Executive | | CEO |
| Andrew Nicolson | Medical Director | | MD |
| Lisa Salter | Chief Nurse | | CN |
| Mike Burns | Chief Financial Officer | | CFO |
| Barbara Strong | Lead Governor Merseyside | | LG |
| Jonathan Desmond | Public Governor Merseyside | | Gov-JD |
| Carol Hopwood | Public Governor Merseyside | | Gov-CH |
| Belinda Shaw | Public Governor Merseyside | | Gov-BS |
| Ian Linford | Public Governor Cheshire | | Gov-IL |
| Tom Stretch | Public Governor Cheshire | | Gov-TS |
| John Kitchen | Public Governor North Wales | | Gov-JK |
| John Taylor | Public Governor North Wales | | Gov-JT |
| John McClelland | Public Governor Rest of England | | Gov-JM |
| Melanie Worthington | Partnership Governor | C&M Neurological Alliance | Gov-MW |
| Jan Vaughan | Partnership Governor | C&M Clinical Network | Gov-JV |
| Nanette Mellor | Partnership Governor | The Brain Charity | Gov-NM |
| Amanda Chesterton | Staff Governor | Clinical | Gov-AC |
| Andrew Brodbelt | Staff Governor | Medical | Gov-AB |
| Elaine Vaile | Comms and Marketing Manager | | CMM |
| Jane Mullin | Deputy Chief People Officer | | DCPO |

**In attendance:**

| | | | |
|---|---|---|---|
| Nicola Troy | Corporate Governance Officer | | CGO |

**Apologies:**

| | | | |
|---|---|---|---|
| Robert Howe | Public Governor | Cheshire | Gov |
| Carole Hulse | Public Governor | Cheshire | Gov |
| Geoff Heyes | Public Governor | Rest of England | Gov |
| Peter Clegg | Partnership Governor | Liverpool University | Gov |
| Louise Pate | Staff Governor | Nursing | Gov |
| Carla Worral | Staff Governor | Non-Clinical | Gov |
| Katharine Dowson | Corporate Secretary | | CS |
| Ray Walker | Non-Executive Director | | NED |
| Mike Gibney | Chief People Officer | | CPO |
| Lindsey Vlasman | Chief Operating Officer | | COO |

1. **Welcome and Apologies**

   1.1. Apologies were received and noted as above.

   1.2. The meeting was quorate.

2. **Minutes of the previous Council of Governors**

   2.1. The minutes of the previous meeting, held on 8 March 2022 and 26July 2022, were agreed as a true and accurate record. There were no open actions for discussion.

   2.2. 14 June 2022: Minutes were not available. It was advised minutes would be approved at the COG meeting in December 2022.

3. **Matters Arising and Action Log**

   3.1. None

4. **Declarations of Interest**

   4.1. None

5. **Governor Election Results and New Governor Update**

   5.1. The Chair thanked all departing Governors for their dedication and time whilst holding office and gave a warm welcome to all newly elected Governors.

   5.2. The Governor Election report was noted by the Council of Governors and there were no additional questions.

   5.3. Gov-JT expressed disappointed regarding the lack of nominations for representation for North Wales.

   **The Council of Governors noted the Election Results and New Governor Update.**

6. **Lead Governor's Report**

   6.1. The Lead Governor (LG) conveyed her gratitude to Governors for their support and involvement during the past year.

   6.2. The Chair thanked LG on behalf of the CEO and Non-Executive Directors (NED) for her consistent support and involvement with the Council of Governor Meetings.

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

7. **Chair's Report**

   **Non-Executive Walkabouts**

   7.1 NED Walkabouts had been reinstated. Invitations had been sent out to all Governors who were encouraged to attend.

**Integrated Care System**

7.2    The Integrated Care System replaced Clinical Commissioning Groups (CCG) on 1 July 2022. The Council of Governors would be kept informed of their work and reports.

**Provider Collaborative**

7.3    The Chair explained that the Cheshire & Merseyside and Acute Specialist Trusts (CMAST) was a partnership arrangement of all acute and specialist Trusts in Cheshire and Merseyside including The Walton Centre NHS Foundation Trust. Work was ongoing to establish their governance arrangements and the Council would be kept informed of their work, with an update to the next Council meeting.

**Non-Executive Director (NED) Interviews**

7.4    The Chair provided an overview regarding the NED vacancy. The position had been advertised, and interviews held in July 2022, however the Trust was unsuccessful in recruiting to the post. The consensus agreed at the Extra Ordinary Council of Governors in July was to re-advertise and this was currently open for applications.

7.5    The Chair advised that in the absence of the CS, he was in regular contact with the recruitment Consultants and interviews would be held in due course.  Any additional updates would be reported back to Governors.

**The Council of Governors noted the Chair's Report**

8.  **Trust Strategy**

8.1.    The MD thanked everyone who had contributed to the development of the Trust's strategy, over the past months.

8.2.    The MD provided an overview of the five key strategic aims:

- **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

8.3.    New Gov-JM asked if the Trust Strategy would be available for people online. The MD advised it would available on the website after 14 September once officially launched. [Post meeting note: the launch was delayed until 29 September due to the death of Queen Elizabeth II and a period of national mourning]

8.4.    New Gov-AB asked how staff, patients, public and Governors would know that the Trust had delivered on the Strategy and how that would be measured. The CEO replied that the Strategy

must be high-level and ambitious and deliver a focus on patient care and outcomes. To do this, it must be shared and circulated to raise awareness and communicate the Trust's ambitions. The Strategy would be launched with a clear marketing plan, to see and share positive outcomes.

8.5. The CEO advised that the strategic aims were underpinned by Substrategies and strategic implementation plans which were currently in development. Action plans would also be used as required.

8.6. NED-PM added that each area, for example the research element within the Trust Strategy, was measured by several clear metrics:

- Increase the number of academics
- Increase income and volume of clinical trials for investigations
- Research plan to involve specialised team members

8.7. The Chair advised that NEDs would hold the Board to account for delivery of the Strategy. The Chair gave assurance that feedback would be provided in due course.

8.8. Gov-NM explained that The Brain Charity received lots of requests from media and press around Neurological conditions, including rare or controversial conditions and often there was no specialist person with expertise within their Charity. Previously the Trust was reluctant to provide support in these situations. Gov-NM asked how prepared the Trust are for these opportunities if needed to appear on TV or Media, for example had staff received media training.

8.9. The CEO recognised that previously the Trust may not have been able to offer the required support for a variety of reasons. However, the Trust would support where it could. The Trust was focused on promotion of the Trust's successes and media training would be a part of this. There would be a new Communications and Marketing Substrategy in the coming months which would include promotion of clinical expertise.

8.10. MD advised that this topic had been raised previously at Trust Clinical Senate meetings, but the process could be discussed again. Depending on the nature of the request it would be redirected to the relevant appropriate specialist. The Trust recognised that this had not been a strong point for the Trust and progress and improvements could be made.

8.11. Gov-NM added that Consultants hold valuable insight and expertise that was important to share with the public.
.

8.12. Gov-NM asked how the Trust planned to ensure that community voices are heard in the next stages of strategy delivery.

8.13. MD advised that he was working with the Deputy Director of Strategy and external colleagues, whose involvement would be crucial in assisting the Trust in achieving the Strategy. Further progress on this would be reported back to the Council.

**The Council of Governors noted the update on the Trust Strategy.**

9. **Integrated Performance Report (IPR) to Business Performance Committee (BPC)**

   9.1. NED-DT explained that the Committee seek assurance on many non-clinical aspects of Trust operations which include:
      - Operational performance including activity and waiting list management
      - Improvements and transformation processes
      - Workforce including vacancies, development, health and wellbeing and engagement.
      - Finance and Investment
      - Estates, Facilities, IT and Digital, Security

   9.2. NED-DT highlighted that workforce was key to the restoration of elective activity including staff retention and finance.

   9.3. LG-BS asked if progress on the sustainability could be shared. NED-DT advised there this was still work in progress but it could be shared in the future.

   9.4. LG-BS asked about the assurance received on the digital aspirant project. NED-DT advised that there had been some delays due to challenges in obtaining and receiving kit, but plans had been reshuffled and work was continuing on track.

   9.5. Gov-JT noted a slow start to the capital programme in 2022/23 and asked if there was a way of smoothing out capital spend across the year. NED-DT advised that budgets had not been in place at the beginning of the year, but this was now resolved. The plan was to move to a longer cycle of approximately three years rather than annually for budgets to allow for long-term planning and to avoid delays.

   **The Council of Governors noted the Chair's Assurance Report**

10. **Quality Committee (QC) Chairs Assurance Report**

   10.1. The Chief Nurse presented the Chair's assurance report from Quality Committee (QC) in the absence of the NED chair and highlighted key points as noted below:
      - Two excellent presentations from staff to the Committee on their work areas
      - Error in documentation in relation to Catheter Acquired Urinary Tract Infections (CAUTI) which was under investigation.
      - Mersey Internal Audit Agency (MIAA) completed a review of Risk Management Core Controls which received a high assurance rating.
      - Ward accreditation assessments undertaken with positive results
      - Pharmacy Annual Report received showing a high level of assurance in this service

   10.2. LG-BS stated that in recent months there appeared to be no data in relation to the pseudomonas reported cases. CN advised there had been no further pseudomonas infections reported. The Trust did engage with UK Health Security Agency (UKHSA) who are the regulatory body. The Trust had completed an assessment on what was being done to prevent further cases. UKHSA had praised the Trust for the work completed and showcased The Walton Centre to other organisations in relation to the work undertaken.

   10.3. LG-BS asked for clarity on a point regarding mortality that stated an "unavoidable death" versus the coroner who advised it was a "natural death". CN advised this death was reviewed, as all deaths in the Trust are. It had been felt there were things that the Trust could have improved on

and this was shared with the coroner. The coroner had investigated and concluded that this had not contributed to the patient's death. CN added that the Trust and staff work with families after a patient passes away and offer support.

**The Council of Governors noted the Quality Committee Chair's Assurance Report**

## 11. Audit Committee Chairs Assurance Report

11.1. The CEO gave brief comments on data from July as there had been no committee meetings in August to review the data. The following points were highlighted:
- A spike of staff Covid cases in July increasing staff absence which impacted on activity
- A decline in mandatory training and appraisal compliance
- No major changes or variation to projections in activity
- Operational issues related to warm weather resulting in additional pressures

11.2. SID gave an overview of key objectives of the Audit Committee and presented the assurance report highlighting key points as noted below:
- Internal and external audits, progress, and recommendations were received
- Plans and timescales for the Annual Report and Accounts were reviewed
- Clinical Audit plan received
- Proposed changes to Tender Waivers process agreed
- Focus on improving compliance with the Better Payment Practice Code targets

**The Council of Governors noted the Audit Committee Chair's Assurance Report**

## 12. Research, Innovation and Medical Education (RIME) Committee Chair's Assurance Report

12.1. NED-PM gave an overview of the key objectives of RIME and presented the RIME Committee Chair's assurance report highlighting key points as noted below:
- Structural changes to the function of the Committee were ongoing following an evaluation and effectiveness review to ensure the Committee remained focused on strategic issues.
- Top ranked Trust in Liverpool for Medical Education and training.
- Recently appointed a senior lecturer in Brain Tumour research
- Pain Consultant Dr Andreas Goebel involved in a national launch for diagnostic criteria for Fibromyalgia
- Funding for three-year research PHD in Brain Tumour research in collaboration with the University of Liverpool agreed.

12.2. New Gov-AB Asked if there was support from the University and was there a plan within the University to support all disciplines including Anaesthesia, Critical Care, Radiology as well as Neurosurgery and Neurology.

12.3. NED-PM advised that the University fully support all departments of Neuroscience. The University bases its contributions on the impact to it moving up the rankings but it was working to allow capacity to develop in all specialities. MD added that the Trust had been working with the University directly in that regard and gave the example of Pain Relief Foundation.

**The Council of Governors noted the Research, Innovation and Medical Education Committee Report**

**13. Walton Charity Committee Chair's Assurance Report**

13.1. SID gave an overview of the Charity Committee Chair's Assurance Report highlighting the following key points:
- Investment funds of £0.5 million reviewed
- Fundraising Delivery Plan for the coming 12 months discussed
- Fundraising and how funds are utilised explained
- Risk Register reviewed and updated
- Effectiveness review for Committee considered

13.2. Gov-NM advised that she had attended a recent executive board meeting and heard discussions regarding staff retention. It was vital staff had good opportunities to learn and asked if the charity if the Charity were not always able to support training opportunities for staff as there was pressure on resources. SID advised that the Trust analyse criteria for training by staff members, departments, training, role and then the Charity are asked to support some of this but the Charity do not feel under pressure in this regard

**The Council of Governors noted the Committee Charity Report**

**14. Auditor's Report on the Annual Report and Accounts 2021-22**

14.1 The External Auditor presented the Auditor's Annual Report and Accounts 2021-22 outlining the role of External Audit and the Audit work performed for 2021/22 and outcomes. The Auditor's had given an unqualified opinion on the 2021-22 Annual Report and Accounts with no issues of significant concern identified.

**The Council of Governors noted the report.**

**15. Staff Survey Results**

15.1. DCPO presented the 2021 Staff Survey Results highlighting the background to the survey, the results for 2021 and the areas to celebrate and to improve.

15.2. Gov-NM asked what the Trust had done to support Neurodiverse staff. DCPO advised that the Trust has a Reasonable Adjustment Policy for all staff who have a disability which would be applied on an individual basis. The policy requires an individual and their line manager to work closely together to see what adjustments can be made and would also include ongoing support.

15.3. LG-BS noted the 41% return on response rate for the survey and asked if this could be improved this year. DCPO advised that every year efforts are made to ask staff to complete the survey. through internal communications to staff. This is not the only means of securing staff feedback, for example completing appraisals with staff provides valuable insight as well.

15.4. Gov-AC asked how those staff members who do not work on computers, for example Health Care Assistants and Porters are able to complete the survey. DCPO advised that these staff receive hard copies.

15.5. Gov-IL noted the result of 'Care of patients is my organisations top priority' at 84% and asked how this was in line with the Trust's Strategy as a top priority and how is it being addressed

where staff do not agree. MD stated that the deterioration of this result was concerning, and through the Trust's 'TEA' Engagements Session the Executives had sensed similar themes. This could partially be down to wider concerns through the NHS and society especially during Covid recovery. DCPO added that the Trust results were compared to other Trusts in the region for benchmarking and the Trust are currently scoring much higher than many other Trusts. In addition, regular Pulse Surveys are completed to get views on the 'temperature' of the workforce.

15.6.  The Chair suggested that the Council could take some comfort in the results generally.  Covid related recovery and pressure was being felt and would take time to recover from and some of these results reflected this.

**The Council of Governors noted the Staff Survey Results**

## 16. Council of Governors Membership and Engagement Group

**Membership and Engagement Group**

16.1  Minutes from 16 August 2022 were not available and would be taken forward to the next meeting for approval.

16.2. Gov-JT, Chair of the Membership and Engagement Group gave an update from the Group noting that discussions within this group were interesting and time was taken to talk with staff involved in communications and membership work.

16.3. Gov-JT advised that as part of recovery from Covid, there were opportunities for Governors to be more involved and meet again and attend events in person on walkabout events as it was important to be seen and heard and encouraged new Governors to be involved.

16.4. Membership demographic data was shared at the last meeting on 16 August and Gov-JT expressed he was surprised to hear that as a Trust the patient body was younger, compared to other local general hospitals. In addition, Membership data was based on members of the public and did not separate public from patients in the demography.

16.5. Governor Election progress, results, and updates had been provided to the Group.

## 17. Nominations Committee

17.1  Minutes from 5 September 2022 were not yet available and would be taken forward to the next meeting for approval.

## 18. CoG Advisory Committee

18.1  Minutes from 16 August were not yet available and would be taken forward to the next meeting for approval.

## 19. Trust Constitution

19.1. The CEO advised that a full review of the Constitution was due but as a new Code of Governance was expected later in the year that review had been deferred. However, it had

been felt that the issue of quoracy of the council needed to be addressed as it was creating some challenges to meetings and decision making. The current requirement was for there to be eleven Governors present which was based on one-third of the Council. However, with a number of empty Governor posts this was putting pressure on a smaller number of Governors.

19.2. The CEO asked the Council of Governors to consider approval to proposed changes in Trust quoracy to one-third of current Governors to be quorate. This would make the current quorum seven Governors. The Board of Directors had already approved the change and if approved here it could be ratified at the Annual Members Meeting later today.

**The change in quoracy in the Constitution was approved.**

## 20. Cycle of Business

20.1. The Chair noted the Cycle of business for information.

## 21. Any Other Business

21.1. There was no other business.


**The Chair thanked everyone for their attendance today**

**Next Meeting: Thursday 8 December 2022 at 13:00**
**Venue: Lecture Theatre, Sid Watkins Building**

**The Walton Centre**
**NHS Foundation Trust**

*Excellence in Neuroscience*

<span style="color:red">**Unconfirmed Minutes**</span>
**EXTRA ORDINARY COUNCIL OF GOVERNORS**
**8 November 2022**
**MS Teams**

**Present:**

| Name | Role | | Initials |
|------|------|------|----------|
| Max Steinberg | CBE Chair | | NED |
| Barbara Strong | Lead Governor | Merseyside | LG |
| Jonathan Desmond | Public Governor | Merseyside | Gov-JD |
| Belinda Shaw | Public Governor | Merseyside | Gov-BS |
| Ian Linford | Public Governor | Cheshire | Gov-IL |
| John McClelland | Public Governor | Rest of England | Gov-JMc |
| Louise Pate | Staff Governor | Nursing | Gov-LP |
| Amanda Chesterton | Staff Governor | Clinical | Gov-AC |
| Ella Pereira | Partnership Governor | Edge Hill University | Gov-EP |
| Jan Vaughan | Partnership Governor | Merseyside and Cheshire Clinical Network | Gov-JV |

**In Attendance:**

| Name | Role | | Initials |
|------|------|------|----------|
| Jan Ross | Chief Executive | | CEO |
| Katharine Dowson | Corporate Secretary | Corporate Secretary | CS |
| Nicola Troy | Meeting Administrator | Corporate Governance | MA |

**Apologies:**

| Name | Role | | Initials |
|------|------|------|----------|
| Andrew Brodbelt | Staff Governor | Medical | Gov-AB |
| John Kitchen | Public Governor | North Wales | Gov-JK |
| Teresa Moretti | Public Governor | Merseyside | Gov-TM |

1. **Welcome and Apologies:**

   1.1. Apologies were provided as above, and it was noted that the meeting was quorate.

2. **Declarations of Interest:**

   2.1. None.

3. **Approval of the Non-Executive Appointment:**

   3.1. The Chair reported to the Committee that on Friday 4 November 2022 the final stage of the Trust interview process was held for the post of Non-Executive Director (NED). Four candidates were interviewed. Each candidate presented to a focus group and then they were subject to a panel interview.

   3.2. The Chair took the opportunity to thank those who had been involved in the interview process, stating that the interviews proceeded well, and went on to provide a summary of the discussions that took place in the focus groups and at the panel interviews.

   3.3. Margaret Hanson – showed a good understanding of the NED role, although answers around Governance were below expectation. The panel felt the candidate was probably appointable.

   3.4. Chris Brown – displayed a good understanding of the NED role and described as likely to be a safe pair of hands, a solid candidate but not inspiring. Chris answered most questions to a satisfactory level. The panel felt candidate was not appointable.

3.5. Mark Cashin – had clear understanding of the NED role and recognised that the role would be a change for him due to previous roles as a senior executive. Answers were thoughtful and considered. Overall, the panel scored the candidate highly and thought he was appointable.

3.6. Irene Afful –performed strongly at interview. Answers were well constructed. thought out and logical. Irene offered a different perspective in comparison to other candidates. While there were development areas identified, the Board felt that these could be supported.

3.7. Feedback received from stakeholders confirmed that Irene Afful was ranked the highest performing candidate across both focus groups, which was also the view of the interview panel and therefore Irene Afful was recommended to the Council of Governors for appointment.

3.8. LG supported the views and agreed, adding that Irene Afful was a very impressive candidate.

3.9. The CEO reminded the committee that this was the second time interviewing to appoint to the role of NED and stated that candidates were of a much higher standard. The CEO agreed with the feedback regarding the qualities that Irene Afful possessed and added that her experiences could bring something different to the Board.

3.10. Gov JV agreed with the proposal and noted that although Irene was the last candidate at the end of a very long day, she presented with energy and engaged the interview panel.

3.11. **Resolved:**
**The recommendation made to the Council of Governors was to appoint Irene Afful to the position of Non-Executive Director at the Walton. The Council of Governors agreed to the recommendation.**

**4. Deputy Chair Appointment:**

4.1. CS advised that in the past the Trust had appointed a Deputy Chair who would be able to provide support and continuity for the Chair when required.

CS explained that when the Chair was appointed in April 2022, he had decided to hold the post vacant as he took time to get to know his colleagues, but the time was now right.

4.2. The process outlined in the report is set out in the Constitution. The first steps had been completed with the Non-Executives making a unanimous recommendation to the Board of Directors that Su Rai- Senior independent Director (SID) should be appointed to the position. Su Rai had been with the Trust for over three years and was in her second term of office. Su was also Chair of the Audit Committee and was Senior Independent Director (SID).  The Board of Directors had agreed with the recommendation at their meeting on 1 December 2022 and approval of the .. Council of Governors today was now required.

**Recommendation:**

**Resolved: The Council of Governors approved the appointment of the Deputy Chair.**

**5. AOB**

5.1. There was no other business

Next Council of Governors Meeting: 8 December 2022. Lecture Theatre, 2nd Floor, Sid Watkins Building

The Walton Centre NHS Foundation Trust

**<span style="color:red">UNCONFIRMED</span>**

**MINUTES**
**ANNUAL MEMBERS' MEETING**
**Thursday 8thSeptember 2022**

**Present:**

| Name | Role | | Initials |
|---|---|---|---|
| Max Steinberg CBE | Chair | | Chair |
| Su Rai | Non-Executive Director | | NED |
| David Topliffe | Non-Executive Director | | NED |
| Paul May | Non-Executive Director | | NED |
| Karen Bentley | Non-Executive Director | | NED |
| Jan Ross | Chief Executive | | CEO |
| Andrew Nicolson | Medical Director | | MD |
| Lisa Salter | Chief Nurse | | CN |
| Mike Burns | Chief Financial Officer | | CFO |
| Barbara Strong | Lead Governor /Public Governor Merseyside | | LGov |
| Jonathan Desmond | Public Governor Merseyside | | Gov |
| Carol Hopwood | Public Governor Merseyside | | Gov |
| Belinda Shaw | Public Governor Merseyside | | Gov |
| Ian Linford | Public Governor Cheshire | | Gov |
| Tom Stretch | Public Governor Cheshire | | Gov |
| John Kitchen | Public Governor North Wales | | Gov |
| John Taylor | Public Governor North Wales | | Gov |
| John McClelland | Public Governor Rest of England | | Gov |
| Melanie Worthington | Partnership Governor | Cheshire & M'side Neuro Alliance | Gov |
| Jan Vaughan | Partnership Governor | M'side & Cheshire Clin Network | Gov |
| Nanette Mellor | Partnership Governor | The Brain Charity | Gov |
| Amanda Chesterton | Staff Governor | Clinical | Gov |
| Andrew Brodbelt | Staff Governor | Medical | Gov |
| Elaine Vaile | Head of Communication | | HOC |

**In attendance:**

| Name | Role | Initials |
|---|---|---|
| Nicola Troy | Meeting Administrator | MA |
| Angela Pieri | External Auditor, Grant Thornton | EA-GT |
| Jane Mullin | Deputy Chief People Officer | DCPO |
| Emma Wilby | Specialist Nurse Neuro-Oncology | SNNO |
| Samantha Holman | Divisional Operations Manager | DOM |
| Jay Panicker | Consultant Neurologist | CN |

**In attendance:**
2 Staff Members
2 Public Members

**Apologies:**

| Name | Role | | Initials |
|---|---|---|---|
| Katharine Dowson | Corporate Secretary | | CS |
| Ray Walker | Non-Executive Director | | NED |
| Mike Gibney | Chief People Officer | | CPO |
| Lindsey Vlasman | Chief Operating Officer | | COO |
| Robert Howe | Public Governor | Cheshire | Gov |
| Carole Hulse | Public Governor | Cheshire | Gov |
| Geoff Heyes | Public Governor | Rest of England | Gov |
| Peter Clegg | Partnership Governor | Liverpool University | Gov |
| Louis Pate | Staff Governor | Nursing | Gov |
| Carla Worral | Staff Governor | Non-Clinical | Gov |

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1.  **Welcome and Apologies**

1.1.   The Chair introduced the CEO, Executives, and Non-Executives, and welcomed members and attendees to the meeting as this was the first meeting held in person for three years due to the Covid pandemic, members had also been given the option to join virtually.

2.  **Declarations of Interest**

2.1.   There were no declarations of interest and no questions had been received in advance of the meeting.  Members were invited to submit questions at the end of the meeting.

3.  **Annual Report 2021-22**

3.1.   The CEO summarised the previous year, noting that although there were improvements on the previous year due to the Covid-19 pandemic, it had remained a difficult year.  Despite improvements, the Trust continued to adapt, improve, react quickly and  focus on the recovery from the pandemic in line with national and regional expectations.  The Trust was not yet back to the activity levels seen before the pandemic however, the Trust was improving dramatically and achieving trajectories in line with national and regional expectations in relation to cancer diagnostics and treatment.

3.2.   Regarding the recovery of Covid, the trust continued to face challenges in relation to covid related sickness in staff and patients which adds to further delays in treatment, impacting on long waiting patients who have waited up to 104+ weeks for their procedures. The Trust continues to work towards eradicating long waiting lists in a timely manner.

3.3.   The Trust also supported staff through the pandemic with the roll out of the staff vaccination programme which did have challenges. As an organisation, the Trust recognised measures were required surrounding visiting patients and the importance of this, adapting quicky and putting protective measure in place.

3.4.   The Trust is particularly proud of the following achievements made through 2021/22 :

- 24/7 Thrombectomy
- Rapid Access to Neurology Assessment (RANA)
- Tessa Jowell Centre of Excellence
- Spinal Surgery Regional Centre for Cheshire and Merseyside.
- Leading in Organ Donation
- MR-Guided Ultrasound
- NHS Inpatient Survey results
- Continued focus on education

3.5. The Trust recognised that staff are the Trusts biggest asset and continued support to recognise and support staff through ways that are measured by investors in people Gold (IIP). Support for staff included:

- Mental health First Aiders
- Occupational Health Services
- Health MOT's

The Walton Centre NHS Foundation Trust

- Employee benefit services
- Flexible and agile working
- Identified ways to improve rest spaces for staff

3.6. CEO advised that there had been some changes to the Non-Executive Directors (NEDs) on the Trust Board:

- **New Chair Max Steinberg** – extensive experience across business, innovation, and industry with a longstanding career in the Liverpool system.

- **NED Professor Paul May**- Consultant Neurosurgeon who had been at the Walton Centre for many years and brings a clinical expertise to the board.

- **NED Ray Walker**- Registered Nurse who has years of operational and strategic experience in a diverse number of roles across the NHS.

3.7. The pandemic had a large impact on the Walton Centre Charity and events. However, the Charity have resumed social events in 2021/22 and held the Jan Fairclough Ball for the tenth successive year. The Charity support staff environments and this year had supported the new Doctors Mess and the Breathe Easy Garden for Staff.

**The Members noted the Annual Report 2021/2 highlights**

4. **Transcranial MRI Guided Ultrasound Presentation**
    4.1. Dr Jay Panicker Consultants Neurologist gave an informative presentation on the Transcranial MRI Guided Ultrasound. The treatment was devised for patients who suffer from Essential Tremors, which are the most common movement disorder. The Trust have treated seven patients successfully to date and the service aims to treat 75 Patients per year in the future.

    4.2. Gov-AB asked why the patient has a fully shaved head if this was a non-invasive treatment technique Dr Panicker replied that as this technique is so precise, hair can obstruct the ultrasound waves so shaving the patients head was necessary.

    4.3. Gov-NM asked if the results are permanent, Dr Panicker advised that treatment results last for around four years and further treatment may be required. He added in the US it is approved and works well for people with Parkinson's disease.

    4.4. NED-SR asked if there were any plans for the Walton Centre to be certified as a centre for treatment. Dr Panicker advised that to achieve this the the Trust are required to see 15 patients per month.

    4.5. Gov-NM asked what the Trust is doing to promote this treatment. HOC advised that the Trust and Consultants were showcased on Granada Reports and the first patient was interviewed. It was also covered on social media and inquiries regarding the treatment had been received as a result.

    4.6. Dr Panicker added that he and Mr Jibril Farah (Consultant Neurosurgeon) will attend the National Tremor Foundation on October 1st to promote this service.

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5. **Lead Governor Report**

   5.1.   LG gave an overview of the last 12 months and highlighted the following points:

   - **Governor Elections.** There were eleven vacancies in 2022, and seven vacancies were filled through an election process for Merseyside, Cheshire, and Rest of England constituencies. Unfortunately, no candidates stood in North Wales.  LG extended a warm welcome to all new Governors and thanked all departing Governors.

   - **Governor Engagement**: Covid had affected Governor activity and many meetings were moved online.  Working in this way has enabled Governor engagement to be streamlined and the Trust is now moving to a a blend of in person and online attendance for meetings, which has proved to be more convenient.

   - **Governor Induction**: A formal induction day will be held online supported by colleagues at Liverpool Heart and Chest Hospital for new Governors, with  all Governors welcome to attend to refresh their knowledge.

   - **Membership Engagement:** Online Membership events in have been taking place and to encourage Members to join.

   5.2. The Chair expressed thanks to LG for her continued support to the Council of Governors.

   **The Members noted the Lead Governor's Update**

6. **Trust Strategy**

   6.1.   The MD gave a brief overview of the new Trust Strategy for 2022-25, the Trust's strategic ambitions and aims which focus on patient care and quality of care. There are five key 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

   6.2. This is an ambitious strategy and will be delivered using the existing transformational model, working directly with operational teams, staff and clinicians.

   **The Members noted the Trust Strategy**

7. **Annual Accounts 2021-22**

   7.1.   CFO gave an overview of the Trust Financial Performance 2021-22. The principle for 2021-22 was for the Trust was to break even which was achieved. Specific funding was provided for additional Covid-19 related costs and growth along with funding for the additional costs of CNST premiums.

7.2. There was no formal requirement for the Trust to reduce cost and efficiency during the pandemic however, to achieve a breakeven there were some non-recurrent efficiencies delivered.

7.3. The CFO advised that the Trust continued to invest in patient safety and service developments and in addition clinical services and have invested in the below:

- Medical equipment infrastructure £1.2m.

- Replacement CT scanner and the first Transcranial MR £3.4m.

- Replacement pipework £0.9m.

- Investments in Trust estate £0.5m.

- IM&T development of clinical systems and infrastructure £4.3m.

- Equipment in relation to Covid-19 response £0.6m.

7.4. The CFO reported that looking forward to 2022/23, the Trust continues to be funded based on block funding. This includes adjustments for inflation, excess inflation, CNST, latest pay settlements and elective recovery funding.  It is planned that the majority of the specialised commissioning funding will be moved into the ICS depending on the readiness of services to transfer.  This is likely to be in April 2024/2025. Services will then be commissioned by the ICS.

**The Members noted the Report on the Annual Accounts 2021/22**

7.5. Angela Pieri presented the Auditor's Report on the Annual Report and Accounts 2021/22, highlighting key points as noted below:
- Overview of the role and External Audit and key points
- Audit work performed for 2021/22 and outcomes
- Value for money Audit 2021/22

**The Members noted the Auditor's Report**

8. **Constitutional Changes**
   8.1. The Chair gave a brief overview regarding proposed changes to the Constitution regarding the quorum required for the Council of Governors. The current requirement was for there to be 11 Governors present to make any decisions however that had proved quite challenging as this was over 50% of all Governors when there were a number of vacancies..

   8.2. The Chair asked the Members to consider approval to proposed changes in Trust quoracy to state that it should be one-third of current Governors to achieve Governors . This would make the current quorum nine Governors. The Board of Directors and Council of Governors had already approved the changes and it was for the meeting to ratify these changes.

   **The changes to the Constitution were ratified by the meeting.**

   8.3. The Chair advised that the Constitution was available on the Trust website at www.thewaltoncentre.nhs.uk

9. **Brain Tumour Pathway Presentation**

9.1.   Mr Andrew Brodbelt, Consultant Neurosurgeon, Emma Wilby, Advance Nurse Practitioner and Sam Holman, Operational Lead gave a fantastic presentation on the Brain Tumour Pathway. The Brain Tumour pathway was created and developed in collaboration with St Helen and Knowsley Teaching Hospitals NHS Foundation Trust. All patients identified with a brain tumour would be part of this pathway which includes best supportive care.  The team launched a learning and sharing event which was held 20th June 2022, coordinated by NHS Cancer Alliance to share education, explain the pathway, and engage other Trusts who could benefit from this pathway. The Trust had received expression of interest from Wirral University Teaching Hospital NHS Foundation Trust, Warrington and Halton Hospitals NHS Foundation Trust and Liverpool University Hospitals NHS Foundation Trust, who have since adopted this pathway.

9.2. NED-PM asked what percentage of primary brain tumour patients end up on the pathway and added, the supportive care pathway should be everybody whether they receive cranial neurosurgery or not they have the same worries and require same after support.

AB advised that the non-Surgical group seen would be about double the number treated and of these about 30% would need Best Supportive Care (which equated to approximately one patient week).

9.3. Emma Wilby added although there were no official numbers to report on at this early stage, an audit of numbers of patients would be recorded.  In addition, the Service would ask patients and their families to complete a Patient Experience Survey to understand their experience, where the service is performing and where it could improve to ensure all the patient and their family needs are being met in the right way.

9.4. NED-PM asked how this pathway fits with national priorities. AB advised that the Trust are finalists for the Nursing Times Awards with this pathway and added that this had great potential for a national transformation programme.

9.5. A Member asked if there was any way GPs could complete screening for patients rather than being sent for CT scans? AB advised there is interesting research happening regarding blood markers and light spectroscopy but currently this is not possible. It would be very rare for a GP to see a patient with a brain tumour. The vast majority of scans done from GP referrals querying cancer are reported as normal.

**10. Any other Business and Close of Meeting**
   10.1.   The Chair closed the meeting by thanking the presenters, attendees, and members for their support during the meeting.

**11. Meeting Close**
   11.1.   The chair noted that a recording of the Walton Centre Virtual Annual Members Meeting 2022 and slideshow would be available on the Trust website.

**Report for the Council of Governors**
**8 December 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** *(do not complete if not relevant e.g. work in progress)*

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

**Key Messages** *(2/3 headlines only)*

- An overview of the past meetings held by the Council of Governors to be presented to the Members at the Council of Governors Meeting.

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

- For information.

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

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

| Choose an item. | Choose an item. | Choose an item. |
|---|---|---|

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

| Strategy   ☐ | Policy  ☐ | Service Change   ☐ |
|---|---|---|

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

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

**Lead Governor's Report**

## Introduction

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

## Overview of Meetings

2. Committees and Groups

   - CoG Nominations Committee met on:
     30 September
     11 October
     30 November

   - The CoG Membership and Engagement Group met on:
     15 November 2022

   - CoG Advisory Committee have no planned Meetings (this is an adhoc meeting).

3. Minutes from these meetings will be shared at the December CoG as agenda items as appropriate.

## Chairs Appraisal

4. The Chair appraisal took place on 30 November 2022.

5. All Governors were encouraged to contribute to the Chair's appraisal and were provided with an assessment tool/questionnaire to voluntarily complete.

6. All Governor input obtained was anonymised. The information was then collated in support of the chair's final appraisal.

## Recruitment of Non-Executive Director (NED) Appointment

7. Governors were involved in the recruitment process for a new NED and meetings took place on the following dates:

   - 30 September - Longlisting. (CoG Nominations Committee)
   - 11 October - Shortlisting. (CoG Nominations Committee)
   - 4 November - Final Interviews: two Focus groups and an interview Panel.

8. Irene Afful was successfully selected as the new NED and the appointment was approved by an Extraordinary Council of Governors Meeting held on 8 November 2022.

## Deputy Chair Appointment

9. The Extraordinary Meeting of the Council of Governors was held on 8 November 2022 to approve the appointment of Senior Independent Director, Su Rai as Deputy Chair.

**Governor Training and Engagement**

**External**

10. Liverpool Heart and Chest Hospital hosted the Annual Governor Induction Day, which took place virtually on Monday 3 October 2022. All six new Governors attended the induction

11. NHS Providers Training - Training for governors hosted by NHS Providers is available and the timetable of training events has been circulated to governors by the Corporate Secretary. Three of the new Governors have taken up the offer to do the Core Skills module,

- 2 November 2022
  Belinda Shaw and John McClelland attended.
- February 20 23
  Carol Hopwood – Booked.

**Internal**

12. Virtual Membership Events 2023-23:

- 22 November 2022 Allied Health Professionals – This was cancelled due to lack of interest. Although we are hopeful that this can be rebooked for 2023.
- 16 February 2023 Neurophysiology.

Virtual Events will continue into 2023-24.

13. NED Quality Walkarounds

NED Walkarounds recommenced in the Trust in July 22. Several dates were arranged through to March 2023. Virtual Events for 2023-24 will be planned accordingly. Walkabouts provide an opportunity for all Governors and NEDs, accompanied by a Senior Manager, to visit wards and departments within the trust and chat with patients and staff. On 17 November 2022 Barbara Strong attended a walkabout to the Neuropsychiatry Department.

**Trust Annual Place Assessment**

14. Trust Annual PLACE Inspection took place on Monday 22 November 2022. Public Governors Ian Linford and John McClelland attended.

**New Governor Update**

15. Welcome to the new Governors who were successful in the summer elections:

- **Merseyside:**
  Carol Hopwood
  Belinda Shaw
  Teresa Moretti

- **Cheshire:**
  Carol Hulse

- **North Wales:**
  No Nominations were received

- **Rest of England:**
  John McClelland
  Geoff Heyes

- **Staff Medical:**
  Andrew Brodbelt

16. The seven new governors' appointments were ratified by the CoG on 8 September and their tenure commenced immediately following the meeting. Subsequently one of the new governors, Carol Hulse, has resigned.

17. **New Governors Site Visit:** All new Governors were invited on site on Monday 28 November 2022. They met the Chair and had a short tour of the Trust. This was a valuable opportunity for new Governors to meet in person, have an informal discussion with the Chair and familiarise themselves with the building.

## Lead Governor Role

18. Barbara Strong is due to end her term as Lead Governor December 2022. Expressions of interest for taking over the role have been invited.

**Author: Barbara Strong**
**Date: 30 November 2022**

# Board of Directors Key Issues Report

**The Walton Centre**
**NHS Foundation Trust**

| **Report Date:** 28/09/22 | **Report of:** Business Performance Committee (BPC) |
|---|---|
| **Date of last meeting:** 27/09/22 | **Membership Numbers:** Quorate |

| 1 | **Agenda** | The Committee considered an agenda which included the following: <br> • Integrated Performance Report (August 2022) <br> • Digital Aspirant Monthly Update <br> • Information Governance Bi-annual Report <br> • People Substrategy (Draft) <br> • Exit Interview Reviews <br> • Business Continuity for Critical Staff – Industrial Action <br> • Board Assurance Framework 2022/23 Q2 Report <br> • Emergency Preparedness Resilience and Response Self-Assessment <br> • Digital Aspirant Element Business Case (retrospective approval following Chair's Action <br> • Key Issues Reports from 8 sub-committee meetings |
|---|---|---|
| 2 | **Alert** | • There is potential for industrial action related to the national pay settlement with some union ballots in process. The Committee received assurance that business continuity plans for critical staff have been prepared to mitigate impacts as far as possible for a range of scenarios. |
| 3 | **Assurance** | *Integrated Performance Report* <br><br> • All cancer wait/treatment and diagnostic targets continue to be achieved. <br> • Patient flow and outpatient transformation indicators remain strong, with the exception of Did Not Attends (DNAs) which remains challenging. There is a strong correlation of DNAs with indices of deprivation and this insight is being explored to seek ways to engage patients differently. <br> • With regards to activity recovery – 104-week waiters have now been eradicated and 78-week long waiters are reducing. Focus will be on reducing the 52 weeks but the Trust has until March 2025 to do this. High levels of day case and outpatients were achieved in August but elective activity remains below target although is steadily improving. <br> • A step change increase of 40% in the waiting list for new outpatients over recent months relates to taking on the spinal service. <br> • Sickness remains high but latest data indicates a fall since mid-August after being held at 7% for several months. Appraisal completion and mandatory training compliance remain below target. The Committee will review further progress from the improvement plan in November 2022. |

| | | |
|---|---|---|
| | | <ul><li>Turnover and vacancies in back-office roles remain high (but not in medical and nursing) but assurance was given that vacancies are being filled.</li><li>The reported Income and Expenditure outcome was £109k better than plan in August and £135k YTD, partly because all trusts were asked for reporting purposes to assume Elective Recovery Funding was in line with plan which has led to an increase. Income remains behind plan but is more than offset by reduced spend. For the full year, £1m of the £4.1m cost improvement plan has yet to be identified.</li><li>Capital spend remains behind plan but is expected to pick up in Q3.</li><li>BPPC performance (paying creditors on time) remains behind target but is steadily improving.</li></ul>*Other matters*<ul><li>Internal Audit substantial assurance has been gained for the twelfth consecutive year for the Data Security & Protection Toolkit. The target of 95% of staff up-to-date with e-learning security awareness is another notable achievement.</li><li>An Internal Audit report covering a review of the Exit Interview process has highlighted some improvement areas and has triggered further work to try and increase uptake, analyse themes and extend 'retention interviews'.</li><li>A rigorous Emergency Preparedness Resilience and Response (EPPR) self-assessment concluded partial compliance. An action plan is addressing the gaps.</li><li>BPC-related Business Assurance Framework risks were reviewed and the updates recommended to Board.</li><li>An action to provide assurance on succession planning for critical staff has been deferred.</li></ul> |
| 4. | **Advise** | <ul><li>A draft people substrategy was reviewed. The extensive content was commended but an alternative approach/format was suggested which it was felt would give better clarity (of this and all other substrategies).</li><li>A business case relating to part of the Digital Aspirant project had been approved by Chair's action in August 2022 (between meetings).</li><li>8 Key Issues Reports from sub-groups were received and noted.</li></ul> |
| 5. | **Risks Identified** | None |
| 6. | **Report Compiled** | David Topliffe, Non-Executive Director |

| | | Minutes available from: | Corporate Secretary |

# Board of Directors Key Issues Report

**NHS**
**The Walton Centre**
**NHS Foundation Trust**

| **Report Date:** 26/10/22 | **Report of:** Business Performance Committee (BPC) | |
|---|---|---|
| **Date of last meeting:** 25/10/22 | **Membership Numbers:** Quorate | |
| 1 | **Agenda** | The Committee considered an agenda which included the following: <br>• Integrated Performance Report <br>• Deep Dive – Cost Improvement Plan <br>• Review of Digital Aspirant Funding Spend <br>• Digital Transformation Monthly Update <br>• Consolidated Estates Report <br>• Business Case for HITU Ponta Beam replacement <br>• Health and Wellbeing Strategic Implementation Plan Update <br>• Trustwide Risk Register (BPC risks) <br>• People Group Terms of Reference <br>• Key Issues Reports from 7 sub-groups |
| 2 | **Alert** | • A further tranche of 80 spinal patients have come to light which are currently undergoing clinical validation as/when information is passed on by LUHFT. This is highly likely to include a number of >104 week and other long waiters. |
| 3 | **Assurance** | *Integrated Performance Report* <br><br>• All cancer wait/treatment and diagnostic targets continue to be achieved. <br>• Patient flow and outpatient transformation indicators remain strong, with the exception of Did Not Attends (DNAs) which remains challenging, especially for virtual appointments. <br>• With regards to activity recovery – (ahead of any further transferred spinal patients as per the alert above) >104 week waiters have been eliminated and 78 week waiters are down to 5. Outpatient activity exceeded target in September. Day cases were slightly below plan as was elective activity – although the latter was the highest month YTD. <br>• Sickness fell to 5.7% (1% of which is Covid) giving 6.9% rolling 12-month average. Appraisal completion and mandatory training compliance remain below target. Face to face training modules have the lowest compliance and capacity issues are being addressed. <br>• The reported Income and Expenditure outcome was £73k better than plan in September; both income and expenditure were above plan in the month, largely because of back-dating the pay award to April. Latest estimate forecast for the full year is to maintain the current £200k YTD favourable variance (i.e a surplus of £3.1m v plan of £2.9m), notwithstanding threats from inflation. A review of the cost improvement plan was made: now only £0.4m of the £4.1m full year plan has yet to be identified. £2.2m was delivered in the first half year. |

| | | |
|---|---|---|
| | | • Capital spend remains behind plan but is starting to pick up.<br>• BPPC performance (paying creditors on time) remains behind target and as yet is only improving slowly. Creditors (debt owed) has risen to £7.2m and debtors has increased to £5.9m. Both have been affected by vacancies in finance which are now being filled.<br><br>*Other matters*<br><br>• The Digital Aspirant project continues to make good progress; a review of the project to date was made including elements completed, scope still to complete and financials.<br>• Estates related information included in 4 different data-collection and benchmarking tools was reviewed. Further work will now be done to follow-up on insights relating, in particular, to energy usage/costs and some soft-FM services where the Trust appears as outliers. The Trust maintenance backlog cost benchmarks high relative to other specialist trusts in the region; assurance was given that the Trust has a comprehensive inventory and provision to address this backlog over the coming years in the medium-term capital plan.<br>• Progress in implementing the Health & Wellbeing strategic plan, together with emerging Cost of Living support programmes, were reviewed. A steering group is in place and a wellbeing hub is being set up. A dashboard to track progress is being developed.<br>• The Trustwide Risk Register was reviewed; continued work improving documenting mitigating actions and target dates was noted. |
| 4. | **Advise** | • A business case to replace end-of-life HITU Ponta Beams was approved. At £450k, this is less than the provision made in the capital plan.<br>• The Terms of Reference of the People Group was updated with only minor changes. Ways to improve the assurance given to BPC from the group were discussed.<br>• 7 Key issues reports from sub-groups were received and noted.<br>• The Information Governance Security Forum reported another externally reportable incident (patient receiving another patient's letter mixed up with their own) which is brought to the attention of the Audit Committee. |
| 5. | **Risks Identified** | None |
| 6. | **Report Compiled** | David Topliffe, Non-Executive Director | Minutes available from: | Corporate Secretary |

# Board of Directors Key Issues Report

**NHS The Walton Centre NHS Foundation Trust**

| | | |
|---|---|---|
| **Report Date:** 23/11/22 | **Report of:** Business Performance Committee (BPC) | |
| **Date of last meeting:** 22/11/22 | **Membership Numbers:** Quorate | |
| 1 | **Agenda** | The Committee considered an agenda which included the following: <br> • Transforming Services, The Walton Way <br> • Follow Up Waiting List (Fowl) Report <br> • Integrated Performance Report – October 2022 <br> • Digital Transformation Monthly Update <br> • Digital Substrategy <br> • 2023/24 Financial Plan (first draft) <br> • Finance and Procurement Strategy <br> • Workforce Key Performance Indicators <br> • Appraisal/ Mandatory Training Improvement Plan <br> • Key Issues Report from 8 Sub Committee meetings |
| 2 | **Alert** | • In-patient occupancy is at full capacity with 30-40 beds occupied by patients who are a delayed transfer of care due to onward capacity constraints. A significant number relates to those intended to be transferred to the regional spinal rehabilitation centre. This is having an impact on activity; notably, the number of cancelled operations in October 2022 was 3 times normal levels. This situation can be expected to worsen through the winter and the threat of potential industrial action which will lead to activity being reduced further. |
| 3 | **Assurance** | *Integrated Performance Report* <br><br> • All cancer wait/treatment and diagnostic targets continue to be achieved <br> • Reduction of 78 and 104 week waiters remains strong, but 52 week waiters and average wait times continue to progressively increase. Additional spinal patients identified by LUHFT are likely to include a small number of 104 week waiters, which are currently being clinically validated <br> • Activity performance was slightly behind target, although elective activity continues to progressively increase <br> • Admissions on the day of surgery at 79% is the highest on record. This is a flow/efficiency measure, so high is good! <br> • Sickness fell slightly to 5.6% (0.5% of which is Covid related). Vacancy levels are low <br> • Appraisal completion and mandatory training compliance fell, both are now below target for a prolonged period, despite an improvement focus over recent months. Findings from a deep dive review were received. Further improvements include streamlining the appraisal paperwork; introducing mid-year reviews to underpin the emphasis on a process of dialogue instead of an annual 'big event'; enabling leaders |

| | | |
|---|---|---|
| | | to track their department's performance themselves; recruiting specialist trainers where there have been vacancies and prioritising training rooms for training<br>• The reported Income and Expenditure outcome was £125k better than plan in October, cumulatively £300k better than plan YTD and forecast to be sustained to end of year (i.e. forecast surplus of £3.2m v. plan of £2.9m), notwithstanding threats from inflation. Of the planned £5m cost improvement for the year, £2.6m has been delivered so far with a further £2.1m projected, leaving £0.3m unidentified. 56% of YTD delivery is recurrent which is behind the planned recurrent target<br>• Capital spend remains behind plan; a focus is being placed on ensuring that all projects are on track to complete before year end<br><br>*Other matters*<br><br>• The Digital Aspirant project continues to make good progress<br>• A closure review of implementation of the prior finance and procurement strategy was received; good achievement was demonstrated although some aspects remain incomplete, impacted notably by vacancies (now filled). A new finance and commercial substrategy is in development |
| 4. | **Advise** | • A refreshed approach to transformation was endorsed. This includes a Strategic Project Management Office to oversee all improvement projects (quality, efficiency, digital) which will replace the existing Transformation Programme Group. ToR will be presented to BPC and the approach outlined in March's Board development day<br>• An intensive clinical review by consultants of their outpatient Follow-Up Waiting Lists (FOWL), spread over the next half year, was endorsed. This follows a successful pilot which broadly halved the waiting lists by redesignating as either suitable for Patient Initiated Follow-Up (PIFU) or discharged. This is expected to result in a far more manageable list with a significant reduction of overdue follow ups and reduced 'Did Not Attend' inefficiencies<br>• A draft of the Digital substrategy was reviewed. This will be further developed, aiming to finalise in February. It is shaped by national, ICS and place digital strategies. It was noted that the Chief Digital Information Officer has strong links into relevant external partnerships<br>• An expanded set of workforce KPIs, developed by the People Group, was endorsed. This includes leading indicators on engagement and health & wellbeing.<br>• An initial draft finance plan for 23/24 was recommended for approval to Trust Board prior to submission to the ICS. It has been prepared in accordance with the premises they have set<br>• 8 Key Issues reports from subgroups were received and noted<br>• The Information Governance Security Forum reported two externally reportable incidents relating to administrative error (patient receiving another patient's letter mixed up with their own and correspondence sent to a patient instead of their consultant) which are brought to the attention of the Audit Committee. |
| 5. | **Risks Identified** | None |

| 6. | **Report Compiled** | David Topliffe Non-Executive Director | Minutes available from: | Corporate Secretary |

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

| | |
|---|---|
| **Report Title** | Integrated Performance Report |
| **Executive Lead** | Lindsey Vlasman - Chief Operating Officer |
| **Author (s)** | Rebecca Sillitoe – Senior Information Analyst |
| **Action Required** | To note |

**Level of Assurance Provided**

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

**Key Messages**

- See summary for performance overview

**Next Steps**

- Ongoing

| **Related Trust Strategic Ambitions and Themes** | **Impact** | | |
|---|---|---|---|
| All Applicable | Not Applicable | Not Applicable | Not Applicable |

**Strategic Risks**

| 001 Quality Patient Care | 004 Operational Performance | 003 System Finance |
|---|---|---|

**Equality Impact Assessment Completed**

| Strategy ☐ | Policy ☐ | Service Change ☐ |
|---|---|---|

**Report Development**

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

# Integrated Performance Report

## Executive Summary

1. This report provides assurance on all Integrated Performance Report measures aligned to the Business & Performance and Quality Committee's. Performance is based on four aspects; performance in month, trend/variation, whether the target is within variation and external benchmarking. The below table highlights indicators by those which are High Performing (achieving target or improvement), Opportunity for Improvement (improving but not hitting target, or underperforming compared to peers, and Underperforming (not hitting target consistently or performance significantly decreasing).

## Operations & Performance Indicators

**High Performing**
Cancer Standards
Diagnostics
Referral to Treatment Long Waits
28 Day Emergency Readmissions

**Opportunity for improvement**
Activity Restoration
% of Patients on a PIFU

**Underperforming**
Theatres

## Workforce Indicators

**High Performing**
Vacancies

**Opportunity for improvement**
Mandatory Training
Turnover

**Underperforming**
Appraisal Compliance
Sickness/Absence

## Quality Indicators

**High Performing**
Complaints
Hospital Acquired Pressure Ulcers
Risk Adjusted Mortality
Friends and Family Test
Infection Control

**Opportunity for improvement**

**Underperforming**
N/A

## Finance Indicators

| Key Performance Indicators | August | September | October |
|---|---|---|---|
| % variance from plan - Year to date | 18.2% | 19.5% | 24.5% |
| % variance from plan - Forecast | 0.0% | 7.3% | 11.6% |
| % variance from efficiency plan - Year to date | 5.3% | 3.0% | 0.0% |
| % variance from efficiency plan - Forecast | -21.0% | -8.3% | -7.0% |
| Capital % variance from plan - Year to date | 51.6% | 35.9% | 42.0% |
| Capital % variance from plan - Forecast | 0.0% | 0.0% | 0.0% |
| Capital Service Cover * | 2.9 | 3.2 | 3.5 |
| Liquidity ** | 34.6 | 35.0 | 38.8 |
| Cash days operating expenditure *** | 93.1 | 91.3 | 95.5 |
| BPPC - Number | 85.5% | 86.3% | 86.5% |
| BPPC - Value | 83.8% | 83.2% | 84.5% |

\* Capital service cover - the level of income available to fund the Trust's capital commitments

\*\* Liquidity - the level of cash available to fund the Trust's activities

\*\*\* Number of days cash available to cover operating expenditure

## Conclusion

2. As listed above many of the indicators are high performing either against a set target, local improvement or external benchmarking, with only a few indicators underperforming.

## Recommendation

3. To note the compliance against key performance indicators and the assurance or mitigations in place

**Author: Rebecca Sillitoe – Senior Information Analyst**
**Date: 21/11/2022**

# Board KPI Report
# December 2022

**Data for October 2022 unless indicated**

# Explanation of SPC Charts and Assurance Icons

SPC charts are widely used in this report int order to provide increased assurance, insight and an indication of future performance.  However SPC charts are not relevant for every indicator.  Where there are not enough data points, numbers too small or very unstable,  or the indicator is to provide knowledge rather than show an improvement then an alternative visualisation will be used.

To maximise insight the charts will also include any targets and benchmarking where applicable.

**All SPC charts will follow the below Key unless indicated**

——◆—— Actual    — ◆ — UCL    ——— Average    — ◆ — LCL    ----- National Average    ----- Target

🔍 = Part of Single Oversight Framework

☆ = Mandatory Key Performance Indicator

**Assurance Icons (Colour Key)**

All metrics now have an Assurance Icon consisting of 4 components.  These give assurance on; in month performance against target, whether any SPC variation rules have been triggered, whether the target is achievable, and how the organisation compares to benchmarked data.

| | |
|---|---|
| •**Metric Passed in month** | •**Special Cause Positive** |
| •**Metric within tolerance** | •**Normal Variation** |
| •**Metric Failed in Month** | •**Special Cause Negative** |
| •No Target | •No SPC Chart |

**Actual**   **Variation**

**Benchmark**   **Target**

| | |
|---|---|
| •**Above Average** | •**Target Outside Limits (Positive)** |
| •**In line** | •**Target Within Limits** |
| •**Below Average** | •**Target Outside Limits (Negative)** |
| •No Bencmark Data | •No Target |
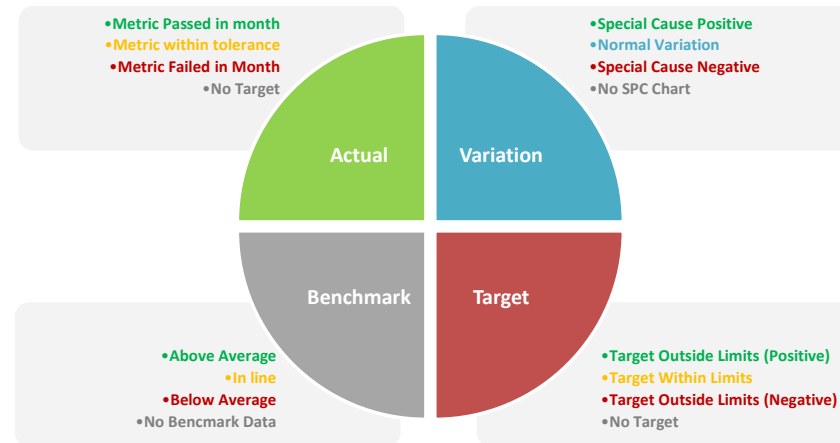
# SPC Chart Rules

When using SPC Charts we are looking for unexpected variation.  Variation occurs naturally in most systems, numbers fluctuate between typical points (control limits) the below rules are to assist in separating normal variation (expected performance) from special cause variation (unexpected performance).
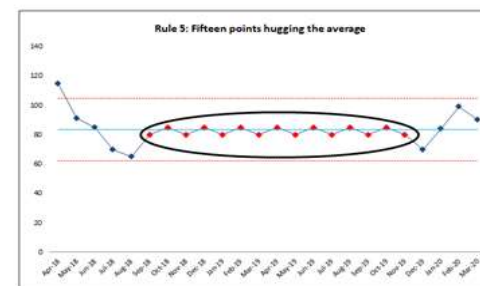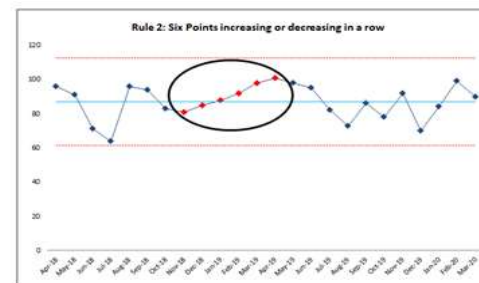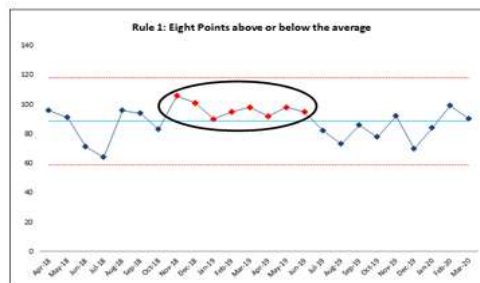
# Operations & Performance Indicators

# Operational
## Responsive - Referral to Treatment

**NHS**
**The Walton Centre**
NHS Foundation Trust

*Excellence in Neuroscience*

There are currently no patients who have waited longer than 104 weeks for treatment at the Walton Centre.  78+ week waiters are the lowest they've been this financial year.

As part of plans to restore services to pre-COVID levels, each Trust was required to submit a trajectory along with timescales for reducing long waits.  This includes having zero patients waiting longer than 104 weeks by July due to capacity issues.

During May the Trust received a further waiting list of over 200 patients as part of the Spinal Service Transfer.  This has resulted in the total open pathways increasing significantly.  There was a significant number of long waiters included in these which were not included in our long waiter reduction trajectory who are still contributing to the under performance.

**Number of Pathways waiting 52+ weeks at month end**

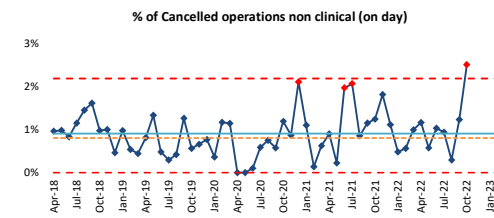**Number of Pathways waiting 78+ weeks at month end**

**Number of Pathways waiting 104+ weeks at month end**

**RTT English Average Open Wait (Weeks)**

**RTT Welsh Open Performance**

5
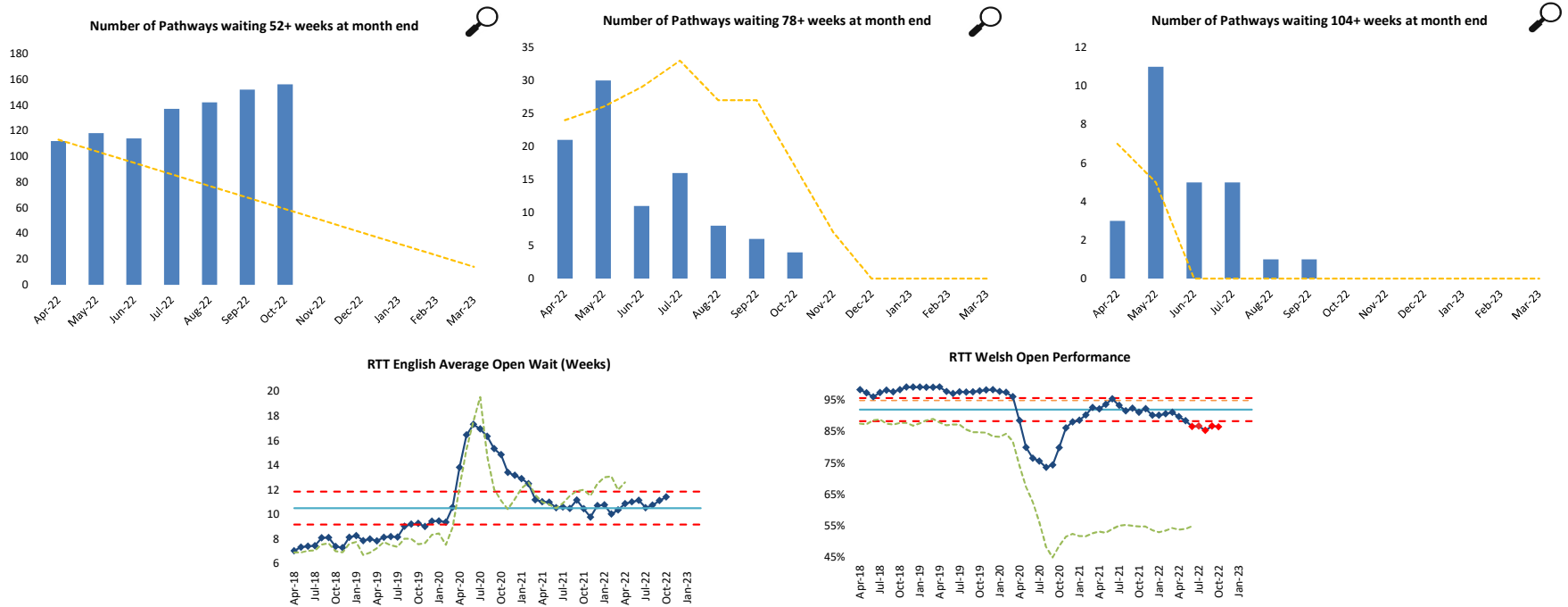
# Operational
## Responsive - Cancer Standards

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| Responsive - Access Standards | Target | Actual | Assurance |
|---|---|---|---|
| Cancer TWW | 93% | 100% | A V B T |
| Cancer 31 Day FDT | 96% | 100% | A V B T |
| Cancer 31 Day Sub | 94% | 100% | A V B T |
| Cancer 62 Day Standard | 85% | 100% | A V B T |
| 28 Day Faster Diagnosis Standard | 70% | 100% | A V B T |

The Trust has continued to see and treat all cancer patients as these patients are designated as urgent, this is in line with NHSE requirements.


14 Day Performance


31 Day FDT Performance


31 Day Subsequent Performance


28 Faster Diagnosis Standard


62 Day GP Urgent Referral


62 Day Consultant Upgrade

6
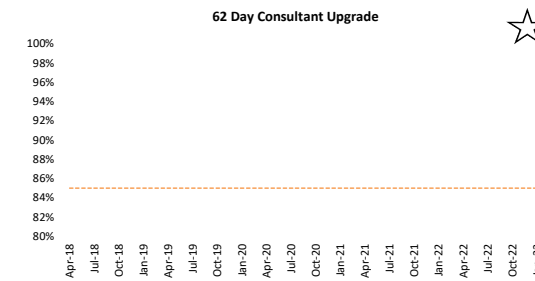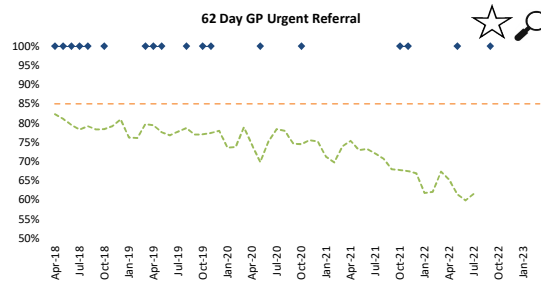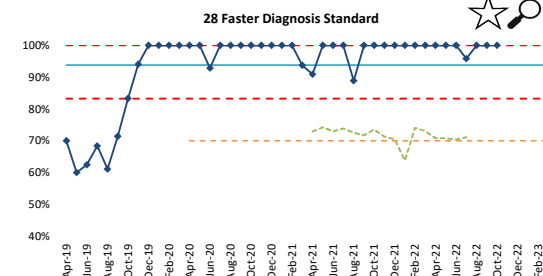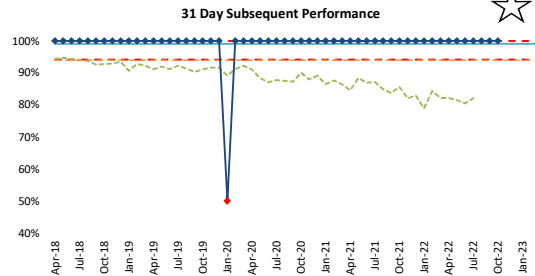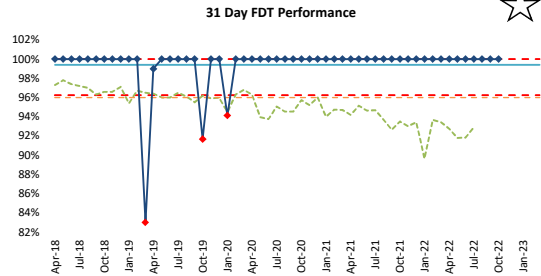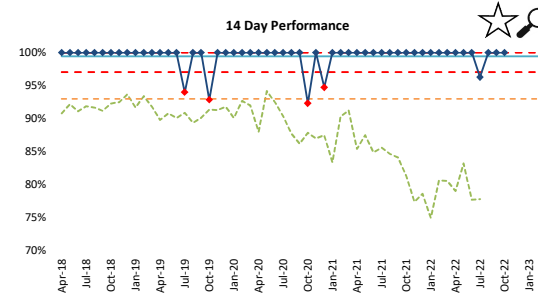
# Operational
## Responsive - Diagnostics

| Responsive - Access Standards | Target | Actual | Assurance |
|---|---|---|---|
| Diagnostic 6 Week Performance | 1% | 0.25% | |

Achievement against the Diagnostic 6 week standard has been met in month. There were four six week breaches in month.

**6 Week Diagnostic Performance**
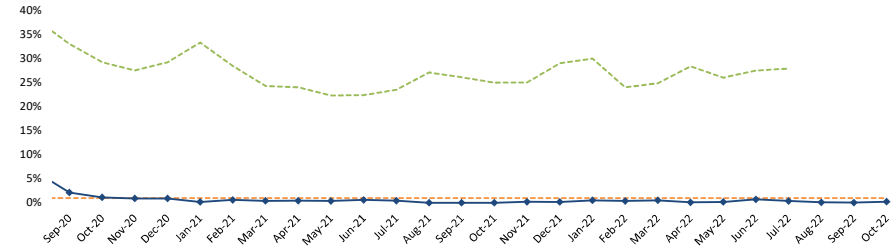


**Diagnostic Breaches by Type**
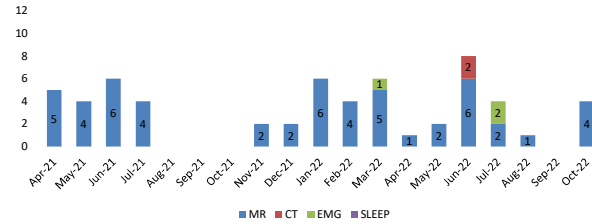


**Total Diagnostic Activity in Month**
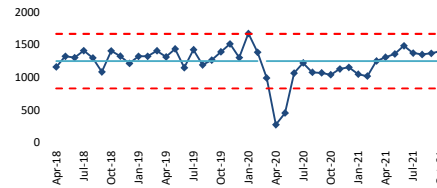


**Total Diagnostic Waits at Month End**
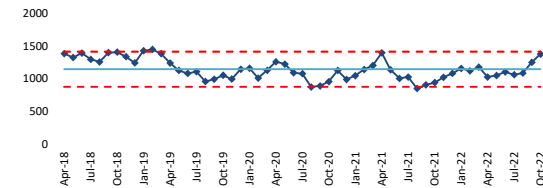
# Operational
## Effective - Theatres

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| Effective - Theatres | Target | Actual | Assurance |
|---|---|---|---|
| No. Non Clinical Cancelled Operations | - | 28 | A V B T |
| % Cancelled operations non clinical on day | 0.80% | 2.50% | A V B T |
| 28 Day Breaches in month | 0 | 1 | A V B T |

**Non Clinical Cancellations**

There have been a very high number (28) of non-clinical cancellations this month, this is a negative special cause value driven by bed pressures. 20 of 28 cancellations were due to unavailabilty of either ITU or G&A beds. Four operations were cancelled for list overrun and equipment failure and unavailability of theatre staff account for two cancellations each.

The Trust is in line with the national average for the percentage of non clinical cancelled operations based off latest published data.

**Number of Cancelled operations non clinical (on day)**

**Number of cancelled operations not re-admitted within 28 days**

**% of Cancelled operations non clinical (on day)**

**Non Clinical Cancelled Ops as a % of Elective Admissions**

The Walton Centre — National Average

**Theatre utilisation of Elective Sessions**

**Theatre utilisation of in Session Time**

8
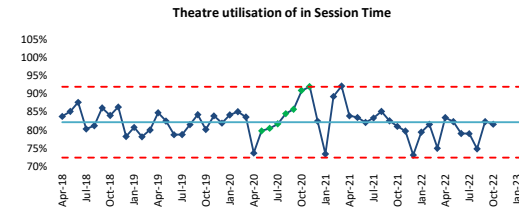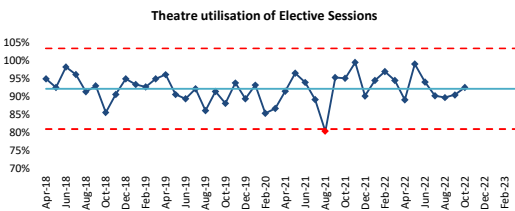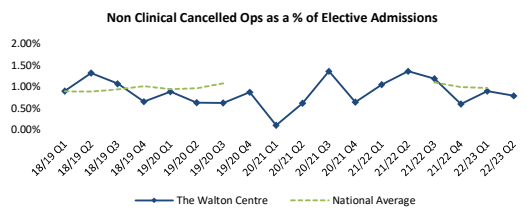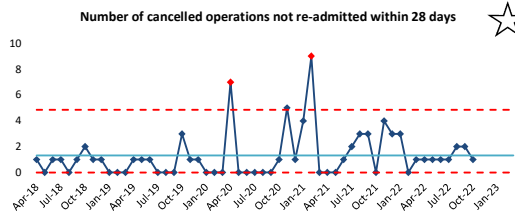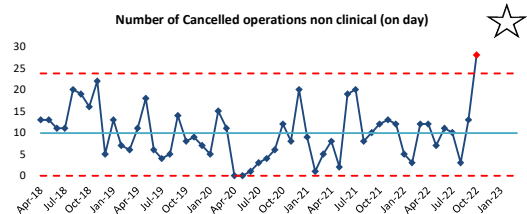
# Operational
## Effective - Activity Recovery Plan

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**October 22 Overall Activity Performance**

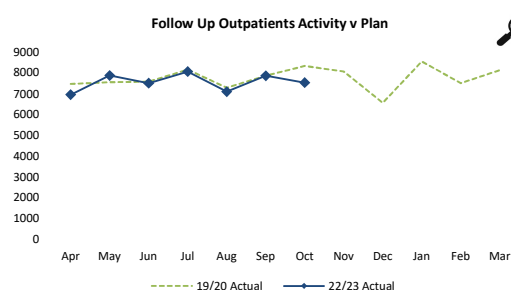| POD | Actual 22/23 | Plan 22/23 | Actual (% of 19/20) | Target* (% of 19/20) | YTD (% of 19/20) |
|---|---|---|---|---|---|
| Daycase | 913 | 974 | 103.0% | 104% | 101.11% |
| Elective | 287 | 286 | 104.4% | 104% | 87.76% |
| **Elective & Daycase Total** | **1200** | **1260** | **103.4%** | **104%** | **97.85%** |
| Non Elective | 161 | - | 88.5% | - | 94.68% |
| New Outpatients | 4705 | 4916 | 99.5% | 104% | 105.84% |
| Follow Up Outpatients | 7534 | 8337 | 90.4% | 100% | 97.52% |
| English Admitted Stops | 237 | 298 | 82.6% | 110% | 82.81% |
| English Non Admitted Stops | 2057 | 2247 | 95.2% | 110% | 104.01% |
| **Total English Stops** | **2294** | **2545** | **93.7%** | **110%** | **101.37%** |

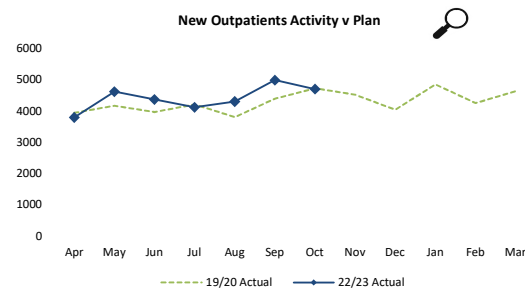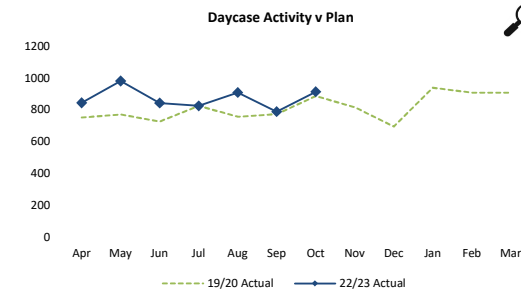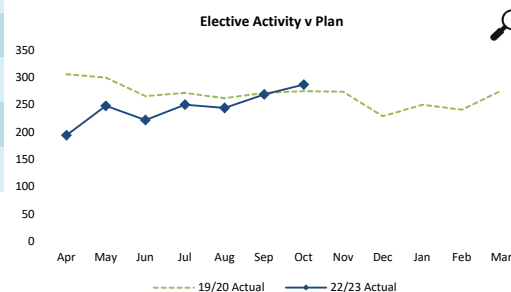**\*Target a guide for ERF purposes**

Operational planning for 2022/23 set Trusts the ambition to increase new outpatient appointments, Elective and Daycase activity to 110% of 19/20 level by March 2023 which is measured using RTT Stops.

ERF is calculated using Value Weighted Activity and is set 104% of 2019/20 levels.

Trusts are also asked to achieve the ambition of reducing follow up outpatient appointments compared to 2019/20.

There is no target set against Non Elective activty.

The information on this slide is raw activity for all Walton Centre patients and is unweighted.
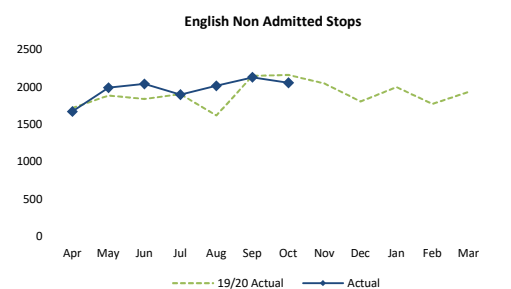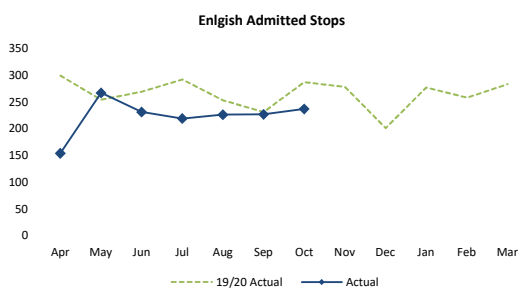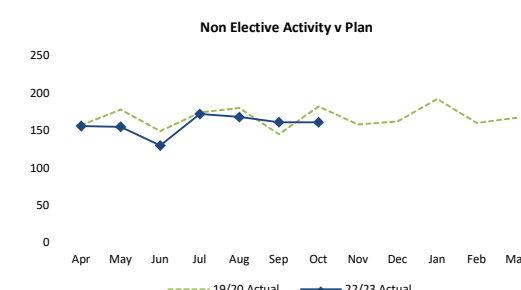
**Elective Activity v Plan**

**Daycase Activity v Plan**

**New Outpatients Activity v Plan**

**Follow Up Outpatients Activity v Plan**

**Non Elective Activity v Plan**

**Enlgish Admitted Stops**

**English Non Admitted Stops**

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# Operational
## Effective - Activity (Leading Indicators)

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**Total New Referrals Received**

**New Outpatient Waiting List**

*Spinal transfer patients added to OPWL

**Inpatient Waiting List**

**Follow Up Outpatient Waiting List**

**Follow Up Outpatient Waiting List (Overdue)**
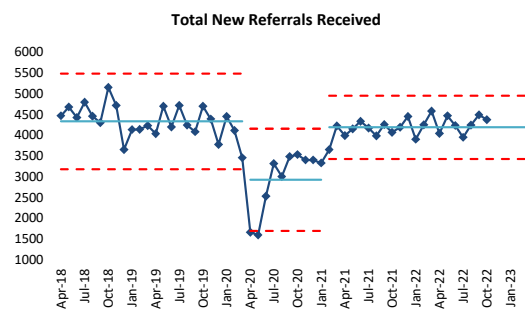
10

# Operational
## Effective - Flow

**NHS**
**The Walton Centre**
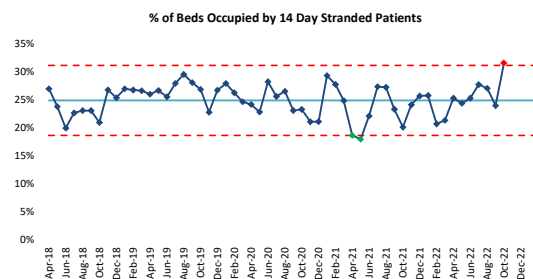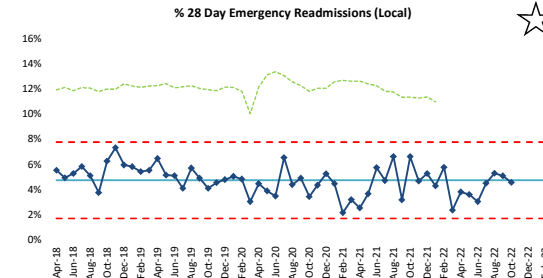NHS Foundation Trust

*Excellence in Neuroscience*
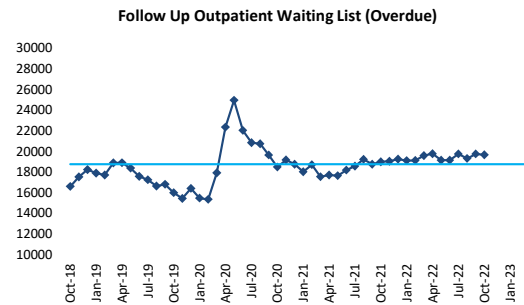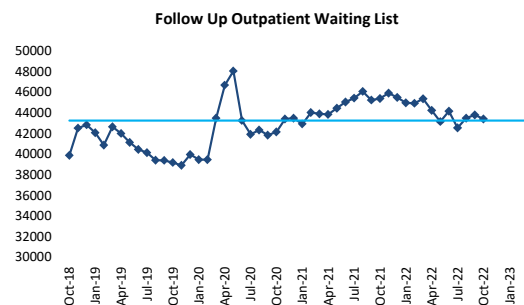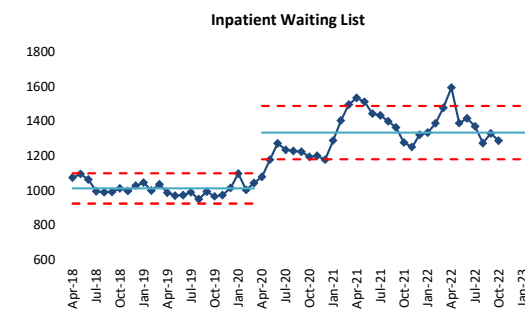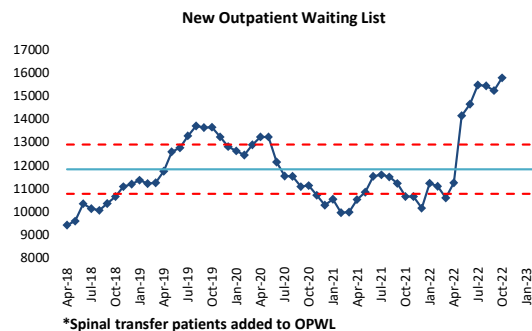
| Effective - Flow | Target | Actual | Assurance |
|---|---|---|---|
| % 28 Day Emergency Readmissions (Local) | - | 4.55% | A V B T |
| Total Delayed Discharge Days | - | 282 | A V B T |
| % Discharges by 5pm | - | 56.39% | A V B T |
| % 14 Day Stranded Patients | - | 31.49% | A V B T |

Most indicators are stable and within normal variation, there has been an unusually high number of long stay patients in month, but only slightly outside the expected range. These indicators form part of Patient Flow Transformation and are monitored through that workstream.

**Total Delayed Transfer of Care Days**



**% Discharges to usual residence before 5pm**



— Before 5pm ···· Before 12pm

**% 28 Day Emergency Readmissions (Local)**



**% of Beds Occupied by 14 Day Stranded Patients**



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# Operational
## Effective - Outpatient Transformation

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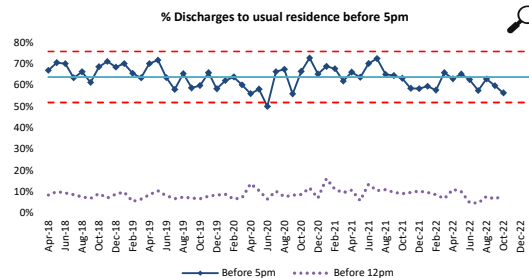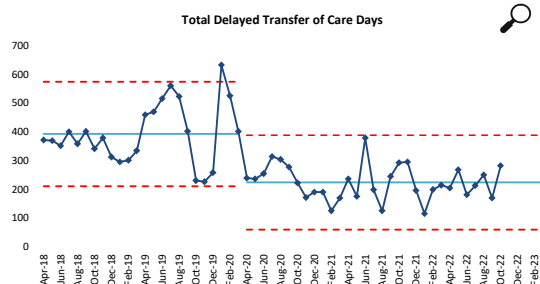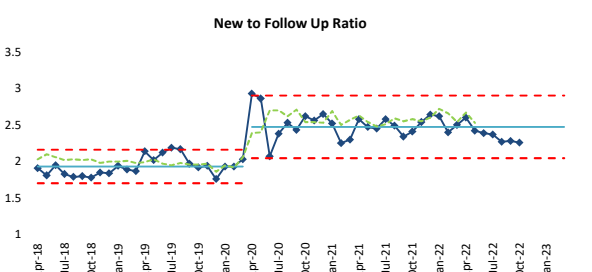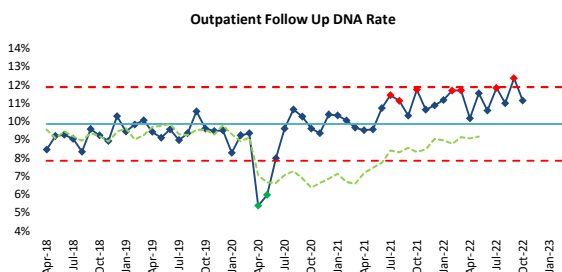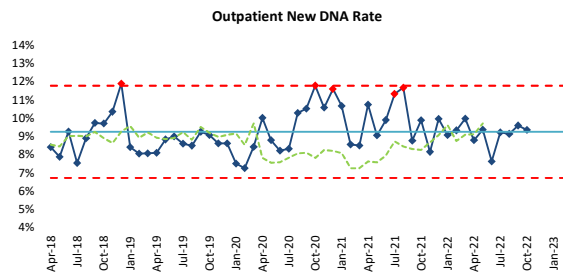**NHS Foundation Trust**

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**Virtual Appointments**
The Trust is required to deliver a minimum of 25% of its total outpatient appointments virtually.  We are currently above this target.  Following a switch to deliver mainly virtual appointments during Covid-19 the Trust is reverting appropriate clinics back to face to face where clinically necessary but is expected to remain above the target.

**Patient Initiated Follow Up (PIFU)**
As part of national Outpatient Transformation schemes the guidance is to work towards 5% of our total outpatients on a Patient Initiated Follow Up by March 2023.  In October 3.56% of total outpatient appointments had a PIFU outcome.
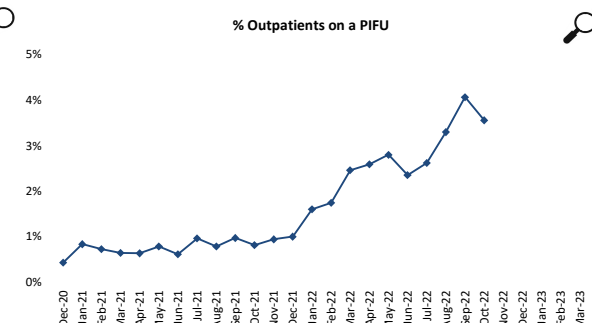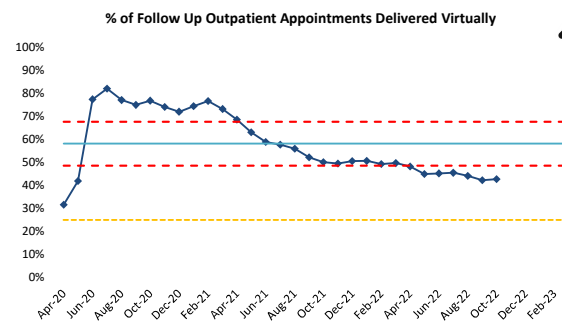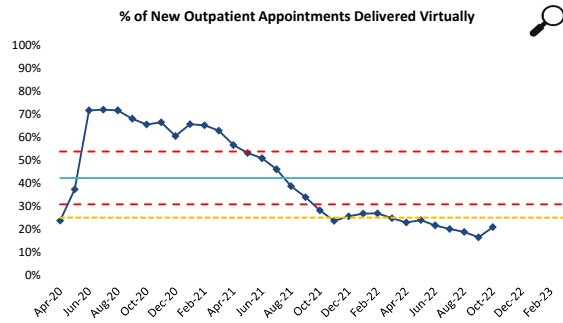
### % of New Outpatient Appointments Delivered Virtually

### % of Follow Up Outpatient Appointments Delivered Virtually

### % Outpatients on a PIFU

### Outpatient New DNA Rate

### Outpatient Follow Up DNA Rate

### New to Follow Up Ratio

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# Workforce Indicators

# Workforce
## Well Led - Workforce KPIs

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| Well Led - Workforce | Target | Actual | Assurance |
|---|---|---|---|
| Appraisal Compliance | 85% | 77.59% | |
| Mandatory Training Compliance | 85% | 81.46% | |

**Appraisal Compliance**

The Walton Centre PDR target has been set at 85%. Targeted chasing and the offer of further support with appraisals will continue. Following feedback from managers regarding the appraisal process, the paperwork is due to undergo review, however, this is on pause awaiting the outcome from the recommended standardised appraisal system outlined in the Messenger report, "Leadership for a collaborative and inclusive future".
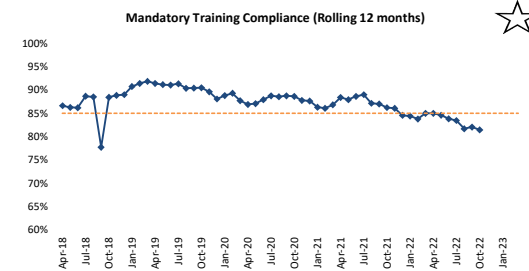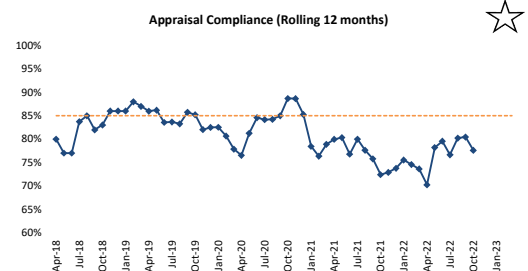
**Appraisal Compliance (Rolling 12 months)**



**Mandatory Training Compliance (Rolling 12 months)**



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# Workforce
## Well Led - Workforce KPIs

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| Well Led - Workforce | Target | Actual | Assurance |
|---|---|---|---|
| Sickness / Absence | 4.75% | 6.82% | |
| Trust Turnover | - | 15.80% | |
| Nursing Turnover | - | 10.87% | |
| Other Staff Turnover | - | 17.21% | |

**Sickness/Absence**

The Trust has seen a significant increase in Sickness/Absence levels which is above the 4.75% target. Sickness continues to be managed and sickness reports are shared monthly with managers and support is provided by HR advisors, who have monthly meetings with ward managers in place. Themes and trends are discussed at People Group with no outlying themes noted.

**Turnover**

Overall Turnover for the Trust has significantly increased recently, largely driven by Corporate Services and Non Nursing Staff within Divisions. Nursing turnover is within normal variation and the trust is fully established in this area.

Other staff turnover has increased steadily and reflects the pressures within the wider labour market. This is exacerbated by other NHS providers not adhering to principles of agenda for change.

**Sickness/Absence (Monthly)**

**Lost Days due to Sickness/Absence (Monthly)**

**Medical Leavers**

**Trust Turnover (Rolling 12 months) - All Staff Groups**

**Nursing Turnover (Rolling 12 months)**

**Other Staff Turnover (Rolling 12 months)**

15
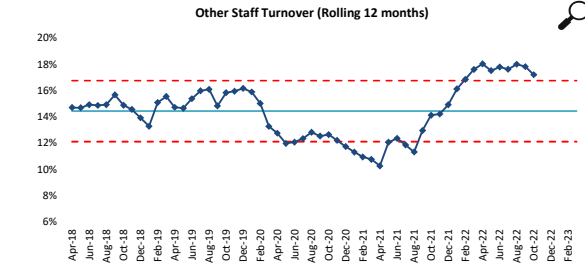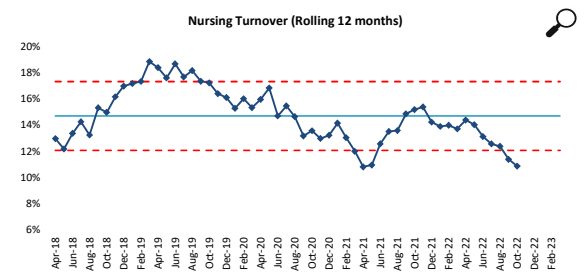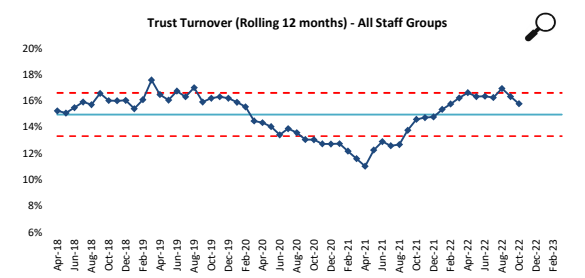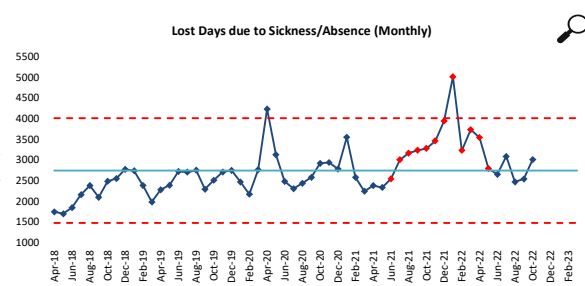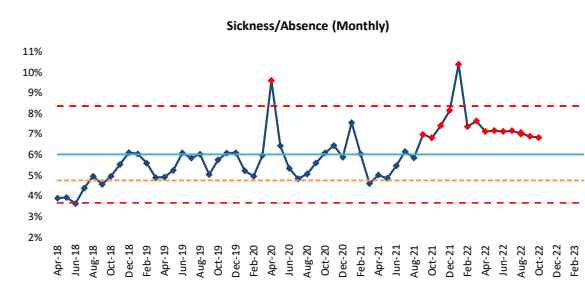
# Quality of Care
## Well Led - Workforce KPIs

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**Overall Vacancy Level %**
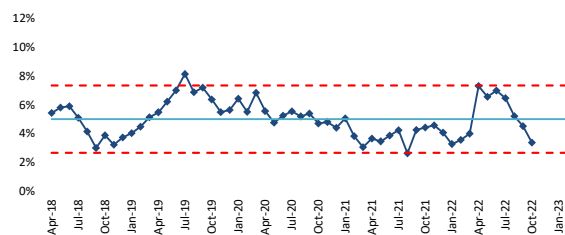


**Nursing Vacancy Level %**
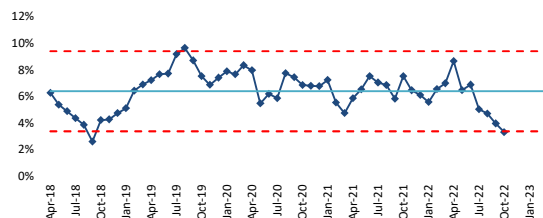


**Medical Vacancy Level %**
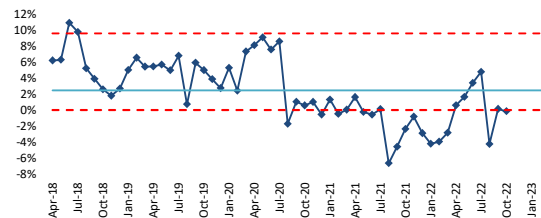


**Other Staff Vacancy Level %**
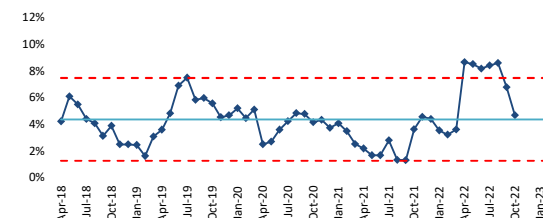


**Vacancy Rates**

New budgets have been set for 2022/23 which reflect several ongoing restructures across the organisation, this has impacted the vacancy rate this month.

Vacancy rates include posts that have been recruited to but the post holder has not commenced employment yet.

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# Quality Indicators

# Quality of Care
## Caring - Complaints

**NHS**
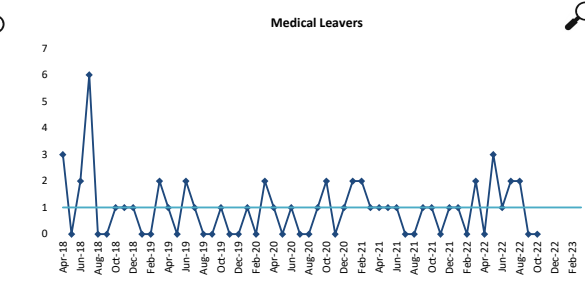**The Walton Centre**
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### Total New Complaints Received in month



### Quarterly Complaints per 1000 WTE



— The Walton Centre   - - National Rate   - - Neuroscience Centres Rate

### Complaints by Subject Apr 19 to present



### % New Complaints Received against Activity



### Total New Complaints Received



■ Neurosurgery   ■ Neurology   ■ Organisation-wide

**Complaints by Outcome**

| | Not Upheld | Partial Upheld | Upheld |
|---|---|---|---|
| 19/20 | 66 | 32 | 24 |
| 20/21 | 42 | 23 | 6 |
| 21/22 | 45 | 19 | 11 |
| 22/23 | 25 | 14 | 15 |

In October 2022 the Trust received 15 new complaints; 6 Neurology and 9 Surgery. Of the 15 complaints received; 3 related to admission, discharge or appointment arrangements and 6 related to treatment, care or diagnosis, 3 related to communcation 2 to approach and manner and 1 to medical records.

Due to the reduction seen the Trust is now below both the national and peer average up to the latest published period of benchmarking data (Q4 2021/22). Locally there was an increase in complaints in Q1 of 2022/2023 which has dropped again in Q2 of this year but remains above the last reported national average.

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# Quality of Care
## Caring - Friends & Family Test

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### Inpatient FFT % Likely to Recommend
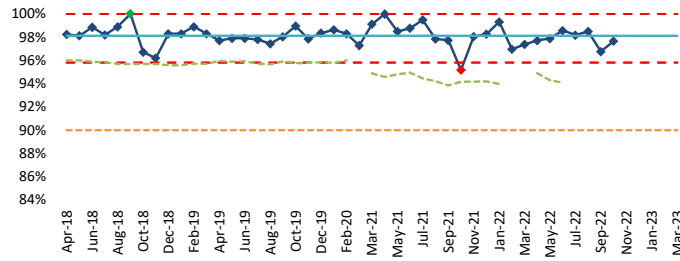


### Outpatient FFT % Likely to Recommend
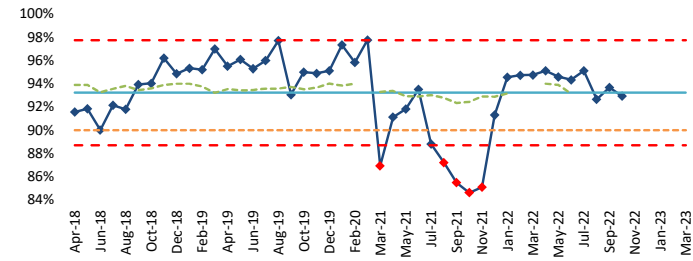


### Inpatient FFT Response Rate



### Outpatient FFT Response Rate



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# Quality of Care
## Safe - Infection Control

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### MRSA Bacteraemia



- - - 20/21 Actual YTD
- - - 21/22 Actual YTD
— 22/23 Trajectory
— 22/23 Actual YTD

### CPE



- - - 20/21 Actual YTD
- - - 21/22 Actual YTD
— 22/23 Trajectory
— 22/23 Actual YTD

### C.Diff



- - - 20/21 Actual YTD
- - - 21/22 Actual YTD
— 22/23 Trajectory
— 22/23 Actual YTD

### E.Coli



- - - 20/21 Actual YTD
- - - 21/22 Actual YTD
— 22/23 Trajectory
— 22/23 Actual YTD

### Klebsiella Bacteraemia



- - - 20/21 Actual YTD
- - - 21/22 Actual YTD
— 22/23 Trajectory
— 22/23 Actual YTD

### Pseudomonas Bacteraemia



- - - 20/21 Actual YTD
- - - 21/22 Actual YTD
— 22/23 Trajectory
— 22/23 Actual YTD

### MSSA



- - - 20/21 Actual YTD
- - - 21/22 Actual
— 22/23 Trajectory
— 22/23 Actual YTD

**Total Healthcare Acquired Infections 2022/23**

| | MRSA B | CPE | C.Diff | E.Coli | KB | PB | MSSA | Total |
|---|---|---|---|---|---|---|---|---|
| Cairns | | 1 | | 3 | | | | 4 |
| Caton | | 2 | | | | 1 | | 3 |
| Chavasse | | | 1 | 4 | | | | 5 |
| CRU | | | 1 | | 1 | | | 2 |
| Dott | | | | 1 | | | | 1 |
| Horsley | | | 2 | | 1 | | 2 | 5 |
| Lipton | | | | | | | | 0 |
| Sherrington | | | | | | | | 0 |
| Total | 0 | 3 | 4 | 8 | 2 | 1 | 2 | 20 |

**October Breakdown by Ward**
1 X E. Coli on Cairns
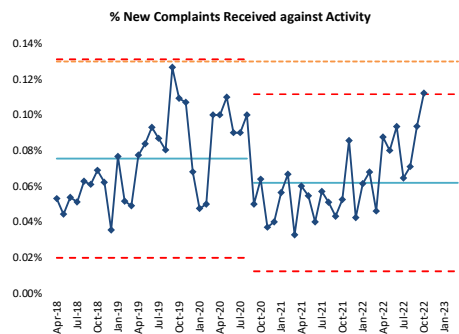1 X MSSA on Horsley

# Quality of Care
## Safe - Infection Control

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### C.Diff Rate per 100,000 Bed Days YTD



### MSSA Rate per 100,000 Bed Days YTD
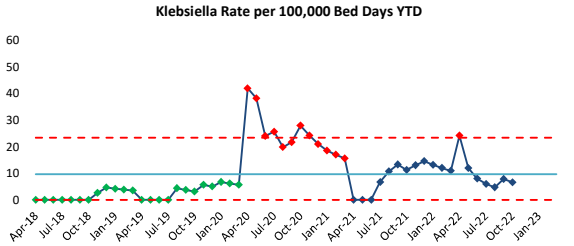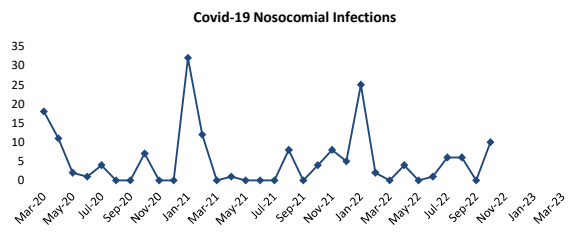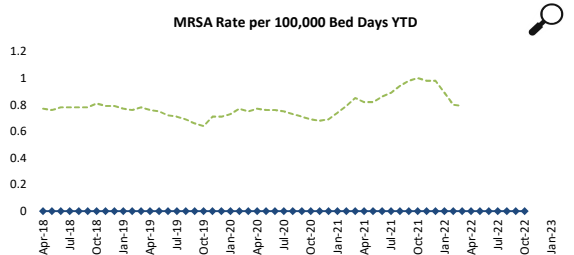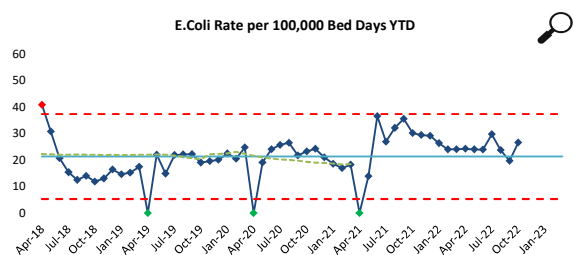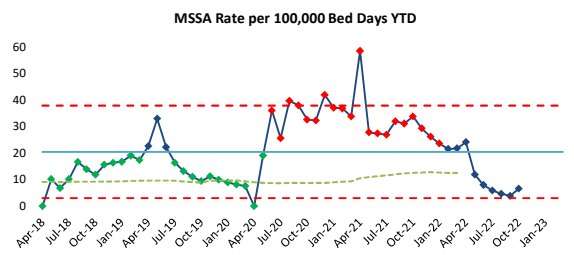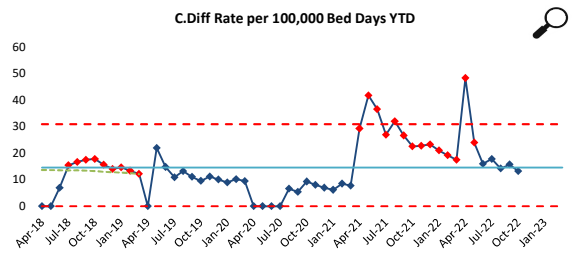


There have been four C.Diff year to date at a rate of 14.6 per 100,000 bed days.

E. Coli cases are at eight during 22/23 at a rate of 26.52 per 100,000 bed days.

Two Klebsiella cases YTD give a rate of 9.70 per 100,000 bed days.

There has been two MSSA at a rate of 6.63 and one Pseudomonas YTD at a rate of 2.43 per 100,000 bed days.  The MSSA rate reamins below the last updated national average.

Covid-19 Nosocomial infections are lab confirmed PCR results only.  There were 10 infections in month.

### E.Coli Rate per 100,000 Bed Days YTD



### MRSA Rate per 100,000 Bed Days YTD



### Covid-19 Nosocomial Infections



### Klebsiella Rate per 100,000 Bed Days YTD



### Pseudomonas Rate per 100,000 Bed Days YTD



21
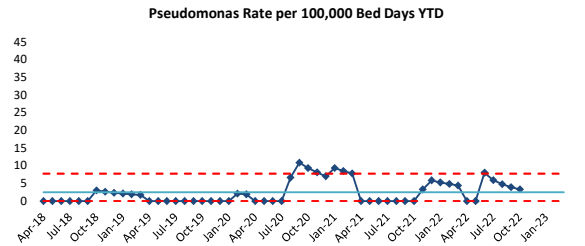
# Quality of Care
## Safe - Harm Free Care

**NHS**
**The Walton Centre**
**NHS Foundation Trust**

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**Total Moderate or Above Harm Inpatient Falls**



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



**CAUTI Incidences**
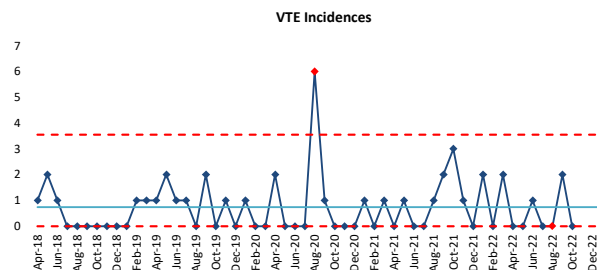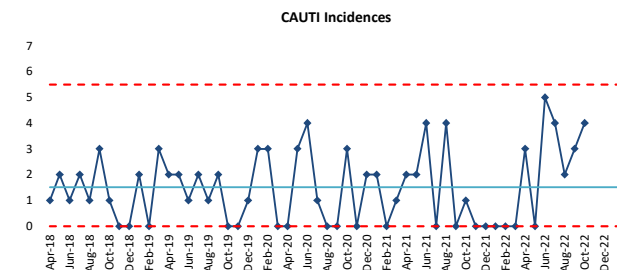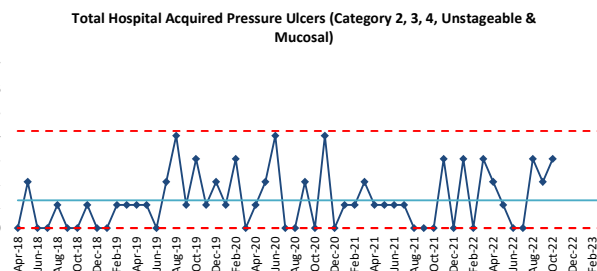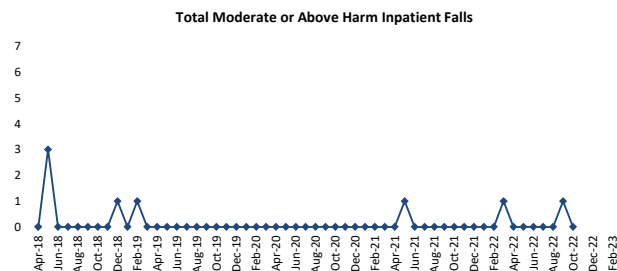


**VTE Incidences**



**Falls**
There were no falls with moderate or above harm in month.

**Pressure Ulcers**
There were three Hospital Acquired Pressure Ulcers in month

**CAUTI**
There were four CAUTI incididents this month.

**VTE**
There were no VTE incidences in month

All harm measures are within normal variation.

# Quality of Care
## Safe - Mortality

**NHS**
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**NHS Foundation Trust**

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### RAMI 2019 by Month



— Walton Centre    ---- Peer

### RAMI 2019 Rolling 12 Month



— Walton Centre    ---- Peer

### RAMI 2019 Rolling 12 Month Peer Distribution



### Crude Mortality
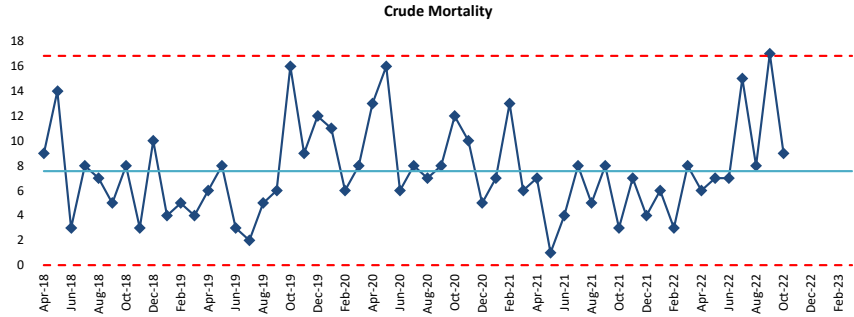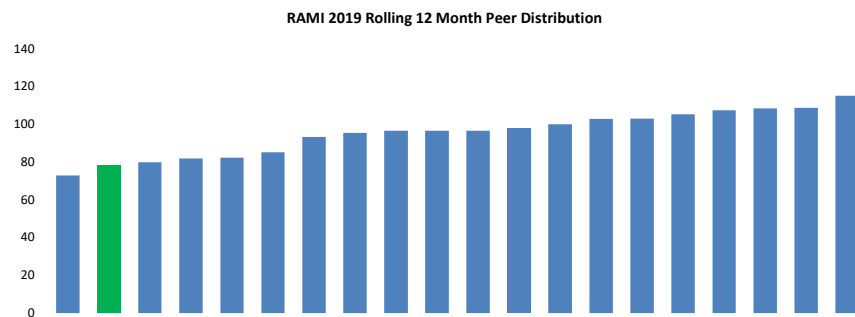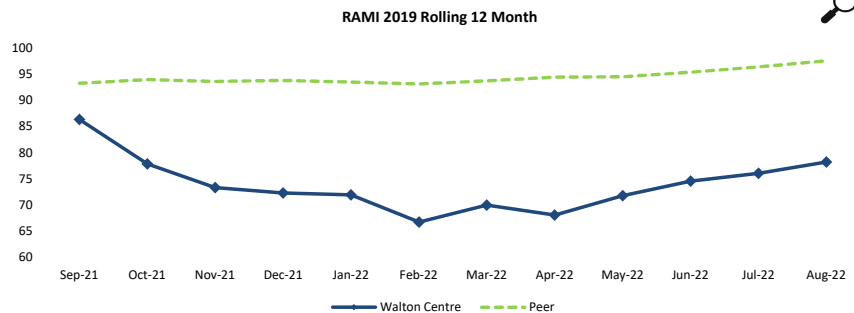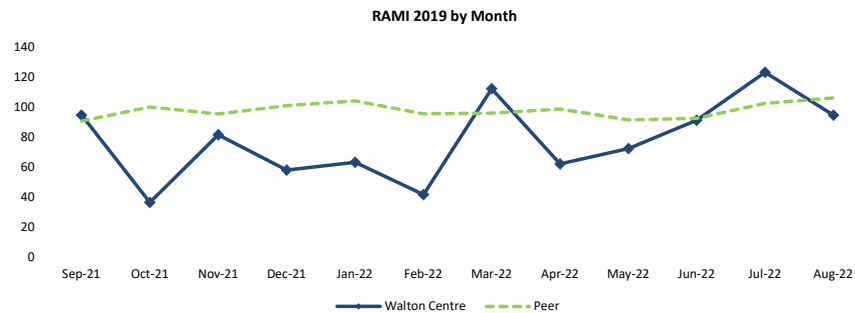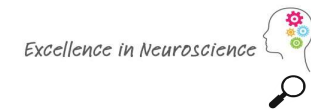


As at August 2022 the rolling 12 month RAMI19 figure is 78.21. During the period there were a total of 74 observed deaths against 95 expected deaths. Compared to peers The Walton Centre has performed significantly better during the period.

RAMI19 excludes deaths following a positive covid-19 result. During the rolling 12 month period there have been 8 deaths following a positive covid-19 result, of which 2 were in October.

Crude mortality is within normal variation

23

# Quality of Care
## Safe - Governance

**Total SIs Reported**



**Total Never Events Reported**



24
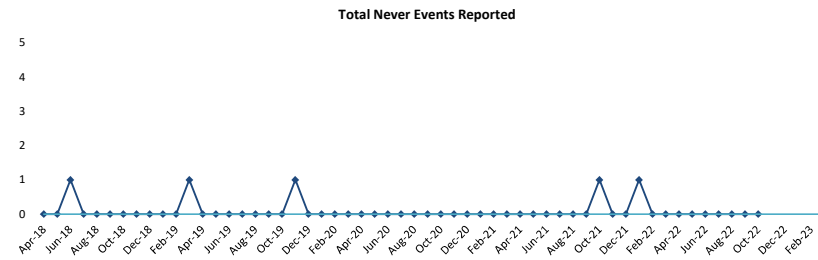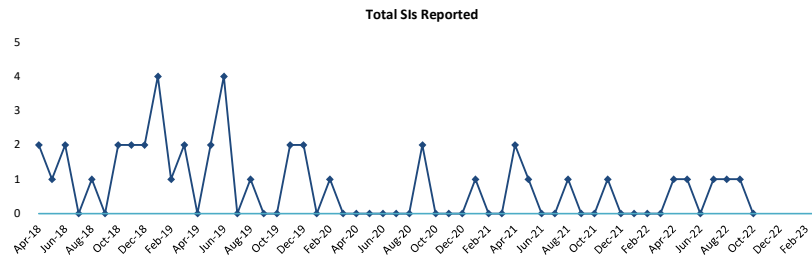
# Ward Scorecard
## October 2022

**NHS**
**The Walton Centre**
**NHS Foundation Trust**

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| Number of shifts judged in each of the four categories and number flagged overall | Safe Staffing | | | | | | Harms | | | | Infection Control | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Green | Grey | Amber | Red | Flagged | Walton Cares | Pressure Ulcers | Falls (Mod+) | UTI | VTE | MRSA | MSSA | E Coli | C Diff |
| Cairns | 0 | 20 | 66 | 7 | | Gold | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 0 |
| Caton | 11 | 68 | 69 | 4 | | Silver | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| Chavasse | 12 | 35 | 44 | 2 | ⚐ 2 | Gold | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CRU | 1 | 26 | 59 | 7 | ⚐ 20 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dott | 6 | 43 | 43 | 1 | | Gold | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| Horsley ITU | 35 | 50 | 8 | 0 | | | 1 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| Lipton | 3 | 39 | 48 | 3 | | Silver | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Safe staffing now reflects the utilisation statuses which are managed through SafeCare. Green shifts are those where staff were underutilised, Grey are fully utilised and Amber and Red indicate where staff have been utilised at more than their capacity. These values are initially calculated based on the staff assigned to a shift and the acuity of inpatients. This initial calculation can be overridden by the professional judgement of the nursing team. The figures here incorporate those professional judgements.

| WELL LED | Finance |
|----------|---------|

| Key Performance Indicators | August | September | October |
|---|---|---|---|
| % variance from plan - Year to date | 18.2% | 19.5% | 24.5% |
| % variance from plan - Forecast | 0.0% | 7.3% | 11.6% |
| % variance from efficiency plan - Year to date | 5.3% | 3.0% | 0.0% |
| % variance from efficiency plan - Forecast | -21.0% | -8.3% | -7.0% |
| Capital % variance from plan - Year to date | 51.6% | 35.9% | 42.0% |
| Capital % variance from plan - Forecast | 0.0% | 0.0% | 0.0% |
| Capital Service Cover * | 2.9 | 3.2 | 3.5 |
| Liquidity ** | 34.6 | 35.0 | 38.8 |
| Cash days operating expenditure *** | 93.1 | 91.3 | 95.5 |
| BPPC - Number | 85.5% | 86.3% | 86.5% |
| BPPC - Value | 83.8% | 83.2% | 84.5% |

\* Capital service cover -  the level of income available to fund the Trust's capital commitments

\*\* Liquidity - the level of cash available to fund the Trust's activities

\*\*\* Number of days cash available to cover operating expenditure

Please see glossary at end of the finance IPR for an explanation of key performance indicators.

| Trust I&E | In month | | | Year to Date | | | Full Year | | |
|---|---|---|---|---|---|---|---|---|---|
| | Plan £'000 | Actual £'000 | Variance £'000 | Plan £'000 | Actual £'000 | Variance £'000 | Plan £'000 | Forecast £'000 | Variance £'000 |
| Operating income from patient care activities | 13,216 | 14,057 | 841 | 92,505 | 94,652 | 2,147 | 158,610 | 162,576 | 3,966 |
| Other operating income | 642 | 769 | 127 | 4,500 | 4,362 | (138) | 7,728 | 7,556 | (172) |
| Donated Income | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total Operating Income** | **13,858** | **14,826** | **968** | **97,005** | **99,014** | **2,009** | **166,338** | **170,132** | **3,794** |
| | | | | | | | | | |
| Employee expenses | (7,004) | (7,488) | (484) | (49,669) | (49,001) | 668 | (84,722) | (85,677) | (955) |
| Operating expenses excluding employee expenses | (6,418) | (6,813) | (395) | (44,978) | (47,416) | (2,438) | (77,030) | (79,704) | (2,674) |
| **Total Operating Expenditure** | **(13,422)** | **(14,301)** | **(879)** | **(94,647)** | **(96,417)** | **(1,770)** | **(161,752)** | **(165,381)** | **(3,629)** |
| | | | | | | | | | |
| **EBITDA** | **436** | **525** | **89** | **2,358** | **2,597** | **239** | **4,586** | **4,751** | **165** |
| Finance income | 20 | 60 | 40 | 140 | 260 | 120 | 240 | 445 | 205 |
| Finance expense | (48) | (49) | (1) | (338) | (338) | 0 | (583) | (578) | 5 |
| PDC dividends payable/refundable | (137) | (140) | (3) | (956) | (972) | (16) | (1,639) | (1,667) | (28) |
| Other gains/(losses) including disposal of assets | 0 | 0 | 0 | 0 | (7) | (7) | 0 | (7) | (7) |
| **Financial performance surplus/(deficit)** | **271** | **396** | **125** | **1,204** | **1,540** | **336** | **2,604** | **2,944** | **340** |
| | | | | | | | | | |
| I&E impact capital donations and profit on asset disposals | 22 | 22 | 0 | 154 | 151 | (3) | 264 | 257 | (7) |
| | | | | | | | | | |
| **Adjusted financial performance surplus/(deficit)** | **293** | **418** | **125** | **1,358** | **1,691** | **333** | **2,868** | **3,201** | **333** |

Month 7 – in month £418k surplus compared to £293k planned surplus – an in month favourable variance of £125k.

Year to Date - £1,691k surplus compared to £1,358k planned surplus, a YTD favourable variance of £333k.

**Income** - YTD overperformance of £2,009k, due to:

- Increased NHS England funding relating to the 2022/23 pay award.
- Increased reimbursement for High-Cost Drugs and Devices due to higher volumes being used.
- Increased Isle of Man activity.
- Increased level of Health Education England funding.
- Offset by risk around thrombectomy and Transcranial ultrasound activity, and Spinal ERF activity and Injury recovery income.
- Lower than anticipated salary recharges due to delayed transfer of Health Procurement Liverpool staff (offset in expenditure).

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

**Expenditure (inc. Financing Costs)** - YTD over-spend of £1,676k due to:

- Increased pay costs due to 2022/23 pay award being higher than was assumed by NHSE at budget setting.
- Increased spend on High-Cost Drugs and Devices including spend on Botox that is no longer reimbursed as it is no longer classed as an excluded drug.
- Offset by Non-recurrent vacancy savings.
- Delays in TUPE of Health Procurement Liverpool staff, all staff have now transferred in October.

| STATEMENT OF FINANCIAL POSITION - 2022/23 | Plan Oct-22 | Actual Oct-22 | Variance |
|---|---|---|---|
| | £'000 | £'000 | £'000 |
| Intangible Assets | 642 | 882 | 240 |
| Tangible Assets | 94,444 | 92,607 | (1,837) |
| Right of use assets - leased assets | 75 | 72 | (3) |
| Receivables | 428 | 434 | 6 |
| **TOTAL NON CURRENT ASSETS** | **95,589** | **93,995** | **(1,594)** |
| Inventories | 1,841 | 754 | (1,087) |
| Receivables | 6,315 | 5,639 | (676) |
| Cash at bank and in hand | 34,838 | 41,574 | 6,736 |
| **TOTAL CURRENT ASSETS** | **42,994** | **47,967** | **4,973** |
| Payables | (24,207) | (28,788) | (4,581) |
| Borrowings | (1,668) | (1,681) | (13) |
| Provisions | (55) | (66) | (11) |
| **TOTAL CURRENT LIABILITIES** | **(25,930)** | **(30,535)** | **(4,605)** |
| | | | |
| **TOTAL ASSETS LESS CURRENT LIABILITIES** | **112,653** | **111,427** | **(1,226)** |
| Borrowings | (21,565) | (21,547) | 18 |
| Provisions | (693) | (677) | 16 |
| **TOTAL ASSETS EMPLOYED** | **90,395** | **89,203** | **(1,192)** |
| Public Dividend Capital | 36,176 | 34,617 | (1,559) |
| Revaluation Reserve | 7,377 | 7,377 | 0 |
| Income and Expenditure Reserve | 46,842 | 47,209 | 367 |
| **TOTAL TAXPAYERS EQUITY AND RESERVES** | **90,395** | **89,203** | **(1,192)** |

| STATEMENT OF CASH FLOW - 2022/23 | Plan Oct-22 | Actual Oct-22 | Variance |
|---|---|---|---|
| | £'000 | £'000 | £'000 |
| **Cash flows from operating activities** | | | |
| | | | |
| **Operating surplus/(deficit)** | **2,358** | **2,596** | **238** |
| | | | |
| Non-cash income and expense: | 4,101 | 4,318 | 217 |
| Working Capital | (815) | 2,413 | 3,228 |
| | | | |
| **Net cash generated from/(used in) operations** | **5,644** | **9,327** | **3,683** |
| | | | |
| Cash flows from investing activities | (9,493) | (6,434) | 3,059 |
| Cash flows from financing activities | (385) | (2,042) | (1,657) |
| | | | |
| **Increase/(decrease) in cash and cash equivalents** | **(4,234)** | **851** | **5,085** |
| | | | |
| **OPENING CASH** | **39,072** | **40,723** | **1,651** |
| | | | |
| **CLOSING CASH** | **34,838** | **41,574** | **6,736** |

Year to Date - £41,574k cash balance compared to £34,838k plan, a YTD favourable variance of £6,736k:

- Opening cash balance against plan:  £1,651k
- Operating surplus above plan:  £238k
- Movement in inventories:  £864k
- Movement in payables/receivables:  £2,368k
- Capital programme:  £2,939k
- Public dividend capital drawdown below plan:  (£1,560k)
- Other balance sheet movements:  £236k
- **Total**  **£6,736k**

## Permanent Staff Pay Costs and WTEs



Legend: Total Pay | Total substantive WTE | Linear (Total Pay)
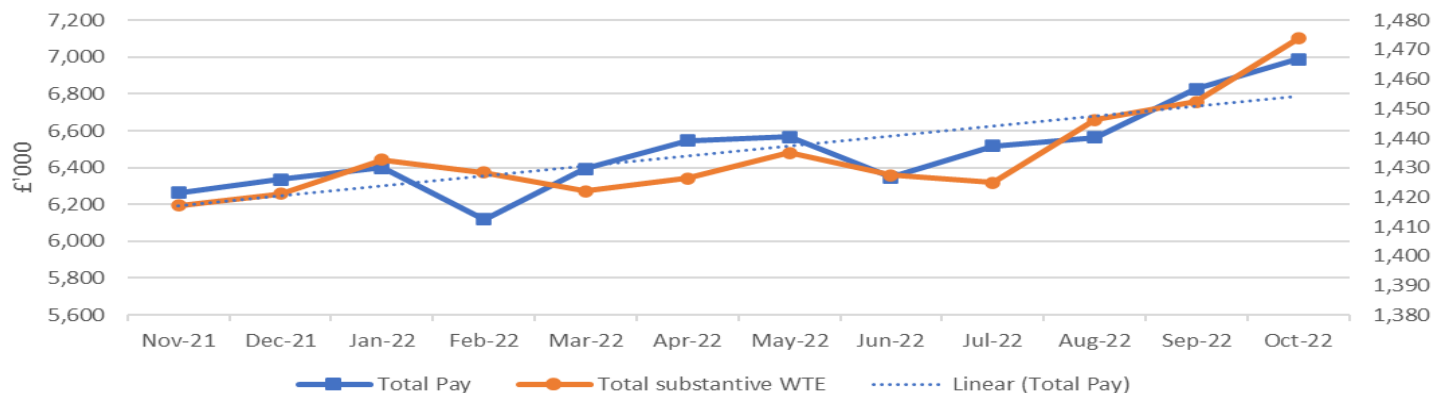
September 2022 increase caused by six months backpay being paid relating to that year's pay award. Increase in cost and wte's in October due to HPL TUPE.

**Pay costs:**

- Aug: £6,563k
- Sep: £6,827k
- Oct: £6,990k

**WTE:**

- Aug: 1,446 WTE
- Sep: 1,452 WTE
- Oct: 1,474 WTE

## Bank Costs and Sickness Rates



Legend: Registered Bank spend | Unregistered Bank spend | Sickness | Linear (Registered Bank spend) | Linear (Unregistered Bank spend)
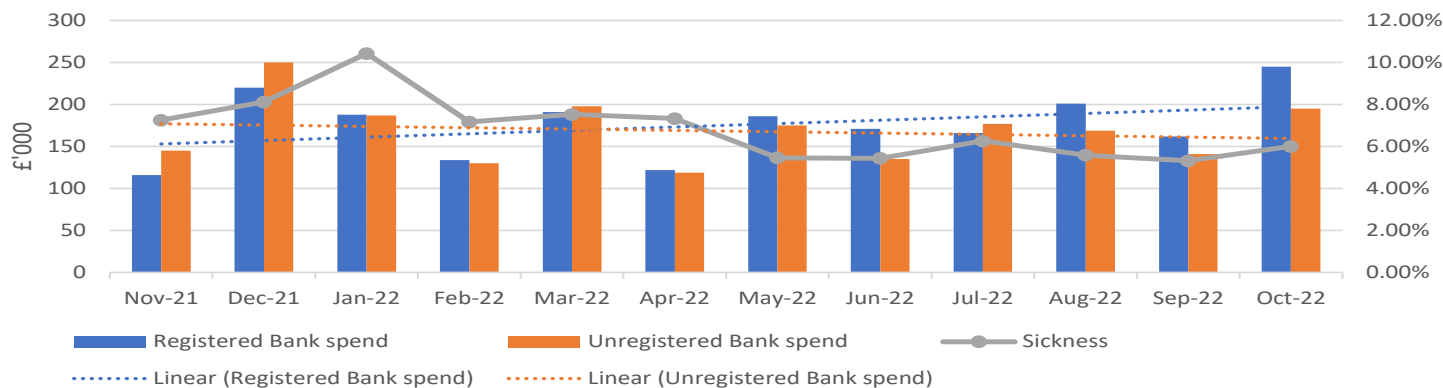
**This is a key area of focus for NHSE/I.**

Increase in Registered Bank costs in October 2022 across all wards with a particularly significant increase seen within ITU.

**Nursing Bank costs:**

- Aug: £370k
- Sep: £303k
- Oct: £440k

**Sickness rate:**

- Aug: 5.6%
- Sep: 5.3%
- Oct: 6.0%

## Agency Costs and Sickness Rates
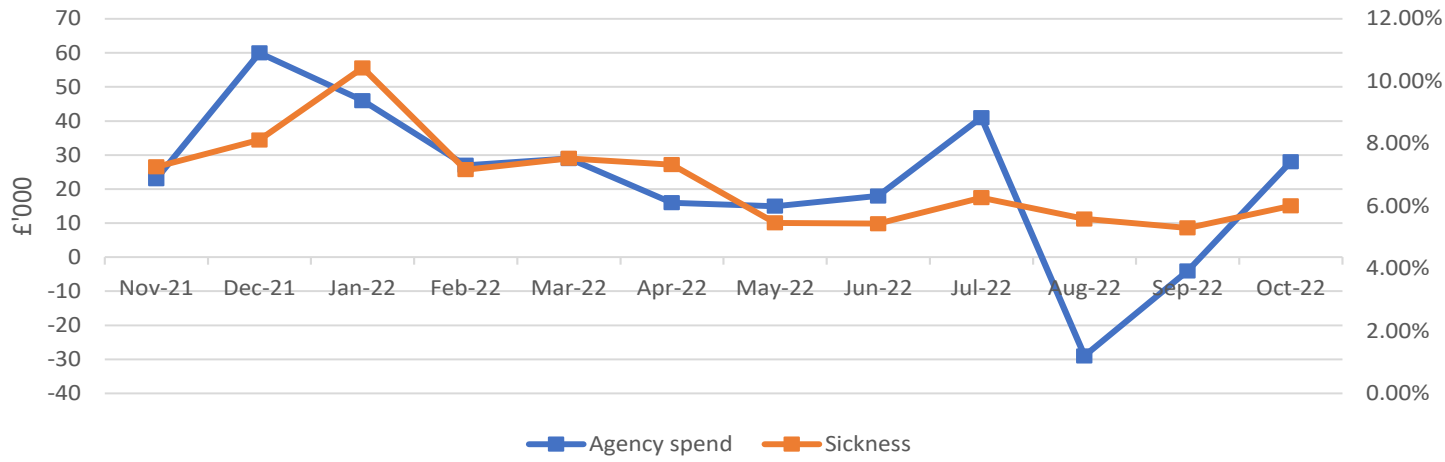


**This is a key area of focus for NHSE/I.**

Prior year reversal in August and September, as all invoices have been received, with actual costs being lower than anticipated at the end of the year.

**Agency costs:**

- Aug: (£29k)
- Sep: (£4k)
- Oct: £28k

**Sickness rate:**

- Aug: 5.5%
- Sep: 5.3%
- Oct: 6.0%

## Total Non-pay Costs and Activity levels
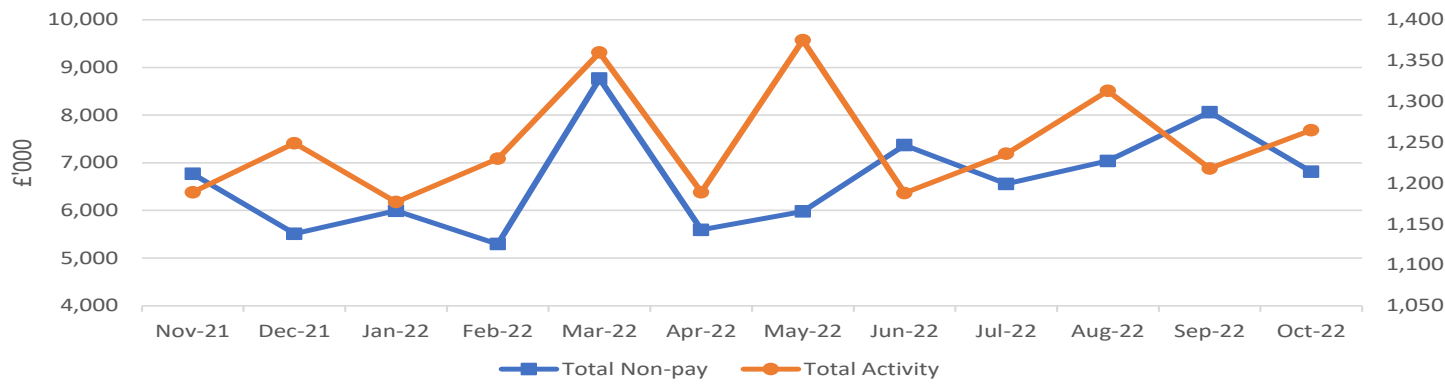


Increased costs in March 2022 are caused by increased consumable spend at the financial year end.

**Non-pay costs:**

- Aug: £7,038k
- Sep: £8,063k
- Oct: £6,811k

**Inpatient activity:**

- Aug: 1,313 spells
- Sep: 1,218 spells
- Oct: 1,265 spells

## CIP Actual/Forecast as at October 2022



Legend: ■ Non-Recurrent ■ Recurrent ■ Unidentified
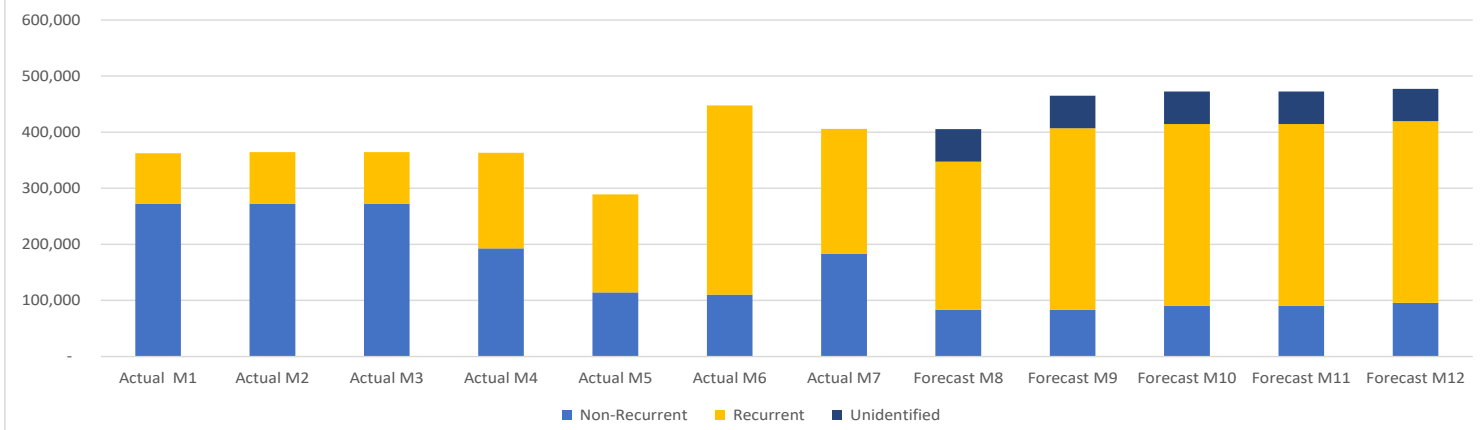
- £0.3m CIP remains unidentified.
- Further work to be undertaken with clinical and operational teams to identify schemes to achieve this amount.

**Recurrent CIP:**

- Aug: £620k
- Sep: £957k
- Oct: £1,180k

**Non-recurrent CIP:**

- Aug: £1,124k
- Sep: £1,235k
- Oct: £1,417k

## Breakdown of CIP compared to plan
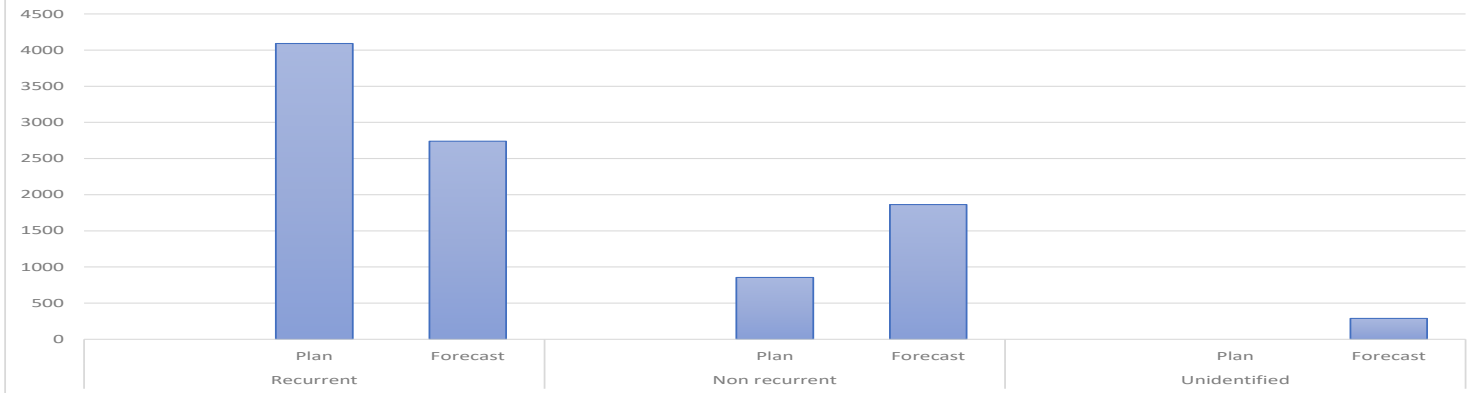


- £4.1m (82.7%) of the CIP plan was required to be delivered recurrently.
- Currently anticipating that £2.7m (56.0%) will be delivered recurrently with the remainder either non-recurrent. (£1.9m/38.1%) or unidentified (£0.3m/5.9%).
- Review of non-recurrent schemes being undertaken to ascertain if any schemes can be converted to recurrent schemes instead.

## PATIENT RELATED INCOME

| Patient Related | In month Plan £'000 | Actual £'000 | Variance £'000 | Year to Date Plan £'000 | Actual £'000 | Variance £'000 | Full Year Plan £'000 | Forecast £'000 | Variance £'000 |
|---|---|---|---|---|---|---|---|---|---|
| NHS England | 9,203 | 9,899 | 696 | 64,409 | 67,223 | 2,814 | 110,426 | 114,946 | 4,520 |
| Clinical Commissioning Groups | 2,108 | 2,146 | 38 | 14,759 | 15,052 | 293 | 25,323 | 25,790 | 467 |
| Wales | 1,705 | 1,796 | 91 | 11,937 | 12,127 | 190 | 20,464 | 21,181 | 717 |
| Isle of Man | 140 | 191 | 51 | 978 | 1,277 | 299 | 1,677 | 1,277 | (400) |
| Other Patient Related Income | 60 | 25 | (35) | 422 | (1,027) | (1,449) | 720 | (618) | (1,338) |
| **Total Patient Related Income** | **13,216** | **14,057** | **841** | **92,505** | **94,652** | **2,147** | **158,610** | **162,576** | **3,966** |

To note that patient related income includes ERF income

## NON-PATIENT RELATED INCOME

| Non-patient Related | In month Plan £'000 | Actual £'000 | Variance £'000 | Year to Date Plan £'000 | Actual £'000 | Variance £'000 | Full Year Plan £'000 | Forecast £'000 | Variance £'000 |
|---|---|---|---|---|---|---|---|---|---|
| Research & Development Income | 65 | 88 | 23 | 457 | 630 | 173 | 783 | 1,044 | 261 |
| Education And Training | 269 | 372 | 103 | 1,880 | 2,125 | 245 | 3,223 | 3,706 | 483 |
| Employee Benefits Income | 218 | 213 | (5) | 1,531 | 935 | (596) | 2,635 | 1,705 | (930) |
| Other Non-patient Related Income | 90 | 96 | 6 | 632 | 672 | 40 | 1,087 | 1,101 | 14 |
| **Total Patient Related Income** | **642** | **769** | **127** | **4,500** | **4,362** | **(138)** | **7,728** | **7,556** | **(172)** |

| | In month | | | Year to Date | | | Full Year | | |
|---|---|---|---|---|---|---|---|---|---|
| | Plan £'000 | Actual £'000 | Variance £'000 | Plan £'000 | Actual £'000 | Variance £'000 | Plan £'000 | Forecast £'000 | Variance £'000 |
| Elective Recovery Funding | 327 | 328 | 1 | 2,283 | 2,301 | 18 | 3,947 | 3,945 | (2) |

To note: for reporting purposes, Trusts have been asked to include all planned ERF up to month 7. The year to date variance is due to the difference in phasing of ERF payments compared to plan.

| | CAPITAL | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | In month | | | Year to date | | | Forecast | | |
| | Plan £'000 | Actual £'000 | Var £'000 | Plan £'000 | Actual £'000 | Var £'000 | Plan £'000 | Actual £'000 | Var £'000 |
| **Division** | | | | | | | | | |
| Heating & Pipework | 100 | 97 | 3 | 700 | 747 | (47) | 1,200 | 1,200 | 0 |
| Estates | 70 | 0 | 70 | 486 | 13 | 473 | 836 | 1,281 | (445) |
| IM&T | 98 | 0 | 98 | 98 | 86 | 12 | 593 | 608 | (15) |
| Neurology | 0 | 1 | (1) | 0 | 44 | (44) | 0 | 44 | (44) |
| Neurosurgery | 125 | 19 | 106 | 125 | 343 | (218) | 3,109 | 2,526 | 583 |
| Corporate | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 79 | (79) |
| | | | | | | | | | |
| **TOTAL (excl. external funding)** | **393** | **117** | **276** | **1,409** | **1,233** | **176** | **5,738** | **5,738** | **0** |
| | | | | | | | | | |
| Donated Assets | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Digital Aspirant | 223 | 99 | 124 | 1,560 | 488 | 1,072 | 2,675 | 2,675 | 0 |
| Diagnostics Digital Capability (PDC) | 0 | 0 | 0 | 0 | 0 | 0 | 416 | 416 | 0 |
| | | | | | | | | | |
| **TOTAL (incl. external funding)** | **223** | **99** | **124** | **1,560** | **488** | **1,072** | **3,091** | **3,091** | **0** |
| | | | | | | | | | |
| **TOTAL** | **616** | **216** | **400** | **2,969** | **1,721** | **1,248** | **8,829** | **8,829** | **0** |

- Capital expenditure in month of £216k
- Year to date Capital spend of £1,721k, £488k of which is Digital Aspirant.
- Year to date spend on divisional schemes includes:
  - Heating and pipework replacement
  - Bed repurposing
  - IT staffing
  - Radiology Syngo equipment
  - Theatres Brain lab and S7 equipment

- Additional Public Dividend Capital (PDC) has been secured in relation to Digital Diagnostic Capability programme (£416k), which has been incorporated into the capital plan and forecast.
- Further work has been undertaken by the divisions on forecasting anticipated capital spend meaning that the 22/23 capital demands is now roughly in line with plan and all schemes are in the process of being mobilised.
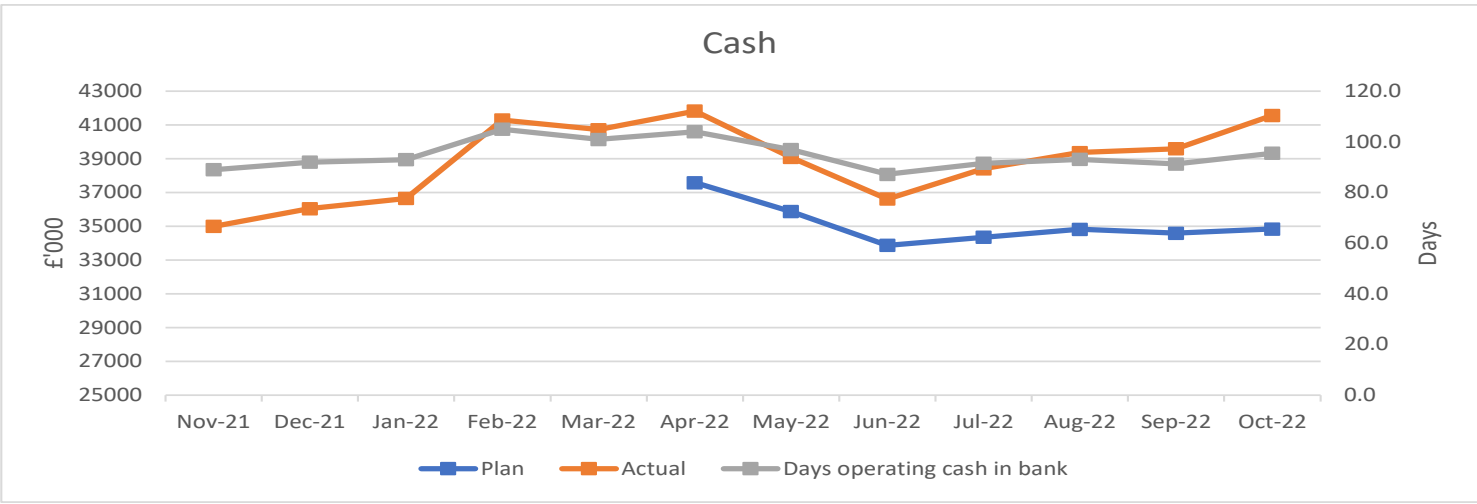
## Cash



**Cash:**

- Aug: £39,367k
- Sep: £39,592k
- Oct: £41,574k

**Operating expenditure days cover:**

- Aug: 93.1 days
- Sep: 91.3 days
- Oct: 95.5 days

## Total Debt Outstanding to the Trust
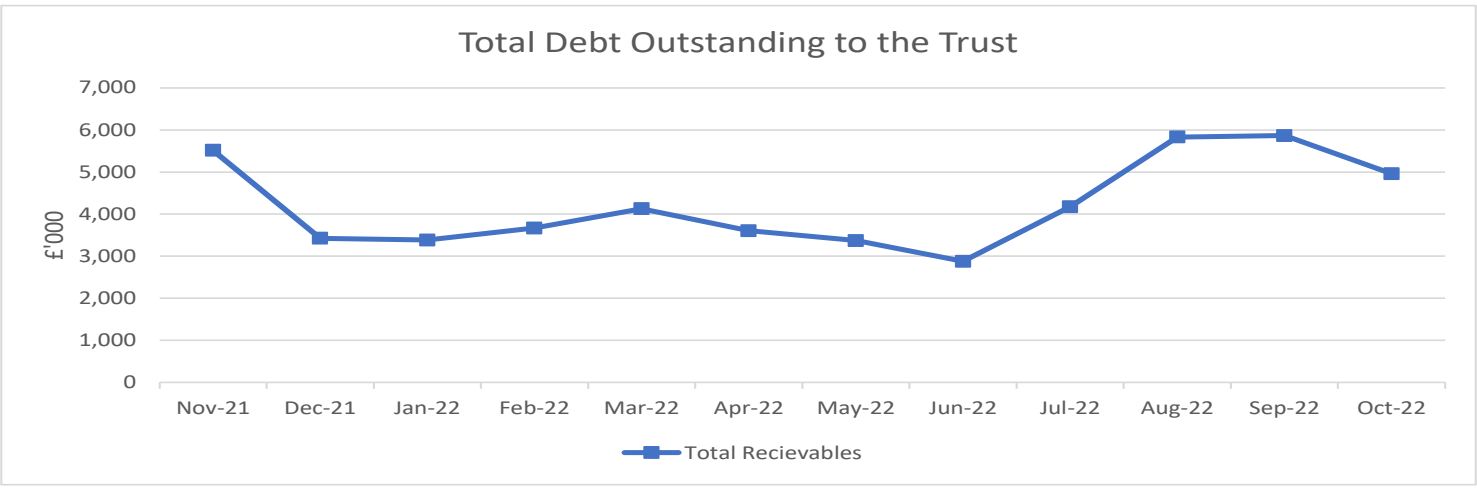


- November 2021 increase due to two large value invoices to Isle of Man and Health Education England raised in month.
- August 2022 increase due to WHSSC year-end settlement invoice, Isle of Man M1-4 invoice and M4-6 Health Education England invoice that all fall in the 0-61 days outstanding position. Isle of Man invoice still yet to be settled and is being followed up by the Finance team.

**Debt outstanding to Trust:**

- Aug: £5,830k
- Sep: £5,866k
- Oct: £4,960k

## Total Debt Owed by the Trust



Legend: Total Creditors
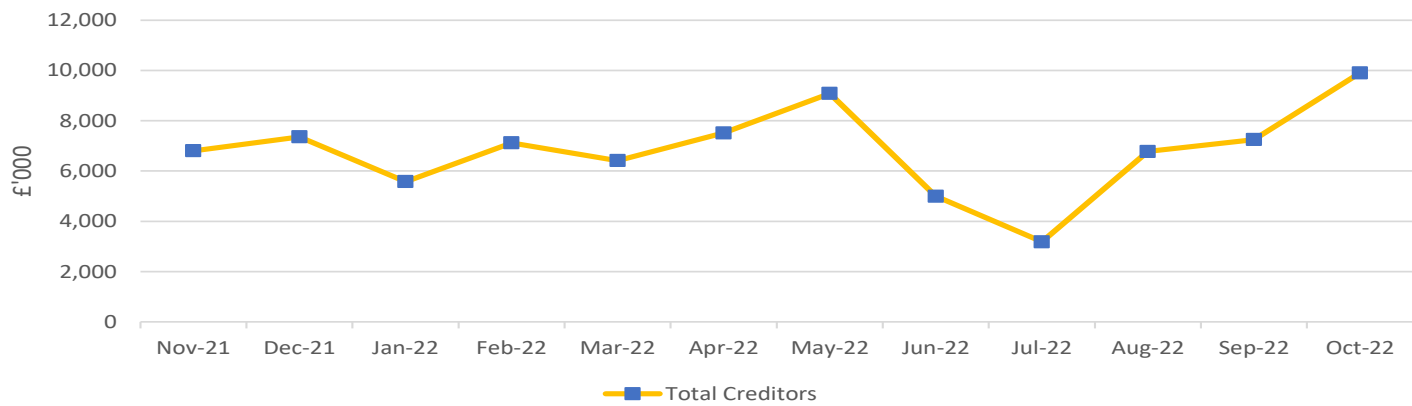
**Debt owed by the Trust:**

Increase in M7 due to £1.2m of NHS Supply Chain invoices which have since been paid.

- Aug: £6,777k
- Sep: £7,249k
- Oct: £9,905k

## BPPC



Legend: Target — Actual - by number — Actual - by value
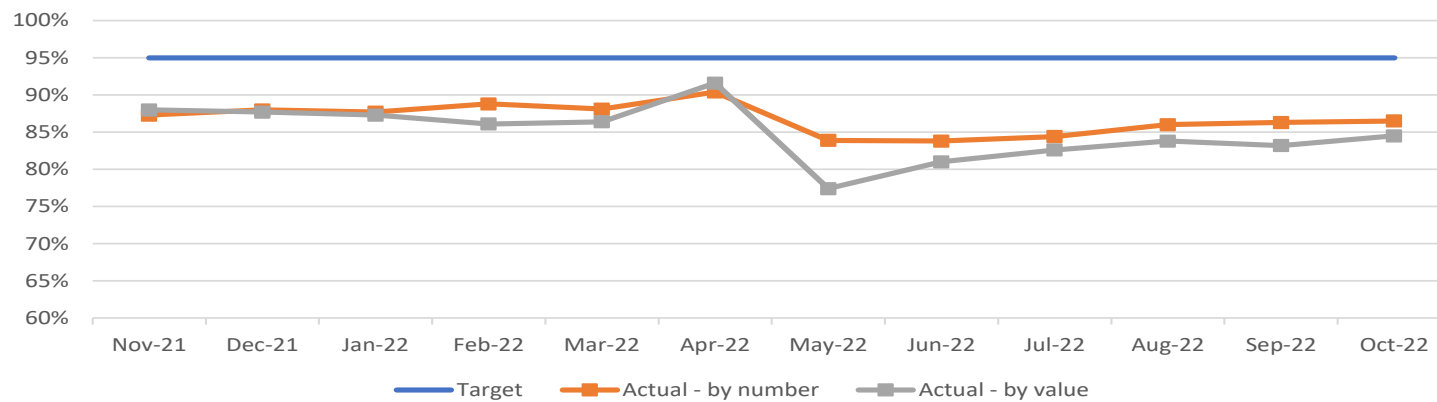
**This is a key area of focus for NHSE/I.**

- The Trust BPPC percentage (by number of invoices paid) at the end of October is 86.5%. This has improved from 86.3% at the end of September.
- The Trust BPPC percentage (by value of invoices paid) at the end of October is 84.5%. This has deteriorated from 83.2% at the end of September.
- Action plan now in place to improve BPPC performance.
- This involves collaborative working across the whole finance team, procurement, and the divisions to ensure that invoices are approved in a timely manner. and analysed prior to breaching the 30-day limit.

# EXPENDITURE - NEUROLOGY

| | In month | | | Year to Date | | | Full Year | | |
|---|---|---|---|---|---|---|---|---|---|
| | Plan £'000 | Actual £'000 | Variance £'000 | Plan £'000 | Actual £'000 | Variance £'000 | Plan £'000 | Forecast £'000 | Variance £'000 |
| Registered nursing, midwifery and health visiting staff | (471) | (421) | 50 | (3,252) | (2,915) | 337 | (5,714) | (5,027) | 687 |
| Allied health professionals | (518) | (499) | 19 | (3,551) | (3,453) | 98 | (6,084) | (5,950) | 134 |
| Other scientific, therapeutic and technical staff | (110) | (85) | 25 | (770) | (627) | 143 | (1,319) | (1,053) | 266 |
| Health care scientists | (63) | (63) | 0 | (440) | (438) | 2 | (754) | (751) | 3 |
| Support to nursing staff | (255) | (240) | 15 | (1,787) | (1,748) | 39 | (3,097) | (2,946) | 151 |
| Support to allied health professionals | (78) | (77) | 1 | (544) | (539) | 5 | (923) | (923) | 0 |
| Support to other clinical staff | (1) | (1) | 0 | (11) | (12) | (1) | (15) | (19) | (4) |
| Medical - Consultants | (844) | (798) | 46 | (5,801) | (5,530) | 271 | (9,913) | (9,562) | 351 |
| Medical - Junior | (248) | (267) | (19) | (1,697) | (1,596) | 101 | (2,902) | (2,932) | (30) |
| NHS infrastructure support | (203) | (188) | 15 | (1,396) | (1,311) | 85 | (2,414) | (2,252) | 162 |
| Bank/Agency | (82) | (201) | (119) | (562) | (1,231) | (669) | (562) | (2,222) | (1,660) |
| **Total Pay Expenditure** | **(2,873)** | **(2,840)** | **33** | **(19,811)** | **(19,400)** | **411** | **(33,697)** | **(33,637)** | **60** |
| Supplies and services – clinical (excluding drugs costs) | (677) | (630) | 47 | (4,742) | (4,992) | (250) | (8,130) | (8,565) | (435) |
| Supplies and services - general | (17) | (17) | 0 | (122) | (118) | 4 | (209) | (202) | 7 |
| Drugs costs | (1,736) | (1,993) | (257) | (12,151) | (14,839) | (2,688) | (20,830) | (25,438) | (4,608) |
| Establishment | (2) | (1) | 1 | (14) | (17) | (3) | (23) | (29) | (6) |
| Premises - other | (111) | 121 | 232 | (778) | (425) | 353 | (1,334) | (905) | 429 |
| Transport | (5) | (4) | 1 | (37) | (37) | 0 | (63) | (64) | (1) |
| Education and training - non-staff | (1) | 3 | 4 | (8) | (8) | 0 | (13) | (14) | (1) |
| Lease expenditure | (5) | (4) | 1 | (38) | (29) | 9 | (64) | (50) | 14 |
| Other | (5) | (2) | 3 | (33) | (49) | (16) | (57) | (84) | (27) |
| **Total Non-pay Expenditure** | **(2,559)** | **(2,527)** | **32** | **(17,923)** | **(20,514)** | **(2,591)** | **(30,723)** | **(35,351)** | **(4,628)** |
| | | | | | | | | | |
| **Total Divisional Operating Expenditure** | **(5,432)** | **(5,367)** | **65** | **(37,734)** | **(39,914)** | **(2,180)** | **(64,420)** | **(68,988)** | **(4,568)** |

# EXPENDITURE - NEUROSURGERY

| | In month | | | Year to Date | | | Full Year | | |
|---|---|---|---|---|---|---|---|---|---|
| | Plan £'000 | Actual £'000 | Variance £'000 | Plan £'000 | Actual £'000 | Variance £'000 | Plan £'000 | Forecast £'000 | Variance £'000 |
| Registered nursing, midwifery and health visiting staff | (1,241) | (1,159) | 82 | (8,646) | (7,934) | 712 | (14,633) | (13,727) | 906 |
| Allied health professionals | (190) | (202) | (12) | (1,308) | (1,302) | 6 | (2,239) | (1,826) | 413 |
| Other scientific, therapeutic and technical staff | (53) | (47) | 6 | (367) | (354) | 13 | (628) | (1,075) | (447) |
| Health care scientists | (78) | (77) | 1 | (547) | (526) | 21 | (938) | (911) | 27 |
| Support to nursing staff | (282) | (291) | (9) | (2,133) | (1,983) | 150 | (3,492) | (3,435) | 57 |
| Support to allied health professionals | (13) | (12) | 1 | (88) | (87) | 1 | (151) | (146) | 5 |
| Support to other clinical staff | (2) | (2) | 0 | (6) | (5) | 1 | (14) | (14) | 0 |
| Medical - Consultants | (804) | (795) | 9 | (5,325) | (5,337) | (12) | (9,025) | (9,362) | (337) |
| Medical - Junior | (375) | (402) | (27) | (2,613) | (2,635) | (22) | (4,430) | (4,646) | (216) |
| NHS infrastructure support | (223) | (205) | 18 | (1,502) | (1,359) | 143 | (2,610) | (2,385) | 225 |
| Bank/Agency | (56) | (261) | (205) | (367) | (1,363) | (996) | (367) | (2,619) | (2,252) |
| **Total Pay Expenditure** | **(3,317)** | **(3,453)** | **(136)** | **(22,902)** | **(22,885)** | **17** | **(38,527)** | **(40,146)** | **(1,619)** |
| Supplies and services – clinical (excluding drugs costs) | (1,378) | (1,229) | 149 | (9,646) | (8,894) | 752 | (16,536) | (15,251) | 1,285 |
| Supplies and services - general | (21) | (32) | (11) | (150) | (175) | (25) | (258) | (300) | (42) |
| Drugs costs | (71) | (84) | (13) | (500) | (530) | (30) | (858) | (908) | (50) |
| Establishment | (9) | (13) | (4) | (63) | (79) | (16) | (109) | (136) | (27) |
| Premises - other | (50) | (87) | (37) | (347) | (315) | 32 | (595) | (541) | 54 |
| Transport | (2) | (5) | (3) | (16) | (40) | (24) | (27) | (68) | (41) |
| Education and training - non-staff | (5) | (3) | 2 | (32) | (24) | 8 | (54) | (41) | 13 |
| Lease expenditure | (6) | (8) | (2) | (40) | (55) | (15) | (69) | (95) | (26) |
| Other | (21) | (10) | 11 | (145) | (108) | 37 | (249) | (185) | 64 |
| **Total Non-pay Expenditure** | **(1,563)** | **(1,471)** | **92** | **(10,939)** | **(10,220)** | **719** | **(18,755)** | **(17,525)** | **1,230** |
| | | | | | | | | | |
| **Total Divisional Operating Expenditure** | **(4,880)** | **(4,924)** | **(44)** | **(33,841)** | **(33,105)** | **736** | **(57,282)** | **(57,671)** | **(389)** |

# EXPENDITURE - CORPORATE

| | In month | | | Year to Date | | | Full Year | | |
|---|---|---|---|---|---|---|---|---|---|
| | Plan £'000 | Actual £'000 | Variance £'000 | Plan £'000 | Actual £'000 | Variance £'000 | Plan £'000 | Forecast £'000 | Variance £'000 |
| Registered nursing, midwifery and health visiting staff | (113) | (130) | (17) | (789) | (773) | 16 | (1,353) | (1,425) | (72) |
| Support to nursing staff | (1) | (1) | 0 | (6) | (7) | (1) | (11) | (12) | (1) |
| Medical - Consultants | (6) | (6) | 0 | (45) | (53) | (8) | (77) | (84) | (7) |
| NHS infrastructure support | (921) | (840) | 81 | (6,337) | (5,627) | 710 | (10,810) | (9,981) | 829 |
| Apprenticeship Levy | (24) | (27) | (3) | (167) | (180) | (13) | (287) | (314) | (27) |
| Bank/Agency | (14) | (21) | (7) | (96) | (179) | (83) | (164) | (255) | (91) |
| **Total Pay Expenditure** | **(1,079)** | **(1,025)** | **54** | **(7,440)** | **(6,819)** | **621** | **(12,702)** | **(12,071)** | **631** |
| Non-executive directors | (12) | (10) | 2 | (87) | (72) | 15 | (150) | (123) | 27 |
| Supplies and services – clinical (excluding drugs costs) | (41) | (27) | 14 | (221) | (185) | 36 | (311) | (344) | (33) |
| Supplies and services - general | (294) | (319) | (25) | (2,055) | (1,904) | 151 | (3,523) | (3,290) | 233 |
| Consultancy | (6) | 9 | 15 | (39) | (3) | 36 | (68) | (9) | 59 |
| Establishment | (84) | (68) | 16 | (613) | (629) | (16) | (1,032) | (980) | 52 |
| Premises - business rates payable to local authorities | (65) | (71) | (6) | (454) | (499) | (45) | (778) | (856) | (78) |
| Premises - other | (480) | (200) | 280 | (3,361) | (2,245) | 1,116 | (5,762) | (4,458) | 1,304 |
| Transport | (6) | (30) | (24) | (40) | (254) | (214) | (68) | (419) | (351) |
| Audit fees and other auditor remuneration | (12) | (9) | 3 | (82) | (66) | 16 | (141) | (113) | 28 |
| Clinical negligence | (475) | (476) | (1) | (3,327) | (3,328) | (1) | (5,704) | (5,705) | (1) |
| Research and development - non-staff | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Education and training - non-staff | (16) | 3 | 19 | (115) | (226) | (111) | (197) | (272) | (75) |
| Lease expenditure | 0 | (4) | (4) | 0 | (4) | (4) | 0 | (7) | (7) |
| Other | (97) | (309) | (212) | (682) | (958) | (276) | (1,169) | (1,552) | (383) |
| **Total Non-pay Expenditure** | **(1,588)** | **(1,511)** | **77** | **(11,076)** | **(10,373)** | **703** | **(18,903)** | **(18,128)** | **775** |
| | | | | | | | | | |
| **Total Divisional Operating Expenditure** | **(2,667)** | **(2,536)** | **131** | **(18,516)** | **(17,192)** | **1,324** | **(31,605)** | **(30,199)** | **1,406** |

| KPI Glossary | Green | Amber | Red |
|---|---|---|---|
| % variance from plan - Year to date | value > 0% | 0% > value > -5% | value < -5% |
| % variance from plan - Forecast | value > 0% | 0% > value > -5% | value < -5% |
| % variance from efficiency plan - Year to date | value > 0% | 0% > value > -5% | value < -5% |
| % variance from efficiency plan - Forecast | value > 0% | 0% > value > -5% | value < -5% |
| Capital % variance from plan - Year to date | value > 0% | 0% > value > -5% | value < -5% |
| Capital % variance from plan - Forecast | value > 0% | 0% > value > -5% | value < -5% |
| Capital Service Cover | value > 2.5 | 2.5 > value > 1.25 | value < 1.25 |
| Liquidity | value > 0 | 0 > value > -14 | value < -14 |
| Cash days operating expenditure | value > 60 days | 30 days < value < 60 days | value < 30 days |
| BPPC - Number | value > 95% | 95% > value > 90% | value < 90% |
| BPPC - Value | value > 95% | 95% > value > 90% | value < 90% |

# Board of Directors' Key Issues Report

**NHS**
**The Walton Centre**
**NHS Foundation Trust**

| Report Date:<br>06/10/22 | Report of:<br>**Quality Committee** | |
|---|---|---|
| **Date of last meeting:**<br>15/09/22 | **Membership Numbers:16**<br>**Quorate** | |
| 1. | **Agenda** | The Committee considered an agenda which included the following:<br>• Patient Story<br>• Quality or Risks for escalation to Quality Committee<br>• Integrated Performance Report/Divisional KPI Reports<br>• Quality Presentation by the Epilepsy Service<br>• Board Assurance Framework<br>• Quarterly Trust Risk Register<br>• Quality Strategy 2019-2024 final review and closure<br>• Quality Impact Assessments – Bed Repurposing<br>• Visibility & Walkabout Report<br>• Pathology Quality & Performance Review<br>• Pharmacy Quarterly KPI Report<br>• External Visits regarding Quality<br>• Clinical Audit Joint Divisional Report<br>• Sub-Committee Key Issues Reports to Quality Committee |
| 2. | **Alert** | none |
| | **Assurance** | **Patient Story**<br>• The patient joined the Quality Committee via MS teams and provided a detailed account of his journey following a sub-arachnoid haemorrhage. The patient was previously very fit and healthy, so being in a hospital environment was extremely alien to him. The patient noted and appreciated the time the specialist nurses spent with both him and his wife to fully explain the processes and recovery expectations. It was noted that the care provided on Chavasse Ward was excellent and the patient also gave some feedback of where improvements could be made, for example, with regards to noise at night. The patient felt safe returning to the Trust for a further procedure as the same team were there to support him. In addition, the patient reported that the Road to Recovery course was also very helpful as he felt able to return and thank those who helped to save his life.<br><br>**Integrated Performance Report**<br>• It was noted that there have been no hospital acquired infections on Lipton Ward since April 2022 and no pressure ulcers on Lipton for 280 days and on Chavasse Ward for 156 days. |

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- It was also noted that ITU had no incidents of E. Coli since March 2022 and of MSSA since April 2022. The work undertaken on ITU to achieve infection reductions is to be mirrored on the wards.

**Quality Presentation on behalf of Epilepsy Specialist Nurse Team**
- The presentation demonstrated how the team provide a quality service to patients with epilepsy. Dr Janine Winterbottom continues to lead the original 1999 Delphi Study which is a multi-stakeholder study with regards to pre-conception care for women with epilepsy. The Quality Committee commended Dr Winterbottom for her work undertaken on behalf of the Trust and noted that she is recognised nationally for her continued work and research projects with regards to epilepsy. This work includes NICE Guidance advisor, NCEPOD support and expert panel member with regards to seizures within care homes. The team support and train new specialist nurses with a team member currently establishing the first nurse led Epidiolex clinic in the country. It was noted that the specialist nurse team have greatly supported the epilepsy service at a time of increased workload for consultants and difficulties arising from consultant vacancies.

**Board Assurance Framework**
- The Board Assurance Framework detailing the two risks pertaining to Quality Committee were discussed and ratified by the Committee.

**Visibility & Walkabout Report**
- It was noted that NED walkabouts recommenced over the summer. Significant positive feedback was received from patients, noting that staff are caring. Staff feedback was also positive and highlighted the value of openness within the Trust and the ability for staff to speak up. Staff felt more positive working at WCFT than at other Trusts. Any improvements identified during walkabouts were managed well and in a timely manner.

**Clinical Audit – Joint Divisional Report**
- It was noted that considerable work has been undertaken to compile the joint report which details clinical audit activity for quarter one of 2022. It was recognised that non-completion of some audits is being considered. The inclusion of a priority scale within the report was noted as a positive addition. Significant progress has been made to reduce the number of outstanding assessments and projects and will continue to be managed via the divisions. The Committee agreed to presentation of the clinical audit report on a quarterly basis at Quality Committee

**Pathology Quality & Performance Report**
- The department continues to perform well with low staff turnover, no serious incidents or RIDDORs. Staff appraisal is currently compliant. The vacancy for a consultant neuropathologist is on the risk register.
- Assurances were provided with regards to the slightly below target histopathology turnaround times. Small numbers can skew percentages and each case is discussed with neurosurgeons accordingly.
- Attention was drawn to the exceptional work being undertaken with regards to the Biobank (which was not part of the report). It is anticipated that the biobank

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|  |  | will be accredited next year and further updates will be provided to the Quality Committee |  |  |
| --- | --- | --- | --- | --- |
|  |  | **External Visit to Trust**<br>• With regards to pseudomonas cases identified in a number of areas, the UK Health Security Agency (UKHSA) were invited to the Trust to provide any further advice. The UKHSA team noted how welcome the WCFT made them feel The team also reported that the trust had consistently gone above and beyond the necessary steps in efforts to eliminate pseudomonas. Apart from some minor actions, the UKHSA had no further suggestions to make. It is anticipated that a possible cause of infection arose from the washer/disinfector in theatres which has been decommissioned. Monitoring and testing is on-going. |  |  |
|  |  | **Quality Impact Assessments – Bed Repurposing**<br>• The report noted the quality impact assessments which highlighted an overall positive impact on quality.  Weekly meetings continue to monitor and track progress and allow key members to highlight concerns or risk.  Conclusion of the bed repurposing works has been changed to the end of October. |  |  |
|  | **Advise** | **Quality Strategy 2019 - 2024**<br>• The Divisional Directors for Operations provided the final updates and achievements during the past 12 months in line with the 6 workstreams of the current Quality Strategy, which was noted to be very positive. The Quality Committee approved the closure of the current Quality Strategy.  The Divisions are now focussed on identifying a new Quality Strategy for 2023 in line with the new Trust Strategy. |  |  |
|  |  | **Integrated Performance Report**<br>• The report noted that a review of falls across both divisions is underway and investigations with regards to the slight drop in Friends & Family tests completion within neurology, has been commenced.<br>• There was one serious incident in neurology which is currently under investigation.<br>• Staffing within the Neurology Division was discussed in detail and focussed on CRU and Lipton wards. It was noted that whilst additional staffing was obtained for the two wards due to increases in patient acuity, this was a short-term solution and it was recognised that a staffing and patient acuity / dependency review was underway which would be shared with the executive team. It was noted CRU, at times, has not been at full capacity due to the increase in the complexity of patients to ensure care was safe.  Safe Care data will be included in the October IPR which will note the patient acuity on the wards<br>• Within Neurosurgery, there were 3 device related pressure ulcers reported. A new nasogastric fixation device is being trialled to prevent pressure damage<br>• There were 3 catheter associated urinary tract infections which remains a focus for all staff working in collaboration with the infection control team |  |  |
| 2. | Risks Identified | • None identified |  |  |
| 3. | Report compiled | Karen Heslop | Minutes available from: | Corporate Secretary |

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# Board of Directors' Key Issues Report

**The Walton Centre**
NHS Foundation Trust

| **Report Date:** 03/11/22 | **Report of:** Quality Committee | |
|---|---|---|
| **Date of last meeting:** 20/10/22 | **Membership Numbers:** 18 | |
| 1. | **Agenda** | The  considered an agenda which included the following: <ul><li>Patient Story</li><li>Quality Presentation from Advanced Critical Care Practitioner</li><li>Integrated Performance Report & Divisional  KPI Reports</li><li>Mortality & Learning from Deaths Report</li><li>Infection Prevention Quarterly Report</li><li>Tissue Viability Quarterly Report</li><li>Governance & Risk Quarterly Report</li><li>Patient Experience Quarterly Report</li><li>National In-patient Survey Update</li><li>Subcommittees Chair's Reports</li></ul> |
| 2. | **Alert** | <ul><li>None raised</li></ul> |
| | **Assurance** | **Infection Control Q2 Report** <br> The report noted improvements with regards to the number of infections reported. A return to the fundamentals of infection prevention and the embedding of ANTT (Anti-septic Non-Touch Technique) within nursing teams has contributed to the reduction. It was noted that flu vaccination is available both in-house and at the Aintree Hub (if received with covid booster). Clarification was sought of how and where the flu CQUIN was monitored and how this was shared with the divisional teams <br><br> **Tissue Viability Report** <br> The report noted continued good performance on Lipton ward with regards to pressure ulcer free days following targeted intervention by the Tissue Viability Nurse (TVN). The chair requested feedback of  the plan for TV education across the Trust together with an update with regards to the possible business case for either further TVN support within the team or for TV training on the wards once the divisions and IPC team have discussed this <br><br> **External Visits to the Trust** <br> Following the Anaesthesia Clinical Services Accreditation review which took place earlier in the year, it was noted that an email had been received advising that the anaesthetic services within the Walton Centre were excellent. Following receipt of the full report, a presentation will be delivered to Quality Committee <br> The major trauma peer review is due to take place on 17/11/22. Trauma Audit and Research Network (TARN) data is to be added to the Quality Committee work cycle |

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| | | |
|---|---|---|
| | | **Quality Presentation –** Mike Jennings presented on behalf of the Advanced Critical Care Practitioner's (ACCP) team. The presentation demonstrated how the team has grown, not only in numbers (currently 7 WTE) but also with regards to greater responsibilities, qualifications and support provided the highly skilled ACCP team within critical care. The chair enquired about succession planning for this role and requested that it forms part of the workforce or quality substrategy.<br><br>**NICE Guidance**<br>Dr Silver (Trust Clinical Lead for NICE, Clinical Audit & NCEPOD) delivered a comprehensive presentation which provided clear steps of how the backlog of NICE guidance is being managed. The presentation also provided assurances that significant progress has been made to reduce the backlog and processes are now in place for the most relevant guidance to be prioritised. Updates will be presented to the Quality Committee on a quarterly basis. |
| | **Advise** | **Integrated Performance report:-.**<br>There was a drop in responses to Friends and Family Tests (FFT) due to a number of factors, namely another survey was being undertaken and staff absence. Focus is back onto FFT within OPD. It was noted that the Executive Team have agreed that OPD will be a focus for the Transformation Team working cross divisionally. It was agreed that following the CARES assessment in OPD, a paper will be presented to Quality Committee in March detailing progress within OPD<br><br>Safe staffing data is now included in the IPR which provides more focus and identifies red flags which all agreed is helpful. However, it was noted that there is more work to be completed with regards to health rosters and safe care. DCN advised that staffing establishments in some areas have been uplifted. A suggestion was made that safe staffing could be audited and that this will be raised with audit committee.<br><br>**Mortality & Learning from Deaths Q2 Report**<br>The number of deaths reported in July and August was higher than usual. All rapid reviews have been completed. No themes were noted. The number of deaths within critical care did have an impact on staff and extra support has been made available to staff. An Update with regards to the adoption of the Swan Model for End-of-Life Care (ELOC) is to be provided to Quality Committee in November.<br><br>**Governance & Risk Quarterly Report**<br>The committee welcomed the proposals and progression being made with regards to the presentation of data with regards to risk. The Governance Assurance Framework was discussed with the chair noting need for themes to be identified via the risk register for risks of scores 12 and above or overdue risks to be presented to Quality Committee.<br><br>**Patient Experience Quarterly Report**<br>The report noted a return to pre-covid levels of complaints which could possibly be due to increased activity. The committee discussed themes arising with regards to outpatients and the need for a plan for staffing as the Patient Support Assistant contracts come to an end in March. |
| 2. | Risks Identified | • No new risks identified |
| 3. | Report by | Ray Walker | Minutes available from: | Corporate Secretary |

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# Board of Directors Key Issues Report

**NHS**
**The Walton Centre**
**NHS Foundation Trust**

| **Report Date:**<br>01/12/22 | **Report of:**<br>November Quality Committee | |
|---|---|---|
| **Date of last meeting:**<br>**17/11/22** | **Membership Numbers:**<br>18 | |
| 1. | **Agenda** | The considered an agenda which included the following:<br>• Patient Story<br>• Quality Presentation – Cairns Ward (Gold CARES)<br>• Integrated Performance Report & Divisional KPI's<br>• NCEPOD Annual Report<br>• End of Life Care Strategy update<br>• Quality Account Priorities update<br>• Risk Register update<br>• Quality Committee Effectiveness Review (6 monthly update)<br>• Organ Donation Terms of Reference<br>• Subgroup Key Issues Reports |
| 2. | **Alert** | |
| | **Assurance** | **QUALITY PRESENTATION -** Liz Gibbons Cairns Ward Manager presented the approach to providing high quality care on Cairns Ward and the CARES assessment process the ward went through to be accredited as Gold. The approach considered a wide variety of data, was multi-professional and involved input from a variety of governance leads. Engaging and supporting staff well-being was highlighted as key to enabling the delivery of high-quality care<br><br>**MATTERS ARISING**<br>**Tissue viability** and **infection control** (in particular CAUTI); issues initially identified at Committee in July but as yet no agreement reached. Agreed costed implementation plan to be provided at next meeting<br><br>**INTERGRATED PERFORMANCE REPORT**<br>**Staffing** is adjusted to take account of acuity and dependency and provide safe care on a daily basis. This can require staff covering other wards, some staff found this difficult and felt they were unable to use their skills to the full when moved.<br><br>Following review of safe staffing red flags on CRU, no harms had been noted. There has since been a redeployment of additional unregistered staff to CRU. CRU CARES assessment, recently completed, was assessed as GOLD<br><br>The new safe staffing reporting process allows more meaningful data to be analysed. Committee has asked this to be considered as part of the Internal Audit Plan 2023/24 |

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| | | |
|---|---|---|
| | | **Flu vaccination uptake** was at 50% (597 staff) against an offer of 100% and uptake target of 90% A report to achieve compliance with vaccination targets was requested. |
| | | **AGENDA ITEMS**<br>Verbal update on **End of Life** care and strategy received, led by LUFHT and monitored through Clinical Effectiveness Group. Annual report and agreed implementation plan to be provided to a future Committee. |
| | | Number of **complaints** has increased; the data suggested special cause variation. Particular focus on access to services in some outpatient department (OPD) clinics. The Committee noted a CARES assessment to take place in the OPD this is expected to report back to the committee early in the new year |
| | | **National Confidential Enquiry into Patient Outcomes and Deaths** – NCEPOD report received and progress noted, a number of outstanding actions did not have clear actions or action owners. Committee asked Clinical Effectiveness Group to review an updated report and advise Quality Committee through its Key issues report |
| | | **Quality Account Priorities** quarterly update presented and progress noted, although presentation of this required further work to provide sufficient assurance and the addition of RAG rating summary table. A number of areas behind target e.g. MUST assessment and pressure ulcers. |
| | | Plans for the development of next year's **Quality Account Priorities** were outlined and a recommendation made to have a set of a small set of focussed priorities. |
| | | **Quality Committee Terms of Reference** the likely impact of the revised membership was considered with some concern expressed about the lack of operational representation in the proposed TOR. It was agreed that the Chief Operating Officer would be asked to join to represent this portfolio. The effectiveness of the Committee would be monitored through the monthly review of the meeting and the existing committee review process |
| | | The revised **Terms of Reference** for the **Organ Donation Committee** were approved |
| | | The Committee asked that the next Key issues from the Safeguarding Group provided an update on plans to implement the **Oliver McGowan training on Learning Disability** and Autism which becomes compulsory from next April. |
| | **Advise** | Risk associated with the vacancies in **Consultant Neurophysiologists** (2.7) remains particularly challenging, with scoring increased from 8 to 12 so will be monitored by Committee. Mitigations are in place to minimise the disruption to services<br><br>A number of missed events and prolonged responses to **video telemetry monitoring** in Neurophysiology; the committee was advised that an action plan was in place and an update is to be scheduled for a future Committee meeting. |
| 2. | Risks Identified | • The risk associated with consultant Neurophysiologists has increased to 12 due to increased vacancy levels |
| 3. | Report Compiled by | Ray Walker<br>Quality Committee Chair | Minutes available from:<br>Tracey Eaton | |

2

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

| Report Title | Equality, Diversity & Inclusion (ED&I) Update |
|---|---|
| Executive Lead | Mike Gibney, Chief People Officer |
| Author (s) | Mike Gibney, Chief People Officer<br>Jane Mullin, Deputy Chief People Officer |
| Action Required | To note |

**Level of Assurance Provided**

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

**Key Messages**

- Interim arrangements made to cover ED&I Lead post and will go out to recruitment in the New Year
- All statutory reporting requirements met including WRES and WDES and the bi-monthly ED&I Group continues to meet
- Ambitious organisational diagnostic underway encompassing all BME staff to include best practice

**Next Steps**

- Agree action plan in relation to organisational diagnostics
- Prioritise and strengthen staff networks post-Covid
- Promote training and diversity calendar of events

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

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

| 006 Prevention & Inequalities | 004 Leadership Development | |
|---|---|---|

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

| Strategy ☐ | Policy ☐ | Service Change ☐ |
|---|---|---|

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

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

# Equality, Diversity & Inclusion Update

## Executive Summary

1. This presentation covers some of the key activity in the calendar year and overviews planned activity moving forward especially training. There are two independent diagnostic exercises underway with BME staff, one focussing upon issues raised at ward level with trained and untrained nurses. There is also a more comprehensive organisational diagnostic with BME staff undertaken by Globis to set the short to medium term strategic direction.

## Background and Analysis

2. This key agenda has seen some staff turnover that has presented an opportunity to focus on some of the staff networks and has been used as an opportunity to undertake some diagnostic analysis.

3. All statutory reporting requirements continue to be met and are subject to scrutiny through the usual committee frameworks.

## Conclusion

4. Face to face activity is resuming around the ED&I agenda post-Covid and there has been a significant amount of training undertaken and a more structured calendar for future events.

5. Three networks are back up and running (BAME, Disability and LGBTQ+) with two diagnostic exercises underway.

## Recommendation

- To note

**Author: Mike Gibney**
**Date: 28.11.22**

**Appendix 1: Presentation**

# Equality, Diversity & Inclusion Update: 8 December 2022

Mike Gibney, Chief People Officer

Jane Mullin, Deputy Chief People Officer

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# CoG EDI Update December 2022

## Capacity/Capability

- ED&I Lead post vacant since June 2022.
- Recruiting again in the New Year.
- Sam Linekar, Neuromyelitis Optica Nurse Specialist seconded 2 days per week/6 months.

## WRES/WDES

- Both submitted and action plans agreed.

## Civility Training

- 10 online modules delivered summer 2022.

## Review of ED&I Issues Raised at Ward Level

- Series of 1-1s and drop-in sessions.
- Questionnaire to all trained and untrained nurses.
- Outcome due second week in December.

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# CoG EDI Update December 2022

## Development of BAME Strategy/Actions

Clive Lewis (Business Psychologist)/Globis is conducting an organisational diagnostic with BME staff across the Walton Centre NHS Foundation Trust to produce an informed short to medium term strategic framework. Terms of Reference include:

- Offering a questionnaire to all members of the trusts BME community (offer to remain open for 3 weeks)
- Some 1-1 interviews with key stakeholders
- Consideration of benchmarking
- Final product to reflect industry best practice based upon Globis' experience/history of work in this area. Report due mid-December 2022.

- Outcomes presented/reported to Strategic BAME group and Exec Team.

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# CoG EDI Update December 2022

## Current Activity

- ED&I Lead focussing on establishing/re-energising staff networks.

- BAME, Disability and LGBTQ+.

- Building Rapport – integrated ED&I module.

- Diversity calendar of events: online content.

- Transgender – policy for staff being reviewed and policy for patients being developed. Awareness training available.

- Hope to offer training in Neurodiversity – Brain Charity.

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# Questions

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# Board of Directors' Key Issues Report

| **Report Date:**<br>18/10/22 | **Report of:** Audit Committee |
|---|---|
| **Date of last meeting:**<br>18/10/22 | **Membership Numbers:** Quorate |

| 1. | **Agenda** | The Committee considered an agenda which included the following:<br><br>• Internal Audit Progress Report Q2<br>• Internal Audit Recommendation Report<br>• External Audit Update and Progress Report 2022/23<br>• Credit Card Fraud Update<br>• Tender Waivers Q2<br>• Financial Compliance Report<br>• Review and Explanation of the 2020/21 National Cost Collection Index (NCCI)<br>• Review of Standing Financial Instructions and Scheme of Reservation and Delegation<br>• HFMA Improving NHS Financial Sustainability Checklist<br>• Senior Information Risk Officer Annual Report<br>• Externally Reportable Incidents Update<br>• Clinical Audit Update<br>• Raising Concerns and Freedom to Speak Up<br>• Review of Board Committees<br>• Annual Cycle of Business |
|---|---|---|
| 2. | **Alert** | • The Trust had been made aware of a payment made via the Trust credit card for services not received to a value of £1500. Processes for using the credit card were reviewed and gaps in control identified. A number of actions had been implemented to close these gaps and am updated process put in place.<br>• The National Cost Collection Index (NCCI) for 2020/21 was published by NHS England in July 2022 which rated the Walton Centre as having a cost index of 117 after market forces factor adjustment. This indicated that the Trust has a more expensive cost base than average however represented a marginal reduction from the previous years cost base. Steps to be taken to improve the cost base were presented to the Committee. |
| | **Assurance** | • The Committee considered the Internal Audit Progress Report and noted that a number of Audit Reports were in progress since the meeting on 19<sup>th</sup> July 2022. The following audits were underway:<br>   o Management of Controlled Drugs (reporting stage)<br>   o Data Quality (fieldwork stage)<br>   o HFMA Checklist (fieldwork stage) |

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| | | o Health Procurement Liverpool (scoping stage) |
|---|---|---|
| | | • The Internal Audit Progress Report also informed that the following audits had been finalised:<br> o Data Protection and Security Toolkit (substantial / moderate assurance)<br> o IT Infrastructure Housekeeping (moderate assurance)<br> o Risk Management Core Controls (high assurance)<br> o Conflicts of Interest (substantial assurance)<br> o Quality Account (substantial assurance)<br><br>• The committee reviewed the updated Standing Financial Instructions and Scheme of Reservation and Delegation to ensure they were up to date and comply with current financial regulations. |
| | **Advise** | • 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.<br>• The Committee received the financial compliance report and noted that compliance with the Better Payment Practice Code remained below target. Updated processes had been implemented and an action plan embedded into practice with improvements not expected to be recorded until April 2023 due to the rolling monthly recording of compliance.<br>• The Committee received the Clinical Audit Progress Report and noted clinical audit activity during Q1 along with details of audits that had passed the anticipated date for completion. Details of all completed audits were also provided to provide assurance.<br>• The Committee received a report on the self-assessment undertaken by the Trust against the Healthcare Financial Management Association (HFMA) checklist relating to their briefing titled "Improving NHS financial sustainability: are you getting the basics right?". The self assessment is currently under review from internal auditors with a deadline for completion of 30th November.<br>• The Committee noted the Senior Information Risk Officer annual report which was a positive report highlighting that the Trust self-assessment rating of the Data Security and Protection Toolkit had gained substantial assurance for the 12thyear in succession. The Trust also successfully obtained the full ISO27001:20013 accreditation with no major, minor or observations noted.<br>• The Committee were informed that there had been four incidents externally reportable to the Information Commissioners Office (ICO) since April 2022 and an overview of each incident was provided. Three of the incidents have been closed down by the ICO with no further action required and there was still one incident awaiting a response from the ICO.<br>• The Committee received an overview report of committee effectiveness reviews that had been undertaken. It was highlighted that there had been a number of mixed responses to the RIME committee effectiveness review which had led to a deep dive review being undertaken. The terms of reference for RIME committee had been revisited in light of this and membership was reviewed. |
| 2. | Risks Identified | • None |
| 3. | Report Compiled by | Su Rai,<br>Non-Executive Director | Minutes available from: | Corporate Secretary |

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# Board of Directors' Key Issues Report

**NHS**
**The Walton Centre**
**NHS Foundation Trust**

| **Report Date:** 14/09/22 | **Report of:** Research, Innovation and Medical Education Committee |
|---|---|
| **Date of last meeting:** 07/09/22 | **Membership Numbers:** Quorate |

| 1. | **Agenda** | The Committee considered an agenda which included the following:<br><br>• Effectiveness Review of RIME Committee Report<br>• Board Assurance Framework – Q2 2022/23<br>• Strategic Partnerships Update<br>• Government Motor Neurone Disease Research Fund Update Report<br>• GMC National Training Survey 2022 Report<br>• Research and Development Finance and Performance Report<br>• Sub-committee Chair's Reports for 2 sub-committee meetings |
|---|---|---|
| 2. | **Alert** | **Research and Development Finance and Performance Report**<br>Committee was updated on the Trust's Research and Development funding position for the income, planned and actual expenditure and variance as of month 4 of the 2022/23 financial year.  Overall, there was £100k deficit with an annual forecast of £300k deficit by the end of the financial year.<br><br>Year-to-date, 146 patients had been recruited the majority of which were attributed to the TONiC studies.<br><br>It was proposed for Finance and the Neuroscience Research Centre to develop a realistic model for a financial recovery plan.  Discussions had been held with regard to this but there was also a need to have a clearer understanding of the money that the Trust was able to recover as well as generate.<br><br>Committee was informed that there were current limitations due to the existing nursing staff within the Neuroscience Research Centre being funded by the CRN and therefore only able to work on portfolio research.  However, there was funding identified within the research budget for a Band 6 nursing post which would be able to focus on commercial/non-portfolio studies.<br><br>There was also recognition that there was further work required to ensure that the centre was in a position to be able to deliver on commercial contracts e.g. governance and quality assurance, as this would otherwise pose a significant reputational risk to the organisation.  The work would be led by the Head of Neuroscience Research Centre and the Research Delivery and Quality Manager. A full review of the research portfolio was also in the process of being undertaken. |

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| 3. | Assurance | **RIME Committee Membership**<br>Ms Gemma Nanson was welcomed to the Committee. Ms Nanson had recently been appointed as the Head of the Neuroscience Research Centre and was a fantastic asset to the service. She had previously worked for the Clinical Research Network.<br><br>**Effectiveness Review of RIME Committee Report**<br>Following the completion of phase one of the review which focused on the sub-group structure of the RIME Committee, a second phase was undertaken to review the Committee's terms of reference, membership and cycle of business. The outcome of the review was to maintain the purpose of the RIME Committee which was to provide the Board of Directors assurance and oversight of the research, medical education and innovation agendas with a more strategic as opposed to operational focus. This was reflected in the revised cycle of business and terms of reference. It was noted that no amendments had been made to the duties of the Committee however, changes had been proposed to the membership to enable the duties to be undertaken more effectively. It was also proposed that with the Committee's function being more streamlined and strategically focused, the frequency of Committee meetings be reduced from bi-monthly to quarterly. The timing of the meeting was also under review in line with the revised membership.<br><br>It was noted that any current members of the Committee that it was proposed would not be included in the revised membership would be included in one of the Committee's sub-groups (Medical Education Group, Research Governance Group and Innovation Group) as appropriate.<br><br>There was agreement for any research clinicians who had previously been a Committee member but had not been included within the revised membership, to automatically be included in the Research Governance Group whilst the renewed terms of reference were being agreed. This was in line with the effectiveness review implementation completion date of March 2023.<br><br>**Board Assurance Framework – Q2 2022/23**<br>The Q2 Board Assurance Framework (BAF) report for the three strategic risks that are assigned to the Committee (Medical Education Strategy - 008, Research and Development - 009 and Innovative Culture - 010) was reviewed. It was noted that a number of actions had been identified for each of the risks to address the gaps in controls or assurance.<br><br>In line with the new strategic ambitions outlined in the new Trust strategy, there was a variation in the risk appetite assigned to each of the risks e.g. Medical Education and Research and Development were noted as 'open' but Innovation Culture was 'adventurous'. Work continued to progress to link operational risks that aligned to the strategic risks with the work to be completed by Q3.<br><br>The Committee approved the report and the three strategic risks in alignment with the new Trust strategic ambitions. |
| 4. | Advise | **GMC National Training Survey 2022 Report** |

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|   |   | The annual GMC National Training Survey collects feedback from doctors in training as well as consultants within their trainer roles. It is a comprehensive assessment and provides a high-level evaluation of experiences. There had been a high response rate to this year's survey with almost all trainees and 59% of trainers responding. Key areas of note were:<br><br>• Overall, no areas of concern had been highlighted by the trainees<br>• Fewer positive outcomes for higher training this year which was attributed to the significant changes for the Neurology trainees as a result of the 24/7 thrombectomy service. Given the context, the Neurology Educational Leads had accepted the results from the Neurology registrar survey as a relatively positive outcome<br>• One negative outlier for radiology teaching which was due to the availability of the regional teaching provision to attend<br>• Year-on-year feedback had improved from the core surgery trainees which was largely attributed to Mr Carleton-Bland as the Surgical College Tutor. Mr Carleton-Bland had since step down from the post and Mr Olubajo had been appointed as his successor. To have received satisfaction feedback from this cohort was noted as a remarkable achievement as had historically been an area of difficulty and all who were involved were congratulated<br>• Areas of focus for the coming year were induction and additional support for educational trainers which would be provided through the recent appointments to the Medical Education Faculty of; Deputy Director of Medical Education - Mr Carleton-Bland, Appraisal Lead - Dr Pomeroy, and Project Lead to improve the use of MTI international medical trainees' initiative – Dr Mahalingam. There had been engagement in the programme from the Trust in the areas of neuro-anaesthesia and critical care but looking to expand on this.<br><br>**National Student Feedback Survey Summary - Local Trusts' Report**<br>The Trust had been referenced in this year's National Student Feedback Survey summary of local trusts with one of the students commenting that their Neuro teaching was of particular high standard and was the best rotation that they had. This was illustrative of the education provision and encouragement received from neuroscience clinicians from the Trust. It was noted that The Walton Centre was the only trust that had been specifically referenced. |   |
|---|---|---|---|
| 5. | **Risks Identified** | • No new risks identified | |
| 6. | **Report Compiled by** | Professor Paul May, Non-Executive Director | Minutes available from: | Corporate Secretary |

3

**The Walton Centre**
NHS Foundation Trust

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

| Report Title | CQC National Adult Inpatient Survey Results 2021 |
|---|---|
| **Executive Lead** | Lisa Salter, Chief Nurse |
| **Author (s)** | Lisa Judge, Head of Patient & Family Experience |
| **Action Required** | To note |

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

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

**Key Messages**

- The CQC rated the Walton Centre as **Better than Expected** for 2021 Inpatient Survey
- The Walton Centre was ranked 11th nationally for overall patient experience
- The Walton Centre Trust scored **Much better than average** in one of the 10 sections and **Better than average** in 5 sections
- Out of the 62 questions asked, the Trust was the same as other trusts for 24 questions and worse than most Trusts average for one question which related to waiting times for admission
- Report was shared at Trust Board on 6/10/22 and Quality Committee on 15/10/22

**Next Steps**

- An action plan has been produced to address any areas where improvement have been identified and progress will be managed through Quality Committee.

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

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

| Choose an item. | Choose an item. | Choose an item. |
|---|---|---|

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

| Strategy ☐ | Policy ☐ | Service Change ☐ |
|---|---|---|

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

| Committee/ Group Name | Date | Lead Officer (name and title) | Brief Summary of issues raised and actions agreed |
|---|---|---|---|
| Trust Board | 6/10/22 | Lisa Judge, Head of Patient & Family Experience | For information |
| Quality Committee | 15/10/22 | Lisa Judge, Head of Patient & Family | For information |
| | | | |

# CQC National Adult Inpatient Survey Results 2021

**Executive Summary**

1. The Trust is required to participate in the CQC National Inpatient Survey annually to allow benchmarking of the patients' experience with other NHS providers. The survey is recognised as being a key indicator of overall care for the organisation and regulators, including the CQC and commissioners. CQC use the results from the survey in the regulation, monitoring and inspection of NHS trusts in England. Survey data will be used in CQC's monitoring tools, which provide inspectors with an assessment of performance in areas of care within an NHS trust that need to be followed up. Survey data will also be used to support CQC inspections. The CQC report they received responses from 62,235 patients, with an overall average response rate for all trusts of 39.5%.

2. The 2021 survey of adult inpatient's experiences involved 134 NHS acute trusts in England; at The Walton Centre (TWC), we commissioned Picker to undertake our survey and they were commissioned by 73 organisations.

3. Patients were eligible for the survey if they were aged 16 years or older and had spent at least one night in hospital during November 2021. Fieldwork for the survey (the time during which questionnaires were sent out and returned) took place between January and May 2022.

4. A total of 62 questions were asked, 45 of which can be positively scored, 41 of which can be historically compared.

5. CQC use the results from the survey in the regulation, monitoring and inspection of NHS trusts in England. Survey data will be used in CQC's monitoring tools, which provide inspectors with an assessment of performance in areas of care within an NHS trust that need to be followed up. Survey data will also be used to support CQC inspections.

6. Picker published that The Walton Centre have ranked 8th for overall positive patient scores in the league table from the 73 Trusts, which is the same position as in 2020.

7. The Trust were ranked **11th out of 134 Trusts national** for overall positive patient experience, this is not comparable as the questions and data differed from the previous year.

8. Overall, the CQC rated the Trust as **Better than expected.**

## Background and Analysis

9. **Respondents and Response Rate**

   586 patients (33% urgent/emergency. 67% planned admissions) responded to the survey with a response rate of 47.37% (56% in 2020) compared to a 39% response rate for similar.

| | | |
|---|---|---|
| **1,250** invited to take part | **Ethnicity** | **Religion** |
| **586** completed | White 95% | No religion 25% |
| 33% urgent/emergency admission | Mixed 1% | Buddhist <0.5% |
| 67% planned admission | Asian or Asian British 1% | Christian 69% |
| **47%** response rate | Black or Black British 1% | Hindu 0% |
| 39% average response rate for all trusts | Arab or other ethnic group <0.5% | Jewish 0% |
| 56% response rate for your trust last year | Not known 2% | Muslim 1% |
| | | Sikh <0.5% |
| | | Other 1% |
| | | Prefer not to say 3% |

| | | |
|---|---|---|
| **Long-term conditions** | **Sex** | **Age** |
| **79%** of participants said they have **physical or mental health conditions, disabilities or illnesses** that have lasted or are expected to last 12 months or more (excluding those who selected "I would prefer not to say"). | At birth were you registered as… Female 53% Male 47% Intersex 0% **1% of participants said their gender is different from the sex they were registered with at birth.** | 8% 16-35 19% 36-50 38% 51-65 34% 66+ |

10. **Making Fair Comparisons Between Trusts**

    People's characteristics, such as age and sex can influence their experience of care and the way they respond to the questions asked. For example, males tend to be more positive than females. The CQC recognise that since trusts have different profiles of people who use their services, this could potentially affect their results and make trust comparisons different. To account for this, the CQC, standardise the data, in that they apply a weight to individual responses to account for differences in demographic profile between trusts. This is to ensure that no Trust appears better or worse than another because of the respondent profile.

11. **Scoring**

    For each question that can be scored, responses were converted into a score on the scale of 1-10, 10 being the most positive. The higher the score the better the results.

12. The Survey is split into the following sections:
    - Admission to Hospital
    - The Hospital and Ward
    - Doctors
    - Nurses
    - Your Care and Treatment
    - Operations and Procedures
    - Leaving Hospital
    - Feedback on care
    - Dignity & Respect
    - Overall

13. **Results** The CQC benchmark methodology is to provide Trusts with more detailed results. The scores have been categorised into the following bandings:

- **Much Better** than most Trusts for 2 questions
- **Better** than most trusts for 14 questions
- **Somewhat better** for 6 questions
- **Same** – about the same as most Trusts for 24 questions
- **Much worse** than most Trusts for 0 questions
- **Worse** than most trusts for 1 question
- **Somewhat** worse for 0 questions

14. **Top 5 Scores (compared with trust average across England)**
    ✓ Q7   Provided with reasons for changing wards at night
    ✓ Q3   Length of time waiting for a bed after arrival on the ward
    ✓ Q43 Informed who to contact if worried after leaving hospital
    ✓ Q49 Asked to provide views on the quality of care
    ✓ Q13 Got help from staff when eating meals

15. **Bottom 5 score (compared with trust average across England )**
    ↓ Length of time on the waiting list before admission
    ↓ Staff discussed the need for additional equipment following discharge
    ↓ Enough support provided by health and social care following discharge
    ↓ Given enough privacy when being examined/treated
    ↓ Enough information regarding medicines taking home

Table 1: Admission to hospital

| Question | Respondents | 2021 Score | 2021 Band | 2020 Score | 2020 Change |
|---|---|---|---|---|---|
| Q2. How did you feel about the length of time you were on the waiting list before your admission to hospital? | 382 | 6.7 | Worse | 7.4 | ↓ |
| Q3. How long do you feel you had to wait to get to a bed on a ward after you arrived at the hospital? | 554 | 8.9 | Much better | 9.1 | |

Table 2: The hospital and ward

| Question | Respondents | 2021 Score | 2021 Band | 2020 Score | 2020 Change |
|---|---|---|---|---|---|
| Q4. Did you get help from staff to keep in touch with your family and friends? | 348 | 8.3 | | | |
| Q5.1. Were you ever prevented from sleeping at night by noise from other patients? | 536 | 6.2 | | 6.1 | |
| Q5.2. Were you ever prevented from sleeping at night by noise from staff? | 536 | 8.2 | | 8.3 | |
| Q5.4. Were you ever prevented from sleeping at night by hospital lighting? | 536 | 8.7 | Better | 8.9 | |
| Q7. Did the hospital staff explain the reasons for changing wards during the night in a way you could understand? | 42 | 9.1 | Much better | 7.4 | ↑ |
| Q8. How clean was the hospital room or ward that you were in? | 574 | 9.4 | | 9.7 | ↓ |
| Q9. Did you get enough help from staff to wash or keep yourself clean? | 388 | 8.8 | Better | 9.2 | |
| Q10. If you brought medication with you to hospital, were you able to take it when you needed to? | 410 | 8.5 | | 8.3 | |
| Q11. Were you offered food that met any dietary needs or requirements you had? | 313 | 8.6 | | | |
| Q12. How would you rate the hospital food? | 576 | 7.8 | Better | | |
| Q13. Did you get enough help from staff to eat your meals? | 153 | 8.4 | Better | 8.1 | |

## Table 2: The hospital and ward *(continued)*

| Question | Respondents | 2021 Score | 2021 Band | 2020 Score | 2020 Change |
|---|---|---|---|---|---|
| Q14. Were you able to get hospital food outside of set meal times? | 266 | 6.5 | | | |
| Q15. During your time in hospital, did you get enough to drink? | 567 | 9.7 | Better | 9.8 | |

## Table 3: Doctors

| Question | Respondents | 2021 Score | 2021 Band | 2020 Score | 2020 Change |
|---|---|---|---|---|---|
| Q16. When you asked doctors questions, did you get answers you could understand? | 557 | 8.9 | | 9.1 | |
| Q17. Did you have confidence and trust in the doctors treating you? | 579 | 9.6 | Better | 9.6 | |
| Q18. When doctors spoke about your care in front of you, were you included in the conversation? | 575 | 9.0 | Somewhat better | 8.8 | |

## Table 4: Nurses

| Question | Respondents | 2021 Score | 2021 Band | 2020 Score | 2020 Change |
|---|---|---|---|---|---|
| Q19. When you asked nurses questions, did you get answers you could understand? | 554 | 9.1 | | 9.3 | |
| Q20. Did you have confidence and trust in the nurses treating you? | 580 | 9.2 | | 9.5 | ↓ |
| Q21. When nurses spoke about your care in front of you, were you included in the conversation? | 578 | 9.1 | Somewhat better | 9.0 | |
| Q22. In your opinion, were there enough nurses on duty to care for you in hospital? | 578 | 7.5 | | 8.4 | ↓ |

Table 5: Your care and treatment

| Question | Respondents | 2021 Score | 2021 Band | 2020 Score | 2020 Change |
|---|---|---|---|---|---|
| Q23. Thinking about your care and treatment, were you told something by a member of staff that was different to what you had been told by another member of staff? | 512 | 8.3 | | 8.5 | |
| Q24. To what extent did staff looking after you involve you in decisions about your care and treatment? | 548 | 7.8 | Better | 7.9 | |
| Q25. How much information about your condition or treatment was given to you? | 559 | 9.3 | Better | 9.4 | |
| Q26. Did you feel able to talk to members of hospital staff about your worries and fears? | 487 | 8.3 | Somewhat better | 8.3 | |
| Q27. Were you able to discuss your condition or treatment with hospital staff without being overheard? | 514 | 6.7 | | | |
| Q28. Were you given enough privacy when being examined or treated? | 565 | 9.5 | | 9.7 | ↓ |
| Q29. Do you think the hospital staff did everything they could to help control your pain? | 516 | 9.0 | | 9.3 | ↓ |
| Q30. Were you able to get a member of staff to help you when you needed attention? | 522 | 8.6 | | 9.0 | ↓ |

The Walton Centre NHS Foundation Trust

### Table 6: Operations and procedures

| Question | Respondents | 2021 Score | 2021 Band | 2020 Score | 2020 Change |
|---|---|---|---|---|---|
| Q32. Beforehand, how well did hospital staff answer your questions about the operations or procedures? | 464 | 9.2 | | 9.3 | |
| Q33. Beforehand, how well did hospital staff explain how you might feel after you had the operations or procedures? | 485 | 8.0 | Somewhat better | 7.7 | |
| Q34. After the operations or procedures, how well did hospital staff explain how the operation or procedure had gone? | 496 | 8.1 | | 8.4 | |

### Table 7: Leaving hospital

| Question | Respondents | 2021 Score | 2021 Band | 2020 Score | 2020 Change |
|---|---|---|---|---|---|
| Q35. To what extent did staff involve you in decisions about you leaving hospital? | 567 | 7.5 | Somewhat better | 7.9 | |
| Q36. To what extent did hospital staff take your family or home situation into account when planning for you to leave hospital? | 457 | 8.0 | Better | 8.3 | |
| Q37. Did hospital staff discuss with you whether you would need any additional equipment in your home, or any changes to your home, after leaving the hospital? | 239 | 8.2 | | 8.6 | |
| Q38. Were you given enough notice about when you were going to leave hospital? | 577 | 7.8 | Better | 8.1 | |
| Q39. Before you left hospital, were you given any information about what you should or should not do after leaving hospital? | 559 | 8.8 | Better | 8.2 | ↑ |
| Q40. To what extent did you understand the information you were given about what you should or should not do after leaving hospital? | 479 | 9.2 | Somewhat better | | |
| Q41. Thinking about any medicine you were to take at home, were you given any of the following? | 390 | 4.7 | | 5.0 | |

Table 7: Leaving hospital *(continued)*

| Question | Respondents | 2021 Score | 2021 Band | 2020 Score | 2020 Change |
|---|---|---|---|---|---|
| Q42. Before you left hospital, did you know what would happen next with your care? | 562 | 6.8 | | 7.1 | |
| Q43. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital? | 546 | 9.0 | Better | 8.9 | |
| Q44. Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital? | 328 | 8.5 | | 8.4 | |
| Q46. After leaving hospital, did you get enough support from health or social care services to help you recover or manage your condition? | 320 | 6.3 | | 6.9 | |

Table 8: Feedback on care

| Question | Respondents | 2021 Score | 2021 Band | 2020 Score | 2020 Change |
|---|---|---|---|---|---|
| Q49. During your hospital stay, were you ever asked to give your views on the quality of your care? | 468 | 2.4 | Better | 2.2 | |

Table 9: Respect and dignity

| Question | Respondents | 2021 Score | 2021 Band | 2020 Score | 2020 Change |
|---|---|---|---|---|---|
| Q47. Overall, did you feel you were treated with respect and dignity while you were in the hospital? | 578 | 9.4 | | 9.6 | |

Table 10: Overall experience

| Question | Respondents | 2021 Score | 2021 Band | 2020 Score | 2020 Change |
|---|---|---|---|---|---|
| Q48. Overall, how was your experience while you were in the hospital? | 579 | 8.7 | Better | 9.0 | ↓ |

Table 11: Section Scores

| Section | 2021 Score | Band |
|---|---|---|
| Section 1. Admission to hospital | 7.8 | |
| Section 2. The hospital and ward | 8.3 | Much better |
| Section 3. Doctors | 9.2 | Better |
| Section 4. Nurses | 8.7 | |
| Section 5. Care and treatment | 8.4 | Better |
| Section 6. Operations and procedures | 8.4 | |
| Section 7. Leaving hospital | 7.7 | Better |
| Section 8. Feedback on care | 2.4 | Better |
| Section 9. Respect and dignity | 9.4 | |
| Section 10. Overall experience | 8.7 | Better |

Scores with no band above means the Trust remained about the same.

**16. Feedback – was there anything good in particular about your hospital care?**

387 patient provided positive additional comments a snapshot is below.

✓ The Walton Centre is a fabulous hospital I have been in a few hospitals on Merseyside, and I rate you as by far the best for treatment diagnosis and after care. i I can't thank them enough for their ongoing care and support when other hospitals have given me a sheet with exercises on and sent me on my way no wonder my nerve was badly decompressed thank you.

✓ My care was exceptional - All of my experience was brilliant. Thank you.

✓ All staff where very good at their job nothing was to much trouble. They were short staffed on many occasions maybe due to covid, but they tried their best.

✓ Being kept in touch about my operation. Lovely staff (nurses and auxiliary and doctors) were very approachable and helpful at all times. Nothing was too much trouble.

- ✓ Certain members of staff had fantastic beside manner's & were very empathetic, but they were a very limited few. The majority of staff had very little patience or would forget about you.

- ✓ Excellent care, respect, thoughtfulness, friendliness we're always given. Nothing was too much trouble for the efficient & very rushed, busy team that looked after the patients. I was encouraged & impressed by the professional, confident care given.  In an ideal world the night staff would not be so few in numbers.

- ✓ Throughout the time of my stay on how helpful and approachable all medical, nursing and support staff were. This made a difference at a time when visitors were not allowed in hospital. Staff went out of their way for me although they were very busy.

- ✓ I have been under the care of the Walton Centre for the last 37yrs I have Never had any bad experience at the Walton Centre Ever! The Dr's Nurses, All Staff are some of the nicest people you could ever want to meet

- ✓ My experience of The Walton Centre was excellent, my consultant was very thorough and understanding, as were the nurses and general staff, my stay in Chavasse ward, was, considering my situation was brilliant and I could not praise the hospital enough Happy Patient

- ✓ The domestic staff providing drinks & meals were very friendly & attentive.

- ✓ Walton provided excellent care.  The surgical and medical team were exceptional. The spinal specialist nurses and even medical secretary provided great care and communication.  The ward nurses are caring and competent on the whole and incredibly committed and hard working. They create good ward morale for patients.  Very important too when there is no visiting allowed.

- ✓ The Walton Centre is FANTASTIC!!!!!! I have nothing but the highest praise for ALL the staff that work there. I cannot thank you enough for looking after me.

### 17. Highlights and Improvements Noted

Where patient experience **is best**
- ✓ Changing wards during the night: staff explaining the reasons for this
- ✓ Waiting for a bed: patients feeling they waited the right amount of time to get a bed on a ward after they arrived at the hospital
- ✓ Contact: patients being given information about who to contact if they were worried about their condition or treatment after leaving hospital
- ✓ Feedback on care: patients being asked to give their views on the quality of care
- ✓ Help with eating: patients being given enough help from staff to eat meals if needed

Where patient experience **could improve**
- ➢ Waiting to be admitted; patients feel that they waited the right amount of time on the waiting list before being admitted to hospital
- ➢ Equipment and adaptations in the home, hospital staff discussing if any equipment or home adaptions were needed before leaving hospital
- ➢ Support from health or social care; patients being given enough support to manage their condition
- ➢ Privacy for examinations; patients given enough privacy when being examined or treated
- ➢ Information about medicines to take home: patients being given enough information about medicines they take home

In addition to the above, patients were asked to leave comments, if there was there anything that could be improved?

There were <300 comments, many of which were positive stating *No, or there is nothing that can be improved*. The following trends were identified are included in our improvement plan:

- ➢ Noise at night – from other patients / staff
- ➢ Aftercare / Discharge Planning & More information on discharge with regards to next steps, not informed who to contact after leaving hospital if worried
- ➢ More nurses on wards

## Conclusion

18. This report summarises the outcome from the CQC inpatient survey of our patient's experiences, care, and treatment. The results are very good for the second year running considering it was the second most difficult year for the NHS; however, we recognise that there is room for improvement to the care we delivery to every patient.

19. Our vision in the Trust is 'Excellence in Neuroscience' and we acknowledge that we will only achieve this by truly placing the quality, safety and experience of our patients and families at the heart of what we do. The improvements required will form part of the Patient & Family Centred Care agenda as our approach to care recognises each patient as part of a wider group, including families, friends and carers and we embrace this.

20. During 2022/23 and beyond we will continue to build on this work to ensure we are working together with patients and their families as equal partners in care, in line with The Walton Way.

**Recommendation**

The CoG are asked to:
- Receive the report noting the results and improvements required
- Be assured that the Trust actively engage with patients, families and carers
- Be assured that the Trust continues to learn from feedback to improve care delivery and the action plan will be monitored through the Senior Nursing Team Group.

**Author: Lisa Judge**
**Date:     30 November 2022**


**Appendix 1 – Action Plan**

**CQC National Inpatient Survey 2021 – Action Plan**
**to be implemented from October 2022**

| KEY CODE | Not Achieved | To Commence | Partially Achieved |
|---|---|---|---|

| Areas for Improvement | Actions | Lead | Progress/Evidence | Completion Date |
|---|---|---|---|---|
| **Carried forward from Previous 2022 action plan**<br><br>**Patients able to administer own medication when need to** | Self-administration of Medicine to be reviewed and re-launched by each division. In progress, safe storage ordered and policy to be developed & implemented with the support of pharmacy. New education programme be developed and implemented to support the role out of the policy for nursing, medical and pharmacy staff. | Divisional Nurse Directors/ Practice Educator Lead | | January 2023 |
| **Admission to Hospital**<br>**Length of time waiting for admission** | By continuing to work towards the Trust's recovery plan in line with the roadmap will improve waiting times for patients. Continually monitored at Board Level. | Chief Operating Officer | | November 2022 |
| **Hospital & Ward**<br>**Noise at Night / Prevented from sleeping** | Awareness to be raised by Matrons & Ward Managers – this should be evidenced in ward newsletter & ward meeting minutes to provide assurance that this is embedded. | Divisional Heads of Nursing/Matrons/ Dept Chief Nurse | | October 2022 |
| | Adopt a – *Speak Quietly Space at Nursing Station* and outside bays | Matrons/Ward Managers | | November 2022 |
| | Ensure staff wear soft sole footwear at night | Ward Managers | | November 2022 |
| | Noise at night to be monitored via Ward Manager/Matrons' audits on Tendable, monitored at ward managers 1-1 and outcomes reported to Quality Committee | Matrons/Ward Managers | | November 2022 |
| | Adopt Night-time 'Shh' (Sleep helps healing) campaign focusing on lights out, and reducing noise at night | Communications/Ward Managers/PET | | November 2022 |

| Areas for Improvement | Actions | Lead | Progress/Evidence | Completion Date |
|---|---|---|---|---|
| **Hospital & Ward Noise at Night / Prevented from sleeping cont.** | Develop Noise at night Standard Operation Procedure/ posters regarding protected sleep time – Asking staff to raise concerns to ward manager, asking patients to reduce TV noise, use earphones / close doors quietly | Divisional Nurse Directors/Matrons/ Communications | | November 2022 |
| | Review feasibility on all wards to dim lights to aid comfort/sleep | Matrons/IT | | November 2022 |
| | Annual checks of all ward equipment to prevent squeaking trollies | Ward Managers | | November 2022 |
| | Soft Close Bins to be in all areas | Estates | | November 2022 |
| | Screen savers on wards to remind staff at 11pm to dim lights | IT | | November 2022 |
| | Patients receiving 1:1 or 2:1 care should be cared for in a side toom as much as possible | Matrons/Bed Managers | | October 2022 |
| | Earphone to be provided to patient to minimise noise from TVs – will be distributed by Patient Support Assistant along with Sleep well packs | Head of PET | | October 2022 |
| | Designate quiet time in which no routine checks are made unless medically necessary | Ward Managers | | October 2023 |
| | Re-stock supplies during early evening not night time when patients are trying to sleep | Housekeepers/Ward Managers | | October 2023 |
| | Handover/communications to take place away from bays/vicinity of patients | Ward Managers | | October 2023 |
| | Introduce night/small flashlights for when taking observations to prevent putting bay or overhead lights on | Deputy Divisional Nurses | | November 2023 |
| | Review if doors have door sweeps to help minimise noise | Deputy Divisional Nurses and Estates | | November 2023 |
| | Install – Sleeping - Do not Disturb notices for bays and side rooms | Comms/Ward Managers | | October 2023 |
| **Care and Treatment** Not given enough privacy when being examined or treated | Nursing staff to remind all health care professionals of the importance of privacy during ward rounds in their areas – to be added to Tendable to audit compliance. | Ward Managers /Outpatient Manager | | November 2023 |

| Areas for Improvement | Actions | Lead | Progress/Evidence | Completion Date |
|---|---|---|---|---|
| **Leaving Hospital Improve Discharge Process / Provide patients with more information** | Ward Managers/matron follow up calls to be made up to 72 hours after discharge to proactively seek feedback to prevent concerns | Matrons/Ward Managers | | CRU already commenced, rest of clinical areas to have in place no later than November |
| | Specialist Nurses to call all specialty patients post-operatively and advise all patients of nurse advice line at time of discharge. | Dept Divisional Nurses/Specialist Nurses | | November 2022 |
| | Written discharge information to be provided at least 24 hours prior to discharge to give patients opportunity to review and ask questions | Dept Divisional Nurses/Matrons | | November 2022 |
| | Improve quality of discharge chat/process to provided more detailed information/signposting if required | Ward Managers | | October 2022 |
| | Awareness raised via Ward Manager Meetings/Learning & Sharing/ AP and CNS meeting | Dept Divisional Nurses/Matrons | | November 2022 |
| | Implement Teach back of TT0s – for patients to repeat back the information provided regarding their medications | Matrons/Ward Manager | | December 2022 |
| | Families to be involved at the earliest opportunity and informed of the likely date of discharge | Matrons/Ward Manager | | December 2022 |
| | Family to be invited to take part in discharge chat/TTO teach back | Matrons/Ward Manager | | December 2022 |

**Report to Council of Governors**
**8th December 2022**

| Report Title | External audit services – contract award |
|---|---|
| **Executive Lead** | Mike Burns – Chief Finance Officer |
| **Author (s)** | Helen Wells – Deputy Chief Finance Officer |
| **Action Required** | To approve |

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

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

**Key Messages**

- Current contract for external audit services (provided by Grant Thornton) is due to expire on 31st March 2023.
- The Trust can either extend the current contract for a further 12 months or go out to tender for external audit services.
- It is proposed that a one-year contract extension is approved with the current providers

**Next Steps**

- Council of Governors to agree whether to extend existing contract for 12 months or undertake a competitive tender process for external audit services.
- Inform current incumbent of decision.

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

**Strategic Risks**

| 003 System Finance | Not Applicable | Not Applicable |
|---|---|---|

**Equality Impact Assessment Completed**

| Strategy ☐ | Policy ☐ | Service Change ☐ |
|---|---|---|

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

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

# External audit services – contract award

## Summary

1.  Grant Thornton UK LLP has been the Trust's external audit providers since 2012. The current contract was awarded in April 2021 for a period of 2 years, with an option to extend the contract for a further two 12-month extensions. The current contract is due to expire on 31st March 2023.

2.  The external audit market remains challenging, with NHS trusts experiencing challenges in undertaking competitive procurement processes and awarding contracts. Limitations in the market have resulted in significant changes in audit requirements over recent years which have effectively made such services unviable for many providers.

3.  The Trust has reviewed external audit contract expiry dates with other specialist trusts to assess whether there were any opportunities to collaborate and undertake a joint tender process (to enable negotiation around prices and guarantee a minimum level of work for a firm). The details of contract dates (and current external audit providers) are:

    i.   Alder Hey – contract end date 30th September 2025 with an option to extend until 2027 (Ernst & Young);
    ii.  Clatterbridge Cancer Centre – contract end date 30th September 2024 with an option to extend until 2026 (Ernst & Young);
    iii. Liverpool Heart & Chest – contract end date 30th September 2025 with an option to extend until 2027 (Grant Thornton).

4.  Based on this information, it would not be possible at the current time to undertake a joint tender with other specialist Trusts.

5.  It is proposed that a one-year extension to the contract is sought with the current providers for the following reasons:

    i.   This would bring the Trust closer to a timescale that may allow a joint tender with other specialist trusts;
    ii.  There are no noteworthy issues with the current provider, and there remains a good working relationship between management and the provider;
    iii. Grant Thornton ensure regular rotation of audit team members to ensure that appropriate independence is maintained;
    iv.  To provide the Trust with another year of stability with a provider who has extensive experience of the Trust and its operations, and as such delay the learning curve that can come with a change to new auditors;
    v.   The audit 'market' remains challenging with little likelihood of other companies bidding for the service.

## Conclusion

6.  The market remains extremely challenging around the appointment of external auditors, with no opportunity at the present time to enter into a collaboration with other specialist Trusts to contract for external auditors.

7.  The contract that was awarded in March 2021 enables the Trust to extend the contract for a further two 12-month periods.

**Recommendation**

8.  To approve an extension of the current contract with Grant Thornton for 12 months from March 2023.


**Author:  Helen Wells – Deputy Chief Finance Officer**
**Date: 29th November 2022**

**NHS**
**The Walton Centre**
**NHS Foundation Trust**

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

| Report Title | New Code of Governance and Governor's Addendum to Duties |
|---|---|
| **Executive Lead** | Jan Ross, Chief Executive |
| **Author (s)** | Katharine Dowson, Corporate Secretary |
| **Action Required** | To note |

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

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

**Key Messages** *(2/3 headlines only)*

- Three new governance documents have been published by NHS England following consultation including an addendum to the Governor's duties
- Changes to the Provider Licence are currently open for consultation

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

- Executive Directors to review the new requirements and develop a plan to comply ahead of the Annual Report for 2023/24

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

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

| Choose an item. | Choose an item. | Choose an item. |
|---|---|---|

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

| Strategy   ☐ | Policy ☐ | Service Change   ☐ |
|---|---|---|

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

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

# New Code of Governance and Governor Addendum to Statutory Duties

## Executive Summary

1. NHS England published three documents on 31 October 2022, following a consultation between May and July 2022. These are intended to support Trusts to work effectively within Integrated Care Systems (ICS). These documents were generally welcomed as there was a clear need to understand the implications of the Health and Care Act 2022, ICS' and Integrated Care Boards (ICBs) on Trust governance arrangements. The documents also reflect best governance practice as described in the UK Corporate Code (2018).

2. The documents underline the importance of organisational and system performance in discharging duties in the best interests of patients, service users and the public.

3. The three documents are:
   1. An updated Code of Governance for NHS Provider Trusts which sets out an overarching framework for the corporate governance of Trusts, drawing on best practice from the latest UK Corporate Governance Code
   2. An Addendum to the full guide of Duties of Governors which covers the impact of system working on Councils of Governors  (Appendix 1)
   3. Guidance on good governance and collaboration that links effective system working to a governance licence condition under the Provider Licence.

4. In addition, a new consultation has been launched on proposed changes to the Provider Licence.

## Code of Governance

5. The updated Code of Governance will replace the NHS Foundation Trust Code of Governance (2014) and will apply to all Trusts, regardless of Foundation Trust status. It has been updated to reflect changes to the UK Corporate Governance Code in 2018, the legal establishment of ICS' and the NHS System Oversight Framework.

6. The new Code, which will apply from April 2023, continues to take a code-based approach with guiding principles, with the flexibility for Trusts to adopt alternative practices and explain how this continues to meet the principles of good governance. This 'comply or explain' approach has been retained, although there are some statutory requirements where legislation elsewhere requires compliance.

7. In general, the provisions of the code do not greatly differ from the 2014 version since the statutory roles, responsibilities and liabilities of the Board of Directors have not changed. However, there are some underlying themes which are included for the first time.

   - Requirement of the Board to assess the Trust's contribution to the objectives of the Integrated Care Partnership (ICP) and ICB as part of its assessment of its performance with system partners highlighted as key stakeholders
   - Inclusion of the Board's role in assessing and monitoring the culture of the organisation and taking corrective action as required and investing in, rewarding and promoting the wellbeing of its workforce
   - New focus on equality, diversity and inclusion among Board members and training for those undertaking director-level recruitment. The Board should have a plan in place for

the Board and senior management of the organisation to reflect the diversity of the local community and/or workforce

- Greater involvement for NHS England (NHSE) in recruitment and appointment processes for the Board and use of the NHSE remuneration structure for Chair and Non-Executive Director remuneration

8. Terminology has been updated, for example Monitor is no longer in existence.

**Council of Governors**

9. Many provisions relating to Councils of Governors are now only included in Appendix B rather than the body of the Code and the disclosures section. The role and responsibilities of Councils in law does not change with the new Act, so there is little to note save:
   - The description of Councils of Governors' duty to represent the interests of the "public at large" is fleshed out: "this includes the population of the local system of which the Trust is part and the whole population of England as served by the wider NHS."
   - A new suggestion that the Council may look at the nature of the Trust's "collaboration with system partners" as an indicator of organisational performance
   - A clarification of the Council's role in relation to approving significant transactions, mergers and acquisitions so that "to withhold its consent, the Council of Governors would need to provide evidence that due diligence was not undertaken." This was always the intention of their role in this regard however this perhaps sets it out more explicitly than previous guidance

**Addendum to 'Your Statutory Duties' for Governors**

10. Issued in conjunction with the Code of Governance, the addendum is to the NHS England publication: 'Your statutory duties: A reference guide for NHS Foundation Trust Governors '(2013). This addendum supplements the guide rather than replacing it and so the two documents should be read and used in conjunction.

11. The addendum is based on the existing statutory duties as set out in the 2006 Act and there are no changes to these. Governor's powers and duties remain the same. The addendum is designed to add clarity and reflect changes in the structures of the NHS.

12. This addendum explains how the legal duties of Foundation Trust Councils of Governors should support system working and collaboration. Council of Governors are now required to form a rounded view of the interests of the 'public at large'.

13. The addendum introduces the context of system working following the introduction of the Health and Care Act 2022 and the removal of legal barriers to collaboration and integrated care. The performance of NHS Provider Trusts will increasingly be judged against their contribution to the objectives of their ICS. It also goes into some detail on what representing the interests of the public means in the new context, emphasising that 'the public' should include the population of the local system of which the Foundation Trust is part.

14. It then focuses on the statutory duties of Governors and additional considerations in relation to each: holding the NEDs to account for the performance of the board; representing the interests of members and public; and taking decisions on significant transactions. Illustrative scenarios are provided in each case including advice for Trusts which provide specialist services.

15. Finally, the addendum suggests approaches to support better working between the Board and Council, with some practical tips and examples of activities Trusts are already undertaking. It emphasises that Governors' key relationships remain with the Directors and the Secretary of their own Trust, who should facilitate information sharing about, and any engagement with, system partners.

## Good Governance and Collaboration Guidance

16. This guidance, applicable upon publication, seeks to clarify the expectations around collaboration on all Provider Trusts and to set out the governance characteristics that Trusts should have in place to facilitate effective collaboration. It sets the expectation that providers collaborate with partners to agree shared objectives through ICPs and deliver five-year joint plans and annual capital plans through collaborative arrangements.

17. The guidance details expectations on providers to consistently:
    - engage in shared planning and decision-making
    - take collective responsibility with partners for delivery of services across various footprints
    - take responsibility for delivery of improvements and decisions agreed through any relevant forums.

18. The five characteristics expected of providers are:
    - developing and sustaining strong working relationships with partners
    - ensuring decisions are taken at the right level
    - setting out clear and system-minded rationale for decisions
    - establishing clear lines of accountability for decisions
    - ensuring delivery of improvements and decisions.

19. This guidance focuses on good governance using the five characteristics to underpin collaboration rather than prescribed structures and processes. This highlights the need for Provider Boards to retain oversight of their system and partnership activities and effectively delegate authority for decision-making.

## Provider Licence Consultation

20. NHS England opened a [consultation](#) on the NHS provider licence on 28 October 2022 which closes on 9 December 2022. There is also a parallel consultation on changes to the enforcement guidance, setting out how NHSE intends to deal with breaches of the provider licence.

21. The NHS provider licence, which was first introduced in 2013, sets out the conditions that healthcare providers must meet to help ensure that the health sector works for the benefit of patients, now and in the future. All providers that deliver healthcare services for the NHS are required to hold a licence, unless exempt. Previously non-Foundation Trusts were exempt but would now be included under these proposals.

22. The licence forms part of the oversight arrangements for NHS providers, serves as the legal mechanism for regulatory intervention, and underpins mandated support at the most challenged Providers as described in the NHS oversight framework.

23. The need to change the licence has arisen from changes to the statutory and operating environment, including a shift of emphasis from economic regulation and competition to

system working and collaboration. The proposed changes will bring the licence up to date, reflecting the new legislation and supporting providers to work effectively as part of an ICS.

24. The consultation proposes four types of changes to the licence, aimed at:
    1. Supporting effective system working
    2. Enhancing the oversight of key services provided by the independent sector
    3. Addressing climate change
    4. Technical amendments

**1. Supporting Effective System Working**

25. The new cooperation condition is aligned with the revised duty on NHS bodies and local authorities to cooperate and with expectations around collaboration set out in the NHS Long Term Plan and the guidance on good governance and collaboration.

26. A new licence condition mirrors the expectations set out in the 2022 Act to consider the triple aim and health inequalities in all work.

27. Inclusion of digital obligations to enable system working and promote digital maturity. These reflect expectations already set out in legislation and guidance.

28. Reframing of the integrated care condition as a positive obligation. To encourage providers to actively participate in service integration to improve the quality of health care services, provide place-based integrated care and reduce inequalities of access and outcomes.

29. Reflecting the importance of personalised care by expanding the patient choice condition. This is in line with existing guidance and should clarify expectations and provide consistent messaging to providers. This proposed condition will apply to all license holders.

30. Removal of the competition condition to reflect a shift in healthcare priorities from competition to collaboration and the removal of the former Monitor statutory functions relating to competition oversight, as NHSE does not have these functions.

**2. Enhancing the oversight of key services provided by the independent sector**

31. Expansion of NHSE's oversight beyond the narrow definition of commissioner requested services (CRS), to providers which deliver services that are considered hard to replace. To also include quality governance standards to enhance risk mitigation and cooperation with NHSE in the event that an independent sector provider is experiencing serious quality issues which threaten service delivery. Mechanisms already exist to address quality concerns in NHS Trusts and Foundation Trusts.

**3. Addressing climate change**

32. This proposal reflects the requirements set out in the 2022 Health and Care Act relating to the contribution of NHS Trusts and Foundation Trusts to tackle climate change and deliver net zero carbon emissions. Adherence to any NHSE guidance on tackling climate change would now be considered part of good corporate governance and aligns with the governance requirements in the 2022/23 NHS Standard Contract, requiring boards to nominate a board-level net zero lead and deliver a green plan

**4. Technical amendments**

33. Modifying the costing conditions and separating them from the other pricing conditions. This would reflect the wider role costing data plays in supporting integration and improvement as well as the pricing of NHS services.

34. Updating language, in order to reflect the current statutory framework, including the change of Monitor to NHSE as the regulatory body for the provider licence and inserting references to NHS trusts.

35. NHS Providers have commented regarding the consultation as follows

*Updates to the provider licence are overdue and we think the proposed changes are rightly aligned with changes to the statutory and operating environment, including the intention to apply it to trusts as well as foundation trusts for the first time.*

*In our discussions with NHSE, we have welcomed the intent of the cooperation condition. However, we would have preferred the use of a consistent terminology, rather than the interchangeable use of understand, however, that this is due to both terms being used in legislation and/or guidance. We have welcomed the removal of the competition condition, which reflects the new the statutory framework.*

*We have flagged that the cost of complying with digital obligations could be challenging for providers. Providers should not be penalised for failing to implement these standards if they cannot afford the work needed, for example, to improve interoperability. The ability of providers to comply with these requirements would also be impacted by the delay in the planned digital maturity assessments for this autumn.*

*The intent to reframe the integrated care condition as a positive obligation to integrate service provision and reduce health inequalities is welcome. However, we have noted that there needs to be a good case for integration (i.e. benefits for local communities), rather than an assumption that it is always desirable for its own sake.*

36. There is a reasonably short timeline for this consultation of six weeks, this is due to the intention that the updated licence will be in place for the new financial year.

**Enforcement Guidance Consultation**

37. The current enforcement guidance was issued by Monitor and relates primarily to providers. Under the Health and Care Act 2022, NHS England has statutory accountability for oversight of both ICBs and NHS Provider Trusts. NHS Improvement (comprising Monitor and the NHS Trust Development Authority) has been abolished and NHS England has assumed responsibility for carrying out NHS Improvement's statutory functions, including the regulation of Providers, the exercise of provider enforcement powers, enforcement powers over ICBs in relation to compliance with patient choice provisions, and publishing and revising the guidance on the use of those powers.

[NHS enforcement guidance consultation - NHS England - Consultation](#)

**Conclusion**

38. The three new documents update NHS governance in light of the Health and Care Act 2022 and the establishment of the ICS. Governors should note the updated addendum in particular which aims to clarify the role of a Foundation Trust Governor in the context of system working.

39. Consideration will need to be given to the reporting of compliance against these three documents and the new provider licence when issued from 2023/24. Further work will be done by the Executive Team to address any new areas of compliance not currently being reported.

**Recommendation**

To note

**Author: Katharine Dowson**
**Date: December 2022**

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**NHS England**

Addendum to Your statutory duties – reference guide for NHS foundation trust governors

# System working and collaboration: role of foundation trust councils of governors

27 October 2022

# Contents

# Equality and health inequalities statement

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and

- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

# About this document

This addendum supplements existing guidance for NHS foundation trust governors and explains how the legal duties of foundation trust councils of governors support system working and collaboration.

## Key points

- This addendum is based on the existing statutory duties in the 2006 Act, and the principles regarding collaboration and system working in the June 2021 Integrated care systems: design framework.

- To support collaboration between organisations and the delivery of better, joined-up care, councils of governors are required to form a rounded view of the interests of the 'public at large'.

- Updated considerations are set out in respect to the following legal duties of councils of governors: holding the non-executive directors to account, representing the interests of trust members and the public, and approving significant transactions, mergers, acquisitions, separations or dissolutions.

- This addendum only applies to a council of governors' statutory role within its own foundation trust's governance.

## Action required

- NHS England expects councils of governors to act in line with the principles in this addendum.

## Other guidance and resources

- Integrated care systems: design framework
- Working together at scale: guidance on provider collaboratives
- The wider suite of Integrated care systems: guidance

# 1. Introduction

This addendum to NHS England's [Your statutory duties: A reference guide for NHS foundation trust governors](#) (the guide for governors), originally published by Monitor, explains how the duties of NHS foundation trust councils of governors support system working and collaboration, and provides examples of good practice. It supplements (rather than replaces) the guide for governors, and the two documents should be used in conjunction.

The guide for governors lays out the statutory duties of NHS foundation trust councils of governors, as provided by the [National Health Service Act 2006](#) (the 2006 Act) and amended by the [Health and Social Care Act 2012](#). It is written for councils of governors (rather than trust boards). The legislation applies to councils of governors as a whole, not individual governors. Councils have no powers of delegation, so they can only take decisions in full council.

There is no change to the statutory duties for councils of governors, as outlined in the 2006 Act. For more details on any of the NHS foundation trust councils of governors' statutory duties and powers, please refer to the legislation or contact your trust secretary.

This addendum is based on the statutory duties in the 2006 Act and the principles regarding collaboration and system working in the June 2021 [Integrated care systems: design framework](#) and the Health and Care Act 2022. NHS England expects councils of governors to act in line with the principles in this addendum.

This addendum only applies to a council of governors' role **within its own foundation trust's governance**. It does not relate to the governance of the boards of integrated care boards (ICBs).

## 1.1 What has changed and why?

### Background

A great deal has changed since the guide for governors was last updated in August 2013. With the publication of the NHS Long Term Plan (a 10-year plan outlining the

future of the NHS) in January 2019, the NHS set out its ambition to develop new ways of working based on the principles of co-design and collaboration.[1]

These principles are not new to the NHS, as 'working together for patients' has been a core part of the NHS Constitution since 2012. However, the importance of different parts of the health and care system working together in the best interests of patients and the public has been starkly demonstrated during the COVID-19 pandemic. The immediate and long-term challenges facing the NHS, such as an ageing population, increased demand for services and health inequalities, can only be solved by organisations working together and putting patients, service users and populations at the heart of decision-making.

A key milestone in achieving this was the establishment of integrated care systems (ICSs) across England. ICSs bring local health and care organisations together to deliver the priorities for the health and care system, including complying with the triple aim of better health and wellbeing for everyone, better quality of health services for all individuals and sustainable use of NHS resources.[2] They do this over the defined geographical area, and depend on NHS organisations, local authorities and other partners that deliver health and care services working together to plan care that meets the needs of their population. This approach is often called 'system working'.

The Health and Care Act 2022 has removed legal barriers to collaboration and integrated care and put ICSs on a statutory footing by establishing for each ICS:

- An integrated care partnership (ICP), a statutory joint committee of the ICB and the responsible local authorities in the ICS, bringing together organisations and representatives concerned with improving the care, health and wellbeing of the population. Each partnership has been established by the NHS and local government as equal partners and has a duty to develop an integrated care strategy proposing how the NHS and local government should exercise their functions to integrate health and care and address the needs of the population identified in the local joint strategic needs assessment(s).

- An ICB, which brings the NHS together locally, to improve population health and care; its unitary board allocates NHS budget and commissions services, and – having regard to the ICP's integrated care strategy – produces a five-year joint

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[1] NHS Long Term Plan, p110, 7.1.
[2] Integration and innovation: working together to improve health and social care for all p23, 3.11.

plan for health services and annual capital plan agreed with its partner NHS trusts and foundation trusts.

The ICP and ICB, together with other key elements of the new arrangements including place-based partnerships and provider collaboratives, will bring together all partners within an ICS.

As ICSs develop, organisations are not only expected to provide high-quality care and manage their own finances, but to take on responsibility for wider objectives relating to NHS resources and population health jointly with other providers. This means that system and place-based partnerships will plan and co-ordinate services in a way that improves population health and reduces inequalities.

The success of individual trusts and foundation trusts will increasingly be judged against their contribution to the objectives of the ICS, in addition to their existing duties to deliver safe, effective care and effective use of resources.[3] Trusts are also expected to avoid making decisions that might benefit their own institution but worsen the position for the system overall.[4]

## Forming a rounded view in representing 'the public'

The 2006 Act provides councils of governors with their statutory duties. Within those duties, councils of governors are legally responsible for representing the interests of the members of the NHS foundation trust and the public.[5]

While the meaning of 'the public' is not specified in legislation, councils of governors are not restricted to representing the interests of a narrow section of the public served by the NHS foundation trust – that is, patients and the public within the vicinity of the trust or those who form governors' own electorates.

To support collaboration between organisations and the delivery of better, joined-up care, councils of governors are required to form a rounded view of the interests of the 'public at large'. This includes the population of the local system of which the NHS foundation trust is part. No organisation can operate in isolation, and each is dependent on the efforts of others.

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[3] Integrated care systems: design framework, p30.
[4] NHS Long Term Plan, p112, 7.9.
[5] Paragraph 10A(b) of Schedule 7 to the NHS Act 2006.

While staff governors and patient, carer and service user governors represent specific constituencies, they are also expected to represent the interests of the members of the trust as a whole and the public. Therefore, they are required to seek and form a view of the interests of the 'public at large'.

This expectation also extends to appointed governors.[6] The continued expectation of appointed governors is that they will work to further the relationship between their own organisation and the NHS foundation trust, but do so within the context of the system, of which they are part.

There is no requirement for trusts to appoint a governor from an ICB; however, they are free to do so, if they wish.

# 2. Updated considerations for the statutory duties of councils of governors

**The statutory duties of councils of governors have not changed, and governors should not anticipate any material change to their day-to-day role.**

However, the NHS' move to a new way of working will affect what councils of governors need to consider when performing their statutory duties. Councils of governors will need to be assured their foundation trust board has considered the consequences of decisions on other partners within their system, and the impact on the public at large.

This section provides clarity on the three statutory duties that will be most affected by the transition to system working, setting out additional considerations for each duty, that reflect the new context trusts are operating in:

   a. Holding the non-executive directors individually and collectively to account for the performance of the board of directors.

   b. Representing the interests of the members of the NHS foundation trust and the public.

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[6] At least one governor is required to be appointed by a qualifying local authority and at least one by a university if the hospitals include a medical or dental school provided by a university. A foundation trust can decide whether to have any further appointing organisations, specifying as such in its constitution.

c.  Approving 'significant transactions', mergers, acquisitions, separations or dissolutions.[7]

Chapter 3 of the guide for governors gives the complete statutory duties and powers of the council of governors.

## 2.1 General duties of the council of governors (Chapter 4 of the guide for governors)

### a. Holding the non-executive directors to account

**What are the legal requirements?**

The council of governors has a duty to hold the non-executive directors individually and collectively to account for the performance of the board of directors.

**General considerations**

The guide for governors stipulates: "Holding the non-executive directors to account for the performance of the board does not mean the governors should question every decision or every plan. The role of governors in 'holding to account' is one of assurance of the performance of the board."[8] It suggests that the council of governors should therefore assess what it believes are the key areas of enquiry and provide appropriate challenge. These could be for example:

- due process is not being followed
- the interests of the members and of the public are not being appropriately represented
- the trust is at risk of breaching the conditions of its licence.

Councils of governors may not always agree with the decisions taken by the directors, and directors do not always have to adhere to the council's preferences. However, the board of directors, as a whole, does have to give due consideration to the views of the council of governors, especially in relation to matters that concern the interests of the members of the NHS foundation trust and the public.[9]

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[7] Your statutory duties – a reference guide for governors, p19.
[8] Your statutory duties – a reference guide for governors, p28.
[9] Ibid.

Chapter 4, section 4.1 of the guide for governors gives a complete description of this duty.

**What is the role of councils of governors?**

Overall responsibility for running an NHS foundation trust lies with the board of directors, and the council of governors is the collective body through which directors explain and justify their actions. Holding to account is therefore not about the performance of individual directors, nor performance management of the board – that is, the council's role is as follows:

1. To consider the board's account of its performance against the criteria that the council has agreed with the board and based on the conditions in the provider licence.

2. To question the board on its account and feedback in a considered manner based on the evidence presented (asking for more evidence if necessary and reasonable).

3. In extreme cases, to raise difficult issues and, after listening to the account of the board, to consider contacting NHS England if it forms a reasonable belief that the trust is in danger of breaching the terms of its licence.

**Updated considerations for governors to discuss with their trust's board regarding system working**

1. The success of an individual foundation trust will increasingly be judged against its contribution to the objectives of the ICS. This means the board's performance must now be seen in part as the trust's contribution to system-wide plans and their delivery, and its openness to collaboration with other partners, including with other providers through provider collaboratives. In holding non-executive directors to account for the performance of the board, NHS foundation trust councils of governors should consider whether the interests of the public at large have been factored into board decision-making, and be assured of the board's performance in the context of the system as a whole, and as part of the wider provision of health and social care.

   Councils of governors are permitted to demonstrate the interests of the public at large to the board if they feel that the board is not operating in the public's

interests. (For further detail, please see Section 2.1b: Representing the interests of trust members and the public.)

2. Consideration should also be given to how the trust board's decision-making complies with the triple aim duty of better health and wellbeing for everyone, better quality of health services for all individuals and sustainable use of NHS resources, as well as the role the trust is playing in reducing health inequalities in access, experience and outcomes.

3. The statutory duties of councils of governors have not changed, and the relationship of councils of governors remains with their own foundation trust board, the ICB or any other part of the system(s) their trust operates in. It remains the case that if governors are acting outside the context of a council meeting they do so solely as individuals, ie outside their statutory role as governor.

**Illustrative scenario 1: A council of governors considers the role the NHS foundation trust has played within the ICS in holding the non-executive directors to account for the performance of the board**

To hold the non-executive directors to account, the council of governors may already have a number of approaches in place, including:

1. Observing the contributions of the non-executive directors at board meetings and during meetings with governors.

2. Gathering information on the performance of the board against its strategy and plans.

3. Receiving the trust's quality report and accounts and questioning the non-executive directors on their content.

These allow the council of governors to determine its key areas of concern and provide appropriate challenge.

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The council of governors is mindful that NHS England has now set a clear expectation that NHS foundation trusts will collaborate effectively with system partners to co-design and deliver plans, and that the failure of a trust to do so may be treated as a breach of governance licence conditions.

To form a view about the trust's contribution to system performance and development, the council of governors may need to adapt its approaches.

1. Seeking to understand the arrangements for the trust's contribution to shared planning and decision-making forums – eg system and place-based arrangements and provider collaboratives – and how the interests of patients and the public are considered.

2. Requesting information on the ICP's integrated care strategy and the ICB's five-year joint plan from the board to understand how the trust's plans relate to overarching system development.

3. Requesting information on the ICB's performance from the board to understand how the trust's performance relates to that of its system.

4. Receiving assurance from non-executive directors that the board's decisions comply with the triple aim duty – better health and wellbeing for everyone, better quality of health services for all individuals and sustainable use of NHS resources – and have the opportunity to question the non-executive directors about this.

The trust is expected to ensure that the council of governors is provided with appropriate information, and that the governors are given opportunities to meet the board to raise questions about the trust's role within the system, or systems, of which it is part.

## b. Representing the interests of trust members and the public

**What are the legal requirements?**

Under the 2006 Act, councils of governors have a duty to represent the interests of the members of the NHS foundation trust and the public.

**General considerations**

The general duty to represent the interests of members and the public includes (but is not limited to) all other statutory duties that councils of governors are expected to fulfil, and should underpin all elements of their role as outlined in the guide for governors and the NHS foundation trust's own constitution. The council of governors should therefore interact regularly with the members of the trust and the public to ensure it understands their views, and to clearly communicate information on trust and system performance and planning in return. However, governors should take care to disclose only those matters that the trust considers non-confidential.[10]

Councils of governors must be mindful that a number of different bodies and organisations (such as Healthwatch) represent the interests of the public, and governors should therefore work collaboratively with one another and with other representative bodies, to ensure that the public has been as broadly represented as possible.

It should be noted that while staff, patient, carer and service user governors represent specific constituencies, they are also expected to represent the interests of the members of the trust as a whole and the public at large.

Chapter 4, section 4.2 of the guide for governors gives a complete description of this duty.

> **Updated considerations for governors to discuss with their trust's board regarding system working**
>
> 1. Each ICB will be expected to build a range of engagement approaches into its activities at every level, and to prioritise engaging with groups affected by health inequalities in access, experience and outcomes, in a culturally competent way. This will be supported by a legal duty for each ICB to make arrangements to involve patients, unpaid carers and the public in planning and commissioning arrangements, and by a continuation of existing foundation trust duties relating to patient and public involvement, including the role of foundation trust governors.
>
> 2. Councils of governors are not restricted to representing the interests of a narrow section of the public served by the NHS foundation trust – that is, patients and the

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[10] Your statutory duties – a reference guide for governors, p31.

public within the vicinity of the trust or those who form governors' own electorates. To discharge this statutory duty, councils of governors are required to take account of the interests of the 'public at large'. This includes the population of the local system of which the trust is part.

3.  **There is no expectation that the way governors undertake this duty should materially change.** However, councils of governors should be assured that their trust is engaging widely, and when engaging with the public themselves, councils of governors need not limit their engagement to the public and patients in their electorate or personal networks. They may also work with their board to consider how best to engage with other bodies and organisations in their system that represent the interests of the public at large (such as voluntary sector organisations and Healthwatch). Governors must also adhere to their trust's communications or media policies when engaging and communicating with the public.

4.  In some cases, councils of governors will need to consider the interests of patients and the public in other parts of their system and beyond their own ICS. This can be because the trust:

    a.  is located within a large ICS or is geographically distant from other system partners

    b.  has a specialist service footprint

    c.  is near a geographical boundary and may provide services to members and patients from other ICSs

    Governors should work with their board to consider how to represent the interests of the public across a wide geographical footprint or in other ICSs.

**Illustrative scenario 2: An NHS foundation trust and its council of governors work together to strengthen mechanisms by which the council of governors can consider the views of the wider public**

The council of governors may already have various ways through which it engages with members and the public. These may include governor drop-in events where members and the public can meet governors, a dedicated page on the foundation trust's website to share information and surveys to gather members' and the public's views. The council of governors may also have agreed routes for feeding views back to the board, such as regular reports or presentations at council meetings.

To strengthen mechanisms to consider the views of the wider public, the council of governors should take additional steps:

1. Working with the trust to use technology to engage with members and the public. This could include adding to face-to-face interactions with virtual engagement via online events, which could improve accessibility for some patient cohorts and the public.

2. Considering how it can engage with other stakeholders that have a role in promoting the interests of patients and the public, eg local branches of Healthwatch and voluntary sector organisations. Governors may also work with their trust to build relationships with organisations that can help gather the views of seldom heard groups.

3. Asking for information on how the trust intends to address health inequalities in both its own plan and contributing to that for the wider system. This could be supplemented as appropriate with the population health data (eg demographics and deprivation data) that underpins the ICB's planning, including the identification of unmet need. This helps the council of governors understand the impact of action taken by the trust to address health inequalities.

4. If the trust's footprint is wide, or even extends beyond its ICS (because it sits in a large ICS, provides specialist services or sits on a geographical boundary), the council of governors might work with its board to consider how best to represent the interests of members and the public; for example, by:

a. being aware of how the trust's services are used and accessed

b. being assured that the trust has considered the impact of any changes or decisions on the public using its services, irrespective of what system they are in

c. being assured that the trust has assessed the impact of its decisions on the care being provided to patients across the ICS.

## 2.2 Taking decisions on significant transactions, mergers, acquisitions, separations and dissolutions (Chapter 10 of the guide for governors)

### c. Approving significant transactions, mergers, acquisitions, separations or dissolutions

Chapter 10 of the guide for governors explains what a 'significant transaction' is.

It may also be helpful to refer to Appendix 10: Legal and regulatory requirements for transactions of the Transactions guidance[11] for a more detailed and operational definition.

**What are the legal requirements?**

Under the 2012 Act:

- **More than half the members of the full council of governors of the trust voting** need to approve the foundation trust entering into any significant transaction, as specified in the trust's constitution. This means more than half the governors who are in attendance at the meeting and who vote at that meeting.

- **More than half the members of the full council of governors** must approve any application by the foundation trust to merge with or acquire another trust, to separate the trust into two or more new NHS foundation trusts or to dissolve the trust. This means more than half the total number of governors, not just half the number who attend the meeting at which the decision is taken. If the other party

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[11] Assuring and supporting complex change: Statutory transactions, including mergers and acquisitions

to the proposed transaction is also an NHS foundation trust, more than half the governors of that foundation trust must also approve the transaction.[12]

**What are councils of governors asked to take a decision on?**

The 2006 Act states that the foundation trust's constitution "must provide for all the powers of the organisation to be exercisable by the board of directors on its behalf".[13] As such it is the board of directors that must decide whether a transaction should proceed.

Councils of governors are responsible for assuring themselves that the board of directors has been thorough and comprehensive in reaching its decision to undertake a transaction (that is, has undertaken due diligence), and that it has appropriately considered the interests of members and the public as part of the decision-making process.[14] As long as they are appropriately assured of this, governors should not unreasonably withhold their consent for a proposal to go ahead.[15] They should consider the implications of withholding consent in terms of the key risks the transaction was designed to address.

Given councils of governors have no power of delegation, they can only make decisions in full council. Hence, they should attempt to reach a consensus based on the broad views of the council members. In common with boards of directors, they should not allow themselves to be unduly influenced by the views of individuals, but instead should attempt to ensure that all voices are heard and considered.

The council of governors must obtain sufficient information from the board of directors on the proposed significant transaction, merger, acquisition, separation or dissolution to make an informed decision.[16]

Chapter 10 of the guide for governors gives a more complete description of this duty.

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[12] Your statutory duties – a reference guide for governors, p60.
[13] Paragraph 15(2) of Schedule 7 to the NHS Act 2006.
[14] Your statutory duties – a reference guide for governors, p63–4.
[15] Ibid.
[16] Ibid.

**Updated considerations for governors to discuss with their trust's board regarding system working**

1.   Governors need to be assured that the process undertaken by the board in reaching its decision was appropriate, and that the interests of the 'public at large' were considered. A council can disagree with the merits of a particular decision of the board on a transaction, but still give its consent because due diligence has been followed and assurance received. To withhold its consent, the council of governors would need to establish that appropriate due diligence was either not undertaken or properly factored into decision-making.

2.   All transaction proposals need to demonstrate a clear case for change to meet NHS England's assurance requirements, including how they will result in material improvements to the quality of services. Benefits arising from the transaction could be for the patients served by the trust or the wider public, eg by impacting patients of other providers or reducing health inequalities across the population. In the context of the NHS' new way of working, this means that councils of governors may well be expected to consent to decisions that benefit the broader public interest while not being of immediate advantage to or creating some level of risk for their NHS foundation trust. Consent should not be given for decisions that benefit the NHS foundation trust without regard to the effect on other NHS organisations, or the overall position of a wider footprint such as an ICS.

**Illustrative scenario 3: A council of governors approves a significant transaction that may not immediately benefit the individual trust but overall does benefit the population of the wider ICS**

The council of governors provides consent because the board has adequately assured it that the appropriate process has been followed.

This significant transaction may not immediately benefit the individual NHS foundation trust but overall is expected to benefit the population of the wider ICS. Some governors disagreed with the merits of the board's proposed transaction, but the full

council gave consent because all processes have been followed, the interests of the public at large have been considered and assurance has been received.

To reach this decision:

1. The board provided the council of governors with appropriate information on the proposed transaction, including the benefits for patients and the public in the wider ICS, and the impact on quality of services, system performance and the system's financial position.

2. The board was open about any risks and opportunities for the NHS foundation trust and how these would be addressed.

3. The board provided evidence that the interests of the public were appropriately considered, and effective engagement processes were followed. The council of governors was given the opportunity to challenge the processes and to ask the non-executive directors questions around any key areas of concern.

# 3. Working with the board

This section contains suggested approaches to support better working between the council of governors and the board, along with examples of developmental activities already underway across trusts.

## 3.1 Building relationships and understanding roles

**Key relationships**

- Trust secretary/membership manager and governor liaison role
- Trust chair
- Trust non-executive directors
- Trust chief executive officer
- Trust board and/executive directors
- Foundation trust members

## Practical tips

Governors will receive an induction from their organisation. They should familiarise themselves with the following documents, along with any others their trust secretary, membership manager or anyone in a governor liaison role signposts them to:

- trust's constitution
- Code of Conduct
- confidentiality and data protection policies
- conflict of interest policies
- communications policy
- Nolan principles.

These documents help governors understand the principles and processes by which their trust is governed, outline the composition and general duties of the board, and set out expectations of governor conduct.

It is important that trust boards and their governors act in line with the Nolan principles and are open and transparent with one another. Doing so creates a better environment for challenging conversations.

For more information please refer to Chapter 2 of Your statutory duties: A reference guide for NHS foundation trust governors which outlines the governance structure of NHS foundation trusts. Please also see your trust's own constitution for information that is specific to your own organisation.

## 3.2 Supporting governors to fulfil the duties of a council of governors

### Key relationships

- Trust secretaries/membership manager and governor liaison role
- Trust chair
- Trust non-executive directors
- Trust chief executive officer
- Trust board/executive directors

## Expectations: communications and engagement

Governors can expect to attend a variety of meetings organised by the trust, which intend to help inform their decision-making, and to support governors in fulfilling their duties. Formally, this will include council of governor meetings and annual members meetings. Governors should also be encouraged to attend public trust board meetings. The trust may also organise other meetings or forms of engagement such as:

- informal meetings such as Q&As with the chief executive or chair, and workshops with the non-executive directors or board
- regular briefings to members and governors from the chief executive or chair
- ad-hoc briefings or dissemination of information as an issue arises
- non-executive director updates at council of governor meetings.

The board should engage early with the governors about transaction plans. From the outset directors and governors should agree a process for engagement on the transaction, to include:

- the content and timing of information to be provided to governors and any training needs
- how the views of members will be sought and stakeholders kept informed
- how governors can get involved with developing the future governance model, eg by working on the constitution for the post-transaction foundation trust.[17]

## 3.3 Supporting governors to understand their duties in the context of ICSs and system working

### Key relationships

- Trust chair
- Trust chief executive officer
- Trust board secretary/membership manager and governor liaison role

### Expectations: communications and engagement

- The trust's chair should facilitate engagement between the ICB, the ICP and the trust's council of governors.

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[17] Assuring and supporting complex change: Statutory transactions, including mergers and acquisitions

- The trust should also ensure governors are updated in a timely way on system plans, decisions and delivery.

- The trust should ensure governors receive information on the ICP's integrated care strategy and the ICB' five-year forward plan, as decisions and aspects of delivery that directly affect the trust and its patients.

- The council of governors should consider how it can support its board to engage with patients and the community across the geography of the ICS.

There is no agreed way that a trust should do this. Suggestions based on existing examples are:

- Attending public trust board meetings to listen to the discussion on ICS arrangements. This should also indicate whether the board is acting in the wider public interest and provides an opportunity to hear the types of questions non-executive directors are asking in this respect.

- Board members providing ICS updates at council meetings to ensure that governors are well informed and have an opportunity to ask questions.

- Governor engagement sessions arranged by the ICB or ICP to update on progress in the delivery of system plans.

- The chair cascading key messages after an ICP or ICB meeting.

## Practical tips

Your trust should work with governors to understand the following:

- What is the foundation trust's ICS footprint?

- Who are the key partners in the system?

- What is the membership of the ICP?

- What is the membership of the board and committees of the ICB?

- How is the trust contributing to the ICS, and what is the impact of the ICS on existing trust plans?

- How is the trust's decision-making complying with the triple aim duty of better health and wellbeing for everyone, better quality of health services for all individuals and sustainable use of NHS resources?

- How can the council of governors support the trust in leading in or contributing to its ICS?

- How can the council of governors best communicate the ICS plans to the trust members and public?

# 4. Further information

For national context:

- [NHS Long Term Plan](#)
- [Integration and innovation: working together to improve health and social care for all](#)
- [Integrated care systems: design framework](#)

Relevant NHS England guidance:

- [Statutory transactions guidance](#)
- [Guidance on pay for very senior managers in NHS trusts and foundation trusts](#)
- [NHS Oversight Framework 2022/23](#)
- [Guidance on good governance and collaboration](#)

Other resources for governors:

- Govern Well [– NHS providers' national training programme for governors](#)

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NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

This publication can be made available in a number of alternative formats on request.

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

| Report Title | Appointment of Lead Governor |
|---|---|
| **Executive Lead** | Max Steinberg, Chair |
| **Author (s)** | Katharine Dowson, Corporate Secretary |
| **Action Required** | To approve |

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

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

**Key Messages** *(2/3 headlines only)*

- One nomination has been received for the role of Lead Governor and it is recommended that they are appointed as Lead Governor from 1 January 2023 to 31 December 2025

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

- 

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

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

| Choose an item. | Choose an item. | Choose an item. |
|---|---|---|

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

| Strategy ☐ | Policy ☐ | Service Change ☐ |
|---|---|---|

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

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

# Appointment of Lead Governor

## Background

1. The role of Lead Governor is a recommended, although not mandatory, role for Foundation Trusts as set out in the Statutory Duties for Governors.[1] The details of the role are set out in the Lead Governor Role Specification (Appendix 1).

2. Barbara Strong was appointed by the Council as Lead Governor in January 2019 and served a two-year term to December 2021 at which point she was appointed for a further 12 months. Barbara has been an excellent Lead Governor, during what has been a challenging three years, during which the Covid-19 pandemic forced a change to the way Governors could act in relation to the Trust. Barbara will come to the end of her final term as a Governor in 2024 and therefore it is time for another Governor to take on the role.

3. The Trust Constitution states that the Lead Governor should be chosen from the public Governors as these Governors are elected by public members. Any candidates should also have been a Governor for at least twelve months to have sufficient understanding of the role of Governor.

4. The role specification was revised in 2021 as part of the process and this was circulated to all Governors in November 2022 with a request for nominations to the post.

## Election of Lead Governor

5. As there has only been one nomination, from John Taylor, Public Governor for North Wales, there is no requirement for a formal election but the Council does need to approve his appointment.

6. John was elected in 2022 and took up his post representing the North Wales constituency in September 2022. John has taken an active role in the Council since his election and is currently the Chair of the Membership and Engagement Committee.

## Conclusion

7. The Council is asked to approve that John Taylor is appointed as Lead Governor from 1 January 2023 to 31 December 2025.

## Recommendation

To approve

**Author: Katharine Dowson**
**Date: December 2022**

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1. www.gov.uk - Your Statutory Duties - A reference guide for NHS Foundation Trust Governors

**The Walton Centre**
NHS Foundation Trust

**Lead Governor Role Specification**

## Background

1. *Your Statutory Duties[2], Monitor's reference guide for NHS Foundation Trust governors sets out the role of the Lead Governor as follows:*

   '*Monitor[3] did not intend the person holding this role to "lead" the council of governors or assume greater power or responsibility than other governors. We recognise that many NHS foundation trusts have broadened the original intention of this role and given greater responsibility or power to their lead governor. We continue to require only that the lead governor act as a point of contact between Monitor and the council when needed. Directors and governors alike should always remember that the council of governors as a whole has responsibilities and powers in statute, and not individual governors.'*

2. Communication, in the normal course of business, from NHS Improvement and NHS England (NHSIE) to Governors, continues to be disseminated by the Corporate Secretary.

3. However the Lead Governor would liaise between NHSIE Monitor and the Council of Governors where, for example, there were concerns about the leadership or processes in the Trust, such as concerns about the appointment or removal of the Chair.

## Duties and Responsibilities

- Act as the point of contact for NHSIE, on behalf of the Council of Governors, in circumstances where it would be inappropriate for NHSIE to contact the Chairman (or vice versa)

- Undertake the role of Deputy Chairman of the Council of Governors in exceptional circumstances when it is not appropriate for the Chairman or another Non-Executive Director to do so

- Act as the point of contact between the Council of Governors and the Trust and represent the Council of Governors at Trust or other events, as appropriate

- Meet routinely with the Chairman of the Board of Directors and the Corporate Secretary to discuss the agenda for Council of Governor meetings

- Collate Governors' input for the Senior Independent Director and Chairman, as required regarding annual performance appraisals of the Chairman and Non-Executive Directors respectively

- Meet with members of the Council of Governors at least once a year, without the Chairman being present

- Act as co-ordinator of Governor responses to consultations

- Attend interviews/ focus groups for Care Quality Commission inspections and visits

- Chair the Council of Governor's pre-meeting and any informal meetings of the Governors

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[2] Governors_Guide_Statutory Duties _ Nov_2013pdf
[3] Monitor is now part of NHS England

- Be a member of the Nominations Committee

- Attend meetings as required

- Contribute to the induction and training of Governors/Non-Executive Directors

- Work with individual Governors who need advice or support to fulfil their role as a Governor

- Contribute to the election process to ensure that terms of office are identified at the beginning of the process

- Support arrangements to ensure that the Council of Governors is represented at external events, i.e. NHS Providers, Governwell

- Report to the Council of Governors as Lead Governor on the work of the Council

**Person Specification**

4. In order to be able to fulfil this role effectively, the Lead Governor will:

- Have served as a Public Governor of The Walton Centre for at least one year

- Have the confidence of Governor colleagues and of members of the Board of Directors

- Have the ability to influence

- Be able to present well-reasoned argument

- Be committed to the success of the Foundation Trust

- Be able to commit the time necessary

- Be able to motivate the Council of Governors with inspirational leadership qualities in order that the Governors all play their part in promoting the values of the Trust into the community

- Be committed to the Walton Values

- Have an understanding of The Walton Centre Constitution

- Work with integrity in accordance with the Nolan Principles.

- Be proactive and not just reactive.

**Lead Governor Term of Office**

5. The Lead Governor will be appointed for a fixed term of two years or until their term of office ends, whichever is the sooner.

**Deputy Lead Governor**

6. A Deputy Lead Governor may be appointed to meet the demands of the increasing level of responsibility.

November 2021

**CONFIRMED**

**MINUTES**
**Council for Governors Membership and Engagement Group**
**16 August 2022**
**MSTeams**

**Present:**

| | | |
|---|---|---|
| John Taylor | CHAIR Public Governor – North Wales | Chair |
| Barbara Strong | Lead Governor-Merseyside | L Gov |
| Jonathan Desmond | Public Governor - Merseyside | Gov |
| William Givens | Public Governor - Merseyside | Gov |
| Jonathan Desmond | Public Governor - Merseyside | Gov |
| Amanda Chesterton | Staff Governor | Gov |
| Madeleine Fletcher | Head of Fundraising | HOF |
| Elaine Vaile | Communications Marketing Manager | CMM |
| Katharine Dowson | Corporate Secretary | CS |
| Nicola Troy | Corporate Governance Office | CGO |

**Apologies:**

| | | |
|---|---|---|
| Nanette Mellor | Partnership Governor | Gov |

1. **Apologies**

   1.1. Apologies were noted as above.

2. **Declarations of Interest**

   2.1. None

3. **Minutes from Previous Meeting**

   3.1. The minutes of the 5 May 2022 were confirmed, and no further comments were received.

4. **Matters arising Action and Decision Logs**

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

5. **Membership Engagement Events**

   5.1. The Chair stated that while there were no specific past events to report on, it was good that the Trust was getting back to hosting events in person and had been hosting Non-Executive (NED) Walkabouts.

6. **Membership and Governor Engagement Events**

   6.1. The Chair asked Governors to see what events are remaining and encouraged them to support events and sign up.

   6.2. LG-BS advised she had attended Lunch with Max Steinberg, which was followed by a visit to Lipton Ward to see work nearing completion in relation to the ward repurposing Project, although this was not a (NED) Executive Walkabout event. LG-BS had attended a Virtual

Event-Pain Management Services which was held in May, which was found to be quite interesting.

6.3. CS advised there was an upcoming Virtual Event on August 22nd – Radiology.  The event was advertised with our members and counterparts in local Trusts. The response to the event was not great, with only one person confirming their interest and attendance, so was highly likely the event will be cancelled.

6.4. LG-BS asked if the event for Radiology was to be rebooked as the lack of interest could be due to the time of year. CS explained that we did not have members stating they could not make that date, there was simply no interest in the event. There is another event: Allied Health Professionals which will be hosted by the same team in November and may be an opportunity to combine the events if it is deemed appropriate.

**7. Strategy Vs Action Plan**

7.1. CS explained changes came from Trust Strategy and work completed around the Well Led framework developments. The Trust has a lot of strategies, and the Board are responsible for them, which becomes increasingly difficult to manage and prioritise when there are so many.

7.2. CS advised that there will only be one Strategy moving forwards, that will be the Trust Strategy.  Under the Trust Strategy there will be seven sub strategies. Under the sub strategies there will be a Strategic Implementation Plan. This will be the Trusts three-year plan, what the Trust is aiming for and how the Trust can achieve this including the Trust vision.

7.3. Strategic Implementation Action Plan is how we monitor these actions throughout the year which will support us in moving towards Trust goals set out in the plan.

**8. Membership Action Plan**

8.1. CS stated that the Strategic Implementation Action Plan has been built around the three key principles and presented an overview on the Strategic Aims.

- *Maintain- Ongoing engagement with membership and communication of the membership offer.*

- *Communication- In a variety of ways and ensure Governors have the tools to engage and using the right methods to communicate.*

- *Engagement- Seek the views of members and encourage further engagement, including standing as a Governor.*

8.2. CS then explained each of the strategic aims set out in the Action Plan.

**The Membership and Engagement Group noted the Strategic Aims set out in the Action Plan.**

8.3. LG-BS enquired about a New Governor Handbook that she recalls being available for new governors. CS advised there was a handbook previously although, the information in the pack is out of date and requires updating, along with documents to send to New Governors.

8.4. The Chair stated there has been a good overview of activity going on and asked how many staff members had been involved in the work.

8.5. CS advised that work is completed by Nicola our Corporate Governance Officer (CGO) with support from her as CS.  Also utilising the Trust Communications Team and resources available for advertising and promotion of Membership and Engagement with online communications like Neuromatters. CS added there has been a big focus on increasing the profile of the Trust and that is part of that focus. Ensuring people who have expressed an

interest to the Walton Centre feel that there is a strong link to their membership and engagement.

8.6.    The Chair expressed that this responbility is quite a lot and was appreciative of the working going on in this area considering the resources devoted to the task.

8.7.    Gov-BG asked the question, as a New Governor for Merseyside, what advice or guidance would formally be given to engage with the patients and their families within the Merseyside constituency regarding feedback of every kind and to ensure their voice is heard. LG-BS added that it can be difficult to represent the public of your constituency when matters arise.

8.8.    CS explained that although Governors represent constituencies this is not like an MP role and would not be expected to represent everyone in your constituency.  It is about representing the interests of the constituency.  Advice for New Governors would be to represent the views of your constituency, listen to the views of other people and views should not be your own. It is more the role of an ambassador and feeding back to the Trust.

8.9.    The Chair advised that NHS Providers offer courses on becoming a Governor, and what being a Governor means, which can be helpful.

8.10.  CS added there is an addendum for Governors on the Code of Governance. This will be more about representing the people and interests of the public as a whole and less focus on a specific constituency.

## 9.  Membership and Demographic Data

9.1.    CGO gave an overview of the membership database.

- Background of Membership

- Public and Staff and Total Membership

- Membership Diversity Data

- Local Population Profile categories: Age, Gender Ethnicity.

- Percentage of Membership categories: Age, Gender Ethnicity.

  *Recommendations:*

- Data cleanse of the membership database: To ensure we have a true reflection of all current public members.

- Members Questionnaire: To be created and circulated to current members in an attempt capture further information/increase engagement. How would members like to be contacted? What are they interested in hearing about?

9.2. The Chair asked if there is any data around patient profile of the members. CS explained there is no data on the database regarding this, as a committee we are required to be representative of the population not patient body. Gov-AC added that this information can be obtained by our Informatics department. Gov AC added we would likely find our patients population would be found to be younger than other Hospitals.

9.3. CS explained this is not a stand-alone issue for members in younger categories to be lower. As people age, they become more interested in health, in the NHS and have more time to become involved.

9.4. Gov-AC felt that a way to promote membership for younger members would be to focus on the patient having a more active voice in supporting them to manage their care better, understanding the organisation in which they are being treated. To promote within healthcare for students in their last year and encourage them to become a member as this would have a positive impact on their CV that has little commitment but beneficial.

9.5. CS explained in other Trusts theses avenues have been explored and can be successful however, in a specialist Trust this could prove more difficult.

9.6. Gov-BS stated that the information was complicated to read but had a clear take away message from the information.

9.7. CS added that we have a lot of people that have not stated their ethnicity, so it is difficult to determine where we are over or underrepresented.

9.8. Gov-JT asked about the gender balance of patients.  Gov AC advised that although this is not definite, it was felt that the distribution appears even in her experience- from ward charts for inpatients but the diagnosis of different conditions could be a mix. CS advised that staff figure could have impacted the overall numbers of female to male members.

**The Membership and Engagement Group noted the Membership update.**

## 10. Governor Election Update

10.1.  CGO gave an overview of current Governor vacancies and provided and updated on newly appointed Governors, including next steps and important upcoming dates.

**The Membership and Engagement Group noted the Governor and Election update**

## 11. Annual Members Meeting

11.1.  CS advised that the Annual Members Meeting is being held on Thursday 8th September. The meeting will be in person, although there will be the option to join virtually.

## 12. Volunteer Update

**The Membership and Engagement Group noted the Governor and Election update**

## 13. Walton Charity Update

13.1. MF provided an update on developments that align with the Trust Strategy. There is a three-year strategy for the Charity.  Previously the Trust was heavily reliant on corporate events which have been impacted due to covid and fundraising in the community came to a stop.  To ensure resilience would be to focus on people donating smaller amounts regularly which will be a more sustainable income.  There has also been a focus on legacy fundraising.

13.2. MF updated the Group on events held so far:

- Golf Day- had been reinstated and the event sold out. Hosted by our patron, David Fairclough, a former Liverpool Football legend who has connections with the Trust as his wife sadly passed away at the Trust.  The charity raised £15.000 for this event.

- Walk for Walton- a virtual sponsored walk. People were encouraged to do what they can where they can during the month of May the Charity raised £14.000 for this event.

- Liverpool Cathedral Abseil- 8 people abseiled down the Liverpool Cathedral. The Trust raised £3.000 for this event.

- <u>Christmas Cards</u>- Will be available for purchase in the autumn and available online.

- <u>Home from Home</u>- School initiative, which will be a flat pack money boxes that can be made into a house. Children can decorate the house and collect money and return to the Trust. A Community Fundraising representative will go into the school and talk about the benefits for the patient's family.

- <u>Jan Fairclough Ball</u>- Plans are underway for this event. It will be in the Titanic Hotel in Liverpool on the 25th November 2022.

13.3. Gov-BS asked where the Christmas cards can be purchased. MF advised they can be purchased on the Trust website via a link and in the Charity office.

13.4. MF reiterated the importance of sharing the impact and benefits the Charity has on our patients and staff. Working with Trust Communications to develop and impact report that can be shared with all staff patients and Governors.

**14. AOB**

14.1.   None.

**Date of next meeting – 10.00am on 15th November 2022.**

**UNCONFIRMED**

**MINUTES**
**Council for Governors Membership and Engagement Group**
**15 August 2022**
**MS Teams**

**Present:**

| | | |
|---|---|---|
| John Taylor | CHAIR Public Governor – North Wales | Chair |
| Barbara Strong | Lead Governor - Merseyside | L Gov |
| Jonathan Desmond | Public Governor - Merseyside | Gov |
| Amanda Chesterton | Staff Governor | Gov |
| Elaine Vaile | Communications and Marketing Manager | CMM |
| Katharine Dowson | Corporate Secretary | CS |
| Nicola Troy | Corporate Governance Officer | CGO |

**Apologies:**

| | | |
|---|---|---|
| Madeleine Fletcher | Head of Fundraising | HOF |

**In Attendance:**

| | | |
|---|---|---|
| Lisa Judge | Head of Patient and Family Experience | HPFE |
| Louise Minton | Volunteer Manager | VM |

1. **Apologies**

   1.1. Apologies were noted as above.

2. **Declarations of Interest**

   2.1. None

3. **Minutes from Previous Meeting**

   3.1. The minutes of the 16 August 2022 were reviewed and the recommended changes to the below points were then made.

   - Correction to the spelling of Madeleine Fletcher's name.

   - Remove points 7.4 and 7.5.

   - 8.1 under the section Communication, a sentence was amended to read *a variety of ways* not *way*.

   3.2. The minutes were then confirmed as a true and accurate record and no further comments were received.

4. **Matters arising Action and Decision Logs**

   4.1. On 8.3 of the minutes, LG had referenced the Governor Handbook, CS confirmed that the New Governor Handbook has been amended and circulated to all new Governors.

4.2. On 8.10 of the minutes, regarding a draft addendum for the Governors on the Code of Governance, CS stated that that had been officially published and further information on this will be brought to the next Council of Governors Meeting on 8 December 2022.

**5. Membership Engagement Events**

5.1. The Chair stated that the title of this item on the agenda was confusing, CS clarified that this item related to engagement from members of the committee and the word *Events* was to be removed from future Agendas.

5.2. LG stated that she would be taking part in the NED walkabouts visiting the Neuropsychiatry Department on Thursday 17 November 2023. LG reminded the group that the Virtual Online Event on Allied Health Professionals was coming up on the 22 November 2022.

5.3. The Chair encouraged Governors to attend the NED walkabouts and expressed that he enjoyed the Radiology visit and would be keen to attend another.

5.4. CGO advised that she circulate the upcoming dates and areas for walkabouts once dates were confirmed and would encourage Governors to attend for a second visit.

5.5. LG asked if the NED walkabouts would continue into next year and if there are further Virtual Events coming up. CGO advised that there were walkabouts scheduled until March 2023.

5.6. CS added that the events are important and although they did pause for a time due to Covid-19, they will be a rolling event and will continue.

5.7. LG reminded the groups that the Trust was holding the Annual PLACE Assessment on 22 November and two Governors were attending in support of the assessment.

5.8. The Chair asked the group how staff reacted to the walkabouts and were they welcomed. Gov AC explained that she does not recall seeing Governors on walkabouts to different areas and this may be due to not being around in the specific areas and do the visits include inpatient wards

5.9. CGO advised that feedback forms that were completed during the walkabout and CS added that there would be a formal report to Quality Committee every quarter and feeding back on the walkabout could be potentially shared at the next Council of Governors Meeting.

5.10. CS advised that staff were generally pleased to welcome visits to their areas of work. The groups visiting the areas were small and tended to include a senior manager, a NED, and a Governor.

5.11. CGO added that the new Governors were scheduled to come onsite to meet the Chair and have a short tour of the Trust on 28 November.

**6. Governor Engagement Events**

6.1. There were no further engagements event reported by the Governors.

**7. Membership Action Plan**

7.1. CS gave an overview and provided an update of the Membership Development and Engagement Action Plan which included the following key highlights.

   **Maintain**:

- Reviewed and updated the online Membership Application Form

- CGO training session with Civica to increase knowledge on systems, updates, and usage.

- 'Click email' function is now in place which allows monitoring of how many people respond to emails.

- Ongoing engagement with membership and communication of the membership offer.

**Communication:**

- Strategic Membership Plan is on the website. CGO to liaise with internal Communications in relation to promotion of the membership via social media, Neuromatters and leaflets across the Trust.

- Utilising Click email as a secure way to communicate with members.

- To develop a Membership Welcome letter.

- To promote Staff membership and increase their awareness

**Engagement-**

- Seek the views of members and encourage further engagement, including standing as a Governor.

7.2. LG asked if the click email included Governors, as she had not received any email communication. LG added that she may have signed up originally with an old email address

7.3. CGO explained that all members who have agreed via GDPR to receive email communication will receive the emails.

**ACTION: Membership Record for LG to be checked to ensure up to date email was being used**.

The Membership and Engagement Group noted the Strategic Aims set out in the Action Plan.

## 8. Membership Events

8.1. CGO gave an overview of the planned membership events that have taken place and were remaining for 2022-23.

8.2. Gov-AC suggested that the wording of events could be more attractive to encourage interest in our events.

8.3. CGO stated that she had met with the Therapies Manager, to re-word and make the event sound more appealing to the public.

8.4. The Chair asked what the interest levels for the events was and if journalists attend. The CGO explained that interest was very low in events which have resulted in the events being cancelled. HOC added that although we would approach journalists about specific subjects, the Trust would not ask journalists to attend general Membership events.

8.5. Gov AC suggested focusing events on recent media interest. CMM advised that she would meet with the CGO to discuss this further.

The Membership and Engagement Group noted the Membership Events update.

## 9.  Communication Activities

9.1.  The Chair stated that the recent media coverage for the Trust had been very positive.

9.2.  CMM agreed that the Trust had quite a lot of positive media coverage over the last quarter and updated the group on media coverage, communications, and marketing strategies including:

- Dr Anita Krishnan was recently in the Liverpool Echo and on Radio Merseyside talking about Migraine awareness week

- Rachel Chadwick also appeared on Radio Merseyside talking about her role as a Patient Support Worker and a former patient with an interesting story

- Speech and Language Therapist on Radio Merseyside talking about the new Motor Neurone Clinic

- Currently working on a media campaign in relation to the new Spinal Robot

9.3  Communications and marketing strategies:

- Trust strategy was launched in October and was received well internally and externally.

-  Alongside the Trust Strategy, the Communications and Marketing Sub-strategy had been drafted for approval at the Trust Board in December.

- Trust branding and profile is a strong focus

- Building on the Trust getting University status

- Neuromatters Autumn/Winter edition is out and has been circulated.

- Plans for the staff awards are taking place and letters to all nominees will be delivered this week. Awards will take place in December.

- Notice boards and signage is being reviewed to ensure space is used to be more informative and present. This includes the Governors Board.

- Trust social media posts are receiving good interest and recent posts about patients and Lemmie the Therapy Dog were a particular success

- A patient with a Traumatic Brain Injury who turned 18 recently, whilst an inpatient with the Complex Rehab Unit, was given a party by the staff who invited friends and family from the Isle of Man. This was shared on social media and received many positive comments

- Steve Rotherham, Mayor of Liverpool visited the Trust recently

9.3. Gov AC asked if Trust media coverage could be used to promote the Membership Events. CMM advised that most interviews were pre-recorded and were often edited to remove details like this. There was more potential through the Trust social media.

## 10. Volunteer Update

10.1. HPFE gave the group and overview update of the Volunteer departments and Services with the following highlights:

- Louise Minton is now in post as the new Volunteer Manager

- All volunteer activities were back up and running with around 55 active volunteers

- The new Therapy Dog Lemmie and handler Rob were visiting once a week to provide pet therapy to patients.

- Volunteer of the Month award had been reintroduced, all winners visit the Chairman to receive their awards

- The first volunteer party since Covid will take place in December

- The Patient Support Assistant role was proving effective in providing support to patients to address concerns before they escalate. This is a 12-month trial post held by a former patient of the Trust.

- A long-standing volunteer Alan had sadly passed away and his funeral had been well-attended from Trust staff and other volunteers.   Gov-AC commented on how saddened many staff had been on hearing this news.

- All volunteers now have uniforms including Lemmie the therapy dog

10.2. Gov AC asked if the Therapy Dog was able to visit acute wards. HPFE explained that it was felt to be most beneficial to patients in the Critical Rehabilitation Ward and other long stay wards initially. Requests could be made to visit other areas through the patient experience team.

10.3. HPFE recognised the contribution that the volunteers at the Trust make, to go above and beyond for patients and noted her thanks.

## 11. AOB

11.1. The Chair stated that while on site, he noticed that the reception, while friendly and helpful, did not have up to date contact phone numbers/details for staff. HPFE advised that she would pass this information on to the relevant departmental manager. Gov-AC added this was the same scenario for wards staff who are not able to easily access a computer to find contact numbers.

11.2. CMM advised that the main switchboard was in Aintree Hospital, once the staff intranet site is updated there will be an up-to-date staff telephone directory.  This may not be an immediate fix but is a long-term digital solution.

11.3. HPFE asked if communications could be circulated to staff asking them to put their contact numbers on their emails for convenience.

11.4. The CGO advised these dates for 2023/24 were currently being reviewed and these would be emailed out to all relevant Committee Members.

**Date of next meeting – 10.00am on Wednesday 8 February 2023.**

<p style="text-align: center; color: red;">**CONFIRMED**</p>

<p style="text-align: center;">**COUNCIL OF GOVERNORS**</p>
<p style="text-align: center;">**NOMINATIONS COMMITTEE**</p>
<p style="text-align: center;">**Tuesday 5th September 2022**</p>
<p style="text-align: center;">**11:00-12:00**</p>

**Present**

| | | |
|---|---|---|
| Max Steinberg | Non-Executive Director - (Chair) | NED |
| Barbara Strong | Lead Governor | LG |
| Ella Pereira | Partnership Governor | Gov-EP |
| Jan Vaughan | Partnership Governor | Gov-JV |
| Jan Ross | Chief Executive | CEO |

**Apologies**

| | | |
|---|---|---|
| Louise Pate | Staff Governor | Gov |
| John Kitchen | Public Governor | Gov |

**In attendance**

| | | |
|---|---|---|
| Katharine Dowson | Corporate Secretary | CS |
| Nicola Troy | Meeting Administrator | MA |

1. **Apologies**

    1.1. Apologies as noted above.

    1.2. It was noted that the meeting was quorate.

2. **Declarations of interest**

    2.1. There were no new declarations of interest declared.

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

    3.1. The minutes of the previous meeting held on 12th July 2022 were reviewed and confirmed as a true and accurate record.

4. **NED Appraisals**

    4.1. The Chair reported that all Non-Executive (NED) appraisals were carried out in July and August 2022. The NHS England process for appraisals was followed. They will be sent to the Chief Executive and a summary will be submitted to NHS England ahead of the 30 September deadline. Feedback from the NEDs was positive about the process which had been constructive for participants who were clear about what was expected moving forwards.

5. **Terms of Reference (ToR)**

    5.1.  CS advised that the content had not changed, and the duties and responsibilities of the Committee were unchanged but the template used had been updated to bring it into line with other Governor and Board Committees.

    5.2. LG noted that paragraph 7 stated that the quorum was to include at least two *elected* Governors and the Chair. LG asked if it was right that this should specify elected Governors. CS agreed this was problematic as there were only three elected Governors on the Committee and asked if this should be changed. Governors in attendance The Committee agreed to amend paragraph 7 regarding quoracy to read

<p style="text-align: center;">Page 124 of 136</p>

*The quorum necessary for the transaction of Committee business shall be three members, to include at least two Governors and the Chair.*

**6. AOB**

6.1. There was no other business.

**7. <u>Date of next meeting</u>**

Friday 30<sup>th</sup> September 2022, 3.30pm via Microsoft Teams.

**CONFIRMED**

**COUNCIL OF GOVERNORS**

**NOMINATIONS COMMITTEE**

**Tuesday 30th September 2022**

**15:30-16:30**

**Present**

| | | |
|---|---|---|
| Max Steinberg | Non-Executive Director - (Chair) | NED |
| Barbara Strong | Lead Governor | LG |
| Ella Pereira | Partnership Governor | Gov |
| Michelle Shirley | Senior Consultant -Gatenby Sanderson | GS |

**Apologies**

| | | |
|---|---|---|
| Louise Pate | Staff Governor | Gov |
| Jan Vaughan | Partnership Governor | Gov |
| John Kitchen | Governor North Wales | Gov |

**In attendance**

| | | |
|---|---|---|
| Jan Ross | Chief Executive | CEO |
| Nanette Mellor | Partnership Governor - The Brain Charity | Gov |
| Melanie Worthington | Partnership Governor - Cheshire and M'side Neurological Alliance | Gov |
| Jonathan Desmond | Public Governor | Gov |
| Katharine Dowson | Corporate Secretary | CS |
| Nicola Troy | Meeting Administrator | MA |

1. **Apologies**

   1.1. As noted above.

   1.2. It was noted that the meeting was quorate.

2. **Declarations of interest**

   2.1. There were no new declarations of interest.

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

   3.1. The minutes of the previous meeting held on 5th September 2022 were reviewed and confirmed as a true and accurate record.

4. **Non- Executive Director Recruitment- Longlisting**

   4.1. The Chair explained that although the meeting was quorate, additional Governors who were not Committee members had been invited to share their views as three committee members had sent apologies. These additional Governors were here to provide advice to the Committee members who would be making the final decision.

   4.2. GS gave a brief background recap on the decision not to appoint and to re-advertise for the role of Non-Executive Director (NED) in July for the benefit of the supporting Governors.

   4.3. GS reminded the Committee that the Trust requirements for the person specification for the role of NED in July had initially been focused on marketing and communications and/or a digital transformation background. At final panel interviews, while there had been candidates who had marketing, communication, and digital backgrounds, it was felt that they lacked in broader Board level experience.

4.4. Following this there had been further discussions regarding the person specification and the need to focus on more diversity, focusing on individuals who could bring wider leadership experience and an understanding of working within the communities the Trust serves. GS stated that having a broader person specification had attracted lots of interest in the position.

4.5. GS highlighted that the candidates in the B Category, who do possess skills that may be credible for the NED appointment are not recommended as in some cases they bring similar qualities and experiences as individuals currently on the Trust Board.

4.6. GS outlined each candidate in the A Category who were recommended to be invited for a preliminary interview and would be tested against the following:
   - Why they would like to be a NED at the Walton Centre.
   - Any relevant experience.
   - Understanding of the role.
   - Commitment required for the role.

4.7. Candidate 1 – Experience at board level focused on equality, diversity and inclusion (ED&I), predominately within the Police. This candidate had been Chair and Vice President of the Black Police Association as well as completing a lot of work for communities through the policy and their own consultancy. The Committee were supportive of this application but would want to understand their wider Board experience and their understanding of holding to account.

4.8. The Chair declared that Candidate 2 was known to him. The candidate was a director for a company that he was Chief Executive (CEO) of in 2013-18, although they had not directly worked together since then. The candidate was also on two Boards that he currently Chairs.

4.9. Candidate 2 – was CEO of his own company and CEO of a local organisation which promotes Liverpool as a destination. A strong communications and marketing background, this candidate had also been on a number of advisory boards and committees and had governance experience. The Committee agreed that candidate 2 should be longlisted.

4.10. Candidate 3 – was currently CEO and Chief Fire Officer for Cheshire Fire and Rescue and about to retire. This candidate had sat on several national boards and had provided examples of partnership working. They also had experience in ED&I work and recognition for this as well as experience of working with central and local government. The Committee supported the longlisting of this candidate.

4.11. Candidate 4 – was preciously the Commercial Director for the Disclosure and Barring Service (DBS) with experience in health and local authorities in the marketing and business development functions. An experienced Board director. The Committee agreed that this was a good candidate and should be progressed but asked that their experience in positioning and developing an organisation was tested as their experience may be more focused on contracting and commercial development.

4.12. Candidate 5 – The CEO of a Welsh charity who provide housing support, social inclusion, and employment services to their community. Previous Vice Chair of Betsi Cadwaladr Health Board and therefore brings extensive NHS Wales board experience. Also, a founder of a collaboration of partnerships looking to address health and inequalities. The Committee agreed to progress candidate 5 to the next stage and asked that her role at the Health Board was particularly tested.

4.13. Candidate 6 – A Strategy Director, experienced in working with organisations in the fields of innovation and research development. Board experience within Liverpool, but the breadth of this would need to be tested. This candidate would also offer diversity in terms of age as they were a younger candidate. As they are based in Newcastle-upon-Tyne their links to Liverpool would need to be tested. Gov-EP commented that their time and commitment would need to be tested as they still had a full-time career.

4.14. GS advised the Committee that the role and expectations of time required to dedicate and commit to the role of NED would be clearly explained to each candidate.

4.15. Candidate 7 – A University Associate Dean focused on business development and employability for Allied Health Professionals with a wide range of experience. This candidate had demonstrated clear links to The Walton Centre. Agreed to progress.

4.16. Candidate 8 – Extensive board experience with an academic background and extensive board level partnership experience. The Committee agreed to longlist this candidate

4.17. The Chair asked the Committee for their comments on any of the candidates in list B or C that the Committee should particularly review.

4.18. LG queried one candidate in the C category (not recommended list), who appeared to have lots of experience. GS advised that there was a national alert on this candidate from NHS England who had applied for many NHS roles over the last few years. The information on the CV was not accurate.

4.19. Gov-NM stated that previous NED appointments had been typical NED appointments and had lacked diversity, it had been positive to see a more diverse list of candidates of a high calibre.

4.20. CS asked if the ability to transition from Executive to NED roles could be raised with candidates, particularly for Candidates 2 and 3 who were coming from Executive roles with no previous NED experience. CS also questioned whether candidate 5 would be able to commit the time required to the role.

4.21. CS also highlighted Candidate 17 from the B Category who was a NED with 18 years of NHS NED experience and they had previously been shortlisted for a NED role at The Walton Centre in 2021. They had performed well, although at the time the Trust had been looking for candidates with a clinical background. CS asked if the committee wanted to consider him based on the level of NED experience he could bring.

4.22. GS stated that candidate 17 was well known to GS and was someone who was strongest on finance and performance and was very detailed focused. CS replied that attention to detail had been an area picked up as lacking in the Board on recent psychometric testing.

4.23. LG remembered candidate 17 from previous interviews and felt that they were not outstanding. CEO commented that she did not remember this candidate in detail but felt that they had not been successful for a reason.

4.24. The Chair thanked CS for their comments regarding further exploration of Candidates 2, 3 and 5, but felt that there was no appetite to longlist candidate 17.

4.25. LG asked if the candidate who had interviewed well in July would be brought back for interview this time. GS advised that the Candidate had been approached but had already accepted another NED role.

4.26. The Committee members agreed with the recommendation of Candidates 1-8 to move forward to the longlist stage.

**5. AOB**

5.1.  There was no other business.

**6. <u>Date of next meeting</u>**

Tuesday 11<sup>th</sup> October 2022, 11:00-12:00 via Microsoft Teams.

**CONFIRMED**

**COUNCIL OF GOVERNORS**

**NOMINATIONS COMMITTEE**

**Tuesday 11ᵗʰ October 2022**

**11:00-12:00**

**Present**

| | | |
|---|---|---|
| Max Steinberg | Non-Executive Director - (Chair) | NED |
| Barbara Strong | Lead Governor | LG |
| Ella Pereira | Partnership Governor | Gov |
| Jan Vaughan | Partnership Governor | Gov |
| Michelle Shirley | Senior Consultant -Gatenby Sanderson | GS |
| Emily Smith | Consultant – Gatenby Sanderson | GS |

**Apologies**

| | | |
|---|---|---|
| Louise Pate | Staff Governor | Gov |
| John Kitchen | Governor North Wales | Gov |

**In attendance**

| | | |
|---|---|---|
| Jan Ross | Chief Executive | CEO |
| Katharine Dowson | Corporate Secretary | CS |
| Nicola Troy | Meeting Administrator | MA |

1. **Apologies**

   1.1. As noted above.

   1.2. It was noted that the meeting was quorate.

2. **Declarations of interest**

   2.1. There were no new declarations of interest.

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

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

4. **Non- Executive Director Recruitment- Shortlisting**

   4.1. GS reported that there were eight candidates who had been interviewed by Gatenby Sanderson (GS).  Five candidates were recommended as bringing the required broad leadership experience and diversity. Two were marginal candidates and one was not recommended.

   Recommended Candidates

   4.2. Candidate 1 – An interesting candidate with a unique backstory and fascinating working experiences. Displayed good understanding and examples of diversity and inclusion at a strategic level. Personal attributes and instincts were very good. Candidate had a lot of potential to add value to the Board. Support and development around broader aspects of the Non-Executive (NED) role may be required as they had less senior level Board experience and the Board may need to support this.

   4.3. CS reminded the Committee that the NED advert had stated that candidates' experiences could be gained in different ways and not just via traditional board routes in an effort to increase diversity among candidates.

4.4. CEO agreed that candidate 1 was very interesting. Although there was a gap in experience relating to the broader NED role, the candidate had intriguing experiences that may bring something different to the board that it did not already have.

4.5. Candidate 2 – A strong candidate with a good understanding of governance. Strong communications and marketing with trustee experience. Candidate appeared quite serious initially but was thoughtful and considerate in their answers.

4.6. Candidate 3 – Recently retired and an impressive individual. Had specific experiences around diversity and inclusion. Experienced working at the most senior Executive level. Candidate had been a patient of the Trust previously and therefore had a personal link. Adapting to a NED role may be the biggest challenge

4.7. LG-BS commented that she was less sure about this candidate and their readiness to move into a NED role.

4.8. GS replied that the candidate does have experience and competency to do the role and their understanding of the transition to a NED could be tested at interview.

4.9. CS added while the candidate had valuable generic skills, they did not have any specific skills to add to the current Board.

4.10. Candidate 4 – GS advised that the interview was conducted via video call and the quality of the call had been poor which had made the interview disjointed. ,. This candidate was experienced in communications and marketing. There had been some debate as to whether this candidate was strong enough as they were more operationally focused, and answers were long.

4.11. Candidate 5 – Had lots of NHS experience and had previously worked as a NED at a Welsh NHS Trust . Communication skills were subtle with an interesting mix of qualities. GS stated that while the candidate was resilient and experienced their style may not fit in with the current Board.

Marginal Candidates
4.12. Candidate 6 – An interesting and bright individual. Candidate expressed that a NED role specifically advising on innovation and research would be of interest for them and demonstrated less interested in the broader NED role.

4.13. Candidate 7 – Experienced individual at Board level although experience appeared outdated. Questions would be around if the candidate could bring anything different or new.

4.14. The Chair asked the Committee for their thoughts as ideally they would only be taking 3-4 candidates through to the interview day.,

4.15. LG-BS stated that although marginal candidate 6 was impressive in many ways and would be great to interview, what would be the point in going through the interview process with a candidate who was unlikely to get the role.

4.16. LG-BS summarised that she would support the shortlisting of candidates 1, 2, and 5 were for interview, with a question mark on Candidate 3. Gov-EP and Gov-JV agreed with this.

4.17. CEO commented that she would like to interview candidate 3 as well. CS commented that interviewing four candidates would be logistically pressured but was possible and asked whether it was felt that candidate 3 was appointable. Gov-EP advised that she would support the interviewing of candidate 3 for an even mix of male and female candidates

4.18. GS recommended that the committee interview all four candidates if the timetable allows it, as this is the second time of advertising for the role of NED.

4.19. The Chair summarised the discussions of the Committee and the recommendation from GS and proposed that candidates 1, 2, 3, and 5 were invited to interview.

**Resolved** The Committee members agreed with the recommendation of the Chair to invite candidates 1,2,3,5 to the interview stage.

5. **AOB**

5.1. There was no other business.

**Date of next meeting**

Interviews for the NED appointment are to be held on 4th November 2022.

<p style="text-align:center; color:red;"><strong>UNCONFIRMED</strong></p>

<p style="text-align:center;"><strong>COUNCIL OF GOVERNORS</strong><br>
<strong>NOMINATIONS COMMITTEE</strong><br>
<strong>Tuesday 30 November 2022</strong><br>
<strong>10;00-11:00</strong></p>

**Present**

| | | |
|---|---|---|
| Su Rai | Senior Independent Director-Deputy Chair | SID |
| Barbara Strong | Lead Governor | LG |
| John Kitchen | Governor North Wales | Gov |
| Ella Pereira | Partnership Governor | Gov |
| Jan Vaughan | Partnership Governor | Gov |
| Louise Pate | Staff Governor | Gov |

**In attendance**

| | | |
|---|---|---|
| Jan Ross | Chief Executive | CEO |
| Katharine Dowson | Corporate Secretary | CS |
| Nicola Troy | Meeting Administrator | MA |

1. **Apologies**

   1.1. No apologies noted, as all Committee members present.

   1.2. It was noted that the meeting was quorate.

2. **Declarations of interest**

   2.1. There were no new declarations of interest.

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

   3.1. The minutes of the previous meeting held on 11 October 2022 were reviewed and confirmed as a true and accurate record.

4. **Chairs Appraisal**

   4.1. SID provided an overview of the Chair's appraisal process, highlighting key points of the process and outcomes to the group.

   4.2. SID expressed that although there were no formal requirements under NHS England guidelines (NHSE) to have a review at six months, it had been considered best practise and provide the Chair with an opportunity to review performance and objectives and any potential areas for development.

   4.3. SID explained that an invitation was extended to Executives, Non-Executives and Governors, to provide informal feedback and comments in relation to key strengths, observations and areas for development. Feedback was generally very positive with areas of strength identified included effective chairing of meetings and gaining understanding of the NHS. Areas for focus included greater engagement with Governors.

   4.4. SID stated that the Chair was provided with feedback and comments prior to meeting on 25 October, and that the feedback obtained provided an opportunity to

discuss, set and agree objectives with the Chair for the upcoming period, adding that final objective setting was also discussed with the CEO.

4.5.   Overall, the Chair's appraisal process was found to be very positive and advised that the next appraisal will take place at the start of the next financial year 2023/24, when the full process for NHSE will be completed and the appraisal submitted to NHSE.

4.6.   SID added that a formal report on the Chairs appraisal process would be presented at the upcoming Council of Governors (CoG) meeting on Thursday 8 December 2022.

**The Nominations Committee noted the Chair Appraisal update.**

## 5.   AOB

5.1.   There was no other business.

## <u>Date of next meeting</u>

To be confirmed.

**COUNCIL OF GOVERNORS ADVISORY COMMITTEE**

**Tuesday 16th August 2022**

**9:30am-10:00am**

**Present**

| | | |
|---|---|---|
| Barbara Strong - (Chair) | Public Governor | Chair |
| John Taylor | Public Governor | Gov-JT |
| Melanie Worthington | Partnership Governor | Gov- MW |

**Apologies**

None

**In attendance**

| | | |
|---|---|---|
| Katharine Dowson | Corporate Secretary | CS |
| Nicola Troy | Meeting Administrator | MA |

1. **Apologies**

   1.1. Apologies as noted above. In addition, it was noted that John Lloyd-Jones had resigned as a governor and therefore another member of the Committee should be sought.

   1.2. It was noted that the meeting was quorate.

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

   2.1. The minutes of the previous meeting were reviewed. CS raised a minor issue on the title of agenda item 4 of the previous minutes. The title read: The Council of Governors Effective Review and this should have been Effectiveness Review. The minutes were amended accordingly.

   2.2. The minutes were confirmed as a true and accurate record.

   2.3. It was noted that all items on the action log had been actioned and could therefore be closed.

3. **Constitutional Changes**

   3.1. The Chair advised that there was a change proposed to the Constitution. This was in regard to the quorum for the meeting as it could be challenging to meet quoracy for meetings.

   3.2. CS added that eleven governors are currently required for the meeting. This is based on one-third of the full complement of 33 Governors in post. However, given the number of vacancies there are currently only 19 Governors in post which means currently over 50% of Governors need to attend to achieve the quorum which is challenging. If it was one-third then only seven would currently be required. CS advised, once the number of Governors increases, the number required would increase

   3.3. Gov- JT asked if the change in quoracy for the Council of Governors would impact quoracy for Governor Committees and Groups. CS replied that it would not as they are stated in the approved Terms of Reference.

   3.4. CS reminded Governors that the purpose of a quorum is to ensure decision making is representative and fair and that there is a reasonable representation of governors. The impact of not meeting quoracy is wasted time and the delay I making decisions that cannot be transacted as not enough governors are present.

3.5. The Chair asked what the next steps for approval would be. CS advised that any changes to the Constitution require approval by the Board of Directors (1 September), Council of Governors (8 September), before ratification at the Annual Members Meeting (8 September).

**The Group agreed to recommend the proposed change to the Council of Governors.**

3.6. The Chair raised the question of which Governors can become Lead Governor as the Trust currently only allows public Governors to become the Lead Governor and asked the Group their thoughts on this. The Chair advised that she was aware that some Trusts do allow this or allow staff or partnership governors to become a Deputy Lead Governor. The Chair suggested that this was something for further consideration as it limited the number of Governors who could stand to be Lead Governor which was not always an easy position to fill.

3.7. CS explained that there are varying approaches to this. The Trust has previously taken the view that the Lead Governor is someone who should represent the public and be elected by them. The requirement for them to be a public Governor is in the Constitution, but it could certainly be changed if that was the view of the Governors and the Trust. Gov-JT commented that he could understand the rationale for why it was a public governor specifically, but this was something that could be considered further. CS added that there was a potential conflict of interest for staff governors which would need to be considered as they are employees of the organisation.

3.8. In response to a question from Gov-JT the Chair explained the process for deciding on a Lead Governor. Gov-JT agreed that blocking potential candidates was not ideal.

3.9. CS added that her intention was to do a full review of the Constitution in the next year, however this has been delayed pending the new NHS Governance Code as this was likely to require changes to the constitution when it was released.

4. **Date of next meeting**

To be arranged as required.

**Report to Council of Governors**
**8th December 2022**

| Report Title | Quality Account Priorities Update 2022/23 & Proposals for 2023/24 |
|---|---|
| Executive Lead | Lisa Salter, Chief Nurse & Executive Lead for Raising Concerns |
| Author (s) | Julie Kane, Quality Manager & Freedom to Speak Up Guardian |
| Action Required | To decide |

**Level of Assurance Provided**

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

**Key Messages**

- The report/presentation provides an update against the 2022/23 Quality Account Priorities
- The proposal of numerous Quality Account Priorities for the Trust to progress during 2023/24 are being shared
- An audit of one of the 2022/23 Quality Account Priorities will be undertaken

**Next Steps**

- Scheduled monthly meetings with the leads will take place to review progress and discuss any areas of concern
- Progress update reports will be presented to the Quality Committee for assurance
- The Council of Governors to agree which Quality Account Priorities the Trust should progress during 2023/24
- The Council of Governors to vote for which Quality Account Priority (2022/23) should be audited

| Related Trust Strategic Ambitions and Themes | Impact | | |
|---|---|---|---|
| Quality of Care | Compliance | Quality | Not Applicable |

**Strategic Risks**

| 001 Quality Patient Care | 004 Leadership Development | 004 Operational Performance |
|---|---|---|

**Equality Impact Assessment Completed**

| Strategy ☐ | Policy ☐ | Service Change ☐ |
|---|---|---|

**Report Development**

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

# Quality Account Priorities Update 2022/23 & Proposals for 2023/24

## Executive Summary

1. Quality Account Priorities are discussed and debated through various committees which include the Audit Committee, Quality Committee and Business & Performance Committee to ensure that quality assurance is achieved. These committees report to Trust Board to ensure that patient safety is a priority and is progressed.

2. All priorities were identified following a review by the Trust Board on each of the domains. Consultation with patients, governors, commissioners, Healthwatch and other external agencies also informed the Board when focusing and agreeing the priorities for 2022/23.

3. This presentation provides and update on the progress made against the agreed Quality Account Priorities during 2022/23.

4. Proposed Quality Account Priorities for 2023/24 are being presented which the Trust will focus on throughout 2023/24.

5. An audit of one of the 2022/23 Quality Account priorities will be undertaken. The Council of Governors confirm which priority will be audited.

## How progress to achieve these priorities are reported

6. Each of the priorities has an identified lead who have agreed milestones throughout the year. Meetings take place to review progress against them, escalate any areas of concern and provided support as necessary.

7. Updates are presented to the Quality Committee and Patient Experience Group which report to Trust Board. Mersey Internal Audit Agency (MIAA) undertook an audit on the Quality Account, which includes the 2022/23 priorities, and gave significant assurance.

8. Quarterly quality meetings are held with the commissioners to review quality assurance and provide external scrutiny and performance management.

## Conclusion

9. Progression with the 2022/23 priorities will continue throughout the year.

10. The Council of Governors are asked to confirm what Quality Account Priorities the Trust should focus on during 2023/24.

11. The Council of Governors are asked to vote for the 2022/23 priority they wish to be audited.

## Recommendation

12. To note the content of this report/presentation.

13. To agree what Quality Account Priorities the Trust will focus on throughout 2023/34.

14. To vote for which Quality Account Priority (2022/23) should be audited.

**Author:** **Julie Kane**
**Date:** **1st December 2022**

**Appendix 1: Presentation**

# Quality Accounts

8th December 2022

**Nicola Martin**
Deputy Chief Nurse

www.thewaltoncentre.nhs.uk

# Engagement & Monitoring
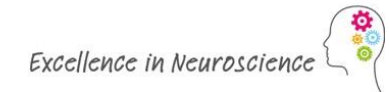
❖ Contact is made with all Heads of Departments requesting and encouraging suggestions for Quality Account Priorities for the forthcoming year

❖ Discussions take place with numerous personnel to understand what areas of improvement or support is required

❖ Information from incidents, concerns, complaints, compliments and survey results are reviewed (not exhaustive list)

❖ Identified leads provide a monthly update regarding each of the priorities

# Proposed Quality Objectives 2023/24

**NHS**
**The Walton Centre**
**NHS Foundation Trust**

*Excellence in Neuroscience*
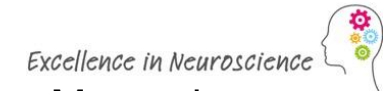


- Roll out Aseptic Non Touch Technique - Radiology
- Year on Year reduction in hospital acquired pressure ulcers
- At Least 20% reduction in Catheter Acquired Urinary Tract Infections
- Introduce low stimulation room on Chavasse Ward

- Introduce lung ultrasound as a diagnostic tool – Physio Critical Care
- Introduce Electronic Quality Boards on each ward
- Increase number of scans performed daily by 10%
- Develop & Deliver Foundation Specialist Rehab MDT Training Programme
- Increase Professional Nurse advocate trained staff across Trust

- Introduce new Magnetic Resonance (MR) examinations such as MR focused ultrasound ablation
- Increase of 10% patient discharges before 12 midday
- Introduce SWAN model - End of life and bereavement care
- Trial (MR) guided Laser Treatment for Epilepsy patients

# Patient Safety:
**(priorities to chose from)**

- Roll out Aseptic Non Touch Technique (ANTT) training to radiology staff

- ❖ Improve patient safety and reduce infections

# Patient Safety:

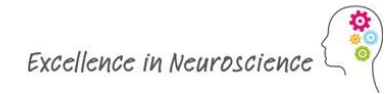**(priorities to chose from)**

- Year on year reduction in hospital acquired pressure ulcers

❖ Improve safe care, patient experience and potentially reduce length of stay

# Patient Safety:
**(priorities to chose from)**

- At least a 20% reduction in Catheter Acquired Urinary Tract Infections (CAUTIs)

- ❖ Improve patient care, outcomes and experience

# Patient Safety:
**(priorities to chose from)**

- Introduce low stimulation room on Chavasse Ward

- ❖ Provide patients who present with agitated behaviours a suitable environment
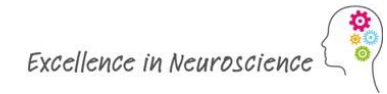
# Clinically Effective:
**(priorities to chose from)**

- Introduce the use of lung ultrasound as a diagnostic tool into the physiotherapy critical care service

- ❖ Ensure all local processes and policies associated
  with this support safe care

# Clinically Effective:
**(priorities to chose from)**

- Introduce Electronic Quality Boards on each of the wards

❖Provide the leadership teams with appropriate patient data in order to improve patient care and experience

# Clinically Effective:
**(priorities to chose from)**

- Increase the number of scans performed daily by 10%

❖ Ability to scan extra patients and thus reducing waiting lists and improve patient experience

# Clinically Effective:

**(priorities to chose from)**

- Develop and Deliver a Foundation Level Specialist Rehabilitation MDT Training Programme

❖ Non-registered and newly qualified staff will gain enhanced knowledge and skills and the ethos of MDT working, improving overall patient experience and outcomes

# Clinically Effective:
**(priorities to chose from)**

- Increase Professional Nurse advocate trained staff across the trust

❖Provide staff with useful supervision to improve staff well being
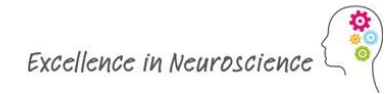
# Patient Experience:
**(priorities to chose from)**

- Introduce new magnetic resonance (MR) examinations such as MR focused ultrasound ablation

❖ Help people with Parkinson's disease which reduces their surgical procedure requirements improving their patient journey

# Patient Experience:
**(priorities to chose from)**

- Increase of 10% patient discharges before 12 midday by introducing nurse led discharge to the discharge process

❖Reduce length of Stay

❖Improve patient experience

❖Improve patient flow

# Patient Experience:
**(priorities to chose from)**

- Introduce the SWAN model (end of life and bereavement care) to the Trust

- SWAN model is used to support and guide patients and their families during end of life care and afterwards

❖Improve patient care and family experience

# Patient Experience:
**(priorities to chose from)**

- Trial magnetic resonance (MR) guided Laser Treatment for Epilepsy patients that have not been suitable for other forms of surgical intervention

❖View to improve patients quality of life

# Quality Account Priorities 2022/23

# Priorities to Audit

# Quality Objectives 2022/23

- MUST completion (95%)
- Pilot Whiston Project
- Introduce Same Day Discharge (Surgery)



- Develop Training Programme
- Introduce Staff Training (Communication Difficulties)
- Reduce Complaints

- Introduce Nutrition Champion Training
- Implement Virtual Reality Simulator
- Introduce Patient Initiated Follow-Up (Surgery)

| Quality Account Priority | Position | Progress to Date |
|---|---|---|
| **Patient Safety Update:** | | |
| ❖ 98% compliance of MUST risk assessments & weekly assessments | On Track | Queries in relation to the accuracy of the data being provided.  Meetings are taking place to review and discuss further measures to improve compliance |
| ❖ Pilot the Whiston Project | Achieved | Pilot has been completed and new pathways embedded |
| ❖ Introduce Same Day Admission/Discharge – Surgery | Achieved | Jefferson Ward has become a surgical ward which enables same day admission and discharge |
| **Clinically Effective Update:** | | |
| ❖ Introduce Nutrition Champion Training Programme | On Track | raining packs and resources developed, 65% of the Champions trained. At least one staff nurse and HCA allocated on all wards across the Trust |
| ❖ Implement Virtual Reality (VR) Simulator | On Track | VR Simulator purchased.  In-house education programme commenced. Local network discussions underway to offer/roll out training regionally |
| ❖ Introduce Patient Initiated Follow Up (PIFU) – Surgery | Achieved | PIFU rolled out/embedded to all sub-specialities, exception of clinically inappropriate such as oncology.  Month on month increase |
| **Patient Experience Update:** | | |
| ❖ Develop Training Programme Cheshire & Mersey Rehab Network | On Track | Identifying teaching topics to support identification, development, implementation & evaluation of improvement projects and potential partners to deliver on these to support the development of a teaching programme |
| ❖ Introduce Staff Training to Support People with Communication Difficulties | On Track | Registered with Communication Access UK and have access to training modules which will be added to ESR. Exploring ways to engage staff groups with this project in order to optimise patient experience |
| ❖ Reduce the Number of Complaints | Not on Track | Q1 & Q2 increase in complaints.  Patient Experience Team continue to work with divisions and meet weekly to provide progress on complaints/concerns |

# Quality Objectives - Audit 2022/23

**As part of the Quality Account review, Governors are asked to vote for an indicator to be audited this year.**

- Below is the list of indicators to chose from:

❖98% compliance of MUST risk assessments & weekly assessments
❖Nutrition Champion Training Programme
❖Patient Initiated Follow Up (PIFU) – Surgery
❖Introduce Staff Training to Support People with Communication Difficulties
❖Reduce the Number of Complaints

# Any questions?