The Walton Centre
NHS Foundation Trust

Excellence in Neuroscience

Council of Governors Meeting
(Public)

Tuesday 12 December 2023
13:00 – 15:40

Location:
Sid Watkins Building
2nd Floor Lecture Theatre

MEETING OF COUNCIL OF GOVERNORS
Held in Public

The Walton Centre NHS Foundation Trust
Excellence in Neuroscience

AGENDA

Tuesday 12 December 2023
13:00 to 15:40

Lecture Theatre, Sid Watkins Building, The Walton Centre

Please Note – The Governors Pre-meeting will take place at 12:30pm in person on Tuesday 12 December 2023

Ref	Time	Item	Owner	Purpose
STANDING ITEMS				
1	13:00	Welcome and Apologies (v)	Chair	Information
2	13:00	Declarations of Interest (v)	Chair	Information
3	13:05	Minutes and actions of meetings held on: • 13 September 2023 (d) • 10 October 2023 (d) (Extra Ordinary) • Action Log (d)	Chair	Approve
GOVERNOR ITEMS				
4	13:15	Lead Governor's Report (d) • Governor Development 2023-24	Lead Governor	Information
5	13:20	Chair's Report (v) • Non-Executive Director and Chief Nurse Appointments • New Governor's Visit 10 October • Annual Members Meeting 13 September • Board Meetings 5 October and 7 December	Chair	Information
INTEGRATED PERFORMANCE REPORT/ BOARD COMMITTEES CHAIR'S ASSURANCE REPORTS				
6	13:30	Performance and Finance: Business and Performance Committee Chair's Assurance Report – 28 November 2023 (d)	NED Committee Chair	Assurance
7	13:40	Quality Committee Chair's Assurance Report – 16 November 2023 (d)	NED Committee Chair	Assurance
8	13:50	Audit Committee Chair's Assurance Report – 17 October 2023 (d)	NED Committee Chair	Assurance
9	14:00	Research, Innovation and Medical Education Committee Chairs Assurance Report – 9 November 2023 (d)	NED Committee Chair	Assurance
10	14:10	Walton Centre Charity Committee Chair's Assurance Report – 27 October 2023 (d)	NED Committee Chair	Assurance
11	14:20	Health Inequalities and Inclusion Committee Chair's Assurance Report – June/October/November 2023 (d)	NED Committee Chair	Assurance
14.30 BREAK				
STRATEGY				

v = verbal, d = document p = presentation

Ref	Time	Item	Owner	Purpose
12	14:35	Trust Strategy Annual Review: Year 1 (p)	Chief Operating Officer	Information
13	14:45	Equality Diversity & Inclusion Plan (p)	Chief People Officer	Information
QUALITY AND SAFETY				
14	14:55	NED Walkaround Report (d)	Chief Nurse	Information
15	15.05	CQC National Adult Inpatient Survey Results 2022 (d)	Chief Nurse	Information
REGULATORY AND GOVERANCE				
16	15:15	DBS Checks for Governors (d)	Corporate Secretary	Information
17	15.20	External Audit Services: Contract Award (d)	Chief Finance Officer	Approve
GOVERNOR ASSURANCE COMMITTEE REPORTS				
18	15:30	Membership and Engagement Group Minutes of the meeting held on: • 8 November 2023 (d)	Committee Chair	Assurance
19	15.35	Nominations Committee Minutes of the meeting held on: • 12 September 2023 (d)	Committee Chair	Assurance
CONSENT				
20	15:40	Cycle of Business (d)	Corporate Secretary	Information
CLOSE OF MEETING				
21	15:40	Any Other Business (v)	Chair	N/A

Date of Next Meeting:

Thursday 14 March 2024
13:00 – 15:30
2nd Floor Lecture Theare
Sid Watkins Building,
Walton Centre NHS Foundation Trust

v = verbal, d = document p = presentation

UNCONFIRMED MINUTES

COUNCIL OF GOVERNORS MEETING HELD IN PUBLIC

Lecture Hall, Sid Watkins Building

Wednesday 13 September 2023

Present	Role	Initials
Max Steinberg	Chair CBE	Chair
John Taylor	Lead Governor North Wales	LG
Helen Adlen	Staff Governor Non-Clinical	HA
Andrew Brodbelt	Staff Governor Medical	AB
Amanda Chesterton	Staff Governor Clinical	AC
David Earle	Public Governor Merseyside	DE
Judith Guthrie	Public Governor Cheshire	JG
Carol Hopwood	Public Governor Merseyside	CH
Jane Johnson-Cree	Partnership Governor The Neurotherapy Centre	JJC
Helen Jones	Public Governor Merseyside	HJ
Charles Leek	Partnership Governor Liverpool University	CL
Belinda Shaw	Public Governor Merseyside	BS
John McClelland	Public Governor Rest of England	JM
Jan Paterson	Public Governor North Wales	JP
Pippa Sargent	Partnership Governor The Brain Charity	PS
Sally Spencer	Partnership Governor Edge Hill University	SS
Tom Stretch	Public Governor Cheshire	TS
Louise Pate	Staff Governor Nursing	LP
Albert Weidemann	Public Governor Rest of England	AW

In Attendance

Mike Burns	Chief Financial Officer	MB
Jennifer Ezeogu	Deputy Corporate Secretary	JE
Katharine Dowson	Corporate Secretary	KD
Karen Heslop	Non-Executive Director	KH
Nicola Martin	Interim Chief Nurse	NM
Paul May	Non-Executive Director	PM
Andrew Nicolson	Medical Director	AN
Su Rai	Senior Independent Director	SR
Jan Ross	Chief Executive	JR
David Topliffe	Non-Executive Director	DT
Nicola Troy	Corporate Governance Officer	NT
Lindsay Vlasman	Chief Operating Officer	LV
Ray Walker	Non-Executive Director	RW

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Apologies

Irene Afful	Non-Executive Director
Mike Gibney	Chief People Officer
John Kitchen	Public Governor North Wales
Laura Lunn-Bates	Partnership Governor Sefton Council
Teresa Moretti	Public Governor Merseyside
Lindsay Vlasman	Chief Operating Officer
Melanie Worthington	Partnership Governor Cheshire & Merseyside Neurological Alliance

1. Welcome and Apologies

1.1. Apologies were received and noted above.

2. Declarations of Interest

2.1. There were no new declarations of interest.

3. Action Log

3.1. There were no open actions.

4. Minutes of the previous meeting

4.1. Minutes of the Council of Governors Meeting held 22 June 2023 were reviewed.

4.2. JT stated that 22.2. of the minutes read: "JT stated that Governors had felt that the Quality Account document was intelligible" and proposed that the minutes should be amended to read: "some Governors felt that the Quality Account document was difficult to understand and follow". The minutes were amended accordingly.

4.3. JT added that generally, when electronically viewing the document, the layout was inconsistent and there were many grammatical errors and various fonts were used. SR reassured JT, stating that the final version of the document would be consistent in font and all grammatical errors would be corrected as the quality Account would be subject to an external audit.

4.4. The minutes were then confirmed as a true and accurate record of the meeting.

5. Lead Governor's Report

5.1. JT provided a brief overview of the report, and the following points were highlighted:

- All Governors were pleased with the outcome of the recent Elections. An onsite visit and induction had been arranged for October 2023.
- Board Walkabouts continue and dates for 2023-24 walkabouts had been circulated to Governors. Governors were encouraged to sign up and attend at least one per year as part of their duty to engage with members.

5.2. JT fedback that the general opinions of people who visited the Trust were positive regarding the way the Trust is run.

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5.3. KD added that all new Governors had been advised of the Governor Induction Day on 16 October. This would be facilitated by Liverpool Heart and Chest Foundation Trust (LHCH) and held virtually via MS Teams. Although this was primarily intended for new Governors, existing Governors were welcome to join as a refresher. Additional general training would be provided for all Governors to support their knowledge and understanding of the working of the Trust.

5.4. The Chair advised that there had also been conversations with the Lead Governor regarding training and engagement. Ideas were to be suggested to the Lead Governor and progress on this matter would be circulated in due course.

5.5. BS asked if she had attended an induction day with the Trust. KD clarified that she would have attended the same induction session back in October 2022 which was also facilitated by LHCH.

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

6. Chair's Report

6.1. The Chair provided a brief overview on his activity since the last meeting:

- **CMAST and ISS Update**
  The Chair attended the Cheshire and Merseyside Acute and Specialist Trusts (CMAST) meeting.

- **External Stakeholder Meetings**
  The Chair attended the Joint Site Sub-Committee meeting along with the Medical Director and Chief Finance Officer. Discussions were in relation to emerging priorities for further collaboration between the Trust and Liverpool University Hospital NHSFT (LUHFT) across the Aintree Site.

- **Associate Non-Executive Director**
  Debra Lawson had been appointed to the role of Associate Non-Executive Director and her term of office was for a year.

- **Staff Awards**
  It was encouraging to see the large number of staff planning to attend the event mid-September 2023 to celebrate successes.

- **New Governors and Election Results**
  The Chair welcomed the new Governors.

6.2. AB asked if there was anything specific that the Chair needed to feedback in relation to the CMAST meetings. The Chair advised that feedback generally would be included in a new newsletter to Governors which was being developed and other specific items from the meeting were covered on the agenda today.

The Council of Governors noted the Chair's Report.

7. Business and Performance Committee (BPC) Chairs Assurance Report

7.1. DT provided an overview of the Committee, an update on the work undertaken by the Committee and highlighted the following points:

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Operational Performance

- Elective, Day Case and Outpatient activity had increased and exceeded that of the last three years and positively demonstrated a progressive recovery from the Covid-19 Pandemic. Increased targets had been set for future activity growth, expectations and efficiency post-Covid.
- Year to date operational progress relating to Outpatients was ahead of plan, however, industrial action had disrupted elective and day case activities and theatre utilisation.
- All Cancer targets continue to be consistently achieved.
- The overall number of long waiters had reduced. There were no patients awaiting treatment over 78 weeks. Average waits had increased recently because of capacity constraints and disruption caused by industrial action. The focus remained to eliminate all long waiters by March 2024 in line with national targets.

Workforce

- Staff sickness had improved significantly over recent months. Focus remained on compliance with mandatory training and to ensure all staff had a meaningful appraisal discussion at least annually.

Finance

- Although there were challenges to finances across Cheshire and Merseyside, there was continuous effort to ensure efficiencies were made. These improvements had been identified for the year and the level of recurrent savings was being maximised. Focus remained on the 'Better Payment Practice Code' to ensure that all suppliers were paid on time and that the Trust was delivering on its promise as an Anchor Institution.

Outpatient Waiting Lists

- The revalidation of follow up waiting lists had resulted in a proportion of patients being appropriately discharged or being added to the Patient Initiated Follow Up (PIFU) process where patients could access a follow up when, and if they thought they needed it.

Trust Strategy and Risk

- The Trust seven Sub strategies were strategically reviewed by the Board Committees twice a year and good progress had been made on the target areas for those overseen by BPC. The Committee also had oversight on six of the twelve identified strategic risks for the Trust which formed part of the Board Assurance Framework.

Reinforced Autoclave Aerated Concrete (RAAC)

DT advised that none of the Trust's buildings had been identified as having a Reinforced Autoclave Aerated Concrete (RAAC) but that there was a risk that some of the shared services housed on other sites might be affected and investigation outcomes would be reported to the Committee in due course if this was the case.

AW arrived at the Council of Governors Meeting.

7.2. LG asked about the Trust terms of payment to suppliers and if the Committee audited compliance with the terms of payment. DT advised that the Trust aimed to pay businesses and suppliers within 30 days or less. The Trust had set a compliance target rate of 95% but the Trust's current compliance rate had averaged at approximately 80%. DT added that internal review was carried out by the

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Business Performance Committee and the Audit Committee. MB commented that this was not looked at in detail by external auditors as the amounts were too low to be significant, it was monitored internally.

7.3. AB enquired whether the waiting times and Referral to Treatment (RTT) outcomes would be further impacted as a result of the reduction in theatre capacity when planned works took place later this year. DT advised that the downtime would occur in order to carryout essential infrastructure improvement work on the existing theatres. The downtime would affect capacity and access, and the Trust was in consultation with other neighbouring Trusts for theatre support during the works.

7.4. CH asked for assurance that the appraisal completion would be a proactive process that would be delivered in a timely manner. DT stated that the Trust had sought feedback from staff with regard to the appraisal process and as a result the appraisal process had now been simplified and the level of appraisal compliance was currently being monitored closely by Executives

7.5. AC asked if 'stranded patients' statistics included those patients awaiting ongoing acute care in their local area. JR explained that this figure is for inpatients awaiting ongoing NHS care. . Any patient who is actively deemed ready for ongoing care elsewhere but is unable to move on (+14 days) is classed as a 'stranded patient'

7.6. JJC asked about Patient Initiated Follow-Up (PIFU) and if there were any concerns regarding missed patients who had deteriorating conditions and may not know what to look out for. AN stated that all patients were reviewed on an individual basis by the treating Consultant, taking into consideration their diagnosis and history. Only patients deemed suitable by the Consultant were being added to PIFU platform, this included having the capacity to know when to contact the Trust. Those patients were then provided with contact details of the Consultants without having to go back through the referral process via their GP.

7.7. HA added that she managed the Patient Access Centre (PAC). The expectations were that Patients on PIFU would be booked in within two weeks, and this was becoming increasingly challenging. Discussions were ongoing with the Divisions with regards the issue as it meant that that patients were been moved from one long waiting list to another and still faced the same issue of unavailable appointment slots.

7.8. AN advised that the PIFU was more efficient for patients to access than a regular outpatient waiting list. There were some issues with the PIFU route but overall, it was an easier and more efficient route for patients, and it was an improvement in the right direction.

The Council of Governors noted the Business and Performance Committee Update.

8. Quality Committee Chairs Assurance Report

8.1. RW provided an overview of the work and responsibilities of the group and highlighted the following:

Patient Safety Incident Response Framework Plan and Policy (PSIRF)

- The committee had recently approved PSIRF which was a new framework for investigating patient safety incidents and the plan and policy would be reviewed in 12 months.

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Pressure Ulcers

- One serious category four pressure ulcer had been reported on a patient that had been transferred from Aintree Hospital. The patient and their family had provided feedback advising that they were happy with the level of care and support provided by the Trust. Areas of learning had been identified and these would be shared with LUHFT.

Safeguarding

- The Safeguarding Annual Report was positive with the exception of training compliance, which had decreased.

Infection Control

- Meticillin-Sensitive Staphylococcus Aureus (MSSA) remained challenging, work was ongoing, and plans were underway to have a focused deep dive into this which will be presented at the next Committee meeting.

- The Trust had achieved level three Global Antimicrobial Stewardship Accreditation Scheme. (GAMSAS).

- **Safe Staffing** A new way of presenting incident data against safe staffing levels has been added to the IPR to capture meaningful data and identify any links between staffing levels and incidents such as falls.

Inpatient Survey

- Plans were underway to ensure actions were implemented on time, in line with the action plan as there were slippages against a number of target completion dates.

Clinical Audit

- Processes were in place to ensure audits were taking place which included monitoring and assurance that all actions are implemented.

Healthwatch

- Healthwatch held a listening event and provided positive feedback within their report. The Trust received a rating of 4.8 out of a maximum score of 5.

8.2. HJ asked what metrics have been used for safe staffing and what was been done when staffing levels were low. RW stated that there was a daily practice which was monitored by the Matron on duty. This is largely a paper-based exercise of what is required for staffing levels to be safe on shift. Where staffing levels were not been met, immediate action was taken. NM added that the Trust was one of the few organisations who had implemented the SafeCare platform. This platform focuses on acuity and dependency not just nurse to patient ratio and this was monitored daily. Staffing levels were also monitored on a regular basis. NM added that when staffing levels were low on a particular ward, staff were moved from other wards to cover the ward with low numbers after a risk assessment had been conducted on the other wards.

8.3. AB asked if comparison information relating to falls could be provided as 2019-20 was not shown which was the last year of 'normal' levels of activity before Covid. RW noted the request and agreed that this should be provided in the future.

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ACTION: Corporate Governance Officer to ensure falls comparison information is provided within the IPR Report.

The Council of Governors noted the Quality Committee Chairs Assurance Report Update

9. Audit Committee Chairs Assurance Report

9.1. SR provided an overview of the committee structure, responsibilities and objectives, and presented the key points, which are highlighted below:

Financial Statements

- The committee received the 2023 Auditors Findings Report which provided an unqualified opinion, and this meant that the accounts presented by the Trust were considered to be a true representation of the Trust's position. There were no significant matters for review, no changes had been made to financial figures and no use of the external auditors' statutory powers had been required. There was one alert in regard to a late adjustment made by the Trust prior to the audit and the external auditors had required further information which had been provided.

- The External auditors had stated that they had a good relationship with the Trust. They had no concerns with interactions, information or responses provided by the Trust with regards to their recommendations. The Trust met the deadline for the accounts sign off and the Annual Accounts had been submitted to Parliament before the summer recess.

The Council of Governors noted the Audit Committee Chairs Assurance Report

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

10.1. PM provided an overview of the work undertaken by the Committee and highlighted the main points as follows:

- Benefits of Clinical activity and research.
- Changes to structure of the RIME Committee in line with Trust strategic ambitions.
- Expansion of the Undergraduate offer, aligned with Edge Hill University and the Post Graduate teaching offer which is a significant development nationally and internationally.
- University Hospital Association Member achievement which has led to closer ties to local Universities.
- Honorary Appointments for Trust clinicians and the significant contributions they provide.

10.2. AC asked if there were opportunities for non-medical staff and allied health professionals to be included in the post graduate research studies. PM stated that he was a member of the National Institute Health Research (NIHR) and advised that research studies for Nursing and Allied Health professionals were always considered in NIHR.

10.3. AB asked about funded academic time and how this was to be provided. PM advised that discussions were ongoing between the Trust and the University with regard to a structured financial commitment and payment plan. There was also a match fund of 50% to match academic equivalent funded sessions and it was envisaged that by the end of 2024 funded sessions will be available.

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10.4. AN commented that a meeting had been scheduled between the Trust and the University of Liverpool to be held on 30 October to discuss and agree the strategic plan surrounding research. PM added that funded research sessions were not solely for Medical and Dental disciplines, they extended to all other groups and that sessions would be made available to all.

The Council of Governors noted the RIME Committee Report

11. Walton Centre Charity Committee

11.1. SR provided an overview of the committee objectives and highlighted the key areas discussed at the last meeting which included publicly funded grants, access funds and investments. Fundraising activity levels were progressing to pre-Covid levels. Good progress had been made for all fundraising events. Some of the events that had taken place included: the Walk for Walton and Walton Centre Golf Day. The Jan Fairclough Ball was scheduled for November 2023. The cost-of-living crisis had been highlighted as one of the potential risks to the Charity investments and fundraising.

11.2. AB inquired if the committee had oversight on income and expenditure and what is being spent and where. SR responded that the Committee maintained oversight of the expenses and income from fundraising events.

11.3. AB asked how much the charity spent in the financial year on projects. SR stated that the Charity had spent approximately £200,000 within the financial year and there were ongoing efforts to find appropriate projects and items that funds could be used on for the benefit of staff and patients.

The Council of Governors noted the Charity Committee Report

12. CoG Annual Effectiveness Review

12.1. SR presented the Annual CoG Effectiveness Survey which was a self-assessment regarding the effectiveness of the Council of Governors. Responses had been received from six Governors out of 19 Governors in post. Governors were reminded of the importance to participate in the survey.

12.2. Overall feedback from Governors who took part in the survey was positive, however some Governors were unable to answer some of questions as they had not been in post for long. The Board was keen to provide Governors with training in areas where support or additional information to further understanding could be delivered, specifically in relation to interpretation of complex Trust reports.

12.3. BS asked for meeting dates for 2024. NT advised that meeting dates for 2024 would be circulated in the coming weeks to all Governors.

12.4. AB requested that the colours used in the graphs remained consistent throughout the report. KD stated this would be taken into consideration when preparing the report for the future meetings.

12.5. JT stated that the response rate was very low and assured all Governors that responses were anonymised, and this was further confirmed by KD.

The Council of Governors noted the Annual Effectiveness Review

13. Membership and Engagement Group

13.1. Minutes from the meeting held 9 August were provided for information.

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The Council of Governors noted the Membership and Engagement update.

14. Annual Report of the Membership and Engagement Group

14.1. KD provided a brief overview of the report which included the work undertaken by the Membership and Engagement Group, The main focus of the group was implementing the strategic plan and increasing Members engagement.

The Council of Governors noted the Membership and Engagement Annual Report update.

15. Nominations Committee

15.1. The minutes from the previous meeting held on the below dates were provided for information:

- 21 August 2023
- 12 September 2023

15.2. The Chair advised that the meeting focus had predominantly been in relation to the longlisting and shortlisting for the Non-Executive Director recruitment and that interviews would be held on 6 October which will include Governor involvement.

The Council of Governors noted the Nominations Committee Update.

16. Cycle of Business

16.1. The Council of Governor Cycle of Business was provided for information.

17. Any Other Business

17.1. There was no other business.

Next Meeting: Wednesday 12 December 2023 13:00 – 16:30

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UNCONFIRMED MINUTES

Extra Ordinary Council of Governors Meeting
MS Teams
Tuesday 10 October 2023

Present	Role	Initials
Max Steinberg	Chair CBE	Chair
Helen Adlen	Staff Governor Non-Clinical	HA
Judith Guthrie	Public Governor Cheshire	JG
Carol Hopwood	Public Governor Merseyside	CH
Jane Johnson-Cree	Partnership Governor North Wales Neurotherapy Centre	JJC
Helen Jones	Public Governor Merseyside	HJ
Charles Leek	Partnership Governor Liverpool University	CL
Belinda Shaw	Public Governor Merseyside	BS
John McClelland	Public Governor Rest of England	JMc
Sally Spencer	Partnership Governor Edge Hill University	SS
Melanie Worthington	Partnership Governor Cheshire and Merseyside Neurological Alliance	MW
In Attendance		
Jennifer Ezeogu	Deputy Corporate Secretary	JE
Katharine Dowson	Corporate Secretary	KD
Jan Ross	Chief Executive	JR
Nicola Troy	Corporate Governance Officer	NT

Apologies	
Andrew Brodbelt	Staff Governor Medical
David Earle	Public Governor Merseyside
Helen Jones	Public Governor Merseyside
John Kitchen	Public Governor North Wales
Pippa Sargent	Partnership Governor The Brain Charity
Albert Weidemann	Public Governor Rest of England

1.	**Welcome and Apologies**
1.1.	Apologies were received and noted above.
2.	**Declarations of Interest**
2.1.	There were no new declarations of interest.
3.	**Approval of the Non-Executive Director Appointment**
3.1.	Interviews were held on Friday 6 October 2023 to recruit to the position of Non-Executive Director. The Chair explained that the interview process consisted of two focus groups and an interview panel Governors: Amanda Chesterton, Teresa Moretti formed part of the focus group and John Taylor, John McClelland and Carol Hopwood were part of the interview panel.

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3.2. The Chair advised that the outcome of the interview panel was unanimous in its recommendation to appoint Clive Elliott. The Chair further explained the purpose of the meeting was to approve Clive Elliott as the new Non-Executive Director for the Trust and as part of this consider any significant commitments that Clive Elliott has and to determine if he has sufficient time to commit to the role.

3.3. The Chair provided an overview of Clive Elliott's background and current commitments:

- Clive is from Liverpool and was a senior Executive with Barclays UK and Cooperative Financial Services for 33 years, then he went on to become an independent Management Consultant specialising in transformational change management.
- He obtained a Master's in Business Administration from Kingston University. Clive is currently the Pro-Chancellor and Chair of the Board at Edge Hill University, Chair of its Governance Committee and its subsidiary companies and a member of the Remuneration Committee and is also a Non-Executive Director of Jigsaw Homes North (a social housing company).
- Clive is an advocate for fair access to healthcare for all and is particularly passionate about patient and staff experience.

3.4. The Chair assured the Council of Governors that conversations leading up to the interview took place to determine if it was felt that Clive had sufficient time to dedicate to the Non-Executive Director role and it was the view of the panel that he did have the capacity to do so satisfactorily.

3.5. JMc stated that he agreed with the decision and felt that Clive was a great long-term fit.

Resolved:
The Council of Governors approved the appointment of Clive Elliot as a Non-Executive Director.

3.6. The Chair advised that the process would begin to onboard Clive in line with Trust processes.

3.7. CL asked what the expectation is for time commitment for the role of a Non-Executive Director. KD explained that the commitment and expectation for a Non-Executive Director was four days a month.

4. Any other Business

4.1. There was no other business

Next Meeting: Wednesday 12 December 2023 13:00 – 16:30

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Council Of Governors' - Public
Action Log
December 2023

	Complete & for removal
	In progress
	Overdue

Complete and for removal

13/09/2023	Item 8 Para 8.3	**Quality Committee Chairs Assurance Report Update** Corporate Governance Officer to ensure falls comparison information is provided within the IPR Report	NT	Completed	December 2023	

The Walton Centre NHS Foundation Trust

Report to Council of Governors
12 December 2023

Report Title	Lead Governor's Report
Executive Lead	N/A
Author (s)	John Taylor, Lead Governor
Action Required	To note

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

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

Key Messages *(2/3 headlines only)*

- The new Lead Governor's engagement and objectives
- An overview of Governor engagement and activity since the last Council of Governors Meeting.

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

N/A

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

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

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

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

Strategy ☐	Policy ☐	Service Change ☐

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

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

Lead Governor's Report

Introduction

1. This report updates the Council of Governors (CoG) with significant events or developments since the CoG meeting held on 13 September 2023.

Overview of Meetings

2. Committee and Groups

   Membership and Engagement Group met on 8 November 2023

   Advisory Committee has not met since the last meeting reported to CoG:

   Nominations Committee met on 12 September 2023.

3. Minutes from the above meetings will be shared at the 12 December CoG as agenda items.

Governor representation at Trust Board

4. Governors' representation at Trust Board continues:

Trust Board Meeting 2023	Governor	On Site or MS Teams
October	Belinda Shaw Tom Stretch John McClelland	MS Teams MS Teams
December	Belinda Shaw Tom Stretch Andrew Brodbelt John McClelland	MS Teams MS Teams MS Teams MS Teams

Trust Board meeting dates for 2024 have been circulated to Governors.

Meeting with Chair, Deputy Chair and Corporate Secretary

5. Lead Governor has spoken individually to most of the new Governors elected at the September Council, to welcome them and answer initial queries. Induction for the new Governors and training for all Governors have been scheduled as set out in subsequent sections.

6. In light of Governors request for development support to help carry out their roles efficiently, the Lead Governor met with the Chair, Deputy Chair and Company Secretary to discuss ways of improving engagement with Governors and best support them in their roles.

7. The following development sessions have been planned for Governors:

Governor Development Session	Date and Time	Lead	Venue
Induction for New Governors	15 October 2023		Ms Teams

NED Introduction Session	12 December 2023 09:30 – 11:30am	NEDs/Chair/ CoSec	Boardroom
Strategy Engagement Session	19 January 2024	NEDs/Chair/ CoSec/CFO /COO/CPO	Lecture Theatre
Understanding Finance Reports	25 January 2024 10:00 – 11:00	DCFO	MS Teams
Understanding Performance Reports	7 May 2024 13:00 – 14:00	Asst Dir. Ops	Ms Teams
Engaging with Members	22 July 2024 13:00 – 14:00	CoSec	Ms Teams

8. A total of 19 out of 23 confirmed their attendance for the NED Introduction Session scheduled for 12 December 2023.

9. A new Bulletin for Governors providing information regarding upcoming events and matters of interest had been developed with the first issue released in November. Governors are asked to give any feedback to the Lead Governor and to the Corporate Governance Officer before Christmas.

Virtual Membership Events

10. A schedule of planned events for 2023//24 have been circulated. Plans are in progress for events to take place within 2024/25 and will be shared with Governors and members.

MR Guided Focused Ultrasound (MRGFUS)
Emma Denby, Service Manager Neurosurgery
22 November 2023 with a total 15 attendees.

- Governor Tom Stretch (Cheshire) Helen Jones (Merseyside) Jane Johnson Cree (Partnership Governor-Neurotherapy Centre) attended in support of the event.

- A short feedback evaluation form was provided to all in attendance for any constructive comments that could make a difference to both the content and delivery of future events. This asks questions among a number of areas and seeks a ranking from 1 Excellent - 4 Poor

- MR Guided Focused Ultrasound (MRGFUS) Virtual Event was ranked as **Excellent** from all returned feedback forms.
  "A very interesting and well delivered, informative session".
  "Enjoyed the video on MRGFUS Results"

- More Events to be decided on and confirmed.

Quality Walkabouts

11. Trust Walkabouts dates are confirmed for the remainder of 2023/24.

12. The timetable of Non-Executive Director (NED) walkabouts is regularly circulated to Governors via email. The walkabouts provide Governors with an opportunity to come on site and visit a chosen area that they have expressed interest in.

13. On the walkabout, there will be a NED and senior manager. This provide Governors with an opportunity to pose questions to the staff who are responsible for running the department and also interact with staff, patients and visitors.

14. Walkabouts support Governor engagement and we strive to ensure there is sufficient Governor representation for each area.

15. The Lead Governor expressed his gratitude to all those who have attended and would strongly urge Governors to take apart in the walkabouts as this was an excellent learning, and engagement opportunity.

Pan Liverpool meeting

16. Pan Merseyside Trust Membership and Engagement Meeting was suggested for early October. However, a meeting is yet to be held as at the time of writing this report.

Author: John Taylor
Date: 29 November 2023

Next CoG meeting: March 2024

The Walton Centre NHS Foundation Trust

Governors Report for the Period Ending

Quarter 2 2023/24

Glossary

- **Open Pathway. Target 8.2 weeks**

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

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

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

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

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

- **Capital Target.**

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

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

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

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

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

Finance

The plan for 2023/24 is a £4,079k surplus position (submitted to the Cheshire and Merseyside Integrated Care System and NHS England in May as part of the 2023/24 planning process).
The current plan includes:

- 'Block' elective recovery fund (ERF) income and costs for the delivery of activity to deliver the national trajectory targets.
- 'Block' system funding for Top-up, and growth.
- Aligned incentive payment contracts (API) for both specialised and non-specialised activity in which all elective activity (outpatient first, procedures, day-case and inpatient elective activity) is paid on a cost per case basis.
- Recurrent efficiency requirement of 5.0% of operating expenses (excluding high-cost drugs and devices).

- Month 6 – in month the Trust posted a £269k surplus position against a plan of £266k, £3k above plan.

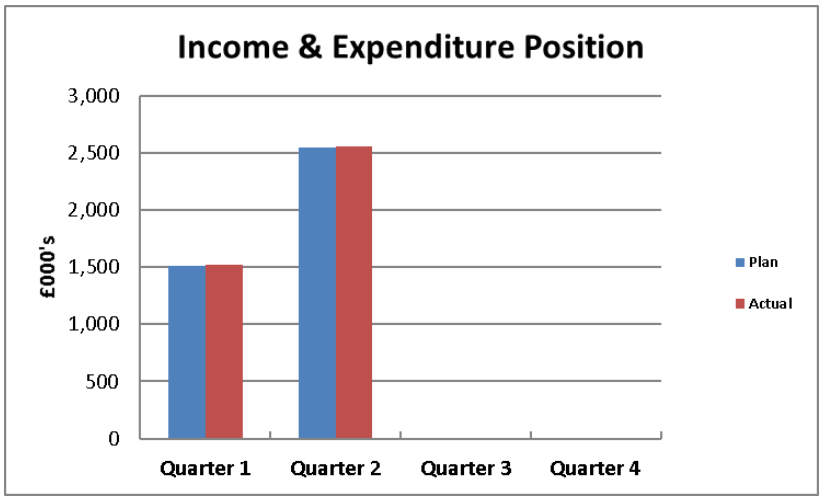
- Year to date-the Trust has reported a £2,554k surplus position against a planned position of £2,541k, £13k ahead of plan.

Income – Year to date overperformance of £4,772k, due to:

- Increased NHSE funding relating to the 2023/24 Agenda for Change and Medics pay award;
- Increased Overseas, Injury Recovery, Scottish, Northern Ireland, and private patient income;
- Income received for training from NHS England;
- Salary recharge income to external bodies.

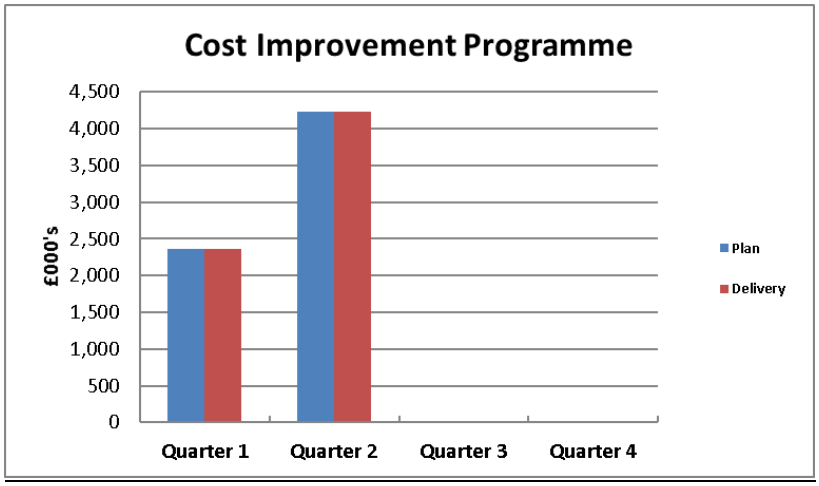
Expenditure (inc. Financing Costs) – Year to date over-spend of £4,759k due to:

- Increased pay costs for year-to-date impact of Agenda for Change & Medic pay awards;
- Increased spend on High-Cost Drugs (Homecare Drugs & Prescribing Drugs).



Efficiency Savings

The Trust has a QIP target of £7,520k for the 2023/24 financial year. Up to M6 the trust has achieved the YTD target of £4,232m, which is in line with plan.



Capital

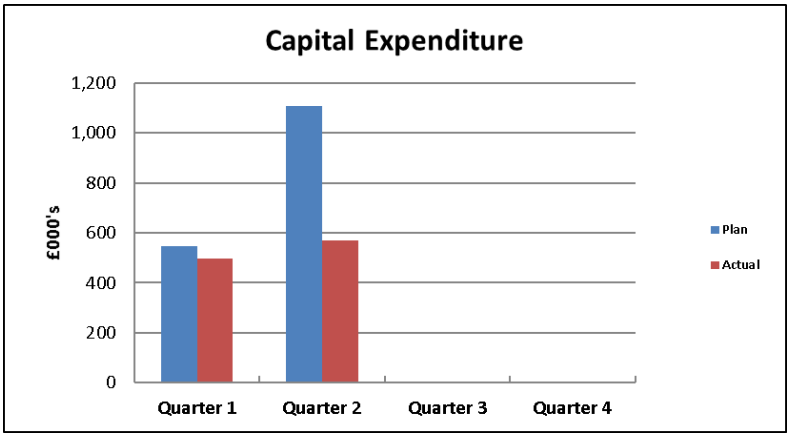
YTD the trust has spent £568k against a plan of £1,109k underspent by £541k.

Current year spend on divisional schemes includes:

- Ponta Systems ITU
- Heating & Pipework
- Air Handling Units

Meetings have taken place to prioritise the Capital schemes for 2023/24 and to establish timelines of when projects will start within the 2023/24 financial year. This has incorporated a review of the Trusts 3-year capital plan.

Full year plan is set at £4,845k (excluding the impact of IFRS 16 for leased assets).



Symbols used in the charts below

There are several symbols used in the charts below to give additional information and context to the data presented.

- Increase in these metrics is positive.
- These metrics have no strongly positive direction of travel.
- Reduction in these metrics is positive.

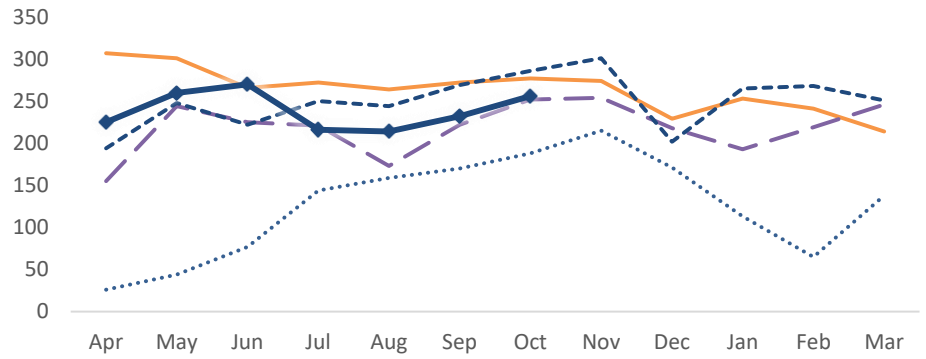
This symbol indicates that the variation in the metric would be identified by statistical process control as in negative special cause variation.

This symbol indicates that the variation in the metric would be identified by statistical process control as in positive special cause variation.

The grey shaded column on historical charts highlights the months April and May of 2020, the initial peak of the Covid pandemic. This is highlighted to provide context to the impact Covid had on many of Trust's key performance metrics.

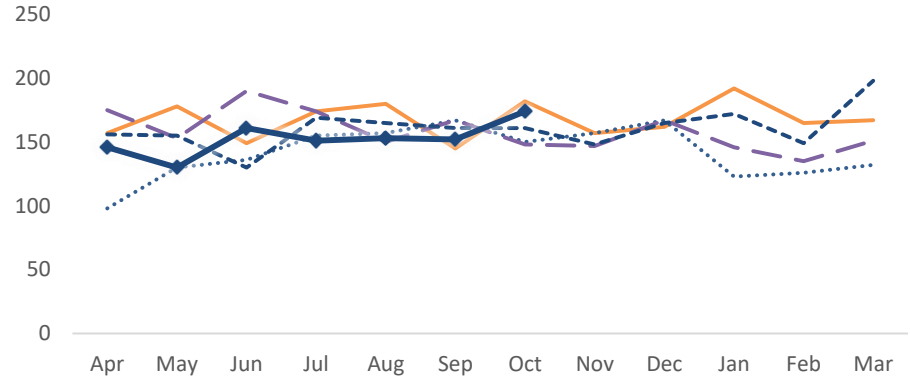
Inpatient Activity

Elective Activity



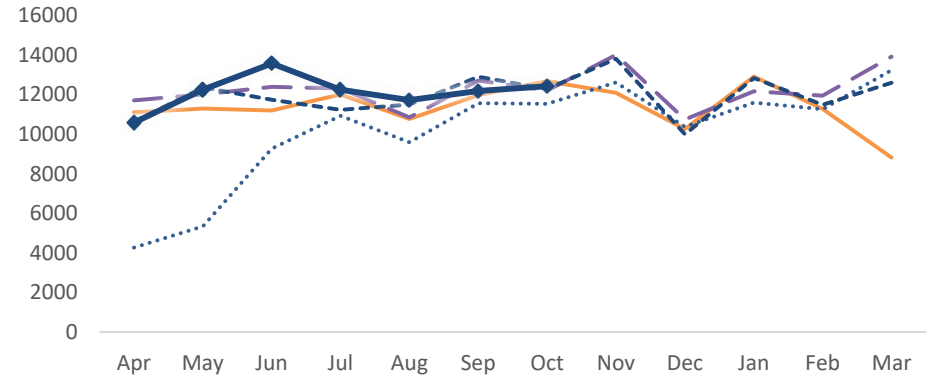
The trust has external commitments to increase elective activity compared to the financial year of 2019/20. So far in 2023/24 Elective Activity is below that seen in 2019/20.

Non-Elective Activity



Non-Elective Activity in 2023/24 is lower than 2019/20 and lower than planned.

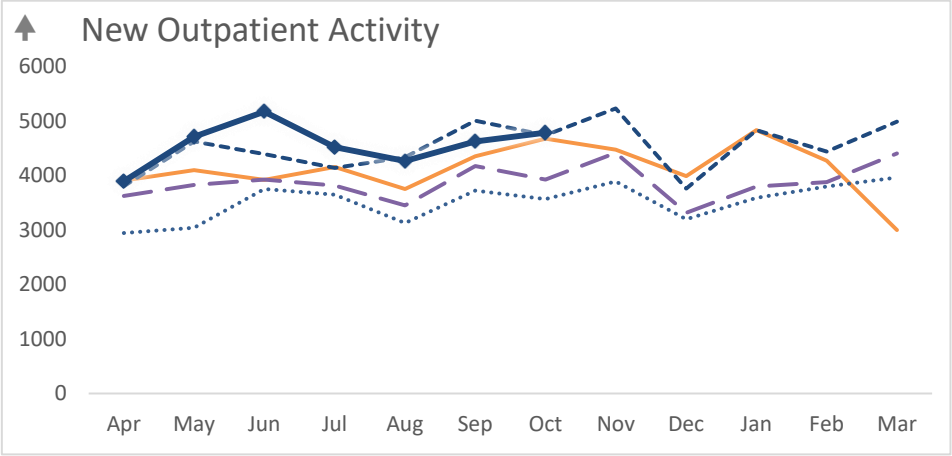
Day Case Activity



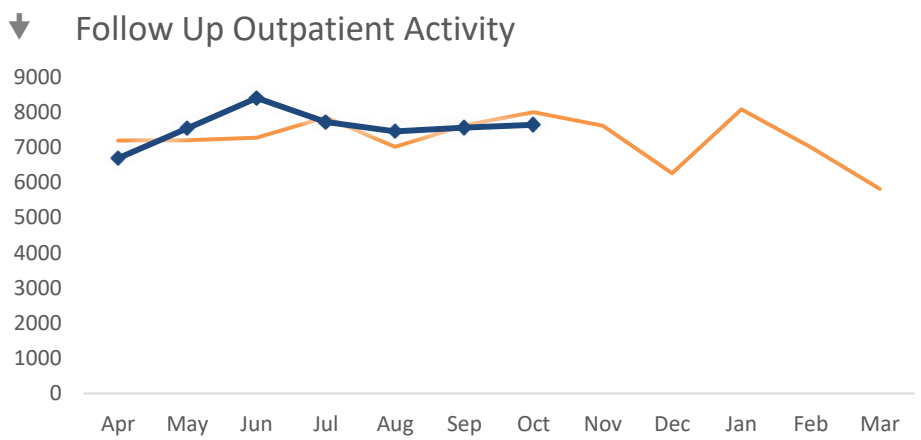
Day case activity so far in 2023/34 is approximately level with activity in 2019/20 but this is still slightly behind the increase in performance that's required of the trust.

Legend for all charts on this page:

Inpatient Activity



There has been more New Outpatient Activity in 2023/24 than in 2019/20.

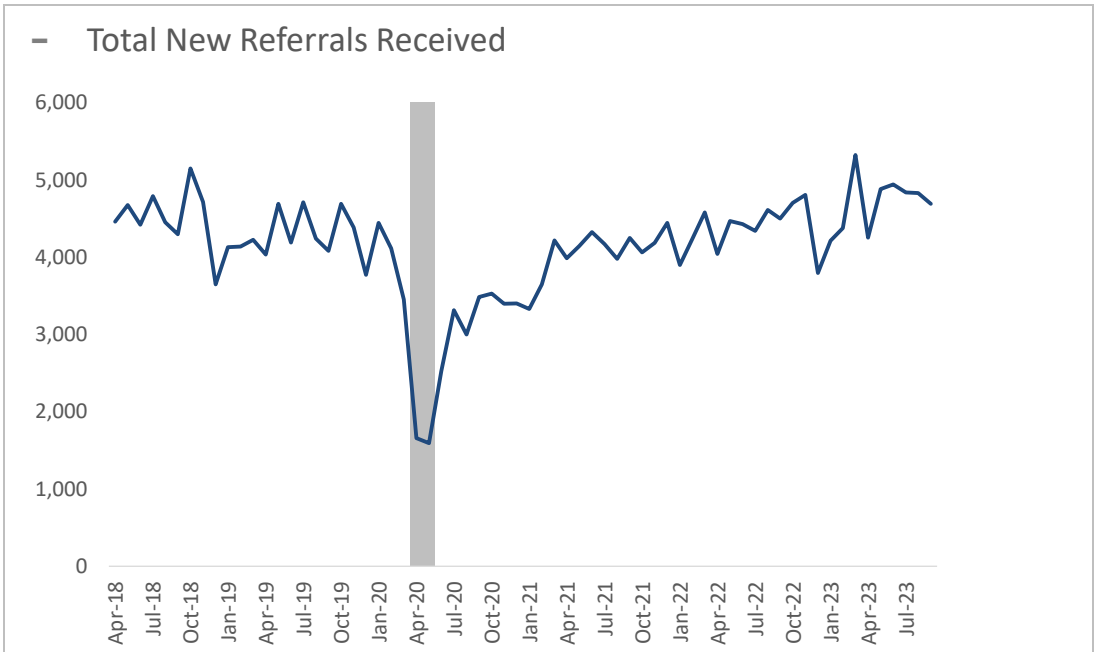


The requirement for Follow Up activity is to reduce the number of appointments compared to 19/20. So far in 2023/24 there have been more follow up appointments than in the equivalent portion of 2019/20.

Legend for all charts on this page:

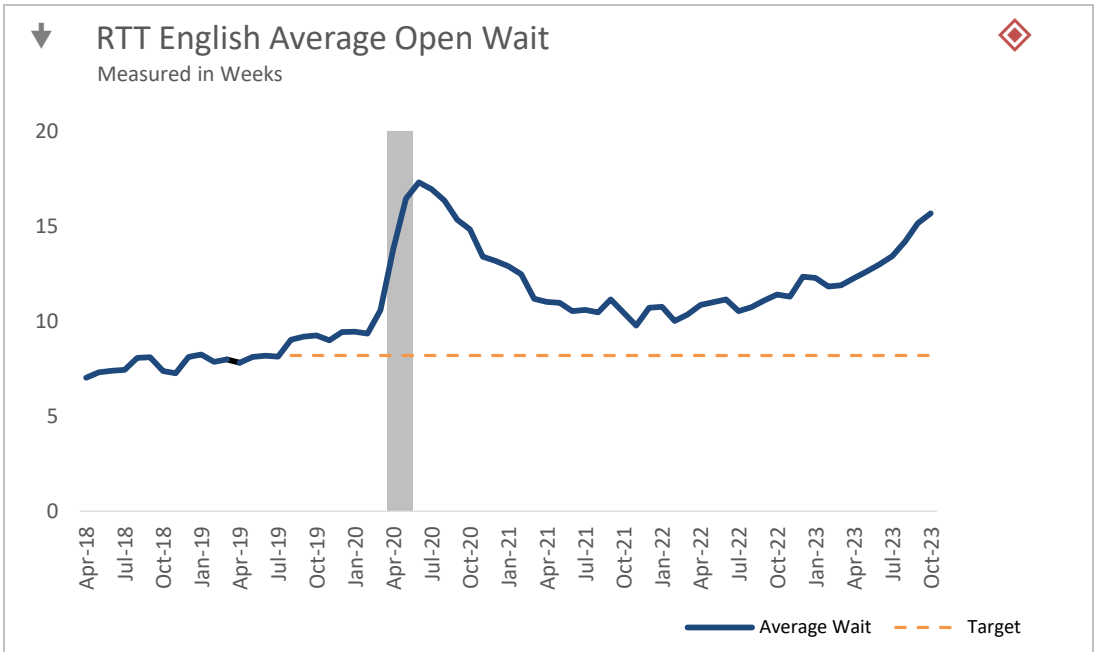
2019/20 2020/21 2021/22 2022/23 2023/24

Referrals for outpatient appointments

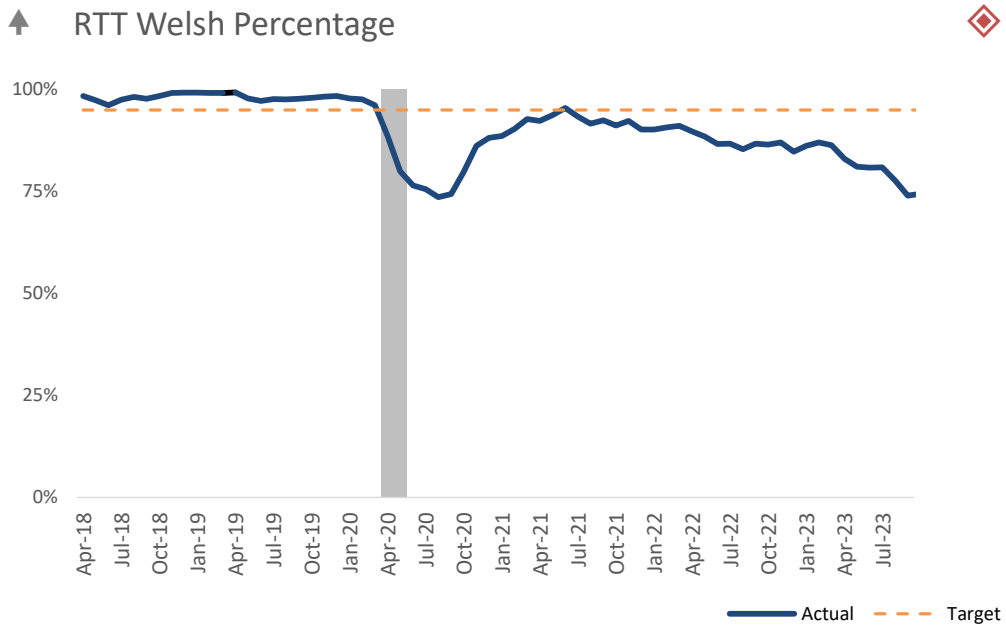


Referrals have increased back to pre Covid levels. In the quarter to end September referrals dropped slightly but within the normal range.

Referral to Treatment (RTT)



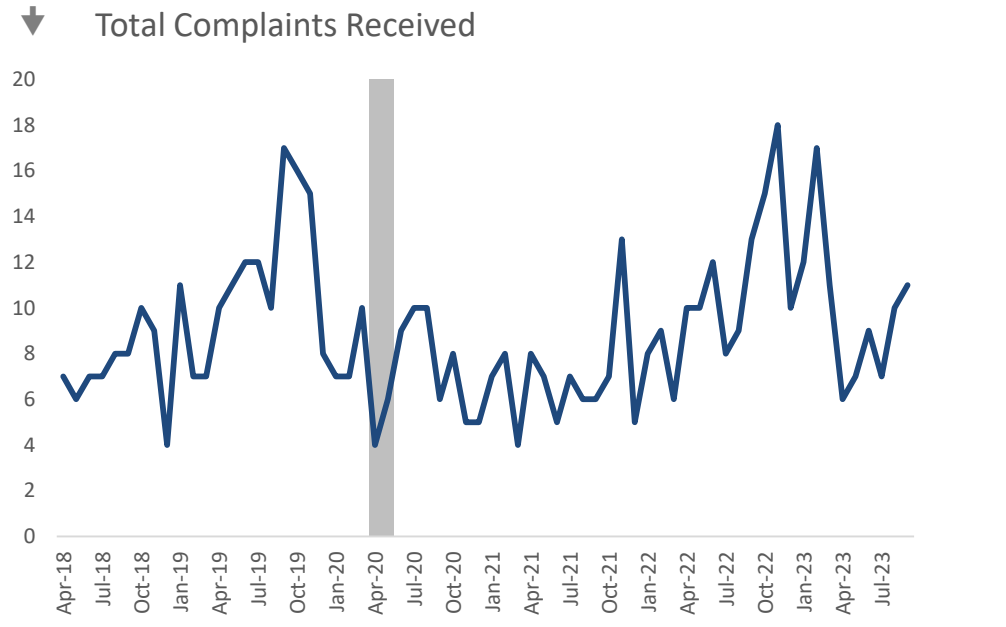
The average length of time English patients wait for treatment has continued to increase in the last quarter and is approaching the peak seen in 2020.



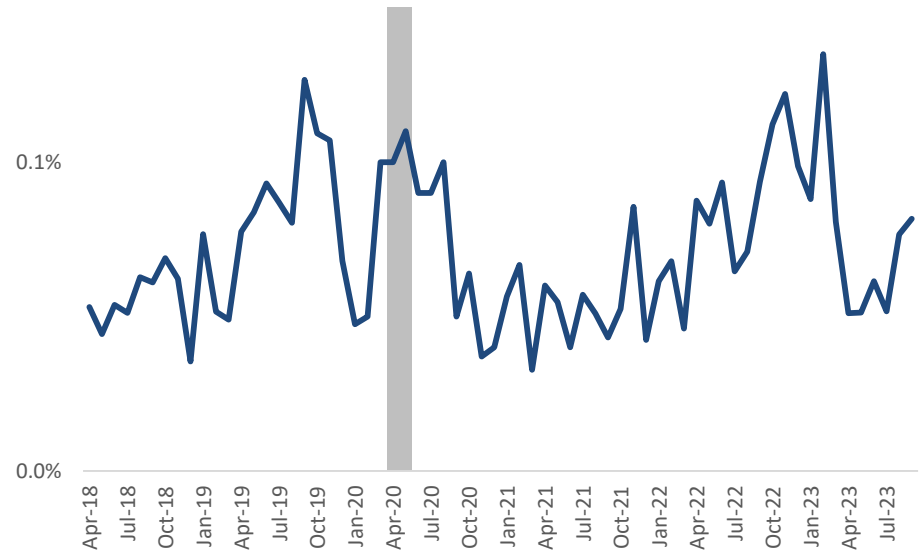
The percentage of Welsh patients who have been treated within 26 weeks of their original referral date decreased in the quarter to end September and, similar to English Average Wait, is the worst it's been since 2020.

Complaints

The Executive team receive a detailed monthly report in relation to complaints. Trends and themes are discussed and challenged. A Quarterly report is also provided to the Patient Experience Group. Q4 2021/22 has seen 40 complaints reported.

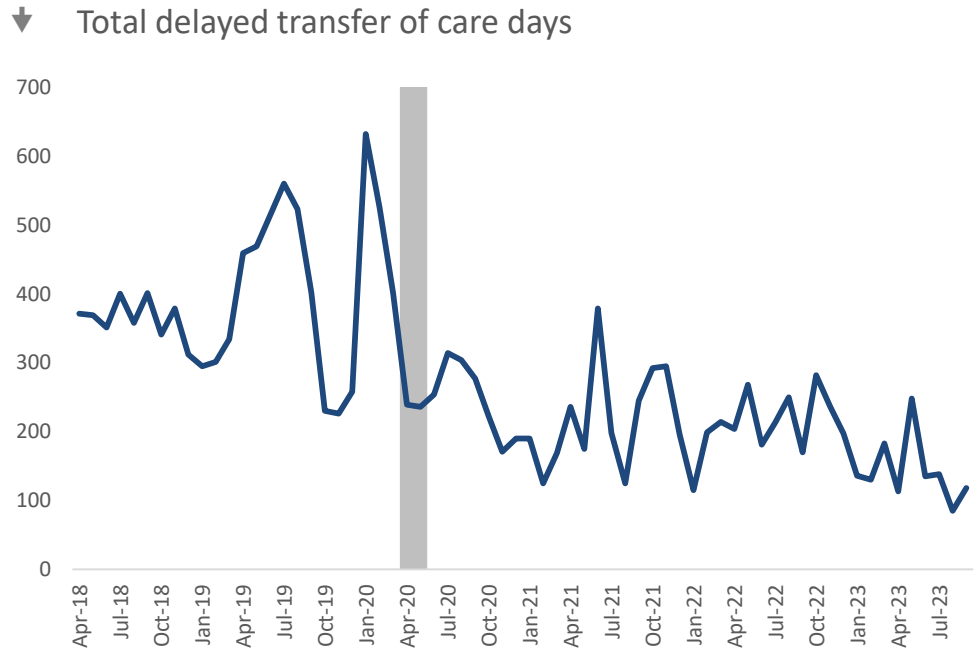


The number of complaints received in the last six months has come down slightly from a high point in the summer.

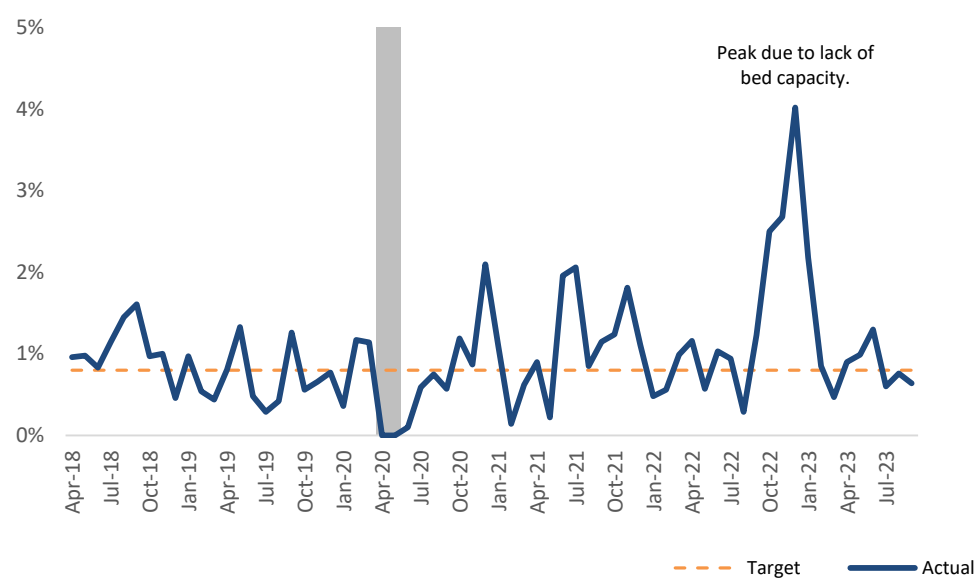


The complaints received against activity simply relates the number of complaints received to the number of patients seen in the same period. It shows a slightly steeper increase in the last three months than the raw numbers but nothing outside of expected variation.

Efficiency Indicators

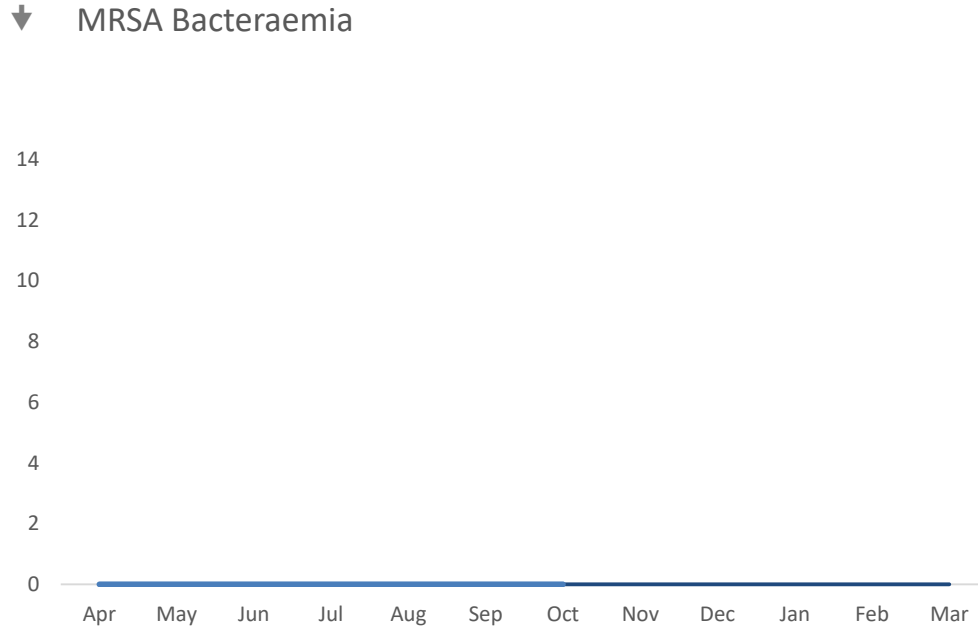


This chart presents the number of bed days in each month that were occupied by patients who are waiting to be discharged from the trust either home or in a community setting.



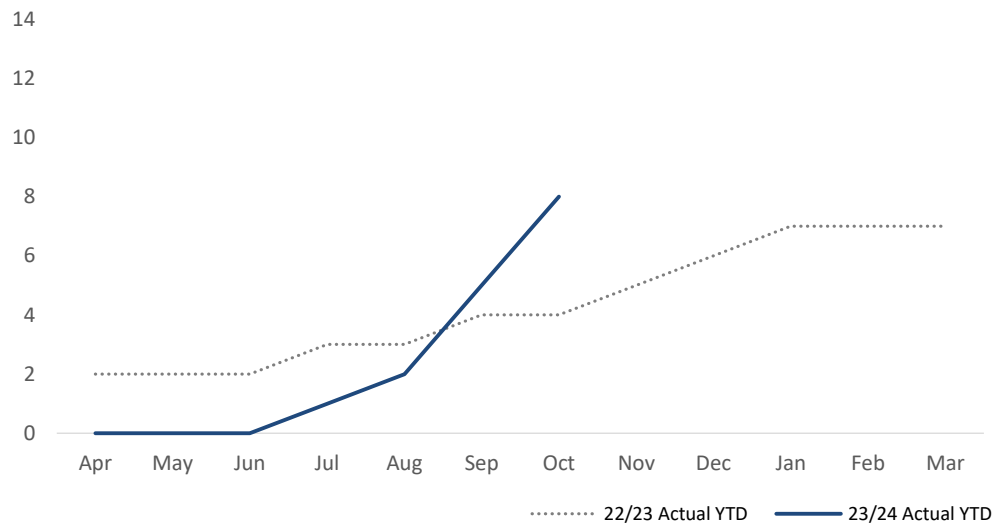
The percentage of operations cancelled by the hospital but for non-clinical reasons has dropped back below target in the last quarter, recovering well from the peak caused by lack of bed capacity earlier in the year.

Safety Indicators



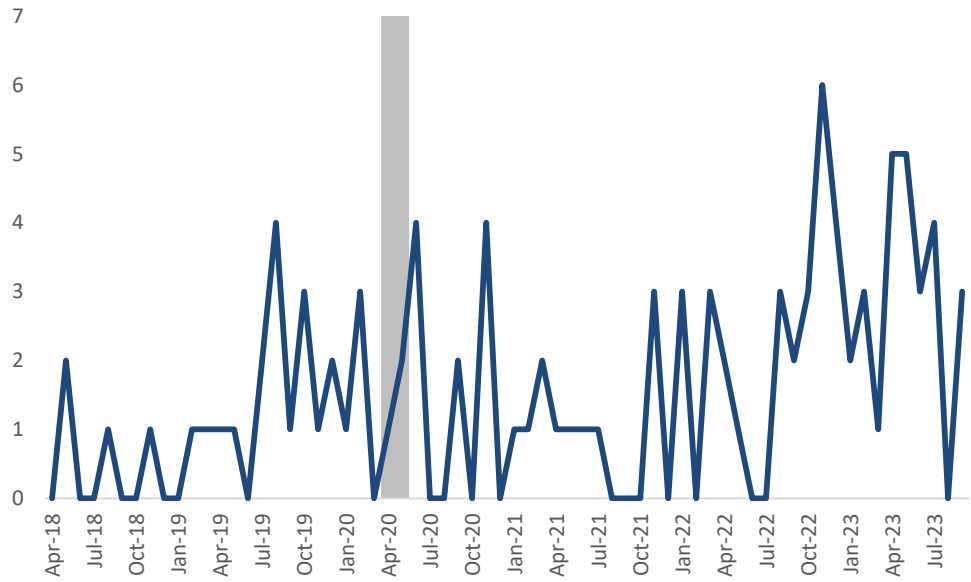
There have been no Hospital Associated MRSA Bacteraemia infections in the last two years.

Clostridium Difficile

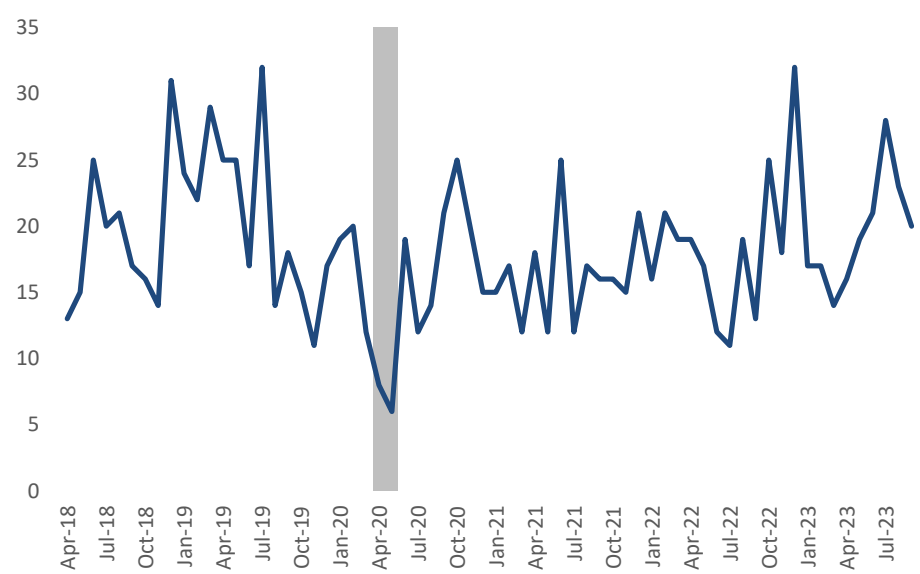


This chart shows the cumulative number of clostridium difficile in the last two years. There have been eight clostridium difficile infections year to date, which is more than last year and more than the targeted maximum number of infections for this year.

Total Hospital Acquired Pressure Ulcers



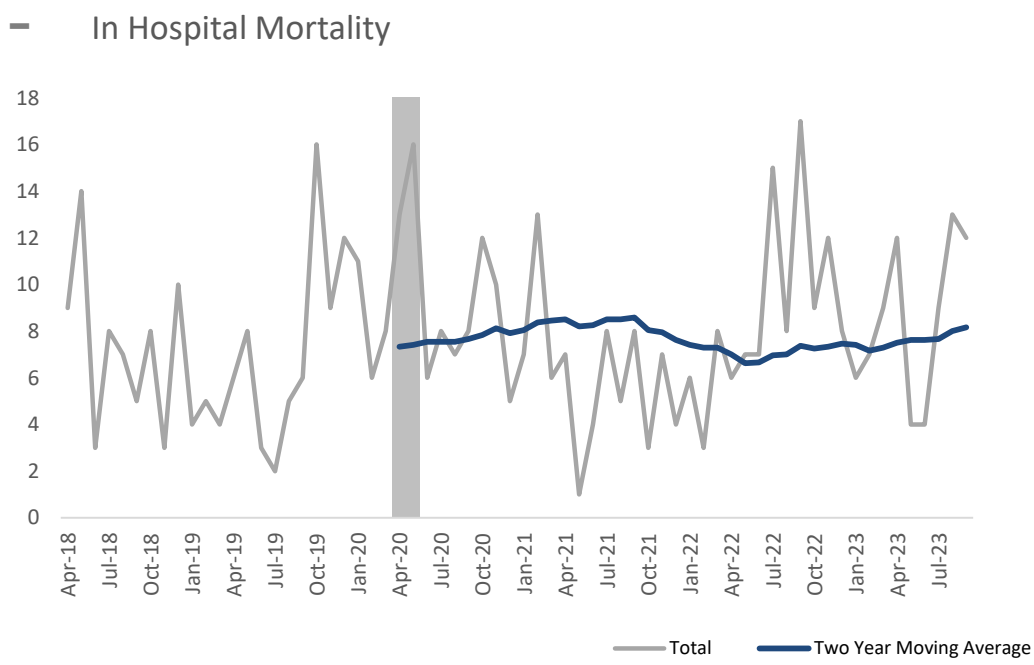
There were seven hospital acquired pressure ulcers in the quarter, all Category 2 (the lowest category). There was one month (August) in the quarter where zero hospital acquired pressure ulcers occurred.



Inpatient falls remain within the range we would expect to see based on the history and there were no falls resulting in moderate or major harm in the quarter to end of September.

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

Mortality



The two year average for crude mortality has increased slightly in the last half of 22/23. All cases are subject to detailed clinical review and discussion at Quality Committee and no cause for concern identified.

Open Pathways (RTT – Referral to Treatment)

In England, under the NHS Constitution, patients 'have the right to access certain services commissioned by NHS bodies within maximum waiting times, or for the NHS to take all reasonable steps to offer a range of suitable alternative providers if this is not possible'.

The NHS Constitution sets out that patients should wait no longer than 18 weeks from GP referral to treatment. There is a 92% target associated with this, which requires that 92% or more of patients, are treated within 18 weeks (from referral to first treatment).

- First definitive treatment is defined as being an intervention intended to manage a patient's disease, condition or injury and avoid further intervention. The date that first definitive treatment starts will stop the clock (patient's RTT pathway).
- The patient's pathway may also be stopped if it has been decided that it is clinically appropriate to return the patient to primary care for any non-consultant led treatment.
- The pathway may also be stopped if a clinical decision is made to start a period of active monitoring, which involves actively monitoring a patient's condition over time, rather than to undergo any further tests or treatments or other clinical interventions in that time.

Further information can be found at: https://www.england.nhs.uk/rtt/

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

As we are based in the Northwest, we receive a lot of referrals for patients from Wales. Wales also use RTT but have a different target. The Welsh target is that 95% of patients should be treated within 26 weeks, from referral to first treatment.

Activity – Inpatient Elective

Care that is planned in advanced opposed to emergency treatment. Elective care entails planned specialist medical care or surgery, generally following a referral from a primary or community health professional such as a GP.

This is where a patient is referred to the Trust, undergoes tests and a decision is made to admit the patient. If a decision to admit is made, the patient will be added to an Inpatient Waiting List, given a TCI (to come in) date, and eventually admitted and treated. The patient has elected to be admitted.

It is intended that the patient will stay in hospital overnight.

Activity – Inpatient Day case

A day case is a patient who has an elective admission to a specialty for clinical care and requires supervised recovery in the place of treatment. The patient is not expected to, and does not, remain overnight.

Where possible, there is a move to treat more patients as day cases, as it can provide a better patient experience, and is a more efficient use of NHS resources, reducing the need for hospital bed stays and reducing costs. However the complexity of care needed may mean that being treated in a day case setting is unsuitable.

Activity – Non-Elective

Relating to, being, or involving an urgent medical procedure and especially surgery that is essential to the survival of the patient. Non-elective admissions are emergency admissions, and therefore unplanned and unpredictable.

Typically, patients present at an A&E department and may then be admitted. We don't have an A&E department, but a patient may be transferred as an emergency from another hospital.

Outpatients

An Outpatient appointment is a consultation with a healthcare practitioner. This could be a Doctor, Nurse or Allied Health Professional. The consultation is held in a clinic.

An Outpatient appointment will be a face-to-face meeting or held virtually, via telephone or video, to gain a better understanding of the patient's symptoms.

Outpatient appointments can also be called New appointments or Follow Up Appointments. A New appointment will be the first consultation in a hospital. Follow up appointments are further appointments that may be scheduled to track the patient's condition, or to review test results.

There is a move within in the NHS to reduce the number of follow-up appointments, which is intended to benefit the patient as they will have fewer interactions in a healthcare setting as well as reducing healthcare costs. However, NICE guidance can recommend that patients with some conditions should be followed up over a long period of time.

Referrals

An outpatient referral occurs when a patient is referred, usually by a health professional, to specialist outpatient services.

Patients will be referred for elective care.

The number of referrals can be used to look at demand for our services.

Infection – MRSA Bacteraemia

MRSA stands for meticillin resistant Staphylococcus aureus. It is a highly contagious strain of the Staphylococcus aureus family of bacteria, which cause a number of infections, some of which are serious. The reason that MRSA is such a problem for hospitals – and why it has become known as a superbug – is that it is resistant to common antibiotics.

S.aureus is just one of a family of staphylococcal bacteria. Their normal home is on human skin and nose, and some of them – such as S.epidermidis – are seen as part of the normal 'commensal flora' of the human body. About 30% of the general population are colonised by S.aureus – in other words, they

have it on their skin and/or nose– and are known as carriers. In about one tenth of these carriers (3% of the population overall), the S. aureus is MRSA.

MRSA infection occurs when the bacteria enter the body through a wound or when they enter the bloodstream. A carrier can be a source of infection for themselves (e.g. they can infect themselves if they have a wound), but they can also infect others when the bacteria are passed on either on someone's hands (normally a healthcare worker's) or on infected equipment such as catheters.

Carriage sites are most commonly the nose and the skin, especially in folds such as axilla (armpit) or groin.

Infection – Clostridium Difficile

Clostridium difficile, also known as C. difficile or C.diff, is a germ that can be found in our intestines (our gut). There are different strains of C.diff and some can cause a more serious infection than others. However, C.diff won't develop into an infection in most healthy people. About 3 per cent of all adults and two thirds of babies carry this without any symptoms or illness.

C.diff infection may develop by ingesting bacteria, after direct contact with a contaminated environment or contact with someone who has the infection. Antibiotics can help kill the bacteria causing other illnesses but can also affect the natural balance of the good bacteria in your gut. This may allow the C.diff bacteria to produce a toxin (poison) that then causes diarrhoea. In more vulnerable people, particularly those whose normal gut bacteria has been disrupted by antibiotic treatment, C.diff may be able to multiply in the gut and go on to cause infection.

Delayed Discharges / Delayed Transfers of Care (DTOC).

A 'delayed transfer of care' occurs when a patient is ready to leave a hospital (ready for discharge) but is still occupying a bed. Delays can occur when patients are being discharged home or to a supported care facility, such as a residential or nursing home, or are awaiting transfer to a community hospital or hospice.

Delayed transfers, also referred to as 'DTOCs' or sometimes described as 'bed-blocking' – can cause distress and unnecessarily long stays in hospital for patients. They also affect waiting times for NHS care, as delayed transfers reduce the number of beds available for other patients.

Patients can often be delayed waiting for onwards care. For example, intermediate care services occupy an important middle ground between primary and hospital care for patients leaving hospital. These services include bed-based care, rehabilitation and reablement services, which often provide a much-needed 'step-down' service for people moving between more intensive hospital care and independent living or social care. However, recent reports suggest there is insufficient capacity to meet the demand for intermediate care, resulting in increased waiting times and delays in accessing this much-needed care.

Agreeing that a patient is fit for discharge, as well as acquiring a care package and getting paperwork completed on time, can also be difficult. Assessments must be made of the additional support and care patients will need after leaving hospital, such as care workers providing support for daily activities, and installing handrails within patient's homes to improve their safety and mobility. Delays can arise because a patient's assessments are not planned and completed before they have recovered sufficiently to be discharged. Completing an early assessment of onward care needs generally requires agreement from

a multidisciplinary group of acute clinicians, social workers and other care workers. This can be a time-consuming and complex process.

In the Governors report, this is shown by the number of days a patient who is ready for discharge has been in a hospital bed.

Cancelled Operations – Non-Clinical

A Non-clinical cancelled operation applies to all patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons.

Some common non-clinical reasons for cancellations by the hospital include:

- ward beds unavailable; surgeon unavailable; emergency case needing theatre.
- theatre list over-ran.
- equipment failure.
- admin error.
- anaesthetist unavailable.
- theatre staff unavailable.
- critical care bed unavailable.

Cancelled elective operations are an indicator of hospital capacity, as operations may be cancelled because of a lack of ward beds, equipment, or theatre staff.

An operation which is rescheduled to a time within 24 hours of the original scheduled operation should be recorded as a postponement and not as a cancellation.

Mortality

This shows the number of patients who died as an inpatient in the Trust.

In general terms, the rationale for calculating death rates in hospitals is that they can be used to measure hospital quality, and therefore help trusts to:

- reduce/improve mortality rates.
- improve patient care/safety.
- reduce avoidable variations in care and outcomes.

A rolling average, sometimes referred to as a moving average, is a metric that calculates trends over periods of time using a set of data. Specifically, it helps calculate trends when they might otherwise be difficult to detect. For instance, if your data set includes many points where the numbers shift up and down drastically, you might not see whether it trends up or down over time. Rolling averages are useful for finding long-term trends otherwise disguised by occasional fluctuations.

Patient Falls

A fall is “a sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor or the ground, other than as a consequence of sudden onset of paralysis, epileptic seizure, or overwhelming external force” (Tinetti et al 2003).

Patient falls are serious problems in acute care hospitals and are used as a standard metric of nursing care quality. The unfamiliar environment, acute illness, surgery, bed rest, medications, treatments, and the placement of various tubes and catheters are common challenges that place patients at risk of falling.

Pressure Ulcers

A pressure ulcer is localised damage to the skin and/or underlying tissue, usually over a bony prominence (or related to a medical or other device), resulting from sustained pressure (including pressure associated with shear). The damage can be present as intact skin or an open ulcer and may be painful.

Pressure ulcers are in the 'top ten harms' in the NHS in England.

Hospital acquired pressure ulcers are where the pressure ulcer developed after admission to the hospital.

Council of Governor's Key Issues Report

The Walton Centre NHS Foundation Trust

Report Date: 7/12/2023		**Report of:** Business Performance Committee (BPC)
Date of last meeting: 28/11/23		**Membership Numbers: 5 (Quorate)**
1	**Agenda**	The Committee considered an agenda which included the following: • Integrated Performance Report • Digital Substrategy Update • Board Assurance Framework • Strategic Project Management Office (SPMO) Update • Quality Improvement Project Deep Dive – Outpatient Programme • Information Governance Bi-Annual Report • Digital Transformation Monthly Update • Year End Spend of Digital Aspirant • Emergency Preparedness, Resilience and Response (EPRR) Self-Assessment Update • Review of Committee Subgroup Structure • Linen and Laundry Contract Recommendation Report • Theatres Refurbishment Business Case • Replacement electroencephalogram (EEG) and Telemetry Equipment Business Case
2	**Alert**	• Waiting lists (notably 52-week waiters and new outpatients) and average waits after Referral to Treatment continue to rise. The forthcoming theatre refurbishment programme will make elective recovery of in-patient activity even more difficult. • In September, the Trust Board received assurance of 80% compliance with the NHS Core Standards for Emergency Planning Resilience & Response (EPRR) based on a self-assessment. This has subsequently been downgraded to only 15% compliant by the NHS central team. The difference is understood to relate to an absence of evidence supporting the assertions, rather than that the assertions themselves represent inadequate controls. It is understood that all trusts in the ICB have been similarly marked down, pointing to a lack of awareness that additional evidence was being sought this year. An action plan has been developed to resubmit within 3 months including the evidence now requested.
3	**Assurance**	*Integrated Performance Report* ***Operations and Performance*** • All cancer wait/treatment and diagnostic standards continue to be achieved. • The number of long waiters (52+ weeks) has increased slightly due to industrial action and remains a primary focus to eliminate by March 2024. There are no 78+week waits. Restoring improvement in average waits (Referral To Treatment) will become the focus after that. • Activity was under plan for elective and day cases and slightly above plan for new outpatients. Focus remains on the high level of Did Not Attends (DNA) and

		revalidation of neurology follow-up waiting lists within the outpatient transformation programme. ***Workforce*** • Sickness at 5.33% is now back within normal variation. • Mandatory training remains above target and Appraisal compliance remains below target at 82%. The improvement plan had aimed to exceed 85% sustainably by September, but this hasn't yet been achieved. • A new metric "Doctors in Training Core Skills" shows how on-track the specific cohort who are currently with us are with their overall training; it doesn't reflect how well their training has been advanced whilst on rotation at The Walton Centre. ***Finance*** • The Income & Expenditure surplus was on plan (£2.8m YTD). The YTD Quality Improvement Programme (QIP) target was delivered, there was an improved proportion of recurrent QIP however this remained below the plan of 100% (73% compared to 100% planned). • Better Payment Practice Code stands at 88.7% of invoices paid and 90.7% of value against target of 95%. • Capital is well behind trajectory; large spend items are end-year loaded and phasing is being monitored closely. *Other matters* • Good progress is shown against the digital sub-strategy plan as currently defined; when brought to Board, it will be re-formatted and connection with the action plan from the Public Digital review action plan will be made clearer. • The 6 relevant strategic risks of the Board Assurance Framework were reviewed. On 'Digital' there is concern that the exec-led Digital Strategy Group is still not yet appropriately attended. On 'Cybersecurity' improvement from some dedicated resource was noted which will be prudent to sustain; it was suggested to reframe the wording of the risk (next year) to focus on action to mitigate cyber threats (which themselves are inevitable) and consider additional mitigation actions, rather than on a focus on reducing the threats themselves. • A deep dive into transformation work on outpatient processes showed a wide-ranging and thorough approach. The scale of the opportunity for improvement in efficiency seems very large; the actual magnitude needs further validation. A programme of wide-ranging improvement actions is being formulated. • A briefing on all the improvements being overseen by the Strategic Project Management Office showed a mixture of progress with delays caused by disruption over the course of the year. • A continued excellent set of performance achievements in Information Governance was evidenced. There were, however, 2 externally reportable incidents in the recent period shared as alerts via the forum.
4.	**Advise**	• A proposal to restructure sub-groups was agreed. The current set of 13 will be replaced by 4 Exec-led sub-groups which largely map to the 4 sub-strategies which BPC oversees. This should facilitate the elevation of strategic-type matters, and

		less operational ones, to the committee, whilst strengthening Exec accountability for the more operational matters. • Key Issues reports from 11 (current) sub-groups were received and reviewed. • A business case to replace EEG and telemetry was approved, subject to the financials being clarified. • 2 other business cases were recommended for Board approval (within Private Board).		
5.	**Risks Identified**	• No new risks identified		
6.	**Report Compiled**	David Topliffe Non-Executive Director	Minutes available from:	Corporate Secretary

Council of Governor's Key Issues Report

The Walton Centre NHS Foundation Trust

Date of last meeting: 16/11//2023		**Report of: Quality Committee** **Membership Numbers: 5 (Quorate)**
1.	**Agenda**	The Committee considered an agenda which included the following: • Integrated Performance Report and Joint Divisional Report • Board Assurance Framework • National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Annual Report • Clinical Governance and Risk Register • Patient Experience Update Report • Pathology Quality Assurance Dashboard • Infection Prevention and Control Report • Tissue Viability Report • Deep Dive – Patient Falls • Mortality and Morbidity Report • Pharmacy KPI Report • Review of Committee Sub-Groups • Visibility and Walkabout Report • Potential Health and Safety Executive Visit • Learning From Deaths Policy • Patient Safety Incident Review Group Terms of Reference
2.	**Alert**	**Integrated Performance Report** Referral To Treatment (RTT) performance was noted to have dropped to 58%. Validation and mitigations are in place to ensure safety, however delays will invariably impact patient experience. **Infection Prevention and Control Report** There has been slow progress against the flu campaign target with vaccination levels currently at 33% against a CQUIN target of 70%.
3.	**Assurance**	**Infection Prevention and Control Report** It was noted that the Trust had achieved level three GAMSAS (Global Antimicrobial Stewardship Accreditation Scheme) accreditation for its Antimicrobial Stewardship programme. **Integrated Performance Report**

		Regular manual monitoring of sepsis documentation continues until implementation of a long term IT solution (anticipated early 2024). **Patient Falls** There was now a formal Quality Improvement project regarding patient falls and a deep dive into patient falls on Chavasse Ward was presented. Lessons learned and actions would be rolled out across all areas. **Mortality and Morbidity Report** Robust processes were in place to ensure all deaths were reviewed and any significant issues escalated as appropriate. **Risk and Governance Report** All actions relating to Serious Incidents and Never Events have either been completed or were within timescales, information around embedding of learning was requested for inclusion in future reports.
4.	**Advise**	**Integrated Performance Report (IPR)** The Committee agreed to remove the Divisional report section from the IPR to enable a focus on the relevant data within the main report. However, this would require the correct balance of focused narrative within the IPR. **Infection Prevention and Control Report** There has been an increase in the number of Clostridium Difficile infections recorded with eight infections recorded against an internal trajectory of eight for 2023/24. There is a continued focus on the fundamentals of infection prevention and control. It was noted that good progress had been made regarding Aseptic Non-Touch Technique (ANTT) by Nursing staff and work to review the best way to engage medical staff was underway. Three External Ventricular Drain (EVD) infections had been recorded and full reviews had taken place via SWARM post incident huddles which are held after each incident. **Tissue Viability Update Report** A business case for additional resource had been approved and the recruitment process was underway which would enable progress against Quality Account priority areas however it was recognised that this would take time to realise. **Pharmacy KPI Report** The quality improvement savings for 2023/24 were likely to be under £42k and the Committee proposed that there should be higher expectations for Quality Improvement Projects in 2024/25. Discussions are underway with commissioners regarding additional resource for Homecare patients, this was due to the growing number of homecare drug prescriptions. **Learning from Deaths Policy** The Committee endorsed the learning from deaths policy for Board approval subject to a review of the Equality Impact Assessment form and embedding of protected characteristics within the policy. **Patient Safety Incident Review Group Terms of Reference** The Committee approved the Patient Safety Incident Review Group terms of reference.

		Review of Committee Sub-Groups The Committee agreed to support the proposed review of Committee subgroups. Clarity would be sought regarding the Human Tissue Act Group and the new subgroup structure would be reviewed in 6 months to ensure it was working effectively and had brought benefit.		
5.	Risks Identified	There were no new risks identified.		
6.	Report Compiled by	Ray Walker – Non-Executive Director	Minutes available from:	Katharine Dowson – Corporate Secretary

Council of Governors' Key Issues Report

The Walton Centre NHS Foundation Trust

Date of last meeting: 17/10/23		**Report of:** Audit Committee
		Membership Numbers: Quorate
1.	**Agenda**	The Committee considered an agenda which included the following: • Internal Audit Progress Report • Internal Audit Recommendations Report • Infection Prevention and Control BAF Audit Report • External Audit Progress Report • Breach of Managing Conflicts of Interest Policy • Tender and Quotations Waivers Q2 Report 2023/24 • Review and Explanation of the 2021/22 National Cost Collection Index • Financial Compliance Report • Standing Financial Instructions and Scheme of Reservation and Delegation • Senior Information Risk Owner Annual Report 2022/23 • Raising Concerns Processes • Fit and Proper Person Test: The Role of the Audit Committee • Waiting List Management Checklist • Cyber Security Improvement Initiatives 6 Month Update • Audit Committee Cycle of Business • Anti-Fraud Bribery and Corruption Policy and Response Plan
2.	**Alert**	• The Committee received an update on the 2022/23 Infection Prevention and Control BAF Audit Report which provided "Limited Assurance" and noted the actions/measures in place to improve compliance. • The Trust had an overall National Cost Collection Index (NCCI) score of 119 which was an indication that the Trust was running at a higher average cost per patient in comparison to 2020/21. More work was being undertaken.

3.	**Assurance**	• Internal audits of Medical Revalidation had provided Substantial Assurance.
		• The Committee considered the Internal Audit Progress Report and noted that the following audits were underway:
		  ○ Fire Safety (fieldwork stage)
		  ○ Data Quality – IPR (reporting stage)
		  ○ Safe Staffing/eRostering (reporting stage)
		  ○ Key Financial Controls (fieldwork stage)
		  ○ Budgetary Control and management reporting (scoping stage)
		• The Internal Audit Recommendation Report was received by the committee, and it was highlighted that the Trust had closed eleven out of the twenty recommendations

		previously made and continued to make progress against the implementation of the open recommendations. • The Committee received the 2022/23 Senior Information Risk Owner Annual Report, and it was noted that the Trust received "Substantial Assurance" rating for the Data Security and Protection Toolkit (DSPT) self-assessment for the 13th year in succession and obtained "Standards Met" for the new DSPT for the fifth year. • The Committee received the Waiting List Management Report and noted the measures in place to improve areas where the Trust had underperformed. • The 2023/24 Q2 Tender Waivers Report was received, and the Committee noted the positive outcomes. • The 2023/24 Financial Compliance Report was received by the committee and the Committee noted the recovered debts and measures in place to recover aged debts. No bad debts had been approved or written off so far within the year. • The Committee received the External Audit progress report and noted the timeline for reporting and issuance of the 2023/24 external Audit plan. No significant risks had been identified. • The Committee received the Cyber Security Improvement Initiatives 6-month update and noted the completed initiatives within the period and updates on planned initiatives.		
4.	**Advise**	• The Committee noted that if Internal Audit Recommendations were not closed within the set deadlines and sufficient information not received when requested, it could impact negatively on the Auditor's Final Opinion for 2023/24. • The Committee received the Fit and Proper Person's Test (FPPT) compliance report, an update on the Trust compliance to the revised FPPT Framework to be presented to the Committee in 2024/25. • The Breach of Managing Conflict of Interest Policy was received by the Committee. There had been one breach within the year, and it had been managed in line with the policy. The policy has been updated in light of the breach. • The Committee received and approved the Anti-Fraud Bribery and Corruption Policy and Response Plan. • Annual updates on the Trust's National Cost Collection Index and a benchmarking report against other specialist Trust to be presented to the Business Performance Committee going forward. • The Committee received a report on the Raising Concerns Process and an internal audit on the Trust's Freedom to Speak Up process to be carried out in 2024/25. • The Committee endorsed the Standing Financial Instructions (SFI) and Scheme of Reservation and Delegation (SoRD) for Board approval.		
5.	**Risks Identified**	• No new risks had been identified.		
6.	**Report Compiled by**	Su Rai, Non-Executive Director	Minutes available from:	Corporate Secretary

Council of Governors' Key Issues Report

The Walton Centre NHS Foundation Trust

Date of last meeting: 09/11/23		**Report of:** Research, Innovation and Medical Education (RIME) Committee
		Membership Numbers: Quorate
1.	**Agenda**	The Committee considered an agenda which included the following: • 2023 GMC National Training Survey Report • Library Quality Outcomes Improvement Framework Update Report • MHRA Corrective and Preventative Action Plan Update • Research and Development Financial and Performance Update
2.	**Alert**	None
3.	**Assurance**	None
4.	**Advise**	**2023 GMC National Training Survey Report** – The 2023 survey had fewer positive highlights than in previous years with 4 upper quartile outliers and 16 lower quartile negative outliers which were primarily attributed to Anaesthetics and Neurology higher training programmes. The Committee was informed on the actions being taken in response to the survey outcomes. **Library Quality Outcomes Improvement** - Four areas of improvement from the 2022 Quality and Improvement Outcomes Framework had been addressed. The Library and Knowledge Service would now be monitored through an NHS England (NHSE) Service Improvement Plan, the first submission for which would be made by October 2024. **Medicines and Healthcare products Regulatory Agency (MHRA) Corrective and Preventative Action Plan Update** - A Research Quality Improvement Plan had been produced which superseded the MHRA Corrective and Preventative Action Plan and addressed the findings from previous inspections and external audits. The plan had been approved by the Research Group (whose remit was to oversee its implementation) and was being implemented by the newly formed Research Quality Subgroup. The procurement and tendering process to identify a provider to lead the Trust through the accreditation process for the ISO9001 Quality Management Systems had commenced. This would ensure that the Trust was able to sponsor interventional research. The first action plan was anticipated to be available in February 2024. An appointment had been made to the Research Quality Manager position who would commence in post in January 2024.

		Research and Development Financial and Performance Update - An overview of activity for month 6 of the 2023/24 financial year was provided to the Committee. However, the Committee was unable to accurately interpret the financial statement which would be addressed at the Committee meeting in December 2023.		
5.	Risks Identified	• None of note.		
6.	Report Compiled by	Professor Paul May, Non-Executive Director and RIME Committee Chair	Minutes available from:	Corporate Secretary

Board of Directors' Key Issues Report

The Walton Centre NHS Foundation Trust

Date of meeting: 27/10/23		**Report of:** The Walton Centre Charity Committee Meeting
		Membership Numbers: Quorate
1	**Agenda**	The Committee considered an agenda which included the following: • Finance Report as at 30 September 2023 • CCLA and Ruffer Quarterly Investment Reports • Independent Investment Report to 30 June 2023 (Jagger & Associates) Independent Advisors • Independent Review Statement • Fundraising Activity Report • Fundraising Strategy Bi-annual Update • Charity Risk Register • Cycle of Business 2023/24 • Training and Development Department Applications Towards Staff Professional Development • Long Service Award Recognition • Consumables and Clinician Time for Pudendal SSEP for BESCSES Trial • Relatives Accommodation Policy Update • Pipeline of Potential Projects Update • Annual Report and Accounts 2022/23 • Charity Investment Policy Review • Draft Walton Centre Charity Governance Arrangements & Financial Instructions
2	**Alert**	• The Committee received quarterly statements from Fund Managers CCLA and Ruffer noting investment balances had reduced slightly from £1,180,000 in June 2022 to £1,176,000 in June 2023. • The independent advisor's annual investment report from Jagger & Associates provided an analysis on the Charity's investments. CCLA had faced some challenges in Q3 of 2023/24, funds were well behind the CPI+5% from June 2022 to June 2023, the absolute returns were volatile and there was a 8% switch from Cash into Fixed Interest. The Ruffer CAT return was behind the Ruffer ARF return over the last 12 months but was ahead over the 5-year period. Given the volatility of the markets the Committee would receive an additional independent investment report from Jaggers at the next meeting.
3	**Assurance**	• The Committee received a progress update on the Fundraising activities, and it was noted that good progress was being made towards the Jan Fairclough (JF) Ball in November. • The Committee received and noted the Cycle of Business for 2023/24.

		• The Committee received the Fundraising Strategy Bi-Annual Update, and it was noted that good progress had been made on the target areas. Update on the Strategy will be presented at the Board meeting in December 2023. • The Head of Fundraising presented the Charity Risk Register, no new risks were identified, and the Committee assessed appropriateness of risk ratings. • A verbal update on the pipeline of potential projects was received and noted by the Committee. • The Committee received an independent examiner's report on the 2022/23 Walton Centre Charity Annual Reports and Accounts from BWM Chartered Accountants and it was reported that there were no concerns and the Annual Reports and Accounts had been completed in accordance with FRS102 and the Charities SORP. A copy of the independent Examiners statement to be included in the WCC Annual Reports and Accounts		
4	**Advise**	• The Finance Report as at 30 September was presented to the Committee which showed that the fund balances had decreased from £1,381,843 to £1,287,091 as at 30 September 2023 and current investments were valued at £1,144,085. • The Committee gave formal approval for £12,700 to be used for recognition gifts to be awarded to staff with long service at The Walton Centre. • The Committee approved additional funding requests for 10 study leave applications from staff for part funding (25%) towards professional development. • The Committee received and ratified an application for £2,701 for Consumables and clinician time for Pudendal Somatosensory Evoked Potentia (SSEP) for BESCSES trial. • The Relatives Accommodation Policy was received by the Committee and changes to the policy were approved by the Committee. • The Committee received and approved the Draft Walton Centre Charity Governance Arrangements and Standing Financial Instructions. • The Committee received and recommended the 2022/23 Walton Centre Charity (WCC) Annual Report and Accounts to the Trust Board for approval subject to minor amendments suggested. • The Committee received and approved the Charity Investment Policy. A copy of the updated policy to be included in the WCC Annual Reports and Accounts.		
5	Risks Identified	• None		
6	Report Compiled by	Su Rai Non-Executive Director	Minutes available from:	Corporate Secretary

Council of Governors' Key Issues Report

The Walton Centre NHS Foundation Trust

Date of last meeting: 26/06/23		**Report of: Health Inequalities and Inclusion Committee (HIIC)**
		Membership Numbers: 13 attendees Quorate
1.	**Agenda**	The Committee considered an agenda which included the following: • Board Assurance Framework • Equality, Diversity & Inclusion (ED&I) Annual Report • ED&I Strategic Implementation Plan • NHS England ED&I Improvement Plan Briefing • Diversity of Board and Senior Managers (Compared to Local Population) • Trust Anti-Racism Statement • Disability Network Update • LGBTQ+ Network Update • Prevention Pledge Update Report • Anchor Institute Group Key Issues Report • Health Inequalities Data Report • Strategic Black, Asian and Minority Ethnic Advisory Committee Annual Effectiveness Review • Confirmation of Committee Name
2.	**Alert**	• There were no alerts to be highlighted.
3	**Assurance**	• The Equality Diversity and Inclusion (ED&I) annual report provided assurance that the Trust was meeting all public sector duties relating to ED&I and work to review the potential for expanding the annual report to cover other non-mandated areas was underway and ongoing. • The Trust has completed four of the 14 commitments within the NHS Prevention Pledge with nine further commitments in progress. • The Committee received a presentation detailing health inequalities data for patients and staff. This provided assurance that the Trust was not an outlier and it was recognised that there were not many organisations who had identified this level of detail.
4	**Advise**	• The Board Assurance Framework was reviewed and BAF Risk006 had been moved from Business Performance Committee to HIIC as the lead assurance Committee. • It was agreed that the Committee name would be Health Inequalities and Inclusion Committee. • The NHS ED&I Improvement Plan has been in gestation for some time and six key recommendations have been set which would be integrated into the appropriate action plans. • The diversity of the Board and Senior Managers within the Trust is currently at 6.7% against the target of 7.93% of the local population serviced by the Trust. A group has been formed to develop a plan to move this area forward via targeted recruitment or internal development.

		• The Committee endorsed the Anti-Racist Statement for submission to the @RACE Network for review. Following this the statement will be submitted to Board for approval.		
2.	Risks Identified	• None.		
3.	Report Compiled by	Jan Ross – Chief Executive Officer	Minutes available from:	Katharine Dowson - Corporate Secretary

Council of Governors' Key Issues Report

The Walton Centre NHS Foundation Trust

Date of last meeting: 13th October 2023		**Report of: Health Inequalities and Inclusion Committee**
		Membership Numbers: 11 (Quorate)
1.	**Agenda**	The Committee considered an agenda which included the following: • Digital Exclusion Strategic Implementation Plan • Equality, Diversity and Inclusion (ED&I) Master Action Plan • Workforce Race Equality Standard Report • Workforce Disability Equality Standard Report • ED&I Solutions Support Report • Trust Anti-Racism Statement • North West SBAC Key Issues Report • ED&I Steering Group Key Issues Report • @RACE Forum Update • Disability Network Forum Update • LGBTQIA+ Network Update • Veterans Network Update • Sexual Safety at Work Update • Anchor Institute Group Key Issues Report • Socio-Economic Duty Report • Did Not Attend (DNA) Report
2.	**Alert**	There were no specific alerts to be escalated to Board.
	Assurance	• Staff networks are becoming embedded and growing stronger with more networks launching. Network Leads are also sharing learning and best practice to further improve the networks. • Improvement actions identified from the Workforce Race Equality Standard (WRES) report and Workforce Disability Equality Standard (WDES) report would be included within a master Equality, Diversity and Inclusion (ED&I) action plan that would be monitored by the Executive Directors and this Committee. • The Trust had gained reaccreditation for a two year period for the Navajo award. • The Trust had been awarded the silver award for the Defence Employer Recognition Scheme (ERS) and was not far from achieving the gold award.
	Advise	• The potential for delivery of neurodiversity training facilitated by the Brain Charity to Board at a future Trust Board will be explored. • A review of Did Not Attend (DNA) appointments was presented based on

		indices of deprivation data. This identified a number of reasons for non-attendance at appointments and a number of workstream were in tarin to mitigate against DNAs. The DrDoctor system was planned to be rolled out during quarter four and this would enable profiling of appointments to provide data in a number of metrics. The system also has functionality for a text messaging reminder system. The data around reasons for DNA appointments could now also inform clinical validation and enable improved utilisation of the Patient Initiated Follow Up (PIFU) waiting list. Work was also underway to explore how services could be delivered locally and build upon the current satellite model within Neurology.		
2.	Risks Identified	There were no risks identified for escalation to Board.		
3.	Report Compiled by	John Baxter – Executive Office Team Leader	Minutes available from:	John Baxter – Executive Office Team Leader

Council of Governors' Key Issues Report

The Walton Centre NHS Foundation Trust

Report Date: 27th November 2023		**Report of: Health Inequalities and Inclusion Committee**
Date of last meeting: 13th October 2023		**Membership Numbers: 12 (Quorate)**
1.	**Agenda**	The Committee considered an agenda which included the following: • Equality, Diversity and Inclusion (ED&I) Master Action Plan • Board Assurance Framework • Equality Delivery Scheme • North West BAME Assembly Key Issues Report • ED&I Steering Group Key Issues Report • @RACE Forum Update • Disability Network Forum Update • LGBTQIA+ Network Update • Veterans Network Update • Women's Network Update • Anchor Institute Group Key Issues Report • Prevention Pledge Update • Waiting List Review Report
2.	**Alert**	There were no specific alerts to be escalated to Board.
	Assurance	• Staff networks are becoming embedded and growing stronger with more networks launching. Network Leads are also sharing learning and best practice to further improve the networks. Support is available for all Network Leads to facilitate the running of each network. • The updated Board Assurance Framework (BAF) was presented for review and there were no proposed changes to risk scoring and risk appetite. An overview of updates to controls, mitigations and corrective actions was provided and it was highlighted that the two linked operational risks were now both below their target scoring so had been removed from the BAF. • An update on work against the Prevention Pledge was provided and it was highlighted that the Trust was now making progress in all 14 core commitments. An overview of progress against each commitment was provided and it was noted that the main interim challenges to progressing delivery were around ownership of action plans and inconsistency of Making Every Contact Count (MECC) leadership. Meetings are underway with the Chief Nurse regarding MECC leadership and progress against the Trust action plans was monitored at the Trust's Anchor Institution Group.

	Advise	• A review of waiting lists was presented based on indices of deprivation data. This review did not identify any areas of major disparity regarding indices of deprivation and patients with protected characteristics and this was due to the current focus on long waits. The Trust would be moving towards a Referral to Treatment (RTT) model from April 2024 so this would continue to be monitored. • An Equality, Diversity and Inclusion (ED&I) master action plan has been compiled which brings actions from all ED&I workstreams together into one place. The master action plan would be monitored via Equality, Diversity and Inclusion Steering Group and Health Inequalities and Inclusion Committee. • The Committee received an update relating to the Equality Delivery Scheme. A new national scoring system had been implemented titled EDS2022 which was significantly different to the system used in EDS2. The Trust is due to submit and publish the EDS report by 28th February 2024 and it was recognised that work around this was yet to commence. Discussions had been held with NHS England who confirmed that completion of EDS2 would fulfil all public sector duties for the Trust. The Committee agreed to defer adoption of EDS2022 to 2024/25 and complete the usual EDS2 report for 2023/24 to enable planning and establishment of a working group for a robust completion of EDS2022 reporting requirements going forward.		
2.	Risks Identified	There were no risks identified for escalation to Board.		
3.	Report Compiled by	John Baxter – Executive Office Team Leader	Minutes available from:	John Baxter – Executive Office Team Leader

The Walton Centre NHS Foundation Trust

Report to The Council of Governors
12th December 2023

Report Title	Trust Strategy Annual Review
Executive Lead	Lindsey Vlasman, Chief Operating Officer
Author (s)	Lindsey Vlasman, Chief Operating Officer
Action Required	To note

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

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

Key Messages

- Achievement of year 1 objectives and year 2 objectives planned.
- Sharing of other key achievements and celebrations of year 1

Next Steps

- Achieve year 2 objectives.
- New structure with the SPMO and the strategy dashboard.

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

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

All Risks	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			

Trust Strategy Annual Review

Executive Summary

1. Following the approval of the Trust strategy 2022-25 by Trust Board in September 2022, it was agreed that there would be quarterly reports of key priorities for each quarter and progress made against previous priority areas.

2. It was also agreed that annual reviews would be undertaken and shared with the relevant committees, trust board, and the council of governors. The key achievements also to be shared with all the trust teams via a communications plan.

Introduction

3. The Trust Strategy 2022-25 was approved by the Board of Directors in September 2022 and October 2023 completes year 1 of the strategy a presentation has been devised for the council of governors to share the key achievements and the next steps for the strategy and plans for year 2 objectives.

Conclusion

4. Successful year 1 of the Trust Strategy with all of the key objectives achieved the focus will now be next steps for year 2 and those key achievements. The strategic KPIS have been refined and progress has been made with the strategy dashboard.

Recommendation

- To note

Author: L Vlasman, Chief Operating Officer
Date: 16/11/2023

Trust Strategy Annual Review 2022-2023 Council of Governors

NHS
The Walton Centre
NHS Foundation Trust

Excellence in Neuroscience

Lindsey Vlasman
Chief Operating Officer and Director of Strategy

Executive Summary

The Trust Strategy was approved in September 2022, the strategy covers the three years from 2022-2025 and places patients at the heart of everything we do, and it sets out clear success statements against each ambition. The trusts enabling strategies have also all been approved.

Strategy Year 1 Communications

The Walton Centre NHS Foundation Trust

Excellence in Neuroscience

The trust has focused on the effective socialisation of the trust strategy and the enabling strategies and achieving all the year 1 objectives, in celebration several initiatives were undertaken;

- An extended Team Brief was held on Wednesday 11th October with an update on progress to date
- Trust wide emails with key points were sent out after Team Brief
- New posters were created for the strategy wall vinyl's (the information on the posters were also included on the TV screens in staff breakrooms)
- Exec team / Chair walk rounds were held on Thursday 12th October to talk to staff about the strategy with key progress leaflets handed out during the walk rounds

Education Training and Learning

Leading the way in neurosciences education and training, to improve the quality of treatment and care for patients – Year 1 Objectives and Achievements

NHS
The Walton Centre
NHS Foundation Trust
Excellence in Neuroscience

• **Career development opportunities for non-medical staff - recruit to Non-Medical consultant posts and increase training opportunities for Nurse Associates (NA) and other clinical roles**	• Job descriptions developed and banded for non-medical Consultant roles, service reviews commenced to understand the capacity and demand for each speciality. • Nursing Career Escalator business case approved
• **Develop non-medical educational neuroscience courses with Higher Education Institutes (HEIs)** • **Deliver national neuroscience conferences for medical trainees / students**	• Masters' module for Spinal now developed due to go live Sept 2023 • Neurosurgery training course for medical students and junior doctors incorporating Neuro VR simulator now completed with positive feedback • Acute illness management course developed and delivered regularly • National Neurosurgery medical / spinal training course – January 2023
• **Ensure that staff have a basic knowledge of the key financial processes and controls**	• Training package has been developed AND training has commenced including procurement and finance training

Research and Innovation

Delivering high-quality clinical neuroscience research, in collaboration with universities and commercial partners – Year 1 Objectives and Achievements

NHS
The Walton Centre
NHS Foundation Trust
Excellence in Neuroscience

• **University Hospital Association status** • **Joint research strategy with University of Liverpool**	• The Trust has achieved University Hospital status and the brand / naming project completed to consider how to best recognise this • Confirmed agreement with University of Liverpool on joint strategy for neuroscience research, including plan to invest in posts
• **Implement Investors in Innovation approach** • **Develop Chatbot first phase**	• The first stage of 3-year development programme has commenced to become the first NHS Trust in the UK to implement the industry standard – Investors in innovation (ISO 56000 series) • Completion of self-assessment stage and implementation of action plan to support achievement of 8 ISO standards through 3-year development programme • Board, Leadership and first two cohorts of practitioner level training completed. Digital Transformation training also undertaken. • Phase two/initial trial stage completed • Progress three workstreams: Embedding system into the headache service triage pathway, explore feasibility of adoption into other neurology specialisms, national scaling via NHSE.
• **Develop neuroscience / mental health research collaboration** • **Strengthen internal staffing / culture within NRC**	• Post recruited into in collaboration with Alderhey and Merseycare • New manager in NRC with significant progress in relation to staffing model and culture

Leadership

Developing the right people with the right skills and values to enable sustainable delivery of health services – Year 1 Objectives and Achievements

The Walton Centre NHS Foundation Trust

Excellence in Neuroscience

• **Prioritise which patient clinical pathways to develop with WCFT taking system leadership role**	• Neurology pathways enhanced including for Parkinson's disease, Multiple Sclerosis (MS) and acute neurology (Rapid Access Neurology Assessment (RANA)) • Work initiated on pathways for head injury (with Aintree) and spinal / pain pathways • Engaged in regional stroke pathway, and CEO is the SRO for the ISDN (Integrated Stroke Delivery Network)
• **Leadership development of divisional triumvirates** • **Leadership development programme for Senior Nursing Team** • **Develop business critical succession planning tool**	• Programme undertaken for system leadership development to Board and the Trust's leadership teams with bespoke Aqua leadership programmes • Senior nursing team leadership programme completed • A prescriptive succession planning process developed and implemented for business-critical roles
• **Enhance role of WCFT in Faculty of Medical Leadership and Management (FMLM)**	• Further development and promotion required for key leadership relationships with FMLM • FMLM session on leadership undertaken with Consultants and trainees

Collaboration

Clinical and non-clinical collaborations across and beyond the ICS, building on relationship and services – Year 1 Objectives and Achievements

The Walton Centre NHS Foundation Trust

Excellence in Neuroscience

• **Improve access for patients regionally with acute neurological symptoms through RANA and ambulatory clinics** • **Take leadership role in a review of pain services across C&M**	• 729 patients have been supported via the RANA pathway and has been accessed by all Trusts. Significant increase in uptake in recent months with subsequent saving of bed days for the region • Medical Director is C&M lead for review of pain services and in discussion with the Integrated Care Board (ICB)
• **Wider roll out of the brain tumour pathway across Cheshire and Merseyside (C&M) following initial pilot in StHK** • **Develop and embed the national service for essential tremor – transcranial MR guided focussed ultrasound (MRGFUS)**	• The pathway has now been implemented also in Wirral and Warrington and wider roll out planned to LUHFT and Southport • 45 MRGFUS cases have been undertaken since implementation with excellent clinical outcomes, to be presented to Clinical Effectiveness Group in Oct/Nov 2023. The clinical pathway is now well established and embedded with capacity to deliver 60-75 cases per year
• **Collaborate with system partners on the output from the Liverpool Clinical Services Review – establish Joint Committee with Aintree** • **Strengthen Regional Spinal offer for increased activity**	• Continue to work with LUHFT on collaboration across the Aintree Site addressing the recommendations in the Liverpool Clinical Services Review. Three priority workstreams agreed, Emergency Clinical Pathways, Imaging and Estates and Digital. • Regional combined neuro / ortho spinal service now successfully embedded as sole provider in C&M. Endoscopic and robotic surgery introduced. Operational performance continues to be good and so we have been supporting outside of C&M with mutual aid.

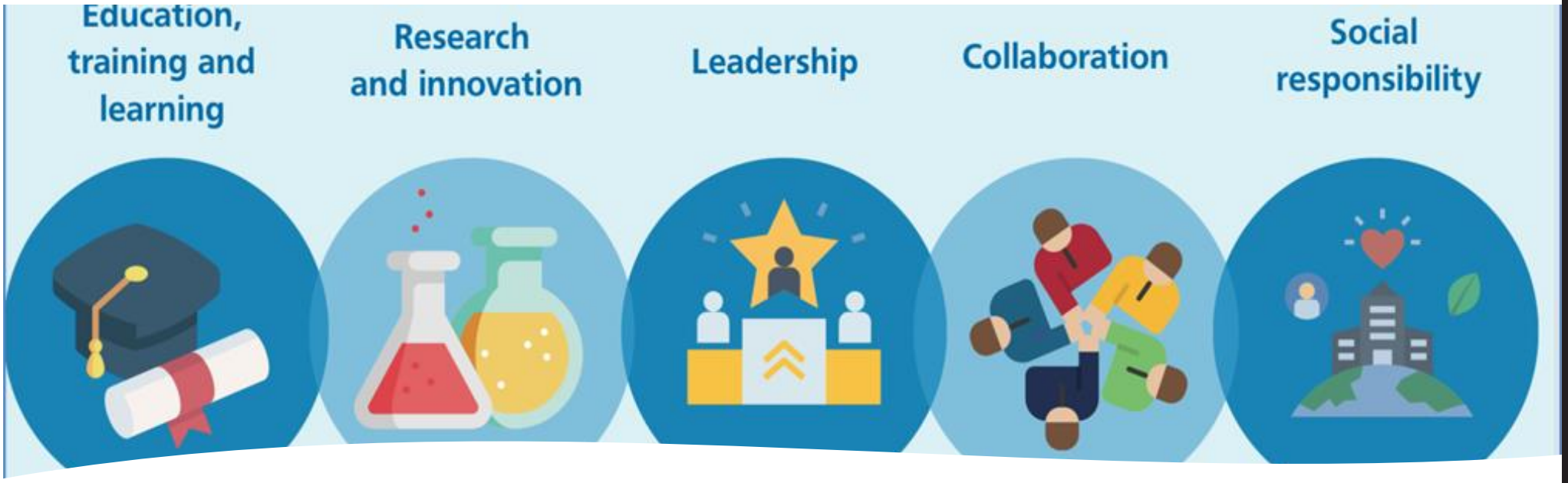
Social Value

Supporting our local communities and providing services for patients within and beyond Cheshire and Merseyside – Year 1 Objectives and Achievements

The Walton Centre NHS Foundation Trust

Excellence in Neuroscience

• **Work with the neurological alliance on access to exercise programmes for patients for long term neurological conditions** • **Develop the role of health coaches for people with long term neurological conditions** • **Fair Employment Charter**	• The role of health coaches for people with long term neurological conditions has now been developed to support with access to health care programmes with two health coaches recruited in the region. The role of the health coaches will include accessing exercise programmes for patients with neurological long-term conditions. This is reported through the Neuroscience Network Programme Board. • The fair employment charter has now been achieved
• **Engagement with Everton in the Community (EitC)** • **Become founder members of Liverpool citizens**	• Community support services provision for Dementia patients, engagement with EitC veteran initiatives as part of the Trust's Veteran accreditation and continue to be a partner in the Goodison Legacy Programme • Exec and non-exec leads, working groups established to progress key areas of work: Member Organisations, Listening Campaign and Local MP Engagement
• **Work on a range of projects through the prevention pledge and the Health and Wellbeing hub**	• 2022/23 Annual Progress Report and action plan was submitted with substantial progress made in the areas of wellbeing, early intervention, social value and corporate social responsibility

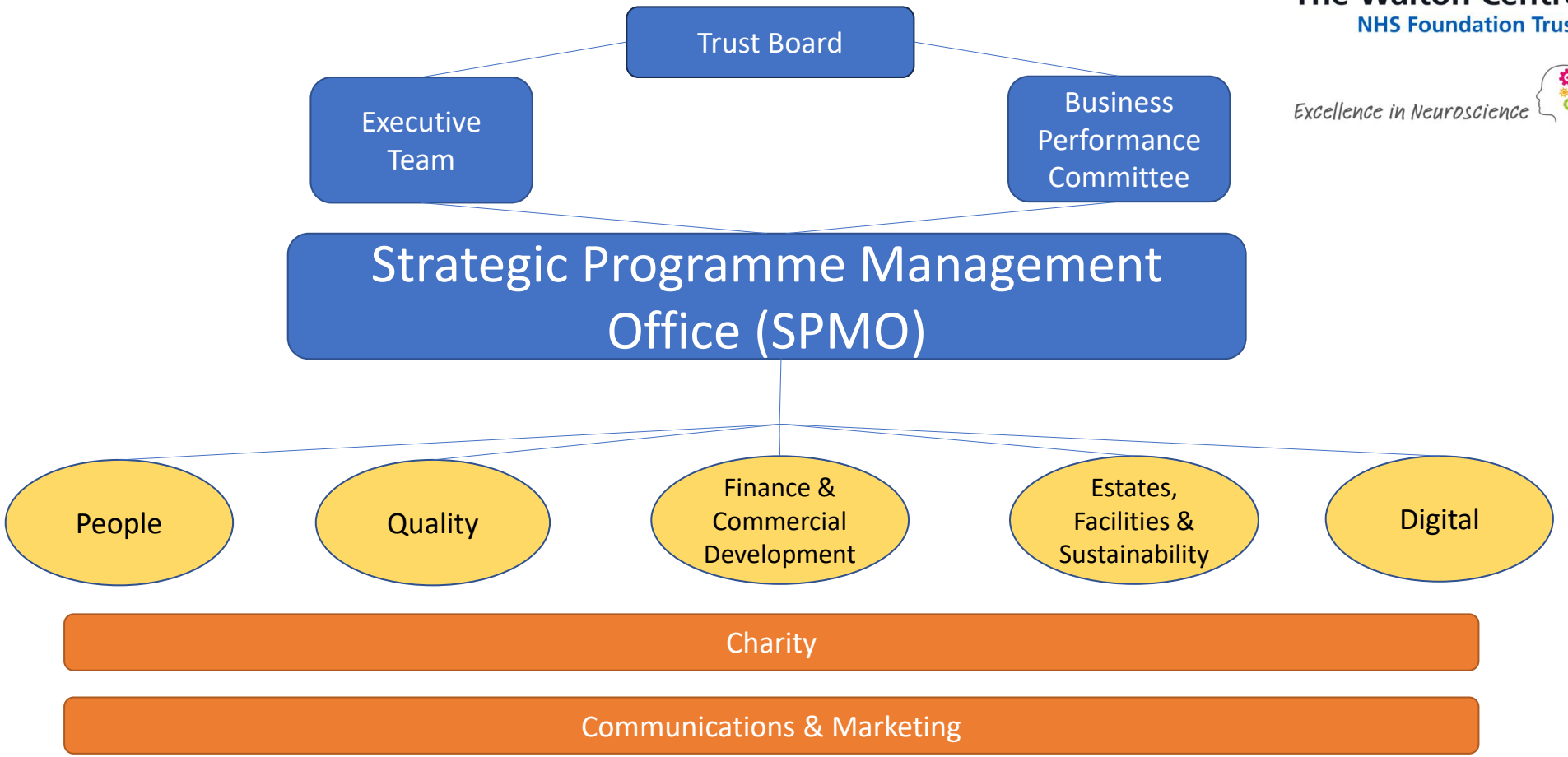


Trust Strategy
Year 2
2023-2024

SPMO - Strategic Project Management Office Strategy Process

The Walton Centre NHS Foundation Trust

Excellence in Neuroscience



Education Training and Learning

Leading the way in neurosciences education and training, to improve the quality of treatment and care for patients – Year 2 Objectives and Achievements

The Walton Centre NHS Foundation Trust

Excellence in Neuroscience

• **Career development opportunities for Non-Medical Consultant roles and increase training opportunities for Nurse Associates (NA) and other nursing roles**	• Operating Department Practitioners (ODP) apprenticeship business case developed – and funded for 1 post this year • When clinical service reviews are complete, we will review potential benefits of Nurse Consultant roles and recruit into required areas • Aspiring clinical management training commenced but further work to be undertaken – the first 2 cohorts have been completed, now recruiting to cohort 3
• **Increase access for non-medical training course** • **Increase numbers attending WCFT run conferences**	• Positive uptake of MBA apprenticeships for non-medical staff to be increased further • Successful neurosurgery national training courses / conferences will take place with increased attendees • Become recognised as a training centre for endoscopic and robotic spinal surgery for spinal surgeons from other units. Recognition of the quality of the spinal unit to be re-assessed by Eurospine in September 2023
• **Increase medical student numbers from University of Liverpool and new intake from Edge Hill**	• Edge Hill agreement in place to take students in June 24 • There will be an increase of >40% per rotation for students from University of Liverpool

Research and Innovation

Delivering high-quality clinical neuroscience research, in collaboration with universities and commercial partners – Year 2 Objectives and Achievements

NHS
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NHS Foundation Trust
Excellence in Neuroscience

• **Recruit to joint academic posts with University of Liverpool** • **Formulate sustainable developmental academic posts for medical and non-medical clinicians**	• Agree research strategic priorities with University of Liverpool • Agree clinical areas of focus and investment into joint posts / PA time for Consultants for research • Partnership in the reboot of Liverpool Health Partners
• **Increase number of research studies participating in by 10%** • **Research studentships for medical students and medical/health care science students**	• Focus on increasing commercial research studies • Support research active clinicians to commence new studies • Charitable funds secured for undergraduate medical students' bursaries – to start in September.
• **Implement Investors in Innovation approach**	• Further develop training in Investors in Innovation and progress innovation workstreams with Chatbot, VERA (Virtual Engagement Rehabilitation Assistant), C.H.A.T (Consequences of Head Injury Acquired in Trauma), Circada (reduce delirium on ICU), Spinal Improvement Programme.

Leadership

Developing the right people with the right skills and values to enable sustainable delivery of health services – Year 2 Objectives and Achievements

NHS
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Excellence in Neuroscience

• **Expand roll out of aspiring ward manager's programme** • **Develop aspiring leaders / managers programme for non-clinical staff**	• Further development of aspiring managers programme to be undertaken including non-clinical managers • Career escalator now developed for nursing and AHP staff to establish a pathway for progression – the key focus for this year will be to invest in the Nurse Associates training to progress to registered nurse and the health care assistant competencies • Quality Improvement study day has had significant uptake further roll out planned across all areas
• **Leadership development programme for Divisional Directors** • **Greater utilisation of apprenticeships to address gaps in leadership qualifications**	• Bimonthly HMG developments sessions to be implemented • Divisional service reviews to commence • Increase uptake of MBA apprenticeships
• **Further leadership development for senior leadership / Board**	• First meeting held to plan the requirements of the Accountability framework • Every Trust Board member will have a measurable objective on anti-racism to be delivered within year 2

Collaboration

Clinical and non-clinical collaborations across and beyond the ICS, building on relationship and services – Year 2 Objectives and Achievements

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Excellence in Neuroscience

• **Continue to expand access to acute neurology service** • **Active engagement in stroke / thrombectomy pathway across region to improve access and efficiency of pathway**	• Participation in joint committee working groups specifically focused on acute neurology services • Revised thrombectomy criteria published, and internal thrombectomy service review paper developed – due at Execs in September then plan for next steps
• **Lead regional project on development of pain services** • **Lead the development of standardised approach to patients admitted with back pain**	• Regional Pain Collaboration project mandate presented to SPMO with further plans for clinical leads to re-engage • MD to work with CMAST Clinical Pathways Programme for pain services • Spinal satellite support expanded to Bridgewater Trust with further plans to expand
• **Implement brain tumour pathway across all Trusts in C&M**	• Countess of Chester and Isle of Man scheduled to collaborate with the brain tumour pathway
• **Additional collaborative work**	• Continue to develop collaborative work with Aintree in Joint Sub-Committee with a view to roll out where appropriate across C&M • Collaboration with PLACE to review UEC pathways and discharge • Sign posting for trauma patients

Social Value

Supporting our local communities and providing services for patients within and beyond Cheshire and Merseyside – Year 2 Objectives and Achievements

The Walton Centre NHS Foundation Trust

Excellence in Neuroscience

• **Achieve C&M HCP Social Value Award** • **Achieve Social Value Quality Mark Level 1** • **Develop plans for WCFT to use existing data to model health and prevention needs**	• Fully integrate Social Value TOMs Framework system to provide baseline and annual target data to support Social Value Award and Quality Mark Level 1 submissions. Will also enable annual report to be produce evidence Trust's social value contribution. • Build on work from BI team on health inequalities and work through Health Inequalities and Inclusion Committee for actions
• **Engage with local schools regarding employment / career opportunities and increase apprenticeships offered**	• Ongoing engagement plan to continue with schools in line with the NHS Long-term Workforce Plan, target will be set in alignment with the Social Value TOMs Framework deliverables
• **Work with external partners to promote sustainability in healthcare**	• Recruitment to sustainability to commence work with external partners • CURO is currently being scoped out to understand the resource required • Designed and implemented sustainability specific staff training and awareness sessions
• **Additional aims**	• Achieve deliverables in Prevention Pledge, Social Value and Net Zero/Sustainability Plan agendas • Through the Everton Minds Core Partnership, agree business and operational viability models and identify potential TWC services to be delivered via the provision • Continue delivery against 14 core commitments through the sharing and adoption of initiatives via regional Community of Practice across ICB Partners. • NHS Prevention Pledge Summit hosted in Liverpool in September 2023 – Trust showcasing Health and Wellbeing Hub

Other Key Achievements

The Walton Centre NHS Foundation Trust

Excellence in Neuroscience

Trust of the year nomination	Channel 5 Documentary	Opening of the new RANA unit	24/7 thrombectomy	LITT tender
Established SPMO and effective governance framework for change	Delivery of PIFU	BEEHIVE	HSJ award for brain tumour pathway	Established a wig service for patients undergoing MRGFUS
ACSA accreditation and UKAS lab accreditation	AFPP chair position	Positive Staff Survey	GAMSAS Antimicrobial stewardship award	

Any questions?

The Walton Centre
NHS Foundation Trust
Excellence in Neuroscience

The Walton Centre NHS Foundation Trust

Report to Council of Governors
12 December 2023

Report Title	Equality, Diversity, and Inclusion Plan Update
Executive Lead	Mike Gibney, Chief People Officer
Author (s)	Emma Sutton, Equality and Diversity Manager
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)*

- Equality and Diversity Manager in post
- Solutions Support Package underway to review policies and procedures
- Building a Cult of Conscious Inclusion inhouse trainers in place

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

- Complete Solutions Support Project
- Roll out BCCI Training Programme
- Objectives and vision

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

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

004 Leadership Development	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			

Equality, Diversity and Inclusion Plan Update

Executive Summary

1. This report seeks to update the Council of Governors on the progress of the Equality, Diversity and Inclusion (ED&I) plan.

2. New Equality and Diversity Manager in post as of August 2023.

Background/Analysis

3. A committee restructure has taken place to recognise the expanding remit of work and ensure robust governance procedures with the introduction of the Health Inequalities and Inclusion Committee.

4. Solutions Support Project underway in collaboration with South, Central and West Commissioning Unit (SCW) to review policies and procedures. This project will conclude by the end of the financial year.

5. Building a Culture of Conscious Inclusion Project underway and a Train the trainer session was delivered to 8 staff members by SCW in November 2023. Training sessions are to commence in January 2024.

6. A master action plan has been developed to amalgamate existing actions from a number of reports/work streams to provide assurance and ensure all actions are monitored and progressed appropriately.

7. 4 Staff Networks are now in place: LGBTQIA+, Race, Disability and Veterans. Groups continue to run regularly, raise awareness and celebrate key dates.

Conclusion

8. Work remains ongoing with a view to developing and launching new EDI objectives and vision/strategy in 2024/25.

9. The Trust will continue to review the various staff networks and plans are underway to introduce a Women's Network.

Recommendation

- To note

Author: Emma Sutton
Date: 5 December 2023

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Equality, Diversity & Inclusion

- EDI 5 year vision 2017-2022
- Difficulty recruiting to role
- External EDI reviews late 2022
- Equality & Diversity Manager in post August 2023
- Current project to review policies and procedures with EDI lens
- Raise profile of EDI work and engage with staff

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Committee Restructure

The Walton Centre NHS Foundation Trust

- Health Inequalities and Inclusion Committee
  - Recognised expanding remit and need to centralise a number of workstreams
  - Include areas such as health inequalities, social value and EDI
  - Board level committee
- EDI Steering Group
  - Discussion forum to decide on direction of work
  - To monitor actions and drive progress

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Health Inequalities

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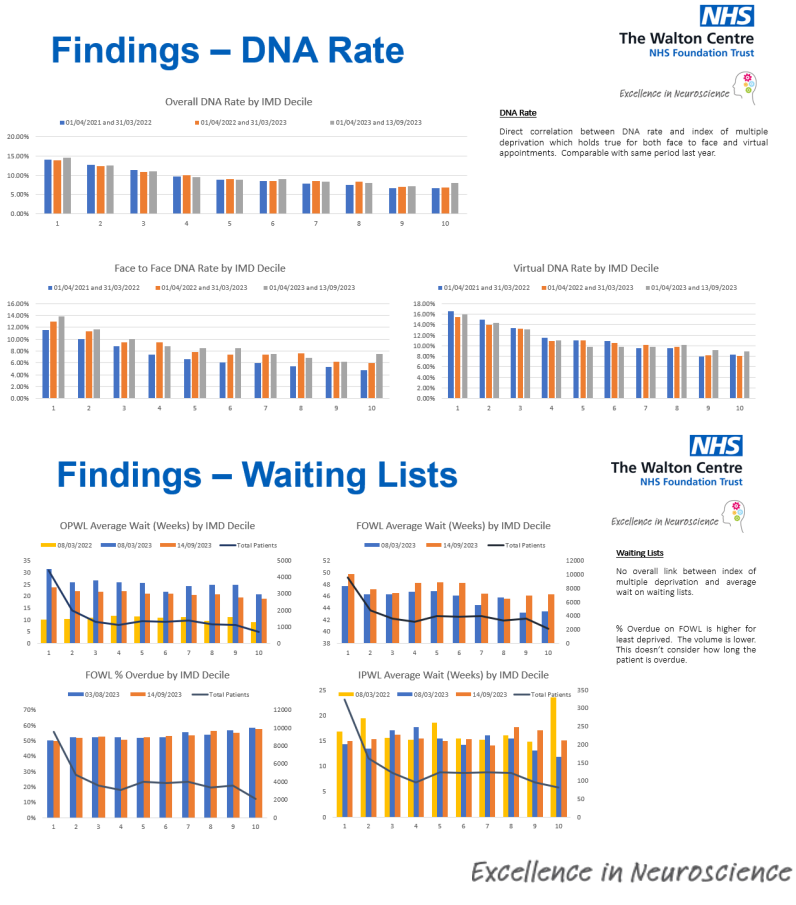
- Health Inequalities dashboard in place to track referrals, DNAs and waiting lists by Index of Multiple Deprivation (IMD) and ethnicity.
- Data regularly reviewed at Health Inequalities and Inclusion Committee.
- Work ongoing to tackle higher numbers of DNAs in most deprived areas.
- Trust a member of Liverpool Citizens and working alongside other providers across Liverpool City Region in relation to Socio-economic Duty to explore wider system working and collaboration opportunities.



Solutions Support Project

The Walton Centre NHS Foundation Trust

Working in partnership with South, Central and West Commissioning Unit to address actions identified by 2022 external reviews

Project commenced October 2023 and to be completed by the end of the financial year and this will have a significant positive impact for existing and new staff

Actions tracked via the EDI Master Action Plan

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Building a Culture of Conscious Inclusion (BCCI)

The Walton Centre NHS Foundation Trust

• Previous co-designed BCCI training modules delivered to approx. 60 staff in March/April 2023 by SCW which focused on providing greater awareness around various EDI topics, including unconscious bias, trust, power, inclusive conversations and allyship.

•Working in collaboration with SCW, the Trust have recruited 8 staff members to become inhouse trainers, helping us to cascade this training across the Trust.

•Train the Trainer sessions took place on 28th and 29th November 2023 which scheduled training programme to commence in January 2024.

•BCCI training will then be delivered over two modules, with weekly sessions (up to 15 participants) available to all staff.

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LGBTQIA+ Network

The Walton Centre NHS Foundation Trust

The LGBTQIA+ Network act as a channel for LGBTQIA+ issues and actions, which can be taken forward to the Equality and Diversity Manager. The group act as a safe space for members of the LGBTQIA+ community and allies and a meaningful forum where support and cultural growth is fostered and encouraged. The group aim to enable members to bring their whole selves to the Trust, so they can work in a welcoming and accepting environment.

Click this photo to read the story

- Monthly meetings
- Network Lead drop-in sessions for staff
- LGBT History Month stand and information
- Group attendance at Liverpool Pride March
- Navajo re-accreditation
- Celebrating awareness days via staff stories

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Anti-racism Network

The Walton Centre
NHS Foundation Trust

The Anti-Racism Network offers a safe and inclusive space for ethnic minority staff members and allies throughout the Trust, supported by the Equality and Diversity Manager. The aim is to explore views on how the Trust can support ethnic minority staff and represent diversity and inclusion on a day-to-day basis. Group members valuable experience, insight and perspective can contribute greatly to the Trust's diverse workforce and workplace.

- **Monthly meetings**
- **Informing decision making re anti-racism statement and language used at the Trust**
- **Celebrating awareness days via staff stories**
- **Providing context to Trust WRES report findings and informing actions**

Click this photo to read the story

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Disability Network

The Disability Network offers mutual support, guidance and information for all staff to enable them to thrive in their working environment. As well as providing a safe place to discuss issues and escalate any concerns to help create a fairer workplace for all employees.

- **Monthly meetings**
- **Informing our revised Reasonable Adjustments policy**
- **Celebrating awareness days via staff stories (planned for International Day of People with Disabilities in December 2023)**
- **Providing context to Trust WDES Report findings and informing actions**

Excellence in Neuroscience

The Walton Centre
NHS Foundation Trust

Veterans Network

The Veterans Network will offer Veterans and those who have family within the Armed Forces a network of support and understanding to ensure they are able to develop new skills and thrive in the workplace.

Click this photo to read the story

- **Monthly meetings**
- **Veteran Aware Silver Award – Defence Employer Recognition Scheme**
- **Informing policies and culture to ensure Armed Forces community members are supported at work**
- **Providing insight to ensure Reserves are fully supported, given time to undertake necessary training and that the Trust has a framework to support mobilisation**
- **Recognising Remembrance Day**

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Next steps…

- Complete Solutions Support Project
- Roll out BCCI training programme
- EDI Newsletter to be circulated quarterly
- Women's Network – Supporting work in relation to the Domestic Abuse and Sexual Violence charter, gender pay gap
- Further reviewing of networks
- New objectives and vision
- Continued awareness through lived experience

Excellence in Neuroscience

The Walton Centre NHS Foundation Trust

Report to Council of Governors
12 December 2023

Report Title	NED Walkabout and Shadowing Update Report 2023/24
Executive Lead	Nicola Martin, Chief Nurse
Author (s)	Nicola Martin, Chief Nurse
Action Required	To note

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

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

Key Messages *(2/3 headlines only)*

- Positive highlights from the walkabouts
- Clear recommendations noted in the report
- Radiology is an area of concern and highlighted to Divisional Director

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

- New walkabout Rota for 23/24
- Chief Nurse to email each month the staff who are on the rota to carry out a visit and ensure timely feedback

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

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

001 Quality Patient Care	004 Leadership Development	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**
Quality Committee	16/11/23	Nicola Martin Chief Nurse	Report noted, requested to add COG to report which has been completed.

NED Walkabout and Shadowing Update Report 2023/24

Executive Summary

1. This report seeks to inform the Council of Governors on the visits that have taken place between June and October 2023, noting themes, trends, and actions taken to date to address concerns.

2. The report also includes themes from the walkabout that requires trust-wide consideration and closed actions from the previous report. Prior to Council of Governors this report has been presented to Quality Committee.

Analysis

3. The main aim of the walkabout is to support staff and listen to any concerns raised and to speak with patients and families.

4. The Senior Nursing Team also attends the clinical areas on a monthly rota basis in addition to daily visits to;
    - support and advise staff on any specific current issues
    - They hold listening events with staff
    - The Chief Executive holds join Jan sessions
    - Spot check ward cleanliness, IPC practices, and staff compliance with the uniform policy
    - Support staff with their health and well-being or anything else that is required in real-time

5. The Executive Team carries out ward/department visits and discusses issues, concerns, and what the staff feel is going well or requires improvement. The Chief Executive presents the wards/departments with their Walton CARES certificate also.

6. Following discussion at Charity Committee a review and walkabout for Home from Home is to take place by the Chief Nurse, Patient experience lead and a NED. It was noted this facility has now been open for 8 years and not had any new equipment or upgrade to the facility.

7. **Walkabouts undertaken.**
   Feedback from the following walkabouts was received:
    - HR and Training & Development – Karen Heslop (NED), Belinda Shaw (Governor) and Jen Duffy.
    - Radiology – August 23: Lisa Judge, Irene Afful (NED), Carol Hopwood (Governor).
    - Theatres – August 23: John McClelland (Governor) David Topliffe (NED), and Olivia Cox.
    - ITU/HDU – September 23: Jane Mullin, and David Topliffe (NED).
    - Therapies Dept, Lipton and CRU wards - October 23: Su Rai (NED/Deputy Chair) and Jo Haworth.

8. **Positive themes from the walkabouts**
    - Staff in Radiology welcoming, engaging and energised. Happy staff.
    - Good welcome board in Radiology with up-to-date information including ‘you said We did’

- Given time to undertake mandatory training and other training opportunities.
- Know who to and how to raise concerns internally and via FTSUG
- Regular informative staff meetings
- Overall, they were very happy and informed.
- Feel there is great teamwork.
- Clearly a positive environment focused on the patient and their needs.
- Wards decorated for Halloween, Staff were all engaging and friendly.
- Shown new Erigo Tilt Table – Only one in the NHS and was funded through the trust charity.
- Patients complimentary about staff, CRU and care received.
- Relaxed and Friendly atmosphere on both CRU and Lipton.
- Staff aware of top risks on risk register
- Unit clean and Tidy
- Impressed by the clear dedication of staff and their positivity
- Good teamwork and relationships

9. **Actions taken to address previous concerns.**
    - A comprehensive communications course has been sourced externally for the staff in the Lipton ward to support them with the complexity of patient cohort and communicating with relatives. This has since been rolled out across the organisation due to such positive feedback.
    - Health and Well-being hub now open
    - A business case for increase in housekeeper hours for all areas approved and are in the recruitment process.
    - An additional staff break room sourced but will not be available until 2024.
    - PDR Paperwork has now been amended.

10. **Themes from Walkabouts that need to be considered trust wide.**

    - TV screen used for communications was turned off in ITU
    - IT
    - Theatres staff wish to be involved in any future IT roll outs to ensure system fit for purpose.
    - Dissatisfaction expressed about the slowness of some of the computers on the ward, coupled with the complexity of the number of different logins and needing to share hardware.
    - Mandatory training modules keep increasing causing difficulty in completing and releasing staff.
    - Staff feel significant lag between reporting of appraisals after completion and submission, so areas percentage isn't a true representation
    - Radiology staff reported short staffed and low morale, concerns with staffing levels
    - Challenges due to sickness absence, OH backlogs and Recruitment delays

Conclusion

11. The report provides an overview of walkabouts that have taken place during the period June to October 2023. The walkabouts enable real-time feedback to be gathered and shared with

the Manager, to ensure that excellent quality standards are recognised, and resolutions identified, where necessary.

12. The report highlights actions taken to address previous concerns and new concerns raised.

13. Specific concerns escalated by Radiology have been shared with the Divisional Director.

Recommendation

To note

Author: Nicola Martin, Chief Nurse
Date: November 2023

Appendix One : NED Walkabout Quality Feedback 2023/24

Quality Feedback Walkabout 2023/24

	Area for Walkabout	NED	Manager	Governor	Confirmation
Cfwd from Dec 2022-23	Neuropsychology	Ray Walker	Jon Smith		**16/05/23 Completed**
Cfwd from Mar 2022-23	ITU / HDU	Su Rai	Lisa Judge		**23/05/23 Completed**
May 2023	Caton Short Stay & Caton Ward	Irene Afful	Sarah Griffiths		**18/05/23 Completed**
May 2023	Outpatients & Sid Watkins OPD	Ray Walker	Ben Davies		**16/05/23 Completed**
June 2023	ISS	Paul May	Steve Holland		**Completed 15/06/23**
June 2023	HR & Training + Development	Karen Heslop	Jen Duffy	Belinda Shaw	**Completed 22/06/23**
October 2023	Therapies	Su Rai	Elaine Vaile	Belinda Shaw	**Completed 27/10/23**
August 2023	Patient Access Centre	Ray Walker	Rebekah Phillips		**Completed 20/07/23**
August 2023	Radiology	Irene Afful	Lisa Judge	Carol Hopwood	**Completed 08/08/23**
~~July 2023~~ Aug 2023	Theatres	David Topliffe	Gerry McKay	John McClelland	**Completed 01/08/23**
September 2023	Caton Short Stay & Caton Ward	Karen Heslop	Sarah Flynn	Tom Stretch	**Completed 13/09/23**
September 2023	ITU & HDU	David Topliffe	Jane Mullin	Teresa Moretti	**Completed 26/09/23**
October 2023	Pathology Dept	Paul May	Lindsay Marsh	Amanda Chesterton	**Completed 19/10/23**
October 2023	Sherrington RANA & Neurology Div.	Su Rai	Sam Holman	Andrew Brodbelt	**28/11/23 11:45 -12:45**
~~November 2023~~	~~Estates & Facilities~~ re-arr due to PLACE	~~Irene Afful~~	~~Emma Denby~~	~~Teresa Moretti~~	**To be rearranged**
November 2023	CRU & Home from Home	Ray Walker	Sarah Griffiths	John Kitchen	**Completed 16/11/23**
December 2023	Well-being Hub & Finance Dept	New NED	Mike Duffy		**New date need**
December 2023	Dott & Cairns Ward	Paul May	Vicky Lightfoot	Melanie Worthington	**05/12/23 10:30**
January 2024	Bed Managers & Lipton	Ray Walker	Sarah Griffiths	Helen Adlen Judith Guthrie	**18/01/24 14:00**
January 2024	Jefferson & N/S Divisional Mgrs	Irene Afful	Pippa Evans	Jan Paterson Belinda Shaw	**18/01/24 13:00**
January 2024	Research Dept	David Topliffe	Pat Roche	Sally Spencer	**23/01/24 10:30**
January 2024	Theatres	New NED	Clare Moore	Carol Hopwood?	23/02/24 10:30 tbc
March 2024	OPD & SWD OPD	David Topliffe	Caroline Finnegan	Jane Johnson Cree	**26/03/24 10:30**
March 2024	Chavasse Ward	Sue Rai	Rebekah Phillips?		**26/03/24 11:00**

The Walton Centre NHS Foundation Trust

Report to Council of Governors
12 December 2023

Report Title	CQC National Adult Inpatient Survey Results 2022
Executive Lead	Nicola Martin, 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** Systems of controls are suitably designed, with evidence of them being consistently applied and effective in practice	✓ **Partial assurance** Systems of controls are still maturing – evidence shows that further action is required to improve their effectiveness	☐ **Low assurance** Evidence indicates poor effectiveness of system of controls

Key Messages

- The CQC rated the Walton Centre as **Better than Expected** for 2022 Inpatient Survey.
- The Trust score fell in the Top 5 trusts in the Region for all 11 areas of the survey and was scored Better than expected in 10 out of the 11 areas.
- The Trust's highest score was for 'Respect & Dignity' at 9.5/10.
- The Trust remained the same for 18 questions compared to last year and did not score any worse for any of the questions which is an improvement from 2021.
- The Trust scored 8.9/10 for Overall patient experience, with the national overall score being 9.2.

Next Steps

- Improvements identified will be implemented and monitored via appropriate groups.

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

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

001 Quality Patient Care	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			

CQC National Adult Inpatient Survey Results 2022

Executive Summary

1. The Trust is required to participate in the annual CQC National Adult Inpatient Survey to allow benchmarking of the patients' experience with other NHS providers. The survey seeks feedback from patients who have stayed in hospital for at least one night for care or treatment. The survey took place against a backdrop of increasing numbers of patients waiting longer to be referred for elective treatment in hospital.

2. The survey is recognised as being a key indicator of overall care for the organisation and regulators, including the CQC and commissioners. They use the results from the survey in the regulation, monitoring and inspection of NHS trusts in England. Data is 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.

3. A total of 133 NHS trusts took part and responses from 63,224 patients were received, with an overall average response rate for all trusts of 40% Fieldwork data is collected between Jan-April 2023 and published by the CQC in late September 2023.

4. The Trust commissioned Picker to undertake our survey and a total of 62 questions were asked, 45 of which can be positively scored, 41 of which can be historically compared.

5. The Trust were ranked **8th out of 133** for overall positive experience and rated the Trust as **Better than expected.**

Background and Analysis

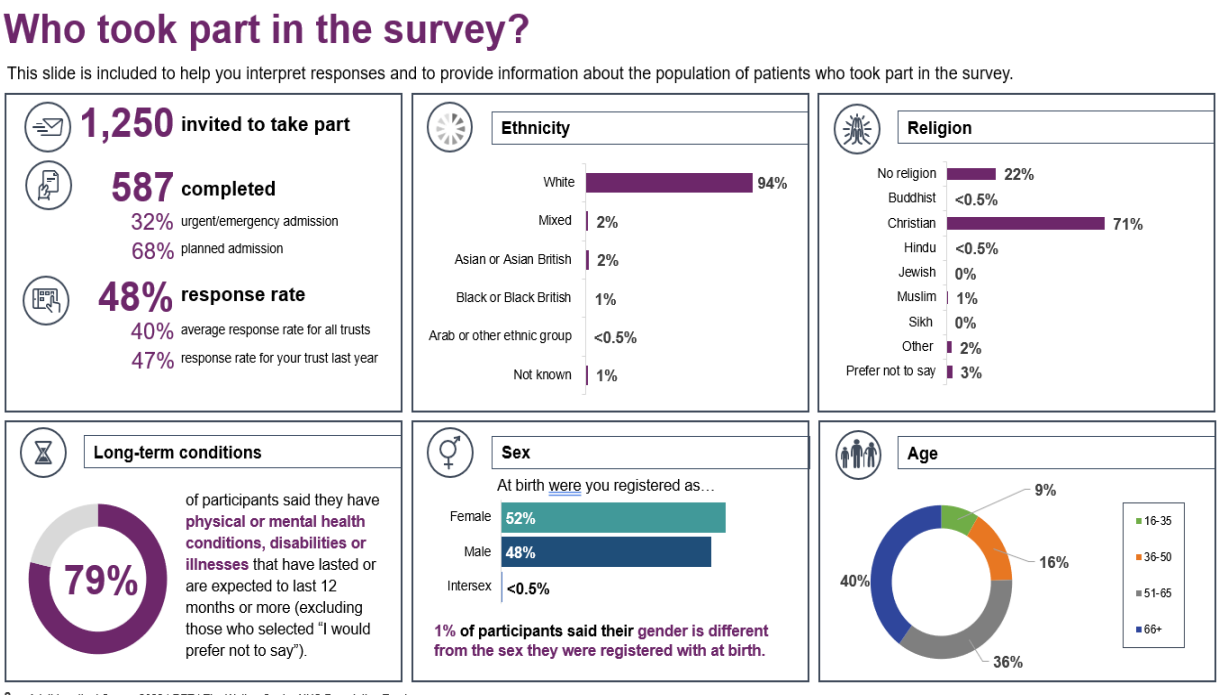
6. Making Fair Comparisons Between Trusts

People's characteristics, such as age and sex can influence their experience of care and the way they respond to the questions asked. 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.

7. **Trust Respondents and Response Rate**

Patients who had been an inpatient in November 2022 were invited to take part and 587 patients responded to the survey, of which 32% followed an urgent/emergency and 68% from planned admissions. The Trust had a response rate of 48% which is excellent compared to the average response of 40% for all other Trusts and this had increased slightly from 47% in 2021. Table 1 outlines the response rate and population of people who took part.

Table 1



8. 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.

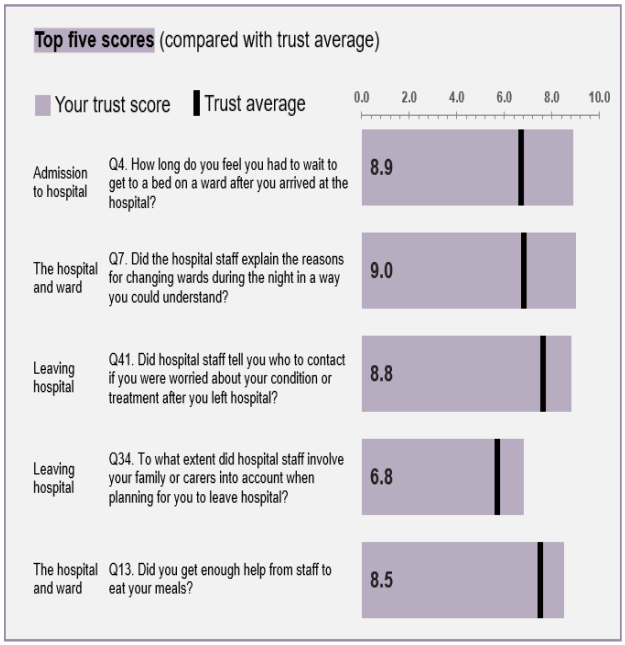
9. The survey is split into the following sections:
   - Admission to Hospital
   - The Hospital and Ward
   - Doctors
   - Nurses
   - Your Care and Treatment
   - Operations and Procedures
   - Leaving Hospital
   - Feedback on quality of your care
   - Dignity & Respect
   - Overall experience
   - Long-term condition

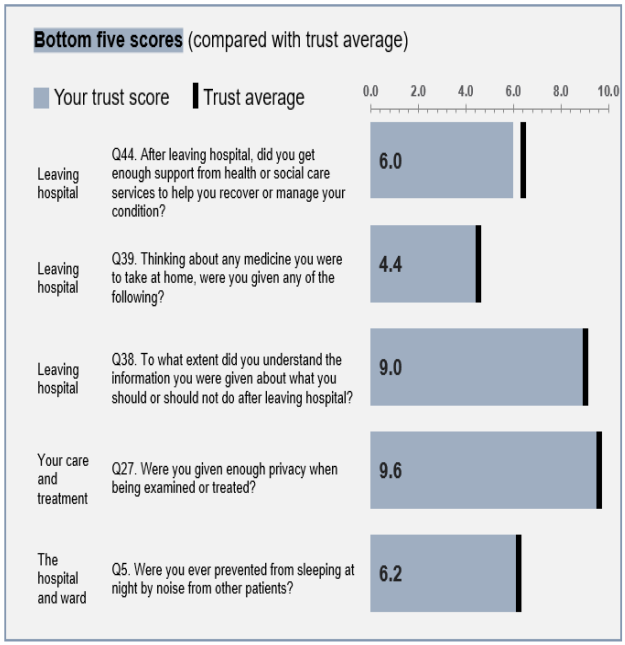
10. **Results** The CQC benchmark methodology is to provide Trusts with more detailed results. The scores have been categorised into the following bandings as outlined in Table 2:

Table 2

11. Best and worse performance compared with trust average across England

Top 5 scores below for TWC are the highest compared with the overall average for all other Trusts and indicates our top and bottom scores.





12. Admission to hospital – Nationally, nearly 1 in 5 respondents (18%) felt they had to wait 'far too long' to get to a bed on a ward after admission, which has increased significantly compared to 2021 (15%) and 2020 (8%), representing a 10-percentage point increase over 2 years. This is one of the areas that we did well and scored much better than the national average at 8.9 as highlighted in one of our top 5 scores.

13. Benchmarking Results

Table 3 below is an overview of the Trust's response rate benchmarked against other Trusts.

Table 3

	Patient Response	Compared with other trusts
Admission to hospital	8.1 / 10	Much better than expected
The hospital and ward	8.4 / 10	Much better than expected
Doctors	9.2 / 10	Better than expected
Nurses	8.9 / 10	Better than expected
Care and treatment	8.8 / 10	Better than expected
Operations and procedures	8.9 / 10	Better than expected
Leaving hospital	7.5 / 10	Better than expected
Feedback on care	1.7 / 10	About the same
Respect and dignity	9.5 / 10	Better than expected
Overall experience	8.9 / 10	Much better than expected
Long term condition	7.8 / 10	Better than expected

Table 4 below highlights the questions where we performed better or much better compared to all other Trusts is listed below, where the trust performed about the same as all other Trust has not been listed.

Better than expected	Much better than expected
• Q8. How clean was the hospital room or ward that you were in? • Q9. Did you get enough help from staff to wash or keep yourself clean? • Q12. How would you rate the hospital food? • Q13. Did you get enough help from staff to eat your meals? • Q16. When you asked doctors questions, did you get answers you could understand? • Q17. Did you have confidence and trust in the doctors treating you? • Q19. When you asked nurses questions, did you get answers you could understand? • Q20. Did you have confidence and trust in the nurses treating you? • Q21. When nurses spoke about your care in front of you, were you included in the conversation? • Q25. How much information about your condition or treatment was given to you? • Q26. Did you feel able to talk to members of hospital staff about your worries and fears? • Q32. After the operations or procedures, how well did hospital staff explain how the operation or procedure had gone? • Q41. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital? • Q45. Overall, did you feel you were treated with respect and dignity while you were in the hospital? • Q51. Thinking about the condition(s) you selected, were these taken into account during your care and treatment, whilst you were in hospital?	• Q4. How long do you feel you had to wait to get to a bed on a ward after you arrived at the hospital? • Q7. Did the hospital staff explain the reasons for changing wards during the night in a way you could understand? • 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? • Q24. To what extent did staff looking after you involve you in decisions about your care and treatment? • Q33. To what extent did staff involve you in decisions about you leaving hospital? • Q34. To what extent did hospital staff involve your family or carers into account when planning for you to leave hospital? • Q46. During your hospital stay, were you ever asked to give your views on the quality of your care?

The above highlights that patient and family centred care is embedded in the Trust and patients and families are being actively involved in decisions about care and treatment, discharge, and care planning. Patients feel they can speak to staff about their worries and fears and were included in conversations with healthcare professionals.

14. Highlights and Improvements

Table 5 below highlights where the Trust have scored the best and the areas where we have scored lower where improvements care required.

Where patient experience is best	Where patient experience could improve
✓ Waiting to get to a bed: patients feeling that they waited the right amount of time to get to a bed on a ward after they arrived at the hospital ✓ Changing wards during the night: staff explaining the reason for patients needing to change wards during the night ✓ Contact: patients being given information about who to contact if they were worried about their condition or treatment after leaving hospital ✓ Home and family situation: staff considering the patients family situation and carers when planning for them to leave hospital, if needed ✓ Help with eating: patients being given enough help from staff to eat meals, if needed	o Support from health or social care services: patients being given enough support from health or social care services to help them recover or manage their condition after leaving hospital o Information about medicines to take at home: patients being given information about medicines they were to take at home o Understanding information on discharge: patients understanding the information given about what they should or should not do after leaving hospital o Privacy for examinations: patients being given enough privacy when being examined or treated o Noise from other patients: patients not being bothered by noise at night from other patients

15. Feeback

As part of the survey patients were asked, if they were asked to give feedback on the quality of care. TWC scored just above average for this question which is low in comparison to other scores within the survey. Currently we provide patients with postcards to provide their Friends & Family Feedback. A business case has been presented to HMG with the proposal of expanding this service to a SMS text messages to all inpatients after the patient has left hospital and all those attending an outpatient setting. This will hopefully have a positive impact and on patients are being asked to comment about their services and hope to see an increase in this score in 2023 should the new proposal be approved.

16. Patients were asked if there was anything particularly good about their hospital care and below is a snapshot of the 408 free text comments:

- According to my dictionary, exemplary means 'so good as to be an example worthy of imitation'. That was the standard that I received from doctors/nursing staff, porters, and caterers.
- Consultants were amazing. Theatre staff are amazing. I was very impressed that after equal to all in terms of need for operation etc.
- From the first appointment to surgery this was an outstanding service. It was by far the most efficient and friendliest hospital I've had to be in. I cannot thank the surgeon Miss Lee enough for her kindness and making feel at ease, her professionalism and skill as a surgeon along with her assistant. Admission and recovery so well thought out along with the anaesthetics team. The care from the tea lady, cleaners, nursing staff and physio was excellent.
- I have never stayed in such a lovely hospital, where the care was second to none. The nursing staff in particular where simply amazing and very empathetic to my needs. In fact, the whole of the hospital staff down to security and domestic etc are the best people I have ever had to take care of me .
- My whole experience of receiving care from the Walton Centre was brilliant. That includes all the secretaries who kept me informed to the greeters who were very helpful. Mr Farah's team were outstanding. Everybody involved in my treatment were friendly and concerned with my welfare. The treatment I received was first class.
- My whole experience of receiving care from the Walton Centre was brilliant. That includes all the secretaries who kept me informed to the greeters when I came in who were very helpful. Mr Farah team were outstanding. Everybody involved in my treatment were friendly and concerned with my welfare. The treatment I received was first class.

17. Patients were also asked if there is **anything that could be improved and received** 322 free text comments of which more than 50% answered No. Themes from the feedback is listed below:

Noise @ Night –
Staff - *staff kept me awake at night outside the room, staff had conversations on corridors stopping me from sleeping.*

Patients - *ask patients to turn TVs off when it is late, could be quieter at night , noise from other patients with neurological issues or who are rude to staff , go back to lights off at 10.30 pm, patients have headphones but didn't use them disturbing others.*

18. **Discharge**: including information, information about medicines and support from social care following discharge. We recognise at the Walton Centre we have work to do to improve our discharge process. This this includes providing patients with the necessary information they require, ensuring they have enough information, so they continue to take medication correctly following discharge to improve health outcomes to prevent readmission.

19. The following workstreams to improve the discharge process for our patients and families:

- ***Discharge Medication Review*** *process under review led by the QI team with the aim for all I patient to have discharge medications prescribed and completed the day prior to discharge to improve efficiency, information and prevent delays.*
- ***Ward Round Review*** *– QI team leading on a review to developing an electronic template to be used be all disciplines to improve communication and ward round.*
- ***Same Day Discharge Project*** *is underway with the aim for specific patients to be admitted and discharged as a day case.*

- ***Discharge Planning –*** *plans for Discharge Planner to deliver training to ward staff and this to be included on preceptorship regarding information given during discharge and how staff support patients prior to discharge.*
- ***Patient Information Panel*** – new group to ensure that the Trust meets national recognised good practice for the development and management of all patient information.
- **Shh (Sleep Helps Healing) Noise at Night Campaign:** Although the trust scored slightly higher than the national average, we recognise that we need to continue to look at options to reduce to enhance patient's sleep. To support this work the Trust, have:

- *Divisional Nurse Director for Neurology is launching a 'Shh Campaign – Sleep Helps Healing Campaign' with an SOP and task & finish group. Actions include encouraging patients to close doors, use earphones for TV or listening to music.*
- *Caton will trial a visual aid - Large Ear which is wall mounted) and this has a traffic light system when and highlights when noise is increasing (red) so staff can focus when noise levels need to be reduced.*
- *Sleep well packs have been added to the Volunteer's sweets and library trolleys to issue to patients to raise awareness.*

Conclusion

20. The results remain positive for the third year running considering the timeframe is the most challenging time for the NHS; however, we recognise that there is always room for improvement to the care we deliver to every patient.

21. Our plans to extend the FFT service to a SMS/voicemail service will enhance and provide a new methodology to receive richer and real time feedback to inform where we can make proactive change. This new system will provide live dashboards and ownership to ward managers and Departmental Heads to proactively implement any changes from feedback or arising trends and themes from our patients and families.

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

23. Full details of the report can be found by visiting Adult inpatient survey 2022 - Care Quality Commission (cqc.org.uk)

Recommendation

The Council of Governors is asked to:

- Note the results and improvements required which will be driven by the Senior Nursing Team and reported via the Patient Experience Group
- Be assured that the Trust continues to learn from feedback to improve care, treatment, and the service they deliver.

Author: Lisa Judge
Date: 30 December 2023

The Walton Centre NHS Foundation Trust

Report to Council of Governors
12 December 2023

Report Title	Regular Disclosure and Baring Service (DBS) Checks for Governors
Executive Lead	Michael Gibney, Chief People Officer
Author (s)	Katharine Dowson, Corporate Secretary
Action Required	To decide

Level of Assurance Provided

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

Key Messages

- Following a review of DBS checks in light of the new Fit and Proper Persons Test Framework it has been agreed that all Governors should be asked to complete a DBS check every three years.

Next Steps

- Governors will be contacted via email and sent instructions on how to start the process

Related Trust Strategic Ambitions and Themes	**Impact**		
People	Workforce	Not Applicable	Not Applicable

Strategic Risks

001 Quality Patient Care	Choose an item.	Choose an item.

Equality Impact Assessment Completed

Strategy ☐	Policy ☐	Service Change ☐

Report Development

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

Disclosure and Barring Service (DBS)

Executive Summary

1. In light of the publication of a new Fit and Proper Persons Test Framework for Board Members a review of the use of DBS checks throughout the Trust has been undertaken to ensure that those working and volunteering at the Trust do not have any undeclared criminal convictions that could present a risk to patients or staff. The new framework recommends regular checks and these would be carried out every three years in line with the Governor election timetable.

2. This would only apply to Staff Governors where they are currently not subject to DBS checks in their current role (ie non-patient facing).

Background

3. A DBS check is a way for employers to check a person's criminal record, to help decide whether they are a suitable person to work or volunteer for the Trust. This includes deciding whether it is suitable for a person to work/ volunteer with children or vulnerable adults.

4. DBS stands for Disclosure and Barring Service. This is the public body that carries out DBS checks. They used to be carried out by the Criminal Records Bureau (CRB).

5. There are four different types of DBS check. The type of check depends on what kind of role a person applies for. These are basic, standard, enhanced and enhanced with list check. Governors would require the standard check for volunteers which is free of charge.

Update Service

6. The DBS have an update service which provides an annual update which is ideal as it would mean that a new check was not needed every three years. However, each Governor would need to sign up for the update service within 30 days of the issue date. There is no charge for this service for volunteers.

7. If a Governor already pays for this service through another role or work then there is no need to repeat the checks and the Trust asks that evidence is instead provided of a current valid transferable DBS check.

Conclusion

8. Governors are asked to note the request that DBS checks are carried out for all those who do not have a current check in place. In the future these will be carried out as part of the initial checks for newly elected and appointed Governors.

9. **Governors are asked to sign up to the update service once their check is received.**

Recommendation

To note

Author: Katharine Dowson, Corporate Secretary
Date: December 2023

The Walton Centre NHS Foundation Trust

Report to Council of Governors
12 December 2023

Report Title	External Audit Services: Contract Award
Executive Lead	Mike Burns – Chief Finance Officer
Author (s)	Zoe Stevenson – Head of Financial Services
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

- It was previously agreed by CoG to extend the current contract for external audit services (provided by Grant Thornton) for 12 months from 1st April 2023 to 31st March 2024.
- The Trust has the option to extend for a further 12 months or go out to tender for external audit services.
- It is proposed to agree a further one-year contract extension 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. It was agreed to extend the contract for 12 months from 1st April 2023 to 31st March 2024 in November 2022.

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, however Procurement is currently exploring the option to align the contracts for when the current contract finishes in March 2025.

5. It is proposed that a further 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 carries out 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 enabled 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 2024.

Author: Zoe Stevenson – Head of Financial Services
Date: 28th November 2023

Council for Governors
Membership and Engagement Group
Unconfirmed Minutes

8 November 2023
MS Teams

Present:

Amanda Chesterton (AC)	Chair/ Staff Governor - Clinical
John Taylor (JT)	Lead Public Governor - North Wales
Belinda Shaw (BS)	Public Governor - Merseyside

In Attendance:

Nicola Troy (NT)	Corporate Governance Officer
Jennifer Ezeogu (JE)	Deputy Corporate Secretary
Madeleine Fletcher (MF)	Head of Fundraising
Louise Minton (LM)	Volunteer Manager
Elaine Vaile (EV)	Communications and Marketing Manager

Apologies:

John McClelland	Public Governor - Rest of England

DRAFT

1. Welcome and Apologies

1.1. Apologies were noted as above.

2. Declarations of Interest

2.1. None

3. Minutes from Previous Meeting

3.1. The minutes from the previous meeting held on 9 August 2023 were reviewed and the following correction was suggested:

- Paragraph 6.2 **Review of the Membership Strategic Plan** was duplicated and was to be removed.

3.2. Following the correction of this and a small number typos, the minutes were confirmed as a true and accurate record of the meeting.

4. Action Log

4.1. The Chair provided an overview of open actions and progress status for items currently on the action log.

Raise Staff awareness regarding Membership.

Continue to raise staff awareness of Membership through regular internal communications, TV screens in staff breakout areas, invitations to Virtual events, and Membership Pop Up Promotion. A slide dedicated to staff membership had been included as part of the Trusts' corporate induction.

Communicate the benefit of Trust Membership to University Students.
The membership flyer to be adapted to promote membership to specifically target university students. The leaflet will be circulated to all students on placement within the Trust via the designated internal student coordinator.

4.2. JT added that the leaflet should be inviting to students. The Chair commented that she felt the online Virtual Events would be appealing to students.

4.3. The Chair suggested that NT had a conversation with the Senior Nursing Team (SNT) with regard to including a copy of the paper membership application form within the patients discharge information pack. NT stated that SNT were carrying out a review of the discharge information pack and had SNT have received a copy of the membership application form and had confirmed that they were happy to include this in the reviewed discharge pack from January 2024.

The Membership and Engagement Group noted the action log status and progress.

5. Governor Member Engagement and Activity

5.1. The Chair asked Governors to share any activities or engagement that they had been involved in since the last meeting. The Chair stated that she had recently taken part in a Non-Executive Director (NED) Walkabout to the Labs, and it reminded her of the resources that the Trust had in place for training and development opportunities for staff and encouraged all Governors to take advantage of this opportunity and sign up for a walkabout.

5.2. BS stated that she had taken part in NED Walkabouts and had another reserved for January 2024. She was scheduled to take part in the Trust's Annual PLACE Assessment (Patient Lead Assessment of the Care of Environment) in November 2024.

5.3. The Chair suggested that NT arranged a walkabout in January 2024 around staff areas to raise awareness of staff membership and that customised membership T-shirts be worn for the walkabout. The Chair advised that pop up stands within staff areas were generally overlooked, and that the walkabout would help raise staff awareness better.

Action: NT to arrange a Staff Membership awareness walkabout to take place in January 2024.

5.4. JT stated that inductions had been held in October for the newly elected Governors. In light of Governors request for development, he had a discussion with the Trust Chair to discuss ways to best improve engagement and support Governors in their role and that various development sessions had been planned for Governors. A 'get to know the NEDs' session with Governors would be held on the morning of 12 December to provide Governors with an opportunity meet the NEDs and understand their backgrounds and roles as members and Chairs of the various Board Committees. Further Governor Development sessions would take place throughout 2024 to support Governor interpretation and understanding of internal reports and this information would be communicated in due course via NT.

DRAFT

5.5. BS asked if an email had been sent to Governors regarding the sessions on the morning of the 12 of December and if there would be a presentation as she was unable to attend the session. NT advised that as Governor response to emails had been extremely slow, they were all contacted directly by telephone in the first instance. NT advised that as this is in the planning stages, it was assumed that the presentation would be verbal and would include NEDs working background and the objectives of the committee. NT noted that emails would be circulated to all Governors on future upcoming sessions, once speakers, dates and room availability was confirmed for 2024 and that there would be another session held in the new year as not all NEDs were able to attend on the 12th.

5.6. NT informed that all Governors had been contacted by telephone to inform and invite them to the session with NEDs on 12 December. This was to ensure the session was well attended. NT noted that most Governors had confirmed their attendance, and that lunch and refreshments would be provided for the session.

5.7. The Chair stated that she had participated in the interview process for the new Non-Executive Director and asked which of the candidates had been appointed as she was yet to see an official communication about the appointment. JE stated that Clive Elliott had been appointed with an official start date on 1 November 2024. Although, this had been updated on the Trust website, she would ask the Communications Team whether this could be included in the Trust's weekly newsletter.

Action: JE to liaise with the Communications Team to include the new NED appointment in the Trust's weekly newsletter.

5.8. There were no further Governor Engagement updates.

The Membership and Engagement Group noted Governor Member Engagement and Activity update.

6. Update Membership Strategy

6.1. JE provided an overview of the Membership Strategy and updated the group on progress and summarised below:

<u>Review of the Membership Strategic Plan</u>

The Membership Strategic Plan was reviewed, and good progress was being made against the priorities.

<u>Membership Events</u>

Virtual Events that were held throughout 2023 so far included:

- The Brain Tumour Pathway
- Understanding the role of Governors
- Meet your governors pop up stand
- 2023 Governor Election process.

- Annual Members Meeting presentations: Rapid Access to Neurology (RANA) and 40 Years of Pain Management Programme (PMP).

6.2. JE advised that there were minor amendments to the strategic plan and there were plans to continue to raise membership awareness throughout 2024.

The Membership and Engagement Group noted the Membership Strategy update.

7. Membership Action Plan

7.1. JE provided a progress update on the action plan and noted that many of the actions had been completed and that progress was being made on all outstanding actions.

- **Maintain**

  Promotion of the Membership Strategy

  Continue working with communications to promote the membership internally and externally via social media platforms.

  With new initiatives that include the membership QR Code which provides a direct link to the Membership application form.

  Membership review

  The group to review how the membership compared to the local demographic twice a year.

- **Communicate**

  Membership recruitment methods and review

  To review how the membership compared to the local demographic.

  Membership Strategic Plan

  To provide the group with regular strategic updates.

  Governor Bulletin

  Development of a new Governor Bulletin.

7.2. NT provided a progress update on the status of the Governors' bulletin and stated that the Bulletin was with the Corporate Secretary for final review. The first edition of the Bulletin would be circulated via email in November, further issues would continue bimonthly. The bulletin would contain relevant information for Governors including meeting dates, NHS Provider Training opportunities and other relevant internal information. NT added that Governor feedback on the format would be requested.

7.3. JT thanked NT for developing the Bulletin. JT stated that the reason for the Bulletin was that Governors felt it was difficult to know in advance what was happening within the Trust and that the Bulletin would potentially help improve this element.

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The Membership and Engagement Group noted the Membership Action Plan status and progress.

8. Membership Events

8.1. NT provided an overview and update of the Virtual Events highlighting that earlier in 2023 Virtual Events were poorly attended and efforts had been made to increase awareness and as events progressed throughout the year, attendance had improved. It was felt that the improvement was due to promotion of events via email to all members, internal posters, conversations with staff and internal communication such as the Walton Weekly to target staff. NT thanked EV and the Communications team for their continued support.

Remaining events for 2023-24

22 November 2023
MR Guided Focused Ultrasound (MRGFUS)
1:30pm-2:30pm
Emma Denby, Acting Divisional Operations Director Neurosurgery

Planned Events for 2025 – awaiting confirmation dates and speakers.

February
Thrombectomy
Dr Anita Krishnan, Consultant Neurologist

April
Spinal Robot
Ms Maggie Lee, Consultant Spinal Surgeon

June
Understanding the role of the Governor for potential Governors
Katharine Dowson, Corporate Secretary

July
Neuropsychology
Perry Moore, Consultant Clinical Neuropsychologist

8.2. NT advised that EV was regularly asked for input regarding Virtual Events and what was happening within the Trust to enable membership events appeal to our public members. NT stated that suggestions from the group would be welcomed.

8.3. The Chair stated that in her experience, staff members from different disciplines may not have a clear understanding of how the Executive and Non-Executive work together and a session on getting to know the Executives may be more beneficial to staff. Plans were underway to hold a session within her department explaining the roles of the Executive and a little on their background.

8.4. EV advised that a lot of work had been completed on publicising the role of the Board members and emphasised that most staff have a general understanding of their role within the organisation but acknowledged there may be areas where staff may not know a lot. There was an ongoing visibility from the Executive Directors which included a structured communication and physical visibility programme. It was acknowledged that there may be some staff members who may not know a lot

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about the roles of the Non-Executive Directors and that there was further work to consider regarding Executives before focus is shifted to NEDs or Governors and the level of information that staff require.

8.5. The Chair used the example of being involved in a mock CQC event and staff could be asked if they knew who the NEDs were. NT advised that the NEDs participated in regular Walkabouts with Governors and senior managers and visited a vast range of areas and that this was supportive of increasing NED visibility.

The Membership and Engagement group noted the Membership Events Update.

9. Volunteer Update

9.1. LM presented an update on services and activity within the Volunteer Service. Highlights are listed below:

- **The National Association of Service Managers**
  LM regularly attends a meeting specifically for mangers. The meeting helps to support and efficiently manage the Volunteer Service.

- **Volunteers Week 1-7 June 23**

  -Executive and Non-Executive Directors shadowed and worked alongside volunteers to show how important their roles were.

  - The Chief Executive and Medical Director/Deputy Chief Executive worked with the volunteers in the Pain Management Programme.

  -The Trusts' Chair joined Volunteers for their volunteer trolley rounds.

  -The Chief People Officer attended a Meet and Greet for volunteers.

  Volunteers Appreciation Station

  This will provide an opportunity for staff to leave comments and photos of the team.

  A *'Thank You*' afternoon with coffee and cake will be provided by ISS.

- **75 Years of the NHS**
  The Communications teamed up with two long serving volunteers who shared their personal experience with the NHS which spanned throughout their lives and how the NHS has evolved throughout the years.

  One of the volunteers also gave an interview on BBC Radio Merseyside and talked about his time and experience volunteering for 28 years at the Trust.

- **Training**
  Several Volunteers attended a Transgender Awareness Training session and found it very informative and interesting.
  Neuro Buddies supporting on the wards requested to attend a Speech and Language therapy session to support patient with speech difficulties and this would be arranged.

  Volunteers were supporting the Tonic Study with data entry, data accuracy checks and assisting with administration for research clinics.

DRAFT

There were also a few volunteers supporting with the Trust Annual PLACE Assessment in November 2023.

External awards for volunteers
One volunteer John had been selected for an award for his dedication to the role.

Recruitment
Five new Volunteers had been recruited and six others will be joining in the new year.

The Membership and Engagement Group noted the Volunteer Update.

10. Communication Update

10.1. EV provided the group with updates on Communication activities, highlighting the below:

- **Trauma Room One Documentary:** The Trust was being featured in a fascinating documentary series showcasing the work of Neurosurgery and following patient journeys. The documentary started on Wednesday 25 October and will run for eight weeks on 5 Star every Wednesday at 9pm. Feeback from patients, their families and staff had been very positive. The documentary had created a noticeable positive buzz around the Trust. Due to the positive impact of the documentary, the Trust had been gifted free advertising spaces on digital billboards around Liverpool for the charity.

- **Trust Staff Awards:** The Trust staff awards were held in September 2023. This was the first big event the Trust had organised for staff in six years. Tickets were sold out and there were around 370 staff who attended the Awards held in the Crowne Plaza in Liverpool City Centre. There were over 200 nominations across all the categories and 70 Patient Choice Award nominations. Staff reported that the event was a great night and planning had started for 2024.

- **Health Service Journal Awards 2023** The Trust was nominated for the “Trust of the Year” at the HSJ awards, and the ceremony would be attended by some Board members and senior managers in London on 16 November 2023. A written submission and presentation had been made to the judging panel by the Chief Executive, Medical Director, and Chief People Officer.

The Membership and Engagement Group noted the Communications Update.

11. Charity Update

11.1. MF updated presented an update on Charity events and provided a summary of activities and events below:

- **Community Engagement:** majority of the engagement from patients, their families and supporters of the Trust had been positive.

- **Golf Day**: A Corporate event held in May 2023.

- **Walk for Walton:** A Community event held in May 2023.

- **Ladies Lunch June:** This was a new event which was very popular and would be held again in 2024.

- **Snowdown Hike**: There were 35 fundraisers including past and present patients and their family members. Five staff members joined the walk, including the Chief Executive. One of the patients was in a wheelchair and successfully made it to the peak of the mountain with help from his friends. The event raised over £10,000 and plans are underway for another hike in 2024.

- **Jan Fairclough Ball:** This annual event is to be held on 30 November 2023 at the Titanic Hotel in Liverpool City Centre. There will be over 250 guests with a focus to raise money for the purchase of an Optical Coherence Tomography (OCT) machine. The machine will help both Neurosurgery and Neurology and will support with research for the Trust.

- **Digital Screens Gift:** Large digital advertising spaces around Liverpool had been gifted to the Trust due to the positive feedback and publicity of the Trauma Room One documentary. Donations that come through to the Trust via the advertising platform will be monitored for engagement purposes.

The Membership and Engagement Group noted the Charity Update.

12. Any Other Business

12.1. There was no other business.

Date of next meeting:
Tuesday 13 February 2024
10.00am – 11:00am
Via MS Teams

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UNCONFIRMED

COUNCIL OF GOVERNORS

NOMINATIONS COMMITTEE

Tuesday 12 September 2023

10am – 11am

Present:

Max Steinberg	Non-Executive Director	Chair
Carol Hopwood	Public Governor - Merseyside	CH
John Taylor	Public Governor - North Wales /Lead Governor	JT
Teresa Moretti	Public Governor - Merseyside	TM
John McClelland	Public Governor – Rest of England	JMc

In Attendance:

Michelle Atkinson	Partner Gatenby Sanderson	MA
Katharine Dowson	Corporate Secretary	KD
Jennifer Ezeogu	Deputy Corporate Secretary	JE
Emma Pickup	Partner Gatenby Sanderson	EP
Jan Ross	Chief Executive	JR
Nicola Troy	Meeting Administrator	NT

Apologies:

Andrew Brodbelt	Staff Governor - Medical

Draft Minutes

1. Apologies

1.1. As noted above.

2. Declarations of interest

2.1. There were no new declarations of interest.

3. Minutes from the previous meeting

3.1. The minutes of the previous meeting held on 21 August 2023 were reviewed.

3.2. CH advised that on point 5.1. her initials were incorrect and noted as CM.

3.3. The minutes were then confirmed as a true and accurate record.

4. Non-Executive Director Recruitment - Shortlisting

4.1. MA Reported that there were six candidates who had preliminary interviews with Gatenby Sanderson (GS). Three candidates were recommended as bringing the required experience and skills. Two were marginal and on was not recommended.

Recommended Candidates:

4.2. Candidate 1 – An interesting candidate with previous Non-Executive Director (NED) experience within a large NHS acute Trust. From this they have an interest in specialist neuroscience services. Candidate displayed understanding of the Trust, the NHS, how it works and challenges faced and has a strong digital background. Candidate is participating in another process for a NED role at another Trust within the NHS.

4.3. Candidate 2 – A soon to be retired candidate who had personal connections to the Trust. Candidate has previous Non-Executive Director (NED) experience within the NHS, although they stepped back from this due to health issues in 2022. Candidate displays a hands-on approach and is very outcome focussed. Candidate is participating in another process for a NED role within the NHS.

4.4. Candidate 3 – Although Candidate has no NHS experience, value could be added as they have experience in governance, strong leadership and complex digital transformation background in private and public sectors. Candidate has an interest in Health Inequalities. Candidate had a strong understanding and previous Non-Executive Director (NED) and Chair experience within the University sector.

Marginal Candidates:

4.5. Candidate 4 – An interesting candidate with a personal interest in the Trust as family members have benefitted from the services that the Trust provides. Candidate had a lot of potential to add value to the Board. An experienced NED spanning over the public and private sectors. Candidate has expertise in leadership and governance within their career.

4.6. Candidate 5 – Candidate is an experienced NED at a community and mental health provider FT, Candidate has a somewhat dated career in comparison to others.

Not Recommended:

4.7. Candidate 6 – Candidate has a NED experience within the education setting and has a personal interest in the Trust. Candidate had strong Human Resources background within the public sector, but this background was felt to be less of a priority currently for the Board.

4.8. The Chair asked the Nominations Committee Members for their thoughts or comments on the recommended candidates.

4.9. JR stated that although marginal candidate 4 did not make the recommended list, they met the brief and suggested that candidate 4 could add something different, suggesting that they be moved into the recommended list if this was a possibility.

4.10. KD reminded the Group that the Trust would anticipate three or four candidates were invited to the final interviews and as two of the recommended candidates were already in a recruitment process for other Trusts there was a higher risk of dropouts which could leave a limited field if only three candidates were shortlisted.

Draft Minutes

4.11. All Governors present agreed with proceeding to interview with the recommended candidate list.

4.12. TM added that Candidate 4 appear to have personal motivation to undertake this role and the rationale for this was good.

4.13. The Chair asked GS if the interviews for the other role would clash with the proposed scheduling. MA advised there would not be a clash in dates.

The recommendation was to invite Candidates1,2,3 and 4 to interview.

The Nominations Committee members agreed to the recommendation of four candidates to be interviewed.

5. Any Other Business

5.1. There was no other business.

Date of next meeting

To be confirmed as required

Draft Minutes

Council of Governors Cycle of Business 2023-2024			Quarter 1	Quarter 2	Quarter 3	Quarter 4
Agenda Items	**Action Required**	**Lead**	**June**	**Sept**	**Dec**	**Mar**
Standing Items						
Welcome and apologies	Information	Chair	✓	✓	✓	✓
Declarations of Interest	Information	Chair	✓	✓	✓	✓
Minutes of previous meeting	Approval	Chair	✓	✓	✓	✓
Matters Arising / Action Log	Information	Chair	✓	✓	✓	✓
Governor Items						
Lead Governor Report	Information	Lead Governor	✓	✓	✓	✓
Chair's Report	Information	Chair	✓	✓	✓	✓
Intergrated Performance Report						
Performance and Finance: Busniness and Performance Committee Chair's Report	Information	NED Committee Chair	✓	✓	✓	✓
Quality: Quality Committee Chair's Assurance Reports	Information	NED Committee Chair	✓	✓	✓	✓
Strategy						
Annual Review - Trust Strategy 2022 - 2025	Information	Medical Director	✓		✓	
Annual Plan - The Year Ahead 2024-25	Discussion	Chief Finance Officer/ Chief Operating Officer			✓	
Equality Diversity & Inclusion Strategy	Information	Chief People Officer			✓	
Board Committes Chair's Assurance Report						
Audit Committee	Information	NED Chair	✓	✓	✓	✓
Research, Innovation and Medical Education Committee	Information	NED Chair	✓	✓	✓	✓
Walton Charity Committee	Information	NED Chair	✓	✓	✓	✓
Quality & Safety						
Draft Annual Quality Account (incl. Auditors opinion)	Information	Chief Nurse	✓			
Selection of Quality Account Priorities	Decision	Chief Nurse				✓
PLACE results	Information	Chief Operating Officer	✓			
NED Walkaround Report	Information	Chief Nurse	✓		✓	
National Inpatient Survey	Information	Chief Nurse			✓	

Staff Survery Results	Information	Chief People Officer	✓			
Patient Experience						
Patient Experience Strategy, Activity and Engagement update	Information	Head of Patient Experience	✓		✓	✓
Regulatory/Governance						
Annual Review of Trust Operational Plan/Strategy	Information	Director of Operations and Strategy				
Annual Audit Committee Report	Information	NED Chair		✓at AMM		
Annual COG Effectiveness Review	Information	Corporate Secretary	✓	✓		
Annual Review of COG Subgroup Membership	Decision	Corporate Secretary				✓
Annual Appraisal of Chair and NEDs	Information	Lead Governor	✓	✓		
Remuneration of Non-Executive Directors (as required)	Decision	Chair				
Appointment of Non-Executive Directors (as required)	Decision	Chair				
Annual Register of Interests	Information	Corporate Secretary				✓
Governor Elections	Information	Corporate Secretary	✓			
Governor Election Results and welcome to new Governors	Information	Chair		✓		
Appointment of Trust Chair*	Decision	Lead Governor	As required			
Appointment of the Chief Executive*	Decision	Chair	As required			
Appointment of the Deputy Chair of the Trust*	Decision	Chair	As required			
Bi-Annual Appointment of Lead Governor*	Decision	Corporate Secretary			✓	
Governor Committee Assurance Reports						
Membership and Engagement Group	Information	Governor Chair	✓	✓	✓	✓
Annual report of Membership and Engagement Group	Assurance	Governor Chair	✓	✓		
Membership and Engagement Group Terms of Reference	Approval	Governor Chair				✓
Advisory Committee	Information	Governor Chair	✓	✓	✓	✓
Nominations Committee	Information	Governor Chair	✓	✓	✓	✓
Nominations Committee Terms of Reference	Information	Governor Chair	✓			
Items to Note						
Cycle of Business	Information	Corporate Secretary	✓	✓	✓	✓

Questions on Notice from members and governors	Information	Chair	When received			
Ad Hoc Items in Year						
Governor Communications Survey Results	Information	Corporate Secretary	✓			