The Walton Centre
NHS Foundation Trust

Public Trust Board Meeting

Monday 22nd June 2020

Agenda and Papers

Excellence in Neuroscience

PUBLIC TRUST BOARD MEETING
AGENDA
Monday 22nd June 2020
2.45pm to 3.45pm

Virtual Meeting

V = verbal, d = document p = presentation

Item	Time	Item	Owner	Purpose
1	2.45pm	Welcome and Apologies	J Rosser	N/A
2	2.45pm	Declaration of Interests	J Rosser	N/A
3	2.47pm	Minutes and actions of meeting held on 22nd May 2020	J Rosser	Decision
Strategic Context				
4	2.50pm	COVID-19 Update	H Citrine	Information
Performance				
5	3.10pm	Integrated Performance Report	H Citrine /Execs	Assurance
Governance				
6	3.30pm	Quality Committee Chair's Report	S Crofts	Assurance
7	3.35pm	Business Performance Committee Chair's Report	S Samuels	Assurance
8	3.40pm	NHS Foundation Trusts' Self-Certification Requirements 2019/20	J Hindle	Decision
		AOB		

Date and Time of Next Meeting: 30th July 2020

UNCONFIRMED

Minutes of the Open Trust Board Meeting

Meeting via MS Teams due to national lockdown and COVID19 outbreak

Thursday 22 May 2020

Present:

Ms J Rosser	Chair
Mr S Crofts	Non-Executive Director
Ms S Rai	Non-Executive Director
Ms S Samuels	Non-Executive Director
Ms B Spicer	Non-Executive Director
Professor N Thakkar	Non-Executive Director (part)
Ms H Citrine	Chief Executive
Mr M Burns	Director of Finance and IM&T
Dr A Nicolson	Medical Director
Ms J Ross	Director of Operations and Strategy
Ms L Salter	Director of Nursing and Governance
Mr M Gibney	Director of Workforce and Innovation

In attendance:

Dr C Burness	Consultant Neurologist, Guardian of Safe Working
Ms J Hindle	Corporate Secretary
Mr R Cottier	Governor

Trust Board Attendance 2020-21

Members:	Apr	May	Jun	Jul	Sept	Oct	Nov	Jan	Mar
Ms J Rosser	✓	✓							
Mr S Crofts	✓	✓							
Ms S Samuels	✓	✓							
Ms B Spicer	✓	✓							
Ms S Rai	✓	✓							
Prof N Thakkar	✓	✓							
Ms H Citrine	✓	✓							
Mr M Burns	✓	✓							
Mr M Gibney	✓	✓							
Dr A Nicolson	✓	✓							
Ms J Ross	✓	✓							
Ms L Salter	✓	✓							

TB13/20-21 Welcome and apologies

Ms Rosser welcomed those present to the meeting via Microsoft Teams. No apologies were received.

It was explained that questions on papers and any amendments to previous minutes had been requested in advance of the meeting. Questions had been circulated to executives and would be answered at the appropriate agenda items during the meeting.

TB14/20-21 Declarations of interest

There were no declarations of interest in relation to the agenda.

TB15/20-21 Minutes and matters arising from the meeting of 30th April 2020.

No amendments had been forwarded to the Corporate Secretary; the minutes were therefore agreed as an accurate record of the meeting.

The following actions were confirmed as complete and could be closed.
TB 163/19-20
TB 147/19-20
TB 150/19-20
TB 10/20-21
TB 12/20-21
TB 13//20-21

TB16/20-21 COVID - 19 Update Report

Ms Citrine introduced the report which summarised the current position in relation to the national and local response to the COVID-19 outbreak.

The Trust is included in the Cheshire and Merseyside STP restoration plan approach. Work has been undertaken nationally to agree plans to restore some normal NHS activity. Across Cheshire and Merseyside, it has been predicted that approximately 24% of normal elective activity will be carried out across the next six weeks which is a notable reduction of usual activity.

Ms Citrine highlighted the following:

- It was likely that the Aintree Stroke and the Head and Neck Cancer Services will remain at the Trust until end of July 2020;
- Cancer patients and those requiring urgent pain procedures continue to be treated;
- More Neurophysiology investigations and Radiology scans have commenced;
- Outpatient appointments were being held virtually wherever possible
- There is a restriction on the number of day case procedures being performed due to the quantity of PPE required for these cases; regional and national availability of PPE remains inconsistent;
- Unreliability of patient test results being returned prior to surgery;
- The implications of the 2 metre social distance requirement on delivering services, was being assessed and an estates exercise has been undertaken throughout clinical and non-clinical areas to establish what this means for staff returning to work on site,
- Working from home arrangements are working well and likely to continue.

Professor Thakkar queried whether the Trust was utilising reusable PPE and was following disinfection and filter replacement guidance and whether current stock levels could be maintained. Ms Ross stated that disposable masks were being used but if individuals were issued with personal masks, manufacturer's guidelines were being followed. Stock was controlled across the Cheshire and Merseyside region and the Trust was working closely with partners to ensure good stock levels.

Ms Rai queried the current position in relation to annual leave and whether future problems were anticipated. Mr Gibney informed members that the Trust was awaiting national directive on this matter but initial guidance was that staff could carry leave over for a period of 2 years. Within the Trust there were 2 categories of staff who would have difficulty taking annual leave; essential staff in work and staff who were shielding. Currently staff were being encouraged to take annual leave and work was underway with Trade Unions on the possibility of pay back for leave which would be funded from the COVID payback scheme.

The Board

- **noted the updated position**

ACTION:
Director of Workforce to provide update on staff annual leave DUE: June 2020

TB17/20-21 Integrated Performance Report

Ms Citrine introduced the report. The impact of COVID-19 on performance was outlined noting the effect on patient waiting times. Cancer performance activity remains above target as this continues to be prioritised. A high number of 52 week breaches were expected and the Trust is taking appropriate action to monitor risks to these patients. An underperformance has also been reported on diagnostic test waiting times. It is recognised that the Trust is unable to deliver the level of activity prior to the COVID-19 outbreak.

Finance: The Trust reported a breakeven position in month 1. Changes to the financial architecture have been introduced; Payment by Results (PbR) has been suspended and income is now based on a block contract mechanism.

Quality Indicators: A positive position on quality indicators was reported, notably in relation to the number of healthcare acquired infections and incidents which have remained within expected low levels.

Workforce KPIs: Changes to KPIs have been made in relation to sickness and vacancy rates A reduction was noted in appraisal compliance and plans are in place to address this.

Operational Performance:
Ms Ross outlined the following key highlights.

The Trust has prioritised all cancer and urgent cases and the Cancer Access standard had been achieved.

Due to the reduction in the number of patients being seen, it is unlikely that activity will return to pre-COVID-19 levels. This was reflected in the Cheshire and Merseyside recovery plan which focussed on clinical need and due to this approach, the anticipated activity level is considered to be approximately 24%. Discussions will take place to identify how future improvements in performance can be measured.

There were no 52 week breaches reported in April; however two will be reported in May. . A Root Cause Analysis will be undertaken to ensure no harm was caused to patients waiting in excess of 52 weeks. Ms Ross stressed that patients were being seen and treated according to clinical need as opposed to meeting performance targets.

Ms Rai asked why the two patients had not been seen to avoid breaching the 52 week wait threshold; Ms Ross responded that these patients did not meet the urgent clinical criteria.

Ms Spicer commended the Trust on meeting the Cancer Standards. Ms Spicer also suggested that a benchmarking exercise would be helpful to measure improvements in the Trust's performance going forward. Ms Ross agreed this approach would be helpful given that recovery plans will be in place across the system.

e

Finance Position:

Mr Burns confirmed that the Trust had achieved a break-even position in line with national guidance.

The Month 1 plan approach was based on the average expenditure for months 8 to 10 in 2019/20 plus 2.87% inflation.

Income had been received as a block payment from Commissioners and had been set nationally; any shortfall should be reimbursed by a top-up arrangement; however there was no requirement for this in Month 1.

Mr Burns explained the rationale to the underperformance of £492k against planned income which was primarily due to the £260k payment which remains outstanding from Wales and the Isle of Man.

The reasons for the £525k underspend were explained. This was partially off-set by costs attributed to COVID-19 which included the underspend on Theatre consumables due to the cancellation of elective activity in April and also accrual of annual leave. A major underspend was also seen in exclusions. This is being investigated but is likely to be due to the significant reduction in activity and use of devices and drugs. This position is consistent across Cheshire and Merseyside.

Capital spend was £128k in- month; £102k related to COVID-19. The Trust is waiting for this to be reimbursed and is still in discussion with the Health Care Partnership regarding the capital plan for 2020/21. This does not preclude the Trust from continuing with its committed expenditure and planned works should therefore continue.

The cash balance of £40.8m and includes 120 days of operating costs because the April and May block payment was received to ensure that operating costs could be met.

A reduction of £14k in agency spend was reported, a proportion of the in-month expenditure relates to the Aintree Stroke Service and the COVID-19 response.

Mr Burns advised that any future capital spend relating to COVID-19 needs to be sanctioned by the Health and Social Care Partnership.

The level of the CIP efficiency target with effect from month 5 was still unknown.

In response to a question from Mr Crofts, Mr Burns clarified that the plan set by NHSE/I is based on average expenditure incurred in months 8 to 10 in 2019/20. The top- up mechanism was expected to continue until October, however early thoughts are that this will continue to the end of the year. This has not been confirmed and guidance is expected at end of May 2020. Mr Burns confirmed that as the Trust achieved a break-even position; the top-up mechanism had not been needed.

In response to a query raised by Ms Rai regarding achievement of the break-even position; Mr Burns explained that this was mostly due to costs relating to COVID-19. For transparency, a separate budget code has been set up for costs attributed to COVID-19; the Trust is expecting to be audited on this in the future.

Quality of Care:
Ms Salter highlighted the reduction seen in the number of Hospital Acquired Infections.

Ms Salter advised that at the Quality Committee meeting held 21 May 2020; members were assured that despite quality audits not being undertaken during the initial outbreak of the COVID-19 pandemic; Matrons and Divisional Nurses had a very high presence on the wards and were assured by staff that quality care was still being delivered to patients.

Ms Samuels commented on the omission of a risk assessment report which had been presented at the Quality Committee; Ms Salter explained and gave assurance that the incident had been discussed and appropriate action taken. .

Ms Rai asked if there was a plan to address the backlog of outstanding complaints which was noted to be above the national average. Ms Salter advised that of the 15 open complaints, six were due to be closed today and nine were under investigation but it was anticipated these complaints would be closed soon. Six new complaints had been received since the outbreak of the COVID-19 pandemic; these were being reviewed by the Divisions. Complaints were now being reported through DATIX to ensure any themes are identified and lessons were learnt. The internal process of complaints management had been reviewed to ensure that complaints were dealt with in a timely manner.

Mr Crofts commended the Trust on the positive position in relation to infection control and that the processes put in place before COVID-19 had been maintained. He also remarked on the progress made in staff safeguarding training.

Workforce indicators:
Mr Gibney clarified that the 11% sickness absence figure related to the number of staff not in work. Non-COVID-19 related sickness was at the lowest level since 2013/14. 81 members of staff were on special leave due to Government advice on shielding. Of the residual figure of circa 5.6%; more than 1% related to staff absent due to COVID-19. Staff who were shielding and working from home were being encouraged to complete any training and annual appraisals.

In response to questions on the COVID-19 staff survey, Mr Gibney advised members that the closing date for submission of completed surveys was likely to be end of May; to date, 400 responses had been received. Focus groups for both clinical and non-clinical staff would be arranged and the output would help inform agile working policies for the Trust. Whilst there were no findings to report at this stage, anecdotal feedback suggested that whilst not all staff preferred working from home the positive impact on productivity had been recognised. Ms Spicer commented on the positive initial survey response rate.

Ms Samuels queried whether all staff working from home received support from line managers. Mr Gibney responded that it was recognised that this was variable across the Trust but executives were clear that there should be a consistent approach and training would be planned following the review of the survey.

Ms Rosser confirmed that answers to all questions raised by Non-Executive Directors in advance of the meeting had been answered.

The Board:

- **noted the report.**

TB18/20-21 Guardian of Safe Working Quarterly Report

Dr Burness updated the Board on the Q4 19/20 position.

There were currently 52 doctors at the Walton Centre on the new 2016 terms and conditions. Overall, the feedback from junior doctors was very positive. Since the introduction of the new contract in August 2016, there had been 16 exception reports. All had been resolved with Time off in Lieu (TOIL).

The coronavirus pandemic had led to new challenges for rota compliance and working patterns. Whilst work schedules and working hours had not been changed and the latter had in some cases reduced, all rotas had been amended so that less junior doctors were on site at any one time and to allow for planned cover for absences.

The impact of the current situation on not only the training of junior doctors but also on their wellbeing and moral had been recognised and therefore the Trust had taken all opportunities to offer support and educational experiences during this period. The feedback had been positive.

Dr Burness reported that MS Teams was currently being utilised for training and for the Junior Doctors forum and that this may continue in the future to provide a greater degree of flexibility in relation to training. It was recognised that there had been an impact on medical education and that this would be reported separately at a future date.

In relation to rotas Registrars had needed to change rotas multiple times as planning had been difficult and changes hard to anticipate however whilst the emergency rota activity had been quiet Junior Doctors had been busy due to the impact of the new stroke ward on Sherrington.

Ms Rosser asked if there had been any national guidance in relation to the Junior Doctor's Contract because of COVID-19. Dr Burness stated that the BMA had issued guidance in March on the suspension of the Junior Doctor contract which offered flexibility on the working time directive.

The Board:

- **noted the report.**

TB19/20-21 Infection Prevention Control Annual Report

Ms Salter introduced the Infection Prevention Annual Report which was a requirement of the Health and Social Care Act (2008) to ensure that infection prevention arrangements were in place against the risk of acquiring a healthcare associated infection (HCAI).

The Quality Committee was satisfied with the excellent work undertaken to achieve the reduction of HCAIs for 2019/20, with the exception of E-Coli, albeit this was in line with the national benchmark. This will form part of the next 12 months work plan and is in addition to achieving the significant improvement work being undertaken. The team collaborated well with the Divisions, particularly with the COVID-19 pandemic. New KPIs set by PHE will be produced for infection prevention.

Confirmation and assurance was received that all questions raised by Non-Executive Directors in advance of the meeting had been answered.

The Board:

- **noted the report and ratified the 2020-2021 HCAI work plan**

TB20/20-21 Infection Prevention and Control Board Assurance Framework

Ms Salter advised that NHSE/I were keen that Trust Boards were assured regarding their effectiveness against the COVID-19 pandemic and the systems in place. The Framework

has been reviewed and any outstanding actions would be managed by the Infection Prevention Committee and included in the work plan going forward. This Framework was ratified by Quality Committee at the meeting held on 21 May 2020.

The Board:

- **noted the report**

TB21/20-21 Safeguarding Annual Report

Ms Salter introduced the report and advised that the Quality Committee had reviewed and the Safeguarding Annual Report at the meeting held on 21May 2020. The Report provided insight into the complex areas of safeguarding and progress made over the last 12 months.

The Committee noted that significant levels of training has been delivered which has resulted in an increase in the number of safeguarding concerns as staff have a better understanding of safeguarding responsibilities.

The Board was asked to note that the increase in Deprivation of Liberty (DoL) assessment delays was as a consequence of the external Assessors not reviewing patients in a timely manner. A change in legislation to introduce the Liberty Protection Safeguards (LIPS) had been delayed due to the COVID-19 outbreak; however, in anticipation of managing this in house, the Trust had recruited to the position to ensure preparedness for the increased work and processes once this legislation was passed.

Ms Salter explained the rationale for the 66% compliance rate against Level 4 Safeguarding training and assured that plans are in place to ensure 100% compliance.

The Board was asked to formally agree the 2020/21 Safeguarding Work plan.

The Board:

- **ratified the Safeguarding Work Plan for 2020/21**

TB22/20-21 Governance, Risk and Patient Experience Annual Report 2019/20

Ms Salter summarised the report which had been reviewed and approved at the Quality Committee meeting held 21 May 2020. The Governance Assurance Framework was reviewed in detail and it was noted that one Hospital Acquired Infection was omitted from the report which has now been corrected. Since November 2019, there has been a significant reduction in the number of open complaints and the Divisions work closely with the Patient Experience Team.

Ms Rai asked how the number of CNST claims reported in 2019/20 compared with previous years.

Ms Citrine responded that in previous years, the Trust had consistent low numbers of claims; the highest volume of cases relate to patients with Cauda Equina syndrome where symptoms are difficult to recognise. .

Confirmation and assurance was received that all questions which had been raised by Non-Executive Directors in advance of the meeting had been answered.

The Board was asked to formally agree and ratify the 2020/21 Governance Work plan.

The Board:

- **ratified the Governance Work Plan for 20/21**

TB23 20/21 Chairs Report Quality Committee

It was confirmed that there was nothing further to add from the meeting as most items on the agenda had been presented to members.

TB24 20/21 Fit and Proper Persons Statement

Ms Rosser, as Chair of The Walton Centre NHS Foundation Trust confirmed that all existing Executive and Non-Executive Directors meet the requirements of the Fit and Proper Persons Test.

Since the last CQC inspection, a robust HR process, evidence collection and retention had been put in place.

The Board was requested to:

- Note the assurance that all current Executive Directors and Non-Executive Directors meet the Fit and Proper Persons criteria.
- Confirm that the current Non-Executive Directors remain independent, for inclusion in the Trust's Annual Report 2019/20.
- Note the Board Register of Interests

The Board:

- Formally noted the report
- Confirmed the independence of the Non-Executive Directors
- Noted the Board Register of Interests

TB25/20-21 AOB

None discussed

TB26/20-21 Close of meeting

Ms Rosser thanked the members for their contributions and asked Mr Cottier for any questions or comments. Mr Cottier offered that he had found the meeting informative and praised members on their conduct and the organisation of the meeting undertaken in challenging circumstances.

Ms Rosser recognised the challenges faced in adapting and utilising the platform for virtual meetings and the demands which had resulted from the quick transition.

The Board acknowledged the benefits of holding virtual meetings and discussed ways to improve the experience for members. It was recommended that headsets be provided for all Non-Executive Directors and a brief user guide be produced to benefit users.

Date and time of next meeting – 22 June 2020

There being no further business, the meeting closed.

TRUST BOARD
Matters arising Action Log
May 2020

	Complete & for removal
	In progress
	Overdue

Date of Meeting	Item Ref	Agenda item & action	Lead	Update	Deadline	Status
27.06.2019	TB 78/19	**Annual Safeguarding Report/DBS Checks** Director of Workforce & Innovation to provide an update on benchmarking with other organisations regarding DBS check approach/ funding	M Gibney	M Gibney to provide a paper outlining the position, options and risks. **January 2020** Item on the agenda. Regional solution awaited. Update to be provided when agreement reached. **May 2020** Work on hold until after COVID-19	~~Oct 2019~~ ~~Jan 2020~~ June 2020	
25.07.2019	TB 96/19	**Quality Committee Terms of Reference** To review the membership and Terms of Reference for all of the Board Committees	J Hindle	Quality Committee, BPC and Audit Committee complete. **Jan 2020** RDI, Charity and Rem Com to be agreed by each committee before approval by Board. **March 2020** Comments following Charity Committee to be included in the next version. RDI need to factor in the changes to the sub-groups. **May 2020** Ongoing **June 2020**	~~Nov 2019~~ ~~March 2020~~ ~~April 2020~~ June 2020	

				Draft T2020ORs for RD&I to be discussed at the July meeting and now include Medical Education		
22.05.20		**COVID 19 Update** Director of Workforce to provide update on the national and local position in relation to annual leave of staff.	M Gibney		June 2020	

The Walton Centre
NHS Foundation Trust

REPORT TO TRUST BOARD
Date 22nd June 2020

Title	**COVID-19 Update Report**
Sponsoring Director	Hayley Citrine Chief Executive
Author (s)	Jan Ross, Director of Strategy and Operations, Mike Gibney, Director of Workforce and Innovation, Lisa Salter, Director of Nursing and Governance, Mike Burns Director of Finance.
Previously considered by:	None
Executive Summary The purpose of the report is to summarise the approach to COVID-19 to date; to inform the Board of new ways of working, emergency resilience and operational preparedness, recognising regional and national responses and directives.	
Action required by the Board	The Board is requested to: • note the updated position
Related Trust Ambitions	1. Deliver best practice care and treatments on our specialist field. 2. Provide more services closer to patient's homes, driven by the needs of our communities, extending partnership working. 3. Be financially strong, meeting our targets and investing in our services, facilities and innovations for patients and staff. 4. Lead research, education and innovation, pioneering new treatments nationally and internationally. 5. Adopt advanced technology and treatments enabling our teams to deliver excellent patient and family centred care. 6. Be recognised as excellent in our patient and family centred care, clinical outcomes, innovation and staff wellbeing
Risks associated with this paper	BAF Risk ID001 COVID-19
Related Assurance Framework entries	BAF Risk ID001 COVID-19
Equality Impact Assessment completed	Not applicable
Any associated legal implications / regulatory requirements?	Follows national and regional guidance related to Coronavirus

1.0 INTRODUCTION

1.1 The purpose of this report is to update the Trust Board on key national, regional and local developments in relation to COVID-19.

2.0 NATIONAL CONTEXT

2.1 Black Lives Matter and health inequalities

The NHS Race and Health Observatory, which will be hosted by the NHS Confederation, will identify and tackle the specific health challenges facing people from BAME backgrounds.

It comes amid significant concerns about the particular impact of the COVID-19 virus on people from black, Asian and ethnic minority (BAME) backgrounds.

The Observatory will involve experts from this country and internationally, and will offer analysis and policy recommendations to improve health outcomes for NHS patients, communities and staff. https://www.england.nhs.uk-expert-research-centre-on-health-inequalities/

Treatment of Cancer during coronavirus

Patients are being offered more convenient cancer treatment during the coronavirus pandemic, including chemotherapy buses and the fast track rollout of an innovative and life-saving type of radiotherapy.

2.2 NHS England has announced it is accelerating the use of stereotactic ablative radiotherapy (SABR) which requires fewer doses than standard radiotherapy, cutting the number of hospital visits that potentially vulnerable cancer patients need to make. Rather than full rollout by 2022, it will now be available across the NHS by the end of this financial year.

It is a very precise method using a high dose of radiations with only around five outpatient visits, compared to conventional radiotherapy, requiring 20 – 30 treatments.

https://www.england.nhs.uk/2020/06/-modern-cancer-treatment

3.0 REGIONAL POSITION

3.1 BAME Advisory Board

NHSI Regional Director, Bill McCarthy recently wrote to all Trusts advising them of plans to establish a BAME Advisory Group for the region which will be chaired by Evelyn Asante Mensah, Chair of Pennine Care. The group will have two purposes:

- To advise from a BAME perspective on the management of COVID-19 epidemic by the NHs in the NW. This will include reviewing evidence, reviewing actions taken and proposing additional actions.
- To advise on progress with WRES and other matters of concern to BAME staff

and communities in the NW. Key lines of enquiry might include access to services, staff experience and career progression.

Membership will comprise Executives and Non-Executives across the region and nominations for members have been sought from Providers and Commissioners.

3.2 Cheshire and Merseyside Hospital Cell

Capacity Plan Next Steps

Work continues to develop the Cheshire and Mersey Capacity Plan and this includes joint capacity modelling between the Hospital and Out of Hospital cells, which will enable management of the strong inter-dependencies across all phase 3 plans. One example of this is the development of the new Seacole beds for stepdown patients.

Whilst plans for the period August 2020 to March 2021, has to be submitted by 22nd June, the planning guidance will not be issued until July, meaning that we there may have to be some adjustment may have to be ready to adjust our plans if necessary. Early indications suggest that the planning guidance will have two broad themes – more clarity on finance and capacity, and what is required of local systems. Financial parameters are now clearer, given decisions on the finance framework, including block contracts, but there is more detail to be agreed. Capacity assumptions also still need to be finalised. The ask of systems will be informed by current conversations with system leaders and chief executives, reflecting the issues experienced with Phase 2 implementation. The guidance will recognise the constraints that impact on productivity.

Capital

Capital bids have been requested to improve safety and efficiency in managing COVID, and to optimise productivity. A group of Directors of Finance will do a first sift of the submissions. The In Hospital and Out of Hospital cells will work together to ensure priorities are aligned from a whole system perspective. The outcome of the capital requests will be known in July,

Independent Sector Capacity

A key element of the ability to increase capacity to meet demand over the next months will be through maximising utilisation of the Independent Sector (IS) and the planned use of IS capacity for the next 2 months has been identified.. The Hospital Cell will monitor take up to ensure maximum value, if necessary, by redirecting unused capacity to other parts of the Cheshire and Merseyside hospital system. As part of the planning process there is an expectation that IS requirements for the rest of 2020/21 will be profiled.

PPE Escalation Process

The supply of particular items of PPE continues to be a challenge, in particular FFP3 masks. It is important that trusts take a proactive approach by flagging up issues as early as possible so the Hospital Cell can support you in finding alternative solutions.

There may be an opportunity for the cell to place an order for up to 1 million FFP3 masks from a new, local supplier, once we are assured regarding their accreditation. This supply would be available to all Cheshire and Merseyside acute trusts.

New guidance on PPE requires all staff in hospitals to wear face masks in public areas and where social distancing is not possible, and all visitors and outpatients should wear face coverings. National guidance is still awaited , but a useful example of good practice might be that issued by the Northern Care Alliance:

https://www.Coronavirus/Daily-updates

Nosocomial infections

There is great concern about the level of nosocomial COVID infection across the NHS, and acute trusts in the North West have been identified as outliers. There will be increased focus on the reasons for this in the coming weeks, and a new reporting system is being introduced.

Infection Prevention and Control - reducing the risks to patients and staff

The North West Regional Team has issued guidance on reducing the risks re COVID-19 when delivering planned and emergency care in Hospital settings. These principles do not take the place of any national guidance nor do they supersede any local organisational policy or protocol. They are to be used to support delivery and interpretation of the local and national guidance. Link

4.0 LOCAL POSITION

4.1 PPE

In line with the Government guidelines on Test & Trace visitors are now able to see patients in normal ward areas but must wear surgical masks, visors, plastic aprons and gloves.

All staff working on site are required to wear surgical masks from 15th June. This applies outside of ward and clinical areas. If two metres social distancing can be observed, managers can conduct a local risk assessment for their office or work space, which will allow staff to not have to wear masks. If social distancing isn't possible, staff must wear masks at all times.

The Trust has received 180,000 masks in the last week with further stock to be received daily via the MOD.

4.2 Infection prevention and control

Temperature Testing: The Trust is currently making plans to check the temperature of staff on arrival and prior to leaving the hospital. Visitors are already having their temperatures checked on arrival. HCAs are stationed at the main entrance, link bridge entrance and rear doors next to Jefferson (staff only entrance/exit) during working hours. The HCAs will take the temperature of staff and patients. For staff working outside those times on shifts, thermometers have been delivered and these will be available in clinical areas e.g. radiology, theatres, wards, OPD. If anyone's temperature is 37.8 degrees or above, they will be asked to return home immediately and not enter the hospital.

Antibody testing: The Trust has introduced a programme of antibody testing for staff and patients. Both inpatients and outpatients having bloods taken will be offered an antibody test at the same time provided that consent is obtained.

Clinical staff have been treated as a priority but the Trust plans to test as many staff as possible however this will not mean that staff will not get Covid 19 again, it will only advise them whether they have already had the virus.

4.3 Visiting:

With the R number increasing within the region, the Directors of Nursing have confirmed that the region will not be opening the hospitals up to regular visitors due to the increased risk to patients and staff. A regional statement has been agreed which states that the following standards should be observed:

- A maximum of two visitors for patients at the end of their life.
- One birthing partner accompanying a woman in labour.
- One parent or appropriate adult visiting a child, this may include multiple parents although only one may be present at any time.
- One carer that is supporting someone with a mental health issue such as dementia, a learning disability or autism, where not being present would cause the patient to be distressed.
- In exceptional cases consideration will be given to individual requests.

4.4 Patient Experience

The Senior Nursing Team and Director of Nursing & Governance are regularly attending the wards to seek feedback from patients regarding quality care and their experiences. Both patient and family feedback is collated from social media and from staff contacting families to update them regarding their loved one. This information is shared with the Patient Experience

Team.

4.5 Outpatient appointments

Most of our outpatient appointments are now being undertaken in a different way. When it is necessary to attend the hospital, the patient should attend alone, where this is not possible, either due to potential psychological distress or physical support, one person may accompany the patient attending outpatients, both should wear face coverings.

4.6 Finance

As we move towards the recovery phase, the hospital cell have requested that providers develop plans around potential capital requirements in the future phases of Covid-19. This includes investments related to additional community capacity for step down / rehab beds, critical care capacity, mental health and capacity adjustments to become Covid secure. It is requested that these investments to increase capacity are in place by October at the latest. These individual capital requests will be then be reviewed and prioritised by a group of C&M Directors of Finance led by the Health Care Partnership DoF and sent onto the Hospital Cell for consideration. At present there has been no central capital or revenue identified to fund these potential investments. The final list of prioritised capital investments will be included as part of recovery plan submission to be considered by North West NHSE/I on 22nd June.

At present, no further guidance has been forthcoming around the financial framework post July although discussions are on-going. Planning guidance was due to be released at the end of June but this is now likely to be available in July.

There have been discussions with Internal Audit about progressing with the audit plan and reviewing what can be carried out remotely / needs little on site work via utilising Microsoft Teams and other facilities.

4.7 Procurement and supply of PPE

The Trust continues to follow national and regional processes for updating stock levels and escalating shortages of PPE on a daily basis. Other critical consumables are now reported on a bi-weekly basis and reviewed by a national clinical team to ensure adequate levels of stock will be distributed across the nation. Mutual aid is on-going with Trusts supporting each other to ensure organisations can continue to offer care to patients.

The MOD organise daily deliveries of PPE via Clipper logistics and bulk orders have been received through collaboration with the Cheshire and Mersey region. Locally the Trust continues to identify gaps and procure solutions which cannot be fulfilled nationally or

regionally. A national shortage of FFP3 masks has been communicated, therefore the Trust has now procured additional reusable masks and the details shared with other Trusts to enable an increase in activity across the region.

The processes implemented over the past month will continue for the foreseeable future with updates to systems to improve the visibility of stock nationally.

4.8 Health & Wellbeing Update

The Trust continues to offer a wealth of local health and well-being initiatives, during the past month the Trust have concentrated on supporting our BAME and vulnerable staff through the risk assessment process, the current risk assessment includes a flow chart, scoring criteria, and some coaching style questions to support staffing during completion. In addition to BAME colleagues, those with underlying health conditions and pregnant employees the flow chart in the risk assessment also suggests these should be carried out for male staff and those aged over 60.

In addition there are a number of regional and national projects, a round up can be seen below:

The Our NHS People resource continues to grow. The most recent guides developed by experts are Managing with kindness, civility and respect, Making decision under pressure and Key worker guidance and family support package. Daily virtual group sessions 'common rooms' where NHS professionals meet in a safe and guided spaces can be accessed on people.nhs.uk. 121 confidential support sessions are also now available and new apps such as Stay Alive, a suicide prevention resource, and Movement for Modern Life, a yoga platform, have been added to the library of free apps.

Psychological Support A series of fantastic videos have been developed and made available by Lancashire Teaching Hospitals on Stress & Burnout, Moral Injury and Acute Stress Reaction and also Staff Debrief Training and Difficult Debriefs.

Supporting Working Parents: Cityparents have offered their online programme of support and resources to NHS employees without charge until the end of 2020. The programme consists of a curated collection of positive and practical support for working parents, delivered through expert-led webinars/seminars, advice, peer insights, online articles, blogs and podcasts.

4.9 BAME Staff

The trust has taken some key measures to support and keep BAME staff working safely during the covid-19 epidemic.
As soon as information became available about the disproportionate impact of COVID-19 on BAME communities the Trust released messages clarifying the situation, the risk to BAME staff and the need to follow Trust PPE guidance. These messages included promotion of the COVID-19 risk assessment along with the information on why it was needed in particular for BAME staff. Staff were encouraged to contact the Trust's ED&I Lead for support if required.

In addition to the risk assessment work the month of Ramadan fell during this period and information was circulated to staff about how to support colleagues who may be fasting at this time.

There is limited data on the actual physical and mental health impact that COVID-19 has and is having on BAME staff and any full assessment of this will require the collection of comparative data measured against White staff groups across a number of indicators and over a considerable time period.

The ED&I Lead continues to be involved in developments at both a regional and national level.

4.10 Council of Governors

The Trust is continuing to work closely with the Council of Governors to ensure that they are supported to discharge their role. Council of Governor meetings have continued but are held as virtual meetings via MS Teams and in line with national guidance; the public are excluded from public sessions.

The same process applied for Trust Board has been followed and governors are asked to send in questions relating to the papers in advance of the meeting.

A weekly briefing has been provided to all governors to ensure that they are informed of the trusts position. Plans are in place to hold virtual meetings with the Chair to discuss briefings and raise questions.

4.11 Walton Centre Charity

The emergency appeal set up through the charity website has received over £11,000 in on-line donations plus the £5,000 received from Investec in lieu of their corporate support of the Golf Day which was due to take place on 21 May. Adding the two grants received from NHS Charities Together (£35,000 and £10,500) takes the total received to support staff/patients

during the covid-19 crisis to £61,500.

To date just over £22,000 has been spent on initiatives directly related to covid-19/staff/patient wellbeing as reported last month and there are also plans to use funds to improve staff break areas, especially the external ones.

Gifts-in-kind such as refreshments for staffrooms; treats for staff; and toiletries for patients have continued to be received from community and corporate partners, although the frequency and amount is starting to reduce. Any bulk donations of refreshments received now are directed to the Project Wingman Lounge for all staff to enjoy, rather than being distributed to each area. A central log of all donations to the hospital continues to be maintained by the Fundraising Team to ensure appropriate acknowledgement/thanks as well as fair distribution across wards and departments.

On 29th May Project Wingman First Class Lounge was opened on Jefferson ward, infusion bay. Project Wingman is a group of furloughed or grounded airline crew who are volunteering their time to provide an experience for NHS staff to help them to relax and unwind before, during or after a shift. The Project Wingman crew are from a number of airlines including British Airways, EasyJet, Jet2 and Virgin. The crew have set up Project Wingman independently of the airlines. There are over 50 Project Wingman First Class Lounges in operation in England and we are the first one in Liverpool. The charity is working in partnership with the Project Wingman, supporting them with refreshments like tea, coffee, snacks for the lounge.
An update on activities, income and proposed charitable expenditure is provided to the Charity Committee by the Head of Fundraising on a weekly basis.

4.12 IT / Digital

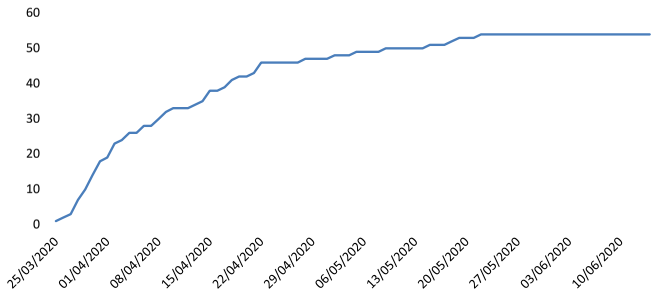
Over the next 12 months the Digital function will be concentrating on achieving excellent standards in agile working as working practices change for our staff. Also, our EPR system delivery is being reviewed to ensure the changes being reflected in the 'new models of delivery' for the NHS are reflected within eP2. This highlights the flexibility of our own in-house system which offers the organisation the greatest amount of freedom to make changes compared to the change control mechanisms required with commercial systems. There are still a number of areas that need to be completed within eP2 to provide the organisation with a more comprehensive electronic patient record and that is currently being mapped out with multi stakeholder digital leads.

Quality of Care

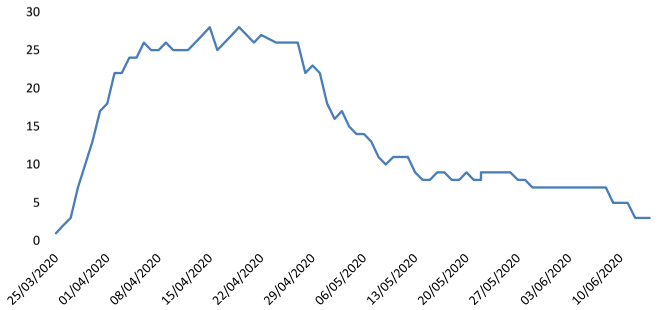
Safe - COVID

The Walton Centre NHS Foundation Trust

Daily Cumulative COVID Positve Patients



Daily COVID Patients Occupying Beds



Days from Admission to Positive Result

Week	0-3 Days	4-7 Days	8-14 Days	15+ Days	Total	% 15+
23/03/2020 - 29/03/2020			3	7	**10**	**70.0%**
30/03/2020 - 05/04/2020	4		1	11	**16**	**68.8%**
06/04/2020 - 12/04/2020	4			3	**7**	**42.9%**
13/04/2020 - 19/04/2020	7	1		1	**9**	**11.1%**
20/04/2020 - 26/04/2020	2		1	1	**4**	**25.0%**
27/04/2020 - 03/05/2020	1		1		**2**	**0.0%**
04/05/2020 - 10/05/2020	2				**2**	**0.0%**
11/05/2020 - 17/05/2020				1	**1**	**100%**
18/05/2020 - 24/05/2020				3	**3**	**100%**
25/05/2020 - 31/05/2020					**0**	
01/06/2020 - 07/06/2020					**0**	
08/06/2020 - 14/06/2020					**0**	
Total	**20**	**1**	**6**	**27**	**54**	**50.0%**
%	**37.0%**	**1.9%**	**11.1%**	**50.0%**		

PCR Test Results

Week	Positive	Negative	Total
30/03/2020 - 05/04/2020		3	3
06/04/2020 - 12/04/2020	20	23	43
13/04/2020 - 19/04/2020	8	21	29
20/04/2020 - 26/04/2020	7	14	21
27/04/2020 - 03/05/2020	31	358	389
04/05/2020 - 10/05/2020	5	14	19
11/05/2020 - 17/05/2020	2	2	4
18/05/2020 - 24/05/2020	7	6	13
25/05/2020 - 31/05/2020	2	1	3
01/06/2020 - 07/06/2020		7	7
08/06/2020 - 14/06/2020	1	2	3
Total	**83**	**451**	**534**
%	**15.5%**	**84.5%**	

Staff Antibody Test Results

Week	Positive	Negative	N/A	Total	% Positive
01/06/2020 - 07/06/2020	248	536	1	**785**	**31.6%**
08/06/2020 - 14/06/2020	70	261		**331**	**21.1%**
Total	**318**	**797**	**1**	**1116**	**28.5%**
%	**28.5%**	**71.4%**	**0.1%**		

Correlation Between AB and PCR Test Results

		PCR Result		
		Negative	Positive	N/A
Antibody Result	Negative	248	8	536
	Positive	69	50	198
	N/A	122	22	-

Patient Outcomes by Week of Positive Result

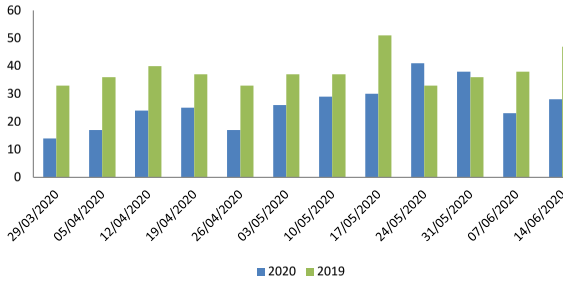
Week of Positive Result	Died	Discharged	Stepped Down	Positive	Total
23/03/2020 - 29/03/2020	1	8	1		**10**
30/03/2020 - 05/04/2020	3	13			**16**
06/04/2020 - 12/04/2020	1	5	1		**7**
13/04/2020 - 19/04/2020	2	6	1		**9**
20/04/2020 - 26/04/2020	1	3			**4**
27/04/2020 - 03/05/2020	1	1			**2**
04/05/2020 - 10/05/2020		2			**2**
11/05/2020 - 17/05/2020		1			**1**
18/05/2020 - 24/05/2020		1	2		**3**
25/05/2020 - 31/05/2020					**0**
01/06/2020 - 07/06/2020					**0**
08/06/2020 - 14/06/2020					**0**
Total	**9**	**40**	**5**	**0**	**54**

Staff Sickness

Week Ending	Total Staff	Total Abesence	Total COVID	% Overall Absence	% COVID Absence
05/04/2020	1452	162	102	11.16%	7.02%
12/04/2020	1458	136	78	9.33%	5.35%
19/04/2020	1457	123	65	8.44%	4.46%
26/04/2020	1459	100	37	6.85%	2.54%
03/05/2020	1477	84	25	5.69%	1.69%
10/05/2020	1479	93	32	6.29%	2.16%
17/05/2020	1480	76	19	5.14%	1.28%
24/05/2020	1480	86	20	5.81%	1.35%
31/05/2020	1479	70	12	4.73%	0.81%
07/06/2020	1479	75	13	5.07%	0.88%
14/06/2020	1476	135	78*	9.15%	5.28%

*staff self isolation figures included from w/e 14th June

Total Non Elective Admissions Excluding Stroke Transfers (by week ending)



Excellence in Neuroscience

REPORT TO TRUST BOARD

Monday 22 June 2020

Title	Integrated Performance Report
Sponsoring Director	Name: Jan Ross Title: Deputy Chief Executive
Author (s)	Name: Mark Foy Title: Head of Information & Business Intelligence
Previously considered by:	• Committee – None • Group - None • Other - None

Executive Summary

This report gives assurance on all Integrated Performance Report measures aligned to the Business & Performance and Quality Committee. Measures have been grouped into three categories to highlight high performing measures, measures with opportunity for improvement and those measures currently under performing. Performance is based on four aspects; performance in month, trend/variation, whether the target is within variation and external benchmarking.

The ongoing COVID-19 situation has impacted the performance of a number of measures. Changes to Outpatient and Elective services in response has led to increased waiting times for overall RTT Pathways and for our 6 week wait diagnostic tests due to the reductive in elective and outpatient activity, the Trust has only seen and treated urgent patients throughout May. Cancer Performance has remained above targets as the Trust has continued to prioritise this activity. Healthcare Acquired Infections and Harms have remained within expected low levels.

Key Performance Indicators – Caring **Opportunity for Improvement Measures** Complaints – Due to covid19 all complainants were written to and advised there may be a delay in response. The divisions and patient experience team are now working closely together to respond to the backlog of complaints. **Key Performance Indicators – Well Led** **High Performing Measures** Agency Spend Staff Friends & Family Test **Opportunity for Improvement Measures** Vacancy Levels Nursing Turnover Sickness/Absence	**Key Performance Indicators – Responsive** **High Performing Measures** Cancer Standards – Two Week Wait Cancer Standards – 31 Day First Definitive Treatment Cancer Standards – 31 Day Subsequent Treatment Cancer Standards – 28 Day Faster Diagnosis **Underperforming Measures** 6 Week Diagnostic Waits – a recovery plan is in place however this performance measure remains a risk. **Key Performance Indicators – Effective** **Underperforming Measures** Referral to Treatment – Wales as described in the paper the trust has only seen and treated urgent patients **Key Performance Indicators – Safe** **Opportunity for Improvement Measures** Infection Control – local performance is on plan and the Trust is generally in line with national benchmark average.
Related Trust Ambitions	Delete as appropriate: • Be financially strong • Research, education and innovation • Advanced technology and treatments • Be recognised as excellent in all we do
Risks associated with this paper	
Related Assurance Framework entries	
Equality Impact Assessment completed	• Yes – (please specify) _____ • No – (please specify) _____

Any associated legal implications / regulatory requirements?	• Yes – (please specify) _____ • No – (please specify) _____
Action required by the Board	Delete as Appropriate • To consider and note

The Walton Centre
NHS Foundation Trust

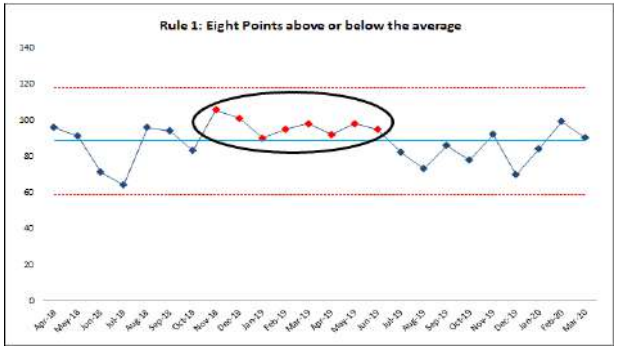
Board KPI Report
June 2020

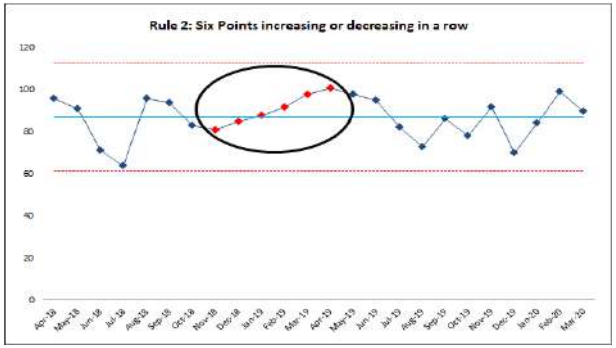
Data for May 2020 unless indicated

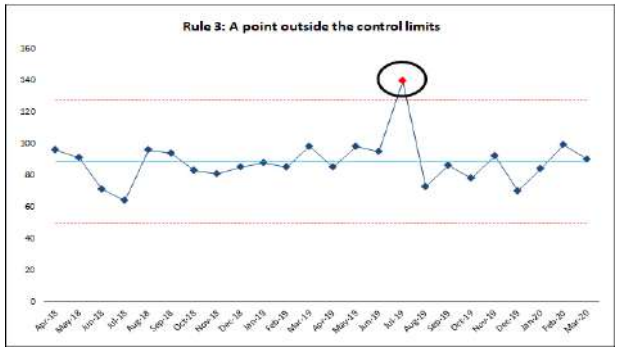
SPC Charts Rules

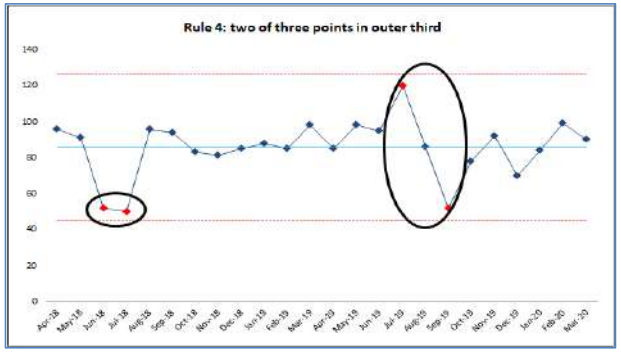
The Walton Centre NHS Foundation Trust

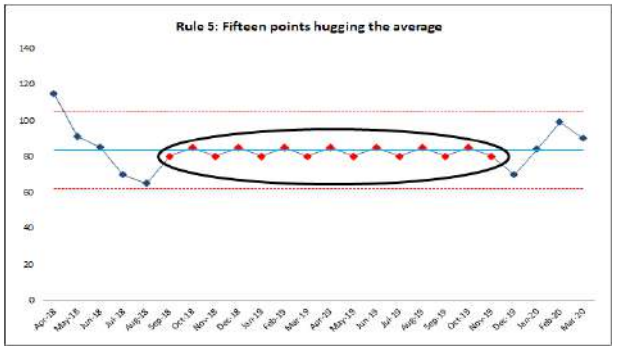
When using SPC Charts we are looking for unexpected variation. Variation occurs naturally in most systems, numbers fluctuate between typical points (control limits) the below rules are to assist in seperating normal variation (exepcted performance) from special cause variation (unexpected performance).











All SPC charts will follow the below Key unless indicated

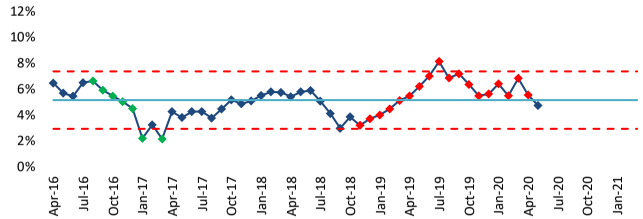
Actual — UCL — Average — LCL — National Average — Target

Quality of Care

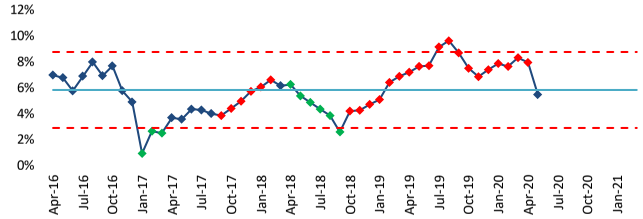
Well Led - Workforce KPIs

The Walton Centre NHS Foundation Trust

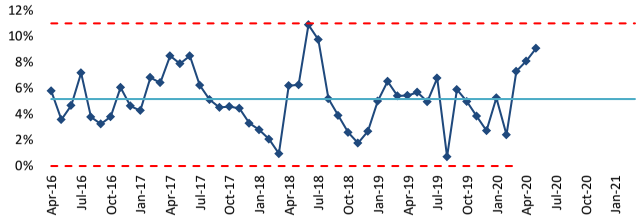
Overall Vacancy Level %



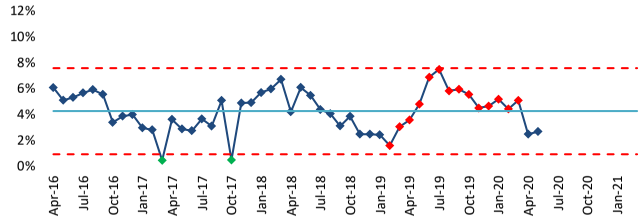
Nursing Vacancy Level %



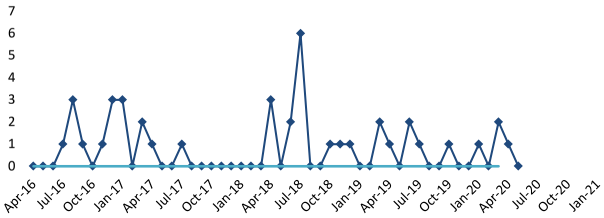
Medical Vacancy Level %



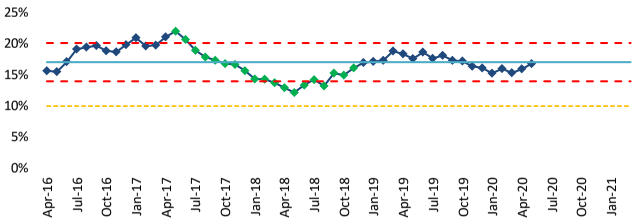
Other Staff Vacancy Level %



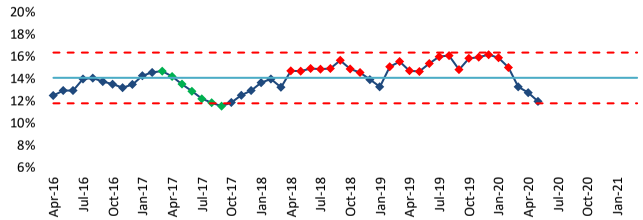
Medical Leavers



Nursing Turnover (Rolling 12 months)



Other Staff Turnover (Rolling 12 months)



Vacancy Levels

After a period of special cause variation Overall vacancy levels are within normalvariation. This is also the case when broken down to staff group for nursing and other staff. Medical vacancies are within normal variation.

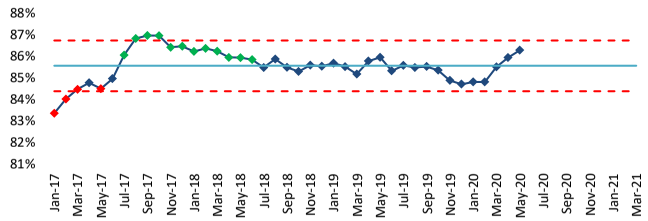
Nursing Turnover

Nursing turnover is within expected limits however the target is below the lower control limit meaning this target is unlikely to be met without a change of process. At division level, the target is also outside of the control limit for neurology and neurosurgery.

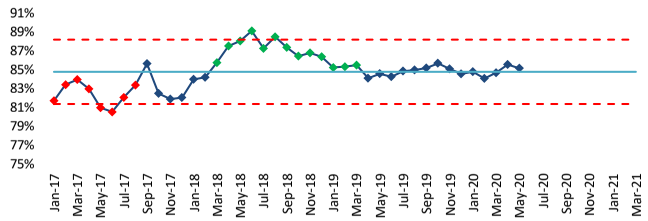
Sickness/Absence

Sickness/Absence is within expected levels for all types, however long term sickness has significantly increased over the last year.

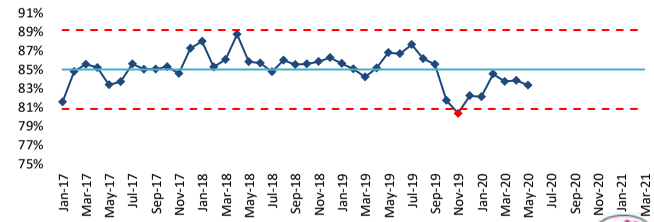
Staff Stability Index - All Staff



Staff Stability Index - Nursing



Staff Stability Index - Medical

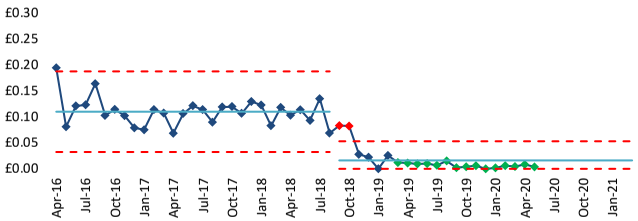


Quality of Care

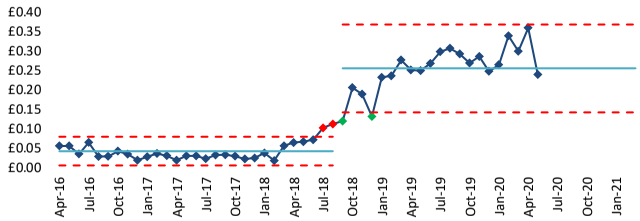
Well Led - Workforce KPIs

The Walton Centre NHS Foundation Trust

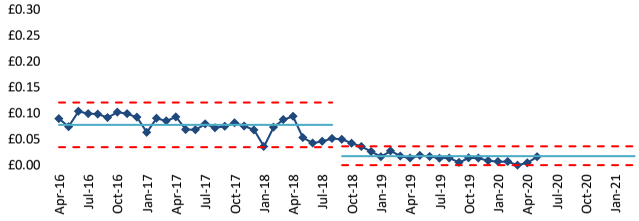
Nursing & HCA Agency Spend (£m)



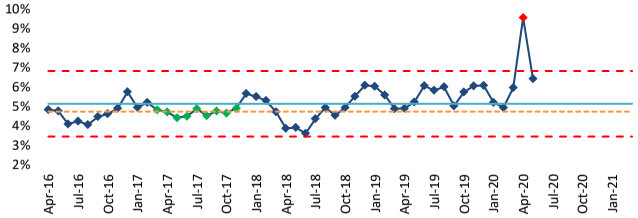
Nursing & HCA Bank Spend (£m)



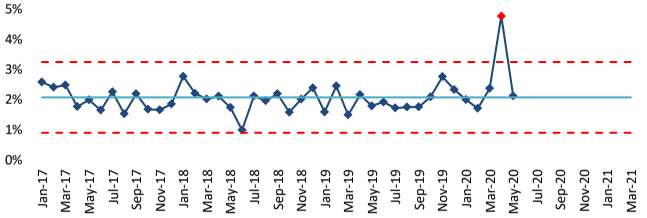
Nursing & HCA Overtime Spend (£m)



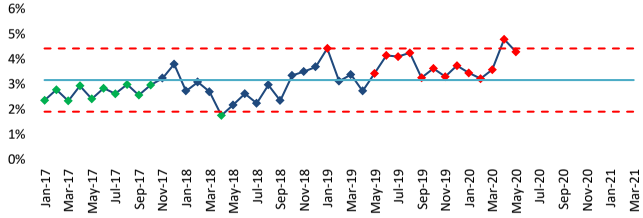
Sickness/Absence (Monthly)



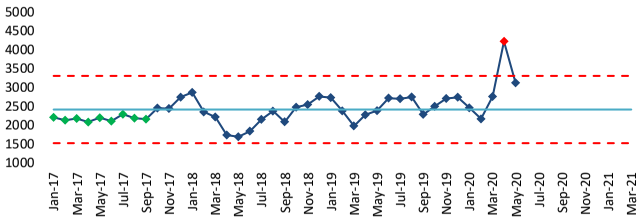
Short Term Sickness/Absence (Monthly)



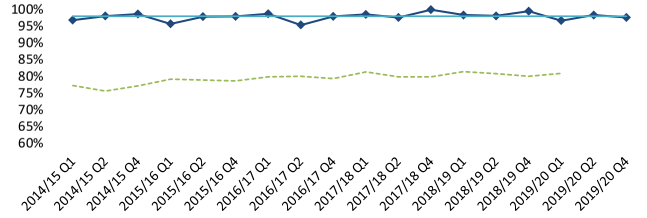
Long Term Sickness/Absence (Monthly)



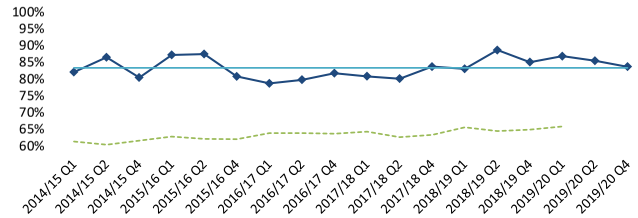
Lost Days due to Sickness/Absense (Monthly)



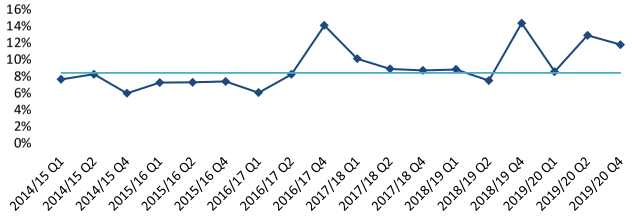
Staff FFT - % Recommend as Place of Care



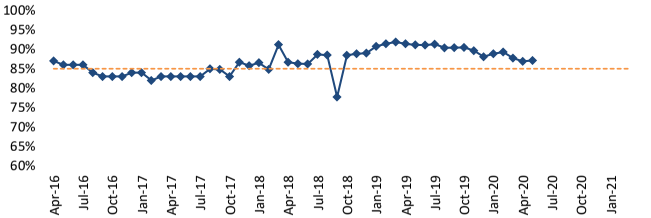
Staff FFT - % Recommend as Place of Work



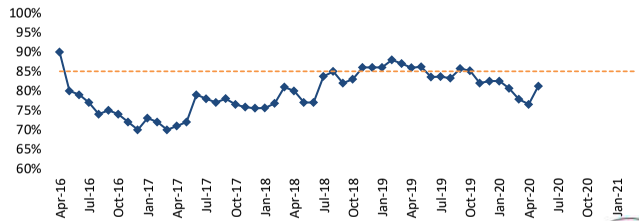
Staff FFT - % of Organisation Staff Responded



Mandatory Training Compliance (Rolling 12 months)



Appraisal Compliance (Rolling 12 months)



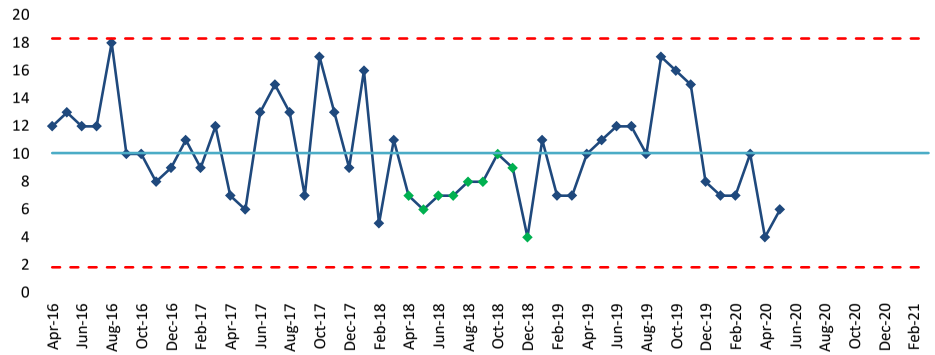
Excellence in Neuroscience

Quality of Care

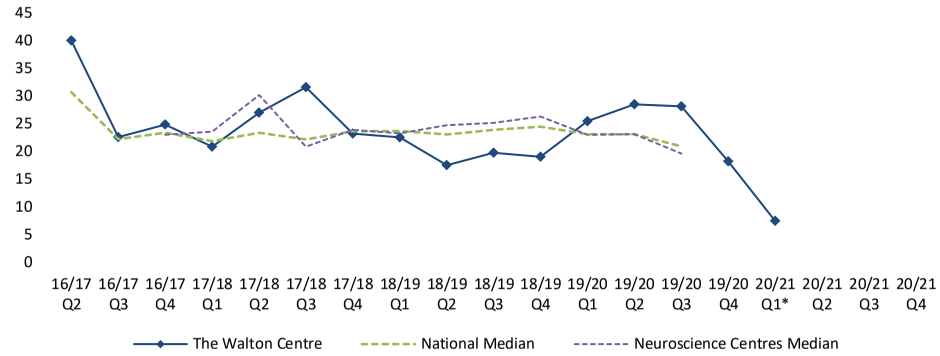
Caring - Complaints

The Walton Centre NHS Foundation Trust

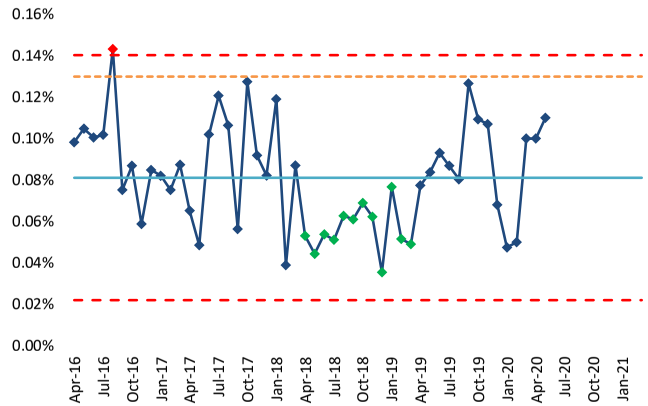
Total Complaints Received in month



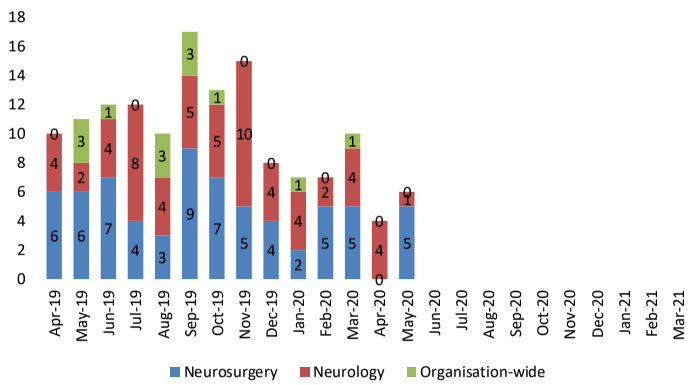
Quarterly Complaints per 1000 WTE



% Complaints Received against Activity



Total Complaints Received



Narrative

In May 2020 the Trust received 6 complaints. 1 Neurology, 5 Surgery (1 reopened)

The number of complaints the Trust receives has a wide variation range meaning the expected numbers range from 2 to 18 at an average of 10 per month. When balanced against patient contacts the number received is within normal variation. However when compared externally the number of complaints received per 1000 WTE is above both the national average and other Organisations with a large neurosciences service. Local data shows a reduction in Q4, national data will be published in June to enable comparison.

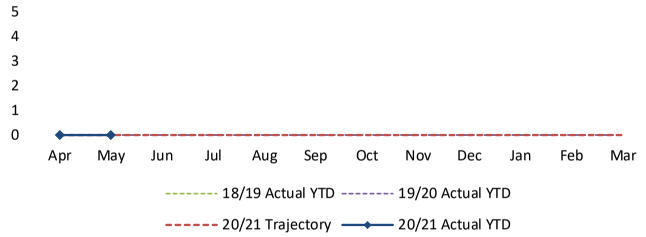
Excellence in Neuroscience

Quality of Care

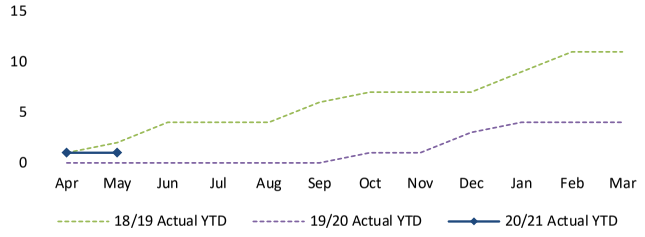
Safe - Infection Control

The Walton Centre NHS Foundation Trust

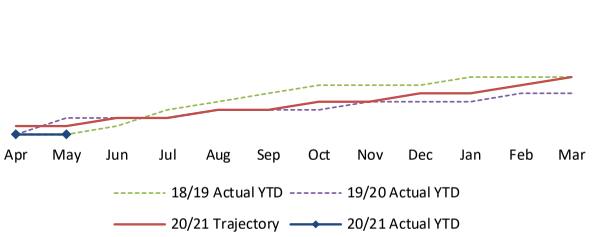
MRSA Bacteraemia



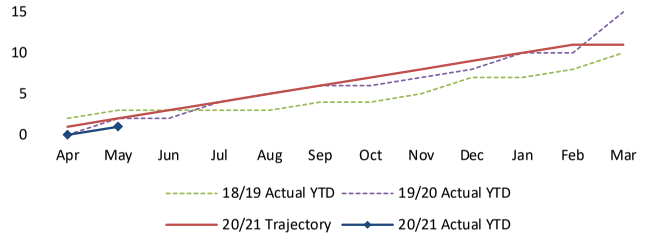
CPE



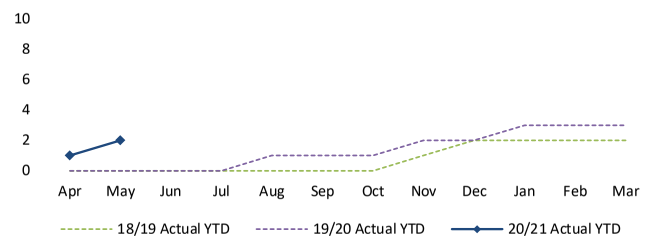
C.Diff



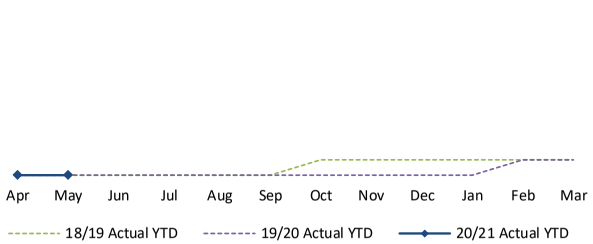
E.Coli



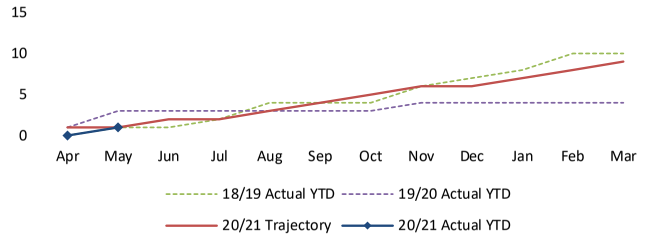
Klebsiella Bacteraemia



Pseudomonas Bacteraemia



MSSA



Total Healthcare Acquired Infections 20/21

	MRSA B	CPE	C.Diff	E.Coli	KB	PB	MSSA	Total
Cairns								**0**
Caton						1		**1**
Chavasse				1				**1**
CRU					1			**1**
Dott							1	**1**
Horsley					1			**1**
Lipton								**0**
Sherrington								**0**

May Breakdown

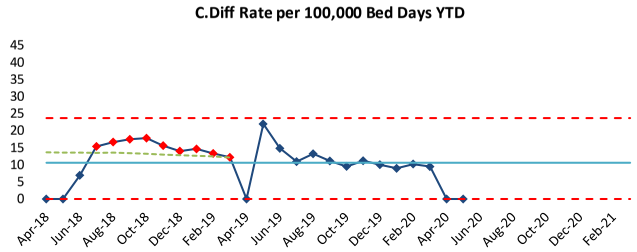
1x E.Coli - Chavasse
1x KB - CRU
1x MSSA - Dott

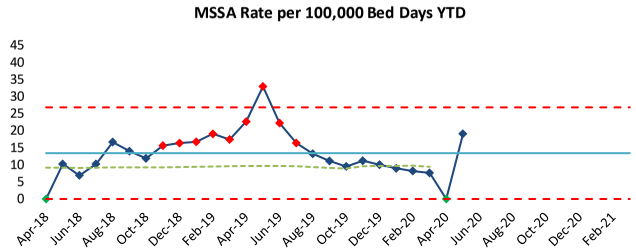
Excellence in Neuroscience

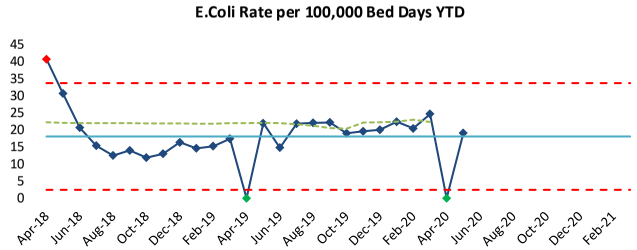
Quality of Care

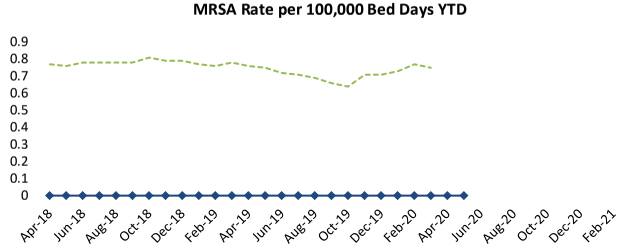
Safe - Infection Control

The Walton Centre NHS Foundation Trust









Narrative

All infection types are within their YTD trajectory level for 20/21 during May 20.

MSSA rates per 100,000 bed days had typically been above the national average since July 18. However performance has now improved and is in line with the national average.

E.Coli rates have been better or inline with the average, while MRSA has been consistenly better.

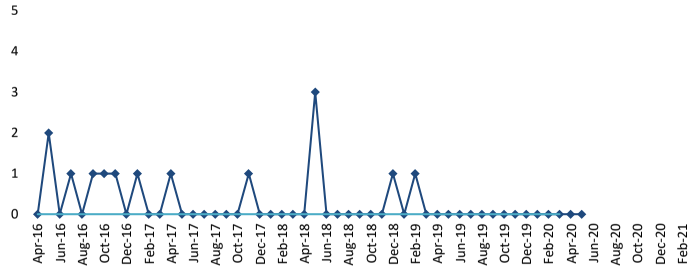
As of March 19 the C.Diff rate is no longer published.

Quality of Care

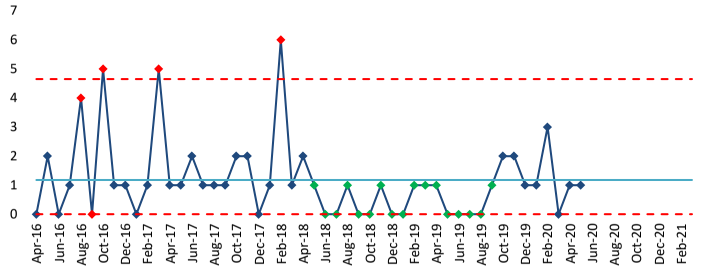
Safe - Harm Free Care

The Walton Centre NHS Foundation Trust

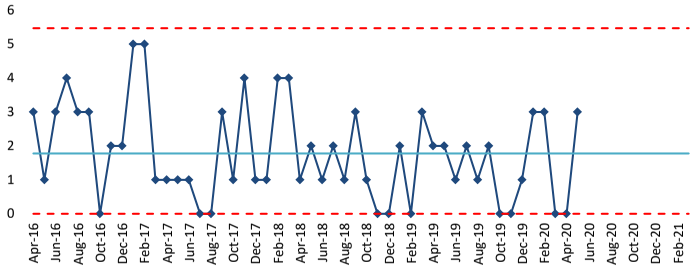
Total Moderate or Above Harm Patient Falls



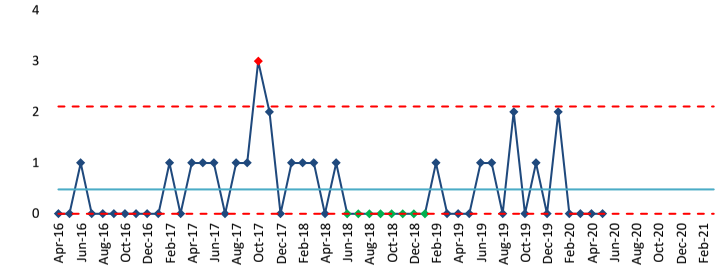
Total Hospital Acquired Pressure Ulcers (Category 2, 3, 4 & Unstageable)



CAUTI Incidences



VTE Incidences



Narrative

There were no fall which resulted in moderate or above harm in May 20.

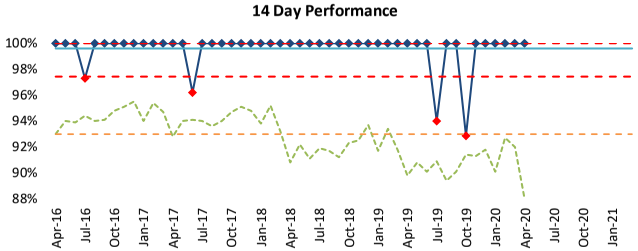
There were one Hospital Acquired Category two Pressure Ulcer in May 20.

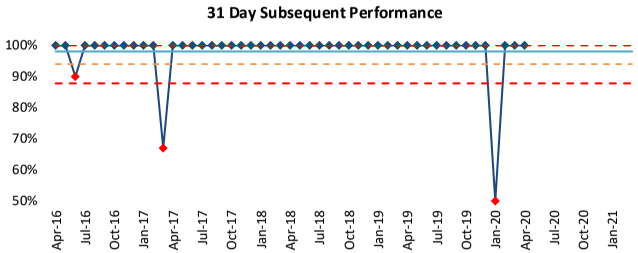
There were three CAUTI incidences in May 20

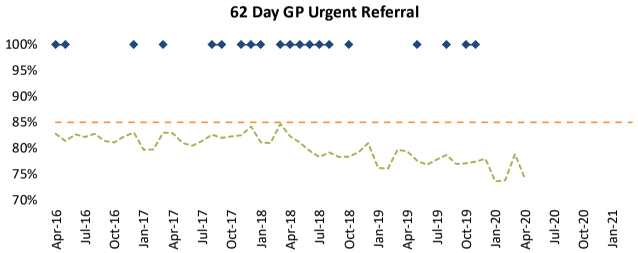
There were zero VTE incidence in May 20

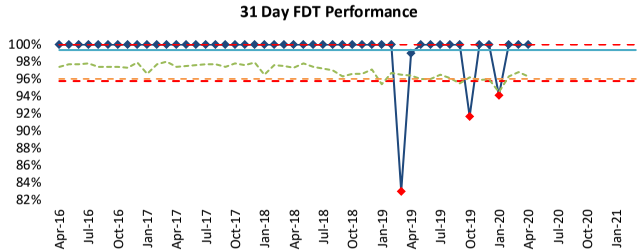
Operational
Responsive - Cancer

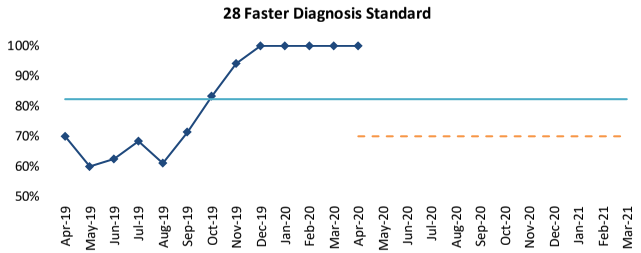
The Walton Centre NHS Foundation Trust











Narrative

All Cancer Access Standards have been met in the latest reporting period of April 2020.

The Trust has continued to see and treat all cancer patients throughout April as these patients were urgent, therefore the impact of covid-19 is minimal.

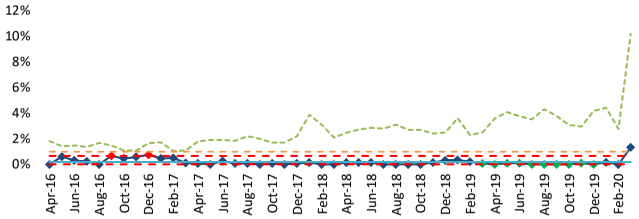
From April 2020 the new 28 Day faster diagnosis standard begins following a period of shadow monitoring. The target has been set nationally at 70%. The Trust has been above this point since September 2019 and performing at 100% for the last 5 months.

Operational

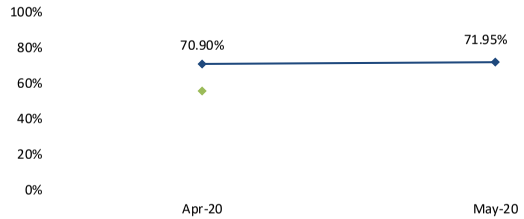
Responsive - Diagnostics

The Walton Centre NHS Foundation Trust

6 Week Diagnostic Performance (16/17 - 19/20)



6 Week Diagnostic Performance (20/21)



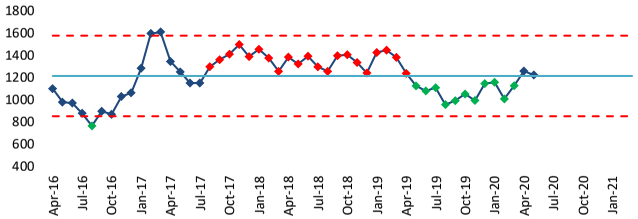
Narrative

Diagnostic performance in May 20 was 71.95%.

Activity has been severely impacted by the ongoing COVID-19 situation and is running at 20% of expected levels, as only urgent cases were seen.

The Trust is working through plans to increase activity however performance against the diagnostic standard remains a risk.

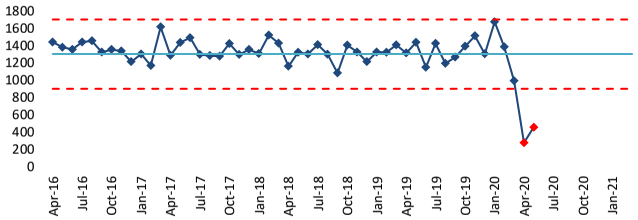
Total Diagnostic Waits at Month End



There were 880 six week diagnostic breaches in month.

MR - 627
CT - 78
EMG - 173
Sleep - 2

Total Diagnostic Activity in Month



THE WALTON CENTRE NHS FOUNDATION TRUST
SUMMARY FINANCIAL INFORMATION

Trust I&E	In month			Year to Date			April - July 2020		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
Main Contract	8,681	7,792	(889)	17,362	16,102	(1,260)	34,725	32,698	(2,027)
Exclusions	1,786	1,786	0	3,571	3,571	0	7,142	7,142	0
Private Patient	20	2	(18)	40	2	(38)	80	2	(78)
Other Operating	613	511	(102)	1,227	1,023	(204)	2,453	1,957	(496)
Total Operating Income	**11,100**	**10,091**	**(1,009)**	**22,200**	**20,698**	**(1,502)**	**44,400**	**41,799**	**(2,601)**
Pay	(6,116)	(5,838)	278	(12,232)	(11,904)	328	(24,464)	(23,537)	927
Non-Pay	(2,747)	(2,205)	542	(5,494)	(4,411)	1,083	(10,988)	(8,898)	2,090
Exclusions	(1,711)	(970)	741	(3,422)	(2,125)	1,297	(6,844)	(4,426)	2,418
COVID / Reserves	31	(533)	(564)	62	(1,124)	(1,186)	124	(2,672)	(2,796)
Total Operating Expenditure	**(10,543)**	**(9,546)**	**997**	**(21,086)**	**(19,564)**	**1,522**	**(42,172)**	**(39,533)**	**2,639**
EBITDA	**557**	**545**	**(12)**	**1,114**	**1,134**	**20**	**2,228**	**2,266**	**38**
Depreciation	(387)	(401)	(14)	(774)	(812)	(38)	(1,548)	(1,624)	(76)
Profit / Loss On Disp Of Asset	0	0	0	0	0	0	0	0	0
Interest Receivable	14	0	(14)	28	5	(23)	56	11	(45)
Financing Costs	(53)	(51)	2	(106)	(103)	3	(212)	(205)	7
Dividends on PDC	(131)	(131)	0	(262)	(262)	0	(524)	(524)	0
I & E Surplus / (Deficit)	**0**	**(38)**	**(38)**	**0**	**(38)**	**(38)**	**0**	**(76)**	**(76)**
Capital donations I&E impact	**0**	**19**	**19**	**0**	**38**	**38**	**0**	**76**	**76**
I & E Surplus / (Deficit)	**0**	**(19)**	**(19)**	**0**	**0**	**0**	**0**	**0**	**0**

At month 2, the Trust reported a breakeven position YTD, in line with NHSI/E guidance. To note that the plan has been set by NHSI/E based on average expenditure incurred in months 8-10 in 2019/20 (plus -2.8% inflation).

The position includes £0.7m spend incurred as a result of COVID-19, which has been partially offset by a reduction in clinical supplies and excluded drugs and devices spend due to the majority of elective activity being cancelled in May.

The underperformance in income is primarily due to Wales and IOM not paying at the levels of income assumed by NHSI/E in their plans for the Trust – this has been raised with NHSI/E (please see the risks section for further explanation).

STATEMENT OF FINANCIAL POSITION - 2020/21	Mar-20	May-20	Movement
	£'000	£'000	£'000
Intangible Assets	49	43	(6)
Tangible Assets	82,591	82,042	(549)
TOTAL NON CURRENT ASSETS	**82,640**	**82,085**	**(555)**
Inventories	1,232	1,266	34
Receivables	9,287	6,364	(2,923)
Cash at bank and in hand	26,673	38,783	12,110
TOTAL CURRENT ASSETS	**37,192**	**46,413**	**9,221**
Payables	(18,088)	(26,930)	(8,842)
Provisions	(226)	(226)	0
Finance Lease	(52)	(52)	0
Loans	(1,396)	(1,396)	0
TOTAL CURRENT LIABILITIES	**(19,762)**	**(28,604)**	**(8,842)**
NET CURRENT ASSETS/(LIABILITIES)	**17,430**	**17,809**	**379**
Provisions	(639)	(639)	0
Finance Lease	(115)	(110)	5
Loans	(25,031)	(24,898)	133
TOTAL ASSETS EMPLOYED	**74,285**	**74,247**	**(38)**
Public Dividend Capital	27,554	27,554	0
Revaluation Reserve	2,544	2,544	0
Income and Expenditure Reserve	44,187	44,149	(38)
TOTAL TAXPAYERS EQUITY AND RESERVES	**74,285**	**74,247**	**(38)**

STATEMENT OF CASH FLOW - 2019/20	May-20 Actual
	£'000
SURPLUS/(DEFICIT) AFTER TAX	**(38)**
Non-Cash Flows In Operating Surplus/(Deficit)	1,171
OPERATING CASH FLOWS BEFORE MOVEMENTS IN WORKING CAPITAL	**1,133**
Increase/(Decrease) In Working Capital	13,462
Increase/(Decrease) In Non-Current Provisions	0
Net Cash Inflow/(Outflow) From Investing Activities	(2,298)
NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES	**12,297**
Net Cash Inflow/(Outflow) From Financing Activities	(187)
NET INCREASE/(DECREASE) IN CASH	**12,110**
OPENING CASH	**26,673**
CLOSING CASH *	**38,783**

*Cash flow inclusive of an additional month of commissioner payments due to providers having to deal swiftly with the Covid-19 outbreak.

COVID-19 expenditure:

YTD £650k expenditure has been incurred on COVID-19 (and is included within the reported financial position).

COVID -19 Expenditure YTD	May-20 Actual £'000
Pay cost (incl. additional shifts, on-call, etc)	353
Annual leave provision (removed as per guidance from NHSI)	0
PPE	210
Decontamination	17
Remote working	2
ITU	7
Other	61
TOTAL	**650**

Other spend includes providing free car parking for staff and increasing the number of staff uniforms for staff.

The annual leave provision was included in the April financial position as the anticipated cost that would be incurred providing backfill or paying clinical staff for annual leave that they have not been able to take in April due to COVID. However, due to guidance from NHSI, this has been removed from the financial position.

Capital

In month actual - £129k

Year to date actual - £257k

CAPITAL	May-20	
	Month £'000	Year to Date £'000
Division		
Estates	14	14
IM&T	41	66
Neurology	0	1
Neurosurgery	0	0
Corporate	0	0
COVID-19	74	176
TOTAL	**129**	**257**

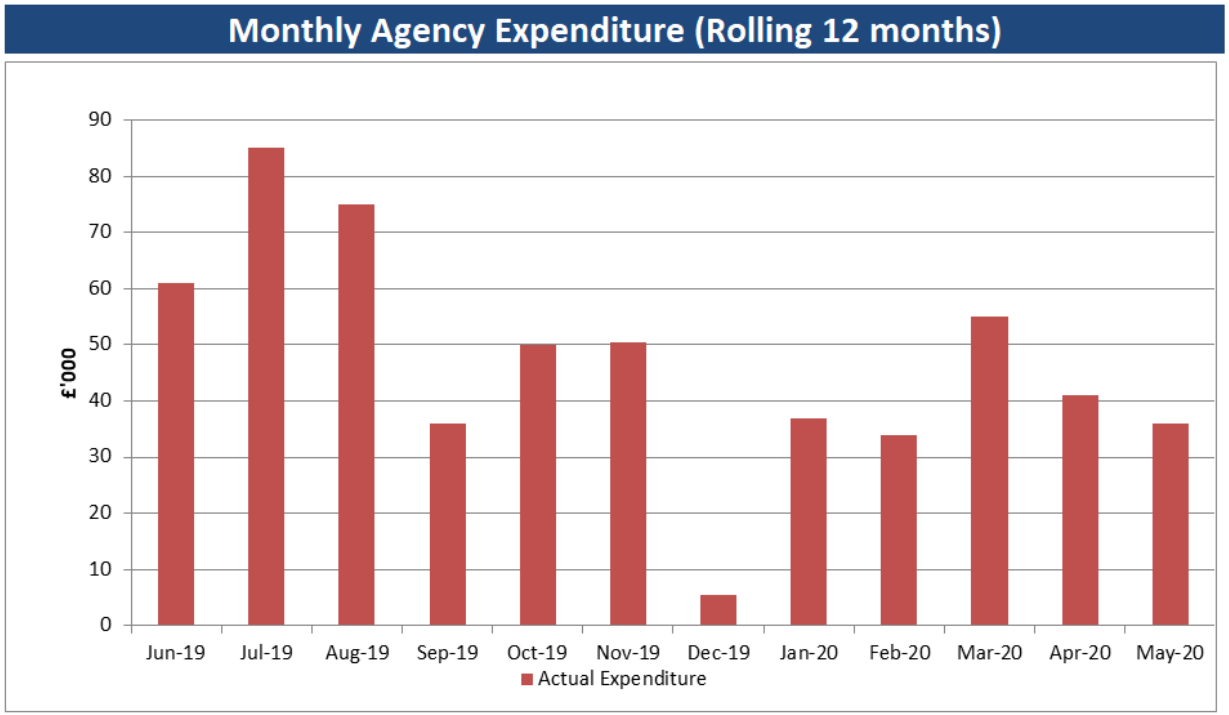
Capital spend in month is £129k, of which £74k is in relation COVID-19 expenditure. This will be refunded as per the guidance from NHSI/E so will not score against the Trusts capital plan.

The COVID-19 expenditure includes medical equipment - £45k and IM&T hardware and software licences in relation to setting up remote working - £29k.

There is £7k capital spend on phase 3 heating/pipework included within the Estates category.

Given the pressure on capital within the C&M HCP, the Trusts proposed increased capital submission could not be funded and therefore its capital plan for 2020/21 is set at £4m. This will come under pressure given the demand on capital in year.

As of the end of April: Actual Cash Balance: £38.8m Number of days operating expenses = 119 days		The Trust cash balance at the end of May was £38.8m. This is a decrease of £2.0m from the end of April. This is largely due to payment of MRI scanner. The cash position, also includes an additional month block payment received in May for the new financial arrangements to cover the COVID-19 pandemic.

Agency Expenditure: In month Actual: £36k YTD Actual: £77k		Agency spend incurred in May was £36k, a reduction of £5k compared to April. A proportion of the in month expenditure relates to the Aintree stroke service, and the COVID 19 response.

Key Risks and Actions for 2020/21

As a result of the covid-19 pandemic financial regulations have changed for 2020/21, with the main changes being:

- Suspension of 2020/21 business planning;
- Payment by Results (PbR) being suspended for the 1st 4 months of the year and income being based on block values determined nationally (based on 2019/20 expenditure between October and December 2019). The suspension of PbR is anticipated (though not confirmed) to remain in place at least for the remainder of 2020/21. To note that income has not been reduced for the national efficiency target;
- 'Top-up' payments from national block being made to cover additional costs incurred in relation to responding to reasonable covid-19 and other known cost increases from 2019/20 (e.g. CNST contributions);
- The expectation that trusts will deliver breakeven during the pandemic but it is currently not clear what financial targets will be set after July 2020 (although it has been mooted that similar arrangements will exist until October 2020);
- 2020/21 capital levels to be set at a Health & Care Partnership level and agreed across the C&M footprint. Note, this allocation does not include any phase 2/3 Covid-19 capital requirements;
- Financial governance and regulations remain in place and any financial management will be addressed in the same way it would regardless of the pandemic.

Even though the NHS and Trust are responding to the pandemic, there are a number of potential risks in 20/21 that may impact in the delivery of the financial plan in the future;

RISK	COMMENT/ ACTIONS
Wales/ IOM expectations	NHSI/E have stated that block income will be based on average levels of income and spend for months 8-10 in 2019/20 plus 2.8% inflation. However Welsh commissioners are currently only paying 2019/20 contract levels with no inflation applied (resulting in an underpayment on expected levels of income). IOM have also stated that they plan on only paying for actual activity that has been delivered, again resulting in an under payment compared to expected levels of income. Both issues have been raised with NHSI/E and in month 1, the shortfall in income is assumed to be covered by NHSI/E (as well as a reduction in spend on excluded drugs and devices). However this could create an additional pressure for the Trust if NHSI/E do not agree to fund this income shortfall.

Current/ Future financial architecture	Currently guidance has been issued for NHS financial architecture until July 2020; however it is not clear what the financial architecture will be beyond this time. Due to the level of uncertainty it is not possible to undertake financial planning or fully understand the future financial position of the Trust.
Efficiency requirements going forwards	Due to the current uncertainty around the financial architecture beyond July 2020, it is not clear what the efficiency requirements of the Trust will be and as such planning to deliver recurrent savings is difficult.
Changes to 2020/21 capital limits	The Trust had submitted an increased capital plan to the C&M HCP given the investments required in 2020/21. This was not able to be facilitated by the HCP given the forecast over-spend for the providers in the HCP against the overall allocation. This means that there is a risk that the Trust could overspend its allocation (which would impact on other providers in the HCP), unless it reviews its priorities or capital becomes available later in year via any underspend from other HCP providers.
Future delivery of clinical services whilst still managing COVID19	Organisations have to plan on how to deliver safe services whilst still managing COVID19. The delivery of services will have to fundamentally change to take account of social distancing requirements, PPE availability, willingness of patients to come into hospital and availability of staff to deliver services. This is likely to cause a cost pressure to the Trust in order to put the required measures in place to provide safe services. However there is also likely to be an impact on the size of waiting lists and how quickly patients can be treated (as less patients will be able to be seen given the additional requirements).

The Walton Centre
NHS Foundation Trust
Excellence in Neuroscience

Report Title	Chair's Assurance Report – Quality Committee 21 May 2020
Sponsoring Director	Seth Crofts, Non-Executive Director and Quality Committee Chair
Author (s)	Prepared by Lisa Salter, Director of Nursing and Governance

Purpose of Paper:

The Quality Committee continues to receive reports and provide assurance to the Board of Directors against its work programme via a summary report submitted to the Board after each meeting. Full minutes and enclosures are made available on request.

The following report summarises the discussions held on 21st May 2020 at the Quality Committee.

Recommendations	The Board is requested to: • Note the summary report

Local Cancer Survey Action Plan
An update was given regarding the cancer action plan and will be presented again in September. Further work is being completed with the Patient Experience for further questions to be asked regarding how clinics are planned for the future.

Medical Director's Update
Discussion took place regarding mortality in relation to admissions/mortality due to COVID-19 for local Trusts. The chart indicated that the WCFT had the 2nd lowest number of deaths for the local region due to COVID-19. WCFT has had low volume and selective admissions but the data was re-assuring. The data indicated that WCFT was not a negative outlier for the number of COVID-19 deaths.

Further work arising from the COVID-19 situation, was the development of a Clinical Ethics Group. This was created to consider any difficult ethical decisions which may have arisen around resources and ITU care provision during the COVID-19 crisis. The group have been taking part in weekly calls and sessions have proved useful.

Board Assurance Framework (BAF)

It was noted that risk 004 scores had reduced. As part of the key controls for this risk, the Quality Committee agreed to an internal audit of the effects of violence and aggression incidents on the emotional and psychological well-being of staff together with an Equality, Diversity and Inclusion element.

With regards to risk ID 005 delivery of the Quality Strategy it was noted that the Clinical Audit Plan should come to Quality Committee at the start of the financial year for approval but this had been delayed due to the current COVID-19 crisis. The current risk rating for has not yet been adjusted, again due the COVID situation but an update of the Quality Strategy is to be provided at the July 2020 Quality Committee.

Risk ID001 COVID -19 had been added for information only as this risk is discussed further at Trust Board.

Quality Performance Report (QPR formerly IPR)
A summary was given for neurology including the smooth transition of the stroke service to WCFT. The suboptimal risk assessment scores were noted and that much of this was related to paper documentation being completed by Aintree staff rather than electronic records. It was noted that there had been a reduction in MUST scores and this was being managed locally. No harm came to any patients and there was no drop in care or treatments.

Neurosurgery reported that due to the COVID-19 situation, there were no matron assurance checks within the month but it was noted that the divisional nurses and matrons all worked together within ward areas to support staff and patients.

Infection Prevention & Control Annual Report (including Q4)
Excellent progress in the HCAI reduction programme this year and notably that of MSSA bloodstream infections as this is the first year the Trust has met the trajectory. Reductions in the numbers for C. Difficile, CPE and CAUTI were also noted.

The notable exception to above reductions was the increase and subsequent breach of the internal target for E. Coli infections for which work streams have been set up to investigate this further. The CQUIN for the Flu Campaign was achieved and thanks conveyed to all involved. It was noted the target for the upcoming 2020/21 campaign will be 90% which will be challenging.

Quality Accounts
All improvements for 2019/20 had been achieved. Priorities have been chosen for 2020/21 that of Patient Safety, Clinical Effectiveness and Patient Experience with three priorities within each of these areas. Due to COVID-19, Grant Thornton did not audit or comment. In normal circumstances, the document is published in June but has been put back until 15th December 2020. The report has been sent to Healthwatch, NHS England and special commissioners and their comments are expected in October 2020. The document was agreed and signed off by the Quality Committee.

NCEPOD Report
Due to some sickness and vacancies, some gaps existed however these are being monitored closely by CESG. One of the main areas of concern is that of diabetes. It was noted that steps were taken to rectify issues but due to unforeseen circumstances this has proved difficult and work is on-going to resolve the matter. No discharge information audit has been undertaken and that this was an area that needs to be looked at further.

Safeguarding Annual Report
The Datix reporting system has been continuously reviewed and refined to enable more specific reporting. The DoLS monitoring system is now finely tuned and feedback from MIAA has been excellent.

There has been a rise in the number of safeguarding referrals from 89 to 222 which is indicative of the extent of the understanding and education staff within the Trust have with regards to safeguarding our patients.

It is hoped that the new Liberty of Safeguards Act (LPS) when they commence will assist with the delays currently experienced for patients who have a DoLs in place and was due to be discussed in Parliament in October 2020 but has been deferred to February 2021.

Governance, Risk & Patient Experience Annual Report
There had been a slight reduction in the overall number of incident reporting. There was a notable decrease in the number of serious incidents reported but moderate harm incidents had increased slightly. The number of communication incidents had decreased but this will continue to be monitored via the Governance Assurance Framework Ref 304. There was a

slight reduction in the number of violence and aggression incidents. The number of fire safety incidents had also decreased.

There has been a 36% increase in the number of complaints mainly around appointments and communication and this is being managed by the Divisions.

Quality Committee Work Plan

The work plan will be reviewed to ensure that no items have been missed and that usual items will be brought back on to the Agenda such as patients stories and quality presentations.

Chairs' Reports & Minutes from Sub Committee Meetings

The following Chairs' reports and minutes were circulated in the board pack:-

- **Infection Control Committee –** minutes dated 09/03/05 no comments received.
- **Clinical Effectiveness and Services Group** – minutes dated 05/03/20 – no comments received.
- **Health & Safety Group** - minutes 17/02/20 no comments received

The meetings below had either not taken place due the COVID-19 crisis or not yet scheduled

- **Patient Experience Group** - no meeting due to COVID-19
- **Quality & Patient Safety Group** no meeting due to COVID-19
- **Neurosurgery Governance Group** – no meeting due to COVID-19
- **Neurology Governance Group** – minutes & Chairs report February 2020
- **Corporate Governance Group** no meeting due to COVID-19
- **Safeguarding Group** – no meeting due to COVID-19
- **Organ & Tissue Donation** no meeting
- **Human Tissue Act Group** yearly meeting (June 2020)

Royal College of Physicians Report Action Plan (RCP)

The RCP action plan has been through the Neurology Risk and Governance meeting for three consecutive meetings with updates on progress being made.

Following a final satisfactory review by the Neurology Risk and Governance Group, it is envisaged that the action plan would be presented at the Clinical Effectiveness Group.

The Walton Centre NHS Foundation Trust

REPORT TO TRUST BOARD
22 June 2020

Report Title	**Chair's Assurance Report – BPC 26 May 2020**
Sponsoring Director	Sheila Samuels – Non-Executive Chair
Author (s)	Jan Ross, Director of Strategy and Operations
Purpose of Paper:	
The Business Performance Committee continues to receive reports and provide assurance to the Board of Directors against its work programme via a summary report submitted to the Board after each meeting. Full minutes and enclosures are made available on request. The paper provides an update to the Board of the meeting of the Business Performance Committee held on 26 May 2020.	
Recommendations	The Board is requested to: • Note the summary report

1.0 Matters for the Board's attention

- BAF - Board to review realism of targets.
- BAF - Board to review risk appetite.
- National Data Opt-Out Policy was approved.
- The concerns with the Trust's Capital Programme (HTP Management) were received and noted.

2.0 Items for the Board's information and assurance

The Committee received the following updates:

a) ***Integrated Performance Report***

Operations

Ms Ross highlighted the operational performance for April and as activity had stopped this had been reflected in performance. Cancer patients had continued to be treated and Theatres were running one urgent list. This had been in line with the Hospital Cell guidance.

Finance

Mr Burns highlighted the financial performance for April. The financial regulations had changed and all trusts will be reported as break even. The M1 plan was based on average spend incurred in M8-10 in 2019/20 plus inflation (rather than internally set budgets). Income is received as block payments from commissioners with values set nationally. If costs are greater than block income they should be reimbursed through retrospective top up payments. There was no requirement for the Trust to receive a top up payment for M1.

There was a slight risk with the Welsh contract which NHSI/E was reviewing. The Welsh commissioners were paying on contract value rather than on outturn and the gap was £180k.

There had been £0.5m additional costs incurred around COVID in April of which £287k related to the annual leave accrual (based on 70% of clinical staff not being to take annual leave). This was a new provision and was consistent with the approach taken by other trusts in C&M.

The cash position was healthy with a balance at the end of April of £40.8m.

Workforce

Ms Mullin updated on the current position of sickness including COVID and special leave. 10% of staff in total were absent from work which compared well across C&M; 5.2% were off sick (1.28% COVID related); 5.34% were on special leave (shielding).

There had been a push for staff to increase the uptake on training and development and appraisals. The Trust had written to all staff who were shielding to encourage them to get up to date with mandatory training. An update was provided on the health and wellbeing initiatives available to support staff.

Dr Niven provided an update on the situation with medics.

b) Staff Engagement Action Plan – Q4 Update

Ms Mullin presented progress on the Staff Engagement Action Plan. The Committee commented that the action plan contained good detail. Updates were provided on WRES/WDES reporting which had been reinstated recently; Vivup launch and Line Manager training. The staff survey on COVID is due to close on 29 May when themes will be identified.

Ms Vlasman updated on Violence, Bullying and Harassment and recent incidents, particularly in CRU. Staff were being supported as much as possible.

c) Policy Framework Update

Ms Vlasman highlighted the policies that had come through Command & Control and had been approved immediately in order to be used (as national guidance was being changed daily in some cases). It was queried why The Committee were being notified of these polices (as they had not been ratified by BPC sub-committees) and were more relevant to Quality Committee. It was also noted that this type of report was not presented at Quality Committee meetings. Ms Vlasman will pick up with Ms Hindle and update.

d) Memorandum of Understanding re collaborating to share staff to address any service issues caused by COVID19.

Ms Mullin updated on the paper which was presented in two parts. Part 2 was a MoU from Health and Care Partnership for Cheshire & Merseyside providing guidance. The HR Department had put together advice and guidance for managers and employees and it was agreed this was an excellent piece of work that had been tried and tested in the transfer of the stroke service from Aintree Hospital.

e) National Data Opt Out Policy

Ms Blyth presented the Policy. By 2020 all health and care organisations are required to be compliant with the national data opt-out policy, where confidential patient information is used for research and planning purposes. The national data opt-out applies to the disclosure of confidential patient information for purposes beyond individual care across the health and adult social care system in England. The key points were highlighted and clarification provided on how this would be operationalised. Queries were raised as to how many patients use this policy as the regulation has been in place for a while. Ms Blyth had not asked NHS digital for that data as yet but it was not considered to be massive figures. Figures would be reported via IGSF Chair's Report to BPC going forward.

The Committee approved the Policy.

f) Board Assurance Framework

Ms Hindle presented the BAF. It was agreed that the right risks were being captured but concern was raised regarding the target scores. In the context of COVID the risk around operational performance had increased. In the last financial year this was scored as 16 but the score had increased due to a reduction in overall activity due to the impact of COVID 19.

The Committee reviewed all risks in detail and discussed some new risks that might emerge around financial governance and remote working and if these should be included going forward.

Discussion also took place around COVID possibly changing the Board's risk appetite and this was considered a piece of work to be considered when setting target scores. This would be taken forward as a Board Action.

g) Operational Risk Register

Ms Vlasman talked through the Risk Register which had come to BPC for the first time as it had been highlighted by MIAA as a gap in reporting.

The risks were reviewed and higher level risks discussed.

It was agreed that the format was helpful and would continue to be presented to BPC but only those risks that were relevant to BPC who would look at them and if necessary escalate and take up to Board through the governance structure.

h) Work Plan

It was agreed to continue with the current work plan as much as possible. Ms Ross and Ms Woods would go through the work plan and defer any items not appropriate at the present time.

i) 20/21 Annual Budget and Revised Arrangements – Private Board

Ms Wells presented a paper providing a summary of the key changes to financial planning and reporting architecture that had been implemented for 2020/21 in response to the COVID 19 pandemic. The paper also looked at the anticipated financial regime from August and looked at options on how this would be managed internally and the potential implications for the organisation.

A number of financial models were shown in the report on the potential expenditure budgets for 2020/21. These demonstrated the variation in potential financial plans for the year which would not be known until full guidance is received from NHSI/E. The level of expenditure budget required by the organisation will vary dependent on a number of factors such as capacity, PPE availability (and cost), staff availability and willingness of patients to be treated. The paper also looked at the potential efficiency requirements on the Trust for 2020/21 which was also dependant on national guidance. The paper provided a number of financial scenarios and the potential expenditure budgets required and possible efficiency requirements to ensure a breakeven position. This again would be dependent on national guidance.

The Committee found the paper extremely useful to see the different levels of modelling and agreed it provided assurance that the Finance Department were in control of the situation and would be able to produce further financial modelling once guidance was received around the financial regime for the remainder of 2020/21.

It was requested the paper by circulated to all Non-Executive Directors for information.

j) Response to the second phase of Covid 19 capacity recovery

Ms Ross presented Phase 2 recovery plan based on C&M in-hospital cell joint working and assumptions. The paper had previously been presented to Trust Board and identified the overall available capacity to enable recovery of elective activity. The modelling suggested that the Trust would for the next 6 weeks have the capacity to deliver 45% of 19/20 planned elective activity. The paper described the assumptions made as well as the constraints and risks.

Discussion took place around:

- Waiting lists;
- Patient's being referred back to GP's;
- What to remain sighted on as a Board;
- The mix of trying to see urgent cases and the problem of patients being nervous to return to a hospital setting;
- The acceptance that only 45%-50% of patients will be seen due to PPE and staff restrictions;
- Alternative treatment options;
- Productivity decline; and

- The commencement of Phase 3 discussion looking at quantifying the turnaround times in diagnostics and theatres and the basic principles for the Phase 3 Plan.

k) Capital programme – update

Mr Burns updated the Committee on the capital programme arrangements that had previously been approved by the Committee in March 2020. The £4m submission agreed in March had been increased by £600k due to a healthy cash balance and in order to address other capital requirements. When submitted to Health Care Partnership they required it be reduced back to £4m on the basis that they would manage any slippage across all C&M trusts. Mr Burns had challenged this request as it was unclear how the Trust would be guaranteed the £600k should requirements from other hospitals be seen as a priority. An updated submission was made based on the £4m plan with a rider that has not been finalised as yet. The final submission will be made on Friday 29 May.

Discussion took place around how the Trust might get access to the money required with the concern there was no guarantee. The Committee were satisfied from the discussion that there was a good audit trail in place to show the thinking around the submission. It was noted that there were few things in the capital programme that could be deferred and that the pipework was a big issue that had taken up a good proportion of the capital plan.

The Committee noted the position.

3.0 Progress against the Committee's annual work plan

The Committee continues to follow its annual work plan.

The Walton Centre
NHS Foundation Trust
Excellence in Neuroscience

REPORT TO TRUST BOARD
22ND June 2020

Title	**NHS Foundation Trusts' Self-Certification Requirements 2019/20**
Sponsoring Director	Name: Hayley Citrine Title: Chief Executive
Author (s)	Name: Jane Hindle Title: Corporate Secretary
Previously considered by:	Audit Committee
Action required:	The Committee is requested to: (a) Review the attached self-certification statements (b) Recommend them for approval by the Board of Directors.

Executive Summary

Upon establishment NHS Foundation Trusts are issued with an NHS Provider Licence (No. 130132) and on an annual basis are required to self-certify whether or not they have:

(a) Complied with the conditions of the NHS Provider Licence (which itself includes requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009, and the Health and Social Care Act 2012, and have regard to the NHS Constitution)
(b) The required resources available if providing commissioner requested services (CRS) and
(c) Complied with governance requirements.

Members are asked to consider and approve the statements below, together with the information in the appendices, in support of the Annual Report.

Related Trust Ambitions	Delete as appropriate: • Best practice care • More services closer to patients' homes • Be financially strong • Research, education and innovation • Advanced technology and treatments • Be recognised as excellent in all we do
Risks associated with this paper	Failure to meet the range of conditions of the NHS Provider Licence for a licenced provider can lead to NHSI (Monitor) imposing compliance and restoration requirements or monetary penalties.
Related Assurance Framework entries	None
Equality Impact Assessment completed	N/A

Any associated legal implications / regulatory requirements?	Non-compliance could lead to revocation of a provider's licence which would lead to reputational damage.

Self-Certification Requirements 2019/20 for NHS Foundation Trusts

1.0 PURPOSE

1.1 To seek confirmation that the Committee is confident to recommend to the Board of Directors approval of the Provider Licence self-certifications (condition FT4 and G6/CoS7) required by NHS Improvement (NHSI).

2.0 BACKGROUND

2.1 The Provider Licence is the main tool through which providers are regulated and sets out a number of obligations.

2.2 All NHS Foundation Trusts are required to self-certify to demonstrate whether they have complied with the conditions of the NHS Provider Licence, have the required resources available if providing commissioner requested services and have complied with governance requirements.

2.3 The Trust currently holds an NHS Provider Licence - No. 130132.

2.4 The guidance requires NHS Providers to self-certify only the following three Licence Conditions after the financial year-end:

(a) The provider has taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution [Condition G6]

(b) The provider has complied with required governance arrangements [Condition FT4]

(c) If providing commissioner requested services, the provider has a reasonable expectation that required resources will be available to deliver the designated service [Condition CoS7].

2.5 In light of the COVID-19 outbreak, guidance has been provided by NHS England / Improvement stating that NHS England/Improvement does not intend to undertake any audits of compliance against the self-certification requirements of the provider licence or to use enforcement powers in the event of a breach in this financial year, where resource has been prioritised to address COVID-19. However, trusts are still required to self-certify and publish their declaration.

3.0 SELF CERTIFICATIONS

Condition FT4

3.1 NHS Foundation Trusts must self-certify under condition FT4 (8) and review whether their governance systems achieve the objectives set out in the licence condition. Details of Condition FT4 are outlined in **Appendix A**.

3.2 **Appendix B** contains the evidence received by the Board of Directors which enables a declaration of compliance with each statement to be made. In the event that an NHS Foundation Trust is unable to fully self-certify, it must provide commentary explaining the reasons for the absence of a full self-certification and the action it proposed to take to address the issues.

3.3 NHS Foundation Trusts are also required to confirm (or otherwise) the following declaration:

"The Board is satisfied that during the financial year most recently ended, the Trust has provided the necessary training to its Governors as required in section 151 (5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role."

3.4 Based on the evidence set out in Appendix B, it is recommended that the Condition FT4 self-certification is formally signed-off as **Confirmed.**

Condition G6 / CoS7

3.5 Conditions G6 and CoS7 require NHS Foundation Trusts to have systems for compliance with licence conditions and related obligations. Details of Conditions G6 and CoS7 are outlined in **Appendices C and D**.

3.6 Only NHS Foundation Trusts designated as providing commissioner requested services (CRS) must self-certify under Condition CoS7.

3.7 For information, the Trust provides the following NHS England commissioner requested services:

- Central Nervous System Tumours
- Complex Spinal Surgery
- Neurosciences
- Neurosurgery
- Specialised Pain
- Specialist Rehabilitation for Complex needs
- Stereotactic Radiosurgery

3.8 In **Appendix D** are the assurances received by the Board of Directors which enable a declaration of compliance with each statement to be made. Based on the evidence set out in **Appendix D**, it is recommended that the Condition G6 and CoS7 self-certifications are formally signed-off as **Confirmed.**

3.9 In addition, although training of Governors is not a licence condition, the Board should be satisfied that during the financial year the Licensee has provided the necessary training to its Governors as set out in the HSCA 2012 to ensure they are equipped with the skills and knowledge they need to undertake their role.

4.0 RECOMMENDATIONS

The Committee is recommended to:

a) Review the attached self-certification statements
b) Recommend them for approval by the Board of Directors.

Appendix A

Condition FT4

NHS Foundation Trust Governance Arrangements

1. This condition shall apply if the Licensee is an NHS Foundation Trust, without prejudice to the generality of the other conditions in this Licence.

2. The Licensee shall apply those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.

3. Without prejudice to the generality of paragraph 2 and to the generality of General Condition 5, the Licensee shall:

    (a) Have regard to such guidance on good corporate governance as may be issued by Monitor from time to time; and
    (b) Comply with the following paragraphs of this Condition.

4. The Licensee shall establish and implement:

    (a) Effective board and committee structures
    (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees and
    (c) Clear reporting lines and accountabilities throughout its organisation.

5. The Licensee shall establish and effectively implement systems and/or processes to ensure compliance with the Licensee's duty to operate efficiently, economically and effectively:

    (a) For timely and effective scrutiny and oversight by the Board of the Licensee's operations
    (b) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions
    (c) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern)
    (d) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and committee decision-making
    (e) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence
    (f) To generate and monitor delivery of business plans (including any changes to such plans)and to receive internal and where appropriate external assurance on such plans and their delivery and
    (g) To ensure compliance with all applicable legal requirements.

6. The systems and/or processes referred to in paragraph 5 should include but not be restricted to systems and/or processes to ensure:

    (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided
    (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations

(c) The collection of accurate, comprehensive, timely and up to date information on quality of care
(d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care
(e) That the Licensee including its Board actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources and
(f) That there is clear accountability for quality of care throughout the Licensee's organisation including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.

7. The Licensee shall ensure the existence and effective operation of systems to ensure that it has in place personnel on the Board, reporting to the Board and within the rest of the Licensee's organisation who are sufficient in number and appropriately qualified to ensure compliance with the Conditions of this Licence.

8. The Licensee shall submit to Monitor within three months of the end of each financial year:

(a) A corporate governance statement by and on behalf of its Board confirming compliance with this Condition as at the date of the statement and anticipated compliance with this Condition for the next financial year, specifying any risks to compliance with this Condition in the next financial year and any actions it proposes to take to manage such risks; and
(b) If required in writing by Monitor, a statement from its auditors either:

i. Confirming that, in their view, after making reasonable enquiries, the Licensee has taken all the actions set out in its corporate governance statement applicable to the past financial year, or

ii. setting out the areas where, in their view, after making reasonable enquiries, the Licensee has failed to take the actions set out in its corporate governance statement applicable to the past financial year.

Appendix B

Condition FT 4(8)
Evidence of Compliance

The Board is satisfied that the Trust applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.

In confirming the above statement the Board has considered:

- The Trust's Annual Governance Statement 2019/20 presented to the Board for approval in June 2020, which outlines the main arrangements in place to ensure the Trust applies the principles, systems and standards of good corporate governance expected of it as a provider of health and social care services

  The Governance Statement defines the Trust's:
  - Scope of responsibility
  - Governance Framework
  - Quality governance arrangements
  - Regulatory Requirements
  - Risk and control framework,
  - The effectiveness of risk management and internal control

- The Board of Directors has approved a robust corporate governance framework including Standing Financial Instructions, Scheme of Reservation and Delegation, Standards of Business Conduct and the Constitution. These are reviewed on a regular basis to ensure they are fit for purpose and reflect changes in national guidance

- Over the last three years, the Trust's governance arrangements have been subject to a series of reviews, the findings of which were utilised to inform changes to committee terms of reference and membership. Such reviews included:
  - A Well-Led Governance review in 2018/19 undertaken by AQUA & MIAA
  - The Care Quality Commission inspection in 2019 resulting in a rating of 'good' for Well-Led;

- The Board of Directors has a dynamic Board development programme in place that ensures the performance of the Board is reviewed appropriately. The Board Development Programme is adapted throughout the year to meet changing focus and demands. The Programme is currently under review to enable delivery whilst maintain guidance in relation to social distancing following the COVID-19 outbreak

- The Trust has arrangements in place to ensure all guidance issued by Monitor (NHS Improvement) is received and issued to all members of the Board of Directors via the Chair and Chief Executives reports to Board, key compliance reports and regular Non-Executive Director briefings

- These items are also brought to the attention of the Audit Committee via External Auditors and are responded to through a regular update report to this Committee

- Following the completion of any external or internal review, it is confirmed if any actions are required by the Trust to ensure best practice and regulatory requirements are met. The Trust's External Visits Policy outlines how such action plans are monitored and the relevant committees with responsibilities for this. A summary report of external reviews is presented to the Audit Committee

- The Board has a well-established committee structure that provides for effective review, scrutiny and decision making on the priority areas of the Board's business, namely quality of care, financial performance, operational delivery, strategy and governance. This structure is regularly reviewed to ensure it remains appropriate.

- All Board committees are supported by terms of reference which are reviewed on an annual basis as a minimum. These terms of references are reflected in the Scheme of Reservation and Delegation of Powers

- The Board reviews the performance of its committees on a regular basis to ensure that they are discharging their duties as defined by their terms of reference, and to ensure they continue to remain focussed on the needs of the Trust going forward

- There is an established reporting programme in place that ensures the Board committees report to the Board, and that the Board committees are provided with the necessary range of information and reporting to enable them to discharge their responsibilities. The Chair of each Board committee presents a Chair's Report to each public meeting of the Board of Directors to advise the Board of the committee's activity and to escalate any issues, concerns or risks as appropriate

- The Board has an annual Internal Audit Programme in place, under the direction of its Audit Committee to ensure its key control systems are prioritised and tested

- There is a clear accountability structure in place throughout the Trust. This defines the responsibilities of the Executive Team through the Scheme of Reservation and Delegation and the operational structures under their control. In line with good practice, executive portfolios are reviewed as necessary to ensure adequate capacity

- The accountability arrangements are clearly set out in the Annual Governance Statement 2019/20 submitted to the Board of Directors in June 2020 for approval

- The Board's infrastructure, namely the committees of the Board of Directors together with various operational groups, ensures that the Board of Directors is assured that the organisation, decisions and business of the Trust is monitored effectively

- This is undertaken through agreed annual cycles of business (approved by the committees) to ensure the Board of Directors, Council of Governors and committees are able to review and consider key areas including quality of care, workforce performance, financial performance, operational performance and risks to the Trust's quality, resources, reputation and regulatory requirements

- The Board has established processes in place to review Cost Improvement programmes (CIPs) that ensure proposed changes are appraised in respect of benefits and impact alongside the formal processes of Quality Impact Assessments

- The Business Performance Committee considers, in detail, the Trust's financial performance at each meeting to ensure achievement of statutory financial duties

- The Board receives regular performance updates in respect of quality and safety, workforce, financial and external performance. This provides an overview of the Trust's operations and ensures the appropriate escalation and monitoring of ongoing areas of concern

- The Quality Committee reviews, in detail, the quality of care through a performance dashboard and a governance report which enables the triangulation of intelligence including (but not limited to), quality visits, incidents, complaints and safer staffing

- The Trust has developed a Quality Account for 2019/20 that highlighted the quality improvements made across the Trust during this period and the priorities for quality improvement in 2020/21

- A Clinical Audit Programme is developed on an annual basis, implementation of which is overseen by the Quality Committee to ensure a culture of clinical excellence. This is supported by a Service Transformation Programme which focusses on service and quality improvements

- In addition to the above systems and processes, the Board has reviewed and approved a revised Quality Strategy that outlines the areas of focus for improving and monitoring the existing quality surveillance systems across the Trust for monitoring standards of care

- The trust has clear Standing Financial Instructions (SFIs) and a Scheme of Reservation and Delegation of Powers (SoRD) in place that determines the agreed framework for financial decision making, management and control

- There is an established and appropriate governance structure in place to ensure the SFI's and the SoRD are complied with and decision making and control relating to financial matters is effective via oversight by the Business Performance Committee and also by the Audit Committee

- The Trust's forward planning arrangements ensure appropriate review of the trust's ability to continue as a going concern and this is formally reviewed by the Business Performance Committee and the Board of Directors annually

- Systems and processes are in place to scrutinise all CIP plans for both financial and quality impact prior to implementation and to monitor both delivery and in-year changes through the Business Performance Committee and Quality Committee

- The Trust has a history of effective financial management and of achieving all statutory financial duties

- The Trust has well established annual cycles of business in place for the Board of Directors and its committees based on the Scheme of Reservation and Delegation and statutory reporting requirements.

- The Board and committee meeting dates are scheduled to allow the most up-to date information to be provided to meetings. Where necessary, meeting dates are revised to ensure contemporaneous data is available

- In 2018, the Trust identified issues in relation to data quality. An independent review was commissioned, an action plan was developed to address the issues, and this has been monitored via the Business Performance Committee.

- The Trust has an annual planning process that ensures future business plans are identified at the early stages and are supported by appropriate engagement and approvals to proceed

- The direction of the Trust is outlined in the Trust's Strategy and Annual Operating Plan, supported by division level plans

- Progress against the Annual Operating Plan is reviewed during the year through the Business Performance Committee and is monitored through the monthly Integrated Performance Report which is also reported to the Board of Directors

- For individual plans the Trust has a well-established business case process in place to ensure an appropriate and clear rational is provided, risks are understood and timelines are clear

- A Board approved Risk Management Strategy, which includes a risk appetite statement, is in place and is kept under review

- The Board Assurance Framework and Risk Register provide the framework through which risks are considered, reviewed and managed. The risks are managed through the committee structure and Divisional risk and governance groups and changes are reported formally, via the appropriate Board committee Chair's Report and the quarterly Governance Report, to the Board of Directors. This includes risks to the delivery of constitutional standards and statutory duties.

- All risks rated 12 and above are scrutinised by the Executive Team on a quarterly basis and both the Quality and Business Performance committees

- The Trust's risk management arrangements and Board Assurance Framework are subject to an internal audit review on an annual basis. The most recent audit of the risk management arrangements undertaken in 2019 provided significant assurance

- The Board discussed its risk appetite statement in September 2019 as part of a Board Development session

- The recruitment process for Board members ensures that members have the appropriate skills and knowledge to fulfil their duties and that all members satisfy the requirements of the Fit and Proper Persons Test

- Board's development programme ensures that the Board is engaged with the quality agendas of the Trust and that the Board is equipped with the necessary knowledge and skills, to provide clear and effective leadership focussed on delivering quality care. Board development sessions have focussed on Care Quality Commission Compliance, risk appetite and Board dynamics. Executive portfolios are kept under review to ensure there is sufficient capacity to deliver the strategy

- There are effective appraisal processes in place to support the Board members individually and collectively and the recruitment processes for new Board members is informed by a review of the Board's skills and knowledge. The Board reviews its performance after every meeting and uses this feedback and individual appraisals to inform its future development agenda

- The Board is engaged with the quality agenda and receives regular patient stories at meetings of both the Board and the Quality Committee to ensure that it remains focussed on the quality of care. Each month the Executive Team conduct walkabouts to chat to staff, patients and families and determine if any issues are present. General feedback is sought so that the Executive Team can triangulate data that is collected from various sources. This enables further discussion, questioning and support where required.

- In line with national guidance the Trust's Raising Concerns at Work Policy was approved by the Board of Directors in August 2018. Staff are aware of the policy and have direct access to the Freedom to Speak Up Guardian and a number of champions. The Guardian reports

on a quarterly basis to Trust Board and any themes of concerns are monitored. The Freedom to Speak Up Guardian meets regularly with the Senior Independent Director to ensure that any matters that may relate to the Chair or Chief Executive can be addressed if required.

- The above governance, risk and control processes ensure that the Trust remains compliant with all the legal requirements pertaining to it and its business

- The Trust seeks legal advice where appropriate.

Risk and Mitigations

Risk:

Systems and processes become dated or not fit for purpose as a result of environmental or system change including new business.

Mitigation:

Corporate Governance Systems require ongoing testing via the Board Committee structure and in addition, systems and controls assurances are obtained via the Audit Committee. The Trust is expecting to receive a Well-Led review by the Care Quality Commission during 2020/21 and will look to commission an independent review if this is delayed.

In light of the COVID-19 outbreak, the Trust quickly reviewed its governance arrangements to streamline reporting requirements and observe social distancing whilst ensuring the Board and committees continued to receive assurances and make decisions where required. These arrangements will be kept under review.

Appendix C

Condition G6

Systems for Compliance with Licence Conditions and Related Obligations

1. The Licensee shall take all reasonable precautions against the risk of failure to comply with:

    (a) The Conditions of this Licence
    (b) Any requirements imposed on it under the NHS Acts and
    (c) The requirement to have regard to the NHS Constitution in providing health care services for the purposes of the NHS.

2. Without prejudice to the generality of paragraph 1, the steps that the Licensee must take pursuant to that paragraph shall include:

    (a) The establishment and implementation of processes and systems to identify risks and guard against their occurrence and
    (b) Regular review of whether those processes and systems have been implemented and of their effectiveness.

3. Not later than two months from the end of each financial year, the Licensee shall prepare and submit to Monitor a certificate to the effect that, following a review for the purpose of paragraph 2(b) the Directors of the Licensee are or are not satisfied, as the case may be that, in the financial year most recently ended, the Licensee took all such precautions as were necessary in order to comply with this Condition.

4. The Licensee shall publish each certificate submitted for the purpose of this Condition within one month of its submission to Monitor in such manner as is likely to bring it to the attention of such persons who reasonably can be expected to have an interest in it.

Appendix D

Condition CG6
Evidence of Compliance

Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the financial year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.

In confirming this statement, the Board of Directors has considered the following:

- There is a Board approved Risk Management Strategy in place which clearly outlines the Trust's approach to identifying, managing and escalating risk which would include those risks to compliance with the Provider Licence
- The Quality Committee and Business Performance Committee monitor risks across the organisation and make recommendations to the Board of Directors as appropriate
- The Board Assurance Framework is reported to, and considered by the Board of Directors on a quarterly basis and is scrutinised by the relevant committees and the Executive Team on a quarterly basis
- During the financial year 2019/20 no potential risks of compliance have been identified with regard the Provider Licence
- There were no additional requirements imposed under the NHS Acts during 2019/20
- The Trust continues to have regard to the provisions contained within the NHS Constitution through the formulation and adoption of trust policies and procedures
- The Trust's governance structure reflects the needs of the NHS constitution and the rights of patients, service users and staff
- Through its business planning process, the Board continues to take into account the conditions of the Provider Licence in delivery of health care services.

Condition G6 CoS7
Evidence of Compliance

After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.

In confirming this statement, the Board of Directors has considered the following:

- The long and medium term financial position as detailed in the Trust's Finance and Procurement Strategy considered by the Business Performance Committee in May 2019 and Long Term Plan presented to the Board in October 2019
- The year to date and the annual financial position as detailed in the monthly financial section of the Integrated Performance Report presented to the Board of Directors and Business Performance Committee

- The 2019/20 annual accounts that were prepared on a going concern basis subject to confirmation once approved at the end of June 2020

- All key statutory financial targets were achieved for the year ended 31 March 2020 and the Trust delivered the control total agreed with NHS Improvement

- NHS England/Improvement have stated that the government has issued a mandate to NHS England for the continued provision of services in 2020/21 and Clinical Commissioning Group allocations have been set for the remainder of 2020/21. While these may be subject to minor changes as a result of the COVID-19 financial framework, providers can therefore continue to expect NHS funding to flow at similar levels to that previously provided where services are reasonably still expected to be commissioned

- While mechanisms for contracting and payment are not definitively in place, it is clear that NHS services will continue to be funded, and government funding is in place for this

- A paper is being presented to Board with a range of budget scenarios to plan for the remainder of the financial year until a finalised financial planning framework has been reinstated.

Governor Training

The Board is satisfied that during the financial year most recently ended the Licensee has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge.

In confirming this statement, the Board of Directors can be assured that:

- Upon appointment, Governors have been provided with a Governor Induction Pack containing relevant policies, procedures, guidance, and information relevant to their role. A Governor Handbook has been developed during 2020 to further support their information needs

- An externally facilitated induction session was provided to Governors outlining the role of an NHS Foundation Trust, the role of the Board of Directors and develop skills in holding to account, questioning and challenging and increasing public engagement

- How the Council of Governors in fulfils its statutory duties

- An evaluation exercise was undertaken to establish if the information and training needs of Governors were being met. The outcome of this will inform the next round of training and communication tools used for Governors and the action plan will be monitored by the Membership Group and the Council of Governors

- Governors are given a tour of the ward areas when they are appointed and are invited to participate in PLACE review visits and Patient Listening Weeks

- The format of Council of Governors meetings allows for Governors to raise questions and identify any additional items that they may wish to receive on future agendas.