

COUNCIL of GOVERNORS MEETING
The Lecture Theatre, Sid Watkins Building

Tuesday 11th December 2018

2:00 - 4:00

AGENDA

Time	Item	Owner	Purpose	Process	Preparation	
1:30 – 2:00	Governors Discussion Time	Governors	To discuss and consider the proposals from the COG Steering Group held on 08/11/18	Discussion	Not applicable	
Break						
Item	Time	Item	Owner	Purpose	Process	Preparation
1	2:05 (5 mins)	1.1 Apologies 1.2 Declaration of Interests 1.3 Minutes of meeting held on: 11 th September 2018 1.4 Review of Action Tracker	Janet Rosser Chair	To note apologies for absence For Governors to declare commercial and material interests relevant to the agenda To review, confirm accuracy – Previously circulated by email Review and consider matters arising	Verbal Verbal Minutes Verbal	Not applicable Read attached Not applicable
2	2:10 (10 mins)	Chair's Briefing including: 3.1 Changes to the Board 3.2 NED Recruitment 3.3 NED Appraisals 3.4 Chair Appraisal	Janet Rosser Chair Ann McCracken Senior Independent Director	To Inform	Verbal	Not applicable
3	2:20 (10 mins)	Lead Governor Report including: 4.1 Governors updates 4.2 Governor Engagement 4.3 2019 Work Plan	Colin Cheesman Lead Governor	To inform	Verbal	Not applicable

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Time		Item	Owner	Purpose	Process	Preparation
4	2:30 (20 mins)	Governor's Corporate Performance Report	Hayley Citrine Chief Executive Mike Burns Director of Finance	To inform and present the Trust's Performance Q2 2018/19	Report	Report enclosed
5	2:50 (10 mins)	Freedom to Speak Up Guardian (FTSUG)	Julie Kane FTSUG	To Inform on the FTSUG role within the Trust	Presentation	To be presented on the day
6	3:00 (10 mins)	Patient Experience	Mark McKenna Head of Patient Experience	To Inform	Verbal	Not applicable
7	3:10 (15 mins)	Patient Story	Mark McKenna Head of Patient Experience	To Inform	Presentation	To be presented on the day
8	3:25 (20 mins)	Quality Account	Lisa Salter Director of Nursing and Governance	To discuss and agree	Presentation	To follow in advance of meeting
9	3:45 (5 mins)	CQC Update	Lisa Salter Director of Nursing and Governance	To Inform	Verbal	Not applicable
10	3:55 (5 mins)	Trust Strategy 2018-2023	Hayley Citrine Chief Executive	To receive the publication (currently being finalised) prior to an update on progress against the strategy at the next CoG meeting.	Document to follow	Not applicable
11	4:00	Questions on Notice and Review of Meeting	Janet Rosser Chair		Verbal	Not applicable
12	4:00	Any Other Business	ALL		Verbal	Not applicable

Date of next meeting: Thursday 7th March 2019, 2:00pm – 4:00pm, Sid Watkins Building

CONFIRMED

Minutes of the Council of Governors Meeting

Thursday 11th December 2018

Sid Watkins Building, Walton Centre

Present

Janet Rosser CHAIR

Governors:

Ruth	Austen-Vincent	Doreen	Brown
Tony	Cahill	Andy	Burgen
Amanda	Chesterton	Colin	Cheesman
Johnathan	Desmond	Rich	Cottier
Phil	Gibbons	Diane	Foulston
Stella	Howard	Alan	Griffiths
John	Kitchen	Melissa	Hubbard
Isabel	Moreno	Sharon	McLoughlin
Barbara	Strong	Nathalie	Nicholas

In Attendance

Hayley	Citrine	Chief Executive
Mike	Burns	Director of Finance
Lisa	Salter	Director of Nursing and Governance
Jan	Ross	Interim Director of Operations and Strategy
Ann	McCracken	Non-Executive Director
Alan	Sharples	Non-Executive Director
Alison	Whitfield	Assistant Corporate Secretary
Carol	Miller	Membership Manager/Corporate Governance Assistant (Minutes)

In Attendance for part of the meeting

Rhys	Davies	
Anna	Crofton	Specialist Nurse Practitioner Neuro-oncology
Emily	Gerrans	Physiotherapist
Karen	Daniels	Physiotherapy Assistance
Julie	Kane	Freedom to Speak up Guardian
Mark	McKenna	Head of Patient Experience

Apologies

Jonathan	Austin	Peter	Clegg
Lesley	Collins	Ged	Comerford
Michael	Lewis	Nanette	Mellor
Ella	Pereira	Derek	Rothwell
Jan	Vaughan	Adrian	Wells
Stan	Winstanley	Peter	Humphrey
Seth	Crofts	Sheila	Samuels
Mike	Gibney	Andy	Nicolson

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<p>COG 31/18</p>	<p>Apologies Apologies were received and noted as above.</p>
<p>COG 32/18</p>	<p>Welcome and Declaration of Interests: The Chair welcomed all attendees.</p> <p>Declaration of Interests None</p>
<p>COG 33/18</p>	<p>Minutes of the meeting held on 11th September 2018: Action Tracker and Matters Arising</p> <p>The minutes of the previous meeting were agreed as a true and accurate record</p> <p>Matters arising:</p> <p>The following items were closed:</p> <ul style="list-style-type: none"> • COG 21/18 Unconfirmed Minutes Minutes would continue to be sent within one month of the meeting. • COG 23/18 Governor Engagement On the agenda • Draft Governors Welcome Pack Distributed to all Governors <p>The following item updated:</p> <ul style="list-style-type: none"> • COG 26/18 Staff Survey 2017 Jane Mullin to be invited to a future meeting to update the governors.
<p>COG 34/18</p>	<p>Chairs Briefing The Chair welcomed everyone to the meeting.</p> <p>Changes to the Board: Jan Ross had been appointed as Interim Director of Operations and Strategy. Interviews had been scheduled for 14th December 2019 for the substantive role.</p> <p>Non-Executive Director (NED) Recruitment Three NEDs had been recruited as successors to Alan Sharples, Ann McCracken and Dr Peter Humphrey at the end of their respective terms of office. Their appointment had been ratified by Governors following the recruitment day.</p> <p>The appointments were:</p> <ul style="list-style-type: none"> • Su Rai - Chair of the Audit Committee Su had an accountancy background and provided audit, advisory and tax services. Her roles had included: <ul style="list-style-type: none"> - Senior Manager, KPMG, - Audit Partner, Horwarth Clark Whitehill and Mazars - Established her own business, Raise Associates: Chartered Accountants. - Non-Executive Director and Audit Committee Chair at St Helens and Knowsley Teaching Hospitals NHS Trust. • Professor Nalin Thakkar - Chair of the Research, Development and Innovation Committee. Nalin had a clinical background in dentistry, academic and clinical pathology.

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	<p>His roles had included:</p> <ul style="list-style-type: none"> - Professor of Molecular Pathology and Genetics/Consultant Histopathologist, The University of Manchester and Central Manchester University NHS FT, - Associate Vice President, The University of Manchester and Member of their Board of Governors. - Non-Executive Director for the Health Research Authority, acting as their National Adviser in the area of human tissues in research and genetics and genomics research. <ul style="list-style-type: none"> • Barbara Spicer (Commercial) Barbara had a commercial background in administration and project development. Her roles had included: <ul style="list-style-type: none"> - External Affairs Manager, Merseyside Development Corporation, - Head of Customer & Media Relations, progressing to Assistant Chief Executive, Director of Policy, Performance & Partnerships and Director of Regeneration & Neighbourhoods, Knowsley Borough Council, - Chief Executive, Salford City Council , - Chief Executive, Greater Manchester Police Authority. - Chief Executive, Skills Funding Agency, - Chief Executive, Plus Dane Housing Group, - Metro Mayor Advisor on Housing in Liverpool City Region, - Inaugural member on the British Land Sustainability Panel, - Judging Panel Member for the UK City of Culture 2021, - Board Member for the Housing & Finance Institute Board. - Trustee for The Lowry Arts Centre, - Board Member for the North West Urban Investment Fund and - Company Director for Manchester Knowledge Capital. <p>Non-Executive Director appraisals</p> <p>The Chair had undertaken Non-Executive Directors appraisals and reported satisfactory performance. The Chair noted that, as NED pay was not performance related, this was a demonstration of their commitment.</p> <p>Sheila Samuels – Chair Business Performance Committee Priorities for 2019:</p> <ul style="list-style-type: none"> - Increase the focus of BPC on the Efficiency and Transformation Agenda - Chair Pipework Committee Task and Finish Group - CQC External reviewer <p>Alan Sharples – Chair Audit Committee and Charity Committee Priorities for 2019</p> <ul style="list-style-type: none"> - Strengthen assurance topics on the Audit Committee <p>Seth Crofts – Chair Organ Donation Priorities for 2019 Chair Research and Development Committee Spotlight on Clinical Excellence Improve the Trusts patient Courtyard</p> <p>Ann McCracken – Chair of Quality Committee Priorities for 2019 Freedom to Speak up Champion Continue to strengthen the Quality Committee Increase visits to wards</p>
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	<p>Peter Humphrey – Chair Research and Development Committee had reached to the end of his term.</p> <p>Chair Appraisal Ann McCracken, Senior Independent Director, and Colin Cheesman, lead governor, conducted the first annual appraisal of the Chair.</p> <p>The Chair had undertaken a 360° Leadership Academy appraisal gaining insight from those working closely around her, the NEDs and Governors.</p> <p>It had been a challenging start with the departure of, the then, CEO just months into the role and the subsequent appointment of a new CEO and then Director of Nursing, at a time when the Chair was making the transition from being a former NED.</p> <p>In the past 12 months, the Chair had formed good working relationships with Chairs within the region and was instrumental in sowing the seeds, of what may become an alliance with other specialist trusts across Merseyside.</p> <p>Conclusion: The Chair had made an excellent start in the first year, with a strong performance, undoubtedly due to a great deal of hard work.</p> <p>Priorities for 2019:</p> <ul style="list-style-type: none"> • Continue to raise the profile of The Walton Centre; • Pursue collaborations with other NHS organisations; • Retain the Trust’s independence.
<p>COG 35/18</p>	<p>Lead Governor Report</p> <p>Governor updates:</p> <ul style="list-style-type: none"> • Urtha Felda had resigned as Governor from the North Wales Neurological Conditions partnership. • Nathalie Nicholas had superseded Paul Brant as partnership governor from Liverpool City Council. <p>Governor Engagement: The Governor engagement report had been approved by the Council of Governors Steering Group and ratification was being sought from the Council of Governors for the Steering Group to take the work forward and implement the required processes.</p> <p>In order for future engagement to be successful, Governors were requested to be supportive in their role as representatives in the public interest.</p> <p>The Governors agreed that a mechanism would be devised to ensure that all issues, concerns and questions were raised via the lead governor.</p> <p>2019 Work Plan The 2019 Work Plan was approved.</p>

COG
36/18

Trust Performance – Governors’ Corporate Performance Update

Position at end of Quarter 2 2018/19

- Financial position - £1,014k surplus against a planned surplus of £1,005k - £9k ahead of plan; this includes Provider Sustainability Fund (PSF) of £792k for achieving our financial plan (previously Sustainability and Transformation Fund (STF)).
- Safety - 0 Never Events (1 in Quarter 1)
- Quality Healthcare Associated Infections (HCAI) - 4 patients with Clostridium difficile, 0 patients with MRSA
- 1 patient with a Category 3 pressure ulcer
- Less falls than Quarter 2 last year
- Nursing turnover 14.98%, which was lower than last year at 16.83% with vacancies at 4.22% (below the set target of 6%)
- Activity
 - Referral to Treatment (RTT) and cancer treatment targets for patients achieved Trustwide
 - Outpatient activity above plan

Position at end of October 2018

- Finance in month October the Trust has delivered a £503k surplus which was in line with plan.
- Safety - 0 further never events
- Quality year to date (YTD) 6 patients with Clostridium Difficile against a threshold of 9
- 7 patients with CPE YTD (no trajectory set)
- No patients with a MRSA bloodstream infection YTD
- 1 patient acquired a grade 3 pressure ulcer
- Activity
 - RTT & cancer patient targets met.
 - Increase in non-elective admissions
 - Outpatients activity is above plan.
 - Increase in spinal patient referrals.

There had been a change to a Quality approach in the Cost Improvement Plan (CIP). 70 Staff had been trained in the Quality Improvement Methodology which would be rolled out to all staff. This had a triple aim focus of quality, patient/staff experience and efficiency and would use A3 reporting.

There had been unforeseen challenges and financial costs during October and November 2019:

- Ram Raid
 - An unsuccessful ram raid on the cash machine located within the main building entrance had led to extensive damage to the doors.
 - The ambulance entrance was being utilised until the bespoke glazing could be installed.
- Fire in Outpatients
 - An Electrical fire within a store cupboard in outpatients had resulted in smoke damage. Praise was given to on duty staff and off duty staff who attended to assist in the precautionary evacuation of 45 patients.
 - The Patient Access Centre had rung affected patients to explain the situation and reschedule appointments.
 - An industrial clean and a fire inspection had taken place.

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	<ul style="list-style-type: none"> • Pipework and flooding <ul style="list-style-type: none"> - A 5 year plan had been put in place to replace the low carbon steel pipework throughout the main building, which had corroded and caused - some flooding, scalding risks and heating problems. Phase 1 was in progress now to ensure heating for the winter. - Capital Programme of £10 million; - Patient areas had been prioritised, - Majority of work was to plan with minor disruption to patient beds. <p>After the presentation the Governors asked:</p> <p>What were the implications of reporting a CIP target shortfall, progress on HRG4+ , Winter Pressures preparation and if the staff involved in the fire had been contacted and acknowledged.</p> <p>In response:</p> <ul style="list-style-type: none"> • HRG4+ was ongoing. Local Trusts had met and were waiting for a response from a joint letter had been issued to NHS Wales which called for a long term, collective approach. • Plans for Winter Pressures had been put in place. Pathways of best practice had been put in place for patients with specific neuro conditions and these had reduced emergency admissions in acute Trusts. Admissions were also being avoided by having the introduction of the Integrated Neurology Nurse specialists in the community. We also agreed as with last year to reduce our admission threshold in relation to some specialities. • The Executives had visited the staff involved in the incidents to thank them for going 'above and beyond'. Further visits included the Outpatients department and feedback had been given at the daily Safety Huddles. Feedback from patients was that they had felt safe, confident and supported by staff during and following the incidents. <p>Governors were able to verify that normal service had quickly resumed. Patients had been contacted promptly and those patients affected had been supportive and understanding of the situation.</p>
<p>COG 37/18</p>	<p>Freedom to Speak Up Guardian (FTSUG)</p> <p>Julie Kane, the Trust Freedom to Speak Up Guardian, had been requested by the Governors to give an overview of the role of the FTSUG within the Trust.</p> <p>The role had been established in October 2016 and provided advice for staff to raise concerns and challenge the system.</p> <ul style="list-style-type: none"> • The role - was independent and free of interference from national bodies <ul style="list-style-type: none"> - used authority of office to ensure recommendations were acted upon - established a way to review current cases - not taking responsibility away from trusts - not circumventing existing processes for raising concerns - not investigating historic cases - was based on 14 principles. <p>The FTSUG worked alongside trust leadership teams to support the organisation to become a more open and transparent place to work. All staff were actively encouraged</p>

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	<p>and enabled to speak up safely.</p> <p>Following the presentation the Governors asked if staff were reluctant to raise concerns, if themes identified within the Trust reflected national trends, dissemination of information to staff and the volume of cases.</p> <p>In response, it was noted that:</p> <ul style="list-style-type: none"> • Staff were comfortable raising concerns in one to one meetings, during walk arounds in clinical and non-clinical areas and during corridor conversations. The FTSUG wore a lanyard which was clearly identifiable to staff. • The FTSUG was a confidential, advisory and signposting role. There was a formal Grievance Policy which was led by HR and an Executive Lead when appropriate. <p>Any issues raised were logged and signposted as appropriate. There were 22 cases in 2017 and 9 in 2018. These were dealt with on a case by case basis and the process, escalation and resolution agreed with the individual. The Trust Board received a FTSU report bi-annually.</p>
<p>COG 38/18</p>	<p>Patient Experience Update</p> <p>Mark McKenna, Head of Patient Experience, updated the Governors on Patient Experience. Information on Patient and Family Experience was gathered from various sources including, surveys with Neuro Buddies, Complaints and concerns, Friends and Family Test (FFT), National Inpatient Survey, NHS Choices and social media, Engagement events with Stakeholders and Patient Groups.</p> <ul style="list-style-type: none"> • 159 patient surveys were conducted by Neuro Buddies • 44 formal complaints and 175 informal complaints, which represented 0.06% of patient contacts • Main themes were appointment arrangements, approach and manner, Patient Care , communication and discharge arrangements • National Inpatient Survey – remained within the top 12 trusts <ul style="list-style-type: none"> - This was a deterioration and an Action Plan had been put into place to improve the patient journey, which included: <ul style="list-style-type: none"> • Patient and Family Centred Care – including Patient and Family • Champions, Shadowing, Walkabouts, Patient Stories • Patient engagement events • Bid to be flagship Trust in Helpforce project to establish best practice in volunteering – if successful, £75k to expand Neuro Buddy service • Bid for PhD Studentship project to understand and implement best practice in using patient and public involvement to improve services <p>Following the presentation, the Governors asked How the action Plan reflected the Patient Reported Outcomes Measures (PROMs) and Patient Reported Experience Measures (PREMs), how independent the surveys were, if patients had felt comfortable to give true responses, if the concept of mystery shoppers could be used and if Neurobuddies were only available for inpatients at the Walton Centre.</p> <p>The results were used to add new measures to the PROMs. Patients were clear that Healthwatch was independent and they had conducted surveys with both inpatients and outpatients. It was hoped to extend the Neurobuddies to satellite and community clinics, but this was dependant on funding. It would be difficult to establish a mystery shopper as attendance on wards needed to be agreed and planned.</p>

<p>COG 39/18</p>	<p>Patient Story</p> <p>Members of the physiotherapy and Nursing teams presented the patient story which featured a female patient (Miss S) who had a brain tumour and had suffered a subsequent infection which required further surgery. Miss S had looked forward to being a bridesmaid at her brother's wedding, which unfortunately was planned whilst recovering at the Trust from her invasive surgery.</p> <p>The Therapy teams had made it possible for Miss S to attend the wedding, which had involved significant consideration and planning for the staff involved so that Miss S would manage physically, the logistics to and from the venue and the difficulties in walking, particularly in a bridesmaid dress and shoes. Staff had used their personal skills in respect of tailoring, hairdressing and make up. A video was shown of the day which was narrated by Miss S in which she gratefully acknowledged all the staff involved for making it possible to attend the special family event and enabling her to look and feel like a bridesmaid and not a patient.</p> <p>The governors acknowledged the tremendous efforts of the staff and thanked them for the dedication and compassion shown for their patient and their work which had been above and beyond.</p>
<p>COG 40/18</p>	<p>Quality Account</p> <p>The Director of Nursing and Governance introduced the proposed Quality priorities for 2019/20 to the Governors. The purpose of the priorities was to improve safety, experience and effectiveness and had been chosen from feedback received from The Family and Friends Test (FFT) and discussions with Commissioners, Health Watch and various staff groups.</p> <p>Governors were asked to select one from each of the following groups:</p> <p>Patient Safety</p> <ul style="list-style-type: none"> • Support religious beliefs and cultures within the Theatre Dept • Implement Aseptic Non Touch Technique (ANTT) • Pre and post-operative discussions with the Theatre Team • Introduce pictorial menus for patients <p>Patient Experience</p> <ul style="list-style-type: none"> • Introduce Patient and Family Centred Champions • Offer patients the opportunity to receive scan results via post • Introduce extended patient visiting • Refurbish ward day rooms to improve environment for patients and families <p>Clinically Effective</p> <ul style="list-style-type: none"> • Introduce In-house Masters Neurosciences Training Module • Introduce electronic systems to ensure monitoring of competencies • Triaging patients who require telemetry to reduce DNA rates • Introduce A3 Methodology for quality improvement <p>As part of the Quality Account review, Governors were also asked to vote for one 2018/19 indicator to be audited this year.</p> <ul style="list-style-type: none"> • Reduce Falls • Reduce missed doses of critical medications • Initiate enhanced training on oral hygiene • Reduce non-clinical cancelled operations <p>The governors would be informed of the outcome at the next COG meeting.</p>

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	<p>The Governors asked for clarification on why Patient Equality wasn't identified as a topic. Governors asked how it was intended to fund the refurbishment of the patient day rooms. Some governors also raised concerns on assurances regarding health and safety and the elimination of cross contamination cooking and refrigeration facilities.</p> <p>It was explained that the Quality objectives were based upon the Darzi principles of improving patient safety, experience and clinical effectiveness. Patient Equality would be covered by the Equality and Diversity Policy. The refurbishment costs would be supported by Charitable funds and the League of Friends.</p> <p>The Governors commented on personal experience of providing facilities for patients and commented that rules were put in place to support such beneficial changes.</p>
COG 41/18	<p>CQC Update</p> <p>The Director of Nursing and Governance updated the Governors on the Care Quality Commission (CQC) inspection.</p> <p>The Trust had received the CQC Provider Information Request (PIR) for the next CQC Inspection, potentially in Quarter 1 2019/20. The PIR contained requested approximately 500 pieces of information from the Trust, to be provided by 3rd January 2019.</p> <p>The Governors noted that it had not been long since the last inspection, asked if governors would be given the opportunity to engage with the CQC during the inspection, clarification on the process and if advice was being sought from other Trusts.</p> <p>The Director of Nursing and Governance recalled that it had been 3 years since the last inspection therefore was within the usual timescales. The inspection methodology had changed since the last inspection, but it was hoped that Governors would be given the opportunity to provide some input. The Trust had been in contact with other trusts and had regular liaison meetings with the CQC.</p> <p>The Governors would be kept informed of progress.</p>
COG 42/18	<p>Trust Strategy 2018 – 2023</p> <p>The Chief Executive thanked the Governors for their input in the development of the Trust Strategy for 2018- 2023.</p> <p>The process had also included engagement and input from staff, patients, stakeholders, Trust Board and all Committees.</p> <p>Governors would be given an opportunity to receive feedback on the process and actions planned against the strategies at the March 2019 Council of Governors meeting.</p>
COG 43/18	<p>Questions on Notice</p> <p>None</p>
COG 44/18	<p>Any Other Business</p> <p>None</p>

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<p>COG 45/18</p>	<p>Review of Meeting</p> <p>The Chair thanked the Governors for their participation and attendance.</p> <p>The Governors commented:</p> <ul style="list-style-type: none"> • Although the revised Boardroom layout was inclusive, there were still difficulties in sound quality with between governors and those delivering presentations. • The use of acronyms made it difficult for some governors to follow agenda items. <p>ACTION: All speakers to be reminded to use the microphones provided.</p> <p>The use of acronyms to be discouraged for all Governor presentations and documentation.</p>
<p>COG 46/18</p>	<p>Date, time and venue of next meeting</p> <p>The next meeting of the Council of Governors would be held on 7th March 2019, 2:00 – 4:00pm in the Lecture Theatre, Sid Watkins Building.</p>

ACTION TRACKER

Min. Ref	Item	Action	Lead	Status
<p>COG 26/18</p>	<p>Staff Survey 2017</p>	<p>Questions to be forwarded to Jane Mullin</p> <p>Jane Mullin to be invited to a future meeting to update the governors</p>	<p>All</p>	<p>Open</p>
<p>COG 46/18</p>	<p>Review of Meeting</p>	<p>All speakers to be reminded to use the microphones provided.</p> <p>The use of acronyms to be discouraged for all Governor presentations and documentation</p>	<p>All</p>	<p>Open</p>