

# Public Trust Board Meeting

Thursday 6<sup>th</sup> April 2023

Agenda and Papers



**PUBLIC TRUST BOARD MEETING**  
**Thursday 6 April 2023**  
**Boardroom**  
09:30 – 13.30

v = verbal d = document p = presentation

Item	Time	Item	Owner	Purpose
1	09.30	Patient Story (v)	Chief Nurse	N/A
2	09.50	Investors in People Report (p)	Chief People Officer	Assurance
3	10.10	Welcome and Apologies (v)	Chair	N/A
4	10.15	Declaration of Interests (v)	Chair	Note
5	10.20	Minutes and actions of meetings held on: <ul style="list-style-type: none"> <li>2 February 2023 (d)</li> <li>2 March 2023 (d)</li> </ul>	Chair	Approve
<b>STRATEGIC CONTEXT</b>				
6	10.25	Chair and Chief Executive's Update (d)	Chief Executive	Note
7	10.40	Trust Strategy Quarterly Update (d)	Medical Director	Assurance
8	10.55	Finance and Commercial Development Substrategy (d)	Chief Finance Officer	Approve
9	11.10	Board Assurance Framework Q4 2022/23 and Closure (d)	Chief Executive	Approve
10	11.20	Principal Risks 2023/24 (d)	Chief Executive	Approve
11	11.30	Risk Appetite Statement (d)	Interim Chief Nurse	Approve
<b>11.40 BREAK</b>				
<b>PERFORMANCE</b>				
12	11.55	Integrated Performance Report (d)	Chief Executive Officer	Assurance
13	12.00	Business Performance Committee: Chair's Assurance Report (d)	Committee Chair	Assurance
14	12.10	Quality Committee: Chair's Assurance Report (d)	Committee Chair	Assurance
<b>WORKFORCE</b>				
15	12.20	Staff Survey Results (p)	Chief People Officer	Assurance
<b>QUALITY AND SAFETY</b>				
16	12.30	Violence and Aggression Strategy Update (d)	Interim Chief Nurse	Assurance
17	12.40	Health Inequalities Committee Proposal (d)	Chief Executive	Approval

Item	Time	Item	Owner	Purpose
<b>COMMITTEE CHAIR'S ASSURANCE REPORTS</b>				
18	12.50	Neuroscience Programme Board - 16 March 2023 (d)	Committee Chair	Assurance
19	12.55	RIME Committee - 21 March 2023 (d)	Committee Chair	Assurance
20	13.00	Strategic BAME Advisory Committee – 13 March 2023 (d)	Committee Chair	Assurance
21	13.05	Remuneration Committee – 9 March 2023 (d)	Committee Chair	Assurance
<b>CONSENT AGENDA</b>				
Subject to Board agreement, the recommendations in the following reports will be adopted without debate:				
<ul style="list-style-type: none"> <li>• Quality Account Priorities (d)</li> <li>• Mixed Sex Accommodation: Annual Statement of Compliance (d)</li> <li>• Report on the Use of Trust Seal (d)</li> </ul>				
<b>CONCLUDING BUSINESS</b>				
22	13.10	Any Other Business (v)	Chair	
23	13.15	Review of Meeting (v)	Chair	Note

**Date and Time of Next Meeting: 9.30am, 4 May 2023, Boardroom, The Walton Centre**

**TRUST BOARD**  
**Thursday 6 April 2023**

<b>Report Title</b>	Investors in People: We Invest in People Annual Assessment 2023		
<b>Executive Lead</b>	Mike Gibney Chief People Officer		
<b>Author (s)</b>	Rachel Saunderson, Innovation Manager Jane Mullin, Deputy Chief People Officer		
<b>Action Required</b>	To note		
<b>Level of Assurance Provided</b> <i>(do not complete if not relevant e.g. work in progress)</i>			
<input type="checkbox"/> <b>Acceptable assurance</b> Systems of controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/> <b>Partial assurance</b> Systems of controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/> <b>Low assurance</b> Evidence indicates poor effectiveness of system of controls	
<b>Key Messages</b> <i>(2/3 headlines only)</i>			
<ul style="list-style-type: none"> <li>The annual assessment of the Trust's Gold accreditation for the Investors in People 'we invest in people' standard took place in January 2023</li> <li>The Trust maintained its Gold accreditation and is on course for achieving Platinum as is able to demonstrate a strong commitment to continuous improvement</li> <li>The next full review of the 'we invest in people' standard will be held in November 2023. This will be a joint review with the 'we invest in wellbeing' standard to realign both standards into one assessment</li> </ul>			
<b>Next Steps</b> <i>(actions to be taken following agreement of recommendation/s by Board/Committee)</i>			
<ul style="list-style-type: none"> <li>To develop and implement an action plan in line with areas of focus for the next 12 months identified in the assessment report</li> <li>Meeting to be held on the 18/04/23 with the Trust's Investors in People Assessor to agree next steps towards achieving Platinum status</li> </ul>			
<b>Related Trust Strategic Ambitions and Themes</b>		<b>Impact</b> <i>(is there an impact arising from the report on any of the following?)</i>	
Choose an item		Workforce	Quality
			Not Applicable
<b>Strategic Risks</b> <i>(tick one from the drop down list; up to three can be highlighted)</i>			
004 Leadership Development	001 Quality Patient Care	004 Operational Performance	
<b>Equality Impact Assessment Completed</b> <i>(must accompany the following submissions)</i>			
Strategy <input type="checkbox"/>	Policy <input type="checkbox"/>	Service Change <input type="checkbox"/>	
<b>Report Development</b> <i>(full history of paper development to be included, on second page if required)</i>			
<b>Committee/ Group Name</b>	<b>Date</b>	<b>Lead Officer (name and title)</b>	<b>Brief Summary of issues raised and actions agreed</b>
N/A			

## Investors in People: we invest in people Annual Assessment 2023

### Executive Summary

1. The annual assessment of the Trust's Gold accreditation for the Investors in People 'we invest in people' standard took place in January 2023. The process consisted of interviews, focus groups and showcase presentations with staff from across the organisation and observation survey data through the NHS Pulse Survey and national NHS Staff Survey reports.
2. The Trust maintained its Gold accreditation and is on course for achieving Platinum as it's able to demonstrate a strong commitment to continuous improvement.

### Background

3. Investors in People is the industry standard for people management and sets out the criteria for high performance through people. The Walton Centre is the only NHS trust to hold dual accreditation for the 'we invest in people' and 'we invest in wellbeing' standards for which we hold Gold level status.
4. The Walton Centre undertook a full review of the 'we invest in people' standard in November 2020 and received Gold accreditation. Although the awards are valid for three years, in order to maintain accreditation, the Trust is required to undergo annual interim reviews at 12 and 24-month intervals. The 12-month review was undertaken in November 2021 and the 24-month review in January 2023. The Trust maintained its Gold status throughout.
5. The 24-month review of the 'we invest in people' standard took place on the 27 and 30 January 2023 which consisted of:
  - **Staff Interviews** with the Chief People Officer and the Divisional Director of Operations for the Neurology Division
  - **Showcase presentations** on the Trust's Digitalisation and Staff Engagement and Welfare programmes
  - **Focus Groups** with staff from the Building Rapport Leadership Programme, Healthcare Assistants and trained nurses
  - **Review of observation survey data** via the NHS Pulse and Staff Survey reports.
6. The review outcome report is included in **Appendix 1**, with key areas of note being as follows:
7. Clearly evident that the Trust is **continuing to adopt a very effective strategic approach to people management** e.g. People Sub-strategy 2023-25 being one of the seven sub-strategies underpinning the Trust Strategy 2023-25, recruitment strategy designed to attract and retain world-leading talent, utilising staff surveys to evaluate and benchmark against engagement factors such as leadership, wellbeing and job satisfaction.
8. The Trust has maintained a **strong commitment to continuous improvement** reflected in the quality improvement approach and ongoing implementation of the Investors in People action plan.
9. **Finalised the Trust's new strategic plan and involved a wide range of stakeholders** (including staff, patients, voluntary sector, governors and members) **in its development** and

reflects best practice. Staff fed back that the core values continued to have extremely strong traction with people believing in and seeing themselves as custodians of 'The Walton Way'. Also, that the working environment reflected a culture of openness, trust and empowerment.

10. **Continued to strengthen Executive Team communication and engagement** e.g. monthly 'Join Jan' sessions, Executive Team attendance at departmental/team meetings. Staff feedback highlighted that senior managers were taking effective steps to positively engage with, and listen to, staff across the Trust.
11. **Continued engagement with staff across the Trust** following a number of TEA (talking, engagement and action) sessions being held and increasing non-digital channels for communication e.g. noticeboards and TV screens. Staff fed back that they are kept updated via a range of communication media and processes.
12. **Continued to develop the Trust's wellbeing strategy** and adapted the approach taken to reflect environmental factors such as the 'cost of living' crisis e.g. hardship vouchers. Also relaunch of the nurses version of the Shiny Mind App, developed a health check programme and imminent opening of the Wellbeing Hub. Staff reported that the Trust shows a demonstrable commitment to their welfare through a comprehensive, holistic wellbeing offer.
13. **Continued to develop leadership capability** of current and emerging leaders through the Building Rapport and Aspiring Ward Managers programmes and the NHS Leadership Academy. Staff fed back that their contribution to the success of the Trust was recognised via a multi-faceted recognition and reward strategy and that there had been a continued commitment to their personal development.
14. **Continued to work on embedding a coaching culture** with self-referral coaching offer available to all staff and coaches undergoing quarterly supervision with external supervisors and acting independently in line with the European Mentoring and Coaching Council (EMCC) code of practice.
15. **Continued to work on embedding corporate social responsibility** through adopting a best practice approach based on a holistic model embracing community involvement, charitable activities and environmental sustainability. Specific initiatives included the Trust becoming a founding member of Liverpool Citizens.
16. Areas of focus for the next 12 months are summarised as:
  - Acting on key themes emerging from staff surveys
  - Launching a revised appraisal policy and process
  - Exploring how coaching can be facilitated with regard to nursing staff
  - Exploring how team coaching can be introduced
  - Further development of Liverpool Citizens
  - Continuing to enhance the Trust's wellbeing offer
  - Development of a new staff intranet
  - Developing a Trust-wide project management office.
17. The next full review of the 'we invest in people' standard is due to be undertaken in November 2023. Historically, payment for the full and subsequent 12 and 24 month reviews were paid individually however, due to changes made to the assessment payment structure, organisations are now required to pay for the full, 12 and 24 month reviews in one payment.

Therefore, costings to maintain the standard are £17,600+VAT for which a business case for non-recurrent funds for 2022/23 has been approved.

18. It should be noted that the next full review of the 'we invest in wellbeing' standard is due to be undertaken in June 2023, but this has been postponed until November 2023 in order to realign both standards into one assessment. Separate costings will still apply for the standard however, the fee structure is unknown at this time due to the standard being under review. There is an indication that there would be economies of scale due to undertaking both standards.

## Conclusion

19. The annual assessment of the Trust's Investors in People 'we invest in people' Gold Award was undertaken in January 2023 the outcome of which was that the Trust maintained its Gold status.
20. Due to the number of consecutive years the Trust has held Gold status (initial Gold accreditation achieved in May 2014), it is able to demonstrate a strong commitment to continuous improvement and is therefore in a position to work towards achieving Platinum status. A meeting is being held with the Trust's Investors in People Assessor on the 18 April 2023 to develop an action plan in line with this.

## Recommendation

21. The Trust Board is asked to note the content of the outcome report from the 2023, 24-month review of the Investors in People 'we invest in people' standard and support the continued work towards achieving Platinum status.

**Authors:** Rachel Saunderson and Jane Mullin  
**Date:** 22/03/23

**Appendix 1** – Investors in People: we invest in people 24-month Review Report, January 2023

# INVESTORS IN PEOPLE™

We invest in people



**24 months on...**

## The Walton Centre

Project number: NOR-22-00918

Practitioner: John O'Sullivan

Date: 30 January 2023



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## It's been a while!

It's been two years since we finished our assessment and awarded you Gold accreditation.

We discussed your progress 12 months on and updated your actions for the following year.

It's been another 12 months since then, and we checked in with you recently to find out how you've got on and plan for the last year of your accreditation. The review took place on 27 and 30 January 2023 and consisted of:

- interviews and focus groups involving staff from a range of functional areas
- showcase presentations on Digitalisation and Staff Engagement & Welfare
- review of strategic documentation and staff survey data

## At your assessment, we found out...

**You had very effective strategic planning processes...**

You were deploying a best practice approach to strategic planning that included a compelling vision, a wide range of leading and lagging performance indicators and SMART objectives.

**People believed in your values...**

Your core values had extremely strong traction with people believing in and seeing themselves as custodians of The Walton Way.

**People spoke very positively about your culture...**

Your people described a culture that was characterised by openness, trust and empowerment. They also described how constructive stakeholder involvement has continued to be at the heart of your culture.

**You were committed to equality and diversity ...**

You were adopting an enlightened approach to the management and promotion of equality and diversity that included the profiling of staff and patient demographics.

**You had achieved some great results...**

You had achieved two successive *Outstanding* ratings from the Care Quality Commission and your staff survey rating for 'overall engagement' was above the national average.

## Last year, you told us how...

**You were planning further continuous improvement actions...**

You outlined a number of actions you were planning to take in support of your ambition to achieve Investors in People Platinum. These were related to:

- finalising your Strategic Plan
- continuing to deploy wellbeing initiatives to support your Covid recovery plan
- continuing to work on developing leadership and line manager capability (including the embedding of the Medical Leadership and Management Standards)

- rolling out your Executive Team Communication and Engagement Plan
- meeting the significant labour market and recruitment challenges faced by the healthcare sector
- continuing to enhance your approach to succession planning
- continuing to work on improving PDR completion rates across all teams
- continuing to develop and embed your Equality, Diversity & Inclusion Strategy

## What's changed since then?

**There have been significant challenges in your operating environment...**

You outlined how the working environment across the NHS is in a period of unprecedented challenge. For example, the pandemic has led to exhaustion in the workforce and large backlogs of patients. This has been exacerbated by adverse labour market conditions resulting in workforce shortages (the recruitment of corporate staff was cited as a particular challenge). You also highlighted how the 'cost of living' crisis has had a significant impact on staff wellbeing.

## Your strategic approach...

It was clearly evident that you are continuing to adopt a very effective strategic approach to people management. For example:

- you have reviewed and updated the format and structure of your People Strategy to ensure continued alignment to the strategic ambitions outlined in the Trust Strategy
- you are utilising workforce data to inform how you shape your people and wellbeing offers
- your recruitment strategy is designed to attract and retain world leading talent
- your learning & development strategy is clearly aligned to business imperatives (such as patient care, safeguarding and infection control) and is designed to build the capability of your people
- you utilise a comprehensive suite of hard and soft metrics relating to factors such as people, safety, quality, finance and patient experience
- you have an extensive, holistic recognition and reward offer that is designed to cater for different individual motivations
- you utilise staff surveys to evaluate and benchmark data against a range of engagement factors such as leadership, wellbeing and job satisfaction
- you are demonstrating an effective approach to change (eg your digital strategy links with your people strategy and supports your business objectives)

It was also seen how you have maintained a strong commitment to continuous improvement that is reflected in the Quality Improvement approach as well as the ongoing implementation of your Investors in People action plan.

## Improvement actions you have taken...

You outlined how the majority of recommendations arising from previous assessments and staff surveys have been completed or are ongoing. A key strength here has been the utilisation of a 'You Said, We Did' approach and stated commitments following on from engagement surveys. A wide range of improvement actions were highlighted during the review. For example:

### You've finalised your new Strategic Plan...

You involved a wide range of stakeholders (including staff, patients, the voluntary sector, governors, members, partner trusts and the ICS) in the development of the plan. It was seen how the content of the plan reflects best practice in that:

- it reflects changes in your operating environment
- it sets out your vision, mission and strategic ambitions
- it has a focus on high performance that is crystallised in an aim to deliver world-class care
- 'people' is one of seven enabling strategies

### You've continued to strengthen Executive Team communication and engagement...

You outlined how leadership engagement has continued to be a key area of focus. Key actions here have included:

- the introduction of monthly 'Join Jan' sessions are providing all staff with an opportunity to meet with the CEO to ask questions, share good news, raise any concerns or to find out more about what's happening in the Trust
- members of the Executive Team are attending departmental/team meetings within their portfolio once per quarterly
- following the launch of the new Trust Strategy, the Chairman, CEO and Medical Director visited every department and ward of the hospital

### You've continued to engage with staff across the Trust...

You outlined how, following a number of TEA (talking, engagement, action) sessions in 2022 you identified a range of key improvement actions, including:

- a review of IT structure and processes
- the opening a new staff wellbeing hub and rest area
- a renewed focus on management and leadership courses
- a review of recruitment policies
- an increase in non-digital channels for communication (including noticeboards and TV screens)

You highlighted how a key part of your approach here has been explaining the rationale for decision making as well as communicating progress on actions.

### **You've continued to develop your wellbeing strategy...**

You described how you have continued to adapt your approach to reflect environmental factors such as the 'cost of living' crisis. Key actions here have included:

- the introduction of hardship vouchers for staff
- re-launching of the Shiny Mind App (including a new version for Nurses, Midwives and Healthcare Support Workers)
- the development of a comprehensive health check programme
- the imminent opening of the Wellbeing Hub

### **You've continued to develop leadership capability...**

It was seen how you have continued to invest in developing the capability of current, emerging and future leaders. For example, it was described how:

- the Building Rapport Programme was relaunched in September 2022
- the Aspiring Ward Managers programme has been introduced
- some staff are members of the NHS Leadership Academy

### **You've continued to work on embedding a coaching culture...**

Your approach in this space reflects a number of strengths. For example:

- coaching is open to all staff via self referral with no limit on the number of sessions
- coaches act independently in line with the EMCC code of practice
- coaches undergo quarterly supervision with external supervisors
- a monthly internal coaching group provides peer support and supervision as well as mini CPD sessions

It was also evident from interviews and focus groups that line managers across the Trust are increasingly deploying a coaching approach.

### **You've continued to work on embedding CSR...**

You have continued to adopt a best practice approach to CSR based on a holistic model embracing community involvement, charitable activities, environmental sustainability and respect for the interests of stakeholders. Specific initiatives here have included becoming members of the sponsoring committee of Citizens UK and linking with housing associations to strengthen your approach to measuring social value.

## What your people are saying...

*“There is clear direction from senior levels in this Trust”*

*“The Managing Rapport programme was great - it helped me define what good leadership looks like”*

*“It's a family friendly trust - which is a good thing”*

*“On our ward, people appreciate each other”*

*“I think we do follow the Walton Way values - people live by them”*

*“I've been here ten years - that speaks for itself”*

People told us that the operating environment has continued to be challenging over the last twelve months, referring in particular to high levels of pressure. People also referred to some uncertainty around structure and expectations (they did acknowledge, however, that this is an NHS wide issue as opposed to the Walton Centre specifically). Moreover, people feel that there is scope to strengthen some key people management processes, notably appraisals.

That said, feedback from interviews and focus groups (with the caveat that a low number of staff were included) reflected higher levels of satisfaction, motivation and association than indicated by staff survey data. For example, people highlighted how:

- senior managers are taking effective steps to positively engage with, and listen to, staff across the Trust
- your core values continue to have extremely strong traction with people believing in and seeing themselves as custodians of The Walton Way
- the working environment reflects a culture of openness, trust and empowerment
- the Trust shows a demonstrable commitment to their welfare through a comprehensive, holistic wellbeing offer
- they are kept updated via a range of communication media and processes
- their contribution to the success of the Trust is recognised via a multi-faceted recognition and reward strategy
- there has been a continued commitment to their personal development through programmes such as ECG, Tracheostomy, Prince 2 and ITIL as well as through support for degrees and apprenticeships

There was also very positive feedback on the Building Rapport programme with participants highlighting how they have been able to consolidate their learning in areas such as coaching and creating the conditions where people feel motivated.

## Your investment in people is yielding results...

People described how your investment in people is translating into key results such as the Trust being awarded University Hospital status and being rated in the top 20% of Trusts nationally on digital maturity.

## Congratulations on maintaining your IIP Gold accreditation!

Your culture, practices and processes continue to be commensurate with Gold level accreditation.

**You care** about your people, and we know you're ambitious to do even more for them.

Our feedback focuses on what you need to do to keep improving.

## What's your focus for the next 12 months?

**You're going to continue to strive for further improvements...**

It was evident from your People Sub Strategy and Investors in People Action Plan that you have a clear road map for continued improvement of your people management practices. Linked to this you highlighted how your key areas of focus over the next twelve months will include:

- acting on key themes emerging from the staff survey
- launching a revised appraisal policy and process
- exploring how coaching can be facilitated with regard to ward nurses
- exploring how team coaching can be introduced
- further development of the Liverpool Citizens initiative (including training for members of the Trust Core Group and the roll out of listening campaigns)
- continuing to enhance your wellbeing offer (including the provision of comprehensive health & lifestyle checks, enhancement of data utilisation and reporting and the introduction of specific wellbeing objectives)
- the development of a new intranet
- working on a trust wide PMO

**You have almost two years left on your accreditation - development in the areas above will help towards your next *We invest in people* assessment on 30 October 2022.**



Want to get in touch?

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**UNCONFIRMED**

**Minutes of the Public Trust Board Meeting  
Board Room  
2 February 2023**

**Present:**

Max Steinberg	Chair
Karen Heslop	Non-Executive Director (NED-KH)
Su Rai	Deputy Chair and Senior Independent Director (SID)
David Topliffe	Non-Executive Director (NED-DT)
Ray Walker	Non-Executive Director (NED-RW)
Paul May	Non-Executive Director (NED-PM)
Irene Afful	Non-Executive Director (NED-IA)
Mike Burns	Chief Financial Officer (CFO)
Mike Gibney	Chief People Officer (CPO)
Andy Nicolson	Medical Director (MD)
Jan Ross	Chief Executive (CEO)
Lindsey Vlasman	Chief Operating Officer (COO)
Morag Olsen	Interim Chief Nurse (ICN)

**In attendance:**

Jennifer Ezeogu	Deputy Corporate Secretary (DCS) (minutes)
Katharine Dowson	Corporate Secretary (CS)
Jane Mullin	Deputy Chief People Officer (DCPO) (item 7 only)
Rachel Sanderson	Innovation Manager (IM) (item 7 only)

**Observers:**

John Taylor	Lead Governor
Belinda Shaw	Public Governor: Merseyside
John McClelland	Public Governor: Rest of England
Elaine Vaile	Communications and Marketing Manager (CMM)
Gilly Conway	External Well Led Review Auditor

**Apologies:**

Lisa Salter	Chief Nurse (CN)
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**1 Patient Story**

- 1.1 CMM introduced the story of a father of a teenage patient admitted into the Trust after an accident which left the patient with long term injuries. The patient and their family stayed in the home from home facility which made a significant difference to them as they were from the Isle of Man. The patient first arrived in the Intensive Treatment Unit (ITU) and then moved to Cairns Ward and on to Lipton Ward. The father commented that all the staff were fantastic, and the patient is now in the rehabilitation centre.
- 1.2 The Chair queried how the patient was now and it was confirmed that the patient was doing well and was optimistic that they would walk again and was looking forward to going home.

- 1.3 CEO agreed that the patient was doing extremely well and emphasised the importance of the rehabilitation facility and its importance to the recovery of patients.
- 1.4 NED-PM questioned if there were any areas the Trust could do better from the patient's experience and how best to improve communication and support to families. It was stated that the support had been fantastic and there was a good communication link between all the teams and the family.
- 1.5 NED-SID highlighted that it was good to see the positive impact the home from home service had on families and patients. NED-SID questioned if there were any issues that he had noticed and under staffing was highlighted and its impact on the staff.

**The Board recorded its thanks to the patient's father for sharing the story.**

## **2 Welcome and apologies**

- 2.1 Apologies were noted as above. The Chair welcomed the ICN and everyone to the meeting. CEO thanked the Deputy Chief Nurse (DCN) for managing the role in the interim.

## **3 Declarations of interest**

- 3.1 No declarations of interest in relation to the agenda were made, no new declarations were recorded. The Chair confirmed that NED-IA's declaration had been logged on the public register of interests.

## **4 Minutes of the meeting held on 1 December 2022**

- 4.1 The minutes of the meeting held on 1 December 2022 were reviewed and the following amendments were requested.
- 4.2 Paragraph 4.4 – the sentence was amended from "The reduction of 104-week and 52 week long patient waits was particularly to be noted." to read "The reduction of 104-week and 52 week long patient waits *were* particularly to be noted."
- 4.3 Paragraph 4.7 – a few typos were corrected.
- 4.4 Paragraph 6.9 – a few typos were corrected.
- 4.5 Paragraph 10.5 – NED-KH amended the sentence from "NED-KH felt that the update was lacking metrics, and this should be added to Quality Committee for assurance" to read "*NED-KH stated that the report was lacking assurance because many of the items did not have quantifiable measures. The DCN stated that this could be improved and reported through Quality Committee.*"
- 4.6 Following completion of these amendments the minutes of the meeting held on 1 December 2022 were approved as an accurate record of the meeting.

## **Action tracker**

- 4.7 There were no outstanding action from the previous meeting.

## 5 Chair & Chief Executive's Report

- 5.1 The Chair updated that the Council of Governors had met on 8 December 2022 and as he was unable to attend, SID deputised on his behalf.
- 5.2 SID reported that the Council of Governors meeting went well, there was good engagement, and no concerns were raised.
- 5.3 The Chair updated that Audit One had been commissioned to conduct an External Well Led Review which had already begun. The review would entail observation of Board and committee meetings, 1:1 interview with the Board, internal and external stakeholder surveys, and focus group meetings. The results were expected in April and the report would be presented to the Board in May.
- 5.4 The Chair had met with the Liverpool Chairs and had visited the Liverpool Women's Hospital NHS Foundation Trust to learn of the challenges faced by the Trust.
- 5.5 The Chair attended meetings with the Chairs of the Cheshire and Merseyside Acute and Specialist Trusts (CMAST) which included a presentation of the Carnall Farrar review of Liverpool Clinical providers in January.
- 5.6 A Board Development Session was held on 5 January 2023. Discussions focused on Equality Diversity and Inclusion, branding and the Trust Strategy. There had been positive feedback from Board members and plans for the next session in March were underway; a programme for 2023/24 had also been circulated.
- 5.7 Staff awards had been held and were well attended and well-received by staff. In attendance were local sporting legends Tony Bellew and Alan Stokes, the CEO, SID, NED-RW, NED-IA, and NED-PM. Plans were underway with the Communications Team to develop the event further this year.
- 5.8 The Chair updated that the CEO's appraisal was completed and extremely positive.
- 5.9 CEO gave an update on the NHS England (NHSE) delivery plan for recovery and emergency care and pointed out that because the Trust did not have an Accident and Emergency Unit, a lot of the actions and expectations were not directly relevant however there were areas for the Trust to consider. There was a need to consider funding for emergency care and relieve the impact on elective care. Workforce requirements and variation of performance was an ongoing concern on a national and regional level, but given that the Trust was generally performing well, the Trust needed to consider how it could support the rest of the system through mutual aid.
- 5.10 SID asked if something more could be done for staff recognition and support. CEO highlighted that a task and finish group had been set up around staff recognition and there was ongoing work with the Communications Team regarding staff awards.

**The Board noted the Chair and Chief Executive reports.**

## 6 Trust Strategy Update

- 6.1 MD presented the progress update on the implementation of the strategic priorities for Q3 and the set priorities for Q4. Non-achievement in Q3 was largely due to external factors and plans are in place to see them achieved within the next quarter or subsequent quarter.
- 6.2 SID queried how the ongoing communication of the strategy to all staff was to be achieved following the launch in September. CEO replied that the communications would go through Hospital Management Group and the Communications Team.
- 6.3 NED-DT emphasised the need to educate staff about the strategy and how it was being implemented. He highlighted that at his last walkabout he was concerned that not many staff were aware of the new Trust Strategy, its relevance or how it was to be implemented.
- 6.4 NED-KH sought clarification on why some projects categorised under leadership seemed more like collaboration rather than leadership projects. MD clarified that although they seemed like collaborations, they were categorised under leadership due to the influence the Trust had on Neuroscience practice across the whole region and the Trust's impact on patient care.

### The Board noted the Trust Strategy Update

## 7 People Substrategy

- 7.1 DCPO introduced the People Substrategy and informed that it had been through the scrutiny of various committees before being presented to the Board.
- 7.2 IM informed that a delivery/strategic implementation plan and KPIs had been developed for the Substrategy based on an intended implementation plan across several areas including Research & Development and Innovation. The Trust had retained its gold status for Investors in People and Investors in Wellbeing following the annual review. Reports from the review were expected in the coming weeks and would be shared with the Board.
- 7.3 The Chair on behalf of the Board congratulated the team on the retention of the gold status across both categories.
- 7.4 NED-RW applauded the Trust on how well it was doing with respect to Medical Education and how this had paid dividends over the years and sought clarity on how the team was ensuring that other professional groups were captured. It was clarified that the Substrategy included leadership development and training and development across all professional groups.

### The Board approved the People Substrategy.

## 8 Charity Substrategy

- 8.1 CPO presented the Charity Substrategy and informed that the document for approval was the public version of the Substrategy. Following the COVID pandemic and the cost-of-living crisis, there had been a shift in the approach to fundraising to be more digital and the Charity had recently made an appointment for the digital fund-raising manager post. CFO advised that as part of the approval for the digital fundraising manager the Committee had asked the Charity Committee to report the return on investment.

- 8.2 CPO advised that the Substrategy would not only enable fund raising but also set out the plan to develop a grant making policy to ensure that projects taken up would maximise the impact on patients. CPO added that the Well-being Hub would be open in two weeks, and this would not have been possible without the support of the Charity Committee.
- 8.3 The Chair emphasised the need for projects carried out by the Charity to be understood by all concerned and the importance of a strategy against which to judge those projects so that informed decisions could be made.
- 8.4 NED-KH suggested that the Charity Committee sought out and explored opportunities to foster more corporate relationships and commercial supporters to match giving. SID informed that the Charity Committee had a lot of corporate supporters, and it was exploring other avenues in terms of fundraising.
- 8.5 NED-IA suggested that the wording under the first sentence of the legacy campaign be reworded. It was recommended that the phrase “*strong emotive outcomes*” be taken out of the sentence.
- 8.6 NED-RW queried if the team were confident and had the capacity to deliver the new grant making policy by end of April 2023. CPO emphasised that the team comprised of a group of key decision-making people which allowed for broader collaborative work, thus making the plan achievable by April.
- 8.7 SID reported that committee membership had been strengthened recently with the addition of NED-IA and a review of the length of service of clinicians on the committee. The Committee had also reviewed the investment service provided by an external partner.

**The Board approved the Charity Substrategy subject to the rewording amendments.**

## **9 Board Assurance Framework Q3 2022/2023**

- 9.1 CS presented the Board Assurance Framework (BAF) for quarter three and informed that the risks had been discussed by the Executive Leads at the Executive Directors team meeting, Business Performance Committee (BPC), Quality Committee (QC) and Research, Innovation and Medical Education (RIME) Committee.
- 9.2 A summary of amendments made was provided and all updates to each risk ID had been highlighted in red.
- 9.3 NED-RW questioned if there were measures in place to reduce the cybersecurity risk as even though the risk appetite was averse it had a high risk-score. CFO stated that there was ongoing collaboration with the Integrated Care System (ICS) across cyber to ensure there was a collaborative approach. Given the current geo-political climate, cyber-attacks were events that were almost certain to happen due to the sophistication of the attackers. The Trust was doing its best to put controls in place to mitigate cyber-attacks and educating staff.
- 9.4 NED-DT highlighted that the Trust was currently carrying out penetration testing to ascertain the security level. The risks levels were increased, not because the Trust does not have actions in place, but due to the certainty that they would happen given the intensity of activity in this area.

9.5 NED-KH commented that assurance needed to be given that training programs described under BAF005 were being attended and taken up as well as offered. NED-KH also queried why operational risk 933 was not mentioned in the gaps in control under BAF001 as there was a quality impact to the digital issues. CS commented that it was reported under BAF 12 Digital as although the impact is on quality the solution is through digital.

9.6 NED-IA commented that under the background analysis, the date should be corrected to read "... *new Trust Strategy 2022-2025 approved at Board on 1 September 2022*" not 2023. She queried with respect to BAF 006 what mappings of community engagement activities were taking place and what underpinning plans were put in place to raise engagement. CPO commented that there was an ongoing discussion with the University of Liverpool to explore what an action plan would look like to connect with and improve engagement with patient groups. Community engagement would come through the Liverpool Citizens process.

**The Board approved the revised scoring on the BAF as presented.**

## 10 **Integrated Performance Report**

10.1 The CEO informed that check and challenge of the Integrated Performance Report (IPR) had been undertaken at Board Committees and the Chairs of the relevant Committee would present this as part of their assurance reports. The Trust has been pleased to eliminate 78-week waiters apart from two complex cases which were scheduled in. CEO recognised that some areas were under pressure including theatre efficiency, appraisal and training rates and there had been some infection prevention challenges in month although plans were in place to address this.

## 11 **Business Performance Committee Chair's Assurance Report**

11.1 NED-DT, as Chair of Business Performance Committee (BPC), highlighted the December performance was challenging due to the factors already highlighted in the CEO's report. There were some good areas of performance, for example the overall number of long waiters within the Trust had reduced.

11.2 The Trust was continuing to focus on Outpatient Department (OPD) transformation and was working to improve the number of patient-initiated follow ups (PIFU). The Trust has already hit the end of year target of 5% at the end of quarter 3.

11.3 The Trust was projected to have an end of year financial surplus of circa £1m. The two main contributors to the better-than-expected end of year position were the increase in interest rates and a higher-than-expected income from Wales and the Isle of Man. The full Cost Improvement Plan (CIP) had been met.

11.4 SID queried if the revised figure had been shared with the ICS and if there was any pressure to do even better. CFO stated that there may be influence from the ICS to try to improve the position.

11.5 NED-RW commented that 64% of the CIP for 2022/23 was non-recurrent which was not as good a figure as planned. He queried the status of the CIP for 2023/2024 and where the Trust was in terms of planning to hit the recurrent target. COO replied that there were two major projects (outpatients and inpatients flow) planned as well as some mini-projects

currently underway. An away day had been arranged with Mersey Internal Audit Agency (MIAA) to generate further ideas particularly with clinicians and there was also ongoing work with the ICB.

- 11.6 NED-DT highlighted that there was an alert and a risk from BPC regarding the overall financial plan for 2023/24. NED-DT confirmed that the business planning for 2023/24 was underway with the ICS but nothing was yet signed off and the efficiency ask had not yet been agreed.
- 11.7 A second risk was identified regarding capital allocation for 2023/24 and subsequent years. There was a multi-year asset life plan to manage the risk of end of life for equipment and preventive maintenance was conducted to avoid unplanned disruptions when equipment breaks down. There was a cash reserve built up over the years to fund the Theatres project but currently the system controls capital allocations and therefore the Trust could only spend up to the allocation level agreed last year. This position would cause a worsening of the maintenance backlog which further increases the risk.

**The Board noted the Business Performance Committee Chair's Assurance Report.**

**12 Quality Committee Chair's Assurance Report**

- 12.1 NED-RW presented the Chair's Assurance report from the Quality Committee meeting held on 19 January 2023. It was highlighted that there had been an increase to Endobronchial Valve (EBV) infections around EVI drains, this would in turn have an effect on patient care and experience. MD replied that this has been noted and a group had been set up to review the causes and identify actions to take and any training required. NED-RW commented that the seasonal flu vaccine uptake for front facing staff stands at 61% against a target of 90% and this was unfortunate given the numbers of staff absent with flu in December and January.
- 12.2 NED-RW identified that there had been an increase in Pressure Ulcers from 12 to 14 in Q3. Contributing factors for the increase were identified as increased patient acuity and dependency, staff shortages and an influx of new starters. There had been a delay in rolling out the delivery of the ward-based education programme which had been successful in its pilot on Lipton Ward, but the committee was due to receive an update at the next meeting on actions being taken to address the delay.
- 12.3 There had recently been a large claim settled for approximately £5million. A senior consultant of the Trust had been present to offer an apology to the claimant. The Committee had not received assurance from the safeguarding team through the key issues report from Safeguarding Group for two months and had asked that a quarterly report was provided to the Committee at the next meeting.
- 12.4 The Trust had been approached to take on additional spinal services from a third-party private provider from March who had decided to stop providing this service. This was a challenging timeline. COO advised that this was being picked up by the Executives to understand what the patients would require and what resources would be needed but that it was only 75 patients so was achievable.
- 12.5 NED-RW, as Chair of Quality Committee recognised the efforts of staff during a challenging December which was likely to have had an impact on patient experience for example where

operations had been cancelled. There were no serious incidents reported during the period, the Family and Friends test remained high at 97% against the target of 90%, there was positive reports from the national accreditation on anaesthetic services and major trauma review.

12.6 There had been an increase in 28-day readmissions from 5% to about 8% which needed to be monitored and there had been a small increase in hospital acquired infections that could suggest that data was deteriorating. The Committee had requested a recovery plan from IPC. The Committee had reviewed the IPC BAF but had sent it back to IPC Committee for further work.

12.7 NED-KH queried why there was a higher number of complaints being upheld and what the cause was. NED-RW commented that the Trust had a high-level assurance from MIAA from the process of complaints and the Committee was seeking further assurance around the quality of complaints, how they are put together, responded to and how well issues being raised were implemented.

**The Board noted the Quality Committee Chair's Assurance Report and the Integrated Performance Report.**

### 13 Freedom to Speak Up Quarterly Report

13.1 ICN presented the report and highlighted that more people were speaking up than a year ago. The first module of the mandatory Speak Up e-learning had been hampered by technical difficulties and was awaiting a national resolution. Following this, the second and third modules could not be rolled out until issues with the first module were resolved. NED-KH, as the Freedom to Speak Up NED champion queried if there was national focus to resolve the delay in rolling out the first module of the eLearning.

13.2 NED-KH also commented that she was pleased to see that majority of the assurance in the Guardian's Report for Board Members was already in place at the Trust and together with the Freedom to Speak Up Guardian they were working to implement other measures to offer additional assurance to the Board.

**The Board noted the Freedom to Speak Up Quarterly Report.**

### 14 National Inpatient Survey Action Plan Update

14.1 The Chair commented that the report had not been presented to Quality committee, which was an oversight in timings, but henceforth it would first be presented to Quality Committee and then reported to the Board through the Chair's Assurance Report.

14.2 ICN advised that the majority of actions identified had already being delivered and dates for completion were being sought for the remainder. The ICN was currently working with the Head of Patient & Family Experience and Senior Nursing team to ensure they keep to the allotted time frame for delivery on actions unless there is an exigent reason for delay.

14.3 ICN advised that a significant amount of work was being undertaken on noise at night including senior nurse walkabouts to see if the actions raised had been embedded. There had been a reduction in complaints from patients regarding noise at night.

**The Board noted the National Inpatient Survey Action Plan Update**



**15 Neuroscience Programme Board**

- 15.1 MD provided an update from the discussions of the last meeting held on 12 January 2023.
- 15.2 NED-KH queried the impact of the delayed Cheshire and Mersey Rehabilitation Network review. MD commented that there was currently no impact on patient care but the uncertainty around what the future holds is outside of the Trust's control. There was currently ongoing work with leads of the Rehabilitation Network, Operational Delivery Network (ODN) and Liverpool PLACE to progress this with commissioners.
- 15.3 CEO highlighted that the Board needed to recognise the lack of clarity on how to navigate networks going forward as there was no clear strategy for hosting these networks. As a host itself, the Trust needed to influence how to get the right funding to be able to continue hosting these networks and influence the future of the networks and collaborations.

**The Board noted the Neuroscience Programme Board Report.****16 Research, Innovation and Medical Education (RIME) Committee Chairs Assurance Report**

- 16.1 NED-PM, as Chair of the committee provided an update from the RIME Committee meeting held on 20 December 2022 and highlighted that it was the first meeting since the review of the Committee and move to revised terms of reference and it had felt a more strategic and focused meeting.
- 16.2 The Committee was working towards widening engagement with strategic partners and recognising their impact on the Trust; there was a good presentation from the Applied Research Council (ARC) as part of this.
- 16.3 NED-PM reported that although the Trust data shows there were a high number of patients recruited to trials, there was still challenge around the accuracy, transparency and clarity of the income generated. This was currently being worked through with the head of Research and finance.
- 16.4 The Chair of the Board would be observing the Committee's March meeting to listen to suggestions on how the Trust intends to maximise the opportunities and benefits of University Teaching Hospital status.
- 16.5 NED-KH commented that she was pleased to see that the Trust was planning to adopt a structured approach to innovation, by aiming to achieve ISO 56002 Investors in Innovation accreditation. CPO commented that the Trust was the first NHS trust to adopt this and there would be a session on this at the next Board Development Session.

**The Board noted the Research, Innovation and Medical Education (RIME) Committee Chairs Assurance report.****17 Strategic Black, Asian and Minority Ethnic Advisory Group (SBAC) Chairs Assurance Report**

- 17.1 CEO, as Chair of the group gave an updated on SBAC's last meeting which had been held on 12 December 2022. A lot of the issues discussed at the meeting had been raised at the January Board Development Session. Several of the issues raised were race related grievances which necessitated the commissioning of two pieces of work to look at the actual

grievances and another to understand why they arose. The Committee was currently undergoing a review with regards how to take the group forward as a Committee of the Board to further the wider Trust Strategy.

- 17.2 NED-RW queried what had happened regarding the reporting on waiting lists in line with ethnicity and deprivation status. CEO stated that the Trust currently struggles with this data if they are broken into ethnicities because the numbers were so small, and many patients choose not to divulge their ethnicity. The Board had agreed in September to focus on comparison across indices of deprivation and this would be reported through the IPR in due course.

**The Board noted the Strategic Black, Asian and Minority Ethnic Advisory Group (SBAC) Chairs Assurance report.**

**18 The Walton Centre Charity Committee Chairs Assurance report**

- 18.1 SID reported on the Committee's meeting held on 20 January 2023 and highlighted that the membership of the committee had changed with the addition of NED-IA.

- 18.2 The Committee had discussed investments; the long-term plan was not to retain investments of more than £1million but to identify projects to enable utilisation of the funds and this would form part of the future fundraising substrategy.

- 18.3 The Committee had agreed to convene a subgroup to handle the investment of the current £600k cash balance and explore how it could be invested in a different way. Fund balances had reduced by £154k in the last quarter from £1,438K to £1,284K as funds were utilised.

- 18.4 The Committee had received a fundraising activity report from the Jan Fairclough Ball held in November with £80K raised for the main project and a recorded net balance of £50k. The Committee had approved a number of applications including one from the Royal Liverpool Philharmonic Project to the sum of £15,000. £6,000 was approved for staff long service awards and no applications for study leave were submitted to this meeting.

- 18.5 NED-PM highlighted that there were ongoing discussions about individual fund outlets and the responsibility of account holders to manage these, rather than allow the funds to become stagnant. He suggested that a presentation was made to Clinical Senate to speak to consultants about the responsibility of being a fundholder and the management of these funds to ensure they were being utilised. SID commented that previous enquiries had identified that it was often due to clinicians being too busy to think about the funds.

- 18.6 CFO highlighted that the finance team were chasing fund holders who had had no activity in order to understand the reason behind it and encourage them towards utilising the funds and keeping the finance team informed of any delays. SID stated that over the last 12 months there had been only 7% of funds with no movement, and this amounted to £64K.

**The Board noted the Walton Centre Charity Committee Chairs Assurance report.**

**19 Remuneration Committee Chairs Assurance report**

- 19.1 The Chair gave a report from the last meeting held on 5 January 2023 and highlighted that the Mutual Agreed Resignation Scheme (MARS) had been approved by the Committee and a report on the outcome would be reported back to the committee after 31 March 2023. An

existing role had been moved to the Very Senior Manager (VSM) scale as this was an externally facing role and this would give the Trust flexibility to match the salary to the increase in responsibilities as the role grew.

**20 Consent Agenda**

20.1 The Board agreed the following actions in relation to each Consent Agenda item:

- **Research, Innovation and Medical Education (RIME) Committee Terms of Reference** – The Board Noted and Approved the revised Research, Innovation and Medical Education (RIME) Committee terms of reference.
- **Walton Centre Charity Committee Terms of Reference** – The Board noted and approved the Walton Centre Charity Committee revised terms of reference.

**21 Any Other Business**

21.1 There was no other business to be discussed.

**22 Review of Meeting**

22.1 Those present agreed that the Board debate was robust and well challenged, particularly relating to the BAF. It was recognised that the patient story was very powerful, and the Trust was also seeking out patients with complaint/negative stories. The Board also noted the positive change in the quality of papers being presented.

**There being no further business the meeting closed at 12.35pm**

**Date and time of next meeting - Thursday 2 March 2023 at 09:30 Boardroom**

Trust Board Attendance 2022-23										
Members:	Apr	May	Jun	Jul	Sept	Oct	Nov	Dec	Feb	Mar
Max Steinberg	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Karen Heslop	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Paul May	✓	✓	A	✓	✓	✓	✓	A	✓	
Su Rai	✓	✓	✓	✓	✓	✓	✓	✓	✓	
David Topliffe	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ray Walker	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Irene Afful	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	✓	
Mike Burns	A	✓	✓	✓	✓	✓	✓	✓	✓	
Mike Gibney	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Andy Nicolson	✓	✓	A	✓	✓	✓	✓	✓	✓	
Jan Ross	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lisa Salter	✓	✓	✓	A	✓	✓	A	A	A	
Lindsey Vlasman	✓	✓	✓	A	A	✓	✓	✓	✓	
Morag Olsen	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	✓	

**UNCONFIRMED****Minutes of the Public Trust Board Meeting****Board Room****2 March 2023****Present:**

Max Steinberg (MS)	Chair
Irene Afful (IA)	Non-Executive Director
Karen Heslop (KH)	Non-Executive Director
Paul May (PM)	Deputy Chair and Senior Independent Director
Su Rai (SR)	Non-Executive Director
David Topliffe (DT)	Non-Executive Director
Ray Walker (RW)	Non-Executive Director
Mike Burns (MB)	Chief Financial Officer
Mike Gibney (MG)	Chief People Officer
Andy Nicolson (AN)	Medical Director
Jan Ross (JR)	Chief Executive
Lindsey Vlasman (LV)	Chief Operating Officer
Morag Olsen (MO)	Interim Chief Nurse

**In attendance:**

Katharine Dowson (KD)	Corporate Secretary
Mike Duffy (MD)	Head of Risk and Governance ( <i>Item 13 only</i> )
Jennifer Ezeogu (JE)	Deputy Corporate Secretary (for minutes)
Justin Griffiths (JG)	Chief Digital Information Officer ( <i>Item 6 only</i> )
Elaine Vaile (EV)	Communications and Marketing Manager

**Observers:**

John McClelland	Public Governor: Rest of England
Carol Hopwood	Public Governor: Merseyside
Teresa Moretti	Public Governor: Merseyside

**Apologies:**

Lisa Salter	Chief Nurse
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- 1 Patient Story**
- 1.1 CMM introduced the patient story which illustrated the effectiveness of the Rapid Access Neurology Assessment (RANA) pathway.
- 1.2 The patient had noticed some concerning symptoms which were progressing rapidly and impacting her mobility. She was referred by her GP to her local A&E. After review she was told that she would be seen by The Walton Centre and should expect a phone call to confirm this the next day via the RANA pathway. Unfortunately, the patient's referral was delayed by the referring hospital but once this was resolved the patient was contacted within two hours and was invited to attend the next day.
- 1.3 The patient stated that the service received from the Trust from point of referral so far had been excellent, the medical team involved with her case had been pleasant and communicated well with them. The patient had received some immediate treatment which

had improved her symptoms and they were awaiting a follow up appointment to discuss a diagnosis.

- 1.4 LV asked the patient if there were any areas of improvement for the Trust. The patient responded that it would be helpful if leaflets provided by the referring A&E included instructions signposting patients to the location of the clinic within The Walton Centre, but generally her experience at the Trust had been positive.
- 1.5 SR noted that there was still work to be done to improve communication with referrers onto the RANA pathway. AN agreed that GPs needed to be more aware as the GP could have referred the patient directly to RANA without needing to go to A&E.
- 1.6 RW questioned if there was an understanding of where referrals came from and what plans the Trust had in place to cope with the expected increase in referrals when the RANA pathway was further publicised. LV responded that there had already been an increase in the utilisation of the RANA pathway since criteria were relaxed in December to support pressures on regional A&Es, but the Trust would continue to monitor the numbers and respond appropriately. The Trust was able to see where the referrals were coming from and analyse these.
- 1.7 MS thanked the patient on behalf of the Board for sharing their story and wished them a full recovery.

## **2 Welcome and apologies**

- 2.1 Apologies were noted as above. The Chair welcomed everyone to the meeting.

## **3 Declarations of interest**

- 3.1 No declarations of interest in relation to the agenda were made, no new declarations were recorded.

## **4 Minutes of the meeting held on 2 February 2023**

- 4.1 MS advised that the minutes of the meeting held on 2 February 2023 would be reviewed at the next meeting as a number of corrections had been raised.

## **4.2 Action tracker**

There were no outstanding actions from the previous meeting.

## **5 Chair & Chief Executive's Report**

- 5.1 MS informed the Board that the Chair and Executive team had hosted a visit from Dan Carden (Local MP for Walton) on 3 February 2023. MS had also met with Liverpool Hospital Chairs and attended a meeting hosted by the Chair of the Cheshire and Merseyside Integrated Care Board (ICB). He had visited the CEO of the Brain Charity at their office in Liverpool.
- 5.2 JR informed the Board that the Cheshire and Merseyside Acute and Specialist Trusts provider Collaborative (CMAST) Leadership Board met on 3 February 2023, this meeting was also attended by Trust Chairs to receive an update on CMAST delivery during 2022/23 and to be presented with anticipated deliverables and priorities in 2023/4.
- 5.3 The Liverpool Clinical Services Review (LCSR) report was presented at the Integrated Care Board (ICB) meeting on 26 January 2023; however, it was not formally approved. The Chair

and CEO each attended a meeting with NHS England in regard to the report. There was positive feedback about the collaboration already taking place across Liverpool Trusts with the Walton Centre led Health Procurement Liverpool (HPL) and spinal pathway highlighted.

- 5.4 The Liverpool Trusts have been asked to develop a Clinical Strategy for Liverpool and support a clinical solution for Liverpool Women NHS Foundation Trust (LWFT). The recommended Joint Committee site meetings had now been established, and the first meeting between Liverpool University Hospitals NHS Foundation Trust (LUHFT) was in the diary for 7 March for the Aintree site.
- 5.4 SR questioned what the expectations of CMAST would be for the Trust with regards to system wide patient treatment and waiting list management. JR stated that there would be an ongoing expectation of mutual aid and the Trust would continue exploring ways it could help the wider system. AN added that the Trust could also assist in areas where there were common services such as pain.
- 5.5 KH sought clarification on the workforce transformation initiative proposed by CMAST. JR responded that Trusts were being encouraged to seek collaboration and not all the proposals would be achievable in the short term. MG noted that some of the workforce collaboration would include back-office configuration, as well as some specific areas, although there was no specific timeline or agreement on whether this would result in the merging of any workforces.

**The Board noted the Chair and Chief Executive reports.**

**6 Digital Sub-strategy**

- 6.1 MG introduced the Digital Sub-strategy 2022-25 and stated that it had been reviewed at Business Performance Committee (BPC) and Hospital Management Group (HMG) already. The Sub-strategy was based on the ICS Digital Strategy but had been modified to reflect the unique qualities of the Trust. JG added that the Sub-strategy was based on four cornerstones: the Electronic Patient Record (EPR), sound infrastructure, social digital responsibility, and sustainability from a local and national point of view.
- 6.2 JG highlighted that the Trust was in the last phase of the Digital Aspirant Programme which would end in 2023/24. The programme and the current strategy put the Trust in a strong place, and he was developing an updated assessment of the Trust's digital maturity report which would be reported to Board.
- 6.3 JG advised that the Sub-strategy did not cover cyber security which would be covered by the Annual Digital Cyber Action Plan and monitored by BPC. The ISO standards and improvement plans were monitored through monthly meetings
- 6.4 IA asked whether the sharing of clinical data from the EPR system would be limited to Liverpool given that the Trust had a wide footprint which extended outside Liverpool. JG replied that the data would be shared with external stakeholders and was not restricted to those within Liverpool. Reference to Liverpool within the strategy was to indicate the geographical/physical location of the Trust but the Sub-strategy would apply to the Trust's catchment area.
- 6.5 PM queried how the Trust would improve digital access and inclusion for patients given that a large number of patients lived in areas of deprivation which have high digital poverty. JG

agreed that while there was high internet usage across Liverpool, there was low ownership of devices apart from phones. The Team were exploring ways to make devices more accessible and develop broadband intervention plans.

6.6 JG highlighted that there was an ongoing partnership with the Walton Centre Charity to educate staff and patients on utilising the right tools and alternatives were to be offered to those without access to digital care. The health and wellbeing hub would also host digital classes to include staff in the digital inclusion initiative and raise digital awareness.

6.7 DT informed that BPC had reviewed the Sub-strategy and were content to recommend it for Board approval. It had been recognised that although it was an ambitious strategy, it was key to the success of all the transformative process undertaken by the Trust.

### **The Board approved the Draft Digital Sub-strategy**

#### **7 Estates, Facilities and Sustainability Sub-strategy**

7.1 LV stated that this Sub-strategy was underpinned by five key principles and had been reviewed at BPC and at the Hospital Management Group (HMG) with some changes made in response to those discussions. Some of the changes had been reflected but others could not be reflected because the Sub-strategy had to fit to a national template.

7.2 KH noted that as this was a plan and a work in progress it did not yet provide acceptable assurance as noted on the cover sheet.

7.3 DT reiterated that it had been to BPC and that the Committee had agreed to recommend it for approval. DT noted the need for it to be overseen by an executive lead. LV stated that a team had been developed to focus and oversee the implementation of the Sub-strategy.

### **The Board approved the Estates, Facilities and Sustainability Sub-strategy.**

#### **8 Communications & Marketing Sub-strategy Update**

8.1 EV noted that this was the first update against the Communications & Marketing Sub-strategy which had been approved by the Board in December. The delivery plan was almost complete and good progress had been made against several areas of the Sub-strategy, primarily in core areas of business. The report outlined work that had taken place against the nine focus areas. Key objectives had also been identified for each area.

8.2 EV advised that approximately twelve patient case studies had been created and had received interest locally regionally and nationally. The Trust had recorded an increase in its digital presence on social media platforms and engagement (12% on Twitter, 28% on Instagram and 17% on Facebook) compared to last year. A '#thinkcharity' communications plan had been shared with the Fundraising Team, to increase staff awareness and knowledge of the work of the Charity. A non-recurrent business case was approved in February for new hospital corridor displays, removal of old displays had commenced in March and new displays would be installed in the coming weeks.

8.3 PM questioned if there was an existing structure to engage the Non-Executive Directors (NEDs) to utilise their roles as ambassadors of the Trust. EV stated that the team were exploring ways to harness the skillset and networks of the NEDs and how best to utilise their ambassadorial roles to spread awareness about the Trust. EV noted that the

Communications Team would work with the Corporate Secretariat to explore further opportunities.

- 8.4 KH asked if the Trust had direct avenues to gather and listen directly to patients. EV informed that the Trust had a Patient and Family Care Group and a Patient Experience Group which feedback, reviewed patient communications and responses to the Trust; the Communications Team also monitor social media platforms. The Team had developed leaflets as part of the referral letters pack to encourage patient communication. MO noted that the Team were currently exploring various ways to encourage more patient involvement.
- 8.5 DT asked if the Communications Team had explored ways to communicate with staff and patients that were not digital as many had little or no access to emails and electronic devices on a regular basis. For example, the staff Pulse survey was digitally based and may be missing some staff groups who were not computer based. EV noted that this was always a consideration and feedback from the last pulse survey was instrumental in the Installation of the TV screens to aid communication for both patient and staff areas.
- 8.6 SR thanked EV for the update and asked if there was any further progress on the Trust branding review that had been presented at the January Board Development Session. EV advised that the Agency had submitted a final version and were awaiting comments from the CEO. JR confirmed that this was with her for review and arrangements would be made with the Branding agency to present to Board.

**Action: Date for presentation of new Trust branding to Board to be confirmed (JR).**

- 8.7 RW commented that the stakeholder list was a good start but needed to be expanded beyond the Trust's geographical location to reflect its wider catchment.
- 8.8 MG noted the focus on healthcare marketing in the update and agreed that this was important to achieve the Trust's strategic ambitions and raise the profile of the Trust and the work it does. It was also good to see the promotion of the work of the Walton Centre Charity.
- 8.9 MS thanked EV for the update and asked when key performance indicators would be included. EV replied that this would be included in the next quarterly update.

**The Board noted the Communications & Marketing Sub-strategy update.**

## **9 Integrated Performance Report**

- 9.1 JR reported that the Trust was progressing well in regard to recovery of elective work and were performing better than peers regionally and nationally against the cancer standards.. There had been challenges in regard to theatre capacity in December although this had since improved; sickness rates remained higher than target and appraisal rates remained below target with significant work ongoing to improve appraisal rates through training and a review of the paperwork.
- Check and challenge of the Integrated Performance Report (IPR) had been undertaken at Board Committees and the Chairs of the relevant Committee would present this as part of their assurance reports.



- 9.2 DT, as Chair of BPC, highlighted that since the meeting and the escalated alert on the Royal College of Nursing industrial action, this action had been postponed. DT noted significant improvement on January performance when compared against December. There was a projected improvement in the end of year financial surplus and as a result the Trust had gained some additional leverage on capital allocations for 2023/24.
- 9.3 New leading indicators for the Pulse survey had been introduced and updates would be received three times per year. Although participation was still lower than the Trust would want it was improving, the indicators reflected some positive changes and there had been ongoing discussions on how to improve participation in the survey. Key themes for improvement were communications and reward and recognition.
- 9.4 RW, as Chair of the Quality Committee noted that because the IPR data was reviewed on a monthly basis, some changes in month would be within normal variations and therefore focus would be placed on areas where data suggested special cause variations.
- 9.5 The CARES assessment and ward score cards had been discussed in some detail and the question asked as to whether it was acceptable for wards to be rated Gold when their appraisal and mandatory training compliance data showed lower than expected standards. It was agreed that the Interim Chief Nurse would review the standards in the CARES review and report back to the Committee.
- 9.6 PM commented that the ward score cards, and unsafe staffing would not show what had happened over time as only the most recent CARES assessment was included. PM suggested that there should be an annual review of score cards to see how effective the safe care system had been. LV highlighted that Mersey Internal Audit Agency (MIAA) was undertaking a review of safe care and staffing as part of the internal audit plan.
- 9.7 KH highlighted that there were a high number of amber shifts compared to green and sought clarity on the discrepancies. JR highlighted that the wards continued to be safe, with safe staffing and any gaps on the day were managed operationally. The report does not always reflect the number of patients on the ward.

### **The Board noted the Integrated Performance Report**

#### **10 Business Performance Committee Chair's Assurance Report**

- 10.1 DT highlighted that the Committee had received two Sub-strategies and identified some risks in the implementation of the Sub-strategies more generally.
- 10.2 The Committee had expressed concerns that in the current financial climate, the sum total of all strategy implementation plans may not be affordable due to lack of necessary manpower and finance for implementation. Notwithstanding, the Committee had expressed support for the Trust's ambition but advised that the Trust may have to make strategic choices to recognise those actions that could be achieved in the short term and those to be achieved in the long term and these that should be viewed as new risks if they could not be fulfilled. JR suggested that the risks identified toward the implementation of the Trust's ambition be reflected within the BAF register as they were part of the wider risk related to the delivery of the Trust's Strategy.
- 10.3 DT reported that there was a £0.3million financial surplus in January and year to date was £3.1million. Forecast for the year end was a total of £4.6million surplus which was

£1.7million better than plan. Capital spend remained behind plan, but the Committee received reassurance that the end of year plan would be delivered on schedule.

- 10.4 RW questioned how the Trust intended to deliver the capital for the year end and avoid being behind schedule in future years. MB responded that through planning processes, most of the schemes had been delivered on schedule although some faced delays predominantly due to supplier lead in times. MG highlighted that the Trust had measures in place to help mitigate and fill in the gap with spending from next year's plan if necessary.

**The Board noted the Business Performance Committee Chair's Assurance Report.**

**11 Quality Committee Chair's Assurance Report**

- 11.1 RW highlighted that the Committee had discussed the highlighted patient safety risks associated with the theatre lights and air handling units. Although the issue sits with BPC, due to the impact on operational performance, there was also a clinical risk and a potential impact on patient safety if there was a failure. A capital solution was being sought to start in 2023/24. This risk score remained high (16) on the risk register, but the Committee commented that given the robust mitigations already in place, such as daily checks, then the likelihood of this risk occurring could be lower.
- 11.2 The Committee had received positive feedback from the visibility and walkabout Quarter 3 report. The safeguarding statutory responsibilities update report was received by the Committee and the Committee noted challenges in respect of Deprivation of Liberty (DoLs). The Committee had asked that future reports provided activity updates by area to better understand the reporting culture and that analysis be undertaken around the provision and uptake of safeguarding training. The Committee agreed that the safeguarding training data for Junior Doctors be excluded and reported separately as they were not the employer of these staff.
- 11.3 RW noted that the Committee had received external assurance via the TARN annual audit report. PM observed that the TARN data reflected good collaboration and close working with LUHFT and the Trauma Centre. JR reiterated that the Trust's performance in this area had improved by being clinically led.
- 11.4 MS asked how the positive data could be highlighted and shared with staff and stakeholders. PM suggested that the Trust linked with the Communications Team at LUHFT as part of a joint approach. EV commented that there was ongoing work between the Trust and LUHFT to better illustrate the progress made by both Trusts in collaboration around Trauma services. One option being considered was live tweeting responses to a major trauma from LUHFT up to the point of transfer to the Walton Centre.
- 11.5 IA questioned the fluctuations in the complaint outcomes. JR noted that the Executive team were focusing on complaints and the numbers reflected the increased focus and scrutiny placed on complaints. Post-covid, the Trust has had higher level of activity levels thus resulting in higher complaints.
- 11.6 MO noted that the Trust was always learning from complaints and she had spoken to the Senior Nursing Team to consider how to better demonstrate how actions were taken as a result of complaints. Work was ongoing with the Head of Patient Experience to increase patient and public involvement and ensure the Trust has a holistic view of what people were saying.

- 11.7 SR commented that it was to be expected that there would be an increase in complaints as a result of growing activity levels. JR noted that some of the complaints should be pre-empted, and the Trust was working on ways to mitigate complaints as well as focusing on resolving informal concerns and complaints quickly.
- 11.8 SR sought clarification on the Quarter 3 Morbidity and Mortality report which had identified an unexpected death. AN clarified that the report was focused on patients with a low risk of death who had therefore unexpectedly died.
- 11.9 SR questioned if the Patient Experience Group had patients as members and KD responded that the group had Governors, senior managers and representatives of stakeholders including patient representative bodies such as Healthwatch. Its purpose was to review feedback received from patients and is a summary of all the work undertaken by the Trust to gather patient voice. RW commented that the Trust also needed to have a group for patients to ensure direct engagement and MO confirmed that there were patient groups in place, and she would be working with the Head of Patient Experience, using the 'Six Steps' in the Patient and Family Centred Care approach to widen this engagement.
- 11.10 MO informed that she had met with the CQC engagement manager and would begin monthly monitoring meetings from the end of March. During the meeting MSSA infections were frequently referenced and a review would be brought to Quality Committee by the Infection Prevention and Control Committee. The Matrons had been asked to give assurance and feedback on the effect of the industrial strike actions to Executives and Quality Committee and had put in place operational Standard Operating Procedure (SOP) to help mitigate the risks arising from the Junior Doctor's strike.

### **The Board noted the Quality Committee Chair's Assurance Report**

#### **12 Mortality and Morbidity Report**

- 12.1 AN presented the Mortality and Morbidity Quarter 3 report and advised that the report had been discussed at Quality Committee. There had been a reduction in the number of deaths to expected levels compared to Quarter 2 when there had been a notable increase which was reported to Board. The highest number of patient deaths occurred, as was to be expected, in the Critical Care Unit and were related to trauma and life-threatening vascular events.
- 12.2 A mortality and surveillance group has been established to create an extra level of scrutiny over the process and mortality reviews and this would be chaired by the Deputy Medical Director. The Intensive Care National Audit and Research Centre (ICNARC) report from Quarter 1 had been included in the Quarter 3 report to provide assurance to Board that the current levels of mortality in critical care were lower in comparison to similar units.
- 12.3 SR asked what key lessons were learnt from the Coroner's report and internal review in regard to the unexpected death. AN replied that due to the diagnosis and the nature of the pathology there was a high risk of cardiac arrest and complications.
- 12.4 SR stated that it would be useful to have reports on deaths regarding patients with learning disabilities and those from the minority ethnic groups. AN responded that learning disability deaths were required to be highlighted within the report. The numbers of deaths of those from minority ethnic groups were too low at the Trust to be statistically significant.

**The Board noted the Mortality and Morbidity Q3 Report.**

**13 Risk Management Framework**

- 13.1 MD presented the Risk Management Framework (RMF) and noted that it had been scrutinised by the Audit Committee with positive feedback and minor changes made. The framework described the current arrangements for managing risks and set out the Trust's objectives for further improving the process for the management of risks through a set of objectives for the next three years. The RMF was intended to embed thinking and practice into everyday activity and policies.
- 13.2 MB confirmed that the RMF was not aimed at identifying or managing specific risks, the risk faced by the Trust are contained in the relevant risk registers and the Board Assurance Framework (BAF). The RMF also references an annual Risk Appetite Statement which would be developed and subsequently brought to Board for review in April.
- 13.3 MD highlighted that Section 8 of the RMF demonstrated substantial evidence that a positive baseline had been achieved, both in terms of risk management practice but also how it was used to improve patient experience and patient safety. The RMF would stretch the ambition of the Trust in its management of risk. An annual report against progress of the RMF objectives would be presented to Audit Committee for review and monitoring.
- 13.4 SR highlighted that the Committee was currently undertaking the development of the 2023-24 internal audit plan which would include, as usual, the Trust's Assurance. Board members welcomed the report which was well presented and structured.

**The Board approved the Risk Management Framework**

**14 Board Cycle of Business**

- 14.1 KD presented the Board Cycle of Business for 2023-24 and highlighted that there would be quarterly updates of the Trust Strategy and the enabling Sub-strategies.

**The Board approved the 2023-24 Cycle of Business**

**15 Audit Committee Chair's Assurance Report**

- 15.1 SR highlighted that the Committee had raised alerts with regards the Controlled Drugs Audit Report which gave limited assurance and the IT Infrastructure Housekeeping Audit Report which gave moderate assurance. On both reports, the Committee was assured that recommendations and actions had already been implemented.
- 15.2 The 2022/23 Internal Audit Plan was on schedule and close to completion and plans were underway for the preparation of the 2023/24 Internal Audit Plan. There were no issues identified following the Annual Review of Effectiveness of the Internal and External Audit services and the External Auditors were in the early stage of planning the 2023/24 report. Update of the financial reporting was received and it was noted that there had been a reduction in aged debt between November and December 2022, however there were few issues identified around Better Payment Practice Code (BPPC) and there had been a slight deterioration in performance; action plans were already in place to resolve the issues.
- 15.3 SR noted that the Committee had approved the timetable for the preparation of the financial

statements and the revised accounting policies. The Quality Accounts had been considered as these no longer formed part of the statutory requirement for the external auditors. The Committee agreed to further assess the requirement for an audit of these accounts.

15.4 MB noted that the Committee had expanded its role over the past year to include more quality issues such as clinical audit as well as information governance.

**The Board noted the Audit Committee Chair’s Assurance report**

**16 Consent Agenda**

16.1 The Board agreed the following actions in relation to the Consent Agenda

- **Gender Pay Gap** – noted.

**17 Any Other Business**

17.1 There was no further business to be discussed.

**18 Review of Meeting**

18.1 Those present agreed that the Board debate was robust and well challenged. Items were presented in a timely way and the patient story was helpful in highlighting areas for improvement and the importance of the RANA pathway.

The meeting closed at 12.10pm

**Date and time of next meeting - Thursday 6 April 2023 at 09:30 Boardroom**

<b>Trust Board Attendance 2022-23</b>										
Members:	Apr	May	Jun	Jul	Sept	Oct	Nov	Dec	Feb	Mar
Max Steinberg	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Karen Heslop	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Paul May	✓	✓	A	✓	✓	✓	✓	A	✓	✓
Su Rai	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
David Topliffe	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ray Walker	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Irene Afful	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	✓	✓
Mike Burns	A	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mike Gibney	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Andy Nicolson	✓	✓	A	✓	✓	✓	✓	✓	✓	✓
Jan Ross	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lisa Salter	✓	✓	✓	A	✓	✓	A	A	A	A
Lindsey Vlasman	✓	✓	✓	A	A	✓	✓	✓	✓	✓
Morag Olsen	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	✓	✓

## TRUST BOARD Action Log April 2023

	Complete & for removal
	In progress
	Overdue

### Actions for Removal

Date of Meeting	Item Ref	Agenda item & action	Lead	Update	Deadline	Status
2 March 2023	8.6	<b>Communications and Marketing Substrategy Update</b> Branding project to be presented to the Board – date to be confirmed	JR		6 April 2023	

**Report to Trust Board  
6 April 2023**

<b>Report Title</b>	Chief Executive's Report		
<b>Executive Lead</b>	Jan Ross, Chief Executive		
<b>Author (s)</b>	Jan Ross, Chief Executive		
<b>Action Required</b>	To note		
<b>Level of Assurance Provided</b> <i>(do not complete if not relevant e.g. work in progress)</i>			
<input type="checkbox"/> <b>Acceptable assurance</b> Systems of controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/> <b>Partial assurance</b> Systems of controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/> <b>Low assurance</b> Evidence indicates poor effectiveness of system of controls	
<b>Key Messages</b>			
<ul style="list-style-type: none"> <li>Trade Unions have recommended a new pay offer to NHS nurses, and all other NHS workers (except doctors and Very Senior Managers), which if approved would be a 5% pay rise for the financial year 2023/24 and a further one-off payment.</li> <li>The junior doctors 3-day strike took place 13-15 March with robust plans arranged to cover core services and supported by the divisions and Consultants medical teams, thus ensuring patients safety. There was however, some impact upon activity.</li> <li>The British Medical Association have planned further industrial action to run from 11 April to 15 April.</li> <li>The wider system implications of the Liverpool Clinical Services review have been considered by Cheshire &amp; Merseyside Acute and Specialist Trust Provider Collaborative (CMAST). The conclusions of a national visit were also shared which had provided assurance on progress and the collaborative approach to system delivery within C&amp;M.</li> <li>Performance remains on track for cancers and diagnostics, patients who have waited for 78 weeks for their procedures now all have dates by March 23.</li> </ul>			
<b>Next Steps</b>			
N/A			
<b>Related Trust Strategic Ambitions and Themes</b>		<b>Impact</b> <i>(is there an impact arising from the report on any of the following?)</i>	
All Applicable		Not Applicable	Not Applicable
<b>Strategic Risks</b> <i>(tick one from the drop down list; up to three can be highlighted)</i>			
All Risks	Choose an item.	Choose an item.	
<b>Equality Impact Assessment Completed</b> <i>(must accompany the following submissions)</i>			
Strategy <input type="checkbox"/>	Policy <input type="checkbox"/>	Service Change <input type="checkbox"/>	
<b>Report Development</b> <i>(full history of paper development to be included, on second page if required)</i>			
<b>Committee/ Group Name</b>	<b>Date</b>	<b>Lead Officer (name and title)</b>	<b>Brief Summary of issues raised and actions agreed</b>
n/a			

## Chief Executive's Report

### National Update

1. Trade Unions have recommended a new pay offer to NHS nurses, and all other NHS workers except doctors and Very Senior Managers (VSMs). Should the new deal be approved by union members, they will receive a 5% pay rise for the financial year 2023/24. In addition, it will include a further one-off payment as a top-up to last year's pay award. This will range from £1655 for the lowest paid workers on Band 1 up to £3789 for more senior staff.
2. The junior doctors 3-day strike took place 13-15 March with robust plans arranged to cover core services and support by the divisions and Consultants medical teams, thus ensuring patients safety. There was however some impact upon activity.
3. The British Medical Association have planned further industrial action to run from 11 April to 15 April. This directly follows the Easter Bank Holiday and is during school half term taking place on:
  - Tuesday 11th April 2023
  - Wednesday 12th April 2023
  - Thursday 13th April 2023
  - Friday 14th April 2023
  - Saturday 15th April 2023
4. Junior Doctors will not begin any shift that is due to start after 06:59 on Tuesday 11 April 2023 or before 06:59 hours on Saturday 15 April 2023. The divisions and medical teams have commenced their plans to ensure patient care is maintained and core services are delivered safely. We are currently in the process of planning this - it will be much more challenging to cover due to the duration of the action, easter holidays, willingness of staff and planned events in the Liverpool city region.
5. New Provider Licence  
The new NHS Provider Licence was released on 27 March 2023 by NHS England and forms part of the oversight arrangements for NHS providers. It was first introduced in 2013 and has since been held by all NHS foundation trusts, as well as independent sector providers, unless exempt. NHS trusts have been exempt until now, but changes brought by the Health and Care Act 2022 require them to be licenced too from 1 April 2023.
6. The specific additions that have been made to the licence following the consultation are as follows:
  - A definition of 'cooperation' in the licence, which makes clear that NHSE uses this term synonymously with 'collaboration'.
  - A clarification to *NHS2: Governance arrangements* that the 'systems and processes' to meet digital maturity guidance are 'corporate and/or governance' systems.
  - Including 'hard to replace providers' in *CoS3: Standards of corporate governance, financial management and quality governance*.
  - Clarification to the *Integrated Care* condition that independent providers would not be expected to take action that risks their commercial sensitivities.
7. There has been some streamlining as part of the process and from the end of the 2023/24 financial year, there will be no national requirement to self-certify against the licence and prepare a Corporate Governance Statement. This year will be the last where this is required. Boards will in future be able to assess ongoing compliance as part of well-led assessments, the Annual Report and Annual Governance Statement. The new licence will be sent out to Trust Chief Executives this week.
8. Purdah ahead of May local elections  
Local elections in Liverpool and Sefton take place on 4 May 2023.



9. There is a requirement during the pre-election period for all public bodies to maintain political impartiality in carrying out their public duties and ensure that public resources are not used for the purposes of political parties or campaign groups. This period prevents announcements from, and activities by, public bodies which could influence or be seen to influence the election. The term 'purdah' is also sometimes used to describe this time. The pre-election period began on 28 March 2023 and will continue until 5 May 2023 when results are announced.
10. The delivery of public services in partnership with NHS bodies, and the delivery of public health and social care services by local authorities, will often sit at the heart of local debate. As such, it is important that NHS providers follow the custom and practice of the pre-election period to avoid any impression of influencing the local election process or its outcomes. Practical considerations are:
- No activity should be undertaken which could be considered politically controversial or influential, which could compete for public attention or which could be identified with a party / candidate / designated campaign group.
  - The NHS may be under the media spotlight, locally and nationally and therefore should plan to manage the pre-election period and be prepared for any particular media attention.
  - Communications should be limited to those required for business as normal for patient safety, quality and operational delivery and not used to launch long-term initiatives, public consultations or undertake publicity campaigns unless time critical.
  - Political visits to the Trust should be carefully considered and if agreed, should be offered to all candidates.
  - The Trust must be able to demonstrate the same approach for every political party, official candidate and designated campaign groups in order to:
    - avoid allegations of bias or pre-judging the electorate
    - ensure the Trust will be able to form a constructive relationship with whoever wins the seat.
11. Normal meetings and business should continue during this period including trade union activities and engagement.
12. In November 2022 the Rt Hon Patricia Hewitt was commissioned by the chancellor (Rt Hon Jeremy Hunt) to lead a review into the role and powers of the Integrated Care System (ICS) to explore how the oversight and governance of ICS's can best enable them to achieve their core aims. The final report was expected to be published end of March.
13. On 23 March 2023, the Walton Centre was notified that following a lot of hard work and demonstrating its commitment to the armed forces covenant, the Trust was recognised as an exemplar of the best standards of care for the armed forces community and was awarded 'Veteran Aware' accreditation by the national steering group.

### **Cheshire & Merseyside Integrated Care System**

14. The Leadership Board met on 3 March and discussed a number of key system issues:
- A discussion on preparations for and considerations associated with upcoming junior doctors industrial action took place. The discussion provided an opportunity for system leaders to be updated on discussions amongst Trust Medical Directors and promoted the need for clarity with the public, partners and workforce, consistency of approach and response and the paramount importance of patient safety. System communications were led by the Integrated Care Board (ICB) Medical Director and cascaded to Trust Medical Directors
  - An update was received on progress toward achievement on the elimination of patients waiting greater than 78 weeks for treatment by end of March 2023. Solid progress was being made; however, industrial action was noted to be a destabilising factor and risk to delivery.

- Brief received on implementation of the Mutual Aid Hub whose priorities included minimising variation in access and inequalities across Cheshire and Merseyside (C&M) and will, going forward, include the coordination of shared, equitable access to the independent sector.
- Response to the Liverpool Clinical Services Review. The principles previously discussed by the C&M Acute Specialist Trust (CMAST) were reiterated: the need to respond to the review's recommendations; the need for this to be done in sight of partners; and for wider system implications to be considered. The conclusions of a national visit were also shared which had provided assurance on progress and the collaborative approach to system delivery within C&M. Finally, the group noted that the first meeting of the ICB led aspect of the review which related to Women's Health had taken place and that as well as CMAST, members being present in their own right at this committee, CMAST was represented through the appointment of the Wirral Trust Medical Director following an ICB request.
- The Leadership Board was informed that CMAST had been successful in its bid to the Provider Collaborative Innovators Scheme. The offer includes access to national policy development, peer support and a bespoke support offer which is to be confirmed.

### Collaboration

15. Work is currently underway with the University of Liverpool to develop a joint research strategy. Several meetings have taken place with various directors and consultants as we seek to develop our shared research priorities. The work is being coordinated by the Clinical Director of Research & Development and Medical Education.

### Covid-19

16. National data has shown a continued rise in cases of COVID-19 during March 2023. There were seven patients who developed COVID-19 whilst an inpatient. An outbreak was identified on Lipton ward with three out of six patients affected and two staff (high possibility of asymptomatic carriage). This resulted in ward closure for five days (Friday – Tuesday).

### Trust Update

17. The Trust held a positive Quality/ Cost improvement session that was chaired by Mersey Internal Audit Agency, there was approximately 40 Trust staff in attendance and a number of ideas and schemes have been generated for improvements for 2023-24 plans.

### Starters & Leavers

18. The Director of the Critical Care Operational Delivery Network (ODN) position was successfully appointed to Julie Peacock who has been acting in the interim position and has now been made permanent into the post following an external interview process.
19. Adam Boardman has been appointed to a new post of Consultant in Rehabilitation Medicine with an interest in spinal injuries.

### Estates & Facilities:

20. The Trust's heating and pipe works project is now in the final stage and is due for completion by 2024. Work is ongoing on the tender for the Air Handling Units and a Business Case is due to the executive team in April 2023. Once the business case has been approved, the operational planning will commence.

## Business as Usual

### Quality:

#### 21. Safety

- There has been a reduction in incidents relating to nutrition and hydration and we are achieving our Malnutrition Universal Screening Tool (MUST) Key Performance Indicator (KPI).
- As an organisation, we constantly monitor the legionella risk through flushing of sinks, baths and showers in all clinical areas. Through our focus on daily monitoring and weekly audits, we are consistently compliant in all areas.

#### 22. Patients and family friending 6 steps

- The Outpatient Department's Cares audit was undertaken during the month and they were awarded Silver. This is a reduction from Gold with the key focus required on improving patient and carer input including feedback from our Patients and Families in line with our Patient and Family Centred Care Strategy.

#### 23. Workforce

- Following the external review into concerns raised by nurses who were educated overseas, a full Equality, Diversity and Inclusion (ED&I) action plan has now been completed. This will be monitored through Senior Nursing Team (SNT) meetings and the Peoples Group.
- 100 nurses and members of the SNT have undertaken ED&I training so far and this has been rolled out amongst all nursing teams.

### Finance:

24. The Trust is delivering above plan for its Income & Expenditure (I&E) year to date by £1.3m after performance in Month 11. The improved performance against plan has been driven in the main by the agreed final Welsh contract being above plan, increased activity relating to the Isle of Man, higher interest receivable and higher Health Education England (HEE) income than planned, along with non-recurrent vacancy savings in year. Elective Recovery Fund has now been confirmed as being paid in line with plan. Cost Improvement Plan (CIP) continues to be a challenge but is being delivered, albeit through a higher level of non-recurrent CIP than planned. The improved financial forecast position has enabled the Trust to access higher capital funding (c£450k) next year.
25. Capital expenditure remains behind plan at M11 (£2.1m) though there is a push on spending the remaining allocation by the end of the year. Heating and pipework, Digital Aspirant schemes and neurosurgery form the majority of the spend.
26. C&M financial performance at M11 shows the total provider position to be £7.2m behind plan at a £59m deficit. The overall C&M performance is £14m behind plan, the balance being attributable to the ICB/Clinical Commissioning Group's. CIP delivery is £11m behind plan and of the £288m delivered to date, only £88.4m is recurrent. Capital spend at M11 is £308.7m against a full year forecast of £502.2m.
27. Planning for 2023/24 continues after the previous Trust submission of a £1.1m surplus given the overall Integrated Care System (ICS) position was still a deficit. This prompted several separate meetings between Liverpool Place Finance Directors and Chief Executives to review what further could be done to improve the overall position. Following these meetings, it was agreed that CIPs should be increased to 5%, whilst changes to the NHSE income along with some margin changes, culminated in a latest Trust planning surplus figure of £2.4m. This includes a further £1.8m of CIP which will be a major challenge to deliver in 2023/24.

### Performance

28. Performance remains on track for cancers and diagnostics, patients who have waited for 78 weeks for their procedures now all have dates by March 23. The focus will now be on patients

who have waited for 52 weeks currently the trust has 56 patients in this category. This may change with the support of Mutual aid requests.

29. The Trust's Operational plan has now been submitted and the focus is now on delivery and achievement of this plan.

### Recommendation

To note

**Author: Jan Ross, Chief Executive Officer**

**Date: April 2023**

**Report to Trust Board**  
**6<sup>th</sup> April 2023**

<b>Report Title</b>	Trust Strategy Update - Quarter 4 2022-23 and Annual Priorities		
<b>Executive Lead</b>	Andy Nicolson, Medical Director and Deputy Chief Executive		
<b>Author (s)</b>	Andy Nicolson, Medical Director and Deputy Chief Executive		
<b>Action Required</b>	To note		
<b>Level of Assurance Provided</b> <i>(do not complete if not relevant e.g. work in progress)</i>			
<input type="checkbox"/> <b>Acceptable assurance</b> Systems of controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input checked="" type="checkbox"/> <b>Partial assurance</b> Systems of controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/> <b>Low assurance</b> Evidence indicates poor effectiveness of system of controls	
<b>Key Messages</b> <i>(2/3 headlines only)</i>			
<ul style="list-style-type: none"> <li>• Good progress against priorities set for Q4.</li> <li>• Priorities for Q1 23/24 outlined, mapped to each strategic aim.</li> <li>• 1, 2 and 3 year strategic priorities are summarised.</li> </ul>			
<b>Next Steps</b> <i>(actions to be taken following agreement of recommendation/s by Board/Committee)</i>			
<ul style="list-style-type: none"> <li>• Quarterly progress against priorities will be reported to Trust Board.</li> <li>• Strategic KPIs will be refined and a dashboard developed with the Business Intelligence team.</li> </ul>			
<b>Related Trust Strategic Ambitions and Themes</b>	<b>Impact</b> <i>(is there an impact arising from the report on any of the following?)</i>		
All Applicable	Not Applicable	Not Applicable	Not Applicable
<b>Strategic Risks</b> <i>(tick one from the drop down list; up to three can be highlighted)</i>			
All Risks	Choose an item.	Choose an item.	
<b>Equality Impact Assessment Completed</b> <i>(must accompany the following submissions)</i>			
Strategy <input checked="" type="checkbox"/>	Policy <input type="checkbox"/>	Service Change <input type="checkbox"/>	
<b>Report Development</b> <i>(full history of paper development to be included, on second page if required)</i>			
<b>Committee/ Group Name</b>	<b>Date</b>	<b>Lead Officer (name and title)</b>	<b>Brief Summary of issues raised and actions agreed</b>
n/a			

## Trust Strategy Update - Quarter 4 2022-23 and Annual Objectives

### Executive Summary

1. Following the approval of the Trust strategy 2022-25 by Trust Board in September 2022, it was agreed that there would be quarterly reports of key priorities for each quarter and progress made against previous priority areas.
2. There has been good progress made against all of the priorities for Q3 and 4 2022-23. Priorities for Q1 2023-24 are summarised.
3. High level annual priorities to achieve the Trust strategy have been summarised also. We will continue to report quarterly, and then a summary at the end of each year (the first such report due in September 2023).
4. At a Board development session strategic KPIs against the five strategic aims were identified. These have been shared with the Business Intelligence team to refine into key measurable KPIs. Due to staffing issues within the BI team this work has not been completed but will progress, aiming for completion of measurable KPIs by May 2023.

### Introduction

5. The Trust Strategy 2022-25 was approved by the Board of Directors in September 2022. Quarterly updates against the delivery of the Strategy were agreed.
6. This report further updates the Board on the delivery of the previous quarter's milestones and sets out milestones for the next quarter as well as any wider progress on the delivery of the Trust's five strategic ambitions.

**Our new strategy sets out how we will continue to deliver excellent clinical outcomes and the very best patient experience.**

**Our strategic ambitions**

Education, training and learning	Research and innovation	Leadership	Collaboration	Social responsibility
				
Leading the way in neurosciences education and training.	Delivering high-quality clinical neuroscience research, in collaboration with universities and commercial partners.	Developing the right people with the right skills and values to enable sustainable delivery of health services.	Clinical and non-clinical collaborations across and beyond the ICS, building on existing relationships and services.	Supporting our local communities and providing services for patients within and beyond Cheshire and Merseyside.

## Annual Objectives

Year 1	Year 2	Year 3
<b>Education, training and learning</b>		
<ul style="list-style-type: none"> <li>• Career development opportunities for non-medical staff - recruit to AHP / Nurse consultant posts</li> <li>• Develop non-medical educational neuroscience courses with HEIs</li> <li>• Deliver national neuroscience conferences for medical trainees / students</li> <li>• Improve offer for Nurse training opportunities for Nurse Associates (NA's)</li> <li>• Ensure that staff have a basic knowledge of the key financial processes and controls.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop AHP / Nurse Consultant roles</li> <li>• Increase access for non-medical training courses</li> <li>• Increase numbers attending WCFT run conferences</li> <li>• Increase medical student numbers from UoL and new intake from Edge Hill</li> </ul>	<ul style="list-style-type: none"> <li>• Establish national conferences as regular standard for neurosurgery trainees / students and increase numbers</li> <li>• Ongoing improvement in GMC feedback for medical students</li> <li>• Career progression plans for ANP/ AHP with opportunities for research</li> </ul>
<b>Research and Innovation</b>		
<ul style="list-style-type: none"> <li>• University Hospital Association status</li> <li>• Joint research strategy with UoL</li> <li>• Implement Investors in Innovation approach</li> <li>• Develop Chatbot phase</li> <li>• Develop neuroscience / mental health research collaboration</li> </ul>	<ul style="list-style-type: none"> <li>• Recruit to joint academic posts with UoL</li> <li>• Increase number of research studies participating in by 10%</li> <li>• Formulate sustainable developmental academic posts for medical and non-medical clinicians</li> <li>• Research studentships for medical students</li> </ul>	<ul style="list-style-type: none"> <li>• Increase research active staff by 20%</li> <li>• Increase research opportunities for patients by 20%</li> <li>• Demonstrate that research studies are focussed on addressing health inequalities in our population</li> <li>• Increase in number of active research studies year on year</li> </ul>

<ul style="list-style-type: none"> <li>Strengthen internal staffing / culture within NRC</li> </ul>	<p>and medical/health care science students</p>	<ul style="list-style-type: none"> <li>Sponsorship of interventional studies</li> <li>Fully embed Investors in Innovation approach to specific innovation projects</li> <li>Implementation of Robotic Process Automation (RPA) on tasks that can be utilised through the Trust Clinical / Corporate teams.</li> </ul>
<p><b>Leadership</b></p>		
<ul style="list-style-type: none"> <li>Prioritise which patient clinical pathways to develop with WCFT taking system leadership role</li> <li>Leadership development of divisional triumvirates</li> <li>Develop business critical succession planning tool</li> <li>Enhance role of WCFT in Faculty of Medical Leadership and Management (FMLM)</li> <li>Leadership development programme for Senior Nursing Team</li> </ul>	<ul style="list-style-type: none"> <li>Expand roll out of Aspiring Ward Manager's Programme</li> <li>Develop aspiring leaders / managers programme for non-clinical staff</li> <li>Greater utilisation of apprenticeships to address gaps in leadership qualifications</li> <li>Leadership development programme for Divisional Directors</li> </ul>	<ul style="list-style-type: none"> <li>Develop a clinical leadership programme with FMLM</li> <li>System clinical pathways complete and embedded and demonstrate benefit to the wider population we serve</li> <li>Demonstration of impact of interventions by improvements in scores in staff survey related to managers</li> </ul>
<p><b>Collaboration</b></p>		
<ul style="list-style-type: none"> <li>Improve access for patients regionally with acute neurological</li> </ul>	<ul style="list-style-type: none"> <li>Continue to expand access to acute neurology service</li> </ul>	<ul style="list-style-type: none"> <li>Through work on acute neurology provision – reduce C&amp;M length of stay</li> </ul>



<p>symptoms through RANA and ambulatory clinics</p> <ul style="list-style-type: none"> <li>• Collaborate with system partners on the output from the Liverpool Clinical Services Review – establish Joint Committee with Aintree</li> <li>• Develop and embed the national service for essential tremor – transcranial MR guided focussed ultrasound</li> <li>• Establish new brain tumour pathway with additional Trusts</li> <li>• Take leadership role in a review of pain services across C&amp;M</li> <li>• Strengthen Regional Spinal offer explore opportunity for increased activity</li> </ul>	<ul style="list-style-type: none"> <li>• Active engagement in thrombectomy pathway across region to improve access and efficiency of pathway</li> <li>• Lead regional project on development of pain services</li> <li>• Establish brain tumour pathway across all Trusts in C&amp;M</li> <li>• Lead the development of standardised approach to patients admitted with back pain</li> </ul>	<p>for neurology patients by 2 days, and reduce neurology admissions by 10%</p> <ul style="list-style-type: none"> <li>• Increase numbers of patients treated with thrombectomy by 20% and reduce mean length of time to treatment by 30 minutes</li> <li>• Development of collaborative C&amp;M pain service</li> <li>• Establish equitable rehabilitation services across C&amp;M through collaboration with provider partners in the Cheshire and Merseyside Rehabilitation Network (CMRN) and commissioners</li> </ul>
<p><b>Social Responsibility</b></p>		
<ul style="list-style-type: none"> <li>• Engage with Everton in the community</li> <li>• Fair employment charter</li> <li>• Work on a range of projects through the prevention pledge</li> <li>• Open well-being hub, including signposting staff to in-work poverty initiatives</li> </ul>	<ul style="list-style-type: none"> <li>• Achieve C&amp;M HCP social value quality mark</li> <li>• Engage with local schools regarding employment / career opportunities</li> <li>• Increase number of apprenticeships offered to local population</li> <li>• Develop plans for WCFT to use</li> </ul>	<ul style="list-style-type: none"> <li>• Progress towards 80% reduction in NHS carbon footprint by 2028</li> <li>• Partnerships developed with local companies through Health Procurement Liverpool (HPL)</li> <li>• Establish our role in the Everton health zone</li> </ul>

<ul style="list-style-type: none"> <li>• Become founder members of Liverpool citizens</li> <li>• Develop the role of health coaches for people with long term neurological conditions</li> <li>• Work with the neurological alliance on access to exercise programmes for patients for long term neurological conditions</li> </ul>	<p>existing data to model health and prevention needs</p> <ul style="list-style-type: none"> <li>• Sustainable waste reduction using Curo</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrate impact of intervention on health inequalities for patients with neurological conditions</li> <li>• Through the publication of the Trusts Green Plan and Social Value Framework, provide a focus on Environmental sustainability and the reduction of waste.</li> </ul>
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**Quarterly Objectives - Education, training and learning**

Quarter Set	Previous Quarter Objectives (Quarter 3 2022-23)	Exec lead	Progress/ Comments	Status
Q4 22-23	Run a national training course in neurosurgery for higher level trainees utilising simulation / VR	CPO	Spine masterclass took place in January 2023 with national / international delegates and speakers.	
Q4 22-23	Implement Acute Illness Management course on a monthly basis, delivered by SMART team to train the clinical teams.	CNO COO	Implemented in January 2023 and will run on a monthly basis.	
Q4 22-23	Launch of "Call for concern" - patients and families can call the clinical teams directly if they have any concerns for their family's treatment.	CNO COO	Implemented.	
<b>New objectives for next quarter</b>				

Q1 23-24	Appoint Trust medical education appraisal lead	MD		
Q1 23-24	Agree plan for intake of new medical students for next academic year from Edge Hill University	MD CPO		
Q1 23-24	Recruit clinical fellows in neurology to expand our training offer	MD CPO		

#### Quarterly Objectives – Research and Innovation

Quarter Set	Previous Quarter Objectives (Quarter 3 2022-23)	Exec lead	Progress	Status
Q4 22-23	Work with University of Liverpool on joint strategy for neuroscience research, including plan to invest in joint clinical / academic posts	CPO MD	Meeting took place in January 2023 between UoL and WCFT executives / CD for research – agreement to develop a joint strategy on neuroscience research.	
Q4 22-23	Begin the second phase of developing the Chatbot concept with Tata Consultancy to test practical implementation and system for triage.	CPO	Phase 2 funding agreed and has been initiated.	
Q4 22-23	Review the demand and equipment required to develop a neurophysiology service for testing small nerve fibres	COO MD	Business case agreed to support the purchase of EMG machine to carry out small fibre nerve testing which is a current gap in service.	
<b>New Objectives for next quarter</b>				
Q1 23-24	Pilot of Laser Interstitial Therapy (LITT) for epilepsy surgery.	MD COO		
Q1 23-24	Trial of circadin lighting in ITU to assess health and well-being of staff and reduce delirium for patients	CNO		

Q1 23-24	Develop plan for ongoing research collaboration on neuroscience / mental health in collaboration with MerseyCare and Alder Hey	MD CPO		
<b>Outstanding objectives from previous quarters</b>				
Q3 22-23	Work with University of Liverpool on joint strategy for neuroscience research, including plan to invest in joint clinical / academic posts	CPO MD	As above.	

#### Quarterly Objectives – Leadership

Quarter Set	Previous Quarter Objectives (Quarter 3 2022-23)	Exec lead	Progress	Status
Q3 22-23	Prioritise clinical pathways which require development / revision jointly with colleagues in partner organisations	MD	Parkinson's disease management for emergency admissions complete. Ongoing work on optimum MS pathway. Pathway complete for IIH management.	
Q3 22-23	Initiate project jointly with ICB medicines management team on the prescribing of drugs in epilepsy	MD	MD has discussed in Consultant groups and by email internally. In collaboration with ICS medicines optimisation team has drafted a letter to be circulated to EDs / primary care.	
Q3 22-23	Further develop key leadership relationship with the Faculty of Medical Leadership and Management promoting The Walton Centre at national FMLM Conference.	CPO	CPO on faculty for session on medical leadership at national FMLM conference. FMLM to lead a session for medical staff at upcoming Sutcliffe-Kerr afternoon.	
<b>New Objectives for next quarter</b>				
Q1 23-24	Take leadership role in developing the C&M pain services	MD		

Q1 23-24	Develop a Senior Nursing Team development programme	CNO		
Q1 23-24	Implement career escalator for nursing staff - a development pathway which has been developed to enable nurses to identify their position on a career journey, consider the future career pathway choices and plan the steps required to achieve their career aims.	CPO		
<b>Outstanding actions from previous quarters</b>				
Q3 22-23	Develop a prescriptive succession planning process for business critical roles	CPO	This is due to commence in April 2023.	
Q3 22-23	Devise a programme for system leadership development to Board and the Trust's wider leadership team	CPO	Training for the divisional triumvirates has commenced, delivered by Aqua. Completed the development programme for Deputy Directors in February 2023 and agreed to run the programme again with a group of senior managers.	

#### Quarterly Objectives – Collaboration

Quarter Set	Previous Quarter Objectives (Quarter 3 2022-23)	Exec lead	Progress	Status
Q4 23-24	Fully engage and support the recommended outputs from the Liverpool clinical services review	CEO	Ongoing engagement in the process including the first Joint Committee between Aintree and WCFT taken place in March 2023.	
Q4 23-24	Increase numbers of patients seen in RANA through further engagement with partner organisations and relaxing referral criteria	COO MD	Significant increase seen in numbers of patients attending RANA (52 in Q3, 112 so far in Q4)	

Q4 23-24	“Whiston project” for initial brain tumour management to be implemented in other organisations in C&M.	COO	Warrington and Wirral in the process of implementing this pathway. When embedded discussions to take place with 2 other Trusts in ICS.	
<b>New Objectives for next quarter</b>				
Q1 23-24	Collaborate with Robert Jones and Agnes Hunt Hospital to support spinal services in the Shropshire region	COO		
Q1 23-24	Initiate a review of current C&M pain services and agree approach to develop a more equitable service	MD COO		
Q1 23-24	Enhance early rehabilitation for patients across the Major Trauma Collaborative through the newly established spinal rehabilitation post	MD		

#### Quarterly Objectives – Social Responsibility

Quarter Set	Previous Quarter Objectives (Quarter 3 2022-23)	Exec lead	Progress	Status
Q4 22-23	Open the Trust’s first physical and Well-being hub for staff to be open 24/7	CPO	Well-being hub now open.	
Q4 22-23	Formally sign Memorandum of Understanding with Everton in the Community as a strategic partner for the Everton Mind Health Zone as part of the Goodison Park legacy scheme.	CPO	MOU signed 18/1/23 and ongoing engagement in project. Meeting held with Everton in the Community to explore the range of programmes offered and potential links with the Trust.	
Q4 22-23	Prioritise the roll-out of initiatives to support staff at risk of in-work poverty.	CPO	A range of initiatives have taken place. Examples include: Additional bread and milk distributed to staff areas	

			<p>Supermarket vouchers purchased and distributed by line managers and staff side</p> <p>Through Liverpool Citizens partnerships, we have made connections with Walton Vale Community Shop where each household can choose a basket of shopping for a small weekly membership fee and cookery classes are also offered.</p> <p>We publicised the Liverpool City Region’s Sustainable and Affordable Food Report through staff communication channels as it lists all the food banks, food pantries, community growers and food support organisations across the region.</p>	
<b>New Objectives for next quarter</b>				
Q1 23-24	Community leadership training for core group of staff involved in Liverpool Citizens.	CPO		
Q1 23-24	Launch framework for ICB themes, outcomes and measures (TOMs) as an early adopter site. This supports organisations to procure, manage and report social value to demonstrate an impact on their local community.	CPO		
Q1 23-24	Access to Exercise and Wellbeing Programme – Recruitment to Health and Wellbeing Coach positions (Neuro Therapy Centre and Greenbank).	CPO		
<b>Outstanding actions from previous quarters</b>				
Q3 22-23	Develop an in-house Wellbeing hub for staff.	CPO	As above.	

## Conclusion

7. Good progress is demonstrated against the key priorities for Q4 2022-23, and further key priorities set for Q1 2023-24.
8. High level 1, 2 and 3 year priorities have been mapped out, and quarterly updates against progress will be presented to Trust Board.
9. The strategic KPIs will be refined and a dashboard established with the Business intelligence team.

## Recommendation

- To note

**Author: A Nicolson, Medical Director**

**Date: 28/03/23**



**Report to Trust Board  
6<sup>th</sup> April 2023**

<b>Report Title</b>	Finance and Commercial Development Sub-Strategy		
<b>Executive Lead</b>	Mike Burns – Chief Finance Officer		
<b>Author (s)</b>	Mike Burns – Chief Finance Officer		
<b>Action Required</b>	To approve		
<b>Level of Assurance Provided</b> <i>(do not complete if not relevant e.g. work in progress)</i>			
<input checked="" type="checkbox"/> <b>Acceptable assurance</b> Systems of controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/> <b>Partial assurance</b> Systems of controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/> <b>Low assurance</b> Evidence indicates poor effectiveness of system of controls	
<b>Key Messages</b> <i>(2/3 headlines only)</i>			
<p><b>Finance &amp; Commercial Development Sub-Strategy</b>            Vision – To maximise use of resources, improve productivity and develop market opportunities to deliver best value for the Trust, the public and the wider system.</p> <p>Mission – We will achieve this through:</p> <ul style="list-style-type: none"> <li>• Maintaining and improving financial performance;</li> <li>• Focusing on improving productivity within the organisation;</li> <li>• Maximise our opportunities in procuring capital, goods and services;</li> <li>• Assessing the market data to understand and develop areas of opportunity.</li> </ul>			
<b>Next Steps</b> <i>(actions to be taken following agreement of recommendation/s by Board/Committee)</i>			
<ul style="list-style-type: none"> <li>• Implementation</li> </ul>			
<b>Related Trust Strategic Ambitions and Themes</b>	<b>Impact</b> <i>(is there an impact arising from the report on any of the following?)</i>		
Choose an item	Not Applicable	Not Applicable	Not Applicable
<b>Strategic Risks</b> <i>(tick one from the drop down list; up to three can be highlighted)</i>			
Not Applicable	Not Applicable	Not Applicable	
<b>Equality Impact Assessment Completed</b> <i>(must accompany the following submissions)</i>			
Strategy <input checked="" type="checkbox"/>	Policy <input type="checkbox"/>	Service Change <input type="checkbox"/>	
<b>Report Development</b> <i>(full history of paper development to be included, on second page if required)</i>			
<b>Committee/ Group Name</b>	<b>Date</b>	<b>Lead Officer (name and title)</b>	<b>Brief Summary of issues raised and actions agreed</b>
Executive Group	22.03.23	Mike Burns CFO	Some changes noted and added to document / Removal of detailed action plan.
Business Performance Committee	28.03.23	Mike Burns CFO	Some updates and rewording of key programmes

## **Finance & Commercial Development Sub-Strategy**

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

Mission – We will achieve this through:

- Maintaining and improving financial performance;
- Focusing on improving productivity within the organisation;
- Maximise our opportunities in procuring capital, goods and services;
- Assessing the market data to understand and develop areas of opportunity.

### **Context/ Introduction**

The Trust has refreshed its strategy and covers the three years from 2022 to 2025 to reflect the pace of change in the NHS due to the pandemic and the infrastructure changes brought about by the Health and Social Care Bill 2021. The finance and commercial sub-strategy will take stock of the issues that have and will continue to impact on the Trusts financial sustainability.

The Walton Centre is a high performing Trust in terms of its finances and has achieved the required financial control totals and targets as set by NHSEI on an annual basis since 2016/17 when they were first introduced. Prior to this, the Trust had seen excellent financial performance and delivered annual surpluses that had enabled it to invest in the expansion of its estate and facilities through loans that were approved by the Department of Health and Social Care. It therefore has an excellent track record for finance delivery and holds a Strategic Operating Framework (SOF) score of 1 which represents the lowest level of risk for finance and operational performance and is one of three Trusts who hold this accolade in Cheshire and Merseyside (C&M) Integrated Care System (ICS).

The situation in the ICS is mixed in terms of financial performance, and this is exacerbated by the geographical location of providers. There are Trusts with historical structural issues and on-going patient demand and flow issues which have worsened following the pandemic.

In commercial terms, the Trust has tended to concentrate on smaller, niche areas of commercial innovation rather than wider market development opportunities. It has had relative success in such areas however continuation down this path will not deliver the increased revenue / contribution the Trust requires to enable it to manage the unprecedented financial challenges facing the NHS given the current economic environment.

### **Current Environment**

The Trust is a member of the Cheshire and Merseyside Acute and Specialist Trust Alliance (CMAST) and is located within the Cheshire and Merseyside ICS. Although the Trust has been successful in the delivery of its financial targets, it has struggled to deliver financial efficiencies on a recurrent basis which inevitably puts pressure on the cost base and the underlying financial position.

The Covid pandemic created an environment of short-term financial planning with 'top up' to breakeven funding and block income contracts. There was less focus on the delivery of financial efficiencies, with the traditional 'competitive' market moving to collaborative working and mutual aid between C&M Trusts. The financial environment encouraged this new way of working.

The move to ICS allocations and the need for breakeven at system level has inevitably led to financial pressures for certain providers in the system. Although the Trust has performed well financially within this environment to date, there are still several threats to the Trust's current financial delivery / performance and ambitions. These include the waning importance of individual organisational performance compared to system performance, changes to income flows as a result of changes in who commissions services as well as the method of commissioning, with ICS priorities likely to influence the future allocation of resources.

Locally, the Trust is becoming involved in discussions regarding the best use of resources within the city in collaboration with other Liverpool based providers following a local clinical review of services. This review has led to a joint committee being set up with Liverpool University Hospitals FT to assess emergency clinical pathway opportunities and wider clinical and non-clinical opportunities which will be identified in a collaborative work plan. The Trust continues to be a part of the C&M Collaboration at scale work, with Procurement being involved in discussions regarding system wide opportunities. The Trust has also been successful in hosting Health Procurement Liverpool, a procurement collaboration including 3 other specialist trusts, and this is an area that could be expanded out to other parties, creating opportunities for greater economies of scale. It could also look to develop similar models for other corporate services with Liverpool based trusts (and wider) to improve value and resilience.

Within this environment there are inevitably challenges for the Trust but also opportunities given the Trust's stability, track record in delivery and its operating model of collaborative delivery of services with partners.

### **Where are we going?**

Given the uncertainty of the current economic environment, the Trust needs to focus on continuing to deliver financial performance in line with national requirements whilst taking a more proactive approach to growing its services within and outside of the ICS.

Nationally, NHS finances have been stretched because of inflation and additional demands on the NHS, with the Autumn Statement providing a favourable settlement compared to other areas of the public sector. However, despite this, the settlement will provide a challenge to both the ICS as well as the Trust.

The inflationary pressures and exceptional prices in areas such as energy will create cost pressures which the Trust will need to manage whilst trying to continue to deliver high quality patient care. The finance team will need to be at the forefront in communicating these financial pressures and managing the expectations of the organisation within the wider system to help the Trust to continue to maintain delivery of financial targets. This needs to be carried out through education and

training to ensure staff are aware of our obligations as part of the wider system framework.

The Trust also needs to be cognisant that there are likely to be constraints in how it operates as the ICS continues to develop and evolve. This is due to mutual aid, more collaborative working and finance system targets becoming the norm. However, there are likely to be opportunities within the system as it tries to maximise revenue through ensuring C&M NHS services are delivered by organisations within the ICS and encouraging those with the ability to bring in additional revenue from outside of the ICS boundaries to do so. It is important to note that given the elective recovery requirements following the pandemic, and the need to manage NHS waiting lists, the Trust is not pursuing the private patient market at this point and is looking at opportunities within the wider NHS 'market' however should such private patient service opportunities arise, they will be considered.

In addition to this, the Trust needs to review the opportunities provided through non-NHS work to diversify its income portfolio and make itself less dependent on core NHS income. This is likely to be a longer-term ambition given the constraints of delivering NHS waiting lists and increased demand for Trust services following the Covid pandemic. However, a focus on the ambitions of non-NHS work with greater margins will give a direction of travel as to how and when this might be achieved.

In order to maintain financial performance and develop areas of opportunity within the current environment, the Trust will need to review its detailed demand and capacity forecasts to ensure that it is able to maximise throughput to take advantage of market opportunities as they are identified.

This will require a detailed review into metrics and areas where the Trust is not performing as well as possible to develop plans on how to improve this. It is anticipated that with finance supporting, the Strategic Programme Management Office (SPMO) will oversee the key large-scale projects in delivering these improvements which in turn should lead to additional capacity which will enable greater activity throughput and as such, open wider market opportunities.

Key to this development will be access to data and information that help us to understand current performance but also to accurately predict future performance so we can pro-actively manage activity demand and future capacity requirements. This will require a greater focus on future performance rather than reporting on the past which has been common practice. We see this process as being a collaborative practice between Finance, Operations, and Information areas to ensure we maximise access to intelligence to facilitate the future development of the organisation.

### **What do we need to do?**

There are 3 key elements required to ensure the continued successful delivery of the Trusts financial performance:

- Maintain financial performance;
- Assess areas for potential improvement;
- Deliver enhanced financial performance.

Given the current financial performance of the Trust, the priority for the Trust is to at least **maintain** or improve this performance. To do this, the Trust must continue to implement the organisational and financial discipline that it has established and sustained in the pre-pandemic / pandemic phase, which has helped to manage cost growth. Processes have been put into place including rigorous business case assessment and risk management when discussing potential investments.

The Trust needs to then **assess** its performance to check where it can make enhancements / changes that would lead to improved financial performance. For example, it is highly likely that there will be a national drive to improve productivity given the increased investment in the NHS compared to 2019/20, whilst activity levels remain below 2019/20 levels. A suite of performance indicators exist that the Trust can use to assess how to deliver improved productivity and financial performance. These will need to be a focus of the finance and commercial sub-strategy.

Finally, the Trust needs to **deliver** on the areas of finance and performance indicators it has identified as low performing so it can deliver enhanced productivity and financial improvement. For instance, a focus on inpatient flow can lead to enhanced capacity for the Trust to deliver any further activity opportunities that will help to improve income / margin into the Trust.

### **How will we deliver?**

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

- Education, training and learning;
- Research and innovation;
- Leadership;
- Collaboration;
- Social responsibility.

The finance and commercial sub-strategy will encompass some specific elements that will directly contribute or help towards the delivery of the strategic ambitions.

**Education, training and learning** – We will deliver a range of finance education and training that not only encompasses the Trust staff but will also include the upskilling of our finance staff, continuing to have a finance Health & Wellbeing Lead and maintaining and improving the finance department's Financial Skill Development (FSD) accreditation. Through doing this we will work to convey the importance of finance delivery to the Trust in helping us to deliver the overall Trust strategy. *This will contribute towards the objective of leading the way in neurosciences education and training.*

**Research and innovation** – We will provide finance support to colleagues to ensure applications for funding provide a contribution to the Trust. Support with commercial research projects to maximise the Trust's financial opportunities whilst working with commercial and university partners to the benefit of the Trust. This support will

enhance the prospects for the Trust to re-invest in the research and innovation agenda and enable the Trust to realise its aim to *deliver high quality clinical neuroscience research, in collaboration with universities and commercial partners.*

**Leadership** – We will provide financial leadership within the Trust at all levels to communicate and help people to understand how important financial delivery (including the delivery of the Quality Improvement Programme – QIPP) is to maintain our reputation within the ICS. Financial acumen and knowledge provided through communication and training will help to deliver the strategic ambition of *developing the right people with the right skills and values to enable sustainable delivery of health services.*

**Collaboration** – The Trust is experienced in collaborating across several clinical and non-clinical services and this will continue to be the case as we look to build on our Procurement collaboration, Health Procurement Liverpool, with other areas such as through the Liverpool Clinical Services review, where there is already a Finance Group reviewing opportunities to improve the value for money of services provided between the 6 Trusts in Liverpool. We will look for other areas of opportunity with health providers to collaborate to improve quality, productivity and to improve the overall value of services and help to deliver the ambition of *further developing our clinical and non-clinical collaborations.*

**Social responsibility** – A key part of the Finance and Commercial sub-strategy is gaining a deeper understanding of the Trust's key markets and developing plans to engage with areas where the Trust has less engagement and lower activity. This will also highlight areas where the Trust can improve access for those from areas of social deprivation. Utilising information to direct service provision we will help to support our local communities and provide services for patients within and beyond Cheshire and Merseyside. Through carrying out this, the finance and commercial sub-strategy will enable the Trust to *support our local population.*

Underpinning the five Trust strategic ambitions there are seven enabling strategies which feed into all aspects of the Walton Centre's work, providing a critical link between our overarching ambitions and their delivery. One of these is the finance and commercial development sub-strategy, and there are a number of ambitions to ensure successful delivery of this:

- Maintain SOF level 1 by delivering a range of financial indicators to improve performance;
- Improve Better Payment Practice Code to 95% of invoices paid within 30 days of invoices received;
- Work with the ICB across collaborative projects that improve the use of existing resources within the ICS;
- Work with local and regional partners to deliver improved value for money across common services such as corporate and site-based services;
- Prioritise and manage capital expenditure on a risk basis to deliver within the allotted envelope to maximise quality care and return on investment;

- Re-develop patient level costing to enable more detailed analysis of service lines and outputs in order to identify opportunities to improve efficiency and productivity;
- Engage with key stakeholders in the Trust to identify market opportunities for NHS services within the current ICS and beyond;
- Help improve productivity back to at least 2019/20 levels within the Trust to facilitate additional throughput;
- Identify services that generate greatest margin and prioritise development based on deliverability for the Trust.

### **How will we achieve our goals and how will we know we have succeeded?**

The Trust strategy is very ambitious, and the Finance and Commercial sub-strategy aims to support this through a varied programme of work. This programme will look to involve a wide range of staff and to disseminate some basic financial skills and key financial messages to the organisation.

The programmes of work will include:

- Financial Housekeeping and Key Messaging Finance and Operational planning;
- Business Insight;
- Patient Level Information / Service Line Reporting;
- Regional and Local Collaboration;
- Efficiency and Productivity in use of resources;
- Improving profitability of R&D and non-patient income;
- Digitisation and process re-design;
- Ensuring best value for Trust expenditure;
- Capital investment.

Appendix 1 outlines the key strategic programmes of the Finance and Commercial sub-strategy. There is also a detailed workplan to underpin the delivery of these programmes over the term of the strategy.

### **Implementation and Governance of the Finance and Commercial Strategy**

The Trust's existing governance structure will be used to oversee and provide assurance on the implementation of the strategy. Specifically:

- Business Performance Committee (BPC) will oversee progress and provide assurance to the Board on progress and resolution of any issues that arise.

In addition to the formal governance structure, the following elements of the Trust management structure will be important in delivering the strategy:

- The Executive Team as a group and individually will be crucial in shaping and delivering the work programmes;
- The Hospital Management Group will similarly allow a broad range of views to be incorporated into the way the finance and commercial sub-strategy is

implemented, and a regular discussion on progress within this group will be planned during the year.

Our system partners will also play a crucial role in helping us deliver the strategy, particularly where our plans extend into areas not totally within our control e.g., commissioning arrangements, provider collaboration etc.

This outlines how the finance and commercial sub-strategy will support the overall Trust strategy to continue to deliver excellent clinical outcomes and the very best patient experience.



## Appendix 1

### **Financial Housekeeping and Key Messaging**

Strong communication is important to the success of the finance and commercial sub-strategy to provide clear, timely and accessible information on the financial performance of the Trust. Engaging and communicating with staff is key to ensure that they are appropriately trained and have the right skill set to deliver the strategy. We will develop partnership working with colleagues internally across the Trust and the ICS so that communications and engagement approaches are considered at the onset of any major programme which will also support the Trust in meeting national KPI targets.

### **Financial and Operational Planning**

In order to achieve NHS England's core priority of improving productivity, the Trust needs to fully understand and analyse its demand and capacity model and utilise this to improve patient flow and increase elective activity. The financial and commercial sub strategy plans for the finance and operational teams to work collaboratively to develop this model to enable the Trust to deliver its required growth in productivity whilst devising ways to overcome the barriers to increased activity. This will then link directly to financial plans to enable the Trust to meet ongoing financial challenges, achieve financial targets set by the Integrated Care System and achieve best value in its use of funding.

### **Business Insight**

Understanding the business of the Trust is essential in order for us to continuously improve. The financial and commercial sub strategy will utilise available data and information to both model future health needs and provide divisional operational teams with clinical, operational and financial metrics to enable informed discussions. This information can then be used in decision making to improve productivity, efficiency and performance and planning processes.

### **Patient Level Information / Service Line Reporting**

Develop patient level costing and service level reporting, to gain an understanding of the key cost drivers in the treatment of patients, benchmarking with other organisations to identify the potential for efficiency and productivity across service lines.

Developing and embedding PLICS, working with clinicians and operational teams will enable the Trust to improve performance and reduce waste.

As part of the finance and commercial sub-strategy we will be building on our current work using our patient level costing system with an agreed list of priority specialties. The first intention will be to share the current information with clinical teams, with a view to further improving the capture of information and allocation of costs.

### **Regional and Local Collaboration**

Due to changes within the commissioning arrangements in the NHS, there is increasing focus on system working as the ICS continues to evolve and develop. The finance and commercial sub-strategy aims to maximise collaborative financial and commercial opportunities regionally and locally to improve the overall value of services for both the Trust and ICS.

### **Efficiency and Productivity in the use of resources**

The finance and commercial sub-strategy sets out how the finance team will support the Trust strategy in improving productivity whilst ensuring the quality of care is improved or maintained. This can be achieved by ensuring the best value in its use of funding and using resources responsibly and taking advantage of economies of scale by working collaboratively with other organisations within the Cheshire and Merseyside area. We are committed in supporting the strategic PMO team to identify and establish continuous improvement programmes to improve productivity, quality and efficiency which will also support the Trust in meeting national KPI targets.

### **Improving profitability of R&D and non-patient income**

The Trust's trading activities play a vital role in supporting the Trust's core business of patient care and are increasingly important as NHS finances face unprecedented challenges. As part of the finance and commercial sub-strategy we aim to analyse all income streams that contribute to trading activities in addition to Research and Development and ensure that we are maximising all possible revenue streams, whilst also ensuring that costs are being funded at the appropriate levels.

### **Digitalisation and process re-design**

The finance and commercial sub-strategy aims to review processes with a view to automate where possible, working with digital to assess opportunities to develop digital / technical solutions to areas of inefficiency such as Robotic Process Automation (RPA). This will enable more timely reporting and free up time from time consuming repetitive tasks for value added work to support the Trust and ICS moving forwards.

### **Ensuring best value for Trust expenditure**

The Finance and commercial sub-strategy identifies the importance for the delivery of cost savings driving down the cost of goods and services while ensuring best value for the Trust. The finance team will working collaboratively with service transformation, operational and procurement teams to allow a consistent approach to deliver savings across the Trust ensuring best value is obtained.

Work has been undertaken with other specialist Trusts in the ICS to create a single procurement department (Health Procurement Liverpool) which is believed will generate wider opportunities by increasing the buying power of specialist Trusts to enable further reductions with suppliers to be negotiated.

### **Capital Investment**

The finance and commercial sub-strategy identifies the importance of capital investment both to sustain existing activities and transform for the future. It will strengthen the process for identifying and prioritising capital investments and ensure the capital programme that is agreed supports sustainability and reduces the Trust carbon footprint.

Report to Trust Board  
6 April 2023

<b>Report Title</b>	<b>Board Assurance Framework (BAF) Report Q4 2022/23 (Closure)</b>		
<b>Executive Lead</b>	Jan Ross, Chief Executive		
<b>Author (s)</b>	Katharine Dowson, Corporate Secretary		
<b>Action Required</b>	To approve		
<b>Level of Assurance Provided</b> <i>(do not complete if not relevant e.g. work in progress)</i>			
<input type="checkbox"/> <b>Acceptable assurance</b> Systems of controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input checked="" type="checkbox"/> <b>Partial assurance</b> Systems of controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/> <b>Low assurance</b> Evidence indicates poor effectiveness of system of controls	
<b>Key Messages</b> <i>(2/3 headlines only)</i>			
<ul style="list-style-type: none"> <li>Quarter 4 BAF is based on the principal strategic risks approved by Board on 5 May 2022</li> <li>Changes are proposed to one risk score</li> <li>Links to operational risks are still not fully complete but substantial progress has been made</li> </ul>			
<b>Next Steps</b> <i>(actions to be taken following agreement of recommendation/s by Board/Committee)</i>			
<ul style="list-style-type: none"> <li>Review of Strategic Risks for 2023/24</li> </ul>			
<b>Related Trust Strategic Ambitions and Themes</b>	<b>Impact</b> <i>(is there an impact arising from the report on any of the following?)</i>		
All Applicable	Not Applicable	Not Applicable	Not Applicable
<b>Strategic Risks</b> <i>(tick one from the drop down list; up to three can be highlighted)</i>			
All Risks	All Risks	All Risks	
<b>Equality Impact Assessment Completed</b> <i>(must accompany the following submissions)</i>			
Strategy <input type="checkbox"/>	Policy <input type="checkbox"/>	Service Change <input type="checkbox"/>	
<b>Report Development</b> <i>(full history of paper development to be included, on second page if required)</i>			
<b>Committee/ Group Name</b>	<b>Date</b>	<b>Lead Officer (name and title)</b>	<b>Brief Summary of issues raised and actions agreed</b>
Board of Directors	7 April 2022	K Dowson Corporate Secretary	Development workshop for development of principal strategic risks for 2022/23
Executive Directors	1 March 2023	K Dowson Corporate Secretary	All risks reviewed by Executives
Quality Committee	16 March 2023	K Dowson Corporate Secretary	Reviewed and commented on risks assigned to the Committee
RIME Committee	21 March 2023	K Dowson Corporate Secretary	Reviewed and commented on risks assigned to the Committee
Business Performance Committee	28 March 2023	K Dowson Corporate Secretary	Reviewed and commented on risks assigned to the Committee

## Board Assurance Framework (BAF) Report Q4 2022/23 & Closure

### Executive Summary

1. This paper summarises the detailed current position against the twelve strategic risks approved at Board on 5 May 2022. The initial, current and target scoring and risk appetites were all assessed at this point and have been reviewed for Quarter 4 through the Board Committees.
2. Through the Board Committee process changes have been recommended. Executive Leads proposed a change in scoring to BAF003 System Finance which were endorsed by Business and Performance Committee.
3. The Board are asked to consider whether the BAF entries are an accurate reflection of current risk exposure.
4. The Heat Map below illustrates the end of year scoring of the BAF risks. This will be included in all summary reports to the Board in the future as a useful visual way of seeing the overview and spread of risks. Any risks where there is a recommendation in the report to change the scoring will be shown at the new score with an arrow demonstrating the direction of change.

Diagram 1

BAF Heat Map						
Likelihood	Almost Certain	5	10	15 <span style="border: 1px solid black; padding: 1px;">011</span>	20	25
	Likely	4	8	<span style="border: 1px solid black; padding: 1px;">006</span> 12	16	20
	Possible	3	6	<span style="border: 1px solid black; padding: 1px;">002</span> 9 <span style="border: 1px solid black; padding: 1px;">004</span> <span style="border: 1px solid black; padding: 1px;">007</span> <span style="border: 1px solid black; padding: 1px;">008</span>	<span style="border: 1px solid black; padding: 1px;">001</span> <span style="border: 1px solid black; padding: 1px;">009</span> 12 <span style="border: 1px solid black; padding: 1px;">010</span>	15
	Unlikely	2	4	<span style="border: 1px solid black; padding: 1px;">003</span> ↓ 6 <span style="border: 1px solid black; padding: 1px;">012</span>	8	10
	Rare	1	2	3	4	5
		Negligible	Minor	Moderate	Major	Catastrophic
		Consequence				

### Background and Analysis

5. There are now twelve principal risks identified on the Board Assurance Framework (BAF). This follows the development of new strategic risks by the Board which align to the Trust Strategy 2022-25 approved at Board on 1 September 2022. All the BAF risks have been reviewed in detail and updated by the appropriate Executive Lead and reviewed by the Executive Team and Board Committees through March. Changes to the BAF risks are marked in red or through strike through on each BAF risk.
6. The new strategic ambitions which form the strategic objectives for the Trust are:

- **Education, training and learning** - Leading the way in neurosciences education and training
  - **Research and Innovation** - Delivering high-quality clinical neuroscience research, in collaboration with universities and commercial partners
  - **Leadership** - Developing the right people with the right skills and values to enable sustainable delivery of health services
  - **Collaboration** - Clinical and non-clinical collaborations across and beyond the ICS, building on existing relationships and services
  - **Social Responsibility** - Supporting our local communities and providing services for patients within and beyond Cheshire and Merseyside
7. These ambitions are supported by seven enabling Substrategies which are in the process of being developed and all are expected to be approved at Board by May 2023. The Substrategies are: Quality, People, Digital, Estates, Facilities & Sustainability, Finance & Commercial Development, Communications & Marketing and Charity.
8. The BAF aligns principal risks, key controls, and assurances to each objective with gaps identified where key controls and assurances are insufficient to mitigate the risk of non-delivery of objectives. This enables the Board to develop and monitor action plans intended to close the gaps. A summary of each BAF risk is included in the appendices.
9. An effective BAF:
- Provides timely and reliable information on the effectiveness of the management of major strategic risks and significant control issues
  - Provides an opportunity to identify gaps in assurance needs that are vital to the organisation, and to develop appropriate responses (including use of internal audit) in a timely, efficient and effective manner
  - Provides critical supporting evidence for the production of the Annual Governance Statement.
10. The BAF risks were assigned to Board Committees to review and provide assurance and this took place during March. No major changes were made through this process and the recommendation to reduce the scoring of BAF003 System Finance from 9 to 6 was agreed by Business Performance Committee.

#### Quarter 4 Summary

11. A number of actions have been identified for each BAF risk to address the gaps in controls or assurances identified. Target dates for completion have been included and where there was a clear map across from the actions in the 2021/22 BAF these were included. These have been updated for Quarter 4.
12. A summary of the current risk scores and risk appetites are in Table 1. The previous risk score from 2021/22 has been included where the new risk was clearly aligned to previous strategic risks. The risk descriptors which define the scoring of the risks and the risk appetite are included at Appendix 1.
13. Changes to the risk scoring is proposed for BAF003 System Finance BAF risks as the Executives are confident that the end of year position will be reached and improved on.

Table 1

Risk ID	Risk Appetite	Title	Q4 22/22	Q1 22/22	Q2 22/23	Q3 22/23	Q4 22/23
001	Cautious	<b>Quality Patient Care</b> Impact on patient outcomes and experience		12	12	12	12
002	Open	<b>Collaborative Pathways</b> Inability to develop further regional care pathways		9	9	9	9
003	Open	<b>System Finance</b> Inability to deliver financial plan for year	8	9	9	9	6
004	Cautious	<b>Operational Performance</b> Inability to deliver the operational plan	9	9	9	9	9
005	Cautious	<b>Leadership Development</b> Inability to attract, retain and develop sufficient numbers of qualified staff		16	16	12	12
006	Open	<b>Prevention and Inequalities</b> Inability to improve equitable access to services		9	9	12	12
007	Cautious	<b>Capital Funding</b> Inability to secure capital funding to maintain the estate to support patient needs	6	12	9	9	9
008	Open	<b>Medical Education Strategy</b> Inability to develop a national training offer		12	12	9	9
009	Open	<b>Research and Development</b> Inability to develop and attract world class staff	12	12	12	12	12
010	Cautious	<b>Innovative Culture</b> Inability to grow an innovative culture		12	12	12	12
011	Averse	<b>Cyber Security</b> Inability to prevent Cyber Crime	16	12	15	15	15
012	Cautious	<b>Digital</b> Inability to deliver the Digital Aspirant plan and associated benefits	8	6	6	6	6

14. There is variation in the risk appetite assigned to each risk across the BAF. This reflects that these risks are linked to the new strategy for the Trust. The Trust may need to consider taking more risks to achieve these ambitious objectives.
15. There has been a focus through 2022/23 on ensuring that there are clearly linked operational risks that align to the strategic risks. This piece of work is progressing gradually. New operational risks have been identified for BAF 002, 003, 004, 006, 009, 010 and 011 on this BAF. The risk descriptor of risk 323 relating to BAF007 has been updated. Operational risks relating to 011 and 012 will be transferred from a project risk register to the Trust risk register by 31 March 2023.
16. Only those operational risks scoring 12 or above would normally be shown on the BAF and this means that there are no linked operational risks for BAF008 included on the BAF. Where there are a larger number of linked operational risks such as for BAF001 Quality of Care only the current highest scoring would be shown.

### Closure of the Board Assurance Framework and new Strategic Risks

17. The Board is asked to approve that the 2022/23 BAF is closed and a new BAF will be opened for 2023/24 using the Strategic Risks for 2023/24 which are due to be approved by the Board on 6 April following consultation and discussion at Board Development Day on 9 March.

### Conclusion

18. The new BAF links into the new strategic ambitions and reflects the risks for the Trust to achieving those. Work on ensuring there are operational risks to support the strategic risks is near completion.
19. Board are asked to consider the control and assurance gaps, identify any further actions required and approve the changes to the risk score for BAF 003. Board are then asked to approve the closure of the BAF for 2022/23.

### Recommendation

20. To approve

**Author: Katharine Dowson**

**Date: March 2023**

### Board Assurance Framework Glossary

ADO	Associate Director of Operations
BMA	British Medical Association
BPC	Business and Performance Committee
C&M	Cheshire and Merseyside
CDRD	Clinical Director of Research & Development
CEO	Chief Executive Officer
(D)CFO	(Deputy) Chief Finance Officer
CIP	Cost Improvement Plan
CMAS	Cheshire & Merseyside Acute and Strategic Trusts (Provider Collaborative)
(D)CN	(Deputy) Chief Nurse
COO	Chief Operations Officer
(D)CPO	(Deputy) Chief People Officer
CQC	Care Quality Commission
CRL	Capital Resource Limit
CRN	Clinical Research Nurse
DHSC	Department of Health and Social Care
DME	Director of Medical Education
EPR	Electronic Patient Record
ERIC	Estates Returns Information Collection
ERF	Elective Recovery Fund
FoSH	Federation of Specialist Hospitals
FFT	Friends and Family Test
GDPR	General Data Protection Regulations

GMC	General Medical Council
HCP	Health & Care Partnership (Cheshire& Merseyside) in place to 30 June 2022
HEE(NW)	Health Education England (North West)
HFAI	Health Facility Acquired Infection
HiMSS	Healthcare Information and Management System (Digital Maturity Model)
IC	Innovation Coordinator
ICB	Integrated Care Board
ICO	Information Commissioners Office
ICS	Integrated Care System (Cheshire & Merseyside) in place from 1 July 2022
IG	Information Governance
IT	Information Technology
IOM	Isle of Man
IPC	Infection Prevention and Control
IPR	Integrated Performance Report
ITU	Intensive Therapy Unit
KPI	Key Performance Indicator
LoA	Letter of Authority
LHP	Liverpool Health Procurement
LUHFT	Liverpool University Hospitals Foundation Trust
MD	Medical Director
MHRA	Medicines and Healthcare Products Regulatory Agency
MIAA	Mersey Internal Audit Agency (Internal Auditors)
MSSA	Methicillin-sensitive Staphylococcus Aureus
MoU	Memorandum of Understanding
NHSD	NHS Digital (information, data, IT systems)
NHSE	NHS England
NHSEI	NHS England and NHS Improvement
NHSI	NHS Improvement
NHSP	NHS Providers
NHSX	NHS X (IT transformation)
NICE	The National Institute for Health and Care Excellence
NRC	Neuroscience Research Centre
NWC	North West Coast (Innovation Agency)
RAG	Red-Amber-Green (scoring)
RCA	Root Cause Analysis (Investigatory Technique)
RN	Registered Nurse
PMO	Project Management Office
QIP	Quality Improvement Programme
RIME	Research, Innovation and Medical Information (Committee)
SFI	Standing Financial Instruction
SOP	Standard Operating Procedure
SORD	Scheme of Reservation and Delegation
SPA	Supporting Professional Activities
SPARK	Single Point of Access to Research and Knowledge
SRO	Senior Responsible Officer
TEL	Training, Education and Learning
UoL	University of Liverpool
WCFT	The Walton Centre NHS Foundation Trust



Risk Appetite Categories	
<b>AVERSE</b>	Prepared to accept only the very lowest levels of risk, with the preference being for ultra-safe delivery options, while recognising that these will have little or no potential for reward/return.
<b>CAUTIOUS</b>	Willing to accept some low risks, while maintaining an overall preference for safe delivery options despite the probability of these having mostly restricted potential for reward/return.
<b>MODERATE</b>	Tending always towards exposure to only modest levels of risk in order to achieve acceptable, but possibly unambitious outcomes.
<b>OPEN</b>	Prepared to consider all delivery options and select those with the highest probability of productive outcomes, even when there are elevated levels of associated risks.
<b>ADVENTUROUS</b>	Eager to seek original/creative/pioneering delivery options and to accept the associated substantial risk levels in order to secure successful outcomes and meaningful reward/return.

Consequence score (severity levels) and examples of descriptors					
Domains	1	2	3	4	5
	Negligible	Minor	Moderate	Major	Catastrophic
<b>Impact on the safety of patients, staff or public (physical/psychological harm)</b>	<ul style="list-style-type: none"> <li>Minimal injury requiring no/minimal intervention or treatment.</li> <li>No time off work</li> </ul>	<ul style="list-style-type: none"> <li>Minor injury or illness, requiring minor intervention</li> <li>Requiring time off work for &gt;3 days</li> <li>Increase in length of hospital stay by 1-3 days</li> </ul>	<ul style="list-style-type: none"> <li>Moderate injury requiring professional intervention</li> <li>Requiring time off work for 4-14 days</li> <li>Increase in length of hospital stay by 4-15 days</li> <li>RIDDOR/agency reportable incident</li> <li>An event which impacts on a small number of patients</li> </ul>	<ul style="list-style-type: none"> <li>Major injury leading to long-term incapacity/disability</li> <li>Requiring time off work for &gt;14 days</li> <li>Increase in length of hospital stay by &gt;15 days</li> <li>Mismanagement of patient care with long-term effects</li> </ul>	<ul style="list-style-type: none"> <li>Incident leading to death</li> <li>Multiple permanent injuries or irreversible health effects</li> <li>An event which impacts on a large number of patients</li> </ul>
<b>Quality/complaints/audit</b>	<ul style="list-style-type: none"> <li>Peripheral element of treatment or service suboptimal</li> <li>Informal complaint/inquiry</li> </ul>	<ul style="list-style-type: none"> <li>Overall treatment or service suboptimal</li> <li>Formal complaint (stage 1)</li> <li>Local resolution</li> <li>Single failure to meet internal standards</li> <li>Minor implications for patient safety if unresolved</li> <li>Reduced performance rating if unresolved</li> </ul>	<ul style="list-style-type: none"> <li>Treatment or service has significantly reduced effectiveness</li> <li>Formal complaint (stage 2) complaint</li> <li>Local resolution (with potential to go to independent review)</li> <li>Repeated failure to meet internal standards</li> <li>Major patient safety implications if findings are not acted on</li> </ul>	<ul style="list-style-type: none"> <li>Non-compliance with national standards with significant risk to patients if unresolved</li> <li>Multiple complaints/independent review</li> <li>Low performance rating</li> <li>Critical report</li> </ul>	<ul style="list-style-type: none"> <li>Totally unacceptable level or quality of treatment/service</li> <li>Gross failure of patient safety if findings not acted on</li> <li>Inquest/ombudsman inquiry</li> <li>Gross failure to meet national standards</li> </ul>
<b>Human resources/organisational development/staffing/competence</b>	<ul style="list-style-type: none"> <li>Short-term low staffing level that temporarily reduces service quality (&lt; 1 day)</li> </ul>	<ul style="list-style-type: none"> <li>Low staffing level that reduces the service quality</li> </ul>	<ul style="list-style-type: none"> <li>Late delivery of key objective/service due to lack of staff</li> <li>Unsafe staffing level or competence (&gt;1 day)</li> <li>Low staff morale</li> <li>Poor staff attendance for mandatory/key training</li> </ul>	<ul style="list-style-type: none"> <li>Uncertain delivery of key objective/service due to lack of staff</li> <li>Unsafe staffing level or competence (&gt;5 days)</li> <li>Loss of key staff</li> <li>Very low staff morale</li> <li>No staff attending mandatory/key training</li> </ul>	<ul style="list-style-type: none"> <li>Non-delivery of key objective/service due to lack of staff</li> <li>Ongoing unsafe staffing levels or competence</li> <li>Loss of several key staff</li> <li>No staff attending mandatory training /key training on an ongoing basis</li> </ul>
<b>Statutory duty/inspections</b>	<ul style="list-style-type: none"> <li>No or minimal impact or breach of guidance/statutory duty</li> </ul>	<ul style="list-style-type: none"> <li>Breach of statutory legislation</li> <li>Reduced performance rating if unresolved</li> </ul>	<ul style="list-style-type: none"> <li>Single breach in statutory duty</li> <li>Challenging external recommendations/ improvement notice</li> </ul>	<ul style="list-style-type: none"> <li>Enforcement action</li> <li>Multiple breaches in statutory duty</li> <li>Improvement notices</li> <li>Low performance rating</li> <li>Critical report</li> </ul>	<ul style="list-style-type: none"> <li>Multiple breaches in statutory duty</li> <li>Prosecution</li> <li>Complete systems change required</li> <li>Zero performance rating</li> <li>Severely critical report</li> </ul>
<b>Adverse publicity/reputation</b>	<ul style="list-style-type: none"> <li>Rumours</li> <li>Potential for public concern</li> </ul>	<ul style="list-style-type: none"> <li>Local media coverage – short-term reduction in public confidence</li> <li>Elements of public expectation not being met</li> </ul>	<ul style="list-style-type: none"> <li>Local media coverage – long-term reduction in public confidence</li> </ul>	<ul style="list-style-type: none"> <li>National media coverage with &lt;3 days service well below reasonable public expectation</li> </ul>	<ul style="list-style-type: none"> <li>National media coverage with &gt;3 days service well below reasonable public expectation. MP concerned (questions in the House)</li> <li>Total loss of public confidence</li> </ul>
<b>Business objectives/projects</b>	<ul style="list-style-type: none"> <li>Insignificant cost increase/schedule slippage</li> </ul>	<ul style="list-style-type: none"> <li>&lt;5 per cent over project budget</li> <li>Schedule slippage</li> </ul>	<ul style="list-style-type: none"> <li>5–10 per cent over project budget</li> <li>Schedule slippage</li> </ul>	<ul style="list-style-type: none"> <li>Non-compliance with national 10–25 per cent over project budget</li> <li>Schedule slippage</li> <li>Key objectives not met</li> </ul>	<ul style="list-style-type: none"> <li>Incident leading &gt;25 per cent over project budget</li> <li>Schedule slippage</li> <li>Key objectives not met</li> </ul>
<b>Finance including claims</b>	<ul style="list-style-type: none"> <li>Small loss Risk of claim remote</li> </ul>	<ul style="list-style-type: none"> <li>Loss of 0.1–0.25 per cent of budget</li> <li>Claim less than £10,000</li> </ul>	<ul style="list-style-type: none"> <li>Loss of 0.25–0.5 per cent of budget</li> <li>Claim(s) between £10,000 and £100,000</li> </ul>	<ul style="list-style-type: none"> <li>Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget</li> <li>Claim(s) between £100,000 and £1 million</li> <li>Purchasers failing to pay on time</li> </ul>	<ul style="list-style-type: none"> <li>Non-delivery of key objective/Loss of &gt;1 per cent of budget</li> <li>Failure to meet specification/slippage</li> <li>Loss of contract / payment by results</li> <li>Claim(s) &gt;£1 million</li> </ul>
<b>Service/business interruption Environmental impact</b>	<ul style="list-style-type: none"> <li>Loss/interruption of &gt;1 hour</li> <li>Minimal or no impact on the environment</li> </ul>	<ul style="list-style-type: none"> <li>Loss/interruption of &gt;8 hours</li> <li>Minor impact on environment</li> </ul>	<ul style="list-style-type: none"> <li>Loss/interruption of &gt;1 day</li> <li>Moderate impact on environment</li> </ul>	<ul style="list-style-type: none"> <li>Loss/interruption of &gt;1 week</li> <li>Major impact on environment</li> </ul>	<ul style="list-style-type: none"> <li>Permanent loss of service or facility</li> <li>Catastrophic impact on environment</li> </ul>

LIKELIHOOD SCORE					
Descriptor	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost Certain
<b>Frequency</b> How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might Happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently

CONSEQUENCES					
LIKELIHOOD	Significant	Minor	Moderate	Major	Catastrophic
Almost Certain	5	10	15	20	25
Likely	4	8	12	16	20
Possible	3	6	9	12	15
Unlikely	2	4	6	8	10
Rare	1	2	3	4	5

DEFINITIONS OF THE TITLE HEADLINES USED WITHIN THE RISK REGISTER DOCUMENT	
<b>ID:</b>	The reference number allocated to the risk automatically by Datix when first logged into system.
<b>Strategic Aim</b>	What the organisation aims to deliver; this is agreed by the Trust Board
<b>Risk</b>	Narrative describing what the risk is and the impact to the organisation.
<b>Likelihood (current)</b>	This is an assessment of the likelihood of the risk occurring taking into consideration the controls which are in place.
<b>Consequence (current)</b>	This is an assessment of severity of the risk if it were to happen taking into consideration the controls which are in place.
<b>Controls</b>	What are we currently doing to control the risks?
<b>Initial rating</b>	The degree of risk prior to the implementation of any controls
<b>Current Rating</b>	The level of risk which is apparent at the time of the review. This is established by calculating the consequence and likelihood as defined in Appendix A.
<b>Target Rating</b>	This is the revised calculated score of the C x L once all treatment plans have been completed and controls are working effective and is the residual risk accepted by the Trust.
<b>Assurance</b>	What evidence do we have to show that the things we are doing are having an impact? E.g. audits, surveys, minutes, external evidence such as CQC Report?
<b>Gaps in controls</b>	Were we are failing to put controls/systems in place?
<b>Gaps in Assurance</b>	Where are we failing to gain evidence that our controls/systems, on which we place reliance, are effective?
<b>Source of Risk</b>	How the risk was identified/what area of the Trust is the risk coming from?
<b>Executive Owner</b>	The named Executive responsible for the management of the risk assessment.

<b>Risk ID:</b> 001	<b>Date risk identified:</b> April 2022	<b>Date of last review:</b> February 2023
<b>Risk Title:</b> Quality Patient Care		<b>Date of next review:</b> April 2023
If the Trust does not deliver high quality day to day care for patients, then this will lead to adverse outcomes for patients and family and a deterioration of patient and family experience which would reduce staff morale and impact on the reputation of the Trust.		<b>CQC Regulation:</b> Regulation 12 Safe Care and Treatment
		<b>Ambition:</b> Quality of Care
		<b>Assurance Committee:</b> Quality Committee
		<b>Lead Executive:</b> Interim Chief Nurse

Linked Operational Risks (15+ only)			Consequence		Likelihood		Rating
			Major	Likely			
21	If adherence is not made to the appropriate controls set out in relation to pseudomonas, then there is a risk to patient safety and reputation.	16	4	4		16	
933	If there is no digital solution implemented for the reporting of microbiology results to the IPC Team then there is a risk of the team being unaware of infections, which could cause further transmission.	16	4	3		12	
			4	2		8	
<b>Risk Appetite</b>			<b>Cautious</b>				

Key Impact or Consequence	Performance: <i>What evidence do we have of the risk occurring i.e. likelihood?</i>
<ul style="list-style-type: none"> <li>- Poor outcomes for patients</li> <li>- Poor patient and family experience</li> <li>- Reputational damage</li> <li>- Increased incidents</li> <li>- Increased morbidity and mortality</li> <li>- Quality standards not met</li> <li>- Lower CQC rating</li> <li>- Lower staff morale</li> <li>- More difficult to recruit workforce</li> <li>- Increased staff turnover</li> <li>- Widening of health inequalities</li> <li>- Worsening staff and patient survey results</li> <li>- Worsening Friends and Family Test results</li> </ul>	<ul style="list-style-type: none"> <li>- Number of complaints received - Increase in relation to outpatients, <b>communication and care</b></li> <li>- Zero Never Events in 2020/21, two in 2021/22</li> <li>- Increase in Nosocomial Infections</li> <li>- <del>Increased incidence of HCAI in 2022/23</del></li> <li>- Mortality rates better than national average compared with peer</li> <li>- Staff vacancy rates (nursing now minimal)</li> <li>- Staff retention – turnover figures</li> <li>- Improved performance in inpatient survey in 2021, moving from ninth to eighth position</li> <li>- Integrated Performance Report – Quality metrics in a good position</li> <li>- Friends and Family Test, reduced response rate in outpatients</li> <li>- CARES Assessments – Cairns Ward achieved Gold in June 2022 Lipton Ward achieved <b>maintained Silver in January June 2023</b> Caton Ward achieved Silver in August 2022 (increase from Bronze) Chavasse Ward achieved Gold in September 2022 Dott Ward achieved Gold in August 2022 Complex Rehabilitation Unit achieved Gold in October 2022 Outpatients Department achieved Silver in in March 2023 which was a decrease from the previous Gold award.</li> </ul>
Key Controls or Mitigation: <i>What are we currently doing to control the risks? Provide the date e.g. when the policy/procedure was last updated</i>	Key Gaps in Control: <i>Where we are failing to put controls/systems in place or where are we failing to make them effective?</i>
<ol style="list-style-type: none"> <li><del>Quality Improvement Strategy 2020 – 23 – approved Sept 2019</del></li> <li>KPIs for Year 3 of the Quality Strategy approved March 2022- Quality Strategy was closed in Quality Committee with a view to write a new Quality Substrategy for Jan 2023 – <b>delayed to April 2023</b></li> <li>Theatre Utilisation Programme</li> <li>IPC BAF reviewed at <b>Quality Committee Trust Board</b> quarterly – <b>January 2023</b></li> <li>Trust Recovery Roadmap</li> <li>Ward Accreditation Programme in place for 2022/23</li> <li>Implementation of Tendable Audit System for ward-based Quality metrics for 2022/23</li> <li>Board Walkabout Programme – reporting to Quality Committee</li> <li>NICE Exception Report</li> <li>CQC Mock Inspection – May 2022</li> <li>Specialist Nurse Support in place e.g tissue viability and IPC</li> <li>Health and Wellbeing Strategy approved at Board June 2022</li> <li>Patient and Family Centred Plan in place – relaunched <b>January 23</b></li> <li>HCAI plan for 2022-23 approved by Board June 2022</li> <li>Enhanced senior nursing structure</li> <li>Pulse Survey reflecting staff morale</li> <li><del>Flushing Audits</del></li> <li><del>Hand Hygiene Audits</del></li> <li>ANTT Training</li> <li>'Call for Concern' campaign launch <b>February 2023</b></li> </ol>	<ol style="list-style-type: none"> <li>Impact of Covid-19 variants on staff sickness levels</li> <li>Lack of open-ended national guidance on Covid-related IPC</li> <li>Lateral flow testing not generally available to the public</li> <li>Timely completion and reporting of NICE exception reports</li> <li>Theatre utilisation programme not achieving its objectives as planned</li> <li>Deteriorating performance on flushing audits</li> <li><b>Assessment criteria against Patient and Family Centred Plan (6 Steps)</b></li> </ol>

<b>Assurances:</b> What evidence do we have to demonstrate that the controls are having an impact? How is the effectiveness of the control being assessed?	<b>Gaps in Assurance:</b> Where are we failing to gain evidence that our controls/systems, on which we place reliance, are effective?
<p><b>Level 1</b> Trust Safety Huddle – Daily Ward / Departmental Huddle Theatre User Group Divisional Governance Meetings – monthly Mortality Review Group – monthly review Serious Incident Group – monthly review Transformation Board Balance Score Cards – monthly review Hospital Management Group – monthly review Hand Hygiene Audits – monthly review Staff and Patient stories to Board and Quality Committee monthly Infection Prevention and Control Group – monthly review</p> <p><b>Level 2</b> Integrated Performance Report Quality metrics – Quality Committee – monthly Quarterly reports from Governance Team (incidents &amp; risks, Patient Experience Team, Pharmacy, Pathology, Tissue Viability, Mortality and Morbidity) – Quality Committee IPC Annual Report to Board – June 2022 Safeguarding Annual Report to Board – June 2022 Annual Governance Report 2021/22 to Quality Committee – May 2022 Medicines Management Annual Report to Board – June 2022 Quality Strategy Progress Report to Quality Committee – Sept 2022 Visibility and Walkabout update quarterly report to Quality Committee Sept 2022 Quality Account to Board - June 2022 Ward Accreditation and Tendable reports to Quality Committee – July 2022 Update on NICE assessment, including those outstanding - report to Quality Committee – October 2022</p> <p><b>Level 3</b> CQC Inspection Report 2019 Monthly reporting to CQC Relationship Manager Review meetings with Commissioners – Quarterly National Inpatient Survey Results – published October 2022 CQC Mental Health Inspection – December 2020 CQC Interventional Radiology Inspection – published December 2021 Getting it Right First Time (GIRFT) reports Investors in People Gold Award 2020 (reaccredited 2021) Anaesthesia Clinical Services Accreditation (ACSA) visit 2022 Report following visit to check compliance with Human Tissue Act (March 2023)</p>	<ol style="list-style-type: none"> <li>1. New Quality Substrategy to align to Trust Strategy</li> <li>2. End of Life Care Strategy (available from February 2023)</li> <li>3. End of Life Care not yet agreed by Trust</li> <li>4. Quality Impact Assessments e-system now in place, only one completed to date</li> </ol>

<b>Corrective Actions:</b> To address gaps in control and gaps in assurance		<b>Action Owner</b>	<b>Forecast Completion Date</b>	<b>Action Status</b>
1	Action 2022/23 Quality Strategy Priorities and 5 year Quality Strategy presented for closure to Quality Committee September 2022	CN	<del>July 2022</del> September 2022	In progress Complete
2	New HCAI plan for 2022/23 to be approved by Board	CN	June 2022	<del>In progress</del> Complete
3	Patient and Family Centred Care initiative to be launched	CN	<del>September 2022</del> January 2023	In progress Complete
4	Clinical Audit Plan 2022/23 to be approved: approved as part of annual report to quality and Audit Committees.	MD	June 2022	<del>In progress</del> Complete
5	Review of NICE exception reporting process presented to Quality Committee July 2022	MD	July 2022	<del>In progress</del> Complete
6	Review process for gaining assurance for End of Life Care. New group established. UPDATE Verbal update on progress received at Quality Committee in November 2022, Clinical Effectiveness Group to monitor with Annual Report to Quality Committee. <b>Identify qualitative indicators to fit in with SWAN model.</b>	MD	<del>September 2022</del> <del>October 2022</del> March 2023	In progress
7	To develop and launch a new Quality Impact Assessment tool	CPO	July 2022	<del>In progress</del> Complete
8	New Quality Substrategy to be written and ratified by Quality Committee. Draft to <del>January-March</del> Quality Committee ( <b>February April</b> Board)	CN	<del>February 2023</del> <b>April 2023</b>	In progress
9	Monitoring of Clinical Audit Plan and review of impact of audit to be developed. UPDATE improved reports taken to Audit Committee and Quality Committee. To be monitored as part of business as usual.	MD	<del>October 2022</del> February 2023	<del>In progress</del> Complete
10	<b>Working groups set up to assess the Trust against the six steps in Patient and Family Centred Care and identify improvements. First two steps to be assessed initially.</b>	CN	June 2023	New Action
11	<b>Peer audits to be completed on wards on the fundamentals of care</b>	CN	June 2023	New Action

<b>Risk ID:</b> 002	<b>Date risk identified:</b> April 2022	<b>Date of last review:</b> February 2023																						
<b>Risk Title: Collaborative Pathways</b>		<b>Date of next review:</b> April 2023																						
If the Trust does not succeed in developing and leading well led high quality standardised regional care pathways and networks, then patient care and experience may deteriorate and the Trust will not achieve its ambition of providing outstanding and equitable patient care		<b>CQC Regulation:</b> Regulation 17 Good Governance																						
		<b>Ambition:</b> Collaboration																						
		<b>Assurance Committee:</b> Quality Committee																						
		<b>Lead Executive:</b> Medical Director																						
<b>Underlying Operational Risks</b>																								
837	If the Trust does not receive patient referrals in timely manner from LUHFT post spinal merger, then there is a risk that patient referrals will be delayed, impacting on performance and patient experience. <b>Closed Dec 2022</b>	16																						
966	If clinic room estate at the new Royal Liverpool hospital cannot be confirmed/guaranteed (as part of spinal service integration) then this will have an impact on spinal outpatient activity, radiology services, clinician morale and patient experience. There is also a risk to Trust reputation.	12																						
838	If the Trust pain service cannot recruit to consultant vacancies, then the Trust's pain service provision may not be able to meet demand and this will make the Trust's offer to deliver a regional pain network less robust.	15																						
<b>Risk Appetite</b>		<b>Open</b>																						
<table border="1"> <thead> <tr> <th></th> <th>Consequence</th> <th>Likelihood</th> <th>Rating</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Initial</td> <td>Moderate</td> <td>Possible</td> <td rowspan="2">9</td> </tr> <tr> <td>3</td> <td>3</td> </tr> <tr> <td rowspan="2">Current</td> <td>Moderate</td> <td>Possible</td> <td rowspan="2">9</td> </tr> <tr> <td>3</td> <td>3</td> </tr> <tr> <td rowspan="2">Target</td> <td>Moderate</td> <td>Unlikely</td> <td rowspan="2">6</td> </tr> <tr> <td>3</td> <td>2</td> </tr> </tbody> </table>				Consequence	Likelihood	Rating	Initial	Moderate	Possible	9	3	3	Current	Moderate	Possible	9	3	3	Target	Moderate	Unlikely	6	3	2
	Consequence	Likelihood	Rating																					
Initial	Moderate	Possible	9																					
	3	3																						
Current	Moderate	Possible	9																					
	3	3																						
Target	Moderate	Unlikely	6																					
	3	2																						

<b>Key Impact or Consequence</b>	<b>Performance:</b> <i>What evidence do we have of the risk occurring i.e. likelihood?</i>
<ul style="list-style-type: none"> <li>- Equality of care for patients due to variation in system delivery and capacity</li> <li>- Potential for increased morbidity and mortality rates</li> <li>- Patient safety incidents</li> <li>- Patient outcomes worsen</li> <li>- Length of stay increases</li> <li>- Resource impact of excess unnecessary investigations</li> <li>- Sustainability of Trust</li> <li>- Inadequate funding to support development and growth in line with strategic ambition</li> <li>- Deterioration of patient and family experience</li> <li>- Increase in long waiters</li> </ul>	<ul style="list-style-type: none"> <li>- Immature system governance, new people and new ways of working create uncertainty in the system</li> <li>- Regional governance arrangements determined at national/ regional level with limited consultation with Health and Care Bill still in process through Parliament</li> <li>- Development of Provider Collaborative Model arrangements</li> <li>- ICS Strategy not in place</li> <li>- New commissioning arrangements not yet fully known although roadmap to specialist commissioning now published</li> <li>- Unwarranted variation in services</li> <li>- Health inequalities between different postcodes</li> <li>- Pressure on staff resources to develop new pathways and capacity regionally to support and drive change</li> <li>- <b>Vacancies in Trust's own services reflect challenges to recruit in certain specialities across the system</b></li> </ul>

<b>Key Controls or Mitigation:</b> <i>What are we currently doing to control the risks? Provide the date e.g. when the policy/procedure was last updated</i>	<b>Key Gaps in Control:</b> <i>Where we are failing to put controls/systems in place?</i>
<ol style="list-style-type: none"> <li>1. Revised Trust Strategy 2022-25 approved in final stages of development</li> <li>2. Trust engagement on C&amp;M ICS meetings and in regional roles including Collaboration at Scale and regional networks, place-based partnerships and Provider Collaborative</li> <li>3. Host of C&amp;M Rehabilitation and Critical Care Networks and Neuroscience Programme Board</li> <li>4. Successful delivery of regional services: Neurology / Neurosurgery / Thrombectomy/ Spinal Surgery</li> <li>5. Existing relationships with partner organisations through current neurology / neurosurgery model</li> <li>6. Existing relationships ongoing with Specialised Commissioning through the transitional period (2022/23)</li> <li>7. Engagement with other specialist trusts both at local and national level</li> <li>8. Communications and Engagement Substrategy 2022-25</li> <li>9. Nursing Times Award for Brain Tumour Optimisation Programme, being rolled out to other Trusts to standardise pathway</li> </ol>	<ol style="list-style-type: none"> <li>1. Profile of Trust and communication of specialist offer</li> <li>2. Promotion of success of current regional services</li> <li>3. Perception of specialist Trust's ability to deliver system-wide services</li> <li>4. Some of Walton Centre patient population lies outside ICS (C&amp;M) and therefore does not align with population basis for commissioning / funding allocations</li> <li>5. Engagement with other providers can be challenging to promote new ways of working</li> </ol>

<b>Assurances:</b> <i>What evidence do we have to demonstrate that the controls are having an impact? How is the effectiveness of the control being assessed?</i>	<b>Gaps in Assurance:</b> <i>Where are we failing to gain evidence that our controls/systems, on which we place reliance, are effective?</i>
<p><b>Level 1</b> Monthly reporting to Board on ICS development and development of strategy, processes and systems and also of operationalisation of 24/7 Thrombectomy and spinal surgery Weekly C&amp;M ICS CEO meeting Regular ICS Chair meetings</p> <p><b>Level 2</b> Monthly Chair and CEO reports to Board Project update e.g. Spinal Services to Executive Directors meeting on a regular basis Clinical Effectiveness and Services Group monthly meeting reviews and reports to Quality Committee through Chair's assurance report</p>	<ol style="list-style-type: none"> <li>1. Measurement of the impact of the influence of The Trust and FoSH</li> <li>2. The new system currently applies to England and there are currently different systems in Wales / IOM i.e. PBR.</li> <li>3. Lack of clarity on future of specialist commissioning – NHSE have published a roadmap for proposed services for delegation to the ICS from April 2023. MD and CEO involved in regional and national discussions regarding proposals.</li> <li>4. Outcomes dependent on other statutory bodies</li> <li>5. Comprehensive stakeholder engagement</li> <li>6. System oversight of networks – currently under review</li> <li>7. <del>Ongoing identification of further long wait spinal referrals from LUHFT following transfer of services</del></li> <li>8. Outcome of Liverpool Clinical Services Review will impact ICS priorities</li> </ol>

Regional Thrombectomy Meeting Spinal Provider Board with LUHFT Project Boards with partners e.g. Pain Collaborative ICB Transformation Board oversight of network boards Complex Rehabilitation Board  <b>Level 3</b> GIRFT reviews of specialist services e.g. spinal, cranial neurosurgery, neurology monitored through Neurosciences Network Programme Board Regional neuroscience services monitored through Neurosciences Network Programme Board Nursing Times Award 2022 for Brain Tumour Optimisation Programme		9. <b>Consultant vacancies in Pain Service</b>		
<b>Corrective Actions:</b> To address gaps in control and gaps in assurance		<b>Action Owner</b>	<b>Forecast Completion Date</b>	<b>Action Status</b>
1	Participation in review of Complex Rehabilitation Network – led by Liverpool Clinical Commissioning Group <b>UPDATE: Review has been replaced by Implementation of the NICHE report by ICB. Project Manager for this is not in work currently so the Trust is planning to take a paper to the ICB in March 2023 on how to improve patient flow in the system.</b>	MD	<del>September 2022</del> January 2023 tbc	Delayed
2	Benefits realisation analysis of 24/7 Thrombectomy <b>UPDATE</b> Executives to review in September, review required further work. <b>UPDATE</b>	COO	<del>September 22</del> <del>October 2022</del> March 2023	<del>Not yet started</del> <b>In progress</b>
3	Benefits realisation analysis of delivery regional spinal services. Delayed due to addition of additional long waiters from LUHFT. <b>UPDATE: to review 6-12 months after last referral</b>	MD	<del>December 2022</del> <b>September 2023</b>	Not yet started
4	Leading Pain Collaborative Working Group review of regional services and equity of access	MD	<del>December 2022</del> April 2023	In progress
5	Recommendations from GIRFT (Getting it Right First Time) action plans for spinal /cranial/ neurosurgery to be completed. Action completed once new surgical day ward work is complete (November 28 2022)	MD	<del>September 2022</del> November 2022	Complete
6	Ensure the services and clinical pathways of the Trust are communicated effectively across the region by raising the profile of the Trust. Participation in the Liverpool Clinical Services Review	CEO	April 2023	<del>New Action</del> <b>Complete</b>
7	Appropriate linked operational risks are to be developed and entered onto risk register with risk manager <b>UPDATE: 1 new linked risk added, one new risk in process of being added on.</b>	MD	March 2023	In progress

<b>Risk ID:</b> 003	<b>Date risk identified:</b> April 2022	<b>Date of last review:</b> February 2023																	
<b>Risk Title: System &amp; Finance</b>		<b>Date of next review:</b> April 2023																	
If the Trust does not deliver its financial plan for 2022-23 the Trust's standing and influence in the system will be diminished and this may result in less resource and opportunities in the future for the Trust to grow and meet its strategic ambitions.		<b>CQC Regulation:</b> Regulation 17 Good Governance																	
		<b>Ambition:</b> Collaboration																	
		<b>Assurance Committee:</b> Business Performance Committee																	
		<b>Lead Executive:</b> Chief Executive																	
<b>Operational Risks</b>																			
135	If the move to the blended payment approach and population based commissioning allocations continue then this may lead to a risk of reduced allocations for the Trust.	16	<table border="1"> <thead> <tr> <th></th> <th>Consequence</th> <th>Likelihood</th> <th>Rating</th> </tr> </thead> <tbody> <tr> <td><b>Initial</b></td> <td>Moderate 3</td> <td>Likely 4</td> <td>12</td> </tr> <tr> <td><b>Current</b></td> <td>Moderate 3</td> <td>Unlikely 3-2</td> <td>9-6</td> </tr> <tr> <td><b>Target</b></td> <td>Moderate 3</td> <td>Unlikely 2</td> <td>6</td> </tr> </tbody> </table>		Consequence	Likelihood	Rating	<b>Initial</b>	Moderate 3	Likely 4	12	<b>Current</b>	Moderate 3	Unlikely 3-2	9-6	<b>Target</b>	Moderate 3	Unlikely 2	6
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<b>Target</b>	Moderate 3	Unlikely 2	6																
934	If 2019/20 out turn weighted activity is not delivered there is a risk that income may be clawed back from the base contract (for Specialist Commissioners). Weighted activity levels may not reach required levels to receive associated Elective Recovery Income (ERF). This would put delivery of the 22/23 financial plan at risk as receipt of ERF income is assumed within the financial plan	16																	
948	If the Trust doesn't implement specific contracts management support, to divisions to support patient and business services there is a risk to stability of patient services as well as unknown financial risk or opportunity.	12																	
<b>Risk Appetite</b>		<b>Open</b>																	

<b>Key Impact or Consequence</b>	<b>Performance:</b> <i>What evidence do we have of the risk occurring i.e. likelihood?</i>
<ul style="list-style-type: none"> <li>- Loss of decision-making responsibilities / influence as move to system based working and financial targets with a consequent impact on delivery of objectives, accountability and reputation. Board remains accountable for delivery of performance and finance</li> <li>- Loss of autonomy</li> <li>- Potential deterioration of the Trust's financial position through funding / tariff changes</li> <li>- Change in funding provision for specialist services</li> <li>- Increased complexity to approaches with different tariff systems (Wales and Isle of Man)</li> <li>- Move of commissioning from NHSE Specialised Commissioning to ICS may lead to a lack of local service knowledge around decision-making</li> <li>- Equity of access to care for patients</li> <li>- Inadequate funding to support development and growth in line with strategic ambition</li> <li>- Reputational impact if isolated due to financial performance</li> <li>- Prioritisation of Neurosciences funding by ICS compared to other funding priorities</li> </ul>	<ul style="list-style-type: none"> <li>- Developing system governance, new people and new ways of working create uncertainty in the system</li> <li>- Regional governance arrangements determined at national/ regional level from 1 July 2022</li> <li>- Development of Provider Collaborative Model arrangements underway</li> <li>- Recent NHSI/E consultation on system funding models</li> <li>- Tariff consultation on population-based funding.</li> <li>- Work is on-going regarding the delegation of specialist service commissioning budgets to the ICB. This is now <b>likely to be</b> delayed until 2024/25.</li> <li>- Requirement to meet system financial targets</li> <li>- Liverpool Providers Clinical Review <b>in final stages</b></li> <li>- ICS Strategy not in place</li> <li>- Larger acute trusts with underlying structural deficits in the ICS</li> <li>- Trust basis for funding based on historical local tariffs and disproportionate costs of delivery may not be taken into account for services leaving Trust with a financial gap</li> <li>- <b>Unidentified elements of Cost Improvement Programme Shortfall in recurrent element of programme.</b></li> <li>- Inconsistent achievement of activity to deliver Elective Recovery Fund</li> <li>- Financial monitoring and reporting</li> </ul>

<b>Key Controls or Mitigation:</b> <i>What are we currently doing to control the risks? Provide the date e.g. when the policy/procedure was last updated</i>	<b>Key Gaps in Control:</b> <i>Where are we failing to put controls/systems in place?</i>
<ol style="list-style-type: none"> <li>1. Revised Trust Strategy 2022-25 approved</li> <li>2. Communication and Engagement Substrategy 2022-25 approved</li> <li>3. Trust engagement on C&amp;M ICS meetings and in regional roles including Collaboration at Scale and regional networks, place based partnerships and Provider Collaborative</li> <li>4. Host of C&amp;M Rehabilitation and Critical Care and Major Trauma Networks and Neuroscience Programme Board</li> <li>5. Existing relationships ongoing with Specialised Commissioning through the transitional period <del>(2022/23)</del> (2023/24)</li> <li>6. Trust has fed back on consultations to changes in commissioning</li> <li>7. Engaged with other specialist trusts both at local and national level through Federation of Specialist Hospitals (FoSH) and through FoSH Finance Group which is reviewing impact of the new financial framework on the system and engaging with the wider system on potential changes</li> <li>8. Progression of Financial and Commercial development Substrategy to explore alternative sources of income <b>(due for approval at Board in March 2023)</b></li> <li>9. Tight management of financial position to ensure end of year position achieved and efficiency targets met</li> <li>10. Healthcare Procurement Liverpool (HPL) established to improve efficiencies and provide value for money</li> <li>11. Provider Selection Regime for procurement of healthcare services introduced with Health and Care Act 2022</li> <li>12. 2023/24 financial planning cycle – underway within The Walton Centre and ICS</li> </ol>	<ol style="list-style-type: none"> <li>1. Profile of Trust and communication of specialist offer</li> <li>2. Perception of specialist Trusts</li> <li>3. A significant proportion of the Walton Centre patient population lies outside C&amp;M, therefore does not align with population basis for commissioning / funding allocations</li> <li>4. Regional governance arrangements potentially result in greater influence for larger providers</li> <li>5. Review of stakeholder analysis</li> <li>6. ICS funding priorities not yet confirmed</li> <li>7. Medium term financial plan (3-5 years)</li> <li><del>8. National financial planning guidance for 2023/24 not yet released</del></li> <li>9. <b>Sufficient contract management resource in divisions to review contracts and SLAs</b></li> </ol>

<b>Assurances:</b> What evidence do we have to demonstrate that the controls are having an impact? How is the effectiveness of the control being assessed?		<b>Gaps in Assurance:</b> Where are we failing to gain evidence that our controls/systems, on which we place reliance, are effective?		
<p><b>Level 1</b> Weekly C&amp;M ICS CEO meeting Regular ICS Chair meetings Regular C&amp;M ICS Directors of Finance planning meetings Provider Collaborative (CMAST) meetings with CEO/ Chair</p> <p><b>Level 2</b> Monthly Chair and CEO reports to Board Monthly reporting to Board on ICS development and development of strategy, processes and systems Regular review of operational risks at Board level and on-going review of mitigations Review of financial position and CIP at every Board and ongoing monitoring through financial controls and processes with closer review at monthly meetings Risks review by FoSH Collation of a 5 year plan with specialist trusts in C&amp;M to understand what the longer term finances look like for each of the trusts. Detailed review of financial performance at monthly Business Performance Committee</p> <p><b>Level 3</b> External Audit of Annual Accounts and going concern considerations Internal Audit of financial processes and control systems including HPL ICS triangulation benchmarking C&amp;M providers across finance, performance and workforce Independent financial sustainability report completed by independent auditors</p>		<ol style="list-style-type: none"> <li>1. Measurement of the impact of the influence of The Trust and FoSH</li> <li>2. The new system currently applies to England and there are currently different systems in Wales / IOM i.e. PBR.</li> <li>3. Lack of clarity on future of specialist commissioning</li> <li>4. Outcomes dependent on other statutory bodies</li> <li>5. <b>Even if the Trust meets or exceeds its end of year financial plan, system constraints may lead to a reduction in income in 2023/24</b></li> </ol>		
<b>Corrective Actions:</b> To address gaps in control and gaps in assurance		Action Owner	Forecast Completion Date	Action Status
1	Continue to work with the ICS on system development and engage through regional roles in ICS.	ALL	Ongoing	In progress
2	Review of out of HCP referrals / activity to understand the largest Clinical Commissioning Groups and formulate what can be done to continue activity into 2022/23 with the Trust. Update – This will now form part of the Finance and commercial development strategy (currently in development).	CFO	Mar-24 Sep-24 June 2022	Complete
3	Continue to work with FoSH and specialist commissioners to deliver the specialist commissioning roadmap	CEO/CFO	Ongoing	In progress
4	Continue to work collaboratively across the ICS and offer mutual aid as appropriate	COO	Ongoing	In progress
6	<del>Prepare internal 5 year financial plan based on anticipated changes to tariff to understand longer term financial risks for the Trust and support strategic planning. Waiting for ICS to agree 2023/24 plan. Removed as overlap with action 10.</del>	<del>CFO / COO</del>	<del>Sep-24 June 22 December 2022</del>	<del>On track On hold</del>
6	Prepare a Communications and Engagement Substrategy to promote the successes of the Trust and cement its reputation as a centre of excellence and ensure key decision makers engaged	CEO	September 2022 December 2022	In progress Complete
7	Input into the Liverpool Clinical Services Review	CEO	The October 2022	In progress Complete
8	Independent financial sustainability review to be carried out on the trust's self-assessment of its financial sustainability by MIAA by 30.11.22 with any improvement actions to be completed by 31.01.23. <b>Update: Reported to Audit Committee February 2023</b>	CFO	February 2023	New Action In progress Complete
9	Development of Provider Collaborative Memorandum of Understanding	CEO	October 2022	New Action Complete
10	Develop a medium-term plan based on anticipated changes to tariff to understand longer term financial risks for the Trust, support strategic planning and identify the timing of financial gaps and efficiencies. Waiting for ICS to agree 2023/24 plan	CFO	March 2023 tbc	New Action In progress
11	<b>Develop a new Finance and Commercial Development Substrategy</b>	<b>CFO</b>	<b>April 2023</b>	<b>New Action</b>



<b>Risk 004</b>	<b>Date risk identified</b> April 2022	<b>Date of last review:</b> February 2023
<b>Risk Title: Operational Performance</b>  If the Trust does not deliver its agreed weighted activity for the year then patient care and experience will be impacted and there will be financial and reputational impacts for the Trust.		<b>Date of next review:</b> April 2023
		<b>CQC Regulation:</b> Regulation 16- Assessing and monitoring Service Provision
		<b>Ambition:</b> Leadership
		<b>Assurance Committee:</b> Business Performance Committee
		<b>Lead Executive:</b> Chief Operating Officer
<b>Linked Operational Risks</b>		
43	If capacity issues continue, in addition to the current backlog of +52 week breaches as a result of COVID-19, there is a risk of deterioration of Trust performance against national access standards and waiting times.	16
971	If current demand and capacity restraints within the WCFT Pain Service and regionally continue there is a risk of the Pain Service not being able to successfully fulfil the function and requirements that it is commissioned for.	15
867	If Theatre staffing constraints do not improve then there is a risk that the elective recovery plan will not be achieved and patients who have waited 52 weeks or more are cancelled/postponed due to the constraints within staffing.	12
<b>Risk Appetite</b>		<b>Cautious</b>

Key Impact or Consequence	Performance: <i>What evidence do we have of the risk occurring i.e. likelihood?</i>
<ul style="list-style-type: none"> <li>- Patients will wait longer for 1st and follow up appointments – which could result in harm or lead to poor patient experience.</li> <li>- Referral to treatment standard (RTT) / average wait pilot standard will not be met.</li> <li>- Cancer standards will not be met.</li> <li>- Diagnostic standards will not be met.</li> <li>- <del>104, 78 and</del> +52 week wait standard not met</li> <li>- Financial sanctions for not meeting targets to receive Elective Recovery Fund allocation</li> <li>- Reputational impact</li> <li>- If ERF not received, impact on system finances as well as Trust finances which may worsen reputation in ICS</li> </ul>	<ul style="list-style-type: none"> <li>- Average Wait Performance</li> <li>- Overdue Follow up waiting list in Neurology</li> <li>- Reduction in overall activity due to the impact of Covid-19</li> <li>- IPC pathway control for electives</li> <li>- Increasing waiting list size</li> <li>- Volume of 52-week waiters</li> <li>- Increase in long waiters following the transfer of spinal patients <b>now levelling off and 78 week waiters is expected to be zero by 31 March 2023</b></li> <li>- Good performance against trajectories – meeting ERF targets</li> <li>- Impact of further Covid variants on patient numbers, IPC requirements and staff sickness</li> <li>- Vacancies particularly in specialist roles and in nursing</li> <li>- Cancelled operational activity</li> <li>- <b>Delay in patients awaiting external beds</b></li> <li>- Uncertainty regarding potential industrial action from trade unions</li> </ul>

Key Controls or Mitigation: <i>What are we currently doing to control the risks? Provide the date e.g. when the policy/procedure was last updated</i>	Key Gaps in Control: <i>Where we are failing to put controls/systems in place?</i>
<ol style="list-style-type: none"> <li>1. COVID-19 Recovery Plan Phase 3</li> <li>2. Performance Dashboard in real-time</li> <li>3. Cheshire &amp; Merseyside Restoration of Elective Activity Meeting – Weekly</li> <li>4. Cheshire &amp; Merseyside Operational Leads – Elective Recovery &amp; Transformation Programme meeting – Weekly</li> <li>5. Submission of Recovery and Restoration plans for 2022/23</li> <li>6. Stretch recovery target set for 104% of 2019/20 activity</li> <li>7. Daily COO-led performance catch up which focuses on performance targets and addressing issues that may impact on delivery such as operating list cancellations</li> <li>8. Divisional recovery plans</li> <li>9. <del>104/78 and</del> +52 week recovery plan</li> <li>10. Regular Spinal meetings at Divisional level and escalations to appropriate commissioners.</li> <li>11. All 52-week plus waiters have been clinically reviewed and validated (March 2022)</li> <li>12. Rapid Access Neurological Assessment (RANA) supporting system partners</li> <li>13. Staff wellbeing programme</li> <li>14. Regular meetings with specialist commissioners and partners re Thrombectomy to escalate initial issues e.g. ambulance response times</li> <li>15. Waiting List Initiatives and additional hours worked over contracted</li> <li>16. Business continuity plans being reviewed for industrial action</li> <li>17. <b>New performance guidance released January 2023</b></li> </ol>	<ol style="list-style-type: none"> <li>1. Activity plans do not take into account impact of sickness due to Covid-19</li> <li>2. Covid-19 Recovery Plan based on assumptions of business as usual with an element of adjustment to take into account new ways of working. This does not factor in patient or staff behaviours / compliance.</li> <li>3. National Shortage of ODP theatre staffing currently requiring agency staff to support this gap</li> <li>4. Reliance on other organisations capacity to provide services</li> <li>5. National guidance on plan to return to pre-Covid infection and control pathways (implementation from early July 2022)</li> <li>6. Pension tax implications for consultants which may preclude interest in Waiting List Initiatives</li> <li>7. Industrial action <b>started is now confirmed beginning</b> in December 2022, this will have an impact on activity</li> <li>8. Lack of clarity regarding referral to treatment future targets</li> <li>9. Rise in delayed discharges of care impacting bed occupancy which could impact elective work if this continues into quarter 4</li> </ol>

Assurances: <i>What evidence do we have to demonstrate that the controls are having an impact? How is the effectiveness of the control being assessed?</i>	Gaps in Assurance: <i>Where are we failing to gain evidence that our controls/systems, on which we place reliance, are effective?</i>
<b>Level 1</b> Daily performance review with Divisions Weekly monitoring of performance of RTT – improvement in 52 and 104 week waits Weekly Performance Meeting	<ol style="list-style-type: none"> <li>1. Thrombectomy demands on staff rotas</li> <li>2. Transfer of Thrombectomy patients to and from the Trust in a timely manner</li> <li>3. Sickness of critical staff</li> <li>4. Recruitment and retention of key staff and succession planning</li> </ol>

Divisional Performance Management Review Meetings – quarterly Daily monitoring of critical staff absences at Huddle Live monitoring of performance dashboard  <b>Level 2</b> Activity reported monthly in Integrated Performance Report (IPR) to Trust Board Workforce metrics on turnover, vacancies and staff sickness reported monthly in IPR to Board  <b>Level 3</b> Meetings with Commissioners – monthly Internal Audit review of Waiting List Management - April 2022 System review of 52+ week waiters – April 2022 Check and challenge sessions with ICS on operational and workforce plans	<del>5. 52-week spinal waiters are not fully clinically validated yet and are not included in 52-week figures</del> 6. Challenging follow up outpatients target, to reduce by 25%
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<b>Corrective Actions:</b> To address gaps in control and gaps in assurance		<b>Action Owner</b>	<b>Forecast Completion Date</b>	<b>Action Status</b>
1	Implementation of Covid-19 Recovery Plan to increase activity – plan is in progress and progress monitored through BPC	COO	<del>Sept 2022</del> March 2023	On track
2	Ongoing testing re average waits and discussion with NHSI to determine if pilot will continue. NHSI pilot ongoing. <b>UPDATE: No further update and not included in new guidance released January 2023. Focus remains on long waits, cancer performance and diagnostic performance</b>	COO	<del>March 2022</del> <del>March 2023</del> tbc	Pilot Extended
3	Job Planning for new spinal consultants for 2022/23	MD	September 2023	On track
4	Bed repurposing project to increase efficiency and respond to changing demand – Caton Ward opened July with new model	COO	July 2022	<del>On track</del> Complete
5	Overdue follow up waiting list is to be monitored by the division by undertaking a validation exercise and a review of the patients to determine which patients can be moved over to PIFU. Dedicated project manager in post from May 2022 Update of progress was presented to the executive team in October 2022 and to BPC November 2022	COO	<del>November 2022</del>  April 2023	Ongoing
6	Thrombectomy working group to review at 6 month point to address any ongoing issues and report to Executives – UPDATE paper to executives in September 2022- requires further work.	COO	<del>June 2022</del> <del>July 2022</del> <del>September 2022</del> March 2023	<del>On track</del> In progress
7	Full integration of spinal team into WCFT	MD	August 2022	<del>On track</del> Completed
8	Completed clinical validation of spinal patients transferring into TWC- this is on track. 104 and 78 week waits validation has now been completed further validation has now been commenced on 52 week waits. Further referrals were received in September 2022 from LUHFT - and further validation has commenced. <b>Completed January 2023</b>	COO	<del>August 2022</del> November 2022	<del>On track</del> <del>In progress</del> Complete
9	Review of Waiting List Initiative (WLI) process in response to new BMA guidance regarding WLI payments. A paper is going to the executive meeting December 2022, in line with the work that is currently being undertaken by CMAST <b>UPDATE January 2023, CMAST solution not in place therefore Executive review of impact completed and decision made on payments from 31 March 2023.</b>	COO	<del>August 2022</del> <del>December 2022</del> March 2023	<del>On track</del> Complete

<b>Risk ID:</b> 005	<b>Date risk identified:</b> April 2022	<b>Date of last review:</b> February 2023																									
<b>Risk Title: Leadership Development</b>		<b>Date of next review:</b> April 2023																									
If the Trust does not provide the right environment or opportunities for staff to develop, learn and progress the organisation will not have well led services or experienced staff. This will reduce the Trust's ability to provide well led, high quality services and lead to poor staff experience, higher vacancy rates and the requirement for additional resource to recruit and train new staff.		<b>CQC Regulation:</b> Regulation 18 Staffing																									
		<b>Ambition:</b> Leadership																									
		<b>Assurance Committee:</b> Business Performance Committee																									
		<b>Lead Executive:</b> Chief People Officer																									
<b>Linked operational risks</b>																											
140	If the Trust fails to achieve the agreed internal compliance target rate for all statutory and mandatory training topics, there is a risk to patient care, patient safety, the achievement of CQC standards and regulatory requirements.	12																									
		<table border="1"> <thead> <tr> <th></th> <th>Consequence</th> <th>Likelihood</th> <th>Rating</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Initial</td> <td>Major</td> <td>Likely</td> <td>16</td> </tr> <tr> <td>Major</td> <td>Possible</td> <td></td> </tr> <tr> <td rowspan="2">Current</td> <td>Major</td> <td>Possible</td> <td>12</td> </tr> <tr> <td>Major</td> <td>Possible</td> <td></td> </tr> <tr> <td rowspan="2">Target</td> <td>Major</td> <td>Possible</td> <td>12</td> </tr> <tr> <td>Major</td> <td>Possible</td> <td></td> </tr> </tbody> </table>		Consequence	Likelihood	Rating	Initial	Major	Likely	16	Major	Possible		Current	Major	Possible	12	Major	Possible		Target	Major	Possible	12	Major	Possible	
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<b>Risk Appetite</b>		<b>Cautious</b>																									

<b>Key Impact or Consequence</b>	<b>Performance:</b> <i>What evidence do we have of the risk occurring i.e. likelihood?</i>
<ul style="list-style-type: none"> <li>- Reduced staff morale</li> <li>- Staff Turnover increases</li> <li>- Gaps in workforce will include hard to fill specialist roles</li> <li>- Costs of recruitment and training</li> <li>- Business continuity</li> <li>- Reputational damage</li> <li>- Sickness increases if vacancies increase</li> <li>- Staff capacity to attend training and development and complete annual appraisals</li> </ul>	<ul style="list-style-type: none"> <li>- Staff Turnover</li> <li>- Vacancy Levels</li> <li>- Sickness Absence</li> <li>- Statutory and Mandatory Training metrics</li> <li>- Quarterly Pulse Survey results</li> <li>- Feedback from staff engagement sessions</li> <li>- Appraisal Rates</li> <li>- Lack of engagement with national development opportunities</li> <li>- Staff Survey responses</li> <li>- Study Leave take up</li> </ul>
<b>Key Controls or Mitigation:</b> <i>What are we currently doing to control the risks? Provide the date e.g. when the policy/procedure was last updated</i>	<b>Key Gaps in Control:</b> <i>Where are we failing to put controls/systems in place?</i>
<ol style="list-style-type: none"> <li>1. Mandatory Training Annual Plan</li> <li>2. People Strategy</li> <li>3. Regional Workforce Plan</li> <li>4. Health and Wellbeing Strategy approved June 2022</li> <li>5. Wellbeing Guardian in post</li> <li>6. BAME Strategic Advisory Committee exercise</li> <li>7. Staff Survey /Action Plan</li> <li>8. Partnership working with universities to recruit newly qualified staff</li> <li>9. Regional collaborations e.g. International Recruitment</li> <li>10. WCFT Health and Wellbeing Programme</li> <li>11. National Nursing Bursary – 2020/21</li> <li>12. Hybrid training models developed to enable ongoing delivery of training with social distancing</li> <li>13. Monthly deputy's engagement sessions</li> <li>14. Annual Training Needs Analysis</li> <li>15. E-rostering</li> <li>16. Senior Leadership Team meetings held in Neurology and Neurosurgery</li> <li>17. Aspiring ward manager programme started 9 Sept 2022</li> <li>18. Building rapport for managers programme relaunched September 2022</li> <li>19. Triumvirate leads development programme to start early 2023</li> <li>20. Investors in People Action Plan</li> <li>21. Mental Health First Aiders – support and training programme</li> <li>22. Civility Training Programme Launched with initial focus on consultants</li> <li>23. New People Strategy 2022-25 approved at Board February 2023</li> <li>24. Catch up programme for Deputies who did not complete first cohort</li> <li>25. <b>Listening activities in place i.e. Join Jan, TEA engagement sessions, NED/Executive walkrounds.</b></li> </ol>	<ol style="list-style-type: none"> <li>1. Sickness levels including Covid, leading to pressures on workforce to cover and training and development can be seen as lower priority</li> <li>2. Celebrating successful development outcomes</li> <li>3. Consistent development offer for bands 2 to 4 <del>and all staff groups</del></li> <li>4. Consistent national shortage in some staff groups e.g. ODP, IT, nurses</li> <li>5. Lack of consistency across system in application of Agenda for Change staff pay bands</li> </ol>

<b>Assurances:</b> <i>What evidence do we have to demonstrate that the controls are having an impact? How is the effectiveness of the control being assessed?</i>	<b>Gaps in Assurance:</b> <i>Where are we failing to gain evidence that our controls/systems, on which we place reliance, are effective?</i>
<p><b>Level 1</b> Vacancy monitoring – weekly Staff training and development reports sent monthly to mangers Review of ward staffing pressures by ward manager and DDON - monthly Staff Listening Events Staff Support sessions provided by NOSS as and when required HR\Finance\Nursing Vacancy renew meetings</p> <p><b>Level 2</b> Integrated Performance Report – Trust Board monthly People Strategy – quarterly update to BPC (linked to People Plan)</p>	<ol style="list-style-type: none"> <li>1. Delivery of National People Plan</li> <li>2. New People Substrategy 2022-25 is in development – anticipated approval February 2023</li> </ol>

Quarterly Staff Pulse Survey Workforce report to People Group  <b>Level 3</b> Outcomes of Staff Survey. 2022 Staff Survey to commence September 2022 Investors in People Accreditation 2022 – Gold Status Investors in People Wellbeing Award 2022 – Gold Status Exit Interviews Review MIAA April 2022 Flexible working MIAA Review 2022	
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<b>Corrective Actions:</b> To address gaps in control and gaps in assurance		<b>Action Owner</b>	<b>Forecast Completion Date</b>	<b>Action Status</b>
1	Recommendations of Exit Interviews Review. UPDATE Shared with BPC October 2022 and HMG. People Group February 2023 agreed revised questions to be added to leavers documentation.	CPO	March 2023	<del>In Progress</del> Complete
2	Communications Plan to celebrate development successes e.g. Apprenticeships, Pre-employment Programme	CPO	September 2022	<del>In Progress</del> Complete
3	Potential in 'Talent for Growth' courses from The Leadership Academy. UPDATE: Talent Pools created for Aspiring CEOs and Executives. Candidates nominated by Trust.	DCPO	<del>November 2022</del> March 2023	<del>In Progress</del> Complete
4	Staff engagement events took place July to August 2022	DCPO	September 2022	Complete
5	More focused communication including Health and Wellbeing Newsletter. Now complete	DCPO	July 2022	Complete
6	Refresh of building rapport programme. New cohort launched to complete in December 2022	CPO	January 2023	<del>In Progress</del> Complete
7	Review of Performance and Development Report paperwork (annual appraisal). UPDATE: Paper to People Group 28 November 2022 and BPC advised January 2023. Launched February 2023	CPO	<del>September 2022</del> March 2023	In Progress Complete
8	Deliver a leadership development programme with AQuA for divisional management. UPDATE: Agreed triumvirate training from early 2023 (dates being sought) with Action Learning Sets to follow. Launched February 2023 due to complete June 2023	CPO	<del>September 2022</del> February 2023 June 2023	In Progress
9	Roll out of new Exit Interviews Process for Leavers	CPO	April 2023	New Action
10	Succession Planning Tool for Business Critical Roles to be completed as part of 2023/24 business planning process	CPO	April 2023	New Action

<b>Risk ID:</b> 006	<b>Date risk identified:</b> April 2022	<b>Date of last review:</b> February 2023
<b>Risk Title:</b> Prevention and Inequalities		<b>Date of next review:</b> April 2023
If the Trust does not support its local community to prevent adverse health outcomes and prioritise wellbeing work for staff, then it will require more resource in the long-term to address the issues that arise from health inequalities for our staff and population.		<b>CQC Regulation:</b> Regulation 17 Good Governance
		<b>Ambition:</b> Social Value: Supporting local communities and staff
		<b>Assurance Committee:</b> Business Performance Committee
		<b>Lead Executive:</b> Chief Executive

Linked Operational Risks			Consequence	Likelihood	Rating
531/455	If controls are not put in place to manage the complexity of the patient caseload then there is a risk that staff will be subject to high incidences of situations involving violence and aggression from patients.	12	Major	Possible	
990	If the Trust does not work collaboratively with partners in the community in which it is anchored to address health inequalities then it is less likely to prioritise effectively and there will be less positive impact on patient outcomes.	12	Moderate	Likely	
			Moderate	Unlikely	
<b>Risk Appetite</b>			<b>Open</b>		

<b>Key Impact or Consequence</b>	<b>Performance:</b> <i>What evidence do we have of the risk occurring i.e. likelihood?</i>
<ul style="list-style-type: none"> <li>- Poor patient outcomes</li> <li>- Deteriorating staff morale and wellbeing</li> <li>- Unable to retain staff</li> <li>- Reputation of Trust</li> <li>- Financial cost of staff leaving</li> <li>- Loss of goodwill and staff engagement</li> <li>- Fluctuating capacity and disruption to services</li> <li>- Failure to adapt to the changing health needs of the population</li> <li>- Failure to achieve duty to improve population health outcomes</li> <li>- Increasing pressure on services due to increasing acuity of patients</li> <li>- Loss of trust with local communities</li> <li>- Increase in violence and aggression towards staff</li> <li>- Inequitable patient waits for treatment</li> </ul>	<ul style="list-style-type: none"> <li>- Variance in outcomes for different socio-economic groups and those with protected characteristics</li> <li>- Aging Population</li> <li>- Deprivation Indices</li> <li>- Staff Survey Results</li> <li>- Incident Reporting</li> <li>- Vacancy/ turnover/ retention rates</li> <li>- Increase in long term sickness</li> <li>- Violence and Aggression incidents</li> <li>- Mandatory and Statutory Training compliance</li> <li>- Increasing waiting times for treatment following Covid-19</li> <li>- Cost of Living Increasing in work poverty</li> <li>- Industrial Action</li> </ul>
<b>Key Controls or Mitigation:</b> <i>What are we currently doing to control the risks? Provide the date e.g. when the policy/procedure was last updated</i>	<b>Key Gaps in Control:</b> <i>Where we are failing to put controls/systems in place or where are we failing to make them effective?</i>
<ol style="list-style-type: none"> <li>1. Health and Wellbeing Strategy – approved June 2022</li> <li>2. Health and Wellbeing programme (includes Shiny Minds Resilience Training) – approved 2018</li> <li>3. NHS Prevention Pledge adoption and action plan</li> <li>4. Violence and Aggression Strategy - approved April 2022</li> <li>5. Trust signed up to the C&amp;M Health and Care Partnership Social Value Charter – May 2022</li> <li>6. Trust signed up to the C&amp;M Health and Care Partnership Anchor Institution Charter – June 2022</li> <li>7. Founder member of Liverpool Citizens</li> <li>8. Weekly operational monitoring of waiting list</li> <li>9. People Substrategy 2022-25 approved at Trust Board in February 2023</li> <li>10. Wellbeing Guardian</li> <li>11. Member of the Everton Minds Partnership Committee</li> <li>12. Trust Sustainability Plan 2022-25 in line with the C&amp;M Integrated Care System Green Plan 2022</li> <li>13. Review of performance data against indices of deprivation completed 2022</li> <li>14. NHSE CORE20PLUS5 Ambassador Programme lead identified</li> </ol>	<ol style="list-style-type: none"> <li>1. Health Inequalities and patient access strategic plan</li> <li>2. Identified Executive Lead for Health Inequalities</li> <li>3. National issue with complex long-standing causes that cannot be easily turned around</li> <li>4. Liverpool population recognised as area of high deprivation</li> <li>5. New Violence and aggression lead recruited but not yet newly in post to provide update of progress against strategy to Board.</li> <li>6. Unable to recruit to ED&amp;I post so interim arrangements in place until external review complete</li> <li>7. Strategic plan for health inequalities</li> <li>8. Development of health inequalities performance data</li> <li>9. Move to population-based commissioning may reduce funding available for some geographical areas</li> <li>10. Reporting structures for Health Inequalities and Social Value to be agreed</li> </ol>
<b>Assurances:</b> <i>What evidence do we have to demonstrate that the controls are having an impact? How is the effectiveness of the control being assessed?</i>	<b>Gaps in Assurance:</b> <i>Where are we failing to gain evidence that our controls/systems, on which we place reliance, are effective?</i>
<p><b>Level 1</b></p> <p>Health, Safety and Security Group – quarterly review of Violence and Aggression data and monitoring of annual risk assessments</p> <p>Safeguarding Group review of escalation concerns – every two months</p> <p>Violence and Aggression Group – every two months</p> <p>People Group – every two months</p> <p><b>Level 2</b></p> <p>Annual Governance Report – Quality Committee</p> <p>Quality IPR – Quality Committee – monthly</p>	<ol style="list-style-type: none"> <li>1. Agreed KPIs for measuring patient access and outcomes against deprivation index</li> <li>2. As only neuroscience provider Walton Centre will have a high proportion of highly complex patients with associated behavioural challenges</li> <li>3. No Limited ED&amp;I reporting to Board/Committees since ED&amp;I lead left</li> </ol>

<p>Workforce IPR – BPC – monthly Board oversight of progress against NHS Prevention Pledge Quarterly Pulse Survey Staff Partnership Group with Trade Unions Health Equalities programmes of work report into Business Performance Committee through The People Group Chair Report</p> <p><b>Level 3</b> Staff Survey 2021 CQC Inspection Report 2019 Investors in People - Gold accreditation for 'we invest in wellbeing' standard - annual reaccreditation received in June 2022 Investors in People Gold accreditation for 'we invest in people' standard - annual reaccreditation received in January 2023. Bronze Veteran Accreditation achieved 2022</p>	
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<b>Corrective Actions:</b> To address gaps in control and gaps in assurance		<b>Action Owner</b>	<b>Forecast Completion Date</b>	<b>Action Status</b>
1	To establish a number of measures for patient and staff outcomes linked to deprivation data UPDATE: Still in diagnostic phase, results to be presented via a strategy or action plan by year end. Update provided to Trust Board October 2022. Closed – 2 new actions 16 and 17 replace	CEO	<del>July 2022</del> December 2022	In progress Complete
2	To work with partners to establish a Citizen's Panel for Liverpool UPDATE pre-founding assembly 30 November 2022. Launch March 2023 <b>February 2023 Update:</b> Trust core group established with training to be undertaken in March and May 2023 in preparation for listening campaign to be undertaken in spring 2023. Founding Assembly delayed until September to enable member organisation recruitment target to be achieved. Trust ED&I Leads identified to support engagement work. Pre-founding Assembly held in November 2023. Work progressing to recruit to the Community Organiser role for the Liverpool Alliance. Monthly Sponsor Committee meetings held to progress this work.	CPO	<del>October 2022</del> March 2023 Sept 2023	In progress
3	To understand the process to become accredited as an anchor organisation	CEO	July 2022	<del>In progress</del> Complete
4	To implement the Violence and Aggression Strategy. UPDATE: Report to Board April 2023 following new Lead arriving in post.	CN	April 2023	In progress
5	To implement the Health and Wellbeing Strategy. UPDATE: Health and Wellbeing Dashboard for monitoring agreed at BPC January 2023	CPO	April 2023	In progress
6	To achieve C&M Health and Care Partnership Social Value Award. UPDATE: Trust is signed up and scoping has been completed against eight themes, pledges and metrics to be finalised. Delayed as Substrategies need to be in place. <b>February 2023 Update:</b> The Trust has signed up as an early adopter site for the C&M ICB TOMs Framework which is a consistent set of metrics to measure social value activity across all C&M ICB member organisations. Currently in design phase with agreement of metrics to be included. Staff training taking place in the coming months in preparation of implementation in April 2023. Identified metrics will assist in setting Trust pledges for Social Value Award submission.	CPO	<del>November 2022</del> May 2023	<del>New Risk</del> In progress
7	To achieve Social Value Business Quality Mark Level 1 UPDATE: Trust is signed up and scoping has been completed against eight themes, pledges and metrics to be finalised. Delayed as Substrategies need to be in place. <b>February 2023 Update:</b> The Trust has signed up as an early adopter site for the C&M ICB TOMs Framework which is a consistent set of metrics to measure social value activity across all C&M ICB member organisations. Currently in design phase with agreement of metrics to be included. Staff training taking place in the coming months in preparation of implementation in April 2023. Identified metrics will assist in setting Trust pledges for Social Value Quality Mark submission.	CPO	<del>November 2022</del> May 2023	<del>New Risk</del> In progress
8	To achieve Social Value Business Quality Mark Level UPDATE: Level 2 can only be completed twelve months after Level 1 achieved as focuses on auditing the first year's activity of the pledges committed to in Level 1. <b>February 2023 Update:</b> C&M ICB TOMs Framework will enable direct and contract social value activity to be captured and measured hence providing required evidence for Level 2 Quality Mark.	CPO	<del>November 2023</del> May 2024	<del>New Risk</del> In progress
9	To deliver against the 14 identified priority C&M NHS Prevention Pledge outcomes <b>February 2023 Update:</b> January 2023 submission made to the C&M Health Inequalities Group which includes progress update and KPI data for initial 10 priorities and action plan for delivery against the remaining 4 priority areas.	CPO	<del>December 2022</del> March 2023 March 2024	<del>New Risk</del> In progress
10	To achieve NHS Veteran Accreditation Bronze level completed	CPO	April 2023	Completed
11	To achieve NHS Veteran Accreditation (Silver Level) <b>February 2023 Update:</b> The Trust has signed the Arms forces Covenant and achieved bronze level. Working towards Silver accreditation. As part of this, the Trust is developing a Reservist and Mobilisation Policy and has signed up to the 'Step into Health' careers pathway.	CPO	April 2023	New Action
12	To achieve LCR Fair Employment Charter Aspiring Status Confirmation of achievement confirmed	CPO	September 2022	Completed
13	To achieve LCR Fair Employment Charter Accreditation <b>February 2023 Update:</b> The Trust has achieved aspiring status and is progressing towards accreditation.	CPO	December 2023	In progress
14	To open a physical Health and Wellbeing Hub within the Trust	CPO	<del>September 2022</del> February 2023	Completed
15	Align cost of living support for staff to the Joseph Rowntree Foundation guidance for in work poverty UPDATE: Paper taken to Trust Board October 2022.	CPO	October 2022	<del>New Risk</del> Complete
16	Develop further operational risks in regard to health inequalities and staff wellbeing that impact the strategic risk and add to Trust wide risk register.	CPO	<del>November 2022</del> March 2023	<del>New Risk</del> In progress

17	Trust wide review of ED&I culture and processes to understand current gaps. Two external reviews undertaken with strategic action plan being developed in March 2023.	CPO	January 2023	New Action <del>In progress</del> Completed
18	Development of strategic plan for health inequalities work.	CEO	March 2023	<del>New Action</del> In progress
19	Further development of performance indicators for health inequalities in divisions	COO	February 2023	<del>New Action</del> In progress
20	Deliver services to people living with dementia, their families and the wider community closer to home and to hard-to-reach communities through the Everton in the Community Health Zone Development. <b>Update February 2023:</b> Initial scoping of the Trust's potential service offer has been undertaken which will be developed in line with the project. Updated Memorandum of Understanding signed off by Executive Team in January 2023 in support of future project phases.	CPO/IM	March 2024	New Action
21	Expand exercise and wellbeing services tailored for people who have a neurological condition, into the community through the Access to Exercise and Wellbeing Programme. <b>February 2023 Updated:</b> 3-years lottery funding secured to support the project and Partner Project Steering Group established to take the work forward. Proposals for two research studies led by Sheffield Hallam University: a study of the 3-year programme and a specific study of the Functional Electrical Stimulation (FES) Cycle Bike intervention element have been drafted. Work has commenced to streamline referral process to providers (Neurotherapy Centre, Greenbank Sports Academy and Brio Leisure). Communication/publicity materials in development.	CPO/IM	March 2026	New Action
22	Real Living Wage Organisation <b>February 2023 Update:</b> Trust aspires to be a real living wage organisation. Discussions being held at a regional HRD level regarding a whole system approach being taken.	CPO	March 2023	New Action
23	Review of SBAC <b>February 2023 Update:</b> Potential widen remit to include health inequalities, social value and ED&I. Briefing taken to Executive Team Meeting in January 2023 and consultation with SBAC members in progress.	CS	April 2023	New Action

<b>Risk ID:</b> 007	<b>Date risk identified</b> April 2022	<b>Date of last review:</b> February 2023																						
<b>Risk Title: Capital Investment</b> If the Trust does not maximise its opportunities to acquire capital funding, then it may not have enough resource to deliver its estates strategy and provide a fit for purpose environment for staff and patients leading to poor staff morale, poor patient experience and the risk of increased backlog maintenance		<b>Date of next review:</b> April 2023																						
		<b>CQC Regulation:</b> Regulation 15 Premises and Equipment																						
		<b>Ambition:</b> Value for Money																						
		<b>Assurance Committee:</b> Business Performance Committee																						
		<b>Lead Executive:</b> Chief Finance Officer																						
<b>Linked Operational Risks</b>																								
323	Aging Theatre air handling units (AHU) are performing at below the recommended level of air changes per hour in five theatres. If the AHU fail completely, the department would be unable to run a Theatre list resulting in cancelled operations and impacting patient experience.	16																						
220	If the theatre lights fail, due to the age >20 years, and repairs cannot be conducted/ completed there is a risk that the theatre will be unusable for surgery (theatre 1-5 affected). In addition, if flaking paint falls from the theatre lights there is a risk that this could decontaminate the sterile area during surgery	16																						
<b>Risk Appetite</b>		<b>Cautious</b>																						
		<table border="1"> <thead> <tr> <th></th> <th>Consequence</th> <th>Likelihood</th> <th>Rating</th> </tr> </thead> <tbody> <tr> <td rowspan="2"><b>Initial</b></td> <td>Major</td> <td>Possible</td> <td rowspan="2">16</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td rowspan="2"><b>Current</b></td> <td>Moderate</td> <td>Possible</td> <td rowspan="2">9</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td rowspan="2"><b>Target</b></td> <td>Moderate</td> <td>Unlikely</td> <td rowspan="2">8</td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>		Consequence	Likelihood	Rating	<b>Initial</b>	Major	Possible	16			<b>Current</b>	Moderate	Possible	9			<b>Target</b>	Moderate	Unlikely	8		
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<b>Current</b>	Moderate	Possible	9																					
<b>Target</b>	Moderate	Unlikely	8																					

<b>Key Impact or Consequence</b> <i>What are we currently doing to control the risks? Provide the date e.g. when the policy/procedure was last updated</i>	<b>Performance:</b> <i>What evidence do we have of the risk occurring i.e. likelihood?</i>
<ul style="list-style-type: none"> <li>- Financial impact on revenue budgets if new risk to patient safety emerges</li> <li>- Unsafe environment for staff, patients and visitors</li> <li>- Compromised quality of care</li> <li>- Poor patient experience</li> <li>- Business continuity</li> <li>- Reputational damage</li> <li>- Financial impact</li> <li>- Legal Compliance</li> <li>- Overspend on capital against CRL would have to be covered by underspend by other Trust's in the system</li> </ul>	<ul style="list-style-type: none"> <li>- Capital Resource Limit (CRL) allocations have been set by ICS which is oversubscribed</li> <li>- Risk assessed backlog maintenance register</li> <li>- End of year opportunities for additional money were available late in 2021/22 which the Trust was able to utilise</li> <li>- Additional capital requests emerging following allocation for year</li> <li>- <b>Digital Aspirant Money must be spent by March 2023.</b></li> </ul>

<b>Key Controls or Mitigation:</b> <i>What are we currently doing to control the risks? Provide the date e.g. when the policy/procedure was last updated</i>	<b>Key Gaps in Control:</b> <i>Where are we failing to put controls/systems in place?</i>
<ol style="list-style-type: none"> <li>Capital Management Groups reviews specific capital risks and all capital business cases – Executive Chair</li> <li>Capital Risk Register</li> <li>SFIs/SORD have appropriate approval levels for capital expenditure so CFO / COO are sighted on expenditure</li> <li>Process for approving expenditure is documented in SORD i.e. which group needs to approve etc.</li> <li>Executive led capital prioritisation with operational finance and clinical staff</li> <li>Monthly reporting of capital expenditure to Board</li> <li>Estates Strategy – approved 2015</li> <li>Operational Plan submitted for 2022-23</li> <li>Revenue and Capital budgets - Ongoing</li> <li>Costed Backlog Maintenance Register and Programme - updated May 2022</li> <li>Estates related policies <ul style="list-style-type: none"> <li>Electrical Safety Policy: 2021-2023</li> <li>Water Management Policy: 2021-2024</li> <li>Fire Safety Policy: 2019-2022</li> <li>Control and management of Contractors: 2021-2024</li> <li>Health &amp; Safety Policy: 2019-2022</li> </ul> </li> <li>Site based partnership/SLA with LUFHT last review 2016</li> <li>Contractual agreements with specialist contractors</li> <li>Water Management Action Plan inc. Legionella actions</li> <li>Premises Assurance Model – completed 2021</li> <li>Heating replacement scheme Phase 4 in <b>progress design stage</b></li> <li>Sustainability Plan <b>in place update in progress – draft approved by BPC and Board in December 2021 and to be submitted to NHSIE in January 2022</b></li> </ol>	<ol style="list-style-type: none"> <li>Estates Strategy requires review and refresh to ensure it is aligned to the overarching Trust Strategy and future need post Covid-19</li> <li>Further work on capital risk register to ensure estates risks recognised</li> <li>Unplanned replacement of equipment that fails will lead to additional spend against plan or increase revenue spend</li> <li>Some capital items are not specified in detail and therefore there is an ability for teams to substitute items in year which means capital spend is difficult to prioritise</li> <li>Limitations of regional approach to capital allocations</li> <li>Reliance on specific items which cause delays if not available</li> <li>Priorities may change in year which may lead to pressures against the plan</li> <li>Market prices may differ from estimates once equipment is purchased</li> <li>Clarity of how future revenue costs associated with capital and digital investment will be funded in the long term.</li> <li>Limited access to certain areas prevents visual inspection</li> <li>Policies require review to ensure that they are reflective of current legislation</li> <li>C&amp;M Hospital Cell and response not wholly aligned to the Trust's strategic objectives</li> <li>System capital management leaves little flexibility for Trust to invest surplus cash</li> <li>Programme for Pipework replacement incomplete</li> <li>The national Premises Assurance Model (PAM) outcomes</li> <li>Service Level Agreement (SLA) with LUFHT due review</li> <li>Impact of IFRS16 accounting regulations on CRL, regarding treatment of leases from 2022/23 financial year, is not yet clear and could affect capital allocation</li> <li><b>Substantial waiting times for certain components/goods since Covid.</b></li> </ol>

<b>Assurances:</b> <i>What evidence do we have to demonstrate that the controls are having an impact? How is the effectiveness of the control being assessed?</i>	<b>Gaps in Assurance:</b> <i>Where are we failing to gain evidence that our controls/systems, on which we place reliance, are effective?</i>
<b>Level 1</b> Regular reforecasting of capital position and discussion at Capital Management Group Daily Safety Huddle	<ol style="list-style-type: none"> <li>Allocations are system based from ICS so no longer freedom to generate surplus to spend on capital priorities</li> <li>Timeliness of national/ system decisions on capital reduces the time in which it can be spent as cannot be carried forward into future years</li> </ol>



<p>Water Safety Group – reporting into IPC Committee Health &amp; Safety Group Contract review meetings with LUHFT – monthly Heating and Pipework Project Board – monthly Medical Devices, Estates and Facilities Group (6 per year)</p> <p><b>Level 2</b> Capital Programme approved by Trust Board Monthly updates received by BPC and Trust Board on capital BPC and Board approve higher value business cases as per SORD Estates Strategy monitored by BPC and updates received</p> <p><b>Level 3</b> 6 Facet Survey – updated May 2022 CQC Inspection Report Aug 2019 Fire Brigade post-incident review of Fire Processes - 2019 Annual ERIC Returns – Submitted June 2022 Reinforced Aerated Autoclaved Concrete (RAAC) review 2021 Premises Assurance Model (PAM) Assessment 2021</p>	<p><del>3. Capital allocations based on one year – limiting decision making, resource allocations on longer term projects</del></p> <p>4. Estates Strategy is being updated to reflect new Trust Strategy (Substrategy due to Board in March 2023).</p> <p>5. Limited LUHFT planned maintenance/KPI reporting in place</p> <p>6. Lack of reporting of sustainability data / KPIs. Sustainability post now approved and ready to be advertised, they will lead this work.</p> <p>7. Proposals Business case for replacement of air handling units for Theatres 1-5 is being worked up in final stages of development</p> <p>8. Risk of failing to spend full budget in year due to delays in goods arriving and operational pressures</p>
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<b>Corrective Actions:</b> To address gaps in control and gaps in assurance		<b>Action Owner</b>	<b>Forecast Completion Date</b>	<b>Action Status</b>
1	Prepare capital bids to be ready for additional allocation in year. Additional £1.3m capital allocation awarded	COO	Completed	Complete
2	Prioritise list of capital items to be ready should additional ICS capital become available	CFO	Completed	Completed
3	Internal desk top review of SLA with LUHFT before discussions with LUHFT. UPDATE delayed due to resource available	COO/CFO	<del>September 2022</del> February 2023 September 2023	In Progress
4	Ensure that maintenance contracts are all up to date, so equipment is covered.	COO	March 2022	Complete
5	Work with NW specialist trusts on QIP work, to consider wider solutions for hard and soft FM. This work continues to progress with Soft Facilities Management Services being tackled in 1 <sup>st</sup> wave	COO	March 2023	Delayed
6	Develop an in house out of hours Estates Service to provide sufficient cover and continue contract monitoring with LUHFT via monthly meetings. Estates are currently reviewing resource and cost impacts in advance of recommendation. UPDATE: March 2023 At present, due to difficulty in recruiting the quality of staff required, the existing team do not have the necessary skills to take on this role. This will continue to be reviewed as staffing changes.	COO	<del>September 2022</del> April 2023	In Progress
7	Integrate Trust Sustainability Plan into Estates, Facilities and Sustainability Sub-strategy and develop local action plan. Update: E&F strategy was delayed, awaiting publication of Trust strategy. Due to Board in March 2023.	ADO	<del>November 2022</del> March 2023	In Progress Complete
8	WC Estates Strategy to be incorporated into wider "system" strategy currently being led by LUHFT. UPDATE: E&F Substrategy approved by Walton Centre Board in March 2023	COO	<del>September 2022</del> March 2023 May 2023	In Progress
9	Ongoing monitoring of Phase 5 Heating and Pipework Programme. Due to start in June 2022.	COO	March 2023	Ongoing
10	Design process initiated for upgrade works to Theatres 1-5 due to non-compliant Air Handling Units. Executive team has provided permission to proceed to tender stage.	COO	April 2022	Complete
11	Award of contract for upgrade works to Theatres 1-5 due to non-compliant Air Handling Units. Estates Working with procurement to adopt best solution. UPDATE January 2023: Executive team to review impact of the air handling unit work by April 2023.	COO	<del>January 2023</del> April 2023	In progress

<b>Risk ID:</b> 008	<b>Date risk identified:</b> April 2022	<b>Date of last review:</b> February 2023
<b>Risk Title: Medical Education Offer</b>		<b>Date of next review:</b> April 2023
If the Trust does not have the right staff with the right skills and the right processes and training, it will not be able to deliver its ambition of developing a national medical education training offer in Neurosciences and will not deliver its strategic ambitions		<b>CQC Regulation:</b> Regulation 17 Good Governance
		<b>Ambition:</b> Research and Innovation
		<b>Assurance Committee:</b> Research Innovation and Medical Education (RIME) Committee
		<b>Lead Executive:</b> Chief People Officer

Linked Operational Risks		Consequence		Likelihood		Rating
		Major		Likely		
None scoring over 12						
		<b>Initial</b>	4	4	4	16
		<b>Current</b>	4	2	2	8
		<b>Target</b>	4	2	2	8
<b>Risk Appetite</b>		<b>Open</b>				

Key Impact or Consequence	Performance: <i>What evidence do we have of the risk occurring i.e. likelihood?</i>
<ul style="list-style-type: none"> <li>Failure to achieve key strand of Trusts Strategic ambition as leading in education.</li> <li>Loss of current and future HEE/DHSC income streams for medical education</li> <li>Failure to take advantage of opportunity to harness Trust's international profile and grow education offerings outside of HEE training programmes</li> <li>Reduced ability to attract consultants and staff with a specialist interest in medical education</li> <li>No obvious trajectory for developing future educationalists</li> <li>Failure to build on Trust's external reputation as centre of academic excellence and subsequent ability to attract highest calibre undergraduate and postgraduate medics</li> <li>Inability of Trust to grow innovative education programme and technology enhanced learning delivery</li> </ul>	<ul style="list-style-type: none"> <li>Difficulties recruiting to internal lead educator roles</li> <li>Limited capacity to develop current resource and offer on a national scale</li> <li>Inability to attract high quality medical education staff</li> <li>Challenge in managing competing pressures of clinical service delivery and dedicated student support/supervision time.</li> <li>Resource capacity limited with regards to hosting elective/observer programmes</li> <li>Plan not yet in place to deliver national program</li> <li>Technology Enhanced Learning programme in its infancy, infrastructure to be established to support implementation / expansion</li> <li><b>Interest from medical schools in North West and North Wales about delivery of medical education for their students</b></li> </ul>

Key Controls or Mitigation: <i>What are we currently doing to control the risks? Provide the date e.g. when the policy/procedure was last updated</i>	Key Gaps in Control: <i>Where we are failing to put controls/systems in place or where are we failing to make them effective?</i>
<ol style="list-style-type: none"> <li>Established Medical Education Committee and clear reporting line to the Board of Directors via to Research, Innovation and Medical Education (RIME) Committee.</li> <li>Lead educator roles established with Director of Medical Education (DME) engagement with regard to recruitment, job descriptions reviewed prior to new appointments</li> <li>Medical Undergraduate Working Group is active and meets at least bi-monthly. Clinical Sub-Dean actively engaging with consultant body to raise awareness and encourage support</li> <li>Established leadership roles for registrars within Undergraduate and Postgraduate education programmes</li> <li>Teaching and education programmes are now streamed.</li> <li>SOPs have been created to standardise and assure processes.</li> <li>New structure for delivery of education was consolidated in 2021</li> <li>Consultants are now formally recognised for undergraduate educational supervision and remunerated through job planned activities</li> <li>Guardian of safe working quarterly report to Board</li> <li>Enhanced organisational status following accreditation of hospital status</li> <li>Deputy Director of Medical Education and Educational Assessment Leads in place</li> <li><b>Membership of University Hospitals Association</b></li> </ol>	<ol style="list-style-type: none"> <li>Plan to deliver a national programme of medical education is not currently in place although there has been delivery of at three national training offer days. Plan to RIME in December and to be incorporated into People Substrategy (February 2023)</li> <li>Assessment of resource required to develop national offer needs to be undertaken.</li> <li><b>If initial interest from other medical schools progresses, there may not be sufficient capacity in the team to delivery what would be required</b></li> </ol>

Assurances: <i>What evidence do we have to demonstrate that the controls are having an impact? How is the effectiveness of the control being assessed?</i>	Gaps in Assurance: <i>Where are we failing to gain evidence that our controls/systems, on which we place reliance, are effective?</i>
<p><b>Level 1</b></p> <ul style="list-style-type: none"> <li>Medical Education Committee minutes</li> <li>Medical Education overarching Action Plan</li> <li>Medical Undergraduate Working Group minutes</li> <li>Junior Doctor Forum (held alongside Guardian of Safe Working)</li> </ul> <p><b>Level 2</b></p> <ul style="list-style-type: none"> <li>Medical Education Quarterly and Annual Reports to RIME Committee</li> <li>HEENW Annual Education Return Board report</li> <li>End of Placement Feedback – Undergraduate</li> <li>Placement Exit Survey – Postgraduate</li> </ul>	<ol style="list-style-type: none"> <li>Support from key strategic partners for national programme.</li> <li>Governance for development of a national offer to be developed and agreed.</li> <li>Infrastructure is limited to support new and emerging work streams e.g. TEL and simulation</li> <li>Coordination and management of medical elective and observer placements based on historic admin process, no data to evaluate satisfaction or quality</li> </ol>

<p><b>Level 3</b></p> <ul style="list-style-type: none"> <li>• GMC National Training Survey – Postgraduate Trainee and Trainer</li> <li>• UoL Clinical Undergraduate placement RAG reports</li> <li>• Annual Education Self-Assessment Report – HEENW</li> <li>• University Hospital Status October 2022</li> <li>• Clinical Lead for Medical Educations awarded Associate Professorship by University of Liverpool</li> </ul>	
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<b>Corrective Actions:</b> To address gaps in control and gaps in assurance		<b>Action Owner</b>	<b>Forecast Completion Date</b>	<b>Action Status</b>
1	Effectiveness of new SPA funded enhanced education roles to be reviewed after 12 months UPDATE: Review completed. Medical Education Group reviewed in September 2022	DME	July 2022 September 2022	In-progress Complete
2	Medical Education SOPs to be reviewed/ratified by Director of Medical Education/relevant groups. Initial action complete, however two additional procedures have emerged which will required input from University of Liverpool.	DME/CPO	Ongoing June 2022 October 2022 February 2023	In-progress Complete
3	Educational Appraisal Lead is a new role (as part of the enhanced education roles created summer 2021), underpinning improved educator support. An appointment is still to be made; discussions are ongoing with potential candidates. UPDATE August 2022: Appointment made, subject to job planning	DME/MD	Ongoing June 2022 October 2022	On track Complete
4	Education Fellows are helping the admin team overcome silo working with practical support to ensure equitable allocation of clinical experiences for Undergraduate and Postgraduate learners. Success to be evaluated via student and junior doctor satisfaction survey	DME / Clinical Education Fellows	May 2022 Complete	Complete
5	Development of strategic plan to widen/strengthen the Medical Education offer as part of People Substrategy to be approved February Board (update to RIME December 2022)	CPO	Jan 2023 February 2023	In-Progress Complete
6	Scope out the potential to enhance the national offering through simulation and technology enhanced learning offerings, including the new neurosurgery VR.	Deputy DME	November 2022 March 2023	New Risk In-Progress Complete
7	Review governance and financial costing of electives and observers to support the national offering	Medical Education Development Manager /DME	May 2023	In progress
8	Appropriate operational risks are to be developed and entered onto risk register with risk manager. One approved, further risks in development, none scoring 12 or higher.	Medical Education Development Manager	July 2022 September 2022 March 2023	In-Progress Complete
9	Development of a policy on external Clinical Attachments for undergraduate and postgraduate learners	Medical Education Development Manager	September 2023	New Action
10	Review resource required for Education Supervisors if offer widened to other medical schools and demand increases	Medical Education Development Manager	August 2023	New Action

<b>Risk ID:</b> 009	<b>Date risk identified:</b> April 2022	<b>Date of last review:</b> February 2023
<b>Risk Title:</b> Research and Development		<b>Date of next review:</b> April 2023
If the Trust does not develop the research department business model it will not attract the right staff or the research projects necessary for the Trust to become a world-class centre for Neurosciences and innovation		<b>CQC Regulation:</b> Regulation 17 Good Governance
		<b>Ambition:</b> Innovation and Research
		<b>Assurance Committee:</b> Research, Innovation & Medical Education (RIME) Committee
		<b>Lead Executive:</b> Chief People Officer

Linked Operational Risks			Consequence	Likelihood	Rating
893	If The Trust is unable to recruit active research consultants, then there is a risk to the Trust reputation and loss of income.	4	Major	Likely	
939	If there is no standardised list of research activities that should be included from the national tariff when contracting for trust research studies then it presents the risk of activity not being costed accurately and a financial loss to the Trust.	9	Major	Possible	
938	R&D administration requires adequate room to store and work with documents relating to clinical trials and studies. If the NRC office can't provide this environment then it risks the ability of the R&D function to carry out this work effectively and impact the quality of R&D output.	6	Major	Unlikely	
<b>Risk Appetite</b>			<b>Open</b>		
			<b>Initial</b>		
			4	4	16
			<b>Current</b>		
			4	3	12
			<b>Target</b>		
			4	2	8

Key Impact or Consequence	Performance: <i>What evidence do we have of the risk occurring i.e. likelihood?</i>
<ul style="list-style-type: none"> <li>Unable to recruit and retain the most ambitious clinical staff</li> <li>Unable to meet the Clinical Research Network target</li> <li>Negative impact to Trust's reputation and ability to attract commercial sponsors</li> <li>Failure to attract the right research projects</li> <li>Unable to secure sufficient grant-based funding</li> <li>Damage to key strategic partnerships (e.g. LHP, ICS) during a time of both significant changes to regional systems and increased external scrutiny (e.g. CQC).</li> <li>Deleterious impact on Neuroscience Research Centre (NRC) workforce, lack of sufficient workplace capacity and capability to maintain, grow and develop the research function</li> <li>Financial model becomes unsustainable and unable to balance income streams, notably commercial income</li> <li>Inability to secure sufficient grant-based funding</li> <li>Ineffective development of the research strategy, through a lack of awareness and mitigation of external macro environmental influences and pressures</li> </ul>	<ul style="list-style-type: none"> <li>10 studies have been declined in the past two years (down from 25)</li> <li>27 studies in backlog which currently cannot be opened (down from 50)</li> <li>Lack of study back-up nurses to ensure study continuity</li> <li>Ability to recruit consultants with research interests</li> <li>Failure to recruit to trials</li> <li>Staff stress-related sickness absence</li> <li>Challenges in team capacity due to sickness</li> <li>Unable to meet timelines for setting up studies</li> <li>Delays in meeting recruitment targets</li> </ul>

Key Controls or Mitigation: <i>What are we currently doing to control the risks? Provide the date e.g. when the policy/procedure was last updated</i>	Key Gaps in Control: <i>Where we are failing to put controls/systems in place or where are we failing to make them effective?</i>
<ol style="list-style-type: none"> <li>Research and Development Strategy 2019/24 (under review)</li> <li>CAPA audit (Corrective Actions Preventative Actions)</li> <li>External peer review of WCFT protocols, sponsor studies</li> <li>New partnerships with universities, other trusts and system level collaborations</li> <li>Prioritisation of commercial trials and development of new income streams</li> <li>Charitable funds allocation for research (recurring)</li> <li>GCP (Good Clinical Practice) training for research active staff monitored</li> </ol>	<ol style="list-style-type: none"> <li>Ongoing redesign of Neuroscience Research Centre (NRC) and associated implications for the human resource, including the teams capacity, capability and clarity of purpose to deliver strategic objectives</li> <li>Implications of the NRC redesign upon the development/ implementation of strategic objectives</li> <li>Current R&amp;D governance model unable to deliver research on a bigger scale.</li> <li>Completion of audit action plans paused due to lack of resource</li> <li>Clarity of purpose and roles in the emerging system infrastructure</li> <li>Income generation model approved but contracts to be negotiated</li> <li>Review/development of principles for time dedicated to research</li> </ol>

Assurances: <i>What evidence do we have to demonstrate that the controls are having an impact? How is the effectiveness of the control being assessed?</i>	Gaps in Assurance: <i>Where are we failing to gain evidence that our controls/systems, on which we place reliance, are effective?</i>
<p><b>Level 1</b></p> <ul style="list-style-type: none"> <li>Principal Investigators Forum</li> <li>Sponsorship &amp; Governance Oversight Group</li> <li>Research Capability Funding Group</li> <li>GCP record</li> </ul> <p><b>Level 2</b></p> <ul style="list-style-type: none"> <li>Research updates to RIME Committee</li> <li>RIME Committee Chair's Report to Board of Directors</li> </ul> <p><b>Level 3</b></p> <ul style="list-style-type: none"> <li>MHRA Inspection Audit</li> <li>CQC Inspection report 2019</li> <li>Kings College external review of NRC 2020</li> <li>University Hospital Status and membership of Associate Research Groups and Research and Development Directors University Hospitals Association Groups</li> </ul>	<ol style="list-style-type: none"> <li>Organisational change and service redesign still in implementation phase, impact to be assessed</li> <li></li> </ol>

<b>Corrective Actions:</b> To address gaps in control and gaps in assurance		<b>Action Owner</b>	<b>Forecast Completion Date</b>	<b>Action Status</b>
1	NRC organisational service change process supported by Human Resources. UPDATE: Head of NRC in post from August 2022 to complete process. Permanent leadership to be agreed. <b>Head of Research now in post. Business Case for permanent lead to HMG in February and then approved at Execs.</b>	CPO & CDRD	June 2022 (due to COVID 19) November 2022 February 2023	On hold On track In progress Complete
2	Senior Neuroscience Research Group in place. UPDATE August 2022: PI Forum now in place and in process of being embedded	CPO & CDRD	September 2020 June 2022	Complete
3	<del>Head of LHP SPARK, in an interim role</del> <b>Head of NRC</b> to support with a review of governance practices including audit action plans and developing the administrative capabilities to support research on a bigger scale. <del>UPDATE: Interim leadership has now ended due to the appointment of the Head of NRC who will complete this work.</del> <b>UPDATE: Complete except administrative support – pending HR process</b>	CDRD	April 2022 August 2022 November 2022 February 2023 March 2023	On track In progress
4	CRN providing short term clinical research nursing leadership support and completing scoping exercise to establish capability and capacity of the team. Support extended to December.	CDRD	August 2022 December 2022	On track Complete
5	Strengthen links and collaborate with key local research partners such as universities to clarify NRC place in external local system. UPDATE: LHP disbanded, system change has delayed progress	CDRD	October 2022 December 2022 April 2023	In progress
6	Develop plan to promote research agenda with patients, carers and staff. UPDATE: To review at RIME March 2023	Head of NRC	January 2023 March 2023	In progress
7	Develop SPAs framework for research activity using medical education model	CDRD	January 2023 June 2023	In progress
8	Review of effectiveness of RIME Committee to be completed	Corporate Secretary	September 2022	Complete
9	Input into the review of Liverpool Health Partnership model	CEO	October 2022	Complete
8	Develop R&D operational risks impacting the strategic risk and add to Trustwide risk register. UPDATE: In process of being finalised.	CPO	November 2022 February 2023	New Action In progress
9	Requirement to understand internally and externally managed research financial flows in and out of the Trust	CFO	March 2023	New Action In progress

<b>Risk ID:</b> 010	<b>Date risk identified:</b> April 2022	<b>Date of last review:</b> February 2023
<b>Risk Title: Innovative Culture</b>		<b>Date of next review:</b> April 2023
If the Trust does not develop a culture where staff are empowered to innovate it will not be able to attract and retain a world class workforce to support the Trust's ambitions		<b>CQC Regulation:</b> Regulation 17 Good Governance
		<b>Ambition:</b> Research and Innovation
		<b>Assurance Committee:</b> Research Innovation and Medical Education (RIME) Committee
		<b>Lead Executive:</b> Chief Executive

Linked Operational Risks			Consequence	Likelihood	Rating
987	If innovation activity is unregulated and not aligned to industry standard and professional body, there would be a lack of assurance that the organisation has the capability to deliver on its innovation strategic ambitions and is regulation and legislation compliant resulting in an unsystematic and inefficient approach to identifying, developing and implementing innovation.	9	Major	Likely	
			Initial		
			4	4	16
988	If there is insufficient knowledge to develop organic innovations from concept to commercialisation and a sustainable pipeline this would prevent the Trust from being able to deliver on its organic innovation ambition and impact on the Trust operating as a centre of excellence i.e. unable to attract and retain a world-class workforce due to being unable to fulfil their innovation appetite and consequently preventing advancement of new treatments and care in neuroscience	9	Major	Possible	
			Current		
			4	3	12
989	If there is insufficient knowledge at Board/senior management level to lead and develop the organisation's innovation agenda this would restrict the Trust's ability to deliver on its innovation ambition due to a limited level of maturity and lack of innovative culture	12	Major	Unlikely	
			Target		
			4	2	8
<b>Risk Appetite</b>			<b>Adventurous</b>		

<b>Key Impact or Consequence</b>	<b>Performance:</b> <i>What evidence do we have of the risk occurring i.e. likelihood?</i>
<ul style="list-style-type: none"> <li>- Not continuing to be at the forefront of innovative neurosciences treatment to improve patient care</li> <li>- Inability to retain or attract clinical staff if unable to fulfil their innovation ambitions</li> <li>- Insufficient workplace capacity and resourcing to ensure innovative practices, treatments and boundary scanning</li> <li>- Risk aversion and complacency</li> <li>- Innovations will not be fully implemented, acknowledged and celebrated</li> <li>- Reputational impact</li> <li>- External scrutiny e.g. CQC well led</li> </ul>	<ul style="list-style-type: none"> <li>- National Staff Survey 2021 themes; wellbeing, development and reward and recognition</li> <li>- Limited understanding of culture and sub-cultures in Trust</li> <li>- Reduced resource capacity due to Covid-19 pandemic pressures</li> <li>- Commercial management vacancy</li> <li>- Lack of staff and leadership engagement</li> <li>- Insufficient succession planning or development opportunities in innovation</li> </ul>

<b>Key Controls or Mitigation:</b> <i>What are we currently doing to control the risks? Provide the date e.g. when the policy/procedure was last updated</i>	<b>Key Gaps in Control:</b> <i>Where we are failing to put controls/systems in place or where are we failing to make them effective?</i>
<ol style="list-style-type: none"> <li><del>Innovation Strategic Objectives set for 2019/22 - majority of short and medium term objectives completed</del></li> <li>Innovation Strategic Implementation Plan 2022-25 approved by RIME Committee in December 2022 and is to be included within the wider People Sub-strategy 2022-25 (due for approval Q4 2023) that was approved by Trust Board in February 2023.</li> <li><del>Phase one of the Innovation Pipeline review completed with phase two being undertaken in September 2022 Innovation Pipeline review completed November 2022.</del></li> <li>Review of Innovation Group in progress Innovation Group Terms of Reference approved by RIME Committee in December 2022. First meeting to be held February/March 2023.</li> <li>Innovation Lead in post</li> <li>Investors in People Gold accreditation for 'we invest in wellbeing' standard - annual reaccreditation received in June 2022</li> <li>Investors in People Gold accreditation for 'we invest in people' standard - annual reaccreditation assessment being undertaken December 2022 received in January 2023.</li> <li>Pulse and National Staff Surveys</li> <li>Staff 'TEA' (talk, engage, action) sessions with Executive Team July-August 2022</li> <li>'Join Jan' bi-monthly staff engagement sessions with CEO</li> </ol>	<ol style="list-style-type: none"> <li><del>Innovation project pipeline alignment to Trust Strategy priorities</del></li> <li>Clinical and corporate divisional engagement of; internal initiatives, spread and adoption of external innovations and address risk aversion</li> <li>Workforce capacity to have time to develop and implement initiatives</li> <li>Wider engagement with Trust stakeholders and patient groups</li> <li>Financial and Commercial Sub-strategy development</li> <li><del>Spinal Improvement Programme income generation model contracts to be finalised</del></li> <li>Single project management office to be established</li> <li>Competitor Analysis to be completed</li> <li>Innovation Communication Plan to be revised as part of the Innovation Strategic Implementation Plan 2022-25</li> </ol>

<b>Assurances:</b> <i>What evidence do we have to demonstrate that the controls are having an impact? How is the effectiveness of the control being assessed?</i>	<b>Gaps in Assurance:</b> <i>Where are we failing to gain evidence that our controls/systems, on which we place reliance, are effective?</i>
<b>Level 1</b> <ul style="list-style-type: none"> <li>• Innovation Group</li> <li>• Monthly Innovation Team meetings</li> <li>• Regular meetings with procurement, IT, IG, Service Transformation Team, clinical and other teams as required</li> <li>• Collaborative working arrangements with external partners</li> </ul> <b>Level 2</b> <ul style="list-style-type: none"> <li>• RIME Committee approval of funding applications and oversight of project pipeline activity</li> </ul>	<ol style="list-style-type: none"> <li>1. Benchmarking assessment and validation of innovation function</li> <li>2. Risk appetite and strategic approach to innovation management</li> <li>3. Organisational readiness enabling entrepreneurship, creativity and multi-disciplinary collaboration</li> <li>4. Limited knowledge of intellectual property</li> <li>5. Industry foresight and horizon scanning</li> <li>6. Customer awareness and behaviours</li> <li>7. Measurement of return of investment of innovations</li> <li>8. Systematic process for measuring outcomes and continual improvement</li> </ol>

<ul style="list-style-type: none"> <li>RIME Committee Chair Report to Trust Board and Council of Governors</li> <li>Executive Team approval of innovation business cases</li> <li>Trust Board endorsement of innovation business cases</li> </ul> <p><b>Level 3</b></p> <ul style="list-style-type: none"> <li>Board level membership at Innovation Agency NWC</li> <li>Innovation cited in CQC Inspection report 2019</li> </ul>	<p>9. Benefit realisation for innovative business cases not yet feasible due to lack of defined metrics</p> <p>10. Consistent legal processes/ advice for more common realisation working arrangements</p>
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<b>Corrective Actions:</b> To address gaps in control and gaps in assurance		<b>Action Owner</b>	<b>Forecast Completion Date</b>	<b>Action Status</b>
1	<p>Benchmarking assessment of innovation function via Investors in Innovations Standard aligned to ISO 56002 Innovation Management System – international industry standard</p> <p><b>Update November 2022:</b> Approved by Executive Team on 8 June 2022 with funding agreed on 7 September 2022. Five-month assessment process now in progress</p> <p><b>Update February 2023:</b> Scoping of project timeline for initial assessment phase of the 3-year development framework undertaken and due to be completed by September 2023. Initial explore and inform phase completed. Self-assessment element commenced.</p>	CPO/IM	<p><del>June 2022</del> The <del>May 2023</del> Sept 2023</p>	In progress
2	<p>Revise Trust Innovation Strategy</p> <p><b>Update November 2022:</b> Innovation Strategic Implementation Plan for 2022-25 developed as part of the People Sub-strategy 2022-25 currently under development. Final version committee approval cycle due to commence in December culminating with approval at Trust Board in February 2023</p> <p><b>Update February 2023:</b> Innovation Strategic Implementation Plan for 2022-25 approved by RIME Committee in December 2022</p>	CPO/IM	<p><del>September 2022</del> January 2023 February 2023</p>	Completed
3	<p>Develop innovation communication plan in line with Innovation Implementation Plan 2022-25</p> <p><b>Update November 2022:</b> Social Innovation (social value) included in October 2022 Team Brief. Final Communications Plan to be implemented following Innovation Strategic Implementation Plan sign off in February 2023.</p> <p><b>Update February 2023:</b> Initial conversations with Communications Team held.</p>	IM	<p><del>September 2022</del> January 2023 February 2023 April 2023</p>	In progress
4	<p>Address innovation/commercial resource to align with revised Trust and innovation strategies and changes to service - Business Development Manager role to be recruited</p> <p><b>Update November 2022:</b> Business Development Review Group established.</p> <p><b>Update February 2023:</b> Temporary role commenced in February 2023</p>	CPO	<p><del>June 2022</del> <del>September 2022</del> February 2023</p>	<p>In progress</p> <p>Complete</p>
5	<p>Review of innovation project pipeline to align to revised Trust Strategy priorities</p> <p><b>Update July 2022:</b> Phase one of the review completed with phase two being undertaken in September 2022</p>	IM	<p><del>June 2022</del> October 2022</p>	Completed
6	<p>Review of Innovation Group function, responsibilities and membership in line with revised Innovation Strategy and RIME Committee review.</p> <p><b>Update November 2022:</b> Review undertaken with draft revised Terms of Reference to be taken to RIME Committee on 20/12/22 for approval.</p> <p><b>Update February 2023:</b> First meeting to be held of the Group in its revised format in February/March 2023.</p>	IM	<p><del>September 2022</del> December 2022</p>	Completed
7	<p>Further stakeholder and patient engagement through revised Innovation Implementation and communication plans</p> <p><b>Update November 2022:</b> Patient engagement has been included with the Innovation Implementation Plan 2022-25 (approved RIME Dec 2022)</p> <p><b>Update February 2023:</b> Patient and public involvement (PPI) with innovation activity included within the Innovation Strategic Implementation Plan 2022-25. PPI has been included in the two leading organic innovations, VERA research studies and Headache Chatbot research studies</p>	IM	<p><del>September 2022</del> February 2023</p>	Completed
8	<p>Develop Innovation Risk Register</p> <p><b>Update November 2022:</b> Meeting held with the Head of Risk further to which risk register is in development. Innovation operational risks to be identified in place of departmental risk register</p> <p><b>Update February 2023:</b> Innovation operational risks identified, agreed. Will be entered onto Datix system and included in the Trust's Operational Risk register therefore departmental risk register not required.</p>	IM	<p><del>September 2022</del> <del>December 2022</del> March 2023</p>	In progress
9	<p>Five Year Workforce Plan</p> <p><b>Update November 2022:</b> Annual review for 2022/23 undertaken and NHS England submission returned April 2023</p>	CPO	<p><del>December 2022</del> April 2023</p>	<p>In progress</p> <p>Ongoing</p>
10	<p>Single project management office established</p> <p><b>Update November 2022:</b> paper taken to Executive Team meeting on 14/11/22 on proposed model</p> <p><b>Update February 2023:</b> Consultation undertaken to create one strategic project management Office first shadow meeting 13 Feb 23.</p>	ADO	<p><del>December 2022</del> January 2023 April 2023</p>	In progress
11	<p>Benefits realisation of Multitom Rax Business Case to be presented to Executive Team and Trust Board</p> <p><b>Update August 2022:</b> Initial Business Realisation Report take to Executive Team in November 2020. Update report to be taken in January 2023 to include outcome of Siemens software trial.</p> <p><b>Update February 2023:</b> Benefits Realisation Report went to Executive Team on 15/02/23. Agreed</p>	CPO/IM	<p><del>April 2024</del> <del>April 2022</del> <del>2022 Q3</del> January 2023 February 2023</p>	<p>Delayed due to COVID</p> <p>On track</p> <p>Complete</p>
12	<p>Spinal Improvement Programme income generation model contracts to be finalised</p> <p><b>Update January 2022:</b> COVID added &gt; 1 year delay due to resourcing and project complexities limiting progress. Contracting in progress</p> <p><b>Update November 2022:</b> Significant rewrite of contract required and currently awaiting final version which was expected to be received in September 2022 but</p>	CPO	<p><del>October 2020</del> <del>March 2024</del> <del>August 2024</del> <del>October 2024</del> February 2022 June 2022</p>	<p>Delayed due to COVID</p> <p>On track</p> <p>In progress</p>

	has not yet been received. Review of feasibility and capacity within the Neurosurgical division being undertaken due to staff changes. <b>Update February 2023:</b> Work being undertaken to confirm viability to take forward which will be known by mid-February 2023.		<del>September 2022</del> <del>December 2022</del> March 2023	
13	Innovation included within the staff engagement surveys. <b>Update November 2022:</b> Review of outcomes from the relevant sections of the national NHS Staff Survey to be undertaken when received in March 2023.	CPO/IM	<del>September 2022</del> March 2023	In progress
14	Competitor analysis to be initiated and presented to Trust Board <b>Update November 2022:</b> Competitor analysis being undertaken as part of the Commercial Substrategy <b>Update February 2023:</b> Finance and Commercial Substrategy due to go to Trust Board for approval in March 2023.	CFO	<del>TBC</del> <del>(due to COVID-19)</del> <del>July 2022</del> February 2023 March 2023	<del>On hold</del> <del>Delayed due to COVID</del> In progress
15	Development of Financial and Commercial Substrategy <b>Update February 2023:</b> Finance and Commercial Sub-strategy due to go to Trust Board for approval in March 2023.	CFO	<del>November 2022</del> February 2023 March 2023	In progress
16	Developing appropriate legal resource with a new partner that includes corporate, contract and litigator advice (value) <b>Update November 2022:</b> Discussion currently being undertaken with potential partners <b>Update February 2023:</b> Legal partner identified as Weightmans Solicitors and initial funding of £10k identified to support this.	CPO	<del>September 2022</del> December 2022	Completed



<b>Risk ID:</b> 011	<b>Date risk identified:</b> April 2020	<b>Date of last review:</b> February 2023
<b>Risk Title:</b> Cyber Security		<b>Date of next review:</b> April 2023
If Cyber Security attacks continue to evolve and grow then the Trust may be subject to a successful attack which may lead to service disruption, loss of data and financial penalties		<b>CQC Regulation:</b> Regulation 17 Good Governance
		<b>Ambition:</b> 3 – Financially Strong
		<b>Assurance Committee:</b> Business Performance Committee (Audit)
		<b>Lead Executive:</b> Chief Finance Officer

Linked operational Risks			Consequence	Likelihood	Rating
686	If the Trust encounters a cyber security incident, then there is risk of potential data breaches or malware attack.	8 12	Initial	Major Almost Certain	20
684	If the Trust doesn't provide adequate security for hardware and clinical devices, then there is a risk of a potential cyber incident due to open public access.	12	Current	Moderate Almost Certain	15
<b>Risk Appetite</b>			Target	Minor Likely	8
					<b>Averse</b>

Key Impact or Consequence	Performance: <i>What evidence do we have of the risk occurring i.e. likelihood?</i>																								
<ul style="list-style-type: none"> <li>- Loss of operational and clinical disruption or a ransom</li> <li>- Potential financial loss due to loss of activity</li> <li>- Likely to lead to financial, business and operational impacts as well as reputational damage</li> <li>- Potential data breaches leading to a fine from the ICO with increased penalties under GDPR (up to 4% of turnover)</li> <li>- Non-compliance with Data Protection Laws/Network and Information Systems Directive</li> <li>- Reputation risk due to loss of trust from patients, service users and other organisations the Trust supplies services to.</li> </ul>	<p>Carecerts Alerts</p> <table border="1"> <thead> <tr> <th>Month</th> <th>2023</th> <th>2022</th> <th>2021</th> <th>Category</th> <th>2022</th> </tr> </thead> <tbody> <tr> <td>Jan</td> <td>16</td> <td>26</td> <td>26</td> <td>Insecure Software</td> <td>225</td> </tr> <tr> <td>Feb</td> <td></td> <td>15</td> <td>37</td> <td>Attack Methodology</td> <td>4</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Vulnerability</td> <td>3</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>• 14 High Cyber alerts 2022</li> </ul> <ul style="list-style-type: none"> <li>- Cyber security attacks are increasing, and ongoing work is required to keep up to date</li> <li>- Heightened Cyber level due to Russian conflict</li> <li>- Recent Cyber attack on AdvanceOne multiple systems including 111, details still to be released</li> </ul>	Month	2023	2022	2021	Category	2022	Jan	16	26	26	Insecure Software	225	Feb		15	37	Attack Methodology	4					Vulnerability	3
Month	2023	2022	2021	Category	2022																				
Jan	16	26	26	Insecure Software	225																				
Feb		15	37	Attack Methodology	4																				
				Vulnerability	3																				

<b>Key Controls or Mitigation:</b> What are we currently doing to control the risks? Provide the date e.g. when the policy/procedure was last updated	<b>Key Gaps in Control:</b> Where are we failing to put controls/systems in place or where are we failing to make them effective?
<ol style="list-style-type: none"> <li>1. Firewall in place and kept up to date on an ongoing basis</li> <li>2. Security Information and Event Management (SIEM) monitors all live systems</li> <li>3. Vulnerability Protection across Server Fleet</li> <li>4. Hard drive encryption (Laptops)</li>   <li>5. Endpoint Encryption on all computers to prevent local distribution of malware</li> <li>6. 2 factor Authentication on Server Rooms</li> <li>7. Swipe Access for staff areas</li> <li>9. Smart water protection on all devices</li> <li>1. Asset register and inventory in place</li> <li>2. ISO27001 Accreditation process - Annual</li> <li>3. Informatic Skills Development Accreditation Level 1</li> <li>4. HIMMS Level 5</li> <li>5. Data Security and Protection Toolkit</li> <li>6. Member of the Cheshire and Mersey Cyber Security Group</li> <li>7. CareCERT Processing on a regular basis</li> <li>8. Network groups for IG - Radiology etc.</li> <li>9. Proactive monitoring of national cyber alert status</li> <li>10. Daily National update Advance</li> <li>11. Interoperability – Upgrade to the latest supported Microsoft Windows Operating System to continue to receive critical security updates Mar 22</li> <li>12. NHS Mail – National mail protection</li> <li>13. Backups – Transition to immutable “offline” backups to protect against Ransomware attacks</li> <li>14. Datacentre – Currently upgrading to latest VMware platform to continue to receive critical security updates</li> <li>15. SQL – Migration of SQL instances underway to the latest supported Microsoft SQL platform to continue to receive critical security updates</li> <li>16. Alerts and communications plan in place to educate and remind staff about IT security</li> <li>17. Updated version of Antivirus rolled out April 2022</li> <li>18. Board of Directors completed Cyber Security training November 2022.</li> <li>19. Digital Substrategy to be approved at Board in March 2023</li> </ol>	<ol style="list-style-type: none"> <li>1. Limited funding and investment nationally regarding Cyber Security</li> <li>2. Lack of skilled resources working in the area of cyber security and private sector competition pushing costs up</li> <li>3. Increased activity due to geo-political events</li> <li>4. Some recommendations from MIAA Cyber Security Internal Audit are overdue and not yet complete. (March 2023 deadline)</li> <li>5. <del>Digital Substrategy not yet approved (scheduled for February 2023), draft not yet including Cyber Security, needs to be included.</del></li> </ol>

<b>Assurances:</b> What evidence do we have to demonstrate that the controls are having an impact? How is the effectiveness of the control being assessed?	<b>Gaps in Assurance:</b> Where are we failing to gain evidence that our controls/systems, on which we place reliance, are effective?
<p><b>Level 1</b> Review of CareCERTs - Weekly Annual Cyber Security Awareness Presentation to Board</p> <p><b>Level 2</b> Monthly report from Information Governance and Security Forum to Business Performance Committee Annual Report of Senior Information Responsible Officer - Trust Board Report to Audit Committee <b>IG Data Security &amp; Protection Toolkit progress, reports to Audit Committee</b></p> <p><b>Level 3</b> ISO27001 – accreditation, external audit annually MIAA audits of Data Security and Protection Toolkit –Substantial Assurance External Penetration Testing – 2022 completed Regional Desktop Exercise – April 2022 Internal Desktop Cyber Exercise – Dec 2022 Trust Board Cyber Security Training – Nov 2022 Full Cyber Library completed by C&amp; M HCP – August 2021</p>	<ol style="list-style-type: none"> <li>1. Third party assurances required regarding satellite sites</li> <li>2. Ongoing work with NHS Digital to inform funding requirements</li> <li>3. Local skillsets limited resourcing (001)</li> </ol>

<b>Corrective Actions:</b> To address gaps in control and gaps in assurance		Action Owner	Forecast Completion Date	Action Status
1	On-going work with NHS Digital to inform funding requirements for Cyber Security post-Covid Working on regional solution 2022/23 with Digital Lead, awaiting ICS input UPDATE: Awaiting new Chief Digital Information Officer to join ICS. In post from October, planning Cyber Strategy is main focus. CIO Away day December to discuss steps. <b>UPDATE: Awaiting update on Cheshire and Mersey Cyber funding 2023/24</b>	CFO	June 2022 tbc	On hold In Progress
2	Collaboration with C&M and NHS Digital and Specialist Trusts Some additional functions put into place, looking at expanding further post Covid. Revisiting with ICS with new digital lead and Cyber skillsets. On hold while awaiting new Chief Digital Information Officer to join ICS. In post from October, planning Cyber Strategy is main focus. CIO Away day December to discuss steps. <b>UPDATE: Awaiting update on Cheshire and Mersey Cyber funding 2023/24</b>	CFO	August 2022 tbc	In progress On hold In Progress
3	Expand Cyber service to underpin current processes with MIAA / C&M ICS Desk top exercise complete, penetration test booked for July complete	CFO	July 2022	Complete

4	Attainment of HIMMS level 6 through Digital Aspirant programme UPDATE ongoing although reliance on LUHFT Pharmacy CARL programme upgrade to complete closed loop may impact forecast completion date.	CDIO	April 2023 tbc	In progress On Hold
5	Transcription of operational risks from local IT risk register to Datix. UPDATE Was on hold whilst Sharepoint is migrated by NHSD to allow extraction, now underway. New operational risk linked to BAF	CDIO	Mar 2023	In progress

<b>Risk ID:</b> 012	<b>Date risk identified:</b> April 2022	<b>Date of last review:</b> February 2023
<b>Risk Title:</b> Digital		<b>Date of next review:</b> April 2023
If the Trust fails to deliver the benefits of the Digital Aspirant funding then the Trust may fail to secure digital transformation leading to poor staff experience, a deterioration of patient safety, reputational damage, financial penalties and missed opportunity.		<b>CQC Regulation:</b> Regulation 17 Good Governance
		<b>Ambition:</b> Digital/ Cyber Security: To keep up with digital opportunities and threats
		<b>Assurance Committee:</b> Business Performance Committee
		<b>Lead Executive:</b> Chief People Officer

Linked Operational Risks			Consequence	Likelihood	Rating
20	If the Trust does not have sufficient IT capacity, then there may be a risk to the achievement of the Trust strategic ambitions, particularly in relation to service improvement, quality and transformation.	8	Moderate	Likely	
			<b>Initial</b>		<b>12</b>
543	If delays in completion of IT projects continue, then there is a risk to patient safety, specifically the risk of a loss, duplication and inaccurate key data on reports generated by EPN system, resulting in a lack of clinical confidence in the accuracy of the reports.	15	Moderate	Unlikely	
			<b>Current</b>		<b>6</b>
			<b>Target</b>		<b>6</b>
<b>Risk Appetite</b>		<b>Cautious</b>			

<b>Key Impact or Consequence</b>	<b>Performance:</b> <i>What evidence do we have of the risk occurring i.e. likelihood?</i>
<ul style="list-style-type: none"> <li>- Investment does not result in anticipated benefits for patient care and safety</li> <li>- Missed objective</li> <li>- Reputational damage due to poor use of resources</li> <li>- Poor patient experience</li> <li>- Long term revenue commitments for under-par systems</li> <li>- Staff do not understand/use systems</li> <li>- Sanctions from regulators</li> </ul>	<ul style="list-style-type: none"> <li>- Trust bid successfully for Digital Aspirant funding approved by NHS Digital. This funding will help to deliver the EPR and wider Digital Strategy between 2021 and 2024</li> <li>- Insufficient staff resource/sickness to deliver full performance</li> <li>- Impact of Covid on supply chain causing delays in delivery and equipment shortages</li> </ul>

<b>Key Controls or Mitigation:</b> <i>What are we currently doing to control the risks? Provide the date e.g. when the policy/procedure was last updated</i>	<b>Key Gaps in Control:</b> <i>Where we are failing to put controls/systems in place?</i>
<ol style="list-style-type: none"> <li>Projects underway and supporting:             <ol style="list-style-type: none"> <li>Outpatient Transformation</li> <li>Theatres Transformation</li> <li>ITU System</li> </ol> </li> <li>Digital Transformation Board aligned to governance groups across the organisation</li> <li>IT Technical Programme of work</li> <li>Cyber Security Programme</li> <li>PMO Function underpinning the Digital Strategy</li> <li>Collaboration with other Specialist Trusts regarding IT/Digital to review opportunities to work together / standardise approaches.</li> <li>EPR rollout plan for 2021/22 completed, 2023/24 underway</li> <li>Digital Transformation Programme (LoA/MoU NHSD/X)</li> <li>Digital Aspirant status to allow Digital Transformation</li> <li>HiMSS Level 5 achieved (working towards Level 6)</li> <li>Digital Strategy</li> <li>Representation on ICS Digital Programme Boards</li> <li>Regular reporting to NHS Digital of progress against digital aspirant funding</li> <li>Monthly report to Business Performance Committee</li> <li>Monthly reporting to Executives</li> <li>FM2 and FM3 completed and signed off by NHSEI</li> <li>JIRA system bringing full overview to all projects</li> </ol>	<ol style="list-style-type: none"> <li>Difficulties in recruiting due to source skills shortage in area</li> <li>Directions of C&amp;M Health and Social Care Digital Strategy</li> <li>Change in national priorities around Digital post-Covid response may not be aligned to Trust digital priorities</li> <li>Lack of digital expertise on board</li> <li>External funding ceases 2022/23</li> <li>Measurable Impact of Digital Aspirant</li> </ol>

<b>Assurances:</b> <i>What evidence do we have to demonstrate that the controls are having an impact? How is the effectiveness of the control being assessed?</i>	<b>Gaps in Assurance:</b> <i>Where are we failing to gain evidence that our controls/systems, on which we place reliance, are effective?</i>
<p><b>Level 1</b></p> <p>Casenote scanning Project Meeting          HITU project meetings          Clinical Systems Safety Group – monthly          Digital Programme Board – bi-monthly          Information Governance &amp; Security Forum – monthly          ISMS Group Monthly          ISMS Risk Group Monthly</p> <p><b>Level 2</b></p> <p>Strategic Project Management Officer oversight of transformation work          Monthly update on digital transformation progress to BPC          Executive Team review of C&amp;M Hospital Cell Digital Objectives          C&amp;M Chief Information Officers Digital Collaboration Group          National Chief Information Officer Weekly Meetings          Mid term update on implementation of Digital Aspirant Fund shared with Executive and BPC October 2022</p>	<p>Ensuring new Digital Strategy is fully compliant with NHS Digital Aspirant funding objectives.          New Digital Substrategy due to be approved Q4 2022/23</p>

<p><b>Level 3</b>  Critical Applications Audit – Jan 2020  Healthcare Information and Management System Level 5 achieved 2021/22  NHS Digital Maturity Minimum level achieved  NHS EPR maturity achieved  Information Security Management Systems Certification IS27001 accreditation December 2021 reaccrreditation Jan 23  Independent review of Trust approach to Digital Strategy by NHS Digital 2018/19  Acceptance of approach and contribution to ICS by C&amp;M Digit@LL  NHSX monitoring Digital Aspirant via CORA against LoA.  Data Security and Protection Toolkit annual audit and submission</p>	
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<b>Corrective Actions:</b> To address gaps in control and gaps in assurance		<b>Action Owner</b>	<b>Forecast Completion Date</b>	<b>Action Status</b>
1	New Digital Substrategy with MIAA / C&M ICS to be approved by Board. Initially paused while Trust Strategy approved and ICB digital strategy which both have now been published <b>UPDATE further deferral to March Board</b>	CPO	<del>May 2024</del> <del>December 2024</del> <del>September 2022</del> <del>November 2022</del> <b>March 2023</b>	In progress Executive Group Oct 22 BPC Nov 22
2	HIMMS level 6 UPDATE: Paused due to reliance on LUFHT Pharmacy upgrade and Blood Bank to complete closed loop. <b>UPDATE: Awaiting first project group with LUHFT</b>	CDIO	October 2023	<del>In progress</del> Paused
3	Deliver final FM3 sign off by NHSEI	CDIO	September 2022	<b>Completed</b>
4	MIAA Technical Services Gap Audit (audit committee Aug 22) corrective actions	CDIO	<del>October 2022</del> <del>February 2023</del> <b>March 2023</b>	In Progress
5	Transcription of risks from ISMS risk register to Datix inline with migration by NHSD from Sharepoint, which is being decommissioned April 2023	CDIO	<del>Feb 2023</del> <b>April 2023</b>	Ongoing
6	Financial and non-financial benefits and impact of digital aspirant programme to be assessed at project end.	CPO	April 2023	<del>New Action</del> <b>In progress</b>

Report to Trust Board  
6 April 2023

<b>Report Title</b>	Principal Risks 2023/24		
<b>Executive Lead</b>	Jan Ross, Chief Executive		
<b>Author (s)</b>	Katharine Dowson, Corporate Secretary		
<b>Action Required</b>	To approve		
<b>Level of Assurance Provided</b> <i>(do not complete if not relevant e.g. work in progress)</i>			
<input checked="" type="checkbox"/> <b>Acceptable assurance</b> Systems of controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/> <b>Partial assurance</b> Systems of controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/> <b>Low assurance</b> Evidence indicates poor effectiveness of system of controls	
<b>Key Messages</b>			
<ul style="list-style-type: none"> <li>New principal risks for 2023/24 following consultation and development with Board Members</li> </ul>			
<b>Next Steps</b>			
<ul style="list-style-type: none"> <li>Each risk to be developed into full Board Assurance Framework (BAF) risks with the Executive Lead for the Quarter 1 report to Board</li> </ul>			
<b>Related Trust Strategic Ambitions and Themes</b>		<b>Impact</b> <i>(is there an impact arising from the report on any of the following?)</i>	
All Applicable		Not Applicable	Not Applicable
<b>Strategic Risks</b> <i>(tick one from the drop down list; up to three can be highlighted)</i>			
All Risks	Choose an item.	Choose an item.	
<b>Equality Impact Assessment Completed</b> <i>(must accompany the following submissions)</i>			
Strategy <input type="checkbox"/>	Policy <input type="checkbox"/>	Service Change <input type="checkbox"/>	
<b>Report Development</b> <i>(full history of paper development to be included, on second page if required)</i>			
<b>Committee/ Group Name</b>	<b>Date</b>	<b>Lead Officer (name and title)</b>	<b>Brief Summary of issues raised and actions agreed</b>
Board Development Day	9 March 2023	K Dowson, Corporate Secretary	Agree to maintain the 12 risks. Changes made to wording on some risks.
Executive Directors	1 March 2023	K Dowson, Corporate Secretary	Review and comments received

## Principal Risks 2023/24

### Executive Summary

1. Twelve principal risks (Appendix 1) have been proposed by Executive Directors, in consultation with the Trust Board. These are the principal risks to achieving the key elements/ ambitions of the Trust Strategy 2022-25.

### Review of Principal Risks 2022/23

2. In 2022 new principal risks were developed to tie in with the new Trust Strategy 2022-25 and these have been reviewed throughout the year by Executive Leads, Board Committees and the Board on a quarterly basis. The movements in risk scoring and the development of controls, actions and assurance throughout 2022/23 are to be considered by the Board as part of the closure of the 2022/23 BAF at the meeting on 6 April 2023.
3. All the risk descriptors have been reviewed to ensure the words remain relevant and the risk is fit for purpose. Wording has been updated slightly as required to reflect the move into the new financial year. Scoring and the risk appetite for each area remains as it was at the end of 2022/23 for all except BAF012 digital. No new areas were identified for inclusion.
4. Following discussions at the Board Development Day in March the Digital risk was reworded to reflect the change in focus from digital aspirant to the delivery of the Digital Substrategy. A new risk score and risk appetite will be assessed as part of the quarter 1 review for approval at Board.
5. BAF008 Medical Education was also reworded to reflect the move from the development of a national Medical Educational offer to the delivery of a national Medical Education offer. The scoring and risk appetite for BAF008 remains the same.

### Conclusion

6. The twelve risks were considered by the Executive Team and then by the Board at a Board Development Day in March and it was agreed that these risks remain the key principal risks that could prevent the delivery of the Trust Strategy.

### Recommendation

To approve

**Author: K Dowson**  
**Date: March 2023**

## Appendix 1 – Proposed Principal Risks 2023/24

## Proposed Principal Risks 2023/24

Links to Substrategies - **People** **Quality** **Digital** **Finance and Commercial Development** **Estates, Facilities & Sustainability**

Strategic Ambitions	Principal Risks		
Leadership: Clinically led leadership, with the right skills and values to deliver sustainable health services	<p><b>BAF 001</b> If the Trust does not deliver high quality care for all patients then this will lead to adverse clinical outcomes for patient and a deterioration of the patient, staff and family experience which may impact on the reputation of the Trust.  <b>Risk Owner: Chief Nurse</b>  <b>Assurance Committee: Quality</b>  <b>2023/24 Risk Score: 12</b>  <b>Appetite: Cautious</b></p>	<p><b>BAF 004</b> If the Trust does not deliver its agreed activity for the year and meet its weighted (based on 2019/20) levels of activity then patient care and experience will be impacted and there will be financial and reputational impacts for the Trust.  <b>Risk Owner: Chief Operating Officer</b>  <b>Assurance Committee: BPC</b>  <b>2023/24 Risk Score: 9</b>  <b>Appetite: Cautious</b></p>	<p><b>BAF 005</b> If the Trust does not provide the right culture, environment, and opportunities for staff to develop, learn and progress the organisation will not have well led services or experienced staff. This will reduce the Trust's ability to operate in system working or provide well led, high quality services and this could lead to poor staff experience and the requirement for additional resource to recruit and train new staff.  <b>Risk Owner: Chief People Officer</b>  <b>Assurance Committee: BPC</b>  <b>2023/24 Risk Score: 12</b>  <b>Appetite: Cautious</b></p>
Collaboration: Working closely with partners and across internal teams to develop high quality standardised services	<p><b>BAF002</b> If the Trust does not succeed in developing and leading well led high quality standardised regional care pathways and networks with system partners that meet patient needs, then patient care and experience may deteriorate and the Trust will not achieve its ambition of providing outstanding and equitable care which addresses health inequalities in our population.  <b>Risk Owner: Medical Director</b>  <b>Assurance Committee: Quality</b>  <b>2023/24 Risk Score: 9</b>  <b>Appetite: Open</b></p>	<p><b>BAF 003</b> If the Trust does not deliver its financial plan for 2023-24 the Trust's standing and influence in the system will be diminished and this may result in less resource and opportunities in the future for the Trust to grow and meet its strategic ambitions.  <b>Risk Owner: Chief Executive</b>  <b>Assurance Committee: BPC</b>  <b>2023/24 Risk Score: 12</b>  <b>Appetite: Open</b></p>	
Social Responsibility: Supporting local communities and staff to prevent and support physical and mental health issues and be an Anchor Institution for Liverpool.	<p><b>BAF 006</b> If the Trust does not support its local community to prevent adverse health outcomes and prioritise wellbeing work for staff, then it will require more resource in the long-term to address the issues that arise from health inequalities for our staff and population.  <b>Risk Owner: Chief Executive</b>  <b>Assurance Committee: SBAC(HIC)</b>  <b>2023/24 Risk Score: 12</b>  <b>Appetite: Open</b></p>	<p><b>BAF 007</b> If the Trust does not maximise its opportunities to acquire capital funding then it may not have enough resource to deliver its estates and wider strategies and provide a fit for purpose environment for staff and patients leading to poor staff morale, poor patient experience and the risk of increased backlog maintenance.  <b>Risk Owner: Chief Finance Officer</b>  <b>Assurance Committee: BPC</b>  <b>2023/24 Risk Score: 9</b>  <b>Appetite: Cautious</b></p>	<p><b>BAF 011</b> If Cyber Security attacks continue to evolve and grow then the Trust may be subject to a successful attack which may lead to service disruption, loss of data, sanctions, financial penalties and a loss of public confidence.  <b>Risk Owner: Chief Finance Officer</b>  <b>Assurance Committee: BPC</b>  <b>2023/24 Risk Score: 15</b>  <b>Appetite: Averse</b></p>
Education, training and learning: Expand the teaching offer to deliver at a national level for neurosciences education and training and improve the quality of care for patients with neurological symptoms.	<p><b>BAF008</b> If the Trust does not effectively manage the increase in demand regionally and nationally for its Medical Education offer, then the Trust will not meet its ambition to offer a national medical education training programme in Neurosciences.  <b>Risk Owner: Chief People Officer</b>  <b>Assurance Committee: RIME</b>  <b>2023/24 Risk Score: 9</b>  <b>Appetite: Open</b></p>		
Research and Innovation: Deliver high-quality clinical research with partners and develop innovative solutions to improve patient outcomes and experience and shape organisational culture	<p><b>BAF 009</b> If the Trust does not develop a sustainable business model and strategy for research it will not attract the right staff or the research projects necessary for the Trust to become a world-class centre for Neurosciences and innovation  <b>Risk Owner: Chief People Officer</b>  <b>Assurance Committee: RIME</b>  <b>2023/24 Risk Score: 12</b>  <b>Appetite: Open</b></p>	<p><b>BAF 010</b> If the Trust does not develop a culture where staff are able to innovate, develop solutions and put patient care first then it will not attract external funding and the right staff to support the ambitions of the Trust  <b>Risk Owner: Chief Executive</b>  <b>Assurance Committee: RIME</b>  <b>2023/24 Risk Score: 12</b>  <b>Appetite: Adventurous</b></p>	<p><b>BAF 012</b> If the Trust fails to deliver its digital commitments and its ambition to harness the full potential of digital technologies, increase its digital maturity and prioritise digital inclusion it could lead to poor patient and staff experience, missed opportunities and reputational damage  <b>Risk Owner: Chief People Officer</b>  <b>Assurance Committee: BPC</b>  <b>2023/24 Risk Score: tbc</b>  <b>Appetite: tbc</b></p>



## Report to Trust Board 6 April 2023

<b>Report Title</b>	Risk Appetite Statement		
<b>Executive Lead</b>	Morag Olsen, Interim Chief Nurse		
<b>Author (s)</b>	Mike Duffy – Head of Risk & Governance & Katharine Dowson (Corporate Secretary)		
<b>Action Required</b>	To approve		
<b>Level of Assurance Provided</b> <i>(do not complete if not relevant e.g. work in progress)</i>			
<input type="checkbox"/> <b>Acceptable assurance</b> Systems of controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/> <b>Partial assurance</b> Systems of controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/> <b>Low assurance</b> Evidence indicates poor effectiveness of system of controls	
<b>Key Messages</b> <i>(2/3 headlines only)</i>			
<ul style="list-style-type: none"> <li>• Risk Appetite is the amount of risk that the Board is willing to see or accept in the pursuit of its strategic ambitions</li> <li>• The Board will review its risk appetite statement on an annual basis and/or following any significant changes or events</li> </ul>			
<b>Next Steps</b> <i>(actions to be taken following agreement of recommendation/s by Board/Committee)</i>			
<ul style="list-style-type: none"> <li>• The Board is asked to approve its Risk Appetite Statement for 2023/24. Once agreed, the statement will be incorporated within the Risk Management Framework and reviewed on an annual basis</li> </ul>			
<b>Related Trust Strategic Ambitions and Themes</b>		<b>Impact</b> <i>(is there an impact arising from the report on any of the following?)</i>	
All Applicable		Not Applicable	Not Applicable
<b>Strategic Risks</b> <i>(tick one from the drop down list; up to three can be highlighted)</i>			
Not Applicable	Choose an item.	Choose an item.	
<b>Equality Impact Assessment Completed</b> <i>(must accompany the following submissions)</i>			
Strategy <input type="checkbox"/>	Policy <input type="checkbox"/>	Service Change <input type="checkbox"/>	
<b>Report Development</b> <i>(full history of paper development to be included, on second page if required)</i>			
<b>Committee/ Group Name</b>	<b>Date</b>	<b>Lead Officer (name and title)</b>	<b>Brief Summary of issues raised and actions agreed</b>
n/a			

## Risk Appetite Statement 2023/24

### Introduction

1. During 2022/23, the Board commissioned a review of the Trust's risk management processes and strategy to ensure it is aligned with the development of the new five-year Trust Strategy. This resulted in the Risk Management Strategy being replaced with a Risk Management Framework. This also included a review and subsequent implementation of new systems and processes to strengthen arrangements for the management of risk. Amendments to the risk flows and committee structure processes were presented and agreed by the executive team, including the scheduling and reporting of risks to various groups dependent on grading.
2. The Trust's new Risk Management Framework includes 5 objectives, one of which included the development of a risk appetite statement, to be approved by the Board and reviewed on an annual basis. Risk appetite is defined as 'the amount and type of risk that an organisation is willing to take in order to meet its strategic objectives'.
3. The risk appetite statement outlines the Board's appetite for risk taking and aligns to the Trust's strategic ambitions. This clear understanding of the Board's appetite for risk taking is necessary to steer and influence the development of appropriate risk mitigation strategies and systems of control which will act as a point of reference for operational and strategic decision-making.

The proposed Statement is given below:

### Risk Appetite Statement 2023/24

4. The Board recognises that the long-term sustainability of the Trust and improving patient care depends upon the achievement of its 2022-25 strategy, the delivery of its strategic ambitions and its relationships with its patients, staff, local communities, and strategic partners. To be successful, the Trust must take risks, but in a managed way and to a level which is deemed acceptable.
5. This risk appetite statement describes the Trust's attitude to risk which will act as a point of reference for strategic and operational decision-making.
6. The Trust endeavours to establish a positive risk culture within the organisation, where unsafe practice (clinical, financial, etc.) is not tolerated and where every member of staff feels committed to identify and correct/escalate system weaknesses.
7. The Trust also wants staff to be empowered to take considered and thoughtful risk where the long-term benefits outweigh any short-term losses. Well managed risk taking will ensure that the skills, ability and knowledge are in place to support innovation, maximise opportunities to further improve services and work in collaboration with partners to improve services for patients.
8. The risk appetite set by the Board of Directors is necessarily more open than in previous years, this is partly due to the increasing maturity of the Board and the setting of an ambitious Trust Strategy (2022-25) which was approved by the Board in 2022. The NHS is experiencing unprecedented challenges and the Trust needs to move towards greater

collaboration particularly across the Integrated Care System (ICS) for Cheshire and Mersey as well as meet the new priorities for the NHS in regard to improving population health outcomes, reducing health inequalities, improving productivity, effective use of resources and provision of the best healthcare.

9. Society also continues to move at pace with changes to healthcare infrastructure needing to reflect societal and technological changes.
10. The Board is committed to ensuring a robust infrastructure is in place to manage risks from operational level to board level, ensuring demonstrable improvements can be put in place.
11. Risk Appetite is the amount of risk that the Board is willing to see or accept in the pursuit of its strategic ambitions. The Trust has an established matrix of risk appetite definitions (Table 1).

Table 1

Risk Appetite Categories	
<b>AVERSE</b>	Prepared to accept only the very lowest levels of risk, with the preference being for ultra-safe delivery options, while recognising that these will have little or no potential for reward/return.
<b>CAUTIOUS</b>	Willing to accept some low risks, while maintaining an overall preference for safe delivery options despite the probability of these having mostly restricted potential for reward/return.
<b>MODERATE</b>	Tending always towards exposure to only modest levels of risk in order to achieve acceptable, but possibly unambitious outcomes.
<b>OPEN</b>	Prepared to consider all delivery options and select those with the highest probability of productive outcomes, even when there are elevated levels of associated risks.
<b>ADVENTUROUS</b>	Eager to seek original/creative/pioneering delivery options and to accept the associated substantial risk levels in order to secure successful outcomes and meaningful reward/return.

12. As a healthcare provider the most important priority of the Trust is to ensure safe, high quality and timely care for patients. The Trust will have a CAUTIOUS approach to the delivery of day-to-day care and will minimise risks that have the potential to cause harm to people, whether they be patients, staff, visitors or the public.
13. Global conflicts and technological developments have created heightened risks in regard to data security and data protection. The Trust will have an AVERSE appetite to cyber security which could lead to service disruption, financial penalties, loss of data and sanctions.
14. The digital agenda will continue to underpin clinical innovation and the delivery of services and is integral to all new developments; however developments in this area can be resource intensive and the Trust must ensure that the impact on patients and staff is understood and that data protection is a priority; therefore the Trust will be CAUTIOUS in this area.
15. Supporting the Trust's staff and providing the right culture, environment and opportunities for staff to develop, learn and progress is essential. The Trust will have a CAUTIOUS appetite for risks in this area in order to retain and attract high quality staff and deliver the best care and experience for patients and families.
16. The Trust will have a more open attitude to risk in relation to working with partners in

collaboration and will be more OPEN to taking risks for the Trust if there is a benefit of the wider healthcare system and for patients. This could include better service provision or financial support, as establishing new services and pathways may require a managed level of risk to achieve long-term benefits.

17. The Walton Centre is an anchor institution, this means recognising the impact of a large organisation on its local community in terms of its economic and social value in providing work locally as well as engaging with its communities and influencing politically and socially. The Trust will be OPEN to exploring new opportunities to add social value and address health inequalities for its staff and local populations.
18. As a University Hospital the Trust needs to maximise its research capabilities and will be OPEN to developing new programmes that could improve patient care. Encouraging innovation amongst staff across research and all aspects of the Trust is key to the Trust's Strategy and therefore the Board is prepared to be ADVENTUROUS in how it creates the right culture for staff to innovate.
19. The Board, on behalf of the Trust will review its risk appetite statement on an annual basis and/or following any significant changes or events.

#### **Recommendation**

20. The Board is asked to approve its Risk Appetite Statement for 2023/24. Once agreed, the statement will be incorporated within the Risk Management Framework and reviewed on an annual basis.

**Author: Mike Duffy & Katharine Dowson**

**Date: 28 March 2023**

**Report to Trust Board**  
**14/03/2023**

<b>Report Title</b>	Integrated Performance Report		
<b>Executive Lead</b>	Lindsey Vlasman - Chief Operating Officer		
<b>Author (s)</b>	Rebecca Sillitoe – Senior Information Analyst		
<b>Action Required</b>	To note		
<b>Level of Assurance Provided</b> <i>(do not complete if not relevant e.g. work in progress)</i>			
<input type="checkbox"/> <b>Acceptable assurance</b> Systems of controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input checked="" type="checkbox"/> <b>Partial assurance</b> Systems of controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/> <b>Low assurance</b> Evidence indicates poor effectiveness of system of controls	
<b>Key Messages</b> <i>(2/3 headlines only)</i>			
<ul style="list-style-type: none"> <li>See summary for performance overview</li> </ul>			
<b>Next Steps</b> <i>(actions to be taken following agreement of recommendation/s by Board/Committee)</i>			
<ul style="list-style-type: none"> <li>Ongoing</li> </ul>			
<b>Related Trust Strategic Ambitions and Themes</b>		<b>Impact</b> <i>(is there an impact arising from the report on any of the following?)</i>	
All Applicable		Not Applicable	Not Applicable
<b>Strategic Risks</b> <i>(tick one from the drop down list; up to three can be highlighted)</i>			
001 Quality Patient Care	004 Operational Performance	003 System Finance	
<b>Equality Impact Assessment Completed</b> <i>(must accompany the following submissions)</i>			
Strategy <input type="checkbox"/>	Policy <input type="checkbox"/>	Service Change <input type="checkbox"/>	
<b>Report Development</b> <i>(full history of paper development to be included, on second page if required)</i>			
<b>Committee/ Group Name</b>	<b>Date</b>	<b>Lead Officer (name and title)</b>	<b>Brief Summary of issues raised and actions agreed</b>
n/a			

# Integrated Performance Report

## Executive Summary

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

### Operations & Performance Indicators

#### High Performing

Cancer Standards  
Diagnostics  
28 Day Emergency Readmissions  
% of Patients on a PIFU

#### Opportunity for improvement

Referral to Treatment Waits  
Activity Restoration  
Theatres

#### Underperforming

### Workforce Indicators

#### High Performing

Vacancies

#### Opportunity for improvement

Mandatory Training  
Turnover

#### Underperforming

Appraisal Compliance  
Sickness/Absence

### Quality Indicators

#### High Performing

CAUTI  
VTE  
Hospital Acquired Pressure Ulcers  
Mortality  
Friends and Family Test  
Moderate Harm Falls  
Surgical Site Infections  
Infection Control  
Serious Incidents

#### Opportunity for improvement

VTE Risk Assessments  
14 Day Stranded Patients (Flow)

#### Underperforming

Hospital Acquired E. Coli (YTD)  
Hospital Acquired MSSA  
Hospital Acquired Klebsiella Bacteriama  
Complaints

### Finance Indicators

Key Performance Indicators	December	January	February
% variance from plan - Year to date	40.1%	38.2%	50.3%
% variance from plan - Forecast	35.0%	59.4%	59.4%
% variance from efficiency plan - Year to date	2.3%	1.3%	0.6%
% variance from efficiency plan - Forecast	0.0%	0.0%	0.0%
Capital % variance from plan - Year to date	49.0%	33.1%	33.8%
Capital % variance from plan - Forecast	0.0%	0.0%	0.0%
Capital Service Cover *	3.2	3.3	3.5
Liquidity **	39.7	41.7	43.4
Cash days operating expenditure ***	108.5	104.1	106.3
BPPC - Number	85.0%	83.5%	83.8%
BPPC - Value	82.7%	82.3%	82.4%

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

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

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

## Conclusion

As listed above many of the indicators are high performing either against a set target, local improvement or external benchmarking, with only a few indicators underperforming. Theatres performance has improved again this month. Hospital acquired E. Coli (YTD), MSSA and Klebsiella are all above trajectory and will remain underperforming metric for the remainder of this financial year. There is work on going to improve the training and appraisal compliance.

## Recommendation

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

**Author: Rebecca Sillitoe – Senior Information Analyst**

**Date: 14/03/2023**

# Board Report April 2023

Data for February 2023 unless indicated



# Explanation of SPC Charts and Assurance Icons

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

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

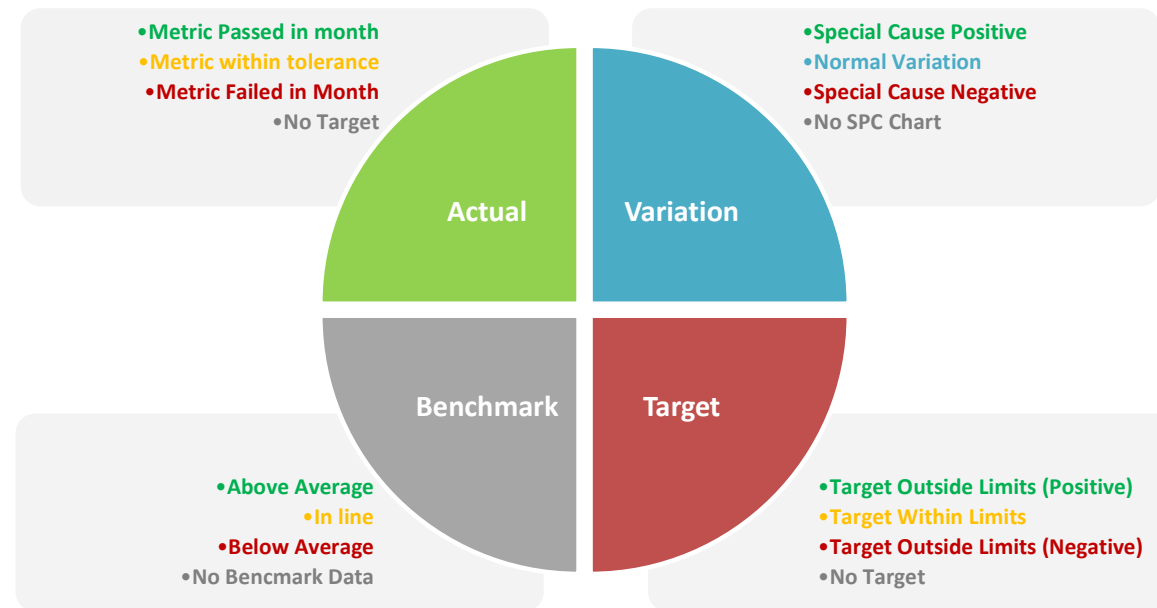
### All SPC charts will follow the below key unless indicated

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

🔍 = Part of Single Oversight Framework   
 ★ = Mandatory Key Performance Indicator

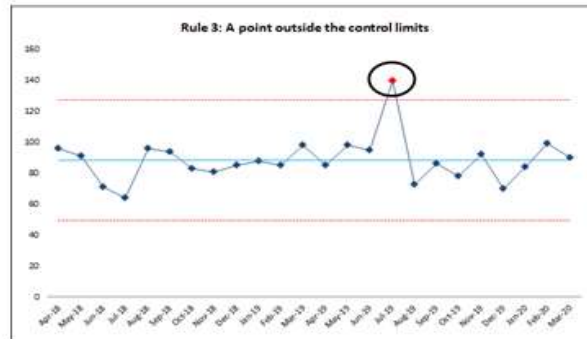
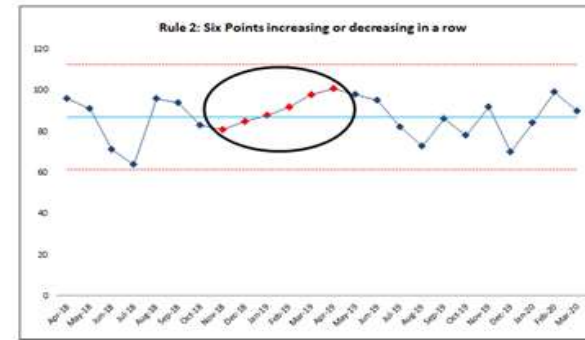
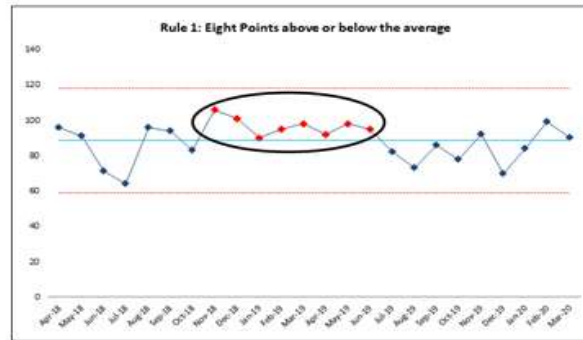
### Assurance Icons (Colour Key)

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



# Statistical Process Control Chart Rules

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



# Operations & Performance Indicators

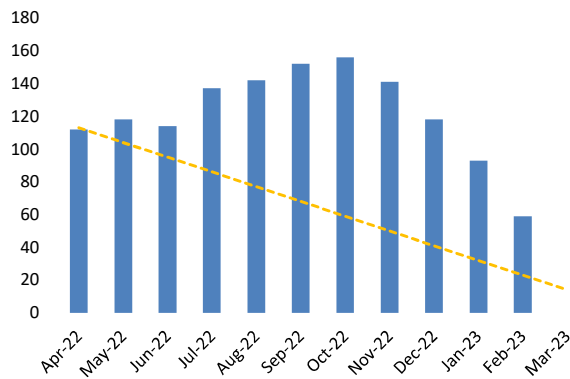
# Referral to Treatment

The number of patients waiting more than 52 weeks for treatment has decreased for the fourth consecutive month and, after two slightly higher months in December and January there is currently only one patient waiting longer than 78 weeks for treatment.

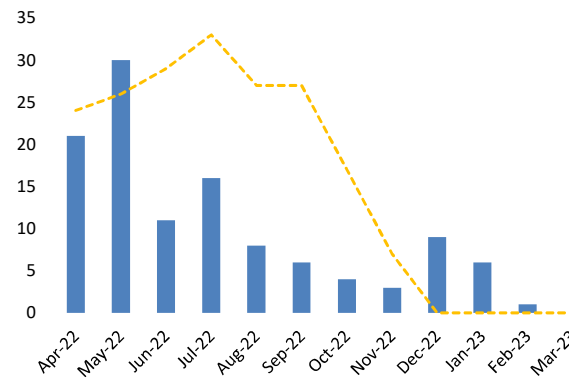
Unfortunately the average waiting times in Wales remains in special cause negative variation with a run of 15 months below mean, the last 9 of which have been below the lower control limit.

As part of plans to restore services to pre-COVID levels, each Trust was required to submit a trajectory along with timescales for reducing long waits.

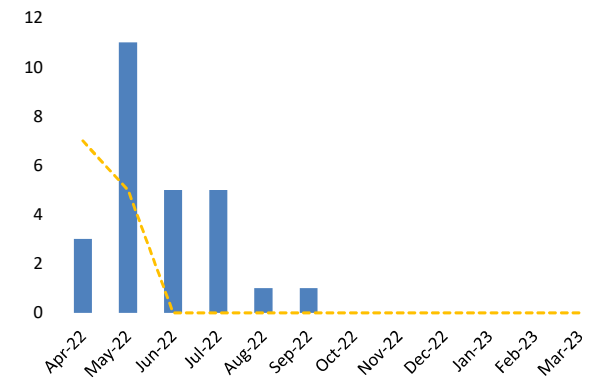
**Number of Pathways waiting 52+ weeks at month end**



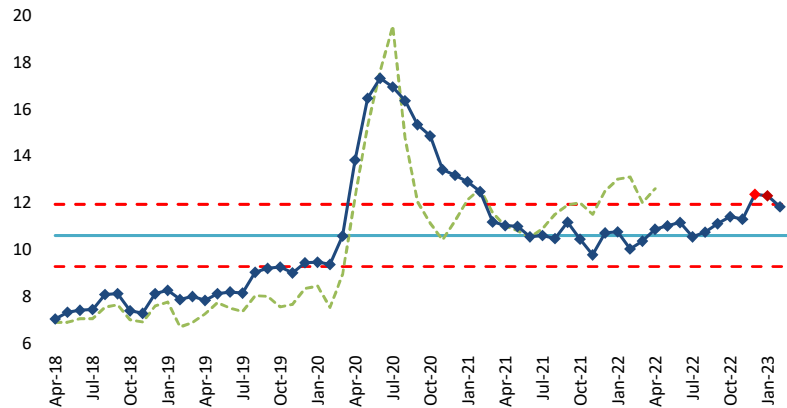
**Number of Pathways waiting 78+ weeks at month end**



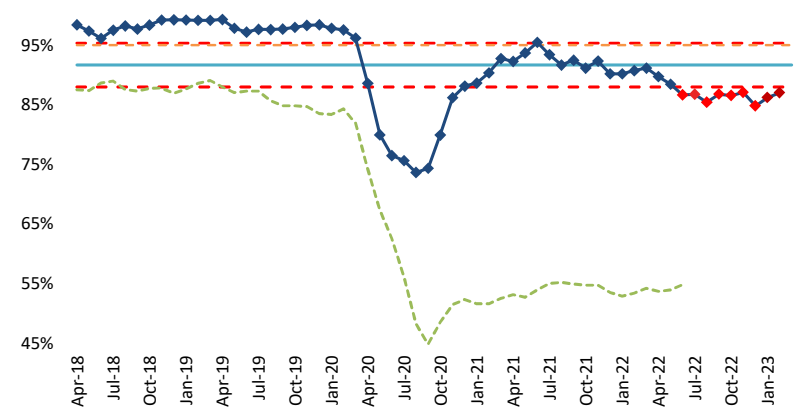
**Number of Pathways waiting 104+ weeks at month end**



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



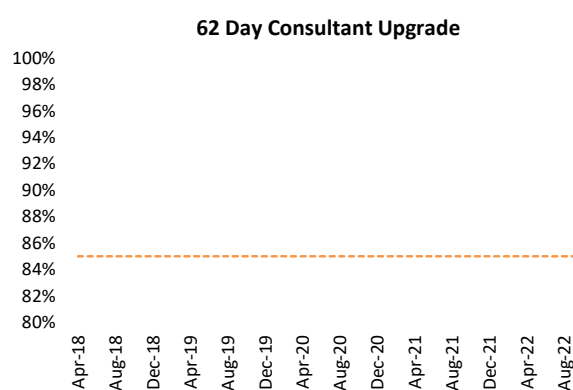
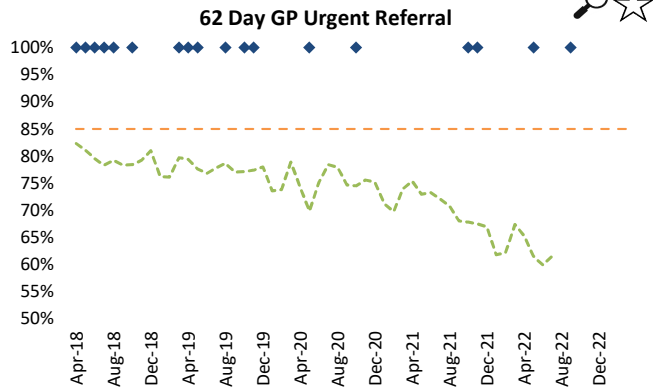
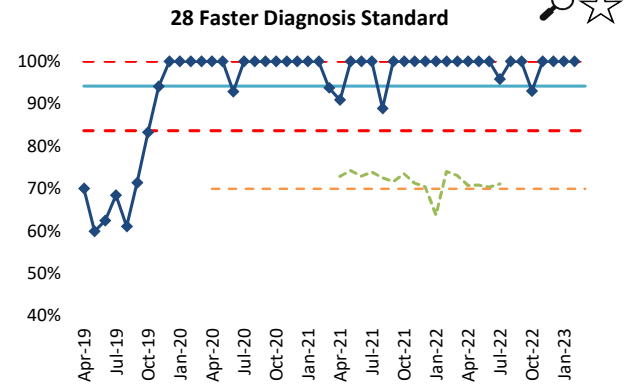
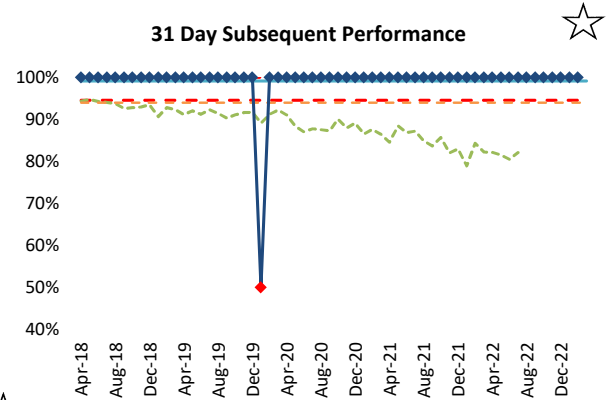
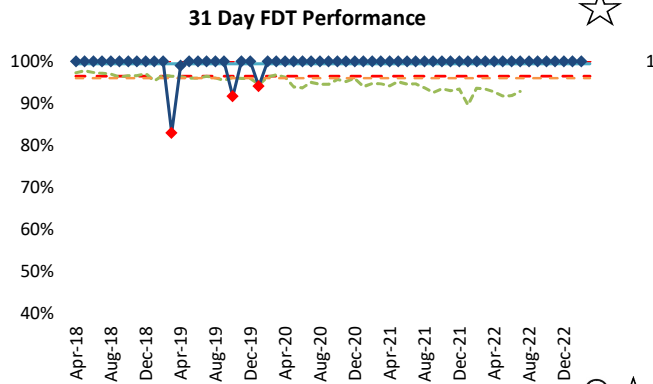
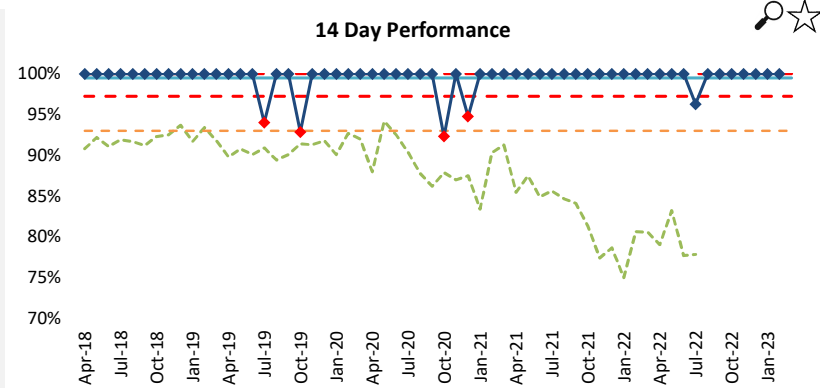
**RTT Welsh Open Performance**



# Cancer Standards

Access Standards	Target	Actual	
Cancer TWW	93%	100%	
Cancer 31 Day FDT	96%	100%	
Cancer 31 Day Sub	94%	100%	
Cancer 62 Day Standard	85%	NA	
28 Day Faster Diagnosis Standard	70%	100%	

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

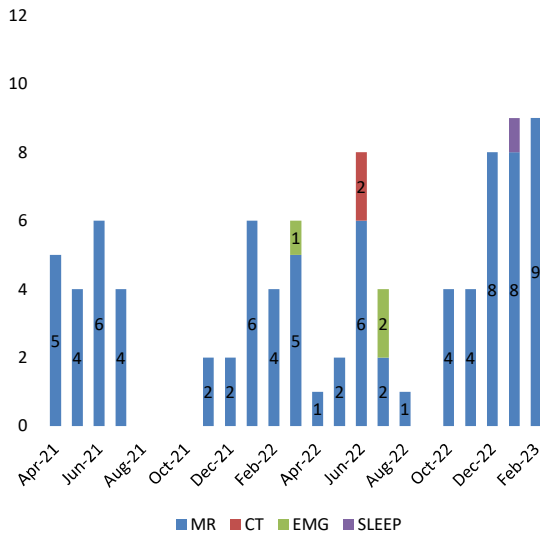


# Diagnostics

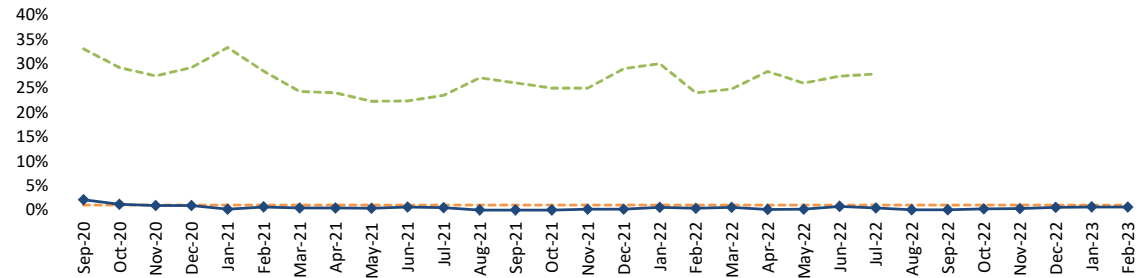
Access Standards	Target	Actual
Diagnostic 6 Week Performance	1%	0.58%

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

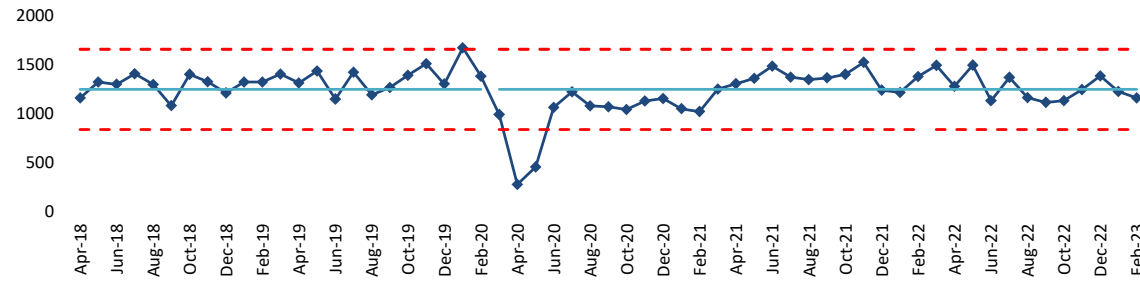
Diagnostic Breaches by Type



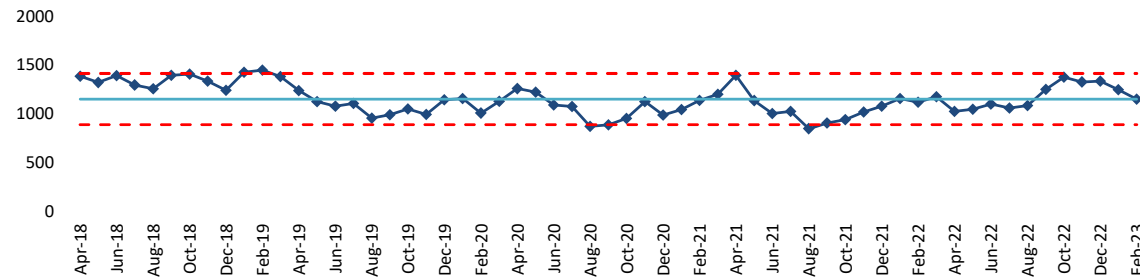
6 Week Diagnostic Performance



Total Diagnostic Activity in Month



Total Diagnostic Waits at Month End



	Target	Actual	Assurance
No. Non Clinical Cancelled Operations	-	10	
% Cancelled operations non clinical on day	0.80%	0.85%	
28 Day Breaches in month	0	5	

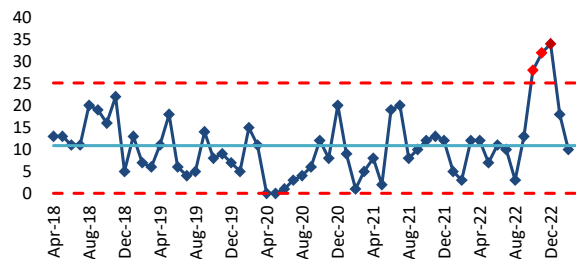
**Non Clinical Cancellations**

Non-clinical cancellations have returned to mean levels this month and, though still high the number of cancelled operations which have not been rebooked within the 28 day period is significantly lower than in previous months and is back within the control limit.

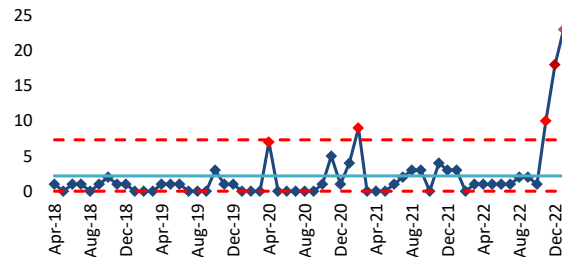
Of the cancellations in February five were due to emergency/trauma, two to industrial action and three to other reasons.

Theatre utilisation has dropped again slightly this month but is well within normal variation.

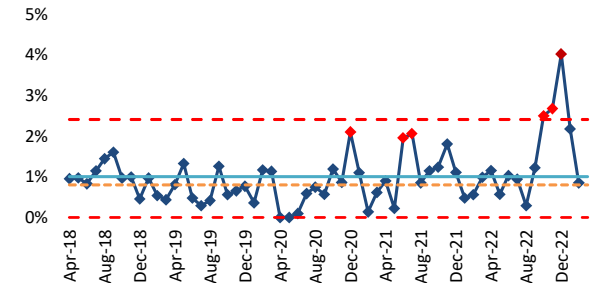
**Number of Cancelled operations non clinical (on day)** ☆



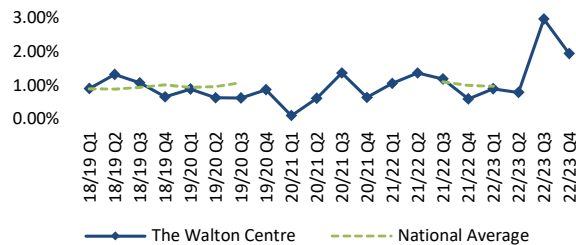
**Number of cancelled operations not re-admitted within 28 days**



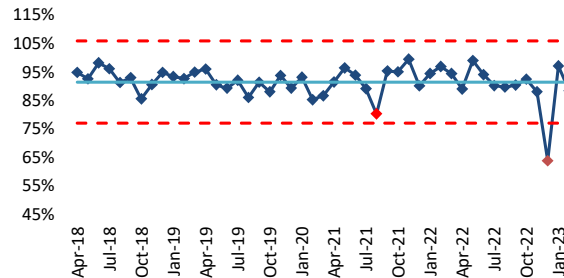
**% of Cancelled operations non clinical (on day)** ☆



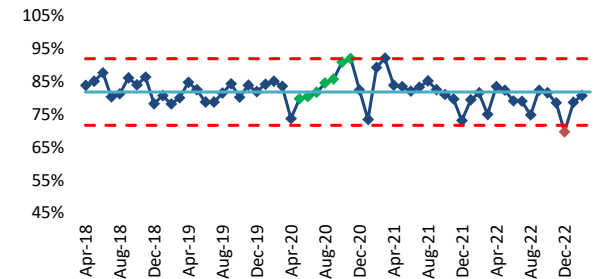
**Non Clinical Cancelled Ops as a % of Elective Admissions**



**Theatre utilisation of Elective Sessions**



**Theatre utilisation of in Session Time**



# Elective Recovery Fund

Legend for all charts on page

--- 19/20 Actual    — 22/23 Actual

## February 2023 Overall Activity Performance

% of 19/20

POD	Actual 22/23	Plan 22/23	Actual	Target*	YTD
Daycase	905	997	99.8%	104%	96.66%
Elective	268	250	111.2%	104%	93.32%
<b>Elective &amp; Daycase Total</b>	<b>1173</b>	<b>1247</b>	<b>102.2%</b>	<b>104%</b>	<b>95.88%</b>
Non Elective	149	-	93.1%	-	94.18%
New Outpatients	4441	4425	104.4%	104%	105.13%
Follow Up Outpatients	7052	7509	93.9%	100%	99.54%
English Admitted Stops	292	268	113.2%	110%	88.00%
English Non Admitted Stops	1896	1845	106.9%	110%	105.02%
<b>Total English Stops</b>	<b>2188</b>	<b>2113</b>	<b>107.7%</b>	<b>110%</b>	<b>102.95%</b>

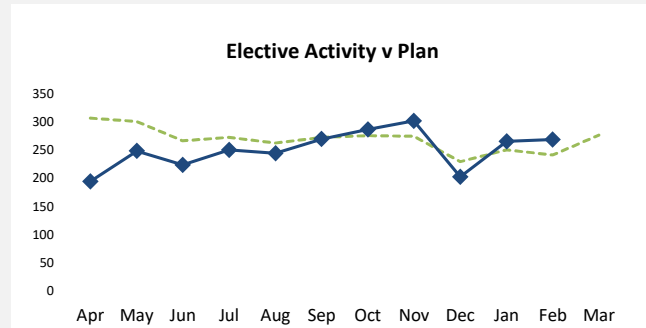
Operational planning for 2022/23 set Trusts the ambition to increase new outpatient appointments, Elective and Daycase activity to 110% of 19/20 level by March 2023 which is measured using RTT Stops.

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

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

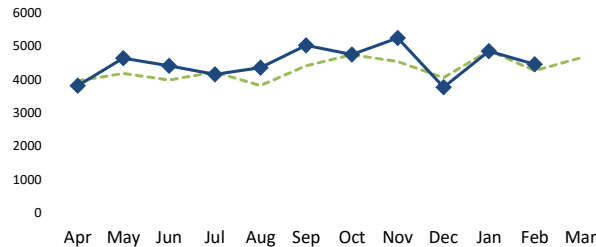
There is no target set against Non Elective activity.

The information on this slide is raw activity for all Walton Centre patients and is unweighted.

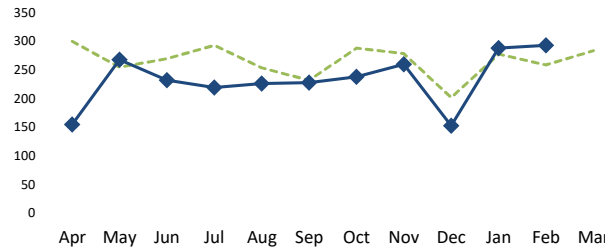


\*Target a guide for ERF purposes

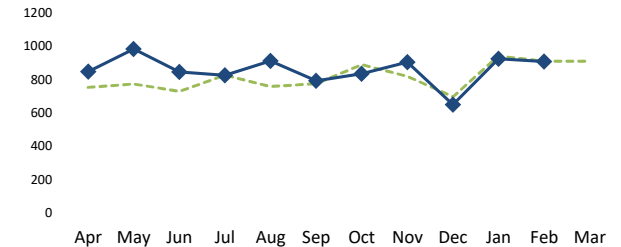
New Outpatients Activity v Plan



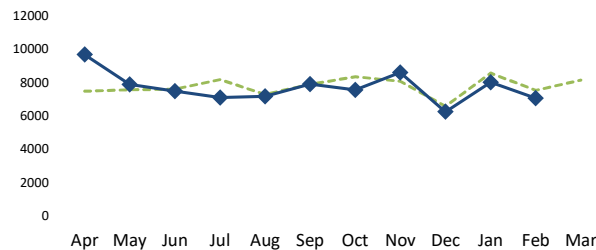
English Admitted Stops



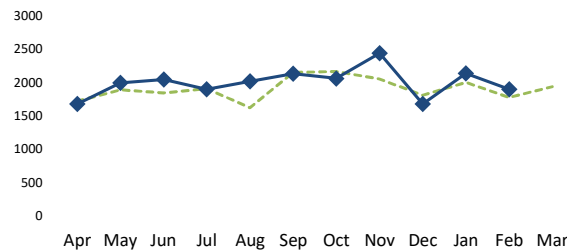
Daycase Activity v Plan



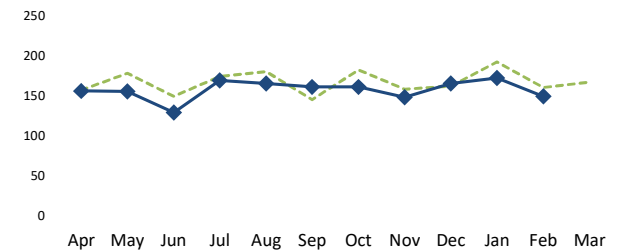
Follow Up Outpatients Activity v Plan



English Non Admitted Stops

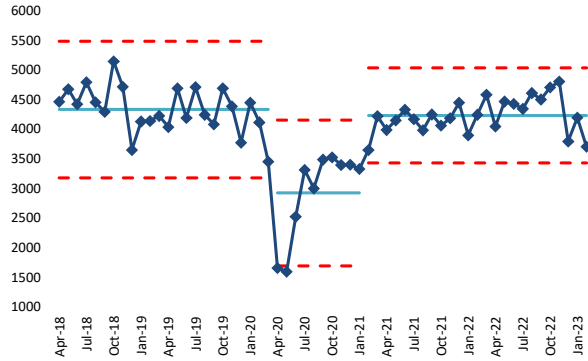


Non Elective Activity v Plan

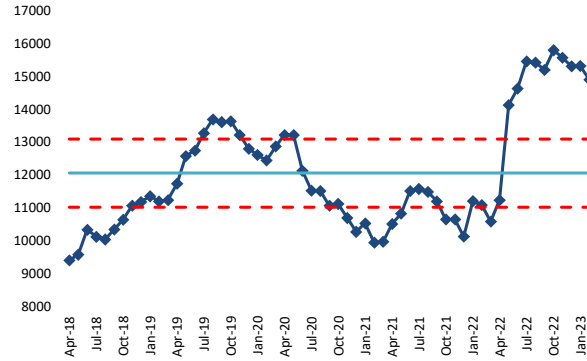




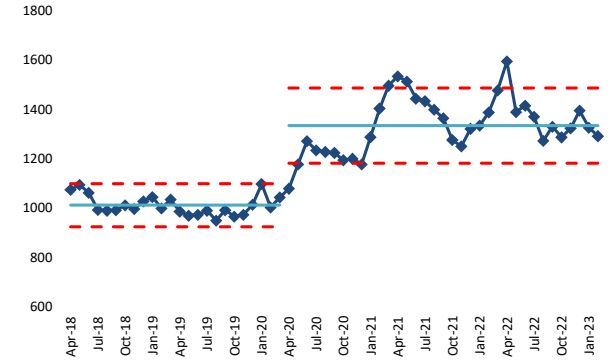
**Total New Referrals Received**



**New Outpatient Waiting List**

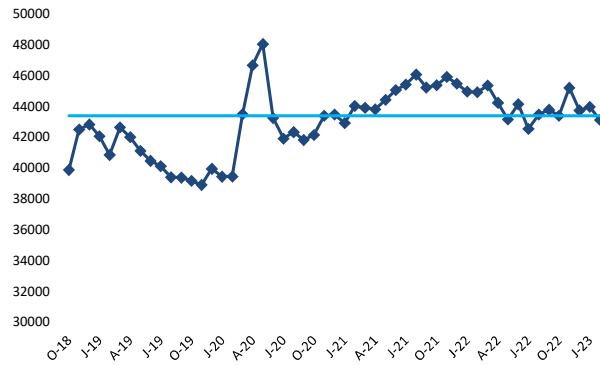


**Inpatient Waiting List**

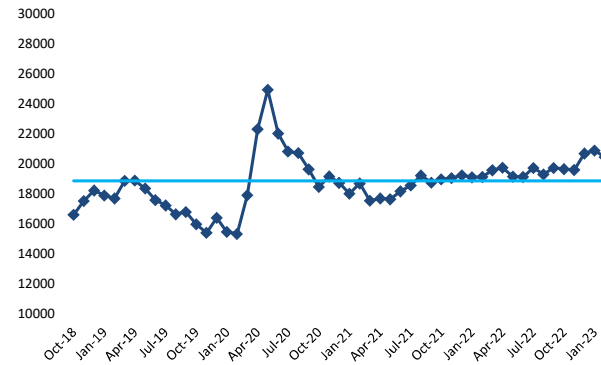


\*Spinal transfer patients added to OPWL

**Follow Up Outpatient Waiting List**



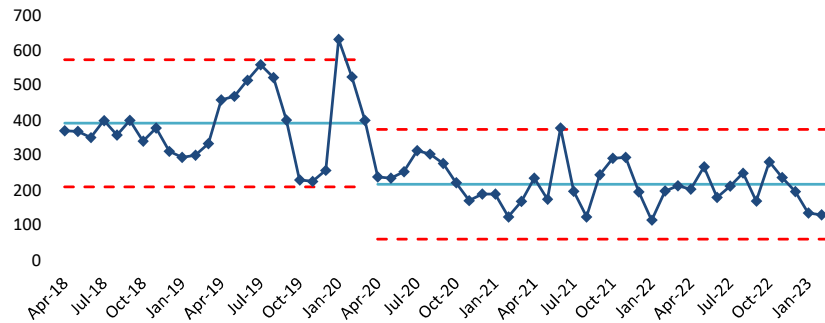
**Follow Up Outpatient Waiting List (Overdue)**



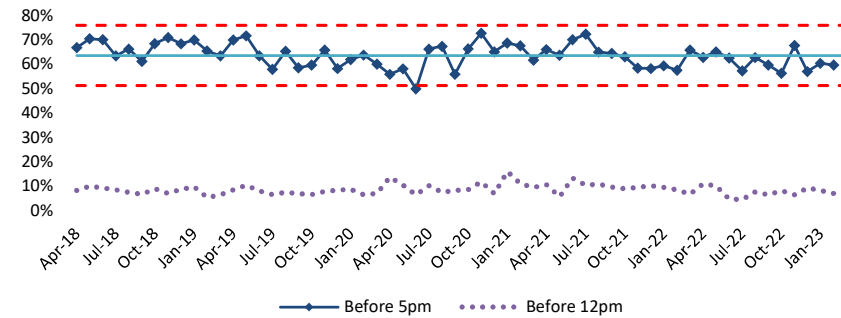
Effective - Flow	Target	Actual	Assurance
% 28 Day Emergency Readmissions (Local)	-	4.71%	
Total Delayed Discharge Days	-	130	
% Discharges by 5pm	-	59.73%	
% 14 Day Stranded Patients	-	28.72%	

The percentage of beds occupied by 14 Day Stranded Patients has decreased again in February and looks to be returning to normal variation.

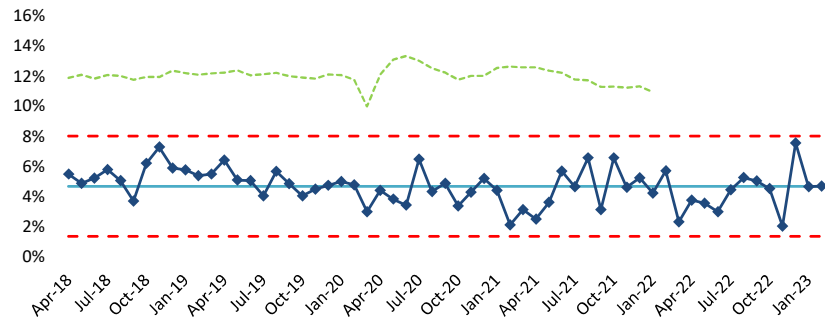
**Total Delayed Transfer of Care Days**



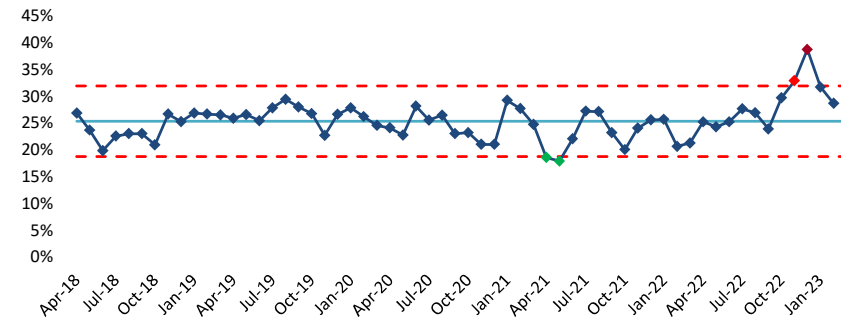
**% Discharges to usual residence before 5pm**



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



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

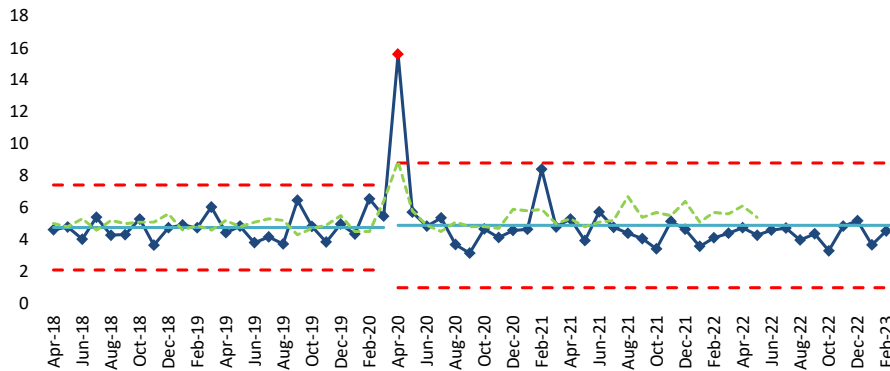


# Flow (Leading Indicators)

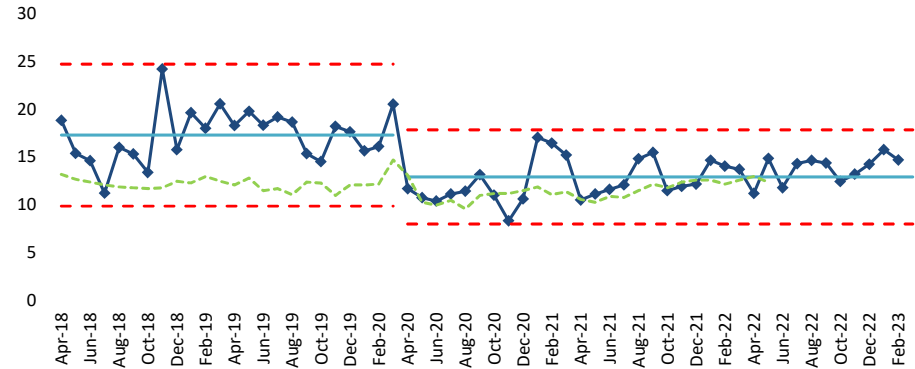
Effective - Flow	Target	Actual	Assurance
Elective LOS	-	4.54	
Non Elective LOS	-	14.70	
Day of Surgery Admission %	-	75.38%	
Daycase Rate	-	77.24%	

Non elective length of stay has decreased in month. All metrics are within normal variation.

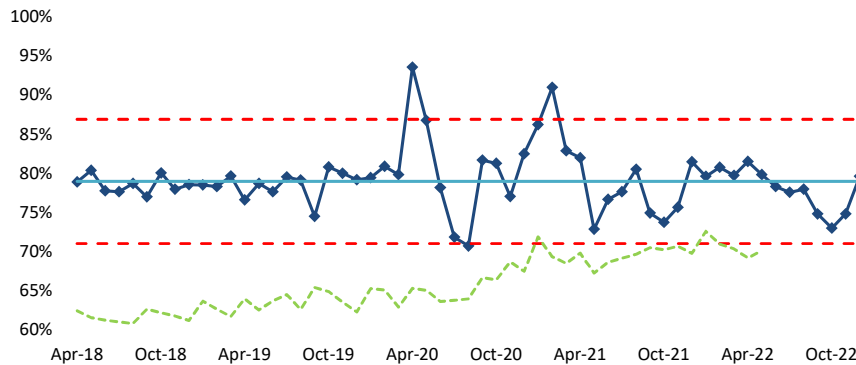
Elective Length of Stay (Days)



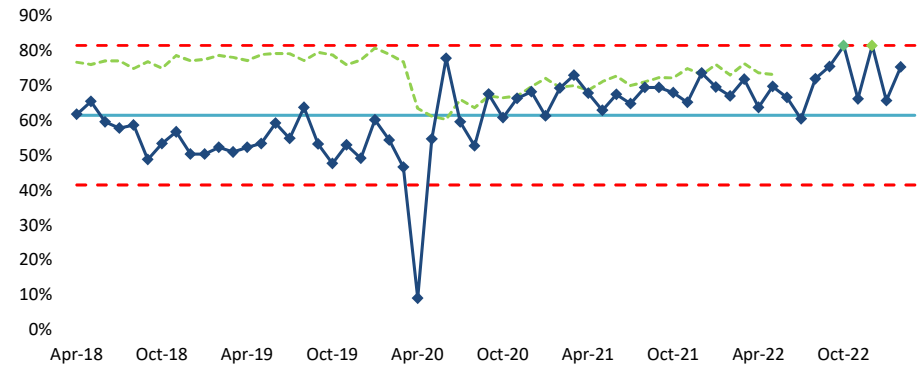
Non Elective Length of Stay (Days)



% of Elective Admissions as Daycases



Day of Surgery Admission %



# Outpatient Transformation

### Virtual Appointments

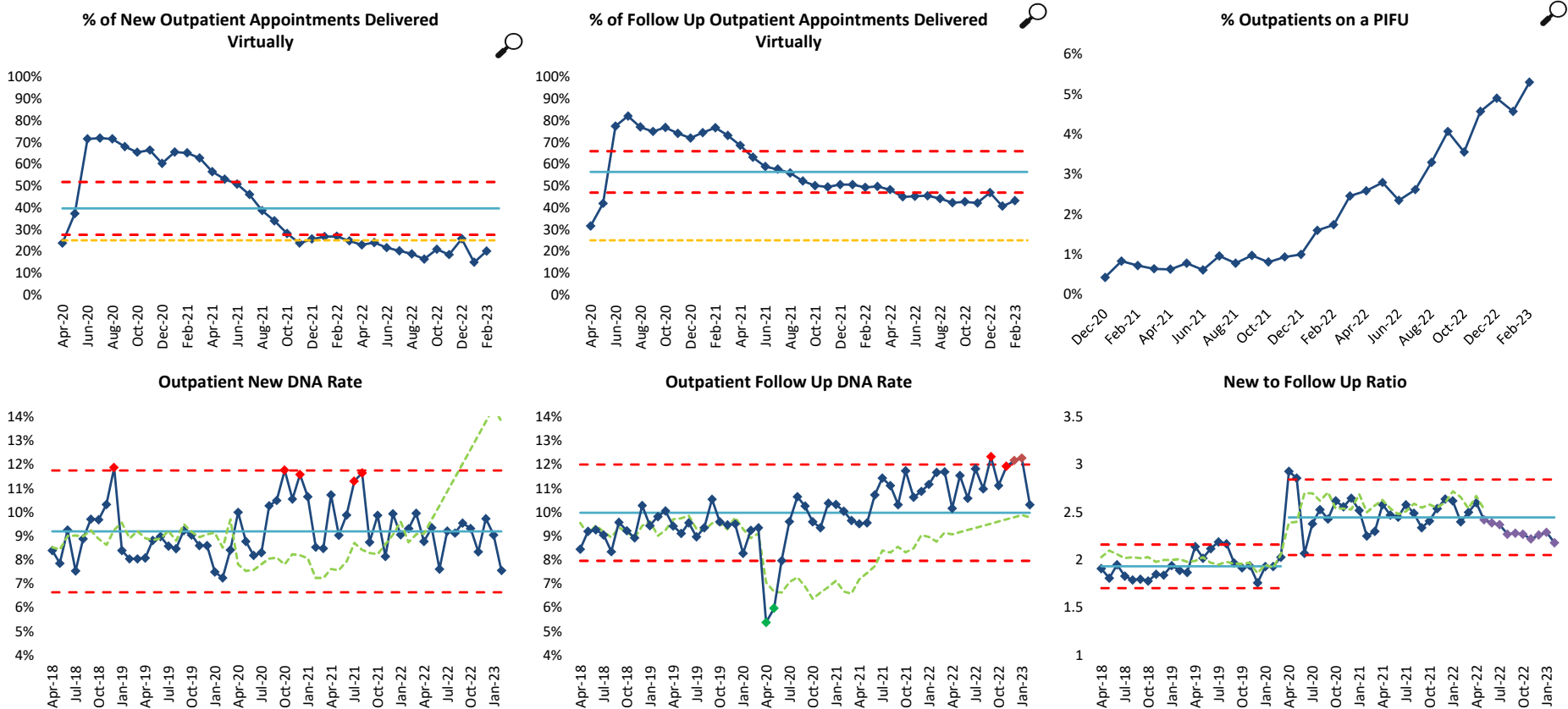
The Trust is required to deliver a minimum of 25% of its total outpatient appointments virtually. Although new appointments have dipped below this threshold in the last two months the trust as a whole remains above the target. Following a switch to deliver mainly virtual appointments during Covid-19 the Trust is reverting appropriate clinics back to face to face where clinically necessary but is expected to remain above the target.

### DNA Rate

Both new and follow up DNA rates have dropped significantly this month, the follow-up rate dropping down from negative special cause variation to be closer to the mean performance.

### Patient Initiated Follow Up (PIFU)

As part of national Outpatient Transformation schemes the guidance is to work towards 5% of our total outpatients on a Patient Initiated Follow Up by March 2023. In February 2023 we achieved 5.3% of outpatient appointment given a PIFU outcome.

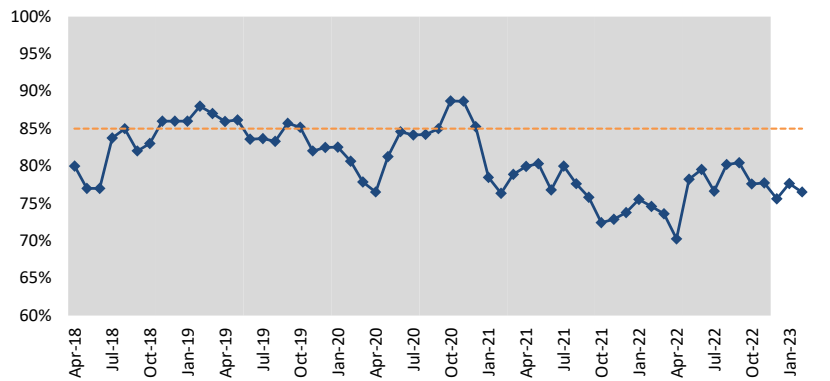


# Workforce Indicators

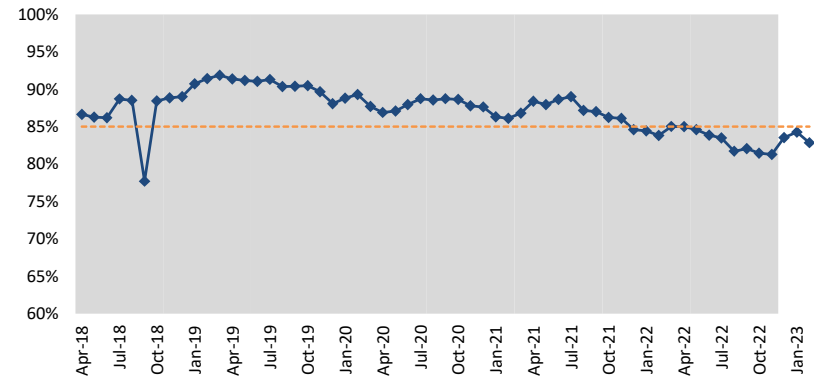
# Workforce KPIs

Well Led - Workforce	Target	Actual	Assurance	Appraisal Compliance
Appraisal Compliance	85%	76.52%		<b>Appraisal Compliance</b> Both appraisal and mandatory training compliance have decreased this month compared to last. The grey shading represents data inclusive of junior doctors and the white background represents months with junior doctors removed.
Mandatory Training Compliance	85%	82.84%		

Appraisal Compliance (Rolling 12 months) ☆



Mandatory Training Compliance (Rolling 12 months) ☆

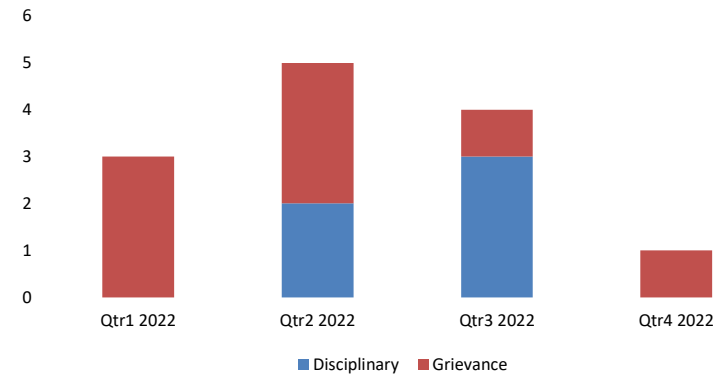


### Grievance and Disciplinary Procedures

Included this month are the number of closed grievance and disciplinary procedures. In the interests of anonymity these have been rolled up to quarter level because several months had only one closed process in month.

It is also important to note that these numbers are for closed procedures only and do not include any currently open procedures.

### Closed Grievance and Disciplinary Procedures



Well Led - Workforce	Target	Actual	Assurance
Sickness / Absence	4.75%	6.33%	
Trust Turnover	-	15.44%	
Nursing Turnover	-	11.29%	
Other Staff Turnover	-	17.53%	

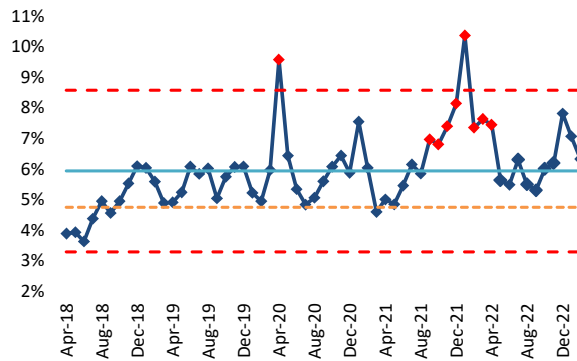
**Sickness/Absence**

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

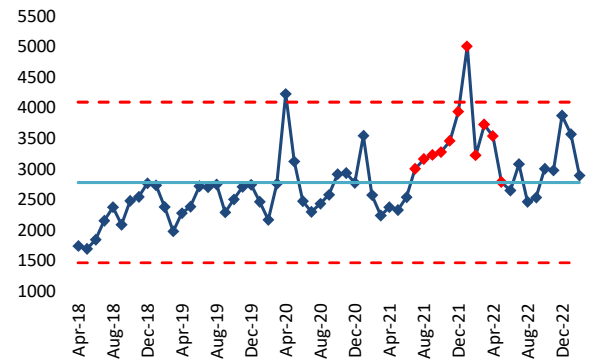
**Turnover**

Overall Turnover for the Trust has significantly increased recently, largely driven by Corporate Services and Non Nursing Staff within Divisions. Nursing turnover is within normal variation and the trust is fully established in this area. Other staff turnover has increased steadily and reflects the pressures within the wider labour market. This is exacerbated by other NHS providers not adhering to principles of agenda for change.

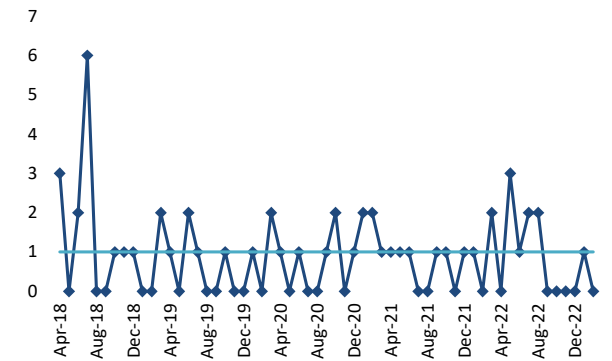
**Sickness/Absence (Monthly)**



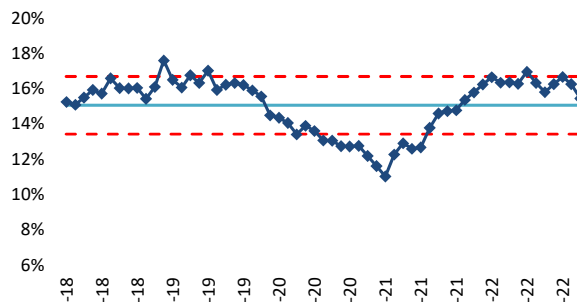
**Lost Days due to Sickness/Absence (Monthly)**



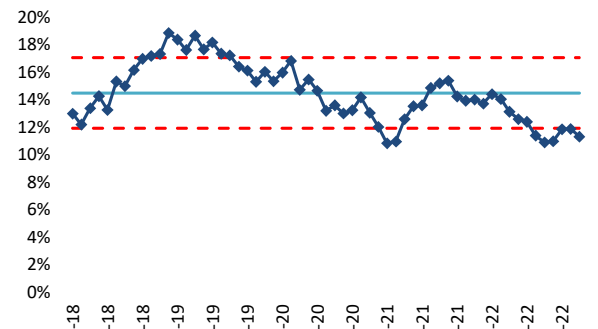
**Medical Leavers**



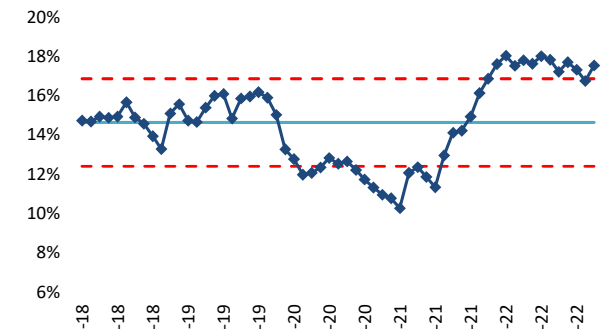
**Trust Turnover (Rolling 12 months) - All Staff Groups**



**Nursing Turnover (Rolling 12 months)**



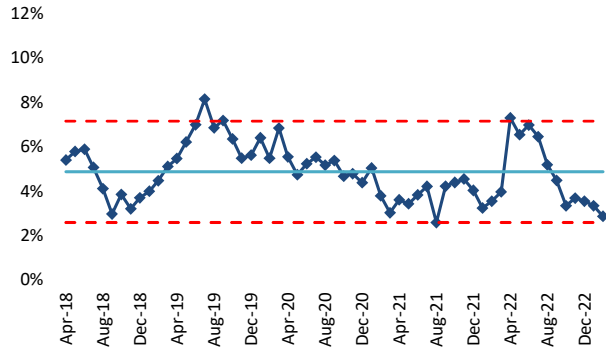
**Other Staff Turnover (Rolling 12 months)**



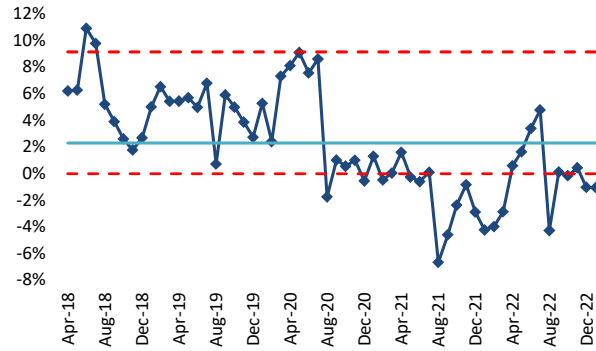
# Workforce KPIs



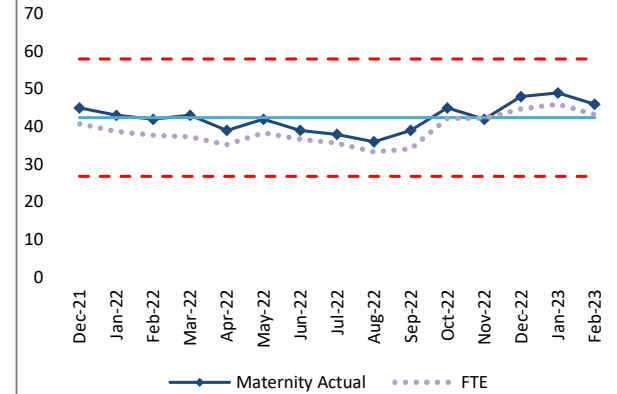
Overall Vacancy Level %



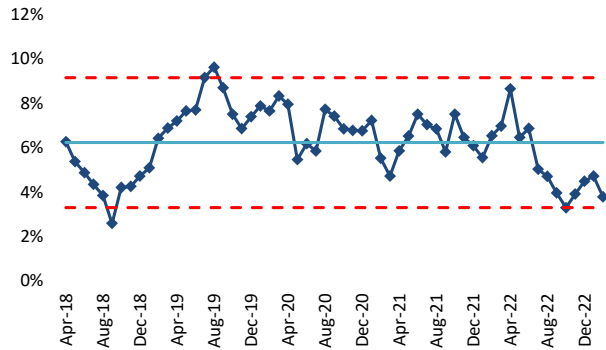
Medical Vacancy Level %



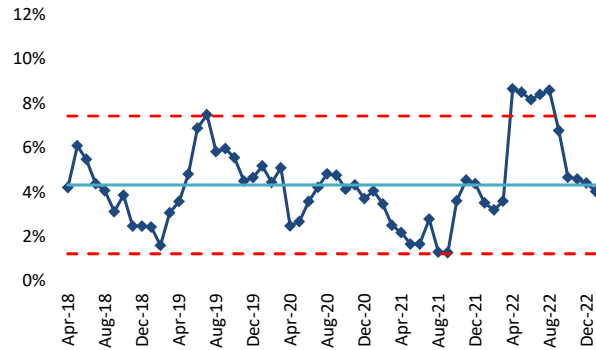
Trust Level Maternity Data



Nursing Vacancy Level %



Other Staff Vacancy Level %



Current month maternity figures

Directorate	Headcount	FTE
Corporate Services Directorate	6	5.23
Neurology & Long Term Care	20	19.27
Surgery & Critical Care	20	18.77
<b>Grand Total</b>	<b>46</b>	<b>43.27</b>

## Vacancy Rates

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

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

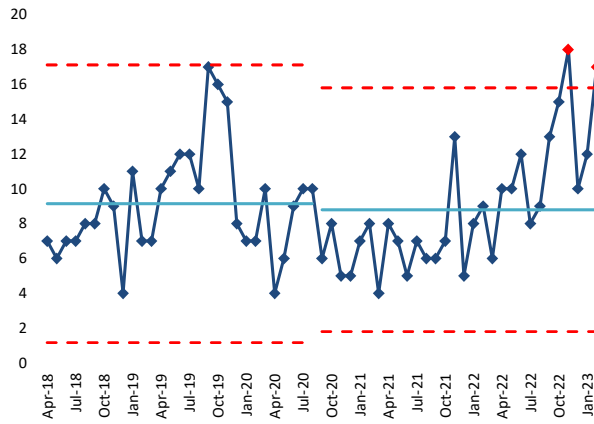


# Quality Indicators

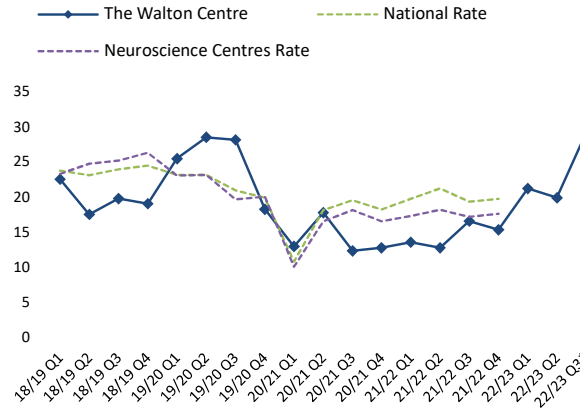
# Complaints

In February 2023 the Trust received 17 new complaints. Two of these complaints related to Corporate, 8 to Neurosurgery, 4 to Neurology and 1 is shared across Neurology and Neurosurgery. Of the 17 complaints 5 were related to Diagnosis/Treatment, 3 to Communication, 2 to Values and Behaviours, 2 to Inpatient Concerns and 1 each to Admission Arrangements, Appointment, Corporate, Discharge Arrangements and Waiting Times. The absolute number and % of complaints against activity are both above the control limit this month so in negative special cause variation.

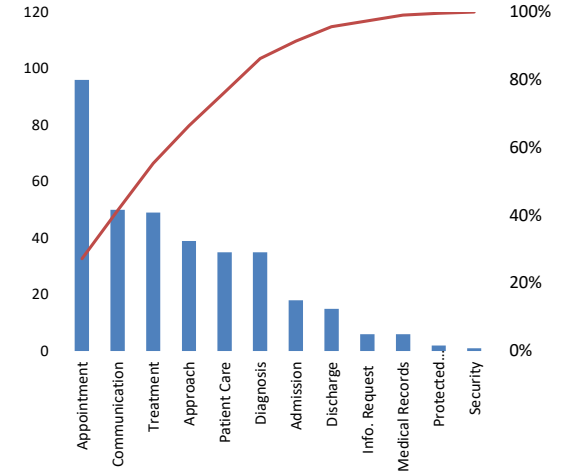
**Total New Complaints Received in month**



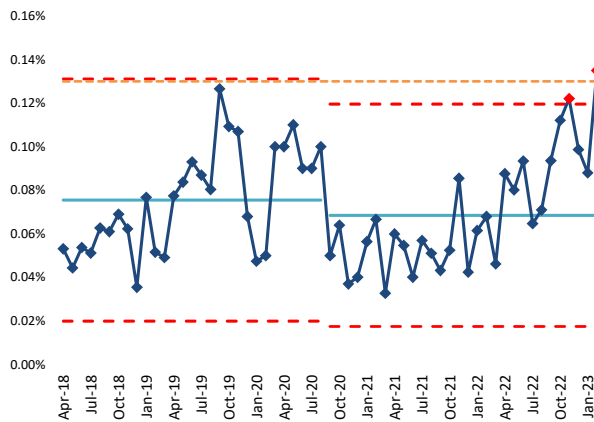
**Quarterly Complaints per 1000 WTE**



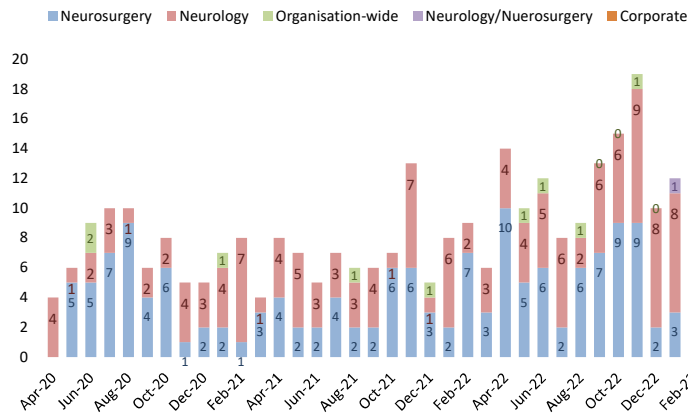
**Complaints by Subject Apr 19 to present**



**% New Complaints Received against Activity**



**Total New Complaints Received**



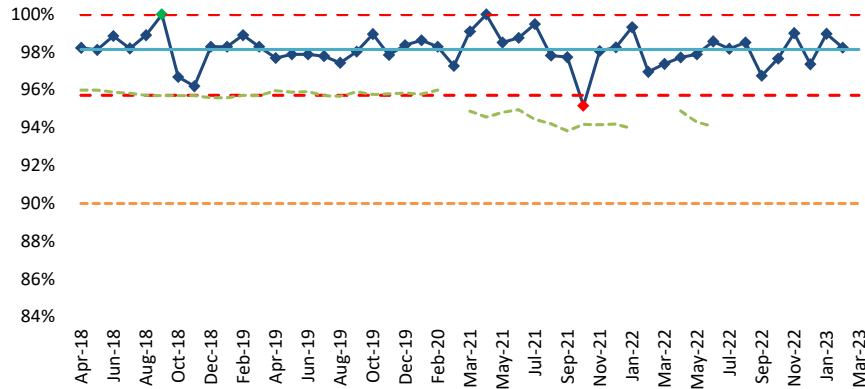
**Complaints by Outcome**

	Not Upheld	Partial Upheld	Upheld
19/20	66	32	24
20/21	42	23	6
21/22	45	19	11
22/23	45	28	31

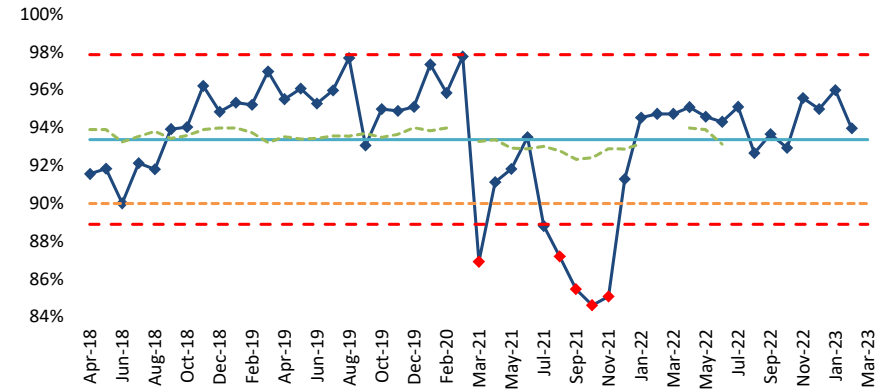
\*from January 2023 there is now the option to attribute complaints to both divisions where this is necessary.

# Family and Friends Test

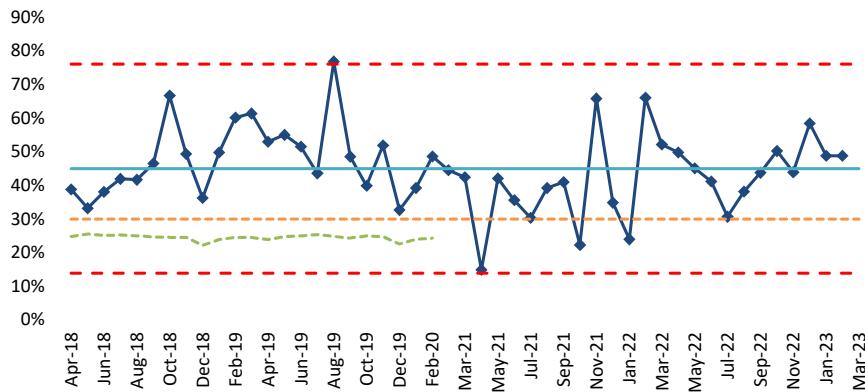
**Inpatient FFT % Likely to Recommend**



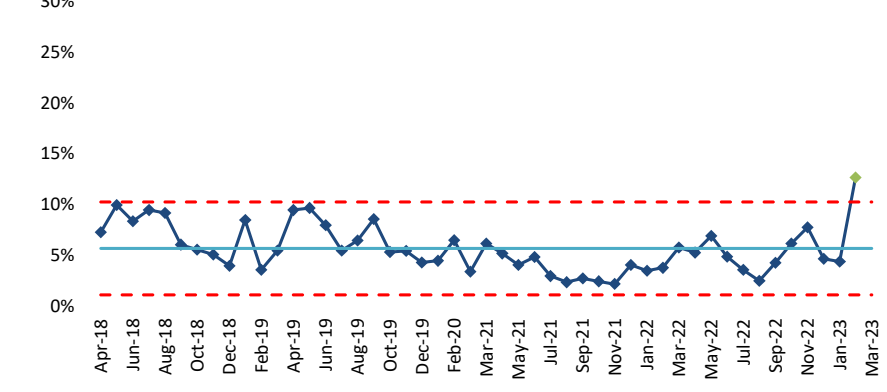
**Outpatient FFT % Likely to Recommend**



**Inpatient FFT Response Rate**



**Outpatient FFT Response Rate**



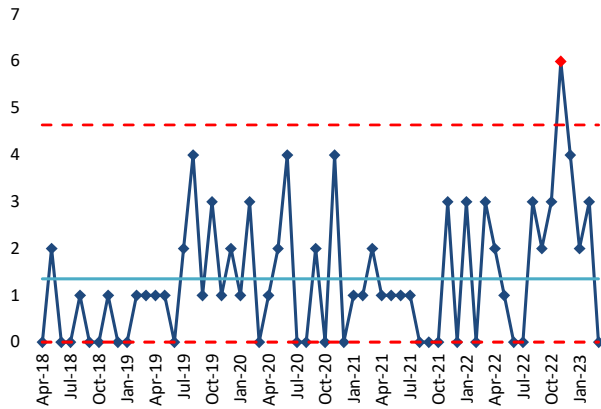
# Pressure Ulcers

### February 23 Breakdown

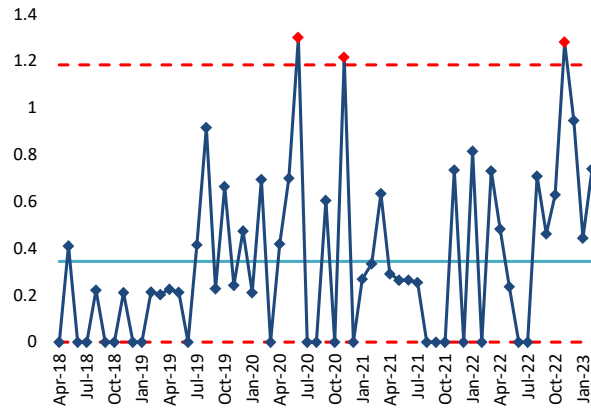
2 x category 2 uclers on Horsley and one mucosal on Chavasse, there was also a deep tissue injury which occurred this month but does not form part of the figures below. Number and rate of pressure ulcers have increased in month..

A TV education programme has now been finalised and circulated for 2022/23 with bespoke TV training also being offered at ward base. Tissue Viability are in the process of implementing several clinical wound management pathways to support staff and improve patient care. The Tissue Viability Link Nurse group has now been reformed and a program of advanced wound management training will be offered to them as part of the education programme.

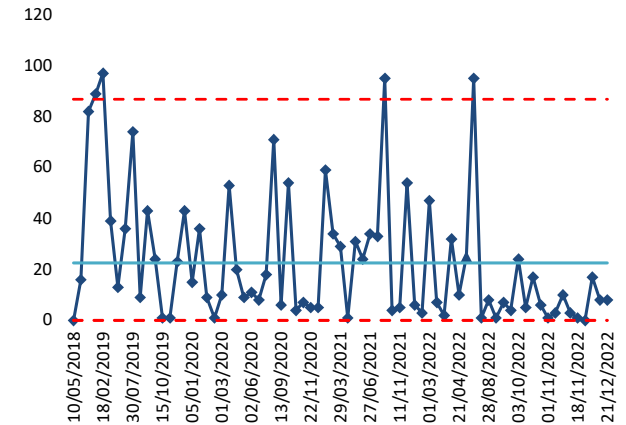
**Total Hospital Acquired Pressure Ulcers**



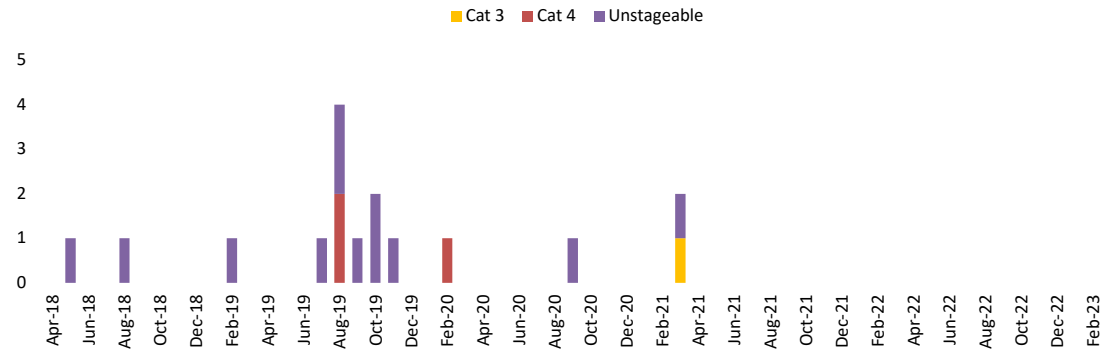
**Rate per 1000 Occupied Bed Days**



**Days Between Hospital Acquired Pressure Ulcers**



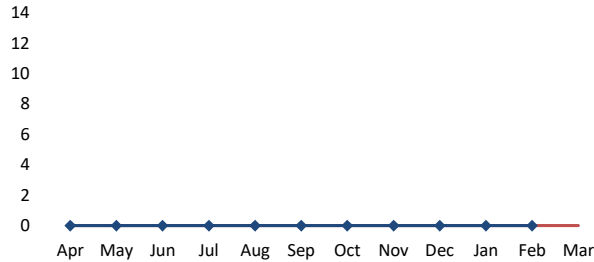
**Hospital Acquired Pressure Ulcers by Category**



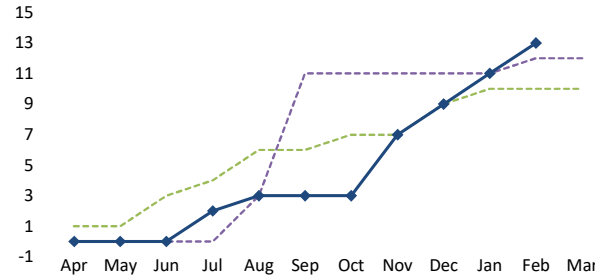
	Cat. 2	Cat. 3	Cat. 4	Unstageable	Total	Total Device Related
Cairns	3				3	2
Caton	3				3	2
Chavasse	3				3	
CRU	1				1	
Dott	1				1	
Horsley	6				6	1
Lipton					0	
Sherrington					0	
Theatre	3				3	

# Infection Control

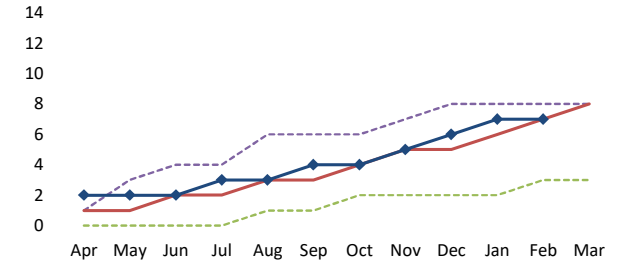
**MRSA Bacteraemia**



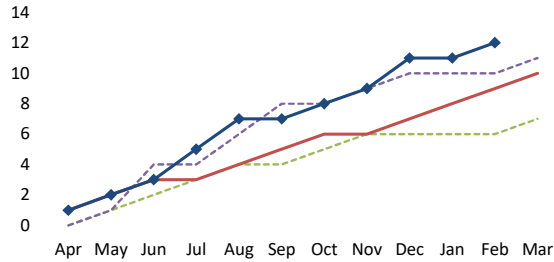
**CPE**



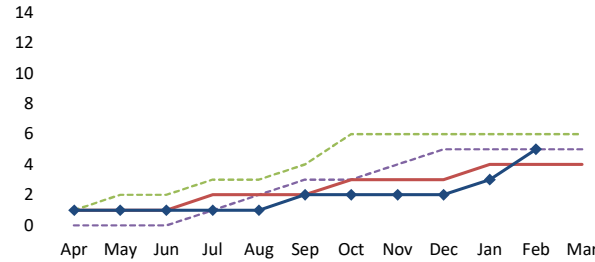
**Clostridium difficile**



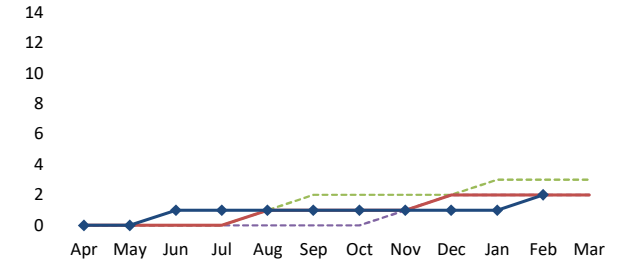
**E.Coli**



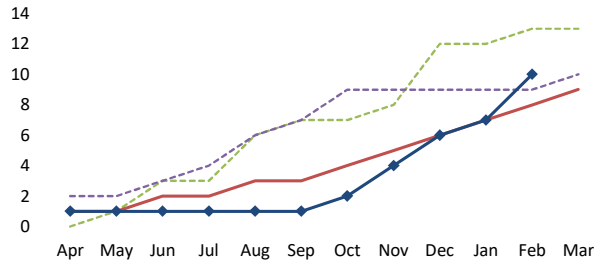
**Klebsiella Bacteraemia**



**Pseudomonas Bacteraemia**



**MSSA**



**Total Healthcare Acquired Infections 2022/23**

	MRSA B	CPE	C.Diff	E.Coli	KB	PB	MSSA	Total
Cairns		3		3	2			8
Caton		3	2	2		1		8
Chavasse		1	1	4				6
CRU		2	1	1	1	1	1	7
Dott		1		1	1		1	4
Horsley		2	2	1	1		8	14
Lipton		1	1					2
Sherrington								0
<b>Total</b>	<b>0</b>	<b>13</b>	<b>7</b>	<b>12</b>	<b>5</b>	<b>2</b>	<b>10</b>	<b>49</b>

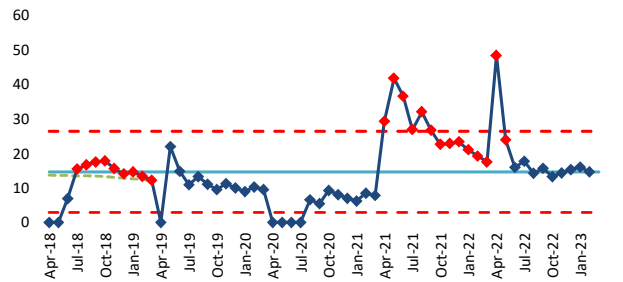
**February Breakdown by Ward**

- 2 x CPE on Horsley
- 3 x MSSA on Horsley
- 1 x E. Coli on Caton
- 1 x Pseudomonas on CRU
- 2 x Klebsiella on Cairns

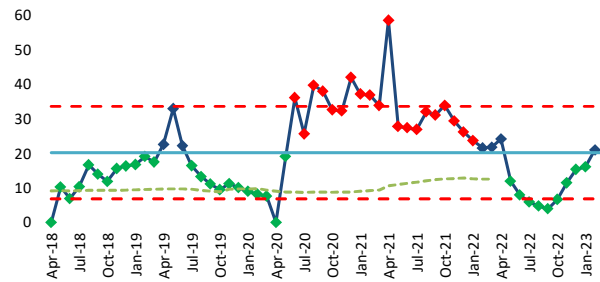
**Legend for all charts**

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

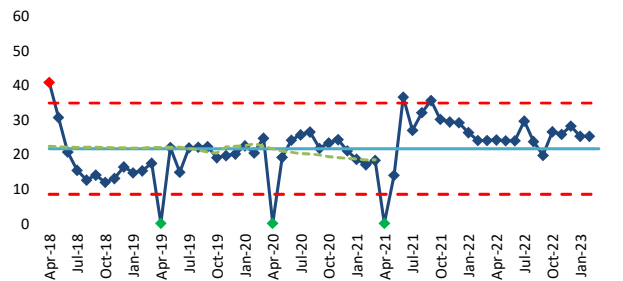
**Clostridium difficile Rate per 100,000 Bed Days YTD**



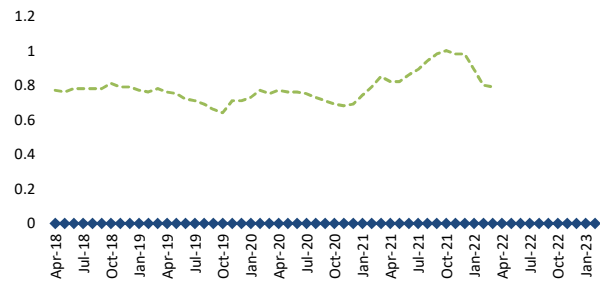
**MSSA Rate per 100,000 Bed Days YTD**



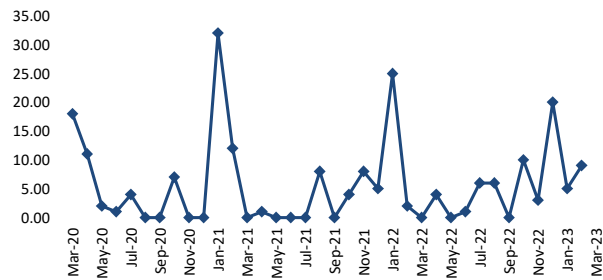
**E.Coli Rate per 100,000 Bed Days YTD**



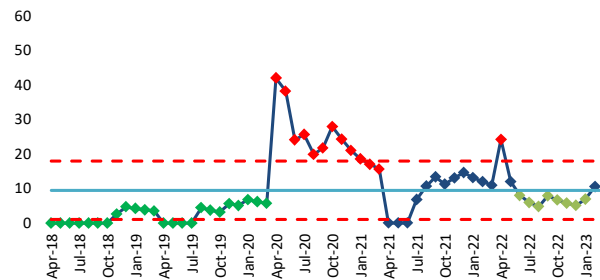
**MRSA Rate per 100,000 Bed Days YTD**



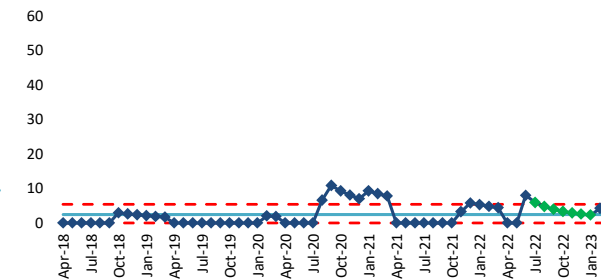
**Covid-19 Nosocomial Infections**



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



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



After seven consecutive months of decline the rate of pseudomonas bacteriama has increased this month and is currently above the mean value. For Klebsiella all of the last eight months have been below the mean rate which is special cause variation. Special cause variations in MSSA and Kelbsiella Bacteriama rates have ended as the rates per 100,000 Bed Days have increased back to their respctive mean values.

2022/23 to date

Infection	Number	Rate
C. Diff	7	14.70
MSSA	10	21.00
E. Coli	12	25.20
MRSA	0	0.00
Klebsiella Bacteriama	5	10.50
Pseudomonas Bateriaian	2	4.20
Covid -19	9 (in month)	

# Harm Free Care

**Falls**

There was one fall with moderate harm in month, this fall has been reported as a serious incident.

**Pressure Ulcers**

There were three Hospital Acquired Pressure Ulcers in month, all of which were category two.

**CAUTI**

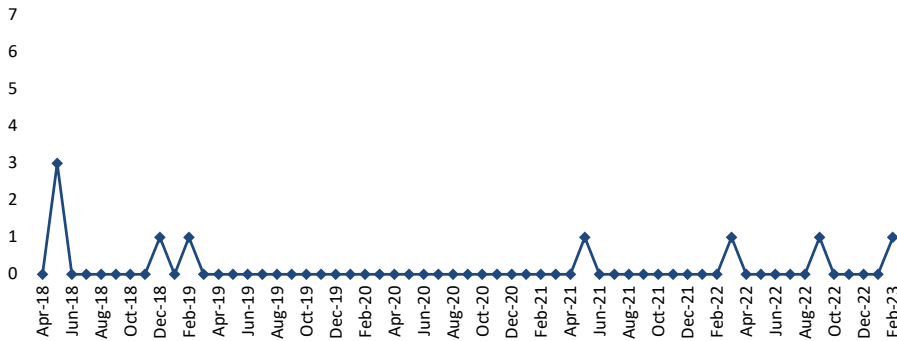
There was one CAUTI incidents this month.

**VTE**

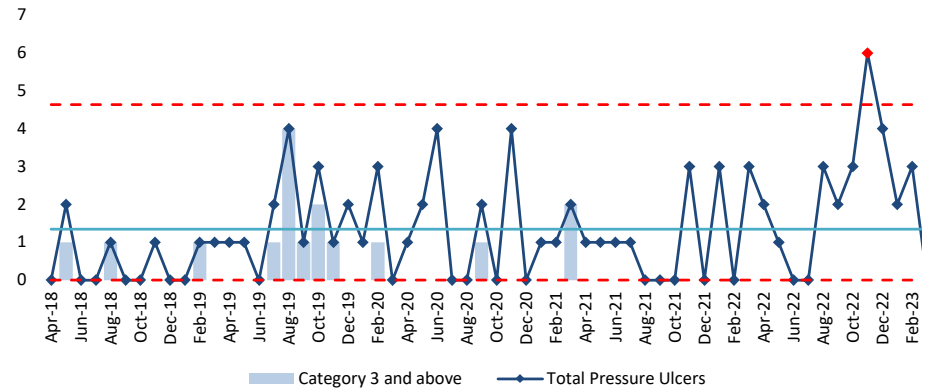
There was one VTE incident in month.

All harm measures are within normal variation.

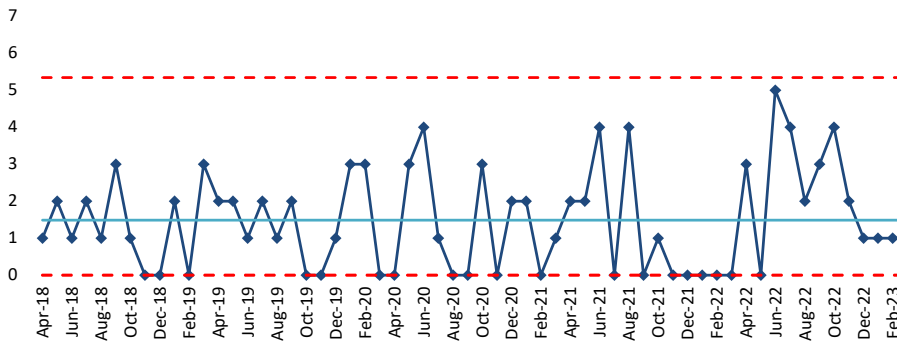
**Total Moderate or Above Harm Inpatient Falls**



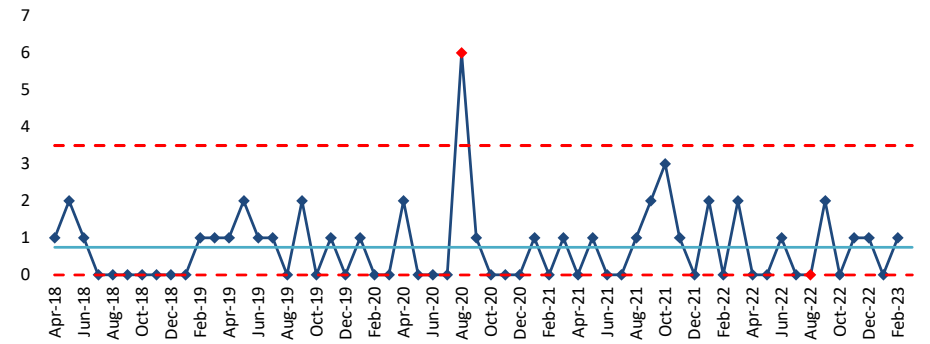
**Total Hospital Acquired Pressure Ulcers**



**CAUTI Incidences**



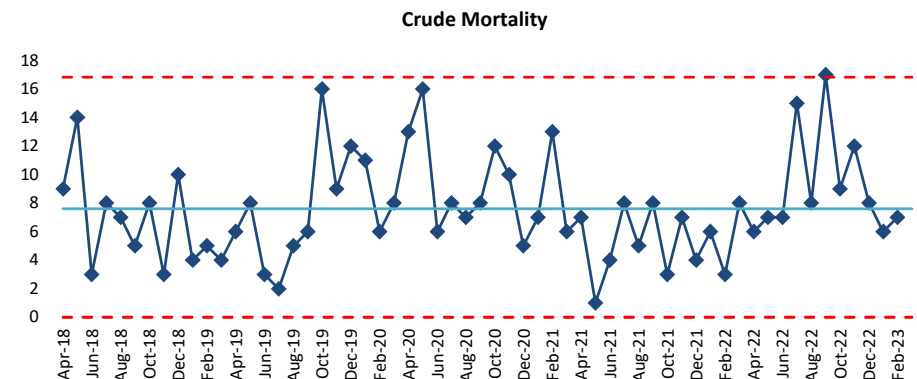
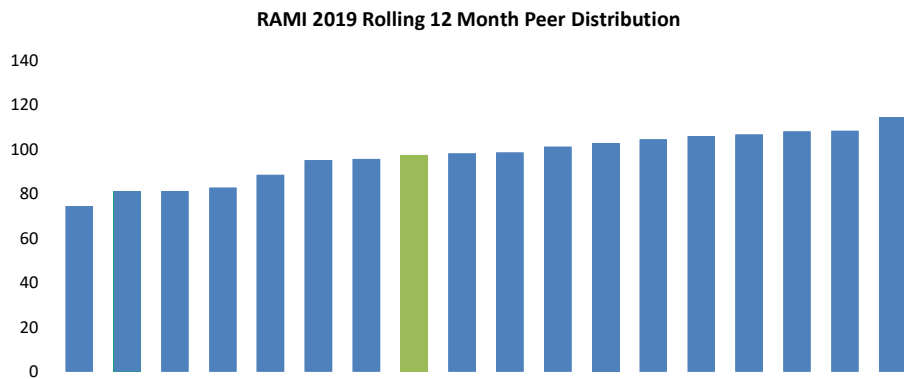
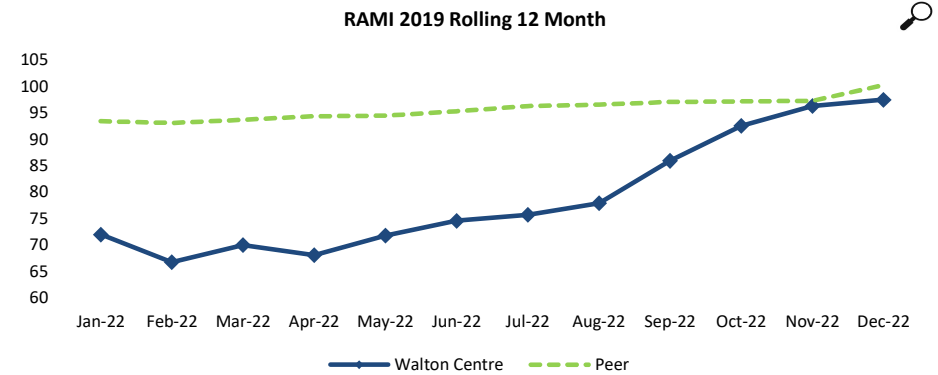
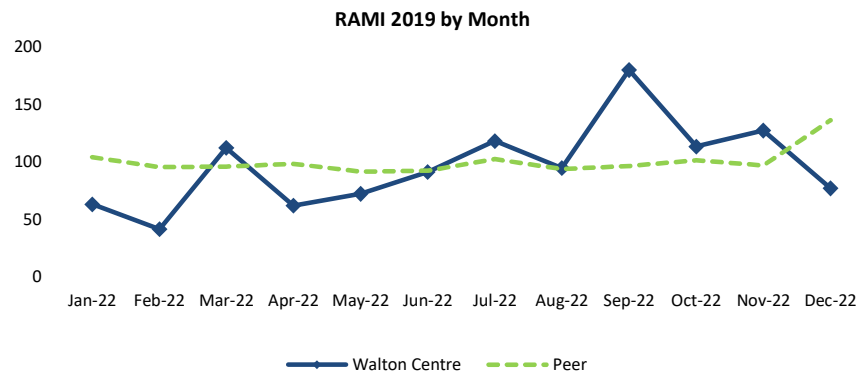
**VTE Incidences**



# Mortality

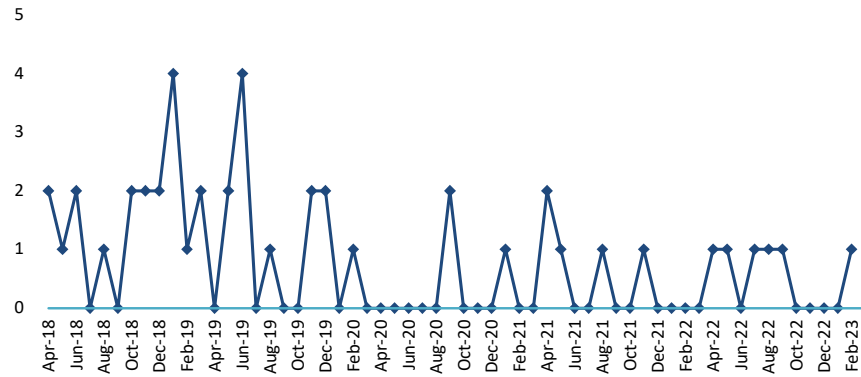
As at December 2022 the rolling 12 month RAMI19 figure is 97.49. During the period there were a total of 94 observed deaths against 96 expected deaths. When viewed against peers the Walton Centre has remains in 8th position. In month RAMI figures for WCFT in December have decreased since November, and are now below peers. Rolling twelve months has been climbing since April (first increase in May). When looking at the 56 HSMR condition groups for the rolling 12 month period the RAMI risk is 96.56.

RAMI19 excludes deaths following a positive covid-19 result. During the rolling 12 month period there have been 8 deaths following a positive covid-19 result, of which 2 were in December but 0 in January and 1 in February.

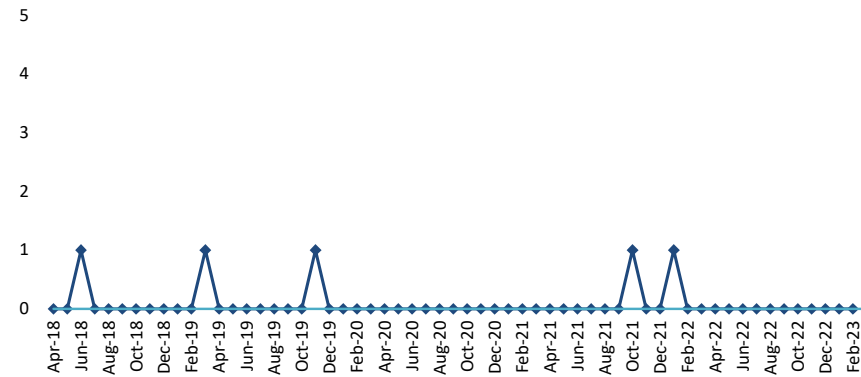




**Total SIs Reported**



**Total Never Events Reported**



One Serious Incident this month was a fall resulting in a fracture.

Quality of Care  
**Ward Scorecard**

Number of shifts judged in each of the four categories and number flagged overall	Safe Staffing					Walton Cares	Harms				Infection Control			
	Green	Grey	Amber	Red	Flagged		Pressure Ulcers	Falls (Mod+)	UTI	VTE	MRSA	MSSA	E Coli	C Diff
<b>Cairns</b>	0	29	50	5		<b>Gold</b>	0	1	1	0	0	0	0	
<b>Caton</b>	12	77	45	10	▶ 1	<b>Silver</b>	0	0	0	0	0	1	0	
<b>Chavasse</b>	4	29	45	6		<b>Gold</b>	0	0	0	0	0	0	0	
<b>CRU</b>	0	24	57	3	▶ 4		0	0	0	0	0	0	0	
<b>Dott</b>	8	39	35	2		<b>Gold</b>	0	1	0	1	0	0	0	
<b>Horsley ITU</b>	37	41	6	0			0	0	0	0	0	3	0	
<b>Lipton</b>	29	44	11	0		<b>Silver</b>	0	0	0	0	0	0	0	

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

**Utilisation Key**

- Green: Less than 90%
- Grey: 90% to 110%
- Amber: 110% to 150%
- Red: 150% and above

**WELL LED**

Finance

Key Performance Indicators	December	January	February
% variance from plan - Year to date	40.1%	38.2%	50.3%
% variance from plan - Forecast	35.0%	59.4%	59.4%
% variance from efficiency plan - Year to date	2.3%	1.3%	0.6%
% variance from efficiency plan - Forecast	0.0%	0.0%	0.0%
Capital % variance from plan - Year to date	49.0%	33.1%	33.8%
Capital % variance from plan - Forecast	0.0%	0.0%	0.0%
Capital Service Cover *	3.2	3.3	3.5
Liquidity **	39.7	41.7	43.4
Cash days operating expenditure ***	108.5	104.1	106.3
BPPC - Number	85.0%	83.5%	83.8%
BPPC - Value	82.7%	82.3%	82.4%

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

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

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

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

Trust I&E	In month			Year to Date			Full Year		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Operating income from patient care activities	13,199	13,900	701	145,356	149,929	4,573	158,610	163,500	4,890
Other operating income	644	825	181	7,083	7,175	92	7,728	7,821	93
Donated Income	0	0	0	0	0	0	0	0	0
<b>Total Operating Income</b>	<b>13,843</b>	<b>14,725</b>	<b>882</b>	<b>152,439</b>	<b>157,104</b>	<b>4,665</b>	<b>166,338</b>	<b>171,321</b>	<b>4,983</b>
Employee expenses	(7,011)	(7,174)	(163)	(77,708)	(77,774)	(66)	(84,722)	(84,949)	(227)
Operating expenses excluding employee expenses	(6,410)	(6,832)	(422)	(70,625)	(74,440)	(3,815)	(77,030)	(80,691)	(3,661)
<b>Total Operating Expenditure</b>	<b>(13,421)</b>	<b>(14,006)</b>	<b>(585)</b>	<b>(148,333)</b>	<b>(152,214)</b>	<b>(3,881)</b>	<b>(161,752)</b>	<b>(165,640)</b>	<b>(3,888)</b>
<b>EBIT</b>	<b>422</b>	<b>719</b>	<b>297</b>	<b>4,106</b>	<b>4,890</b>	<b>784</b>	<b>4,586</b>	<b>5,681</b>	<b>1,095</b>
Finance income	20	139	119	220	713	493	240	852	612
Finance expense	(49)	(43)	6	(533)	(503)	30	(583)	(549)	34
PDC dividends payable/refundable	(137)	(137)	0	(1,503)	(1,524)	(21)	(1,639)	(1,663)	(24)
Other gains/(losses) including disposal of assets	0	0	0	0	(6)	(6)	0	(6)	(6)
<b>Financial performance surplus/(deficit)</b>	<b>256</b>	<b>678</b>	<b>422</b>	<b>2,290</b>	<b>3,570</b>	<b>1,280</b>	<b>2,604</b>	<b>4,315</b>	<b>1,711</b>
I&E impact capital donations and profit on asset disposals	22	22	0	242	236	(6)	264	257	(7)
<b>Adjusted financial performance surplus/(deficit)</b>	<b>278</b>	<b>700</b>	<b>422</b>	<b>2,532</b>	<b>3,806</b>	<b>1,274</b>	<b>2,868</b>	<b>4,572</b>	<b>1,704</b>

Month 11 – in month £422k ahead of plan and year to date £1,274k ahead of plan. The key drivers for the YTD favourable variance are due to 22/23 final agreed Welsh contract being higher than plan, increased interest receivable (due to interest rate increases) and higher than planned level of vacancies (that have not been backfilled with bank/ agency).

**Income** - YTD overperformance of £4,665k, due to:

- Increased NHS England funding relating to the 2022/23 pay award.
- Increased WHSSC funding relating to final agreed contract being above plan.
- Increased reimbursement for High-Cost Drugs and Devices due to higher volumes being used.
- Increased Isle of Man activity (which is paid on PbR basis).
- Increased level of Health Education England funding.
- Offset by risk around thrombectomy, transcranial ultrasound, spinal activity, and Spinal ERF activity.
- Lower than anticipated salary recharges due to delayed transfer of Health Procurement Liverpool staff (offset in expenditure).

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

**Expenditure (inc. Financing Costs)** - YTD over-spend of £3,385k due to:

- Increased pay costs due to 2022/23 pay award being higher than was assumed by NHSE at budget setting.
- Increased spend on High-Cost Drugs and Devices including spend on Botox that is not reimbursed as it is no longer classed as an excluded drug.
- Offset by Non-recurrent vacancy savings and increased interest receivable.
- Delays in TUPE of Health Procurement Liverpool staff, all staff have now transferred in October.

It should be noted that the ICS have agreed an additional capital funding allocation of c. £0.5m for 23/24 due to the forecast over performance.

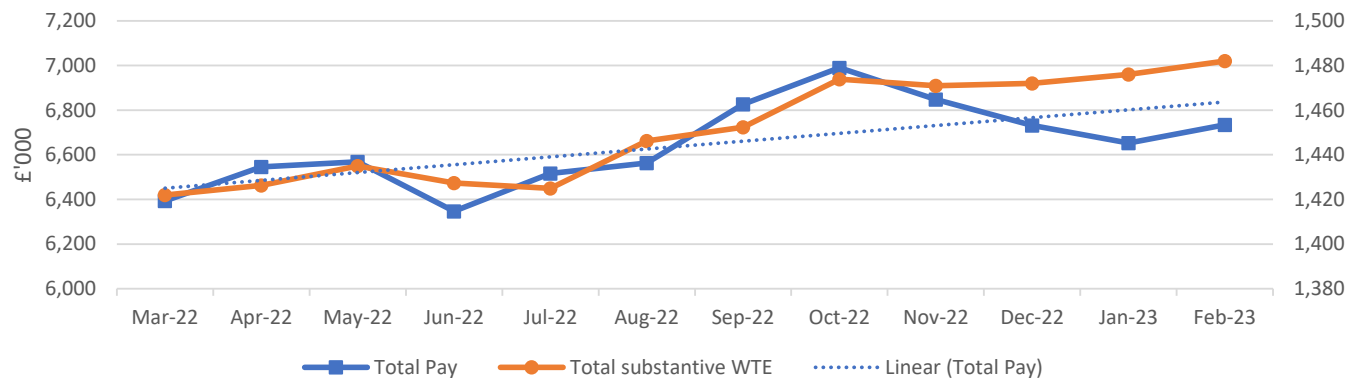
STATEMENT OF FINANCIAL POSITION - 2022/23	Plan Feb-23	Actual Feb-23	Variance
	£'000	£'000	£'000
Intangible Assets	582	808	226
Tangible Assets	95,776	92,724	(3,052)
Right of use assets - leased assets	57	53	(4)
Receivables	428	434	6
<b>TOTAL NON CURRENT ASSETS</b>	<b>96,843</b>	<b>94,019</b>	<b>(2,824)</b>
Inventories	1,841	797	(1,044)
Receivables	6,315	6,385	70
Cash at bank and in hand	34,833	46,755	11,922
<b>TOTAL CURRENT ASSETS</b>	<b>42,989</b>	<b>53,937</b>	<b>10,948</b>
Payables	(24,292)	(32,586)	(8,294)
Borrowings	(1,562)	(1,566)	(4)
Provisions	(55)	(59)	(4)
<b>TOTAL CURRENT LIABILITIES</b>	<b>(25,909)</b>	<b>(34,211)</b>	<b>(8,302)</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<b>113,923</b>	<b>113,745</b>	<b>(178)</b>
Borrowings	(20,863)	(20,844)	19
Provisions	(686)	(668)	18
<b>TOTAL ASSETS EMPLOYED</b>	<b>92,374</b>	<b>92,233</b>	<b>(141)</b>
Public Dividend Capital	37,068	35,617	(1,451)
Revaluation Reserve	7,377	7,377	0
Income and Expenditure Reserve	47,929	49,239	1,310
<b>TOTAL TAXPAYERS EQUITY AND RESERVES</b>	<b>92,374</b>	<b>92,233</b>	<b>(141)</b>

STATEMENT OF CASH FLOW - 2022/23	Plan Feb-23	Actual Feb-23	Variance
	£'000	£'000	£'000
<b>Cash flows from operating activities</b>			
<b>Operating surplus/(deficit)</b>	<b>4,106</b>	<b>4,889</b>	<b>783</b>
Non-cash income and expense:	6,588	6,680	92
Working Capital	(1,286)	4,620	5,906
<b>Net cash generated from/(used in) operations</b>	<b>9,408</b>	<b>16,189</b>	<b>6,781</b>
Cash flows from investing activities	(13,153)	(8,132)	5,021
Cash flows from financing activities	(494)	(2,025)	(1,531)
<b>Increase/(decrease) in cash and cash equivalents</b>	<b>(4,239)</b>	<b>6,032</b>	<b>10,271</b>
<b>OPENING CASH</b>	<b>39,072</b>	<b>40,723</b>	<b>1,651</b>
<b>CLOSING CASH</b>	<b>34,833</b>	<b>46,755</b>	<b>11,922</b>

Year to Date - £46,755k cash balance compared to £34,833k plan, a YTD favourable variance of £11,922k:

• Opening cash balance against plan:	£1,651k
• Operating surplus above plan:	£783k
• Movement in inventories:	£821k
• Movement in payables/receivables:	£4,018k
• Movement in deferred income:	£1,076k
• Interest Receivable:	£493k
• Capital programme:	£4,528k
• Public dividend capital drawdown below plan:	(£1,452k)
• Other balance sheet movements:	£4k
• <b>Total</b>	<b>£11,922k</b>

Permanent Staff Pay Costs and WTEs



September 2022 increase caused by six months backpay being paid relating to pay award. Increase in cost and wte's in October due to HPL TUPE and backdated pay award for Trust employed Junior Drs.

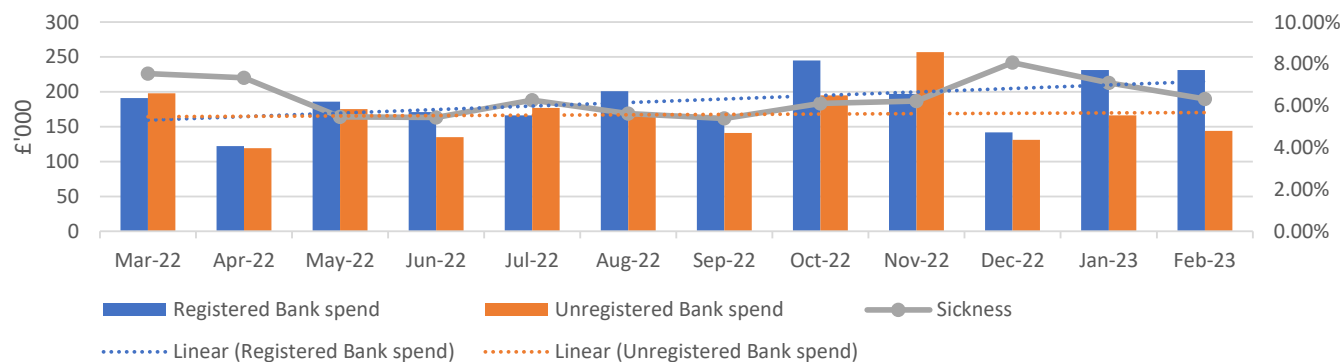
**Pay costs:**

- Dec: £6,731k
- Jan: £6,653k
- Feb: £6,734k

**WTE:**

- Dec: 1,472 WTE
- Jan: 1,476 WTE
- Feb: 1,482 WTE

Bank Costs and Sickness Rates



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

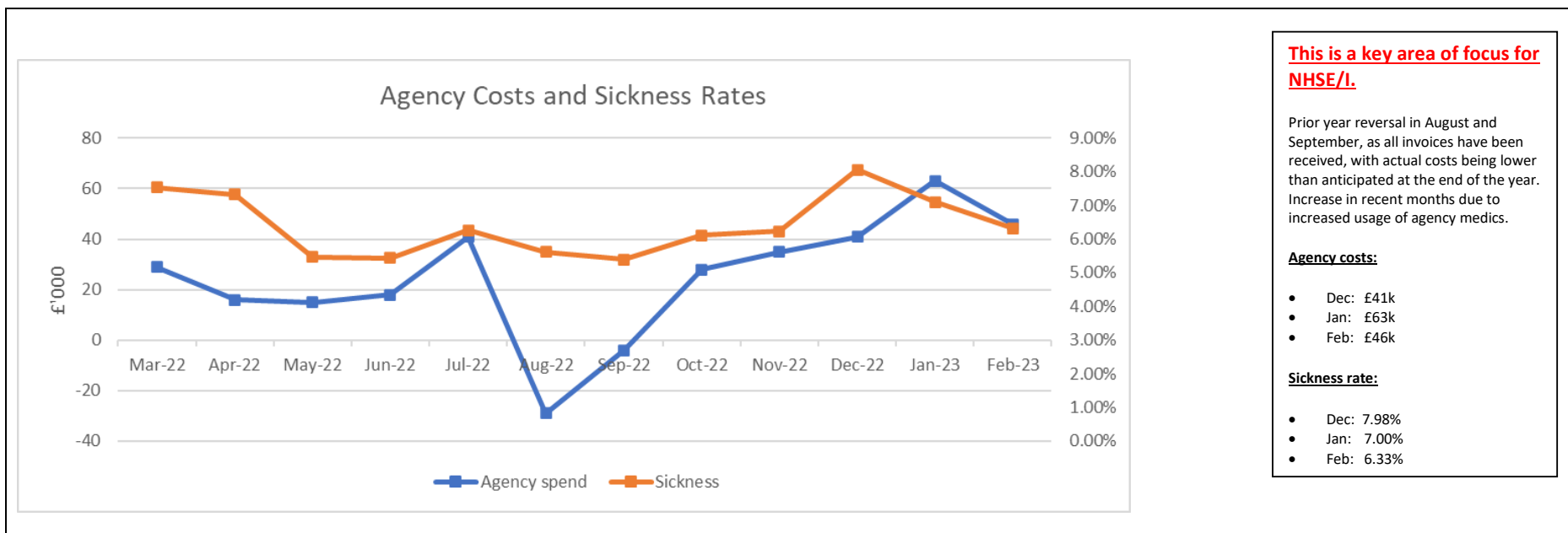
Increase in Registered Bank costs in October 2022, January 2023 and February 2023 across all wards with a particularly significant increase seen within ITU. Increase in November 2022 due to pay award for all bank staff backdated to April 2022.

**Nursing Bank costs:**

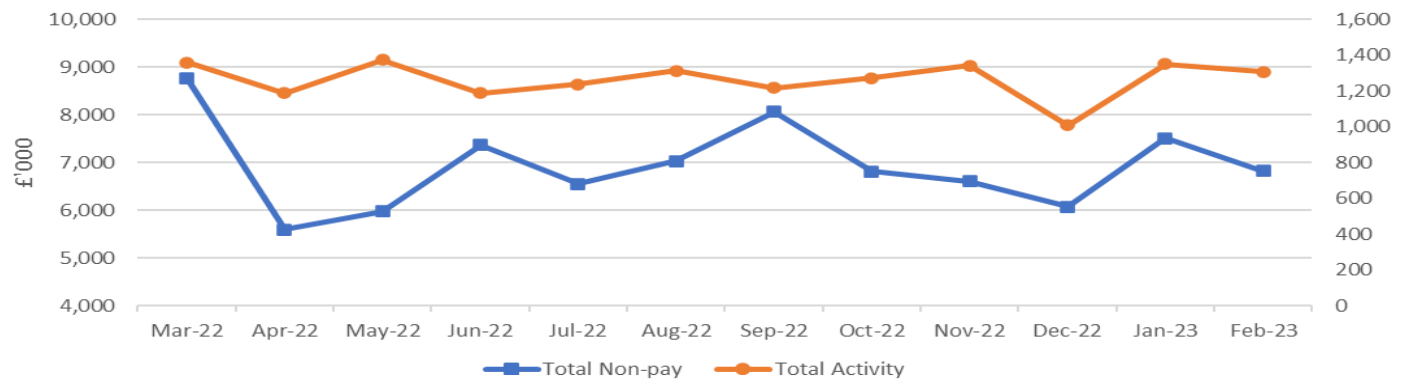
- Dec: £273k
- Jan: £397k
- Feb: £375k

**Sickness rate:**

- Dec: 7.98%
- Jan: 7.00%
- Feb: 6.33%



Total Non-pay Costs and Activity levels



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

**Non-pay costs:**

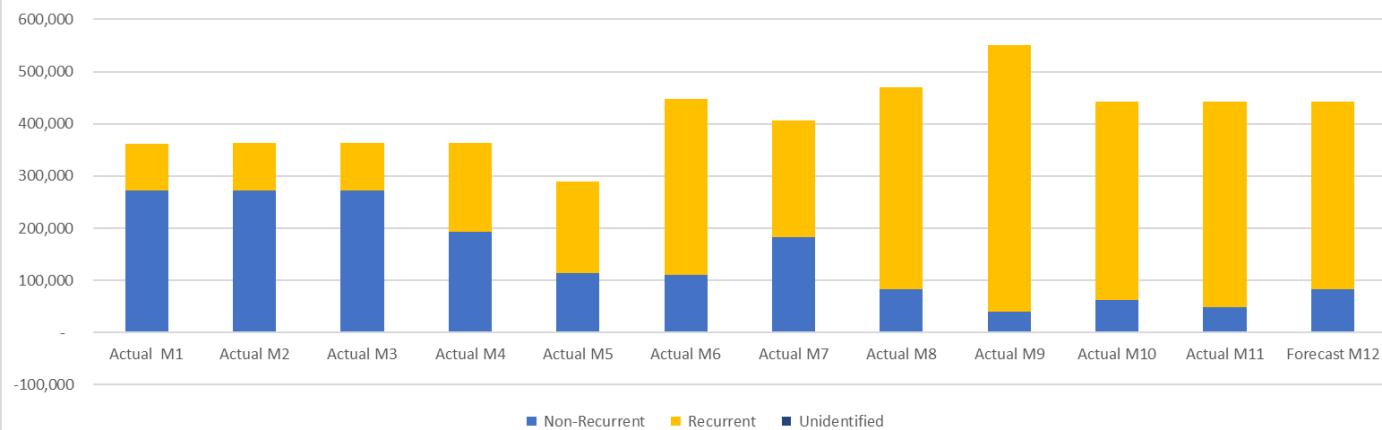
- Dec: £6,071k
- Jan: £7,507k
- Feb: £6,831k

**Inpatient activity:**

- Dec: 1,008 spells
- Jan: 1,351 spells
- Feb: 1,307 spells



CIP Actual/Forecast as at February 2023



A plan is now in place to meet the full CIP target of £4.9m.

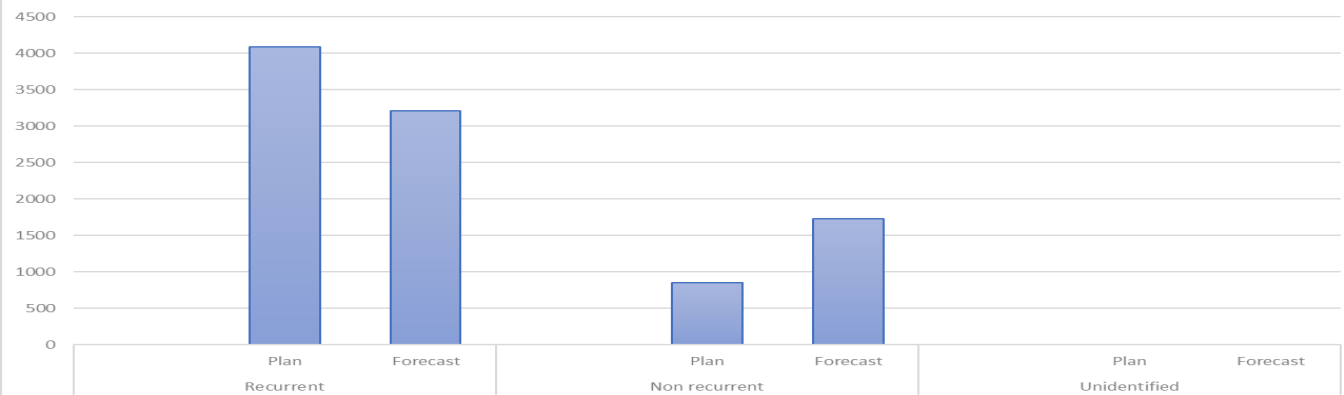
**Recurrent CIP:**

- Dec: £2,079k
- Jan: £2,459k
- Feb: £2,854k

**Non-recurrent CIP:**

- Dec: £1,538k
- Jan: £1,602k
- Feb: £1,650k

Breakdown of CIP compared to plan



- All CIP has been identified at month 11.
- £4.1m (82.7%) of the CIP plan was required to be delivered recurrently.
- Currently anticipating that £3.2m (64.2%) will be delivered recurrently with the remainder non-recurrent. (£1.8m/35.8%).
- Review of non-recurrent schemes being undertaken to ascertain if any schemes can be converted to recurrent schemes instead.

### PATIENT RELATED INCOME

	In month			Year to Date			Full Year		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
<b>Patient Related</b>									
NHS England	9,185	9,742	557	101,208	105,032	3,824	110,426	114,536	4,110
Clinical Commissioning Groups	2,115	2,135	20	23,192	23,570	378	25,323	25,705	382
Wales	1,705	1,765	60	18,759	19,648	889	20,464	21,366	902
Isle of Man	140	235	95	1,538	2,172	634	1,677	2,368	691
Other Patient Related Income	54	23	(31)	659	(493)	(1,152)	720	(475)	(1,195)
<b>Total Patient Related Income</b>	<b>13,199</b>	<b>13,900</b>	<b>701</b>	<b>145,356</b>	<b>149,929</b>	<b>4,573</b>	<b>158,610</b>	<b>163,500</b>	<b>4,890</b>

To note that patient related income includes ERF income

### NON-PATIENT RELATED INCOME

	In month			Year to Date			Full Year		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
<b>Non-patient Related</b>									
Research & Development Income	65	95	30	717	981	264	783	1,063	280
Education And Training	269	402	133	2,955	3,368	413	3,223	3,658	435
Employee Benefits Income	220	234	14	2,415	1,642	(773)	2,635	1,825	(810)
Other Non-patient Related Income	90	94	4	996	1,184	188	1,087	1,275	188
<b>Total Patient Related Income</b>	<b>644</b>	<b>825</b>	<b>181</b>	<b>7,083</b>	<b>7,175</b>	<b>92</b>	<b>7,728</b>	<b>7,821</b>	<b>93</b>

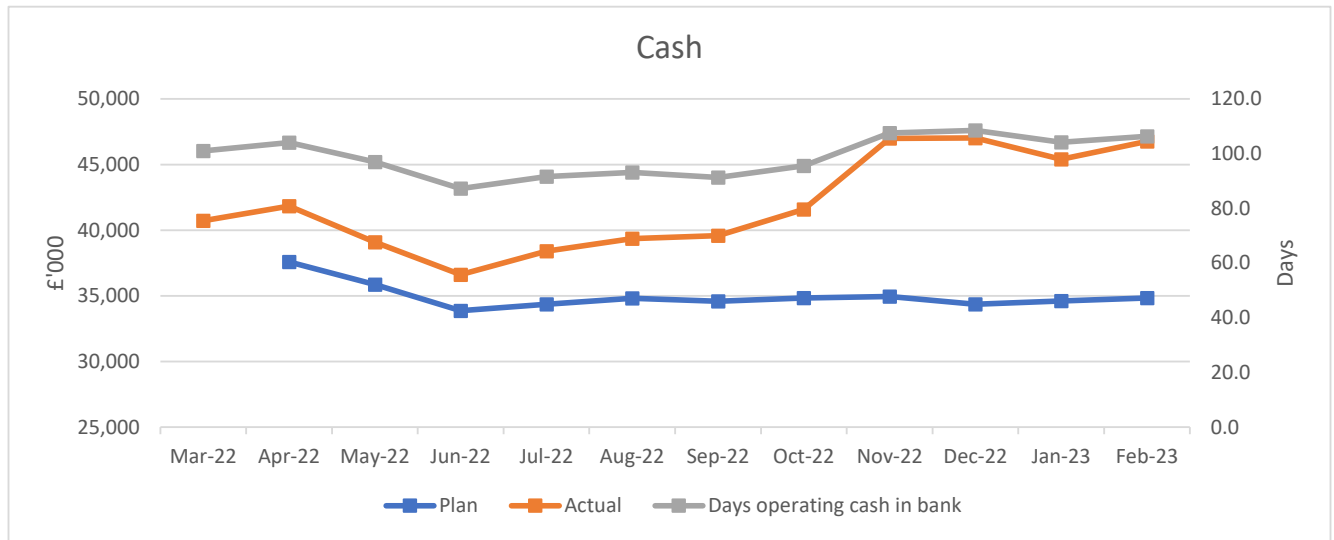
## ERF

	In month			Year to Date			Full Year		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Elective Recovery Funding	316	328	12	3,581	3,616	35	3,947	3,945	(2)

To note: for reporting purposes, Trusts have been asked to include all planned ERF up to month 10. The year-to-date variance is due to the difference in phasing of ERF payments compared to plan.

Division	CAPITAL								
	In month			Year to date			Forecast		
	Plan £'000	Actual £'000	Var £'000	Plan £'000	Actual £'000	Var £'000	Plan £'000	Actual £'000	Var £'000
Heating & Pipework	100	138	(38)	1,100	1,156	(56)	1,200	2,110	(910)
Estates	70	28	42	766	62	704	836	1,050	(214)
IM&T	99	18	81	494	363	131	593	413	180
Neurology	0	0	0	0	44	(44)	0	88	(88)
Neurosurgery	426	11	415	1,183	474	709	3,109	1,982	1,127
Corporate	0	23	(23)	0	23	(23)	0	95	(95)
<b>TOTAL (excl. external funding)</b>	<b>695</b>	<b>218</b>	<b>477</b>	<b>3,543</b>	<b>2,122</b>	<b>1,421</b>	<b>5,738</b>	<b>5,738</b>	<b>0</b>
Donated Assets	0	0	0	0	0	0	0	0	0
Right of Use Assets - robot (Globus)	0	19	(19)	0	19	(19)	907	907	0
Digital Aspirant (PDC)	223	334	(111)	2,452	1,757	695	2,675	2,675	0
Diagnostics Digital Capability (PDC)	0	0	0	208	208	0	510	510	0
IM&T - LIMS (PDC)	0	0	0	0	0	0	14	14	0
IM&T - Cyber Security (PDC)	0	0	0	0	0	0	80	80	0
Neurosurgery Cancer Treatment Fund (PDC)	0	0	0	0	0	0	132	132	0
<b>TOTAL (incl. external funding)</b>	<b>223</b>	<b>353</b>	<b>(130)</b>	<b>2,660</b>	<b>1,984</b>	<b>676</b>	<b>4,318</b>	<b>4,318</b>	<b>0</b>
<b>TOTAL</b>	<b>918</b>	<b>571</b>	<b>347</b>	<b>6,203</b>	<b>4,106</b>	<b>2,097</b>	<b>10,056</b>	<b>10,056</b>	<b>0</b>

- Capital expenditure in month of £571k
- Year to date Capital spend of £4,106k, £1,757k of which is Digital Aspirant.
- Year to date spend on divisional schemes includes:
  - Heating and pipework replacement
  - Bed repurposing
  - Radiology Syngo equipment
  - Theatres Brain lab, operating table and S7 equipment
  - Walk in freezer and alterations
  - IT Staffing
- Additional Public Dividend Capital (PDC) has been secured in relation to Digital Diagnostic Capability programme (£510k) & IM&T – LIMS and Cyber Security (£252k), which have been incorporated into the capital plan and forecast. Funding has been secured in M12 from the Cancer Treatment fund for the purchase of an ultrasound machine (£132k).
- Further work has been undertaken by the divisions on forecasting anticipated capital spend meaning that the 22/23 capital demands is now roughly in line with plan and all schemes are in the process of being mobilised.



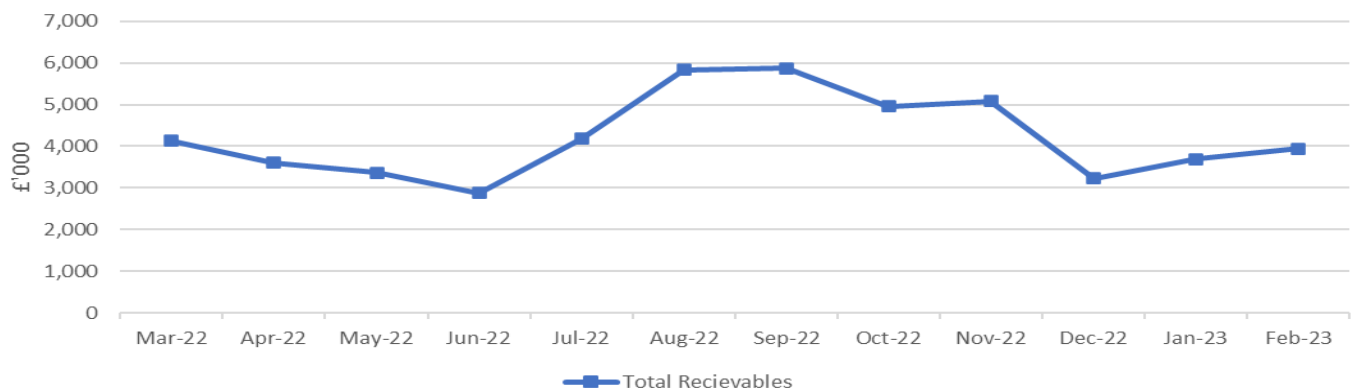
**Cash:**

- Dec: £47,025k
- Jan: £45,411k
- Feb: £46,755k

**Operating expenditure days cover:**

- Dec: 108.5 days
- Jan: 104.1 days
- Feb: 106.3 days

Total Debt Outstanding to the Trust



August and September 2022 increase, due to WHSSC year-end settlement invoice, Isle of Man M1-4 invoice, and Health Education England M4-6 invoice.

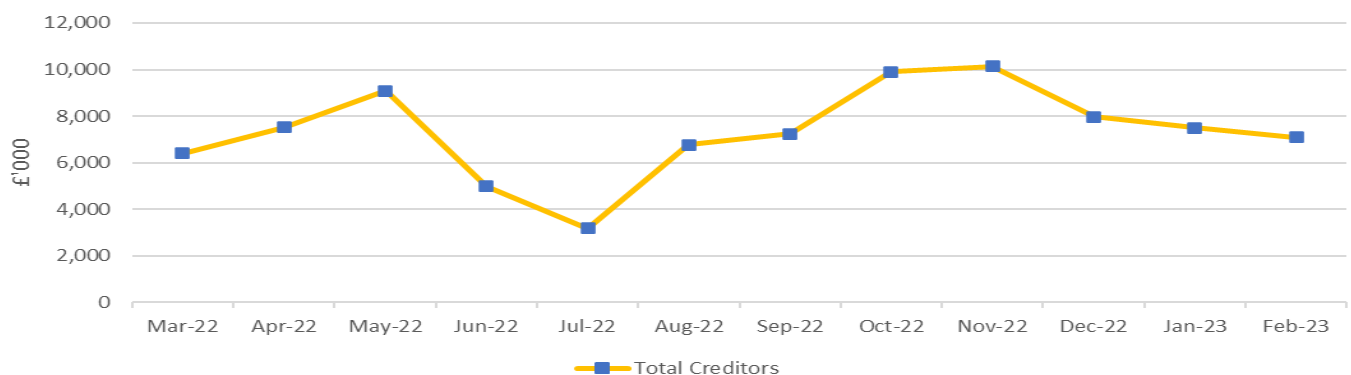
November 2022, due to Health Education England M7-10 invoice and Q3 invoices raised to other NHS organisations.

Isle of Man M1-4 invoice settled in January.

**Debt outstanding to Trust:**

- Dec: £3,225k
- Jan: £3,689k
- Feb: £3,938k

Total Debt Owed by the Trust



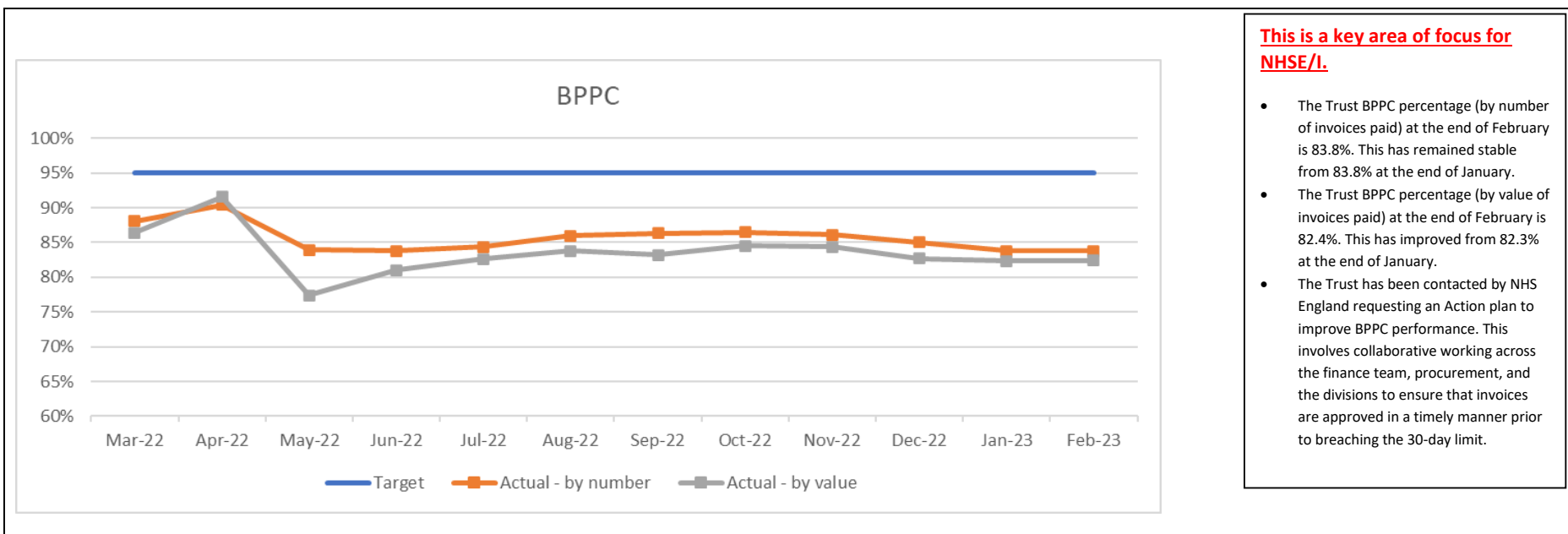
**Debt owed by the Trust:**

October 2022 increase, due to £1.2m of NHS Supply Chain invoices which have since been paid.

November 2022 due to £1.0m Liverpool University Hospital NHS FT invoices for drugs and service level agreement received at the end of the month, which have since been paid.

Work currently being undertaken in partnership with LUHFT to work through aged invoices to expedite payment.

- Dec: £7,971k
- Jan: £7,492k
- Feb: £7,088k



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

- The Trust BPPC percentage (by number of invoices paid) at the end of February is 83.8%. This has remained stable from 83.8% at the end of January.
- The Trust BPPC percentage (by value of invoices paid) at the end of February is 82.4%. This has improved from 82.3% at the end of January.
- The Trust has been contacted by NHS England requesting an Action plan to improve BPPC performance. This involves collaborative working across the finance team, procurement, and the divisions to ensure that invoices are approved in a timely manner prior to breaching the 30-day limit.

**THE WALTON CENTRE NHS FOUNDATION TRUST**  
**EXPENDITURE - NEUROLOGY**

	In month			Year to Date			Full Year		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Registered nursing, midwifery and health visiting staff	(481)	(421)	60	(5,153)	(4,578)	575	(5,634)	(5,014)	620
Allied health professionals	(506)	(493)	13	(5,583)	(5,403)	180	(6,088)	(5,896)	192
Other scientific, therapeutic and technical staff	(108)	(86)	22	(1,204)	(977)	227	(1,312)	(1,064)	248
Health care scientists	(63)	(61)	2	(692)	(692)	0	(754)	(753)	1
Support to nursing staff	(289)	(259)	30	(2,935)	(2,711)	224	(3,224)	(2,974)	250
Support to allied health professionals	(78)	(82)	(4)	(855)	(857)	(2)	(933)	(939)	(6)
Support to other clinical staff	(1)	0	1	(14)	(16)	(2)	(15)	(16)	(1)
Medical - Consultants	(822)	(829)	(7)	(9,104)	(8,660)	444	(9,926)	(9,489)	437
Medical - Junior	(241)	(226)	15	(2,663)	(2,573)	90	(2,905)	(2,799)	106
NHS infrastructure support	(209)	(170)	39	(2,229)	(2,071)	158	(2,437)	(2,242)	195
Bank/Agency	0	(184)	(184)	(635)	(1,904)	(1,269)	(635)	(2,092)	(1,457)
<b>Total Pay Expenditure</b>	<b>(2,798)</b>	<b>(2,811)</b>	<b>(13)</b>	<b>(31,067)</b>	<b>(30,442)</b>	<b>625</b>	<b>(33,863)</b>	<b>(33,278)</b>	<b>585</b>
Non-executive directors	0	0	0	0	(1)	(1)	0	(1)	(1)
Supplies and services – clinical (excluding drugs costs)	(677)	(1,115)	(438)	(7,452)	(8,501)	(1,049)	(8,130)	(9,274)	(1,144)
Supplies and services - general	(17)	(21)	(4)	(191)	(217)	(26)	(209)	(237)	(28)
Drugs costs	(1,736)	(2,522)	(786)	(19,094)	(24,230)	(5,136)	(20,830)	(26,432)	(5,602)
Establishment	(2)	(3)	(1)	(21)	(27)	(6)	(23)	(30)	(7)
Premises - other	(111)	(90)	21	(1,223)	(804)	419	(1,334)	(895)	439
Transport	(5)	(7)	(2)	(58)	(67)	(9)	(63)	(73)	(10)
Education and training - non-staff	(1)	0	1	(12)	(18)	(6)	(13)	(19)	(6)
Lease expenditure	(5)	(6)	(1)	(59)	(51)	8	(64)	(55)	9
Other	(5)	(18)	(13)	(53)	(73)	(20)	(57)	(79)	(22)
<b>Total Non-pay Expenditure</b>	<b>(2,559)</b>	<b>(3,782)</b>	<b>(1,223)</b>	<b>(28,163)</b>	<b>(33,989)</b>	<b>(5,826)</b>	<b>(30,723)</b>	<b>(37,095)</b>	<b>(6,372)</b>
<b>Total Divisional Operating Expenditure</b>	<b>(5,357)</b>	<b>(6,593)</b>	<b>(1,236)</b>	<b>(59,230)</b>	<b>(64,431)</b>	<b>(5,201)</b>	<b>(64,586)</b>	<b>(70,373)</b>	<b>(5,787)</b>



**THE WALTON CENTRE NHS FOUNDATION TRUST**  
**EXPENDITURE - NEUROSURGERY**

	In month			Year to Date			Full Year		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Forecast	Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Registered nursing, midwifery and health visiting staff	(1,208)	(1,119)	89	(13,517)	(12,437)	1,080	(14,725)	(13,540)	1,185
Allied health professionals	(186)	(193)	(7)	(2,056)	(2,094)	(38)	(2,242)	(2,192)	50
Other scientific, therapeutic and technical staff	(52)	(46)	6	(576)	(543)	33	(629)	(684)	(55)
Health care scientists	(78)	(76)	2	(859)	(833)	26	(938)	(909)	29
Support to nursing staff	(262)	(256)	6	(3,191)	(3,029)	162	(3,453)	(3,280)	173
Support to allied health professionals	(13)	(15)	(2)	(138)	(139)	(1)	(151)	(154)	(3)
Support to other clinical staff	(2)	(2)	0	(13)	(12)	1	(14)	(14)	0
Medical - Consultants	(740)	(836)	(96)	(8,374)	(8,502)	(128)	(9,114)	(9,338)	(224)
Medical - Junior	(363)	(366)	(3)	(4,098)	(4,193)	(95)	(4,461)	(4,559)	(98)
NHS infrastructure support	(224)	(209)	15	(2,397)	(2,195)	202	(2,621)	(2,404)	217
Bank/Agency	0	(238)	(238)	(475)	(2,206)	(1,731)	(475)	(2,441)	(1,966)
<b>Total Pay Expenditure</b>	<b>(3,128)</b>	<b>(3,356)</b>	<b>(228)</b>	<b>(35,694)</b>	<b>(36,183)</b>	<b>(489)</b>	<b>(38,823)</b>	<b>(39,515)</b>	<b>(692)</b>
Supplies and services – clinical (excluding drugs costs)	(1,378)	(1,379)	(1)	(15,158)	(15,024)	134	(16,536)	(16,410)	126
Supplies and services - general	(21)	(30)	(9)	(236)	(282)	(46)	(258)	(308)	(50)
Drugs costs	(71)	(92)	(21)	(786)	(973)	(187)	(858)	(1,062)	(204)
Establishment	(9)	(12)	(3)	(100)	(125)	(25)	(109)	(136)	(27)
Premises - other	(50)	(31)	19	(545)	(539)	6	(595)	(598)	(3)
Transport	(2)	(4)	(2)	(24)	(64)	(40)	(27)	(70)	(43)
Education and training - non-staff	(5)	0	5	(50)	(34)	16	(54)	(37)	17
Lease expenditure	(6)	(7)	(1)	(63)	(82)	(19)	(69)	(90)	(21)
Other	(21)	(45)	(24)	(228)	(167)	61	(249)	(182)	67
<b>Total Non-pay Expenditure</b>	<b>(1,563)</b>	<b>(1,600)</b>	<b>(37)</b>	<b>(17,190)</b>	<b>(17,290)</b>	<b>(100)</b>	<b>(18,755)</b>	<b>(18,893)</b>	<b>(138)</b>
<b>Total Divisional Operating Expenditure</b>	<b>(4,691)</b>	<b>(4,956)</b>	<b>(265)</b>	<b>(52,884)</b>	<b>(53,473)</b>	<b>(589)</b>	<b>(57,578)</b>	<b>(58,408)</b>	<b>(830)</b>

**THE WALTON CENTRE NHS FOUNDATION TRUST**  
**EXPENDITURE - CORPORATE**

	In month			Year to Date			Full Year		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Registered nursing, midwifery and health visiting staff	(113)	(108)	5	(1,240)	(1,231)	9	(1,353)	(1,339)	14
Support to nursing staff	(1)	0	1	(10)	(10)	0	(11)	(10)	1
Medical - Consultants	(6)	(6)	0	(70)	(74)	(4)	(77)	(80)	(3)
NHS infrastructure support	(891)	(1,165)	(274)	(9,907)	(9,292)	615	(10,798)	(10,458)	340
Apprenticeship Levy	(24)	(25)	(1)	(263)	(282)	(19)	(287)	(307)	(20)
Bank/Agency	(14)	(26)	(12)	(150)	(276)	(126)	(164)	(303)	(139)
<b>Total Pay Expenditure</b>	<b>(1,049)</b>	<b>(1,330)</b>	<b>(281)</b>	<b>(11,640)</b>	<b>(11,165)</b>	<b>475</b>	<b>(12,690)</b>	<b>(12,497)</b>	<b>193</b>
Non-executive directors	(12)	(11)	1	(137)	(112)	25	(150)	(122)	28
Supplies and services – clinical (excluding drugs costs)	(12)	(44)	(32)	(299)	(292)	7	(311)	(318)	(7)
Supplies and services - general	(294)	(336)	(42)	(3,230)	(3,130)	100	(3,523)	(3,415)	108
Consultancy	(6)	(7)	(1)	(62)	(56)	6	(68)	(59)	9
Establishment	(84)	(93)	(9)	(948)	(1,024)	(76)	(1,032)	(1,112)	(80)
Premises - business rates payable to local authorities	(65)	(65)	0	(713)	(713)	0	(778)	(778)	0
Premises - other	(480)	(641)	(161)	(5,282)	(4,333)	949	(5,762)	(4,845)	917
Transport	(6)	(28)	(22)	(63)	(396)	(333)	(68)	(430)	(362)
Audit fees and other auditor remuneration	(12)	(9)	3	(129)	(103)	26	(141)	(113)	28
Clinical negligence	(475)	(475)	0	(5,228)	(5,229)	(1)	(5,704)	(5,705)	(1)
Education and training - non-staff	(16)	(134)	(118)	(181)	(318)	(137)	(197)	(340)	(143)
Lease expenditure	0	2	2	0	7	7	0	7	7
Other	(97)	(42)	55	(1,072)	(1,430)	(358)	(1,169)	(1,566)	(397)
<b>Total Non-pay Expenditure</b>	<b>(1,559)</b>	<b>(1,883)</b>	<b>(324)</b>	<b>(17,344)</b>	<b>(17,129)</b>	<b>215</b>	<b>(18,903)</b>	<b>(18,796)</b>	<b>107</b>
<b>Total Divisional Operating Expenditure</b>	<b>(2,608)</b>	<b>(3,213)</b>	<b>(605)</b>	<b>(28,984)</b>	<b>(28,294)</b>	<b>690</b>	<b>(31,593)</b>	<b>(31,293)</b>	<b>300</b>

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

<b>Report Date:</b> 29/03/23		<b>Report of:</b> Business Performance Committee (BPC)
<b>Date of last meeting:</b> 28/03/23		<b>Membership Numbers: 5 (Quorate)</b>
1	<b>Agenda</b>	<p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> <li>• Finance and Commercial Development Substrategy</li> <li>• Board Assurance Framework</li> <li>• Integrated Performance Report</li> <li>• National Staff Survey Results and Action Plan</li> <li>• Digital Transformation Monthly Update</li> <li>• 2023/24 Financial and Operational Plan Update</li> <li>• Business Case Process</li> <li>• Draft BPC Cycle of Business 2023/24</li> <li>• Intelligence Automation Business Case</li> <li>• Digital Aspirant Expenditure Variation Business Case</li> <li>• Radiology PACS Network Switches Business Case</li> </ul>
2	<b>Alert</b>	<ul style="list-style-type: none"> <li>• The 2023/24 financial and operational plan continues to adapt within the context of the wider system challenges. Both aspects now include significant stretches (with commensurate risks to delivery). The latest version will be presented to closed Board although the Committee agreed the described position would be submitted to NHS England for the 30 March deadline.</li> </ul>
3	<b>Assurance</b>	<p><i>Integrated Performance Report</i></p> <ul style="list-style-type: none"> <li>• February's activity largely held January's recovery from December's 'perfect storm', especially for <b>elective</b> (including <b>theatre performance</b>) and <b>outpatients</b>, despite some disruption from industrial action.</li> <li>• All <b>cancer wait/treatment and diagnostic</b> standards continue to be achieved</li> <li>• The number of <b>long waiters</b> (52+ weeks) continued to reduce (reduced by 60% over the last 6 months); <b>average waits</b> after Referral to Treatment improved slightly.</li> <li>• <b>Outpatient waiting lists</b> remain high pending the impact of the comprehensive revalidation project now being implemented; <b>appointments not attended</b> improved; the proportion moved to Patient Initiated Follow Up (<b>PIFU</b>) exceeded the end-year target of 5% and is expected to continue to increase.</li> <li>• <b>Sickness</b> reduced slightly to 6.3%. <b>Vacancy levels</b> remain low. <b>Appraisal</b> and <b>mandatory training</b> compliance continue to receive leadership focus.</li> <li>• The reported <b>Income and Expenditure</b> outcome was a £0.7m surplus in February (£3.8m YTD) and forecast to reach £4.6m by end of year (i.e. £1.7m better than plan).</li> <li>• <b>Capital spend</b> remains behind plan; reassurance was given that the end of year plan will yet be met (requiring £6m to be spent in March). It was also noted that £200k had been given back to the C&amp;M system to help manage the overall system capital position.</li> <li>• Performance paying creditors on time (<b>Better Payment Practice Code</b>) continues to be well below plan, with continued focus aimed at improvement.</li> </ul>

		<p><i>Other matters</i></p> <ul style="list-style-type: none"> <li>• The Finance and Commercial Development Substrategy was reviewed and is recommended to Board for approval following some minor updates.</li> <li>• The 7 BAF risks (and associated high operational risks) relating to BPC were reviewed, incorporating updates to controls and actions. Reduction of the risk rating of one BAF risk is recommended to Board.</li> <li>• The results of the annual staff survey were reviewed. Benchmarked against 13 acute specialist trusts, results are above average for 6 of the 7 elements of the NHS People Promise (average in the other) and largely showing improvement versus 2021. Suggestions for an improvement plan focused on some aspects of ED&amp;I (reinforcing work in progress); the 'advocacy' part of staff engagement; increasing the number of responses. The plan will be further informed by 'Talking, Engagement, Action' rounds to be made by leaders.</li> </ul>		
4.	<b>Advise</b>	<ul style="list-style-type: none"> <li>• Improvements to the process of presenting and approving business cases were agreed, and the assurance narratives within the Integrated Performance Report will be reviewed.</li> <li>• 3 business cases were approved</li> <li>• Key Issues reports from 6 subgroups were received and noted.</li> </ul>		
5.	<b>Risks Identified</b>	<ul style="list-style-type: none"> <li>• It was recommended that Audit Committee review the Cost Improvement Plan (CIP) process in support of the challenges faced in next year's finance &amp; operational plan; an enhanced focus on CIP delivery will be incorporated in BPC's cycle of business.</li> </ul>		
6.	<b>Report Compiled</b>	David Topliffe Non-Executive Director	Minutes available from:	Katharine Dowson Corporate Secretary

# Trust Board Key Issues Report

<b>Report Date:</b> 16/03/23		<b>Report of: Quality Committee</b>
<b>Date of last meeting:</b> 16/03/23		<b>Membership Numbers: 6 (Quorate)</b>
1.	<b>Agenda</b>	<p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> <li>• Integrated Performance Report and Joint Divisional Report</li> <li>• Quality Substrategy</li> <li>• Board Assurance Framework</li> <li>• Post-Industrial Action Update</li> <li>• Quality Account Priorities 2023/24</li> <li>• Safeguarding Statutory Responsibilities Update Report</li> <li>• Draft Quality Committee Cycle of Business 2023/24</li> <li>• CQC Insight Bi-Monthly Report</li> </ul>
2.	<b>Alert</b>	<p><b>Sepsis:</b> The Committee were alerted to potential gaps in the sepsis screening processes. The Senior Nurse Team and Infection Prevention and Control Committee are developing a plan to improve the position and an update will be provided at the next meeting.</p>
	<b>Assurance</b>	<p><b>Integrated Performance Report and Joint Divisional Report</b>  <b>Complaints:</b> Complaints have increased; greater focus on the learning from complaints is required with a view to embedding changes and preventing similar complaints arising. Complaints assurance remains a focus for the committee and will be discussed in detail at the April Committee meeting.</p> <p><b>Falls:</b> There has been a recent increase in the number of falls being reported with low or no harm and 2 falls resulting in moderate harm in the last reporting period. Themes and trends continued to be monitored along with implementation of appropriate mitigating actions. The Root Cause Analysis of the falls that resulted in moderate harm is in train and will be reported back to the April committee</p> <p><b>Pressure Ulcers:</b> Pressure Ulcers by occupied bed days have remained above average for over 6 months. Actual numbers remain small and there have been no category 3 or 4 pressure ulcers for 2 years. New clinical wound pathways are being introduced to standardise optimal wound management to reduce the occurrence of pressure ulcers.</p> <p><b>Infection Prevention:</b> E.coli and MSSA have exceeded their trajectory for the year, with remaining reportable infections close to exceeding their trajectories. This remains a focus for the Committee</p>

**Nursing Roles** It is recognised that there is a need for clarity between a number of nursing roles, (nurse specialists, nurse consultants, corporate nursing and ward nurses). The clarity between corporate nursing and ward nursing is being prioritised to improve performance in Pressure Ulcers and Infection Prevention and Control. The Committee agreed to receive an update paper in May on progress along with the planned review of the Nurse Specialists and Nurse Consultant roles

**Fundamentals of Care.** It is recognised that further assurance in this area is required. The Deputy Chief Nurse is working with the Divisions to ensure that the monthly audits are systematically used to identify areas for improvements and that improvements are monitored through this mechanism.

**Walton CARES review:** The Outpatient Department rating reduced from gold to silver. Action plans are in place to monitor the implementation of recommendations arising from CARES assessments. The standards assessed were under review to ensure they remain fit for purpose and cover the care provided by the multidisciplinary team.

**Quality Substrategy:** The Committee noted the progress on the quality substrategy It was agreed that further work was required to ensure comprehensive engagement of clinical staff takes place. The committee requested a smaller number of high level ambitious goals to be agreed for each of the quality domains including equality

**Board Assurance Framework (BAF) Report Q4 2022/23:** The updated BAF risks linked to Quality Committee were reviewed and recommended for approval by the Board.

**Strike Action:** The Committee received a presentation and were assured that the Trust had prepared well for the strike, had effectively managed services with limited disruption to inpatients and their care and had reflected on the learning that had arisen post the industrial action.

**Quality Account Priorities:** The Committee welcomed the work in progress and were satisfied that there was a pathway in place to identify the final set of Quality Account Priorities prior to submission to Board and that the final version will include a number of infection prevention related priorities.

**Safeguarding Report:** Level 3 safeguarding adults training rates compliance was 40% against a target of 90%. No identified issues were identified regarding provision of training. The Committee requested a recovery plan to be established and monitored through the Divisional governance structures and reviewed by Quality Committee quarterly.

**CQC Bi Monthly Insight Reports:** Meetings continue to be held with the CQC link manager, routine monitoring meetings will recommence this month with Insight reports expected to recommence shortly which provide helpful benchmarking data.

**Electronic Prescribing System:** The new electronic prescribing system requires a significant change and major collaboration with LUHFT. The Trusts IT leads and divisions are engaged and further work is in train to ensure appropriate clinical engagement.

	<b>Advise</b>	Mutual aid has been agreed for Spinal patients from Robert Jones and Agnes Hunt Hospital (Oswestry). Operational discussions are in place to accept the patient referrals.		
2.	Risks Identified	A new risk relating to the clinical staff shortages within the IPC team would be added to the risk register.		
3.	Report Compiled by	Ray Walker – Non-Executive Director	Minutes available from:	Katharine Dowson – Corporate Secretary



**Report to Trust Board**  
**6<sup>th</sup> April 2023**

<b>Report Title</b>	National Staff Survey 2022		
<b>Executive Lead</b>	Mike Gibney, Chief People Officer		
<b>Author (s)</b>	Jane Mullin, Deputy Chief People Officer		
<b>Action Required</b>	To note		
<b>Level of Assurance Provided</b> <i>(do not complete if not relevant e.g. work in progress)</i>			
<input type="checkbox"/> <b>Acceptable assurance</b> Systems of controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input checked="" type="checkbox"/> <b>Partial assurance</b> Systems of controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/> <b>Low assurance</b> Evidence indicates poor effectiveness of system of controls	
<b>Key Messages</b> <i>(2/3 headlines only)</i>			
<ul style="list-style-type: none"> <li>All Trusts are required to participate in the national staff survey on an annual basis</li> <li>The report presents results in the form of seven people promises and two themes</li> </ul>			
<b>Next Steps</b> <i>(actions to be taken following agreement of recommendation/s by Board/Committee)</i>			
<ul style="list-style-type: none"> <li>Divisions to agree divisional action plans</li> <li>TEA staff engagement rounds to be arranged for Summer 2023</li> </ul>			
<b>Related Trust Strategic Ambitions and Themes</b>		<b>Impact</b> <i>(is there an impact arising from the report on any of the following?)</i>	
People		Not Applicable	Not Applicable
<b>Strategic Risks</b> <i>(tick one from the drop down list; up to three can be highlighted)</i>			
004 Leadership Development	006 Prevention & Inequalities	001 Quality Patient Care	
<b>Equality Impact Assessment Completed</b> <i>(must accompany the following submissions)</i>			
Strategy <input type="checkbox"/>	Policy <input type="checkbox"/>	Service Change <input type="checkbox"/>	
<b>Report Development</b> <i>(full history of paper development to be included, on second page if required)</i>			
<b>Committee/ Group Name</b>	<b>Date</b>	<b>Lead Officer (name and title)</b>	<b>Brief Summary of issues raised and actions agreed</b>
n/a			

## Annual Staff Survey 2022

### Executive Summary

1. The 2022 National NHS Staff Survey was conducted in The Walton Centre NHS Foundation Trust by Quality Health; the survey was distributed between September and December 2022. The full survey findings are attached in **Appendix 1** and the breakdown report by division and staff group at **Appendix 2**
2. 614 staff took part in the survey compared to 600 in 2021. This was a response rate of 42% an increase of 1% from last year. It should be noted that (in agreement with Staff Side) we do not offer any incentives for completion of the staff survey.
3. The median response rate for Acute Specialist Trusts in the 2022 survey was 52% a decrease of 2% from 2021.

### Background and Analysis

4. The staff survey questions are aligned with the NHS People Promise, covering seven key elements: we are compassionate and inclusive; we are recognised and rewarded; we each have a voice that counts; we are safe and healthy; we are always learning; we work flexibly; and we are a team. Within these seven overall elements are sub-scores for the questions relating to each key element. The survey also looks at two additional themes: 'staff engagement' and 'morale', and questions relating to working during the pandemic.
5. Key highlights:
  - The Trust scores **higher than average in all elements of the NHS People Promise bar one** (the exception is 'we are always learning' - this was scored average but is an improvement on last year's score).
  - The Trust scores **best in class for 'we work flexibly'**.
  - Compared to our 2021 results, **the Trust has improved scores for 6 elements of the People Promise**, and the same score as last year for one element ('we each have a voice that counts').
  - The Trust **scored average or higher than average for 14 of the 15 areas that make up the sub-scores of the People Promise** (for example, the 'We are a team' people promise is broken down into questions around 'team working' and 'line management' and these are both awarded a sub-score).
  - Compared to our 2021 results, **of the 15 areas that make up the sub-scores of the People Promise, the Trust scored higher in 9**, the same as last year in 4, and lower than last year in 2.
  - For the two additional themes, 'staff engagement' and 'morale', **our overall score for staff engagement is an improvement** on last year's score, whilst our overall score for morale is the same as last year's. We also **score above average in all but one area covered under these two themes**, ('work pressure' scores the same as average).
6. Areas for improvement:
  - The Trust scores 'average' for the People Promise: 'we are always learning'. This is split into two strands: development and appraisals and it is **appraisals which brings our mark down**. We know our compliance for PDRs has dropped and this has been an issue

for some time now. In response and in line with staff feedback, last month we refreshed and launched our new and condensed PDR paperwork.

- The Trust **scored 83.8% for the question: 'Care of patients/service users is my organisation's top priority'**, this is lower than last years score of 84.3 and lower than the national average of 84.3% which has also decreased from 87.6% in 2021
- The Trust **scored 86.5% for the question: 'If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation'**, this is lower than last years score of 88.8% and the same as the national average
- **Violence at work** continues to be an issue.

#### 7. Workforce Race Equality Scheme (WRES)

533 white staff responded to the survey and 53 staff from other ethnic groups.

#### 8. Workforce Disability Equality Scheme (WDES)

443 staff without a long-term condition (LTC) responded to the survey and 135 staff responded with a LTC.

#### 9. Further Breakdown

Additional detail is provided in the presentation at **Appendix 3**.

### Conclusion

10. As in previous years, work will be undertaken to understand the results through the scores and the qualitative feedback to put together an action plan of improvements, paying close attention to the areas where scores are lower than 2021 and below average.
11. Committee should note that the WRES team from NHS England have reviewed the trusts action plan and awarded a score of 2.20 as per the CQC fair point award system, 2=Good, 3=Outstanding.
12. In response to last year's survey results, a number of TEA (talking, engagement, action) staff feedback sessions were held, to make these more easily accessible and give everyone the chance to take part and be heard, there will be further TEA staff feedback events again, but this year's will be in the form of TEA rounds.
13. The HR team and Managers will visit departments across the Trust, sessions will be held in the summer and further information will be shared over the coming months.

### Recommendation

- To note the 2022 national staff survey results and next steps.

**Author: Jane Mullin**  
**Date: 16<sup>th</sup> March 2023**



# The Walton Centre NHS Foundation Trust

2022 NHS Staff Survey

Breakdown report

Introduction

4

People Promise element and Theme results – Breakdowns 1

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Corporate Services Directorate

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Neurology & Long Term Care Directorate

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Surgery & Critical Care Directorate

8

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<u>Administrative and Clerical</u>	33
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<u>Healthcare Scientists</u>	35
<u>Medical and Dental</u>	36
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This directorate report for The Walton Centre NHS Foundation Trust contains results by breakdown for People Promise element and theme results from the 2022 NHS Staff Survey. These results are compared to the unweighted average for your organisation.

**Please note:** It is possible that there are differences between the ‘Your org’ scores reported in this directorate report and those in the benchmark report. This is because the results in the benchmark report are weighted to allow for fair comparisons between organisations of a similar type. However, in this report comparisons are made within your organisation so the unweighted organisation result is a more appropriate point of comparison.

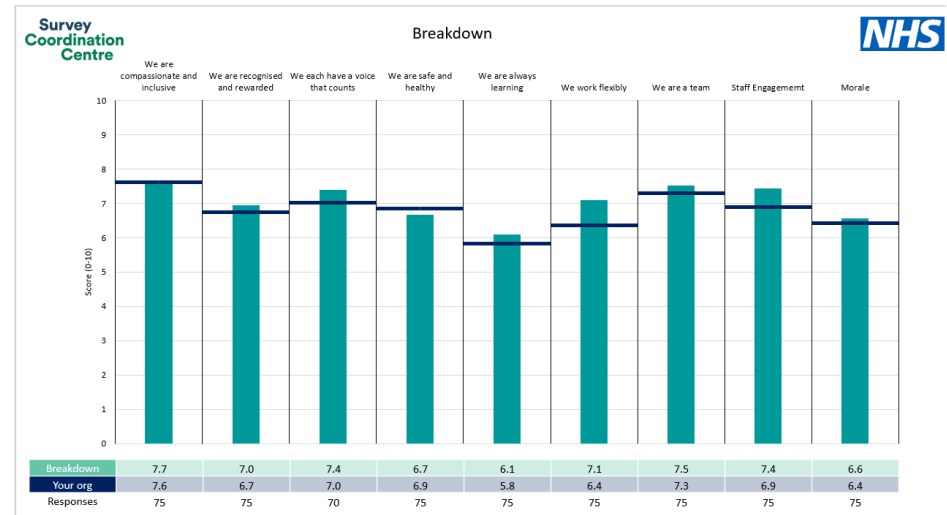
The breakdowns used in this report were provided and defined by The Walton Centre NHS Foundation Trust. Details of how the People Promise element and theme scores were calculated are included in the Technical Document, available to download from our results website.

## Key features

Breakdown type and **breakdown name** are specified in the header.

Breakdown results are presented in the context of the (unweighted) **organisation average ('Your org')**, so it is easy to tell if a directorate is performing better or worse than the organisation average. For all People Promise element and theme results, a higher score is a better result than a lower score

The **number of responses** feeding into each measures and sub-scores for the **given breakdown** is specified below the table containing the directorate and trust scores.

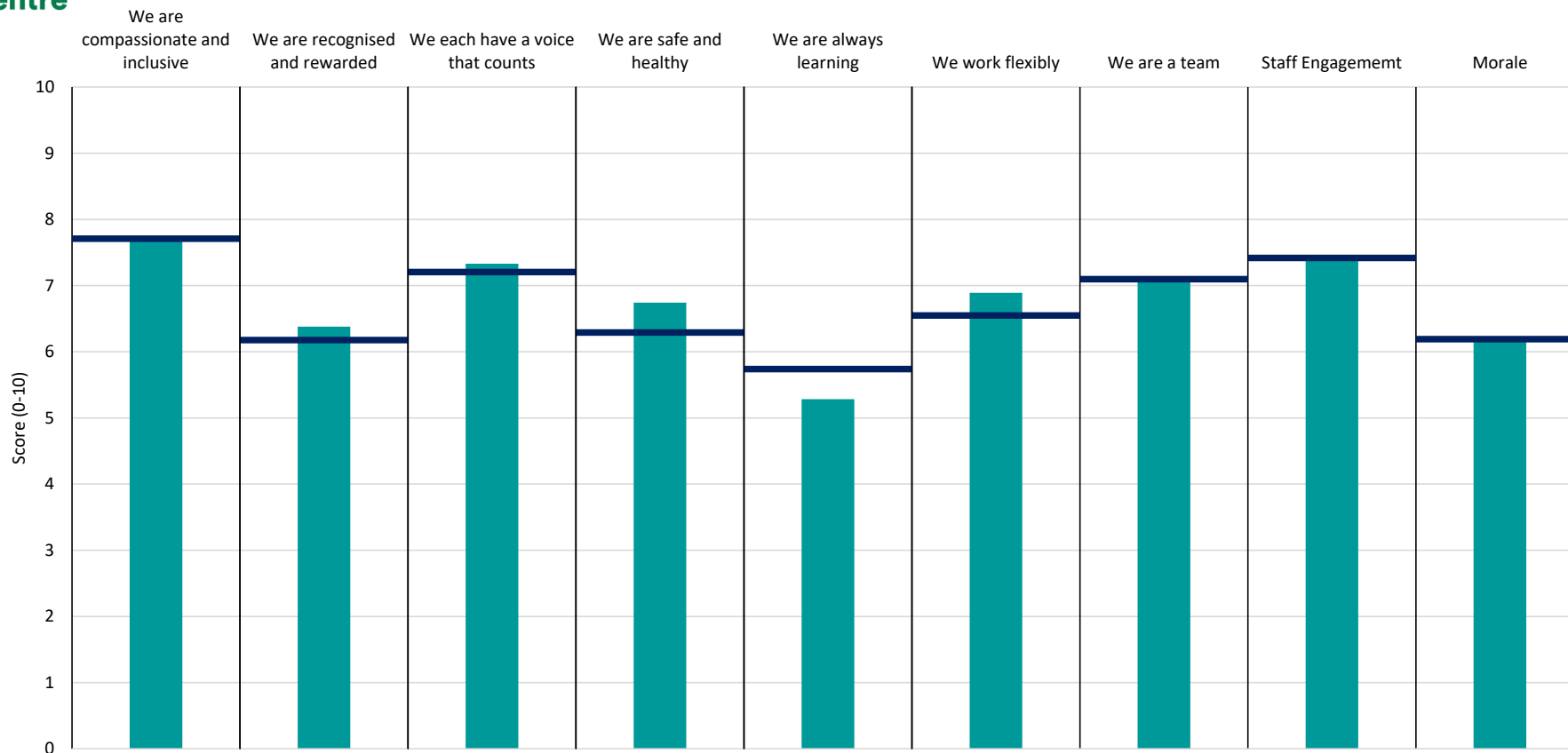


**! Note:** when there are less than 11 responses in a group, results are suppressed to protect staff confidentiality, for some organisations this could mean that all breakdown results are suppressed.

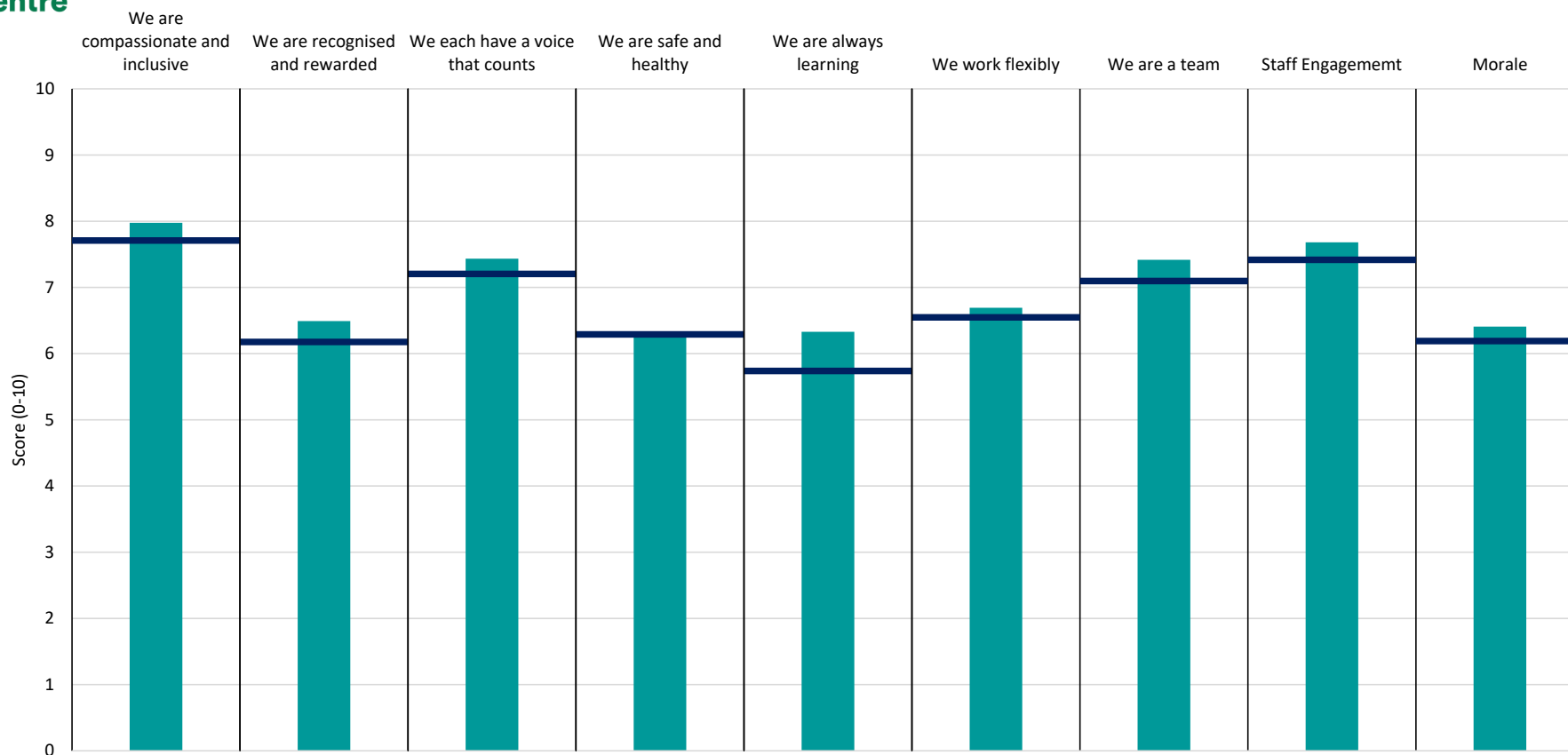
# Breakdowns 1

The Walton Centre NHS Foundation Trust  
2022 NHS Staff Survey

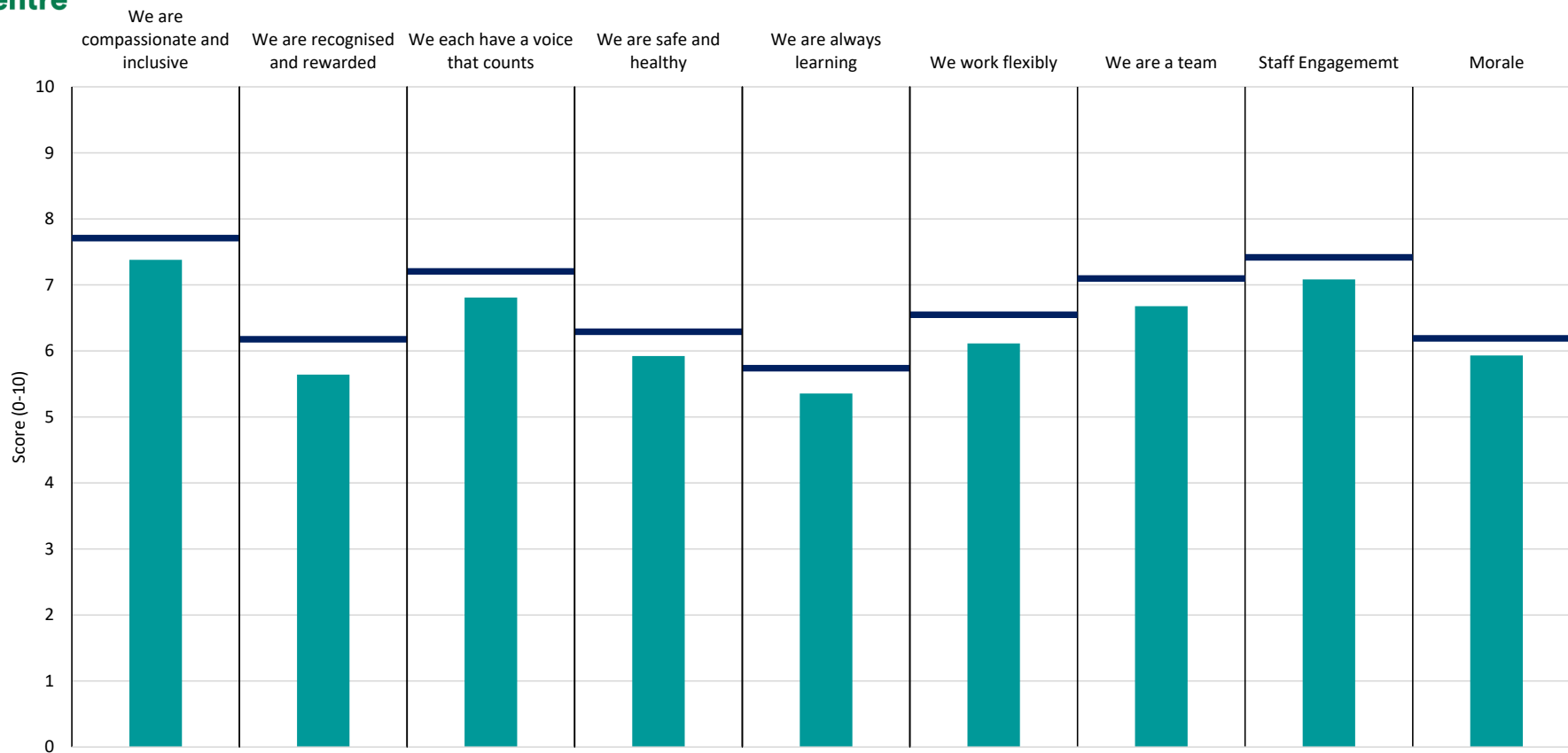




Breakdown	7.7	6.4	7.3	6.7	5.3	6.9	7.1	7.4	6.2
Your org	7.7	6.2	7.2	6.3	5.7	6.5	7.1	7.4	6.2
Responses	153	153	151	150	144	153	153	153	153



Breakdown	8.0	6.5	7.4	6.3	6.3	6.7	7.4	7.7	6.4
Your org	7.7	6.2	7.2	6.3	5.7	6.5	7.1	7.4	6.2
Responses	252	252	248	252	230	249	251	253	253

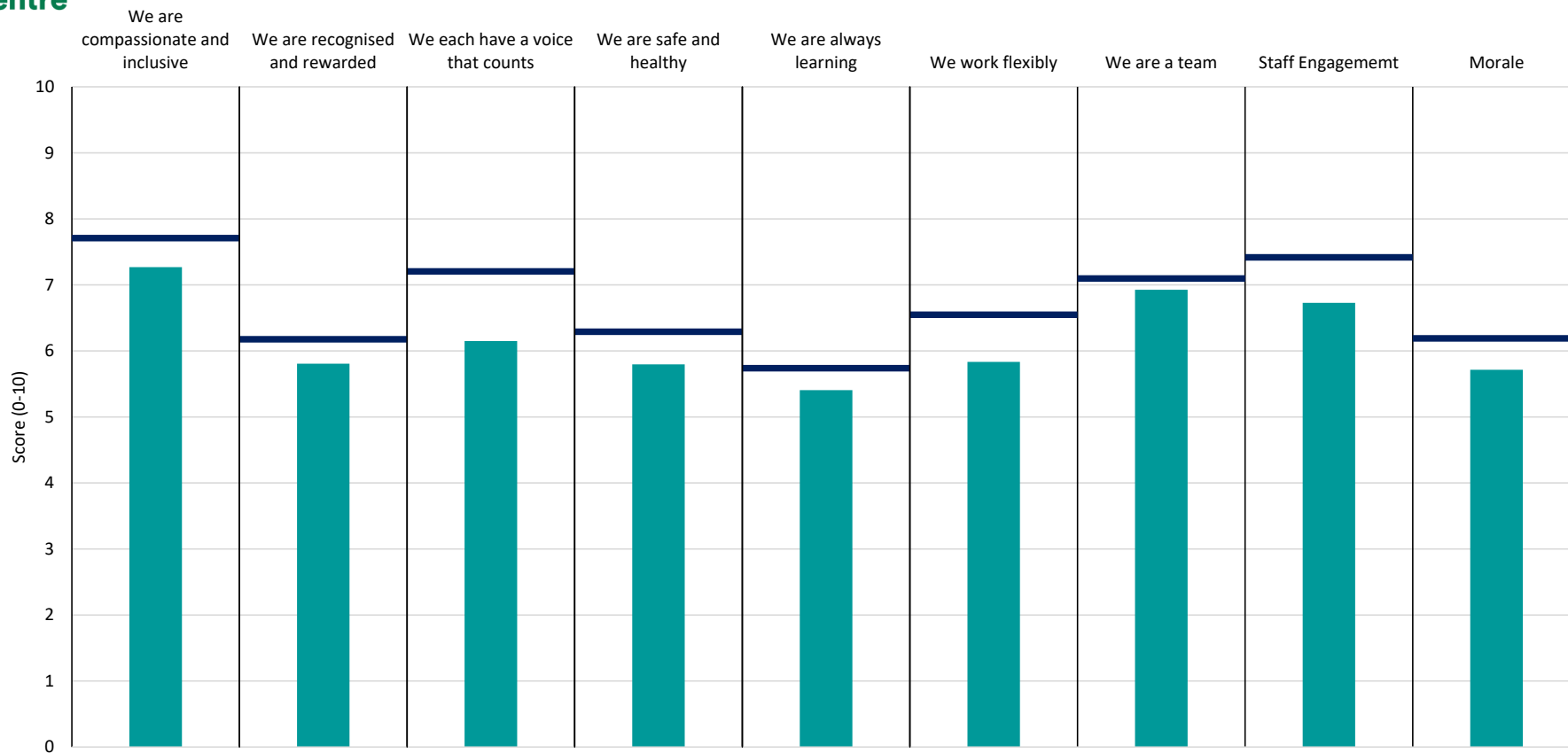


Breakdown	7.4	5.6	6.8	5.9	5.4	6.1	6.7	7.1	5.9
Your org	7.7	6.2	7.2	6.3	5.7	6.5	7.1	7.4	6.2
Responses	206	206	193	201	182	205	205	205	206

# Breakdowns 2

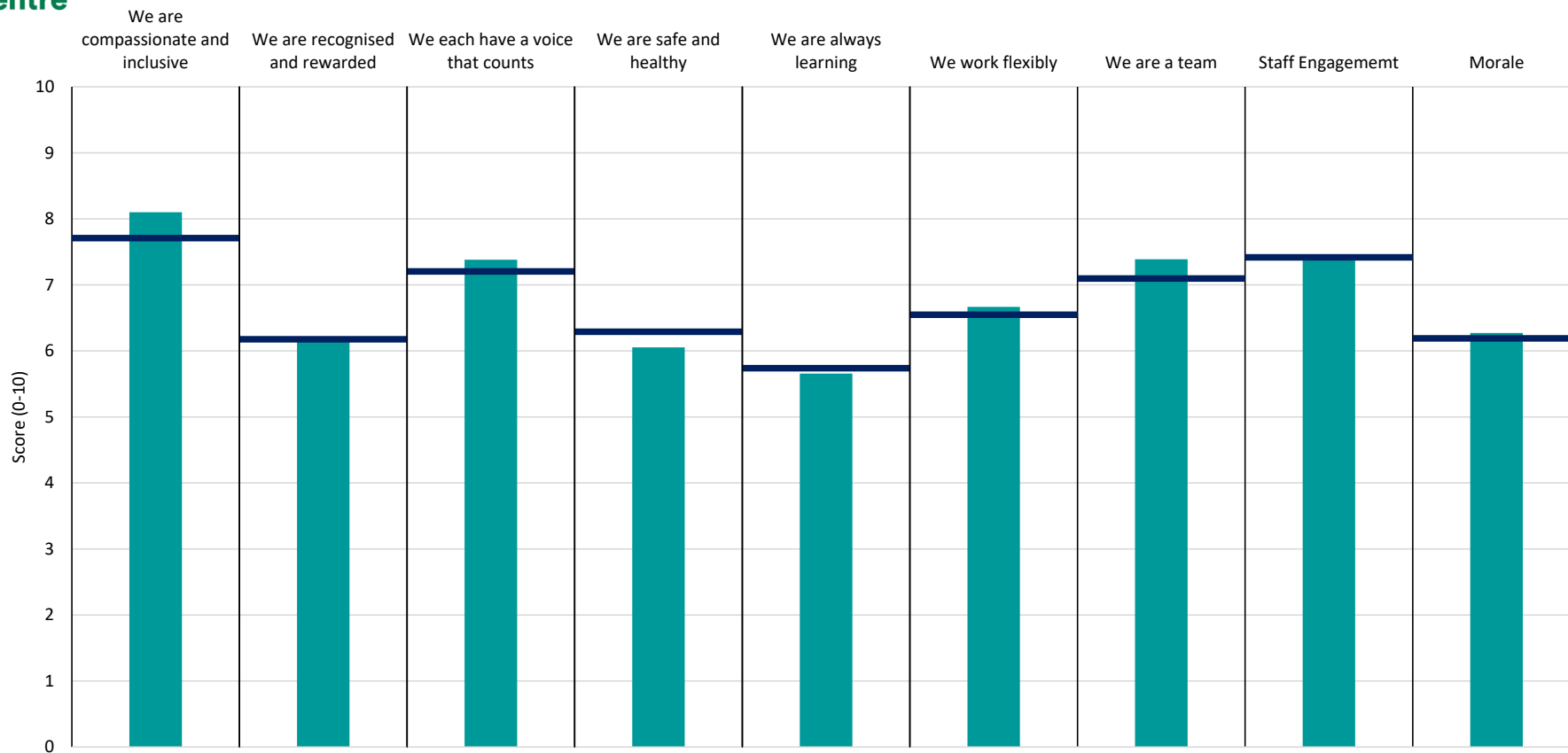
The Walton Centre NHS Foundation Trust  
2022 NHS Staff Survey

### Add Prof Scientific and Technic

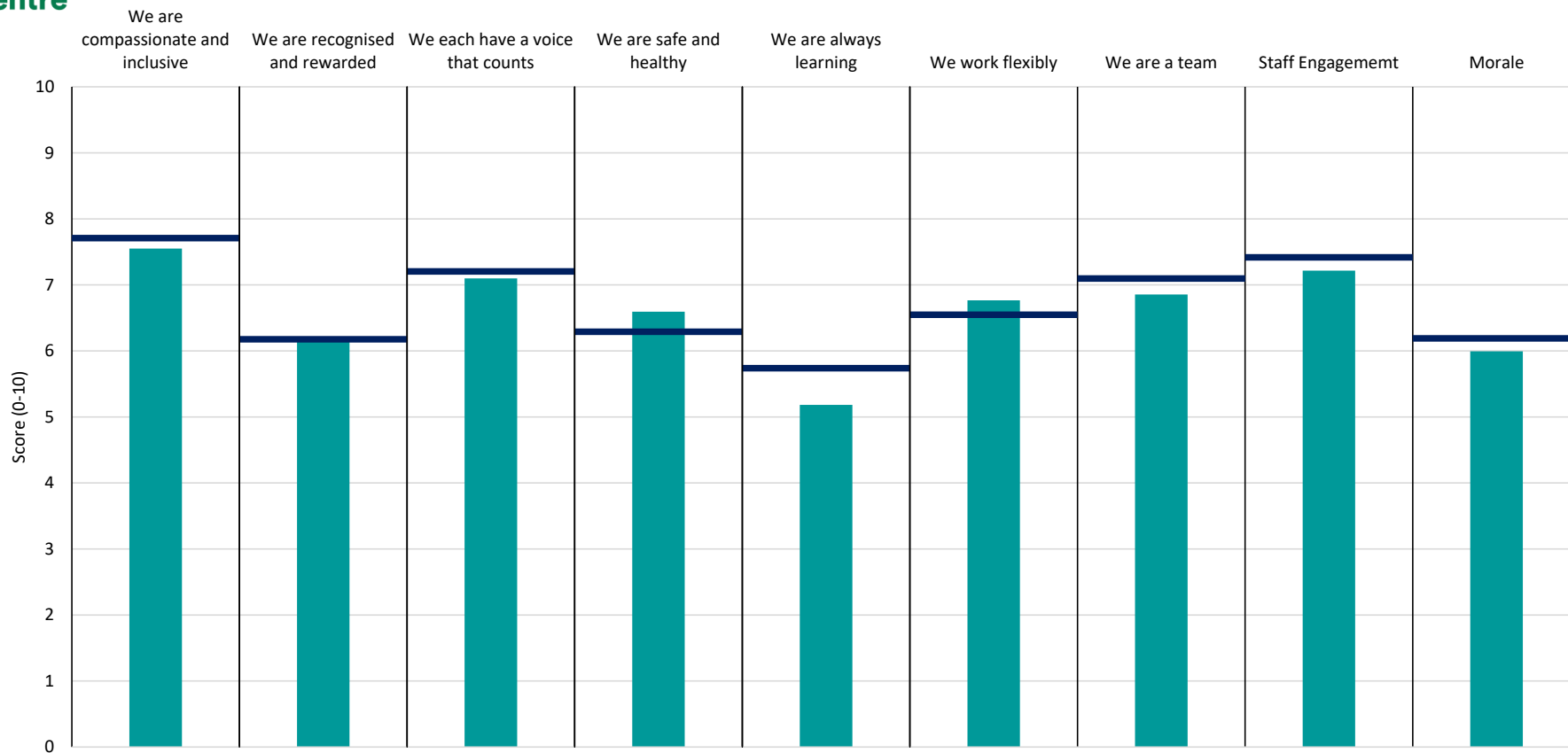


Breakdown	7.3	5.8	6.1	5.8	5.4	5.8	6.9	6.7	5.7
Your org	7.7	6.2	7.2	6.3	5.7	6.5	7.1	7.4	6.2
Responses	18	18	16	17	16	18	18	18	18

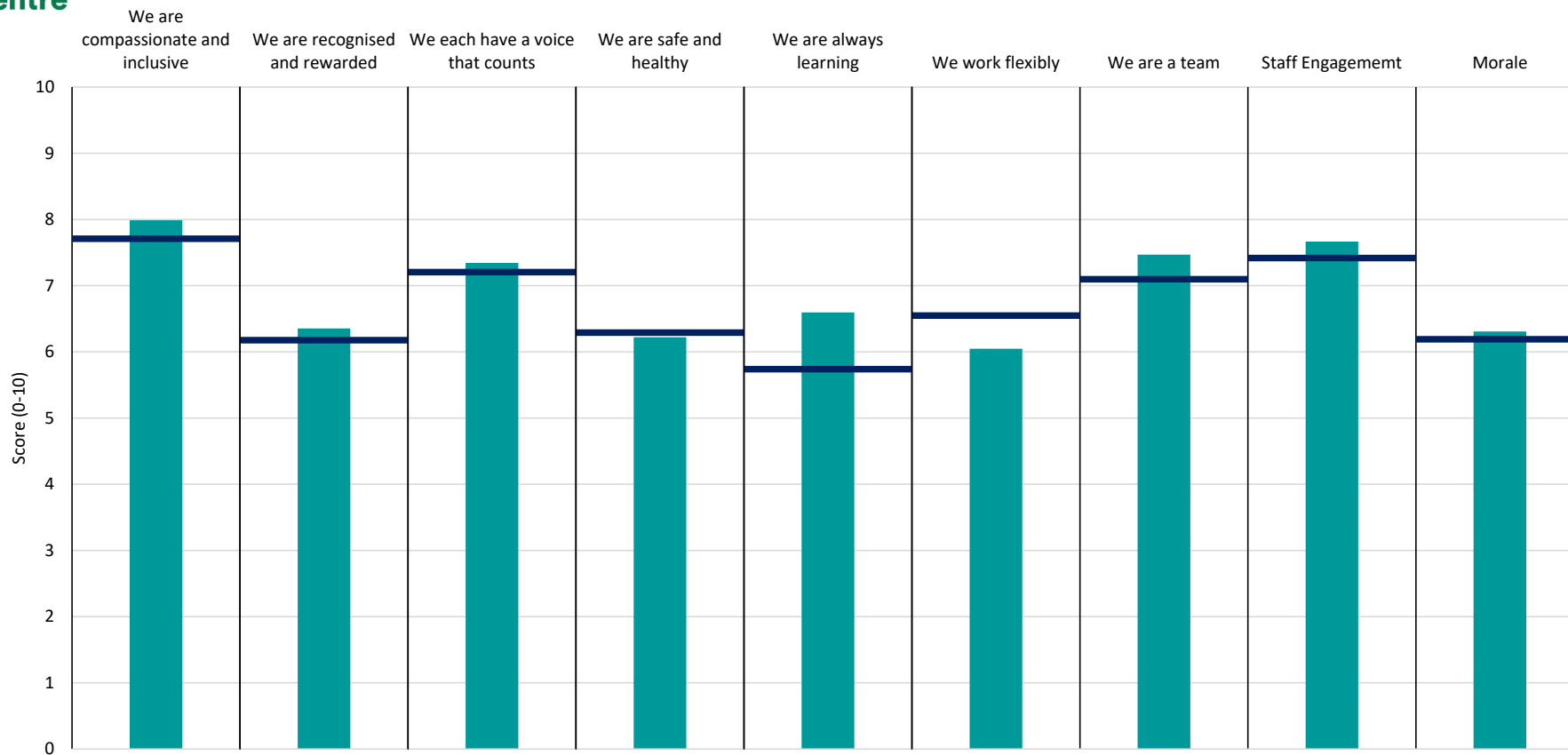
### Additional Clinical Services



Breakdown	8.1	6.2	7.4	6.1	5.7	6.7	7.4	7.4	6.3
Your org	7.7	6.2	7.2	6.3	5.7	6.5	7.1	7.4	6.2
Responses	96	96	86	95	75	94	96	95	96

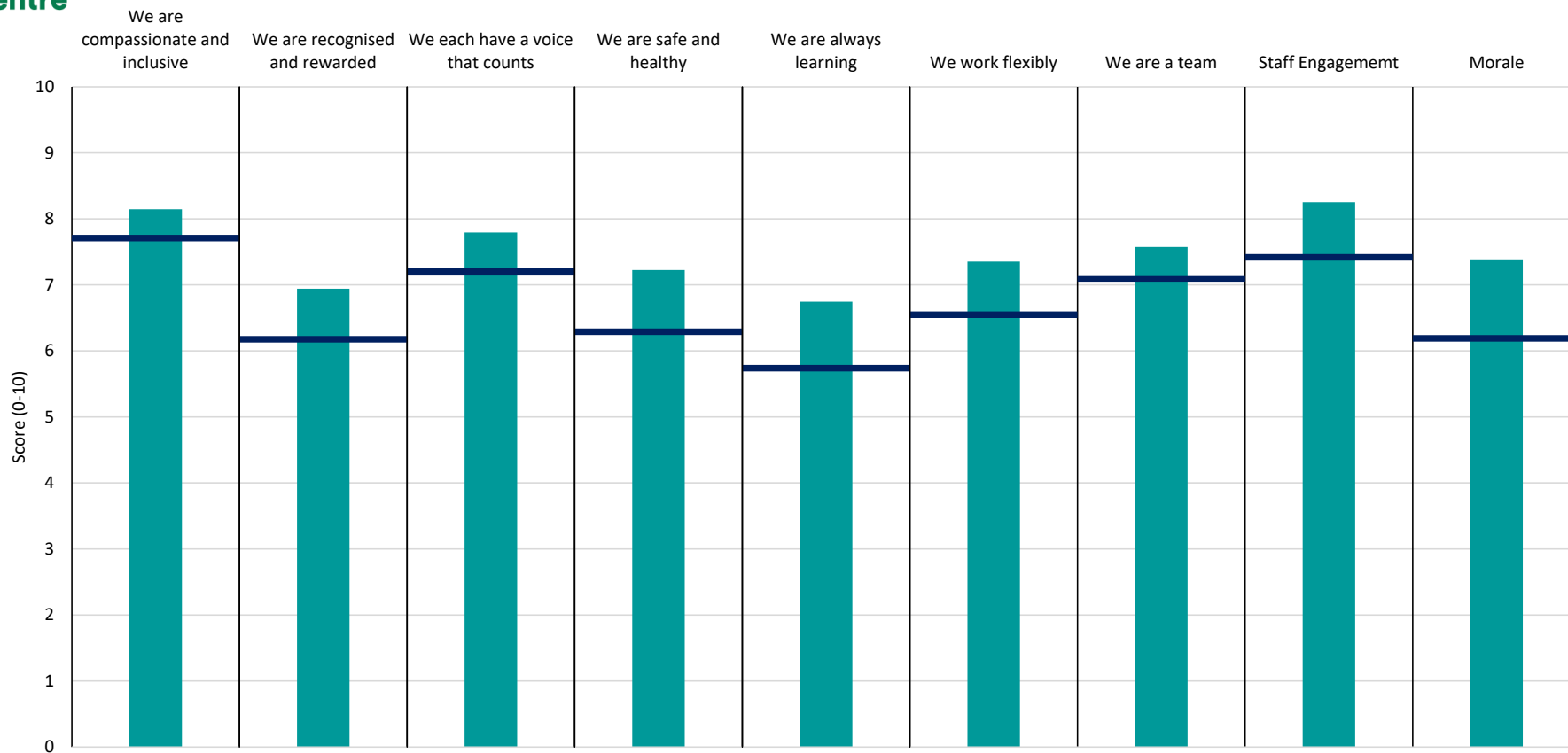


Breakdown	7.5	6.2	7.1	6.6	5.2	6.8	6.9	7.2	6.0
Your org	7.7	6.2	7.2	6.3	5.7	6.5	7.1	7.4	6.2
Responses	185	186	183	183	176	185	186	186	186

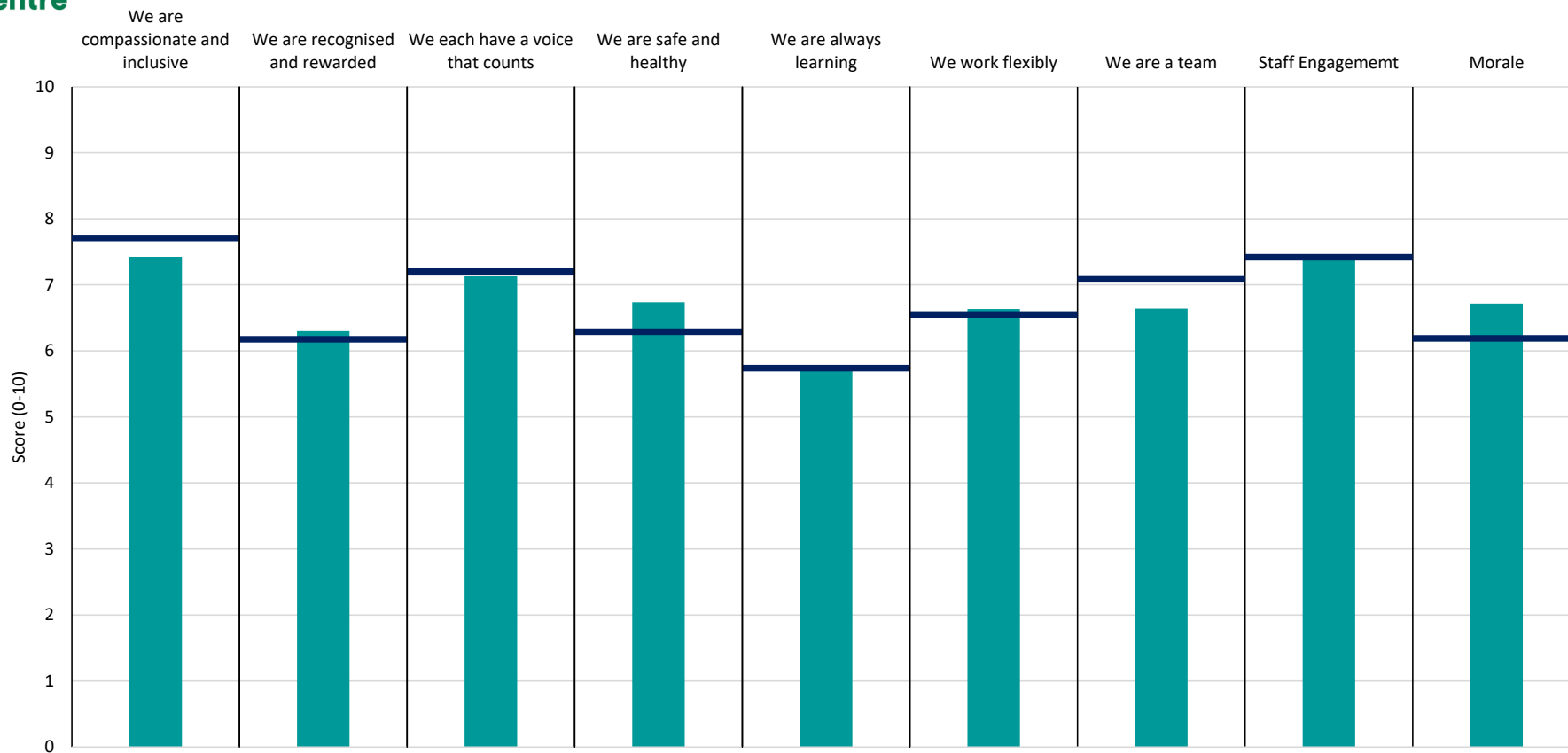


Breakdown	8.0	6.4	7.3	6.2	6.6	6.0	7.5	7.7	6.3
Your org	7.7	6.2	7.2	6.3	5.7	6.5	7.1	7.4	6.2
Responses	93	92	92	92	89	92	93	93	93



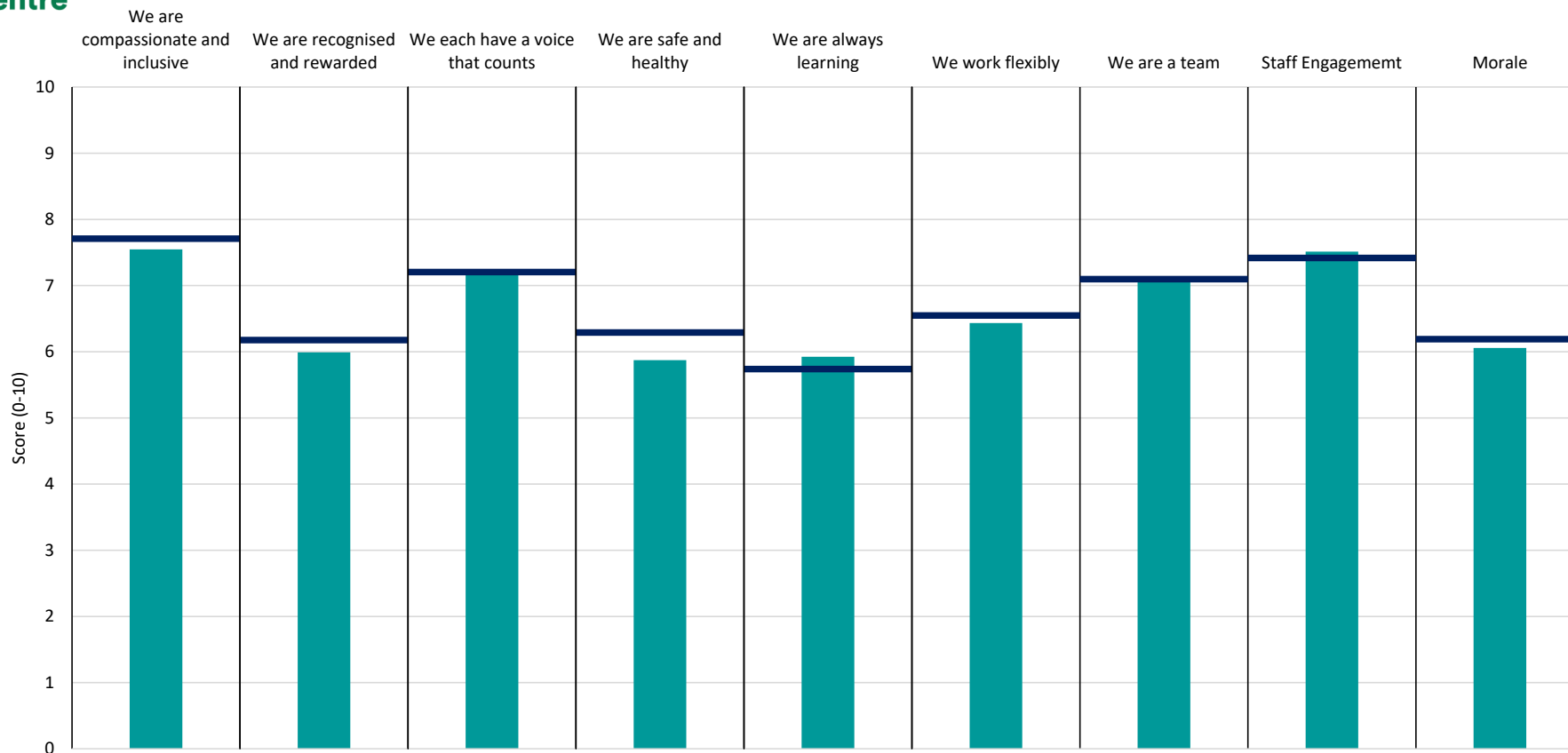


Breakdown	8.1	6.9	7.8	7.2	6.7	7.4	7.6	8.3	7.4
Your org	7.7	6.2	7.2	6.3	5.7	6.5	7.1	7.4	6.2
Responses	17	17	17	17	17	17	17	17	17



Breakdown	7.4	6.3	7.1	6.7	5.8	6.6	6.6	7.4	6.7
Your org	7.7	6.2	7.2	6.3	5.7	6.5	7.1	7.4	6.2
Responses	48	48	48	48	46	48	47	48	48

### Nursing and Midwifery Registered



Breakdown	7.5	6.0	7.2	5.9	5.9	6.4	7.1	7.5	6.1
Your org	7.7	6.2	7.2	6.3	5.7	6.5	7.1	7.4	6.2
Responses	148	148	144	145	133	147	147	148	148

The Walton Centre NHS Foundation Trust

## NHS Staff Survey Benchmark report 2022



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## Introduction

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

### About this report

This benchmark report for The Walton Centre NHS Foundation Trust contains results for the 2022 NHS Staff Survey, and historical results back to 2018 where possible. These results are presented in the context of best, average and worst results for similar organisations where appropriate\*. Data in this report are weighted\*\* to allow for fair comparisons between organisations.

Please note: Results for Q1, Q10a, Q24d, Q25a-c, Q26a-c, Q27, Q28, Q29, Q30a, Q31a-b, Q32a-b and Q33 are not weighted or benchmarked because these questions ask for demographic or factual information.

Full details of how the data are calculated and weighted are included in the Technical Document, available to download from our results website.

### How results are reported

For the 2021 survey onwards the questions in the NHS Staff Survey are aligned to the People Promise. This sets out, in the words of NHS staff, the things that would most improve their working experience, and is made up of seven elements:



In support of this, the results of the NHS Staff Survey are measured against the seven People Promise elements and against two of the themes reported in previous years (Staff Engagement and Morale). The reporting also includes sub-scores, which feed into the People Promise elements and themes. The next slide shows how the People Promise elements, themes and subscores are related and mapped to individual survey questions.

\*The data included in this report are weighted to the national benchmarking groups. The figures in this report may be different to the figures produced by your contractor.

\*\*Please see Appendix C for a note on the revision to 2019 historical benchmarking for Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts, and Community Trust benchmarking groups.

## People Promise elements, themes and sub-scores

People Promise elements	Sub-scores	Questions
We are compassionate and inclusive	Compassionate culture	Q6a, Q23a, Q23b, Q23c, Q23d
	Compassionate leadership	Q9f, Q9g, Q9h, Q9i
	Diversity and equality	Q15, Q16a, Q16b, Q20
	Inclusion	Q7h, Q7i, Q8b, Q8c
We are recognised and rewarded	No sub-score	Q4a, Q4b, Q4c, Q8d, Q9e
We each have a voice that counts	Autonomy and control	Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b
	Raising concerns	Q19a, Q19b, Q23e, Q23f
We are safe and healthy	Health and safety climate	Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d
	Burnout	Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g
	Negative experiences	Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c
We are always learning	Development	Q22a, Q22b, Q22c, Q22d, Q22e
	Appraisals	Q21a*, Q21b, Q21c, Q21d *Q21a is a filter question and therefore influences the sub-score without being a directly scored question.
We work flexibly	Support for work-life balance	Q6b, Q6c, Q6d
	Flexible working	Q4d
We are a team	Team working	Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a
	Line management	Q9a, Q9b, Q9c, Q9d
Themes	Sub-scores	Questions
Staff Engagement	Motivation	Q2a, Q2b, Q2c
	Involvement	Q3c, Q3d, Q3f
	Advocacy	Q23a, Q23c, Q23d
Morale	Thinking about leaving	Q24a, Q24b, Q24c
	Work pressure	Q3g, Q3h, Q3i
	Stressors	Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a

Questions not linked to the People Promise elements or themes

Q1, Q10a, Q10b, Q10c, Q11e, Q15, Q16c, Q17, Q18a, Q18b, Q18c, Q18d, Q24d, Q30b



### Introduction

This section provides a brief introduction to the report, including how questions map to the People Promise elements, themes and sub-scores, as well as features of the graphs used throughout.

### Organisation details

This slide contains **key information** about the NHS organisations participating in this survey and details for your own organisation, such as response rate.

### People Promise Elements, Themes and Sub-scores: Overview

This section provides a high-level **overview** of the results for the seven elements of the People Promise and the two themes, followed by the results for each of the **sub-scores** that feed into these measures.

### People Promise Elements, Themes and Sub-scores: Trends

This section provides trend results for the seven elements of the People Promise and the two themes, followed by the trend results for each of the sub-scores that feed into these measures.

**All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.** For example, the Burnout sub-score, a higher score (closer to 10) means a lower proportion of staff are experiencing burnout from their work. These scores are created by scoring questions linked to these areas of experience and grouping these results together. Your organisation results are benchmarked against the benchmarking group average, the best scoring organisation and the worst scoring organisation. These graphs are reported as percentages. The meaning of the value is outlined along the y axis. The questions that feed into each sub-score are detailed on slide 5.

### The Covid-19 pandemic

This section contains results for the People Promise elements and themes split by staff experience related to the Covid-19 pandemic.

### Questions not linked to People Promise

Results for the questions that do not contribute to the result for any People Promise element or theme are included in this section.

### Workforce Equality Standards

This section shows that data required for the indicators used in the **Workforce Race Equality Standard (WRES)** and the **Workforce Disability Equality Standard (WDES)**.

### About your respondents

This section provides details of the staff responding to the survey, including their **demographic and other classification questions**.

### Appendices

Here you will find:

- Response rate.
- Significance testing of the People Promise element and Theme results for 2021 vs 2022.
- Data in the benchmark reports.
- Additional reporting outputs.
- Tips on action planning and interpreting the results.
- Contact information.



Please note, where there are less than 11 responses for a question this data is not shown to protect the confidentiality of staff and reliability of results.

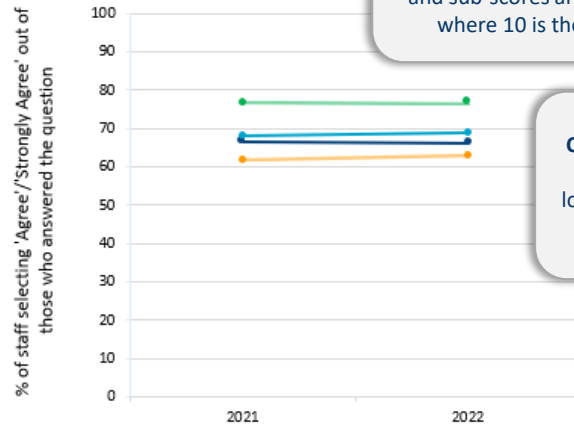
Please note this is example data

## Key features

Question-level results are always reported as percentages; the **meaning of the value** is outlined along the axis. Summary measures and sub-scores are always on a 0-10pt scale where 10 is the best score attainable.

Question number and text (for summary measure) specified at the top of each slide.

The home icon on each slide is **hyperlinked** and takes you back to the contents page (which is also hyperlinked to each section).



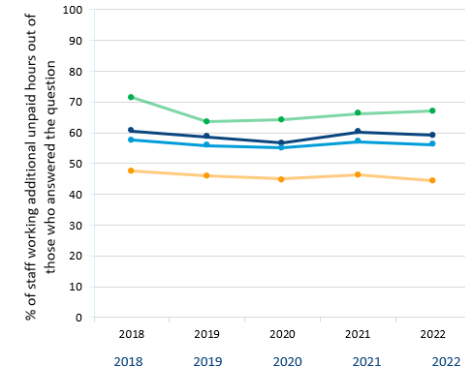
**Colour coding** highlights best / worst results, making it easy to spot questions where a lower percentage is better – in such instances 'Best' is the bottom line in the table.

	2021	2022
Your org	66.5%	66.3%
Best	76.8%	76.8%
Average	68.0%	68.7%
Worst	61.9%	62.8%

**Number of responses** for the organisation for the given question.

Tips on how to read, interpret and use the data are included in the Appendices

Q10c: On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours?



	2018	2019	2020	2021	2022
Your org	60.5%	58.7%	56.8%	60.2%	59.2%
Best	71.4%	63.6%	64.2%	66.1%	67.3%
Average	57.7%	55.9%	55.1%	57.0%	56.3%
Worst	47.7%	46.0%	45.0%	46.5%	44.6%

'Best', 'Average', and 'Worst' refer to the **benchmarking group's best, average and worst results.**

Please note: charts will only display data for the years where an organisation has data. For example, an organisation with two years of trend data will see charts such as q10c with data only in the 2021 and 2022 portions of the chart and table.

## Organisation details

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

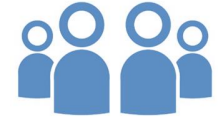
## Organisation details

Survey  
Coordination  
Centre



The Walton Centre NHS Foundation Trust

## 2022 NHS Staff Survey



### Organisation details

Completed questionnaires **614**

2022 response rate **42%**

### Survey details

Survey mode **Mixed**

This organisation is benchmarked against:

Acute Specialist Trusts



### 2022 benchmarking group details

Organisations in group: 13

Median response rate: 52%

No. of completed questionnaires: 15013

For more information on benchmarking group definitions please see the [Technical document](#).



## People Promise Elements, Themes and sub-score results

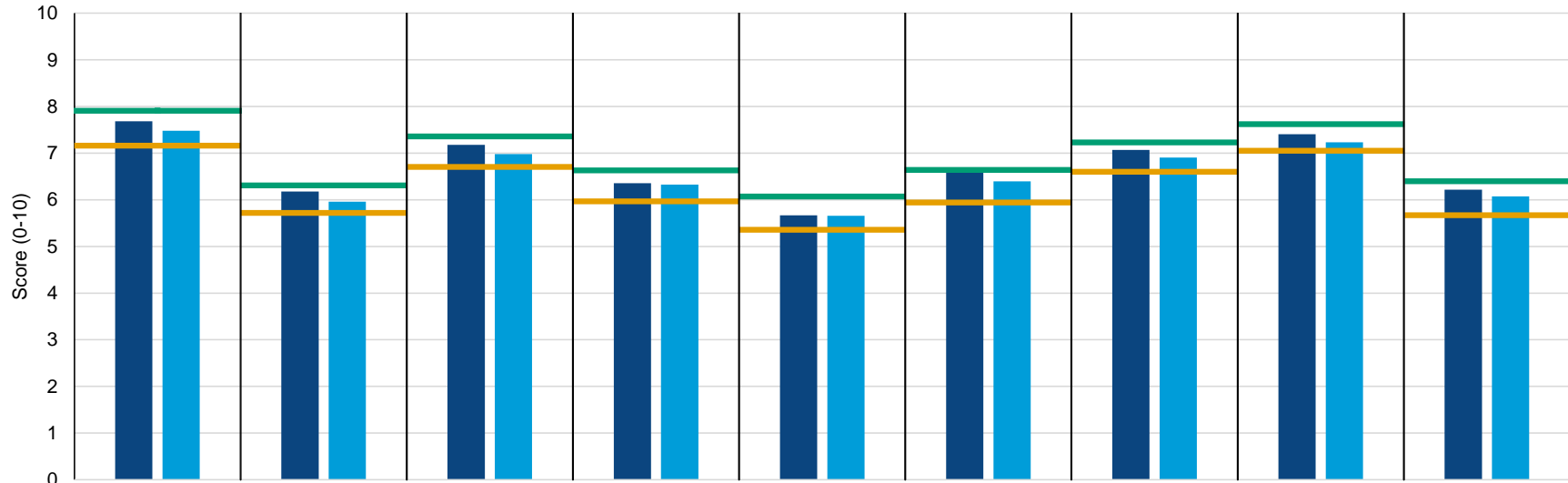
Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

## People Promise Elements, Themes and Sub-scores: Overview

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

# People Promise Elements and Themes: Overview

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Your org	7.7	6.2	7.2	6.4	5.7	6.6	7.1	7.4	6.2
Best	7.9	6.3	7.4	6.6	6.1	6.6	7.2	7.6	6.4
Average	7.5	6.0	7.0	6.3	5.7	6.4	6.9	7.2	6.1
Worst	7.2	5.7	6.7	6.0	5.4	5.9	6.6	7.1	5.7
Responses	611	611	592	603	556	607	609	611	612

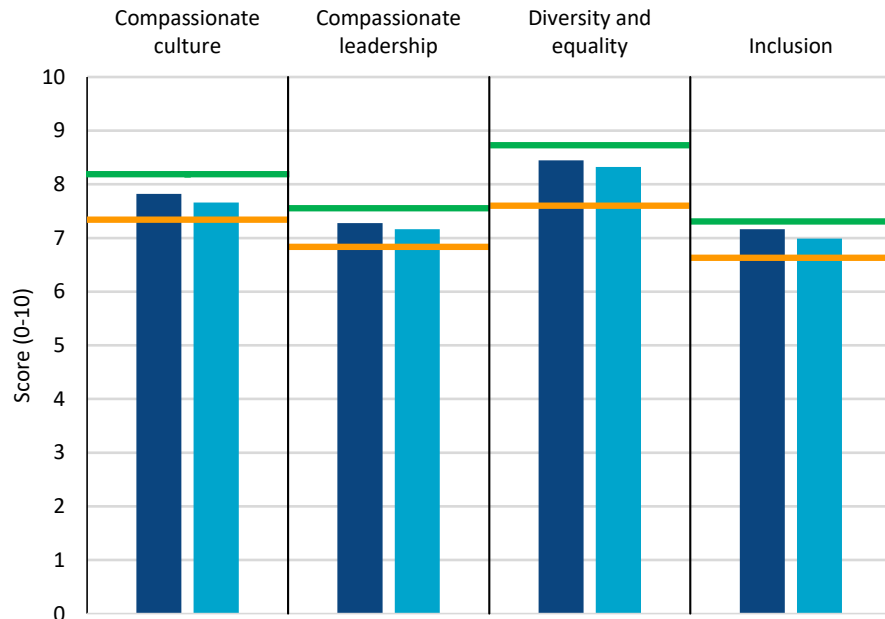


# People Promise Elements, Themes and Sub-scores: Sub-score Overview

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



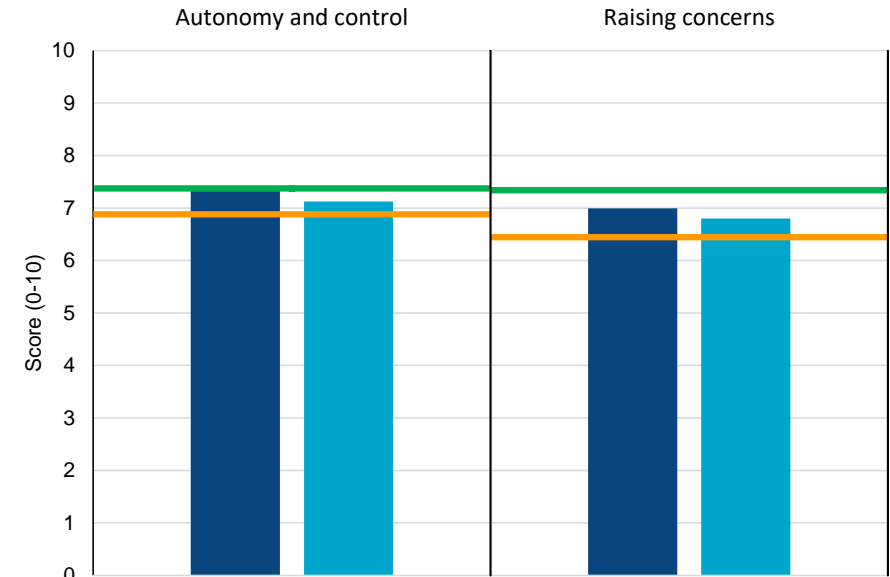
## Promise element 1: We are compassionate and inclusive



Your org	7.8	7.3	8.4	7.2
Best	8.2	7.6	8.7	7.3
Average	7.7	7.2	8.3	7.0
Worst	7.3	6.8	7.6	6.6
Responses	596	611	610	609



## Promise element 3: We each have a voice that counts



Your org	7.3	7.0
Best	7.4	7.3
Average	7.1	6.8
Worst	6.9	6.4
Responses	612	593

N.B. People Promise Element 2 'We are recognised and rewarded' does not have any sub-scores. Overall trend score data for this element is reported on slide 20.





# People Promise Elements, Themes and Sub-scores: Sub-score Overview

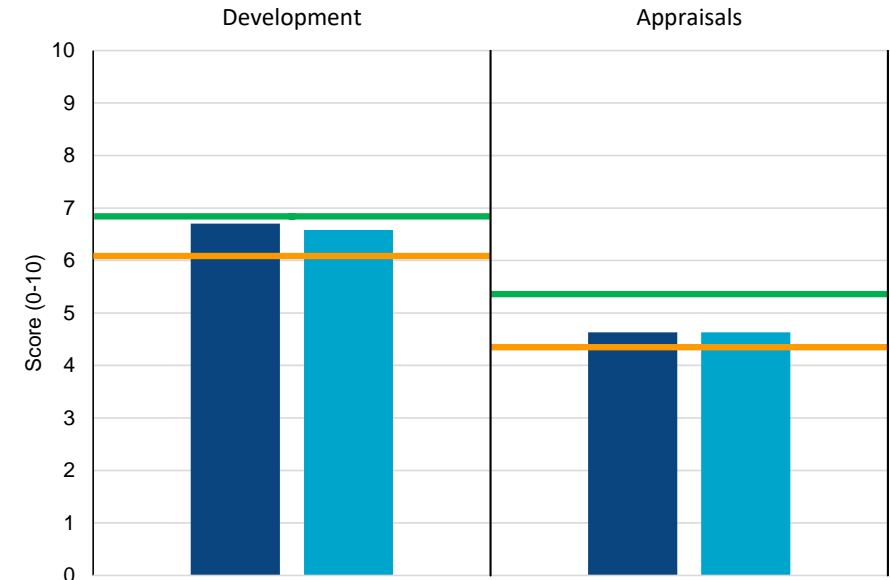
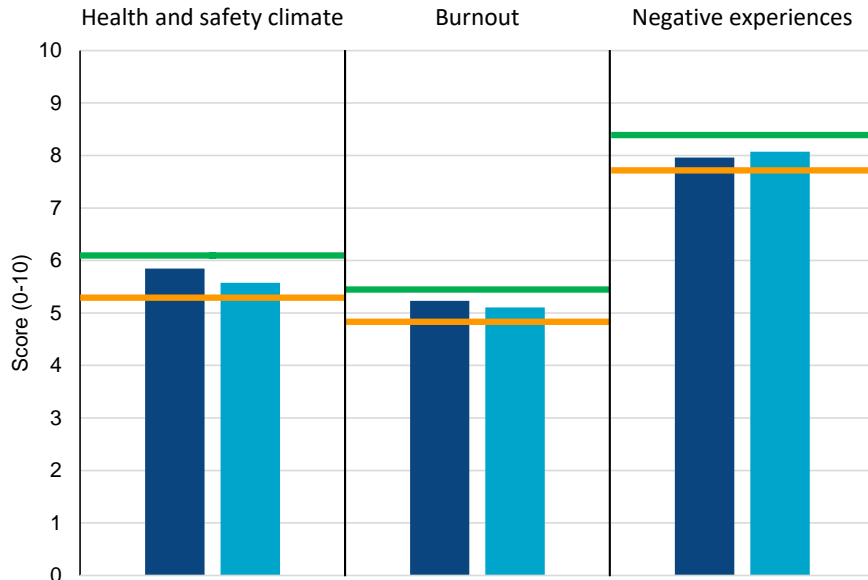
All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



## Promise element 4: We are safe and healthy



## Promise element 5: We are always learning



Your org	5.8	5.2	8.0
Best	6.1	5.4	8.4
Average	5.6	5.1	8.1
Worst	5.3	4.8	7.7
Responses	612	606	611

Your org	6.7	4.6
Best	6.8	5.4
Average	6.6	4.6
Worst	6.1	4.3
Responses	594	569

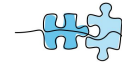


# People Promise Elements, Themes and Sub-scores: Sub-score Overview

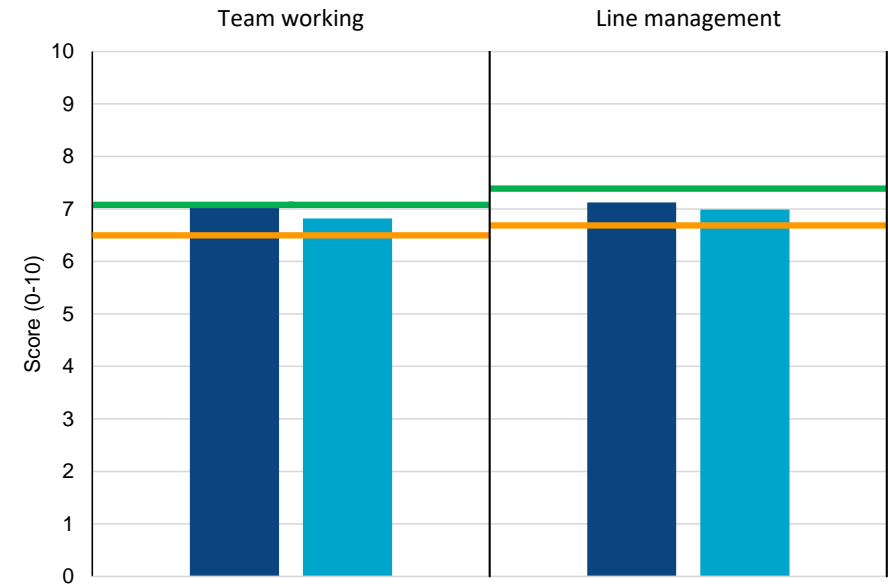
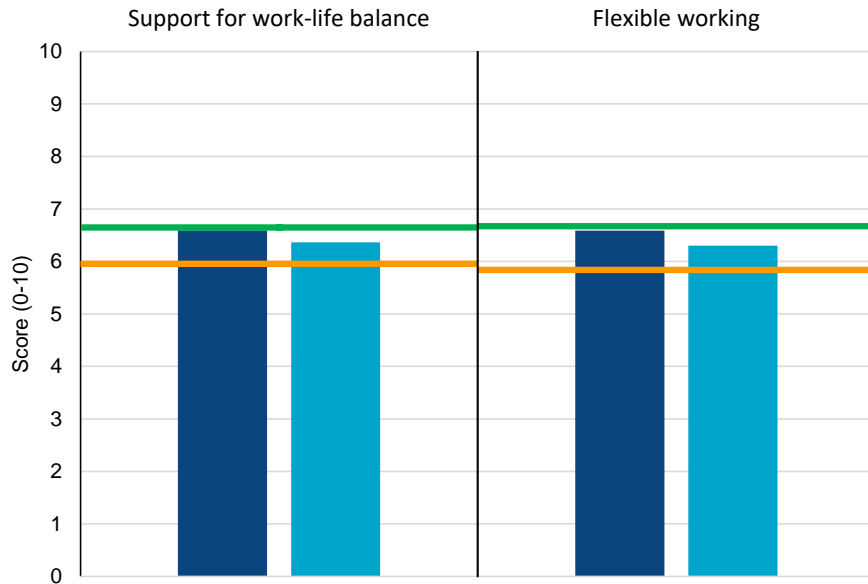
All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



## Promise element 6: We work flexibly



## Promise element 7: We are a team



Your org	6.6	6.6
Best	6.6	6.7
Average	6.4	6.3
Worst	6.0	5.8
Responses	612	607

Your org	7.0	7.1
Best	7.1	7.4
Average	6.8	7.0
Worst	6.5	6.7
Responses	611	611

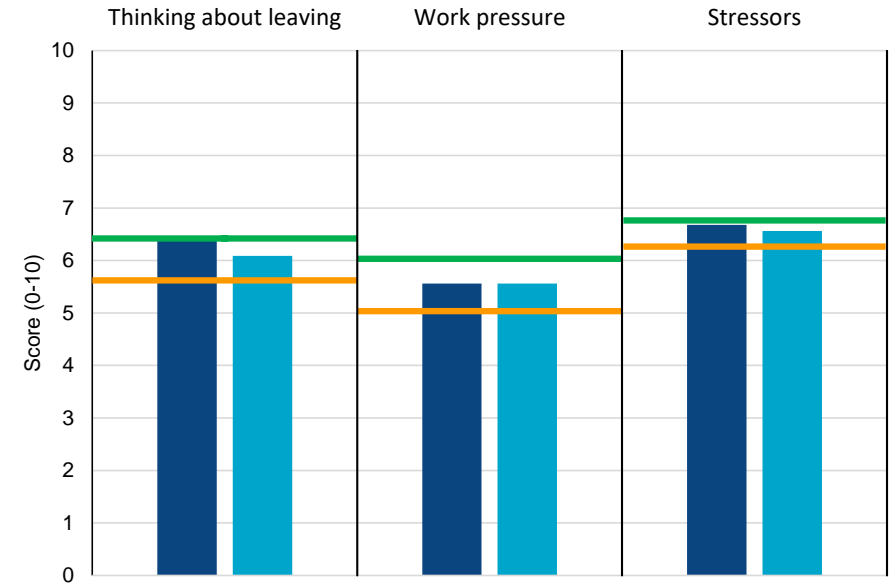
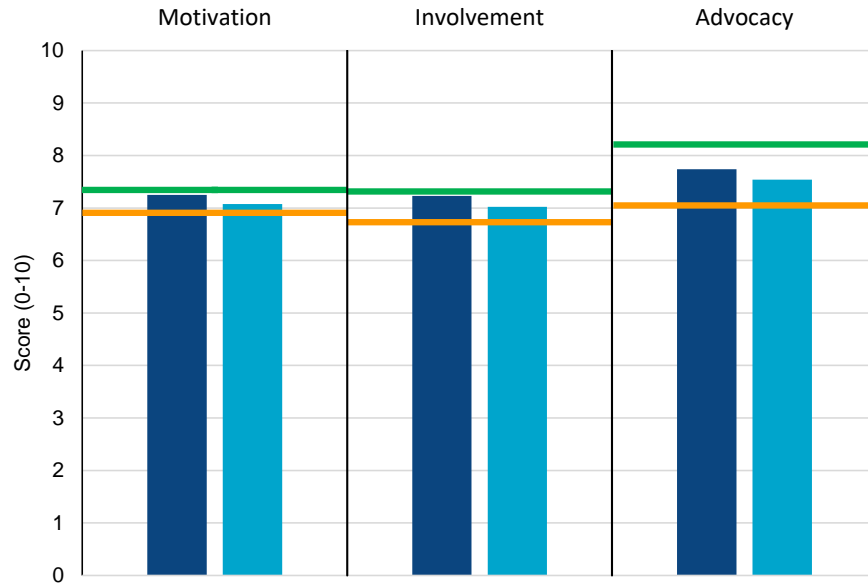


# People Promise Elements, Themes and Sub-scores: Sub-score Overview

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

## Theme: Staff engagement

## Theme: Morale



Your org	7.3	7.2	7.7
Best	7.3	7.3	8.2
Average	7.1	7.0	7.5
Worst	6.9	6.7	7.0
Responses	604	612	597

Your org	6.4	5.6	6.7
Best	6.4	6.0	6.8
Average	6.1	5.6	6.6
Worst	5.6	5.0	6.3
Responses	596	612	611

## People Promise Elements, Themes and Sub-scores: Trends

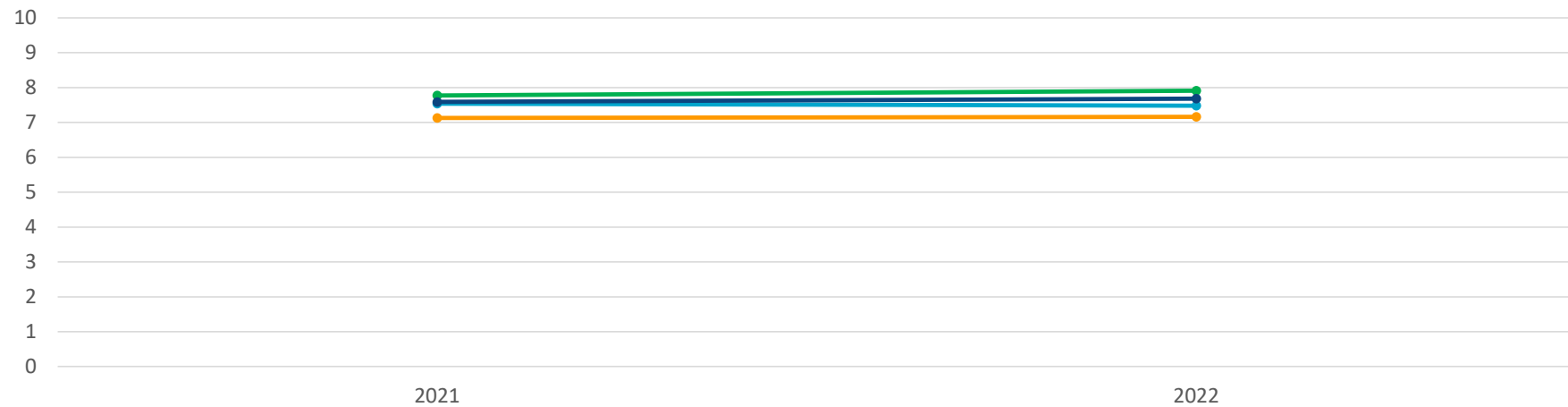
Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



## Promise element 1: We are compassionate and inclusive

We are compassionate and inclusive



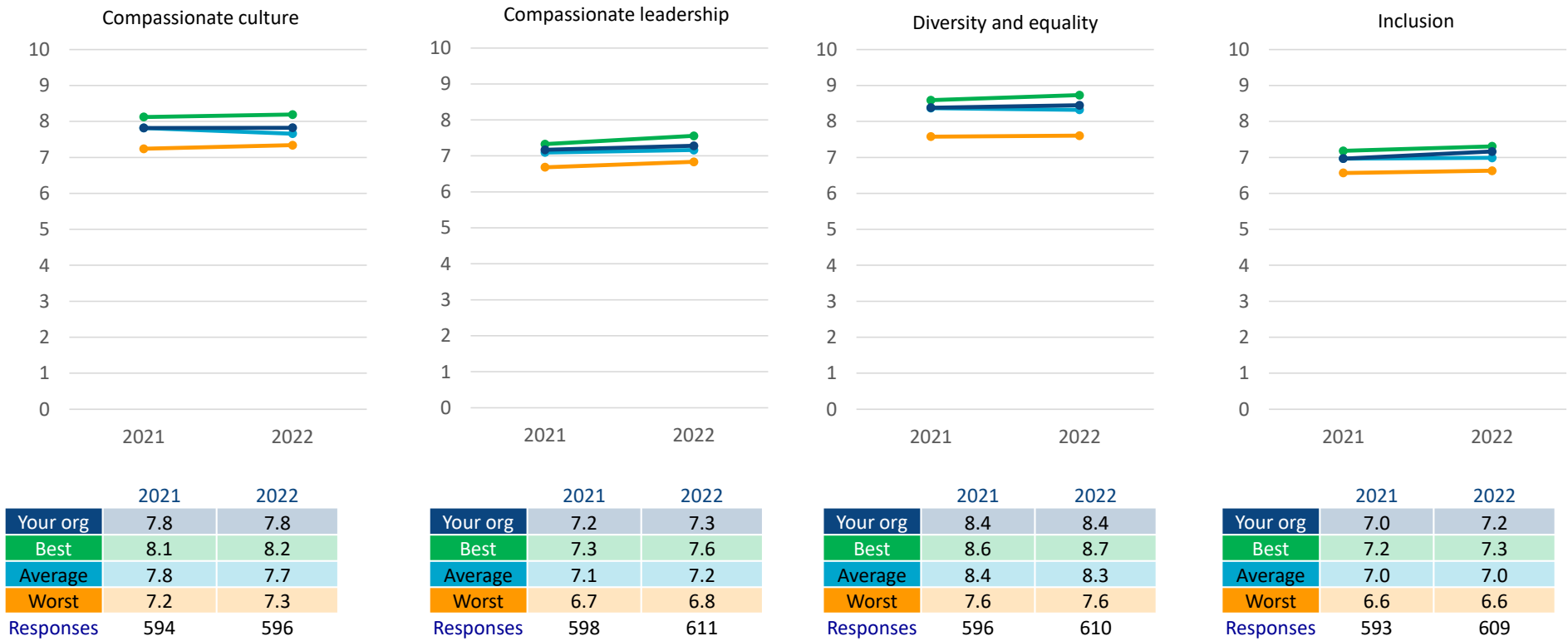
	2021	2022
Your org	7.6	7.7
Best	7.8	7.9
Average	7.5	7.5
Worst	7.1	7.2
Responses	598	611

# People Promise Elements, Themes and Sub-scores: Sub-score trends

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



## Promise element 1: We are compassionate and inclusive



All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



## Promise element 2: We are recognised and rewarded

We are recognised and rewarded



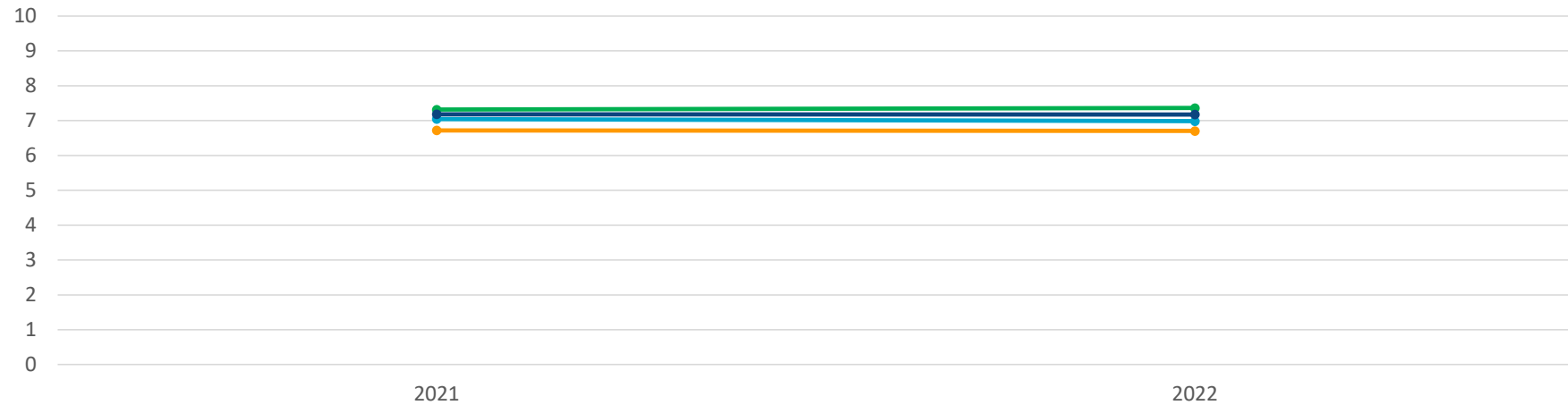
	2021	2022
Your org	6.1	6.2
Best	6.3	6.3
Average	6.1	6.0
Worst	5.8	5.7
Responses	598	611

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



## Promise element 3: We each have a voice that counts

We each have a voice that counts



	2021	2022
Your org	7.2	7.2
Best	7.3	7.4
Average	7.0	7.0
Worst	6.7	6.7
Responses	590	592

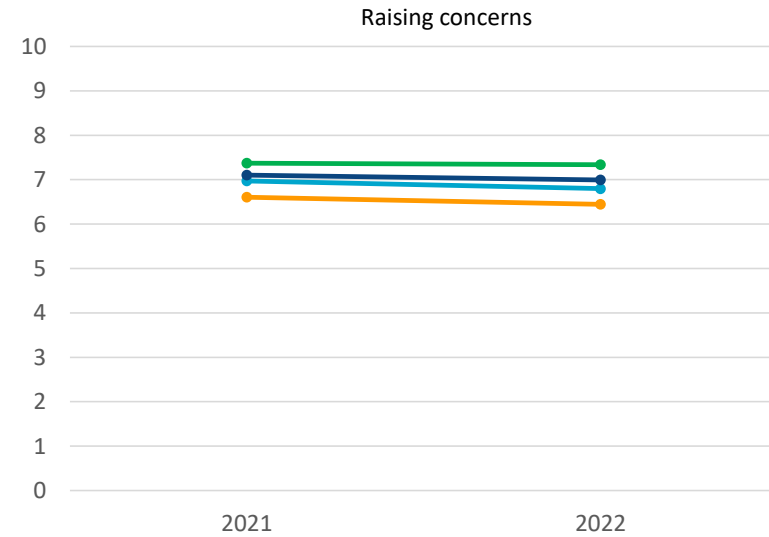
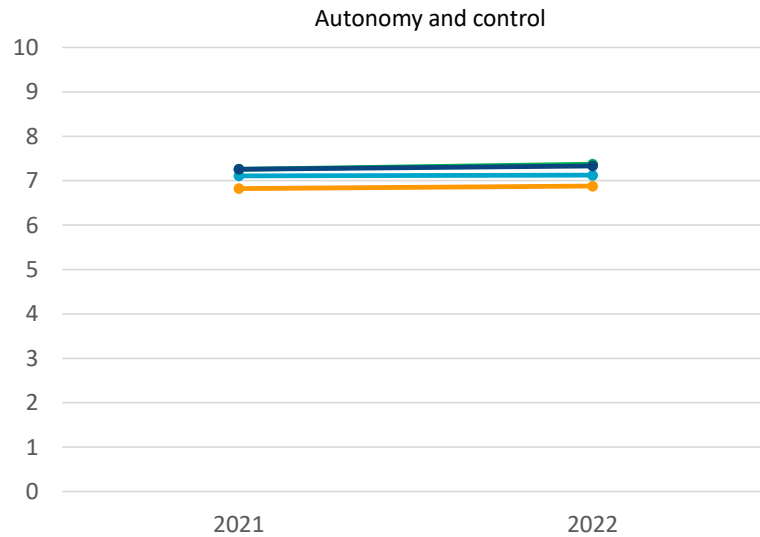


# People Promise Elements, Themes and Sub-scores: Sub-score trends

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



## Promise element 3: We each have a voice that counts



	2021	2022
Your org	7.3	7.3
Best	7.3	7.4
Average	7.1	7.1
Worst	6.8	6.9
Responses	596	612

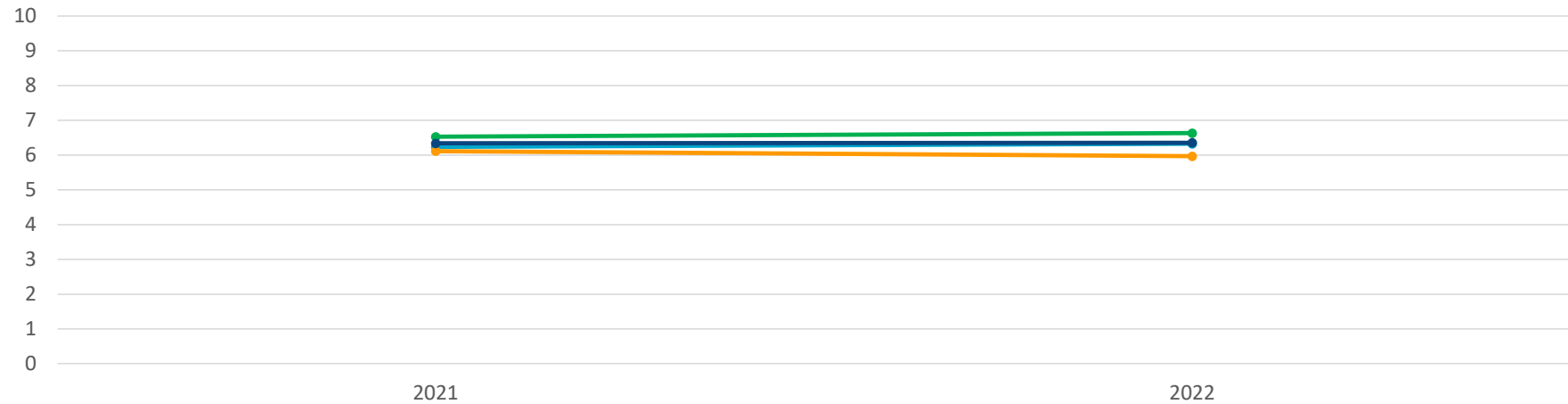
	2021	2022
Your org	7.1	7.0
Best	7.4	7.3
Average	7.0	6.8
Worst	6.6	6.4
Responses	593	593

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



## Promise element 4: We are safe and healthy

### We are safe and healthy



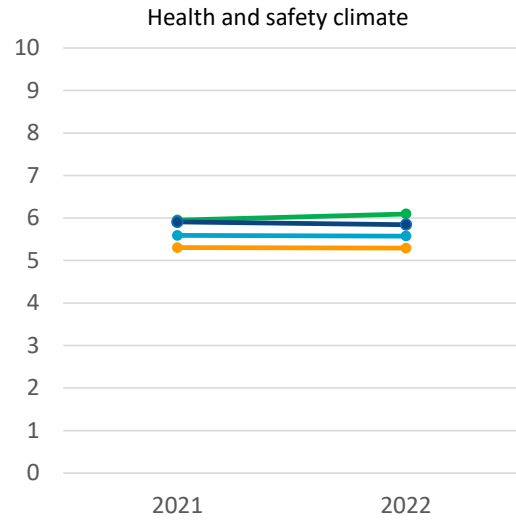
	2021	2022
Your org	6.3	6.4
Best	6.5	6.6
Average	6.2	6.3
Worst	6.1	6.0
Responses	587	603

# People Promise Elements, Themes and Sub-scores: Sub-score trends

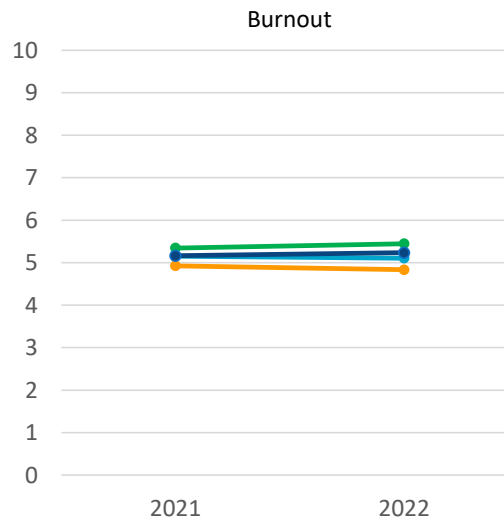
All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



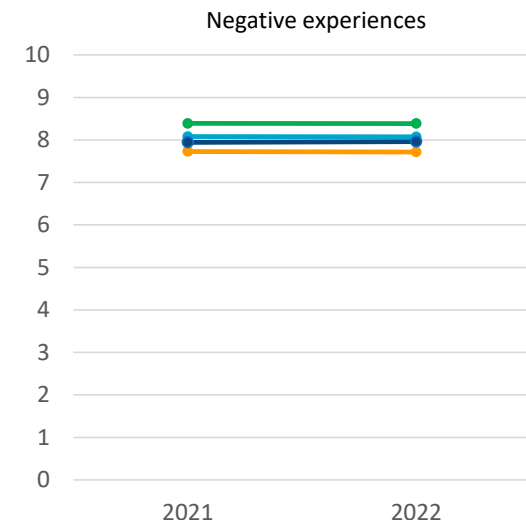
## Promise element 4: We are safe and healthy



	2021	2022
Your org	5.9	5.8
Best	6.0	6.1
Average	5.6	5.6
Worst	5.3	5.3
Responses	596	612



	2021	2022
Your org	5.2	5.2
Best	5.3	5.4
Average	5.2	5.1
Worst	4.9	4.8
Responses	595	606



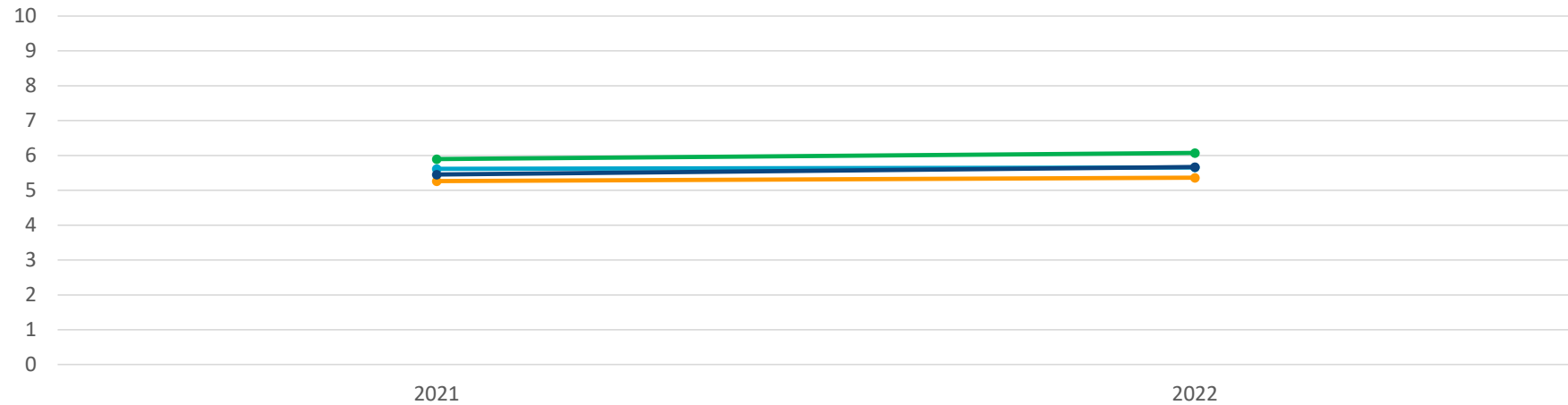
	2021	2022
Your org	7.9	8.0
Best	8.4	8.4
Average	8.1	8.1
Worst	7.7	7.7
Responses	594	611

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



## Promise element 5: We are always learning

### We are always learning



	2021	2022
Your org	5.5	5.7
Best	5.9	6.1
Average	5.6	5.7
Worst	5.3	5.4
Responses	554	556

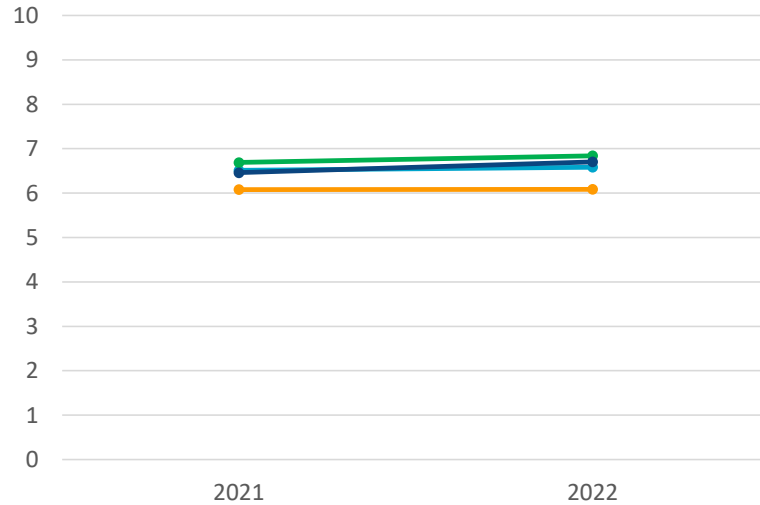
# People Promise Elements, Themes and Sub-scores: Sub-score trends

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

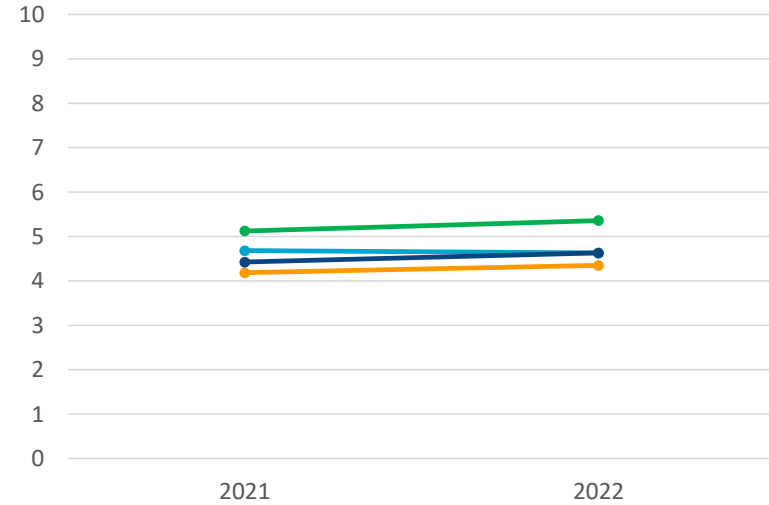


## Promise element 5: We are always learning

Development



Appraisals



	2021	2022
Your org	6.5	6.7
Best	6.7	6.8
Average	6.5	6.6
Worst	6.1	6.1
Responses	595	594

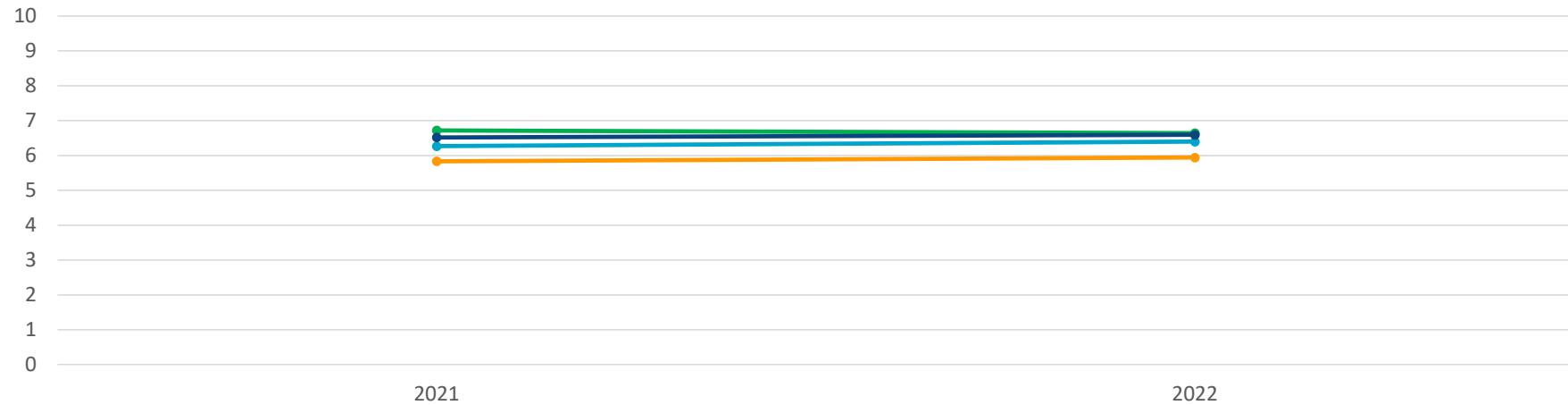
	2021	2022
Your org	4.4	4.6
Best	5.1	5.4
Average	4.7	4.6
Worst	4.2	4.3
Responses	557	569

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



## Promise element 6: We work flexibly

### We work flexibly



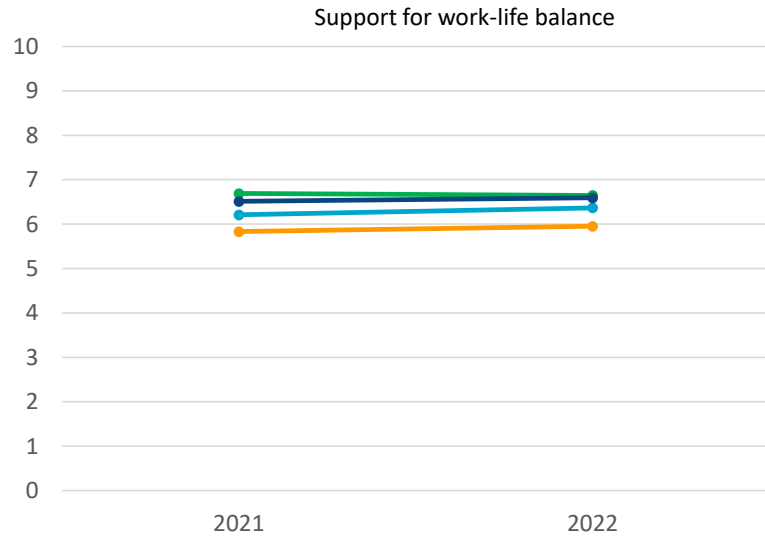
	2021	2022
Your org	6.5	6.6
Best	6.7	6.6
Average	6.3	6.4
Worst	5.8	5.9
Responses	595	607

# People Promise Elements, Themes and Sub-scores: Sub-score trends

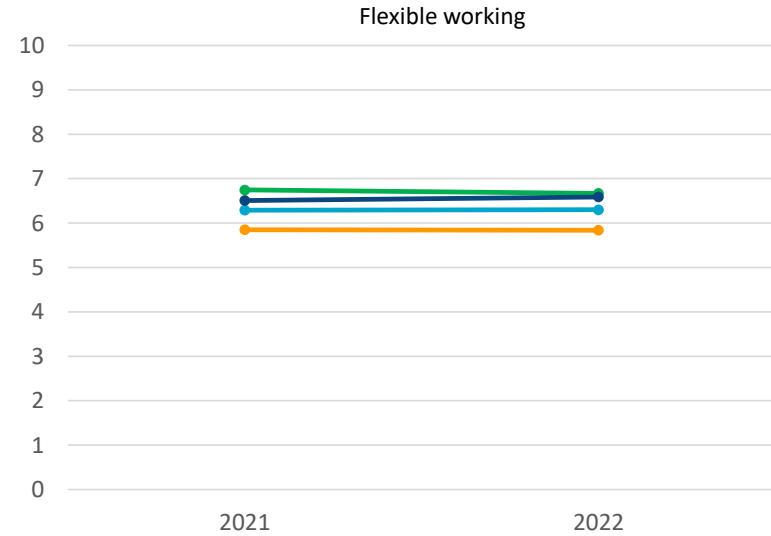
All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



## Promise element 6: We work flexibly



	2021	2022
Your org	6.5	6.6
Best	6.7	6.6
Average	6.2	6.4
Worst	5.8	6.0
Responses	598	612



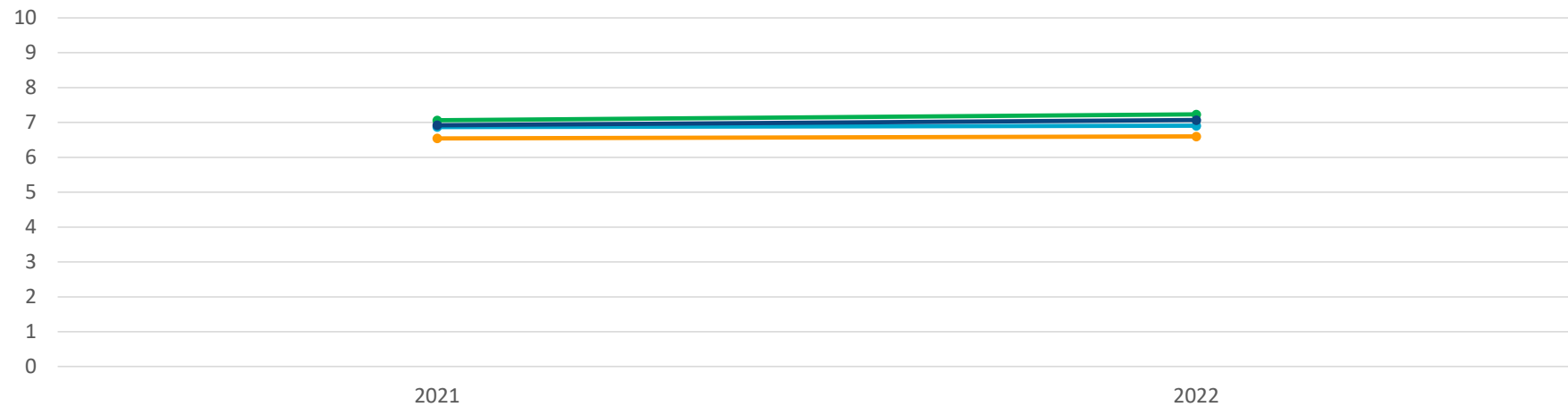
	2021	2022
Your org	6.5	6.6
Best	6.7	6.7
Average	6.3	6.3
Worst	5.9	5.8
Responses	596	607

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



## Promise element 7: We are a team

### We are a team



	2021	2022
Your org	6.9	7.1
Best	7.1	7.2
Average	6.9	6.9
Worst	6.5	6.6
Responses	597	609

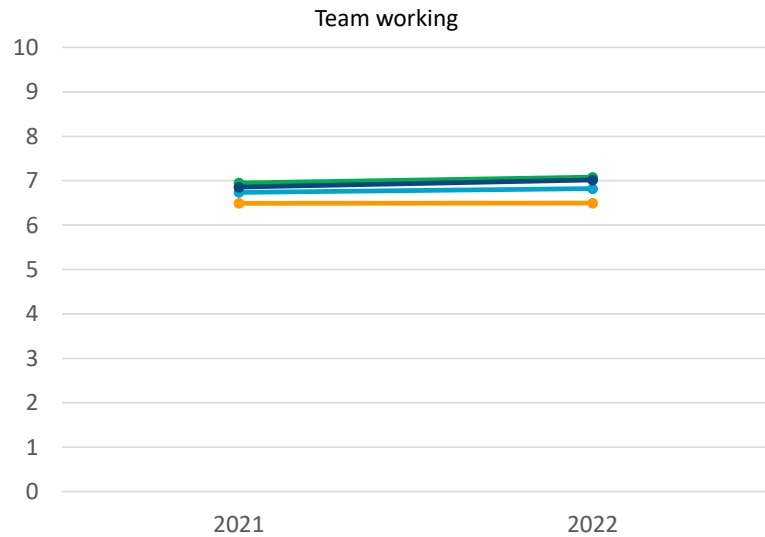


# People Promise Elements, Themes and Sub-scores: Sub-score trends

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



## Promise element 7: We are a team



	2021	2022
Your org	6.9	7.0
Best	6.9	7.1
Average	6.7	6.8
Worst	6.5	6.5
Responses	598	611

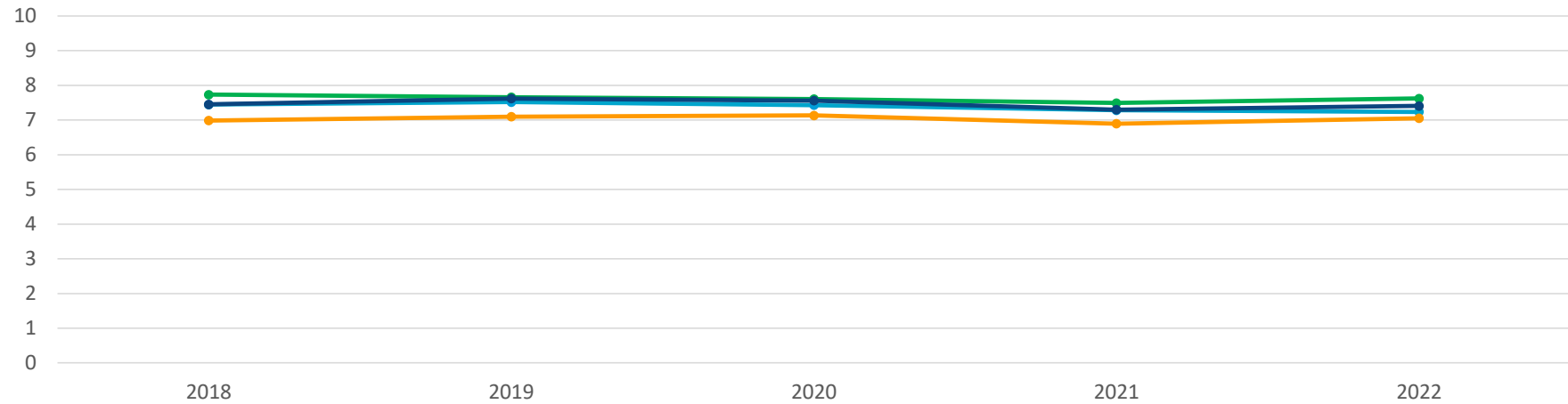
	2021	2022
Your org	7.0	7.1
Best	7.2	7.4
Average	6.9	7.0
Worst	6.6	6.7
Responses	598	611

# People Promise Elements and Themes: Trends

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

## Theme: Staff Engagement

Staff Engagement



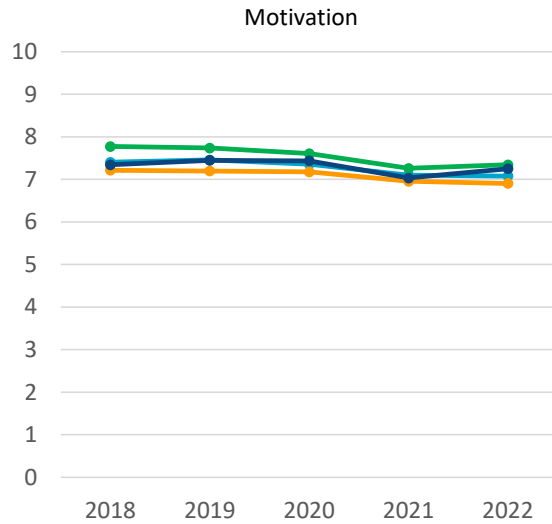
	2018	2019	2020	2021	2022
Your org	7.5	7.6	7.6	7.3	7.4
Best	7.7	7.7	7.6	7.5	7.6
Average	7.4	7.5	7.4	7.3	7.2
Worst	7.0	7.1	7.1	6.9	7.1
Responses	753	619	547	597	611



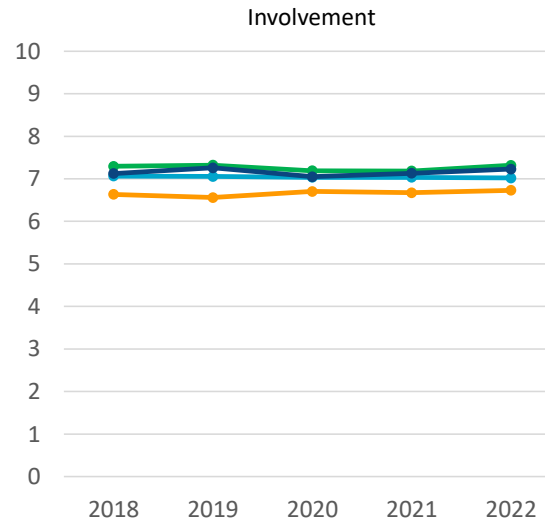
# People Promise Elements, Themes and Sub-scores: Sub-score trends

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

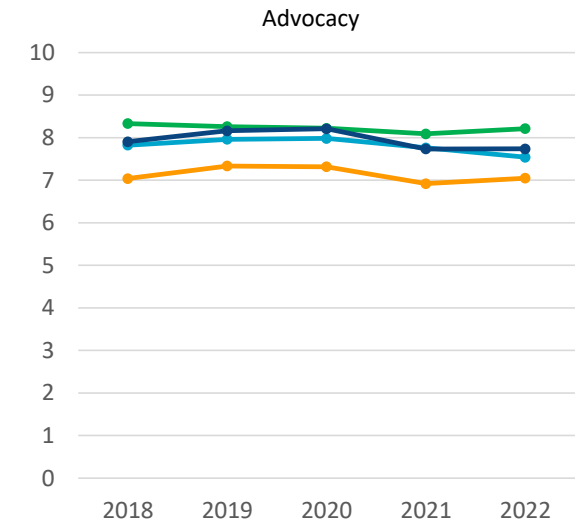
## Theme: Staff Engagement



	2018	2019	2020	2021	2022
Your org	7.3	7.4	7.4	7.0	7.3
Best	7.8	7.7	7.6	7.3	7.3
Average	7.4	7.5	7.4	7.1	7.1
Worst	7.2	7.2	7.2	7.0	6.9
Responses	748	613	539	592	604



	2018	2019	2020	2021	2022
Your org	7.1	7.3	7.0	7.1	7.2
Best	7.3	7.3	7.2	7.2	7.3
Average	7.1	7.1	7.0	7.0	7.0
Worst	6.6	6.6	6.7	6.7	6.7
Responses	752	619	547	596	612

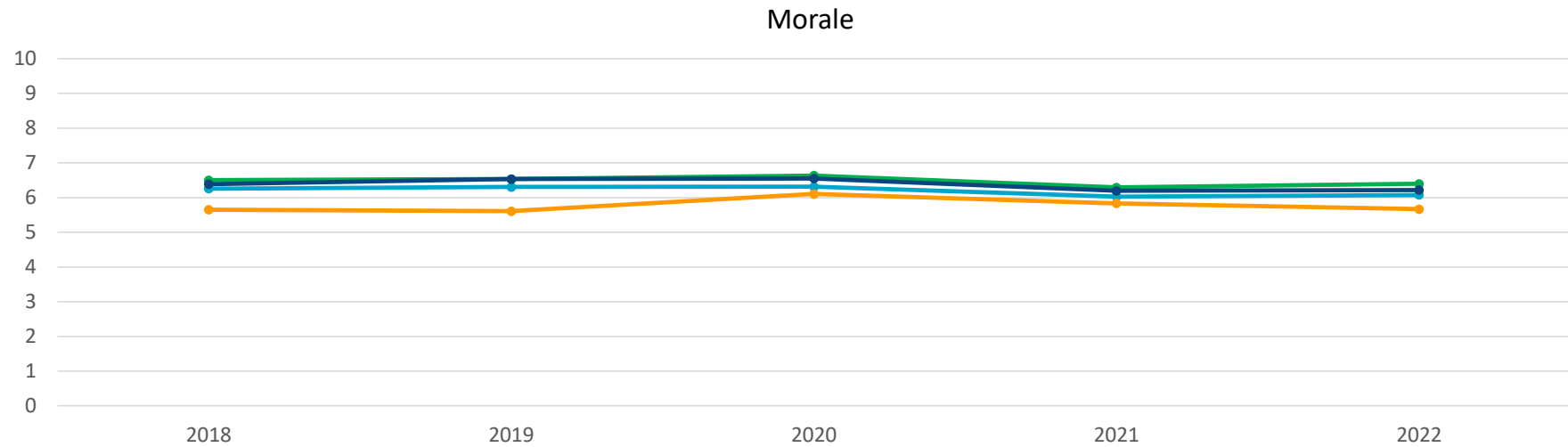


	2018	2019	2020	2021	2022
Your org	7.9	8.2	8.2	7.7	7.7
Best	8.3	8.3	8.2	8.1	8.2
Average	7.8	8.0	8.0	7.8	7.5
Worst	7.0	7.3	7.3	6.9	7.0
Responses	746	608	546	594	597

# People Promise Elements and Themes: Trends

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

## Theme: Morale



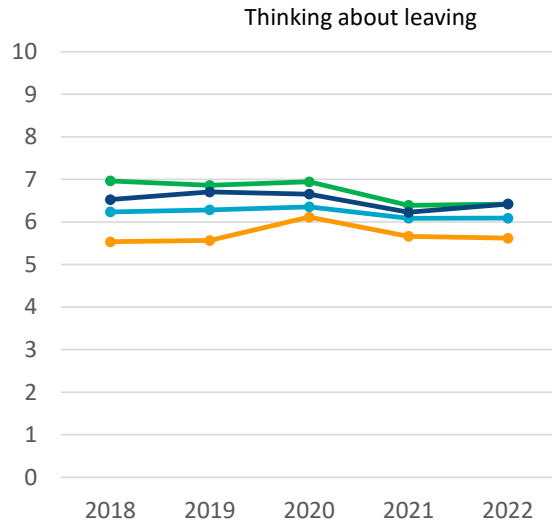
	2018	2019	2020	2021	2022
Your org	6.4	6.5	6.6	6.2	6.2
Best	6.5	6.5	6.6	6.3	6.4
Average	6.3	6.3	6.3	6.0	6.1
Worst	5.7	5.6	6.1	5.8	5.7
Responses	753	619	546	599	612



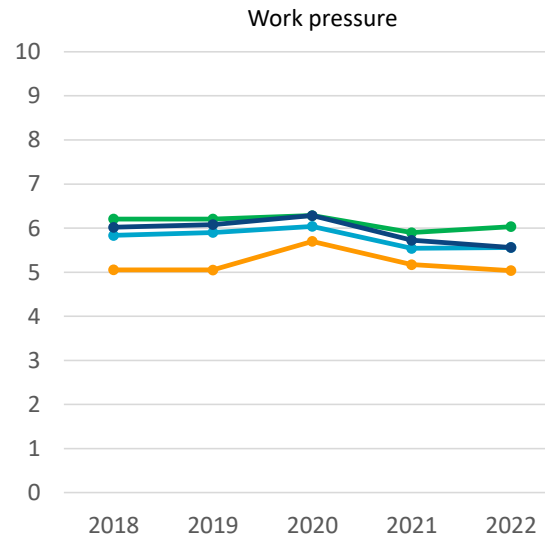
# People Promise Elements, Themes and Sub-scores: Sub-score trends

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

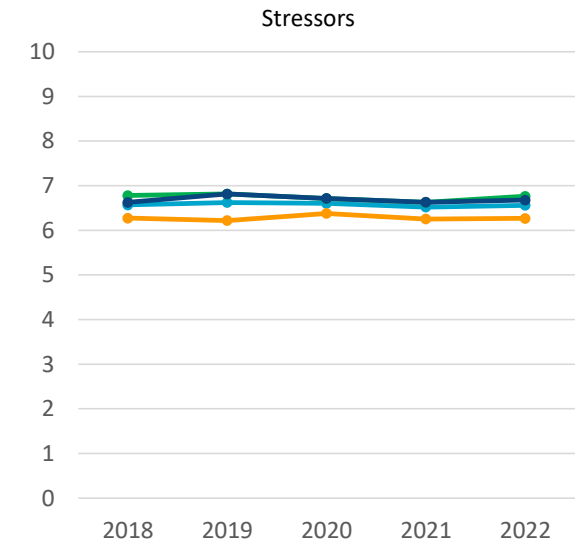
## Theme: Morale



	2018	2019	2020	2021	2022
Your org	6.5	6.7	6.7	6.2	6.4
Best	7.0	6.9	6.9	6.4	6.4
Average	6.2	6.3	6.4	6.1	6.1
Worst	5.5	5.6	6.1	5.7	5.6
Responses	744	605	545	596	596



	2018	2019	2020	2021	2022
Your org	6.0	6.1	6.3	5.7	5.6
Best	6.2	6.2	6.3	5.9	6.0
Average	5.8	5.9	6.0	5.5	5.6
Worst	5.1	5.1	5.7	5.2	5.0
Responses	752	619	547	596	612



	2018	2019	2020	2021	2022
Your org	6.6	6.8	6.7	6.6	6.7
Best	6.8	6.8	6.7	6.6	6.8
Average	6.6	6.6	6.6	6.5	6.6
Worst	6.3	6.2	6.4	6.3	6.3
Responses	753	618	542	596	611

## Covid-19 Classification breakdowns

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

### Covid-19 questions

In the 2022 survey, staff were asked three classification questions relating to their experience during the Covid-19 pandemic:

- |   |                          |     |                          |    |
|---|--------------------------|-----|--------------------------|----|
| a. In the past 12 months, have you worked on a Covid-19 specific ward or area at any time?                | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| b. In the past 12 months, have you been redeployed due to the Covid-19 pandemic at any time?              | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| c. In the past 12 months, have you been required to work remotely/from home due to the Covid-19 pandemic? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

The charts on the following pages show the breakdown of People Promise elements scores for staff answering 'yes' to each of these questions, compared with the results for all staff at your organisation. Results are presented in the context of highest, average and lowest scores for similar organisations.

### Comparing your data

To improve overall comparability, the data have been weighted to match the occupation group profile of staff at your organisation to that of the benchmarking group, as in previous charts. However, there may be differences in the occupation group profiles of the individual COVID-19 subgroups. For example, the mix of occupational groups across redeployed staff at your organisation may differ from similar organisations. This difference would not be accounted for by the weighting and therefore may affect the comparability of trend results. As such, a degree of caution is advised when interpreting your results.

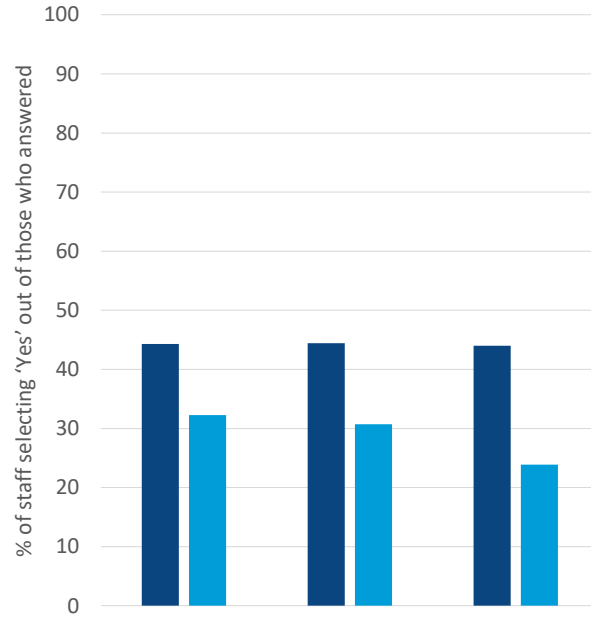
### Further information

Results for these groups of staff, including data for individual questions, are also available via the online dashboards. Please note that results presented in these dashboards have not been weighted where no benchmarking takes place and so may vary slightly from those shown in this report.



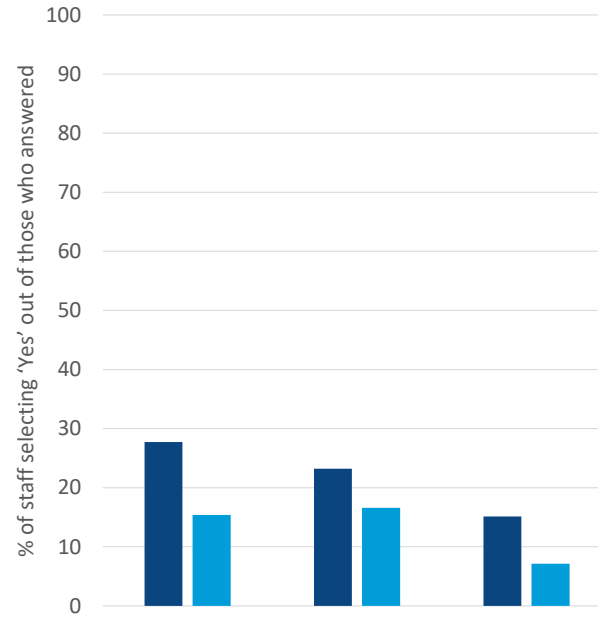
# The Covid-19 pandemic – Your experience during the Covid-19 pandemic

Q25a In the past 12 months, have you worked on a Covid-19 specific ward or area at any time?



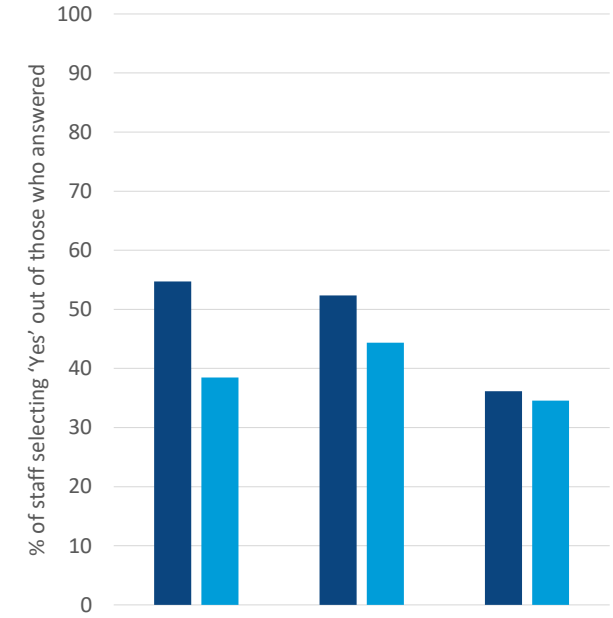
	2020	2021	2022
<b>Your org</b>	44.3%	44.4%	44.0%
<b>Average</b>	32.3%	30.7%	23.9%
Responses	544	594	593

Q25b In the past 12 months, have you been redeployed due to the Covid-19 pandemic at any time?



	2020	2021	2022
<b>Your org</b>	27.7%	23.2%	15.1%
<b>Average</b>	15.4%	16.6%	7.1%
Responses	541	590	588

Q25c In the past 12 months, have you been required to work remotely/from home due to the Covid-19 pandemic?



	2020	2021	2022
<b>Your org</b>	54.7%	52.4%	36.2%
<b>Average</b>	38.5%	44.3%	34.6%
Responses	539	590	589





# The Covid-19 pandemic – Your experience during the Covid-19 pandemic

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All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

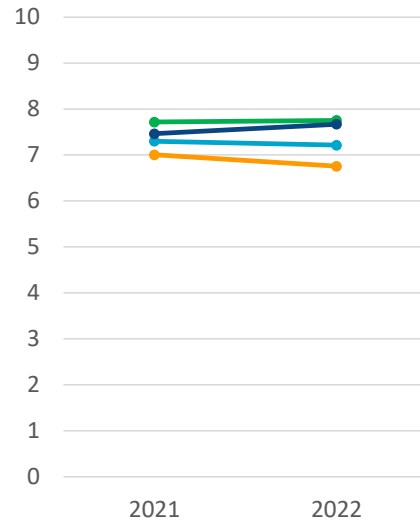
## Promise element 1: We are compassionate and inclusive

All staff



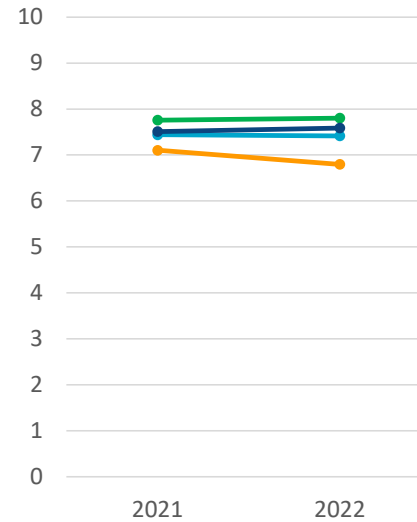
	2021	2022
Your org	7.6	7.7
Highest	7.8	7.9
Average	7.5	7.5
Lowest	7.1	7.2
Responses	598	611

Worked on a Covid-19 ward or specific area



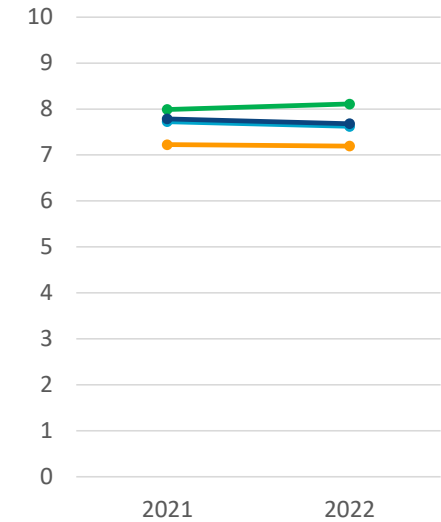
	2021	2022
Your org	7.5	7.7
Highest	7.7	7.8
Average	7.3	7.2
Lowest	7.0	6.8
Responses	264	259

Redeployed



	2021	2022
Your org	7.5	7.6
Highest	7.8	7.8
Average	7.4	7.4
Lowest	7.1	6.8
Responses	137	88

Required to work remotely / from home



	2021	2022
Your org	7.8	7.7
Highest	8.0	8.1
Average	7.7	7.6
Lowest	7.2	7.2
Responses	308	212

The Walton Centre NHS Foundation Trust Benchmark report

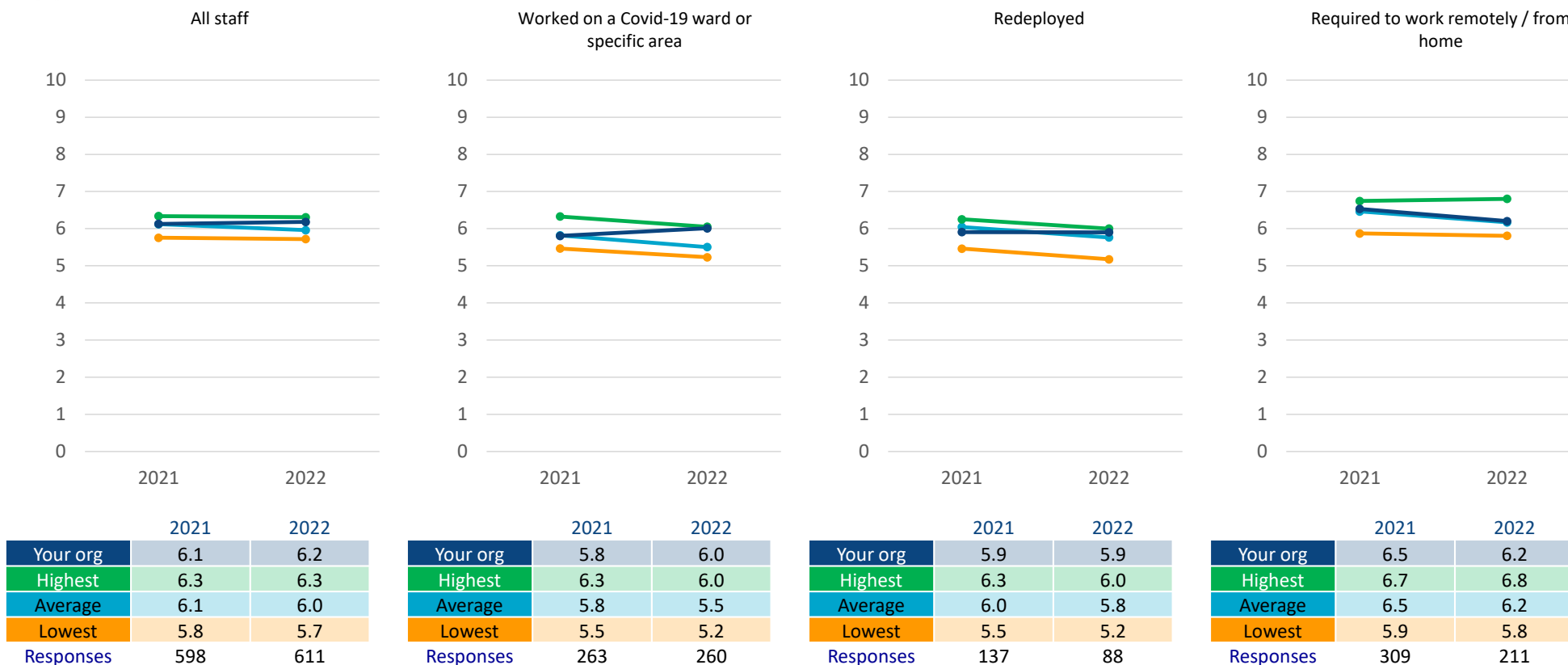
38

# The Covid-19 pandemic – Your experience during the Covid-19 pandemic

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



## Promise element 2: We are recognised and rewarded





# The Covid-19 pandemic – Your experience during the Covid-19 pandemic

Survey  
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Centre

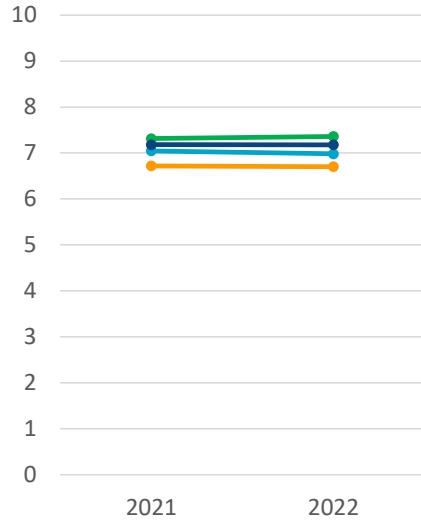


All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

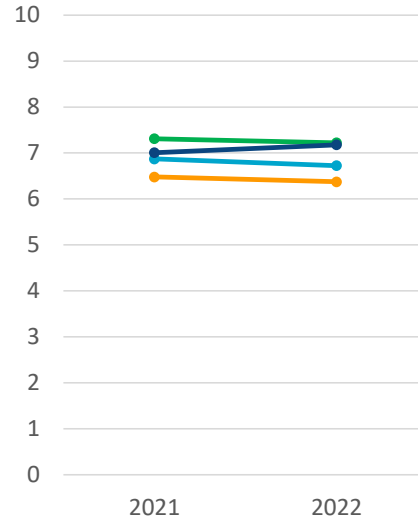


## Promise element 3: We each have a voice that counts

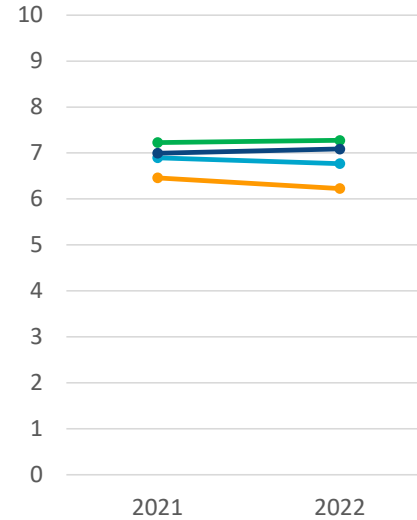
All staff



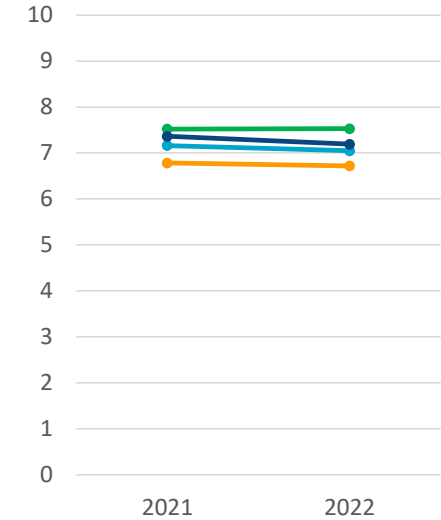
Worked on a Covid-19 ward or specific area



Redeployed



Required to work remotely / from home



	2021	2022
Your org	7.2	7.2
Highest	7.3	7.4
Average	7.0	7.0
Lowest	6.7	6.7
Responses	590	592

	2021	2022
Your org	7.0	7.2
Highest	7.3	7.2
Average	6.9	6.7
Lowest	6.5	6.4
Responses	264	257

	2021	2022
Your org	7.0	7.1
Highest	7.2	7.3
Average	6.9	6.8
Lowest	6.5	6.2
Responses	136	86

	2021	2022
Your org	7.4	7.2
Highest	7.5	7.5
Average	7.2	7.0
Lowest	6.8	6.7
Responses	306	210

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# The Covid-19 pandemic – Your experience during the Covid-19 pandemic

Survey  
Coordination  
Centre



All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



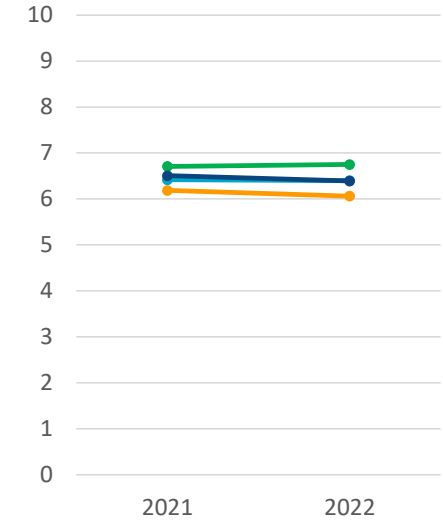
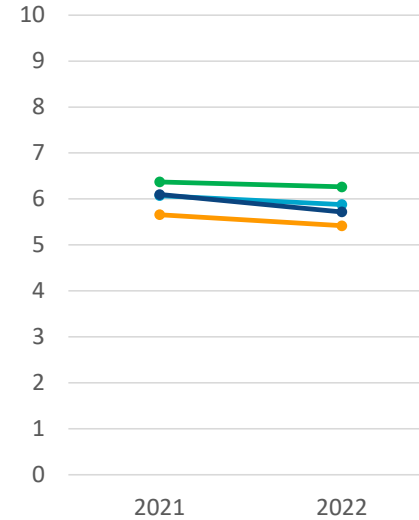
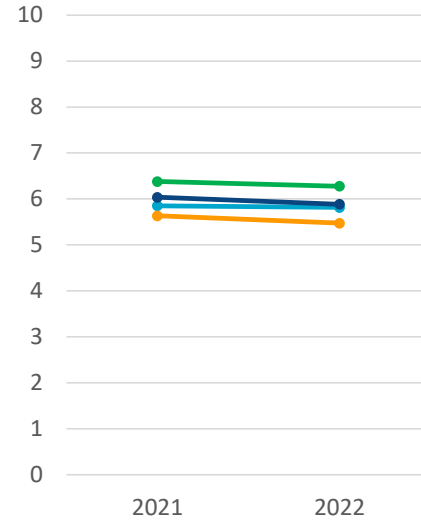
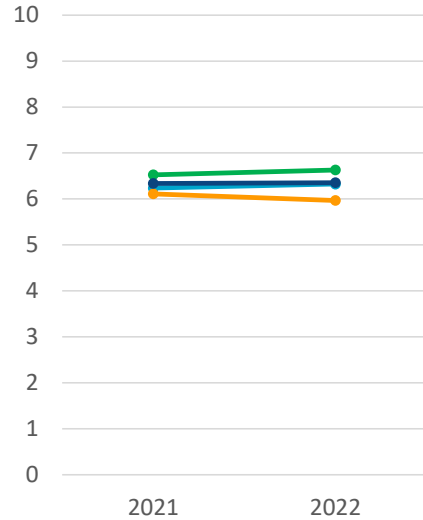
## Promise element 4: We are safe and healthy

All staff

Worked on a Covid-19 ward or specific area

Redeployed

Required to work remotely / from home



	2021	2022
Your org	6.3	6.4
Highest	6.5	6.6
Average	6.2	6.3
Lowest	6.1	6.0
Responses	587	603

	2021	2022
Your org	6.0	5.9
Highest	6.4	6.3
Average	5.9	5.8
Lowest	5.6	5.5
Responses	260	255

	2021	2022
Your org	6.1	5.7
Highest	6.4	6.3
Average	6.1	5.9
Lowest	5.7	5.4
Responses	133	85

	2021	2022
Your org	6.5	6.4
Highest	6.7	6.8
Average	6.4	6.4
Lowest	6.2	6.1
Responses	303	210

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# The Covid-19 pandemic – Your experience during the Covid-19 pandemic

Survey  
Coordination  
Centre



All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



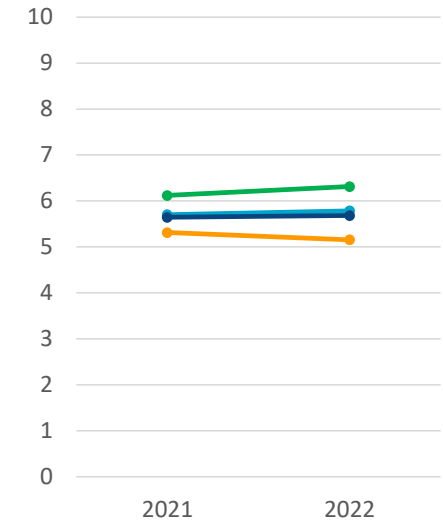
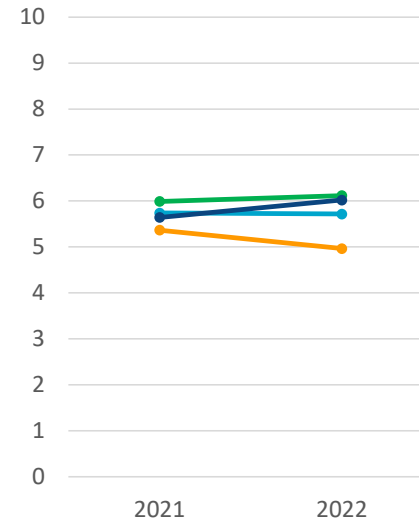
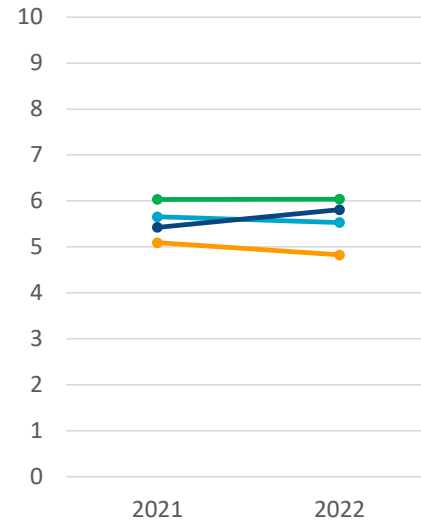
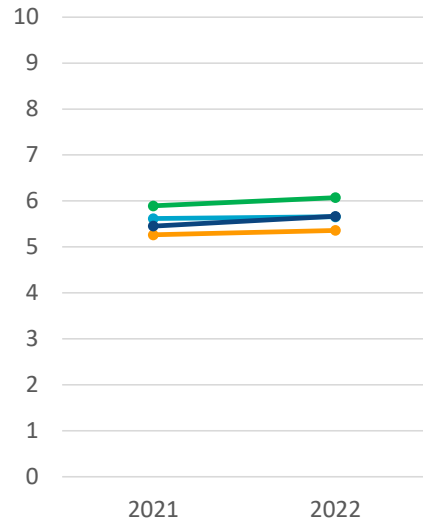
## Promise element 5: We are always learning

All staff

Worked on a Covid-19 ward or specific area

Redeployed

Required to work remotely / from home



	2021	2022
Your org	5.5	5.7
Highest	5.9	6.1
Average	5.6	5.7
Lowest	5.3	5.4
Responses	554	556

	2021	2022
Your org	5.4	5.8
Highest	6.0	6.0
Average	5.7	5.5
Lowest	5.1	4.8
Responses	237	237

	2021	2022
Your org	5.6	6.0
Highest	6.0	6.1
Average	5.7	5.7
Lowest	5.4	5.0
Responses	125	82

	2021	2022
Your org	5.6	5.7
Highest	6.1	6.3
Average	5.7	5.8
Lowest	5.3	5.2
Responses	294	206

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# The Covid-19 pandemic – Your experience during the Covid-19 pandemic

Survey  
Coordination  
Centre



All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



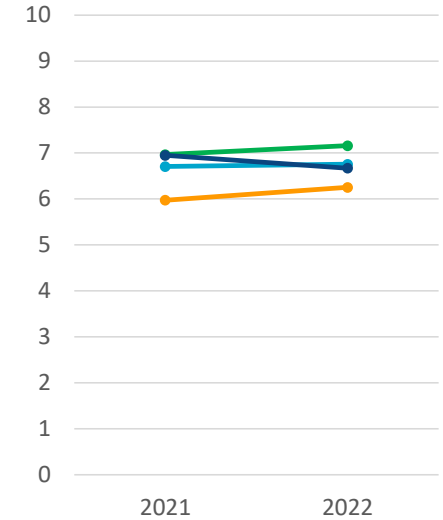
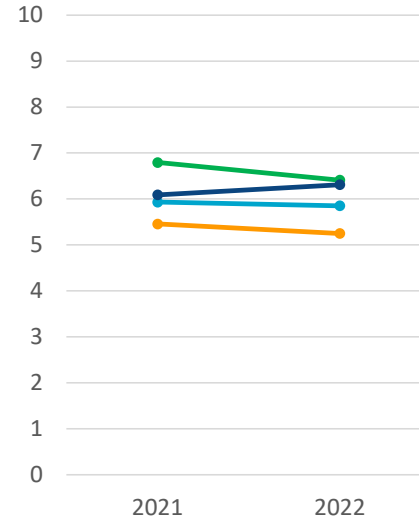
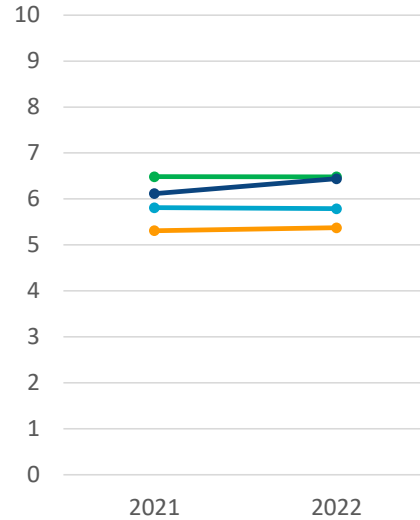
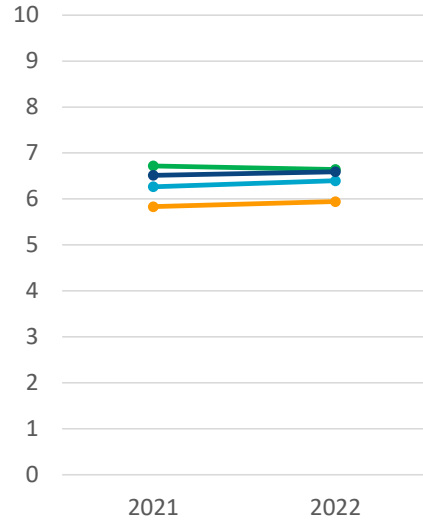
## Promise element 6: We work flexibly

All staff

Worked on a Covid-19 ward or specific area

Redeployed

Required to work remotely / from home



	2021	2022
Your org	6.5	6.6
Highest	6.7	6.6
Average	6.3	6.4
Lowest	5.8	5.9
Responses	595	607

	2021	2022
Your org	6.1	6.4
Highest	6.5	6.5
Average	5.8	5.8
Lowest	5.3	5.4
Responses	261	258

	2021	2022
Your org	6.1	6.3
Highest	6.8	6.4
Average	5.9	5.9
Lowest	5.5	5.2
Responses	137	88

	2021	2022
Your org	6.9	6.7
Highest	7.0	7.2
Average	6.7	6.8
Lowest	6.0	6.3
Responses	309	210



# The Covid-19 pandemic – Your experience during the Covid-19 pandemic

Survey  
Coordination  
Centre

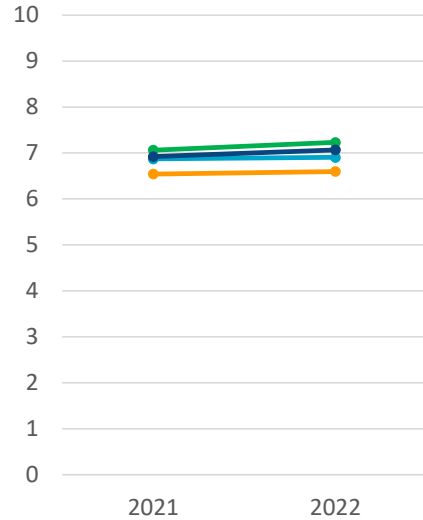


All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



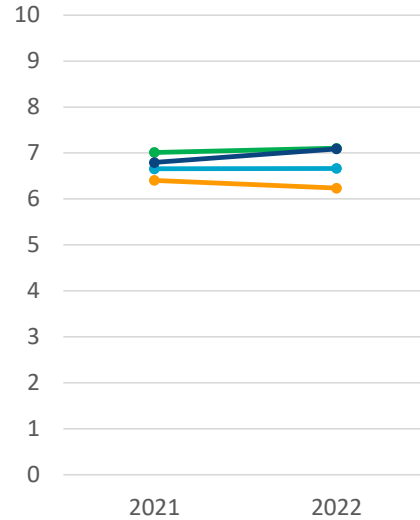
## Promise element 7: We are a team

All staff



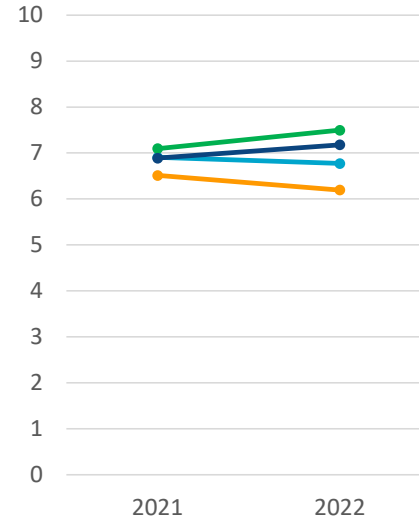
	2021	2022
Your org	6.9	7.1
Highest	7.1	7.2
Average	6.9	6.9
Lowest	6.5	6.6
Responses	597	609

Worked on a Covid-19 ward or specific area



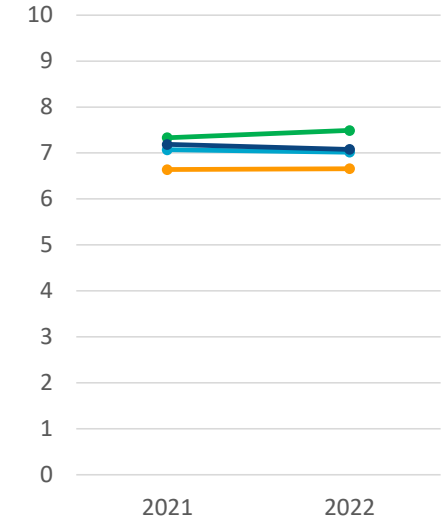
	2021	2022
Your org	6.8	7.1
Highest	7.0	7.1
Average	6.7	6.7
Lowest	6.4	6.2
Responses	263	258

Redeployed



	2021	2022
Your org	6.9	7.2
Highest	7.1	7.5
Average	6.9	6.8
Lowest	6.5	6.2
Responses	137	88

Required to work remotely / from home



	2021	2022
Your org	7.2	7.1
Highest	7.3	7.5
Average	7.1	7.0
Lowest	6.6	6.7
Responses	308	212



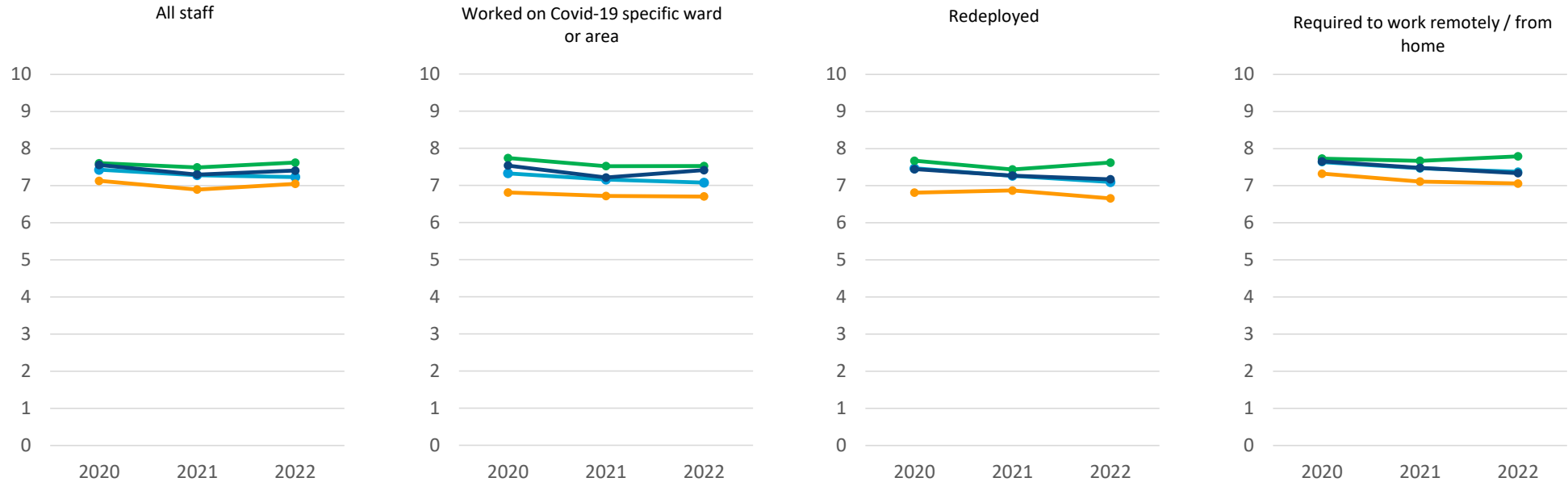
# The Covid-19 pandemic – Your experience during the Covid-19 pandemic

Survey  
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All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

## Theme: Staff Engagement



	2020	2021	2022
Your org	7.6	7.3	7.4
Highest	7.6	7.5	7.6
Average	7.4	7.3	7.2
Lowest	7.1	6.9	7.1
Responses	547	597	611

	2020	2021	2022
Your org	7.5	7.2	7.4
Highest	7.7	7.5	7.5
Average	7.3	7.2	7.1
Lowest	6.8	6.7	6.7
Responses	241	264	260

	2020	2021	2022
Your org	7.4	7.3	7.2
Highest	7.7	7.4	7.6
Average	7.5	7.3	7.1
Lowest	6.8	6.9	6.7
Responses	150	137	88

	2020	2021	2022
Your org	7.7	7.5	7.3
Highest	7.7	7.7	7.8
Average	7.6	7.5	7.4
Lowest	7.3	7.1	7.1
Responses	294	309	212

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# The Covid-19 pandemic – Your experience during the Covid-19 pandemic

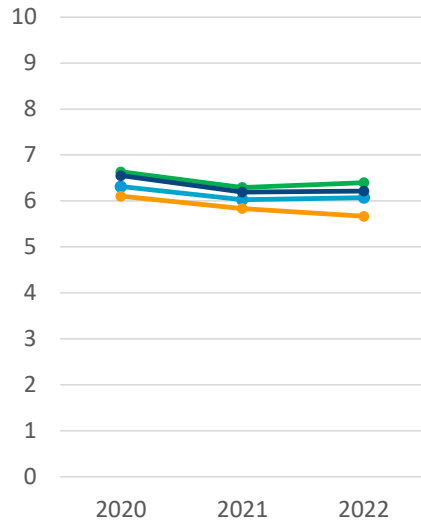
Survey  
Coordination  
Centre



All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

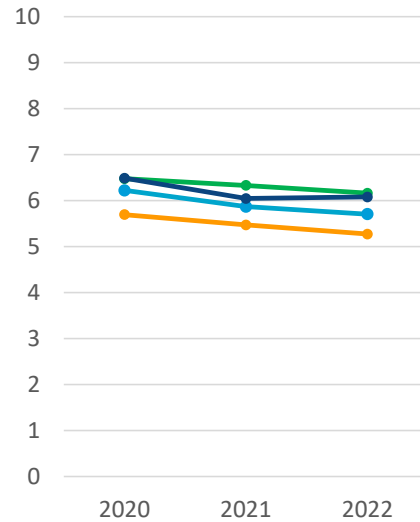
## Theme: Morale

All staff



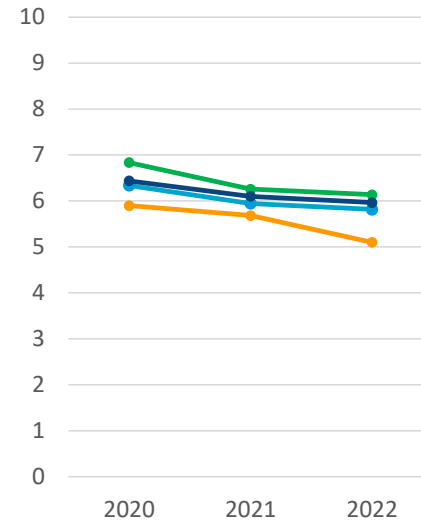
	2020	2021	2022
Your org	6.6	6.2	6.2
Highest	6.6	6.3	6.4
Average	6.3	6.0	6.1
Lowest	6.1	5.8	5.7
Responses	546	599	612

Worked on Covid-19 specific ward or area



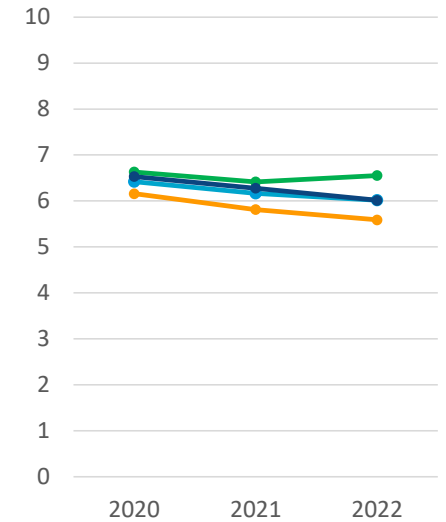
	2020	2021	2022
Your org	6.5	6.0	6.1
Highest	6.5	6.3	6.2
Average	6.2	5.9	5.7
Lowest	5.7	5.5	5.3
Responses	241	264	260

Redeployed



	2020	2021	2022
Your org	6.4	6.1	6.0
Highest	6.8	6.3	6.1
Average	6.3	5.9	5.8
Lowest	5.9	5.7	5.1
Responses	149	137	88

Required to work remotely / from home



	2020	2021	2022
Your org	6.5	6.3	6.0
Highest	6.6	6.4	6.6
Average	6.4	6.2	6.0
Lowest	6.2	5.8	5.6
Responses	294	309	212

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## People Promise element – We are compassionate and inclusive



### Questions included:

Compassionate culture – Q6a, Q23a, Q23b, Q23c, Q23d

Compassionate leadership – Q9f, Q9g, Q9h, Q9i

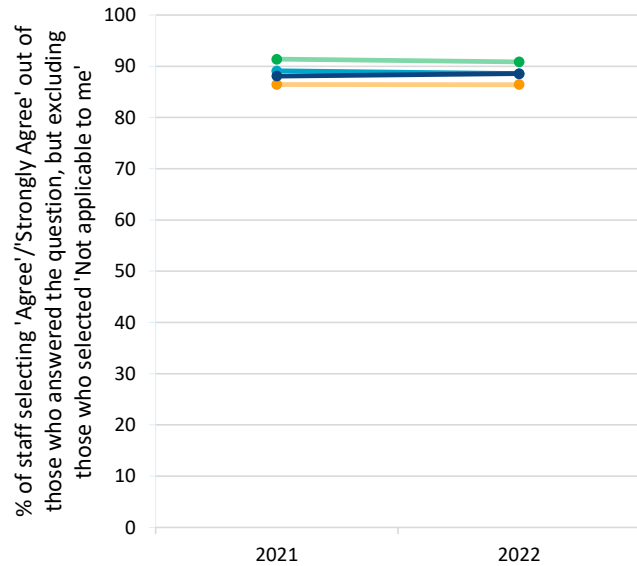
Diversity and equality – Q15, Q16a, Q16b, Q20

Inclusion – Q7h, Q7i, Q8b, Q8c

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

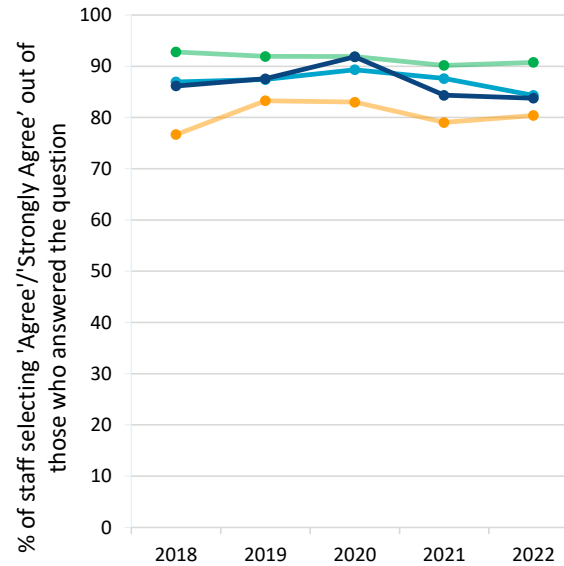


Q6a I feel that my role makes a difference to patients / service users.



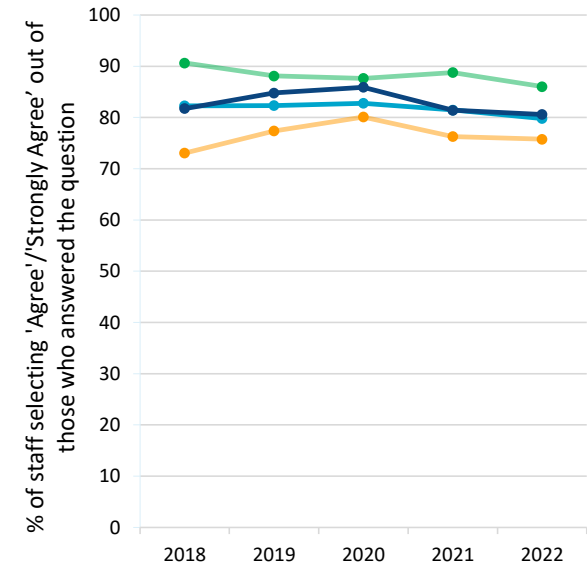
	2021	2022
Your org	88.1%	88.6%
Best	91.4%	90.9%
Average	89.1%	88.6%
Worst	86.4%	86.4%
Responses	569	591

Q23a Care of patients / service users is my organisation's top priority.



	2018	2019	2020	2021	2022
Your org	86.1%	87.6%	91.9%	84.3%	83.8%
Best	92.8%	91.9%	91.9%	90.2%	90.8%
Average	86.9%	87.4%	89.3%	87.6%	84.3%
Worst	76.7%	83.3%	83.0%	79.0%	80.4%
Responses	747	608	546	595	595

Q23b My organisation acts on concerns raised by patients / service users.

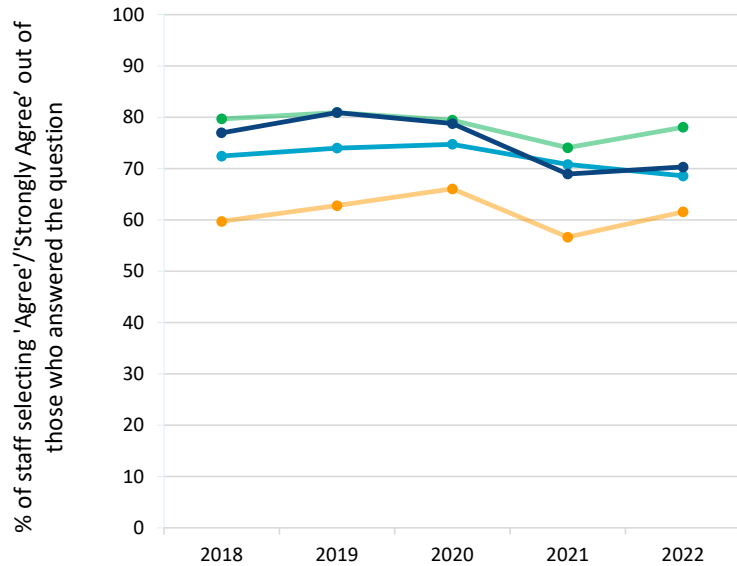


	2018	2019	2020	2021	2022
Your org	81.7%	84.8%	85.9%	81.4%	80.6%
Best	90.6%	88.1%	87.6%	88.8%	86.0%
Average	82.3%	82.3%	82.8%	81.5%	79.8%
Worst	73.1%	77.4%	80.1%	76.3%	75.8%
Responses	747	607	546	592	595

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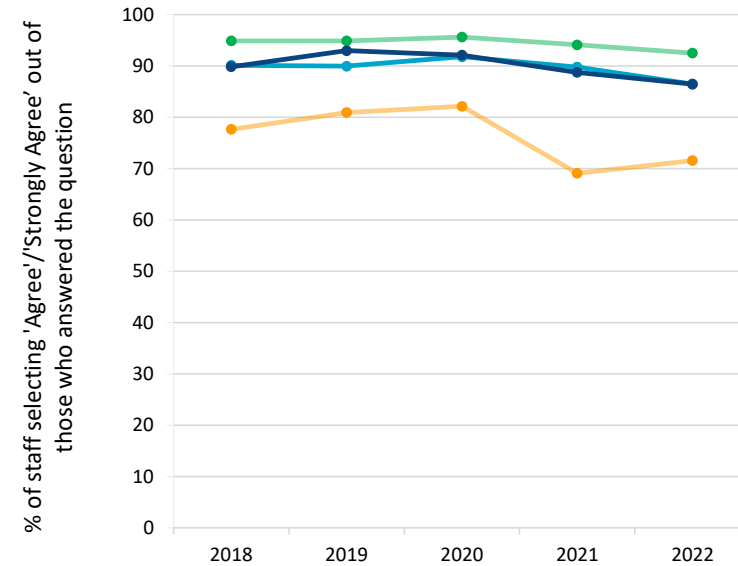


Q23c I would recommend my organisation as a place to work.



	2018	2019	2020	2021	2022
Your org	77.0%	80.9%	78.8%	69.0%	70.3%
Best	79.7%	80.9%	79.5%	74.1%	78.1%
Average	72.4%	74.0%	74.7%	70.8%	68.6%
Worst	59.7%	62.8%	66.1%	56.6%	61.6%
Responses	746	608	546	591	596

Q23d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.

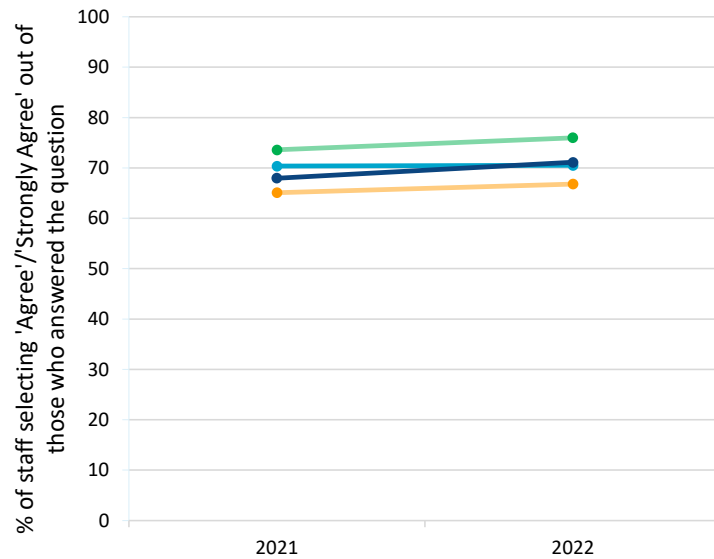


	2018	2019	2020	2021	2022
Your org	89.8%	93.0%	92.1%	88.8%	86.5%
Best	94.9%	94.9%	95.7%	94.1%	92.5%
Average	90.1%	90.0%	91.8%	89.8%	86.5%
Worst	77.7%	81.0%	82.1%	69.1%	71.6%
Responses	745	606	546	593	596

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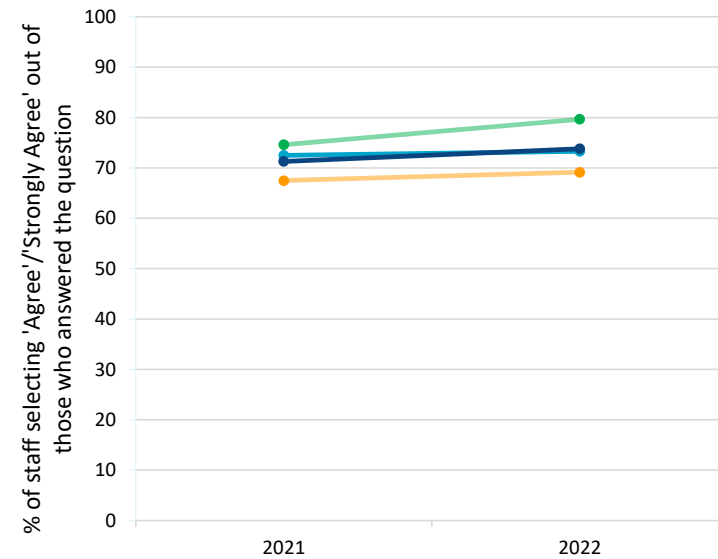


Q9f My immediate manager works together with me to come to an understanding of problems.



	2021	2022
Your org	68.0%	71.1%
Best	73.6%	76.0%
Average	70.3%	70.5%
Worst	65.1%	66.8%
Responses	596	610

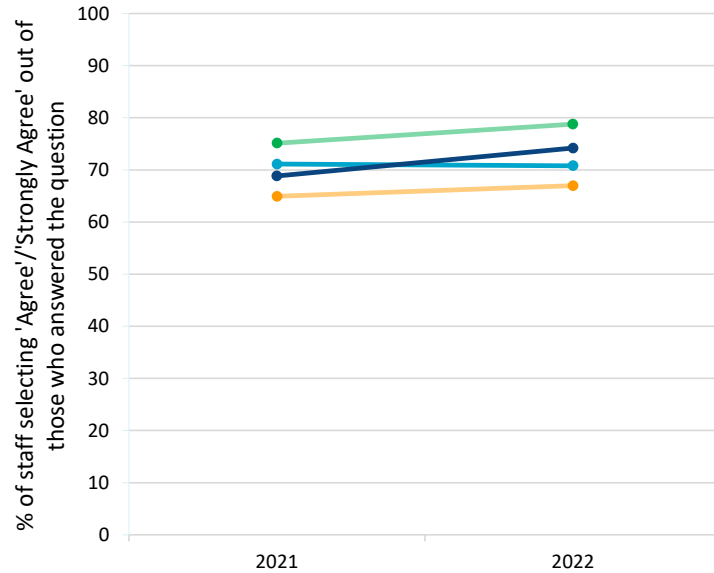
Q9g My immediate manager is interested in listening to me when I describe challenges I face.



	2021	2022
Your org	71.3%	73.8%
Best	74.6%	79.7%
Average	72.5%	73.3%
Worst	67.5%	69.1%
Responses	596	610

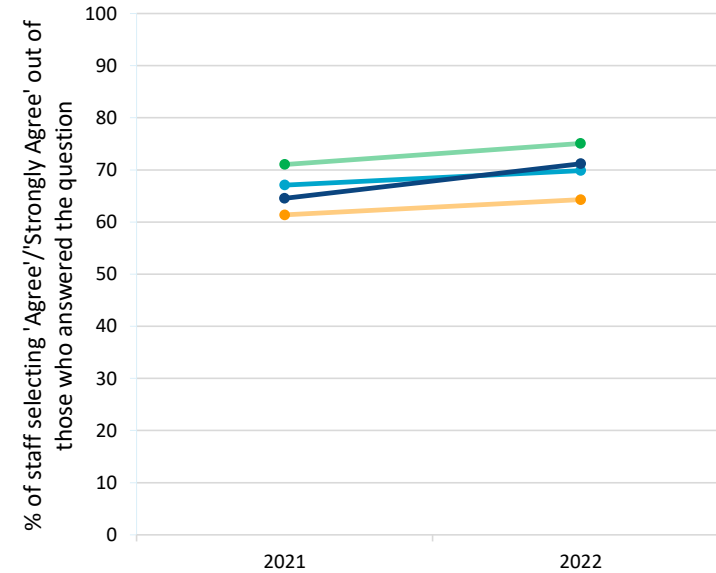


Q9h My immediate manager cares about my concerns.



	2021	2022
Your org	68.9%	74.2%
Best	75.1%	78.8%
Average	71.1%	70.8%
Worst	64.9%	67.0%
Responses	595	609

Q9i My immediate manager takes effective action to help me with any problems I face.

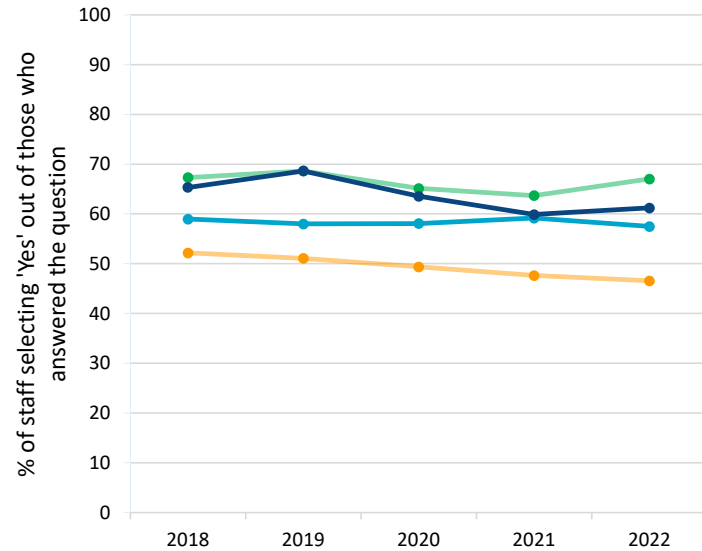


	2021	2022
Your org	64.6%	71.2%
Best	71.0%	75.1%
Average	67.1%	69.9%
Worst	61.4%	64.3%
Responses	597	611

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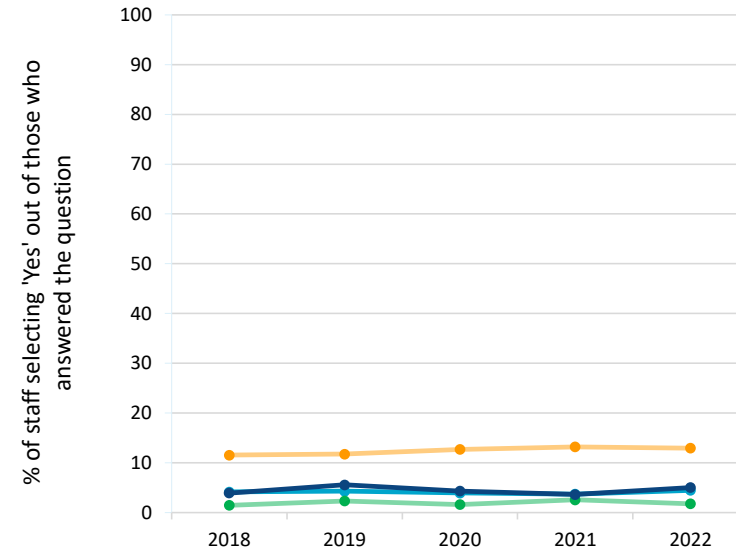
Q15 Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?



	2018	2019	2020	2021	2022
Your org	65.3%	68.6%	63.6%	59.9%	61.2%
Best	67.3%	68.6%	65.1%	63.7%	67.0%
Average	59.0%	58.0%	58.1%	59.2%	57.5%
Worst	52.2%	51.1%	49.4%	47.6%	46.6%
Responses	745	617	545	592	603

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Q16a In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?

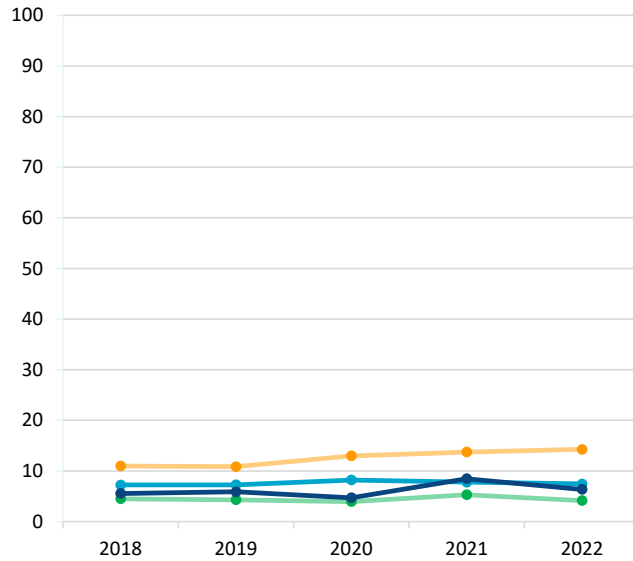


	2018	2019	2020	2021	2022
Your org	3.9%	5.6%	4.4%	3.6%	5.1%
Best	1.5%	2.3%	1.6%	2.6%	1.8%
Average	4.2%	4.3%	4.0%	3.7%	4.5%
Worst	11.6%	11.8%	12.7%	13.2%	13.0%
Responses	746	612	543	594	608



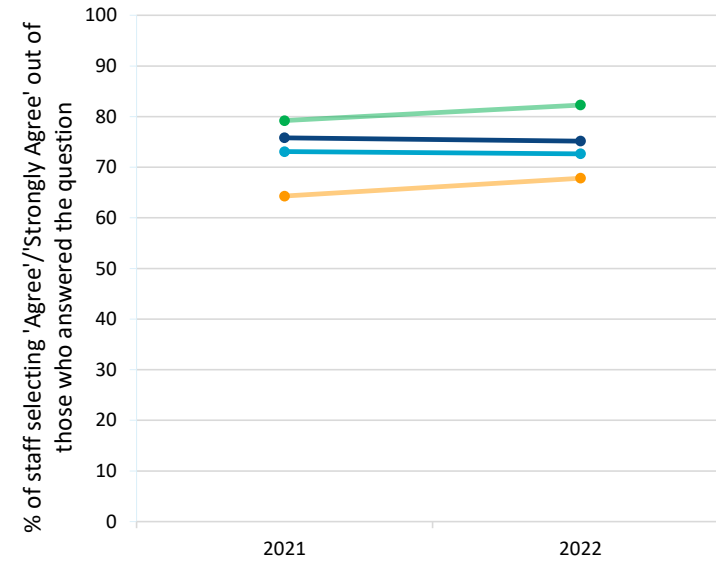
Q16b In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?

% of staff selecting 'Yes' out of those who answered the question



	2018	2019	2020	2021	2022
Your org	5.6%	5.9%	4.7%	8.5%	6.4%
Best	4.5%	4.3%	3.9%	5.3%	4.2%
Average	7.2%	7.3%	8.2%	7.8%	7.4%
Worst	11.0%	10.9%	13.0%	13.7%	14.2%
Responses	740	614	538	594	604

Q20 I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).



	2021	2022
Your org	75.8%	75.2%
Best	79.2%	82.3%
Average	73.1%	72.7%
Worst	64.3%	67.8%
Responses	593	606

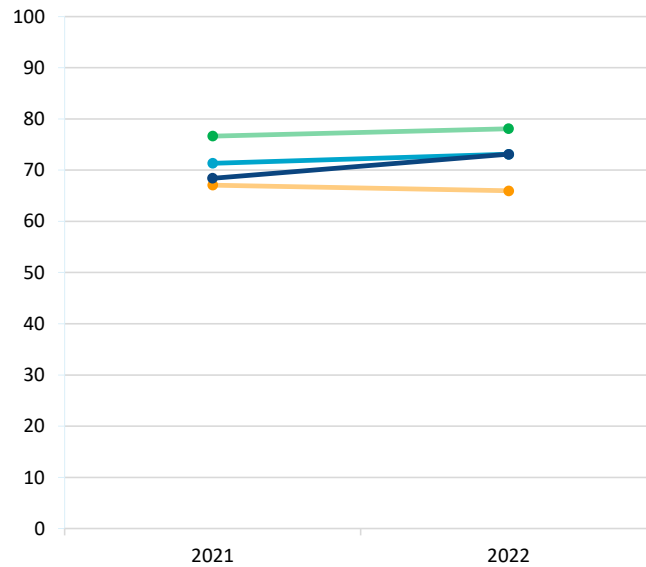
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Q7h I feel valued by my team.

% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question



	2021	2022
Your org	68.4%	73.1%
Best	76.7%	78.1%
Average	71.3%	73.1%
Worst	67.1%	66.0%

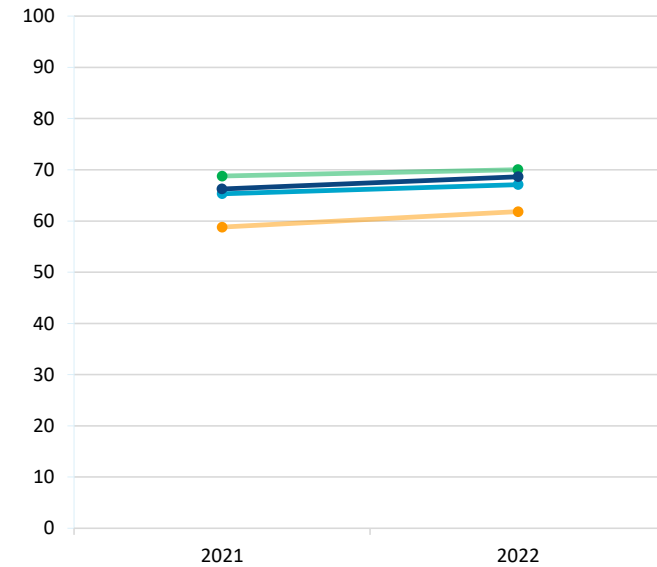
Responses

593

609

Q7i I feel a strong personal attachment to my team.

% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question



	2021	2022
Your org	66.3%	68.6%
Best	68.8%	70.0%
Average	65.3%	67.1%
Worst	58.8%	61.8%

Responses

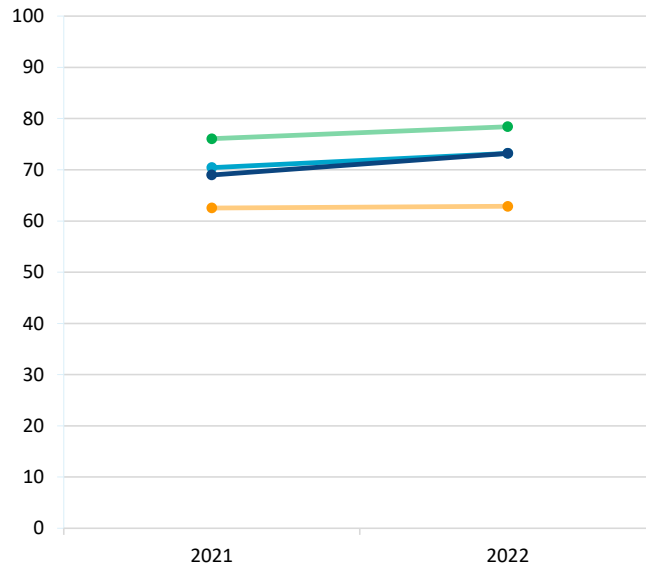
594

609



Q8b The people I work with are understanding and kind to one another.

% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question



	2021	2022
Your org	69.0%	73.2%
Best	76.1%	78.4%
Average	70.4%	73.2%
Worst	62.6%	62.9%

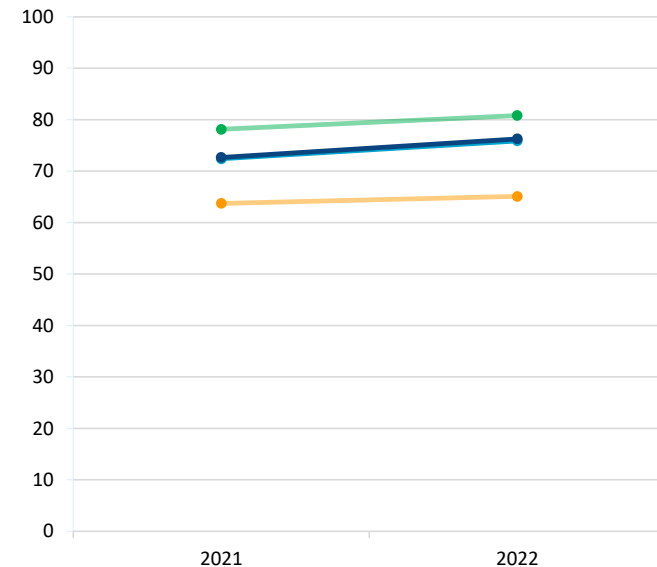
Responses

592

609

Q8c The people I work with are polite and treat each other with respect.

% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question



	2021	2022
Your org	72.6%	76.3%
Best	78.1%	80.8%
Average	72.4%	75.9%
Worst	63.7%	65.1%

Responses

592

610

## People Promise element – We are recognised and rewarded



Questions included:  
Q4a, Q4b, Q4c, Q8d, Q9e

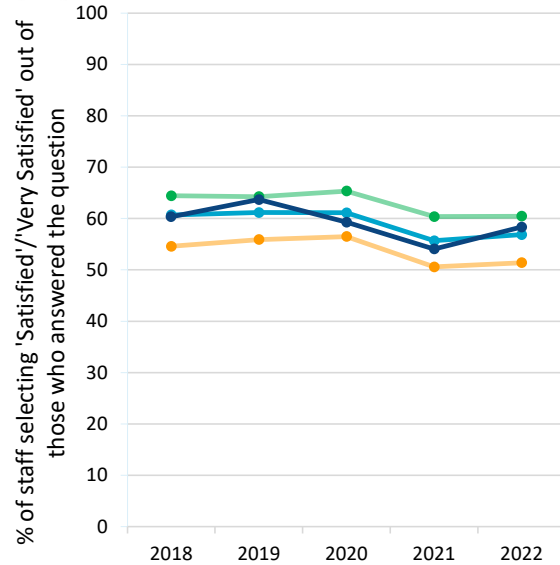
Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.



People Promise elements and theme results – We are recognised and rewarded

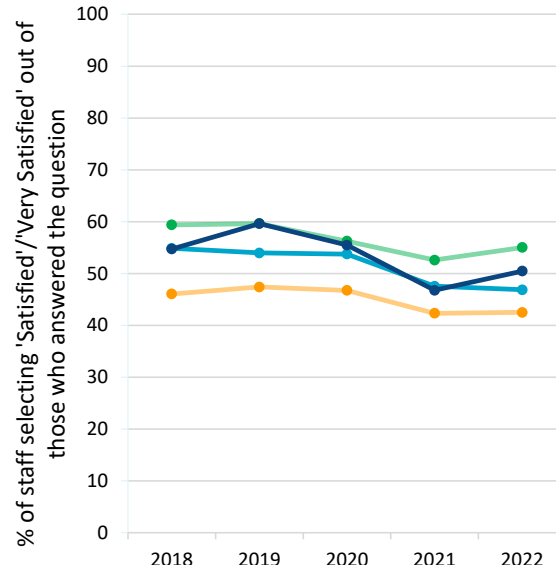


Q4a How satisfied are you with each of the following aspects of your job? The recognition I get for good work.



	2018	2019	2020	2021	2022
Your org	60.3%	63.7%	59.3%	54.1%	58.3%
Best	64.4%	64.3%	65.3%	60.4%	60.4%
Average	60.7%	61.2%	61.1%	55.7%	56.9%
Worst	54.6%	55.9%	56.5%	50.6%	51.4%
Responses	750	616	543	596	611

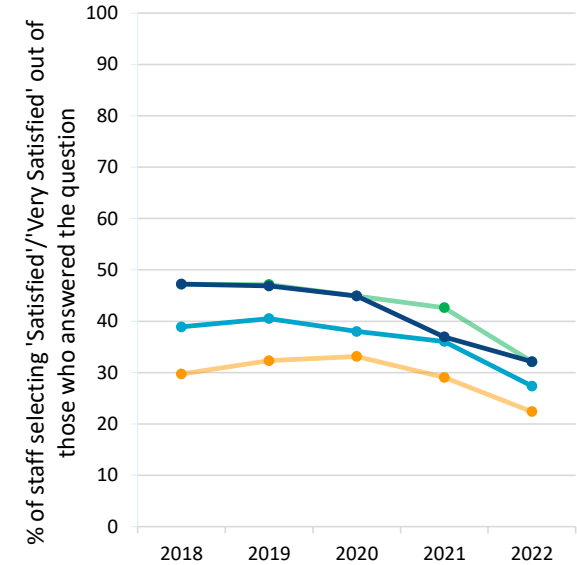
Q4b How satisfied are you with each of the following aspects of your job? The extent to which my organisation values my work.



	2018	2019	2020	2021	2022
Your org	54.7%	59.6%	55.5%	46.8%	50.5%
Best	59.4%	59.6%	56.3%	52.6%	55.0%
Average	54.8%	54.0%	53.8%	47.5%	46.9%
Worst	46.0%	47.4%	46.7%	42.3%	42.5%
Responses	747	614	542	595	608

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Q4c How satisfied are you with each of the following aspects of your job? My level of pay.

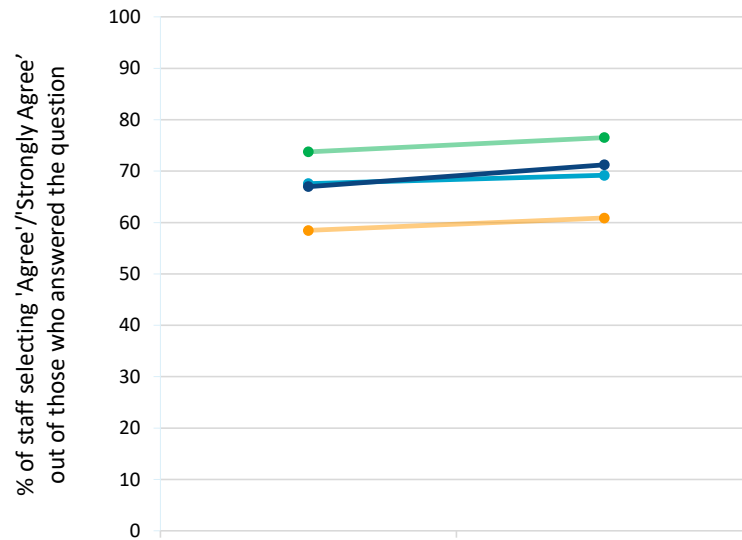


	2018	2019	2020	2021	2022
Your org	47.2%	46.9%	44.9%	37.0%	32.1%
Best	47.2%	47.1%	44.9%	42.6%	32.1%
Average	38.9%	40.5%	38.0%	36.1%	27.4%
Worst	29.7%	32.3%	33.1%	29.0%	22.4%
Responses	749	617	543	597	607

57

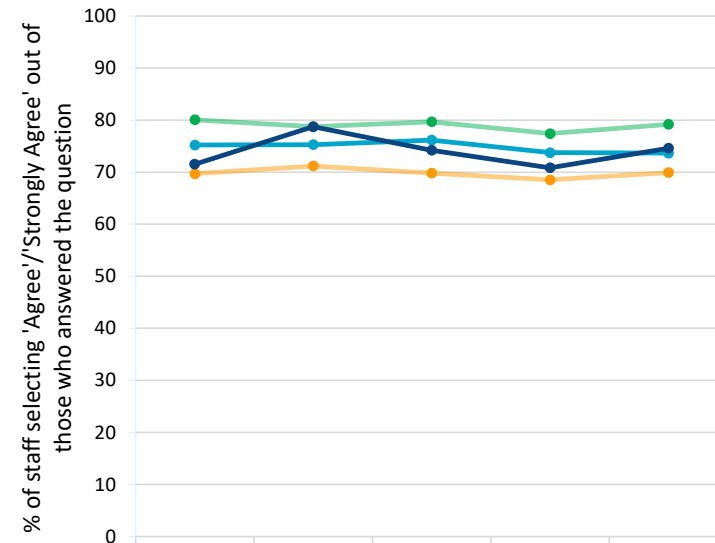


Q8d The people I work with show appreciation to one another.



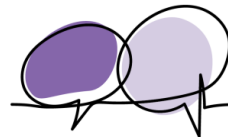
	2021	2022
Your org	67.0%	71.2%
Best	73.8%	76.5%
Average	67.6%	69.2%
Worst	58.5%	60.9%
Responses	589	608

Q9e My immediate manager values my work.



	2018	2019	2020	2021	2022
Your org	71.5%	78.7%	74.2%	70.9%	74.6%
Best	80.1%	78.7%	79.7%	77.4%	79.2%
Average	75.2%	75.3%	76.2%	73.7%	73.7%
Worst	69.7%	71.2%	69.8%	68.5%	69.9%
Responses	748	618	540	596	611

## People Promise element – We each have a voice that counts



### Questions included:

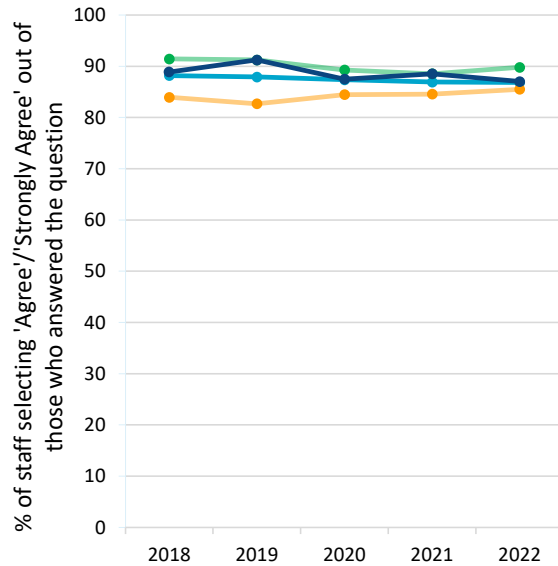
Autonomy and control – Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b

Raising concerns – Q19a, Q19b, Q23e, Q23f

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

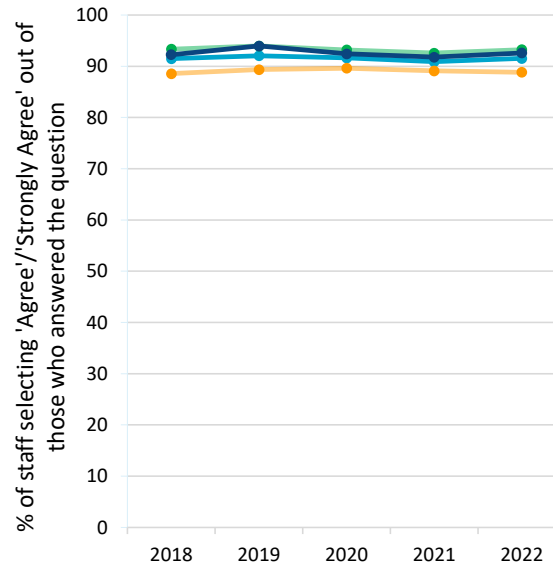


Q3a I always know what my work responsibilities are.



	2018	2019	2020	2021	2022
Your org	88.9%	91.2%	87.5%	88.5%	87.0%
Best	91.4%	91.2%	89.3%	88.5%	89.8%
Average	88.2%	87.9%	87.4%	86.9%	86.9%
Worst	83.9%	82.7%	84.5%	84.6%	85.5%
Responses	752	615	541	598	611

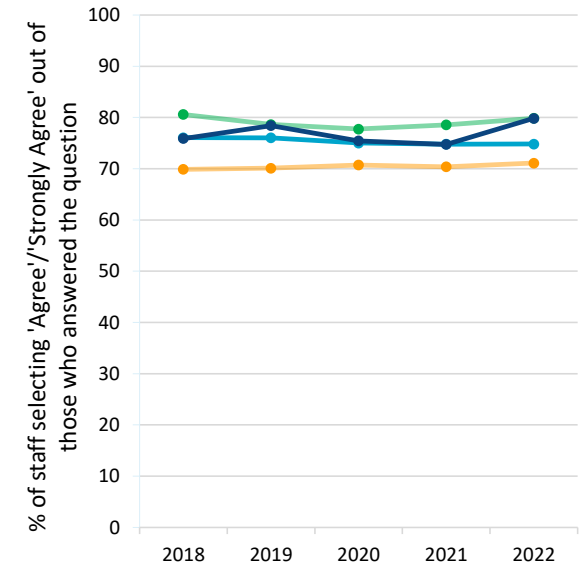
Q3b I am trusted to do my job.



	2018	2019	2020	2021	2022
Your org	92.3%	94.0%	92.4%	91.8%	92.6%
Best	93.3%	94.0%	93.2%	92.6%	93.2%
Average	91.5%	92.1%	91.6%	90.9%	91.5%
Worst	88.6%	89.4%	89.6%	89.1%	88.8%
Responses	752	617	540	593	611

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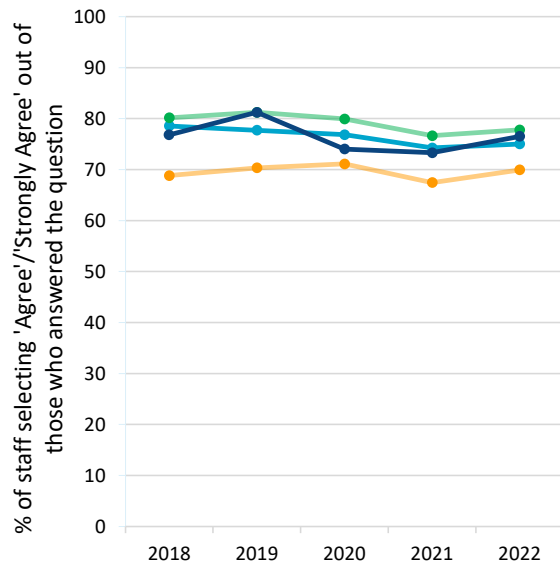
Q3c There are frequent opportunities for me to show initiative in my role.



	2018	2019	2020	2021	2022
Your org	75.9%	78.4%	75.4%	74.7%	79.8%
Best	80.6%	78.6%	77.7%	78.6%	79.8%
Average	76.1%	76.0%	75.0%	74.8%	74.8%
Worst	69.9%	70.1%	70.7%	70.4%	71.1%
Responses	753	619	547	594	611

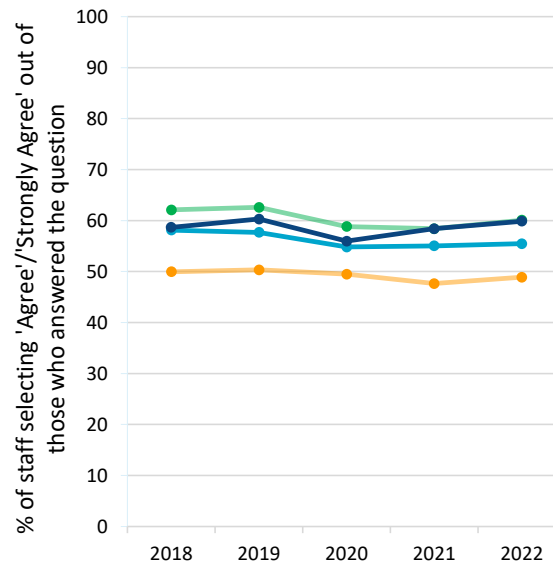


Q3d I am able to make suggestions to improve the work of my team / department.



	2018	2019	2020	2021	2022
Your org	76.8%	81.2%	74.0%	73.3%	76.5%
Best	80.2%	81.2%	79.9%	76.6%	77.8%
Average	78.6%	77.7%	76.9%	74.2%	75.0%
Worst	68.8%	70.3%	71.1%	67.4%	69.9%
Responses	752	618	546	592	607

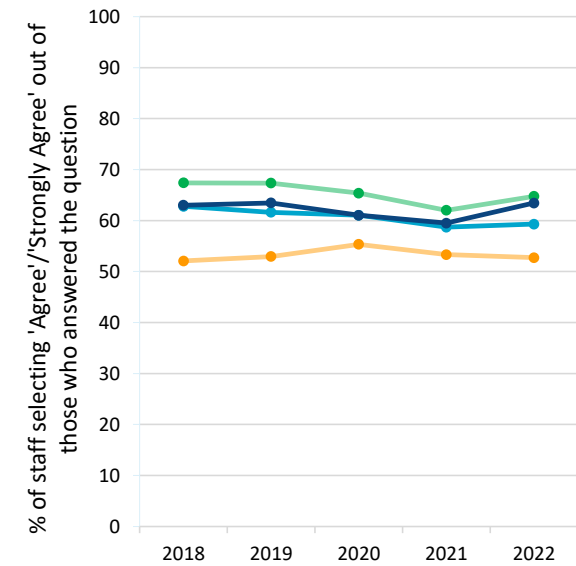
Q3e I am involved in deciding on changes introduced that affect my work area / team / department.



	2018	2019	2020	2021	2022
Your org	58.6%	60.3%	56.0%	58.4%	59.9%
Best	62.1%	62.6%	58.8%	58.4%	60.1%
Average	58.1%	57.7%	54.8%	55.0%	55.5%
Worst	49.9%	50.3%	49.5%	47.6%	48.9%
Responses	750	619	545	593	608

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Q3f I am able to make improvements happen in my area of work.

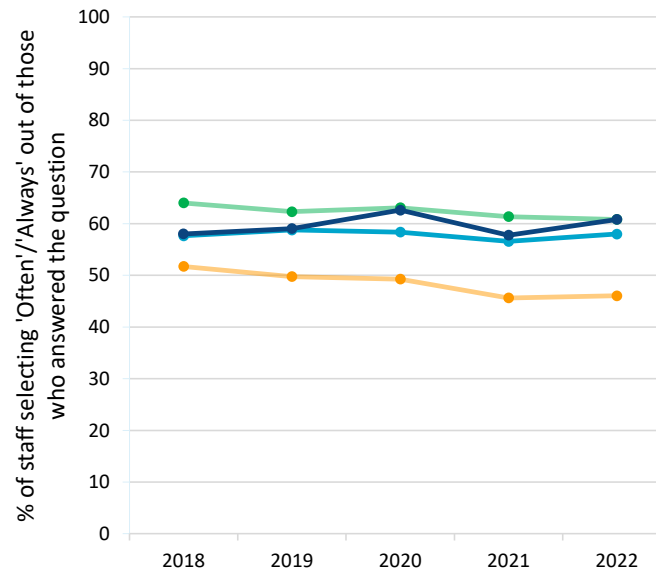


	2018	2019	2020	2021	2022
Your org	63.0%	63.5%	61.0%	59.5%	63.4%
Best	67.4%	67.3%	65.4%	62.0%	64.8%
Average	62.8%	61.6%	61.1%	58.7%	59.3%
Worst	52.1%	52.9%	55.3%	53.3%	52.7%
Responses	752	617	545	592	612





Q5b I have a choice in deciding how to do my work.



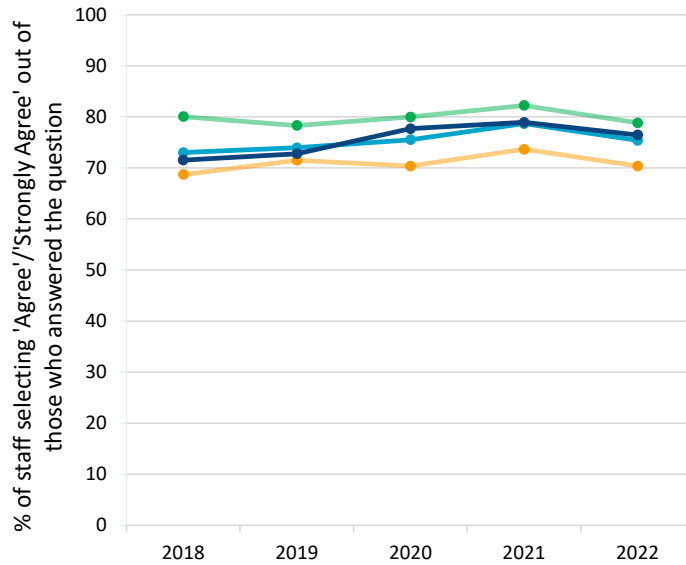
	2018	2019	2020	2021	2022
Your org	58.0%	59.0%	62.6%	57.8%	60.8%
Best	64.0%	62.3%	63.1%	61.4%	60.8%
Average	57.7%	58.8%	58.4%	56.6%	58.0%
Worst	51.7%	49.7%	49.3%	45.6%	46.1%

Responses 751 614 541 590 609

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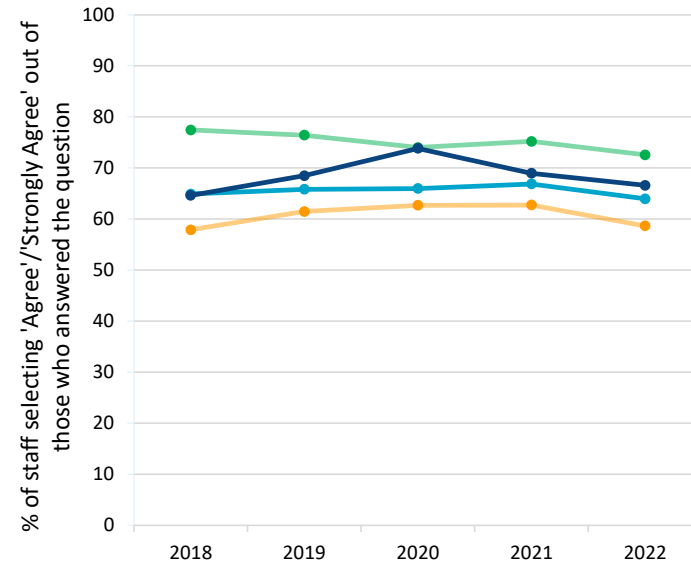


Q19a I would feel secure raising concerns about unsafe clinical practice.



	2018	2019	2020	2021	2022
Your org	71.5%	72.8%	77.7%	78.9%	76.5%
Best	80.1%	78.3%	80.0%	82.3%	78.8%
Average	73.0%	74.0%	75.5%	78.7%	75.4%
Worst	68.7%	71.5%	70.4%	73.7%	70.4%
Responses	745	613	544	596	609

Q19b I am confident that my organisation would address my concern.

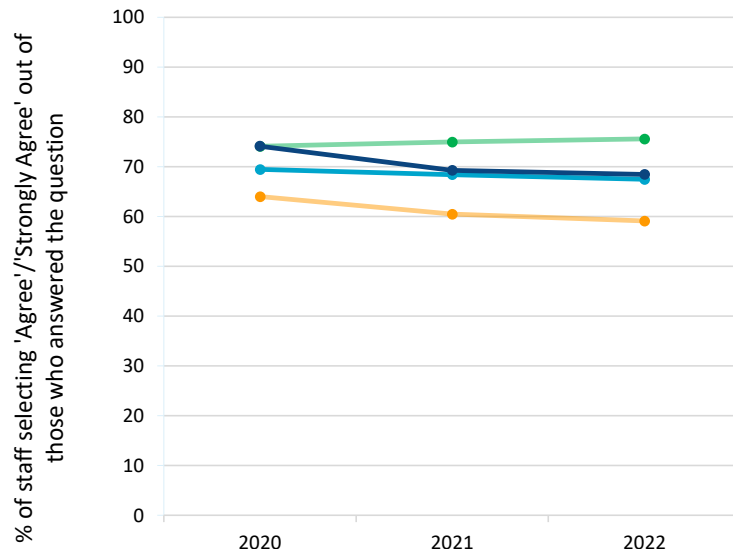


	2018	2019	2020	2021	2022
Your org	64.6%	68.5%	73.8%	69.0%	66.6%
Best	77.4%	76.4%	74.0%	75.2%	72.6%
Average	64.9%	65.8%	66.0%	66.9%	64.0%
Worst	57.9%	61.5%	62.7%	62.7%	58.6%
Responses	742	613	542	597	607

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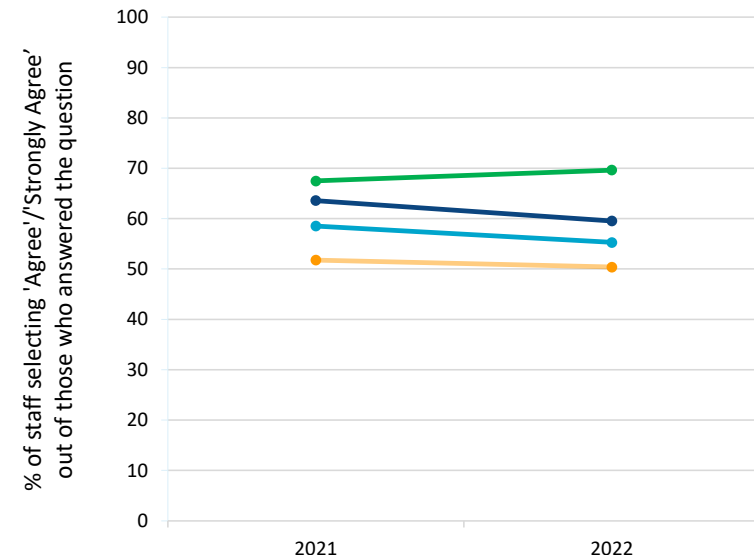


Q23e I feel safe to speak up about anything that concerns me in this organisation.



	2020	2021	2022
Your org	74.1%	69.3%	68.5%
Best	74.1%	75.0%	75.6%
Average	69.5%	68.4%	67.5%
Worst	64.0%	60.5%	59.1%
Responses	541	592	595

Q23f If I spoke up about something that concerned me I am confident my organisation would address my concern.



	2021	2022
Your org	63.6%	59.5%
Best	67.5%	69.6%
Average	58.5%	55.3%
Worst	51.8%	50.4%
Responses	592	595

## People Promise element – We are safe and healthy



### Questions included:

Health and safety climate: Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d

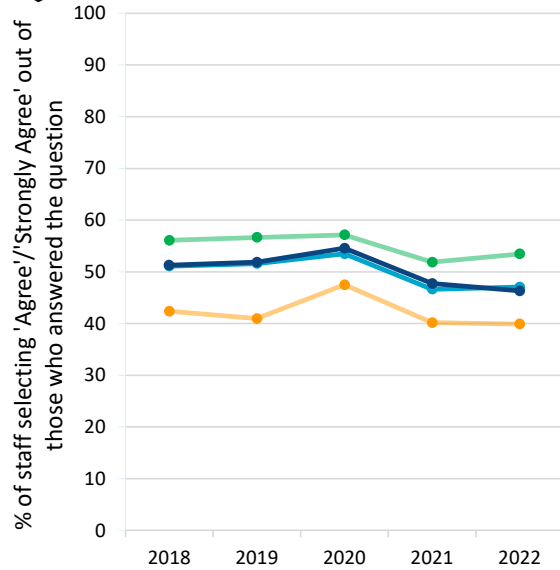
Burnout: Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g

Negative experiences: Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

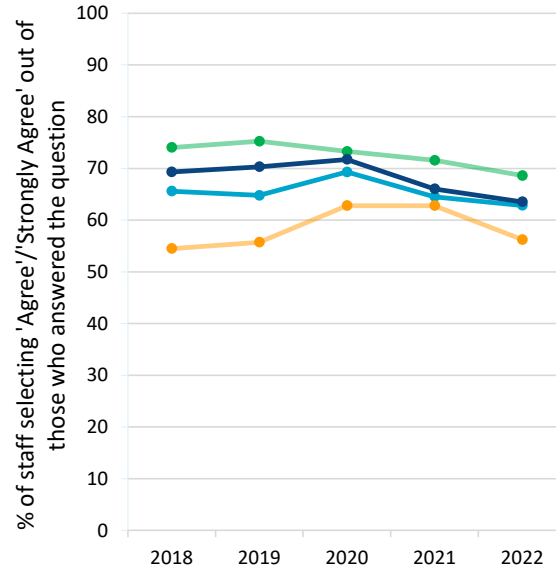


Q3g I am able to meet all the conflicting demands on my time at work.



	2018	2019	2020	2021	2022
<b>Your org</b>	51.3%	51.9%	54.6%	47.7%	46.3%
<b>Best</b>	56.1%	56.7%	57.1%	51.9%	53.5%
<b>Average</b>	51.1%	51.6%	53.5%	46.6%	47.0%
<b>Worst</b>	42.4%	41.0%	47.5%	40.2%	39.9%
Responses	748	617	544	590	608

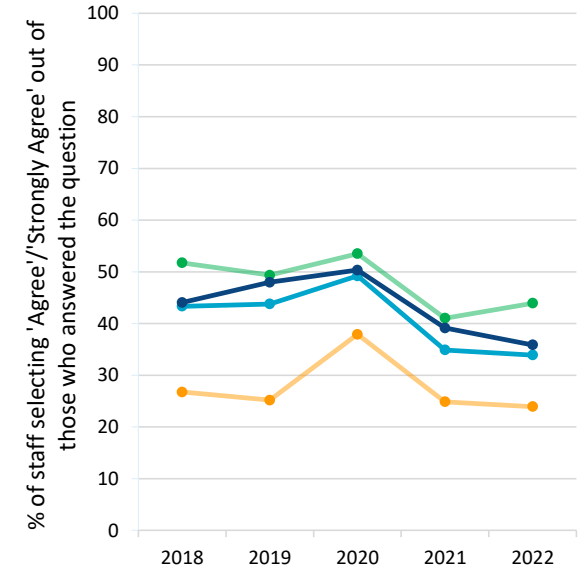
Q3h I have adequate materials, supplies and equipment to do my work.



	2018	2019	2020	2021	2022
<b>Your org</b>	69.3%	70.3%	71.7%	66.0%	63.5%
<b>Best</b>	74.0%	75.2%	73.3%	71.6%	68.6%
<b>Average</b>	65.6%	64.8%	69.3%	64.5%	62.8%
<b>Worst</b>	54.5%	55.7%	62.8%	62.8%	56.2%
Responses	749	619	544	591	607

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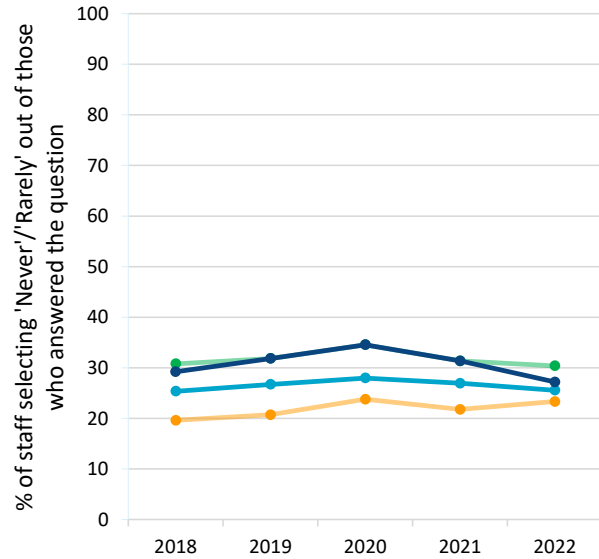
Q3i There are enough staff at this organisation for me to do my job properly.



	2018	2019	2020	2021	2022
<b>Your org</b>	44.0%	48.0%	50.3%	39.1%	35.9%
<b>Best</b>	51.7%	49.4%	53.5%	41.0%	43.9%
<b>Average</b>	43.3%	43.8%	49.2%	34.9%	33.9%
<b>Worst</b>	26.8%	25.2%	37.9%	24.9%	23.9%
Responses	748	616	547	594	609

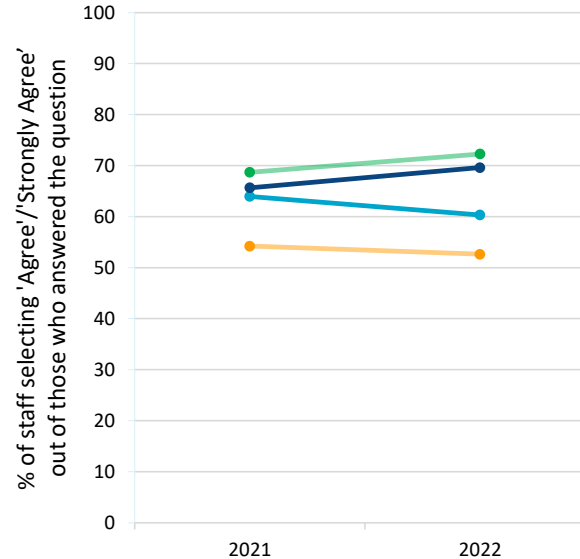


Q5a I have unrealistic time pressures.



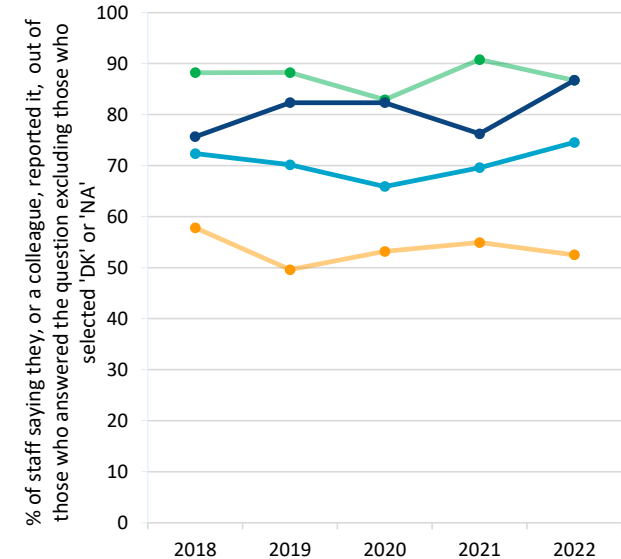
	2018	2019	2020	2021	2022
<b>Your org</b>	29.2%	31.8%	34.6%	31.4%	27.2%
<b>Best</b>	30.8%	31.8%	34.6%	31.4%	30.4%
<b>Average</b>	25.4%	26.7%	28.0%	27.0%	25.6%
<b>Worst</b>	19.6%	20.7%	23.8%	21.8%	23.3%
Responses	748	617	543	595	610

Q11a My organisation take positive action on health and well-being.



	2021	2022
<b>Your org</b>	65.6%	69.6%
<b>Best</b>	68.7%	72.3%
<b>Average</b>	64.0%	60.3%
<b>Worst</b>	54.2%	52.6%
Responses	585	608

Q13d The last time you experienced physical violence at work, did you or a colleague report it?

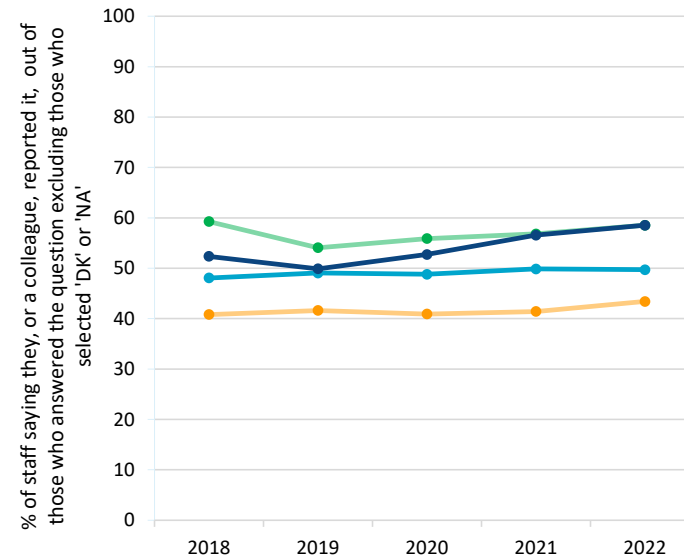


	2018	2019	2020	2021	2022
<b>Your org</b>	75.7%	82.3%	82.3%	76.2%	86.7%
<b>Best</b>	88.2%	88.2%	82.9%	90.8%	86.7%
<b>Average</b>	72.4%	70.2%	65.9%	69.6%	74.6%
<b>Worst</b>	57.8%	49.6%	53.2%	54.9%	52.5%
Responses	152	111	76	82	102

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Q14d The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?

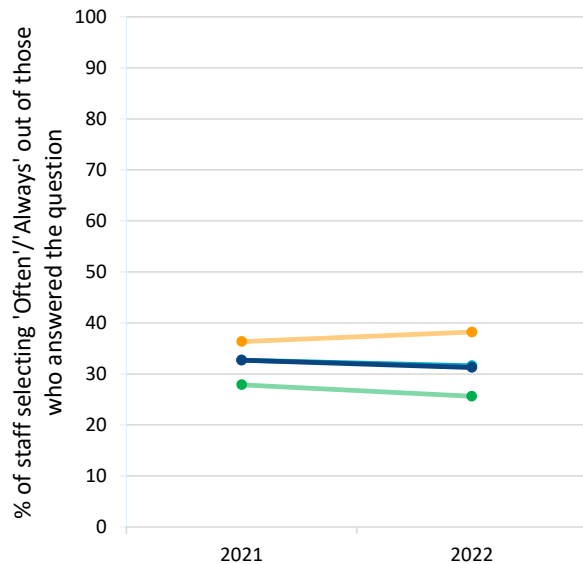


	2018	2019	2020	2021	2022
Your org	52.4%	49.9%	52.7%	56.6%	58.5%
Best	59.3%	54.1%	55.9%	56.8%	58.5%
Average	48.1%	49.1%	48.8%	49.9%	49.7%
Worst	40.8%	41.6%	40.9%	41.4%	43.4%
Responses	247	191	164	178	191

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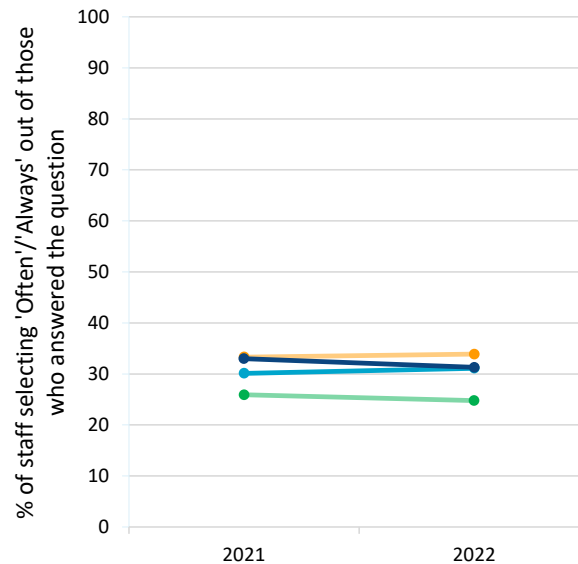
Q12a How often, if at all, do you find your work emotionally exhausting?



	2021	2022
Your org	32.7%	31.3%
Best	27.9%	25.6%
Average	32.7%	31.6%
Worst	36.4%	38.2%

Responses 595 607

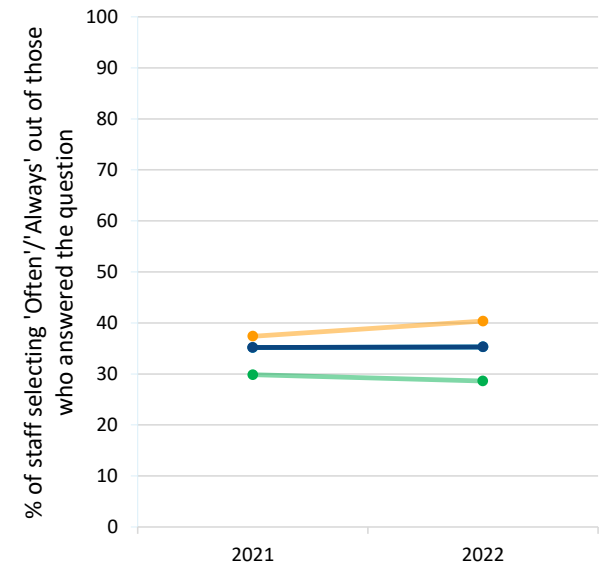
Q12b How often, if at all, do you feel burnt out because of your work?



	2021	2022
Your org	33.0%	31.3%
Best	25.9%	24.8%
Average	30.1%	31.1%
Worst	33.3%	33.9%

Responses 595 607

Q12c How often, if at all, does your work frustrate you?



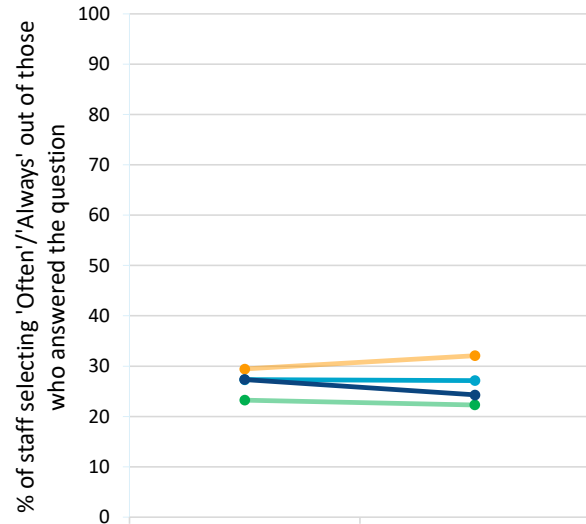
	2021	2022
Your org	35.2%	35.3%
Best	29.9%	28.6%
Average	35.2%	35.3%
Worst	37.4%	40.4%

Responses 595 603





Q12d How often, if at all, are you exhausted at the thought of another day/shift at work?

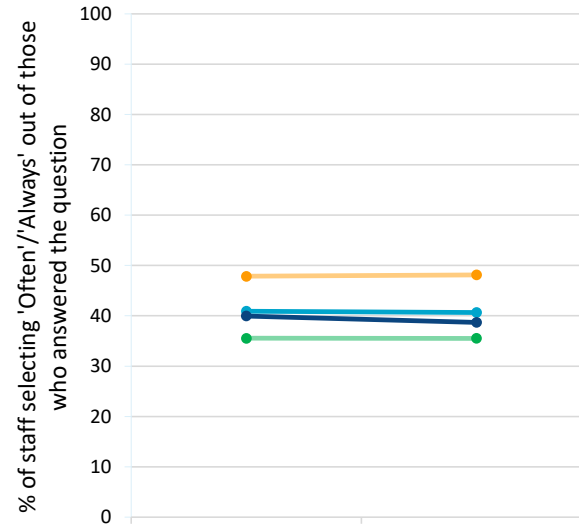


2021  
2022

Your org	2021	2022
Best	23.3%	22.3%
Average	27.3%	27.1%
Worst	29.4%	32.1%

Responses 593 606

Q12e How often, if at all, do you feel worn out at the end of your working day/shift?



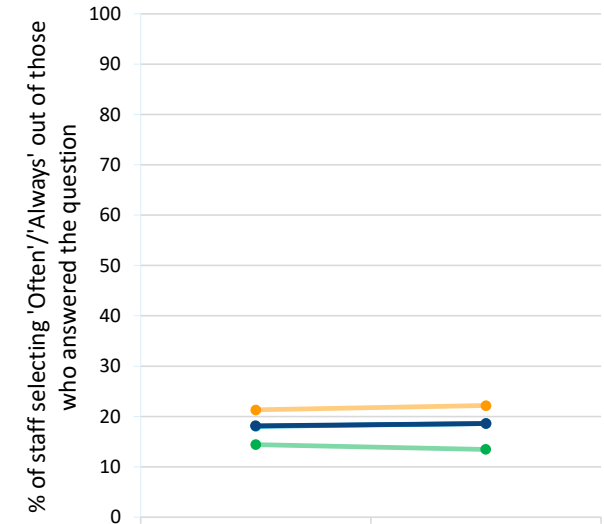
2021  
2022

Your org	2021	2022
Best	35.5%	35.5%
Average	40.9%	40.7%
Worst	47.9%	48.1%

Responses 593 607

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Q12f How often, if at all, do you feel that every working hour is tiring for you?



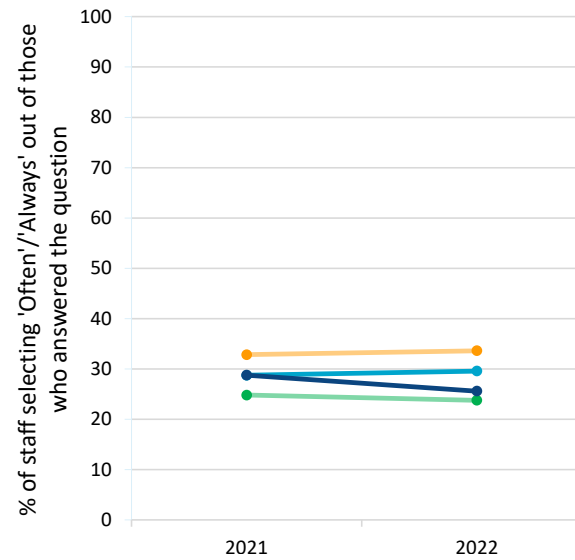
2021  
2022

Your org	2021	2022
Best	14.4%	13.4%
Average	18.1%	18.6%
Worst	21.3%	22.2%

Responses 593 601



Q12g How often, if at all, do you not have enough energy for family and friends during leisure time?



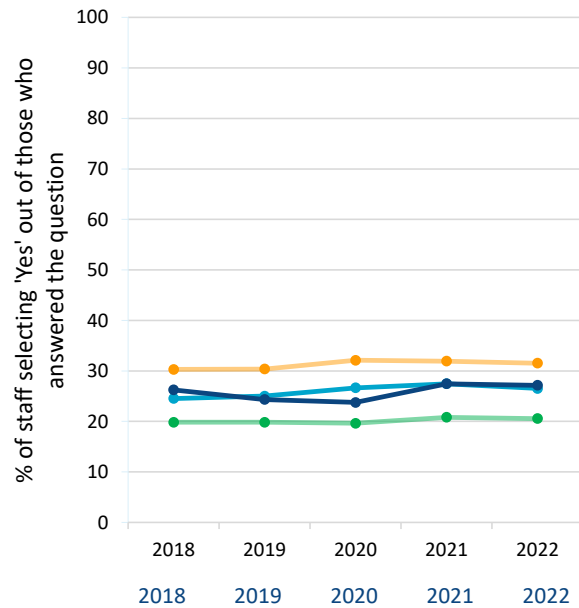
	2021	2022
Your org	28.7%	25.6%
Best	24.8%	23.8%
Average	28.7%	29.6%
Worst	32.8%	33.6%

Responses 597 605

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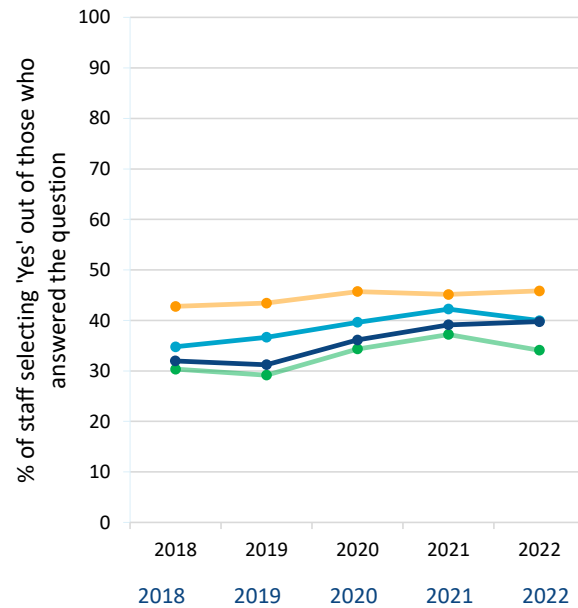


Q11b In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?



	2018	2019	2020	2021	2022
Your org	26.2%	24.3%	23.8%	27.4%	27.2%
Best	19.8%	19.8%	19.6%	20.8%	20.6%
Average	24.5%	25.0%	26.7%	27.4%	26.5%
Worst	30.3%	30.4%	32.1%	31.9%	31.5%
Responses	751	614	541	589	608

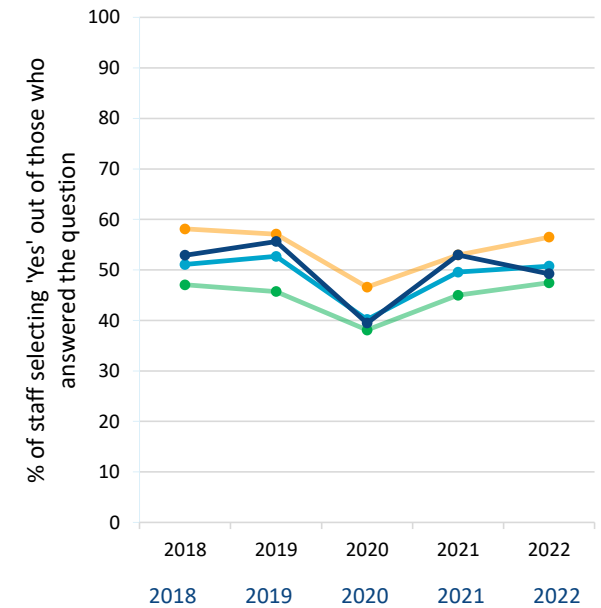
Q11c During the last 12 months have you felt unwell as a result of work related stress?



	2018	2019	2020	2021	2022
Your org	32.0%	31.2%	36.1%	39.1%	39.8%
Best	30.3%	29.2%	34.3%	37.2%	34.1%
Average	34.8%	36.7%	39.6%	42.2%	40.0%
Worst	42.8%	43.4%	45.7%	45.1%	45.8%
Responses	748	617	539	593	608

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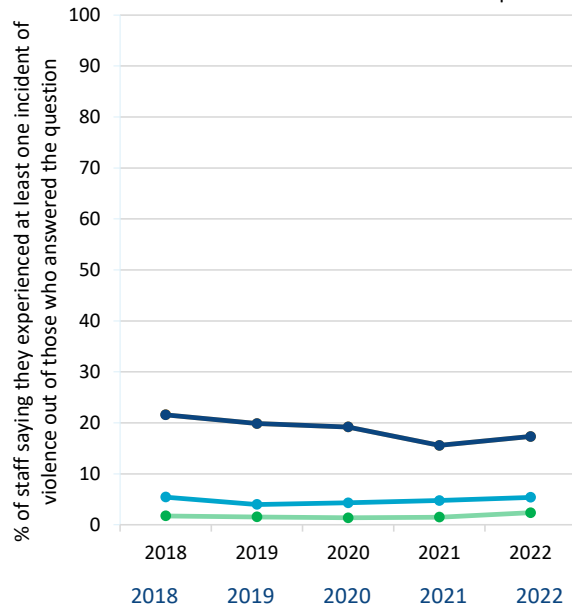
Q11d In the last three months have you ever come to work despite not feeling well enough to perform your duties?



	2018	2019	2020	2021	2022
Your org	52.9%	55.6%	39.5%	53.0%	49.2%
Best	47.0%	45.7%	38.1%	45.0%	47.4%
Average	51.1%	52.7%	40.2%	49.6%	50.8%
Worst	58.1%	57.1%	46.6%	53.0%	56.5%
Responses	749	615	540	592	606

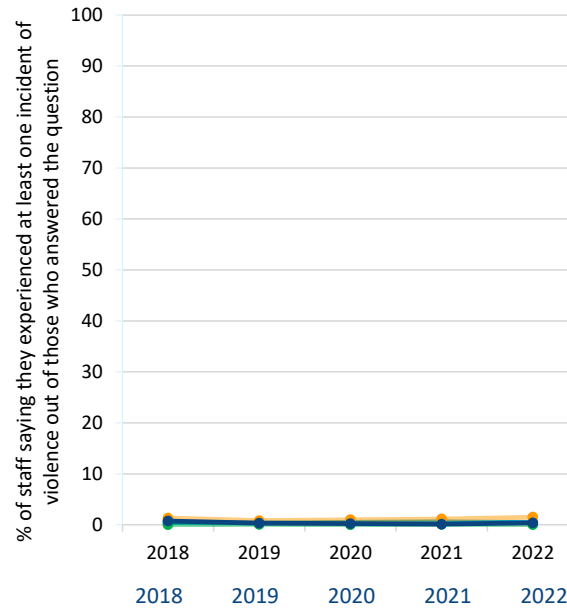


Q13a In the last 12 months how many times have you personally experienced physical violence at work from...? Patients / service users, their relatives or other members of the public.



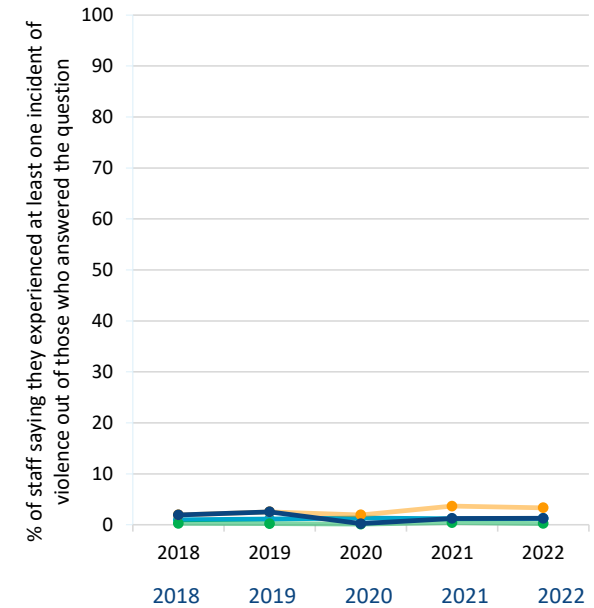
	2018	2019	2020	2021	2022
<b>Your org</b>	21.6%	19.9%	19.2%	15.6%	17.3%
<b>Best</b>	1.7%	1.6%	1.4%	1.5%	2.4%
<b>Average</b>	5.4%	4.0%	4.3%	4.8%	5.4%
<b>Worst</b>	21.6%	19.9%	19.2%	15.6%	17.3%
Responses	748	616	535	596	611

Q13b In the last 12 months how many times have you personally experienced physical violence at work from...? Managers.



	2018	2019	2020	2021	2022
<b>Your org</b>	0.7%	0.3%	0.2%	0.1%	0.4%
<b>Best</b>	0.0%	0.1%	0.0%	0.1%	0.0%
<b>Average</b>	0.4%	0.3%	0.5%	0.6%	0.5%
<b>Worst</b>	1.3%	0.8%	1.0%	1.2%	1.5%
Responses	741	609	529	590	610

Q13c In the last 12 months how many times have you personally experienced physical violence at work from...? Other colleagues.



	2018	2019	2020	2021	2022
<b>Your org</b>	2.0%	2.6%	0.2%	1.2%	1.3%
<b>Best</b>	0.3%	0.2%	0.1%	0.4%	0.3%
<b>Average</b>	1.0%	1.1%	1.3%	1.2%	1.2%
<b>Worst</b>	2.0%	2.6%	1.9%	3.7%	3.4%
Responses	741	610	526	585	605

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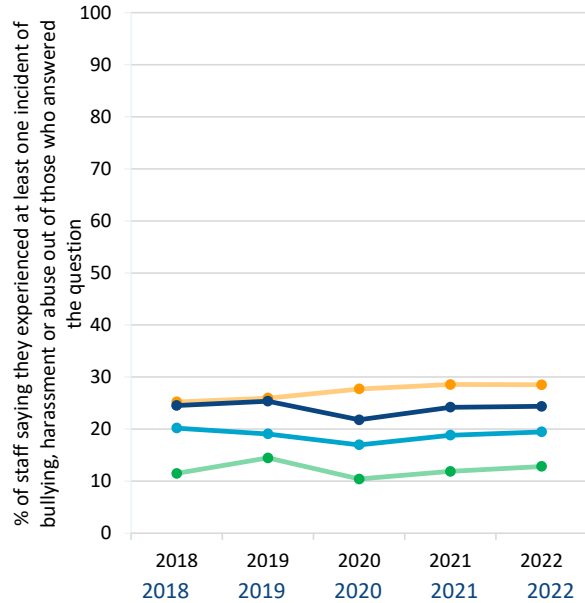


# People Promise elements and theme results – We are safe and healthy: Negative experiences

Survey  
Coordination  
Centre

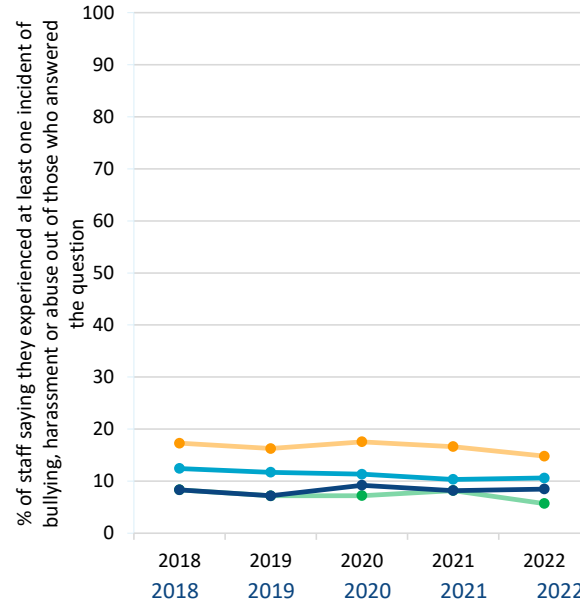


Q14a In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Patients / service users, their relatives or other members of the public.



	2018	2019	2020	2021	2022
Your org	24.5%	25.4%	21.8%	24.2%	24.4%
Best	11.5%	14.4%	10.4%	11.9%	12.8%
Average	20.2%	19.1%	17.0%	18.8%	19.5%
Worst	25.2%	26.0%	27.7%	28.6%	28.5%
Responses	744	617	538	592	609

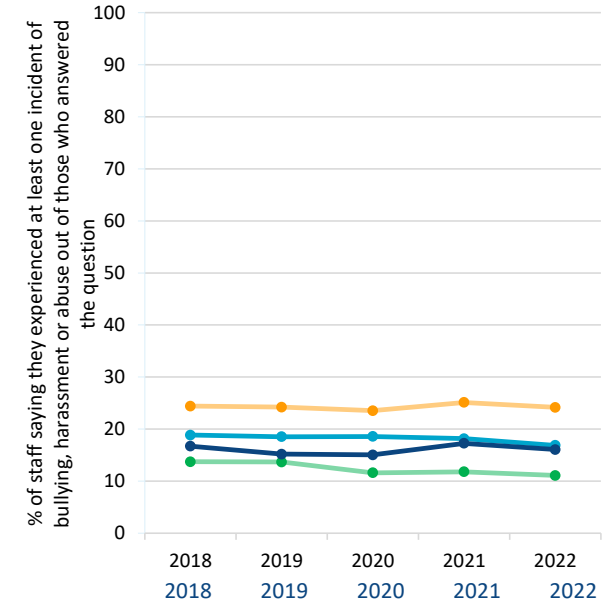
Q14b In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Managers.



	2018	2019	2020	2021	2022
Your org	8.3%	7.2%	9.2%	8.2%	8.5%
Best	8.3%	7.2%	7.2%	8.2%	5.7%
Average	12.4%	11.7%	11.3%	10.3%	10.6%
Worst	17.3%	16.3%	17.6%	16.6%	14.8%
Responses	735	613	536	589	608

The Walton Centre NHS Foundation Trust Benchmark report

Q14c In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Other colleagues.



	2018	2019	2020	2021	2022
Your org	16.7%	15.2%	15.0%	17.3%	16.0%
Best	13.7%	13.7%	11.6%	11.8%	11.1%
Average	18.8%	18.5%	18.6%	18.2%	16.9%
Worst	24.4%	24.2%	23.5%	25.1%	24.2%
Responses	736	611	531	584	604

74

## People Promise element – We are always learning



### Questions included:

Development – Q22a, Q22b, Q22c, Q22d, Q22e

Appraisals – Q21b, Q21c, Q21d

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

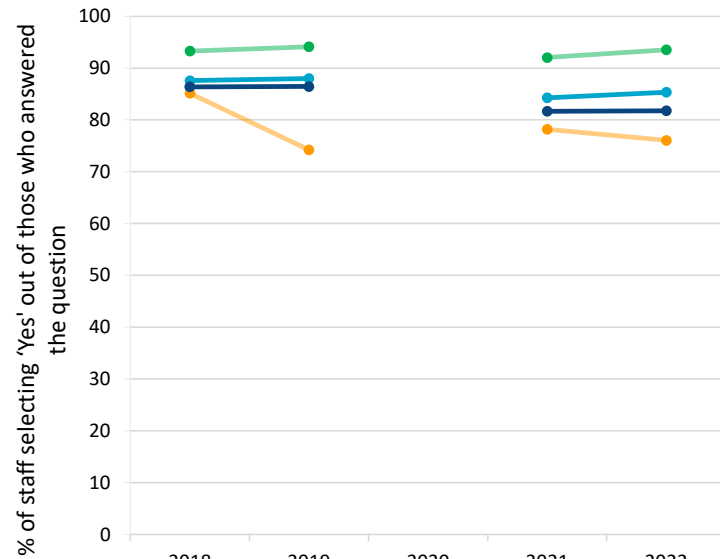


# People Promise elements and theme results – We are always learning: Development

\*Q21a is a filter question and therefore influences the sub-score without being a directly scored question.

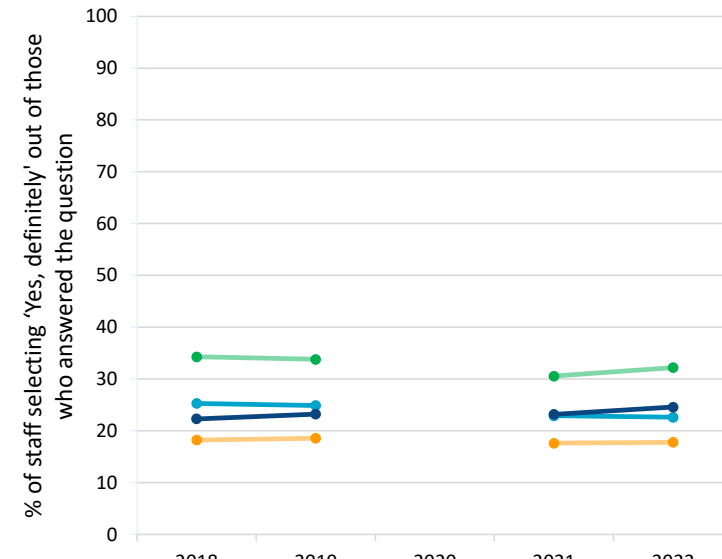


Q21a In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?



	2018	2019	2020	2021	2022
Your org	86.4%	86.5%	-	81.7%	81.8%
Best	93.3%	94.1%	-	92.0%	93.5%
Average	87.6%	88.0%	-	84.3%	85.4%
Worst	85.2%	74.2%	-	78.2%	76.1%
Responses	745	613	-	589	598

Q21b It helped me to improve how I do my job.

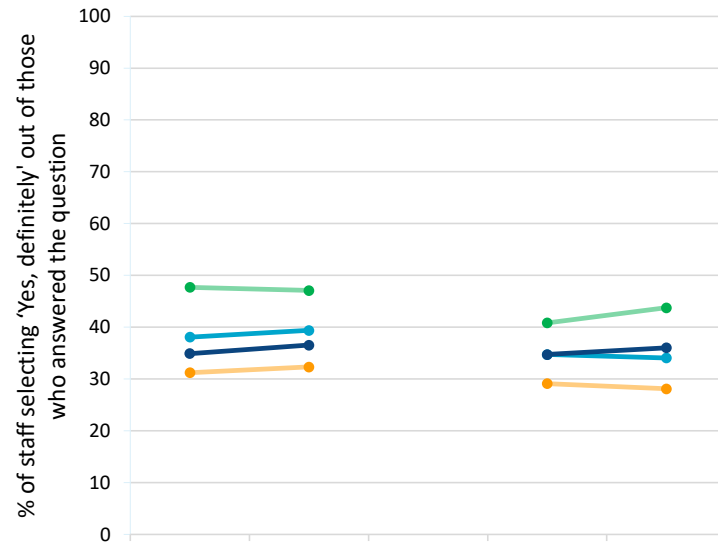


	2018	2019	2020	2021	2022
Your org	22.3%	23.2%	-	23.2%	24.6%
Best	34.3%	33.8%	-	30.6%	32.2%
Average	25.3%	24.9%	-	22.9%	22.6%
Worst	18.2%	18.6%	-	17.6%	17.8%
Responses	637	525	-	470	488

The Walton Centre NHS Foundation Trust Benchmark report

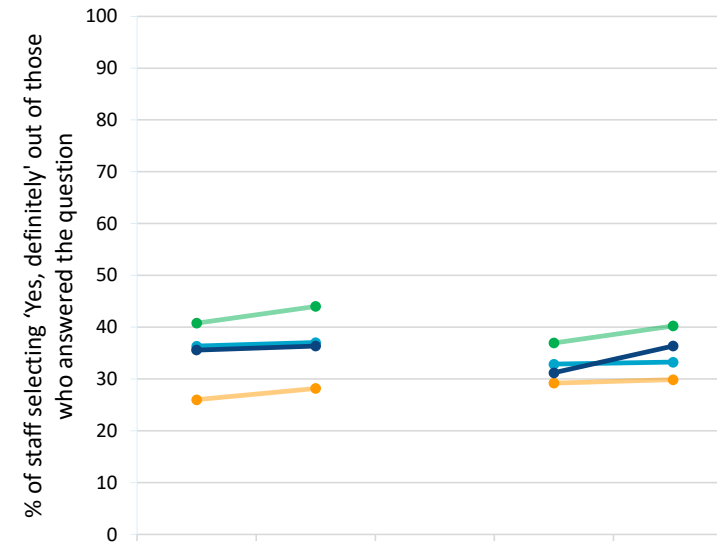


Q21c It helped me agree clear objectives for my work.



	2018	2019	2020	2021	2022
Your org	34.9%	36.5%	-	34.7%	36.0%
Best	47.7%	47.1%	-	40.8%	43.7%
Average	38.1%	39.4%	-	34.7%	34.1%
Worst	31.2%	32.3%	-	29.1%	28.1%
Responses	638	528	-	473	487

Q21d It left me feeling that my work is valued by my organisation.



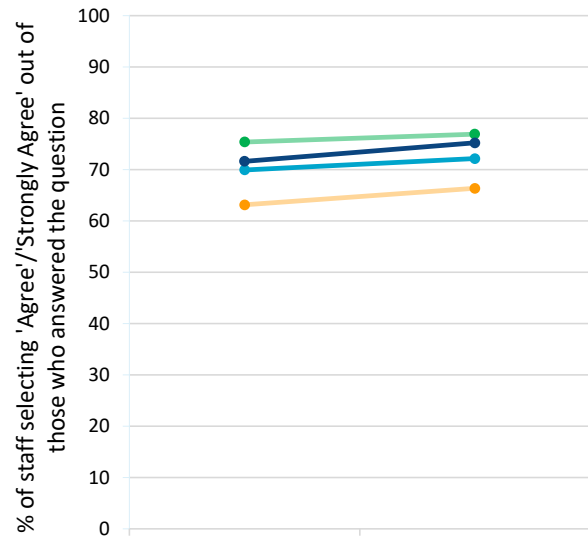
	2018	2019	2020	2021	2022
Your org	35.5%	36.3%	-	31.2%	36.4%
Best	40.8%	44.0%	-	37.0%	40.2%
Average	36.3%	37.0%	-	32.9%	33.2%
Worst	26.0%	28.2%	-	29.2%	29.9%
Responses	638	525	-	469	485

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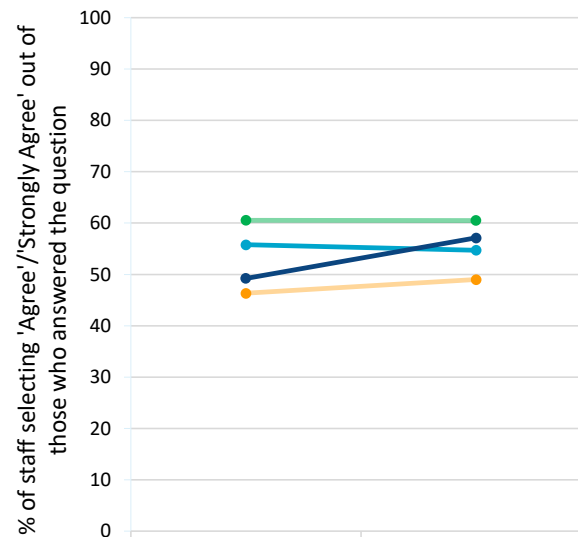


Q22a This organisation offers me challenging work.



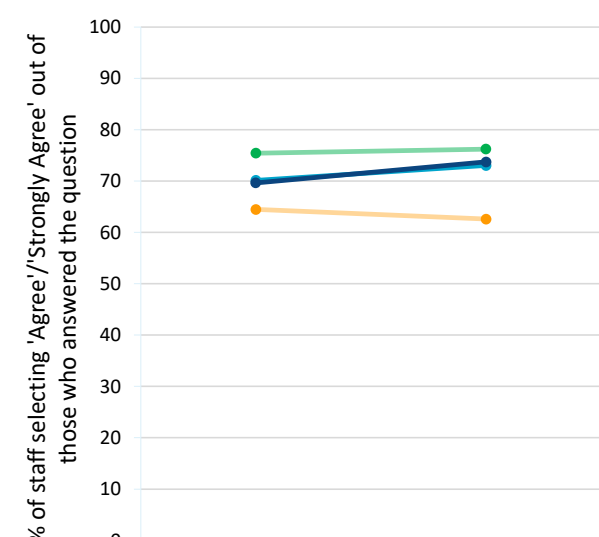
	2021	2022
Your org	71.6%	75.2%
Best	75.4%	76.9%
Average	69.9%	72.1%
Worst	63.1%	66.4%
Responses	592	594

Q22b There are opportunities for me to develop my career in this organisation.



	2021	2022
Your org	49.2%	57.1%
Best	60.6%	60.5%
Average	55.8%	54.7%
Worst	46.3%	49.0%
Responses	590	594

Q22c I have opportunities to improve my knowledge and skills.

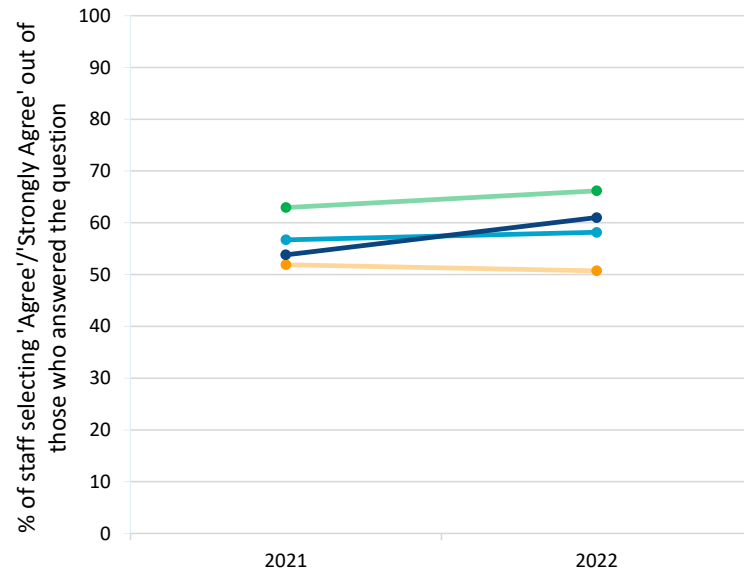


	2021	2022
Your org	69.6%	73.7%
Best	75.4%	76.2%
Average	70.1%	73.0%
Worst	64.5%	62.6%
Responses	592	594

The Walton Centre NHS Foundation Trust Benchmark report



Q22d I feel supported to develop my potential.



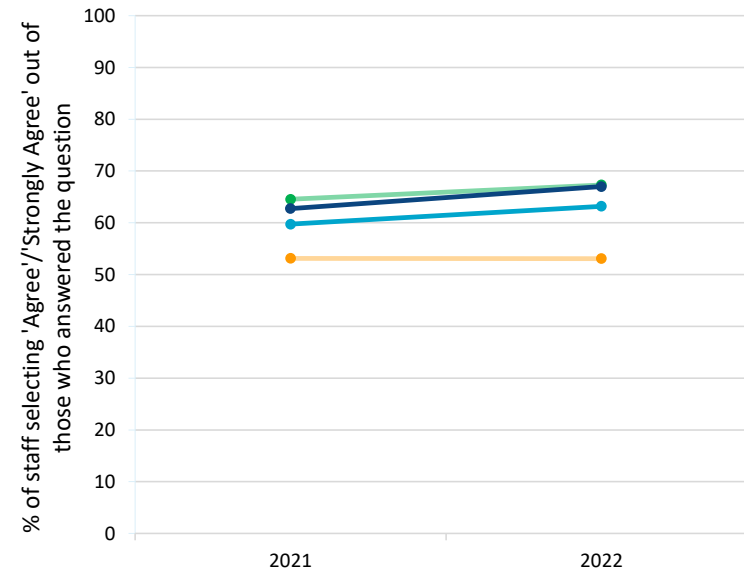
	2021	2022
Your org	53.8%	61.0%
Best	62.9%	66.2%
Average	56.7%	58.2%
Worst	51.9%	50.7%

Responses

592

593

Q22e I am able to access the right learning and development opportunities when I need to.



	2021	2022
Your org	62.7%	67.0%
Best	64.5%	67.3%
Average	59.7%	63.2%
Worst	53.1%	53.1%

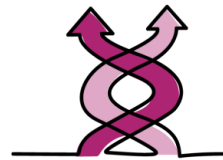
Responses

595

593

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## People Promise element – We work flexibly



### Questions included:

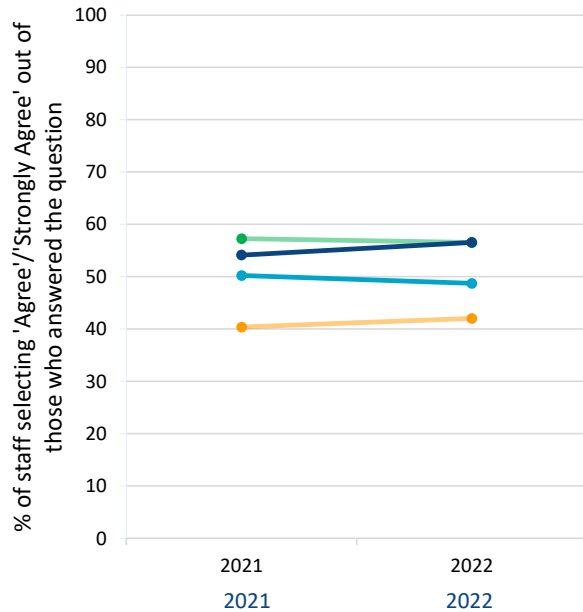
Support for work-life balance – Q6b, Q6c, Q6d

Flexible working – Q4d

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.



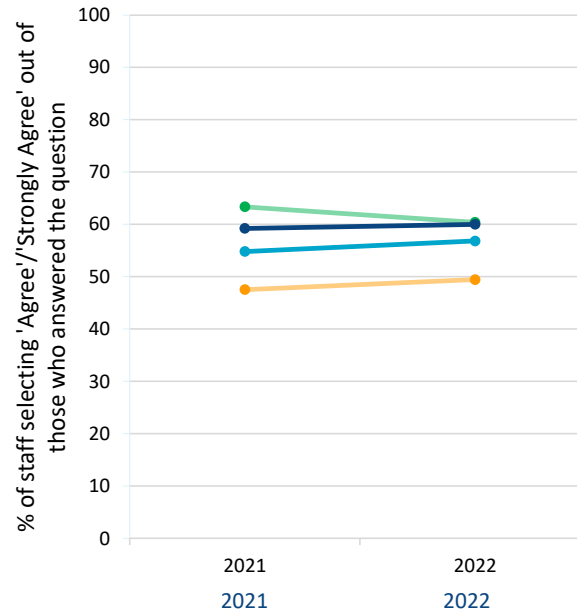
Q6b My organisation is committed to helping me balance my work and home life.



	2021	2022
Your org	54.1%	56.5%
Best	57.3%	56.5%
Average	50.2%	48.7%
Worst	40.4%	42.0%

Responses 598 612

Q6c I achieve a good balance between my work life and my home life.

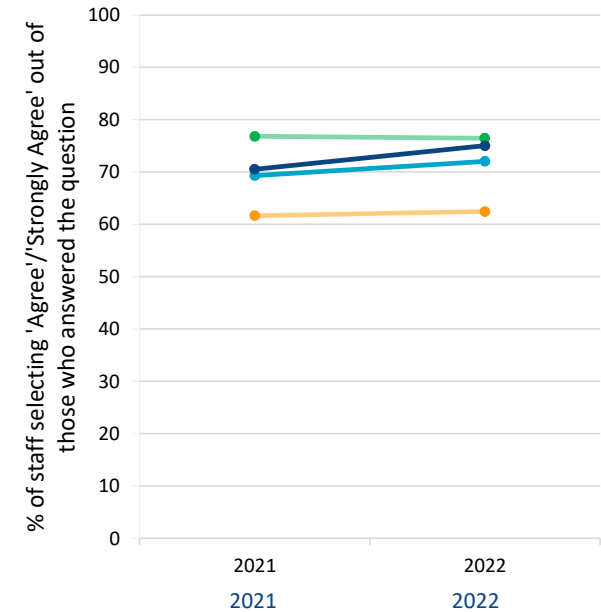


	2021	2022
Your org	59.2%	60.0%
Best	63.4%	60.4%
Average	54.8%	56.8%
Worst	47.5%	49.4%

Responses 598 609

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Q6d I can approach my immediate manager to talk openly about flexible working.

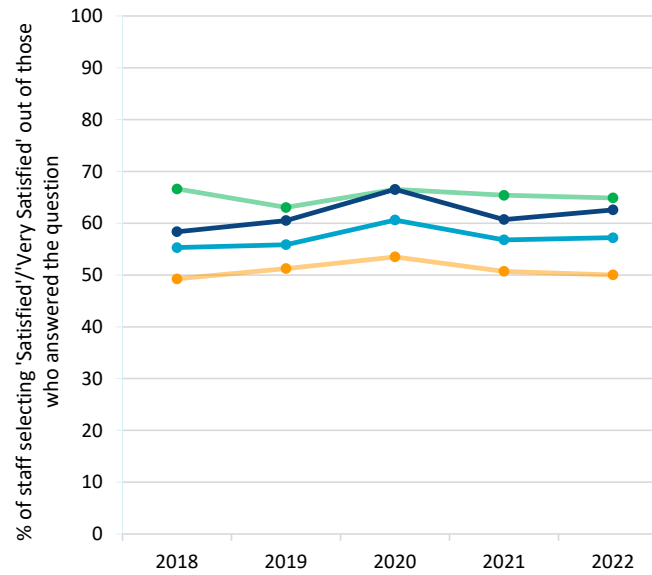


	2021	2022
Your org	70.5%	75.0%
Best	76.8%	76.5%
Average	69.3%	72.1%
Worst	61.7%	62.5%

Responses 598 611



Q4d How satisfied are you with each of the following aspects of your job? The opportunities for flexible working patterns.



	2018	2019	2020	2021	2022
Your org	58.3%	60.5%	66.5%	60.7%	62.6%
Best	66.6%	63.0%	66.5%	65.4%	64.9%
Average	55.3%	55.9%	60.6%	56.8%	57.2%
Worst	49.3%	51.2%	53.5%	50.7%	50.0%
Responses	752	617	545	596	607

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## People Promise element – We are a team



### Questions included:

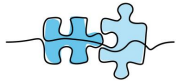
Teamworking – Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a

Line management – Q9a, Q9b, Q9c, Q9d

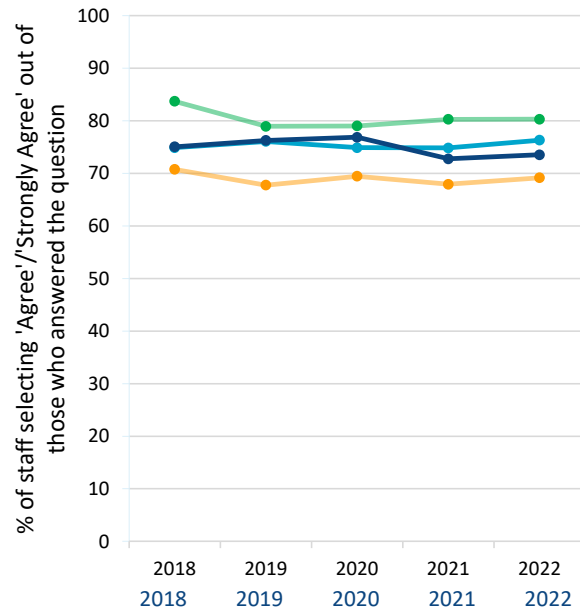
Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.



# People Promise elements and theme results – We are a team: Teamworking

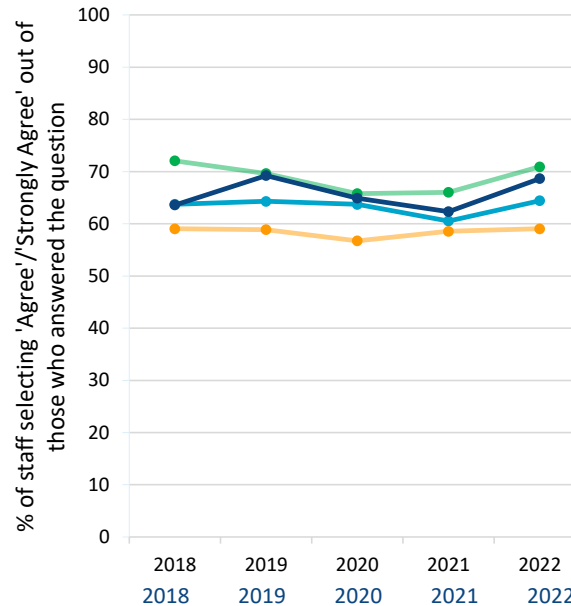


Q7a The team I work in has a set of shared objectives.



	2018	2019	2020	2021	2022
<b>Your org</b>	75.0%	76.3%	76.9%	72.8%	73.5%
<b>Best</b>	83.7%	78.9%	79.0%	80.3%	80.3%
<b>Average</b>	74.9%	76.1%	74.9%	74.8%	76.3%
<b>Worst</b>	70.8%	67.8%	69.4%	67.9%	69.2%
Responses	747	617	542	597	610

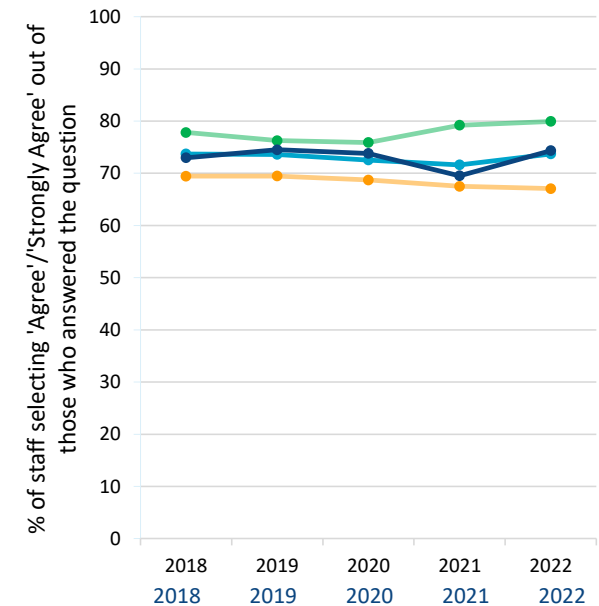
Q7b The team I work in often meets to discuss the team's effectiveness.



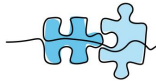
	2018	2019	2020	2021	2022
<b>Your org</b>	63.6%	69.3%	64.9%	62.3%	68.7%
<b>Best</b>	72.1%	69.6%	65.8%	66.0%	70.9%
<b>Average</b>	63.8%	64.3%	63.7%	60.5%	64.4%
<b>Worst</b>	59.1%	58.9%	56.7%	58.6%	59.0%
Responses	751	618	545	593	611

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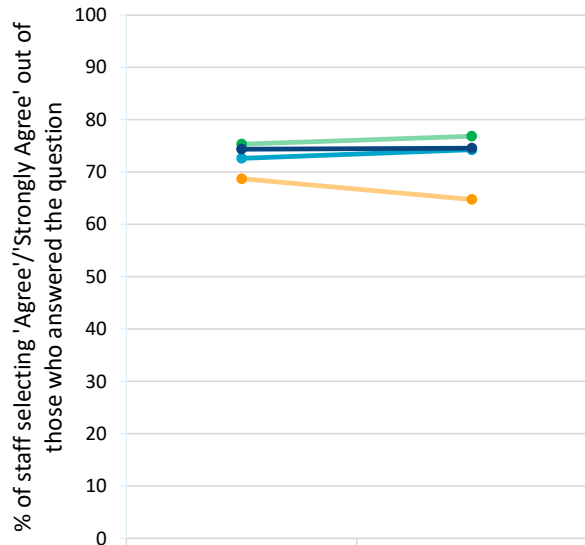
Q7c I receive the respect I deserve from my colleagues at work.



	2018	2019	2020	2021	2022
<b>Your org</b>	73.0%	74.5%	73.8%	69.5%	74.3%
<b>Best</b>	77.8%	76.3%	75.9%	79.2%	79.9%
<b>Average</b>	73.7%	73.6%	72.5%	71.6%	73.7%
<b>Worst</b>	69.5%	69.5%	68.7%	67.5%	67.1%
Responses	750	617	544	595	610

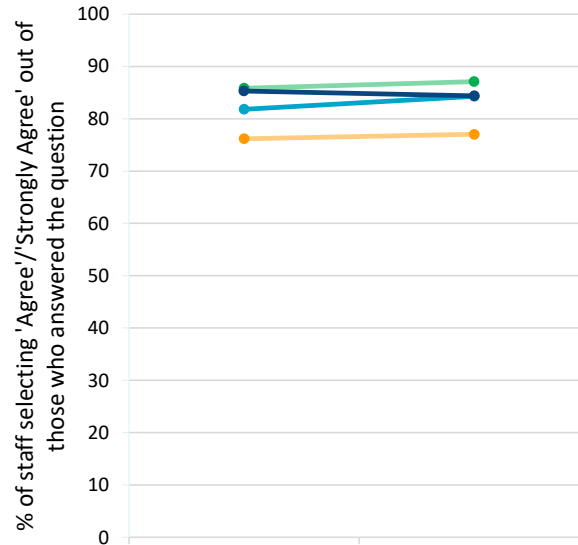


Q7d Team members understand each other's roles.



	2021	2022
Your org	74.3%	74.6%
Best	75.3%	76.8%
Average	72.6%	74.3%
Worst	68.7%	64.8%
Responses	598	610

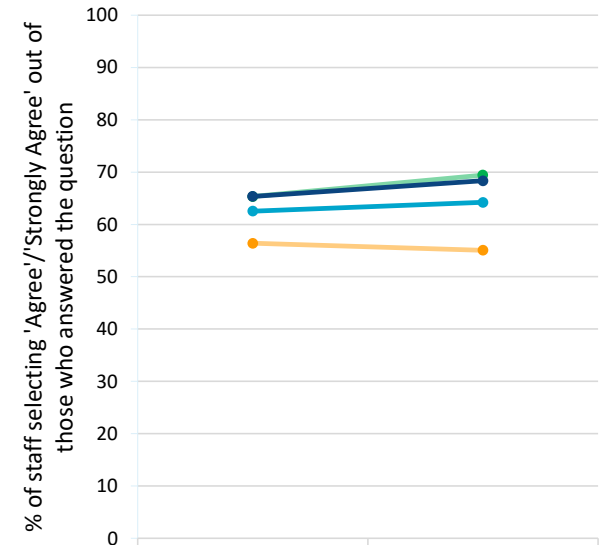
Q7e I enjoy working with the colleagues in my team.



	2021	2022
Your org	85.3%	84.4%
Best	85.8%	87.1%
Average	81.8%	84.3%
Worst	76.2%	77.0%
Responses	598	610

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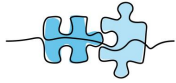
Q7f My team has enough freedom in how to do its work.



	2021	2022
Your org	65.3%	68.3%
Best	65.3%	69.4%
Average	62.5%	64.2%
Worst	56.4%	55.1%
Responses	594	610

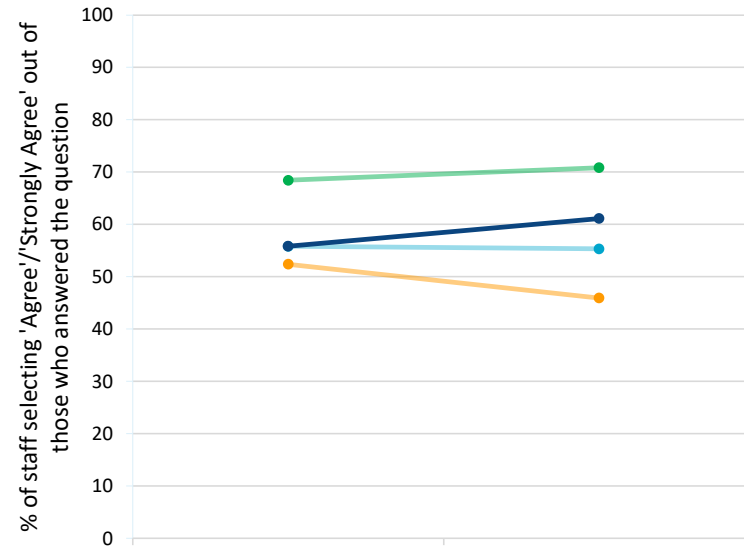
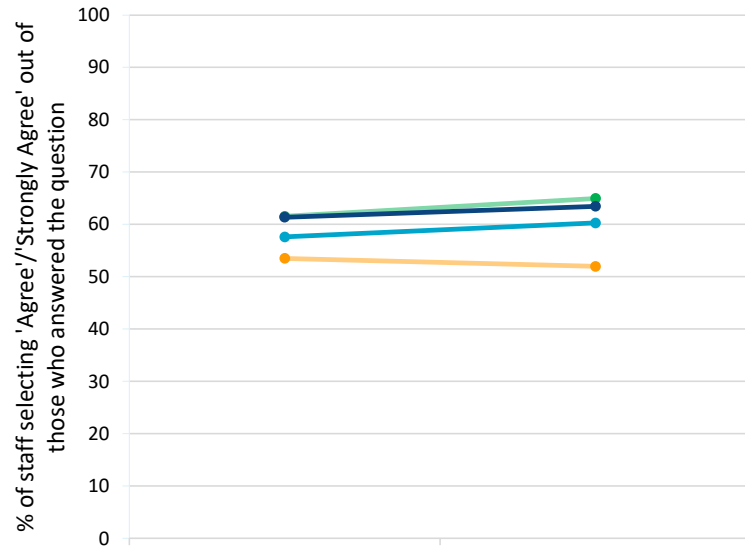
85





Q7g In my team disagreements are dealt with constructively.

Q8a Teams within this organisation work well together to achieve their objectives.



	2021	2022
Your org	61.4%	63.4%
Best	61.5%	64.9%
Average	57.6%	60.3%
Worst	53.5%	52.0%

Responses

596

607

	2021	2022
Your org	55.8%	61.1%
Best	68.4%	70.8%
Average	55.8%	55.3%
Worst	52.4%	45.9%

Responses

591

609

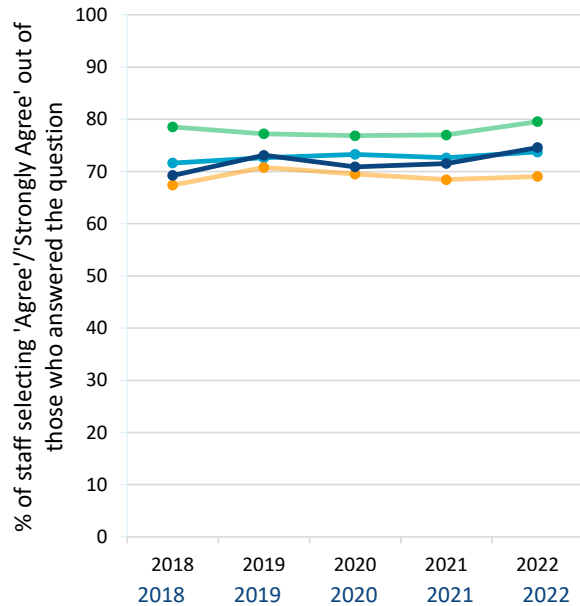
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# People Promise elements and theme results – We are a team: Line management

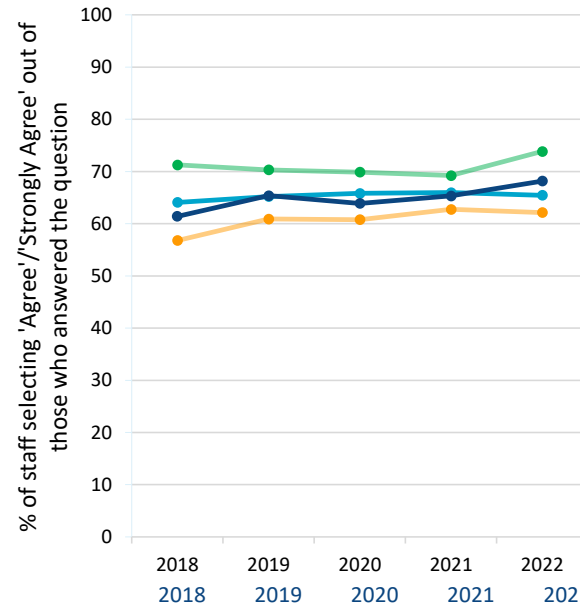


Q9a My immediate manager encourages me at work.



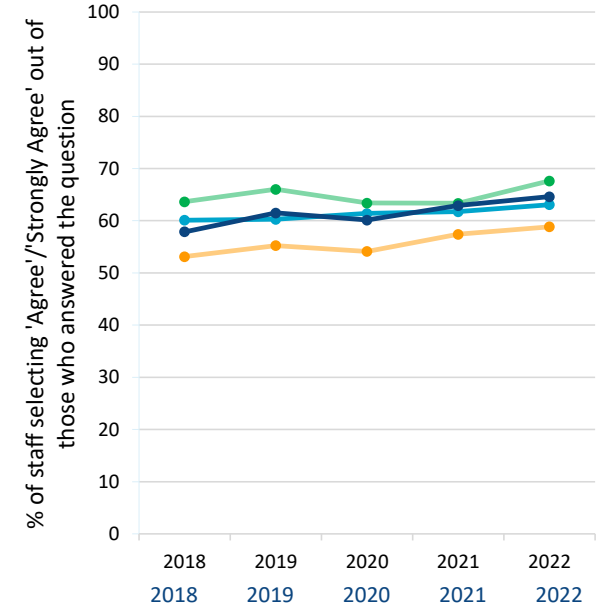
	2018	2019	2020	2021	2022
<b>Your org</b>	69.3%	73.1%	70.9%	71.5%	74.6%
<b>Best</b>	78.6%	77.2%	76.9%	77.0%	79.6%
<b>Average</b>	71.6%	72.6%	73.3%	72.6%	73.8%
<b>Worst</b>	67.4%	70.8%	69.5%	68.4%	69.0%
Responses	750	617	542	596	611

Q9b My immediate manager gives me clear feedback on my work.



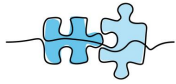
	2018	2019	2020	2021	2022
<b>Your org</b>	61.4%	65.4%	63.9%	65.3%	68.2%
<b>Best</b>	71.3%	70.3%	69.9%	69.2%	73.8%
<b>Average</b>	64.1%	65.2%	65.8%	66.0%	65.4%
<b>Worst</b>	56.8%	60.9%	60.8%	62.7%	62.1%
Responses	750	618	544	598	609

Q9c My immediate manager asks for my opinion before making decisions that affect my work.

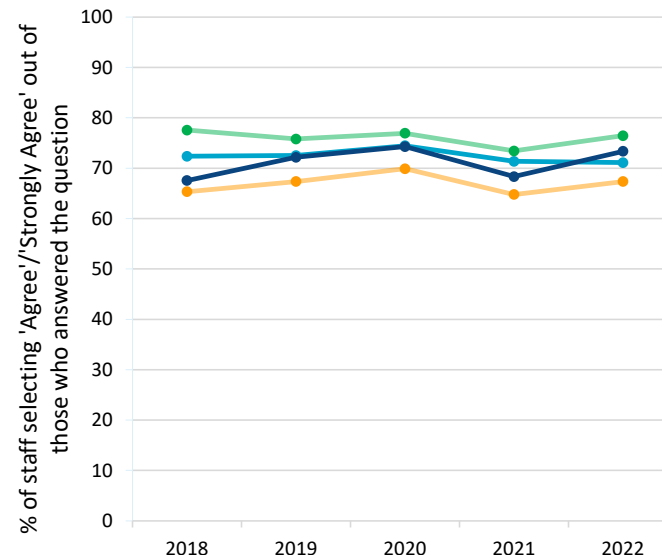


	2018	2019	2020	2021	2022
<b>Your org</b>	57.8%	61.5%	60.1%	62.9%	64.6%
<b>Best</b>	63.6%	66.0%	63.4%	63.3%	67.6%
<b>Average</b>	60.1%	60.3%	61.4%	61.7%	63.1%
<b>Worst</b>	53.1%	55.2%	54.1%	57.4%	58.8%
Responses	749	617	541	597	610

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Q9d My immediate manager takes a positive interest in my health and well-being.



	2018	2019	2020	2021	2022
Your org	67.5%	72.2%	74.3%	68.3%	73.4%
Best	77.6%	75.8%	76.9%	73.4%	76.5%
Average	72.4%	72.5%	74.5%	71.4%	71.1%
Worst	65.3%	67.4%	69.9%	64.8%	67.3%

Responses 748 619 544 596 610

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## Theme – Staff engagement

Questions included:

Motivation – Q2a, Q2b, Q2c

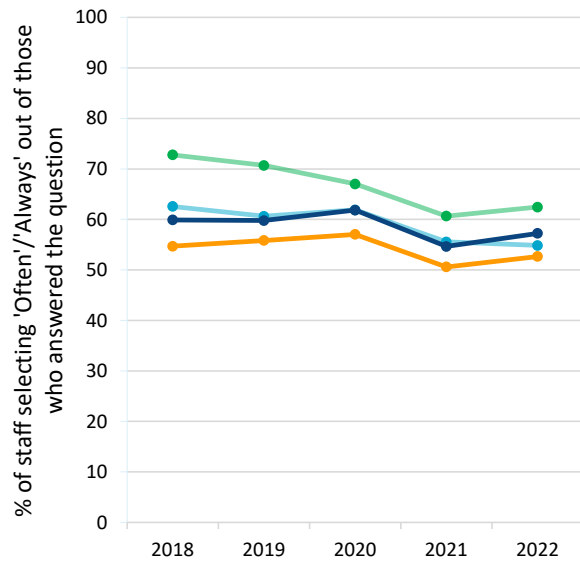
Involvement – Q3c, Q3d, Q3f

Advocacy – Q23a, Q23c, Q23d

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

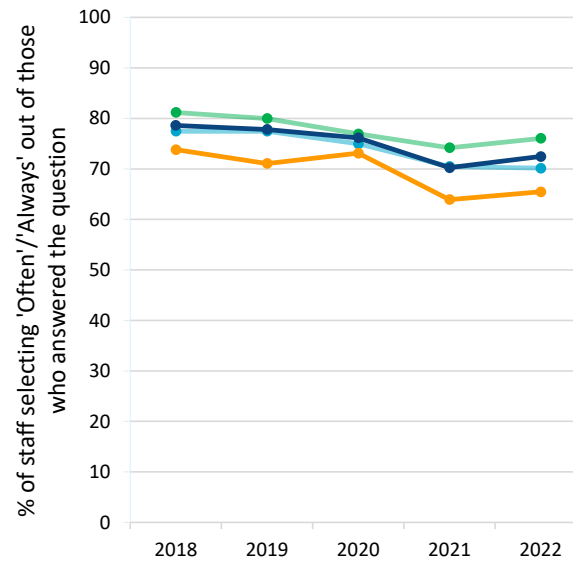


Q2a I look forward to going to work.



	2018	2019	2020	2021	2022
<b>Your org</b>	59.9%	59.8%	61.8%	54.6%	57.2%
<b>Best</b>	72.8%	70.7%	67.0%	60.6%	62.4%
<b>Average</b>	62.6%	60.6%	61.9%	55.5%	54.9%
<b>Worst</b>	54.7%	55.8%	57.0%	50.6%	52.6%
Responses	750	617	543	596	607

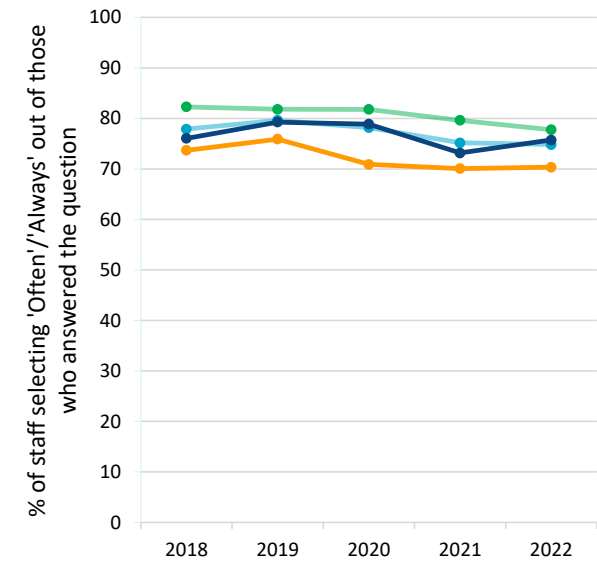
Q2b I am enthusiastic about my job.



	2018	2019	2020	2021	2022
<b>Your org</b>	78.6%	77.8%	76.1%	70.2%	72.5%
<b>Best</b>	81.2%	80.0%	76.9%	74.2%	76.0%
<b>Average</b>	77.5%	77.5%	75.0%	70.5%	70.1%
<b>Worst</b>	73.8%	71.1%	73.1%	63.9%	65.5%
Responses	743	611	537	590	604

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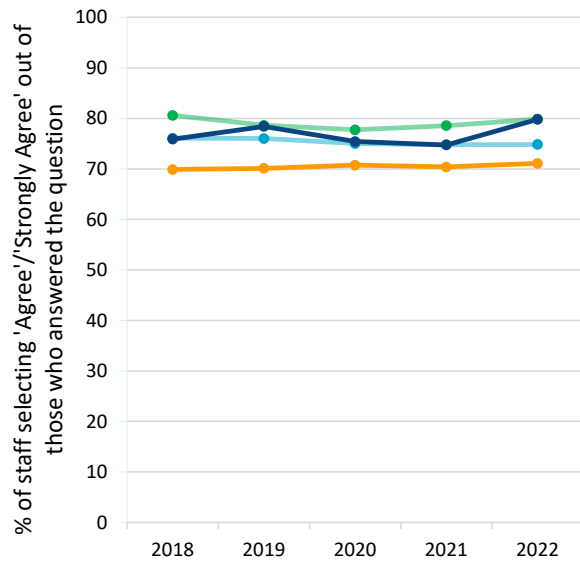
Q2c Time passes quickly when I am working.



	2018	2019	2020	2021	2022
<b>Your org</b>	76.0%	79.3%	78.9%	73.1%	75.7%
<b>Best</b>	82.3%	81.8%	81.8%	79.6%	77.8%
<b>Average</b>	77.9%	79.6%	78.2%	75.2%	74.8%
<b>Worst</b>	73.7%	75.9%	70.9%	70.1%	70.3%
Responses	748	613	540	591	604

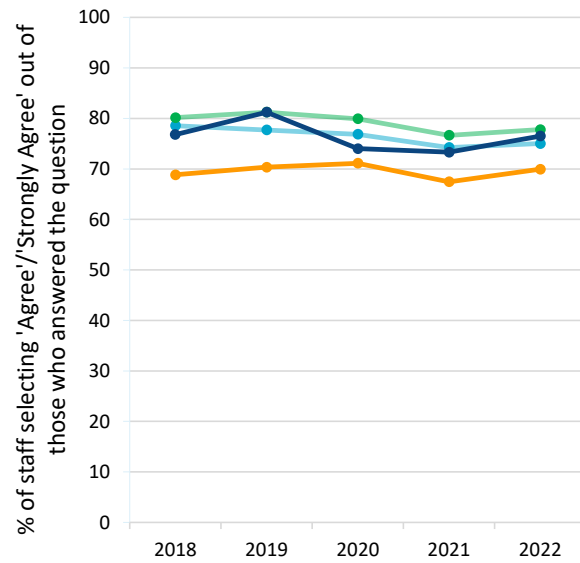


Q3c There are frequent opportunities for me to show initiative in my role.



	2018	2019	2020	2021	2022
<b>Your org</b>	75.9%	78.4%	75.4%	74.7%	79.8%
<b>Best</b>	80.6%	78.6%	77.7%	78.6%	79.8%
<b>Average</b>	76.1%	76.0%	75.0%	74.8%	74.8%
<b>Worst</b>	69.9%	70.1%	70.7%	70.4%	71.1%
Responses	753	619	547	594	611

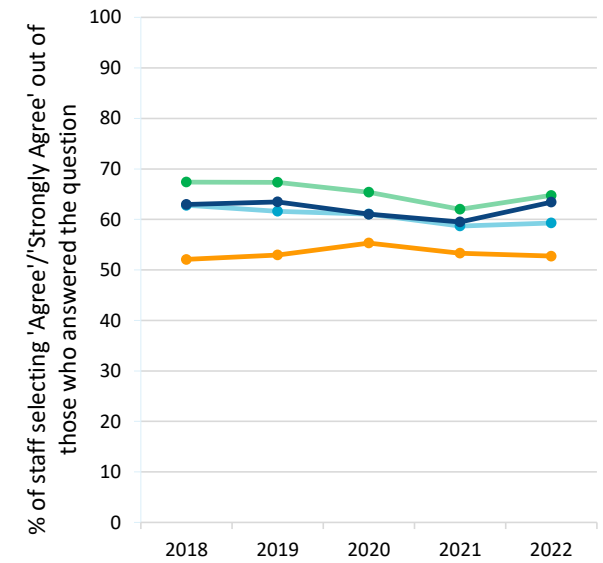
Q3d I am able to make suggestions to improve the work of my team / department.



	2018	2019	2020	2021	2022
<b>Your org</b>	76.8%	81.2%	74.0%	73.3%	76.5%
<b>Best</b>	80.2%	81.2%	79.9%	76.6%	77.8%
<b>Average</b>	78.6%	77.7%	76.9%	74.2%	75.0%
<b>Worst</b>	68.8%	70.3%	71.1%	67.4%	69.9%
Responses	752	618	546	592	607

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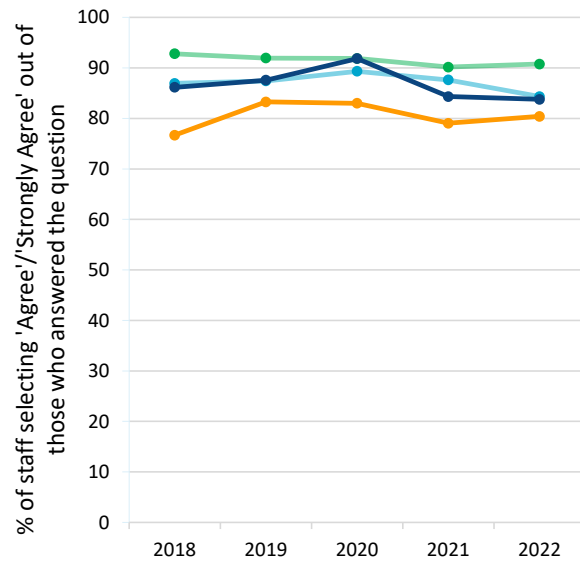
Q3f I am able to make improvements happen in my area of work.



	2018	2019	2020	2021	2022
<b>Your org</b>	63.0%	63.5%	61.0%	59.5%	63.4%
<b>Best</b>	67.4%	67.3%	65.4%	62.0%	64.8%
<b>Average</b>	62.8%	61.6%	61.1%	58.7%	59.3%
<b>Worst</b>	52.1%	52.9%	55.3%	53.3%	52.7%
Responses	752	617	545	592	612

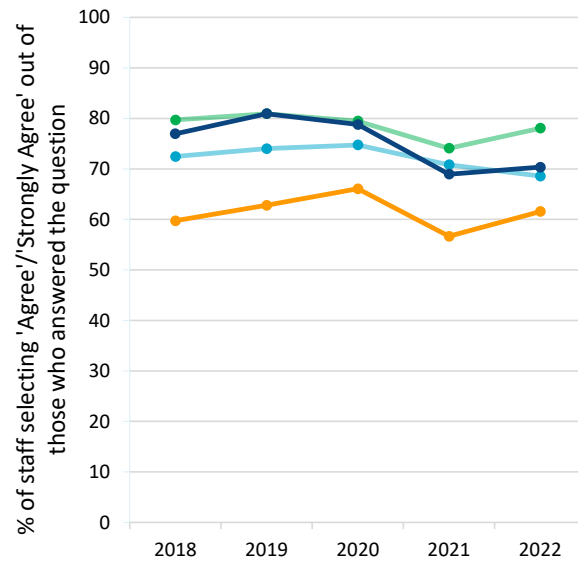


Q23a Care of patients / service users is my organisation's top priority.



	2018	2019	2020	2021	2022
<b>Your org</b>	86.1%	87.6%	91.9%	84.3%	83.8%
<b>Best</b>	92.8%	91.9%	91.9%	90.2%	90.8%
<b>Average</b>	86.9%	87.4%	89.3%	87.6%	84.3%
<b>Worst</b>	76.7%	83.3%	83.0%	79.0%	80.4%
Responses	747	608	546	595	595

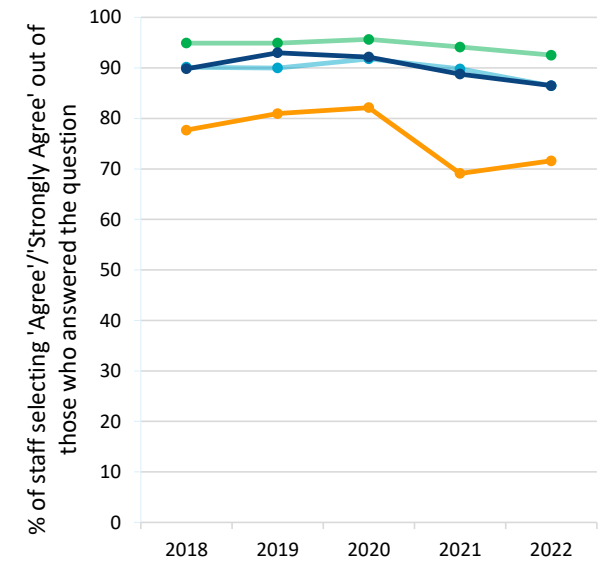
Q23c I would recommend my organisation as a place to work.



	2018	2019	2020	2021	2022
<b>Your org</b>	77.0%	80.9%	78.8%	69.0%	70.3%
<b>Best</b>	79.7%	80.9%	79.5%	74.1%	78.1%
<b>Average</b>	72.4%	74.0%	74.7%	70.8%	68.6%
<b>Worst</b>	59.7%	62.8%	66.1%	56.6%	61.6%
Responses	746	608	546	591	596

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Q23d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.



	2018	2019	2020	2021	2022
<b>Your org</b>	89.8%	93.0%	92.1%	88.8%	86.5%
<b>Best</b>	94.9%	94.9%	95.7%	94.1%	92.5%
<b>Average</b>	90.1%	90.0%	91.8%	89.8%	86.5%
<b>Worst</b>	77.7%	81.0%	82.1%	69.1%	71.6%
Responses	745	606	546	593	596

## Theme - Morale

### Questions included:

Thinking about leaving – Q24a, Q24b, Q24c

Work pressure – Q3g, Q3h, Q3i

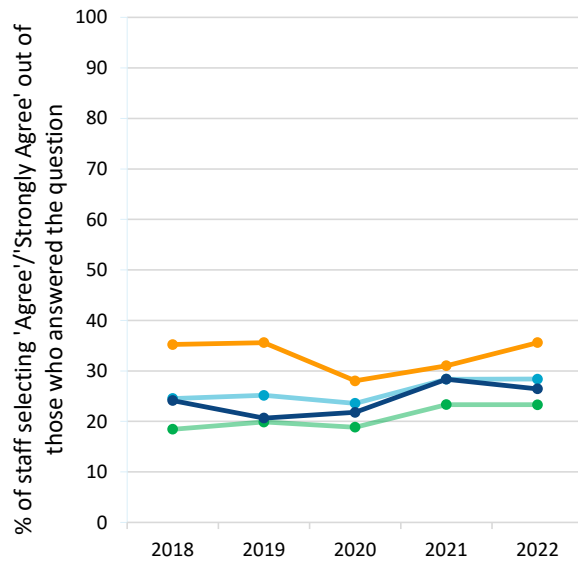
Stressors – Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.





Q24a I often think about leaving this organisation.

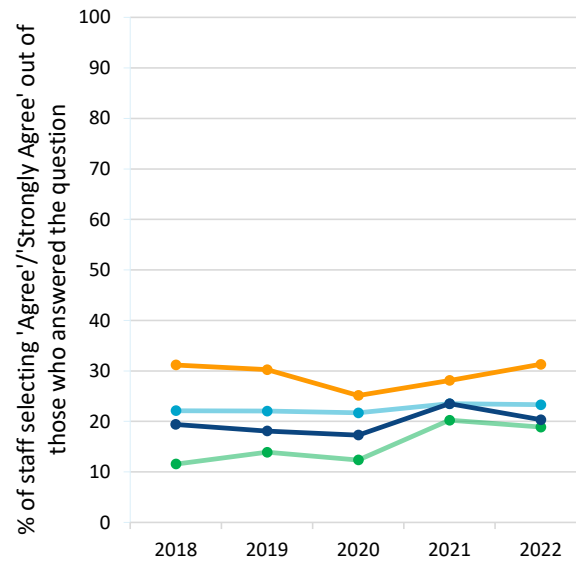


2018 2019 2020 2021 2022

Your org	24.1%	20.7%	21.8%	28.4%	26.5%
Best	18.4%	19.9%	18.9%	23.3%	23.3%
Average	24.5%	25.2%	23.6%	28.4%	28.4%
Worst	35.2%	35.6%	28.0%	31.0%	35.6%

Responses 746 606 545 596 596

Q24b I will probably look for a job at a new organisation in the next 12 months.



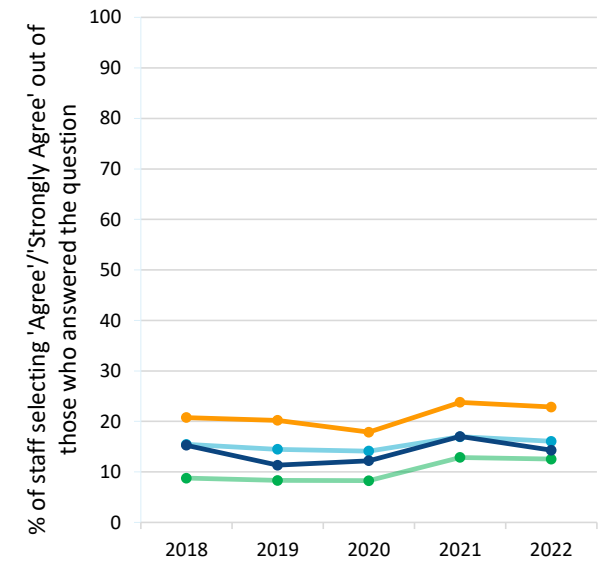
2018 2019 2020 2021 2022

Your org	19.4%	18.1%	17.3%	23.5%	20.3%
Best	11.6%	13.9%	12.4%	20.2%	18.9%
Average	22.1%	22.1%	21.7%	23.5%	23.3%
Worst	31.2%	30.2%	25.1%	28.1%	31.3%

Responses 744 605 542 594 596

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Q24c As soon as I can find another job, I will leave this organisation.



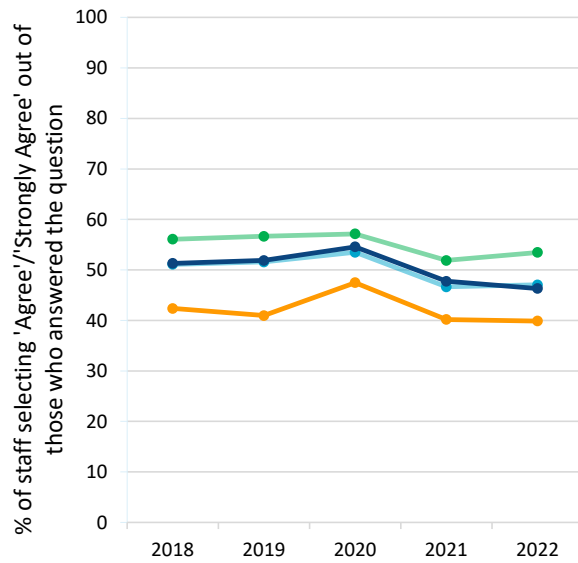
2018 2019 2020 2021 2022

Your org	15.3%	11.3%	12.2%	17.0%	14.3%
Best	8.8%	8.3%	8.3%	12.8%	12.5%
Average	15.5%	14.5%	14.1%	17.0%	16.0%
Worst	20.7%	20.2%	17.9%	23.8%	22.9%

Responses 741 605 542 588 595

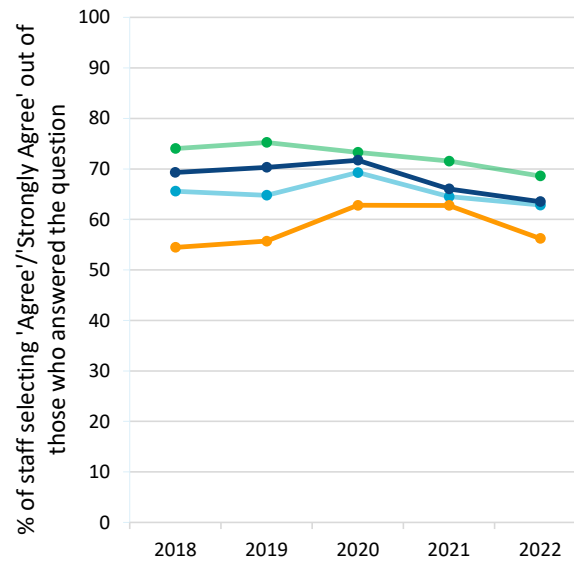


Q3g I am able to meet all the conflicting demands on my time at work.



	2018	2019	2020	2021	2022
<b>Your org</b>	51.3%	51.9%	54.6%	47.7%	46.3%
<b>Best</b>	56.1%	56.7%	57.1%	51.9%	53.5%
<b>Average</b>	51.1%	51.6%	53.5%	46.6%	47.0%
<b>Worst</b>	42.4%	41.0%	47.5%	40.2%	39.9%
<b>Responses</b>	748	617	544	590	608

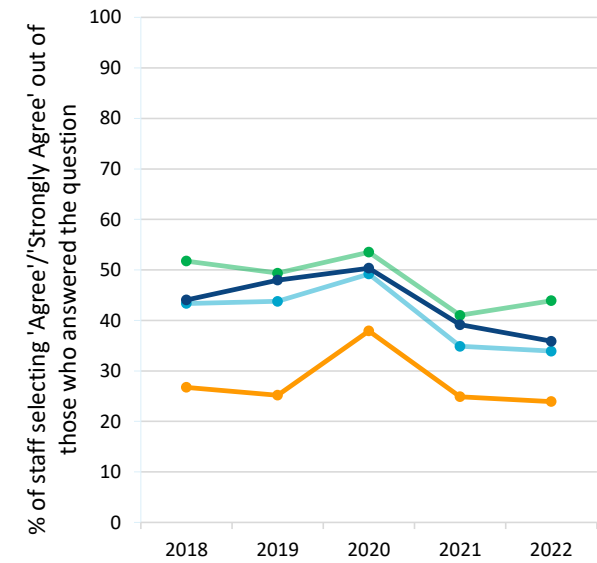
Q3h I have adequate materials, supplies and equipment to do my work.



	2018	2019	2020	2021	2022
<b>Your org</b>	69.3%	70.3%	71.7%	66.0%	63.5%
<b>Best</b>	74.0%	75.2%	73.3%	71.6%	68.6%
<b>Average</b>	65.6%	64.8%	69.3%	64.5%	62.8%
<b>Worst</b>	54.5%	55.7%	62.8%	62.8%	56.2%
<b>Responses</b>	749	619	544	591	607

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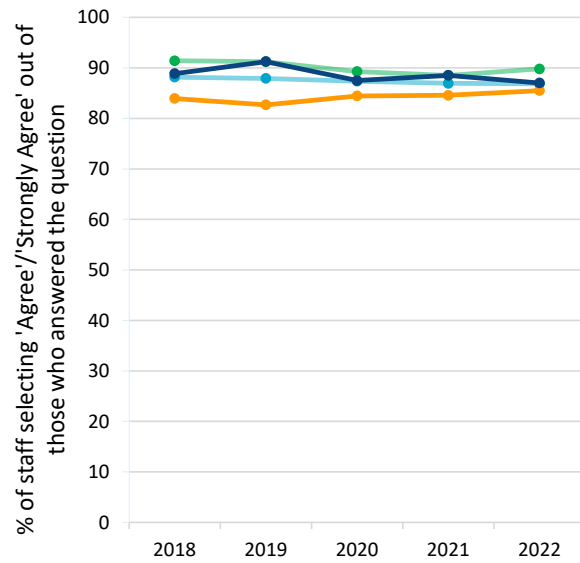
Q3i There are enough staff at this organisation for me to do my job properly.



	2018	2019	2020	2021	2022
<b>Your org</b>	44.0%	48.0%	50.3%	39.1%	35.9%
<b>Best</b>	51.7%	49.4%	53.5%	41.0%	43.9%
<b>Average</b>	43.3%	43.8%	49.2%	34.9%	33.9%
<b>Worst</b>	26.8%	25.2%	37.9%	24.9%	23.9%
<b>Responses</b>	748	616	547	594	609



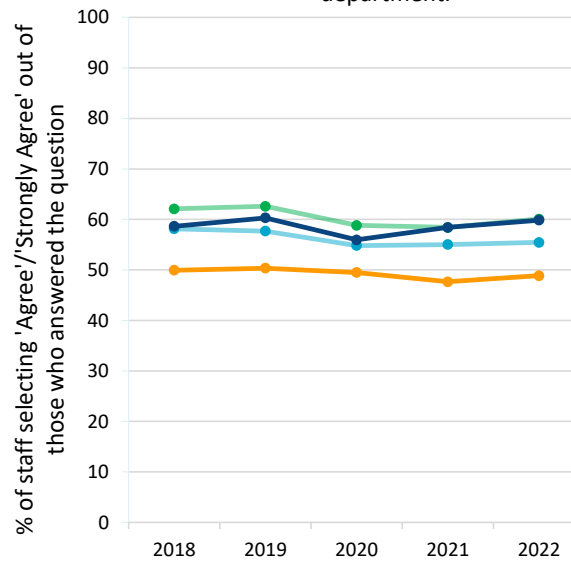
Q3a I always know what my work responsibilities are.



2018 2019 2020 2021 2022

Your org	88.9%	91.2%	87.5%	88.5%	87.0%
Best	91.4%	91.2%	89.3%	88.5%	89.8%
Average	88.2%	87.9%	87.4%	86.9%	86.9%
Worst	83.9%	82.7%	84.5%	84.6%	85.5%
Responses	752	615	541	598	611

Q3e I am involved in deciding on changes introduced that affect my work area / team / department.

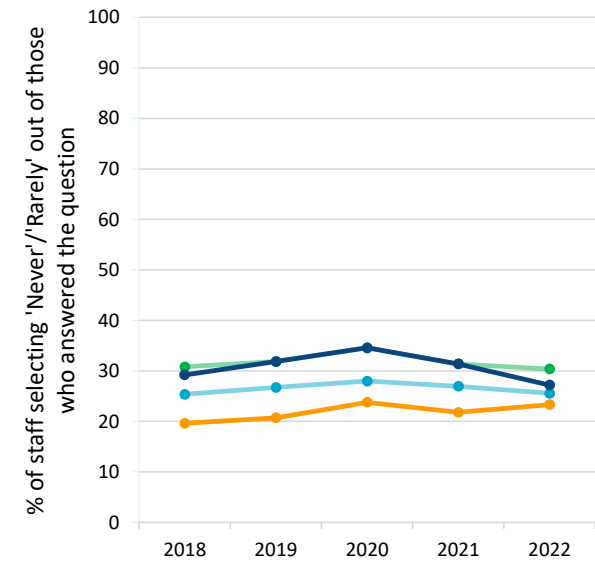


2018 2019 2020 2021 2022

Your org	58.6%	60.3%	56.0%	58.4%	59.9%
Best	62.1%	62.6%	58.8%	58.4%	60.1%
Average	58.1%	57.7%	54.8%	55.0%	55.5%
Worst	49.9%	50.3%	49.5%	47.6%	48.9%
Responses	750	619	545	593	608

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Q5a I have unrealistic time pressures.

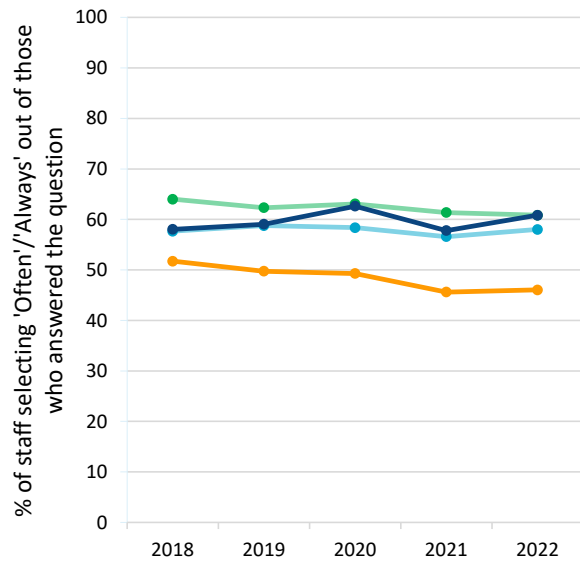


2018 2019 2020 2021 2022

Your org	29.2%	31.8%	34.6%	31.4%	27.2%
Best	30.8%	31.8%	34.6%	31.4%	30.4%
Average	25.4%	26.7%	28.0%	27.0%	25.6%
Worst	19.6%	20.7%	23.8%	21.8%	23.3%
Responses	748	617	543	595	610

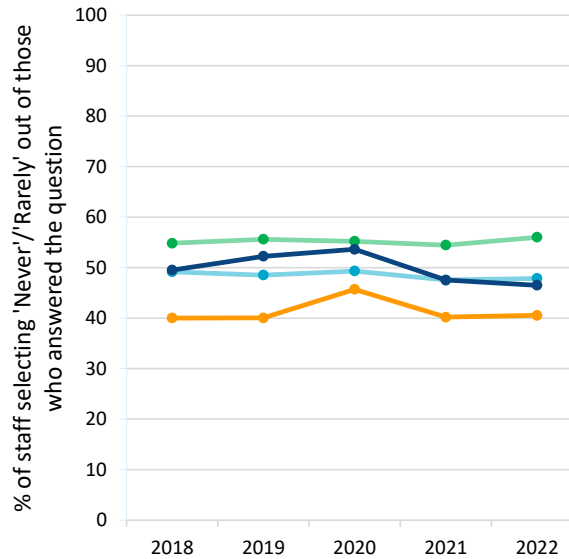


Q5b I have a choice in deciding how to do my work.



	2018	2019	2020	2021	2022
<b>Your org</b>	58.0%	59.0%	62.6%	57.8%	60.8%
<b>Best</b>	64.0%	62.3%	63.1%	61.4%	60.8%
<b>Average</b>	57.7%	58.8%	58.4%	56.6%	58.0%
<b>Worst</b>	51.7%	49.7%	49.3%	45.6%	46.1%
Responses	751	614	541	590	609

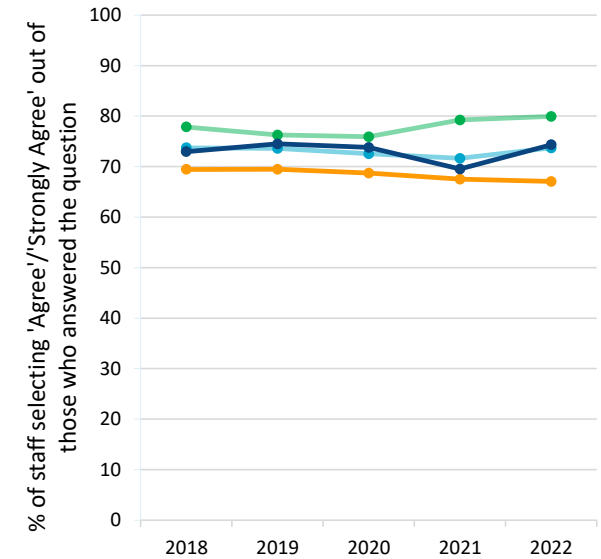
Q5c Relationships at work are strained.



	2018	2019	2020	2021	2022
<b>Your org</b>	49.5%	52.2%	53.6%	47.5%	46.5%
<b>Best</b>	54.8%	55.6%	55.2%	54.5%	56.0%
<b>Average</b>	49.2%	48.5%	49.3%	47.5%	47.9%
<b>Worst</b>	40.0%	40.1%	45.7%	40.2%	40.5%
Responses	748	614	542	594	610

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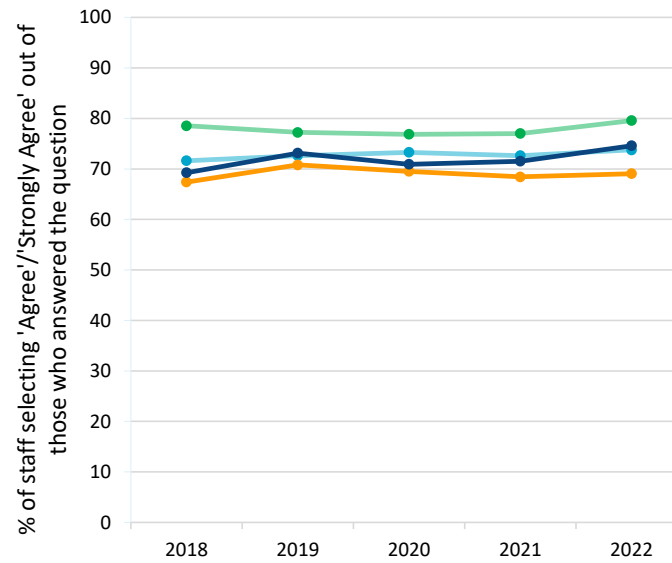
Q7c I receive the respect I deserve from my colleagues at work.



	2018	2019	2020	2021	2022
<b>Your org</b>	73.0%	74.5%	73.8%	69.5%	74.3%
<b>Best</b>	77.8%	76.3%	75.9%	79.2%	79.9%
<b>Average</b>	73.7%	73.6%	72.5%	71.6%	73.7%
<b>Worst</b>	69.5%	69.5%	68.7%	67.5%	67.1%
Responses	750	617	544	595	610



Q9a My immediate manager encourages me at work.



	2018	2019	2020	2021	2022
Your org	69.3%	73.1%	70.9%	71.5%	74.6%
Best	78.6%	77.2%	76.9%	77.0%	79.6%
Average	71.6%	72.6%	73.3%	72.6%	73.8%
Worst	67.4%	70.8%	69.5%	68.4%	69.0%
Responses	750	617	542	596	611

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## Question not linked to People Promise elements or themes

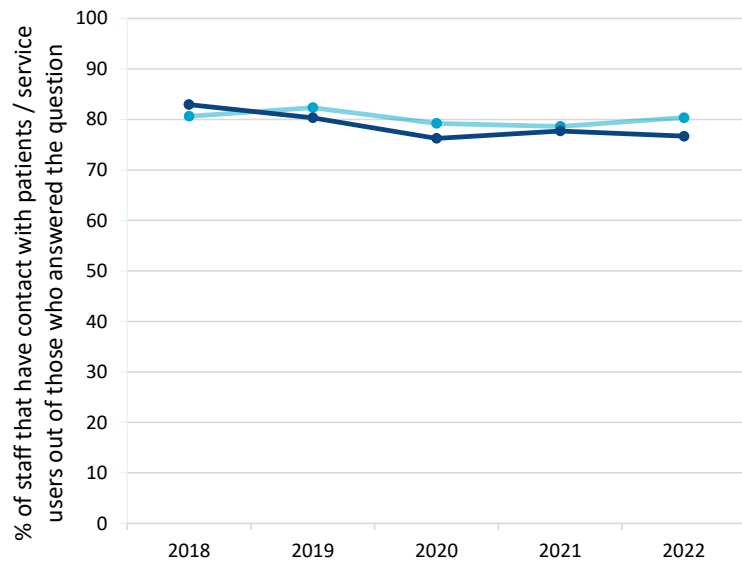
Questions included:

Q1, Q10a, Q10b, Q10c, Q11e, Q16c, Q17, Q18a, Q18b, Q18c, Q18d, Q24d, Q30b

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

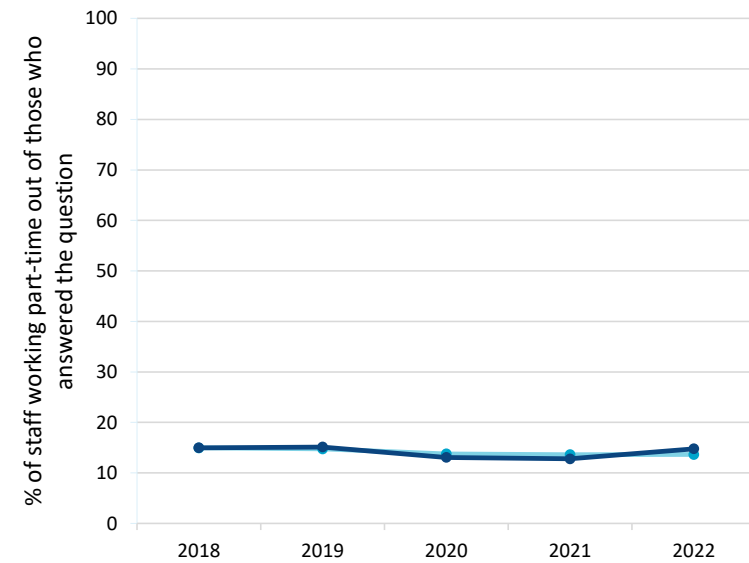


Q1 Do you have face-to-face, video or telephone contact with patients / service users as part of your job?



	2018	2019	2020	2021	2022
<b>Your org</b>	82.9%	80.3%	76.3%	77.7%	76.7%
<b>Average</b>	80.6%	82.3%	79.2%	78.6%	80.4%
Responses	743	610	539	592	600

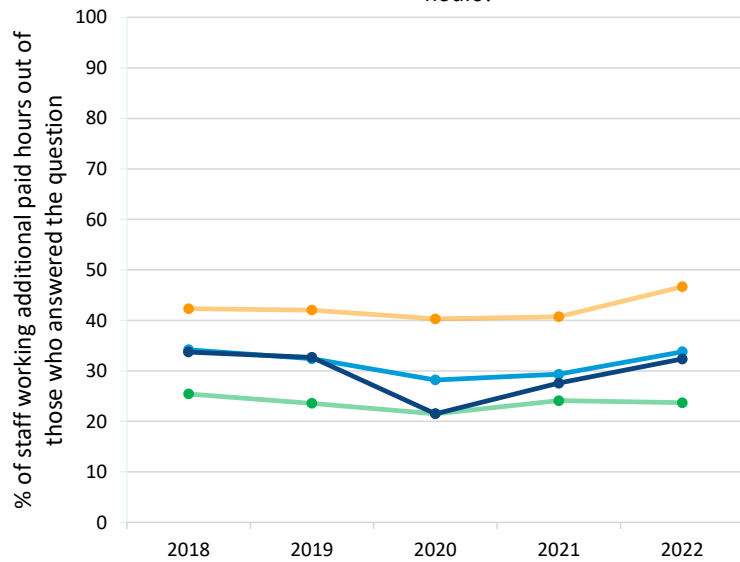
Q10a How many hours a week are you contracted to work?



	2018	2019	2020	2021	2022
<b>Your org</b>	15.0%	15.1%	13.1%	12.8%	14.8%
<b>Average</b>	14.9%	14.7%	13.8%	13.6%	13.6%
Responses	749	615	505	563	575

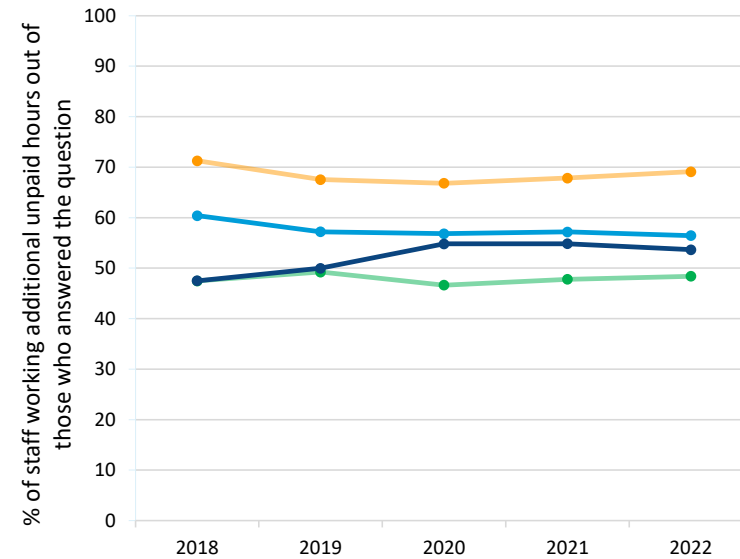


Q10b On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours?



	2018	2019	2020	2021	2022
Your org	33.7%	32.7%	21.5%	27.6%	32.4%
Lowest	25.4%	23.6%	21.5%	24.1%	23.7%
Average	34.2%	32.4%	28.2%	29.4%	33.8%
Highest	42.3%	42.0%	40.3%	40.7%	46.7%
Responses	721	587	524	563	562

Q10c On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours?



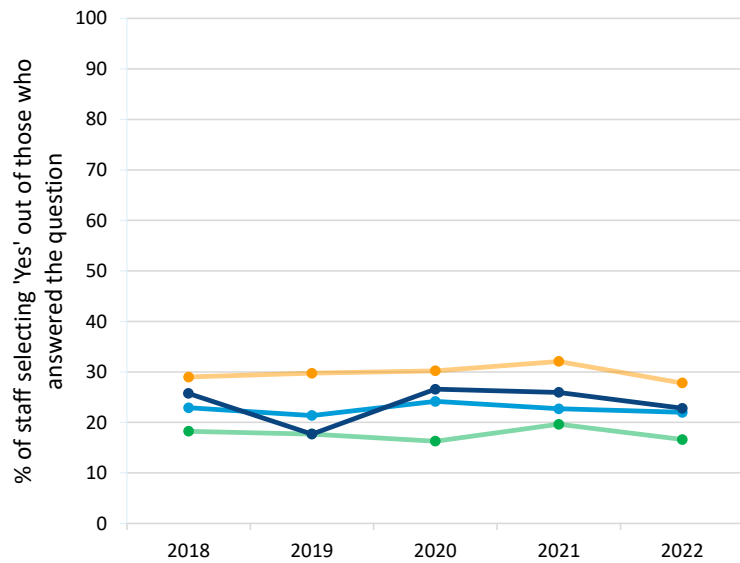
	2018	2019	2020	2021	2022
Your org	47.5%	50.0%	54.8%	54.8%	53.6%
Lowest	47.5%	49.2%	46.6%	47.8%	48.4%
Average	60.4%	57.2%	56.8%	57.2%	56.4%
Highest	71.3%	67.5%	66.8%	67.8%	69.1%
Responses	717	591	528	562	582





\*Q11e is only answered by staff who responded 'Yes' to Q11d.

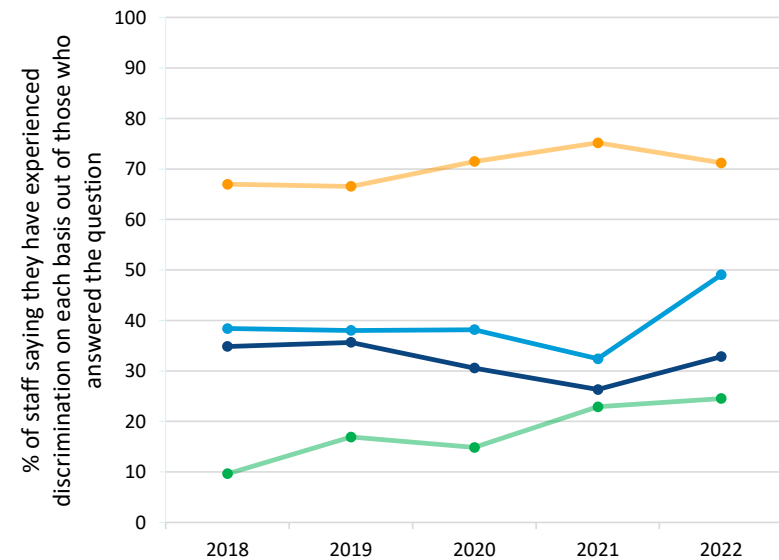
Q11e Have you felt pressure from your manager to come to work?



	2018	2019	2020	2021	2022
Your org	25.7%	17.7%	26.6%	25.9%	22.8%
Best	18.3%	17.7%	16.3%	19.6%	16.6%
Average	22.9%	21.4%	24.2%	22.7%	22.0%
Worst	29.0%	29.8%	30.2%	32.1%	27.8%

Responses 385 326 204 295 286

Q16c.1 On what grounds have you experienced discrimination? - Ethnic background.

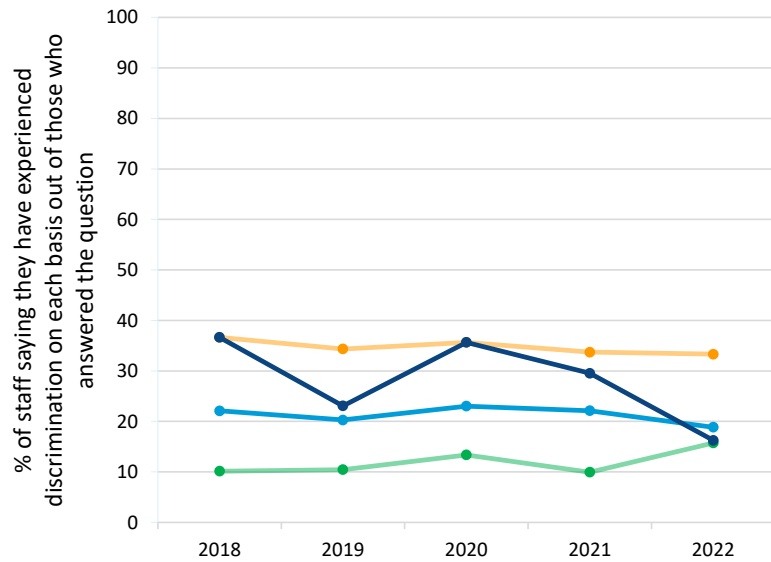


	2018	2019	2020	2021	2022
Your org	34.8%	35.7%	30.6%	26.3%	32.8%
Best	9.6%	16.9%	14.8%	22.9%	24.5%
Average	38.4%	38.0%	38.2%	32.4%	49.0%
Worst	67.0%	66.5%	71.5%	75.2%	71.2%

Responses 55 57 46 57 64

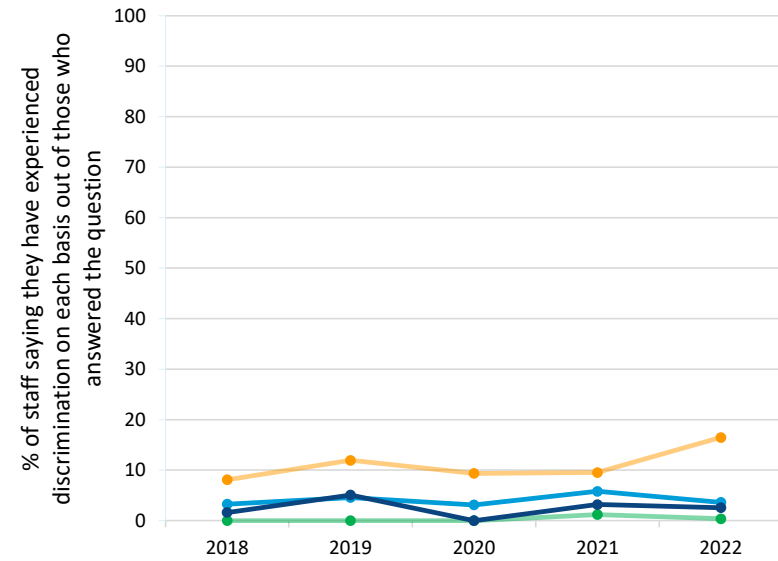


Q16c.2 On what grounds have you experienced discrimination?  
– Gender.



	2018	2019	2020	2021	2022
<b>Your org</b>	36.6%	23.1%	35.6%	29.5%	16.3%
<b>Best</b>	10.1%	10.4%	13.4%	9.9%	15.7%
<b>Average</b>	22.1%	20.3%	23.0%	22.1%	18.8%
<b>Worst</b>	36.6%	34.3%	35.6%	33.7%	33.3%
Responses	55	57	46	57	64

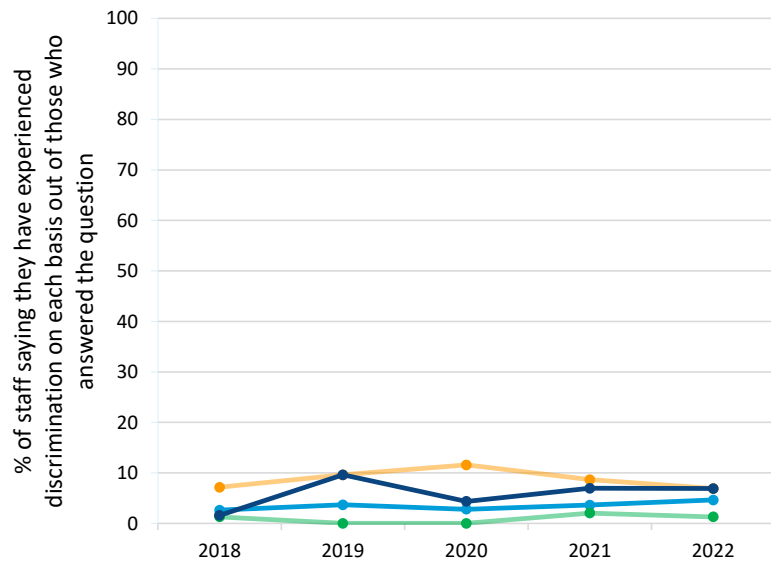
Q16c.3 On what grounds have you experienced discrimination?  
– Religion.



	2018	2019	2020	2021	2022
<b>Your org</b>	1.6%	5.1%	0.0%	3.2%	2.6%
<b>Best</b>	0.0%	0.0%	0.0%	1.2%	0.4%
<b>Average</b>	3.3%	4.6%	3.1%	5.8%	3.6%
<b>Worst</b>	8.1%	12.0%	9.4%	9.5%	16.5%
Responses	55	57	46	57	64

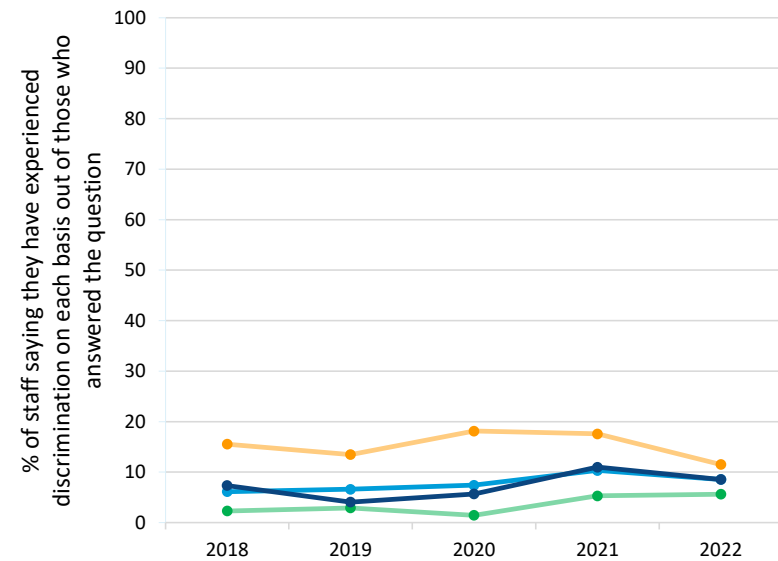


Q16c.4 On what grounds have you experienced discrimination?  
– Sexual orientation.



	2018	2019	2020	2021	2022
<b>Your org</b>	1.6%	9.6%	4.4%	7.0%	6.9%
<b>Best</b>	1.3%	0.0%	0.0%	2.1%	1.3%
<b>Average</b>	2.6%	3.7%	2.8%	3.6%	4.6%
<b>Worst</b>	7.1%	9.6%	11.6%	8.7%	6.9%
Responses	55	57	46	57	64

Q16c.5 On what grounds have you experienced discrimination?  
– Disability.

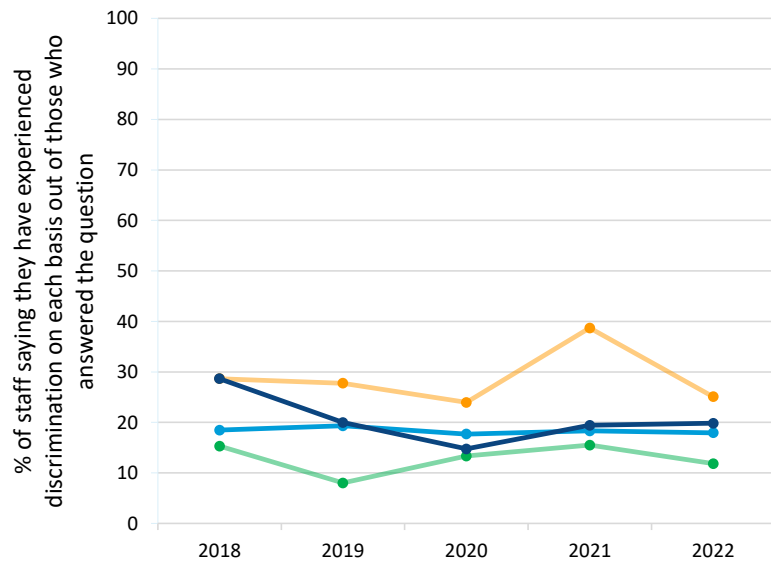


	2018	2019	2020	2021	2022
<b>Your org</b>	7.3%	4.1%	5.7%	11.0%	8.5%
<b>Best</b>	2.3%	2.9%	1.5%	5.3%	5.6%
<b>Average</b>	6.1%	6.6%	7.4%	10.3%	8.5%
<b>Worst</b>	15.5%	13.5%	18.1%	17.6%	11.5%
Responses	55	57	46	57	64

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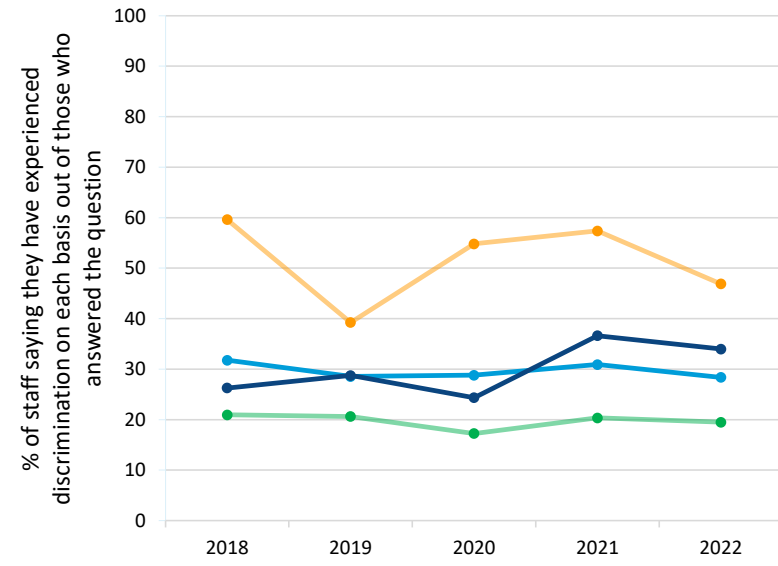


Q16c.6 On what grounds have you experienced discrimination?  
– Age.



	2018	2019	2020	2021	2022
Your org	28.7%	20.0%	14.7%	19.4%	19.8%
Best	15.3%	8.0%	13.3%	15.5%	11.8%
Average	18.5%	19.3%	17.7%	18.3%	17.9%
Worst	28.7%	27.8%	24.0%	38.7%	25.1%
Responses	55	57	46	57	64

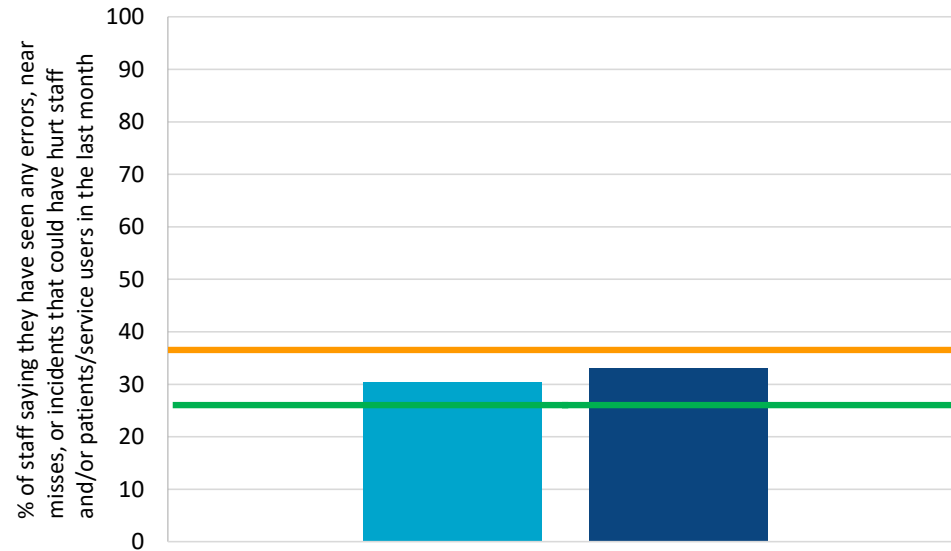
Q16c.7 On what grounds have you experienced discrimination?  
– Other.



	2018	2019	2020	2021	2022
Your org	26.2%	28.7%	24.3%	36.6%	34.0%
Best	21.0%	20.6%	17.2%	20.3%	19.5%
Average	31.8%	28.5%	28.8%	30.9%	28.4%
Worst	59.6%	39.2%	54.8%	57.4%	46.9%
Responses	55	57	46	57	64



Q17 In the last month have you seen any errors, near misses, or incidents that could have hurt staff and/or patients/service users?

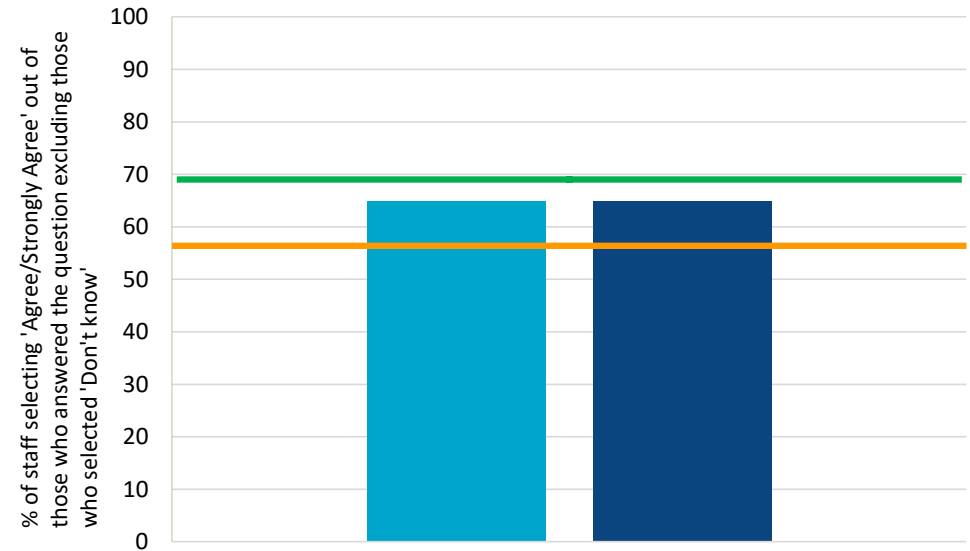


	2022
Your org	33.0%
Best	26.1%
Average	30.4%
Worst	36.5%

Responses

606

Q18a My organisation treats staff who are involved in an error, near miss or incident fairly.



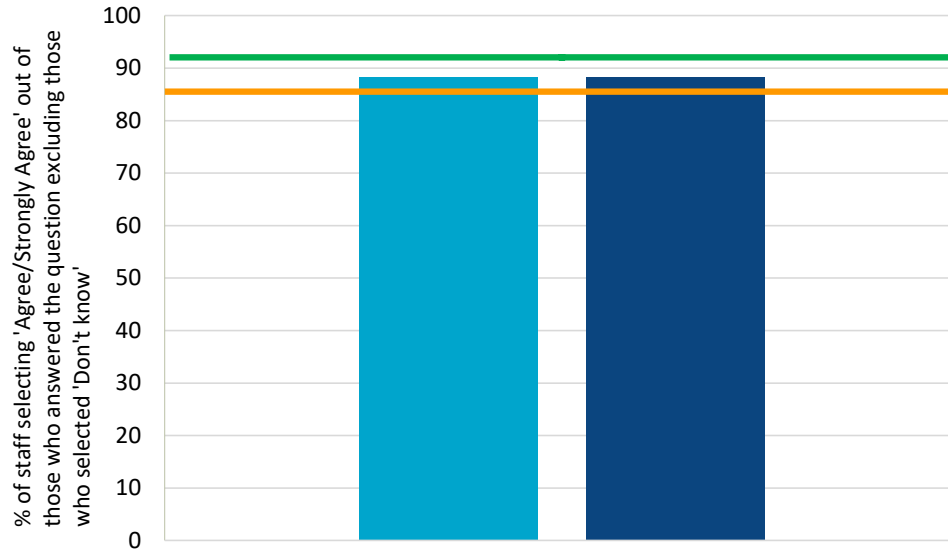
	2022
Your org	65.0%
Best	69.0%
Average	65.0%
Worst	56.4%

Responses

480



Q18b My organisation encourages us to report errors, near misses or incidents.

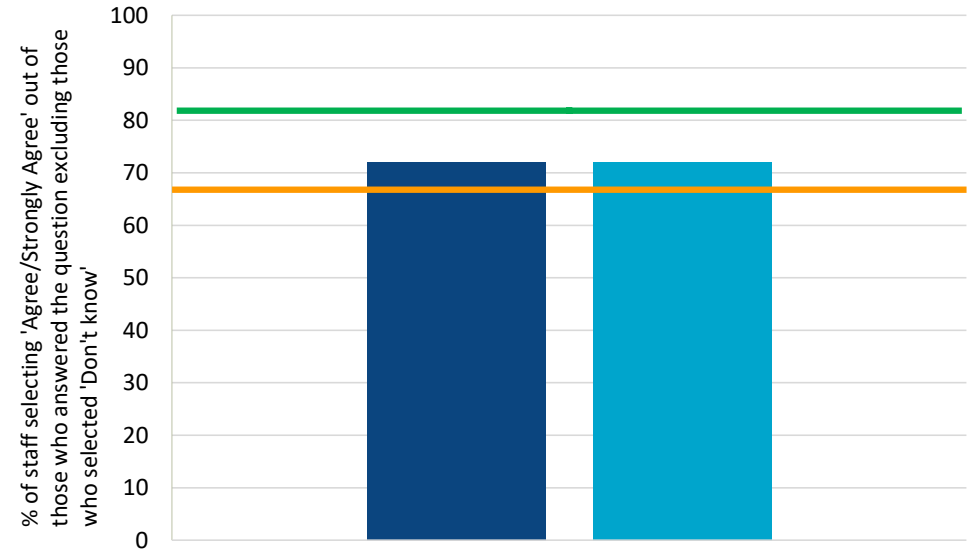


	2022
Your org	88.3%
Best	92.0%
Average	88.3%
Worst	85.5%

Responses

591

Q18c When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.



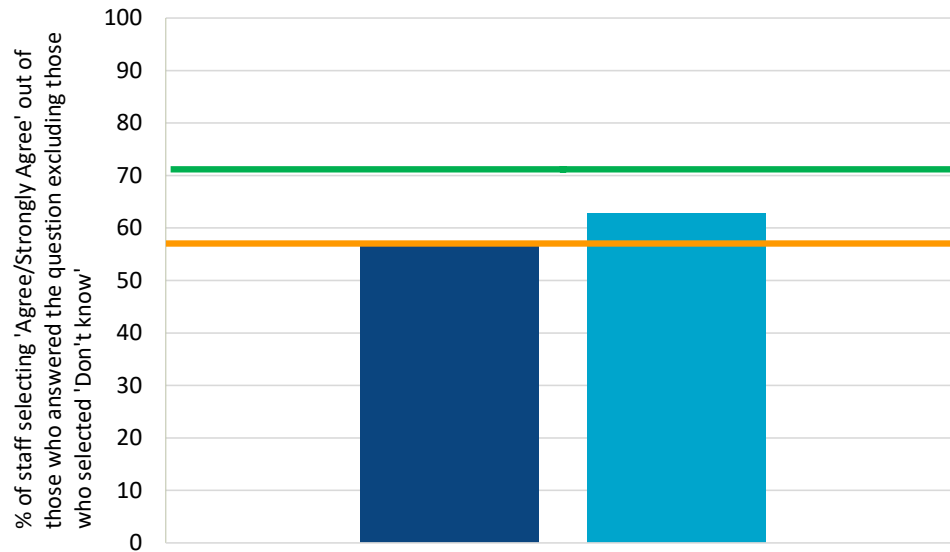
	2022
Your org	72.1%
Best	81.9%
Average	72.1%
Worst	66.8%

Responses

545



Q18d We are given feedback about changes made in response to reported errors, near misses and incidents.



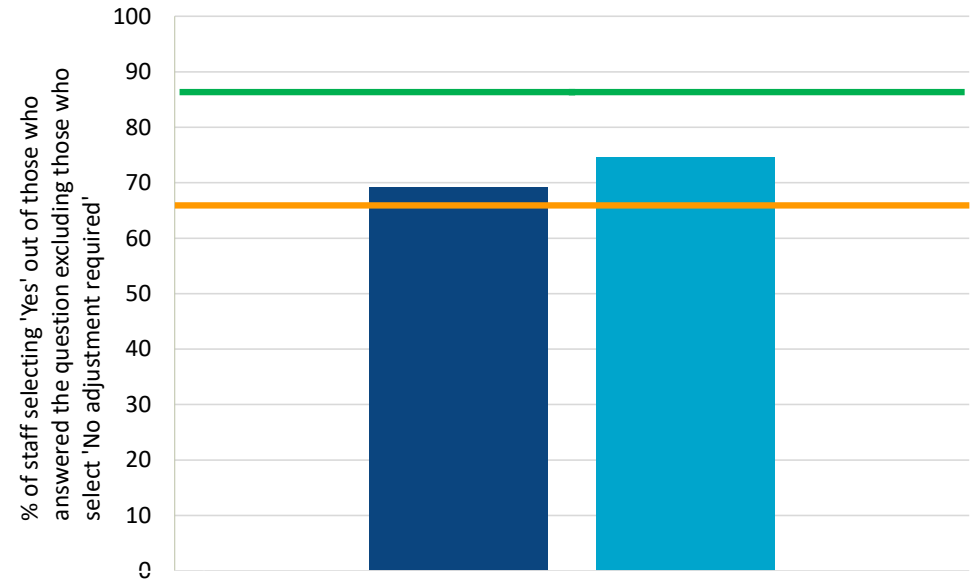
2022

Your org	57.0%
Best	71.2%
Average	62.8%
Worst	57.0%

Responses

544

Q30b Has your employer made reasonable adjustment(s) to enable you to carry out your work?



2022

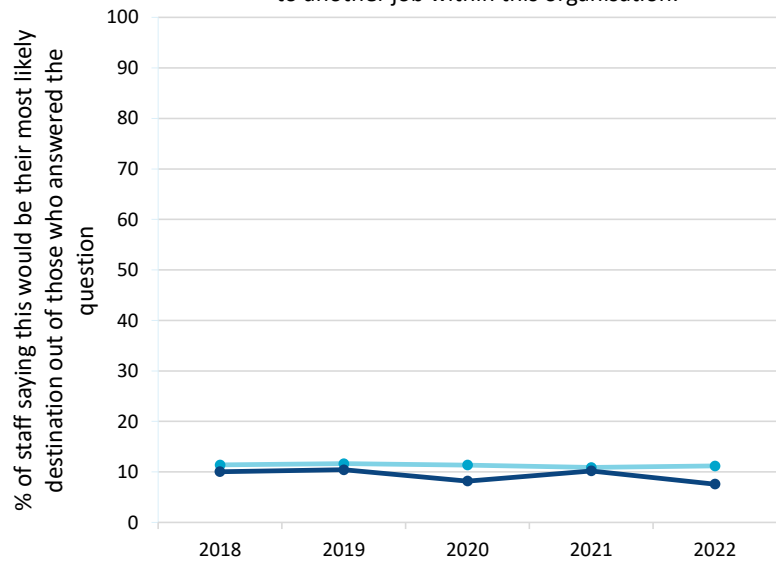
Your org	69.2%
Best	86.4%
Average	74.6%
Worst	65.9%

Responses

68



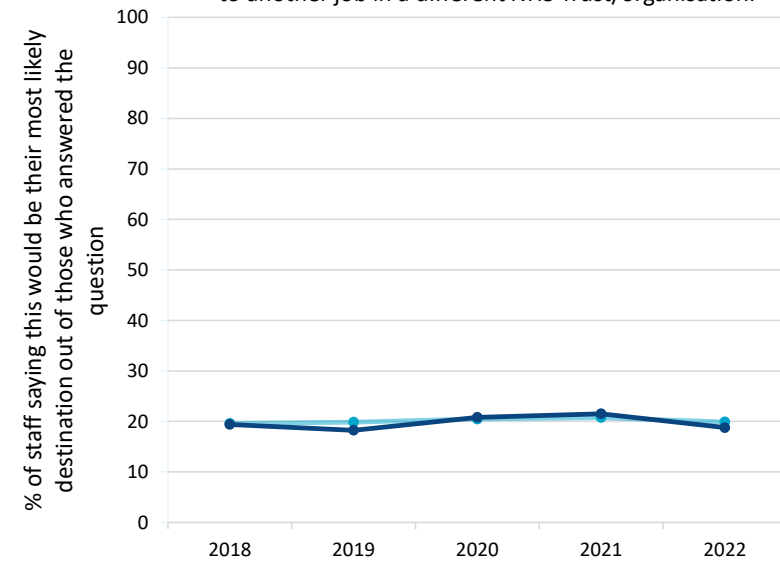
Q24d.1 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to another job within this organisation.



	2018	2019	2020	2021	2022
<b>Your org</b>	10.0%	10.4%	8.2%	10.2%	7.6%
<b>Average</b>	11.4%	11.6%	11.3%	10.9%	11.2%

Responses 608 499 476 530 501

Q24d.2 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to another job in a different NHS Trust/organisation.



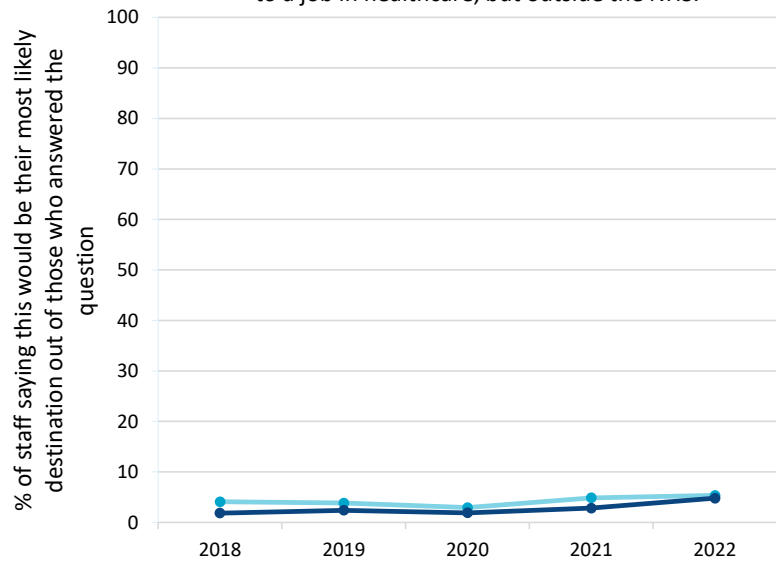
	2018	2019	2020	2021	2022
<b>Your org</b>	19.4%	18.2%	20.8%	21.5%	18.8%
<b>Average</b>	19.6%	19.9%	20.5%	20.8%	19.9%

Responses 608 499 476 530 501



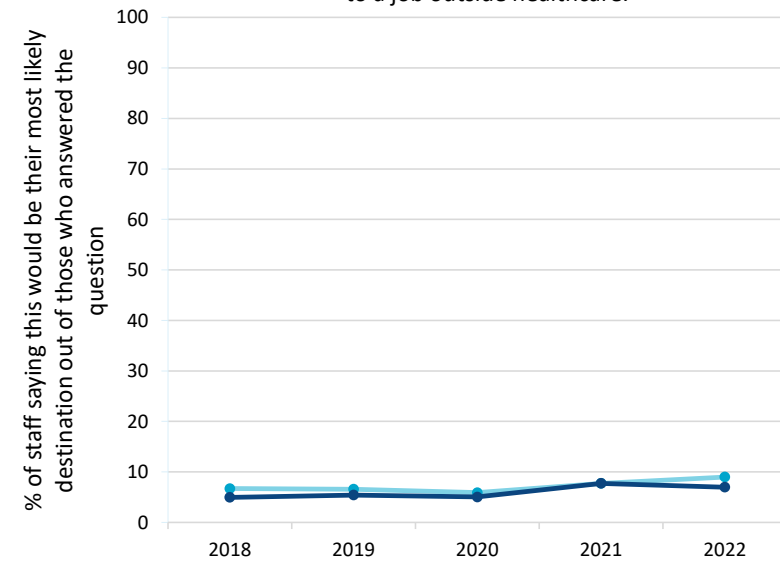


Q24d.3 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job in healthcare, but outside the NHS.



	2018	2019	2020	2021	2022
<b>Your org</b>	1.8%	2.4%	1.9%	2.8%	4.8%
<b>Average</b>	4.1%	3.8%	2.9%	4.9%	5.4%
Responses	608	499	476	530	501

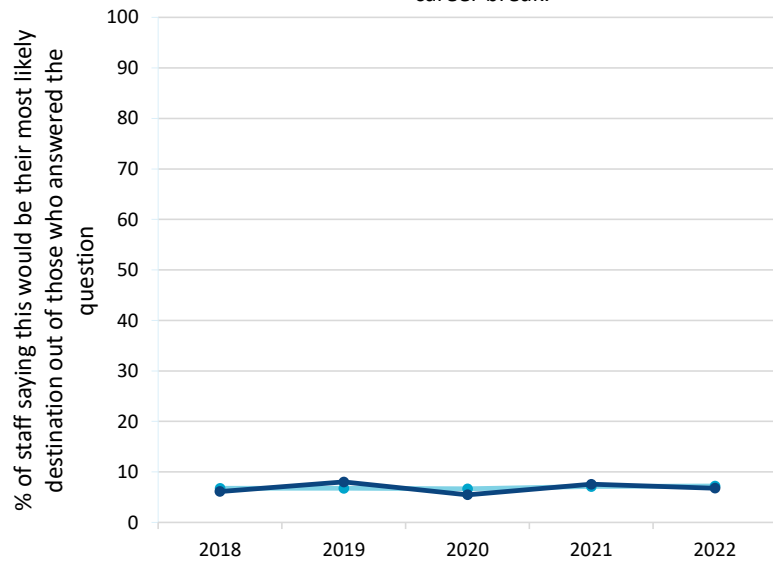
Q24d.4 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job outside healthcare.



	2018	2019	2020	2021	2022
<b>Your org</b>	4.9%	5.4%	5.0%	7.7%	7.0%
<b>Average</b>	6.7%	6.6%	5.9%	7.7%	9.0%
Responses	608	499	476	530	501

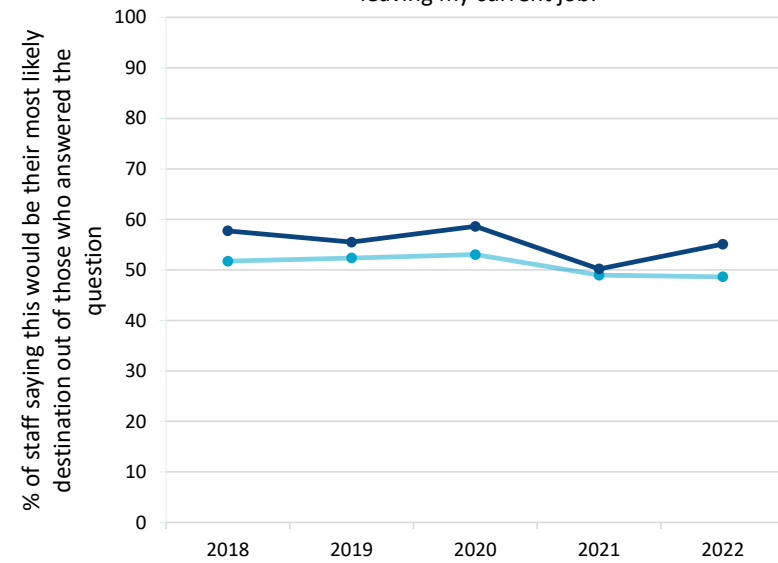


Q24d.5 If you are considering leaving your current job, what would be your most likely destination? - I would retire or take a career break.



	2018	2019	2020	2021	2022
<b>Your org</b>	6.1%	8.0%	5.5%	7.5%	6.8%
<b>Average</b>	6.8%	6.8%	6.7%	7.1%	7.2%
Responses	608	499	476	530	501

Q24d.9 If you are considering leaving your current job, what would be your most likely destination? - I am not considering leaving my current job.



	2018	2019	2020	2021	2022
<b>Your org</b>	57.7%	55.5%	58.6%	50.2%	55.1%
<b>Average</b>	51.7%	52.4%	53.0%	49.0%	48.6%
Responses	608	499	476	530	501

## Workforce Equality Standards

Please note, when there are less than 11 responses for a question, results are suppressed to protect staff confidentiality and reliability of data.

### Workforce Race Equality Standards (WRES)

This section contains data for the organisation required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES). It includes the 2018-2022 organisation and benchmarking group median results for q13a, q13b&c combined, q15, and q16b split by ethnicity (by white staff / staff from all other ethnic groups combined).

### Workforce Disability Equality Standards (WDES)

This section contains data for the organisation required for the NHS Staff Survey indicators used in the Workforce Disability Equality Standard (WDES). It includes the 2018-2022 organisation and benchmarking group median results for q4b, q11e, q14a-d, and q15 split by staff with a long lasting health condition or illness compared to staff without a long lasting health condition or illness. It also shows results for q30b (for staff with a long lasting health condition or illness only), and the staff engagement score for staff with a long lasting health condition or illness, compared to staff without a long lasting health condition or illness and the overall engagement score for the organisation.

This year, the text for q30b was updated and the word 'adequate' was updated to 'reasonable'.

The WDES breakdowns are based on the responses to q30a Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?

This section contains data required for the staff survey indicators used in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). Data presented in this section are unweighted.

## Workforce Race Equality Standards (WRES)

Indicator	Qu No	Workforce Race Equality Standard
<b>For each of the following indicators, compare the outcomes of the responses for white staff and staff from all other ethnic groups combined</b>		
5	14a	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6	14b & 14c	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7	15	Percentage believing that their practice provides equal opportunities for career progression or promotion
8	16b	In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues

## Workforce Disability Equality Standards (WDES)

Indicator	Qu No	Workforce Disability Equality Standard
<b>For each of the following indicators, compare the responses for staff with a LTC* or illness vs staff without a LTC or illness</b>		
4ai	14a	Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public
4aii	14b	Percentage of staff experiencing harassment, bullying or abuse from managers
4aiii	14c	Percentage of staff experiencing harassment, bullying or abuse from other colleagues
4b	14d	Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it
5	15	Percentage believing that their practice provides equal opportunities for career progression or promotion
6	9e	Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties
7	4b	Percentage staff saying that they are satisfied with the extent to which their organisation values their work
8	30b	Percentage of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work
9a	theme_engagement	The staff engagement score for staff with LTC or illness vs staff without a LTC or illness

\*Staff with a long term condition

## Workforce Race Equality Standards (WRES)

N.B.  
Vertical scales on the following charts vary from slide to slide and this effects how results are displayed.  
Data shown in the WRES charts are unweighted.

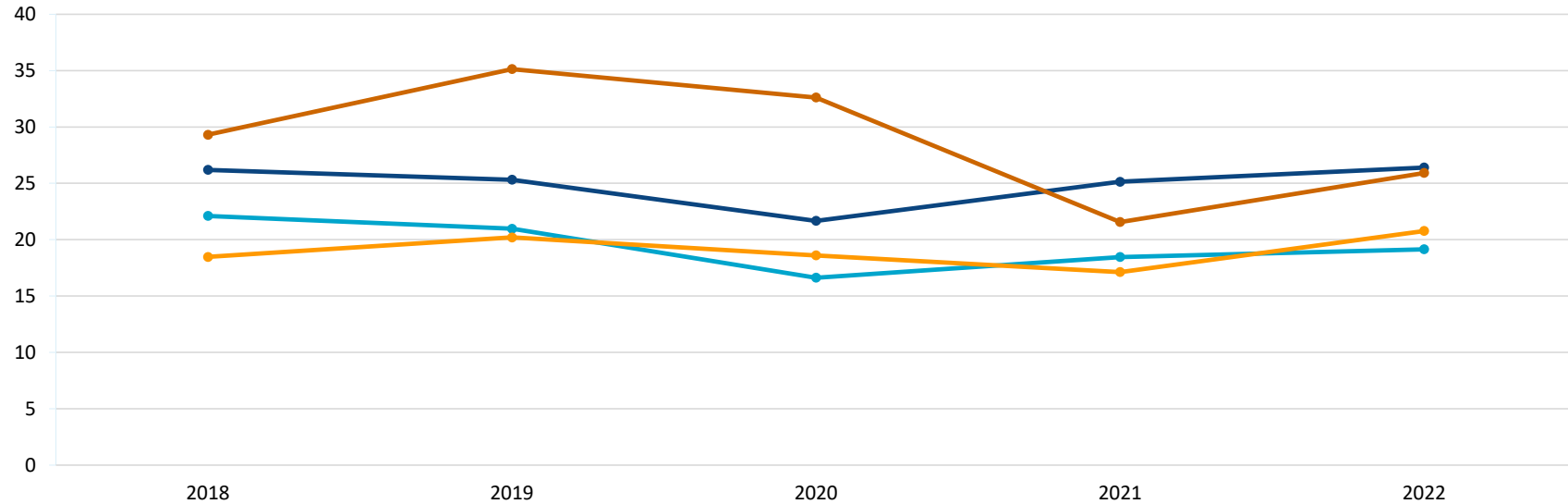
Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.



# Workforce Race Equality Standard (WRES)

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months out of those who answered the question



	2018	2019	2020	2021	2022
White staff: Your org	26.2%	25.3%	21.7%	25.1%	26.4%
All other ethnic groups*: Your org	29.3%	35.1%	32.6%	21.6%	25.9%
White staff: Average	22.1%	21.0%	16.6%	18.5%	19.2%
All other ethnic groups*: Average	18.5%	20.2%	18.6%	17.1%	20.8%
White staff: Responses	668	557	480	533	534
All other ethnic groups*: Responses	58	37	46	51	54

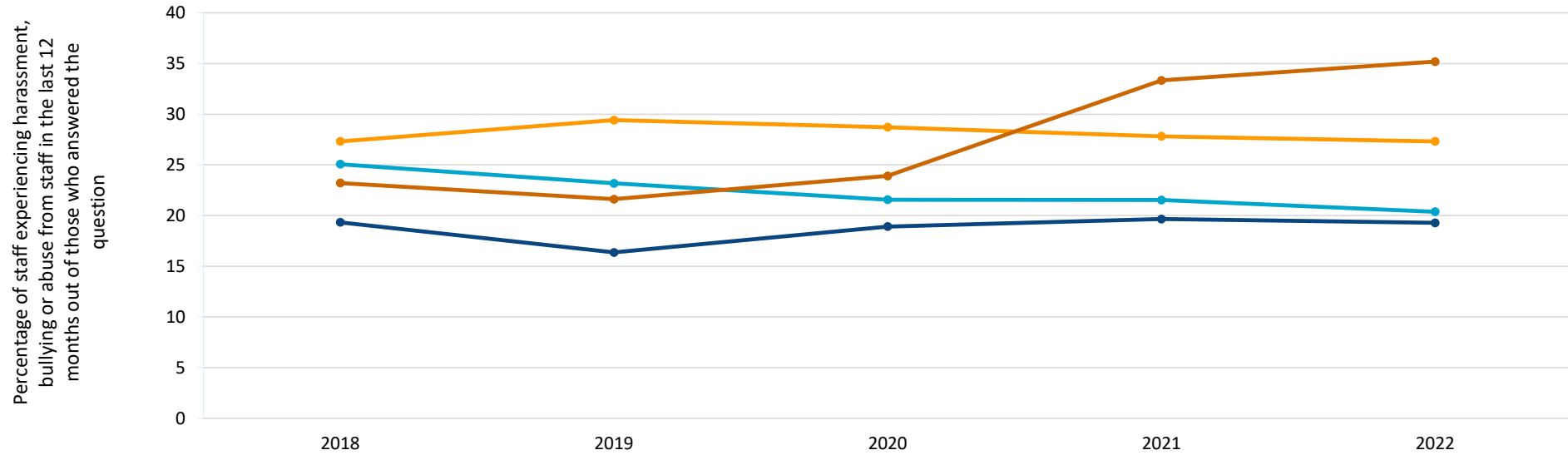
\*Staff from all other ethnic groups combined

Average calculated as the median for the benchmark group



# Workforce Race Equality Standard (WRES)

Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months



	2018	2019	2020	2021	2022
White staff: Your org	19.3%	16.4%	18.9%	19.7%	19.3%
All other ethnic groups*: Your org	23.2%	21.6%	23.9%	33.3%	35.2%
White staff: Average	25.1%	23.2%	21.6%	21.5%	20.4%
All other ethnic groups*: Average	27.3%	29.4%	28.7%	27.8%	27.3%
White staff: Responses	667	556	481	534	534
All other ethnic groups*: Responses	56	37	46	51	54

\*Staff from all other ethnic groups combined

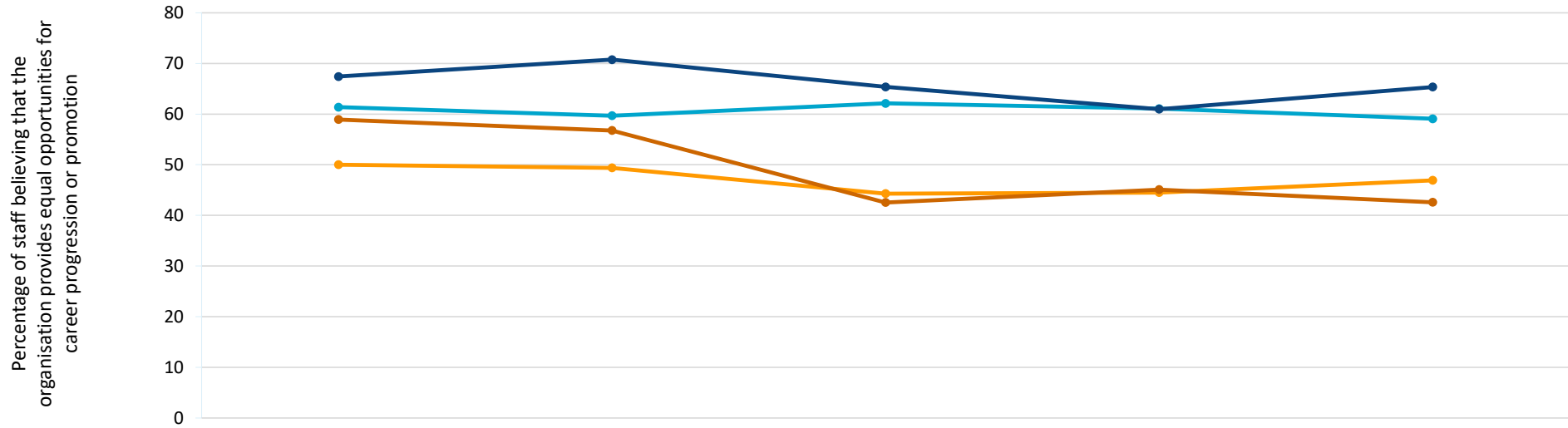
Average calculated as the median for the benchmark group





# Workforce Race Equality Standard (WRES)

Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.



	2018	2019	2020	2021	2022
White staff: Your org	67.4%	70.7%	65.4%	61.0%	65.3%
All other ethnic groups*: Your org	58.9%	56.8%	42.6%	45.1%	42.6%
White staff: Average	61.4%	59.7%	62.1%	61.1%	59.1%
All other ethnic groups*: Average	50.0%	49.4%	44.3%	44.5%	46.9%
White staff: Responses	672	557	485	533	528
All other ethnic groups*: Responses	56	37	47	51	54

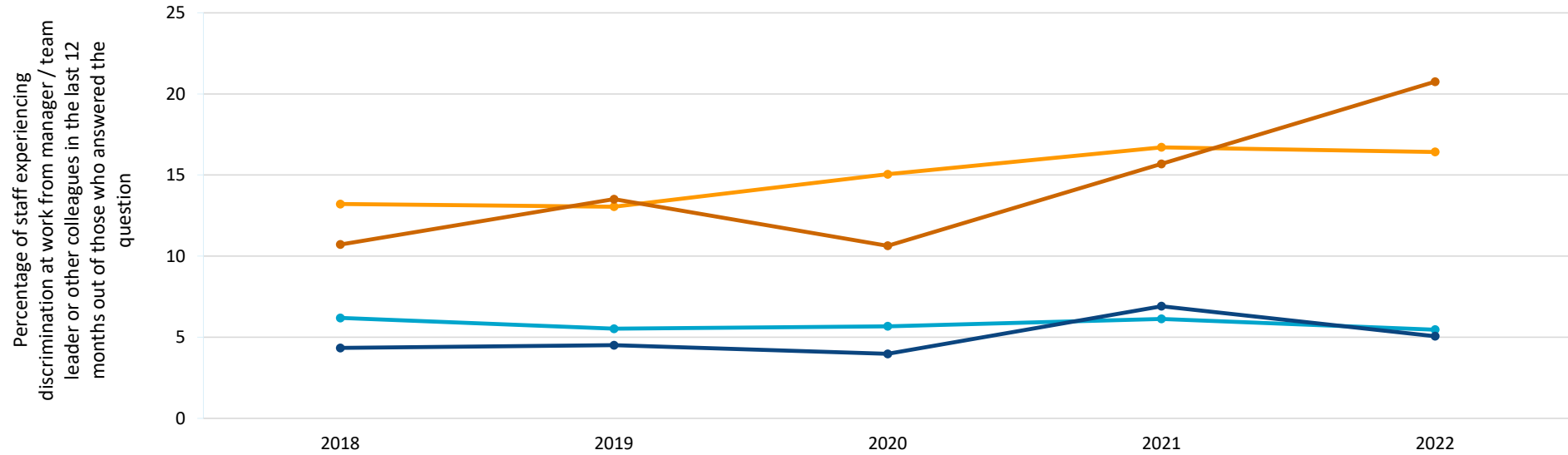
\*Staff from all other ethnic groups combined

Average calculated as the median for the benchmark group



# Workforce Race Equality Standard (WRES)

Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months.



	2018	2019	2020	2021	2022
White staff: Your org	4.3%	4.5%	4.0%	6.9%	5.1%
All other ethnic groups*: Your org	10.7%	13.5%	10.6%	15.7%	20.8%
White staff: Average	6.2%	5.5%	5.7%	6.1%	5.5%
All other ethnic groups*: Average	13.2%	13.0%	15.0%	16.7%	16.4%
White staff: Responses	668	554	478	535	533
All other ethnic groups*: Responses	56	37	47	51	53

\*Staff from all other ethnic groups combined

Average calculated as the median for the benchmark group

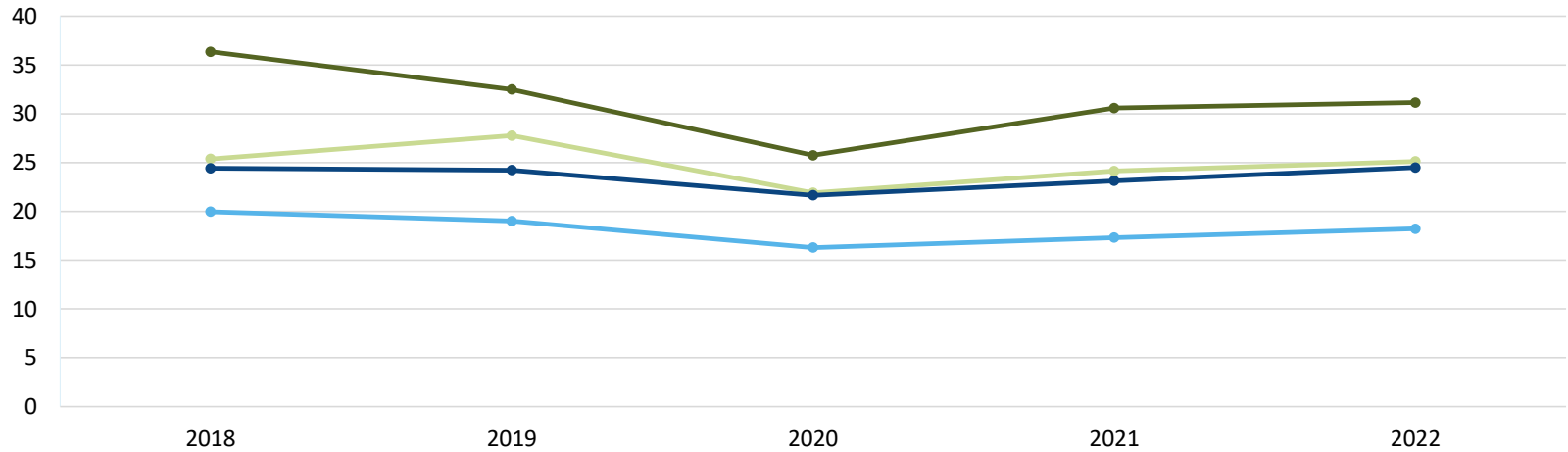
## Workforce Disability Equality Standards (WDES)

N.B.  
Vertical scales on the following charts vary from slide to slide and this effects how results are displayed.  
Data shown in the WDES charts are unweighted.

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months out of those who answered the question

Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months.

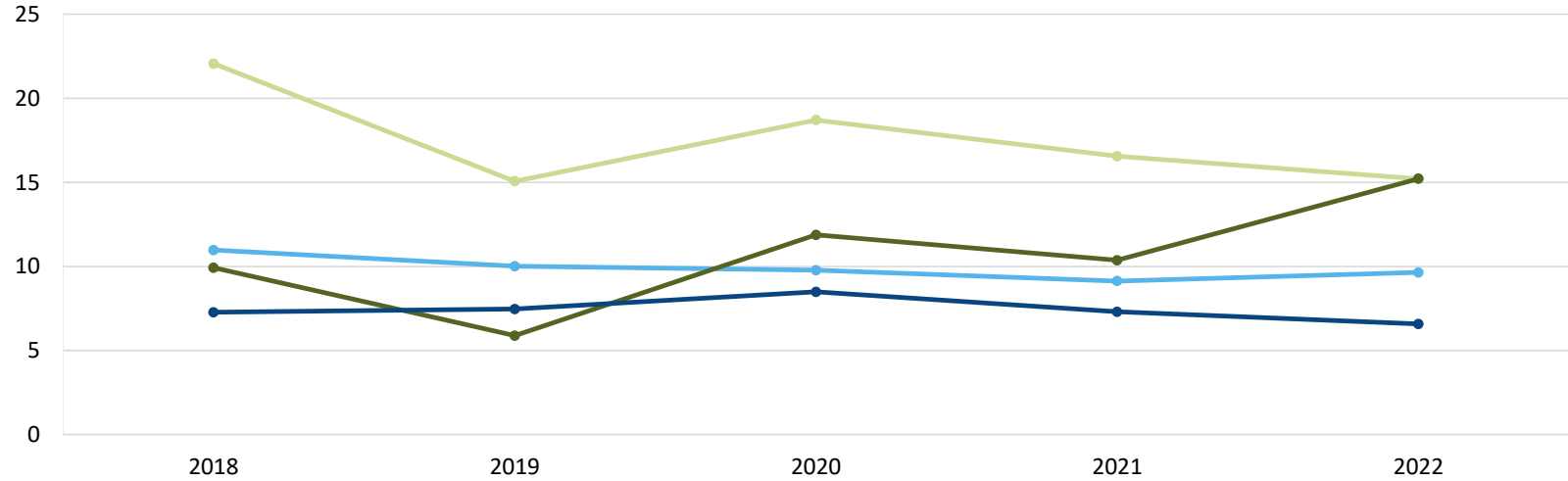


	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	36.4%	32.5%	25.7%	30.6%	31.2%
Staff without a LTC or illness: Your org	24.4%	24.2%	21.6%	23.1%	24.5%
Staff with a LTC or illness: Average	25.4%	27.8%	21.9%	24.1%	25.1%
Staff without a LTC or illness: Average	20.0%	19.0%	16.3%	17.3%	18.2%
Staff with a LTC or illness: Responses	132	120	101	134	138
Staff without a LTC or illness: Responses	598	483	425	441	441



Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months out of those who answered the question

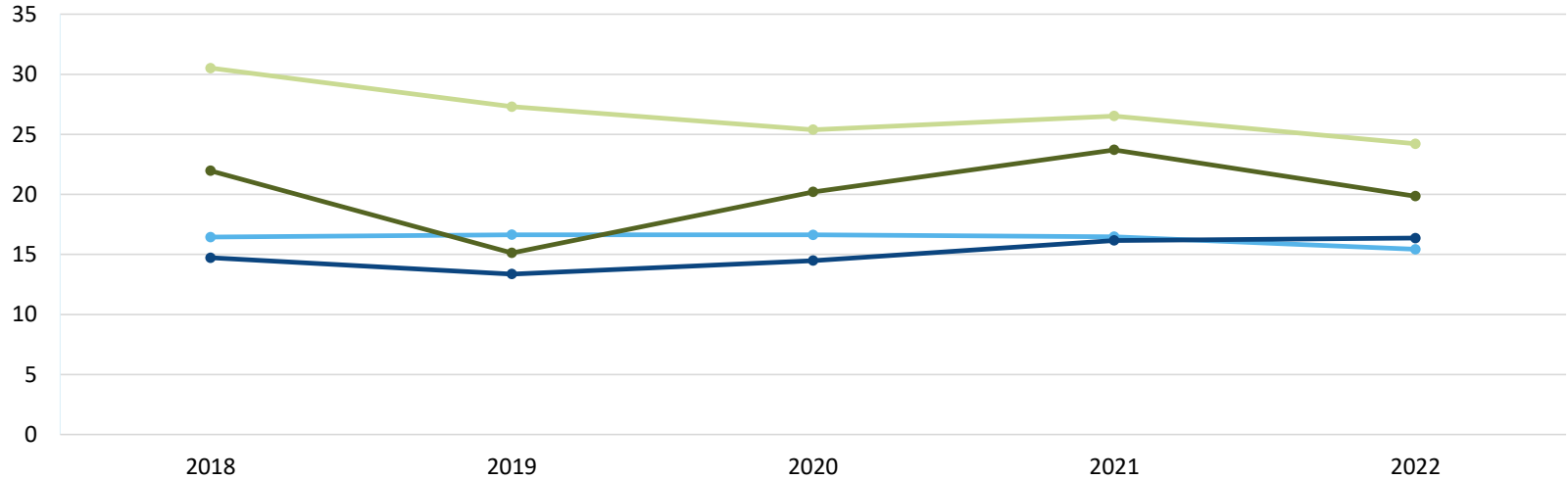
Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months.



	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	9.9%	5.9%	11.9%	10.4%	15.2%
Staff without a LTC or illness: Your org	7.3%	7.5%	8.5%	7.3%	6.6%
Staff with a LTC or illness: Average	22.1%	15.1%	18.7%	16.6%	15.2%
Staff without a LTC or illness: Average	11.0%	10.0%	9.8%	9.1%	9.6%
Staff with a LTC or illness: Responses	131	119	101	135	138
Staff without a LTC or illness: Responses	591	482	424	438	441

Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months out of those who answered the question

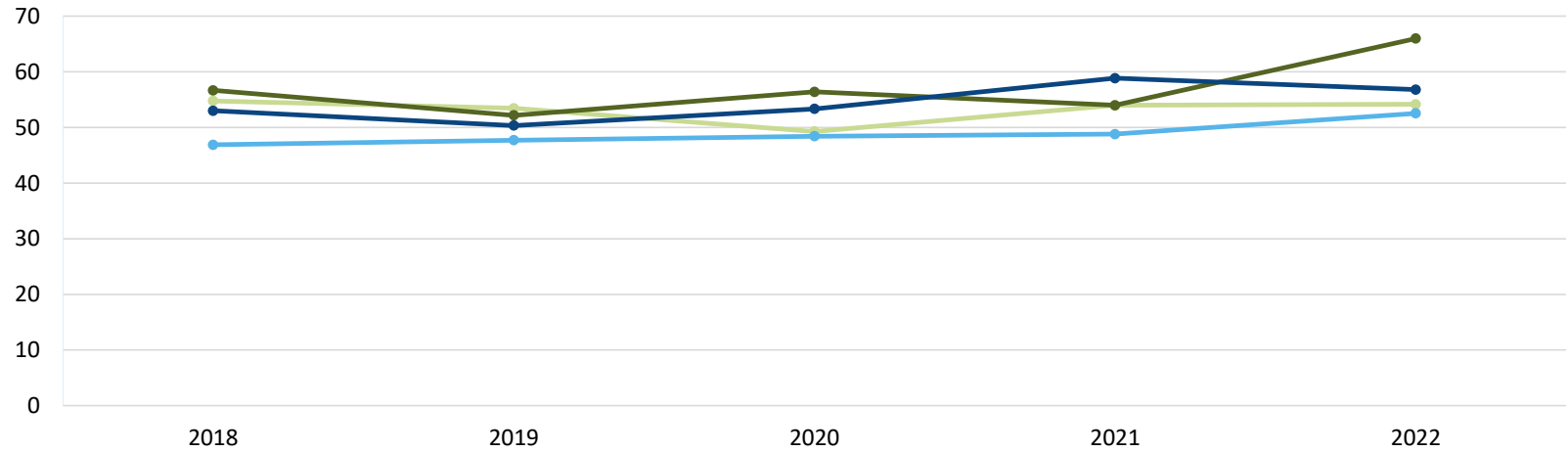
Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months.



	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	22.0%	15.1%	20.2%	23.7%	19.9%
Staff without a LTC or illness: Your org	14.7%	13.4%	14.5%	16.2%	16.4%
Staff with a LTC or illness: Average	30.5%	27.3%	25.4%	26.5%	24.2%
Staff without a LTC or illness: Average	16.4%	16.6%	16.6%	16.5%	15.4%
Staff with a LTC or illness: Responses	132	119	99	135	136
Staff without a LTC or illness: Responses	591	479	421	433	440

Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it out of those who answered the question

Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.

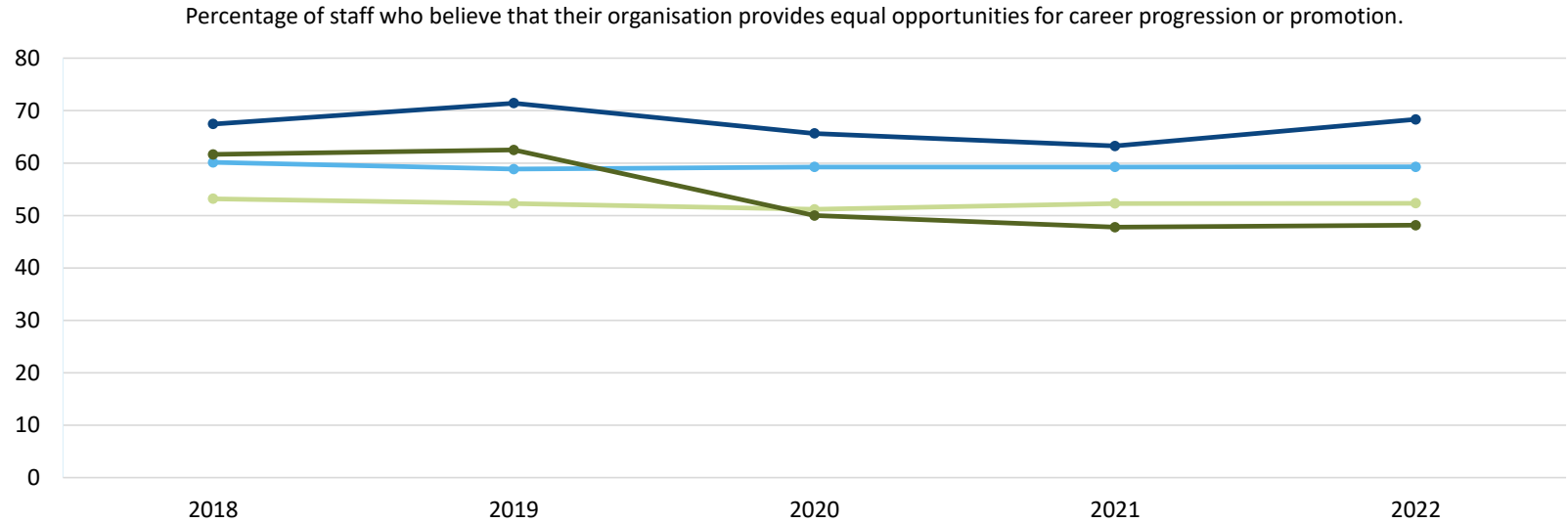


	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	56.7%	52.2%	56.4%	54.0%	66.0%
Staff without a LTC or illness: Your org	53.0%	50.4%	53.3%	58.9%	56.8%
Staff with a LTC or illness: Average	54.8%	53.4%	49.3%	54.0%	54.2%
Staff without a LTC or illness: Average	46.9%	47.7%	48.4%	48.8%	52.5%
Staff with a LTC or illness: Responses	60	46	39	50	50
Staff without a LTC or illness: Responses	183	139	120	124	132



# Workforce Disability Equality Standards

Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion out of those who answered the question



	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	61.7%	62.5%	50.0%	47.8%	48.1%
Staff without a LTC or illness: Your org	67.4%	71.4%	65.7%	63.3%	68.3%
Staff with a LTC or illness: Average	53.2%	52.3%	51.2%	52.3%	52.3%
Staff without a LTC or illness: Average	60.1%	58.9%	59.3%	59.3%	59.3%
Staff with a LTC or illness: Responses	133	120	102	134	135
Staff without a LTC or illness: Responses	599	483	431	441	439

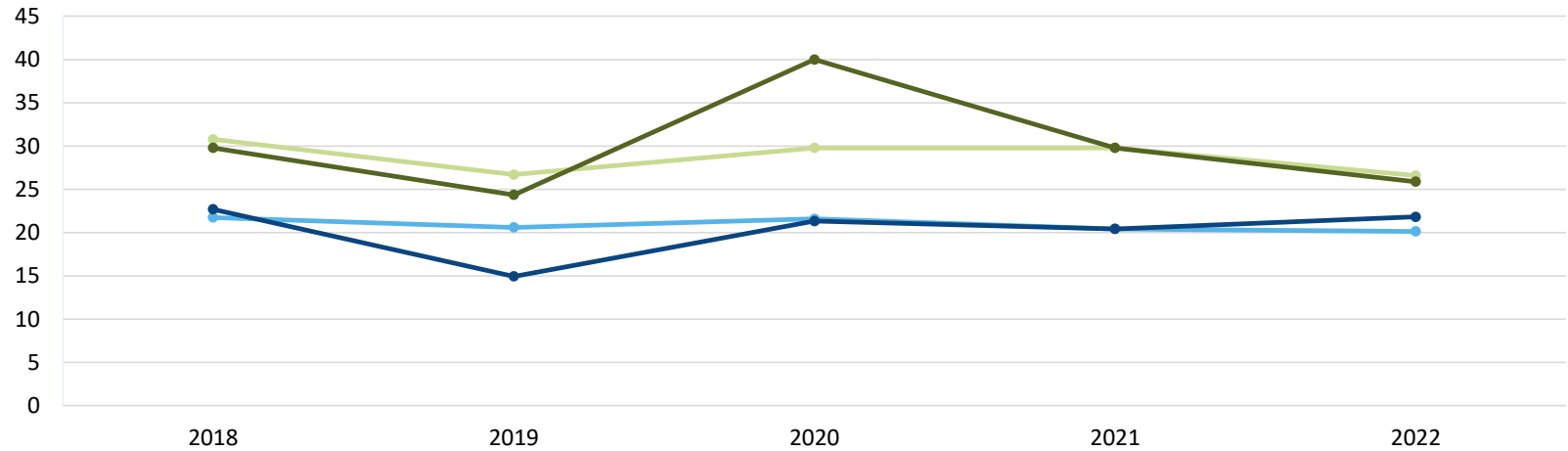




# Workforce Disability Equality Standards

Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties out of those who answered the question

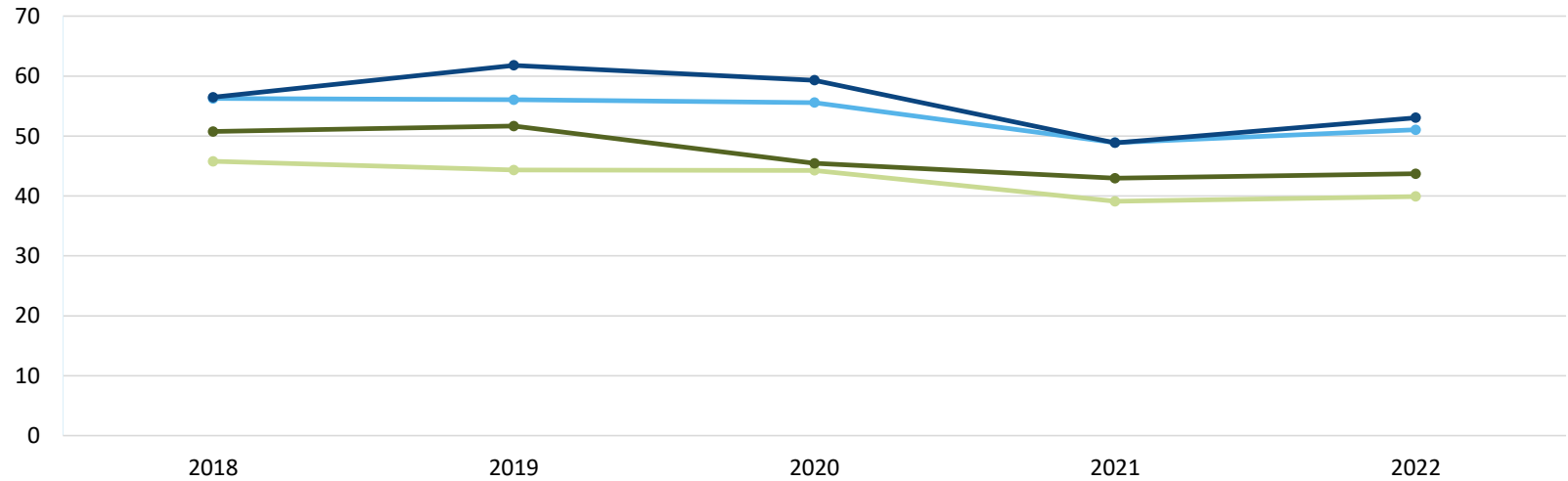
Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.



	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	29.8%	24.4%	40.0%	29.8%	25.9%
Staff without a LTC or illness: Your org	22.7%	14.9%	21.3%	20.4%	21.8%
Staff with a LTC or illness: Average	30.8%	26.7%	29.8%	29.8%	26.6%
Staff without a LTC or illness: Average	21.7%	20.6%	21.6%	20.4%	20.1%
Staff with a LTC or illness: Responses	94	78	60	94	85
Staff without a LTC or illness: Responses	282	241	136	191	188

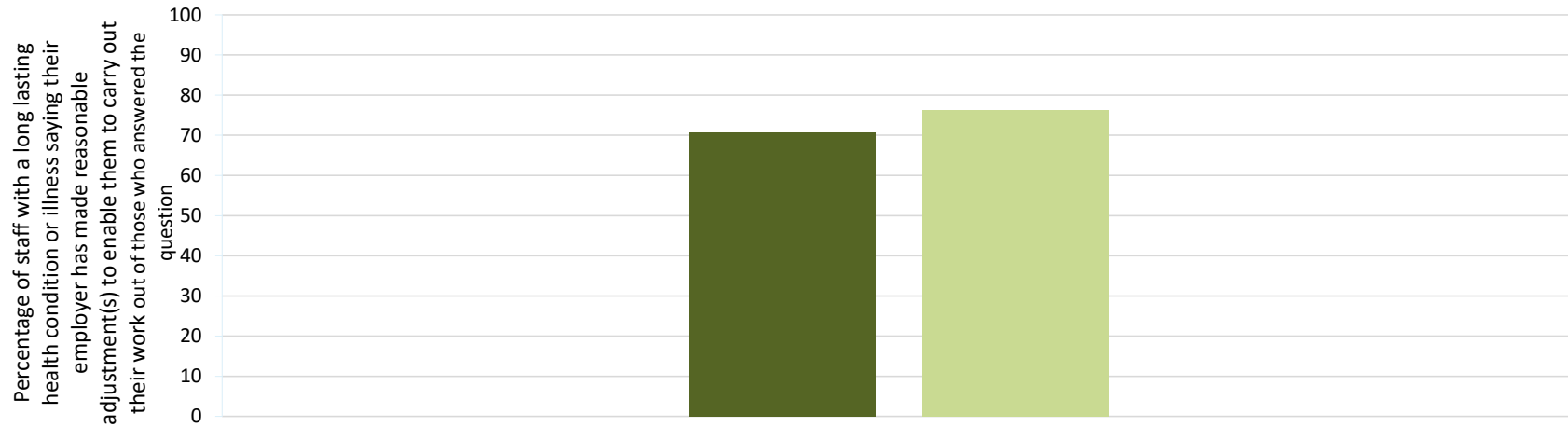
Percentage of staff satisfied with the extent to which their organisation values their work out of those who answered the question

Percentage of staff satisfied with the extent to which their organisation values their work.

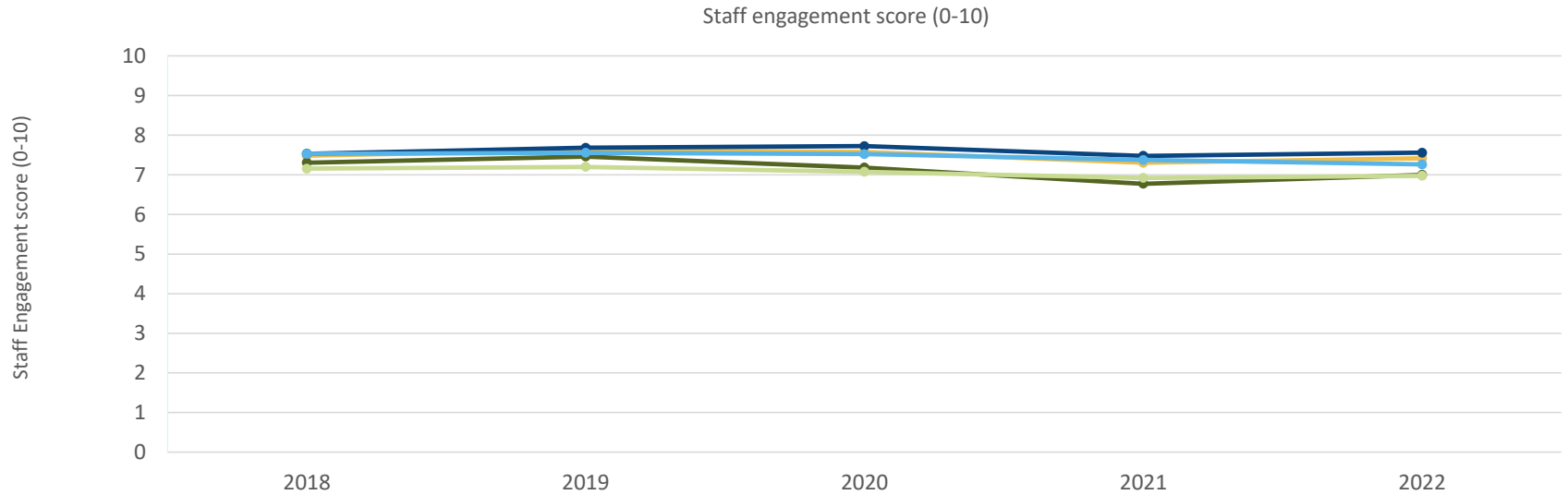


	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	50.8%	51.7%	45.5%	43.0%	43.7%
Staff without a LTC or illness: Your org	56.5%	61.8%	59.3%	48.9%	53.0%
Staff with a LTC or illness: Average	45.8%	44.3%	44.3%	39.1%	39.9%
Staff without a LTC or illness: Average	56.3%	56.1%	55.6%	48.9%	51.0%
Staff with a LTC or illness: Responses	132	120	99	135	135
Staff without a LTC or illness: Responses	602	479	430	444	443

Percentage of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work.



Staff with a LTC or illness: Your org	70.6%
Staff with a LTC or illness: Average	76.4%
Staff with a LTC or illness: Responses	68



	2018	2019	2020	2021	2022
Organisation average	7.5	7.6	7.6	7.3	7.4
Staff with a LTC or illness: Your org	7.3	7.5	7.2	6.8	7.0
Staff without a LTC or illness: Your org	7.5	7.7	7.7	7.5	7.6
Staff with a LTC or illness: Average	7.2	7.2	7.1	6.9	7.0
Staff without a LTC or illness: Average	7.5	7.6	7.5	7.4	7.3
Staff with a LTC or illness: Responses	134	121	102	137	137
Staff without a LTC or illness: Responses	606	483	432	444	445

N.B. Data shown in this chart are unweighted therefore will not match weighted staff engagement scores in other outputs.

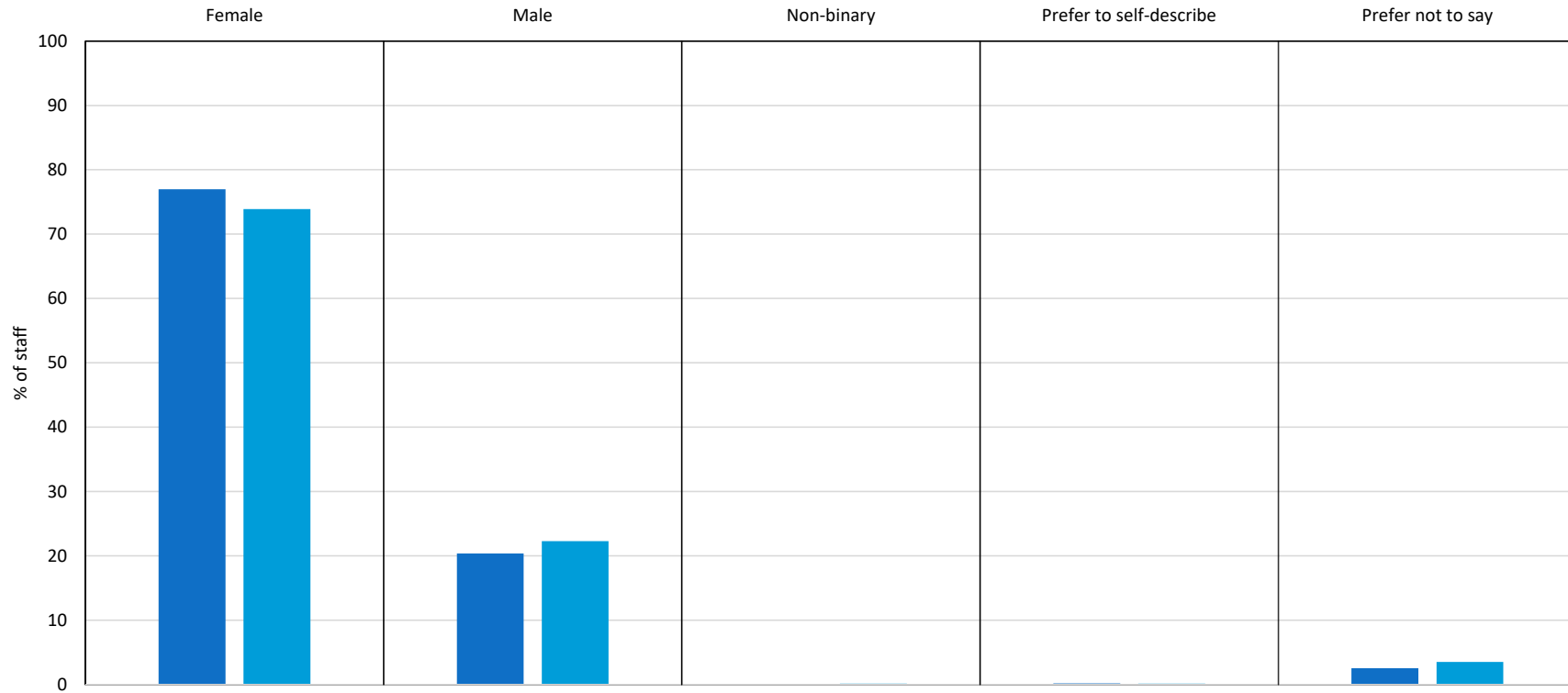
## About your respondents

This section will show demographic information for 2022.

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.



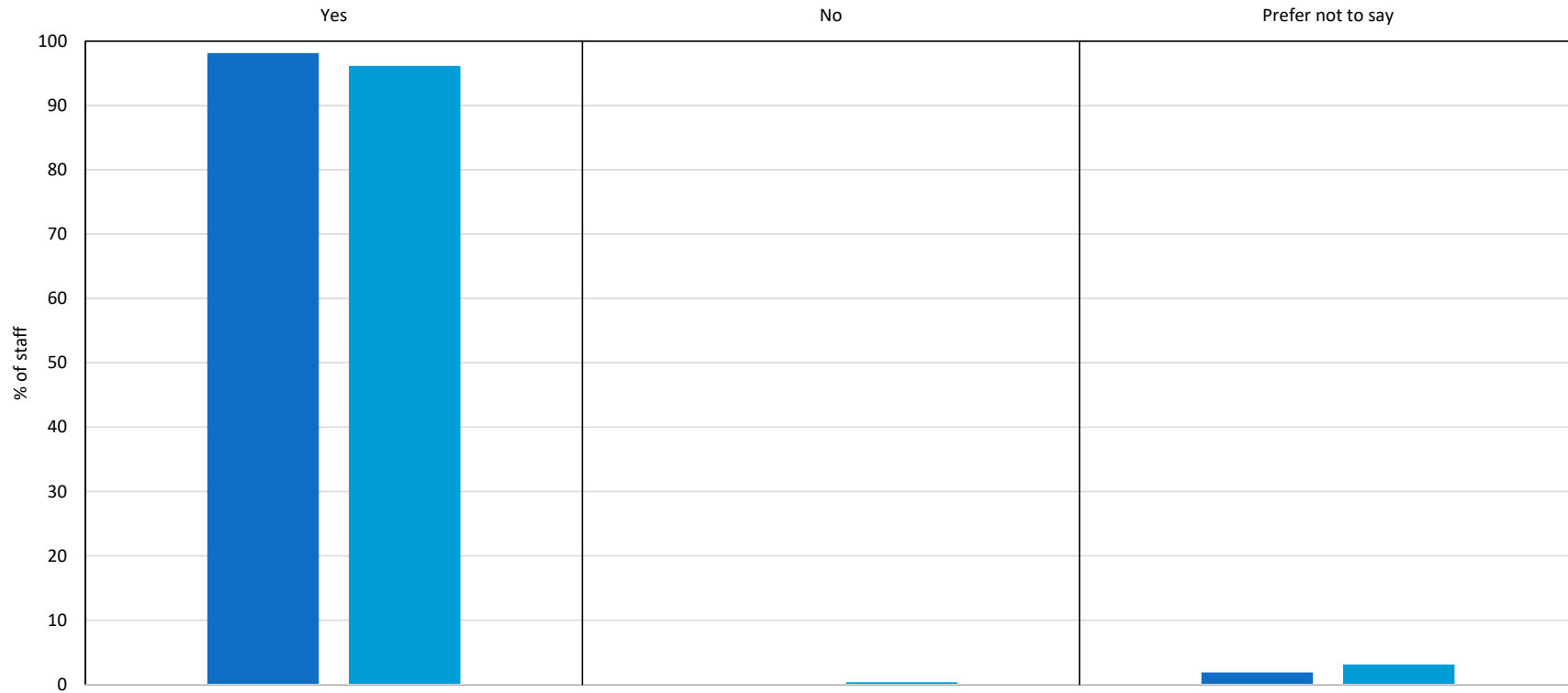
# Background details - Gender



	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say
<b>Your org</b>	77.0%	20.3%	0.0%	0.2%	2.5%
<b>Average</b>	73.9%	22.3%	0.1%	0.1%	3.5%
<b>Responses</b>	595	595	595	595	595



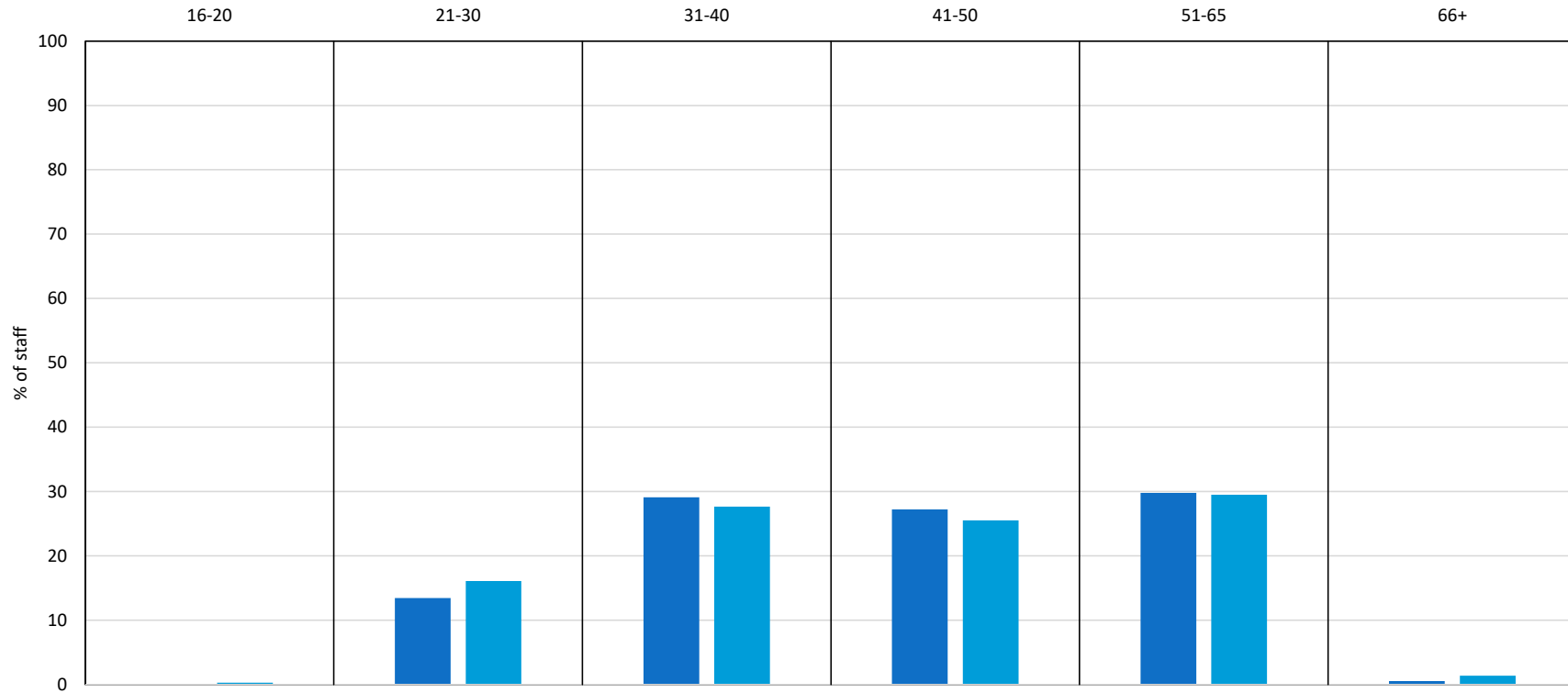
# Background details – Is your gender identity the same as the sex you were assigned at birth?



	Yes	No	Prefer not to say
<b>Your org</b>	98.1%	0.0%	1.9%
<b>Average</b>	96.2%	0.3%	3.1%
<b>Responses</b>	534	534	534



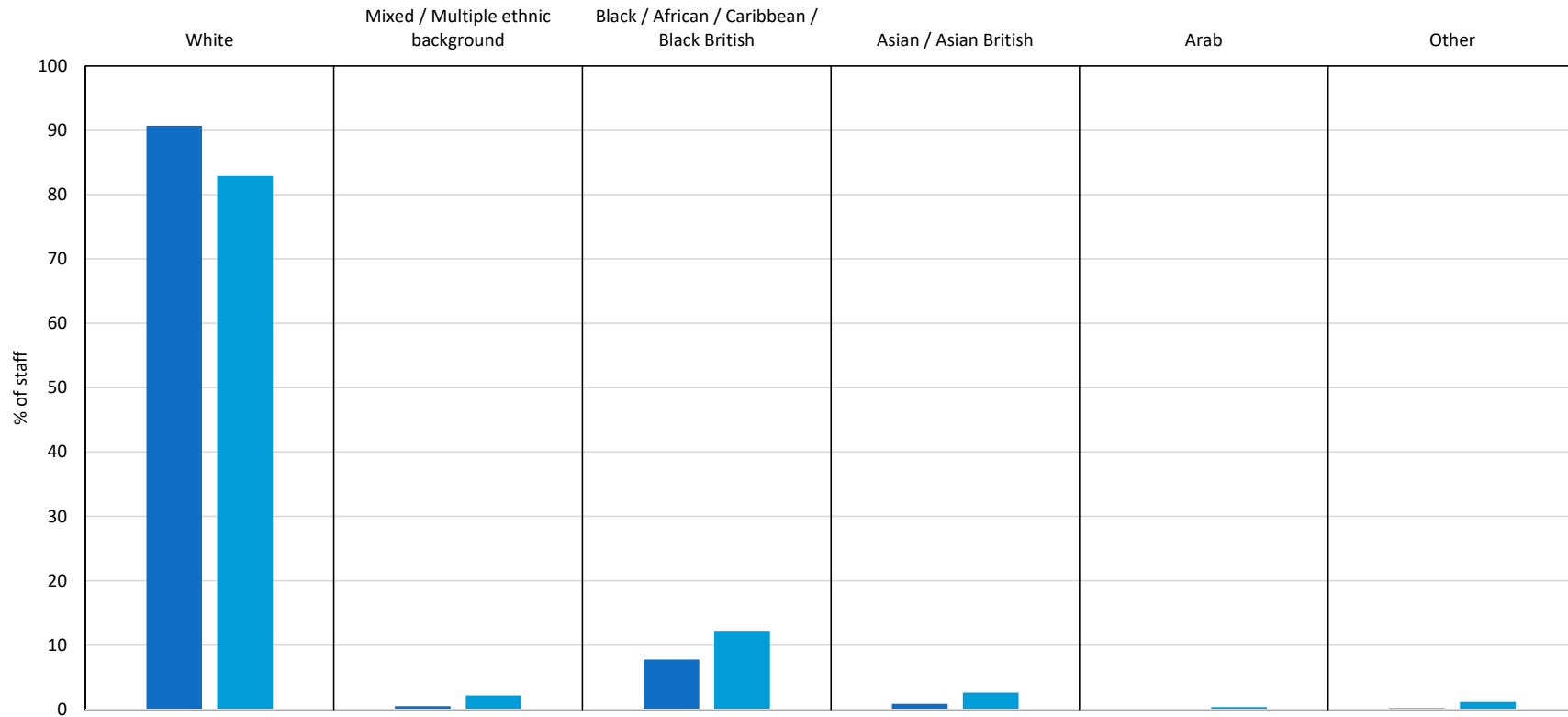
# Background details - Age



	16-20	21-30	31-40	41-50	51-65	66+
<b>Your org</b>	0.0%	13.4%	29.1%	27.2%	29.8%	0.5%
<b>Average</b>	0.3%	16.1%	27.6%	25.5%	29.5%	1.4%
<b>Responses</b>	588	588	588	588	588	588

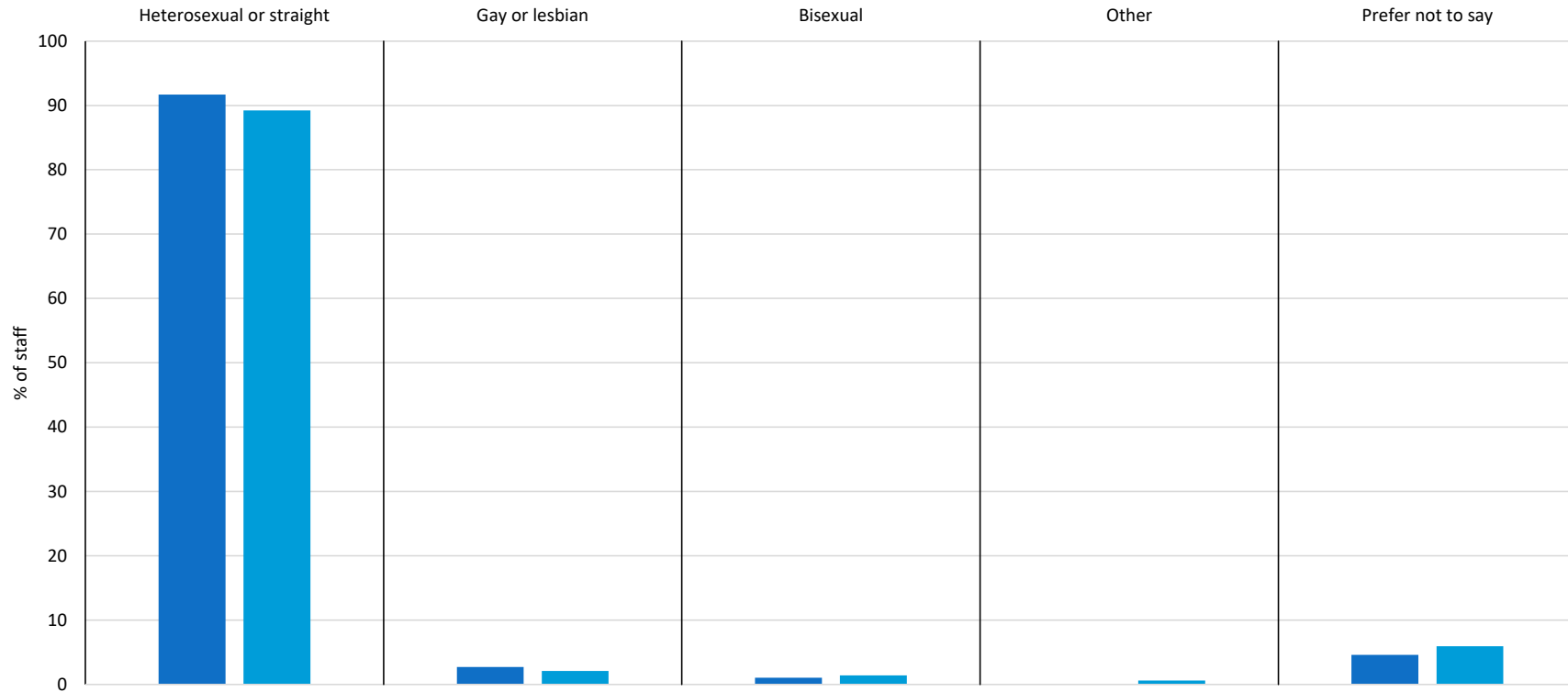


# Background details - Ethnicity



	White	Mixed / Multiple ethnic background	Black / African / Caribbean / Black British	Asian / Asian British	Arab	Other
<b>Your org</b>	90.7%	0.5%	7.8%	0.8%	0.0%	0.2%
<b>Average Responses</b>	82.9%	2.2%	12.2%	2.6%	0.4%	1.1%
	593	593	593	593	593	593

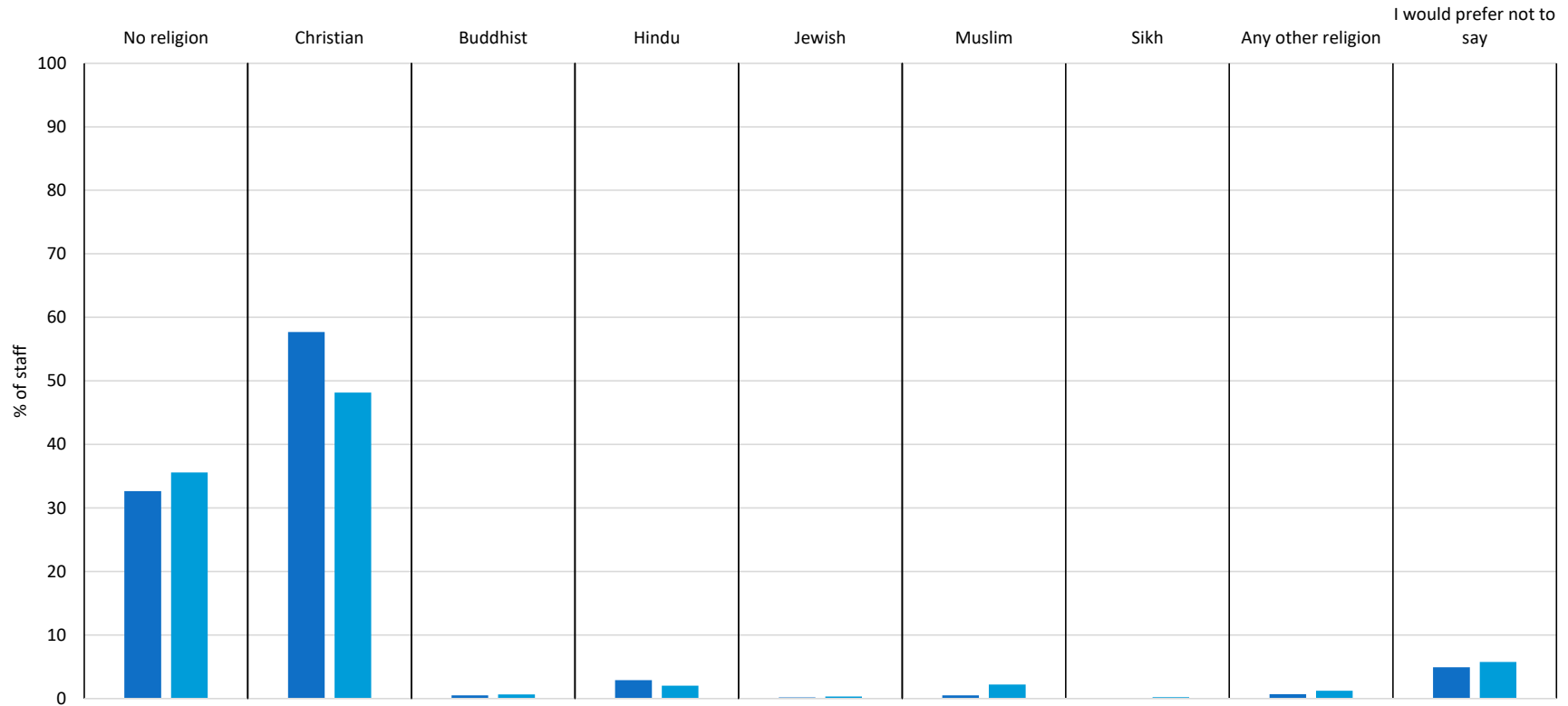
# Background details – Sexual orientation



	Heterosexual or straight	Gay or lesbian	Bisexual	Other	Prefer not to say
<b>Your org</b>	91.7%	2.7%	1.0%	0.0%	4.6%
<b>Average</b>	89.2%	2.1%	1.4%	0.6%	5.9%
<b>Responses</b>	589	589	589	589	589



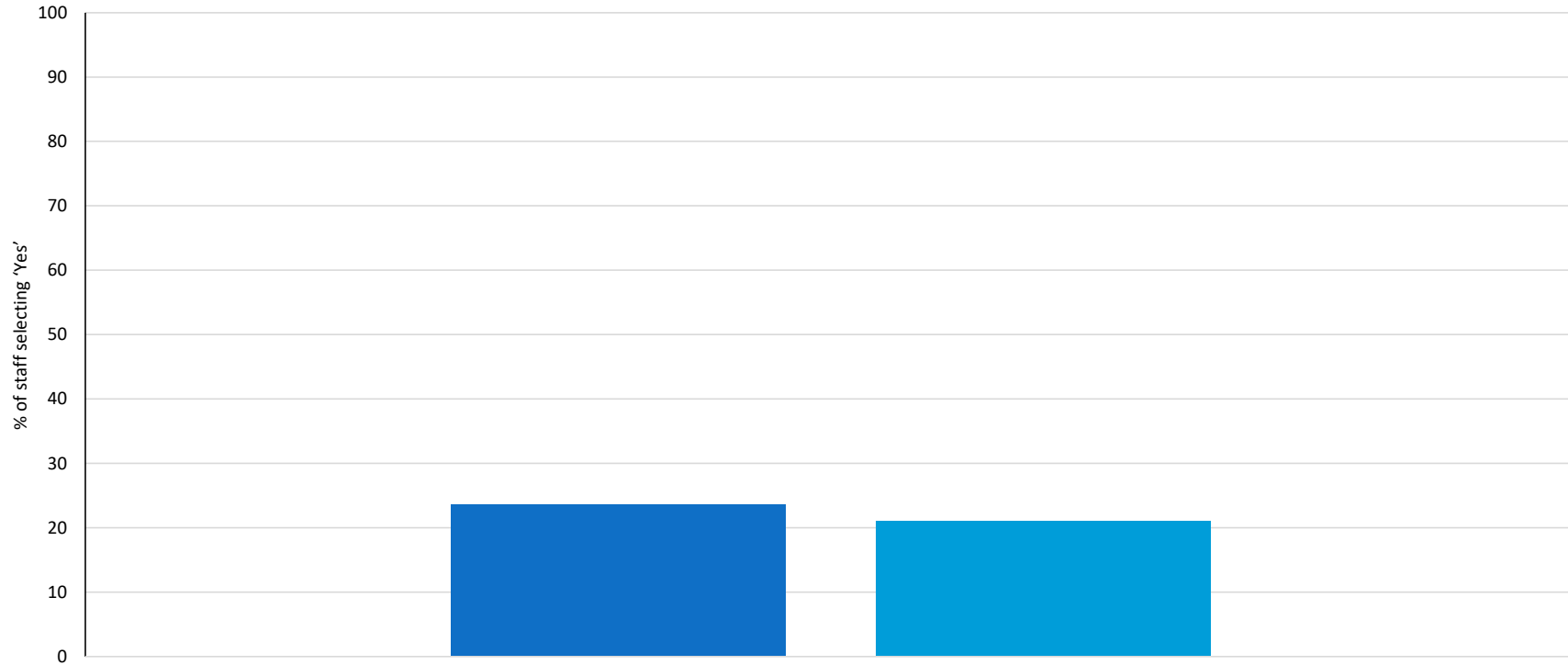
# Background details - Religion



	No religion	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Any other religion	I would prefer not to say
<b>Your org</b>	32.7%	57.7%	0.5%	2.9%	0.2%	0.5%	0.0%	0.7%	4.9%
<b>Average</b>	35.6%	48.2%	0.6%	2.0%	0.3%	2.2%	0.2%	1.2%	5.8%
<b>Responses</b>	591	591	591	591	591	591	591	591	591



Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?



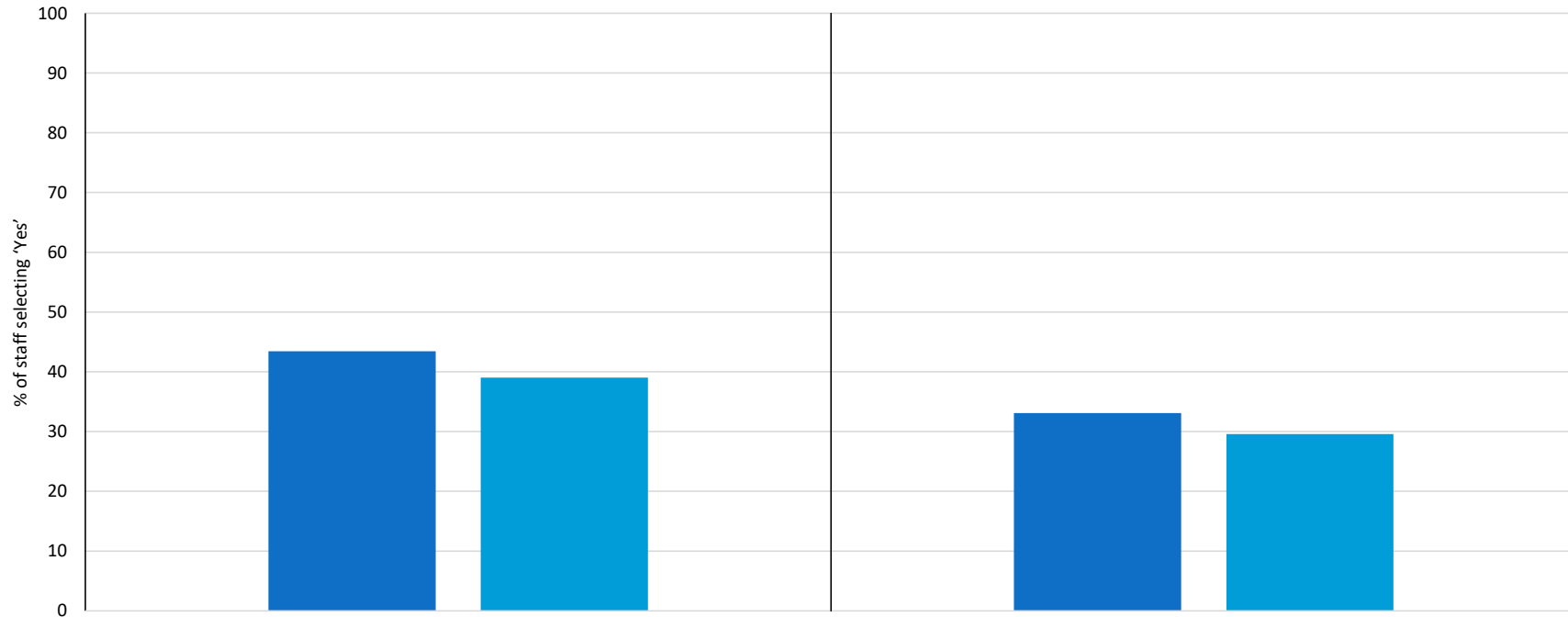
<b>Your org</b>	23.6%
<b>Average</b>	21.0%
<b>Responses</b>	584



# Background details – Parental / caring responsibilities

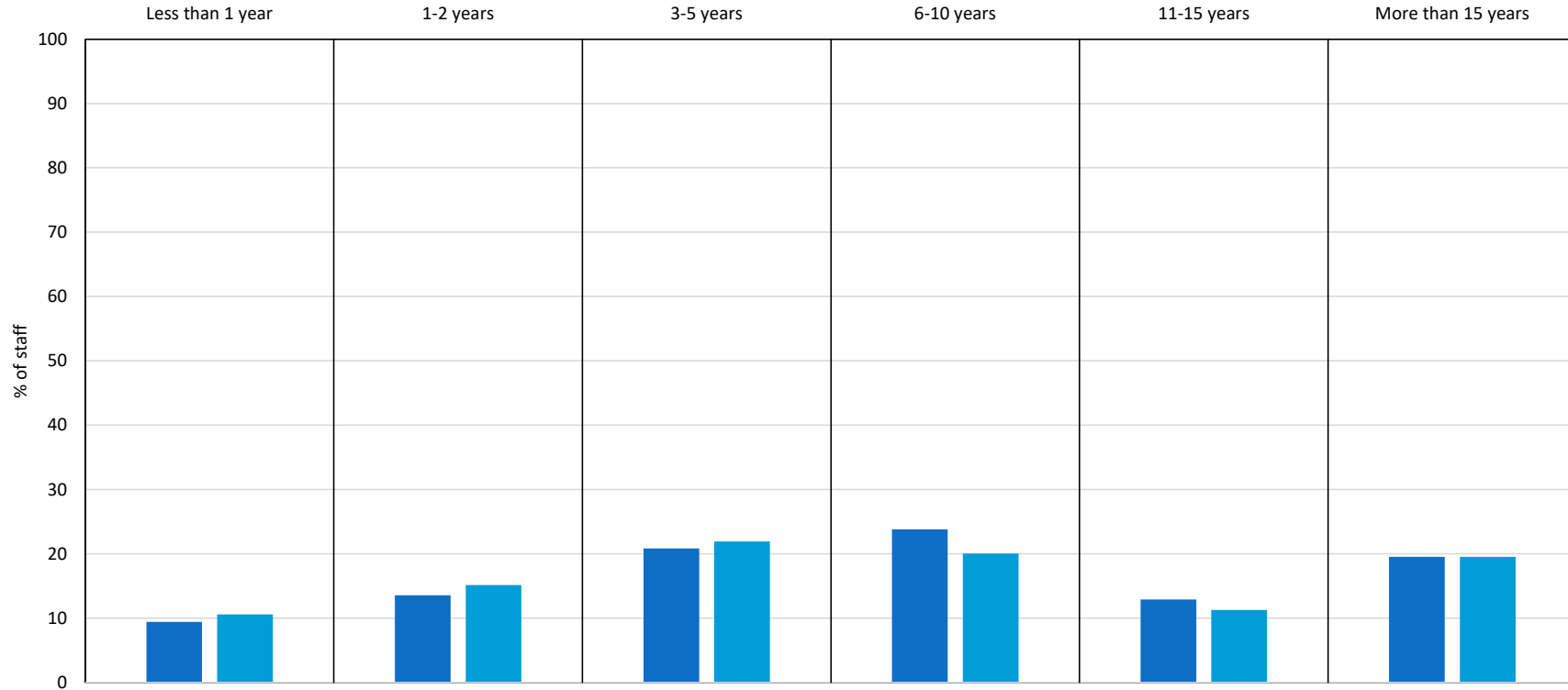
Do you have any children aged from 0 to 17 living at home with you or who you have regular caring responsibility for?

Do you look after or give any help or support to family members, friends, neighbours or others because of either: long term physical or mental ill health / disability, or problems related to old age.



<b>Your org</b>	43.4%	33.1%
<b>Average</b>	39.0%	29.6%
<b>Responses</b>	587	586

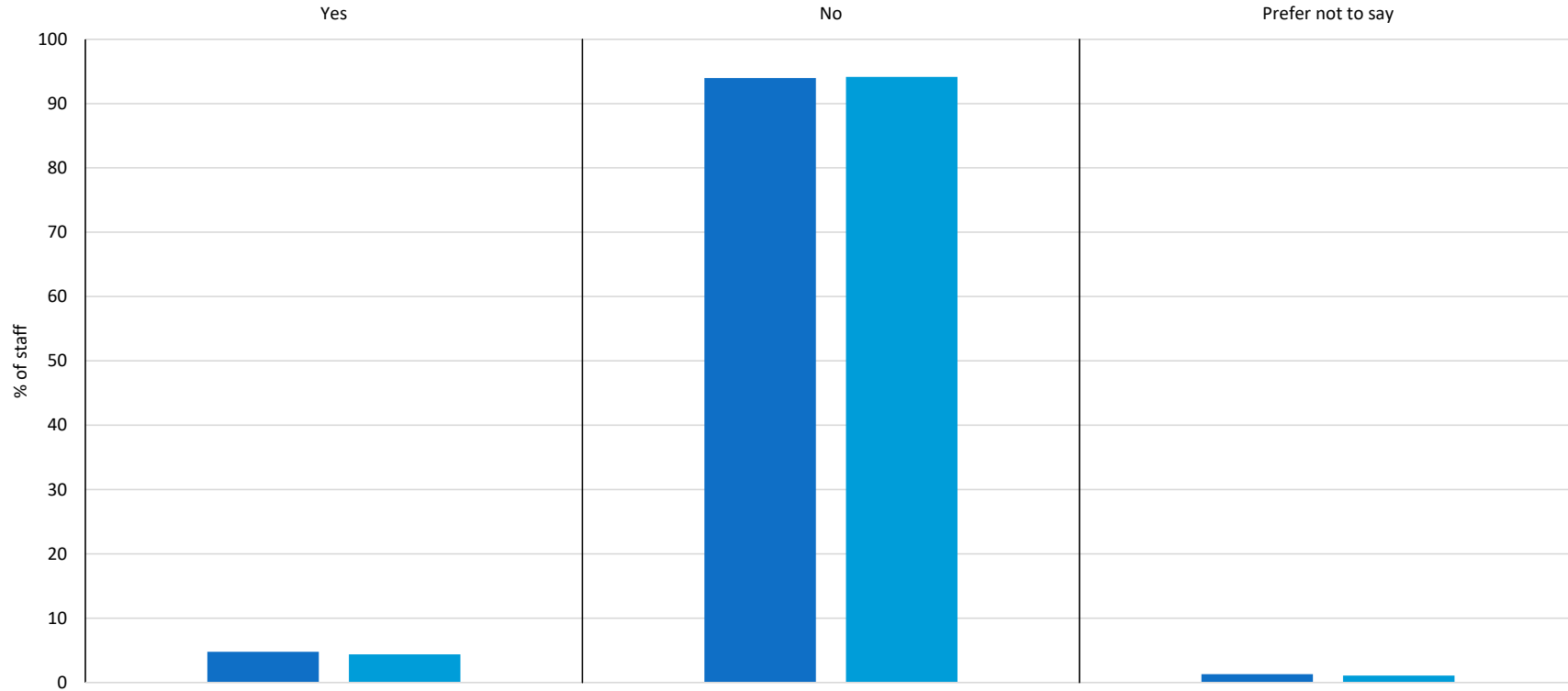
# Background details – Length of service



	Less than 1 year	1-2 years	3-5 years	6-10 years	11-15 years	More than 15 years
<b>Your org</b>	9.4%	13.6%	20.8%	23.8%	12.9%	19.5%
<b>Average Responses</b>	10.6%	15.1%	21.9%	20.0%	11.3%	19.5%
<b>Responses</b>	605	605	605	605	605	605

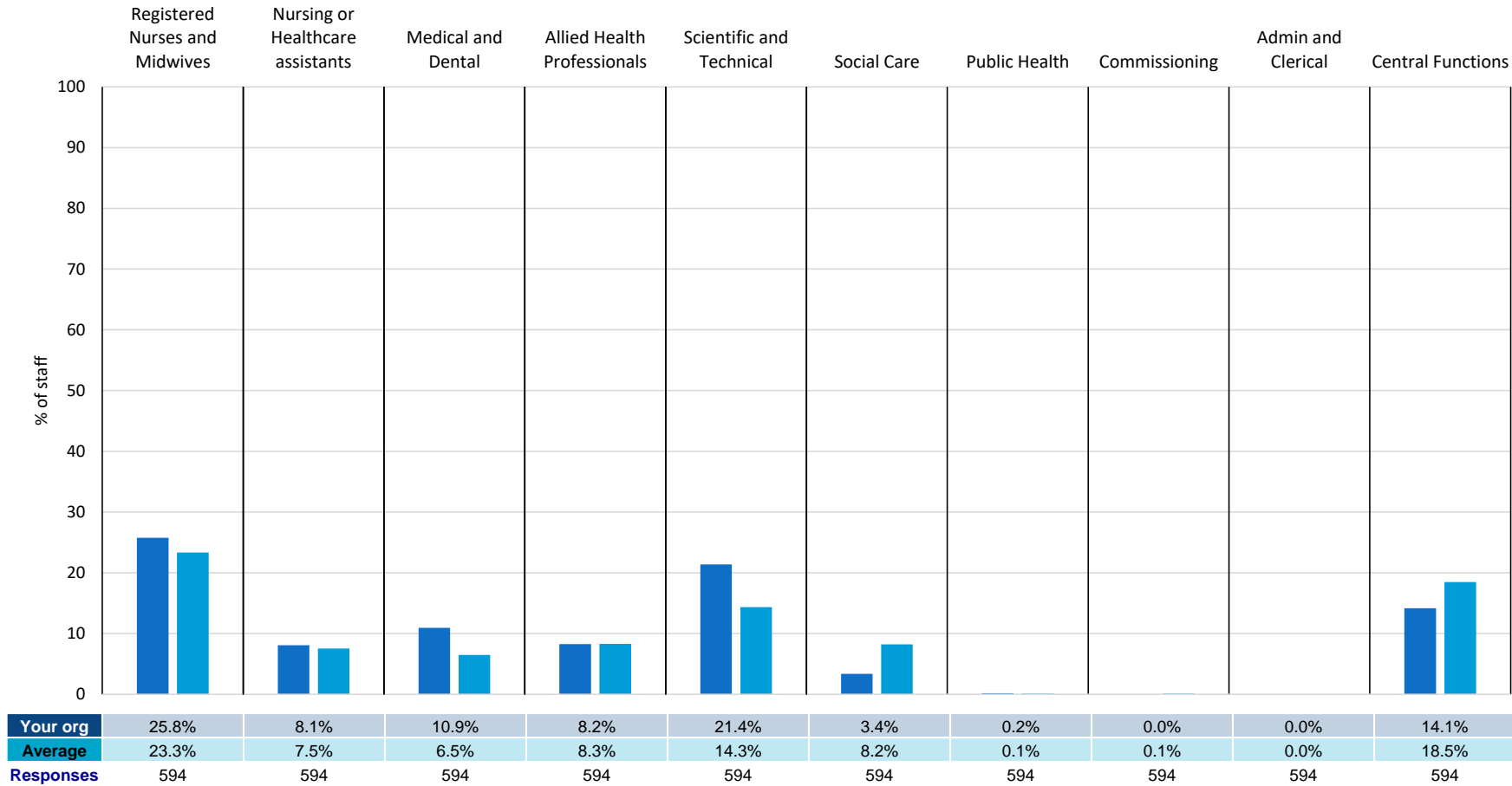


# Background details – When you joined this organisation were you recruited from outside of the UK?



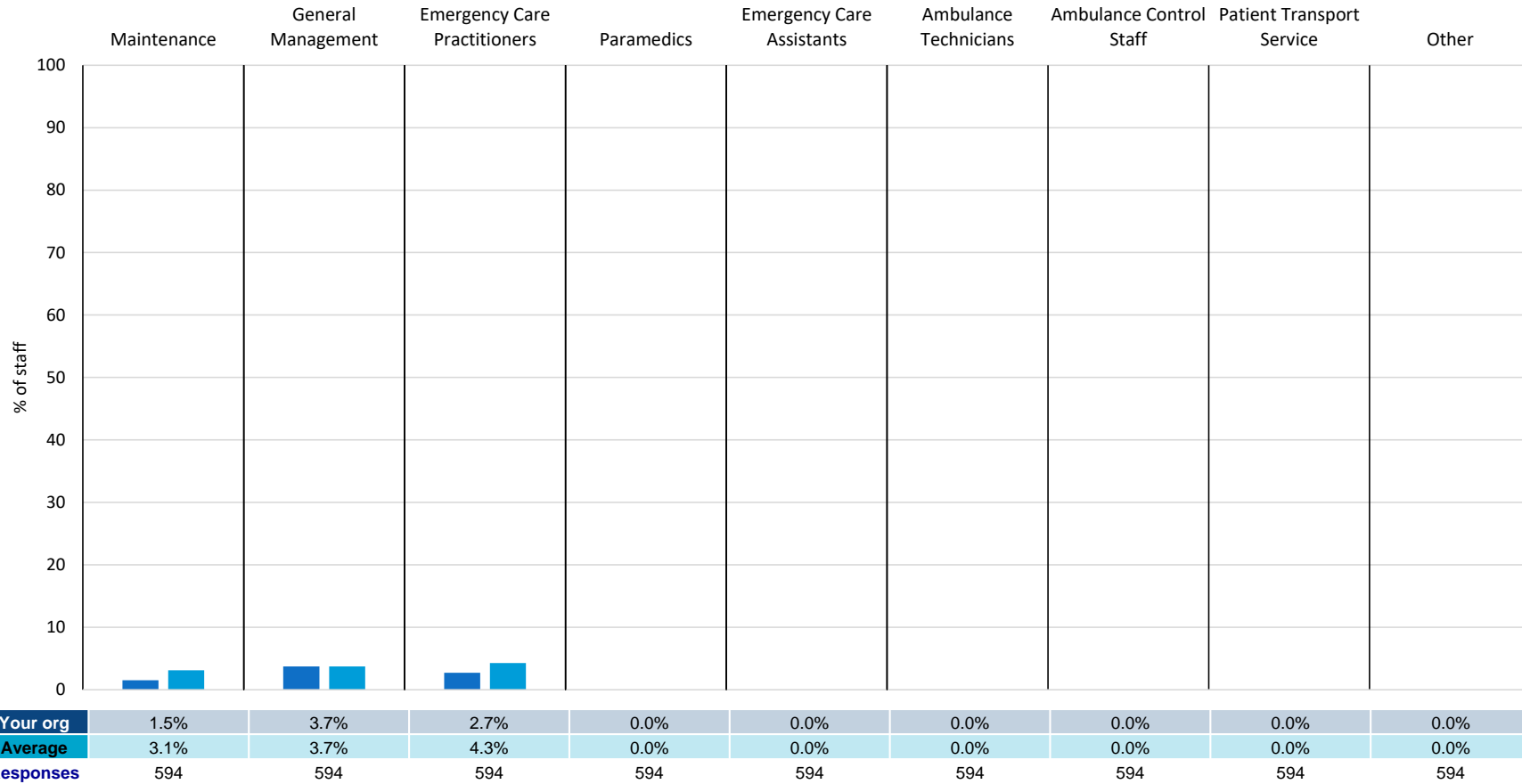
	Yes	No	Prefer not to say
<b>Your org</b>	4.8%	94.0%	1.3%
<b>Average</b>	4.4%	94.2%	1.1%
<b>Responses</b>	546	546	546

# Background details – Occupational group





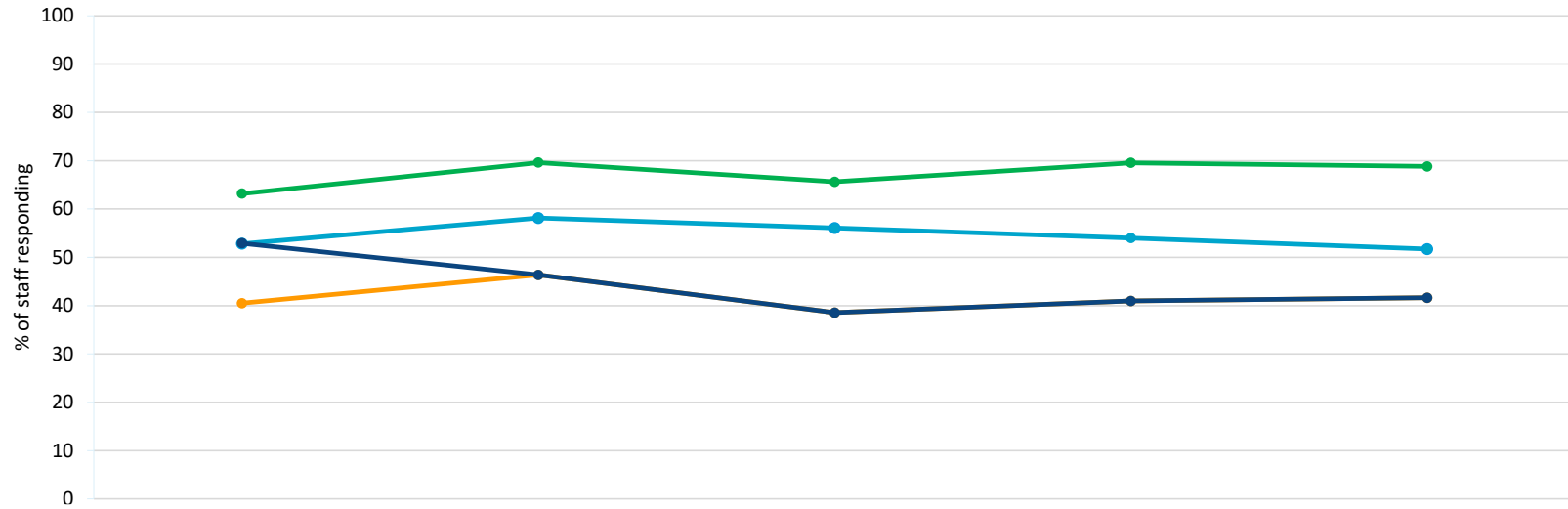
# Background details – Occupational group



## Appendices

## Appendix A: Response rate

Response rate



	2018	2019	2020	2021	2022
Your org	52.9%	46.3%	38.6%	41.0%	41.6%
Highest	63.2%	69.6%	65.6%	69.6%	68.8%
Average	52.8%	58.1%	56.1%	54.0%	51.7%
Lowest	40.5%	46.3%	38.6%	41.0%	41.6%
Responses	758	622	548	600	614

## Appendix B: Significance testing 2021 vs 2022

## Appendix B: Significance testing – 2021 vs 2022

The table below presents the results of significance testing conducted on the theme scores calculated in both 2021 and 2022\*.

People Promise elements	2021 score	2021 respondents	2022 score	2022 respondents	Statistically significant change?
We are compassionate and inclusive	7.6	598	7.7	611	Not significant
We are recognised and rewarded	6.1	598	6.2	611	Not significant
We each have a voice that counts	7.2	590	7.2	592	Not significant
We are safe and healthy	6.3	587	6.4	603	Not significant
We are always learning	5.5	554	5.7	556	Not significant
We work flexibly	6.5	595	6.6	607	Not significant
We are a team	6.9	597	7.1	609	Not significant
<b>Themes</b>					
Staff Engagement	7.3	597	7.4	611	Not significant
Morale	6.2	599	6.2	612	Not significant

\* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence. For more details please see the [technical document](#).

## Appendix C: Tips on using your benchmark report

## Appendix C: Data in the benchmark reports

The following pages include tips on how to read, interpret and use the data in this report. The **suggestions are aimed at users who would like some guidance on how to understand the data** in this report. These suggestions are by no means the only way to analyse or use the data, but have been included to aid users.

### Key points to note



The seven People Promise elements, the two themes and the sub-scores that feed into them cover key areas of staff experience and present results in these areas in a clear and consistent way. All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score. These scores are created by scoring questions linked to these areas of experience and grouping these results together. Details of how the scores are calculated can be found in the technical document available on the [Staff Survey website](#).



A key feature of the reports is that they **provide organisations with up to five years of trend data**. Trend data provides a much more reliable indication of whether the most recent results represent a change from the norm for an organisation than comparing the most recent results only to those from the previous year. Taking a longer term view will help organisations to identify trends over several years that may have been missed when comparisons are drawn solely between the current and previous year.



People Promise elements, themes and sub-scores are benchmarked so that organisations can make comparisons to their peers on specific areas of staff experience. Question results provide organisations with more granular data that will help them to identify particular areas of concern. The trend data are benchmarked so that organisations can identify how results on each question have changed for themselves and their peers over time by looking at a single graph.

N.B. Historical benchmarking data for 2019 has been revised for the Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts, and Community Trusts benchmarking groups. This is due to a revision in the occupation group weighting to correctly reflect historical benchmarking group changes. Historical data is reweighted each year according to the latest results and so historical figures change with each new year of data; however it is advised to keep the above in mind when viewing historical results released in 2022.



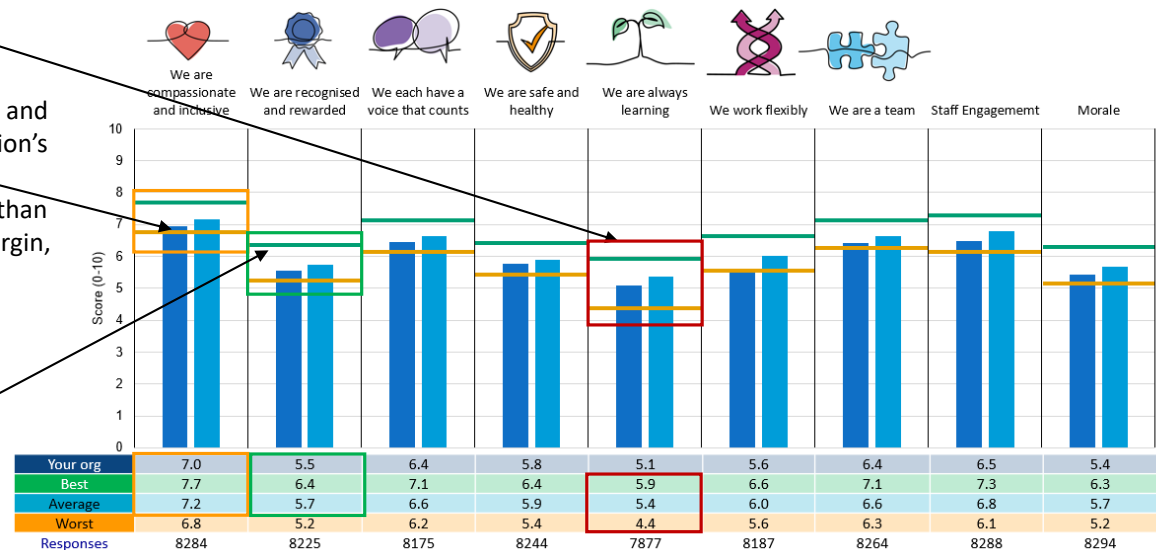
# Appendix C: 1. Reviewing People Promise and theme results

When analysing People Promise element and theme results, it is easiest to start with the **overview** page to quickly identify areas which are doing better or worse in comparison to other organisations in the given benchmarking group.

It is important to **consider each result within the range of its benchmarking group 'Best' and 'Worst' scores**, rather than comparing People Promise element and theme scores to one another. Comparing organisation scores to the benchmarking group average is another important point of reference.

## Areas to improve

- By checking where the 'Your org' column/value is lower than the benchmarking group 'Average' you can quickly identify areas for improvement.
- It is worth looking at the difference between the 'Your org' result and the benchmarking group 'Worst' score. The closer your organisation's result is to the worst score, the more concerning the result.
- Results where your organisation's score is only marginally better than the 'Average', but still lags behind the best result by a notable margin, could also be considered as areas for further improvement.



Only one example is highlighted for each point

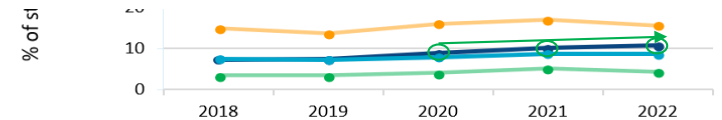
## Positive outcomes

- Similarly, using the overview page it is easy to identify People Promise elements and themes which show a positive outcome for your organisation, where 'Your org' scores are distinctly higher than the benchmarking group 'Average' score.
- Positive stories to report could be ones where your organisation approaches or matches the benchmarking group's 'Best' score.

## Appendix C: 2. Reviewing results in more detail

### Review trend data

Trend data can be used to identify measures which have been consistently improving for your organisation (i.e. showing an upward trend) over the past years and ones which have been declining over time. These charts can help establish if there is genuine change in the results (if the results are consistently improving or declining over time), or whether a change between years is just a minor year-on-year fluctuation.



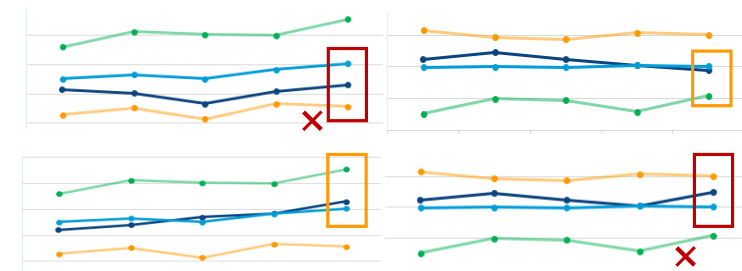
	2018	2019	2020	2021	2022
Your org	7.3%	7.4%	8.9%	10.2%	10.8%
Best	3.4%	3.4%	4.0%	5.1%	4.2%
Average	7.5%	7.3%	7.9%	8.8%	8.7%
Worst	14.9%	13.8%	16.1%	17.2%	15.7%

Benchmarked trend data also allows you to review local changes and benchmark comparisons at the same time, allowing for various types of questions to be considered: e.g. how have the results for my organisation changed over time? Is my organisation improving faster than our peers?

### Review the sub-scores and questions feeding into the People Promise elements and themes

In order to understand exactly which factors are driving your organisation's People Promise element and theme scores, you should review the sub-scores and questions feeding into these scores. The **sub-score results** and the **'Question results'** section contain the sub-scores and questions contributing to each People Promise element and theme, grouped together. By comparing 'Your org' scores to the benchmarking group 'Average', 'Best' and 'Worst' scores for each question, the **questions which are driving your organisation's People Promise element and theme results can be identified**.

For areas of experience where results need improvement, action plans can be formulated to **focus on the questions where the organisation's results fall between the benchmarking group average and worst results**. Remember to keep an eye out for questions where a lower percentage is a better outcome – such as questions on violence or harassment, bullying and abuse.



X = Negative driver, org result falls between average & worst benchmarking group result for question

## ➤ Appendix C: 3. Reviewing question results

This benchmark report displays results for all questions in the questionnaire, including benchmarked trend data wherever available. While this a key feature of the report, at first glance the amount of information contained on more than 140 pages might appear daunting. The below suggestions aim to provide some guidance on how to get started with navigating through this set of data.

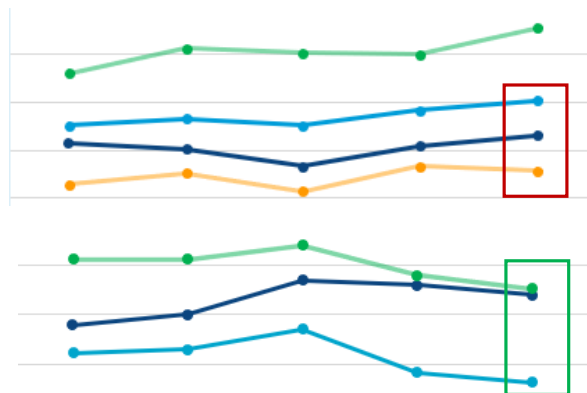
### Identifying questions of interest

#### ➤ Pre-defined questions of interest – key questions for your organisation

Most organisations will have questions which have traditionally been a focus for them - questions which have been targeted with internal policies or programmes, or whose results are of heightened importance due to organisation values or because they are considered a proxy for key issues. Outcomes for these questions can be assessed on the backdrop of benchmark and historical trend data.

#### ➤ Identifying questions of interest based on the results in this report

The methods recommended to review your People Promise and theme results can also be applied to pick out question level results of interest. However, **unlike People Promise elements, themes and sub-scores where a higher score always indicates a better result, it is important to keep an eye out for questions where a lower percentage relates to a better outcome** (see details on the 'Using the report' page in the 'Introduction' section).



- **To identify areas of concern:** look for questions where the organisation value falls between the benchmarking group average and the worst score, particularly questions where your organisation result is very close to the worst score. Review changes in the trend data to establish if there has been a decline or stagnation in results across multiple years, but consider the context of how the trust has performed in comparison to its benchmarking group over this period. A positive trend for a question that is still below the average result can be seen as good progress to build on further in the future.
- **When looking for positive outcomes:** search for results where your organisation is closest to the benchmarking group best result (but remember to consider results for previous years), or ones where there is a clear trend of continued improvement over multiple years.

## Appendix D: Additional reporting outputs

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

## Appendix D: Additional reporting outputs

Below are links to other key reporting outputs that complement this report. A full list and more detailed explanation of the reporting outputs is included in the Technical Document.

### Supporting documents



**Basic Guide:** Provides a brief overview of the NHS Staff Survey data and details on what is contained in each of the reporting outputs.



**Technical Document:** Contains technical details about the NHS Staff Survey data, including: data cleaning, weighting, benchmarking, People Promise, historical comparability of organisations and questions in the survey.

### Other local results



**Local Dashboards:** Online dashboards containing results for each participating organisation, similar those provided in this report, with trend data and benchmark results for up to five years where possible. These dashboards additionally show the full breakdown of response options for each question.



**Breakdown reports:** Reports containing People Promise and theme results split by breakdown (locality) for The Walton Centre NHS Foundation Trust.

### National results



**National Dashboards:** Online dashboards containing national results for NHS trusts with trend data for up to five years where possible. These dashboards show the results for different trust types and include the full breakdown or response options for each question.



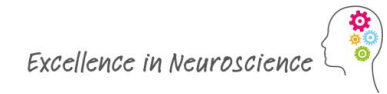
**Regional / System overview and Regional / System breakdown** Dashboards containing results for each region and each ICS.



**Detailed spreadsheets** Contain detailed weighted results for all participating organisations, all trusts nationally, and for each region and ICS.



The Walton Centre  
NHS Foundation Trust



# NHS Staff Survey 2022

**Jane Mullin**  
Deputy Chief People Officer

[www.thewaltoncentre.nhs.uk](http://www.thewaltoncentre.nhs.uk) 



# Criteria

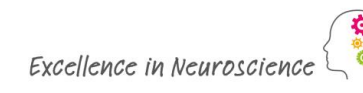


- Seven people promise elements
- Two theme reported in previous years
  - Staff engagement
  - Morale
- Also includes sub-scores within each element, and COVID related breakdowns

# Top level results



The Walton Centre  
NHS Foundation Trust



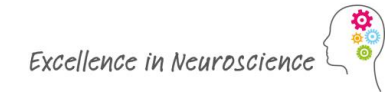
- Above national average in all People Promise elements and the two additional themes, apart from one where we were the same
- Best in class for 'we work flexibly'
- Improved scores from 2021 almost across the board
- Issues remain around violence against staff
- Appraisals are still below national average, but sub-scores are above average
- New issues highlighted include priority of patients and addressing/feedback of concerns



# How do we rank?



The Walton Centre  
NHS Foundation Trust




- Across all specialist Trusts (13) in England
  - Second highest for 'We each have a voice that counts'
  - Second highest for 'We work flexibly'
  - Third highest for 'We are a team'
  - In the top half for all People Promise areas
  - Sixth for 'Would recommend organisation as a place to work', third in the north west

# People promise scores



The Walton Centre  
NHS Foundation Trust

Excellence in Neuroscience 



We are  
compassionate  
and inclusive



We are recognised  
and rewarded



We each have a  
voice that counts

	WC 2021	WC 2022	Average	Best
We are compassionate and inclusive	7.6	7.7	7.5	7.9
We are recognised and rewarded	6.1	6.2	6	6.3
We each have a voice that counts	7.2	7.2	7	7.4

# People promise scores



The Walton Centre  
NHS Foundation Trust

Excellence in Neuroscience



We are safe and healthy



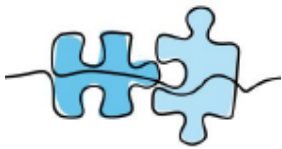
We are always learning



We work flexibly

WC 2021	WC 2022	Average	Best
6.3	6.4	6.3	6.6
5.5	5.7	5.7	6.1
6.5	6.6	6.4	6.6

# People promise scores



We are a team



Staff  
engagement



Morale

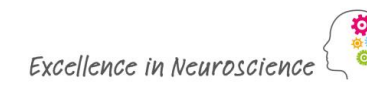
WC 2021	WC 2022	Average	Best
6.9	7.1	6.9	7.2
7.3	7.4	7.2	7.6
6.2	6.2	6.1	6.4



## Promise element 1: We are compassionate and inclusive



The Walton Centre  
NHS Foundation Trust



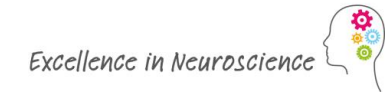
- Above average in all sub-scores:
  - Compassionate culture
  - Compassionate leadership
  - Diversity and equality
  - Inclusion
- Increased or stayed the same versus 2021
  - *Immediate manager responses (9)* – all positive, and improvements versus 2021
  - *Working with team and colleagues (2 and 8)* - all positive, and improvements versus 2021
  - *Care of patients / service users is my organisation's top priority (23a)* – lowest for five years, below average
  - *If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation (23d)* - lowest for five years, below average



## Promise element 3: We each have a voice that counts



The Walton Centre  
NHS Foundation Trust




- Above average in all sub-scores:
  - Autonomy and control
  - Raising concerns
- Stayed the same / decreased slightly versus last year
  - *Frequent opportunities for initiative (3c)* – best score nationally
  - *Affecting change and making improvements (3d, e, f)* - all positive, and improvements versus 2021
  - *Choice of how to do work (5b)* – best score nationally
  - *Raising concerns/addressing concerns (19a, b)* - both declined versus 2021



## Promise element 4: We are safe and healthy



The Walton Centre  
NHS Foundation Trust

Excellence in Neuroscience 

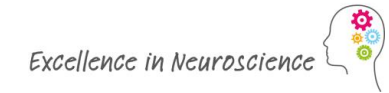
- Above average in two of three sub scores:
  - Health and safety climate
  - Burnout
- Below average on one sub-score
  - Negative experiences
- A range compared to 2021 – one decreased, one stayed the same, one improved
  - *Adequate staff and equipment (3h, i) – declined versus 2021*
  - *Feeling burnt out (12b) – declined versus 2021*
  - *Organisation takes positive health and wellbeing action (11a) - big increase versus 2021*



## Promise element 5: We are always learning



The Walton Centre  
NHS Foundation Trust



- Above average or the same in both sub-scores:
  - Development
  - Appraisals
- Increased versus 2021
  - *Appraisal rate (21a)* – below average, but slight increase versus 2021
  - *Outcomes of appraisals (21b, c, d)* – all improved and higher than average
  - *Development and L&D opportunities (22a - e)* - all increased versus 2021

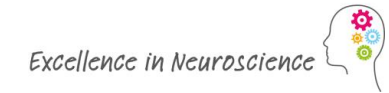




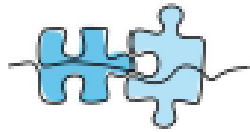
## Promise element 6: We work flexibly



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NHS Foundation Trust



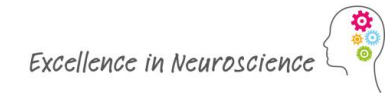
- Above average in all sub-scores:
  - Support for work-life balance
  - Flexible working
- Increased versus 2021
  - *Work-life balance (6b)* – Best national score
  - *Flexible working opportunities and openness (6d, 4d)* - all increased versus 2021



## Promise element 7: We are a team



The Walton Centre  
NHS Foundation Trust



- Above average in all sub-scores:
  - Team working
  - Line management
- Increased versus 2021
  - *Effectiveness and respect within teams (7b, c)* – significant increases versus 2021
  - *Working with other teams (8a)* – significant increase versus 2021 and above average
  - *Immediate manager respect and support (9a – d)* - all increased versus 2021



# Staff engagement



The Walton Centre  
NHS Foundation Trust

Excellence in Neuroscience

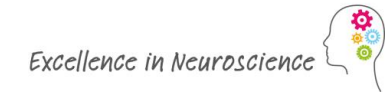
- Above average in all sub-scores:
  - Motivation
  - Involvement
  - Advocacy
- Increased in two scores and stayed the same in one versus 2021
  - *Opportunity to show initiative (3c)* – best national score
  - *Enthusiasm about job (2b)* – increase versus 2021 and above average



# Morale



The Walton Centre  
NHS Foundation Trust



- Above average in two sub-scores:
  - Thinking about leaving (a higher score is more positive)
  - Stressors (a higher score is more positive)
- Same in one sub-score:
  - Work pressure
- Increased in two, decreased in one versus 2021
  - *Respect from colleagues (7c)* – increase versus 2021 and above national
  - *Encouragement from manager (9a)* – increase versus 2021 and above national
  - *Thoughts about leaving (24a – c)* – all decreased versus 2021

# What people said

- Over 60 pieces of qualitative feedback were received
- Good mix of positive, constructive and negative
- Key negative themes included:
  - The role and effectiveness of line managers
  - AHPs and their value
  - Staffing levels
  - Raising of concerns



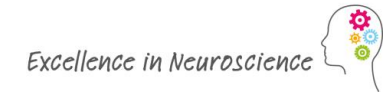
The Walton Centre  
NHS Foundation Trust



# What people said



The Walton Centre  
NHS Foundation Trust



*“This organisation is the best one that I have had the privilege to work for. They are very patient focused, compassionate about patient care and really do work as a team from all levels of medical, nursing and health care professionals working jointly to achieve the best for the patient. I wish that I had joined the Trust sooner.”*

*“I have noticed a definite change in vibe and feeling amongst staff and willingness to work together and try new things.”*

*“There are challenges both within the NHS and our wider economy but I honestly believe that this is still one of the best places to work.”*

*“In my experience The Walton centre values its staff, listens to our ideas, suggestions and concerns and is by far the best NHS trust I have worked for. Patient care is at the top of the agenda at The Walton Centre and being able to deliver effective care that makes a difference to peoples lives gives so much job satisfaction.”*

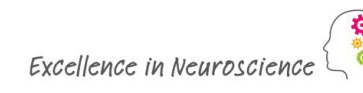
*“This is the best and most rewarding job I have ever have, I feel I learn something new every week”*

*“This organisation has a great culture, people are friendly and very respectful. It's a good place to work but the NHS is becoming more and more challenging to work in.”*

# WRES



The Walton Centre  
NHS Foundation Trust

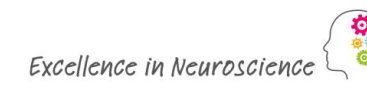


- Four key questions make up the WRES section of the staff survey as follows:
  - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months- this score has increased from 2021 for white staff and all other staff with a higher percentage increase for all other ethnic groups
  - Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months- this score is broadly similar to last year's for white staff and has increased by 2% for all other ethnic groups
  - Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion- this score has increased by over 4% for white staff and decreased by 2.5% for all other ethnic groups
  - Percentage of staff experiencing discrimination at work from manager/team leader or other colleagues in the last 12 months - this score has decreased by 1.8% for white staff and increased by 5.1% for all other ethnic groups.

# WDES



The Walton Centre  
NHS Foundation Trust



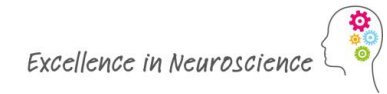
- Seven key questions make up the WDES section of the staff survey as follows:
  - Percentage of staff experiencing harassment, bullying or abuse from patients/service users, relatives or the public in the last 12 months- this score has increased for staff with or without a long-term illness (LTC)
  - Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months- this score has increased by 5% for staff with a LTC and has decreased for staff without a LTC
  - Percentage of staff experiencing harassment, bullying or abuse from colleagues in the last 12 months- this score has decreased by 4% for staff with a LTC and has increased slightly for staff without a LTC
  - Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it- this score has increased for both groups of staff and by 12% for staff with a LTC



# WDES continued



The Walton Centre  
NHS Foundation Trust



- Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion- this score has increased for both groups of staff
- Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties- this score has decreased by 4% for staff with a LTC and increased slightly for staff without a LTC
- Percentage of staff satisfied with the extent to which their organisation values their work- this score has increased slightly for staff with a LTC and by 5% for staff without

**Violence Prevention and Reduction Strategy update - Trust Board**  
**6<sup>th</sup> April 2023**

<b>Report Title</b>	Violence Prevention and Reduction Strategy Update		
<b>Executive Lead</b>	Morag Olsen, Interim Chief Nurse		
<b>Author (s)</b>	Mike Duffy, Head of Risk & Governance		
<b>Action Required</b>	To note		
<b>Level of Assurance Provided</b> <i>(do not complete if not relevant e.g. work in progress)</i>			
<input type="checkbox"/> <b>Acceptable assurance</b> Systems of controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input checked="" type="checkbox"/> <b>Partial assurance</b> Systems of controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/> <b>Low assurance</b> Evidence indicates poor effectiveness of system of controls	
<b>Key Messages</b> <i>(2/3 headlines only)</i>			
<ul style="list-style-type: none"> <li>• Since the Personal Safety Lead commenced in post in February 2023. We have now developed an underpinning work plan to deliver the Trusts Violence Prevention and Reduction Strategy using the national violence prevention and reduction standards. Aligning each criterion within the national standards to the 6 sections of the Walton Centre’s Strategy, using the Plan, Do Check, Act approach in line with our Strategy. These sections include:           <ul style="list-style-type: none"> <li>• Leadership</li> <li>• Data driven decisions</li> <li>• Risk reduction</li> <li>• Competent people</li> <li>• Support</li> <li>• Monitoring</li> </ul> </li> <li>• The Trust is currently compliant with 21 of the 42 national violence prevention and reduction standards. However 12 additional criteria will be changed to compliant in May 2023 following the development of a new report and the introduction of monitoring arrangements. This will include the violence prevention and reduction implementation plan and new violence and aggression report being monitored on a quarterly basis by the Health, Safety and Security Group.</li> <li>• Dates for anticipated completion of all remaining non-compliant criteria have all been identified within the work plan.</li> </ul>			
<b>Next Steps</b> <i>(actions to be taken following agreement of recommendation/s by Board/Committee)</i>			
<ul style="list-style-type: none"> <li>• Implement monitoring arrangements for violence prevention and reduction work plan and new violence and aggression report</li> <li>• Undertake the further actions identified with this report</li> </ul>			
<b>Related Trust Strategic Ambitions</b>		<b>Impact</b> <i>(is there an impact arising from the report on any of the following?)</i>	
		Quality	Workforce
		Choose an item.	
<b>Strategic Risks</b> <i>(tick one from the drop down list; up to three can be highlighted)</i>			

003 Violence and Agression to Staff	Choose an item.	Choose an item.	
<b>Equality Impact Assessment Completed</b> <i>(must accompany the following submissions)</i>			
Strategy <input type="checkbox"/>	Policy <input type="checkbox"/>	Service Change <input type="checkbox"/>	
<b>Report Development</b> <i>(full history of paper development to be included, on second page if required)</i>			
Committee/ Group Name	Date	Lead Officer (name and title)	Brief Summary of issues raised and actions agreed

## Report Title

### Executive Summary

1. All NHS commissioners and all providers of NHS-funded services, operating under the NHS Standard Contract should have regard to the national violence prevention and reduction standards.
2. The standards have been developed with partners from the Social Partnership Forum and its subgroups, the Workforce Issues Group and the Violence Reduction Group. The standard is managed by NHS England and NHS Improvement and was endorsed by the Social Partnership Forum.
3. The purpose of the Violence Prevention and Reduction Strategy is to set out a plan for The Walton Centre NHS Foundation Trust to address the significant risk to staff from violence and aggression. This will support staff to work in a safer and secure environment, which safeguards against abuse, aggression and violence, optimising patient care and treatment.
4. The violence prevention and reduction strategy employs the Plan, Do Check, Act (PDCA) approach, an iterative four-step management method to validate, control and achieve continuous improvement of processes in line with the national standard requirements.

### Background and Analysis

5. Since the Personal Safety Lead commenced in post in February 2023. We have now developed an underpinning work plan to deliver the Trusts Violence Prevention and Reduction Strategy, using the National Violence Prevention and Reduction Standards. Aligning each criterion within the national standards to the 6 sections of the Walton Centre's Strategy, employing the Plan, Do Check, Act approach in line with our Strategy. These sections include:
  - Leadership
  - Data driven decisions
  - Risk reduction
  - Competent people
  - Support
  - Monitoring
6. The Trust is currently compliant with 21 of the 42 national violence prevention and reduction standards. However 12 additional criteria will become compliant in May 2023 following the introduction of monitoring arrangements. This will include the violence prevention and reduction work plan and new violence and aggression report being monitored on a quarterly basis by the Health, Safety and Security Group. This will result in compliance of 33 of 42 criteria.
7. Dates for anticipated completion of all remaining non-compliant criteria have all been identified within the work plan.

### Conclusion

8. The Health, Safety and Security Group will receive on a quarterly basis the violence prevention and reduction work plan and violence and aggression reports. This will in turn

ensure that Trust continues to work towards delivery of the Trust Violence Prevention and Reduction Strategy and adherence to the national standards.

### **Recommendation**

9. What are you asking the reader for?
  - To note

**Author: Mike Duffy – Head of Risk & Governance**

**Date: 22<sup>nd</sup> March 2023**

## Violence Prevention and Reduction Work Plan

### Indicators - PLAN

Link to Strategy	Criteria	The board (non-exec and exec members) endorses the violence prevention and reduction policy	Compliant Y/N?	Lead	Evidence	Actions	Completion Date/Update
Leadership	V&A 01	The organisation has developed a violence prevention and reduction strategy which has been endorsed by the board and is underpinned by the relevant legislation and government guidance.	Yes	Head of Risk & Governance	Strategy & Minutes of Trust Board		Completed
Leadership	V&A 02	The organisation has developed a violence prevention and reduction policy which has been endorsed by the board and is underpinned by workforce and workplace risk assessments.	Yes	Personal Safety Lead	Management of Violent and Aggressive Individuals Policy	We do not have a policy titled 'violence prevention and reduction policy'. However we do have a V&A policy which has the same intention, this could be amended to include the terminology and any other required changes?	Completed
Leadership	V&A 03	The organisation has engaged with key stakeholders, including trade unions, health and safety representatives and other appropriate stakeholders.	Yes	Personal Safety Lead	Health, Safety and Security Group Terms of reference - Includes membership		Completed
Leadership	V&A 04	The organisational risks associated with violence have been assessed and shared with appropriate stakeholders in the <a href="#">sustainability and transformation partnership (STP)</a> or <a href="#">integrated care system(ICS)</a> .	No	Personal Safety Lead		Check with regional lead LF - Is this the LSMS regional meeting with representation covering ICS?	Sep-23
Leadership	V&A 05	The senior management (the chief executive and the board) is accountable for the violence prevention and reduction strategy and policy, and this is clearly set out in both documents.	Yes	Head of Risk & Governance	V&A Strategy and Policy		Completed
Leadership	V&A 06	Senior management is informed about any disparity trends for violence and aggression against groups with protected characteristics, and a full equality impact assessment has been developed and made available to all stakeholders.	No	Personal Safety Lead	V&A quarterly report to Health, Safety and Security Group - agenda/minutes	Personal Safety lead has worked with Risk manager and built the recording of protected characteristics in to the Datix system - Launched March 2023  Add V&A quarterly report as a standing item to the Health, Safety and Security Group agenda - 1st report to go in May 2023	May-23
<b>Clearly defined objectives and performance criteria</b>			<b>Compliant Y/N?</b>	<b>Lead</b>	<b>Evidence</b>	<b>Actions</b>	<b>Completion Date/Update</b>
Monitoring	V&A 07	The violence prevention and reduction objectives and expected performance criteria outcomes have been incorporated into the policy.	No	Personal Safety Lead	Strategy including objectives  Policy including appendix of performance criteria outcomes	Develop performance criteria outcomes and add to Policy	Oct-23 (6 month benchmark)
Monitoring	V&A 08	There are practical and efficient methods for measuring status against the objectives identified and agreed by the senior management team in consultation with key stakeholders.	No	Personal Safety Lead	Quarterly reporting of work plan to Health, Safety and Security Group & Minutes  V&A quarterly report to Health, Safety and Security Group - agenda/minutes	Add Quarterly reporting of work plan and V&A quarterly report as standing item to Health, Safety and Security - 1st report to go in May 2023	May-23
Monitoring	V&A 09	The organisation is compliant with relevant health and safety legislation and any other applicable statutory legislation, and this has been validated, ie via the organisation's auditors.	Yes	Personal Safety Lead	Training presentation - including objectives of session  Departmental annual V&A risk assessments  Patient risk assessments  Audit by organisations auditors	Arrange audit to include: - Training compliance - Risk assessment compliance (dept) - Risk assessment compliance (pt's)  To be included in V&A Quarterly report to Health, Safety and Security Group. Need to identify a method to show risk assessment compliance for patients eg audit/ep2 once electronic system in place	Completed

Monitoring	V&A 10	Inequality and disparity in experience for any staff groups with protected characteristics have been addressed, and this is clearly referenced in the equality impact assessment.	No	Personal Safety Lead	V&A quarterly report to Health, Safety and Security Group - agenda/minutes	Add V&A quarterly report as a standing item to the Health, Safety and Security Group agenda - 1st report to go in May 2023  Personal Safety Lead to meet with Equality Lead to discuss EIA?  Report to include incidents relating to protected characteristics and subsequent actions.  Datix to send notification of incidents relating to protected characteristics to equality lead.	May-23
<b>Violence prevention and reduction plans recorded, implemented and maintained</b>			<b>Compliant Y/N?</b>	<b>Lead</b>	<b>Evidence</b>	<b>Actions</b>	<b>Completion Date/Update</b>
Monitoring	V&A 11	Plans have been developed and documented for achieving violence prevention and reduction objectives, and the outcomes are clearly set out in the policy.	No	Personal Safety Lead	Quarterly reporting of work plan to Health, Safety and Security Group & Minutes  Quarterly report to HS&S group - include objectives	Add Quarterly reporting of work plan and V&A quarterly report as standing item to Health, Safety and Security - 1st report to go in May 2023  Plan for monitoring to be added to V&A Policy	May-23
Data driven decisions	V&A 12	The plans are updated and maintained to consider improvements, lessons learnt and updated risk assessments, annually as a minimum schedule.	No	Personal Safety Lead	Quarterly reporting of work plan to Health, Safety and Security Group & Minutes  Quarterly report to HS&S group - include objectives	Add Quarterly reporting of work plan and V&A quarterly report as standing item to Health, Safety and Security - 1st report to go in May 2023	May-23
Risk reduction	V&A 13	Risk assessments are available to managers, their staff, trade union representatives and other relevant stakeholders.	Yes	Personal Safety Lead	Individual risk assessments/care plans in case notes  Annual departmental V&A risk assessment	Currently developing electronic risk assessments on EP2 - Paul Carney (IT)	Completed
Monitoring	V&A 14	The plans are reviewed in consultation with subject matter experts pertaining to the Equality Act 2010.	No	Personal Safety Lead	Evidence of meeting with equality lead	Meet and agree plans/objectives with Equality lead. Invite Equality lead to V&A or Health, Safety and Security Group?	Jun-23

## Report to Trust Board 6 April 2023

<b>Report Title</b>	New Health Inequalities Committee					
<b>Executive Lead</b>	Jan Ross, Chief Executive					
<b>Author (s)</b>	Katharine Dowson, Corporate Secretary					
<b>Action Required</b>	To approve					
<b>Level of Assurance Provided</b> <i>(do not complete if not relevant e.g. work in progress)</i>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border: 1px solid black; padding: 5px;"> <input type="checkbox"/> <b>Acceptable assurance</b>            Systems of controls are suitably designed, with evidence of them being consistently applied and effective in practice         </td> <td style="width: 33%; border: 1px solid black; padding: 5px;"> <input type="checkbox"/> <b>Partial assurance</b>            Systems of controls are still maturing – evidence shows that further action is required to improve their effectiveness         </td> <td style="width: 33%; border: 1px solid black; padding: 5px;"> <input type="checkbox"/> <b>Low assurance</b>            Evidence indicates poor effectiveness of system of controls         </td> </tr> </table>				<input type="checkbox"/> <b>Acceptable assurance</b> Systems of controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/> <b>Partial assurance</b> Systems of controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/> <b>Low assurance</b> Evidence indicates poor effectiveness of system of controls
<input type="checkbox"/> <b>Acceptable assurance</b> Systems of controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/> <b>Partial assurance</b> Systems of controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/> <b>Low assurance</b> Evidence indicates poor effectiveness of system of controls				
<b>Key Messages</b>						
<ul style="list-style-type: none"> <li>Review of the Current Strategic Black Asian &amp; Minority Ethnic (BAME) Advisory Committee (SBAC) had been identified as a need through the 2021/22 annual review and feedback from the Committee</li> <li>A Board oversight Committee for Health Inequalities and Social Value needs to be agreed</li> <li>Proposed creation of a new Board Committee could address all these areas as well as Equality, Diversity and Inclusion (E,D&amp;I)</li> </ul>						
<b>Next Steps</b> <i>(actions to be taken following agreement of recommendation/s by Board/Committee)</i>						
<ul style="list-style-type: none"> <li>Committee to agree a new cycle of business and the information and reports it requires to provide assurance to the Board across the areas of E,D&amp;I, social value and health inequalities</li> </ul>						
<b>Related Trust Strategic Ambitions and Themes</b>		<b>Impact</b> <i>(is there an impact arising from the report on any of the following?)</i>				
Health Inequalities		Not Applicable	Not Applicable			
<b>Strategic Risks</b> <i>(tick one from the drop down list; up to three can be highlighted)</i>						
006 Prevention & Inequalities	010 Innovative Culture	Choose an item.				
<b>Equality Impact Assessment Completed</b> <i>(must accompany the following submissions)</i>						
Strategy <input type="checkbox"/>	Policy <input type="checkbox"/>	Service Change <input type="checkbox"/>				
<b>Report Development</b> <i>(full history of paper development to be included, on second page if required)</i>						
<b>Committee/ Group Name</b>	<b>Date</b>	<b>Lead Officer (name and title)</b>	<b>Brief Summary of issues raised and actions agreed</b>			
Executive Directors	18 January 2023	K Dowson, Corporate Secretary	Agreed in principle subject to consultation with key stakeholders			
SBAC	13 March 2023	K Dowson, Corporate Secretary	Agreed proposal and recommended to Board for approval			



## New Health Inequalities Committee

### Executive Summary

1. A review of the Strategic BAME (Black, Asian, Minority Ethnic) Advisory Committee (SBAC) was overdue following the annual effectiveness review for 2021/22 as it was felt that the group, whilst creating good engagement, did not have any clear purpose or authority to act. The current SBAC is seen as having value, however other aspects of equality do not have the same level of scrutiny and oversight and the group does not directly report into the Equality, Diversity, and Inclusion (ED&I) Group.
2. In parallel there is a national focus on reducing health inequalities and developing areas of work closely linked to the new Trust Strategy that require Board Committee oversight that are currently being reviewed directly by Board. Therefore, it is proposed that the remit of SBAC is widened to all those subject to inequality in access to health services and inequality of health outcomes and create a formal Board Committee with delegated responsibilities from the Board.

### Local Background

3. SBAC was established in October 2020 in response to the particular impact of Covid-19 on staff and patients from a BAME background. The purpose was:
 

*“to provide the Board with assurance that the ongoing strategic approach to fairness and equality for BAME staff and communities is robust, timely, addresses inequalities and actively promotes inclusion. This includes the impact of COVID-19 for BAME staff and communities.”*
4. It also came at a time when the George Floyd murder in the US and the Black Lives Matter campaign had identified how pervasive racism is and Boards were asked by NHS England to ensure anti-racism was on the Board agenda.
5. In particular, the Committee had a role to inform the development of the following strategies, associated policies, actions plans and annual reports:
  - People Strategy related to BAME
  - Equality, Diversity and Inclusion Vision and work related to BAME
  - Workforce and patient population strategies, policies or plans related to BAME staff or communities
  - The Trust Strategy in relation to BAME
6. At the end of 2022-23 an effectiveness review was conducted with members of the Committee, and it was agreed that a review of the purpose and powers of the Committee would be reviewed as it was felt that while the Committee was appreciated for its engagement and areas of discussion, it lacked impetus and the power to make changes and decisions. The Terms of Reference (ToR) had not been updated since the Committee was set up.
7. It had also been proposed by the review that following the end of the pandemic the remit of the Committee was widened to include wider equality issues and access to healthcare. This review was paused following the departure of the Equality, Diversity, and Inclusion (ED&I) lead.

## National Context

8. In 2010 the Marmot Review Team published Fair Society, Healthy Lives following an independent review by Professor Sir Michael Marmot which focused on social inequalities and their impact on health and proposed action across the social gradient. Ten years later in 2020 the Health Foundation commissioned [Health Equity in England: The Marmot Review 10 Years](#) which reported on lack of progress against the original review and worsening of outcomes and life expectancy in some areas.
9. Tackling health inequalities faced by marginalised communities has, over the past two years, been emphasised as a core ambition of the health and care service. Changes to the wider policy landscape placing a greater emphasis on joint working across systems and a stronger focus on health inequalities is reinforced by the government's Health and Care Bill through the 'Triple Aim'. The first of the three aims is an obligation for all NHS bodies that commission or provide services to consider the effects of their decisions on the health and wellbeing of the people of England (including inequalities within health and wellbeing).
10. A series of policy priorities and statutory responsibilities, such as the new Code of Governance for the NHS asks Trusts to consider how they will reduce health inequalities in their plans and decision making. From the Annual Report for 2022/23 the Trust will have to report on its role in "reducing health inequalities, assessing and monitoring culture, and investing in, rewarding and promoting the wellbeing of its workforce"<sup>1</sup>. There is also likely to be a new condition regarding the triple aim and health inequalities in the new Provider Licence which is currently being considered by the Government following a consultation in late 2022.
11. The government's levelling up white paper, published in February 2022, set out a mission to narrow the gap in healthy life expectancy by 2030. Later this year a health disparities white paper, led by the Office for Health Improvement and Disparities (OHID), will set out measures to tackle inequalities in health outcomes. This renewed focus is clear, nationally, at a system level by integrated care systems (ICSs), Trusts and increasingly locally at Place level.

## Social Value Strategic Ambition

11. The Trust is leading on a number of initiatives to fulfil its strategic ambition to be an anchor institution in the Liverpool City Region and support local communities through working to reduce health inequalities in accessing services. The Trust has committed to being an anchor institution, a founding member of the Liverpool Citizens Assembly as well as signing up to the Cheshire and Merseyside (C&M) Prevention Pledge, the C&M Social Value Charter and the Social Value Quality Mark.
12. Currently this work is reporting through to Board directly. A proposal was submitted to Executives in December to report social value work through to RIME Committee as part of innovation work but work had recently taken place to try and streamline RIME and this would add further duties to the agenda. This is also people and social innovation, rather than research and commercial development, which ties in more closely with the workforce and the people elements of the Trust's work.

<sup>1</sup> [Code of Governance for NHS Provider Trust 2022](#)

13. An alternative is to delegate this area of work to a new Health Inequalities Committee, to review these workstreams and provide assurance to the Board on the delivery of this element of the Trust Strategy.

### Workforce & Equality, Diversity and Inclusion

14. ED&I within the Trust ties in closely with the work on wider health inequalities and the Trust recognises the importance of a workplace where everyone's voice is heard and where staff and patients believe that there is strength in difference. Currently SBAC focuses on the experience of those from a BAME background which is very much welcomed by the group members, but it is equally important that the Trust recognises the challenges in the workplace from those from other protected characteristics such as disability.
15. The Trust currently has three staff networks, BAME, Disability and LGBTQ+ and an ED&I steering group which feed into SBAC but there is no formal reporting process through this Committee. There is an ED&I 5 year vision in place and the ED&I steering group currently reports to Business Performance Committee (BPC) alongside workforce
16. The social value work ties in closely with health and wellbeing support for staff, the majority of whom live in the local area and therefore this also supports the local population. The Trust has a Health and Wellbeing Strategy and a Non-Executive Director Wellbeing Lead.
17. Workforce is a significant area of reporting through to BPC which is a Committee which has a very full agenda and it is often challenged to manage the breadth of the agenda in a monthly Committee. A majority of Trusts have a dedicated People Committee to cover this area of work and there may be a further opportunity here in the future to create a full and wide range of duties with a new Committee and release some of the pressures on BPC.

### Other Trusts

18. A request from Company Secretary's on how other Trust's have approached this and a request for information has not produced any results which indicates that other Trusts have not yet made changes in their Board Committee structure in response to this agenda. Many Trusts have yet to consider this issue. For example, Liverpool Heart and Chester NHS Foundation Trust continue to manage this area directly to the Board.

### Options

19. There were three options proposed for discussion by Executives and shared with members of SBAC including the three Non-Executive Directors on this Committee.
- a. Do nothing, Health Inequalities to continue reporting to Board and Social Value to Board or RIME Committee
  - b. Review SBAC and widen its agenda to ED&I and social value work
  - c. Review SBAC and widen its agenda to ED&I and social value work and workforce to create a People and Inequalities Committee
20. It was agreed by SBAC members and Executives that change was needed and option 2 is the preferred approach for the Committee. There was support for option 3 as a longer-term goal but there was concern that moving to this option immediately would create too wide an agenda and potentially any focus on BAME or ED&I would be too diluted.

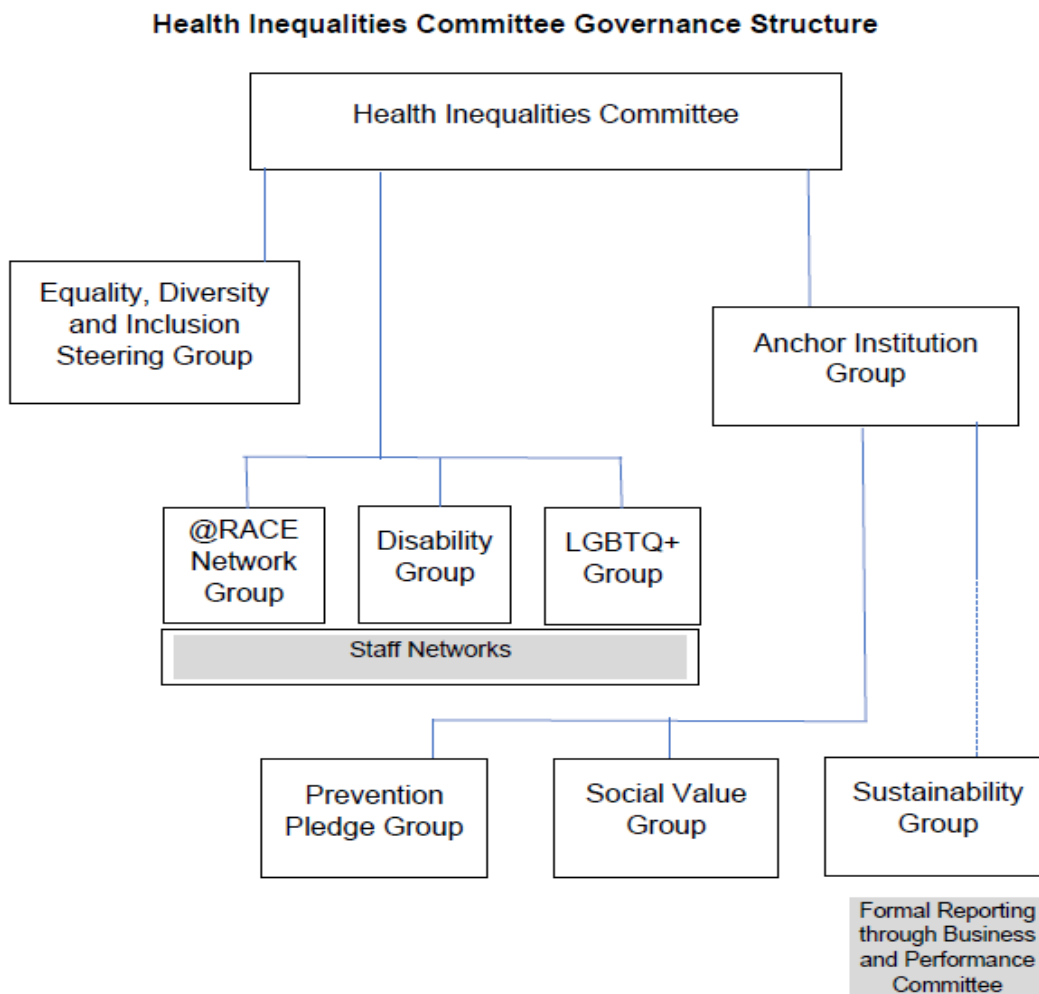
21. It was also agreed by all that there needs to be Board Committee oversight of health inequalities work and social value work. Commitment has been given to SBAC that the focus on BAME would not be lost in the widening of the agenda.

**Health Inequalities Committee**

22. The recommended option 2 would create a Health Inequalities Committee which addresses all ED&I issues but also takes forward the health inequalities and social values agenda. Almost all respondents expressed the need to retain current engagement with staff groups and networks and ensure that this was an inclusive committee with representation from those staff networks and from those with protected characteristics.

23. The following structure has been proposed. It should be noted that Sustainability Group will update to the Anchor Institution Group but the responsibility for Sustainability remains with BPC.

**Diagram 1**



24. A draft ToR for the Health Inequalities Committee has been developed and is attached here as Appendix 1.

## Recommendation

- To agree the widening of the remit of SBAC to cover all aspects of E,D&I including health inequalities and oversight of the social value workstream.
- To establish a formal Board Health Inequalities Committee

**Author: Katharine Dowson**

**Date: 23 March 2023**

**Appendix 1 – Health Inequalities Committee Terms of Reference**

## HEALTH INEQUALITIES COMMITTEE TERMS OF REFERENCE

### Authority/Constitution

1. The Health Inequalities Committee (the Committee) is authorised by the Board of Directors of The Walton Centre NHS Foundation Trust.
2. The Committee has no executive powers other than those specifically delegated in these Terms of Reference.
3. The Committee has the authority to oversee and take decisions relating to the organisation's activities which also support the achievement of the organisation's objectives.
4. The Committee is authorised to request specific reports from individual functions within the organisation and to seek any information it requires from any member of staff in order to perform its duties.
5. The Committee is authorised to create operational subgroups, advisory or working groups as are necessary to fulfil its responsibilities within its terms of reference. The Committee may not delegate executive powers and remains accountable for the work of any such group. All of these groups will report directly to the Committee who will oversee their work.

### Purpose

6. The purpose of the Committee is to provide the Board of Directors with assurance that improving health and people inequalities is embedded as part of the core delivery of good quality, responsive healthcare. The Committee will ensure that the ongoing strategic approach to social value, fairness, workforce, equality, diversity and inclusion is robust, timely, actively promotes inclusion and is based on effective community engagement.

### Membership

7. The Committee shall be comprised of the following voting members:
  - Three Non-Executive Directors, one of whom will be the Committee Chair
  - Chief Executive (Lead Executive for Health Inequalities)
  - Chief People Officer (Lead Executive for Social Value)
  - Chief Operating Officer
8. The Committee recognises that listening to subject matter experts and staff networks is integral to the work of the Committee. The following are required to attend in a non-voting capacity:
  - Deputy Chief People Officer
  - Head of Communications and Marketing

- Chair of @RACE staff network
  - Chair of LGBTQ+ staff network
  - Chair of Disability staff network
  - Head of Information and Business Intelligence
  - Equality, Diversity and Inclusion Lead
  - Trade Union Representative
  - Head of Patient Experience
  - Freedom to Speak up Guardian
  - Staff Representatives x3
9. The Committee will be deemed quorate when three voting members are present, including at least one Executive and at least one Non-Executive Director. However the Committee would not normally conduct business unless at least three of the regular attendees are also present.
  10. In the event that the Chair of the Committee is unable to attend a meeting, the Non-Executive Director members shall appoint one of their number to be Chair for that meeting. The Chair shall have a casting vote in the event of a vote.
  11. Members may only nominate a deputy to attend on their behalf if they have sufficient understanding of the area they are representing to be able to contribute effectively to the Committee's business; however, this should only be in exceptional circumstances. There is no provision for deputies to represent voting members at meetings of the Committee unless they are formally acting-up in accordance with the Trust's Constitution.
  12. Other staff or external advisers may be co-opted or requested to attend for specific agenda items as necessary.
  13. An open invitation exists for all members of the Board of Directors to attend the Committee.

### Requirements of Membership

14. Members should attend at least 75% of all meetings each financial year but should aim to attend all scheduled meetings. Attendance will be recorded and monitored.
15. Conflicts of Interest – the Companies Act 2006 defines a conflict of interest as arising when the interests of directors or 'connected persons' are incompatible or in competition with the interests of the organisation. Committee members are required to exercise judgement and to declare such interests as there is a risk of implied improper conduct. The relevant interest, once declared, will be recorded in a register of interests, maintained by the Company Secretary.

### Duties

16. In order to fulfil its role and obtain the necessary assurance, the Committee will undertake a number of duties.

17. To inform the development and provide assurance against the following strategies, associated policies, action plans and annual reports:
  - Areas of the People Substrategy related to Equality, Diversity and Inclusion, Social Value and the Trust's commitment to being an Anchor Institution
  - Areas of the Digital Substrategy related to digital exclusion
  - Trust Strategy and Substrategies to ensure that inequalities, equality, diversity and inclusion and social value have sufficient focus and that the Trust's strategic ambitions are appropriate to deliver an improvement in health inequalities
  - Equality, Diversity and Inclusion Strategic Implementation Plan
  - Anchor Network Progression Framework
  - Workforce Race Equality Scheme
  - Workforce Disability Equality Scheme
  - Equality Delivery System
  
18. To ensure that the work of the Trust in tackling health inequalities meets 'The Triple Aim' enshrined in the NHS Health and Care Bill 2022 to consider the health and wellbeing of the people of England (including inequalities in that health and wellbeing).
  
19. To ensure that the work of the Trust meets the five key priority areas which underpin the work of the National Healthcare Inequalities Improvement Programme:
  - restoring NHS services inclusively
  - mitigating against digital exclusion
  - ensuring datasets are complete and timely
  - accelerating preventative programmes
  - strengthening leadership and accountability.
  
20. Provide assurance to the Board on compliance with associated legislation, national reporting, regulatory requirements and best practice and monitor Trust performance against the NHS England goals for narrowing health inequalities in the NHS Long Term Plan.
  
21. Consider and review relevant metrics, support the development of appropriate performance measures such as key performance indicators and receive associated analysis and reporting to inform the Trust on access to healthcare and outcomes associated with its patients and local communities and all plans to address health inequalities.
  
22. Ensure the Trust has a relevant and focused strategy to deliver equality, diversity and inclusion for its workforce and local communities and oversee any action plan and agreed objectives.
  
23. Ensure that there are processes in place to reduce inequalities and promote inclusion in the workplace and communities to ensure that staff and patients with protected characteristics are not discriminated against and that there is a culture of inclusiveness and recognition that strength comes from differences.



24. Oversee the priorities and any action plan related to the Anchor Institution work to ensure it remains in line with the strategic priorities of the Trust and contributes to an improvement of health inequalities.
25. Ensure that the Trust's work as an Anchor Institution and wider social value work is defined and prioritised through its engagement with its community, patients and workforce.
26. To consider and approve relevant policies, procedures and guidelines in relation to equality, diversity and inclusion, equality of access to healthcare, social value and community engagement and to escalate to the Trust Board, with an appropriate recommendation, any that may require approval at that level.
27. To keep under review any strategic risks on the Board Assurance Framework, as delegated by the Board, and any operational risks aligned to the Committee's purpose and provide assurance to the Board that these risks are being effectively controlled, managed and measured.

### Data Privacy

28. The Committee is committed to protecting and respecting data privacy. The Committee will have regard and demonstrate, where applicable, compliance with data protection legislation, in particular the Data Protection Act 2018 (DPA) and the UK General Data Protection Regulation (GDPR).

### Equality, Diversity & Inclusion

29. In conducting its business, the Committee will at all times seek to meet its obligations under the Equality Act 2010 and promote its commitment to equality and diversity by the creation of an environment that is inclusive for both our workforce, patients and service users, including those who have protected characteristics and vulnerable members of our community.

### Reporting

30. The Committee will be accountable to the Trust Board of Directors. The Board of Directors will be informed of the Committee's work through an assurance report from the Chair submitted following each meeting.
31. Reports, including regular Chair's assurance reports, will be received from the following subgroups:
  - Equality, Diversity and Inclusion Steering Group
  - Anchor Institution Group
  - @RACE Staff Network Group
  - Disability Staff Network Group
  - LGBTQ+ Staff Network Group

### Administration of Meetings

32. Meetings shall be held quarterly with additional meetings held on an exception basis at the request of the Chair or any three voting members of the Committee. There shall be at least four meetings per year.
33. The Corporate Secretary will make arrangements to ensure that the Committee is supported administratively. Duties in this respect will include development and monitoring of a workplan, agenda setting, taking minutes of the meeting and providing appropriate support to the Chair and Committee members.
34. Agendas and papers will be circulated at least four working days in advance of the meeting.
35. Minutes will be circulated to members for comment as soon as is reasonably practicable.
36. An annual workplan will be agreed which will be reviewed at least quarterly by the Committee to ensure it is meeting its duties.

### Review

37. The Terms of Reference shall be reviewed annually (next review date: March 2024) and approved by the Board of Directors.
38. The Committee will undertake an annual review of its performance against its work plan and the Trust's Annual Plan in order to evaluate the achievement of its duties.

## Board of Directors' Key Issues Report

<b>Report Date:</b> 16/03/23		<b>Report of: Neuroscience Network Programme Board</b>
<b>Date of last meeting:</b> 16/03/23		<b>Membership Numbers: 12</b>
1.	<b>Agenda</b>	<p>The Neuroscience Programme Board considered the agenda below: -</p> <ul style="list-style-type: none"> <li>• Neurology Getting it Right First Time (GiRFT) update</li> <li>• Brain Optimisation Pathway</li> <li>• Integrated Care Board (ICB) / System update</li> <li>• Cheshire and Mersey Rehab Network (CMRN) review</li> <li>• Everton in the Community Health Zone Development update</li> <li>• Access to Exercise &amp; Wellbeing Programme</li> <li>• Epilepsy Preconception Study</li> <li>• Hot topics from other hospitals</li> </ul>
2.	<b>Alert</b>	<p><b>Cheshire and Mersey Rehab Network Review</b></p> <p>As the review of Cheshire &amp; Mersey Rehab Network has not progressed as planned, WCFT, as host, has produced a paper, currently in draft format, and covers a number of key areas. This will be presented to the Cheshire &amp; Mersey Rehabilitation Board then discussed with the ICB in order to move forward. It was noted that commissioning representation will be necessary and NHSE are working on this.</p> <p><b>Hot topics from other Trusts</b></p> <p>Dr Buchanan drew attention to the National Cauda Equina Syndrome Pathway which has been agreed nationally. Part of the pathway notes 24/7 access to MRI provision and any delays in accessing this could have significant legal implications for teams. It was noted that some regions do not have 24/7 access to MRI provision and the only provision in Cheshire &amp; Merseyside (C&amp;M) is at WCFT. Dr Nicolson has shared the webinar with the neurosurgical and spinal leads at WCFT.</p>
	<b>Assurance</b>	<p><b>Neurology Getting it Right First Time (GiRFT) Update</b></p> <ul style="list-style-type: none"> <li>• Phase 1 referral criteria has been amended. Benefit has been realised immediately with 50 patients managed via the RANA pathway in February compared to 30 patients in January. Enhanced triage is also demonstrating expected benefits</li> <li>• PIFU has reached the 5% target before the required date of March 2025.</li> <li>• Clinical triage of the Neurology follow-up waiting list is underway, with phase 1 expected to be completed by the end of March 2023.</li> </ul>
	<b>Advise</b>	<p><b>Brain Optimisation Pathway</b></p> <p>An education event was held at Arrowe Park for which positive feedback was received. A similar event is planned for Warrington next month. Both centres are adapting the pathway to fit their own services. LUFHT and Southport are also keen to become</p>

		<p>involved. Conversations to take place with both centres in about 3-6 months' time by which time Warrington &amp; Arrowe Park should be fully embedded.</p> <p><b>Integrated Care System Update</b></p> <ul style="list-style-type: none"> <li>• Discussions were held with Medical &amp; Strategy Directors with regards to 'fragile' services. Dr Nicolson will be leading on review of Pain Services for Cheshire &amp; Mersey region.</li> <li>• The Carnall Farrar Liverpool Clinical Services Review has been finalised and was presented to the ICS Board meeting, at which the report was noted but not approved. The main point arising from the report with regards to WCFT (and Neurosciences) related to collaboration with the Trusts the WCFT works closely with. A joint committee has been created to look at areas of common interest and areas of collaboration. Any pertinent issues will be brought back to the Neurosciences Programme Board meeting.</li> </ul> <p><b>Everton in the Community Update</b></p> <ul style="list-style-type: none"> <li>• The Everton in the Community Partner MOU has been signed off and returned following approval by the WCFT Executive Team. Informal discussions have been held with five potential investors with regards to the Health Zone Development. Demolition of the existing Goodison site is due to commence at the end of 2024/25 with Health Zone being the first to be built following demolition and planning. Programme Leads are trying to ascertain details of proposed services to be offered by WCFT, but this is difficult to confirm due to the long timescales involved.</li> </ul> <p><b>Access to Exercise &amp; Wellbeing Programme</b></p> <ul style="list-style-type: none"> <li>• Good Progress is being made in all areas of the project plan</li> <li>• Recruitment is underway for a Health &amp; Wellbeing coach. A Health &amp; Wellbeing coach will also be based at Greenbank as supported by South Liverpool PCN</li> <li>• A toolkit is being developed to aid understanding of how to set up an Access to Exercise Programme for those living with neurological conditions</li> </ul>		
3	<b>Risks Identified</b>	None		
4.	<b>Report Compiled by</b>	Medical Director	Minutes available from:	Corporate Secretary

## RIME Committee Key Issues Report

<b>Report Date:</b> 27/03/23	<b>Report of:</b> Research, Innovation and Medical Education Committee	
<b>Date of last meeting:</b> 21/03/23	<b>Membership Numbers:</b> Quorate	
1.	<b>Agenda</b>	<p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> <li>• University Hospital Association Report</li> <li>• NIHR &amp; UKRI Funding Applications Update Report</li> <li>• Strategic Partnership Spotlight Presentation – Innovation Agency North West Coast</li> <li>• Strategic Partnerships Update</li> <li>• Board Assurance Framework – Q4, 2022/23</li> <li>• Research Study Finance Report</li> <li>• Research and Development Finance and Performance Update</li> <li>• MHRA Corrective and Preventative Action Plan Update Report</li> <li>• Key Issues Reports from sub-groups: Research Sponsorship and Governance Group, Medical Education Group and Innovation Group</li> </ul>
2.	<b>Alert</b>	<p><b>Research Study Finance Report</b></p> <p>A report overviewing the Trust’s current position, gaps and actions being taken was presented to the Committee. Committee was informed that mechanisms for funding research were complex and had different requirements depending on whether the research was considered commercial or non-commercial. It was vital that the Trust had good research financial management to be able to deliver its research strategic objectives. Improvements were required to the current research financial management process so that the Neuroscience Research Centre could have an improved understanding of income to help inform strategic decisions.</p> <p>It was reported that there had been a steady decline in the Trust’s recruitment activity for commercial studies over the last seven years from 11 commercial studies and 76 patients recruited in 2016/17, to 4 commercial studies and 11 patients recruited in 2022/23. The Trust needed to increase its commercial activity as currently, it only represented 25% of the Neuroscience Research Centre’s portfolio. It was noted that 7 commercial studies were scheduled to open for the 2023/24 financial year however, due to the complexities in their delivery, recruitment targets were relatively low (1-5 patients). Without a larger commercial portfolio or a study that has a higher patient recruitment target, critical mass would not be able to be achieved.</p> <p><b>MHRA Corrective and Preventative Action Plan Update Report</b></p>

		<p>An overview of the progress of the outcomes from the Trust's Good Clinical Practice inspections held in 2010 and 2016 was presented to the Committee. It was noted that the Trust had demonstrated limited improvement in the Quality Management System (QMS) between the 2 inspections and that the inspector had noted several reoccurring deficiencies. The outcome of the inspection led to a restriction in the Trust's sponsoring capabilities as the QMS was insufficient for the Trust to discharge its Sponsor responsibilities of the Clinical Trials of Investigational Medicinal Product (CTIMPS)/Device trials regulations. This impacted Trust researchers fulfilling their ambitions as were required to seek sponsorship for interventional studies through the University of Liverpool and meant that research income would be diverted from the Trust.</p> <p>Although improvements had been made to the QMS between 2010 and 2016, there had not been a clear plan implemented to enable the Trust to have confidence that it was able to sponsor interventional trials again which is key to delivering the Trust's research ambitions. It was therefore recommended that a comprehensive plan detailing how the Trust was able to fulfil the strategic object of sponsoring interventional research should be produced and also consideration given as to whether it was appropriate and/or feasible to achieve external accreditation of the ISO9001 for QMS which would provide overarching assurance to internal and external stakeholders on quality standards.</p> <p>A proposal was made to have a fixed term Quality Manager within the Neuroscience Research Centre to support the delivery of the MHRA Corrective Action and quality audit action plan, and the ISO9001 accreditation to enable the Trust to be able to sponsor interventional trials and be commercially successful. A suggestion was also made to have a dedicated RIME Financial Manager as Research, Innovation and Medical Education all had the potential to generate income for the Trust but were nuanced. Both proposals were supported by Committee members in principle but acknowledged that the fixed term Quality Manager post would need to be progressed through an individual business case and engagement with the Executive Team and for discussions to be held with the Chief Finance Officer regarding a dedicated RIME Financial Manager.</p>
	<p><b>Assurance</b></p>	<p><b>Strategic Partnership Spotlight Presentation – Innovation Agency NWC</b></p> <p>The Innovation Agency North West Coast is one of 15 Academic Health Science Networks (AHSNs) nationally. They are funded by NHS England and the Office for Life Sciences to work across the North West Coast (Cheshire, Merseyside, Lancashire and South Cumbria) and also bring together a number of external funding sources to benefit the area.</p> <p>Their innovation pipeline focuses on national spread and adoption through collaboration. They also aim to develop cultures that promote equity and allow innovation to thrive through their Coaching Academy offer and stimulate economic growth and job creation in the health and life sciences sector.</p> <p>It was noted that the organisation was having to make significant financial savings due to a reduction in national funding in line with the public sector efficiency</p>

		<p>agenda.</p> <p>Although the Trust recognises the importance of spread and adoption and collaboration, fundamentally, as a centre of excellence, the focus is on organic, industry standard innovation in neuroscience and has therefore adopted the ISO industry standard through the I3 methodology with the IKE Institute as it does not exist within the NHS. The Walton Centre is the first NHS trust to adopt the standard. Committee was assured that the Trust had a strong infrastructure to progress its innovation agenda and that the current developments within the Academic Health Science Networks validated the approach taken.</p> <p><b>Board Assurance Framework – Q4 2022/23</b></p> <p>The Board Assurance Framework report for Q4, 2023/24 was presented to Committee with the key areas of note being:</p> <ul style="list-style-type: none"> <li>Operational risks had been developed for Research and Development and Innovation. All have been included for information for this report however, only risks identified as having a risk score of 12 or above would remain on the BAF risks. The operational risks that have a score less than 12, would be managed by the function.</li> <li>The BAF risks for Medical Education (008), Research and Development (009) and Innovative Culture (010) had all been updated and would be taken forward for approval at the April 2023 Trust Board. It was noted that this would conclude the 2022/23 BAF and that meetings were being held with BAF risk leads in preparation for the 2023/24 BAF.</li> </ul> <p><b>Key Issues Reports from Sub-groups</b></p> <p>Key Issue Reports from the Committee sub-groups reported that the Research and Governance Group and the Medical Education Group were working in line with their revised Terms of Reference and that the first meeting of the Innovation Group had been held on 01/03/23.</p>
	<p><b>Advise</b></p>	<p><b>University Hospital Association (UHA) Report</b></p> <p>In September 2022, the Trust was awarded UHA status. The achievement acknowledges how well the Trust was performing and appreciates the achievements and capacity within Research and Medical Education and is why trusts strive to achieve the status as a quality mark for their provision and have the ambition to retain the status.</p> <p>UHA status recognises and enhances the Trust's position as the only standalone Neuroscience centre of excellence in the NHS and its ongoing contribution to education, research, innovation and population health. It also provides the opportunity to realise the Trust's strategic ambitions in the areas of education, research, innovation, collaboration and leadership.</p> <p>Scoping work is in the process of being undertaken to gain a greater understanding to maximise the potential opportunities the UHA status provides and was being led by the Medical Education Development Manager. There was an opportunity for the Trust to have a Strategic Partnership with the University of Liverpool as the university had identified Neuroscience as a key area for development. Initial scoping of the investment had been undertaken by the Trust's Executive Team and was in the initial stages of developing a shared strategy with the University of</p>

		<p>Liverpool led by the RIME Clinical Director and The Chief People Officer.</p> <p>There was agreement that the status should be viewed as a challenge as well as an accolade and be utilised as a benchmark for work undertaken.</p> <p>It was noted that there was Executive representation on each of the UHA sub-groups and that some of the sub-groups had met whereas others were still to commence.</p>		
2.	Risks Identified	<ul style="list-style-type: none"> <li>None</li> </ul>		
3.	Report Compiled by	Professor Paul May, Non-Executive Director and RIME Committee Chair	Minutes available from:	Corporate Secretary



## Board of Directors' Key Issues Report

<b>Report Date:</b> 13/03/23		<b>Report of: Strategic Black, Asian and Minority Ethnic Advisory Committee (SBAC)</b>		
<b>Date of last meeting:</b> 13/03/23		<b>Membership Numbers:</b> 13 attendees Quorate		
1.	<b>Agenda</b>	<p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> <li>Proposals and Options to Develop Current SBAC</li> <li>Draft Health Inequalities Committee Terms of Reference</li> <li>Health Inequalities Data: Indices of Deprivation</li> </ul>		
2.	<b>Alert</b>	<ul style="list-style-type: none"> <li>It was agreed to recommend to Board that the current SBAC would be developed into a new Board Committee titled Health Inequalities Committee. This Committee would widen the current remit to include the Equality Diversity and Inclusion (ED&amp;I) agenda and social value work.</li> <li>It was agreed to cease usage of the terms BAME (Black, Asian and Minority Ethnic) across the Trust however there was no agreement yet on the preferred terminology. The @RACE Forum would agree the preferred terminology and this would then be communicated across the Trust and the term BAME removed from use.</li> </ul>		
3	<b>Assurance</b>	<ul style="list-style-type: none"> <li>The Committee received a presentation detailing health inequalities data for patients and staff. This provided assurance that the Trust was not an outlier and it was recognised that there were not many organisations who had identified this level of detail.</li> </ul>		
4	<b>Advise</b>	<ul style="list-style-type: none"> <li>Draft Terms of Reference for the Health Inequalities Committee were shared for comments, these would be amended to reflect feedback received before being circulated for endorsement for Board approval.</li> </ul>		
2.	Risks Identified	<ul style="list-style-type: none"> <li>None.</li> </ul>		
3.	Report Compiled by	Jan Ross – Chief Executive Officer	Minutes available from:	Katharine Dowson - Corporate Secretary

# Board of Directors Key Issues Report

<b>Report Date:</b> 6 April 2023		<b>Report of:</b> Remuneration Committee (RemCom)		
<b>Date of last meeting:</b> 9 March 2023		<b>Membership Numbers:</b> Quorate – no apologies		
1	<b>Agenda</b>	The Committee considered an agenda which included the following: <ul style="list-style-type: none"> <li>• Executive Director Appraisal and Remuneration</li> <li>• Chief Executive Appraisal and Remuneration</li> </ul>		
2	<b>Alert</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>		
3	<b>Assurance</b>	<ul style="list-style-type: none"> <li>• Executive Director appraisals have been completed for the 2022-23 year and no concerns have been raised.</li> </ul>		
4.	<b>Advise</b>	<ul style="list-style-type: none"> <li>• A review of remuneration compared to peer averages, as defined through the NHS Providers Remuneration survey was completed. It was agreed that there would be no increases to Executive Director pay other than any recommendations made by NHS England in regard to cost of living increases</li> </ul>		
5.	<b>Risks Identified</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>		
6.	<b>Report Compiled</b>	Max Steinberg, Chair	Minutes available from:	Corporate Secretary

**Report to Trust Board**  
**6<sup>th</sup> April 2023**

<b>Report Title</b>	Quality Account Priorities 2023/24		
<b>Executive Lead</b>	Interim Chief Nurse, Morag Olsen		
<b>Author (s)</b>	Julie Kane, Quality Manager and Freedom to Speak Up Guardian		
<b>Action Required</b>	To approve		
<b>Level of Assurance Provided</b> <i>(do not complete if not relevant e.g. work in progress)</i>			
<input type="checkbox"/> <b>Acceptable assurance</b> Systems of controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/> <b>Partial assurance</b> Systems of controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/> <b>Low assurance</b> Evidence indicates poor effectiveness of system of controls	
<b>Key Messages</b> <i>(2/3 headlines only)</i>			
<ul style="list-style-type: none"> <li>NHS England (NHSE) require all Trusts to agree Quality Priorities as an area of focus throughout 2023/24</li> <li>Discussions took place with numerous individuals and groups including patients, Governors, Integrated Care Board, Trust Executive Team, Quality Committee, Healthwatch and other external agencies prior to agreeing the priorities</li> </ul>			
<b>Next Steps</b> <i>(actions to be taken following agreement of recommendation/s by Board/Committee)</i>			
<ul style="list-style-type: none"> <li>Each priority has an identified lead who agrees quarterly milestones</li> <li>Quarterly meetings will be scheduled with each lead to review progress and discuss any areas of non-compliance or barriers in achieving the priorities</li> <li>Updates will be presented to the Quality Committee and Patient Experience Group</li> <li>Quarterly meetings will take place with the Integrated Care Board to review quality assurance and provide external scrutiny and performance management</li> </ul>			
<b>Related Trust Strategic Ambitions and Themes</b>		<b>Impact</b> <i>(is there an impact arising from the report on any of the following?)</i>	
Quality of Care		Compliance	Quality
			Not Applicable
<b>Strategic Risks</b> <i>(tick one from the drop down list; up to three can be highlighted)</i>			
001 Quality Patient Care		004 Leadership Development	004 Operational Performance
<b>Equality Impact Assessment Completed</b> <i>(must accompany the following submissions)</i>			
Strategy <input type="checkbox"/>		Policy <input type="checkbox"/>	Service Change <input type="checkbox"/>
<b>Report Development</b> <i>(full history of paper development to be included, on second page if required)</i>			
<b>Committee/ Group Name</b>	<b>Date</b>	<b>Lead Officer (name and title)</b>	<b>Brief Summary of issues raised and actions agreed</b>
Executive Team	8 <sup>th</sup> March 2023	Morag Olsen, Interim Chief Nurse	Amend second priority under patient safety from Catheter Acquired Urinary Tract Infections to Aseptic Non-Touch Technique
			Review and amend quarterly milestones
Quality Committee	16 <sup>th</sup> March 2023	Morag Olsen, Interim Chief Nurse	Agreed

## Quality Account Priorities 2023/24

### Executive Summary

1. Organisations are required under the Health Act 2009 and subsequent Health and Social Care Act 2012 to produce Quality Accounts which includes Quality Priorities which we will progress throughout the year.
2. Quality priorities are monitored and discussed through various committees which include the Audit Committee, Quality Committee and Business & Performance Committee to ensure that quality assurance is achieved. These committees report to Trust Board to ensure that patient safety is a priority and is progressed.
3. Towards the end of the financial year Heads of Departments submit proposed priorities for the Trust to focus on during the forthcoming year. Proposed priorities are suggested for numerous reasons, for example, we have seen an increase in infections, audits have shown a reduction in compliance or there has been an increase in complaints.
4. The proposed priorities are presented to the Executive Team, Patient Experience Group, Council of Governors and the Quality Committee for discussion and approval.
5. The delivery of the quality priorities are monitored through meetings of the Quality Committee, chaired by a Non-Executive Director, with subgroups focussing on the three domains of quality which include patient safety, clinical effectiveness and patient experience. The Chief Nurse is the Executive Lead responsible for delivering the plan and designates duties to operational leads for each of the priorities.

### How progress to achieve the priorities are monitored and measured

6. Each of the priorities has an identified lead who agrees quarterly milestones throughout the year.
7. Meetings take place with the Chief Nurse, Quality Manager and each of the leads to review progress, discuss any areas of concern and highlight any requirements for additional support or further action to be taken.

### How progress is reported

8. Updates are presented to the Quality Committee and Patient Experience Group which report to Trust Board.
9. Quarterly quality meetings are scheduled with Integrated Care Boards to review quality assurance and to provide external scrutiny and performance management.
10. Mersey Internal Audit Agency (MIAA) audited the 2021/22 quality account which included the quality priorities and gave an overall outcome of significant assurance.
11. If any of the quality priorities are not achieved by year end the Trust continues to review them throughout the next year to ensure the priority remains an area of focus.

**12. Patient Safety Priorities 2023/24:**

<b>20% Reduction in hospital acquired pressure ulcers</b>			
Lead: Infection Prevention and Control Team			
Quarter One	Quarter Two	Quarter Three	Quarter Four
Launch digital SSKIN bundle (designed as a resource pack to aid in assessment and care planning for people at risk of pressure ulcers). Undertake clinical evaluation of nasal fixator products across Cheshire and Merseyside Patient Experience Group to support reduction in mucosal pressure ulcers	Work with Divisional Nursing to review performance and compliance of the SSKIN repositioning document. Circulate SSKIN repositioning chart audit results and action plan	Standardise the nasogastric fixator management and consumable education and training to support in the reduction of device related pressure ulcers	Evaluate outcomes and set new priorities
Overall Anticipated Outcome: Reduction of hospital acquired pressure ulcers which will improve safe care and patient experience			

<b>At least a 20% reduction in Catheter Acquired Urinary Tract Infections (CAUTIs)</b>			
Lead: Infection Prevention and Control Team			
Quarter One	Quarter Two	Quarter Three	Quarter Four
Launch Catheter Management Guidance. Commence updated Tendable audit and introduce Catheter Competencies	Undertake a weekly assurance review of catheter documentation	Plan a trial on the Complex Rehabilitation Unit of advanced bowel management. Deliver an education and training programme	Standardise continence management including consumables. Provide education and training to insert suprapubic catheters. Introduce suprapubic catheter competency
Overall Anticipated Outcome: Reduction of catheter acquired urinary tract infections which will improve patient care, outcomes and experience			

<b>100% of staff trained in Aseptic Non-Touch Technique (ANTT)</b>			
Lead: Infection Prevention and Control Team			
Quarter One	Quarter Two	Quarter Three	Quarter Four
Undertake audit to review compliance with competencies. Request session on Clinical Induction via Training and Development Team. Update intranet ensuring up-to-date ANTT information is readily available.	Develop an ANTT Education Programme. Divisional Teams to drive the requirement to provide assurance of compliance with ANTT competencies. Continue to undertake observational visits across the Trust and report	Continue to undertake observational visits. Report outcomes to the Infection Prevention and Control (IPC) Committee	Review training, process and compliance across the Trust

Confirm which staff have undertaken the ANTT 'Train the Trainer' to support cascade training of ANTT	outcomes to the Infection Prevention and Control (IPC) Committee.		
Overall Anticipated Outcome: Reduction in Healthcare Associated Infections (HAI) which will improve patient safety by supporting effective education, competency assessment and safe clinical practice			

<b>Introduce low stimulation room on Chavasse Ward</b>			
Lead: Divisional Nurse Director Neurology and Rehabilitation			
Quarter One	Quarter Two	Quarter Three	Quarter Four
Source resources required, undertake research into low stimulation environments and review literature to support practical implementation of low stimulation space	Procure items required following Multi-Disciplinary Team discussion and agree a standard operating procedure (SOP) for the use of the room	Implement SOP, equipment and promote the use of the available space	Monitor use and gain feedback
Overall Anticipated Outcome: Provide patients who present with agitated behaviours a more suitable environment			

### 13. Clinically Effective Priorities 2023/24:

<b>Introduce the use of lung ultrasound as a diagnostic tool into the physiotherapy critical care service</b>			
Lead: Respiratory Physiotherapist			
Quarter One	Quarter Two	Quarter Three	Quarter Four
All Band 7 respiratory physiotherapy staff to achieve lung ultrasound accreditation and to be routinely scanning under guidance and the supervision of accredited lung ultrasound mentors. 30 training scans are required to be submitted as evidence prior to being accredited	Following the unique knowledge and skills training a Standard Operating Procedure (SOP) for respiratory physiotherapy staff will be developed. A clear proforma to support ongoing documentation on ITU/Critical Care will be implemented	Utilising evidence base, establish clear guidance on which patients should be receiving lung ultrasound scans and the frequency of scans	Complete full review of lung ultrasound scan benefits focussing on effectiveness and efficiency of treatment and weaning outcomes for ventilated patient
Overall Anticipated Outcome: Ensure all local processes and policies, associated with the introduction of the lung ultrasound, are available and supporting safe care			

<b>Introduce Electronic Quality Boards on each of the wards</b>			
Lead: Divisional Nurse Director Neurology and Rehabilitation			
Quarter One	Quarter Two	Quarter Three	Quarter Four
Work with informatics to finalise information to be presented on boards. Agree design format with a view to having live data applied	Review performance, maintain data and consider any enhancements	Continue to review performance, maintain data and consider any enhancements	Boards to be fully implemented
Overall Anticipated Outcome: Providing the leadership teams with appropriate patient data in order to improve patient care and experience			

<b>Increase the number of Magnetic Resonance (MR) scans performed daily by 10%</b>			
Lead: Radiology Services Manager			
Quarter One	Quarter Two	Quarter Three	Quarter Four
Software to be fitted to two of the MR scanners. We will work with the company to ensure this is done in an efficient manner and patient delays do not occur	Ensure all staff are trained on the new software platform so scan times can be reduced effectively	Review performance, maintain data, consider any enhancements to procedures that may be required	Perform audits of scan time to ensure continued efficiency of software update
Overall Anticipated Outcome: Undertaking the scanning of additional patients which will reduce waiting lists and improve patient experience			

#### 14. Patient Experience Priorities 2023/24:

<b>Increase of 10% patient discharges before 12 midday by introducing nurse led discharge to the discharge process (excluding complex discharges)</b>			
Lead: Service Improvement and Transformation Team			
Quarter One	Quarter Two	Quarter Three	Quarter Four
10% of all elective patients to have TTOs (to take out) medication ready the day before discharge	10% of patients discharged before 12 midday	16% of patients discharged before 12 midday	26% of patients discharged before 12 midday
Overall Anticipated Outcome: Reduction in the length of stay for patients which will improve their experience and patient flow			

<b>Introduce an end of life and bereavement model to the Trust</b>			
Lead: Deputy Divisional Nurse for Neurosurgery			
Quarter One	Quarter Two	Quarter Three	Quarter Four
A Business Case to be written and approved for a Bereavement Nurse	Approval of the Business Case, recruit a Bereavement Nurse and inform Liverpool University Hospital Foundation Trust (LUHFT). LUHFT to provide resource and assist in plan of roll out of the model of care across The Walton Centre. Plan of roll out to be shared with teams and actions allocated	Training on the model of care to be given to all staff. Bereavement Nurse to be introduced to the Trust	New model to be launched and all implementation actions completed
Overall Anticipated Outcome: Model introduced which will support and guide patients and their families during end of life care and afterwards to improve patient care and family experience			

<b>Trial magnetic resonance (MR) guided Laser Treatment for Epilepsy patients that have not been suitable for other forms of surgical intervention</b>			
Lead: Neurosurgery Division Management Team			
Quarter One	Quarter Two	Quarter Three	Quarter Four
Perform the trial on up to four cases. Ensure the procedures are performed safely to a high standard and expected outcomes are achieved.  Ensure the safety of staff and patients during the proposed procedures and that the correct safety equipment is available for the cases	Review performance and maintain data. Consider any enhancements to procedures that may be required	All stakeholders to form a Focus Group to develop a Business Case for consideration by the Trust Board	If Business Case is approved by the Trust Board, we will submit an application to NHS England to commission the service
Overall Anticipated Outcome: Trial complete, performance and data reviewed to support the submission of the application			

### Recommendation

- To Approve

**Author:** Julie Kane  
**Date:** 22<sup>nd</sup> March 2023



**Report to Trust Board**  
**April 2023**

<b>Report Title</b>	Eliminating Mixed Sex Accommodation Annual Statement of Compliance		
<b>Executive Lead</b>	Morag Olsen- Interim Chief Nurse Chief Nurse		
<b>Author (s)</b>	Nicola Martin- Deputy Chief Nurse		
<b>Action Required</b>	To approve		
<b>Level of Assurance Provided</b>			
<input checked="" type="checkbox"/> <b>Acceptable assurance</b> Systems of controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/> <b>Partial assurance</b> Systems of controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/> <b>Low assurance</b> Evidence indicates poor effectiveness of system of controls	
<b>Key Messages</b>			
<ul style="list-style-type: none"> <li>The Trust is required to provide an annual declaration against ‘eliminating mixed sex accommodation’. A declaration of compliance is published on the Trust’s website to ensure patients and their families can be assured of the arrangements the Trust has in place, this declaration is attached.</li> <li>At the time of preparing this report, the Trust was compliant with the Eliminating Mixed Sex Accommodation requirements for the period 1 April 2022 to 31 March 2023 and no mixed sex breaches have occurred. The Interim Chief Nurse will advise the Board accordingly at the meeting in April 2023 should this situation change during the remaining days of March 2023.</li> </ul>			
<b>Next Steps</b>			
<ul style="list-style-type: none"> <li>To publish the annual statement of compliance.</li> </ul>			
<b>Related Trust Strategic Ambitions</b>		<b>Impact</b>	
Not Applicable		Compliance	Choose an item. Choose an item.
<b>Strategic Risks</b>			
004 Patient Care and Experience	Choose an item.	Choose an item.	
<b>Equality Impact Assessment Completed</b>			
Strategy <input type="checkbox"/>	Policy <input type="checkbox"/>	Service Change <input type="checkbox"/>	
<b>Report Development</b>			
<b>Committee/ Group Name</b>	<b>Date</b>	<b>Lead Officer (name and title)</b>	<b>Brief Summary of issues raised and actions agreed</b>
N/A			

## Eliminating Mixed Sex Accommodation Annual Statement of Compliance

### Executive Summary

1. The Trust is required to publish an annual statement of compliance on eliminating mixed sex accommodation.

### Background and Analysis

2. Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. The Walton Centre NHS Foundation Trust is committed to providing every patient with same sex accommodation because it assists in safeguarding their privacy and dignity when they are often at their most vulnerable.
3. The Walton Centre NHS Foundation Trust strives to achieve and be compliant with the Government's requirement to eliminate mixed-sex accommodation, except when it is in the patient's overall best interest, or reflects their personal choice. In general, the Trust has the necessary facilities, resources, and culture to ensure that patients who are admitted to our hospitals will only share the bay where they sleep with members of the same sex and toilets and bathrooms will be close to their bed area. Sharing with members of the opposite sex will only occur when clinically necessary, for example where patients need specialist support and equipment such as in the Critical Care Unit.
4. Our volunteers help patients to complete the surveys which assesses whether the Trust has achieved the elimination of mixed sex accommodation and have maintained the patient's individual privacy and dignity requirements.
5. The staff within the Trust continue to work hard to ensure the safety, wellbeing and privacy and dignity of patients is maintained as part of eliminating mixed sex accommodation.

### Conclusion

6. There were no breaches of same sex accommodation across the Trust in 2022 / 2023.

### Recommendation

7. To approve publication of the annual statement in the format attached below in appendix 1.

**Author: Nicola Martin, Deputy Chief Nurse**  
**Date: 11 March 2023**

## Appendix 1

### **Eliminating Mixed Sex Accommodation Declaration of Compliance 01/04/22 - 31/03/23**

Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. The Walton Centre NHS Foundation Trust is committed to providing every patient with same sex accommodation because it assists in safeguarding their privacy and dignity when they are often at their most vulnerable.

The Walton Centre NHS Foundation Trust strives to achieve and be compliant with the Government's requirement to eliminate mixed-sex accommodation, except when it is in the patient's overall best interest, or reflects their personal choice. In general, the Trust has the necessary facilities, resources and culture to ensure that patients who are admitted to our hospitals will only share the room where they sleep with members of the same sex and same-sex toilets and bathrooms will be close to their bed area. Sharing with members of the opposite sex will only occur when clinically necessary, for example where patients need specialist support and equipment such as in the Critical Care Unit.

We have confirmed with our commissioners that should we not meet the required standard, we will report it and discuss it with them. We also assess this as part of our matron's audits to ensure that the classification is deemed to be correct.

Our volunteers help patients to complete the surveys which assesses whether the Trust has achieved the elimination of mixed sex accommodation and have maintained the patient's individual privacy and dignity requirements.

- Throughout 2022 / 2023 the Trust were compliant with eliminating mixed sex accommodation, we had 0 (zero) mixed sex breaches.

The staff within the Trust continue to work hard to ensure the safety, wellbeing and privacy and dignity of patients is maintained as part of eliminating mixed sex accommodation.

**Nicola Martin**  
**Deputy Chief Nurse**  
**March 2023**

**Report to Trust Board  
6 April 2023**

<b>Report Title</b>	Use of the Trust Seal 2022-23		
<b>Executive Lead</b>	Jan Ross, Chief Executive		
<b>Author (s)</b>	Katharine Dowson, Corporate Secretary		
<b>Action Required</b>	To approve		
<b>Level of Assurance Provided</b> <i>(do not complete if not relevant e.g. work in progress)</i>			
<input checked="" type="checkbox"/> <b>Acceptable assurance</b> Systems of controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/> <b>Partial assurance</b> Systems of controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/> <b>Low assurance</b> Evidence indicates poor effectiveness of system of controls	
<b>Key Messages</b> <i>(2/3 headlines only)</i>			
<ul style="list-style-type: none"> <li>The Trust Seal has been used once in 2022/23</li> </ul>			
<b>Next Steps</b> <i>(actions to be taken following agreement of recommendation/s by Board/Committee)</i>			
None			
<b>Related Trust Strategic Ambitions and Themes</b>		<b>Impact</b> <i>(is there an impact arising from the report on any of the following?)</i>	
Not Applicable		Not Applicable	Not Applicable
<b>Strategic Risks</b> <i>(tick one from the drop down list; up to three can be highlighted)</i>			
Not Applicable	Choose an item.	Choose an item.	
<b>Equality Impact Assessment Completed</b> <i>(must accompany the following submissions)</i>			
Strategy <input type="checkbox"/>	Policy <input type="checkbox"/>	Service Change <input type="checkbox"/>	
<b>Report Development</b> <i>(full history of paper development to be included, on second page if required)</i>			
<b>Committee/ Group Name</b>	<b>Date</b>	<b>Lead Officer (name and title)</b>	<b>Brief Summary of issues raised and actions agreed</b>
n/a			

## Use of the Trust Seal 2022/23

### Executive Summary

1. The Board is required to receive an annual report on the use of the Trust Seal.
2. The Trust Seal was approved for use once in 2022/23. This was to seal the contract between the Trust and ISS Medical for the lease of the Bistro for five years. Approval was given at the Board meeting of 9 June 2022.

### Requirement for the Affixing of the Seal

3. The Trust Seal is the instrument by which the Trust affixes its signature to legal documents and as such its use is subject to a strict process.
4. The Constitution (Standing Order 42) requires the Trust to have a seal and specifies that only the Board of Directors shall authorise its use. Every year the Board receives a report on the use of the Board Seal through the year. In practice this is seldom used except on legal documents such as contracts.

### Conclusion

5. The Board should have sight of the use of the Trust Seal and be advised that only they may approve the use of the seal.

### Recommendation

To note

**Author: Katharine Dowson**  
**Date: March 2023**