



# Public Trust Board Meeting

Thursday 2<sup>nd</sup> December 2021

Agenda and Papers







**OPEN TRUST BOARD MEETING**  
**Thursday, 2<sup>nd</sup> December 2021**  
The Walton Centre Board Room  
09:30 - 11:45

v = verbal d = document p = presentation

Item	Time	Item	Owner	Purpose
1	09.30	Welcome and Apologies (v)	Acting Chair	N/A
2	09.30	Declaration of Interests (v)	Acting Chair	N/A
3	09.35	Minutes and actions of meeting held on 4 <sup>th</sup> November 2021 (d)	Acting Chair	Decision
4	09.40	Patient Story (v)	Chief Nurse	Information
<b>STRATEGIC CONTEXT</b>				
5	10.00	Chair and Chief Executive's Update (v)	Acting Chair / Chief Executive Officer	Information
<b>PERFORMANCE &amp; GOVERNANCE</b>				
6	10.10	Recovery & Restoration Update (v)	Acting Chief Operating Officer	Information
7	10.20	Integrated Performance Report (d)	Chief Executive Officer / Execs	Assurance
8	10.40	Guardian of Safe Working Hours Report Quarter 2 2021/22 (d)	Medical Director	Assurance <b>TO FOLLOW</b>
9	10.50	National Public Covid-19 Inquiry Update (p)	Chief Nurse	Information
10	11.00	Sustainable Development Plan (d)	Acting Chief Operating Officer	Decision
11	11.10	Health and Wellbeing Pledge (p)	Chief People Officer	Assurance
12	11.20	Investors in People Annual Review (d)	Chief People Officer	Assurance
<b>REPORTS FROM BOARD COMMITTEES</b>				
13	11.25	Strategic BAME Advisory Committee Key Issues Report (d)	Committee Chair	Assurance
14	11.30	Quality Committee Key Issues Report (d)	Committee Chair	Assurance
15	11.35	Business Performance Committee Key Issues Report (d)	Committee Chair	Assurance
16	11.40	Neuroscience Programme Board Key Issues Report (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>Medicines Management Annual Report (d)</li> </ul>				
<b>CONCLUDING BUSINESS</b>				
17	11.45	Any Other Business (v)	Acting Chair	Information

Date and Time of Next Meeting: **3<sup>rd</sup> February 2022 commencing at 9.30am**



**UNCONFIRMED**  
**Minutes of the Open Trust Board Meeting**  
**Meeting held in Board Room**  
 4<sup>th</sup> November 2021

**Present:**

Seth Crofts (SC)	Non-Executive Director – Acting Chair
Karen Bentley (KB)	Non-Executive Director
Su Rai (SR)	Non-Executive Director
Nalin Thakkar (NT)	Non-Executive Director
David Topliffe (DT)	Non-Executive Director
Jan Ross (JR)	Chief Executive
Andy Nicolson (AN)	Medical Director
Mike Burns (MB)	Chief Financial Officer
Lisa Salter (LS)	Chief Nurse
Mike Gibney (MG)	Chief People Officer
Michael Woods (MW)	Interim Chief Operating Officer

**In attendance:**

John Baxter (JB)	Executive Assistant
Katharine Dowson (KD)	Corporate Secretary
Lisa Judge (LJ)	Head of Patient & Family Experience (item 4 only)
Nicola Martin (NM)	Deputy Chief Nurse (item 8 only)

**Observing:**

Louise Pate (LP)	Staff Governor
Tom Stretch (TS)	Public Governor – Cheshire

- 1 Welcome and apologies**
- 1.1 SC welcomed those present to the meeting and noted that LP was observing in her capacity as Staff Governor and TS was observing in his capacity as Public Governor for Cheshire.
- 2 Declarations of interest**
- 2.1 There were no declarations of interest in relation to the agenda.
- 3 Minutes of the meeting held on 7<sup>th</sup> October 2021**
- 3.1 KB would forward some requested amendments following agreement by the Board. Subject to these amendments the minutes of the meeting held on 7<sup>th</sup> October 2021 were agreed as a true and accurate record.
- 4 Patient Story**
- 4.1 LJ and the patient joined the meeting.
- 4.2 LJ informed that the first part of the patient story had been presented in June 2021, they had attended the Trust to undergo surgery for an aneurysm however another aneurysm was identified during surgery that required an additional admission for further surgery to be undertaken. The patient was now eight weeks post-operative and sharing the story of her journey and pathway.

- 4.3 The patient reported that she had no complaints about the level of care received however had identified some issues relating to communication. An admission letter had not been received via the post and this had to be emailed from the Trust to the patient who then had to arrange travel to the Trust from the Isle of Man. There had also been an issue regarding a prescription for anti-coagulant that had been sent to the patient's GP however this had not been received. It was felt that there seemed to be a challenge in receiving information from the Trust in the Isle of Man and this had caused some stress and anxiety.
- 4.4 The patient reported that she had encountered no issues following the first admission however had noted stiffness in her arm and issues regarding her speech following the second admission. The patient had been informed that she had not suffered a stroke and had discussed this with a nurse in the Isle of Man however this had not been followed up yet but private physiotherapy sessions regarding had helped considerably. Private speech therapy had also been undertaken and exercises had been provided to improve tongue strength which had been providing some benefits.
- 4.5 LS recognised the difficulties in attending the Trust from the Isle of Man and queried the experience of the patient being separate from family and friends. The patient stated that they had been an emergency admission during the pandemic and no visiting had been allowed. However all the nursing staff had been very supportive and a lot of the staff remembered the patient at their second admission which had been a huge help. LS apologised for the issues they had encountered and advised the patient that these would be discussed with the specialist nurse team to identify ways that care could be improved. She would also discuss areas of support for post-operative care with LJ.

**The Board thanked the patient for sharing their story.**

- 4.6 LJ and the patient left the meeting.

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

- 5.1 SC updated that the Board had taken part in the national Allied Health Professional (AHP) day on 14<sup>th</sup> October and joined AHPs in their work which had been a fantastic experience. It was recognised that there were a number of different areas of AHP work with enthusiastic expert staff and the Non-Executive Directors were keen to raise their profile with staff across the Trust.
- 5.2 A number of system meetings were ongoing and an overview of meetings attended was provided including the North West Provider Chairs meeting which was focussed on the current pressures in the NHS and progress against recovery targets.
- 5.3 SC reported that he had also attended the Specialist Trust Alliance meeting with JR and updated that the system was moving at pace.
- 5.4 The Non-Executive Director recruitment process was underway and a long list would be presented to the Nominations Committee for consideration on 11 November.
- 5.5 JR reported that there were ongoing pressures relating to Covid and urgent care with demand reported to be high across the system, particularly within the ambulance service. Trusts with accident and emergency departments were feeling the effects of this

increased pressure with the higher demand reflected in an increase in the number of attendances and admissions. This would have an impact on the Trust via mutual aid and discussions continued regarding this, critical care was being reorganised in preparation and criteria for admission were being flexed where appropriate to support the system.

- 5.6 There had been a nosocomial outbreak of Covid on a ward, with seven patients testing positive and an ongoing cycle of testing was underway with options to improve patient safety also being explored.
- 5.7 The vaccine booster programme for staff was progressing well and the flu vaccination programme was also underway.
- 5.8 The Trust health and wellbeing pledge had been signed and submitted and an accompanying action plan would also be compiled and submitted to the Board for review at the next meeting.
- 5.9 The draft report following the Care Quality Commission (CQC) review of Ionising Radiation (Medical Exposure) Regulations (IRMER) had been received and this had been checked for factual accuracy and returned to the CQC. Feedback had been positive with some recommendations noted to improve associated policies.
- 5.10 The Executive Directors were working with the communications team to develop a number of different strategies for the Executive visibility programme and a number of methods of engagement had been agreed. These would be implemented and reviewed after a period of six months before the successful methods were rolled out to the whole Board. A calendar of events had been compiled to prioritise events to be supported and social media channels were being considered.
- 5.11 SR queried what work had been undertaken by the Trust to celebrate black history month and what feedback had been received. JR noted that there had been an informative social media campaign and the Trust Equality and Inclusion Lead had displayed information stalls across the Trust. Joint events had also been held with Aintree and updates from the event celebrations would be shared at the Strategic Black, Asian and Minority Ethnic Advisory Committee in November and then reported to Board via the key issues report.
- 5.12 NT requested an update regarding Covid vaccine uptake figures and LS clarified that 91% of staff had received two vaccinations and over 75% of staff eligible to receive the booster vaccine had received this. It was noted that there was no group of staff or themes identified from those who had not received the vaccine and work to promote the vaccine campaign would be refreshed. JR recognised that the aim was for 100% of staff to choose to receive the vaccine.

**The Board noted the verbal update reports.**

## **6 Recovery and Restoration Update**

- 6.1 MW provided an update on the Trust's recovery and restoration programme noting that all diagnostic and cancer related targets had been achieved. Recovery within theatres remained below target during September and any cancellations must be agreed at a more senior level which had resulted in a reduction in cancellations. Outpatient activity was delivered during September; however elective activity remained below target.

- 6.2 H2 (October 2021 - March 2022) planning and targets were in effect from October and the national guidance had changed the way expected activity delivery was calculated. This would now be based on Referral to Treatment (RTT) clock stops. It was also noted that different specialties had different recovery weighting applied and the Trust now had a target for a return to 89% of 2019/20 activity to be able to access the Elective Recovery Fund (ERF). The Trust was recording admitted performance of 93% during October with non-admitted performance at 96%. It was recognised that the Trust would only attract ERF if the whole Cheshire and Merseyside system met performance targets and the outcome of this would not be known for some months.

**The Board noted the progress made against the Trust's recovery and restoration programme.**

**7 Integrated Performance Report**

- 7.1 JR provided an overview of the Integrated Performance Report (IPR) noting that the report had been discussed in detail at Committee meetings as noted in the relevant key issues reports. It was highlighted that cancer and diagnostic targets continued to be met by the Trust however cancer targets across the Cheshire and Mersey region remained challenging. This was due to activity pressures and mutual aid may impact on the Trusts ability to deliver activity targets over the winter Concerns were noted around appraisal levels however all regional Trusts were experiencing appraisal concerns and the Trust still compared well with others A concerted effort was being made to ensure staff had their annual appraisal.

**Quality**

- 7.2 LS highlighted that there were still some issues relating to healthcare associated infections (HCAI) and there was a renewed focus on Clostridium Difficile, MSSA (methicillin-susceptible staphylococcus aureus) as well as Covid with reviews undertaken on a weekly basis. Staffing and Nurse turnover rates would be discussed in detail later on the agenda under item 8.

**Workforce**

- 7.3 MG advised that as described by JR, appraisals continued to be a challenge and work was underway to target areas for improvement, it was recognised that the appraisal documentation was quite lengthy and alternative discussion methods were under review. Sickness levels had shown a small improvement with 6.7% of staff currently on sick leave, 1% of this related to Covid with five members of staff currently isolating.

- 7.4 Vacancy levels had improved and the staff stability index showed that the majority of staff were staying in the organisation. SC queried if this area had been improved by the international recruitment programme and MG confirmed that this programme had helped and corporate recruitment was continuing with targeted recruitment methods in place for difficult to fill roles.

**Finance**

- 7.5 MB noted that financial performance was ahead of forecast in month six and funding for the national pay award had been received in month six, it was also stated that the system had reported a break even position at the end of H1 (March – September 2021. H2 planning was underway and it was expected that the Trust would be required to deliver a



break even position for H2. The capital programme would be kept under review and the importance of ensuring that this was delivered was recognised. KB queried if the global semiconductor shortage affected the delivery of the Digital Aspirant programme and it was reported that the Head of IM&T was in active discussion with NHS Digital regarding this and also reviewing options to bring schemes forward if any issues were identified.

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

**8 Nurse Staffing – Bi-Annual Acuity Review**

- 8.1 NM joined the meeting and presented the bi-annual nurse staffing acuity review and informed that the report provided assurance that all wards were safe. LS chaired the daily staff huddle which was followed by a staffing and bed management review meeting each day and staff were moved to other areas if required. Compliance was evidenced against all key recommendations for nurse to patient ratios and an overview of the skill mix for each ward was provided.
- 8.2 Safety outcome indicators were reviewed and there had been a reduction in the number of falls during October to 17 and additional work was ongoing to reduce this figure further. No further cases of Carbapenemase Producing Enterobacteriaceae (CPE) had been recorded following the recent outbreak and an extensive action plan was in place which was reviewed each week. Two red flags had been recorded during September, one related to a delay in administration of pain relief and the other related to the three C's (Communication, Collaboration, and Caring) patient checks being missed, both red flags were reviewed by the Divisional Nurse Director and no patient harm was noted.
- 8.3 Twelve Nurses had recently been recruited as part of the international recruitment programme and all had passed their OSCE (Objective Structured Clinical Examination) assessments and had begun working on the wards. A total of 40 nurses had been recruited as part of this programme and it was hoped that all would be in place on the wards by February 2022. It was reported that funding was available for another international recruitment programme in 2022/23 and meetings were underway to identify the numbers required. Pathways into nursing were also under review and the Deputy Chief Nurses across the region were working to ensure the process was the same in all regional Trusts. Intensive Care Unit (ITU) and theatres recruitment was ongoing and a block booking of agency staff had been secured for theatres and work was ongoing to secure a block agency booking for ITU.
- 8.4 KB queried if the international recruitment cohort had experienced delays in receiving their NMC (Nursing and Midwifery Council) Pin (personal registration number) and NM reported that the NMC had communicated that it could take up to ten weeks to receive their Pin however these had been received in a much shorter timescale.
- 8.5 SC questioned how staff morale was and it was noted that work was ongoing to increase morale and the issues affecting staff were being experienced across the system. A ward manager away day was in the planning stage to discuss staff morale and what could be done to improve this.

**The Board noted the bi-annual nurse staffing acuity review.**

- 8.6 NM left the meeting.

## **9 Quarterly Governance, Risk and Patient Experience Report**

- 9.1 LS presented the quarter two Governance, Risk and Patient Experience report and informed all that this had been discussed in detail at the Quality Committee meeting held on 21<sup>st</sup> October 2021. An overview of incident management was provided and it was noted that there had been 58 incidents of violence and aggression recorded during quarter two which was a reduction from 108 in quarter one. Additional mandatory training sessions had been provided including sessions held for night staff and these had been well attended. Focussed supportive work had been provided to Divisional teams to improve the number of incidents reviewed, actioned and closed. It was also highlighted that the number of complaints received had decreased and a recent audit of the complaints process undertaken by Mersey Internal Audit Agency (MIAA) had provided high assurance.
- 9.2 SR queried if the Violence and Aggression Working Group was a new initiative and it was clarified that this had previously been in place however it had now been re-established and had proved to be very helpful in supporting staff. The working group reported into Quality Committee.
- 9.3 DT highlighted the reduction in the number of cases of violence and aggression reported within quarter two. He also noted that there were no RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) reportable incidents and queried if the majority of incidents of violence and aggression were repeated incidents from particular patients and the reduction was due to these patients being discharged or improvements in processes. It was clarified that there had been an impact from particular patients being discharged and also process improvements and the Trust was looking at a number of initiatives to support staff and improve care and processes.
- 9.4 KB questioned how friends and family test response rates compared with other Trusts and it was stated that the Trust had previously had response rates close to 100% however there had been some issues with patients using virtual platforms. . Completion of the friends and family test was voluntary and was offered to all patients via the Attend Anywhere platform however work was underway to identify methods to improve response rates.

**The Board noted the Quarterly Governance, Risk and Patient Experience Report.**

## **10 Freedom to Speak Up Guardian Report**

- 10.1 LS presented the Freedom to Speak Up Guardian report for quarter four 2020/21 and quarter one 2021/22 and highlighted that there were now two freedom to speak up champions working with the Freedom to Speak Up Guardian and work was underway to identify champions in all areas of the Trust to assist in promoting the culture across the organisation.
- 10.2 An overview of concerns that had been escalated was provided and it was reported that there had been two whistleblowing incidents made to the CQC as the staff had been unaware of internal methods of reporting. An e-learning module around freedom to speak up had now been developed for all healthcare staff and discussions were underway with the training and development team to identify the best time to launch this module.

- 10.3 SR queried how quality and safety concerns were escalated and LS clarified that the Freedom to Speak Up Guardian would escalate and discuss these with the appropriate managers and to the Executive Directors and Trust Chair if required.

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

**11 Infection Prevention and Control Board Assurance Framework**

- 11.1 LS presented the Infection Prevention and Control Board Assurance Framework and reported that the national template had been updated with the changes made highlighted in yellow. The framework was presented to Quality Committee and Trust Board on a quarterly basis to provide assurance and a number of actions had been introduced since the implementation of the framework. Action plans were continually reviewed and updated to provide assurance and the framework was monitored at the Infection Prevention and Control Committee meeting.

**The Board noted the Infection Prevention and Control Board Assurance Framework.**

**12 Walton Centre Charity Accounts and Annual Report**

- 12.1 MB presented the Walton Centre Charity Accounts and Annual Report for 2020/21 and noted that the draft report had been presented to the Walton Centre Charity Committee in July 2021 and the final version of the report had been agreed by the Walton Centre Charity Committee at the meeting held in October 2021. It was reported that this was a new format for the report and was much improved from previous reports. An overview of income and expenditure was provided and it was highlighted that income had exceeded expenditure by £12k.

- 12.2 It was hoped that a three year charity strategy would be developed however this had been impacted by Covid and a one year bridging strategy had been implemented while the full strategy was developed.

- 12.3 MB informed the Board that no issues had been raised by the external auditor and a letter of representation had been included for approval and sign off.

- 12.4 DT recognised that fundraising had progressed well considering the extraordinary impact of the pandemic and it was highlighted that the accounts included grants received from the NHS Together Charity. It was also reported that the charity had undertaken a number of initiatives and worked with a number of local businesses to support staff throughout the pandemic.

- 12.5 Discussions were ongoing regarding the appropriate levels of reserves to be held and a policy detailing an approach would be presented to the next Walton Centre Charity Committee meeting.

**The Board approved Walton Centre Charity Accounts and Annual Report and approved the letter of representation for sign off.**

**13 Audit Committee Key Issues Report**

- 13.1 SR provided an update from the meeting of the Audit Committee held on 19<sup>th</sup> October

2021 and highlighted that the external auditors had finalised that Trust annual report and this had been laid before parliament. It was noted that the Trust audit link, Jon Roberts, would be stepping back to be replaced by Sarah Ironmonger.

- 13.2 The aged debt report was presented and there was some debate regarding this, it was highlighted that the largest debtors were under review with intervention required at Divisional level.
- 13.3 There were no new audits presented for review and updates on four ongoing audits were provided.
- 13.4 The Standing Financial Instructions and Scheme of Reservation and Delegation were both reviewed and updated and these would be presented to this Board meeting for approval under the consent agenda.

**The Board noted the Audit Committee Key Issues Report.**

**14 Walton Centre Charity Committee Key Issues Report**

- 14.1 SR provided an update from the meeting of the Walton Centre Charity Committee held on 14<sup>th</sup> October 2021 and highlighted that nine training and development funding applications had been approved. One application for training and development funding was approved despite the applicant not self-funding any proportion of the costs, this had generated some debate and the Charity Policy would be reviewed and strengthened to mitigate any similar applications going forward.
- 14.2 An update on fundraising activity was provided and plans for the Jan Fairclough Ball on 12 November were progressing well.
- 14.3 The annual investment performance analysis was received and assurances were provided that investments were stable and producing returns.
- 14.4 The committee had reviewed and updated the Reserves Policy; a Cash Funds policy was also under development.

**The Board noted the Walton Centre Charity Committee Key Issues Report.**

**15 Quality Committee Key Issues Report**

- 15.1 SC provided an update from the meeting of the Quality Committee held on 21<sup>st</sup> October 2021 and reported that a patient story was presented that highlighted elements of unconscious bias and disability awareness. Actions had been identified and these would be progressed.
- 15.2 Assurance had been provided regarding Infection Prevention and Control processes for reviewing and actioning issues relating to healthcare associated infections.
- 15.3 AN reported that a Never Event had occurred in which medication had been administered via the incorrect route, the patient was not harmed and investigations were underway. It was stated that Duty of Candour was actioned and the incident had been externally reported.

15.4 A partial patient story was shared that had highlighted that visiting arrangements for patients at the end of life had been sub-optimal during recent Covid visiting restrictions and additional support would be provided to relatives who have a family member at the Trust who was at the end of life.

15.5 The committee received assurances that significant work was underway to support staff who encountered violence and aggression incidents. A violence and aggression strategy had been developed and this would be presented to a future Trust Board meeting.

**The Board noted the Quality Committee Key Issues Report.**

**16 Research, Innovation and Medical Education Committee Key Issues Report**

16.1 SC provided a verbal update from the Research, Innovation and Medical Education Committee meeting held on 3<sup>rd</sup> November 2021 and reported that there had been a systematic review of the research function undertaken looking at key roles to ensure that the correct structure was in place. MG and the Director of Medical Education had worked to understand the department and the funding structures and how these could be administered appropriately. A number of challenges relating to finances had been identified due to a lack of recruitment to trials during the pandemic and a business case had been presented to the Executive Directors to explore support to enable improvements to be made. This business case had been approved and the investment would be performance managed to provide assurance. A lot of work was ongoing to raise the profile of the department and it was recognised that significant progress had been made.

16.2 A Principle Investigator forum had been developed to assist in making the department more effective regarding grant income.

16.3 The committee received a presentation regarding the VERA (Virtual Engagement Rehabilitation Assistant) system and it was reported that there was a large amount of external interest in the system and this was a template for innovation.

16.4 Positive feedback had been recorded from Health Education England regarding trainee outcomes and experiences regarding medical education.

**The Board noted the Research, Innovation and Medical Education Committee Key Issues Report.**

**17 Business Performance Committee (BPC) Key Issues Report**

17.1 DT provided an update from the meeting of BPC held on 26<sup>th</sup> October 2021 and noted that the vast majority of capital spend was now phased into the latter part of the year. Risks regarding potential delays in availability of equipment were noted and contingency plans were to be enacted to bring forward projects planned for 2022/23 where possible.

17.2 An agreement was made to defer reviews of sub-strategies until the review and development of the Trust strategy had been completed.

17.3 It was reported that the Finance team had suffered a 25% loss of staffing members in recent months. Exit interviews had been undertaken which had identified no underlying issues and structures within the team would be reviewed to promote the Trust as a good place to work.

**The Board noted the Business Performance Committee Key Issues Report.**

**18 Consent Agenda**

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

- 18.2
- **Review of Scheme of Reservation and Delegation** – approved the proposed amendments to the Scheme of Reservation and Delegation.
  - **Review of Standing Financial Instructions** – approved the proposed amendments to the Standing Financial Instructions.
  - **Emergency Preparedness, Resilience and Response (EPRR) Core Standards Self-Assessment** – considered and noted the report.
  - **Modern Slavery Act Statement** – approved the Modern Slavery Act statement for publication on the Trust website.

**19 Any Other Business**

19.1 There was no other business to be discussed.

**There being no further business the meeting closed at 12.00pm**

**Date and time of next meeting**

**Thursday 2<sup>nd</sup> December 2021 at 09:30am, Board Room.**

<b>Trust Board Attendance 2021-22</b>										
<b>Members:</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Feb</b>	<b>Mar</b>
Ms J Rosser	✓	✓	✓	✓	A	A	A			
Mr S Crofts	✓	✓	✓	✓	✓	✓	✓			
Ms S Rai	✓	✓	✓	✓	✓	✓	✓			
Prof N Thakkar	✓	✓	✓	✓	A	✓	✓			
Mr D Topliffe	✓	✓	✓	✓	✓	✓	✓			
Ms K Bentley	✓	✓	✓	✓	✓	✓	✓			
Ms H Citrine	✓									
Mr M Burns	✓	✓	✓	✓	✓	✓	✓			
Mr M Gibney	✓	✓	✓	✓	✓	✓	✓			
Dr A Nicolson	✓	✓	✓	✓	✓	✓	✓			
Ms J Ross	✓	✓	✓	✓	✓	✓	✓			
Ms L Salter	✓	✓	✓	✓	✓	✓	✓			
Mr M Woods			✓	✓	✓	✓	✓			

## TRUST BOARD Matters arising Action Log November 2021

Complete & for removal
In progress
Overdue

Date of Meeting	Item Ref	Agenda item & action	Lead	Update	Deadline	Status
01/07/21	TB54-21/22	<b><u>Board Assurance Framework</u></b> Ms Salter to circulate the report completed following an audit of the LASTLAP initiative recorded under Risk ID003 to the Board.	Ms Salter	<p><b>02/09/21</b> Ms Salter updated that an audit would be held in early October and the outcome report would be shared following completion.</p> <p><b>07/10/21</b> Ms Salter noted that an update would be available at the next meeting</p> <p><b>04/11/21</b> The LASTLAP initiative was re-audited and knowledge was reported to be lower than expected. Additional posters have been displayed, discussion held with staffing groups and a section had been added to the incident recording process. Further discussions would be held at the Health and Safety meeting. Remove from tracker,</p>	<p>02/09/24</p> <p>07/10/24</p> <p>04/11/24</p>	

### Actions not yet due

Date of Meeting	Item Ref	Agenda item & action	Lead	Update	Deadline	Status
		There were no outstanding actions to be completed.				







## REPORT TO TRUST BOARD

Date 02/12/2021

<b>Title</b>	Integrated Performance Report
<b>Sponsoring Director</b>	Name: Lindsey Vlasman Title: Acting Chief Operating Officer
<b>Author (s)</b>	Name: Mark Foy Title: Head of Information & Business Intelligence Name: Laura Abernethy Title Access & Performance Director
<b>Previously considered by:</b>	<ul style="list-style-type: none"> <li>Committee Quality Committee Business &amp; Performance Committee</li> </ul>
<b>Executive Summary</b>	
<p>This report provides assurance on all Integrated Performance Report measures aligned to the Business &amp; 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.</p>	
<b>Related Trust Ambitions</b>	<ul style="list-style-type: none"> <li>Best Practice Care</li> <li>Be financially strong</li> <li>Be recognised as excellent in all we do</li> </ul>
<b>Risks associated with this paper</b>	Associated access and performance risks all contained in divisional and corporate risk registers.
<b>Related Assurance Framework entries</b>	Associated BAF entries: <ul style="list-style-type: none"> <li>001 Covid-19</li> <li>003 Performance Standards</li> <li>005 Quality</li> </ul>
<b>Equality Impact Assessment completed</b>	<ul style="list-style-type: none"> <li>No</li> </ul>
<b>Any associated legal implications / regulatory requirements?</b>	<ul style="list-style-type: none"> <li>No</li> </ul>
<b>Action required by the Board</b>	<ul style="list-style-type: none"> <li>To consider and note</li> </ul>





**The Walton Centre**  
NHS Foundation Trust



*Excellence in Neuroscience*

# Board KPI Report December 2021

Data for October 2021 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. To maximise insight the charts will also include any targets and benchmarking where applicable.

All SPC charts will follow the below Key unless indicated



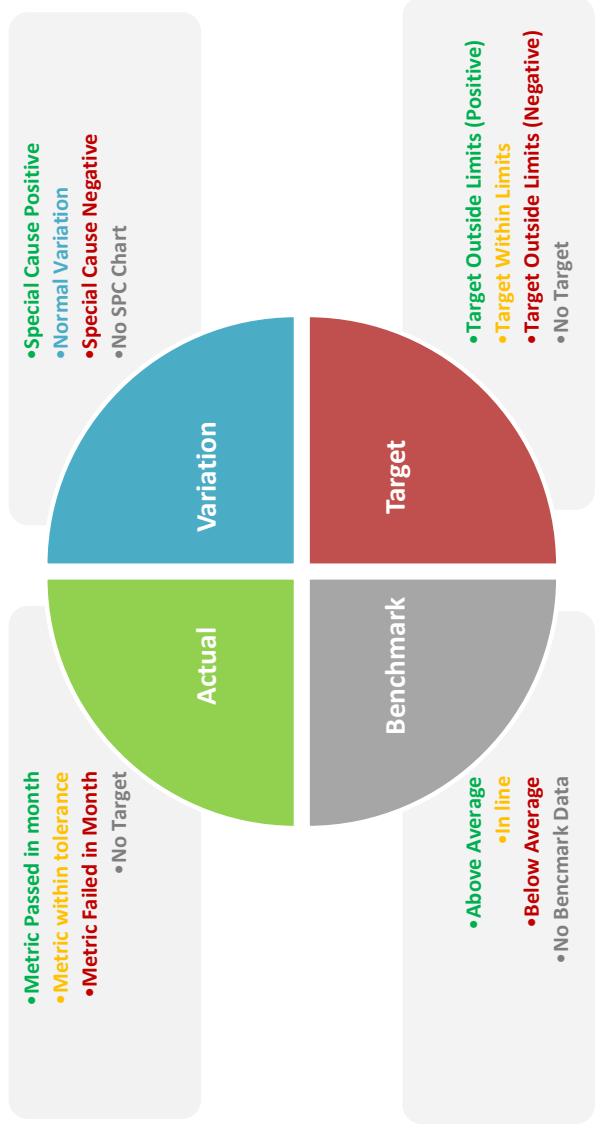
= Part of Single Oversight Framework



= Mandatory Key Performance Indicator

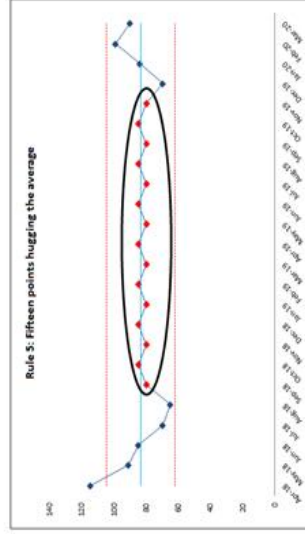
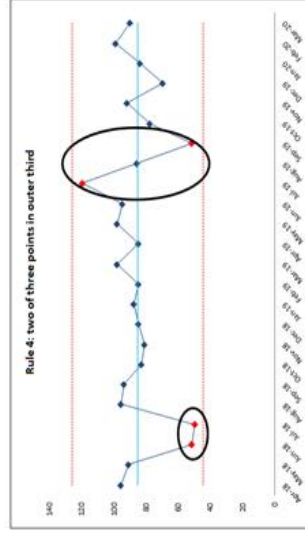
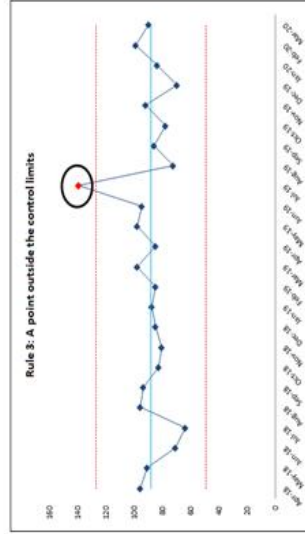
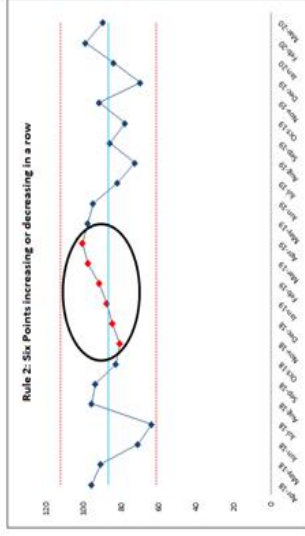
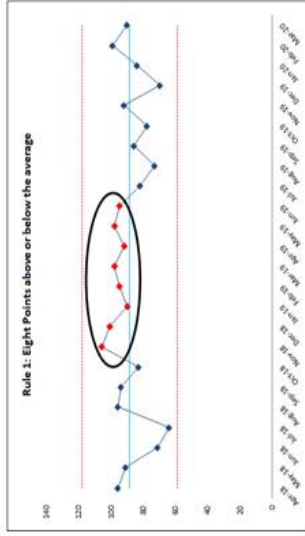
## Assurance Icons (Colour Key)

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.



## SPC Chart Rules

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





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# Operations & Performance Indicators

# Operational Responsive - Cancer Standards

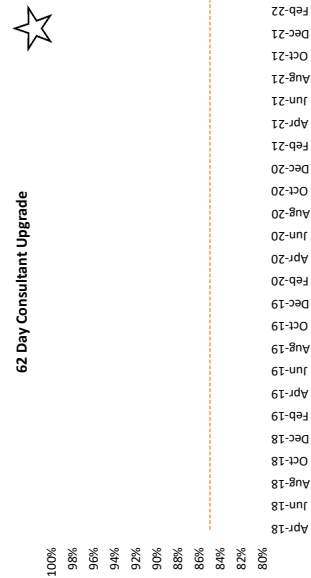
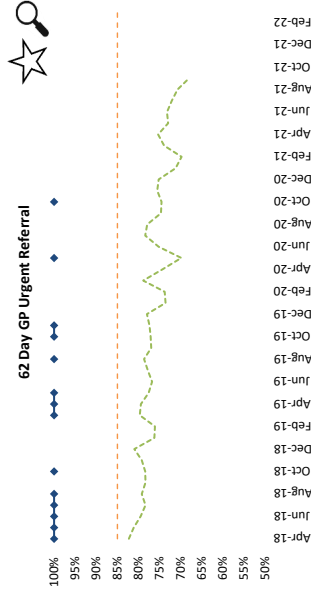
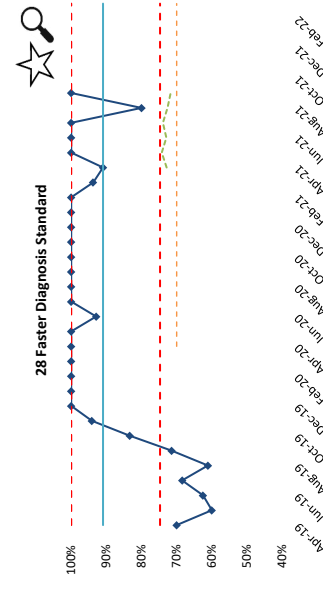
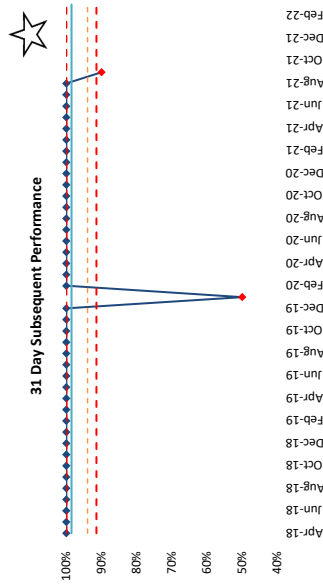
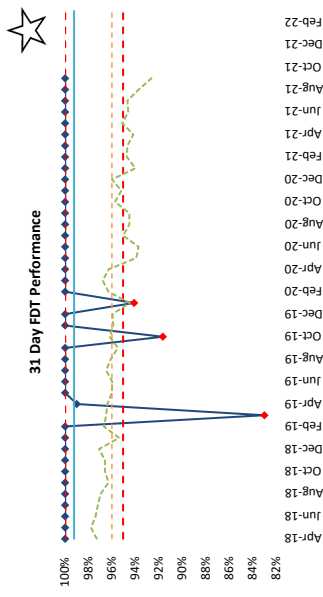
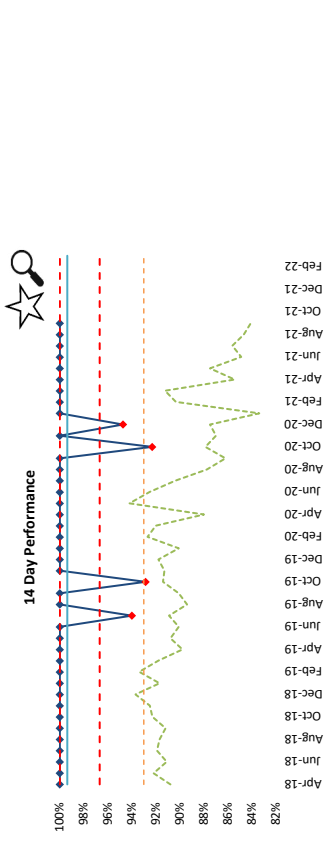
Responsive - Access Standards	Target	Actual	Assurance
Cancer TWW	95%	100%	<span style="color: green;">A</span> <span style="color: green;">V</span> <span style="color: green;">B</span> <span style="color: green;">T</span>
Cancer 31 Day FDT	96%	100%	<span style="color: green;">A</span> <span style="color: green;">V</span> <span style="color: green;">B</span> <span style="color: green;">T</span>
Cancer 31 Day Sub	94%	90%	<span style="color: red;">A</span> <span style="color: red;">V</span> <span style="color: red;">B</span> <span style="color: red;">T</span>
Cancer 62 Day Standard	85%	-	<span style="color: green;">A</span> <span style="color: green;">V</span> <span style="color: green;">B</span> <span style="color: green;">T</span>
28 Day Faster Diagnosis Standard	70%	100%	<span style="color: green;">A</span> <span style="color: green;">V</span> <span style="color: green;">B</span> <span style="color: green;">T</span>

The Trust has continued to see and treat all cancer patients as these patients are designated as urgent, therefore COVID-19 has not impacted their care and treatment.

There was 1 patient in September treated after 31 days for subsequent surgery.

### Associated Risks

- 001 - Covid-19
- 003 - Performance Standards



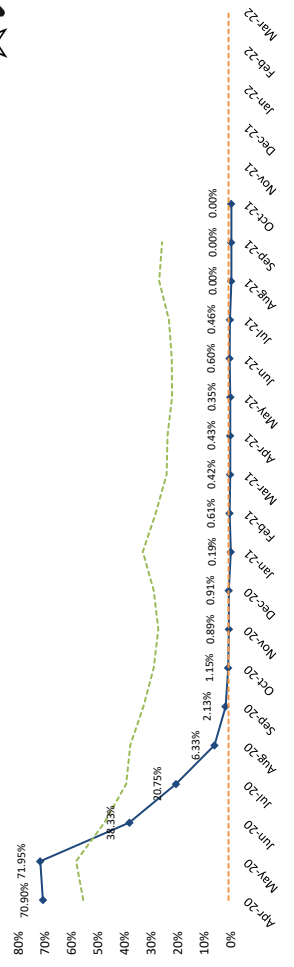
# Operational Responsive - Diagnostics

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

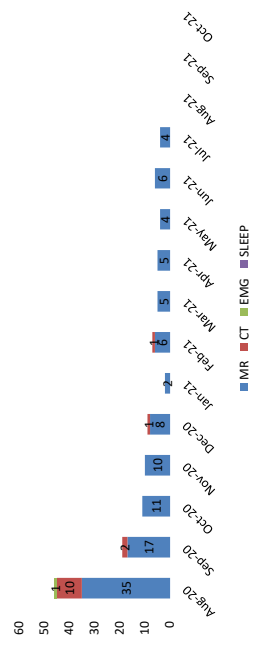
Responsive - Access Standards	Target	Actual	Assurance
Diagnostic 6 Week Performance	1%	0.00%	<span style="color: green;">A</span> <span style="color: green;">V</span> <span style="color: green;">B</span> <span style="color: green;">T</span>

**Associated Risks**  
 001 - Covid-19  
 003 - Performance Standards

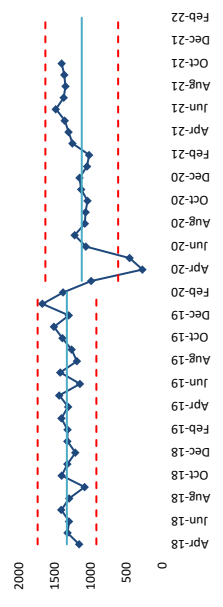
6 Week Diagnostic Performance



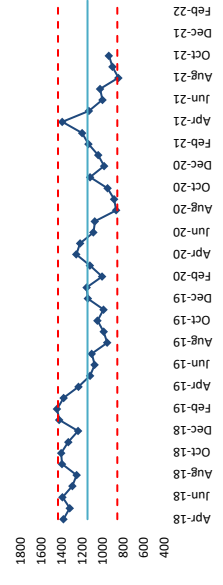
Diagnostic Breaches by Type



Total Diagnostic Activity in Month



Total Diagnostic Waits at Month End





# Operational Effective - Theatres

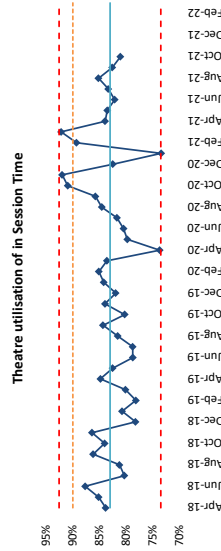
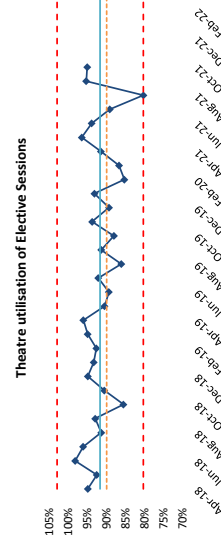
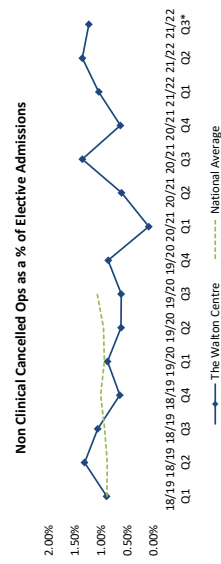
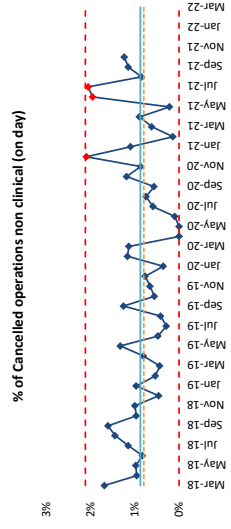
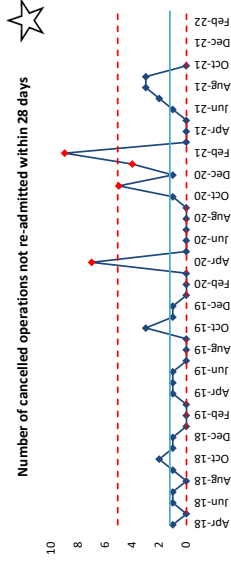
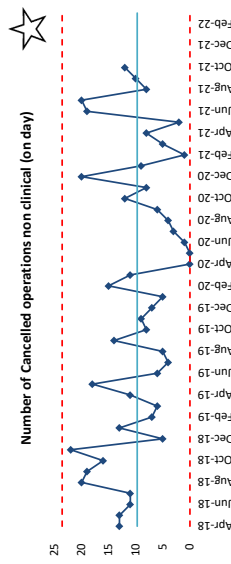
Effective - Theatres	Target	Actual	Assurance
No. Non Clinical Cancelled Operations	-	12	A V B T
% Cancelled operations non clinical on day	0.80%	1.24%	A V B T
28 Day Breaches in month	0	0	A V B T
Theatre utilisation of Elective Sessions	90%	95.05%	A V B T
Theatre utilisation of in Session Time	90%	81.07%	A V B T

### Non Clinical Cancellations

There were 12 patients cancelled at last minute for non-clinical reasons in October 2021, the predominant reason for the cancellations were staff unavailable(6) and beds unavailable (5).

### Theatres – Theatre Utilisation

Elective in-session utilisation was 95.05% during October 2021. The Trust is continuing to focus on urgent cases in addition to reducing the number of 52 week waiters, therefore it is more difficult than normal to effectively utilise in session theatre time.



# Operational

## Effective - Activity Recovery Plan

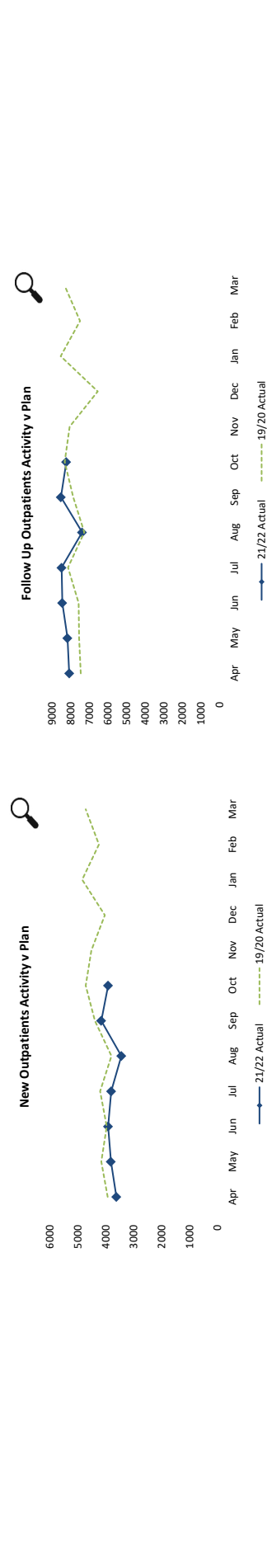
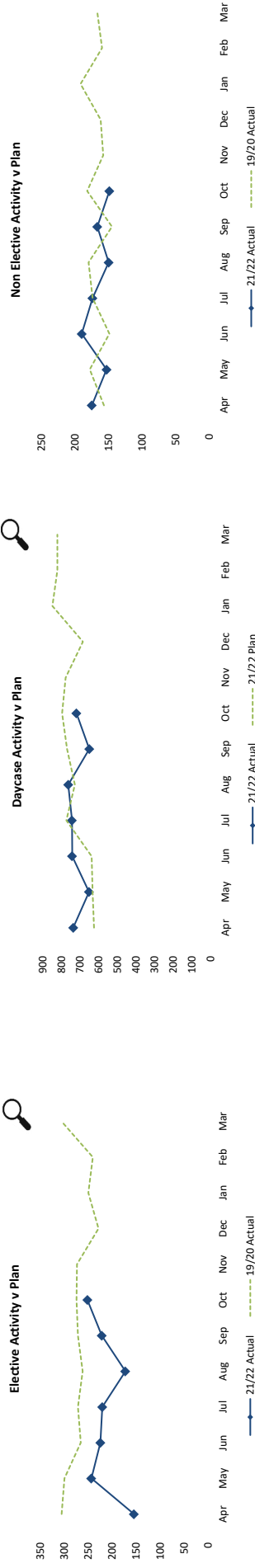
### October 21 Activity Performance

POD	Actual (% of 19/20)	Target (% of 19/20)
Daycase	81.26%	89%
Elective	91.64%	89%
<b>Elective &amp; Daycase Total</b>	<b>83.72%</b>	<b>89%</b>
Non Elective	81.87%	-
New Outpatients	82.97%	100%
Follow Up Outpatients	98.88%	100%
<b>Outpatient Total</b>	<b>93.13%</b>	<b>100%</b>

Continuing on from HI, each Trust was required to submit activity trajectories for the remainder of 2021/22 (referred to as H2) by month against the pre-COVID activity levels (comparing with the baseline of actual 19/20 SUS activity levels). The Trust has refreshed the activity plans and is forecasting delivery of 100% of all outpatients and 89% of elective and daycase activity as per national guidance.

Daily operational huddles continue to review the activity performance against plan, taking into account the new methodology for Elective Recovery Fund (ERF).

During October 2021 the Trust achieved the elective target of 89% at 91.64% and October observed the highest elective throughout this year to date. Daycase and Outpatient activity was slightly behind plan, however activity volumes remain consistent with previous months.





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# Workforce Indicators

# Workforce

## Well Led - Workforce KPIs

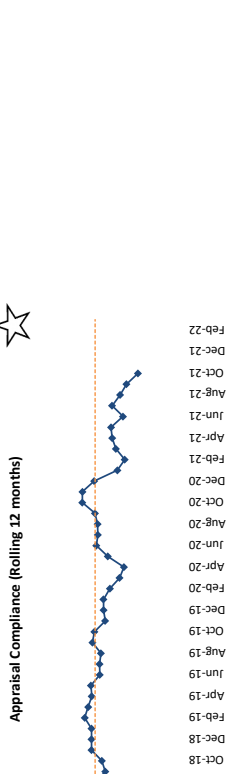
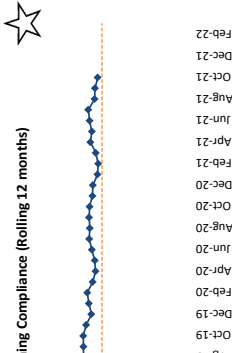
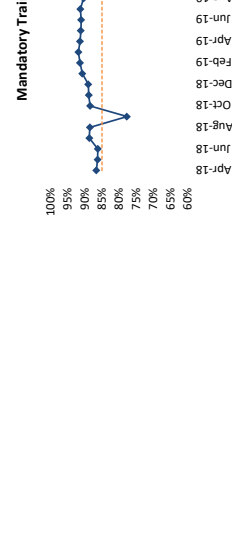
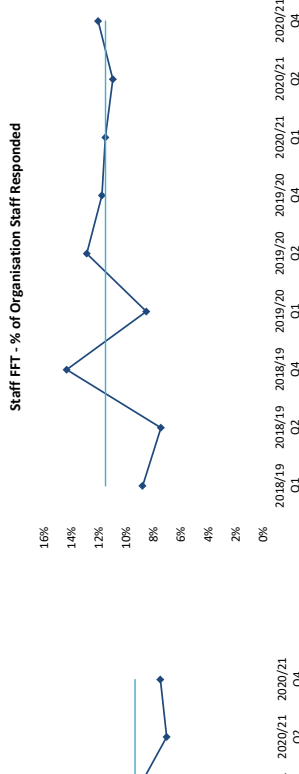
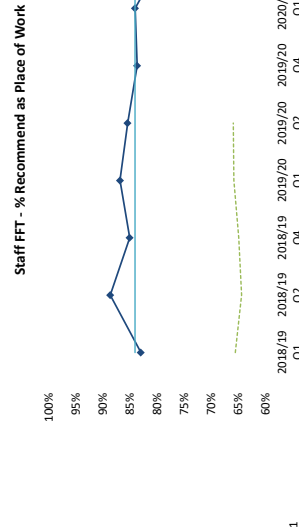
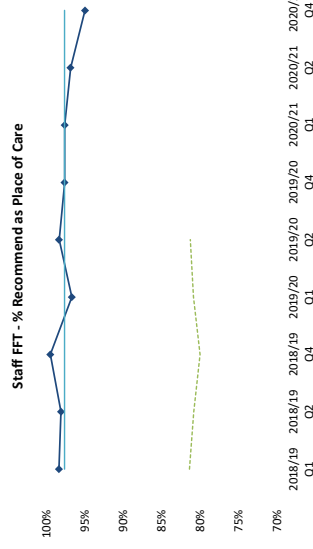
Well Led - Workforce	Target	Actual	Assurance
Staff FFT - Recommend Care (Q4 20/21)	-	95.00%	
Staff FFT - Recommend Work (Q4 20/21)	-	79.44%	
Appraisal Compliance	85%	72.42%	
Mandatory Training Compliance	85%	86.24%	

### Mandatory Training Compliance

Overall mandatory training compliance in October 2021 was still above the target of 85% with some individual topics dropping below target. Compliance remains high for E-Learning topics and hopefully now training has restarted we will see an increase in topics included on study days.

### Appraisal Compliance

Appraisal compliance in October 2021 is 72.42%. The training team are continuing to work with individual departments to improve compliance.



# Workforce

## Well Led - Workforce KPIs

Well Led - Workforce	Target	Actual	Assurance
Sickness / Absence	4.75%	6.81%	<span style="color: red;">A</span> <span style="color: red;">V</span> <span style="color: red;">B</span> <span style="color: red;">T</span>
Vacancy Levels	-	4.41%	<span style="color: blue;">A</span> <span style="color: blue;">V</span> <span style="color: blue;">B</span> <span style="color: blue;">T</span>
Nursing Turnover	10%	15.18%	<span style="color: red;">A</span> <span style="color: red;">V</span> <span style="color: red;">B</span> <span style="color: red;">T</span>
Other Staff Turnover	-	14.12%	<span style="color: green;">A</span> <span style="color: green;">V</span> <span style="color: green;">B</span> <span style="color: green;">T</span>

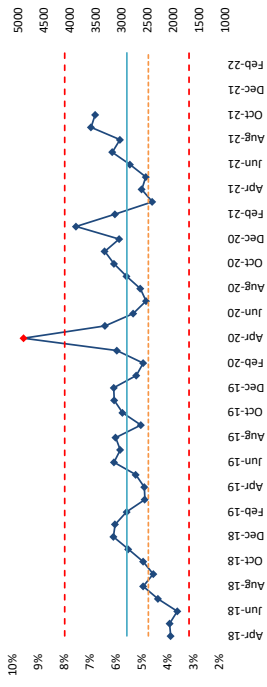
### Sickness/Absence

Sickness/Absence levels in October 2021 were above the target of 4.75% at 6.81%.

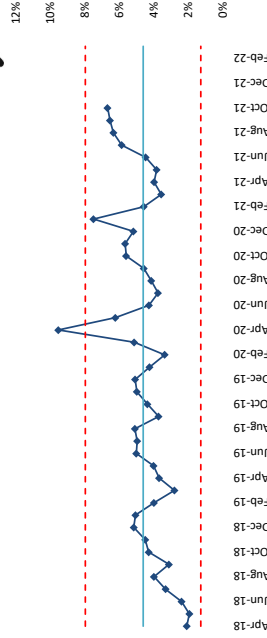
### Nursing Turnover

Nursing turnover has worsened over recent months following a period of consistent improvement and now stands at 15.18% for October 2021.

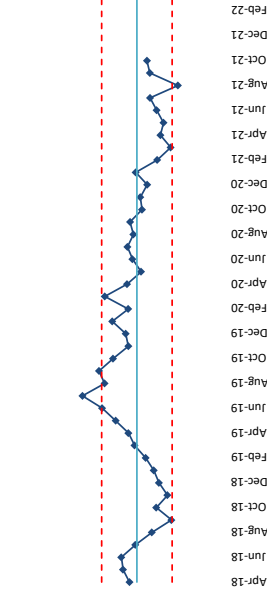
Sickness/Absence (Monthly)



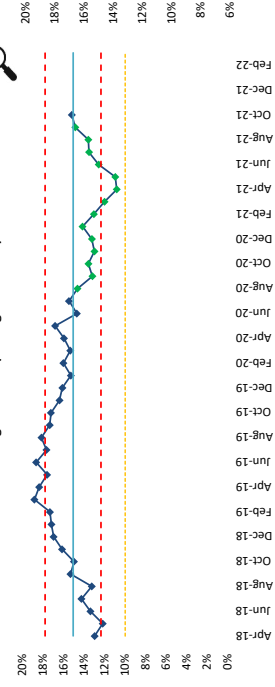
Lost Days due to Sickness/Absence (Monthly)



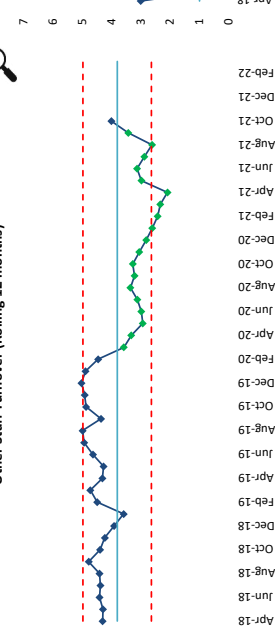
Overall Vacancy Level %



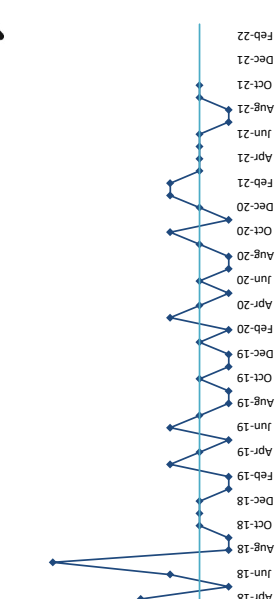
Nursing Turnover (Rolling 12 months)



Other Staff Turnover (Rolling 12 months)



Medical Leavers

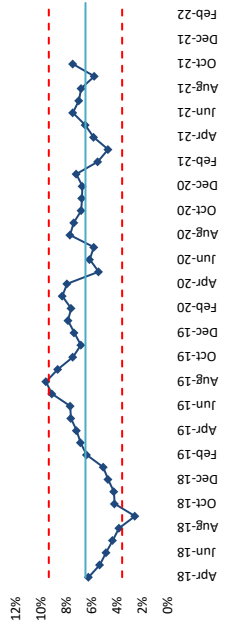




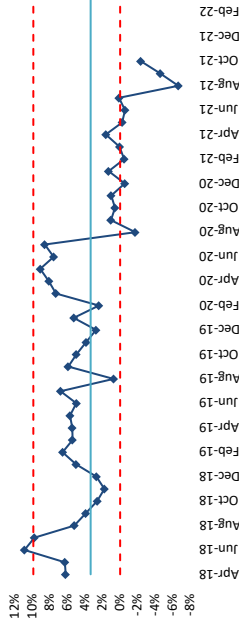
# Quality of Care

## Well Led - Workforce KPIs

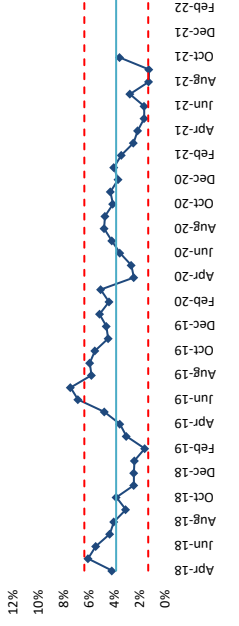
Nursing Vacancy Level %



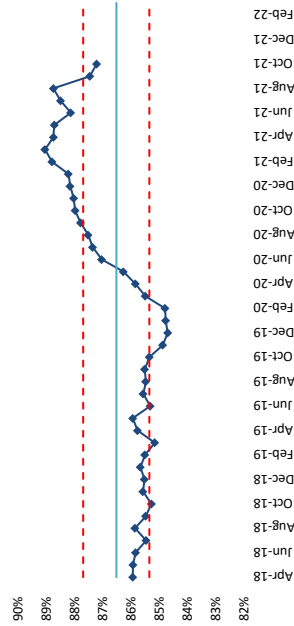
Medical Vacancy Level %



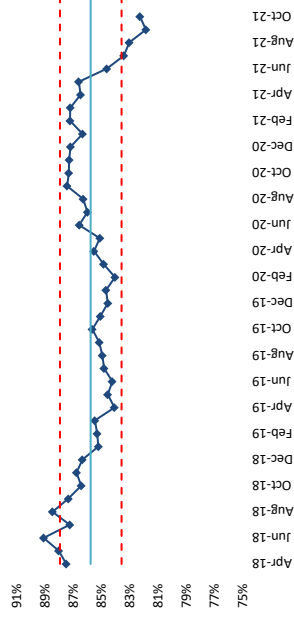
Other Staff Vacancy Level %



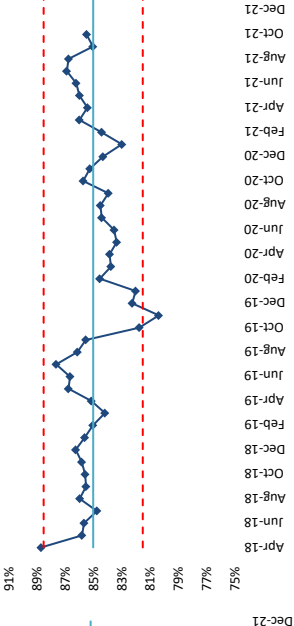
Staff Stability Index - All Staff



Staff Stability Index - Nursing



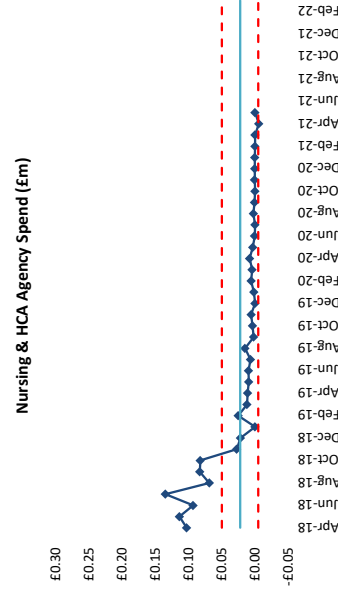
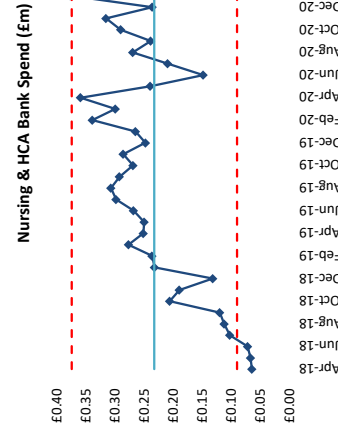
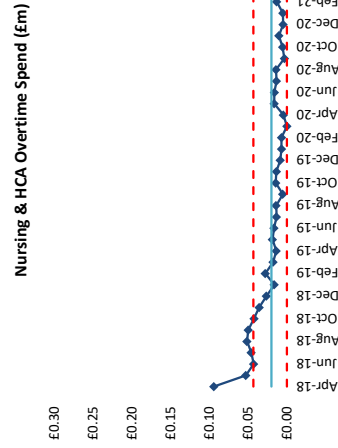
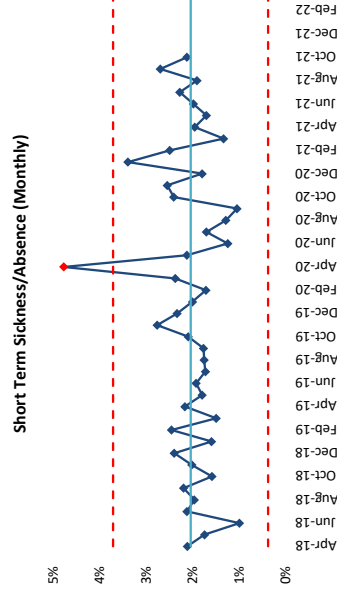
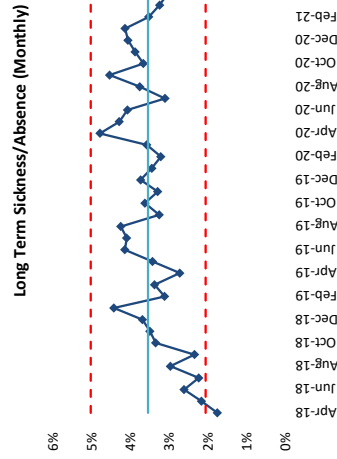
Staff Stability Index - Medical





# Quality of Care

## Well Led - Workforce KPIs





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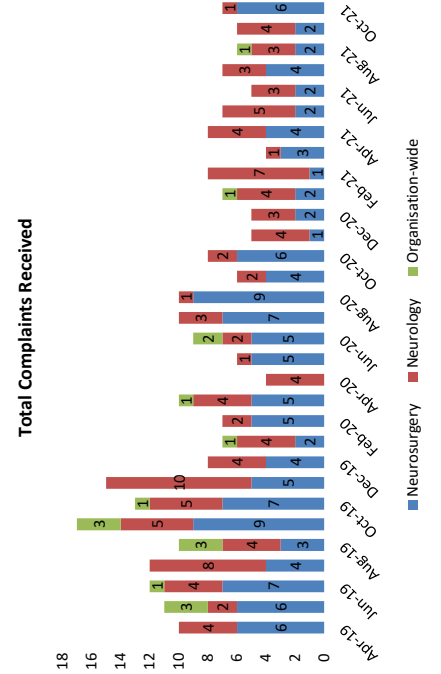
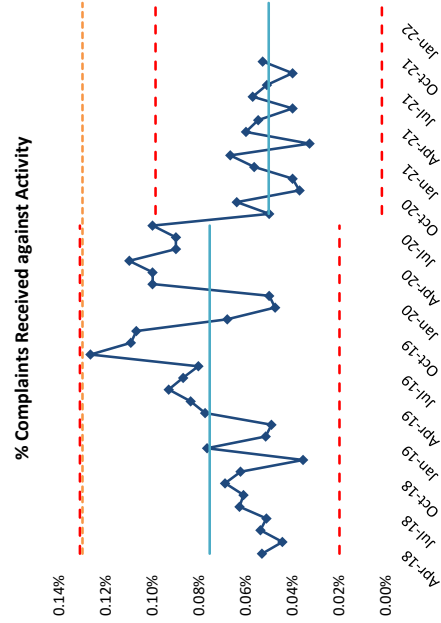
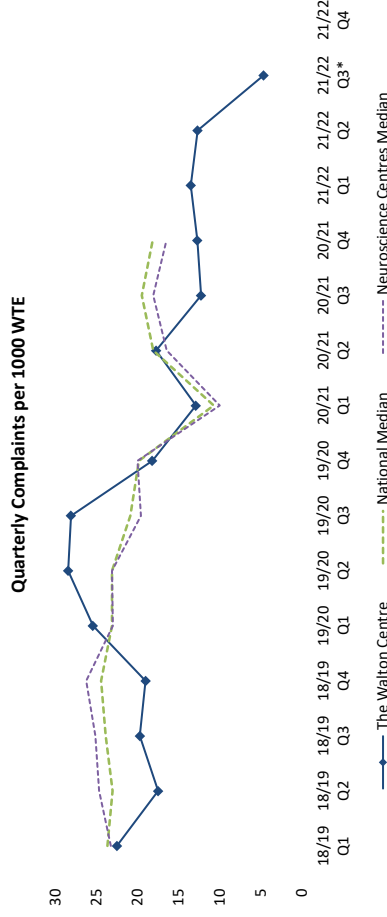
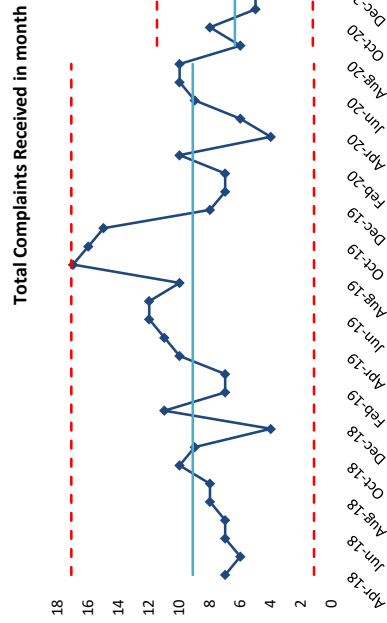
*Excellence in Neuroscience*

# Quality Indicators



# Quality of Care

## Caring - Complaints

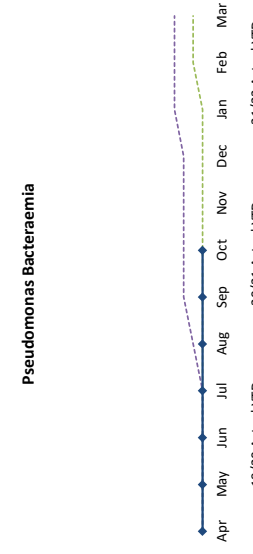
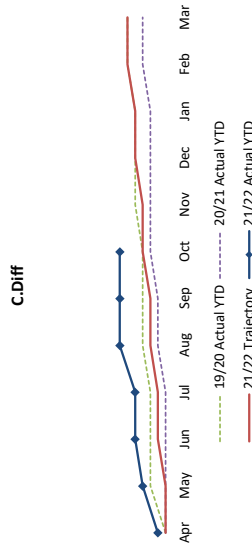
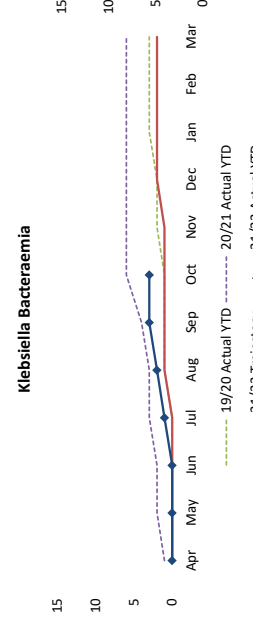
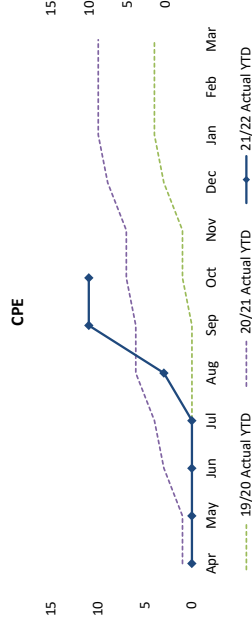
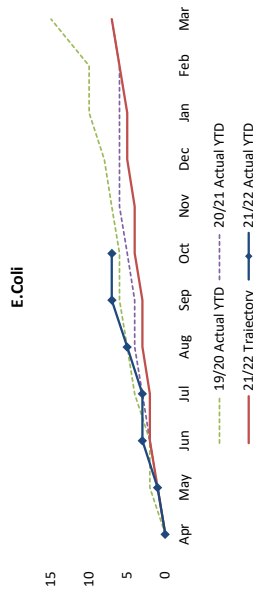
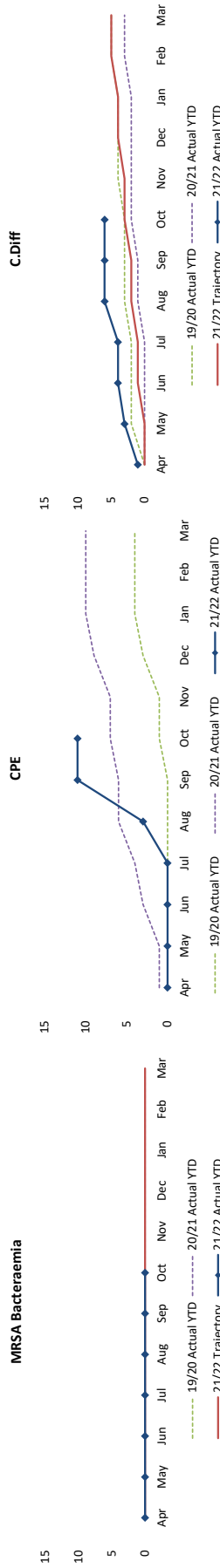


In October 2021 the Trust received 7 complaints; 1 Neurology and 6 Surgery.

The number of complaints the Trust receives has a wide variation range meaning the expected numbers range from 0 to 12 at an average of 6 per month. The number of complaints received has significantly dropped during recent months.

Due to the reduction seen the Trust is now below the national average and neuroscience centres average up the latest published period of Q4 2020/21.

**Quality of Care**  
Safe - Infection Control

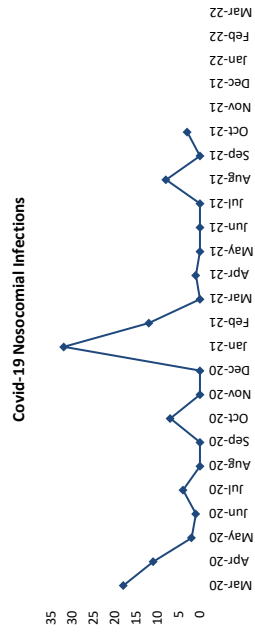
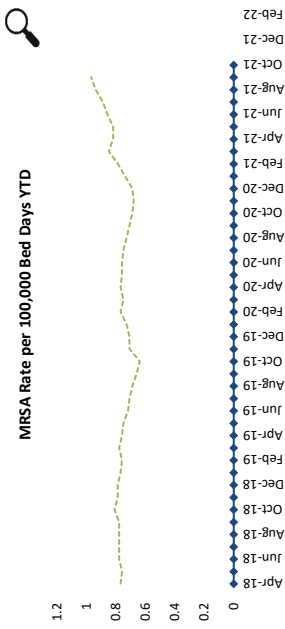
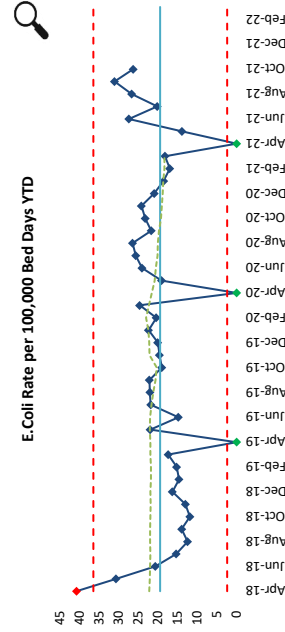
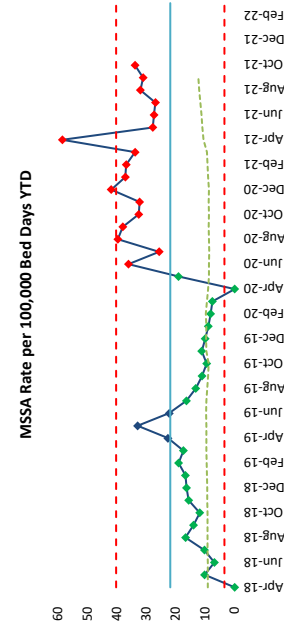
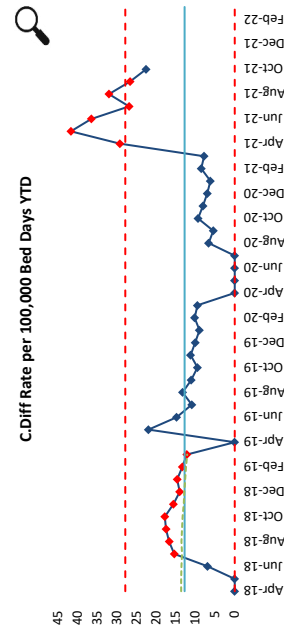


**Total Healthcare Acquired Infections 2021/22**

	MRSA B	CPE	C.Diff	E. Coli	KB	PB	MSSA	Total
Cairns	4			2				6
Caton								0
Chavasse				1		2		3
CRU								0
Dott				1		1		2
Horsley				3	3	6		17
Lipton								0
Sherrington		7	1					8
<b>Total</b>	<b>0</b>	<b>11</b>	<b>6</b>	<b>7</b>	<b>3</b>	<b>0</b>	<b>9</b>	<b>36</b>

**October Breakdown by Ward**  
2x MSSA - Horsley, Chavasse

**Quality of Care**  
 Safe - Infection Control



There are currently nine MSSA instances reported year to date against a year end trajectory of eight. When measured against the benchmark standard of per 100,000 beds the current YTD rate is 33.86 which is significantly above the latest national average (12.35).

There have been six C.Diff instances year to date against a year end trajectory of five. The rate per 100,000 bed days is currently at 22.57

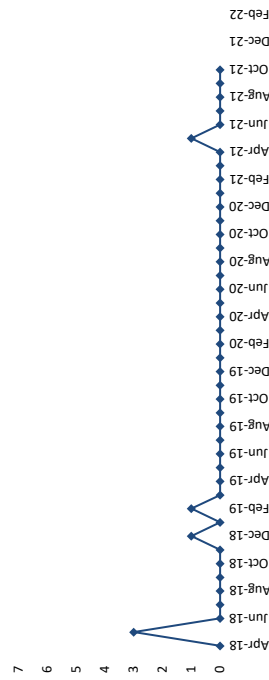
Year to date there have been seven instances of E.Coli against a year end trajectory of seven. The current rate per 100,000 bed days is 26.34. Due to a counting and coding change nationally there is a delay in publishing the national E.Coli rate.

The following improvement actions have been set;

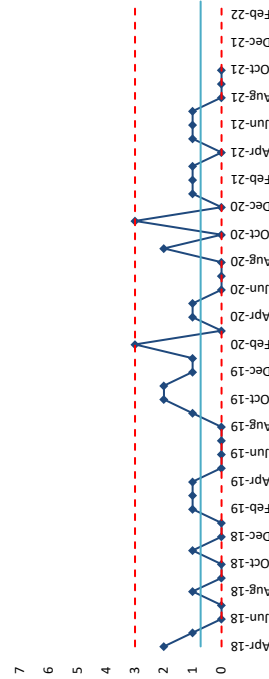
- Extensive action plans are now in place for C.Diff, MSSA and CPE.
- Weekly meetings take place every Friday to monitor actions and ensure evidence is embedded to provide assurance and update provided to IPCC
- Matron infection prevention and control audit is now in place and will commence November 2021
- Competency group to be established to review competencies
- Reviewing OLM and determine if competencies can be uploaded in order to provide assurance re competency data
- Plan for a single digital VIP chart across the Trust to standardise practice
- Line education and training discussed with SMART and is also in matron IPC audit
- Working with medical education to deliver ANTT training
- Blood culture policy reviewed to include HITU competency, and plan rollout across ward areas (HITU in process of delivering this)
- Infection control awareness session with all ward managers completed but to carry out with all deputy sisters December 21

**Quality of Care**  
 Safe - Harm Free Care

**Total Moderate or Above Harm Inpatient Falls**



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



**Narrative**

There was no falls which resulted in moderate or above harm in month.

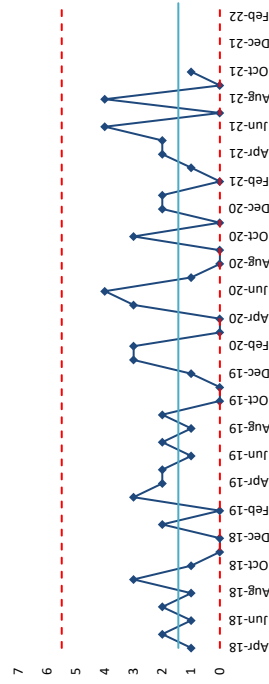
There was zero Hospital Acquired Pressure Ulcers in month

There was one CAUTI incidence in month

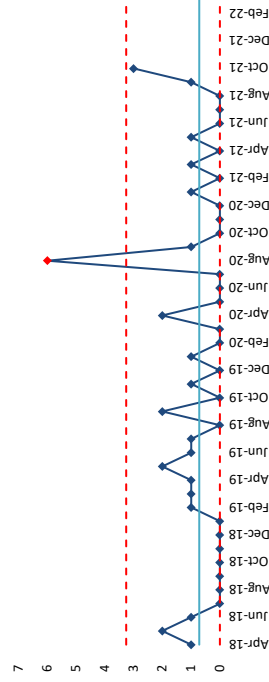
There were three VTE incidences in month

All harm measures are within normal variation.

**CAUTI Incidences**



**VTE Incidences**





# Ward Scorecard

October 2021

	Safe Staffing (September 21)			Harms				Infection Control				
	Day Registered	Day Non Registered	Night Registered	Night Non Registered	Pressure Ulcers	Falls (Mod+)	UTI	VTE	MRSA	MSSA	E Coli	C Diff
Cairns	82.8%	170.0%	100.0%	165.6%	0	0	1	0	0	0	0	0
Caton	-	-	-	-	0	0	0	1	0	0	0	0
Chavasse	123.7%	258.3%	146.9%	274.6%	0	0	0	0	0	1	0	0
CRU	123.5%	149.2%	107.8%	230.8%	0	0	0	0	0	0	0	0
Dott	73.7%	81.1%	81.1%	92.2%	0	0	0	0	0	0	0	0
Horsley ITU	92.2%	117.5%	80.2%	85.4%	0	0	0	1	0	1	0	0
Lipton	90.9%	128.9%	100.0%	134.4%	0	0	0	0	0	0	0	0
Sherrington	63.5%	98.4%	93.9%	117.1%	0	0	0	1	0	0	0	0

The wards are regularly assessed to ensure the ward is safe. The escalation figures would show numerous RAG ratings of red which is due to the planned figures remaining the same throughout the month and are not adjusted for example if we have empty beds, vacancies etc. Sherrington Ward had a number of empty beds due to an infection outbreak which meant there was no requirement to have the planned number of Registered Nurses on shift.

To support the above the Trust has planned the following:

- International recruitment - 40 nurses will be taking up their post between August and December
- Holding a face to face recruitment event on 17th November
- 5 HCA apprenticeships are starting in the trust which will support the HCA deficit
- Reviewing staff cancellations with NHSP bi-weekly to ascertain why bank shifts are cancelled



THE WALTON CENTRE NHS FOUNDATION TRUST  
SUMMARY FINANCIAL INFORMATION

Trust I&E	In month			Year to date			Draft plan		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
Patient Care Income	9,374	9,290	(84)	65,592	67,253	1,661	113,646	115,373	1,727
Exclusions	2,124	2,272	148	14,502	14,954	452	25,122	25,426	304
Private Patients	2	10	8	54	22	(32)	63	23	(40)
Other Operating Income	722	796	74	3,462	3,847	385	6,480	6,807	327
<b>Total Operating Income</b>	<b>12,222</b>	<b>12,368</b>	<b>146</b>	<b>83,610</b>	<b>86,076</b>	<b>2,466</b>	<b>145,311</b>	<b>147,629</b>	<b>2,318</b>
Pay	(6,435)	(6,672)	(237)	(43,905)	(45,677)	(1,772)	(76,860)	(78,395)	(1,535)
Non-Pay	(2,933)	(2,700)	233	(19,624)	(19,786)	(162)	(35,124)	(35,516)	(392)
Exclusions	(2,199)	(2,314)	(115)	(14,578)	(15,508)	(930)	(25,573)	(26,389)	(816)
COVID	(77)	(78)	(1)	(1,043)	(610)	433	(1,428)	(995)	433
<b>Total Operating Expenditure</b>	<b>(11,644)</b>	<b>(11,764)</b>	<b>(120)</b>	<b>(79,150)</b>	<b>(81,581)</b>	<b>(2,431)</b>	<b>(138,985)</b>	<b>(141,295)</b>	<b>(2,310)</b>
<b>EBITDA</b>	<b>578</b>	<b>604</b>	<b>26</b>	<b>4,460</b>	<b>4,495</b>	<b>35</b>	<b>6,326</b>	<b>6,334</b>	<b>8</b>
Depreciation	(505)	(496)	9	(3,427)	(3,426)	1	(5,952)	(5,958)	(6)
Profit / Loss On Disp Of Asset	0	(119)	(119)	0	(51)	(51)	0	69	69
Interest Receivable	0	0	0	0	0	0	0	0	0
Financing Costs	(49)	(49)	0	(367)	(344)	23	(612)	(589)	23
Dividends on PDC	(127)	(127)	0	(889)	(889)	0	(1,524)	(1,524)	0
<b>I &amp; E Surplus / (Deficit)</b>	<b>(103)</b>	<b>(187)</b>	<b>(84)</b>	<b>(223)</b>	<b>(215)</b>	<b>8</b>	<b>(1,762)</b>	<b>(1,668)</b>	<b>94</b>
I&E impact capital donations and profit/(loss) on asset disposals	22	141	119	142	168	26	252	158	(94)
<b>I &amp; E Surplus / (Deficit)</b>	<b>(81)</b>	<b>(46)</b>	<b>35</b>	<b>(81)</b>	<b>(47)</b>	<b>34</b>	<b>(1,510)</b>	<b>(1,510)</b>	<b>0</b>

Due to COVID, the financial regime remains based on block funding for the full financial year and anticipated spend for the same period (based on average spend in Q3 of 2020/21). The draft plan for 2021/22 is at a £1.5m deficit position (submitted to HCP in November as part of the H2 planning process) in line with C&M requirements.

The current plan includes:

- Elective Recovery Fund (ERF)(H1 only) income and costs for the delivery of activity above the national trajectory targets;
- 'Block' system funding received for Top-up, COVID related costs, growth and CNST;
- Efficiency requirement to ensure a break-even position H1 and system efficiency of at least 2.07% in M7. Since the preparation of the month 7 accounts, the HCP has updated this to an efficiency requirement of at least 2.5% for H2..

It is expected that the Healthcare Partnership (HCP) will deliver a balanced financial plan for the financial year and the Trust is continuing to work with the partnership to achieve this position.

In month 7, the Trust reported a £46k deficit position. This is a £35k improvement on the planned in month position of £81k deficit. This improvement in month is due to an under-performance in clinical consumables costs, offset by an under-performance in IOM income and an over-performance in nursing bank spend.

The year to date position includes £2,089k elective recovery fund against a planned position of £2,526k, £440k below plan (relating to over performance against national trajectories in M1-6). The trust has not planned for an over-performance against national trajectories and has therefore not assumed any elective recovery fund income for month 7.

The in-month position includes £79k spend incurred as a result of COVID-19.

STATEMENT OF FINANCIAL POSITION - 2021/22		March-21	October-21	Movement
		£'000	£'000	£'000
Intangible Assets		869	785	(84)
Tangible Assets		86,164	83,995	(2,169)
<b>TOTAL NON CURRENT ASSETS</b>		<b>87,033</b>	<b>84,780</b>	<b>(2,253)</b>
Inventories		1,157	2,159	1,002
Receivables		7,523	6,678	(845)
Cash at bank and in hand		35,689	37,295	1,606
<b>TOTAL CURRENT ASSETS</b>		<b>44,369</b>	<b>46,132</b>	<b>1,763</b>
Payables		(25,914)	(26,330)	(416)
Provisions		(245)	(245)	0
Finance Lease		(52)	(52)	0
Loans		(1,569)	(1,619)	(50)
<b>TOTAL CURRENT LIABILITIES</b>		<b>(27,780)</b>	<b>(28,246)</b>	<b>(466)</b>
<b>NET CURRENT ASSETS/(LIABILITIES)</b>		<b>16,589</b>	<b>17,886</b>	<b>1,297</b>
Provisions		(701)	(679)	22
Finance Lease		(63)	(42)	21
Loans		(23,635)	(22,937)	698
<b>TOTAL ASSETS EMPLOYED</b>		<b>79,223</b>	<b>79,008</b>	<b>(215)</b>
Public Dividend Capital		30,513	30,513	0
Revaluation Reserve		2,947	2,947	0
Income and Expenditure Reserve		45,763	45,548	(215)
<b>TOTAL TAXPAYERS EQUITY AND RESERVES</b>		<b>79,223</b>	<b>79,008</b>	<b>(215)</b>

STATEMENT OF CASH FLOW - 2021/22		September-21 Actual	October-21 Actual	Variance
		£'000	£'000	£'000
<b>SURPLUS/(DEFICIT) AFTER TAX</b>		<b>(26)</b>	<b>(215)</b>	<b>(189)</b>
Non-Cash Flows In Operating Surplus/(Deficit)		4,003	4,796	793
<b>OPERATING CASH FLOWS BEFORE MOVEMENTS IN WORKING CAPITAL</b>		<b>3,977</b>	<b>4,581</b>	<b>604</b>
Increase/(Decrease) In Working Capital		1,452	2,206	754
Increase/(Decrease) In Non-Current Provisions		(14)	(22)	(8)
Net Cash Inflow/(Outflow) From Investing Activities		(2,808)	(3,347)	(539)
<b>NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES</b>		<b>2,607</b>	<b>3,418</b>	<b>811</b>
Net Cash Inflow/(Outflow) From Financing Activities		(1,808)	(1,812)	(4)
<b>NET INCREASE/(DECREASE) IN CASH</b>		<b>799</b>	<b>1,606</b>	<b>807</b>
<b>OPENING CASH</b>		<b>35,689</b>	<b>35,689</b>	<b>0</b>
<b>CLOSING CASH</b>		<b>36,488</b>	<b>37,295</b>	<b>807</b>



<p><b>COVID-19 expenditure:</b></p> <p>Expenditure incurred on COVID-19 is included within the reported financial position.</p> <p>In month Actual: £79k.</p> <p>Year to date Actual: £619k.</p> <p>COVID-19 costs are subject to independent audit if requested through NHSE/I.</p>	<p><b>COVID -19 Expenditure</b></p>												<p>Other spend includes providing free car parking for staff, heavy duty mobile Sani-station units to be used across the trust and quarantine costs for overseas nurse recruitment.</p>
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Year to Date					
	Actual £'000	Actual £'000	Actual £'000	Actual £'000	Actual £'000	Actual £'000	Actual £'000	Actual £'000	Actual £'000				
Pay cost (incl. additional shifts, on-call, etc )	93	50	57	49	54	47	36	386					
Decontamination	0	7	3	0	0	0	2	12					
Agile working	0	12	1	0	0	0	0	13					
Infection Control	0	0	0	0	22	4	14	40					
Other	20	1	43	19	21	37	27	168					
<b>TOTAL</b>	<b>113</b>	<b>70</b>	<b>104</b>	<b>68</b>	<b>97</b>	<b>88</b>	<b>79</b>	<b>619</b>					

### Capital

In month variance - £90k below plan.

Year to date variance - £1,758k below plan.

The plan reflects the final submission to Cheshire and Merseyside Health Care Partnership as part of the 2021/22 planning process.

Annual capital funding is now set at a HCP level (rather than using a nationally determined formula). For 21/22 allocated capital funding is £6.2m, which is approx. 50% greater than if the nationally determined formula was used.

The Trust has received an allocation of external funding in relation to Digital Aspirant for IM&T innovation of £3.7m (which needs to be spent in year) to be received in year.

Capital spend in month is £345k.

- **Heating & Pipework:** £150k – Phase 4 works;
- **IM&T:** £52k – Staffing in relation to specific projects;
- Neurology: £125k - Neurophysiology EEG System and a Head Coil;
- **Digital Aspirant (PDC funded):** £15k –Mitel expansion and tablet refresh.

The year-end capital forecast is £10.0m (including external funding) which is in-line with the agreed funding allocations. This assumes that a further £0.2m slippage is managed to bring anticipated spend back in line with the annual capital allocation.

Work is ongoing with clinical and operational leads to prioritise capital spend for 21/22 to ensure that it is delivered in line with agreed funding levels. If capital is not spent in line with plan it could result in HCP allocations being reduced next year.

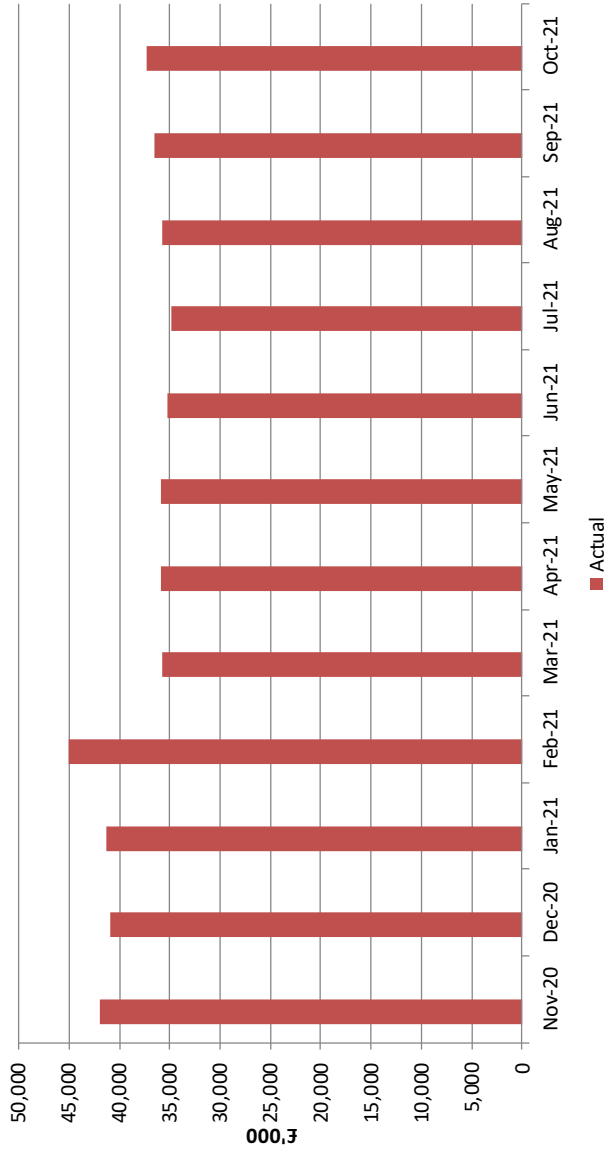
Division	CAPITAL											
	In month			Year to date			Forecast					
	Plan £'000	Actual £'000	Var £'000	Plan £'000	Actual £'000	Var £'000	Plan £'000	Actual £'000	Var £'000	Plan £'000	Actual £'000	Var £'000
Heating & Pipework	92	150	(58)	642	563	79	1,100	921	179			
Estates	0	0	0	0	(4)	4	850	738	112			
IM&T	80	52	28	565	276	289	969	986	(17)			
Neurology	0	125	(125)	0	134	(134)	2,349	1,337	1,012			
Neurosurgery	0	3	(3)	0	27	(27)	2,594	2,315	279			
Corporate	0	0	0	0	0	0	491	150	341			
Capital Slippage	(38)	0	(38)	(283)	0	(283)	(2,150)	(244)	(1,906)			
<b>TOTAL (excl. external funding)</b>	<b>134</b>	<b>330</b>	<b>(196)</b>	<b>924</b>	<b>996</b>	<b>(72)</b>	<b>6,203</b>	<b>6,203</b>	<b>0</b>			
Donated Assets	0	0	0	32	32	0	32	32	0			
Digital Aspirant	301	15	286	2,113	283	1,830	3,746	3,746	0			
<b>TOTAL (incl. external funding)</b>	<b>301</b>	<b>15</b>	<b>286</b>	<b>2,145</b>	<b>315</b>	<b>1,830</b>	<b>3,778</b>	<b>3,778</b>	<b>0</b>			
<b>TOTAL</b>	<b>435</b>	<b>345</b>	<b>90</b>	<b>3,069</b>	<b>1,311</b>	<b>1,758</b>	<b>9,981</b>	<b>9,981</b>	<b>0</b>			

**As of the end of October:**

Actual Cash Balance: £37.3m.

Number of days operating expenses = 96 days.

### Cashflow (Rolling 12 months)



The Trust cash balance at the end of October was £37.3m. This is an increase of £0.8m compared with the end of September due to

- An increase in non-cash flows within the operating position;
- An increase in payables and accruals;
- Off-set by capital expenditure and a reduction in capital payables.

The reduction of cash in March 21 was due to the reversal of the advanced block payments that had been received from commissioners during 20/21 by the Trust each month for the financial arrangements to cover the COVID-19 pandemic.

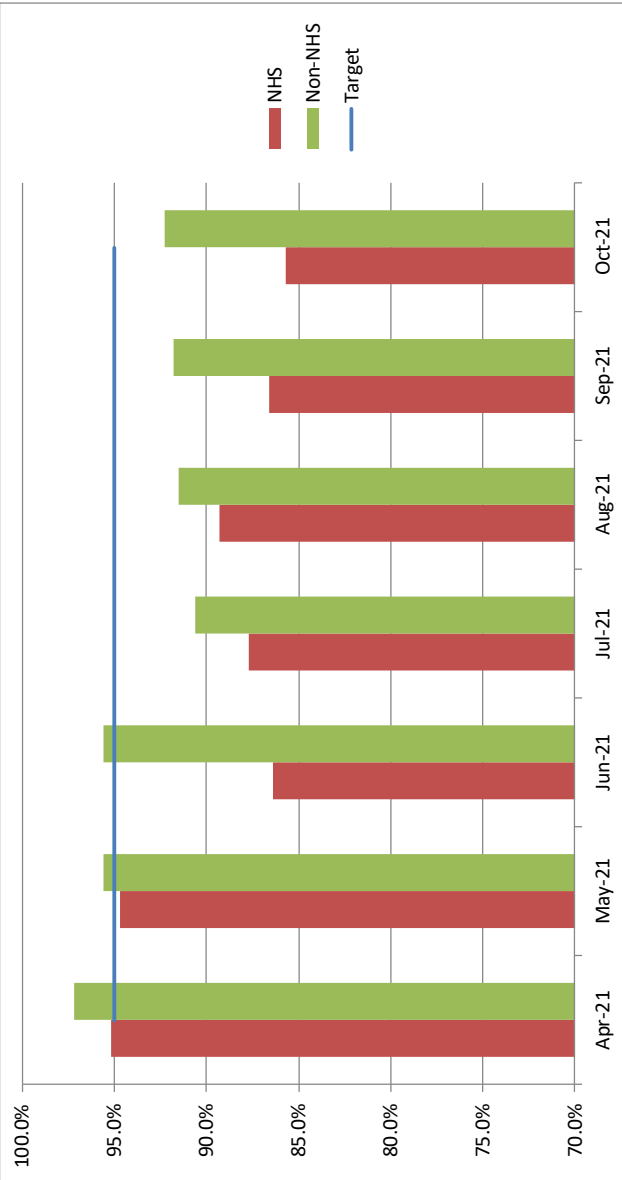
Block payments will be made in month and not in advance throughout 2021/22.

**Better Payments Practice Code (BPPC):**

There is a renewed focus by NHSE/I on those Trusts that underperform against the better payments practice code standard of settling at least 95% of invoices within 30 days.

Letters will be sent to provider chief executives, directors of finance and audit committee chairs to seek action plans where there is significant under-performance.

**Cumulative BPPC by value of invoices**



The Trust BPPC percentage (by value) at the end of October against the target of 95.0% was:

- Non NHS 92.3%;
- NHS 85.7%;
- Total 89.9%.

This has seen an increase in non-NHS payments of 0.5% and decrease in NHS payments of 0.9% since the end of September.

The Trust BPPC percentage (by number of invoices paid) at the end of October is 88.1%.

The finance team have put in place a weekly meeting and developed a monitoring system to review and implement payment processes to bring payment to within 30 days.

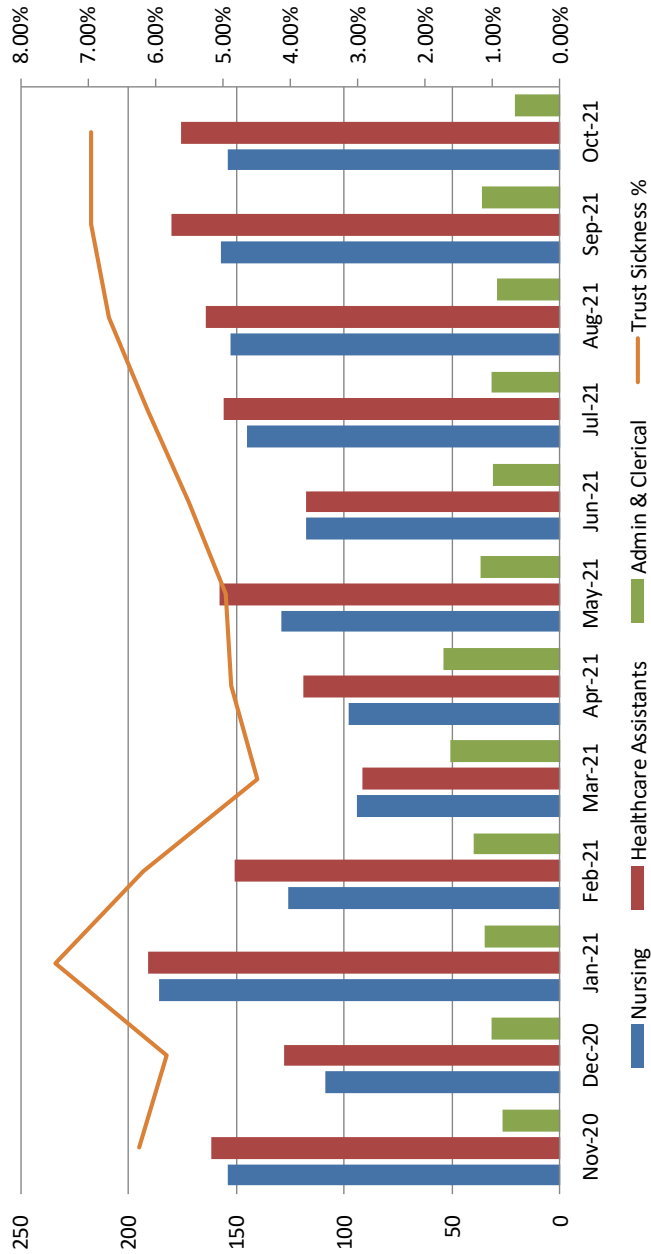
In terms of contacting NHS organisations NHSE/I are looking specifically at non-NHS payments based on value.

**Bank Expenditure:**

In month Actual:  
£357k.

Year to date Actual:  
£2,314k.

**Monthly Bank Expenditure by Category and Trust Sickness (Rolling 12 months)**



Bank expenditure incurred in October was £357k, a decrease of £24k when compared to September.

At the end of October, £304k bank expenditure relates to COVID-19 (and is included within the COVID-19 expenditure analysis).

The trusts overall sickness rate decreased from 7.19% to 6.81% in October.

## **Key Risks and Actions in 2021/22**

As a result of the COVID-19 pandemic financial regulations changed for 2020/21 and 2021/22, with the main changes being:

- Delay of 2021/22 business planning until 2<sup>nd</sup> half of 21/22, with the finance regime of 2020/21 to continue during 2021/22;
- Payment by Results (PbR) continued suspension for the financial year and income being based on block values determined nationally based on 2020/21 Q3 levels plus 0.5% inflation for H1 and 1.16 for H2, (incorporating a 0.28% efficiency requirement for H1 and 0.82% for H2) and adjusted for the impact of CNST increases;
- System funding has been allocated to C&M HCP (provisional totals for H2) which has been distributed to all organisations and included within organisational draft plans to cover costs in relation to Top-up, COVID-19 (in relation to reasonable COVID-19 expenditure), growth and CNST;
- For month 7 the Trust is internally monitoring against the draft plan submitted to the HCP on 1<sup>st</sup> November as part of the H2 planning process;
- System level financial targets have been submitted with a forecast for the system to breakeven at the end of H1 and the system is currently working up financial plans for submission mid-November for H2;
- An Elective Recovery Fund (ERF) came into effect in April 21 in which the Trust is required to meet a set percentage of 2019/20 activity for outpatient, inpatient day-case and elective activity (M1-M6). If the Trust over-performs against this target then the Trust will be financially rewarded for doing so, but if it under-performs then may receive a retrospective financial penalty. The elective recovery scheme will be monitored at C&M HCP system level. The H1 plan incorporates forecast income and expenditure to deliver the trusts activity plan for H1 based on national trajectory requirements (operational and clinical teams will work to deliver these planned activity levels), further guidance has now been issued by NHSE/I increasing the trajectory threshold from 85% to 95% for M4-M6 and the Trust has under-performed against the elective recovery fund income in the plan for that period;
- For H2 elective recovery will be focussed on completed referral to treatment (RTT) pathway activity rather than total cost weighted activity, which was used in H1. The thresholds for the scheme have been recalculated so that they are on a comparable basis to the 95% threshold for the ERF in Q2. Systems that achieve completed referral to treatment (RTT) pathway activity above a 2019/20 threshold of 89% will be able to draw down from the elective recovery fund. Where systems deliver completed RTT pathway activity above the 89% threshold, additional activity will be funded at 100% of tariff between 89% and 94%, and 120% of tariff over 94%. This will be applied to the ERF baselines for October to March which were issued in H1
- 2021/22 capital levels to be set at a Health & Care Partnership level and agreed across the C&M footprint. Note, this includes an allocation of additional PDC (Digital Aspirant Funding) allocated for IM&T innovation;
- H2 and multiple year settlements have been set out by the government and planning for H2 is underway with guidance being issued early October and 2022/23 by the end of the financial year;
- Financial governance and regulations remain in place and any financial management will be addressed in the same way it would regardless of the pandemic.

Further feedback will be provided to committee/ board members on the future financial framework 2022/23 once information is received from NHSE/I.

Even though the NHS and Trust have been responding to the pandemic, there are a number of potential risks in 2021/22 that may impact on the delivery of the financial plan in the future;

<b>RISK</b>	<b>COMMENT/ ACTIONS</b>
<p>Future NHS Financial Framework</p>	<p>As a result of the current national position with COVID-19, notification was received that 2021/22 financial planning has been deferred. In addition to this, it has been confirmed that current financial arrangements will remain in place for all of 2021/22. Current national guidance states that H1 funding will be based on Q3 20/21 spend extrapolated for 6 months with system allocations for providers to achieve a breakeven position. The financial framework has recently been published for H2 and the trust is working up plans to be submitted in late November, however it is currently anticipated this will be similar to H1 (albeit an increased efficiency requirement) for H2.</p>
<p>Efficiency requirements going forwards</p>	<p>Due to the current uncertainty around the financial framework, it is not clear what the efficiency requirements of the Trust will be in H2 of this financial year and as such planning to deliver recurrent savings is difficult. Clearly the delay in 2021/22 business planning may impact on national and local system efficiency requirements and it is currently not clear what internal efficiencies may need to be delivered to meet overall system financial plans. However efficiency targets for H2 will be a minimum of 2.5% and therefore recurrent efficiencies will be required to be delivered in 2021/22 and work is being undertaken to identify these. The Trust has delivered the majority of CIP non-recurrently in H1.</p>
<p>Future delivery of clinical services whilst still managing COVID-19</p>	<p>Organisations have to plan on how to deliver safe services whilst still managing COVID-19. The delivery of services will have to fundamentally change to take account the changes to IPC guidance. The Trust will be carrying out risk assessments to determine the risk of reducing IPC requirements as it continues to review processes for the delivery of safe services. There is also a risk to delivery of activity as a result of staff</p>

	<p>sickness / burnout due to and following the COVID-19 pandemic and also the potential impact on services if the Trust is required to support other Trusts in the region during the anticipated winter pressures that the NHS will face in H2 e.g. critical care surge capacity.</p>
<p>The impact of excluded drugs and devices</p>	<p>The impact of excluded drugs and devices in previous financial years had a nil impact on the trusts surplus/ (deficit) position as income and expenditure would be equally matched. For 21/22 high cost drugs and devices are funded through a combination of block and cost and volume basis meaning that increased costs will not always be matched by income therefore potentially creating an overall cost pressure to the Trust if usage increases.</p>





## REPORT TO THE TRUST BOARD

### 2<sup>nd</sup> December 2021

<b>Title</b>	<b>Guardian of Safe Working Annual Report</b>
<b>Sponsoring Director</b>	Name: Dr Andrew Nicolson Title: Medical Director
<b>Author (s)</b>	Name: Dr Christine Burness Title: Guardian of Safe Working
<b>Previously considered by:</b>	
<b>Executive Summary</b>	<p>There are currently 52 junior doctors on the new contract at the Trust. We have no vacant posts.</p> <p>During the report period (August 2021 to October 2021), £3,730 has been spent on covering junior doctors rota gaps.</p> <p>We have had 16 exception reports from Neurology Registrars during this period, 10 were due to safety concerns (doctors unable to get minimum required rest during a 24 hour on call).</p>
<b>Related Trust Ambitions</b>	<p>Delete as appropriate:</p> <ul style="list-style-type: none"> <li>• Best practice care</li> <li>• Be financially strong</li> <li>• Research, education and innovation</li> <li>• Be recognised as excellent in all we do</li> </ul>
<b>Risks associated with this paper</b>	Cost associated with rota gaps and additional hours worked by Neurology Registrars. Breaches to the 2016 Junior Doctors terms and conditions jeopardise the neurology registrars working pattern and training.
<b>Related Assurance Framework entries</b>	
<b>Equality Impact Assessment completed</b>	<ul style="list-style-type: none"> <li>• Yes – Completed in keeping with the Junior Doctors Contract Terms and Conditions</li> </ul>
<b>Any associated legal implications / regulatory requirements?</b>	<ul style="list-style-type: none"> <li>• Yes – European Working Time Directive, Junior Doctor Contract</li> </ul>
<b>Action required by the Board</b>	<p>Delete as Appropriate</p> <ul style="list-style-type: none"> <li>• To consider and note</li> </ul>

Revised in July 2018

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<p><b>Current Situation</b></p>	<p>During the reporting period, the coronavirus pandemic has impacted junior doctors at the Walton Centre in a number of ways:-</p> <ul style="list-style-type: none"> <li>• Since August 2021, we have seen an increase in exception reports, exclusively from the Neurology Registrars. The majority of these (10 out of 16) are a result of thrombectomy cases who have been treated out of hours or who have had delayed admission and/or repatriation. On 10 occasions during the reporting period, Neurology Registrars have failed to achieve the required 5 hours rest between the hours of 22.00 and 07.00 during their 24 hour on call period.</li> <li>• The BMA and NHS Employers issued a joint statement suspending the 2016 T&amp;C during the Coronavirus pandemic (Appendix 1). The safety of junior doctors and minimising the risk of fatigue and burnout remains a priority.</li> <li>• The impact of coronavirus both professionally and personally is a threat to the wellbeing of all members of staff. Junior doctors require support during this time. The Trust regularly circulates details of how staff may access support via an internal Neuropsychology service and also external sources. The junior doctor's mess has been refurbished. In August 2021, the structural work and decorating was complete but we are awaiting some of the furniture and fittings.</li> </ul>
<p><b>Background</b></p>	<p>The 2016 Junior Doctors Contract has been phased in since August 2016. The Trust does not directly employ junior doctors in training, they are however, seconded to work at the Trust via a Lead Employer model. The Lead Employer is St Helens and Knowsley Hospitals NHS Trust. The junior doctors in training have various rotation dates, the main rotations take place on the 1<sup>st</sup> Wednesday in August, December, February and April each year. The Anaesthetic trainees rotate every 3 months. We currently have 52 junior doctors' placed in the Trust have moved onto the new 2016 terms and conditions of service.</p> <p>In June 2019, amendments to the 2016 were agreed as follows:</p> <ul style="list-style-type: none"> <li>• Changes to rest requirements during a 24 hour shift (minimum of 8 hours rest to include 5 hours between 7pm and 7am)</li> <li>• Maximum of 72 hours to be worked within any 7 day period.</li> <li>• Increased pay for weekend a night shifts (shifts ending between midnight and 4am)</li> <li>• £1000 per year extra for LTFT trainees</li> <li>• A fifth nodal point on the payscale when doctors reach ST6</li> <li>• Transitional pay protection extended until 2015</li> <li>• Improvements in rest and stay entitlements (no more 'pay to stay' when too tired to drive)</li> <li>• Exception reporting for all ARCP/ portfolio requirements</li> <li>• Guaranteed annual pay uplift of 2% per year for the next 4 years</li> <li>• Fines to be levied by the GoSW for any breach of safe working hours</li> </ul> <p>The purpose of exception reports is to ensure prompt resolution and/or remedial action to ensure that safe working hours are maintained The purpose of work schedule reviews is to ensure that a work schedule for a doctor remains fit for purpose, in circumstances where earlier discussions have failed to resolve an issue.</p> <p>Exception reporting is the mechanism used by doctors to inform the employer (or Host Organisation in our case) when their day to day work varies significantly and/or regularly from the agreed work schedule. Primarily these variations will be;</p>

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	<ul style="list-style-type: none"> <li>• Differences in the total hours of work (including opportunities for rest breaks)</li> <li>• Differences in the pattern of hours worked</li> <li>• Differences in the educational opportunities and support available to the doctor</li> <li>• Differences in the support available to the doctor during service commitments</li> </ul> <p>We use an electronic system from Skills for Health to manage the exception reporting process allowing for any variations from the trainees to be resolved in a timely manner.</p> <p>Exception reports can be resolved in consultation with the trainee. The Terms and Conditions allow for time off in lieu (TOIL) or additional pay and depending on the breach, the Guardian may also fine the Trust.</p> <p>Exception reports may also trigger work schedule reviews and if necessary, fines can be raised against the directorates by the Guardian.</p> <p><b>During the report period, there have been 16 exception reports at the Walton Centre.</b> All have been submitted by registrars in Neurology. Registrars who have not been able to achieve the minimum rest requirements are given compensatory rest and will be paid for the additional hours they have worked. As this has not previously been necessary at the Trust, the GoSW along with Heather Doyle are looking into the process for these payments to be made and will update the Board on the financial implications as soon as that information is available.</p> <p>The Guardian of Safe Working and the Director of Medical Education (DME) hold a joint junior doctor's forum alternating with to the forum held by the junior doctors and the GoSW each month. The Guardians meet locally and nationally and share a NHS network hosted forum to discuss progress and issues related to the new contract.</p> <p>The Quarterly Board report from the Guardian will be considered by the CQC, GMC and NHS employers during any review.</p>																				
<p><b>Report</b></p>	<p><b>High Level Data (requested by NHS Employers)</b></p> <table border="0"> <tr> <td>Number of doctors in training (total)</td> <td style="text-align: right;">52</td> </tr> <tr> <td>Number of doctors on 2016 T&amp;C (total)</td> <td style="text-align: right;">52</td> </tr> <tr> <td>Amount of time in job plan for guardian to fulfil the role</td> <td style="text-align: right;">1PA</td> </tr> <tr> <td>Admin support provided to the guardian Support provided by Heather Doyle</td> <td style="text-align: right;">0</td> </tr> <tr> <td>Amount of job-planned time for educational supervisors</td> <td style="text-align: right;">0.25 (for education and training)</td> </tr> <tr> <td>Annual expenditure to cover junior doctor rota gaps (see Appendix 1 for breakdown by month)</td> <td></td> </tr> <tr> <td colspan="2"> <table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">Neurology</td> <td style="text-align: right;">£3,730</td> </tr> <tr> <td>Neurosurgery</td> <td style="text-align: right;">£0</td> </tr> <tr> <td><b>Total</b></td> <td style="text-align: right;"><b>£3,730</b></td> </tr> </table> </td> </tr> </table> <p><b>a) Exception reports</b> There have been 16 exception reports during this period of which 10 breached the</p>	Number of doctors in training (total)	52	Number of doctors on 2016 T&C (total)	52	Amount of time in job plan for guardian to fulfil the role	1PA	Admin support provided to the guardian Support provided by Heather Doyle	0	Amount of job-planned time for educational supervisors	0.25 (for education and training)	Annual expenditure to cover junior doctor rota gaps (see Appendix 1 for breakdown by month)		<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">Neurology</td> <td style="text-align: right;">£3,730</td> </tr> <tr> <td>Neurosurgery</td> <td style="text-align: right;">£0</td> </tr> <tr> <td><b>Total</b></td> <td style="text-align: right;"><b>£3,730</b></td> </tr> </table>		Neurology	£3,730	Neurosurgery	£0	<b>Total</b>	<b>£3,730</b>
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	<p>minimum rest requirements.</p> <p><b>b) Work schedule reviews</b> We have not had to undertake any work schedule reviews.</p> <p><b>c) Vacancies</b> The Trust has 52 established training posts, currently none are unfilled.</p> <p><b>d) Fines</b> No directorate within the Trust has received a fine.</p> <p><b>Qualitative Information</b> The exception reports during this period have resulted in TOIL or compensatory rest and payment where the minimum rest requirements have not been achieved.</p> <p><b>Issues arising</b> The Neurology Registrars working hours have been significantly impacted as the thrombectomy service has developed and expanded. The number of overnight admissions and calls has exceeded predictions and there have been delays in patient transportation causing neurology registrars to be on site during the night on several occasions.</p> <p><b>Actions taken to resolve issues</b> The Neurology Specialist Trainees have monitoring their working hours since October 11<sup>th</sup> when the thrombectomy service became available around the clock. The findings are concordant with the exception reports during this period (increased calls and resident duties overnight).  Plans are underway for other staff members who are working overnight on site at the Walton Centre to provide clinical care for patients admitted for thrombectomy so that the neurology registrars do not have to be resident during these procedures.</p> <p><b>Summary</b> There are currently 52 doctors at the Walton Centre on the new 2016 terms and conditions. Overall, the feedback from junior doctors is positive.  Since the introduction of the new contract in August 2016, there have been 63 exception reports. All have been resolved with TOIL until August 2021. During this report period, compensatory rest and penalty pay has been required on 10 occasions. We are monitoring hours for this group of junior doctors in order to update their work schedules.  We are trying to engage with broader junior representation across specialties at the JDF &amp; encourage better teamwork within divisions between core trainees &amp; specialist training grades to optimise working relationships &amp; educational opportunities.  We are conscious of the potential impact of the pandemic on junior doctors training and wellbeing and are taking all opportunities to offer support and educational experiences throughout this time.</p>
<b>Actions</b>	The Board is asked to receive, review and comment upon the Guardian's annual report.

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The Walton Centre  
NHS Foundation Trust



Excellence in Neuroscience

# Public Inquiry

Covid 19

**Lisa Salter**  
Chief Nurse

[www.thewaltoncentre.nhs.uk](http://www.thewaltoncentre.nhs.uk) 



# Inquiry TOR



The Walton Centre  
NHS Foundation Trust



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- Chair to be identified (2)
- TOR to be identified and shared (narrow)
- Health / Business / Education
- Timescale: start Spring 2022 and continue 3-4 yrs

# STOP Notice!

- STOP notice circulated 28<sup>th</sup> October 2021



# What must be kept?

- Policies and guidelines (and changes)
- Powerpoint presentations
- Reports / briefings
- Minutes / notes / action logs
- Team chats / sit-reps and related data
- Materials related to contracts – procurement, commercial arrangements
- Data management
- Secondments (paid / unpaid)
- Support from public sector agencies
- Personal diaries / calendars
- Whats app groups
- Responses / comms to patients / the system / industry stakeholders



# Current Work Requirements

- Identify areas of learning following pandemic and actions taken
- Store data and ensure the IT infrastructure is suitable
- Set up email to collate data from staff Trust wide
- Staff leaving – contact details / location of information
- Clarity of patient deaths – lessons learnt?
- Keep staff updated with plan as TOR identified / next steps
- Review complaints / concerns / claims related to covid for themes
- Link with legal teams as required as TOR confirmed

# Who is involved? Everyone!

- Exec Lead: Lisa Salter
- Team: J Kane, L Blythe, R Phillips, J Duffy, L Vlasman, N Martin,  
Y Shanks, K Bailey, A Jammes, S Griffiths, H Wells, P Fisher,  
J Mullin, L Judge, M Foy, H Oulton, P Barnes, Head of Risk, Comms
- Other staff will be co-opted as required

# Any questions?



The Walton Centre  
NHS Foundation Trust



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**REPORT TO THE TRUST BOARD**  
Date 02/12/2021

<b>Title</b>	<b>Draft Sustainability Plan</b>
<b>Sponsoring Director</b>	Name: Lindsey Vlasman Title: Acting Chief Operating Officer
<b>Authors</b>	Name: Lindsey Vlasman Acting Chief Operating Officer Steve Holland Head of Estates Tina Davies Head of Facilities
<b>Previously considered by:</b>	<ul style="list-style-type: none"> <li>• Committee (please specify) _____</li> <li>• Group (please specify) _____</li> <li>• Other (please specify) _____</li> </ul>
<b>Executive Summary</b>	
<p>The Draft Sustainability Plan is to provide assurance to the Trust Board that the trust has a plan to reduce the carbon footprint and to support in delivering a net zero NHS. The trust has to complete a draft plan to be signed off by NHSE in January 2022 and made into an ongoing working document.</p> <p>The trust has established a working group with key projects to achieve this and an overview of the key projects is provided within the document. An action plan will be finalised in January to measure the delivery of the plan with key time frames and trust leads.</p> <p>The trust will work in collaboration with NHSE / LUFT and other organizations to achieve the sustainability plan and will be looking for other initiatives for future developments in reducing the carbon footprint and delivering a net zero NHS.</p>	
<b>Related Trust Ambitions</b>	Delete as appropriate: <ul style="list-style-type: none"> <li>• Best practice care</li> <li>• Be financially strong</li> <li>• Research, education and innovation</li> <li>• Advanced technology and treatments</li> <li>• Be recognised as excellent in all we do</li> </ul>
<b>Risks associated with this paper</b>	Delivery of the sustainability plan
<b>Related Assurance Framework entries</b>	
<b>Equality Impact Assessment completed</b>	<ul style="list-style-type: none"> <li>• No</li> </ul>
<b>Any associated legal implications / regulatory</b>	

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The Walton Centre NHS Foundation Trust

<b>requirements?</b>	
<b>Action required by the Board</b>	Delete as Appropriate <ul style="list-style-type: none"><li>• To Approve</li><li>• To consider and note</li><li>• Other – (please specify) _____</li></ul>

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**The Walton Centre**  
NHS Foundation Trust

*Excellence in Neuroscience* 

# Sustainability Plan 2022-2025



# About Us

The Walton Centre is a leader in the treatment and care of neurology and neurosurgery, placing the patient and their family at the heart of everything we do. As the only specialist hospital trust in the UK dedicated to providing comprehensive neurology, neurosurgery, spinal and pain management services we are proud to be rated as an 'Outstanding' Trust by the Care Quality Commission (CQC), and champion change throughout the field of neuroscience.

We have leading specialists and incredibly dedicated staff delivering excellent clinical outcomes for brain, spinal and neurological care both national and internationally. Teams across our site in Fazakerley, Liverpool, offer a world-class service in diagnosing and treating injuries and illnesses affecting the brain, spine and peripheral nerves and muscles, and in supporting people suffering from a wide range of long-term neurological conditions.

We serve a catchment area of 3.5 million people across Merseyside, Cheshire, Lancashire, Greater Manchester, the Isle of Man, north Wales and beyond with service partnerships with 18 NHS hospitals.

Our 'Walton Clinics' model on 44 sites providing care for neurology means that many people are able to access outpatient consultations and many tests closer to home, and takes specialist services as close to service users as possible.

With around 1,500 staff, we treat more than 120,000 outpatients and 18,000 inpatients each year with conditions including:

- Head and spinal trauma injuries
- Tumours of the central nervous system, both cranial and spinal
- Neurovascular diseases
- Epilepsy (including a full surgical programme)
- Movement disorders (including the provision of a deep brain stimulation service)
- Pain, with a particular focus on trigeminal neuralgia
- Multiple sclerosis and motor neurone disease
- Chronic neuropathic pain, facial pain, headache and migraine



We have a dedicated Neuroscience Research Centre which runs a range of research studies, linking with partners in industry, academia and the NHS.



Our Neurosurgery Division is one of the biggest and busiest in the UK, performing around 3,800 elective surgical cases, 1,700 emergency surgical cases and 1,000 day case procedures each year.



Our Pain Management Programme is regarded as a model of best practice for helping patients with severe and chronic pain.



The Neurology service is delivered by a multi-skilled professional team, and sees over 85,000 new and follow up patients as well as treating over 5,000 inpatients.



Our Neuroradiology service is the most comprehensive in the UK, with four MRI scanners; two biplane intervention rooms and the most advanced CT scanner available.



## **Contents**

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2. Introduction
3. A Net Zero NHS
4. The Walton Centre NHS Foundation Trust
5. Areas of focus for the Trust Sustainability Plan
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  - 5.2. Travel and transport
  - 5.3. Medicines
  - 5.4. Theatres / Anaesthetics
6. Digital systems
7. Anchor Institutions and system leadership
8. Governance
9. Reporting
10. How staff can support the Sustainability Plan
11. Health Procurement Liverpool Plan
12. Sustainability Action Plan

## **1. Foreword from The Walton Centre Chief Executive**

The Walton Centre acknowledges that there is a global climate emergency and I encourage all staff to support and contribute to the solution.

The Sustainability Plan reminds us that respect for the environment is at the heart of everything we do at The Walton Centre and I consider it essential we draw inspiration from the principles in this plan as part of our everyday activity.

As an organisation, we acknowledge the impact we have on the environment and are therefore committed to continuing the work to actively reduce the Trust's carbon footprint.

One of the aims of The Walton Centre NHS Foundation Trust is to become an Anchor Institution supporting local people, the local economy, the environment and increasing social value. The Walton Centre recognises that as an Anchor Institution we have a duty of care to our patients, families and the population to continually improve health and wellbeing, and deliver the highest quality health care whilst minimising negative impacts on the environment.

We are therefore investing significant funds in plant replacement and the introduction of new technology which will deliver reductions in the organisation's carbon footprint.

As part of the Sustainability Plan all Directorates within the Trust will be required to embed carbon reduction in their day-to-day activities and business planning processes.

In developing a comprehensive Sustainability Plan, The Walton Centre NHS Foundation Trust will strive to exceed the emissions reduction targets set by the Government and the NHS.

Jan Ross  
CEO, The Walton Centre

## 2. Introduction

Climate change threatens the foundations of good health, with direct and immediate consequences for our patients, the public and the NHS.

Over the last 10 years, the NHS has taken notable steps to reduce its impact on climate change. As the biggest employer in this country, there is more that the NHS can do. Action must not only cut NHS emissions, currently equivalent to four percent of England's total carbon footprint, but also build adaptive capacity and resilience into the way care is provided. This action will lead to direct benefit for patients because the drivers of climate change are also the drivers of ill health and health inequalities.

In January 2020, the campaign for a greener NHS was launched to mobilise our more than 1.3 million staff and set an ambitious, evidence-based route map and date for the NHS to reach net zero. This plan sets out the initial results of this work, reaching net zero emissions for the care we provide (the NHS Carbon Footprint) by 2040, and zero emissions across the entire scope of our emissions (the NHS Carbon Footprint Plus) by 2045 at The Walton Centre.

The current global COVID-19 pandemic has further reinforced the connection between global public health and healthcare systems and populations across the world. The NHS' response to the pandemic has demonstrated an impressive capacity to adapt and respond in an emergency. It also highlights the importance of preparedness for future pandemics, and the wider health implications of climate change. The forthcoming third Health and Social Care Sector Climate Change Adaptation Report will cover these topics, and the alignment between adaptation and mitigation in greater detail.

Following the Government's implementation of the 'Delivering a 'Net Zero' National Health Service' report, alongside previous legislation in respect of reducing national carbon emissions, the public sector has been tasked with leading the way in the UK's drive towards achieving the Government's emissions reduction targets.

The Walton Centre NHS Foundation Trust has produced this plan to clearly detail the strategic approach being taken towards full compliance with the UK Government's prescribed obligations and as part of the process to develop this plan the Trust has completed:

- A detailed analysis of its carbon footprint based upon current usage of electricity, gas, water and refrigerant gases as well as transport usage, waste disposal and procurement
- A calculation of the impact to the Trust of its consumption and overall carbon emission and a case for taking action
- An assessment of the identified opportunities to reduce carbon emissions with the implantation of a working group for implementing the identified opportunities as future work streams

The Walton Centre is located in a purpose-built specialist hospital, which was opened in 1998, on a site that also housed the existing Aintree University Hospital now LUFT. Therefore, WCFT's building is relatively new and as such, does not overly suffer the level of engineering inefficiencies that many older hospitals have. However, the Trust have worked with the Carbon Trust to undertake an engineering survey of the site with the aim of identifying as broad a range of possible actions with the ability to reduce carbon emissions.

To succeed in the delivery of goals laid out in this document the Trust has a committed sustainability group, having full support of the Chief Executive Office, the Chair and the Board of Directors. Additional to this, the team also consists of influential individuals throughout the Trust who will act as green champions both, within their own specific areas and collectively on behalf of the Trust.

The role of the champions will be to gain enthusiasm from those who have an interest and who care about improving the Trust and the quality of service it delivers, with modern working conditions that make a positive contribution to their environment.

Reducing carbon emissions also make good business sense. It saves money, enhances the Trust's reputation and enables the Trust to deliver its targets in the fight against climate change

### 3. A net zero NHS

The NHS aims to provide health and high quality care for all, now and for future generations. This requires a resilient NHS, currently responding to the health emergency that COVID-19 brings, protecting patients, our staff and the public. The NHS also needs to respond to the health emergency that climate change brings, which will need to be embedded into everything we do now and in the future.

More intense storms and floods, more frequent heatwaves and the spread of infectious disease from climate change threaten to undermine years of health gains. Action on climate change will affect this, and it will also bring direct improvements for public health and health equity. Reaching our country's ambitions under the Paris Climate Change Agreement could see over 5,700 lives saved every year from improved air quality, 38,000 lives saved every year from a more physically active population and over 100,000 lives saved every year from healthier diets.

The NHS embarked on a process to identify the most credible, ambitious date that the health service could reach net zero emissions. This work comprised an international call for evidence, with nearly 600 submissions provided in support of further commitments on climate change; a robust analytical process described throughout this report; and the guidance of a newly formed NHS Net Zero Expert Panel.

With the UK government hosting the UN climate change negotiations in 2021, we will launch an engagement process with patients, our staff and the public over the coming months, to identify further opportunities and resource to help decarbonise our health service.

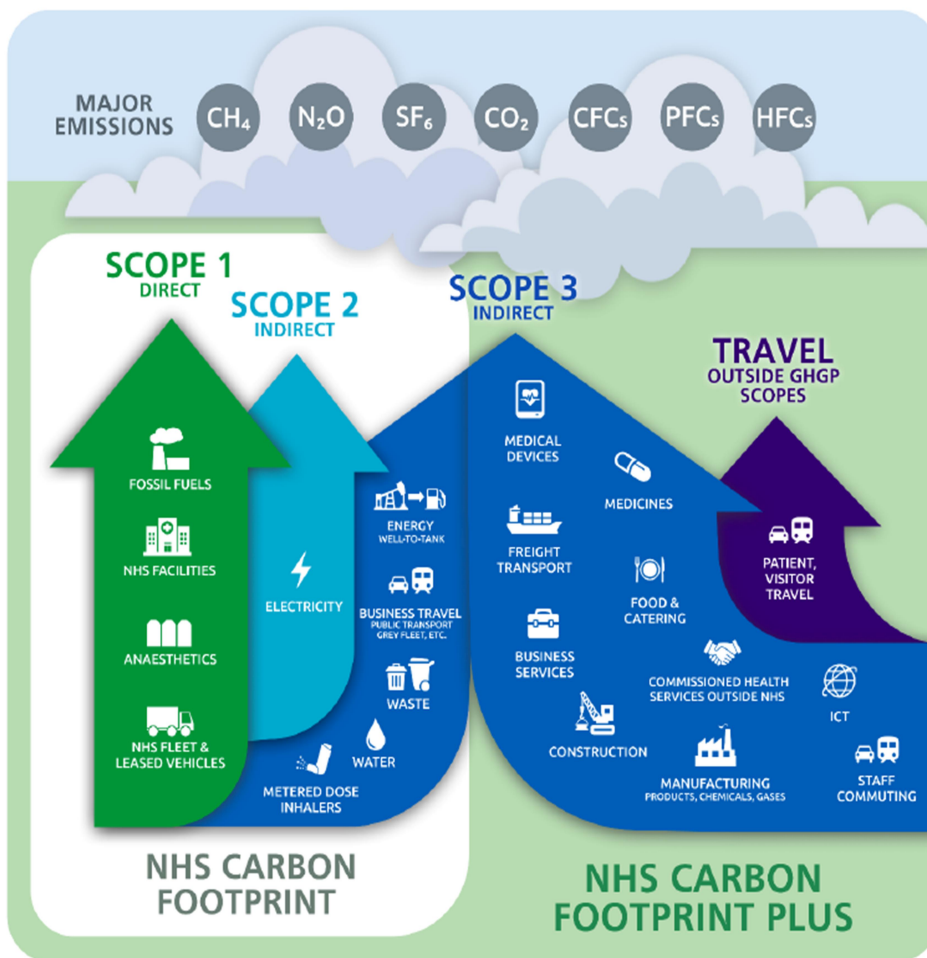
Two clear and feasible targets emerge for the NHS net zero commitment, based on the scale of the challenge posed by climate change, current knowledge, and the interventions and assumptions that underpin this analysis:

- for the emissions we control directly (the NHS Carbon Footprint), net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032

- for the emissions we can influence (our NHS Carbon Footprint Plus), net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.

### NHS Carbon Footprint and Footprint Plus

The following graphic defines the different “scopes” of carbon emissions, and what makes up the NHS Carbon Footprint and Footprint Plus.



#### **4. The Walton Centre NHS Foundation Trust**

The Walton Centre was originally formed in 1992 and was based on the site of Walton Hospital in Walton, Liverpool. It was named The Walton Centre for Neurology and Neurosurgery NHS Trust. In 1998 the Trust moved to its current, purpose-built facility. The Trust was granted Foundation Trust status in July 2009 which subsequently led to a name change to The Walton Centre NHS Foundation Trust.

The Trust serves a population of 3.5 million people across Merseyside, Cheshire, and Lancashire, the Isle of Man and North Wales as well as providing community services across the northwest. The Trust is spread across one main site and occupies two buildings; The Walton Centre main building and the Sid Watkins Building. The specialist functions of the Trust are as follows:

- Radiology
- Operating theatres
- 20 critical care beds
- High dependency beds
- Clinical wards
- Neurophysiology
- Physiotherapy
- Neuropsychology
- Pain management
- Clinical trials
- Outpatients
- Laboratories
- Neurorehabilitation

The overall aim of The Walton Centre is to contribute to the health and wellbeing of the people within Cheshire and Merseyside and its wider



catchment area. Tackling climate change by reducing carbon dioxide emissions contributes to this aim and supports our corporate commitment to ensure we act responsibly with regard to our use of resources, and the environment in which we operate. Other climate change related strategies that reinforce the Trust's commitment to carbon dioxide reduction are:

- The Trust is an active participant in the Liverpool Carbon Collective, which is a collection of all the Liverpool based acute hospitals aimed at knowledge sharing and a combined collaborative approach to carbon reduction across the patch.
- The Trust is also a participant in the Liverpool City Region Cycling Alliance which was launched when Liverpool NHS Primary Care Trust (PCT) now (Liverpool CCG) and Liverpool City Council signed a formal agreement setting out their commitments to increasing cycling levels in the city. The alliance encourages the Merseyside local authorities and PCTs to work in partnership with the private sector, public sector and cultural and sporting agencies to bring renewed commitment to cycling across the area.



## 5. Areas of focus for the Trust Sustainability Plan

### 5.1 Estates and Facilities

#### Energy schemes

As a critical member of the local health economy, The Walton Centre is looking to lead by example in reducing its carbon emissions. Within the past 12 months the Trust has undertaken the following:

- Commissioning of a new Combined Heat and Power (CHP) district heating network, as part of a Tri-Trust scheme with Aintree University Hospital and Liverpool Women’s Hospital, facilitated via the Carbon Energy Fund (CEF). This is now fully operational and serves both Trust buildings.
- The installation of plate heat exchangers for the provision of improved energy efficiency for heat and hot water systems. To date, this has been partially implemented at The Walton Centre.
- The main Walton Centre boilers have been replaced with higher efficiency dual fuel boilers.
- LED internal lighting refurbishments replacing older, T8 fittings to large portions of The Walton Centre.
- Remote monitoring systems have been installed in each of the Trust’s oil tanks which can be read via a web-based system.



### Carbon Management Plan

The Trust has previously worked with the Carbon Trust to develop an NHS Carbon Management Plan. The plan set the Trust savings targets of £678,683 which is equivalent to 3,426,360kg CO<sub>2</sub> based on 2009/2010 baseline.

In the financial year 2020/2021 the Trust produced 2,272,010kg CO<sub>2</sub> relating to energy alone, which was a reduction of 8.14% on previous year, at a cost of £910,307.

Figure one shows predicted annual financial savings from the above mentioned CEF Tri-Trust energy saving scheme, estimating annual financial savings for gas of £50,113 and for electricity of £17,248. Figure two shows the anticipated annual kg CO<sub>2</sub> savings based on figure one data.

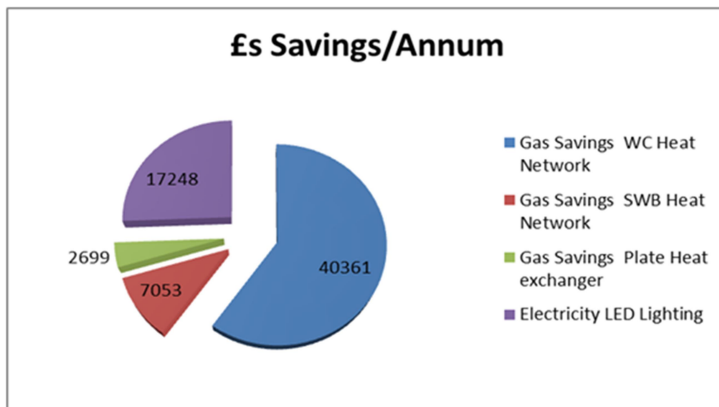


Figure 1

year	Guaranteed savings per year (kgCO <sub>2</sub> )	Cumulative savings (kgCO <sub>2</sub> )
2021	150,172	381,076
2022	433,831	814,907
2023	433,831	1,248,738
2024	433,831	1,682,569
2025	433,831	2,116,400
2026	433,831	2,550,231
2027	433,831	2,984,062
2028	433,831	3,417,893
2029	433,831	3,851,724
2030	433,831	4,285,555

Figure 2

In figure 2, the highlighted figure indicates the point at which the Trust will meet its previous set targets within the Carbon Management Plan.

### Further decarbonisation

As part of the further decarbonisation of the site the following is planned:

- A programme is underway to transfer the remainder of The Walton Centre heating and hot water systems onto the new plate heat exchangers
- To work with our neighbouring Trust on site regarding the move to procuring energy from renewable sources
- The Trust is developing a scheme to upgrade and optimise its Building Management System so as to deliver greater efficiencies
- The Trust is planning to undertake feasibility studies into the use of more renewable and sustainable energy sources, such as, photovoltaic, ground and air source heat pumps
- The Trust is also planning to undertake studies aimed at providing greater water efficiencies on site

### Biodiversity

The Walton Centre has a number of plans either already in place or in the planning stage, for example:

- Wild flower beds in various locations
- The planting of trees as participants of The Queen's Green Canopy Project
- The planting of a mature cherry blossom tree to promote mental health awareness

- The planting of a new, donated, former Royal Horticultural Society show garden in The Walton Centre staff courtyard aimed at promoting mindfulness and wellbeing
- The setting of a Trustwide horticultural society for enthusiastic staff and volunteers
- Working in partnership with the Liverpool and Merseyside Beekeepers Association for the installation of bee hives on the roof of the Sid Watkins Building

#### Maintenance and construction

Where possible, the Trust will always utilise suppliers and contractors local to the areas so as to:

- Maintain its social responsibility
- Support local small to medium enterprises (SME)
- Reduce transportation and travel (and CO<sub>2</sub> emissions)

#### Procurement

Where possible, the Trust will specify construction and general maintenance materials which carry an ecolabel or conform to the International Standards Organisation (ISO) 14024 standard. This will ensure the Trust is sourcing materials with a known “cradle to grave” lifecycle profile.

The procurement aspects of the sustainability plan will form part of Health Procurement Liverpool which is attached to the plan which is part of the procurement collaboration.

#### Technology

The Trust will always seek to consider and purchase new technologies, especially where they have a proven record to contribute in a more sustainable way. Any technology chosen will be certified to the relevant environmental standard for the particular product group.

## Waste

The NHS Net Zero report states that five percent of the national NHS carbon footprint comes from emissions associated with waste as well as water.

The Walton Centre will continue to strive to reduce carbon and environmental impacts from our waste management by working closely with all of our current service providers and with staff members through education.

The waste contracts for the Trust will be renewed within the life of this strategy, which presents a key opportunity to reduce the carbon impact from waste.

Recycling is the issue most raised by staff in relation to sustainability. The Trust will be working to identify cost-effective ways to support our staff and also reduce our carbon emissions.

The Trust will also provide education and advice on waste segregation at source on induction and part of refresher training moving forward. We believe with correct education this will have a big impact on efficiency as well as carbon reduction in the work place. We have introduced a pilot scheme with Biffa to provide all staff kitchens with three different waste containers, housing general, recyclable and glass. This is in the early stages therefore no real-time data is available at this point to feed back. We are optimistic that with education we will be able to roll this out throughout the Trust in not only staff areas but all areas of Trust buildings.

The Walton Centre forms part of the Cheshire and Merseyside Health and Care Partnership alongside other North West NHS Trusts to ensure value for money and sustainability by working together when tendering for services including waste.

Highlighted below are the providers who currently handle the disposal of the various types of clinical and non-clinical waste the Trust produces.

**Biffa** dispose of various waste streams ensuring the Trust is compliant in the correct disposal methods for these specific types of waste:

- General
- Offensive
- Batteries
- Metal

The metal waste removal generates credits for the Trust. This is something that negates a percentage in the cost of hiring the vehicle needed to remove from site.

**Stericycle** are the providers for the removal of all of the Trust's hazardous waste from clinical areas. This is currently under review and out to tender via the Cheshire and Merseyside Health and Care Partnership. Annual audits are carried out and reports provided to ensure compliance and to review segregation at source.

**Sharpsmart** provide The Walton Centre with a safety engineered reusable containment system to ensure the safe, compliant, cost effective as well as sustainable management of waste.

- The Trust benefits from using this system in numerous ways:
- Sustainability: Minimum 32% reduction in sharps waste volumes and 91% reduction in CO<sub>2</sub> (related to sharps disposal lifecycle)
- Reduction in risk associated with staff health and wellbeing: Reduction in staff needle stick injuries by minimum 25%.
- Reduction in costs: Minimum 30% reduction in sharps waste disposal related costs.
- Reduced risk of non-compliance: Perpetual inbuilt auditing and education eliminates non-compliance risk

Sharpsmart no longer disposes of medicinal sharps waste via the traditional high temperature incineration route. Instead, they are able to dispose of the waste collected inside the units through their new patented effluent retention systems. This remediation process allows the waste to be treated by alternative treatment, whereby the fumes produced by the process goes to waste to energy, which is a much more sustainable route rather than the traditional high temperature incineration treatment.

**ISS Facility Services** is the incumbent for the Trust in the provision of all Soft FM services, including the food and catering for both patient and retail services.

This is another service that this year was put out to tender as the contract expired. We have weighted heavily towards service provision, emphasising the importance of sustainability and environmental provision being paramount.

Working together is the key to achieving the reduction in incorrect waste disposal and also working smartly to ensure using local providers and manufacturers in the provision of all food where possible. This will also have an impact on the CO<sub>2</sub> emissions for the local areas.

## **5.2 Travel and transport**

At The Walton Centre we are looking at how we can look to revitalise our approach to promote better practices with regards to travel support also along with health and wellbeing. As such, the Trust has agreed to look into the following areas to improve and increase our sustainability plans to support this, below are a number of initiatives that have been promoted across all departments in the Trust;

- Canvas offers for staff to gyms and exercise classes
- Promote healthy eating by re-introducing the fruit and veg service
- Mental health first aiders visible in the organisation offering the services they provide
- Vivup promoting the electric car and cycle schemes for staff
- Agile working
- On-site charging points for electric/hybrid cars
- Participation in the autumn NHS games
- Link in with Mersey Travel for schemes or promotions for staff travel
- Voi scooters on-site
- Counselling services through NOS
- Bike doctor service on-site
- Additional bike storage
- Wellness garden



### **5.3 Medicines**

The Walton Centre does not have a pharmacy / medicines supply chain, the trust works closely with Liverpool University Hospitals NHS Foundation Trust (LUFHT) and holds a service level agreement for pharmacy and medicines management. The trust will work in conjunction with LUFHT to support with their Sustainability / Green Plan for medicines.

### **5.4 Theatres / Anaesthetics**

Theatres have already embraced the green culture and we have recycling points in the common areas and staff are encouraged to separate recyclable and non-recyclable waste into the appropriate bins. The recyclable culture will be rolled out into more areas in the operating theatre environment. The use of single use kitchen utensils such as cups, forks, knives and spoons are discouraged. We intend to push forward the green agenda in the theatre set up by encouraging reduction as well as recycling of the plastic and paper waste we accumulate in the carrying out of a surgical case. Any waste created prior to the patient arriving in theatre could be segregated in different coloured bags and then sent for recycling with the clear confirmation that it is not contaminated.

Work is currently being undertaken to look at theatre hats. Single use theatre hats could be changed over to reusable cloth hats with the name and professional details on it (this would also help in emergency situations) and support the work in theatres with recycling.

Volatile anaesthetic agents contribute to atmospheric pollution and we want to encourage the use of TIVA total intravenous anaesthesia for our cases as far as is possible. The department is already recognised as the department with the highest number of TIVA pumps in the region. We are also looking into emerging 'green' technology that would capture and potentially recycle volatile agents.

The sustainability group within the operating department will meet on a regular basis to review these projects and report back directly to the Trust level Sustainability group with our progress and ideas for future

'green' projects. The group is led by two anaesthetists and an Operating Department Practitioner.

## 6. Digital systems

People, process and technology are the three key elements for a successful sustainable technology within The Walton Centre.

Now we are moving to a more digital working/clinical environment this now allows us to monitor how we move towards a more sustainable future. Initially the move from paper to electronic simply moves the carbon footprint, all be it in a different form rather than eliminating it, but at the same time gives the organisation the ability to see its footprint in terms of real rich data. More importantly it allows the organisation to take action or offset where required against this data. The change from not knowing what you don't know to having rich data at your fingertip leads us to be able to make clear positive tangible changes.

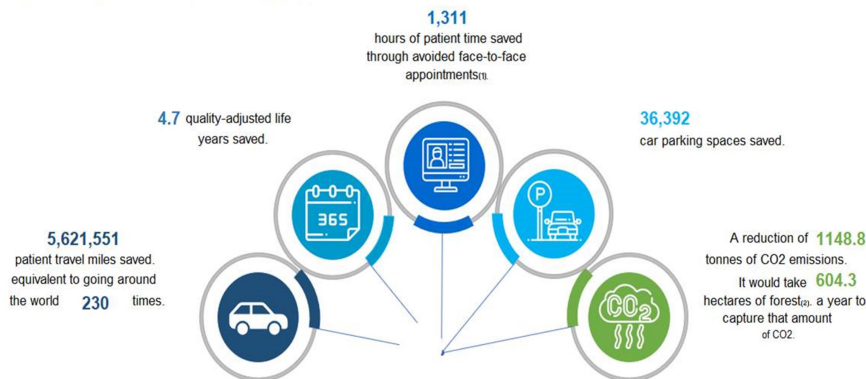
### Patients

The pandemic brought with it the need to accelerate virtual consultations and with that reduced the patient's carbon footprint not just at The Walton Centre but across the country by allowing patients to remain at home rather than traveling to the organisation.

### Outpatient Transformation - Impact of avoided appointments

The Walton Centre NHS Foundation Trust

Benefits based on the avoidance of 78,681 appointments:



#### Methodology & source information

Calculation methodology is based on the Sustainable Development Unit's Health Outcomes of Travel Tool (HOTT).  
 (1) Taken from the Journey Time Statistics publication, 2017 <https://www.gov.uk/government/collections/journey-time-statistics>.  
 (2) Taken from methodology used by US Environmental Protection Agency <https://www.epa.gov/energy/greenhouse-gas-equivalencies-calculator>.  
 (3) Taken from NASA - Solar System Exploration - Earth by the numbers <https://solarsystem.nasa.gov/planets/earth/by-the-numbers/>.

Produced on: 26-Apr-2021  
Version: Draft v1.0

It is envisaged that, through the NHS Outpatient transformation, this virtual consultation will balance out across hospitals at a minimum of 25% (Outpatient appointments). The Walton Centre currently exceeds

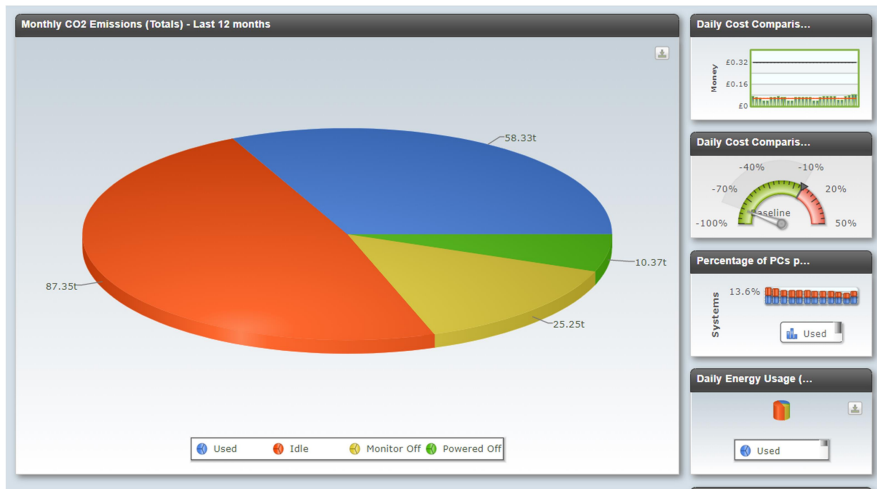
this percentage and will be reported on in the future as a sustainability KPI.

### Printing

The move to digital has reduced the need to physically print, but there is still a large amount of printing that occurs within the organisation and whilst this is envisaged to reduce over the coming years naturally, the Digital Team are ensuring reductions are made during the transition. It can take up to 1.5 litres of oil to produce a new printer toner and this can take over 1,000 years to decompose. We now use recycled printer toners to reduce landfill and oil use. It is estimated a new toner cartridge, through its life, uses 4.8kg of CO<sub>2</sub>. We have previously used print saving software to reduce the printing cost by 35%. This is going to be expanded again to cover all printers within the organisation (previous case study <http://www.preton.com/casestudies.php>) now we have moved to a MFD (multi-function printer) estate which has help centralised the usage view for reporting.

### User computing

The Walton Centre has moved to a hybrid working environment. A large investment has been made to move users from desktop computers to laptops and this will continue during the next couple of years under the Digital Aspirant Programme. The average desktop computer uses an average of 60 to 200 watts of electricity compared to a laptop average use of 20 to 50 watts of electricity. We can further reduce this by using power management tools to ensure when in idle mode the computers drop into a true hibernation mode without affecting the users' experience. The Trust is looking to expand its power management solution further now we have moved into a hybrid working environment. This will give us the ability to report on both cost savings and carbon footprint reductions.



A desktop computer that is on for eight hours a day can emit 175 kg of CO<sub>2</sub> per year. This is equivalent to driving 1,138 miles in a conventional hatchback car. By using laptops and power management the reduction of each user could be up to 75%, potentially the equivalent of saving 1,365,600 miles worth of CO<sub>2</sub>.

### Data storage

For both laptops and servers, the organisation is moving to an SSD fleet (Solid State Drives). The standard conventional hard drives contain aluminium and rare metals for internal magnets. SSD are semiconductors which use more environmentally-friendly components and utilise less materials for a longer life ensuring less environmental waste during its lifecycle. SSDs utilise 10% less power than a conventional hard drive. This will apply to both the organisations users' computers and the server architecture once the programme is complete over the next couple of years.

### Datacentre

The Digital Team is in the process of decommissioning all stand-alone servers and migrating to a complete Virtual Machine (VM) architecture, meaning several servers can run from one piece of hardware rather than convention of each server being a separate piece of hardware. This will bring further reductions in power consumption not just in the datacentre hardware but also in the air conditioning units continual cooling times. The use of green cloud computing will also help bring the datacentre into a sustainable greener model moving forwards

### Hybrid working

Now hybrid working is in place, we need to ensure we are collating the data around sustainability with off-site working. It is easy to double count carbon savings by an organisation that has just been moved to the home environment and tools like power management will benefit the home user and can be declared as a green saving as can a user's reduced mileage.

A wider piece of work to bring that data into a cohesive plan needs to be formulated over the next couple of years as this is a new working practice. Home users that utilise carbon zero energy suppliers will allow the organisation to realise true carbon reductions. The use of cooling (air-conditioning) in an office environment because of reduced workforce creation of heat is also a clear calculation.

Over the next two years the organisation will develop digital tools to effectively monitor the organisation's true carbon footprint with this new way of hybrid working. We will also highlight personal sustainable solutions to the hybrid workforce to further bolster everyone sustainability obligation as we embrace the new way of working.

## 7. Anchor Institutions and system leadership

The Health Foundation published its report on the NHS as an anchor institution in August 2019. This set out five areas in which the NHS can positively contribute to local areas beyond the provision of healthcare.

- Purchasing more locally and for social benefit
- Using buildings and spaces to support communities
- Working more closely with local partners
- Widening access to quality work
- Reducing its environmental impact

The Walton Centre is striving to be an Anchor Institution. The Trust increases social value by supporting local people and the local economy, and works to reduce the environmental impact. Activities supported by Anchor Institutions are varied, but include activities in the areas of:

- Healthcare provision
- Sustainability
- Procurement
- Innovation
- Working with local partners
- Equality, diversity and inclusion
- Employment opportunities and development
- Employee wellbeing

Beyond our focus on sustainability described throughout this document, our Procurement Team has developed a comprehensive Sustainable Procurement Policy. In addition, our innovation and service improvement activities have allowed us to reduce the need for patients to travel into the Trust through the implementation of virtual appointments, with new digital and other technologies that will further reduce travel in development. We are also exploring the implementation of innovative technologies to reduce the environmental impact of anaesthetics. Our development of partnerships with local companies (where feasible) reduces the environmental impact of collaborations further. The Trust's focus on improving employment opportunities also provides an

opportunity to for members of the public to undertake apprenticeships and related other schemes related to sustainability. The Trust aligns anchor institution activities and participates in collaborations with local and national partners, including:

- NHS England and Improvement
- Cheshire and Merseyside Health and Care Partnership
- Centre for Local Economic Strategies (CLES)
- Health Foundation
- Liverpool City Region Growth Platform and Local Enterprise Partnership
- Liverpool City Region Combined Authority
- Liverpool City Council
- Regional Specialist NHS Trust Provider Alliance, other Trusts and the wider NHS
- Universities



## 8. Governance

Clear leadership, strategic direction and the support of senior staff, stakeholders and other decision makers will ensure we successfully deliver the actions outlined within the Sustainability Action Plan.

This will require clear assigned responsibility for undertaking actions and a mechanism for reviewing progress against the Action Plan on an annual basis.

The work will be progressed through the Trust Sustainability Project Group which reports quarterly into the Business performance Committee which then reports into Trust Board. This will promote a proactive approach to sustainable development in the Trust.

- Trust Board
- Business Performance Committee
- Sustainability Lead
- Sustainability Steering Group

## 9. Reporting

The Trust reports figures relating to energy, water, waste and transport through the Estates Returns Information Collection (ERIC) allowing for the Trust's performance to be benchmarked against similar types of organisations.

### Estates Returns Information Collection (ERIC)

This is mandatory reporting for all NHS Trusts. It comprises information relating to the costs and figures for operating the NHS estate including buildings, maintenance, equipment, provision of services and utilities

### Premises Assurance Model (PAM)

This is a management tool used to provide NHS organisations with a method for assessing the safety and efficiency of their estates and facilities services.

### Sustainability Group Reporting

The Sustainability Group will report any issues identified to the Business Performance Committee which reports into Trust Board.

## **10. How staff can support the Sustainability Plan**

In order to achieve the vision and goals set out in this plan, our staff will need to be inspired, empowered and motivated to take action. This will need to be embedded into our culture and our Trust Strategy to empower staff to contribute to the climate emergency challenge at a personal and organisational level.

The Trust will be looking for volunteers to become 'Green Champions' working as part of the Sustainability Group and to support the organisation in delivering the Sustainability Plan.



## **11. Procurement sustainability and social value summary policy**

### Introduction and context

The NHS is the largest employer in Europe and, as a provider of healthcare, is required to behave as a socially responsible organisation. As a result, the NHS comes increasingly under scrutiny, not just regarding the effective delivery of quality healthcare and financial sustainability, but also in respect of what it is doing to reduce its carbon footprint, work with local communities and ensure that goods and services are ethically and sustainably sourced.

The NHS has the highest rate of carbon emissions in the public sector in England. The challenge has been set for the NHS to lead on all aspects of sustainable development, particularly carbon reduction, and promote the good corporate citizenship model. Recently, a 'Roadmap for NHS Suppliers to reach net zero by 2045' has been issued which sets out the vision, responsibilities and key actions for all NHS organisations.  
<https://www.england.nhs.uk/greenernhs/a-net-zero-nhs/>

Sustainability is about meeting society's needs today without compromising the ability of future generations to meet their needs, often referred to as good corporate citizenship or corporate social responsibility and achieving value for money whilst realising environmental, social and economic objectives. With climate change clearly the most serious global environmental threat, sustainability and carbon reduction are becoming key corporate responsibilities for all organisations.

Health Procurement Liverpool (HPL) aims to embed sustainability principles in its procurement processes in order that they eventually become an integral part of all relevant procurements and contracting activity, including but not limited to, at pre-tender, tender and post-

contract award stages (encompassing monitoring and evaluation), through to the end of the life of the contract, including any disposal of equipment.

This summary policy establishes HPL's commitment to procurement sustainability and following social value principles and sets out the general aims and principles of what is an extensive agenda for continuous development.

The key areas where HPL can exert an influence are:

- Energy and carbon management
- Food procurement
- Travel and transport
- Water consumption reduction
- Elimination of waste
- Building design
- Awareness raising / Championing
- Collaboration and networks (i.e. other NHS, local authorities, supplier partnerships, etc.)
- Ethical sourcing
- HPL Member collaborative (purchasing power, standardisation, shared best practice)
- Social Value
- Legislation
- Working with external suppliers (e.g. Supply Chain Coordination Limited, etc.)
- Standardising and measuring progress (through HPL Procurement strategy and Procurement board)
- Procurement Sustainability and Social Value Strategy.

HPL will make a commitment to all Member Trusts to assist in reducing carbon emissions from their procurement activities, where appropriate, and to embed sustainable practices into all purchasing decisions and processes.

The aim of the aforementioned Procurement Sustainability and Social Value Strategy will be to communicate and promote sustainable

procurement across all of HPL's activities and develop capability by providing induction level, basic and advanced sustainable procurement training to all people involved in procurement, where relevant.

This capability will make HPL a more intelligent customer and in so doing will enable HPL to become well placed to capture opportunities to address sustainability impacts within its procurement and supply chains. HPL will identify key suppliers and encourage them to embed similar sustainable procurement principles and practices into their supply chain.

Key performance indicators will be identified to measure successful delivery of the sustainable procurement delivery plan and to demonstrate progress. HPL will raise the standard of sustainable procurement through improved processes such as the monitoring of compliance with the use of the Government Buying Standards, or equivalent, benchmarking suppliers' approach to environmental, social and economic responsibility and monitoring the extent to which sustainable procurement practices are adopted.


The relevant objectives will be achieved by:

- HPL promoting change through leadership and working with suppliers to raise the profile of sustainable procurement practices. This will be supported by the NHS Net Zero Supplier Roadmap <https://www.england.nhs.uk/greenernhs/get-involved/suppliers/>
- Using the apportionment of Lots to break down larger contracts into smaller capacities where possible (to enable increased local supply and Small to Medium Sized Enterprises (SME's) to more easily access NHS markets).
- Training and developing staff in the principles of sustainability and sustainable procurement.
- Undertaking whole-life costing when purchasing equipment to include training, implementation, and disposal of goods.
- Prioritising procurement actions based on major spend areas and sustainability issues to maximise benefits.
- Incorporating sustainability considerations as early as possible in the procurement process.

- Using a procurement hierarchy in assessing and addressing risks and realising opportunities.
- Supporting innovation that provides sustainable solutions and reduces the consumption of resources within the HPL Member Trusts and their respective supply chains.
- Considering the relevant environmental and social impacts throughout the life cycle of the goods or services procured according to the type of procurement.
- Reducing transactional costs by supporting e-Procurement, e-Tendering and e-Catalogues.
- Ensuring procurement activity is compliant with the respective HPL Member Trusts' internal governance arrangements, Public Procurement legislation and other statutory requirements.



**The Walton Centre**  
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Foundation Trust and Charity**'

Published: November 2021





**REPORT TO Trust Board  
December 2021**

Title	Wellbeing Pledge
<b>Sponsoring Director</b>	Michael Gibney, Chief People Officer
<b>Author (s)</b>	Jane Mullin, Deputy Chief People Officer
<b>Previously considered by:</b>	<ul style="list-style-type: none"> <li>• N/A</li> </ul>
<p><b>Executive Summary</b></p> <p>NHS Employers have asked all Trusts to sign a wellbeing pledge shifting the focus from sickness absence to holistic wellbeing for everyone: To take this work forward the NW HRD network will be focusing on 3 main areas of enabling work:</p> <ol style="list-style-type: none"> <li>1. Wellbeing services that support all of our colleagues, - reviewing the national refreshed framework published by NHSE/I.</li> <li>2. A new person-centred wellbeing and attendance management policy framework - understanding what the new framework will look like.</li> <li>3. Leadership development that supports managers in our new approach - reviewing the implemented toolkit once available, to understand what we can do to support managers</li> </ol>	
<b>Related Trust Ambitions</b>	Delete as appropriate: <ul style="list-style-type: none"> <li>• Best practice care</li> <li>• Research, education and innovation</li> <li>• Be recognised as excellent in all we do</li> </ul>
<b>Risks associated with this paper</b>	N/A
<b>Related Assurance Framework entries</b>	Corporate Risk 812
<b>Equality Impact Assessment completed</b>	<ul style="list-style-type: none"> <li>• No ( will be completed once framework is agreed)</li> </ul>
<b>Any associated legal implications / regulatory requirements?</b>	<ul style="list-style-type: none"> <li>• No</li> </ul>
<b>Action required by the Board</b>	<ul style="list-style-type: none"> <li>• To consider and note</li> </ul>





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# Well-being Pledge

Mike Gibney / Jane Mullin

[www.thewaltoncentre.nhs.uk](http://www.thewaltoncentre.nhs.uk) 



## Pledge: For the well-being of our people

- Shift the focus from sickness absence (the 5%) to holistic wellbeing for everyone
- Range of support available will be a generic menu (organisational, regional, national)
- Offer will be person specific based on individual needs.
- Key to this working on a practical level are line managers



# The Pledge: NW Themes of enabling work

- Holistic well-being services that support all
- Person-centred well-being approach and an attendance management policy framework
- Leadership development that supports managers in our new approach

# How HRD's, staff side and well-being experts will help:



- Sharing systems/processes to help organisations gain a better understanding of well-being
- Develop evidence-based NW frameworks that take forward the three regional enabling programmes of work
- Develop a service framework to deliver holistic high quality well-being services for all of our colleagues
- Develop a NW well-being and attendance management policy framework that supports flexibility and considers individual circumstances
- Develop a well-being leadership development framework that enables line managers to lead with confidence
- Develop robust evaluation arrangements, working with an independent research partner

# The Pledge: How we achieve it



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- Strengthen and embed well-being culture
- Develop Well-being Policy
- Develop Leadership and line managers



# Project Objectives

## Understand

- Review our current well-being programme and strategy.
- Create and deploy a well-being survey to understand employee health & well-being risks and goals
- Understand key national and Trust objectives

## Plan

- Create a clear transformation plan to ensure we meet our objectives
- Develop a comprehensive and data-driven well-being strategy.
- Utilise the expertise of stakeholders on our well-being steering group to drive the strategy and refine our proposition
- Develop a governance structure for MHFA and well-being advocates

## Engage

- Recruit, train, deploy and support a group of Well-being Advocates to bring the strategy to life and provide visible support to staff
- Recruit, train, deploy and support a group of Mental Health First aiders in their role to provide 'on the ground' mental well-being support.
- Develop an annual, proactive, data-driven well-being programme that engages staff to improve their well-being.

## Review

- Monitor our transformation plan
- Quarterly/bi-annual health & well-being surveys.
- Obtain data and feedback from our steering group, MHFA, Advocates and our well-being programmes that shapes future strategy



# Project Planning & Well-being Survey

	September	October	November	December	January	February	March
<b>UNDERSTAND PHASE</b>							
Understand current wellbeing strategy							
Understand current H&W structure							
Understand current resources							
Understand current workstreams							
Understand current H&W risks							
Understand current data sources							
Understand current health promotion							
<b>PLAN PHASE</b>							
Scope transformation							
Establish project resourcing							
Create an action plan							
Sign off project plan							
<b>WELLBEING SURVEY</b>							
Develop survey							
Launch survey							
Review survey							
Present/communicate results							

# Well-being Advocates

	September	October	November	December	January	February	March
<b>WELBEING ADVOCATES</b>							
Wellbeing advocates meeting							
- Identify group/individual that take ownership for the project							
- Secure senior leadership buy-in							
- Advertise for and recruit advocates							
- Interview Advocates & check line manager reference							
- Identify Advocate Coordinator/Lead Advocate							
- Identify service access - ensure each area of the trust has an advocate							
- Data recording & confidentiality							
- Establish framework for peer support							
- Train the Advocates							
- Advertise/communicate the advocates Project to the trust							
- Communicate Progress & Review							
<b>Wellbeing advocates training</b>							
- Training materials developed							
- Training dates agreed and rooms booked							
MHFA awareness training for advocates scheduled							

# Mental Health First Aid

MHFA	September	October	November	December	January	February	March
MH First Aiders meeting							
Identify group/individual that take ownership for the project							
Secure senior leadership buy-in							
Train MH First Aiders in MHFA							
Establish mhfa supporting resources							
Identify MHFA Coordinator/Lead First Aider							
Identify service access - ensure each area of the trust has first aiders							
Data recording & confidentiality							
Establish framework for peer support							
MHFA Guidance training							
Launch/communicate the MHFA Project to the trust							
Communicate Progress & Review							
<b>MHFA guidance training</b>							
Training materials developed							
Training dates agreed and rooms booked							

# Well-being Strategy & 2022 Well-being Programme

STRATEGY	September	October	November	December	January	February	March
Review existing strategy							
Review Survey							
Develop new strategy							
Strategy signed off							
WELLBEING PROGRAMME	September	October	November	December	January	February	March
Review existing programme							
Agree aims/parameters							
Build health calendar							
Deliver health calendar							
monthly newsletter							
Workshops online/f2f							
4 week programmes							
<b>PLUS</b> EAP & VIVUP offerings							

## Key Messages

- Need to show flexibility and support staff
- **More than HWB just being on the Board agenda** – need to listen to staff from all areas
- Sole focus on sickness/absence is missing the point
- **Using staff who are keen to support others to support the wider HWB and cultural agenda**
- **Role modelling healthy practices**
- **What can the Board do themselves, not just what they expect others to do**

# Any Questions?



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**REPORT TO TRUST BOARD**  
**Thursday 2 December 2021**

<b>Title</b>	Investors in People: We Invest in People Annual Review Report
<b>Sponsoring Director</b>	Name: Mike Gibney Title: Chief People Officer
<b>Author (s)</b>	Name: John O'Sullivan Title: Investors in People Assessor
<b>Previously considered by:</b>	<ul style="list-style-type: none"> <li>• Committee (please specify) _____</li> <li>• Group (please specify) _____</li> <li>• Other (please specify) _____</li> </ul>
<b>Executive Summary</b>	
<p>Investors in People is the industry standard for people management and sets out the criteria for high performance through people. The Walton Centre received re-accreditation as an Investors in People Gold Employer, for the 'we invest in people' standard on the 30 October 2020. Although the awards are valid for three years, in order to maintain accreditation, the Trust is required to undergo annual interim reviews. The first interim review was undertaken on the 17 and 18 November 2021 and the Trust maintained its Gold Award accreditation.</p> <p>The Trust was able to demonstrate a strong commitment to continuous improvement through the implementation of a detailed action plan with a continued focus on innovation. An area of particular notable achievement was embedding a culture of equality, diversity and inclusion. Staff described a 'positive direction of travel' and highlighted strong executive support. The full report is included for information.</p> <p>Key areas of focus for the next 12 months are as follows:</p> <ul style="list-style-type: none"> <li>• Finalising the Trust Strategic Plan</li> <li>• Continue to deploy wellbeing initiatives to support the COVID-19 pandemic recovery plan</li> <li>• Continue to develop leadership and line manager capability (including the embedding of the Faculty of Medical Leadership and Management Standards)</li> <li>• Roll out of the Executive Team Communication and Engagement Plan</li> <li>• Meeting the significant labour market and recruitment challenges faced by the healthcare sector</li> <li>• Continue to enhance approach to succession planning</li> <li>• Continue to work on improving PDR completion rates across all departments</li> <li>• Continue to develop and embed the Equality, Diversity and Inclusion Strategy.</li> </ul> <p>The next interim review is due to be held on the 30 October 2022.</p> <p>The Trust also received re-accreditation of the Investors in People 'we invest in wellbeing' standard Gold Award on the 4 June 2021. The first interim review for this standard is due to be held on the 4 June 2022.</p>	

**Revised in July 2018**

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The Walton Centre NHS Foundation Trust

<b>Related Trust Ambitions</b>	<ul style="list-style-type: none"> <li>• Best practice care</li> <li>• More services closer to patients' homes</li> <li>• Be financially strong</li> <li>• Research, education and innovation</li> <li>• Advanced technology and treatments</li> <li>• Be recognised as excellent in all we do</li> </ul>
<b>Risks associated with this paper</b>	The risks are broadly reputational resulting in the loss of status.
<b>Related Assurance Framework entries</b>	BAF ID: 005 - If the Trust does not attract, retain and develop sufficient numbers of qualified staff, both medical and nursing, in shortage specialties, then it may be unable to maintain service standards leading to service disruption and increased costs
<b>Equality Impact Assessment completed</b>	No – N/A
<b>Any associated legal implications / regulatory requirements?</b>	No
<b>Action required by the Board</b>	To consider and note

Revised in July 2018

Filepath: S:drive/BoardSecretary/FrontSheets

S:drive/ExecOfficeCentreMins/FrontSheets



# INVESTORS IN PEOPLE™

We invest in people



**12 months on...**

## The Walton Centre

Project number: NOR-21-01072

Practitioner: John O'Sullivan

Date: 18 November 2021

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## It's been a while!

**It's been a year since we finished our assessment and awarded you Gold accreditation.**

We checked in with you recently to see how you've got on in the last 12 months and find out what you're planning for the year ahead. The review took place on 17 and 18 November 2021 and consisted of:

- interviews and focus groups involving twelve staff from a range of functional areas
- showcase presentations on Medical Leadership & Management Standards and Communication & Engagement
- analysis of pulse survey data

## Last year, 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.

## And we suggested some things to work on...

**You agreed to consider the following suggested improvement actions:**

We discussed a number of actions that will support your ambition of achieving Investors in People Platinum. These were related to:

- continuing to invest in the development of leadership capability
- continuing to embed a culture of engagement and high performance
- enhancing your approach to performance management
- continuing to develop your practices relating to initiating, forecasting and responding to change

## What's changed since then?

### There have been some changes at senior management level...

Since your last review, significant changes have included the appointments of a new CEO and an acting Chair.

## Your strategic approach...

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

- strategy is developed through liaison and partnership with an extensive range of key stakeholders such as trades unions, professional bodies, the board, governors, members, NHS England and Healthcare Inspectorate Wales
- your recruitment strategy is designed to attract people who share your values and desired behaviours
- 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
- there is a strong focus on accountability and transparency with corporate governance structures that facilitate oversight and monitoring of the behaviour of stakeholders
- 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 have adopted 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

It was also seen how you have maintained a strong commitment to continuous improvement through the implementation of a detailed Investors in People action plan and a continued focus on innovation.

## Improvement actions you have taken...

### 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:

- you have relaunched the Building Rapport Programme with the addition of new modules on agile working and carrying out REACT conversations
- you are piloting a managing sickness absence training programme
- you are encouraging all managers to draw on the findings of engagement surveys in order to develop their people management capabilities

It was also seen how, in your quest to strengthen clinical leadership, you have adopted the Medical Leadership and Management Standards. This framework includes a number of key features in that it is competency based, it supports succession planning and it has a strong focus on collaboration and continuous improvement.

#### **You've enhanced your approach to staff engagement...**

You outlined how, following survey feedback, you have involved staff in identifying a number of improvements in this space. Key actions here include:

- a big emphasis on senior management visibility with the formulation of an Executive Team Communication and Engagement Plan and the introduction of a shadowing programme for executives and non executives
- the appointment of a new Communications Lead
- members of the Executive Team having speaking slots at team briefs
- leaders being visible and proactive in personally conveying appreciation
- a proposal to run periodic campaigns aimed at boosting morale and engagement

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

It was seen how you have sought to continually raise the bar by:

- encouraging people to take responsibility for continuous improvement by utilising assurance, divisional consultant and specialist nurse meetings to learn lessons, implement changes and discuss transformation projects
- the deployment of a 'You said, We did' response to staff surveys
- offering apprenticeships for HCAs and nurse associates

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

It was described how you have worked on boosting take up of the coaching offer through a more targeted approach, for example, by connecting with newly promoted staff and staff returning from maternity leave. It was also highlighted how people have expressed an interest in undertaking coaching apprenticeships and how more people are coming forward for coaching support.

#### **You've further developed your approach to agile working and wellbeing...**

It was highlighted how you have taken a number of key actions here, including:

- conducted wellbeing and agile surveys to solicit feedback from staff
- proposals to introduce confidential meeting spaces
- adding a module on agile working to the Building Rapport Programme
- introducing the Wellbeing Pledge
- appointing a Wellbeing Guardian and introducing Mental Health First Aid peer support groups

### You've continued to embed a culture of equality, diversity and inclusion...

People described a 'positive direction of travel' with regard to the embedding of a culture of equality, diversity and inclusion. In addition to highlighting strong executive support for ED&I, they also outlined how:

- you have a number of key structures in place such as the ED&I Steering Group and the Strategic BAME Group
- staff have been able to engage in unconscious bias training
- there are mechanisms for sharing good practice with other trusts
- the working environment enables them to be themselves

### What your people are saying...

*"I have definitely felt supported by my leaders and managers"*

*"How you carry yourself as a manager is really important"*

*"I have a lot of trust and confidence in the HR Department"*

*"I think it's a great place to work because of the people on the ground"*

People told us that the operating environment has continued to be challenging over the last twelve months. Senior managers highlighted how this is manifesting itself in staff fatigue and higher levels of sickness absence. Also, through focus groups, people indicated that the pandemic and other pressures are increasingly having an adverse effect on morale. That said, verbal feedback and pulse survey data were still reflective of strong levels of positivity in relation to satisfaction, motivation and association factors. For example:

- your core values continue to have extremely strong traction with people believing in and seeing themselves as custodians of The Walton Way
- people described a working environment is characterised by a culture of openness, trust and empowerment
- constructive stakeholder involvement continues to be at the heart of your culture
- people feel their contribution to the success of the trust is recognised via a multi-faceted recognition and reward strategy
- people described a continued commitment to personal growth through a wide range of development programmes

Whereas there are still some legacy issues arising from the first phase of the pandemic, feedback on leadership engagement was viewed to have become much more effective over recent months. For example, people highlighted a more visible, hands on approach from senior levels, citing how the Chief Executive is leading by example through a regular presence on the front line. Moreover, it was felt that most senior managers are striking an appropriate balance between oversight and trust.

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

People described how your investment in people is translating into key results such as pulse survey ratings that exceed the overall average NHS ratings on all questions. Key headline results from the most recent survey were:

- 78% for colleagues feel informed
- 73% have confidence in local leaders
- 73% feel they can make improvement suggestions
- 89% would recommend the Walton Centre to friends and family for treatment

## Congratulations on maintaining your liP 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...**

In line with your quest to continuously improve, you highlighted how, over the next year, you are going to continue to implement your Investors in People Action Plan. Your other key areas of focus will be:

- 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

**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.**

**INVESTORS<sup>™</sup>  
IN PEOPLE**

Want to get in touch?

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## Board of Directors' Key Issues Report

<b>Report Date:</b> 8 November 21	<b>Report of: Strategic Black, Asian and Minority Ethnic Advisory Committee (SBAC)</b>
<b>Date of last meeting:</b> 16 August 21	<b>Membership Numbers:</b> 10
<b>1. Agenda</b>	<p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> <li>• Presentation: Safeguarding Case Study</li> <li>• Trust Board Recommendations</li> <li>• Update on any general developments from NW SBAC Assembly</li> <li>• Feedback from WCFT @Race forum</li> <li>• Feedback from ED&amp;I Group</li> <li>• Measurement for Improvement: understanding our data:</li> <li>• WRES action plan and approach</li> <li>• ED&amp;I Communications update</li> <li>• Terms of Reference</li> <li>• Update on international recruitment</li> </ul>
<b>2. Alert</b>	<p><b>Measurement for Improvement: understanding our data</b></p> <p>Informatics Team now have the capability to filter individual patient based metrics by ethnicity, Trust to review how best to use this information. Initial findings were:</p> <ul style="list-style-type: none"> <li>• Post Covid Outpatient (OPD) activity had not restored at the same rates across all ethnic groups</li> <li>• Higher DNA (Did Not Attend) rates seen in virtual appointments across a number of different ethnic groups; the rates for Asian background cohorts were significantly higher at 24%. Importance of identifying themes and ensuring the right medium is used for the right patient was noted</li> <li>• Variances seen in length of stay, mortality and readmissions rates across different ethnic groups when compared to the overall Trust level</li> <li>• Waiting list data split by ethnicity demonstrated that waiting times varied across different ethnic groups and revealed a slightly higher proportion of long waiters were from ethnic groups</li> <li>• Importance of recording of patient ethnicity to be stressed to staff , particularly in relation to complaints and concerns</li> </ul>
Assurance	<p><b>Safeguarding Case study presentation delivered by the Safeguarding Matron</b></p> <ul style="list-style-type: none"> <li>• Staff were able to identify 'red flags' and family behaviours early on which protected a patient at risk</li> <li>• Documentation prepared by staff was robust and stood up in court</li> </ul>
Advise	<p><b>Safeguarding Case study presentation delivered by the Safeguarding Matron:</b></p> <ul style="list-style-type: none"> <li>• Presentation delivered to Cheshire &amp; Merseyside Director of Nursing groups</li> <li>• A number of lessons were learnt from the case study by Trust staff</li> <li>• Work underway with Safeguarding Matron and Local Authorities to anonymise the case</li> </ul>

		<p>to enable the presentation to be shared widely Support given to staff at the time to be reviewed to assess whether more could be done in the future</p> <ul style="list-style-type: none"> <li>• Further case studies to be presented to the Committee in future meetings</li> </ul> <p><b>Trust Board Recommendations for SBAC Committee</b></p> <ul style="list-style-type: none"> <li>• Several recommendations had been delivered. Outstanding recommendations to be reviewed and updates provided at next meeting</li> </ul> <p><b>Update on any general developments from NW SBAC Assembly</b></p> <ul style="list-style-type: none"> <li>• The Assembly had not met recently, next meeting scheduled on 27 January 2022</li> <li>• Assembly's Anti-Racism Framework and Annual Report reviewed. Committee to consider specific points for discussion at next meeting</li> <li>• Proposal agreed at Committee to produce a report outlining its activities and achievements over the year to present to Trust Board</li> <li>• Deputy Chief People Officer to discuss adapting the anti-racism framework with the new Head of Equality, Diversity &amp; Inclusion (ED&amp;I) as a joint piece of work with Alder Hey NHS Foundation Trust and Clatterbridge Cancer Centre NHS Foundation Trust</li> </ul> <p><b>WRES action plan and approach</b></p> <ul style="list-style-type: none"> <li>• Workforce Race Equality Standard and Workforce Disability Equality Standard data had been submitted and national results had been received. ED&amp;I lead to review and undertake a mapping exercise to establish Trust' position and report to the next meeting</li> </ul> <p><b>ED&amp;I Communications update</b></p> <ul style="list-style-type: none"> <li>• A report was presented which outlined the principles for moving forward with a revised and consistent approach to ED&amp;I communications</li> <li>• Quarterly meetings will be held with ED&amp;I lead to outline key priorities and opportunities including production of an e-newsletter.</li> <li>• A relaunch of the ED&amp;I agenda will be arranged</li> </ul> <p><b>Terms of Reference</b></p> <ul style="list-style-type: none"> <li>• The committee discussed the Terms of Reference and agreed a number of changes to reflect job rule changes and suggested that the membership be expanded to include:</li> <li>• Ms Ayo Barley, incoming Head of ED&amp;I</li> <li>• A nurse representative</li> <li>• Patient Experience representative</li> </ul> <p><b>Update on International Recruitment.</b></p> <ul style="list-style-type: none"> <li>• Recruitment going very well; 16 nurses had already arrived, 12 had passed the OSCE exams and ready to work with the correct preceptorship in place; the remaining four will undertake exams on 22<sup>nd</sup>/ 23<sup>rd</sup> November. It is hoped that all 16 nurses will be in a position to work by Christmas.</li> <li>• A further ten recruits are expected, some of whom had held senior roles. Development packages to be agreed and a nurse mentor allocated to each recruit to help support their development.</li> <li>• A nurse recruit to be invited to present at a future meeting to give their view on training, the buddying system and experience when arriving in the UK to help identify any learning for future recruitment.</li> </ul>		
2.	Risks Identified	None		
3.	Report Compiled by	W Gillespie, Executive PA	Minutes available from: W Gillespie	Corporate Secretary

## Board of Directors' Key Issues Report

<b>Report Date:</b> 02/12/21		<b>Report of: Quality Committee</b>
<b>Date of last meeting:</b> 18/11/21		<b>Membership Numbers:</b>
1.	<b>Agenda</b>	<p>The considered an agenda which included the following</p> <ul style="list-style-type: none"> <li>• CQC presentation</li> <li>• Medical Director's Update</li> <li>• Integrated Performance Report</li> <li>• Quality Accounts</li> <li>• Quarterly Trust Risk Register</li> <li>• Infection, Prevention &amp; Control Q2 Report</li> <li>• Quality Presentation – Seizure Management</li> <li>• Quality &amp; Clinical Strategy Presentation</li> <li>• Medications Annual Report</li> <li>• NCEPOD Annual Report</li> <li>• Walton Accreditation (Walton CARES)</li> <li>• Review of WEB13366 Action Plan from RCP</li> <li>• Patient Visiting Update</li> <li>• Digital Strategy Update</li> <li>• MiAA updates</li> <li>• IPCC Terms of Reference</li> <li>• Quality Committee Cycle of Business</li> <li>• Sub Committee Chairs' Report</li> </ul>
2.	<b>Alert</b>	<ul style="list-style-type: none"> <li>• Medical Director's Update. – the Thrombectomy service is now a 24 hour/seven day service. A high number of cases were experienced during out of hours. There have been some issues with repatriation of patients due to staffing issues in the ambulance service. There are internal plans with regards to where the patients are admitted within WCFT whilst awaiting repatriation.</li> <li>• Integrated Performance Report – Overall responses for Friends and Family Test were low especially for outpatients. The Patient Experience Team is investigating solutions and will also contact Justin Griffiths with regards to the possibility of using the text message service.</li> </ul>
	<b>Assurance</b>	<ul style="list-style-type: none"> <li>• Integrated Performance Report – the Committee received assurances that the number of outstanding incidents within the Neurology Department had greatly decreased from 217 to 12. Assurances were also received in that there had been improvement in compliance for risk assessments.</li> <li>• Quality Presentation – Seizure Management highlighted the work undertaken and implemented by a member of the SMART team with regards to Seizure</li> </ul>

		<p>Management. Education has been delivered to staff with regards to managing seizures together with flow chart prompt contained within seizure kits that can be taken to emergencies. Staff have also been alerted to the new Status Epilepticus guidelines. The Cheshire &amp; Merseyside Critical Care Network are keen to share this work within the region as an example of best practice.</p> <ul style="list-style-type: none"> <li>• The Clinical &amp; Quality Strategy Update was presented to the Committee and highlighted the key priorities for the Trust for the coming year. It was noted that there is clear focus and vision which reflect the work of the divisions and link well with proposed CQC preparations.</li> <li>• IPCC Q2 report – whilst concerns with regards to HCAI, assurances were provided in that robust actions plans are in place for CPE, MSSA &amp; C.Difficile and weekly meetings are held to ensure all actions are implemented and closed in a timely manner.</li> <li>• The Committee received the Medications Management Annual Report for the period of April 2020 – March 2021 and apologies for the late delivery of the report. Despite covid-19 and staffing challenges, significant work had been achieved and all patient services had been maintained to a high level. Some KPIs had slightly dipped but did not reduce patient care. It was noted that the number of patients supported by Home Care has almost doubled due to the new headache service. The global shortages of Intravenous Immunoglobulin (IVIg) did have an impact on the pharmacy service in time needed to manage this. With regards to the EPMA upgrade, implementation for LUHFT is expected for stock control in February 2022 with WCFT at a later date. Mr Thornton advised he will feedback to the lead for the need for EPMA to be linked to EPR at WCFT. Relevant WCFT teams are working closely with LUHFT. A review of the Medication Safety Officer's responsibilities and consideration of a business case to enable development of the role is planned for next year.</li> <li>• The interim Digital Strategy was presented and key points highlighted. Progress on Digital Aspirant Funding was provided together with an update of the impact of the global shortage of semi-conductors and how this is being managed. Clarification of work to date on Personal Health Records and Digital Connectivity and Inclusion within the region was provided. WCFT are currently at stage 5 of Healthcare Information &amp; Management Systems Society (HiMMS) and have ISO27001 in place for information security demonstrating quality assurance in this area. The IT team work closely with the Transformation Team to manage business change and with a number of external stakeholders.</li> </ul>		
	<b>Advise</b>	<ul style="list-style-type: none"> <li>• The Committee received a comprehensive presentation with regards to expectations arising from a CQC inspection in another Trust and how learning from the outcomes could be gained within WCFT. The Quality Committee is to receive an update on how work is progressing in order to continue to deliver the best possible care and service to patients and therefore retain the Trust's CQC Outstanding status. Discussions arising from this presentation were reflected in subsequent presentations during the meeting.</li> </ul>		
2.	Risks Identified			
3.	Report Compiled by	Seth Crofts	Minutes available from:	Corporate Secretary

# Board of Directors' Key Issues Report

<b>Report Date:</b> 24/11/21	<b>Report of:</b> Business Performance Committee	
<b>Date of last meeting:</b> 23/11/21	<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>• Integrated Performance Report</li> <li>• Transformation &amp; QIP Monthly Exception Report</li> <li>• Digital Aspirant NHSX Monthly update</li> <li>• Updated Financial Plan</li> <li>• Intelligence Strategy Progress</li> <li>• Draft Join Spinal Finance Paper</li> <li>• 2021-22 Cycle of Business</li> <li>• Menopause Policy</li> <li>• Neuro VR Simulator Business Case</li> <li>• Chair Reports from 3 subcommittees</li> <li>• Clinical Waste Tender</li> </ul>
2.	<b>Alert</b>	<ul style="list-style-type: none"> <li>• No alerts to report</li> </ul>
	<b>Assurance</b>	<ul style="list-style-type: none"> <li>• Integrated Performance Report (IPR): in October cancer treatment standards continued to be met as did diagnostics performance. The Average Referral to Treatment (RTT) resumed its improvement trend following an increase in September. The number of patients waiting more than 52 weeks continued to fall. The target was met for 'Clock Stops' (the basis of Elective Recovery Fund payments for the system overall). Elective activity met the recovery plan and was the highest year to date. However both day case and outpatient activity failed to meet plan.</li> <li>• Vacancy levels have fallen over the last two months at 2.4% which is the lowest in over three years, although nursing remains higher at around 6%. Sickness remains above target at 6.8%.</li> <li>• I&amp;E deficit of £46k in October was better than plan; the plan for the rest of the year will be adjusted in line with revised planning for H2 2021/22</li> <li>• The Theatre Transformation Project is behind plan and was affected by staff constraints. Achieving the QIP was inherent in the revised H2 plan and is a big challenge and risk, and only likely to be achieved by non-recurrent means.</li> <li>• The Digital Aspirant Project is being significantly rephased to bring 2022/23 elements</li> </ul>

		<p>forward into the end of 2021/22 to avoid loss of funding, since key hardware will not be delivered until well into next year.</p> <ul style="list-style-type: none"> <li>• Good progress is being made on implementing the Intelligence Strategy and the focus was on the work around improving data quality. The Department had achieved “Excellence in Informatics Level 1”.</li> </ul>		
	<b>Advise</b>	<ul style="list-style-type: none"> <li>• 28 day emergency readmissions were at their highest for some time and this was being reviewed. It was felt that this could be due to a lower denominator.</li> <li>• Neurology and neurosurgery referrals had fallen in month and these were being monitored in the weekly performance meetings.</li> <li>• The H2 2021/22 Income and Expenditure (I&amp;E) plan continues to be reworked at system level. Version 6 which hopefully will be the final version will be submitted on the 25<sup>th</sup> November and will project a break-even position but includes several risks which will be shared at closed board. The 2022/23 planning process promises to be an improvement. The committee were informed that guidance is expected in December based on a 12 month I&amp;E and 3 year capital plan.</li> <li>• The financing of the transfer of spinal services is still not yet fully resolved and currently carries a risk of a £0.35m cost pressure for the WCFT.</li> <li>• A Menopause Policy was endorsed. WCFT is one of the first to have one which forms part of the People Strategy as a positive differentiator.</li> <li>• Appraisal compliance remains low at 72%. The People Group are leading on understanding the reasons for this and restoring this with a view to devising an action plan.</li> <li>• The NeuroVR Simulator investment funded by the Charity Committee was endorsed.</li> <li>• A procurement consortium of 13 trusts will shortly recommend a contract award for clinical waste after a tender process. In view of misalignment of timescales with BPC meetings, it was agreed that approval can be subject to chair’s action.</li> <li>• BPC Priorities remain unchanged: <ul style="list-style-type: none"> <li>• Short-Term: Recovery Plan and financial break-even this year.</li> <li>• Medium-Term: Transformation and QIP Programmes; People Plan Implementations; Digital Strategy Implementation</li> </ul> </li> </ul>		
2.	Risks Identified	None		
3.	Report Compiled	David Topliffe, Non-Executive Director	Minutes available from:	Corporate Secretary

## Board of Directors' Key Issues Report

<b>Report Date:</b> 11.11.2021		<b>Report of: Neuroscience Programme Board,</b>
<b>Date of last meeting:</b> 09-09-2021		<b>Membership Numbers:</b> 12
1.	<b>Agenda</b>	<p>The Neuroscience Programme Board considered an agenda which included the following:</p> <p>GIRFT updates: Neurology, Cranial and Spinal Pain Collaboration Review Thrombectomy update Spinal Update Update from Healthcare Partnership (HCP) Transitional Board Cheshire &amp; Merseyside Rehabilitation Network (CMRN) review Everton Minds update Items for the Work Plan Draft Terms of Reference (ToR) Hot topics from other hospitals</p>
2.	<b>Alert</b>	<p><b>Spinal Update</b></p> <ul style="list-style-type: none"> <li>The complex spine on-call rota is now in place. Agreement has been reached with Liverpool University Hospitals (LUHFT) to transfer responsibility of the waiting list to the Walton Centre. Some financial issues remain; however the Trust is working with Liverpool CCG, Specialised Commissioning and LUHFT to resolve before the planned transfer on 1<sup>st</sup> December 2021</li> </ul> <p><b>CMRN Review</b></p> <ul style="list-style-type: none"> <li>The senior programme manager at Liverpool CCG is undertaking a service review to look at how rehabilitation is configured and commissioned. Meetings had taken place with staff in all units and with Commissioners to understand their views and issues with the service.</li> <li>A standardised Cheshire and Merseyside specification will be developed and a new contracting model will be explored as part of the review. A number of workshops are planned to develop the future specification to which all key partners will be invited to participate</li> </ul> <p><b>Hot topics from other hospitals – Reported by A&amp;E consultant, Arrowe Park Hospital</b></p> <ul style="list-style-type: none"> <li>Issue ongoing for A&amp;E staff accessing Neurosurgical advice on-call. An update on the Orion IT solution was discussed.</li> </ul>
	<b>Assurance</b>	<p><b>Thrombectomy update</b></p> <ul style="list-style-type: none"> <li>The 24/7 Thrombectomy Service was initiated on 11<sup>th</sup> October 2021 across Cheshire and Merseyside and has been very well received. Plans are underway to showcase the service and benefits made to peoples' lives. Formal feedback to include outcomes will be presented in the new year.</li> </ul>

		<p><b>GIRFT update: Cranial</b></p> <ul style="list-style-type: none"> <li>• Same day admissions are currently at 74% compared to 18% in 2015 which demonstrates a significant improvement.</li> </ul>
	<b>Advise</b>	<p><b>GIRFT update: Cranial</b></p> <ul style="list-style-type: none"> <li>• The bed repurposing project is underway and expected to identify a 5 day ward area to enable further operationalisation of same day admission/ discharge.</li> </ul> <p><b>Pain Collaboration Review</b></p> <ul style="list-style-type: none"> <li>• A redesign of the pain service is being explored to strengthen links with primary and secondary care. A group has been established to undertake this work. The group membership is being developed to include PMP, community pharmacist provision and patient representatives.</li> </ul> <p><b>Everton Minds update</b></p> <ul style="list-style-type: none"> <li>• The Trust has been asked to participate in this programme led by Everton FC. A £100m capital growth investment is planned to regenerate the Everton ward area when the stadium relocates. A state of the art health zone is planned and a new facility will be built for people living with dementia. An open day is planned for early December to which voluntary organisations and people from across the city will be invited to share views on these plans</li> </ul> <p><b>Work plan</b></p> <ul style="list-style-type: none"> <li>• A work plan will be drafted to inform future board agendas. Members were asked to share ideas; the draft will be presented for approval at the next meeting</li> </ul> <p><b>Draft Terms of Reference (ToR)</b></p> <ul style="list-style-type: none"> <li>• The board considered the updated draft ToR. Membership had been expanded however further broadening was recommended to include more acute Trusts and other service representatives, e.g. stroke and community services and more patient representatives.</li> </ul>
3	<b>Risks Identified</b>	<p><b>GIRFT update: Neurology</b></p> <ul style="list-style-type: none"> <li>• The outcome of the bid for capital funding to support expansion of the RANA service, which will include a bedded assessment area is still awaited. Mitigation is in place to incorporate the service into the bed repurposing project if unsuccessful.</li> <li>• A communication strategy is in place to mitigate risk of inability to engage with system partners due to winter pressures and staffing solutions</li> </ul> <p><b>GIRFT update: Cranial</b></p> <ul style="list-style-type: none"> <li>• Impact of the financial regime on the ability to fund the business case to support the bed repurposing and rehabilitation pathway</li> <li>• Engagement from external Trusts for use of Orion cloud referral system.</li> </ul> <p><b>GIRFT update: Spinal</b></p> <ul style="list-style-type: none"> <li>• No outcome manager is in post to help drive outcomes collection forward. Support from the divisional team is in place to mitigate risk until the post is filled</li> </ul> <p><b>Thrombectomy update</b></p> <ul style="list-style-type: none"> <li>• Current ambulance delays could have an impact on treatment. The situation is being closely monitored by Neurology team.</li> </ul>



4.	<b>Report Compiled by</b>	Medical Director	Minutes available from:	Corporate Secretary





<b>Title</b>	<b>Pharmacy and Medicines Management Annual Report 2020-21</b>
<b>Sponsoring Director</b>	Name: Andrew Nicolson Title: Medical Director
<b>Author (s)</b>	Name: Dave Thornton Jenny Sparrow Title: Associate Clinical Director, Pharmacy Lead Neurosciences Pharmacist
<b>Previously considered by:</b>	Quality Committee
<b>Executive Summary</b>	<ul style="list-style-type: none"> <li>Pharmacy services continue to be delivered in line with the Service Level Agreement and associated key performance indicators</li> <li>Commencement of Band 7 Pharmacist on ITU to help support clinical ward rounds, undertake audits, assist with writing of policies and guidelines and training of medical staff, nursing staff and other allied healthcare professionals</li> <li>Commencement of Band 8a Prescribing Pharmacist to attend neurosurgical ward rounds, assist the junior medical team with prescribing duties and take the lead on homecare services within the Trust</li> <li>Pharmacists have contributed to, adapted and implemented guidelines and processes in response to the Covid-19 pandemic, including the management of drug shortages</li> <li>Pharmacist support of the initiation of disaster recovery across the wards when the Trust network was done for a prolonged period of time</li> <li>Completion of Status Epilepticus guidelines for use within the Trust, and utilised by other acute Trusts within the region</li> </ul>
<b>Related Trust Ambitions</b>	Delete as appropriate: <ul style="list-style-type: none"> <li>Best practice care</li> <li>Be financially strong</li> <li>Research, education and innovation</li> <li>Advanced technology and treatments</li> <li>Be recognised as excellent in all we do</li> </ul>
<b>Risks associated with this paper</b>	Risks highlighted in the report include: <ul style="list-style-type: none"> <li>Ongoing discussions and planning regarding the upgrade of the Electronic Prescribing system at LUHFT, and the impact of this on Walton.</li> <li>Implementation of medication storage temperature reporting via the electronic web portal</li> <li>Liaison with Liverpool Hospital Foundation Trust aseptic department regarding the aseptic production of pre-filled syringes for intrathecal pump refill</li> <li>Further development of governance and support for non-medical prescribers</li> <li>Review of the Medication Safety Officer's responsibilities and consideration of a business case submission to enable development of the role</li> <li>The significant increase in homecare patients has meant that additional funding will be requested next year for 1 WTE band 3 for administrative support.</li> </ul>
<b>Related Assurance Framework entries</b>	Nil

Revised in July 2018

Filepath: S:drive/BoardSecretary/FrontSheets

S:drive/ExecOfficeCentreMins/FrontSheets

The Walton Centre NHS Foundation Trust

<b>Equality Impact Assessment completed</b>	No –Not relevant
<b>Any associated legal implications / regulatory requirements?</b>	No
<b>Action required by the Board</b>	To consider and note

**Revised in July 2018**

Filepath: S:drive/BoardSecretary/FrontSheets

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## Pharmacy and Medicines Management

### Annual Report 2020-21



#### *Our Mission:*

To provide a comprehensive, high quality and cost-effective pharmacy service, ensuring that all patients receive the correct drug, at the correct dose, at the correct time.

#### Report prepared by:

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## **Executive Summary**

### **Purpose**

To update the Trust Board on the pharmacy department's activity and developments of the Trust's medicines management processes between April 2020 and March 2021.

### **Context**

Medicines management in hospitals encompasses processes from medicines selection, procurement and delivery to prescription, administration and review. Medicines optimisation is a person centred approach to safe and effective medicine use that seeks to maximise the clinical and cost-effectiveness of patients' medicines.

Pharmacy services at The Walton Centre are provided by Liverpool University Hospitals NHS Foundation Trust, from the Aintree Pharmacy department under a service level agreement. This report covers all pharmacy services to Walton and also many wider issues relating to medicines management and clinical governance within Walton in which pharmacy staff have a role.

### **Highlights in 2020-21**

- Commencement of Band 7 Pharmacist on ITU to help support clinical ward rounds, undertake audits, assist with writing of policies and guidelines and training of medical staff, nursing staff and other allied healthcare professionals
- Commencement of Band 8a Prescribing Pharmacist to attend neurosurgical ward rounds, assist the junior medical team with prescribing duties and take the lead on homecare services within the Trust
- Pharmacists have contributed to, adapted and implemented guidelines and processes in response to the Covid-19 pandemic, including the management of drug shortages
- Pharmacist support of the initiation of disaster recovery across the wards when the Trust network was down for a prolonged period of time
- Completion of Status Epilepticus guidelines for use within the Trust, and utilised by other acute Trusts within the region

### **Areas for further development**

- Ongoing discussions and planning regarding the upgrade of the Electronic Prescribing system at LUHFT, and the impact of this on Walton.
- Implementation of medication storage temperature reporting via the electronic web portal
- Liaison with Liverpool Hospital Foundation Trust aseptic department regarding the aseptic production of pre-filled syringes for intrathecal pump refill
- Further development of governance and support for non-medical prescribers
- Review of the Medication Safety Officer's responsibilities and consideration of a business case submission to enable development of the role
- The significant increase in homecare patients has meant that additional funding will be requested next year for 1 WTE band 3 for administrative support.
- Ongoing responsiveness to the COVID-19 pandemic

**Dave Thornton - Assistant Clinical Director of Pharmacy, WCFT Lead**

**Alison Ewing - Clinical Director of Pharmacy**

## 1. Core Pharmacy Services

Within most of the core services listed below, work for Aintree and Walton is integrated, meaning that every member of Aintree Pharmacy staff, without exception, contributes to part of the service to the Walton Centre during their day to day work. The figures presented only include work relevant to Walton, unless otherwise specified. The developments described benefit both Trusts.

### 1.1 General information

Aintree Pharmacy employs 145 staff, comprising pharmacists, pharmacy technicians, assistant technical officers (ATOs) and administrative staff. In August 2021, compliance with mandatory training was 95%, and sickness absence 4.38% (these figures relate to the whole department).

Aintree Pharmacy is a Registered Pharmacy with the General Pharmaceutical Council (GPhC), and has a wholesale dealer's license which enables supply of medicines to the Walton Centre, which is currently valid until November 2021. It also has a license to supply controlled drugs to the Walton Centre and is inspected by The Home Office for renewal of this license to supply. The current license is valid until March 2022.

### 1.2 Dispensary services - medication supply

During 2020-21, a total of 32,567 items were dispensed for individual Walton inpatients, discharge prescriptions and outpatients, and 16,919 stock items were issued. 2,474 items were returned to stock and credited to The Walton Centre. These figures are much lower than the previous year due to the impact of the Covid-19 pandemic which resulted in the reduction/cancellation of elective procedures and the closure of wards due to staffing issues.

The average turnaround time for Walton discharge prescriptions was 68 minutes; consistently under the target time of 2 hours. The average number of Walton discharge prescriptions clinically checked by the ward pharmacist was 70%.



The automated dispensing robot. When medicine labels are requested, or ward stock orders scanned by barcode, one of the robot 'arms' moves along to the required row & column and selects the correct medicine, and outputs it to a conveyer belt system which delivers it to the appropriate output chute. Most medicines

The EPMA portal is a web based system designed by Aintree Pharmacy, which reads information from the electronic prescribing and medicines administration (EPMA) system. Benefits include:

- Nurses can order individual inpatient medicines electronically using the portal at any time of the day, including out of hours. The 'out of hours' orders are dispensed when Pharmacy is next open. Nurses can generate a medication order by simply selecting the item(s) required for the patient and submitting the request. There is an option to mark the item as urgent. Pharmacists view all requests and authorise them before they are dispensed.
- The portal displays recent medication supplies made by Pharmacy for each patient and indicates the ward the medicines were sent to. This reduces duplicate ordering, medication wastage and unnecessary expenditure.
- The portal is directly linked to automatic labelling systems in pharmacy. Once a medication supply order has been authorised by a pharmacist, the labels are automatically generated in pharmacy within minutes and thus dispensed in a timely manner. The automatic labelling systems use information pulled from the electronic prescription, avoiding the need for manual input of medicine details. Most medicines are stored in the 'robot', which identifies medicines by bar codes, and automatically delivers the medicinal product selected during the labelling process. When used together, the automatic labelling system and robot abolish the potential for dispensing errors due to incorrect manual entry of medicine details, manual selection of medicine or incorrect entry of patient details or dosage instructions. Those risks remain for the small minority of medicines not stored in the robot or where medicine and labelling details cannot be automatically pulled from the prescription. All dispensed items routinely undergo a final check, mitigating these risks so very few dispensing errors leave Pharmacy.
- Ordering of controlled drugs (CDs) is also performed electronically. This removes the need for porters to bring CD order books to Pharmacy from Walton. As well as being linked to the automatic labelling systems the EPMA system is linked to the Omnicell electronic CD cabinet. This improves the safety and security of CDs and automates the completion of the mandatory CD records.

These systems all improve patient safety by reducing the risk of error, and increase efficiency by streamlining the medication acquisition process for nursing, porter and pharmacy staff.

In addition to the ordering of medicines and controlled drugs already described the web portal also has a nurse dashboard for each ward which includes a discharge prescription tracker, indicating when these have been received and completed in Pharmacy, and highlighting patients on certain medicines such as intravenous (IV) medicines or CDs. Finally nurses can view where to find each medicine out of hours, and there are links to medicine information resources online. As an in house system the web portal is subject to continuous development to improve safety and efficiency in labelling and dispensing of medicines.

As of November 2019 an outsourced Lloyds pharmacy opened at Aintree Hospital to dispense outpatient prescriptions for both Aintree and Walton. This dedicated outpatient service was implemented to help reduce outpatient waiting times and enable the hospital pharmacy team to focus solely on inpatient care and the processing of inpatient and discharge medication. The new pharmacy is also able to sell over the counter medicines to both patients and staff.





### 1.3 Pharmacy stores - procurement, stock distribution and medicine recalls

Pharmacy stores provided a stock top up service to all wards and departments, including refills and checks of used or expired resuscitation medicine boxes and intubation kits. Ward stock lists were reviewed regularly by ward pharmacists in conjunction with ward managers. ATOs use tablet devices to conduct stock top-ups electronically, including recording of expiry date checking.

National shortages of specific medicines have been an increasing problem in recent years. Pharmacy stores play a key role in managing stocks and sourcing alternative products where possible. They disseminate information to pharmacists who in turn can inform and/or liaise with other clinical staff to ensure everything possible is done to maintain optimal patient care and safety.

Approximately 65 drug alerts and supply disruption notices were received during the year, and appropriate action taken. Significant shortages included: lorazepam injection, phosphate polyfusor, sulfasalazine suppositories, danazol capsules, bupropion hydrochloride, lithium carbonate MR tablets, remdesivir, propofol, noradrenaline and atracurium besilate injection. Lorezapam injection shortage required regular monitoring of ward stock levels. The planned discontinuation of Priadel brand of lithium prompted review of outpatient issues and liaison with Neurology Consultants about potential alternatives. Investigation by the Competition and Markets Authority has resulted in a commitment from the manufacturer to continue a reasonably priced supply for at least 5 years.

The procurement team's work also included:

- monitoring changes in contracts negotiated by the regional purchasing hub, and alerting pharmacists to significant price changes or safety issues e.g. packaging similar to other medicines
- scrutiny of a monthly audit report of all off contract purchases to ensure that the lowest possible prices had been paid, and that any contract changes had not been missed.
- sourcing unlicensed medicines
- revision of the supply, location and number of resuscitation boxes.

### 1.4 Aseptic Unit

Aseptic preparation refers to “operating in conditions and in facilities designed to prevent microbial and chemical contamination.” It is a complex activity which requires skilled staff and appropriate facilities with close monitoring and control.

As a licensed unit all activity complies with the principles and guidelines of good manufacturing practice (GMP). Sterile, high quality products such as chemotherapy and parenteral nutrition were produced in accordance with the Medicines and Healthcare products Regulatory Agency (MHRA) requirements.

The Aseptic unit facility consists of four clean rooms, one of which is designated to the production of cytotoxic agents such as chemotherapy. This isolator is ducted externally to restrict any recirculation of contaminated air back into the clean room. The use of this isolator prevents risk of ward staff exposure to those harmful agents. The environmental conditions in the clean rooms are continuously monitored, including pressure and temperature checks. A particle counter is present to detect contamination. Manipulations and checking of volumes are completed using CCTV.

Preparation of injectable medicines by the Aseptic unit provides a greater assurance of asepsis than is possible at ward level. Preparation within such a controlled environment minimises the risk of calculation errors and incorrect preparation of medicines. The ability to

provide ready-to-use medicines as batches also saves time for nursing staff. In addition, aseptic production can achieve resources and cost efficiencies by allowing multiple doses to be prepared from one vial.

Overall, the quality and safety of the injectable medicines produced is assured and consistent, to facilitate accurate and timely administration to patients.



In 2020/2021 the licensed Pharmacy Aseptic unit prepared for Walton approximately:

- 834 batches of ready-to-use injectable medicines for Walton for stock on wards e.g. intrathecal vancomycin and prefilled syringes of ketamine
- 242 ready-to-use medicines prepared specifically for individual patients including cytotoxic (chemotherapy) medicines such as cyclophosphamide, and monoclonal antibodies including alemtuzumab, rituximab and ocrelizumab
- 35 bags of total parenteral nutrition (TPN) made to specific daily formulation for individual patients
- 13 ready-to-use medicines for clinical trials

The Aseptic Unit obtained enhanced stability data for intrathecal vancomycin which enabled extending the shelf life to three weeks.

## **1.5 Medicines Information service**

The Medicines Information team answered 140 queries regarding medicines during the year, using a wide variety of specialist reference sources and/or comprehensive literature searches. 80% of these were complex (level 2 and 3) enquiries taking, on average, more than 1.5 hours to complete. For example we have dealt with enquiries regarding various supply problems, complex drug interactions with antiepileptics and therapeutic drug monitoring for azathioprine.

In addition, medication related patient enquiries were received via the patient hotline, a service advertised to all patients discharged from Walton via an insert in their discharge prescriptions. The Medicines Information team also took over 40 informal miscellaneous queries regarding Walton patients from a wide variety of internal and external staff. For example, information for community healthcare workers regarding discharge prescriptions.

The medicines information team also had an access to health records request from a Walton patient's relative.

The team updated monographs for the national electronic guide to injectable medicines (Medusa), thereby enabling free of charge access for all Walton staff. This resource is used frequently by pharmacy and nursing staff.



The team has continued to record queries received by the on call pharmacist out of hours on the Medicines Information database. These are then available to assist with similar future queries. A large proportion of on call enquiries are related to the neurology specialty, especially epilepsy management and Parkinson's disease.

## 1.6 Drug expenditure information and analysis and cost improvements

Medicines expenditure for the year was £8,625,589 with a further £6,500,542 spent on homecare medicines. The majority of this expenditure was on high cost medicines excluded from tariff and therefore rechargeable to commissioners.

Detailed breakdowns of all medicines issued to The Walton Centre and their cost were produced monthly and submitted to Walton finance staff.

In order to reduce waste, the pharmacy department returned and credited unused high cost items from ward areas, so they could be reused. To maximise the efficiency of this process, high cost medicines are coded on the dispensing label. £533,301 of stock was re-credited to Walton this year.

Senior neurosciences pharmacists undertook analysis of medicines expenditure to identify any potential cost improvements as part of the annual pharmacy cost improvement programme (CIP). The top 200 drugs, by expenditure, were systematically reviewed looking for savings from patent expires, changes in purchasing price (contract and non-contract), and for possible changes in practice that could afford savings without impacting patient care. Medicines where an unavoidable price increase was anticipated were also highlighted

From this exercise, a total of £9,550 of potential savings from changes in contract prices was identified. CIP progress was monitored and reported monthly, and CIP savings for the financial year totalled £26,612. The over performance was likely due to reduced activity from the pandemic.

Pharmacy staff liaised with the finance team to advise on whether medicines were included or excluded from tariff, confirmed high cost medicine submissions to commissioners, and discussed anticipated changes in medicines expenditure. The Lead Pharmacist and Assistant Clinical Director of Pharmacy contributed to various individual funding request applications.



along with LUHFT. It is important to note that the newer versions of the WellSky EPMA solution are web-based applications and will require extensive staff training due to differences between the versions.

Senior neurosciences pharmacists will attend and contribute to meetings with the ePMA team at LUHFT in the coming year to ensure that the Trust's requirements for ePMA are taken into account. A senior pharmacist has been involved in preliminary discussions and scope out work involving integration of a view only record of EPMA into eP<sup>2</sup>. Continuation of this project will depend on the outcome of the above.

## **1.9 On call pharmacist**

An on call pharmacist service was available at all times outside of pharmacy opening hours, for advice and supply of urgent medicines, and was regularly accessed by Walton staff. In the last financial year the on call pharmacist service was utilised 314 times by staff from the Walton Centre.

## **1.10 Clinical service**

### **1.10.1 Ward pharmacy service**

Ward pharmacists visited/remotely reviewed all wards daily Monday to Friday, and reviewed patients and their prescriptions, considering safety, efficacy and optimum individualised treatment for each patient. They ensured appropriate monitoring of bloods/observations were undertaken for specific medicines and were vigilant for side effects. They discussed medicines with patients, providing information and answering questions.

Medicines verification is the process whereby the pharmacist will 'verify' a medicine on the electronic prescribing system when they are satisfied that the medicine is safe and appropriate for that patient and correctly prescribed. They also ensure compliance with the Pan Mersey formulary and local policies/guidelines where appropriate. In October 2020, the method in which medicines verification data is represented was changed to show the total medicines verified at that given moment in time rather than completion in 24hours. Since this change an average of 99.7% medicines were verified each month.

POE - Prescriber Order Entry [DR DOCTOR DOCTOR] PHM JAC

DUMMY PATIENT Retain Ward

Consultant: DR KATJA ADIE Ward: WILLOW (ZCO)

Hospital No: 123456 Nat. No. Date of Birth: 15-Feb-1975 Age: 37 yrs Height: cm Weight: kg BSA: sq m

Allergies: **\*\*\*No Known Drug Allergies\*\*\***

Status	Drug Name	Dose	Frequency	Route	Start Date/Time	Stop Date/Time	BNF
<b>Regular Medications</b>							
	ALENDRONATE 70 mg Tablets	70 mg	OW - ONCE a WEEK	oral	28-Feb-2012 08:00		Endocrine syst
	ATENOLOL 100 mg Tablets	100 mg	OM - each MORNING	oral	24-Feb-2012 08:00		Cardiovascular
	MORPHINE SULPHATE (MST CONTINUS) 10 mg Mo	10 mg	BLA	oral	23-Feb-2012 13:55		Central nervou
	MORPHINE SULPHATE (MST CONTINUS) 10 mg Mo	10 mg	GIVE ONCE A DAY	oral	23-Feb-2012 13:55		Central nervou
<b>As required (PRN) Medications</b>							
	FENTANYL (2mL) 50 micrograms in 1mL Injection	20 microgram	PRN	intravenous	19-Mar-2012 16:57		Anaesthesia
	PARACETAMOL 500 mg Tablets	1000 mg	QDS - FOUR TIMES A DA	oral	23-Feb-2012 11:33		Central nervou
	PARACETAMOL 500 mg Tablets	500 mg	QDS - FOUR TIMES A DA	oral	23-Feb-2012 11:33		Central nervou
<b>Continuous Infusions</b>							
	SODIUM CHLORIDE (1000mL) 0.9 % Infusion	1 x 1000mL Bag	125.00 ml/hr over 8 hrs.	intravenous infusion	23-Feb-2012 11:44		Nutrition and bi
<b>Intermittent Infusions</b>							
	CALCIUM CHLORIDE (10%) 1 g in 10mL Pre-filled Sy	1 g	OD - ONCE A DAY	intravenous	24-Feb-2012 08:00		Nutrition and bi
	GENTAMICIN 80 mg in 2mL Injection	80 mg	STAT	intravenous	19-Mar-2012 16:56		Infections
	MORPHINE SULPHATE 10 mg in 1mL Injection	10 mg	1H - every HOUR	intravenous	20-Mar-2012 17:00	22-Mar-2012 16:01	Central nervou
	PIPERACILLIN with TAZOBACTAM 4.5 g Injection	1 x 4.5g Vial	TDS - THREE TIMES A DA	intravenous	23-Feb-2012 12:00		Infections
	VANCOMYCIN 1G IN 250ML SODIUM CHLORIDE 0:1 g	1 g		subcutaneous infusion	24-Feb-2012 10:00		Infections
<b>TTA Medications</b>							
	ATENOLOL 100 mg Tablets	100 mg	OM - each MORNING	oral			Cardiovascular

Select Patient Hgt/Agt Entry Patient Allergy Conflict Log Notes Add Order Modify Order Verification Discontinue Order Suspend Order Resume Order Close

Patient Details Lab Results Previous Meds Clinical Info Discharge Short Term Leave Admin. Chart Charting Order Inquiry All Orders Help

An example of an electronic JAC prescription illustrating a mix of unverified medicines (shaded in blue) and verified medicines (shaded in white)

It is a recognised problem that when patients are admitted to hospital there is a risk of miscommunication and unintended changes to patients' medication. As such, the pharmacy team undertook medicines reconciliation for all inpatients within the constraints of the ward service operational hours. Medicines reconciliation involves confirming the patient's usual medication regimen from a combination of sources then reconciling this against the hospital inpatient prescription to ensure all usual medicines are continued correctly, unless it is appropriate to stop or amend them. Medicines reconciliation was completed within the national target of 24 hours for an average of 79.4% of patients each month (target 75%).

Pharmacists worked closely with medical and nursing staff and other disciplines to resolve any errors, implement potential improvements in care, offer proactive advice and answer queries. They informally monitored day to day compliance with the Medicines Policy, raising any issues with senior nurses e.g. security of medicines or monitoring of fridge temperatures. Patients' own medicines were routinely checked and reused (if appropriate) both during admission and on discharge.

The EPMA web portal (as discussed under dispensary services) also pulls information from EPMA to produce a pharmacy dashboard for each ward, showing key information at a glance to aid the ward pharmacists in prioritising patients for review that day. For example, it highlights newly admitted patients, those with outstanding medicines reconciliation, those on high risk medicines and those with nurse requests for supply of medicines. It displays certain notes written on EPMA, allowing it to be used as a handover tool for priority patients/issues, and enabling a list to be printed of issues highlighted by the ward pharmacist which require attention by a prescriber or doctor. The dashboard also highlights when a discharge prescription (TTO) has been written and if it has been sent to pharmacy.

In October 2020, the portal was updated to include the ability to refer patients that required DOAC (a class oral anticoagulant medicines) counselling. This ensures that no patient is missed by the pharmacy team improving patient safety.

Wherever possible, ward pharmacists verified TTOs on the ward, rather than by the duty pharmacist in the dispensary. This allowed the following benefits to be realised:

1. the ability to discuss medicines with the patient;
2. familiarity with the patient's history;
3. access to case notes, and;
4. easier access to nursing and medical staff in case of queries.

The average proportion of TTOs verified by the ward pharmacist was 69.6%. This is a reduction from 2019/20 due to COVID pressures and resulting staff shortages.

### **1.10.2 Ward rounds and multidisciplinary team meetings (MDTs)**

The pharmacy team contributed to a wide range of multidisciplinary patient reviews, including:

- Daily surgical registrar-led ward rounds. These are predominantly attended by senior prescribing pharmacists who in addition to reviewing medication, observations and test results during the ward round are able to initiate new therapies and modify prescriptions as required (within the remit of their agreed prescribing formulary).
- The daily neurology 'board round'
- The daily critical care ward rounds
- The daily critical care antimicrobial ward round (as often as possible)
- The weekly antimicrobial collaborative ward round
- Weekly critical care MDT
- Workload allowing, a junior pharmacist attended the weekly MDT meetings on Lipton and CRU.
- A senior pharmacist attended the weekly Multiple Sclerosis Disease Modifying Therapy (DMT) MDT (as often as possible)

The requirement to see all same day admission patients pre-theatre Monday to Friday can impact on surgical and critical care ward round attendance, as ward rounds may start before clerking these patients is completed. Attendance can be further reduced by other competing demands.

Benefits of a pharmacist on the ward round include:

- A guarantee that for every patient seen, the prescription has been reviewed and any issues requiring medical input highlighted to the team for discussion, such as timely review of medicines such as antibiotics and corticosteroids.
- A check that any necessary monitoring for specific medicines is being undertaken and results reviewed, such as drug levels and blood tests to assess for adverse effects of treatments
- Proactive consideration of other medications that may be required, such as a low molecular weight heparin for prevention of clots or post-operative laxatives
- Pharmacist advice can contribute to clinical decisions in real time, preventing problems.
- The pharmacist is more involved with the patient and their care plan, so is better able to deal with any queries or prescribing requests

Participation at ward rounds is monitored as part of the monthly KPIs. In 2020-21 pharmacists participated in 1279 ward/board rounds or MDTs, an average of 107 per month (excluding the ITU antimicrobial ward round and DMT MDT for which attendance figures are not available).

### **1.10.3 Pharmacist independent prescribers**

The pharmacist prescribing service at Walton was established in 2016-17. All of the permanent specialist neurosciences pharmacists are registered and active as prescribers, though due to other commitments, not all perform all roles below.

The pharmacists prescribe in three types of situation:

- Newly admitted patients admitted on the morning of elective surgery (also known as 'same day admissions'). The pharmacists check appropriate instructions about medicines in relation to surgery have been given in clinic and followed by the patient. They review and prescribe the patient's usual medicines, highlighting any potential problems in relation to surgery and making any appropriate amendments for the peri-operative period.
- On wards day to day, adding or amending prescriptions as necessary, within an agreed prescribing formulary. In most cases this takes place as part of the plan from daily ward round.
- Prescribing short-term leave and discharge medicines and completing the brief summary of the admission on the discharge prescription document. This ensures prompt action, saves junior doctor time, and audit data shows much lower risk of prescribing errors than medical colleagues.

Since same day admission started in May 2017, the pharmacists have reviewed and prescribed all appropriate medicines for every weekday same day admission patient. In 2020-21 this was an average of 71 patients per month. This figure is dramatically lower than that for FY19-20, explained by the cancellation of all elective operations at the beginning of the pandemic in April 2020. Urgent elective procedures such as those for tumours resumed but at limited capacity. All pharmacist prescribers continued to contribute to this service throughout the pandemic.

During 2020-21, pharmacists changed the documentation of these admission patients to the ep2 timeline rather than the pre-op form. This was prompted by the change to electronic inpatient notes.

Pharmacists prescribed 21% of discharge prescriptions – producing discharge prescriptions for an average of 36 patients per month.

An ongoing challenge for the senior pharmacists is balancing the priorities of day to day clinical work, including the extended prescribing roles and attendance at ward rounds, against ongoing and increasing medicines management and governance work within the Trust (roles detailed in this report).

A regular peer support discussion session continued for the pharmacist prescriber team, which has proved useful to reflect on challenging situations encountered and improve consistency in practice amongst the team.

#### **1.10.4 Pharmacy Technician service to pre-operative assessment outpatient clinics**

Pharmacy Technician involvement in pre-operative assessment clinics started in early 2017, redeploying some of the pharmacy technician time previously assigned to inpatients. The technician uses a variety of sources to obtain a complete and accurate medication history, including GP records, discussion with the patient and/or carer, and where available, the patient's own medicines.



Having a complete and accurate list enables the specialist nurse to identify and counsel the patient about any medications that may need amendment pre-surgery. This is especially important for same day admission patients.

In some cases where there are multiple clinics running at the same time, particularly if they take place in both the main building and Sid Watkins, the technician may not be able to see all patients in person. In this case GP medication records were obtained where possible, and shared with pre-op nursing staff so that they have access to multiple drug history information sources. If time did not allow the technician to obtain the GP list at the time of clinic, then for same day admission patients, the GP list was obtained before admission to ensure the information is readily available on the morning of admission to enable safe prescribing.

Unfortunately during this period we did not collect figures to indicate numbers of patients seen and drug histories completed. We have initiated data collection again from November 2021 to include in future reports.

The pre-op technicians discussed medicines with the patient and/or carer and thus documented a full medication history for of these patients.

The service helps to prevent medication errors on transfer of care and is much appreciated by the specialist nurses in clinic, and by the prescribing pharmacists who see same day admission patients when they arrive. The medication history is also available to the clerking doctor for non-same day admission patients via eP<sup>2</sup>.

### **1.11 Pharmacy service level agreement**

Monthly Pharmacy review meetings took place between Walton senior managers, the Assistant Clinical Director of Pharmacy and the Lead Pharmacist for Neurosciences. At times of significant staffing shortages (due to sickness, vacancies or other leave), Walton managers were kept up to date, and priorities discussed and agreed.

Funding was agreed in Autumn 2019 for an additional critical care pharmacist to bring Walton in line with national standards. This post was filled in June 2020 on a yearly rotation with Aintree pharmacists.

Roles and responsibilities within the team were reviewed and reallocated as appropriate to optimise delivery of services.

The agreed pharmacy key performance indicators (KPIs) were submitted monthly, and presented quarterly at the Quality Committee. Two pharmacy indicators (medicines reconciliation within 24 hours and discharge prescription turnaround time in the dispensary) were also reported as part of the monthly neurology divisional dashboard. The KPIs and their targets were reviewed during the year and changes agreed, to stretch the team and to reflect changes in data collection which improved accuracy.

A full review of the service level agreement was undertaken during 2020-21.

### **1.12 Homecare medicines: administration and governance**

Homecare medicine services deliver ongoing medicine supplies and, where necessary, associated care, initiated by a hospital prescriber, direct to patients' homes (with their consent). These treatments are often specialist therapies for chronic health conditions. The homecare medicines service improves patient choice and treatment convenience. It also benefits the health economy by saving VAT on the cost of the medication delivered by the externally registered pharmacy. The Lead Homecare Pharmacist was appointed to their role in February 2020. The review of governance, implementation of new processes and update

to policies and procedures were the initial focus of the lead pharmacist. Other duties included:

- Ensured service level agreements (SLA) were in place with all homecare providers. There was only one SLA in place on appointment to the post but now there are valid SLAs in place with the other three homecare providers
- Attended regional homecare meetings with other trust leads to review the homecare service across the region
- Attended quarterly service review meetings with the individual homecare providers, where monthly KPIs were discussed
- Implemented six new homecare services for our patients
- Trained new pharmacy staff on homecare service delivery
- Dealt with day to day homecare related queries and incidents from clinical teams and homecare providers

Senior pharmacists conducted a clinical check of each homecare prescription generated by the Trust, ensuring that:

- patients were prescribed the correct medication dose and (where appropriate) device
- prescriptions met all the legal requirements for dispensing
- a new prescription was due and that regular medication deliveries had occurred in the preceding 6 months (as a rough indication of patient compliance with the prescribed medication)
- all appropriate monitoring of blood counts had taken place, as per locally agreed policy, and that the results were within acceptable limits.
- the required NHS England Blueteq funding approval had been granted for patients registered with a GP in England

All homecare prescriptions and invoices were processed and recorded by a pharmacy assistant. A unique purchase order number was generated for each prescription before submission to the appropriate homecare company. All invoices were checked to ensure they correlated with the processed prescriptions, before forwarding to Walton finance for payment. KPI data from each company was reviewed to ensure the external homecare providers delivered the service expected. A senior pharmacist attended quarterly meetings of the Northwest Homecare Pharmacy Network to share good practice and work together, for example to produce regional homecare company SLAs.

The workload associated with homecare continues to increase. 1123 patients were receiving medicines prescribed by Walton via homecare in March 2021 compared with 913 patients in March 2020. In addition to the day to day prescription processing, there were various significant homecare-related projects undertaken during the year including:

- From April 2020 Lloyds pharmacy clinical homecare were unable to take on new patients. Whilst alternative homecare providers were explored, Lloyds outpatient pharmacy in Aintree Hospital was used to prevent delays in patients starting their treatment. The lead homecare pharmacist worked closely with the MS team to ensure minimal impact on patient care. This included liaising with different pharmaceutical companies to set up accounts to enable direct ordering of specialist drugs to pharmacy, utilising the trust taxi account to deliver medicines to patients who were unable to attend due to Covid-19 and the overall management of patient prescriptions for an approximately 8-week period. Once the homecare service was set up with different homecare providers, these patients were successfully transitioned.

- In October 2020, Bayer ceased the pharmaceutical funding of the homecare service for Betaferon which meant that the service was to become NHS funded. Although remaining with the same homecare provider, this change meant that a new contract had to be developed and signed between the trust and the homecare provider.
- A number of neurology medicines, approved by NICE, were made available to our patients via the homecare service - erenumab, fremanezumab, galcanezumab and eculizumab, and siponimod. The level of homecare services for the aforementioned medicines ranged from low to high tech and these were all pharma-funded. Epidyolex was also approved by NICE during this period but the homecare service was NHS funded. The homecare service has been provided to patients who are unable to regularly return to the trust to collect their prescription.
- The Homecare Self-assessment Audit was postponed by the Regional homecare team till Autumn 2021 due to the impact on the Covid-19 pandemic on the NHS

The significant increase in homecare patients has meant that additional funding will be requested next year for 1 WTE band 3 for administrative support.

## 2. Medicines Management and Clinical Governance at Walton

Medicines management services were provided by the designated Walton senior pharmacist team and/or the Assistant Clinical Director of Pharmacy, in collaboration with various Walton Centre staff.

The Walton pharmacist team now consists of:

- six permanent senior pharmacists;
  - the lead pharmacist for neurosciences
  - four neurosciences specialist pharmacists (including a homecare and antimicrobial lead)
  - one neuro ITU specialist
- two annual rotational senior pharmacists (one to specialise in ITU)
- three junior pharmacists at a time assigned to Walton on four monthly rotations

### 2.1 Medicines safety and learning from medication incidents at Walton

265 medication incidents were reported in 2020-21, making them one of the most common incident types reported within Walton. It is well established nationally that medication errors and incidents are common and often under-reported. The incidents reported mostly involved little or no actual patient harm, but many had potential for more serious harm if not identified and corrected promptly.

The multidisciplinary Safer Medication Group organised by the senior pharmacy team continued to meet on a monthly basis. The group reviewed all medication incidents, safety alerts, relevant audit results and concerns raised, to identify causes and plan/monitor actions to remove or reduce risk of recurrence. The group's work resulted in many changes to improve safety and quality of patient care in relation to medicines (see 2.16 for a list of improvements made by the Safer Medication Group and other parties).

The Safer Medication Group also reviewed compliance within the Trust against existing national safety alerts relevant to medication-related never events. In addition, the MHRA highlighted many safety warnings for specific medicines in its regular safety bulletins or warning letters to healthcare staff. Pharmacists ensured this information was disseminated to the appropriate staff.

The Pharmacy risk register has been identified, reviewed and updated.

Automated daily notification emails were sent to ward managers detailing omitted doses of critical medicines for patients on their wards within the last 24 hours (except ITU which does not use EPMA). A formal monthly audit was designed and implemented to monitor omitted doses. However due to the challenges during the pandemic the audit was temporarily suspended.

Senior pharmacists contributed to investigations and root cause analyses into incidents involving medicines.

The Lead Neurosciences Pharmacist continued to act as the designated Medication Safety Officer (MSO) for the Trust. There is a national network of MSOs with regular meetings. When time allowed, the monthly webinars and quarterly meetings were attended. The MSO received formal and informal medicines safety alerts and information from the network via email, and took appropriate actions where relevant to Walton.

The Lead Neurosciences Pharmacist produced quarterly reports on medicines safety, which were presented at the Drugs and Therapeutics Committee and then submitted to commissioners as part of the Quality Contract.

A senior pharmacist attended the Trust's daily Safety Huddle (subject to other commitments) to respond to any medication incidents or pharmacy/medicines-related safety issues in a timely manner and cascade to other members of the pharmacy team. A review of the medication categories within the Datix reporting system was conducted, mapping against National Reporting and Learning System codes. Changes to the Datix form were suggested to improve the ease of completion and clarity of reports received.



Any healthcare practitioner at the Trust can submit brief details of the suspected adverse event to the Trust ADR mailbox. The pharmacy team then complete the Yellow Card report on their behalf, thereby reducing the barrier to adverse effect reporting for busy clinicians. As a result of this work by the pharmacy team, The Walton Centre came top of the North West for hospitals in terms of yellow card reports per finished consultant episode during Q1.

There remains a significant gap in the medicines safety related work and the funded resource within the SLA. There is much further work, particularly more proactive work, which could be undertaken on an ongoing basis in relation to medicines safety if the MSO role was fully resourced, in terms of a dedicated medicines safety pharmacist. Following the national patient safety alert issued in 2014 which required Trusts to designate a MSO, a business case was submitted but at that time was not accepted. As a result the available time for this role is limited.

## 2.2 Specialist neuroscience pharmacist advice

The neuroscience pharmacist team responded to numerous queries on a day to day basis from a wide variety of clinical and non-clinical staff, internal and external. Common themes included:

- advice on commissioning issues or individual funding requests
- advice on formulary status and whether GPs could prescribe medicines
- availability of unlicensed medicines or different formulations
- queries over apparent shortages of specific medicines in primary care
- medicine interactions, cautions and contra-indications
- prices of medicines
- payment by results exclusions
- suitability of medicines formulations for intrathecal administration
- advice on unlicensed administration of medicines by Interventional Radiologists
- information regarding unusual or unlicensed medicines recommended by neurologists at satellite hospitals

The pharmacists also liaised proactively with Walton staff regarding issues arising, for example national shortages of medicines, significant price changes, and availability of generic versions of branded products.

## 2.3 Delivery of education and training

Senior pharmacists delivered medicines management training to staff at each of the regular training sessions below. Training talks were updated regularly to reflect recent incidents, notable changes in practice and national alerts.

- Trust induction (monthly)
- Trainee doctor induction (five times per year)
- Consultant health and safety mandatory training days (up to seven times per year)
- IV medicines study day
- Nurse preceptorship programme, including:
  - General medicines management sessions
  - Catheter associated infections
- ITU nurse induction on medicines management
- ITU ACCP teaching sessions
- Nurse NPSA study days
- Pharmacology study day for Liverpool John Moores University Neuro Masters Module and contribution of examination questions
- Medical student teaching on a monthly basis as part of the third year prescribing module

Senior pharmacists also delivered education in several ad-hoc scenarios including:

- Being shadowed by nurses and pharmacists undertaking the non-medical prescribing course.
- Pharmacy EPMA web portal training for ward staff.
- Medicines management for trainee nursing associates

The senior Pharmacy team were also involved in training Aintree pre-registration pharmacists and junior pharmacists on rotation to the Walton centre team, as well as tutoring junior pharmacists undertaking clinical pharmacy postgraduate diplomas. The senior pharmacists produced a scrapbook for pre-registration pharmacists to guide self-directed learning between periods of shadowing.

## **2.4 Non-Medical Prescribing governance**

Walton has long encouraged and supported appropriate clinical staff to become non-medical prescribers, but in recent years numbers have greatly increased. By March 2020, over 60 staff were either already registered independent prescribers or undertaking the training. These include nurses, pharmacists and physiotherapists, who prescribe and give advice on medicines in inpatient and/or outpatient settings.

The Lead Neurosciences Pharmacist is one of two named Trust Non-Medical Prescribing (NMP) leads, together with the Deputy Director of Nursing. With support from another specialist neuroscience pharmacist, the NMP leads provided much informal support to NMPs, particularly during their training and initial prescribing practice.

Progress was made in transitioning from use of patient group directions or patient specific directions to use of non-medical prescribing for various medicines, such as botulinum toxins. Staff turnover however caused some delays in full transition.

All existing NMPs were encouraged to review their practice and formularies, and asked to submit annual review forms and reflective accounts in line with the NMP policy. A review of NMP governance within the Trust was conducted by the NMP leads; the NMP subcommittee was dissolved and the Non Medical Prescribing Forum was established. Non-medical Prescribing Policy was reviewed and included revised application to prescribe process and updated annual declaration form. Personal Formulary format was also revised and simplified.

Clarification was made around situations in which the Trust supports a single practitioner to prescribe and administer medicines and risk assessment was to be undertaken by all NMPs.

Prescribing formularies of specialist nurses, pharmacists and physiotherapists were reviewed by the senior pharmacy team ahead of presentation at D&T for discussion and approval.

The Lead Pharmacist attended quarterly meetings for regional NMP leads when possible.

## **2.5 Patient Group Directions (PGDs)**

PGDs are formal legal documents which authorise named individuals in specified staff groups to administer named medicines to patients without a prescription. During the year the Drugs and Therapeutics Committee reviewed and updated existing documents, and also commented on/approved new PGDs. For example, PGDs for administration of lidocaine within radiology was updated with the support of a senior pharmacist.

## **2.6 Policies, guidelines and patient information**

The senior pharmacy team continue to contribute to maintaining the Trust's wide range of medication related documents. During 2020-2021 the team collaborated with various colleagues in different divisions to update clinical guidelines and drug monographs, and new documents were also created to reflect new practices and address gaps in the Trust's guidance. These covered new status epilepticus guidelines, VTE prophylaxis and treatment in COVID-19 guidelines. Senior pharmacists are contributing to updating and harmonizing joint Phenytoin Guideline with LUHFT.

The antimicrobial pharmacist produced an antibiotic patient information leaflet to inform patients about their treatment and importance of reducing antibiotic resistance.

Senior pharmacists routinely attended meetings of the Drugs and Therapeutics Committee (see section 2.10 for details) and Clinical Effectiveness and Services Group. As part of this membership, presented documents were reviewed and comments submitted where appropriate.

Pharmacy are responsible for maintaining the Trust's Medicines policies page via Sharepoint – uploading newly approved documents and sending notification to authors as their work reaches expiry. Pharmacy also kept the department's intranet pages up to date with practical information about the pharmacy service, and links to relevant external sites for information about medicines.

## 2.7 Freedom of information requests and complaints

Senior pharmacists, with support from the Pharmacy Computer Services Manager, responded wholly or partly to 14 freedom of information (FOI) requests during the year. Following roll out and training, responses were submitted via the Trust's new FOI database system. Requests were very varied, but the most common type was for information about usage of, or expenditure on, specified medicines or groups of medicines.

In addition senior pharmacists were involved in investigating and responding to a number of complaints from patients/relatives where medicines or Pharmacy were involved.

## 2.8 Liaison with primary and secondary care and commissioners / Prescribing formulary and new medicines



Due to the COVID-19 pandemic all Pan Mersey meetings were suspended until August 2020. Senior neuroscience pharmacists represented The Walton Centre as required at the Pan Mersey Area Prescribing Committee subgroups for new medicines, formulary and guidelines, shared care and safety, and occasionally attended the Area Prescribing Committee (APC) meetings to present specific items. The Assistant Clinical Director of Pharmacy represented both Aintree and Walton routinely at the APC.

The team also received consultation documents monthly. Relevant documents were circulated to the appropriate clinicians at Walton for information and comment. Comments received were then collated and submitted.

Work requiring significant input from Walton pharmacists and/or clinicians during the year included:

- Addition of Dacepton brand of apomorphine to formulary
- Application for ticagrelor prescribing post intracranial stenting
- Sumatriptan injection new drug request
- Update to primary care headache pathway
- Home oxygen prescribing template for primary care
- Prescribing statement for erenumab, fremanezumab and galcanezumab
- Update of shared care guideline for riluzole
- Review and update to methadone in pain management guideline

A senior neuroscience pharmacist attended meetings of the North Wales Neuroscience medicines network where possible, via videoconferencing. Restricted videoconferencing facilities prevented attendance for all meetings.

Neuroscience pharmacists dealt with many ad hoc queries and informal complaints from CCG pharmacists and GPs about stock availability, funding requests and clinical

recommendations from Walton consultants. Similar queries and complaints also arose from neurologists about responses from GPs/CCGs to their requests to prescribe or to fund medicines.

The Clinical Director of Pharmacy or the Assistant Clinical Director attended Northwest meetings of Chief Pharmacists, pharmaceutical advisors for CCGs, and pharmacists from NHSE on behalf of both Aintree and Walton.

## **2.9 Compliance with standards and targets from commissioners**

The Quality Contract included various requirements relating to medicines management, and the Lead Pharmacist worked with the Quality Manager to prepare and submit data as required, including quarterly reviews of medicines related incidents.

There were no medication related CQUINs for Walton in 2020-21.

## **2.10 Drugs and Therapeutics Committee**

Senior pharmacists collated agenda items for and at least two senior neuroscience pharmacists attended each of the year's Drugs and Therapeutics committee meetings and presented numerous documents to the committee. Due to the volume of work required for review by the committee, 7 meetings were held in the 2020-21 fiscal year, although only 5 are mandated in the committee terms of reference.

The committee considered, commented on and approved a range of medication related issues, including:

- Medication related clinical guidelines, policies, patient information leaflets & PGDs
- Applications to add new medicines to the formulary
- Medicines related audits including controlled drug quarterly audits.
- Medicines expenditure and potential cost improvements or cost pressures
- Homecare medicines' service level agreements
- Non-Medical Prescriber formularies
- Reports from subcommittees: Safer Medication group, Antimicrobial Stewardship group and the Immunoglobulin Advisory Panel
- Submissions to Pan Mersey Area Prescribing Committee subgroups
- New national guidance on medicines including safety alerts
- Significant miscellaneous issues arising relating to medicines, for example medication administration by nurse associates and supply of medication out-of-hours

Pharmacy committee members also assisted in the feedback of comments to authors unable to attend meeting and publication of approved documents.

## **2.11 Contribution to Walton committees and groups**

In addition to the Drugs & Therapeutics committee the senior pharmacists attended/contributed to the following groups on a regular basis:

- ITU operational group
- Neurology Divisional Governance and Risk meeting
- Infection Prevention Control Committee
- Immunoglobulin Advisory Panel
- Safer Medication group
- Antimicrobial Stewardship group
- Clinical Audit group
- Team Brief
- Quality (CQC) Assurance Group



- Aintree Medication Safety Group (as the representative for Walton)
- Trust Sponsorship Oversight Board
- Clinical Systems Safety Group
- Neurology Divisional Assurance Group
- Digital Champions inpatient, outpatient and critical care user groups
- Safety huddle
- Quality Committee
- Quarterly homecare provider service review meetings
- Clinical Effectiveness and Services Group
- Patient flow/discharge planning Group
- OPAT group
- Patient Safety Group
- Patient flow programme
- Operational Management Board from Nov 2020

## 2.12 Audit & Service Evaluation

Pharmacy staff undertook various audits and evaluations of service within Walton during the year including:

- Controlled drug quarterly audits
- Annual medicines storage audit – conducted across all ward and departments at The Walton Centre
- Antimicrobial prescribing quarterly point prevalence audit
- Omission and delay of critical medicines in neurocritical care (results presented to ITU Operational Group meeting, ITU staff (via email circulation of pharmacy bulletin), and Safer Medicines Group – plans to repeat this audit annually currently underway)
- Seizure kit audit
- Audits currently ongoing in ITU include rates of ventilator-associated pneumonia, and use of dexmedetomidine in neurocritical care

Results were reported and discussed at the most relevant forum.

There was regular senior pharmacist representation at the monthly clinical audit group meeting and contribution to the Trust's audit forward plan.

## 2.13 Antimicrobial stewardship

Antimicrobial stewardship from a multidisciplinary team of medical staff, microbiologists, pharmacists and specialist/ward nurses is essential for any NHS organisation. The risk of hospital acquired infections such as *Clostridium difficile* and development of resistant strains due to antibiotic use must be carefully balanced against the need to treat infections. Commonly treated infections at the Walton Centre range from relatively simple cases of urinary tract infections to highly complex infections involving deep structures in the central nervous system or retained metal work. Antimicrobial selection is often limited due to the site of infection as well as patient characteristics, and many complex infections require long courses of antibiotics. These factors make antimicrobial stewardship at the Walton Centre a particular challenge.

During 2020-21, the antimicrobial pharmacist along with the wider clinical pharmacist team at Walton were actively involved with microbiology and infection control teams and engaged with medical and nursing staff to maintain and improve antimicrobial prescribing.

Key activities conducted:

- Attendance at the weekly collaborative antimicrobial ward rounds; reviewing every patient prescribed antibiotics alongside a consultant medical microbiologist, medical

teams and infection prevention and control (IPC) nurse specialists. Any identified themes were raised by the antimicrobial pharmacist at the Infection Control Committee and with the IPC lead neurosurgeon. Patients potentially suitable for outpatient antimicrobial therapy (OPAT) were identified by the pharmacist at the weekly ward round and highlighted to the OPAT team for weekly discussion.

- Senior pharmacist now attending ITU microbiology ward rounds, aiming for twice weekly attendance.
- Attendance at weekly OPAT outpatient MDT clinics, producing clinic letters, reviewing new OPAT referrals, submitting datix reports and yellow ADR cards on behalf of patients.
- Attendance at the quarterly AMS meetings; producing agenda, writing minutes and co-chairing the meetings.
- Monitoring of automated daily reports of restricted high-risk antimicrobials and drugs that require TDM generated from the electronic prescribing system. Patients identified were reviewed by a senior pharmacist and flagged to ward pharmacists to discuss with the parent teams and microbiology.
- Monthly attendance at the IPC Committee and quarterly presentation of the point prevalence audits.
- The PP audit data collection changed to monthly rather than quarterly. All antibiotic prescriptions on a chosen day were reviewed against the Trust formulary and prescribing standards to establish if the appropriate medicine, dose, route, duration for the indication were prescribed. Data were compared between audits to identify any trends in prescribing within the Trust. The collection tool was amended to include documented indication which is one of the standards in the assurance framework.
- The antimicrobial pharmacist commented on root cause analyses relating to infection as part of the IPC Committee. These included patients that developed C. difficile, MRSA, MSSA and E. coli infections.
- Updating the Trust antimicrobial formulary and TDM drug monographs. Multiple updates were required throughout the year including changes to teicoplanin dosing in obesity...
- Providing support to the flu campaign as required
- The antimicrobial pharmacist provided junior doctors with AMS and OPAT training at the start of each rotation. Antibiotic cards were updated and circulated.
- Ongoing safety work around antibiotic use in myasthenia gravis including production of alert card and poster

## **2.14 CQC compliance**

As part of the Trust's routine monitoring to ensure ongoing compliance with CQC standards, the Lead Neurosciences Pharmacist attended meetings of the Quality (CQC) assurance group and contributed to six monthly self assessments against designated aspects of the updated CQC standards.

## **2.15 Immunoglobulin stewardship**

A senior pharmacist worked with neurology managers, neurologists and the neuromuscular specialist nurse throughout the year to improve compliance with national guidelines for immunoglobulin, in order to ensure prescribing is safe and appropriate, that documentation is correctly completed and all data were entered on the national database. Failure to comply risks the Trust not being reimbursed for this frequently used and high cost medicine. Work included:

- Attending the national update meeting on the immunoglobulin database and national requirements
- Identifying outstanding reviews or documentation and ensuring completion

- Monthly attendance at the multidisciplinary immunoglobulin advisory panel meetings to review patients for which immunoglobulin had been requested or regularly given.
- Review of processes for prior panel review for urgent cases.
- Regular review of data dashboards from the database and actions to address areas of non-compliance.
- Pharmacist clinical check of immunoglobulin prescriptions before supplying.
- Managing shortages of specific immunoglobulin products, an increasing problem due to an international shortage of immunoglobulin.
- Responding to changes in the Trust's allocation of different brands/routes from NHS England. In particular, a change in the available subcutaneous products required preparatory work to allow safe use of new brands at Walton.
- Modification of the Ig calculator to include dosing advice in MG

### **ITU – related work**

- Sedation, Delirium, Sleep and Pain in Critical Care Guideline reviewed and updated
- Set up of A2F Bundle Steering group and implementation of A2F Bundle
- New Band 7 AfC position for Rotational Specialist Pharmacist which enabled attendance on both daily consultant ward rounds, microbiology ward rounds
- Review and redesign of ITU drug chart and nurses' observation chart
- New drug monographs: Dexmedetomidine, Aciclovir
- Updated monographs/guidelines for vancomycin, potassium replacement, labetalol, atracurium, esmolol, dobutamine, digoxin, omeprazole, phosphate replacement
- Contributed to 'Guideline for medical management of oral and pulmonary secretions in Critical Care', 'Administration of intravenous opiates in the recovery and critical care',
- Updated monographs/guidelines for
- Horsley Pharmacy bulletins for IV aciclovir, continuous vancomycin infusions, changes to drug kardex, and administration of critical medicine
- Quick reference guide for prescribers (designed to minimise prescribing errors when admitting and discharging patients)
- Attendance on weekly MDT meeting
- Support for clinical trials (Recovery, SOS, SCIL trial)
- Teaching sessions for ACCPs
- Teaching session to junior pharmacists for managing patients stepped-down from ITU

## **2.16 Other projects and developments**

Miscellaneous improvements to practice were made during the year involving medicines management or pharmacy to enhance quality, safety and/or efficiency (in addition to those detailed elsewhere). Improvements marked with an asterisk were made in response to Walton incidents, audit results or anecdotal reports of problems. Others were proactive or in response to national alerts or problems in other Trusts, including Aintree.

- \*IV heparin, heparin infusion charts were redesigned and are scheduled to be rolled out in September 2021.
- Pharmacists were involved in the update to the Trust's refeeding policy, which was published in March 2021.
- \*Following an incident involving prolonged downtime of electronic systems (including EPMA) in 2020, the procedure for resuming use of EPMA following system downtime was revised.
- Planning of colistimethate solutions stability testing by North West QC Laboratory to enable preparation of solution for intrathecal use out of hours (currently due to lack of

stability data the solution would have to be reconstituted by neurosurgical doctor if the treatment is needed out of hours).

- \*How-to guide produced for botulinum toxin documentation in CD register in April 2020
- \*Ward poster produced to highlight different storage requirements for different classes of CDs
- A review of midazolam strengths stocked and stored in ward areas was undertaken in liaison with Aintree.
- Communication circulated re. risk of modafinil in pregnancy and advice re. contraception in women of childbearing potential. Liaison with sleep service team at LUFT to standardize approach.
- SMART AKI pathway audit highlighted 100% compliance with senior pharmacist reviewing medications for patients with AKI.

## 2.17 COVID-19

In March 2020, COVID-19 was declared a national pandemic by the World Health Organisation. To plan and prepare for the resultant changes in service delivery at the Trust the following changes were made implemented:

- Pharmacists have been involved in the development of guidelines for management for confirmed or suspected Covid-19, as well as monographs/guidelines for specific therapies such as steroids, remdesivir and interleukin-6 inhibitors as well as guidelines for VTE prophylaxis and management of anticoagulation in Covid positive patients.
- Anti-Xa level monitoring was undertaken for patients with Covid-19 prescribed low molecular weight heparins.
- Medicines Safety SOP for use during the pandemic was developed and included changes to the administration process for controlled drugs and IV medicines.
- A quick reference guide for initiating and monitoring medicines commenced as part of the RECOVERY trial was developed in May 2020, and circulated to prescribers on Horsley.
- Senior pharmacists supported the transition to online meetings.
- Pharmacist prescribers aided in the recommencing of SDA on ward areas rather than the Jefferson and continue to facilitate this.
- Introduction of temporary expansion of all active NMP formularies to include a core formulary of medicines for symptom control including palliative SC PRNs
- Continued support to neurosurgical ward rounds with a pharmacist NMP, especially as neurology SHO's were covering surgical pts.
- Multiple office relocations to enable social distancing
- Pharmacy department made many updates to the EPMA portal and processes to support remote working for colleagues that were isolating.
- In response to shortages of critical care medications for example propofol, alfentanil, atracurium, noradrenaline, and rocuronium a medicines guide in Critical Care During COVID-19 Pandemic was circulated which included substantial changes to the sedation and vasopressor management
- In preparation for the need to expand critical care area new drug storage locations were opened and stocked.
- Quick IV administration guide was developed to enable easy access to advice on preparation and administration of IV medicines for nursing staff deployed to work in critical care area.
- Supported staggered shift pattern in dispensary to facilitate social distancing
- Once the stroke service had moved back to LUHFT, the ward stock lists were edited and stroke protocols removed from the intranet.

- To support the addition of stroke rehab patients on CRU the stock list was reviewed and amended.
- Aintree dispensary stopped accepting paper or pods being sent to pharmacy. This meant more POD checks were completed on the wards and CD regulations were written by pharmacist prescribers in pharmacy.
- Staff lateral flow testing commencing December 2020 with statutory reporting of results

### 3. Future plans and areas for development

Some of the work described above is ongoing. Specific areas of focus for 2021-22 include:

- Upgrade to EPMA system at Aintree. Once timing known, discussions and planning at Walton will restart to consider options for EPMA at Walton including possible integration in to eP<sup>2</sup>.
- Review of the Medication Safety Officer's responsibilities and consideration of a business case submission to enable development of the role
- The significant increase in homecare patients has meant that additional funding will be requested next year for 1 WTE band 3 for administrative support.
- Implementation of fridge temperature monitoring on the EPMA Web Portal for all nurses to record fridge temperatures electronically. Graphs will then be available within the portal showing trends in temperatures and will allow monitoring of ward compliance with temperature checks.
- Systematic review of medicines expenditure to identify potential cost improvements.
- Ongoing scoping of options and feasibility of provision of ready prepared syringes for medicines to fill/refill implanted intrathecal pumps. This is a complex area but Aseptic preparation would reduce risk of microbial contamination, preparation errors and save time for specialist nurses.
- Agreement for teaching a safer prescribing session on a 4 weekly basis for 4<sup>th</sup> year medical students.
- Ongoing discussions regarding medication management following the UK's exit from the EU
- Review of the Medication Safety Officer's responsibilities and consideration of a business case submission to enable development of the role
- Pharmacy will take over re-filling of seizure kits following the findings of audit
- Implementation of actions of the NPSA Emergency Steroid Card
- Implementation of actions of the methotrexate MHRA Drug Safety Alert

