NHS
The Walton Centre
NHS Foundation Trust

Public Trust Board Meeting

Thursday 1st December 2022

Agenda and Papers

Excellence in Neuroscience

The Walton Centre
NHS Foundation Trust

PUBLIC TRUST BOARD MEETING
Thursday 1 December 2022

Boardroom

09:30 - 12.00

v = verbal d = document p = presentation

Item	Time	Item	Owner	Purpose
1	09.30	Patient Story (v)	Chief Nurse	N/A
2	09.50	Welcome and Apologies (v)	Chair	N/A
3	09.55	Declaration of Interests (v)	Chair	Decision
4	10.00	Minutes and actions of meeting held on 3 November 2022 (d)	Chair	Information
STRATEGIC CONTEXT				
5	10.05	Chair and Chief Executive's Update (d)	Chief Executive Officer	Information **TO FOLLOW**
6	10.20	Communications and Marketing Substrategy (d)	Chief Executive Officer	Approve
INTEGRATED PERFORMANCE REPORT				
7	10.40	Integrated Performance Report (d)	Chief Executive Officer	Assurance
8	10.45	Business Performance Committee: Chair's Assurance Report (d)	Committee Chair	Assurance
9	10.55	Quality Committee: • Chair's Assurance Report (d) • Terms of Reference (d)	Committee Chair	Assurance
11.05 BREAK				
QUALITY & SAFETY				
10	11.20	Quality and Safety of Inpatient Services Report (d)	Chief Nurse	Assurance
GOVERNANCE				
11	11.30	New Trust Governance Guidance (d)	Corporate Secretary	Information
12	11.40	Neuroscience Programme Board Terms of Reference (d)	Committee Chair	Information
CHAIR'S ASSURANCE REPORTS FROM BOARD COMMITTEES				
13	11.45	Remuneration Committee – 3 November 2022 (d)	Committee Chair	Assurance
CONSENT AGENDA				
Subject to Board agreement, the recommendations in the following reports will be adopted without debate: • Guardian of Safe Working Hours Report - Quarter 2 2022-23 (d) • Updated Guardian of Safe Working Annual Report (d)				
CONCLUDING BUSINESS				
14	11.50	Any Other Business (v)	Chair	Information

Item	Time	Item	Owner	Purpose
15	11.55	Review of Meeting (v)	Chair	Information

Date and Time of Next Meeting: 9.30am, 2 February 2023, Boardroom, The Walton Centre
Please note that there is no meeting in January.

UNCONFIRMED

Minutes of the Public Trust Board Meeting

Meeting held via Microsoft Teams

3rd November 2022

Present:

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

In attendance:

John Baxter	Corporate Governance Officer (CGO) (minutes)
Dr Chrissie Burness	Guardian of Safe Working (GSW) *(item 13 only)*
Katharine Dowson	Corporate Secretary (CS)
Nicola Martin	Deputy Chief Nurse (DCN) *(deputising for CN)*

Observers:

Elaine Vaile	Communications and Marketing Manager (CMM)

Apologies:

Lisa Salter	Chief Nurse (CN)

1 Student Story

1.1 A fifth year student at the University of Liverpool joined the meeting to present the student story regarding medical education within the Trust and stated that in their experience as a medical student The Walton Centre stood out for students across the region. There was a different environment within the Trust with a supportive approach which provided a very different experience to other placements.

1.2 The student informed that he had organised a national Neurosurgical Skills Workshop which had been hosted by the Trust for the second time this year. Work was ongoing to make this an annual national event and the premier Neurosurgical Skills Workshop in the country. The event had grown from twelve students attending and four technical stations in 2021 to 20 students attending and six technical stations in 2022. There had been a lot of interest in attending with 75 responses received from across the country.

1.3 An overview of each of the technical stations was presented and it was highlighted that feedback received had been overwhelmingly positive.

1.4 NED-PM commented that the value of the Neurosurgical Skills Workshop was broad as they were an incubator for future Neurosurgery and academic posts. They would also act as preparation for the technical stations undertaken during the national selection process.

1.5 NED-DT questioned if there was anything in particular that had led to the positive feedback received from medical students at the Trust, the student replied that this was due to the enthusiasm of Consultants and Senior Registrars within the Trust who always wanted to involve medical students.

1.6 NED-KH asked what the ambition for the skills workshop was and it was stated that the aim was for this to become an annual national event and improve the offer each year until it was nationally recognised as the best event of its kind.

1.7 CFO stated that the Trust had recently attained University Hospital status and this workshop was something that could be promoted within this network.

1.8 MD reported that a number of courses were started by Consultants however this one was started by medical students and there was an opportunity to build upon this in the future and queried if there was any opportunity to include academic Neurosurgery sections or if it was just focussed on Neurosurgical skills. It was clarified that there was a lecture around Neurosurgery delivered at the sessions however this was something that could be explored further for future events.

1.9 The Chair questioned how this had been promoted and CMM stated that this had been highlighted on social media and had been positively received. The communications team were also working on a post-event piece.

The Board recorded its thanks to the Medical Student for sharing their story.

2 Welcome and apologies

2.1 Apologies were received from CN. The Chair welcomed everyone to the meeting.

3 Declarations of interest

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

4 Minutes of the meeting held on 6th October 2022

4.1 Minor amendments were requested from NED-KH.

4.2 NED-DT requested that the first line of paragraph 6.3 was amended to read “NED-DT questioned if metrics such as Key Performance Indicators (KPIs) and milestones would be agreed as part of the objectives and it was confirmed that KPIs would be set however that level of detail had not yet been agreed and that some areas would not lend themselves to that approach.” NED-DT also requested that paragraph 8.4 was amended to read “NED-DT suggested that there was a potentially significant new operational risk relating to the possibility of industrial action. This had been discussed at Business Performance Committee (BPC). It had not been included as a new risk due to the timing of the emergence of the risk. It was recognised that this would feature more during the Autumn period and

there were gaps in assurance due to the balloting process currently underway however business continuity plans would provide mitigation."

4.3 SID requested that paragraph 4.5 was amended to read "The patient helped four other people through donation of organs and the partner had received a letter from one donor recipient to express their sympathy and thanks. The partner reported that they would be attending the Walton Willow event on 22nd June 2023 to hang a leaf on the Walton Willow tree in remembrance and also informed that they were planning to hold a fundraising event for the Walton Centre Charity and the Board wished to record their thanks for this gesture and the funds would be very gratefully received."

4.4 Following completion of these amendments the minutes of the meeting held on 6th October 2022 were approved as an accurate record of the meeting.

Action tracker

4.5 There were two outstanding actions, both were updated and agreed as completed.

4.6 It was noted that a visit to the Research Department for Non-Executive Directors was in the process of being arranged.

5 Chair & Chief Executive's Report

5.1 The Chair updated that the Non-Executive Directors had unanimously nominated SID to the vacant position of Deputy Chair. This would be proposed to the Council of Governors on 8th November and if approved would commence with immediate effect.

5.2 The Board wished to record their thanks to the Deputy Chief Finance Officer for the finance training session recently provided for Non-Executive Directors.

5.3 The Chair had recently visited the new Liverpool University Hospital Foundation Trust (LUHFT) building for a tour of the new facilities

5.4 The Chief Executive highlighted that trade unions were currently in the process of balloting their members for potential industrial action. The Trust had developed a draft business continuity plan and the regional response to potential industrial action was being co-ordinated through the Cheshire and Merseyside Integrated Care Board (ICB). NHS England had sent a letter to all Trusts containing a self-assessment checklist regarding preparedness for industrial action and situation reports of preparedness would be introduced from the week commencing 7th November 2022.

The Board noted the Chair and Chief Executive reports.

6 The Walton Centre Charity Annual Report and Accounts 2021/22

6.1 CFO presented the annual report and accounts from The Walton Centre Charity for 2021/22 and highlighted that income had reduced by £150k which had been driven by a drop in legacy income. An overview of Charity expenditure was provided and it was reported that investments continued to be managed by CCLA and Ruffers who were currently the two best performing investment managers.

6.2 It was recognised that there would be genuine challenges to fundraising due to the cost of living crisis and work to mitigate this was underway. SID informed that the annual report

and accounts had been reviewed and inspected by independent auditors and no issues had been identified.

6.3 NED-KH highlighted that there had been a reduction on spending on staff welfare amenities in year and it was confirmed that this was a result of a very high receipt of funding and spend in the previous year due to Covid fundraising and completion of works on the Junior Doctors mess and .

The Board acting as Corporate Trustee, approved the annual report and accounts.

7 Integrated Performance Report

7.1 The CEO informed that check and challenge of the Integrated Performance Report (IPR) had been undertaken at Board Committees and the Chairs of the relevant Committee would present this as part of their assurance reports. It was highlighted that there had been significant issues regarding short term sickness absence which impacted on mandatory training and Personal Development Review (PDR) compliance. The reduction of 104-week and 52 week long waiters was particularly to be noted.

7.2 NED-DT, as Chair of Business Performance Committee (BPC), highlighted that all diagnostic, cancer wait and treatment targets continued to be met. A further tranche of 80 spinal patients had been transferred from Liverpool University Hospitals NHS Foundation Trust (LUHFT) as part of the spinal surgery transfer and these were currently undergoing clinical validation. This was likely to impact on long waiters. It was clarified that sickness data recorded in the IPR was a rolling 12 month average and current sickness levels were below 6%, CPO was reviewing workforce indicators and the methodology for reporting these at the People Group meeting.

7.3 NED-DT reported that income and expenditure was ahead of plan in September and work to sustain this was ongoing despite clinical pressures. It was also noted that there was a need to recalculate the impact from the uplift of National Insurance.

7.4 NED-RW recognised that a lot of work had been undertaken to recover the Cost Improvement Programme (CIP) however a significant element of this was non-recurrent and questioned how confident the Trust was that plans to deliver the required CIP efficiencies would be in place by 1st April 2023. CFO responded that he continued to meet with the COO to review this and there was a focus on identifying recurrent efficiencies. CPO stated that assurance had been provided to BPC that plans for 2023-2024 were in place and the planning group met on a weekly basis to review plans.

7.5 NED-PM highlighted that there was no section within the IPR on Neurology Consultancy expenditure and requested assurance that any expenditure on consultancy requirements within Neurology Division was monitored. CFO informed that he felt this was not recorded as there had been no expenditure on consultancy within Neurology however this would be confirmed at the next meeting.

7.6 NED-RW reported discussions at Quality Committee, noting that a reduction in friends and family test responses had been recorded and there would be increased focus to improve this within the Outpatient Department.

7.7 SID noted that there had been an increase in the number of complaints recorded and queried if there were any particular themes or areas that the Board needed to be aware of. It was clarified that the main themes continued to be related to waiting times and appointments. There had been an overall increase in the number of complaints upheld and this was currently under review.

The Board noted the Integrated Performance Report

8 Business Performance Committee Chair's Assurance Report

8.1 NED-DT presented the Chair's Assurance report from the BPC meeting held on 25th October 2022 and highlighted that winter pressures had increased along with the number of patients requiring community services which had led to an increase in the number of delayed discharges and cancelled operations.

8.2 There had been a focus by BPC on the Estates Return Information Collection (ERIC) return and NED-DT highlighted that there were a number of data collection and benchmarking systems which took some time to complete. Work was underway to review benchmarking data and a further report would be submitted to a future BPC meeting. The data collection exercise would provide good supporting information for capital expenditure bids.

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

9 Quality Committee Chair's Assurance Report

9.1 NED-RW presented the Chair's Assurance report from the Quality Committee meeting held on 20th October 2022. It was highlighted that the Walton CARES assessment process would be undertaken within Outpatients Department next. There had been a focus on a back to basics approach and embedding of antiseptic non touch technique within areas of infection prevention and control.

9.2 There had been a total of five serious incidents during 2021-2022 and there had already been five serious incidents so far during 2022-2023, this would be kept under review.

The Board noted the Quality Committee Chair's Assurance Report.

10 Mortality and Morbidity Report

10.1 MD presented the mortality and morbidity report and informed that this report covered quarter four (Q4) in 2021/2022 along with quarters one (Q1) and two (Q2) in 2022/2023. An increase in deaths had been noted during Q2 related to an increase in the number of catastrophic traumatic injuries and vascular events. The Trust was confident that this was within statistical variation and meetings had been held to review all deaths

10.2 There were 28 deaths recorded within critical care during Q2 and this was recognised as being a very difficult time for staff working in this area. Workplace support along with staff support from the Trust psychology team had been put in place and information on how staff could access support from the external agency Network of Staff Supporters (NOSS) had been disseminated.

10.3 NED-PM queried if there had been an increase in trauma cases recorded when data was benchmarked against the Major Trauma Collaborative figures. MD stated that admission criteria for trauma and vascular patients had changed over a number of years and

admission thresholds to specialist Trusts had reduced. This may impact on the data in the long-term, however this needed to be reviewed to clarified. NED-RW queried if there were any other data sets that could be utilised for review and MD confirmed that work to identify if any other data sets were available was underway.

10.4 SID questioned if there was any correlation between the increase in the number of deaths and Black, Asian and Minority Ethnic (BAME) patients or patients with learning difficulties and it was confirmed that there were no trends identified in these areas. It was also noted that data for October had reduced to normal levels.

10.5 SID highlighted that there had been one case judged to have a degree of avoidability according to Royal College of Physicians guidance and queried if there was anything regarding this that the Board needed to consider. MD clarified that this would be reviewed at Quality Committee and he provided an overview of the case and lessons to be learned.

10.6 An update on progress with the implementation of the Medical Examiner Service was provided and a referral process via the eP2 system was now in place. It was also reported that the Deputy Medical Director had implemented a Mortality Surveillance Group which would provide an additional level of in-house scrutiny and support for divisional groups.

10.7 SID questioned if utilising the independent medical examiner from LUHFT was still the most appropriate way to approach reviews and it was confirmed that this was a regionally agreed approach and was working well with the Trust happy with the service provided.

10.8 MD advised that discussions with the Director of Corporate Nursing Services at LUHFT had been held regarding the Swan model of care that was introduced at Salford Royal Hospital and has since been replicated across the country. The Swan end of life and bereavement model was about providing excellent, individualised care to every patient and their family. It was patient and family focused and centred on meeting the unique needs of each individual and their loved ones. Further work was being undertaken to review the model and the potential to implement this within the Trust.

The Board noted the mortality and morbidity report.

11 Freedom to Speak Up Guardian Report – Q1 and Q2

11.1 DCN presented the Freedom to Speak Up Guardian report for Q1 and Q2 and highlighted that the raising concerns policy was currently under review. There had been 17 concerns raised to the Freedom to Speak Up Guardian during Q1 and Q2 and an overview of these was provided. It was noted that five of these concerns were all raised in the same area and this had been investigated, with training put in place to address the issues raised. Building Rapport training had been reintroduced across the Trust and Civility training had also been implemented, however uptake in this area had been low. NED-RW questioned if any of the issues raised in this area triangulated to any other issues and it was confirmed that they did not.

11.2 DCN advised that Freedom to Speak Up e-learning modules had been launched however there was a technical issue with one of the modules which had impacted the completion rate; IT were working to resolve this. There were now twelve Freedom to Speak Up Champions across the Trust and the aim was to have a Champion in each area.

11.3 CEO noted that there was a need to support middle level leadership, this was not a significant issue, however the Trust was giving managers the tools for good leadership.

11.4 NED-RW queried where uptake of training offers was monitored and it was confirmed that this was reported to the People Group and uptake of training offers was good. Training needs analysis were also undertaken on a Trust-wide basis to identify any areas of training required.

The Board noted the Freedom to Speak Up Guardian report for Q1 and Q2.

12 Nurse Staffing Bi-Annual Acuity Review

12.1 DCN presented the Nurse Staffing Bi-Annual Acuity Review covering April 2022 to October 2022 and informed that the acuity and dependency review had been undertaken using national tools but also with a focus on professional judgement. A review of shift patterns had been undertaken through e-roster which had enabled the release of funds of £430,000 which had been reinvested into increasing staffing levels. The Health Care Assistant (HCA) staffing pool had also been redistributed providing 17 whole time equivalent HCAs to particular ward areas.

12.2 The SafeCare system had been rolled out across the Trust allowing informed decision making on staffing levels and patient acuity across the hospital. An internal staffing dashboard was also available on the Minerva reporting system which showed staffing levels in each area and highlighted any areas of low staffing. Staff review meetings took place three times per day to ensure staffing levels were safe and correct. It was recognised that the implementation of the SafeCare system was in its infancy and data testing was currently taking place with results discussed at ward level and staff moved where required. Work was required with SafeCare within the Intensive Therapy Unit (ITU) and to build in Guidelines for the Provision of Intensive Care Services (GPICS) data.

12.3 NED-PM queried if the Trust not partaking in the next round of international recruitment would have any impact or effect on the current group of internationally recruited Nurses and questioned what retention was like for this group. DCN responded that the Trust had recruited a total of 61 international Nurses which had been welcome and there was now a need to get the skills mix balance correct in each area. There was pastoral support available and a lot of information to support this staff group. Three of the internationally recruited Nurses had since left the Trust and exit had highlighted that each had left to move to another area where there were family members who could support with childcare.

12.4 NED-DT queried why sickness levels amongst HCA staff was higher than Nursing staff and DCN confirmed that the reasons were not known and would need to be reviewed however sickness levels for HCAs had historically been higher than for Nursing staff and this was similar in most Trusts.

12.5 NED-RW questioned if wards budgeted for high sickness rates and it was confirmed that sickness absence was budgeted for at a standard rate within wards. NED-RW also requested confirmation that the 25% increase in activity recorded during September was accurate and this was confirmed.

12.6 CEO stated that staffing establishments reflected the nature of the Trust's patient groups and the SafeCare system would highlight this data.

The Board noted the Nurse staffing bi-annual acuity review.

13 Guardian of Safe Working Annual Report

13.1 GSW joined the meeting to present the Guardian of Safe Working annual report and highlighted that the majority of feedback received regarding medical training was positive. The main issues reported were from Neurology Division and were mostly related to the working patterns for the 24/7 thrombectomy service. All medical staff on 24 hour on call must have five hours of unbroken rest between 10pm and 7am and ten exception reports had been submitted regarding breaches of this. A number of measures had been implemented to resolve this and the number of exception reports submitted was reducing.

13.2 The Chair questioned if there were any further changes required and GSW confirmed that all changes that had been required were in the process of being implemented and there was confidence that these would deliver improvements. MD highlighted that balancing acute work requirements against training opportunities was under review and there was confidence that all issues could be resolved.

13.3 NED-PM stated that changes for Group 1 specialities training opportunities would have a significant impact on Registrars as they could be required to complete an additional year of accredited training in general medicine. GSW recognised this but added that this would have the benefit of a Neurological knowledge within general medicine.

13.4 NED-KH noted the impact from the introduction of the 24/7 thrombectomy service and queried if any lessons to be learned for any future service developments. MD confirmed that there would be wider involvement from the beginning across all divisions and teams on any future new service developments.

The Board noted the Guardian of Safe Working annual report.

14 Walton Centre Charity Committee Chairs Assurance Report and Terms of Reference

14.1 SID provided an update from the Walton Centre Charity Committee meeting held on 21st October 2022 and informed that the Committee received quarterly statements from the investment fund managers along with the annual report from the independent advisors to the Trust who provided assurance that the investment fund managers were the best performing on five year risk-return outputs. It was recognised that there was volatility in the current markets, however investments were currently working well.

14.2 An impact presentation on the Walton Headache Chatbot project was received and significant progress had been made to begin implementing the initiative which had received interest from NHS Digital.

14.3 The finance position to 31st August 2022 was presented and this showed that fund balances had reduced by £125,409 however this was likely to increase when funding received during August and September 2022 was transferred to the finance system.

14.4 The introduction of a Grant Making Policy was noted to be key to the fundraising delivery plan which was reviewed at the Committee. This was in the process of being developed prior to presentation to the Committee in April 2023.

14.5 The Committee had agreed to set up a Health and Wellbeing fund for specific staff wellbeing initiatives.

14.6 The terms of reference had been reviewed and refreshed and were presented for recommendation of approval. Constituency changes made to the terms of reference were highlighted and an overview of changes made was provided.

The Board noted the Walton Centre Charity Committee chairs assurance report and approved the terms of reference.

15 Audit Committee Chairs Assurance Report

15.1 SID provided an update from the Audit Committee meeting held on 18th October 2022 and informed that the Trust had been made aware of a payment of £1,500 made using the Trust credit card for training courses that had not been received. Procedures for using the credit card had been followed however these were felt to not be robust enough and a new process and policy had been introduced to address this.

15.2 The National Cost Collection Index (NCCI) was reviewed and it was reported that the benchmark figure was 100 and the Trust was rated as 117 which indicated that the Trust had a more expensive cost base. The previous NCCI rate was 119 so improvements had been made however there was still work to be completed to improve this figure further.

15.3 Progress of a number of audit reports was presented and there were two audits finalised that provided moderate assurance. Both of these would have the full audit report presented at the next meeting.

15.4 Good progress had been made to decrease the number of outstanding internal audit recommendations and there were currently only two outstanding actions.

15.5 Compliance with the Better Payment Practice Code (BPPC) was currently 89% against a target of 95%. There continued to be a focus on improving compliance and this was monitored at BPC.

15.6 The Healthcare Financial Management Association (HFMA) self-assessment checklist around governance of financial management had been completed by the Trust and this was currently being audited by Mersey Internal Audit Agency (MIAA). The internal audit plan had been amended to accommodate this additional audit.

15.7 The Committee were informed that there had been four externally reportable information governance incidents since April 2022 and three of these had been closed with no further action required. There was still one incident awaiting a response from the Information Commissioners Office.

The Board noted the Audit Committee chairs assurance report.

16 Consent Agenda

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

- **Review of Standing Financial Instructions (SFI) and Scheme of Reservation and Delegation (SORD)** – The Board approved the proposed changes to the SFI and SORD.

- **Modern Slavery Act Statement** – The Board approved the Modern Slavery Act Statement for publication on the Trust website.
- **Estates Return Information Collection (ERIC) Return** – The Board approved the submission of the ERIC return.

17 Any Other Business

17.1 There was no other business to be discussed.

18 Review of Meeting

18.1 Those present agreed that Board debate had improved and there had been good discussion. Additional assurances and clarifications required by Non-Executive Directors (NEDs) were being sought before meetings and all NEDs were reminded of the buddy system which could be utilised prior to meetings for discussion. The Board was continuing to develop and committee reporting of assurance had improved.

There being no further business the meeting closed at 12.20

Date and time of next meeting - Thursday 1st December 2022 at 09:30 Boardroom

Trust Board Attendance 2022-23										
Members:	Apr	May	Jun	Jul	Sept	Oct	Nov	Dec	Feb	Mar
Mr M Steinberg	✓	✓	✓	✓	✓	✓	✓			
Ms K Heslop	✓	✓	✓	✓	✓	✓	✓			
Mr P May	✓	✓	A	✓	✓	✓	✓			
Ms S Rai	✓	✓	✓	✓	✓	✓	✓			
Mr D Topliffe	✓	✓	✓	✓	✓	✓	✓			
Mr R Walker	✓	✓	✓	✓	✓	✓	✓			
Mr M Burns	A	✓	✓	✓	✓	✓	✓			
Mr M Gibney	✓	✓	✓	✓	✓	✓	✓			
Dr A Nicolson	✓	✓	A	✓	✓	✓	✓			
Ms J Ross	✓	✓	✓	✓	✓	✓	✓			
Ms L Salter	✓	✓	✓	A	✓	✓	A			
Ms L Vlasman	✓	✓	✓	A	A	✓	✓			

TRUST BOARD
Matters Arising Action Log
November 2022

	Complete & for removal
	In progress
	Overdue

Actions for Completion

Date of Meeting	Item Ref	Agenda item & action	Lead	Update	Deadline	Status
3rd November 2022	7	**Integrated Performance Report** CFO to confirm if there had been any expenditure on consultancy services within Neurology Division.	CFO	Update has been provided to NED-PM. There is only budget for consultancy costs in the Corporate division. Last year no costs were incurred against either Neurology or Neurosurgery for consultancy costs and that was the basis for the non-pay budgets for this year.	1st December 2022	

The Walton Centre
NHS Foundation Trust

Report to Trust Board
1 December 2022

Report Title	Communications and Marketing Sub-strategy (draft)
Executive Lead	Jan Ross, Chief Executive
Author (s)	Elaine Vaile, Head of Communications and Marketing
Action Required	To note

Level of Assurance Provided

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

Key Messages

- The Trust Communications and Marketing Sub-strategy has been rewritten, taking into account change in focus and inclusion in the new Trust Strategy
- The sub-strategy recognises the increased focus on brand and awareness, and marketing across additional areas and channels
- There are nine focus areas including external communications, staff communications and engagement and healthcare marketing, and supported by an internal delivery plan
- Successful delivery of the objectives will require buy-in and support from teams across the organisation

Next Steps

- Finalisation of sub-strategy into a designed format, aligned to other sub-strategies
- Development of the delivery plan

Related Trust Strategic Ambitions and Themes	**Impact**		
Leadership	Not Applicable	Not Applicable	Not Applicable

Strategic Risks

Not Applicable	Choose an item.	Choose an item.

Equality Impact Assessment Completed

Strategy ☐	Policy ☐	Service Change ☐

Report Development

Committee/ Group Name	**Date**	**Lead Officer (name and title)**	**Brief Summary of issues raised and actions agreed**
HMG	21.11.22		General approval, query on how success measured, and discussion on qualitative v quantitative approach

Communications and Marketing Sub-strategy (Draft)

Executive Summary

1. The current Communications and Engagement Strategy was completed in 2020, to run until 2025. However, with the impact of COVID-19, new Trust leadership and strategy, and change in healthcare governance, it was felt important to renew the communications approach for the Trust.

2. As one of the enabling strategies in the new Trust Strategy, Communications and Marketing also required completion of a sub-strategy to identify objectives for the future in this key area.

3. There has been a slight change in focus from communications and engagement to communications and marketing – this reflects the increased focus on brand. Engagement remains in the strategy, throughout different elements.

4. This sub-strategy, which is in draft form, was reviewed by HMG in November. There was broad agreement of its contents, with some discussion on measurement of success and the merits of qualitative v quantitative possibilities.

5. Following Board discussion, the document will be finalised and transferred into a design format, aligned with the other sub-strategies.

Background and Analysis

Current strategy

6. The current Communications and Engagement Strategy was completed in 2020, to run until 2025. However, with the impact of COVID-19, new Trust leadership and strategy, and change in healthcare governance, it was felt important to renew the communications approach for the Trust.

7. Due to these changes, the current strategy has not been reported on over the past 12 months as much of the content was out-of-date or not suitable in the new climate. For the past 12 months, focus has been on key areas of Trust and Charity promotion and gathering of information and direction in preparation for the new strategy.

8. The current strategy was thoroughly reviewed during the development of the new strategy and content reflected where appropriate.

Sub-strategy summary

9. As a specialist neuroscience hospital, there is a strong clinical focus in our specialties, excellent clinical outcomes and experiences for our patients and a positive working environment for staff. It is essential that The Walton Centre has a strong brand, to ensure maximum recognition locally, regionally and nationally for the benefit of patients, family and friends, staff and our stakeholders.

10. Through the Communications and Marketing Sub-strategy, we will outline the approach to raising the profile of The Walton Centre as a leading trust, and as a trusted voice in neuroscience both regionally and nationally.

Outline

11. We have identified nine key focus areas for communications and marketing at The Walton Centre which can be used in isolation, or conjunction with each other. In this section we identify the key objectives and details of each area, which are further underpinned by tactical information in the supporting delivery plan document, a living document which will be regularly reviewed and updated in order to stay relevant and aligned to the changing and evolving needs of the Trust.

12. The nine areas are:
    - Brand
    - External communications
    - Internal communications and staff engagement
    - Digital communications
    - Stakeholder engagement
    - Healthcare marketing
    - Patient communications
    - Hospital environment
    - Charity communications

Delivery

13. The sub-strategy will be supported by an internal delivery plan which will specify the detailed approach to achieving the objectives and goals identified within this document. As an internal document, the delivery plan will be reviewed on a biannual basis to ensure it remains current and aligned with the changing healthcare landscape and needs of the Trust.

14. Successful delivery of communications and marketing in any organisation relies on the support, involvement and buy-in of all parties; it cannot be the responsibility of the Communications and Marketing Team alone. Whether this is the engagement of clinical teams in new announcements and projects, or support with corporate teams on the delivery of a new approach to patient communication, communications and marketing are a delivery service, working with 'customers' across the organisation to provide expert, professional solutions to meet their objectives and the objectives of the organisation.

15. There is much in the sub-strategy which reflects work already ongoing or in plan – it is important to note that the inclusion of this is not meant to subsume or overtake that work, but to consolidate, support and collaborate, in order to maximise benefit to the Trust, patients and staff.

Conclusion

16. The Communications and Marketing sub-strategy aims to present a new direction for this area of business, with an enhanced focus on all areas of communications and marketing to compliment the excellent work already happening in external and internal communications in particular.

17. By working with teams across the Trust and external resource where required, the Trust can increase its brand and improve its communications with patients, families, stakeholders and staff, for the benefit of all.

Recommendation

- To note

Author: Elaine Vaile, Head of Communications and Marketing
Date: 22 November 2022

Appendix 1
Communications and Marketing Sub-strategy (draft)

Communications and Marketing Sub-strategy - DRAFT

1. Overview

The Walton Centre is the only specialist hospital trust in the UK providing comprehensive neurology, neurosurgery, spinal, pain management and rehabilitation services. The three-year strategy, published in September 2022, set out how the Trust will continue to deliver excellent clinical outcomes and patient experience with the team of dedicated staff. It set out how we will expand our services further and will continue to innovate, research and develop and highlighted what the key initiatives will be over the next three years, and how we will further develop our services across our regions, as well as developing national neuroscience services.

Through five strategic ambitions the key direction for The Walton Centre is outlined to ensure delivery of the very best patient-centred treatment and care. These five ambitions are supported by seven enabling strategies, one of which is Communications and Marketing.

As a specialist neuroscience hospital, there is a strong clinical focus in our specialties, excellent clinical outcomes and experiences for our patients and a positive working environment for staff. It is essential that The Walton Centre has a strong brand, to ensure maximum recognition locally, regionally and nationally for the benefit of patients, family and friends, staff and our stakeholders.

A strong brand supports research funding and investment, recruitment and retention and the work of The Walton Centre Charity, as well as providing reassurance to patients and the wider community about the Trust's status as the best place to receive treatment and care for neurological, neurosurgical, spinal, pain and rehabilitation services.

Through this Communications and Marketing Sub-strategy we will outline the approach to raising the profile of The Walton Centre as a local centre of excellence, a nationally leading trust, and as a trusted voice in neurosciences both regionally and nationally.

Internally, we will ensure that staff are engaged through effective and efficient communication and are able to participate in two-way communication and engagement, at all levels of the organisation.

We will work to ensure that all interactions with The Walton Centre, whether as a patient, family member, visitor, stakeholder or staff member are of the highest standard, through a focus on the different communication channels including printed staff and patient materials, the hospital environment, patient information, the recruitment process, fundraising, and digital, including the Trust website, social media and staff intranet.

Every contact with The Walton Centre should be professional, accessible, and engaging. We will work with teams across the Trust to improve processes and outputs where possible through communications – for example, the recruitment and retention journey, patient communications, and the in-hospital experience.

This sub-strategy will be supported by an internal delivery plan which will specify the detailed approach to achieving the objectives and goals identified within this document. As an internal

document, the delivery plan will be reviewed on a biannual basis to ensure it remains current and aligned with the changing healthcare landscape and needs of the Trust. It will be measured against its objectives and qualitative and quantitative metrics.

2. Current position

The Walton Centre has an excellent clinical reputation within the field of neuroscience, pain and rehabilitation, but it is a niche reputation, largely focused on those 'in the know', clinical colleagues, former patients and friends and family. It is not as widely known as other specialist Trusts for example The Royal Marsden, Moorfields, and Great Ormond Street, despite being the only specialist neurosciences Trust in the country.

This is partly due to a lack of brand awareness which stems from historical 'modesty' and reticence by the Trust to promote its work widely and portray itself as a trusted voice in the field. Falling out of this culture is an introverted approach to communications, and some lack of engagement from different groups within the organisation with communications and understanding of their work.

While the Communications and Marketing Team is generally well known in the Trust and appreciated for the work done, which is of a high standard, there is a lack of knowledge of how the team can support the Trust and teams across the organisation with regards broader brand awareness. There is now a desire to provide a more holistic focus on brand positioning and professional support for broader communications, in particular national media, and healthcare communications and marketing.

There has also been a historic focus on low or no-cost solutions rather than appropriate solutions akin to our brand aspirations and expectation from patients and stakeholders – a specialist, leading Trust should portray itself as such.

The new approach and desire to increase the profile and awareness of the Trust, to benefit patients, family members, stakeholders, and staff, and our fundraising capability is being driven by senior leadership and is welcomed across the organisation. If buy-in from different teams and departments is secured on the back of this belief, it should result in a successful delivery of this sub-strategy.

3. Communications and Marketing at The Walton Centre – roles and responsibilities

Successful delivery of communications and marketing in any organisation relies on the support, involvement and buy-in of all parties; it is not the responsibility of the Communications and Marketing Team alone. Whether this is the engagement of clinical teams in the promotion of new announcements and projects, or support with corporate teams on the delivery of a new approach to patient communication, communications and marketing are a delivery service, working with 'customers' across the organisation to provide expert, professional solutions to meet their needs and the objectives of the organisation.

As such, staff and teams across the Trust have responsibilities for communications and marketing, identified below:

Communications and Marketing

- Lead and drive the Communications and Marketing Sub-strategy, measure and report on its effectiveness against agreed metrics
- Ensure that systems are in place to foster effective two-way communications and engagement
- Develop and share corporate and professional messages and publications
- Provide an effective and efficient media relations service
- Contribute to all relevant Trust projects to enhance communications and drive awareness through marketing of those projects
- Drive improvements in digital communications both internally and externally
- Provide support and advice on strategic and practical communications issues, across the Trust, and to senior leadership acting as trusted advisor on the subject matter
- Manage the brand of the organisation, ensuring a consistent and professional approach across all internal and external communications and touchpoints

All staff

- Ensure they communication responsibly and sensitively with patients and their families using an agreed tone of voice consistent with the brand
- Take opportunities to engage with the wider organisation to ensure they are well-informed about Trust developments and priorities
- Identify positive news stories for distribution either internally or externally to promote awareness of the work of the Trust
- Refer all communications and marketing issues and enquiries to the Communications and Marketing Team
- Engage with the Communications and Marketing Team to facilitate promotion of Trust news and developments and delivery of expert communications solutions for their projects

Managers

- Ensure they are cascading information to their team, particularly corporate and internal communication messaging, to ensure their team are informed and engaged with key information
- Ensure brand and communications guidelines are followed when managing projects, liaising with the Communications and Marketing Team when required
- Support the Communications and Marketing Team in their work across their department/division to ensure delivery of the Trust strategy and strategic ambitions

Trust Board

- Ensure that key messages are cascaded to staff in a timely, clear and relevant manner
- Support the Communications and Marketing Team at both strategic and operational levels in the implementation of this strategy
- Act as spokespeople both internally and externally as and when necessary
- Listen to feedback from both internal and external sources and respond accordingly
- Take opportunities to build on the Trust's reputation and profile with key stakeholders
- Act as brand ambassadors across the organisation and to key stakeholders

4. Aims and objectives

To be seen as trusted advisers and respected by our colleagues to produce high quality, accessible, innovative, and strategically aligned communications that are tailored for target audiences and fulfil clear objectives

The objectives of this strategy are:

- To use communications and marketing to position The Walton Centre as a leader in its field, and within the wider NHS, transforming treatment and care across neuroscience, centring on the five strategic ambitions included in the Trust strategy
    - Education, training and learning
    - Research and innovation
    - Leadership
    - Collaboration
    - Social responsibility
- To celebrate success and share learnings, for the benefit of patients, families, healthcare professionals and the wider medical, healthcare and education communities
- Guide and support patients, carers, and families in accessing the care and services they need
- To improve and enhance staff engagement, ensuring knowledge is shared and there is pride within the organisation
- Promote The Walton Centre as an employee of choice within the region, and the NHS, encouraging our staff to learn and develop as they work
- Demonstrate the Trust as a leader in equality, diversity and inclusivity
- To promote consistency, engagement and understanding with the Trust brand

Our approach to communication should reflect our Trust vision and values and should seek to promote them at all times, whether the audience is within the Trust or outside it. The key principles underpinning all our communications are:

- Openness and honesty
- Clarity
- Consistency
- Authenticity
- Accessibility
- Professionalism

5. Key areas of focus

We have identified nine key focus areas for communications and marketing at The Walton Centre which can be used in isolation, or conjunction with each other. In this section we identify the key objectives and details of each area, which are further underpinned by tactical information in the supporting delivery plan document, which will be regularly reviewed and updated in order to stay relevant and aligned to changing and evolving needs of the Trust.

<u>Brand</u>

It is essential that The Walton Centre has a strong brand, to ensure maximum recognition locally, regionally and nationally for the benefit of patients, family and friends, staff and our stakeholders.

A strong brand supports research funding and investment, recruitment and retention and the work of The Walton Centre Charity, as well as providing reassurance to patients and the wider community about the Trust's status as the best place to receive treatment and care for neurological, neurosurgical, spinal, pain and rehabilitation services.

A brand is also a promise – the expectation and delivery of excellence across all touchpoints of an organisation;, so expectation and reality match, or reality excels. It is not just a logo and a brand palette, but it is the core essence of who we are, and what we're here for – our positioning, what and who we want to be.

Work is ongoing to refresh and reinvigorate our brand and awareness, working with our Board and senior staff across the organisation, to provide us with a more distinctive and recognisable brand identity.

With the award of university hospital status, the name of the Trust is also under review which will impact the brand identity and all branding throughout the hospital. This will also impact awareness of the hospital and its work – the ability to recall the name of the Trust and its work, simply and easily by all that encounter it is vital.

This identity should then flow through every aspect of not only communications and marketing, but every element of the Trust's work and its environment. As an outstanding, specialist Trust, every touchpoint for patients, families, stakeholders and staff should be of the highest standard – to match the outstanding treatment and care that is delivered every day.

Key objectives for brand include:

- Completion of the brand identity refresh and communication and engage with staff on any changes and how they can support the rollout
- Development of naming options in relation to the award of university status, engagement with staff, patients, and stakeholders, including NHS England, and scoping of impact of any change
- Review of the Trust brand guidelines and toolbox, with refreshed roll-out to staff including onboarding and education sessions with key groups
- Creation of guidelines for Board and senior managers on the use of brand, and expectations around materials and messaging
- Assessment of hospital wayfinding and signage for effectiveness and professionalism, and if necessary, development of a business case for replacement signage

<u>External communications</u>

Effective external communications and media relations can increase brand awareness of the Trust with existing stakeholders and interested parties, but also new audiences. Building relationships with external media, particularly national or trade media, can take time but can bear long-term success as the Trust becomes known as a subject matter expert and one which can contribute to content on key issues.

However, key to effective external communications is content and commitment to telling our brand story – there is immense competition for media space, in any format or sector – and we must stand out from the crowd in subject, relevance, timeliness and accessibility. This requires increased buy-in from particularly clinical teams across the organisation and increased understanding of how the media works, and the objectives of the organisation to broaden its previous type of outreach, sometimes out of the 'comfort zone' of previous approaches.

Key objectives for external communications include:

- Cement our positioning as a thought leader in our areas of expertise with clear Walton Centre USPs
- Increase public understanding and awareness of the work and achievements of the Trust
- Pursue a policy of active engagement with the media, in particular national titles and broadcast media, in order to raise awareness and further their understanding of the work undertaken by the Trust,
- Identify key opportunities within the five strategic ambitions of the Trust strategy to align communications and media outreach
- Use of patient case studies to demonstrate the impact of the work of the Trust, and use of clinical spokespeople as expert voices
- Use of staff case studies to support recruitment and retention and highlight The Walton Centre has a place to work and leader in its field

<u>Internal communications and staff engagement</u>

Our focus on internal communications and staff engagement will ensure effective two-way dialogue with Trust staff, on-site partners, and volunteers to sustain an environment where staff feel informed, included, and valued. There is strong evidence (King's Fund 2015) to demonstrate that improvements in staff engagement directly impact on patient care. Trusts with more engaged staff tend to make better use of resources and have higher patient satisfaction.

Successfully engaging with our staff through timely, meaningful and impactful communications is fundamental to the success of the organisation. With around 1500 members of staff working within the Trust we need to adopt an approach which adapts and responds to their differing requirements and doesn't assume that one size fits all.

The continued roll-out of the new email marketing platform will improve the accessibility and engagement of internal emails, a key staff communication channel. Through this platform, we will be able to measure engagement from analytics and flex our objectives and metrics accordingly and also feed into the development of alternative staff communications techniques for those staff for whom digital is not a best practice channel, including traditional print channels but also screens in rest areas and a new, mobile accessible intranet.

Key objectives for internal communications include:

- To inform, educate and engage staff in corporate and Trustwide communications for action, information or interest
- Meaningful awareness and engagement of events and campaigns, related to healthcare and beyond, to build staff morale and knowledge

- Development of an internal communications toolkit to ensure all staff have access to internal communications in the way they wish to access them internally and outside of the Trust
- Development of a new Trust intranet to meet the needs of our workforce and to foster better engagement with organisational strategy and key messages
- Alongside HR and other teams, support the recruitment, retainment, and development of great people through engaging and professional processes, tactics and materials
- Position the Trust as an inclusive, diverse and supportive employer through working with HR and the EDI Manager on the EDI strategy and relevant staff engagement

Digital communications

Digital communication is an ever-growing and developing channel for patients, staff and stakeholders. The new Walton Centre website launched in September 2021 and has seen increased visitor numbers and accessibility ratings. We will continue to manage and enhance the website in line with the Trust's strategy and objectives, national and local initiatives, and best practice.

Key objectives for digital communications include:

- Accessibility- to ensure that all users of our digital platforms have an optimum user experience being able to find information quickly through a variety of devices (phone, laptop etc)
- Management of the Trust's website, evaluating and updating content for appropriateness, and effectiveness dependent on audience, Trust objectives and user feedback
- Maximise SEO to ensure The Walton Centre is high up in search rankings through appropriate use of keywords and meta tagging, new and regular content, to drive and optimise web traffic
- Maintain the Trust's social media presence to develop and grow engagement and the audience with messaging, sharing content that is appropriate to the Trust's vision and values and has been shown to be interesting and engaging with our audience
- Support the production of engaging online content including exploration of webinars and podcasts using our 'expert voices'
- Explore emerging platforms, tools and technologies where applicable to ensure a positive and productive user experience

Stakeholder engagement

The Trust has a national reputation for good clinical outcomes and patient care, and for the delivery of highly specialist services. The Trust needs to build on its relationships with opinion formers such as MPs, key NHS stakeholders, national organisations, healthcare influencers, and regional and national forums. It currently has good relationships, but it is acknowledged that more could be done to build the Trust's profile and impact of its work.

Stakeholder engagement can involve multiple staff and teams across an organisation and it is important that it is not seen as purely a communications and marketing responsibility.

Communications and marketing can provide tools and content through which senior staff can engage with stakeholders as part of planned and consistent programme of engagement. Bespoke work led by the Communications and Marketing Team should be seen as supplementary and complimentary to the ongoing work done as a matter of course or developed through networks held across the organisation.

This area is heavily linked with healthcare marketing and communication of our services, as it is recognised that more could be done to increase our presence and profile across the key stakeholders in the GP, DGH and commissioning markets to ensure referrals are received appropriately and pathways are followed to most benefit patients and fellow healthcare professionals.

Key objectives for stakeholder engagement include:

- Develop a dedicated stakeholder map and prioritise by degree of influence and importance to maximise knowledge and awareness of our work and key announcements across government, healthcare and the voluntary sector
- Work with teams across the organisation, particularly those focused on education, research and social responsibility to ensure key stakeholders are being communicated and engaged with in a professional and timely way, and the teams have suitable materials and channels to maximise their work
- Embed communications and marketing in project development across the Trust to support patient, staff and stakeholder engagement in key Trustwide projects
- Facilitate a series of events and visits involving key stakeholders, dependent on key Trust objectives and announcements, to demonstrate and display areas of leadership and expertise
- Engage with Trust Board and senior managers on their existing and potential networks, working with them to identify gaps and how Communications and Marketing can support their outreach and engagement work

<u>Healthcare communications and marketing</u>

As a specialist Trust, and the only specialist neuroscience Trust in the country, The Walton Centre has a significant role to play within the NHS – it should be seen as a leader in its field and a trusted adviser for both patients and fellow healthcare professionals.

It is recognised that more could be done to increase our presence and profile across the key stakeholders in the GP, DGH and commissioning markets to ensure referrals are received appropriately and pathways are followed to benefit patients and fellow healthcare professionals.

There is great work being done and new innovations being rolled out at the Trust, together with unfulfilled opportunities. However, these are often under-utilised due to lack of awareness across the region and formal marketing and communication work.

However, this is an area which would require additional marketing resource to fully scope and implement due to lack of skillset within the current team in this area.

Key objectives for healthcare marketing include*:

- Work with clinical and operational teams to identify opportunities to improve communication with Trusts across the region, and GP practices

- Scope a GP education programme, including online or in-person training sessions, and a GP education e-newsletter, following research on existing activity across the Trust, to use education as a tool to drive greater awareness of services and more accurate referrals
- Use communications and marketing to support the referral pathway process to ensure the right referrals at the right time through the right process
- Market the Trust website to healthcare professionals across the region to facilitate greater engagement with the brand, organisation and services on offer with the objective pf driving greater engagement to identify improvement areas, including new technology and content options
- Market outpatient clinics in other Trusts, and work with the clinicians involved in those clinics, to identify further branding and/or marketing opportunities to increase knowledge of the Trust's presence, the services it offers and enhance regional outreach

*These objectives are subject to additional resource in this area.

Patient communications

The first interaction a patient has with The Walton Centre is often via letter, online or phone call. It is imperative that all patient communication channels with the Trust are of the highest quality, to match that of the treatment and care they receive.

The Trust has a key focus on Patient and Family Centred Care, and all six steps have communication at the heart to ensure patients and their families are supported throughout their time at The Walton Centre. Patient communication will also be a key area of focus for one of the transformation priorities.

This is an area which requires buy-in and collaboration from multiple departments, including the Patient Access Centre, Patient Experience and the clinical teams. It is recognised that there are some technological issues with, for example, patient letters, and lack of uniformity which may impact any roll-out of new approaches to some elements of communications.

The majority of patient leaflets have been transferred online where they are accessible and easy to update. There are some leaflets which remain hard copy and therefore potentially not brand compliant which is a key focus for this area of work.

This area is also linked to the work on hospital environment (below) as the look and feel of the hospital buildings, internal and external, contribute to patient communication and can be a vital channel for engagement and information.

Key objectives for patient communications include:

- Work with clinical and operational teams, and patient experience, on an analysis of main elements of communication throughout a patient journey, identifying gaps and areas for improvement
- An assessment of the hospital wayfinding and signage for effectiveness and professionalism, and if necessary, development of a business case for replacement signage alongside Estates and Facilities teams

- Review digital and traditional patient communication channels within the hospital to assess current effectiveness and future requirements, working with the outpatient transformation workstream
- Best practice review of other Trusts materials, and collaboration with support groups and charities to ensure any changes to patient communication materials are suitable for our patient cohort
- Standardisation of all patient information leaflets, both offline and online, including content and branding, and consideration of move to a full online patient information library to ensure access to the latest clinical information, working with the outpatient transformation workstream

Hospital environment

First impressions matter; a poor hospital environment may not inspire trust or confidence in the service that a hospital provides. As with the overall brand focus, a hospital environment can go overlooked when done well but done badly can be very obviously at odds with the clinical promise of excellence.

Our patients' needs are our number one priority, a hospital which is confusing to navigate or understand can lead to increased concern about treatment and even delays in accessing care. It is vital that the look and feel of the hospital itself is professional and high-quality, as well as being of the very highest clinical and safety standards.

An environment which is welcoming and professional can inspire confidence in patients and their families, and visitors to the organisation. It can also increase staff wellbeing at work – a professional working environment can increase productivity and positivity, if you are proud of where you work it can inspire you in your role.

The hospital environment also serves a key purpose to educate, inform and engage our patients, visitors, and staff. Merely walking down a corridor or travelling in a lift should be an opportunity to communicate, inspire or advise – whether through effective way-finding, staff communications, or communicating positive feedback from patients.

It should not be seen as an after-thought, or simply bricks and mortar; the hospital environment is a essential communications and marketing channel which can be a missed opportunity if not maximised through working with teams across the organisation during change or developments.

Key objectives for the hospital environment include:

- Working with Estates and Facilities to embed The Walton Centre brand when considering permanent or semi-permanent changes to the hospital
- Reviewing and redeveloping the displays and communications on main hospital thoroughfares to ensure maximum effectiveness for patients, families, staff and visitors
- An assessment of the hospital wayfinding and signage for effectiveness and professionalism, and if necessary, development of a business case for replacement signage alongside Estates and Facilities teams
- Identifying opportunities for improvements to staff areas to standardise and improve the look and feel across the hospital, for example door signage

Charity communications

The Walton Centre Charity supports the vital work of the Trust by investing charitable funds in areas and projects that enhance patient, family and staff experience, treatment, and care. Emphasis will be placed on ensuring that the Charity's positive impact is shared both internally and externally in order to encourage further involvement and support for future fundraising, particularly in the digital sphere to maximise the impact of the new Digital Fundraising Manager.

Key objectives for digital communications include:

- Working closely with the Fundraising Team, develop a plan to improve existing supporter journeys, as well as develop and implement new digital stewardship programmes
- Embed a culture of 'thinkcharity' across the Trust, ensuring staff are our greatest ambassadors and aware of the impact and opportunities of The Walton Centre Charity
- Increase the sharing and use of fundraiser case studies in social media and media communications to highlight the different opportunities for fundraising and the impact of the Charity on patients, families, and staff
- Develop an internal campaign to promote the work of the Charity and fundraising opportunities for both patients, families, and staff, as well as opportunities for funding of projects and initiatives
- Maximise the communications of existing events and fundraising projects, and work with the Fundraising Team to create and develop new fundraising opportunities

6. Evaluation

Communications and marketing report monthly to Executives and quarterly to Board, including key metrics around external and internal communications, social media and digital as well as regular updates to BPC and HMG on specific projects.

It is recommended that these processes are continued, with additional evaluation metrics identified and reported on dependent on further work around key objectives and deliverables.

The Walton Centre NHS Foundation Trust

Report to Trust Board
1st December 2022

Report Title	Integrated Performance Report
Executive Lead	Lindsey Vlasman - Chief Operating Officer
Author (s)	Rebecca Sillitoe – Senior Information Analyst
Action Required	To note

Level of Assurance Provided

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

Key Messages

- See summary for performance overview

Next Steps

- Ongoing

Related Trust Strategic Ambitions and Themes	**Impact**		
All Applicable	Not Applicable	Not Applicable	Not Applicable

Strategic Risks

001 Quality Patient Care	004 Operational Performance	003 System Finance

Equality Impact Assessment Completed

Strategy ☐	Policy ☐	Service Change ☐

Report Development

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

Integrated Performance Report

Executive Summary

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

Operations & Performance Indicators

High Performing
Cancer Standards
Diagnostics
Referral to Treatment Long Waits
28 Day Emergency Readmissions

Opportunity for improvement
Activity Restoration
% of Patients on a PIFU

Underperforming
Theatres

Workforce Indicators

High Performing
Vacancies

Opportunity for improvement
Mandatory Training
Turnover

Underperforming
Appraisal Compliance
Sickness/Absence

Quality Indicators

High Performing
Complaints
Hospital Acquired Pressure Ulcers
Risk Adjusted Mortality
Friends and Family Test
Infection Control

Opportunity for improvement

Underperforming
N/A

Finance Indicators

Key Performance Indicators	August	September	October
% variance from plan - Year to date	18.2%	19.5%	24.5%
% variance from plan - Forecast	0.0%	7.3%	11.6%
% variance from efficiency plan - Year to date	5.3%	3.0%	0.0%
% variance from efficiency plan - Forecast	-21.0%	-8.3%	-7.0%
Capital % variance from plan - Year to date	51.6%	35.9%	42.0%
Capital % variance from plan - Forecast	0.0%	0.0%	0.0%
Capital Service Cover *	2.9	3.2	3.5
Liquidity **	34.6	35.0	38.8
Cash days operating expenditure ***	93.1	91.3	95.5
BPPC - Number	85.5%	86.3%	86.5%
BPPC - Value	83.8%	83.2%	84.5%

* Capital service cover - the level of income available to fund the Trust's capital commitments
** Liquidity - the level of cash available to fund the Trust's activities
*** Number of days cash available to cover operating expenditure

Conclusion

2. As listed above many of the indicators are high performing either against a set target, local improvement or external benchmarking, with only a few indicators underperforming.

Recommendation

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

Author: Rebecca Sillitoe – Senior Information Analyst
Date: 21/11/2022

NHS
The Walton Centre
NHS Foundation Trust

Excellence in Neuroscience

Board KPI Report
December 2022

Data for October 2022 unless indicated

The Walton Centre
NHS Foundation Trust
Excellence in Neuroscience

Explanation of SPC Charts and Assurance Icons

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

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

All SPC charts will follow the below Key unless indicated

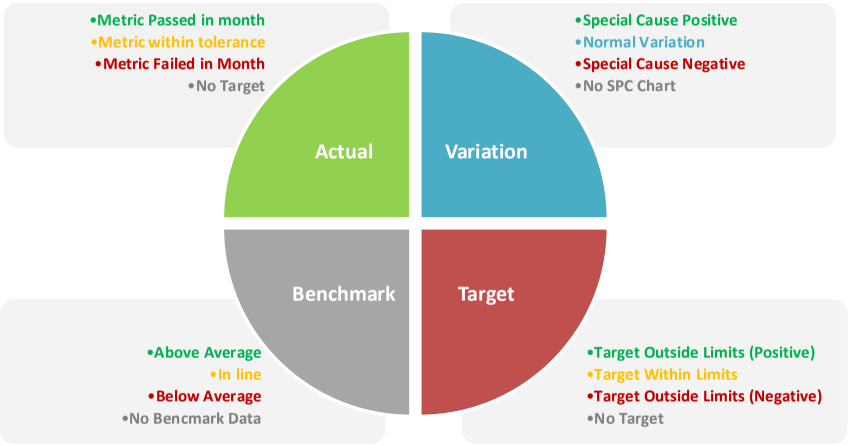
Actual — UCL — Average — LCL — National Average — Target

= Part of Single Oversight Framework

= Mandatory Key Performance Indicator

Assurance Icons (Colour Key)

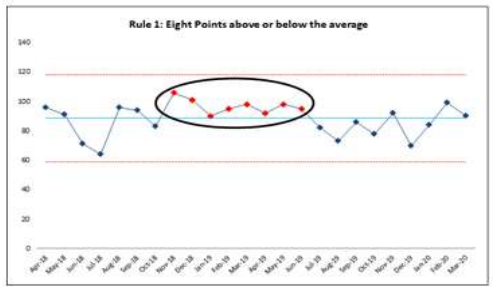
All metrics now have an Assurance Icon consisting of 4 components. These give assurance on; in month performance against target, whether any SPC variation rules have been triggered, whether the target is achievable, and how the organisation compares to benchmarked data.

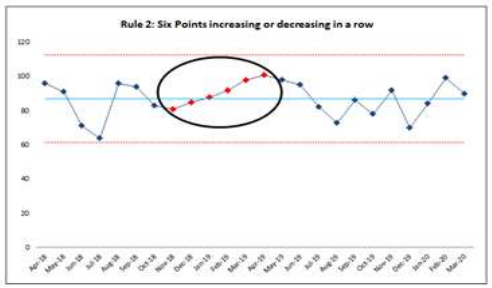


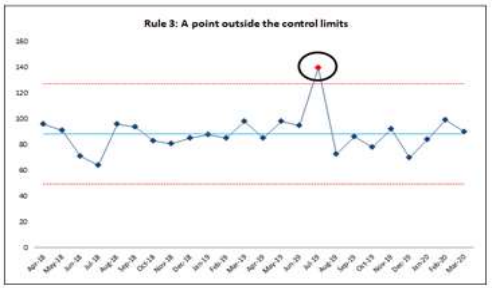
SPC Chart Rules

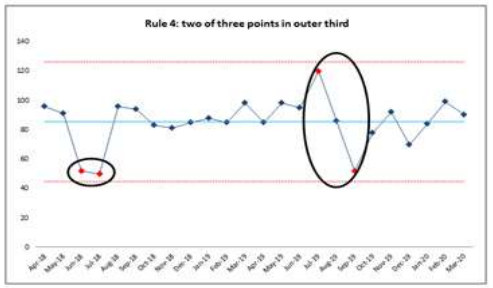
The Walton Centre
NHS Foundation Trust
Excellence in Neuroscience

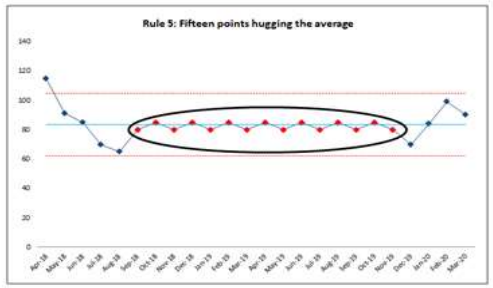
When using SPC Charts we are looking for unexpected variation. Variation occurs naturally in most systems, numbers fluctuate between typical points (control limits) the below rules are to assist in separating normal variation (expected performance) from special cause variation (unexpected performance).











The Walton Centre
NHS Foundation Trust

Excellence in Neuroscience

Operations & Performance Indicators

Operational

Responsive - Referral to Treatment

The Walton Centre
NHS Foundation Trust

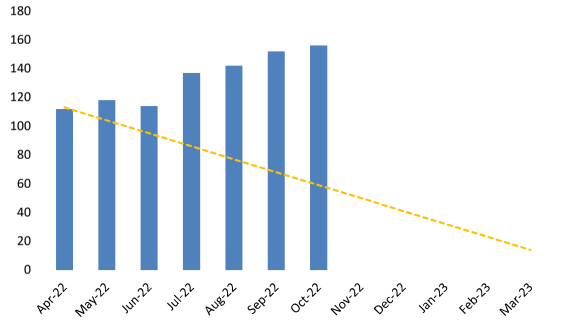
Excellence in Neuroscience

There are currently no patients who have waited longer than 104 weeks for treatment at the Walton Centre. 78+ week waiters are the lowest they've been this financial year.

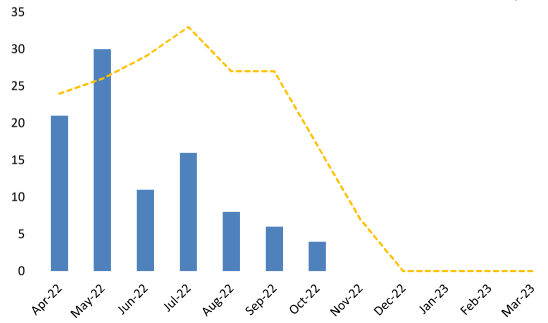
As part of plans to restore services to pre-COVID levels, each Trust was required to submit a trajectory along with timescales for reducing long waits. This includes having zero patients waiting longer than 104 weeks by July due to capacity issues.

During May the Trust received a further waiting list of over 200 patients as part of the Spinal Service Transfer. This has resulted in the total open pathways increasing significantly. There was a significant number of long waiters included in these which were not included in our long waiter reduction trajectory who are still contributing to the under performance.

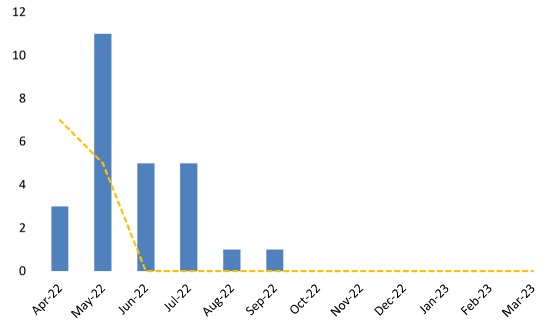
Number of Pathways waiting 52+ weeks at month end



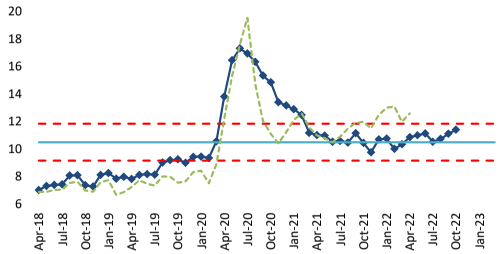
Number of Pathways waiting 78+ weeks at month end



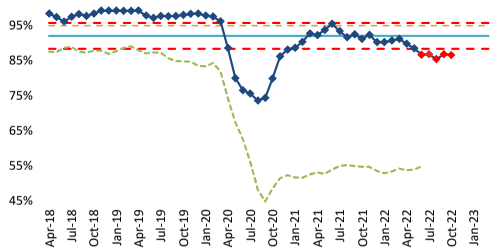
Number of Pathways waiting 104+ weeks at month end



RTT English Average Open Wait (Weeks)



RTT Welsh Open Performance



Operational

Responsive - Cancer Standards

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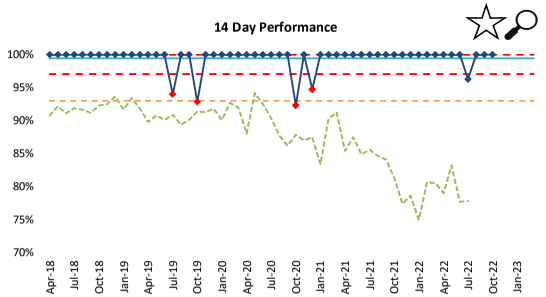
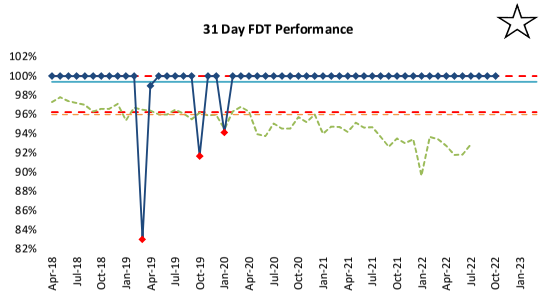
NHS Foundation Trust

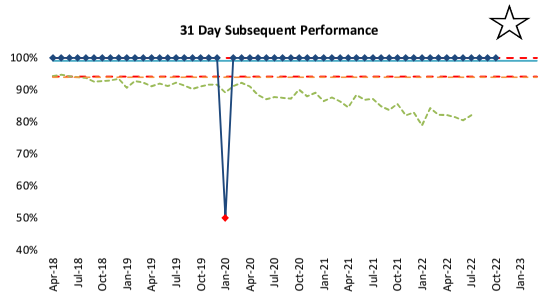
Excellence in Neuroscience

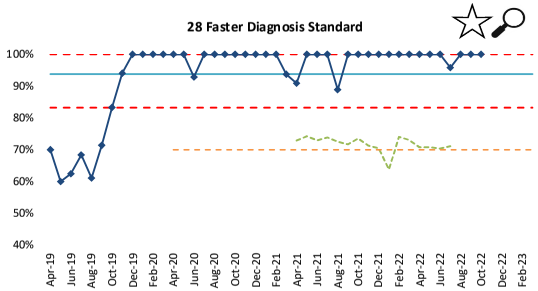
Responsive - Access Standards	Target	Actual	Assurance
Cancer TWW	93%	100%	
Cancer 31 Day FDT	96%	100%	
Cancer 31 Day Sub	94%	100%	
Cancer 62 Day Standard	85%	100%	
28 Day Faster Diagnosis Standard	70%	100%	

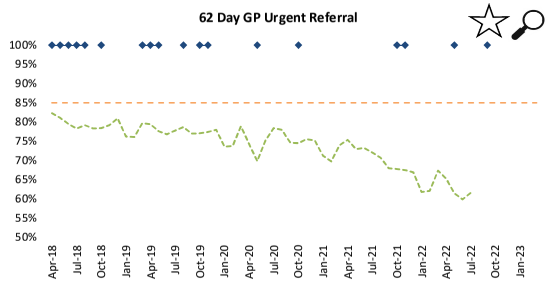
The Trust has continued to see and treat all cancer patients as these patients are designated as urgent, this is in line with NHSE requirements.

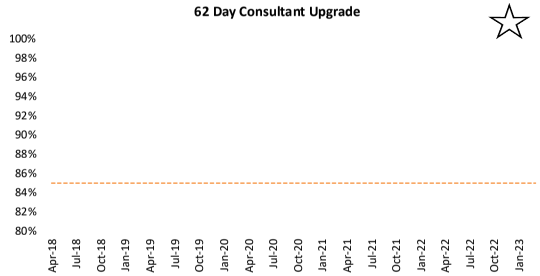












Operational

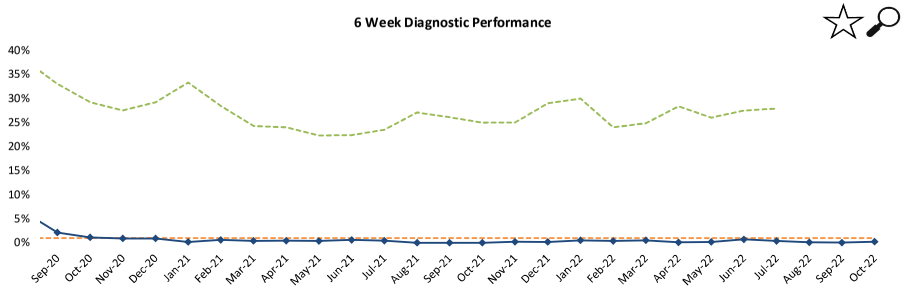
Responsive - Diagnostics

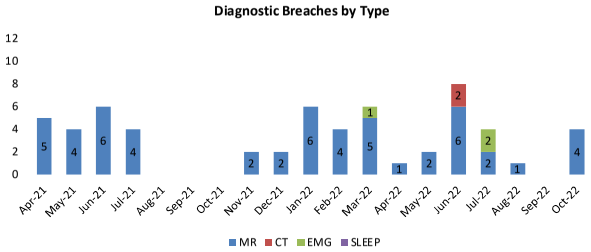
The Walton Centre NHS Foundation Trust

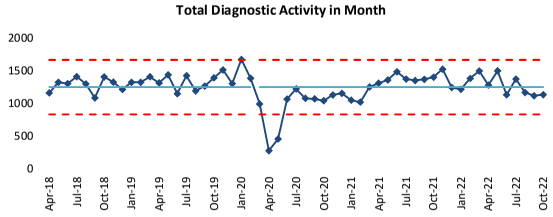
Excellence in Neuroscience

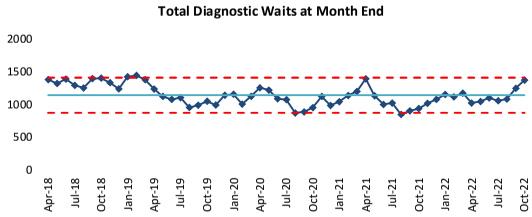
Responsive - Access Standards	Target	Actual	Assurance
Diagnostic 6 Week Performance	1%	0.25%	

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









Operational
Effective - Theatres

The Walton Centre
NHS Foundation Trust
Excellence in Neuroscience

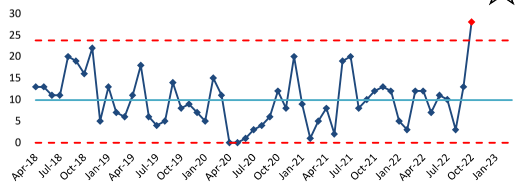
Effective - Theatres	Target	Actual	Assurance
No. Non Clinical Cancelled Operations	-	28	
% Cancelled operations non clinical on day	0.80%	2.50%	
28 Day Breaches in month	0	1	

Non Clinical Cancellations

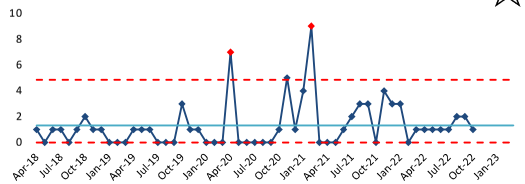
There have been a very high number (28) of non-clinical cancellations this month, this is a negative special cause value driven by bed pressures. 20 of 28 cancellations were due to unavailaibilty of either ITU or G&A beds. Four operations were cancelled for list overrun and equipment failure and unavailability of theatre staff account for two cancellations each.

The Trust is in line with the national average for the percentage of non clinical cancelled operations based off latest published data.

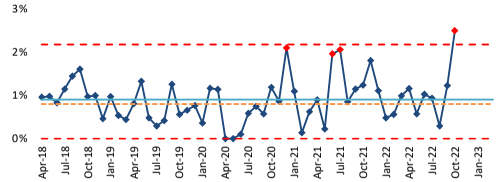
Number of Cancelled operations non clinical (on day)



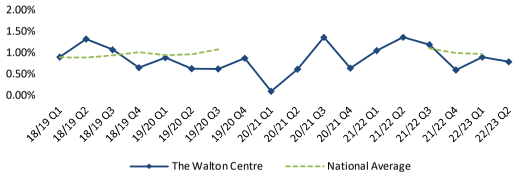
Number of cancelled operations not re-admitted within 28 days



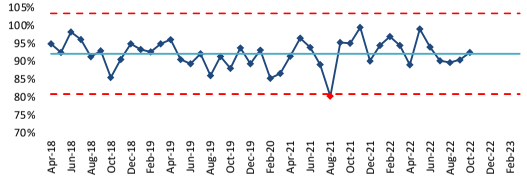
% of Cancelled operations non clinical (on day)



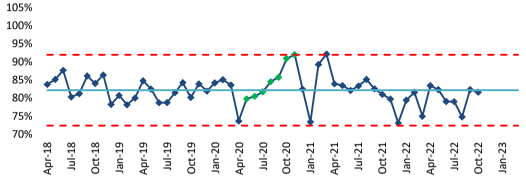
Non Clinical Cancelled Ops as a % of Elective Admissions



Theatre utilisation of Elective Sessions



Theatre utilisation of in Session Time



Operational

Effective - Activity Recovery Plan

The Walton Centre NHS Foundation Trust

Excellence in Neuroscience

October 22 Overall Activity Performance

POD	Actual 22/23	Plan 22/23	Actual (% of 19/20)	Target* (% of 19/20)	YTD (% of 19/20)
Daycase	913	974	103.0%	104%	101.11%
Elective	287	286	104.4%	104%	87.76%
Elective & Daycase Total	**1200**	**1260**	103.4%	**104%**	97.85%
Non Elective	161	-	88.5%	-	94.68%
New Outpatients	4705	4916	99.5%	104%	105.84%
Follow Up Outpatients	7534	8337	90.4%	100%	97.52%
English Admitted Stops	237	298	82.6%	110%	82.81%
English Non Admitted Stops	2057	2247	95.2%	110%	104.01%
Total English Stops	**2294**	**2545**	**93.7%**	**110%**	**101.37%**

***Target a guide for ERF purposes**

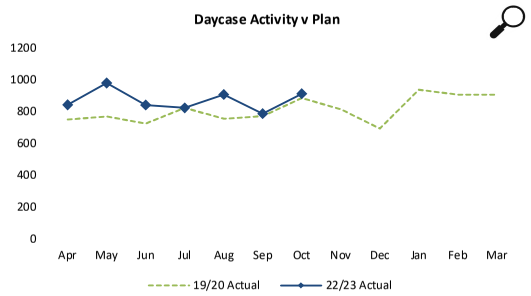
Operational planning for 2022/23 set Trusts the ambition to increase new outpatient appointments, Elective and Daycase activity to 110% of 19/20 level by March 2023 which is measured using RTT Stops.

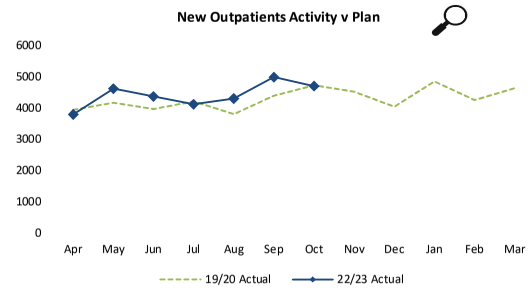
ERF is calculated using Value Weighted Activity and is set 104% of 2019/20 levels.

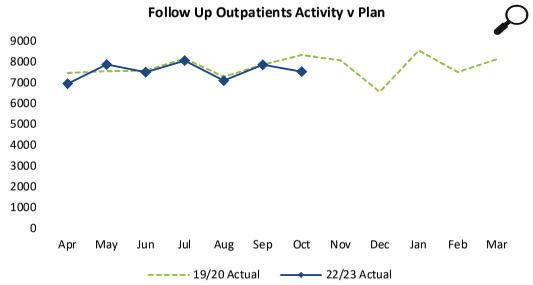
Trusts are also asked to achieve the ambition of reducing follow up outpatient appointments compared to 2019/20.

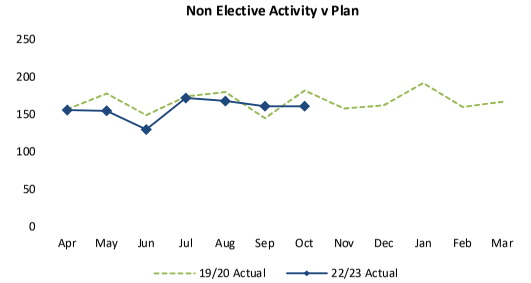
There is no target set against Non Elective activty.

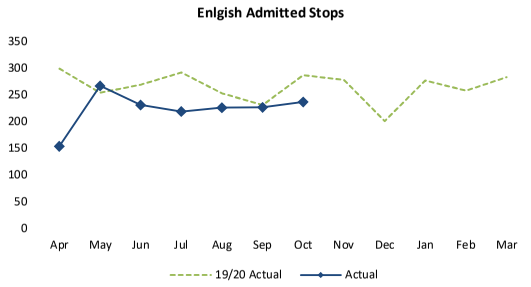
The information on this slide is raw activity for all Walton Centre patients and is unweighted.

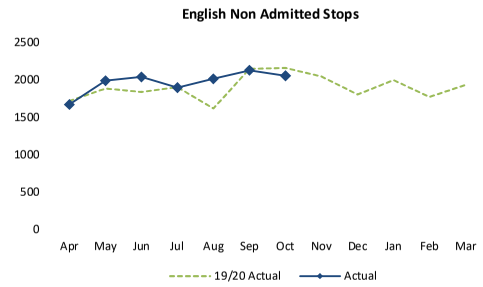












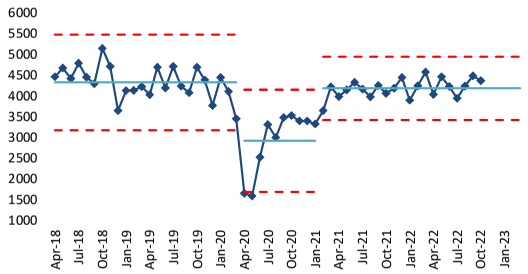
Operational

Effective - Activity (Leading Indicators)

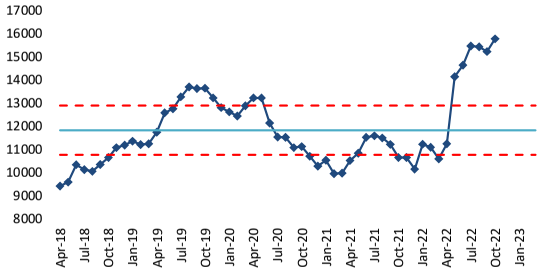
The Walton Centre NHS Foundation Trust

Excellence in Neuroscience

Total New Referrals Received

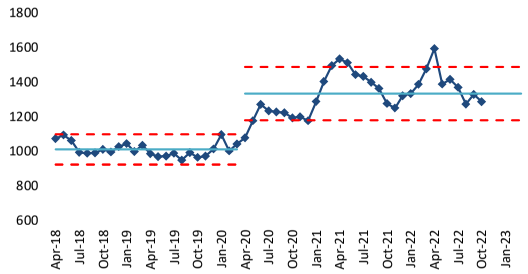


New Outpatient Waiting List

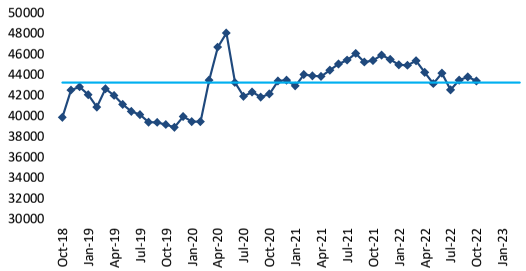


*Spinal transfer patients added to OPWL

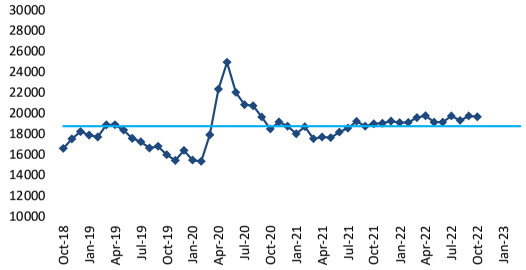
Inpatient Waiting List



Follow Up Outpatient Waiting List



Follow Up Outpatient Waiting List (Overdue)

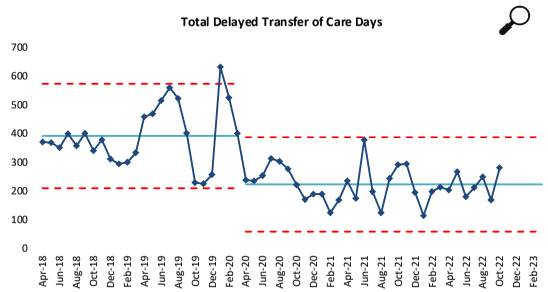


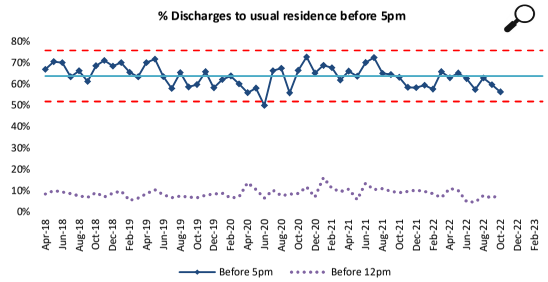
Operational
Effective - Flow

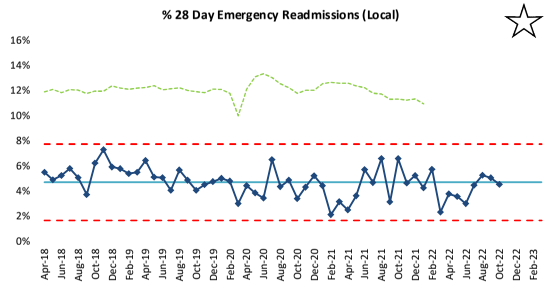
The Walton Centre
NHS Foundation Trust
Excellence in Neuroscience

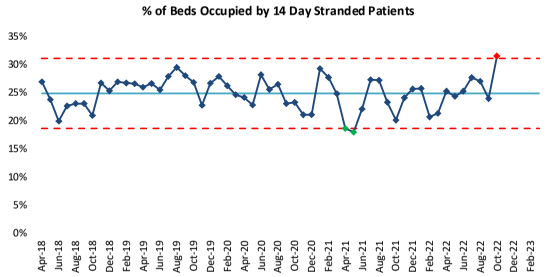
Effective - Flow	Target	Actual	Assurance
% 28 Day Emergency Readmissions (Local)	-	**4.55%**	
Total Delayed Discharge Days	-	**282**	
% Discharges by 5pm	-	**56.39%**	
% 14 Day Stranded Patients	-	**31.49%**	

Most indicators are stable and within normal variation, there has been an unusually high number of long stay patients in month, but only slightly outside the expected range. These indicators form part of Patient Flow Transformation and are monitored through that workstream.









Operational

Effective - Outpatient Transformation

The Walton Centre NHS Foundation Trust

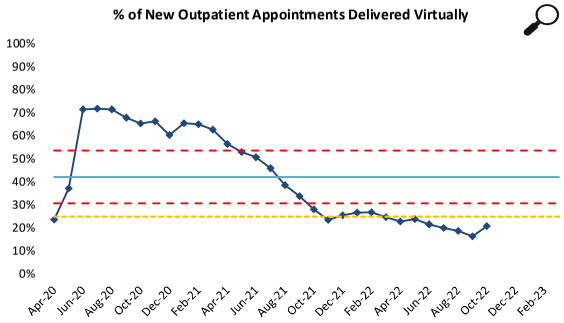
Excellence in Neuroscience

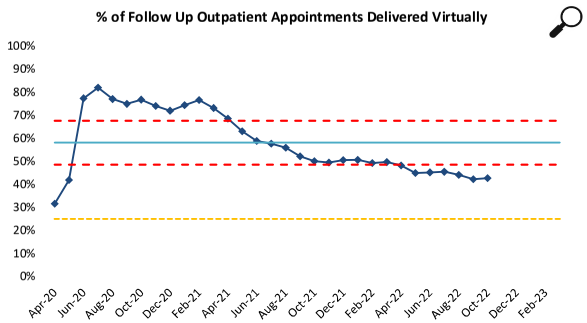
Virtual Appointments

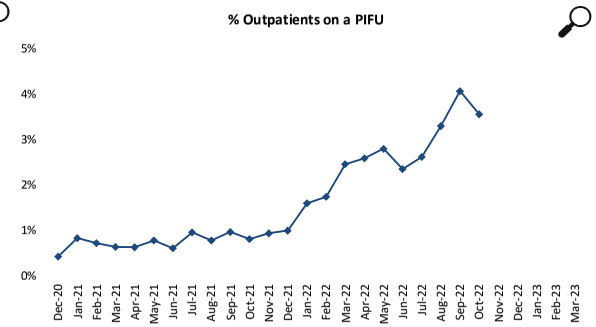
The Trust is required to deliver a minimum of 25% of its total outpatient appointments virtually. We are currently above this target. Following a switch to deliver mainly virtual appointments during Covid-19 the Trust is reverting appropriate clinics back to face to face where clinically necessary but is expected to remain above the target.

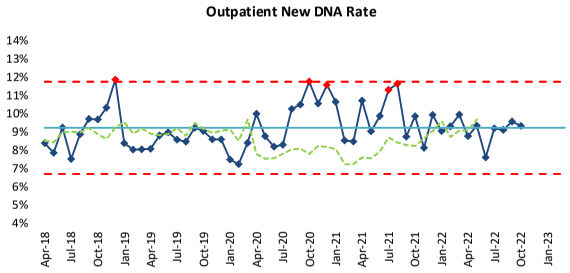
Patient Initiated Follow Up (PIFU)

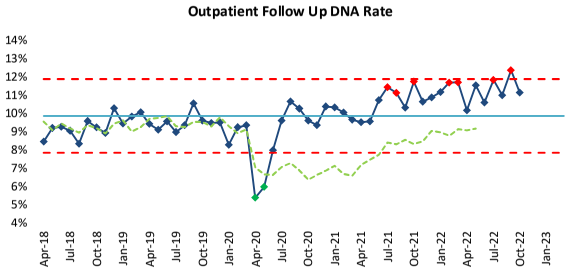
As part of national Outpatient Transformation schemes the guidance is to work towards 5% of our total outpatients on a Patient Initiated Follow Up by March 2023. In October 3.56% of total outpatient appointments had a PIFU outcome.

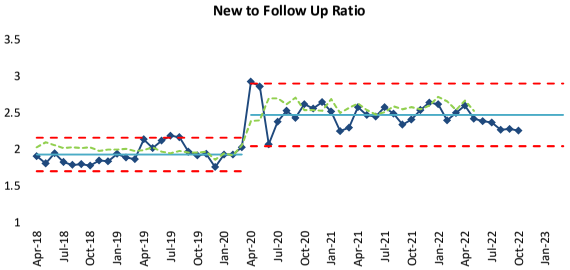












Workforce Indicators

Workforce

Well Led - Workforce KPIs

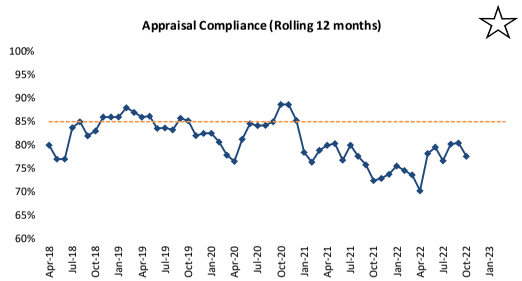
The Walton Centre NHS Foundation Trust

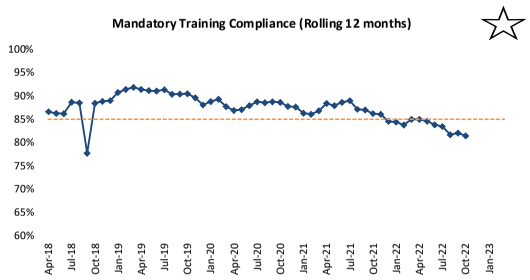
Excellence in Neuroscience

Well Led - Workforce	Target	Actual	Assurance
Appraisal Compliance	85%	77.59%	
Mandatory Training Compliance	85%	81.46%	

Appraisal Compliance

The Walton Centre PDR target has been set at 85%. Targeted chasing and the offer of further support with appraisals will continue. Following feedback from managers regarding the appraisal process, the paperwork is due to undergo review, however, this is on pause awaiting the outcome from the recommended standardised appraisal system outlined in the Messenger report, "Leadership for a collaborative and inclusive future".





Workforce

Well Led - Workforce KPIs

The Walton Centre NHS Foundation Trust

Excellence in Neuroscience

Well Led - Workforce	Target	Actual	Assurance
Sickness / Absence	4.75%	6.82%	
Trust Turnover	-	15.80%	
Nursing Turnover	-	10.87%	
Other Staff Turnover	-	17.21%	

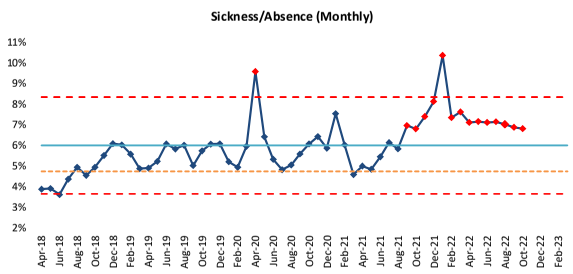
Sickness/Absence

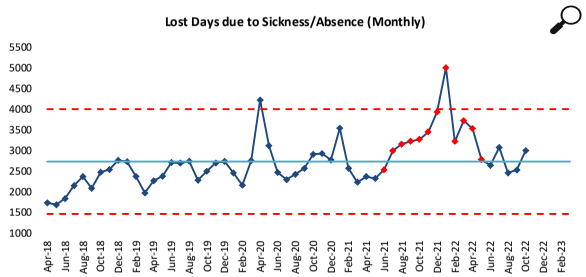
The Trust has seen a significant increase in Sickness/Absence levels which is above the 4.75% target. Sickness continues to be managed and sickness reports are shared monthly with managers and support is provided by HR advisors, who have monthly meetings with ward managers in place. Themes and trends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

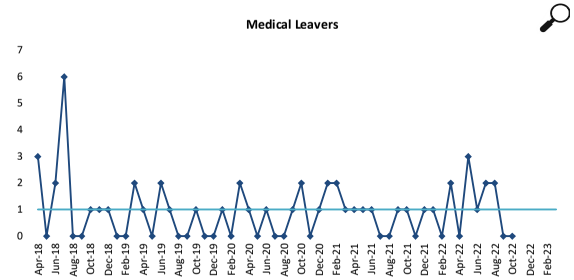
Turnover

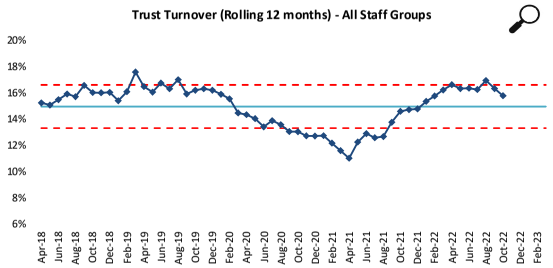
Overall Turnover for the Trust has significantly increased recently, largely driven by Corporate Services and Non Nursing Staff within Divisions. Nursing turnover is within normal variation and the trust is fully established in this area.

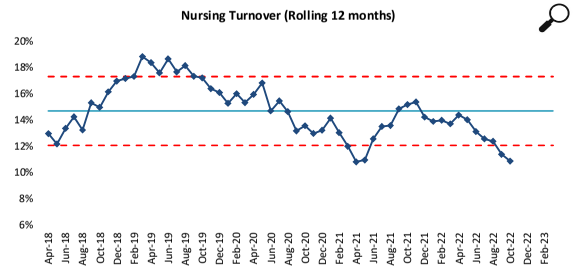
Other staff turnover has increased steadily and reflects the pressures within the wider labour market. This is exacerbated by other NHS providers not adhering to principles of agenda for change.

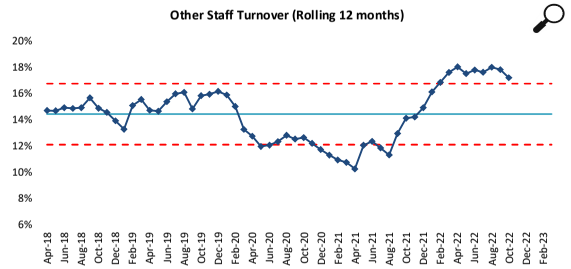












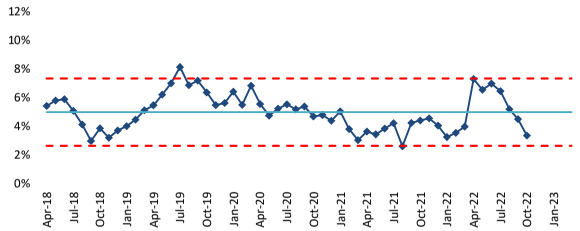
Quality of Care

Well Led - Workforce KPIs

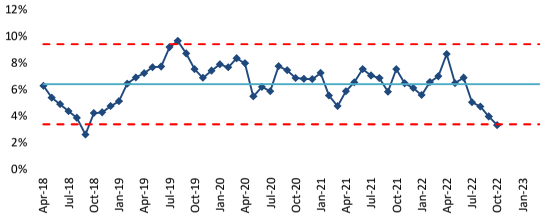
The Walton Centre NHS Foundation Trust

Excellence in Neuroscience

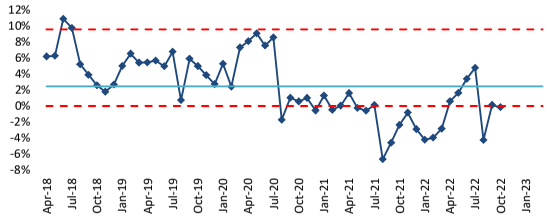
Overall Vacancy Level %



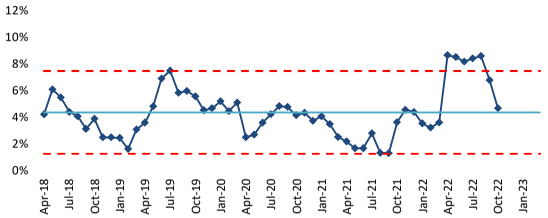
Nursing Vacancy Level %



Medical Vacancy Level %



Other Staff Vacancy Level %



Vacancy Rates

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

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

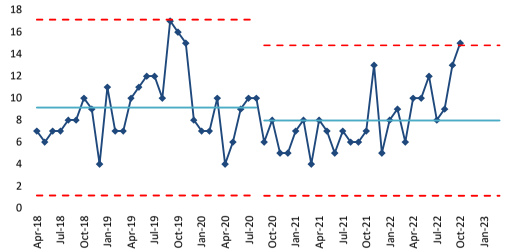
Quality Indicators

Quality of Care

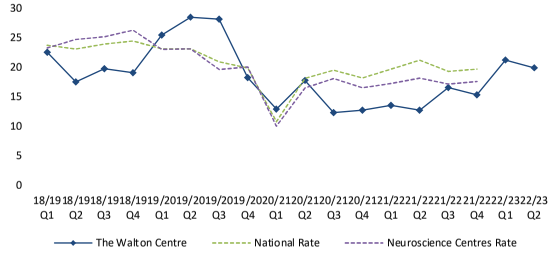
Caring - Complaints

The Walton Centre
NHS Foundation Trust
Excellence in Neuroscience

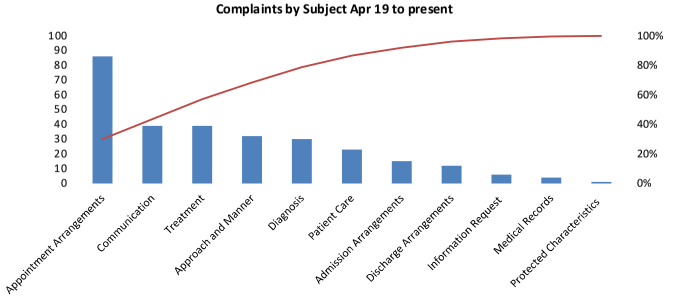
Total New Complaints Received in month



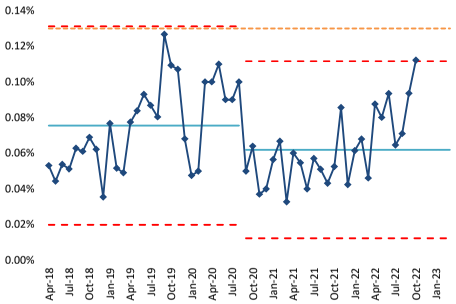
Quarterly Complaints per 1000 WTE



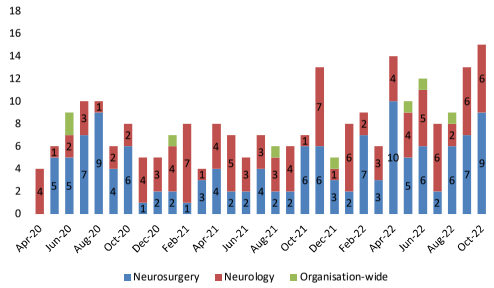
Complaints by Subject Apr 19 to present



% New Complaints Received against Activity



Total New Complaints Received



Complaints by Outcome

	Not Upheld	Partial Upheld	Upheld
19/20	66	32	24
20/21	42	23	6
21/22	45	19	11
22/23	25	14	15

In October 2022 the Trust received 15 new complaints; 6 Neurology and 9 Surgery. Of the 15 complaints received; 3 related to admission, discharge or appointment arrangements and 6 related to treatment, care or diagnosis, 3 related to communcation 2 to approach and manner and 1 to medical records.

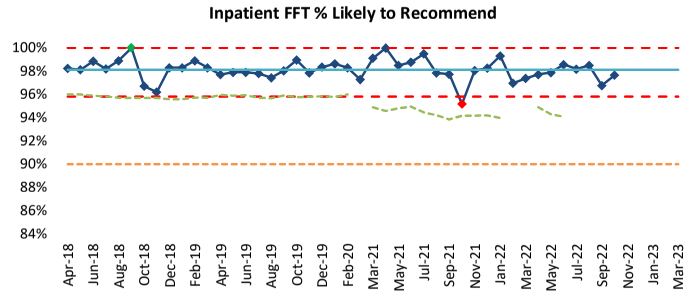
Due to the reduction seen the Trust is now below both the national and peer average up to the latest published period of benchmarking data (Q4 2021/22). Locally there was an increase in complaints in Q1 of 2022/2023 which has dropped again in Q2 of this year but remains above the last reported national average.

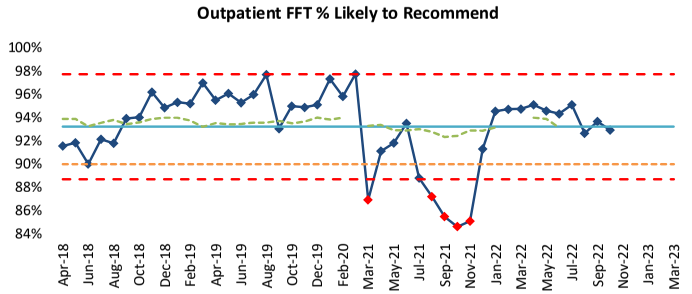
Quality of Care

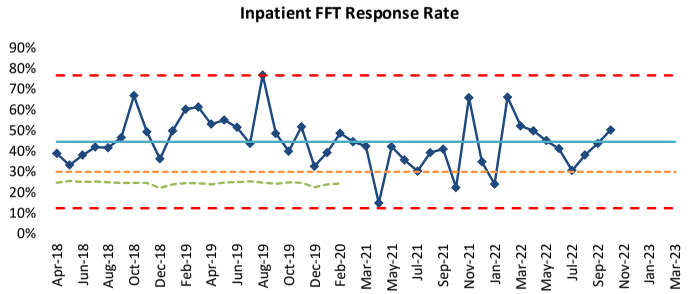
Caring - Friends & Family Test

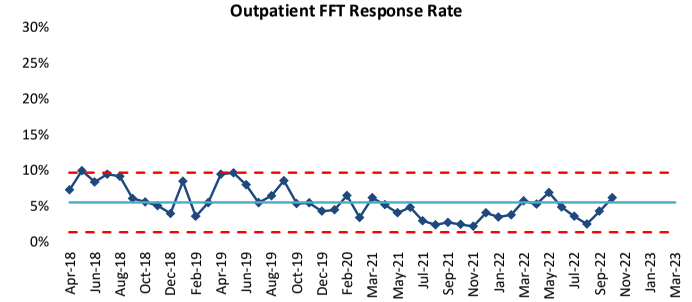
The Walton Centre NHS Foundation Trust

Excellence in Neuroscience







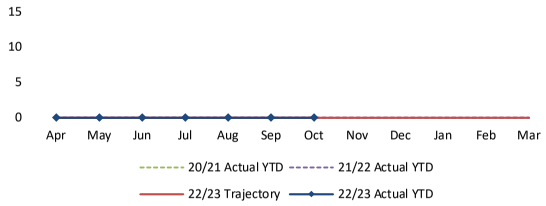


Quality of Care

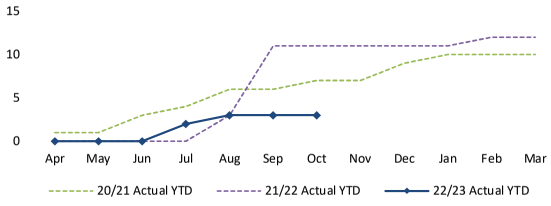
Safe - Infection Control

The Walton Centre
NHS Foundation Trust
Excellence in Neuroscience

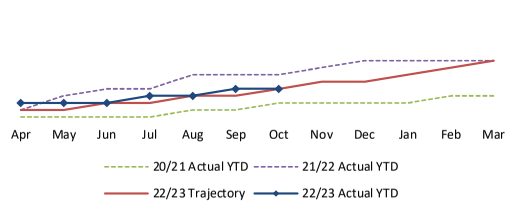
MRSA Bacteraemia



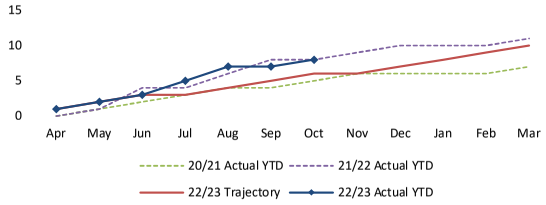
CPE



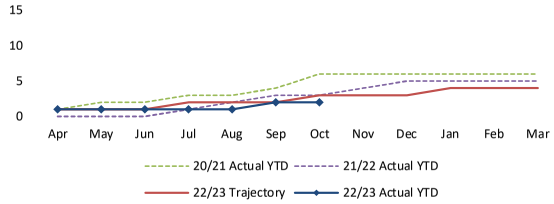
C.Diff



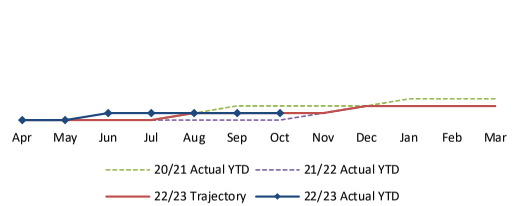
E.Coli



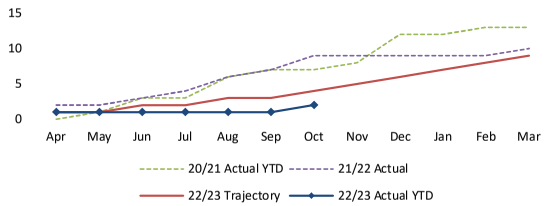
Klebsiella Bacteraemia



Pseudomonas Bacteraemia



MSSA



Total Healthcare Acquired Infections 2022/23

	MRSA B	CPE	C.Diff	E.Coli	KB	PB	MSSA	Total
Cairns		1		3				**4**
Caton		2				1		**3**
Chavasse			1	4				**5**
CRU			1		1			**2**
Dott				1				**1**
Horsley			2		1		2	**5**
Lipton								**0**
Sherrington								**0**
Total	**0**	**3**	**4**	**8**	**2**	**1**	**2**	**20**

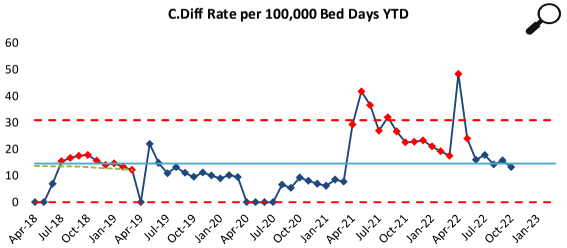
October Breakdown by Ward
1 X E. Coli on Cairns
1 X MSSA on Horsley

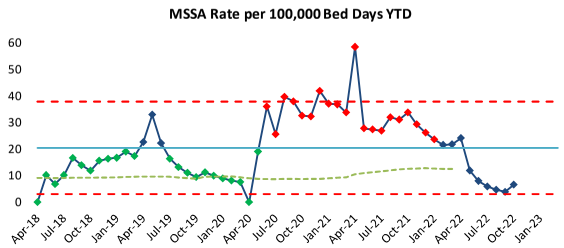
Quality of Care

Safe - Infection Control

The Walton Centre
NHS Foundation Trust

Excellence in Neuroscience





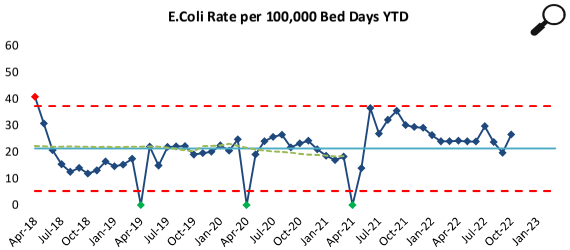
There have been four C.Diff year to date at a rate of 14.6 per 100,000 bed days.

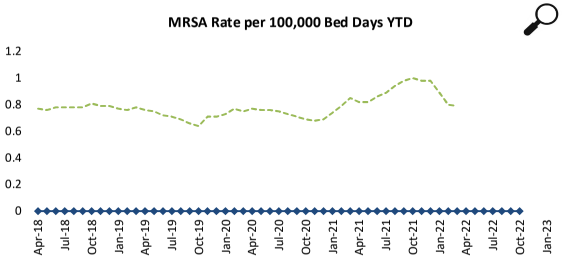
E. Coli cases are at eight during 22/23 at a rate of 26.52 per 100,000 bed days.

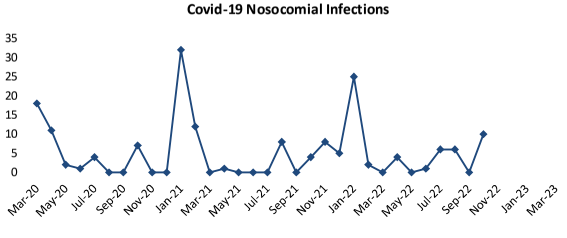
Two Klebsiella cases YTD give a rate of 9.70 per 100,000 bed days.

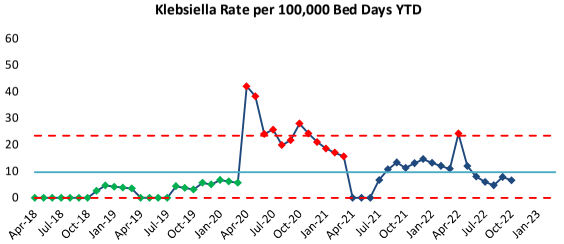
There has been two MSSA at a rate of 6.63 and one Pseudomonas YTD at a rate of 2.43 per 100,000 bed days. The MSSA rate reamins below the last updated national average.

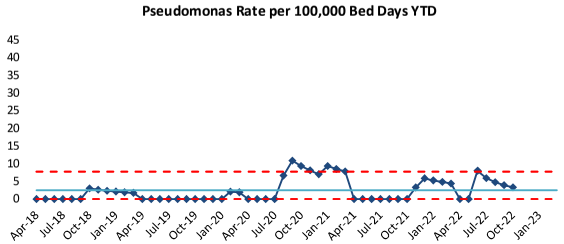
Covid-19 Nosocomial infections are lab confirmed PCR results only. There were 10 infections in month.











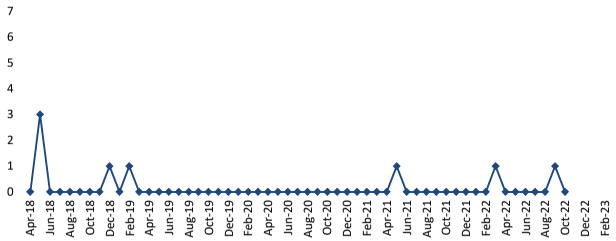
Quality of Care

Safe - Harm Free Care

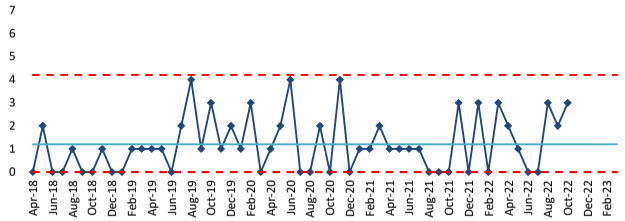
The Walton Centre
NHS Foundation Trust

Excellence in Neuroscience

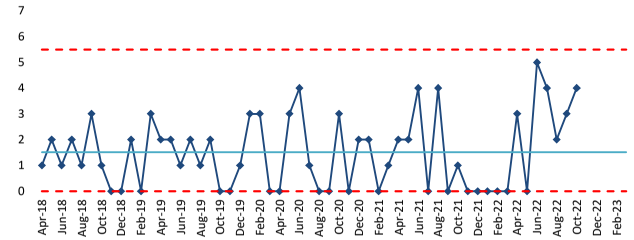
Total Moderate or Above Harm Inpatient Falls



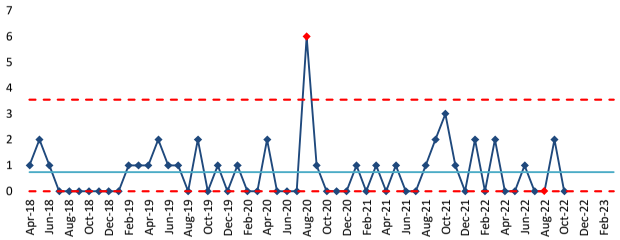
Total Hospital Acquired Pressure Ulcers (Category 2, 3, 4, Unstageable & Mucosal)



CAUTI Incidences



VTE Incidences



Falls
There were no falls with moderate or above harm in month.

Pressure Ulcers
There were three Hospital Acquired Pressure Ulcers in month

CAUTI
There were four CAUTI incidents this month.

VTE
There were no VTE incidences in month

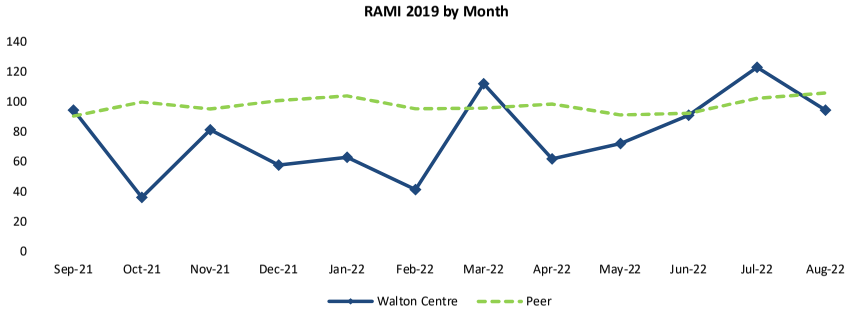
All harm measures are within normal variation.

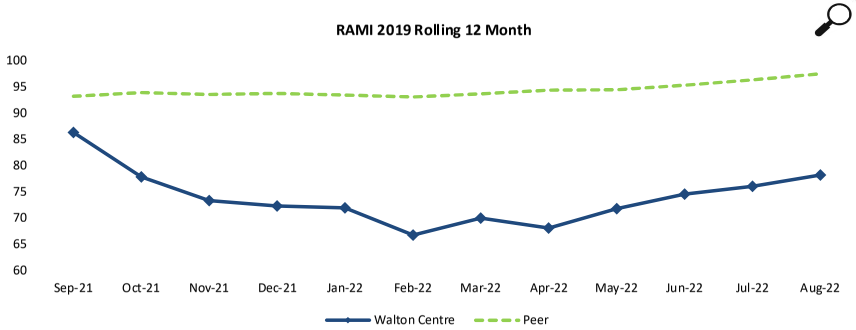
Quality of Care

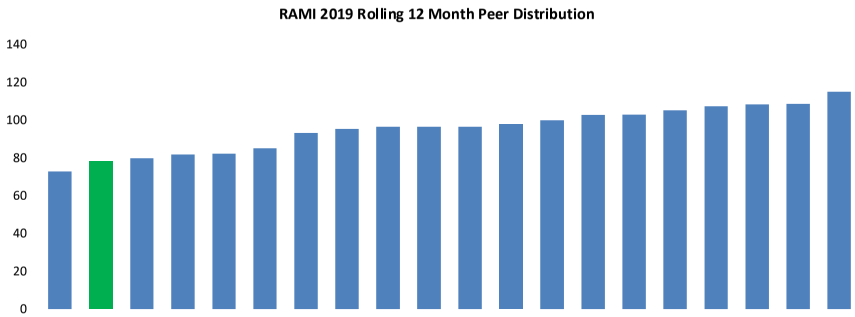
Safe - Mortality

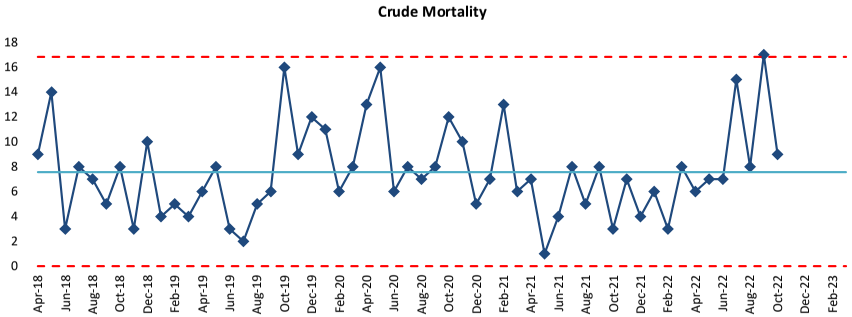
The Walton Centre NHS Foundation Trust

Excellence in Neuroscience









As at August 2022 the rolling 12 month RAMI19 figure is 78.21. During the period there were a total of 74 observed deaths against 95 expected deaths. Compared to peers The Walton Centre has performed significantly better during the period.

RAMI19 excludes deaths following a positive covid-19 result. During the rolling 12 month period there have been 8 deaths following a positive covid-19 result, of which 2 were in October.

Crude mortality is within normal variation

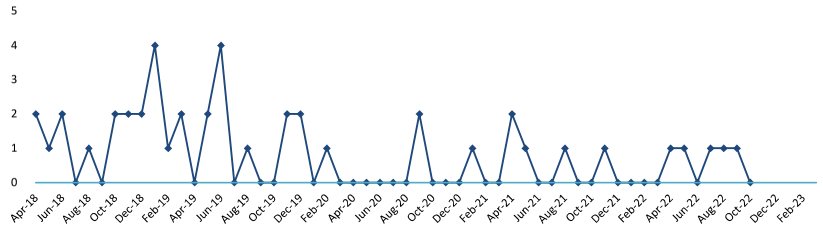
Quality of Care

Safe - Governance

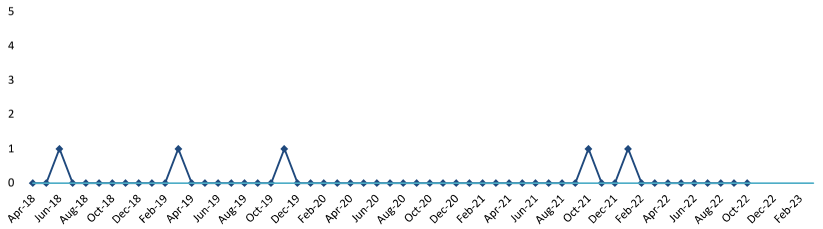
The Walton Centre NHS Foundation Trust

Excellence in Neuroscience

Total SIs Reported



Total Never Events Reported



Ward Scorecard

October 2022

The Walton Centre
NHS Foundation Trust

Excellence in Neuroscience

Number of shifts judged in each of the four categories and number flagged overall	Safe Staffing						Harms				Infection Control			
	Green	Grey	Amber	Red	Flagged	Walton Cares	Pressure Ulcers	Falls (Mod+)	UTI	VTE	MRSA	MSSA	E Coli	C Diff
Cairns	0	20	66	7		Gold	1	0	1	0	0	0	1	0
Caton	11	68	69	4		Silver	0	0	1	0	0	0	0	0
Chavasse	12	35	44	2	2	Gold	0	0	0	0	0	0	0	0
CRU	1	26	59	7	20		0	0	0	0	0	0	0	0
Dott	6	43	43	1		Gold	0	0	1	0	0	0	0	0
Horsley ITU	35	50	8	0			1	0	1	0	0	1	0	0
Lipton	3	39	48	3		Silver	0	0	0	0	0	0	0	0

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

WELL LED

Finance

Key Performance Indicators	August	September	October
% variance from plan - Year to date	18.2%	19.5%	24.5%
% variance from plan - Forecast	0.0%	7.3%	11.6%
% variance from efficiency plan - Year to date	5.3%	3.0%	0.0%
% variance from efficiency plan - Forecast	-21.0%	-8.3%	-7.0%
Capital % variance from plan - Year to date	51.6%	35.9%	42.0%
Capital % variance from plan - Forecast	0.0%	0.0%	0.0%
Capital Service Cover *	2.9	3.2	3.5
Liquidity **	34.6	35.0	38.8
Cash days operating expenditure ***	93.1	91.3	95.5
BPPC - Number	85.5%	86.3%	86.5%
BPPC - Value	83.8%	83.2%	84.5%

* Capital service cover - the level of income available to fund the Trust's capital commitments
** Liquidity - the level of cash available to fund the Trust's activities
*** Number of days cash available to cover operating expenditure

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

Trust I&E	In month			Year to Date			Full Year		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Operating income from patient care activities	13,216	14,057	841	92,505	94,652	2,147	158,610	162,576	3,966
Other operating income	642	769	127	4,500	4,362	(138)	7,728	7,556	(172)
Donated Income	0	0	0	0	0	0	0	0	0
Total Operating Income	**13,858**	**14,826**	**968**	**97,005**	**99,014**	**2,009**	**166,338**	**170,132**	**3,794**
Employee expenses	(7,004)	(7,488)	(484)	(49,669)	(49,001)	668	(84,722)	(85,677)	(955)
Operating expenses excluding employee expenses	(6,418)	(6,813)	(395)	(44,978)	(47,416)	(2,438)	(77,030)	(79,704)	(2,674)
Total Operating Expenditure	**(13,422)**	**(14,301)**	**(879)**	**(94,647)**	**(96,417)**	**(1,770)**	**(161,752)**	**(165,381)**	**(3,629)**
EBITDA	**436**	**525**	**89**	**2,358**	**2,597**	**239**	**4,586**	**4,751**	**165**
Finance income	20	60	40	140	260	120	240	445	205
Finance expense	(48)	(49)	(1)	(338)	(338)	0	(583)	(578)	5
PDC dividends payable/refundable	(137)	(140)	(3)	(956)	(972)	(16)	(1,639)	(1,667)	(28)
Other gains/(losses) including disposal of assets	0	0	0	0	(7)	(7)	0	(7)	(7)
Financial performance surplus/(deficit)	**271**	**396**	**125**	**1,204**	**1,540**	**336**	**2,604**	**2,944**	**340**
I&E impact capital donations and profit on asset disposals	22	22	0	154	151	(3)	264	257	(7)
Adjusted financial performance surplus/(deficit)	**293**	**418**	**125**	**1,358**	**1,691**	**333**	**2,868**	**3,201**	**333**

Month 7 – in month £418k surplus compared to £293k planned surplus – an in month favourable variance of £125k.

Year to Date - £1,691k surplus compared to £1,358k planned surplus, a YTD favourable variance of £333k.

Income - YTD overperformance of £2,009k, due to:

- Increased NHS England funding relating to the 2022/23 pay award.
- Increased reimbursement for High-Cost Drugs and Devices due to higher volumes being used.
- Increased Isle of Man activity.
- Increased level of Health Education England funding.
- Offset by risk around thrombectomy and Transcranial ultrasound activity, and Spinal ERF activity and Injury recovery income.
- Lower than anticipated salary recharges due to delayed transfer of Health Procurement Liverpool staff (offset in expenditure).

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

Expenditure (inc. Financing Costs) - YTD over-spend of £1,676k due to:

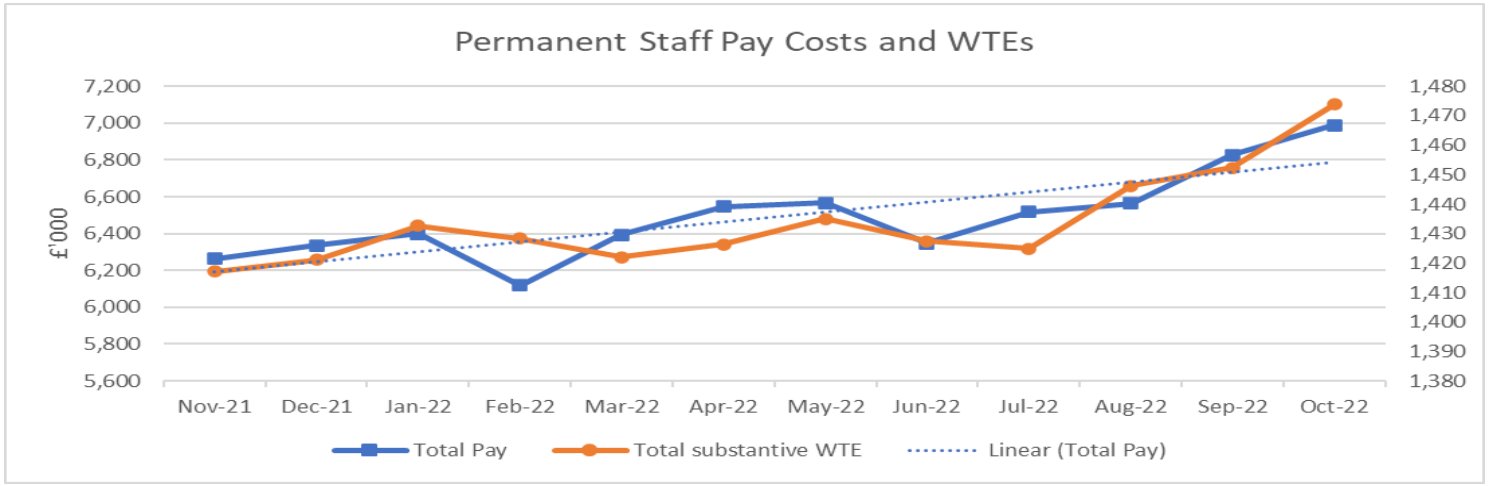
- Increased pay costs due to 2022/23 pay award being higher than was assumed by NHSE at budget setting.
- Increased spend on High-Cost Drugs and Devices including spend on Botox that is no longer reimbursed as it is no longer classed as an excluded drug.
- Offset by Non-recurrent vacancy savings.
- Delays in TUPE of Health Procurement Liverpool staff, all staff have now transferred in October.

STATEMENT OF FINANCIAL POSITION - 2022/23	Plan Oct-22	Actual Oct-22	Variance
	£'000	£'000	£'000
Intangible Assets	642	882	240
Tangible Assets	94,444	92,607	(1,837)
Right of use assets - leased assets	75	72	(3)
Receivables	428	434	6
TOTAL NON CURRENT ASSETS	**95,589**	**93,995**	**(1,594)**
Inventories	1,841	754	(1,087)
Receivables	6,315	5,639	(676)
Cash at bank and in hand	34,838	41,574	6,736
TOTAL CURRENT ASSETS	**42,994**	**47,967**	**4,973**
Payables	(24,207)	(28,788)	(4,581)
Borrowings	(1,668)	(1,681)	(13)
Provisions	(55)	(66)	(11)
TOTAL CURRENT LIABILITIES	**(25,930)**	**(30,535)**	**(4,605)**
TOTAL ASSETS LESS CURRENT LIABILITIES	**112,653**	**111,427**	**(1,226)**
Borrowings	(21,565)	(21,547)	18
Provisions	(693)	(677)	16
TOTAL ASSETS EMPLOYED	**90,395**	**89,203**	**(1,192)**
Public Dividend Capital	36,176	34,617	(1,559)
Revaluation Reserve	7,377	7,377	0
Income and Expenditure Reserve	46,842	47,209	367
TOTAL TAXPAYERS EQUITY AND RESERVES	**90,395**	**89,203**	**(1,192)**

STATEMENT OF CASH FLOW - 2022/23	Plan Oct-22	Actual Oct-22	Variance
	£'000	£'000	£'000
Cash flows from operating activities			
Operating surplus/(deficit)	**2,358**	**2,596**	**238**
Non-cash income and expense:	4,101	4,318	217
Working Capital	(815)	2,413	3,228
Net cash generated from/(used in) operations	**5,644**	**9,327**	**3,683**
Cash flows from investing activities	(9,493)	(6,434)	3,059
Cash flows from financing activities	(385)	(2,042)	(1,657)
Increase/(decrease) in cash and cash equivalents	**(4,234)**	**851**	**5,085**
OPENING CASH	**39,072**	**40,723**	**1,651**
CLOSING CASH	**34,838**	**41,574**	**6,736**

Year to Date - £41,574k cash balance compared to £34,838k plan, a YTD favourable variance of £6,736k:

- Opening cash balance against plan: £1,651k
- Operating surplus above plan: £238k
- Movement in inventories: £864k
- Movement in payables/receivables: £2,368k
- Capital programme: £2,939k
- Public dividend capital drawdown below plan: (£1,560k)
- Other balance sheet movements: £236k
- **Total** **£6,736k**



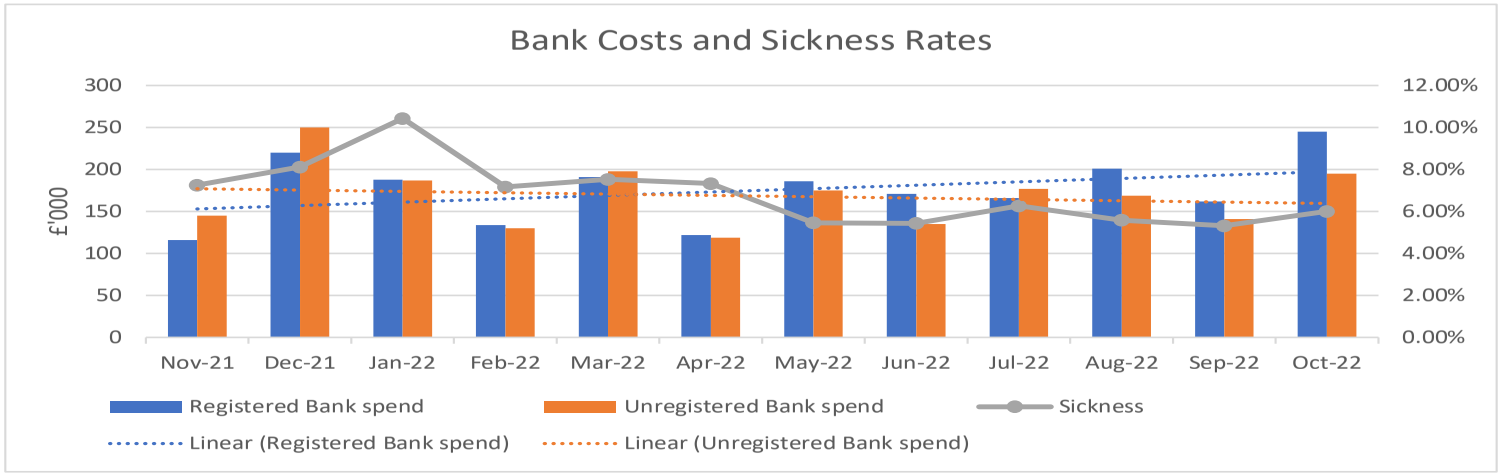
September 2022 increase caused by six months backpay being paid relating to that year's pay award. Increase in cost and wte's in October due to HPL TUPE.

Pay costs:

- Aug: £6,563k
- Sep: £6,827k
- Oct: £6,990k

WTE:

- Aug: 1,446 WTE
- Sep: 1,452 WTE
- Oct: 1,474 WTE



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

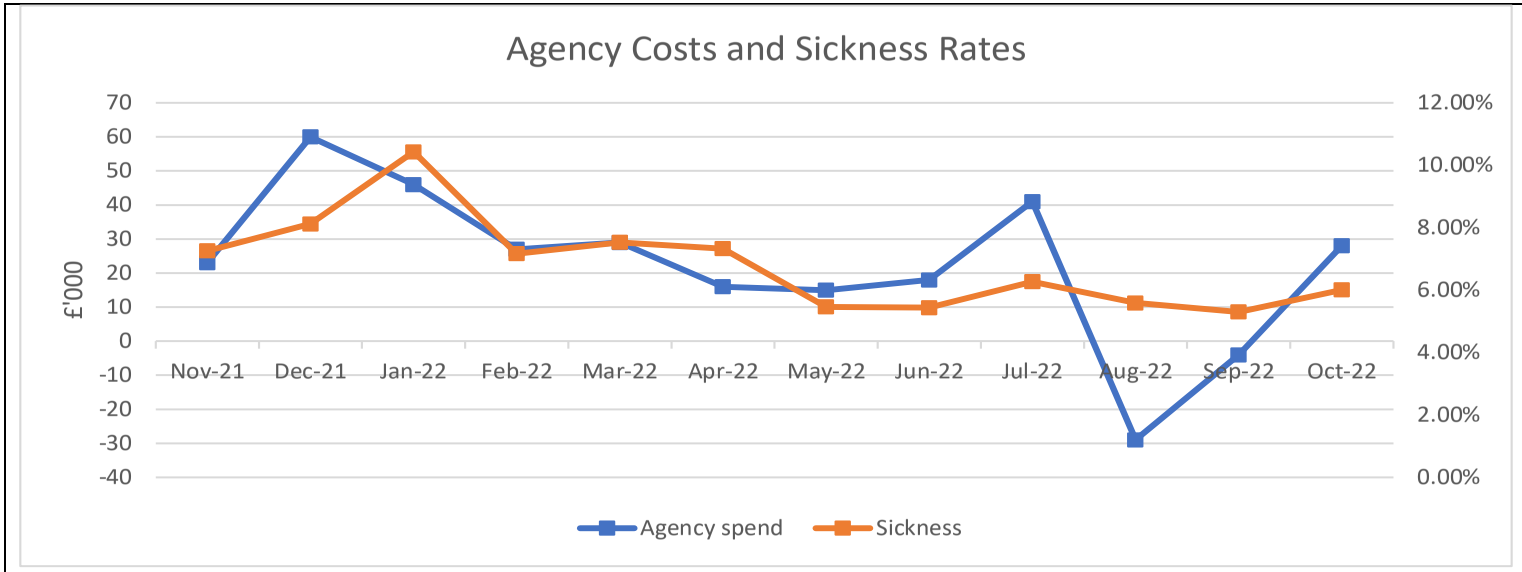
Increase in Registered Bank costs in October 2022 across all wards with a particularly significant increase seen within ITU.

Nursing Bank costs:

- Aug: £370k
- Sep: £303k
- Oct: £440k

Sickness rate:

- Aug: 5.6%
- Sep: 5.3%
- Oct: 6.0%



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

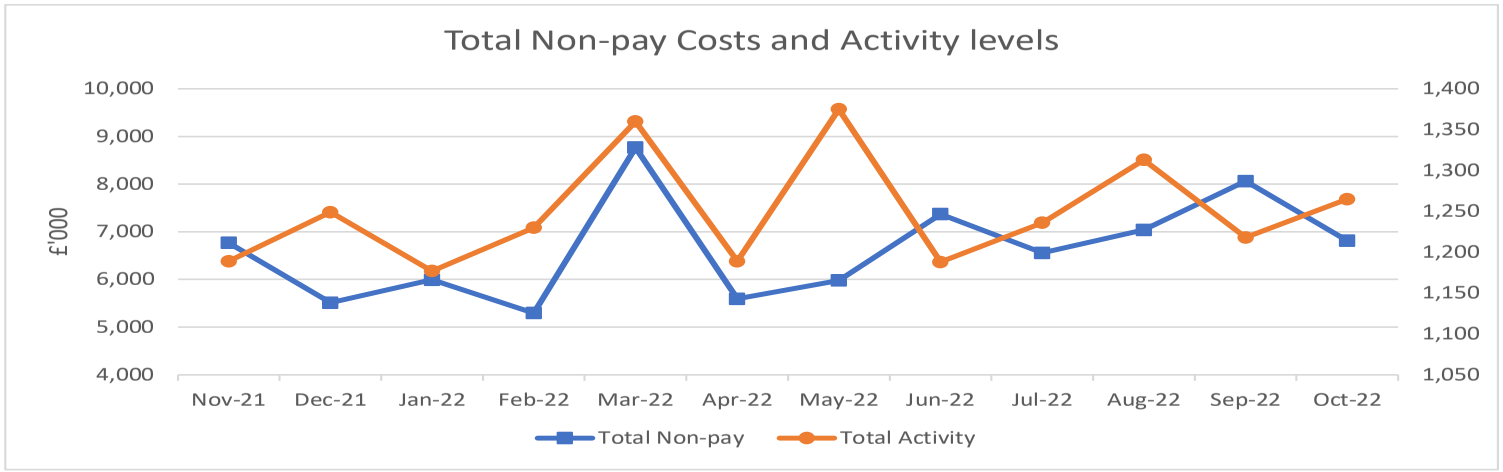
Prior year reversal in August and September, as all invoices have been received, with actual costs being lower than anticipated at the end of the year.

Agency costs:

- Aug: (£29k)
- Sep: (£4k)
- Oct: £28k

Sickness rate:

- Aug: 5.5%
- Sep: 5.3%
- Oct: 6.0%



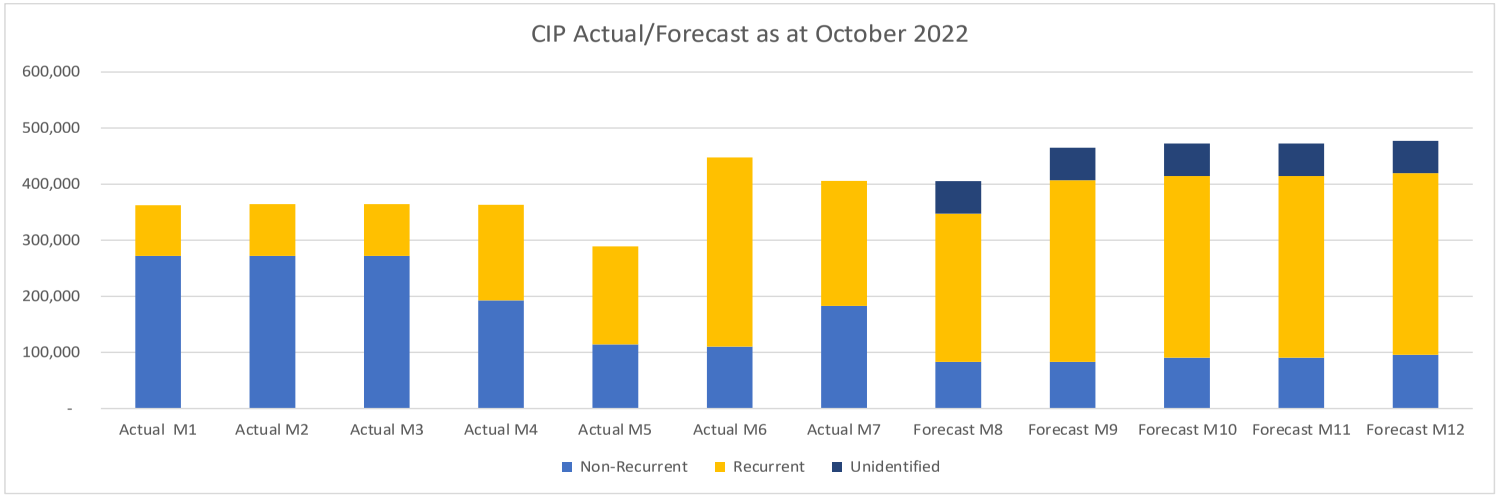
Increased costs in March 2022 are caused by increased consumable spend at the financial year end.

Non-pay costs:

- Aug: £7,038k
- Sep: £8,063k
- Oct: £6,811k

Inpatient activity:

- Aug: 1,313 spells
- Sep: 1,218 spells
- Oct: 1,265 spells



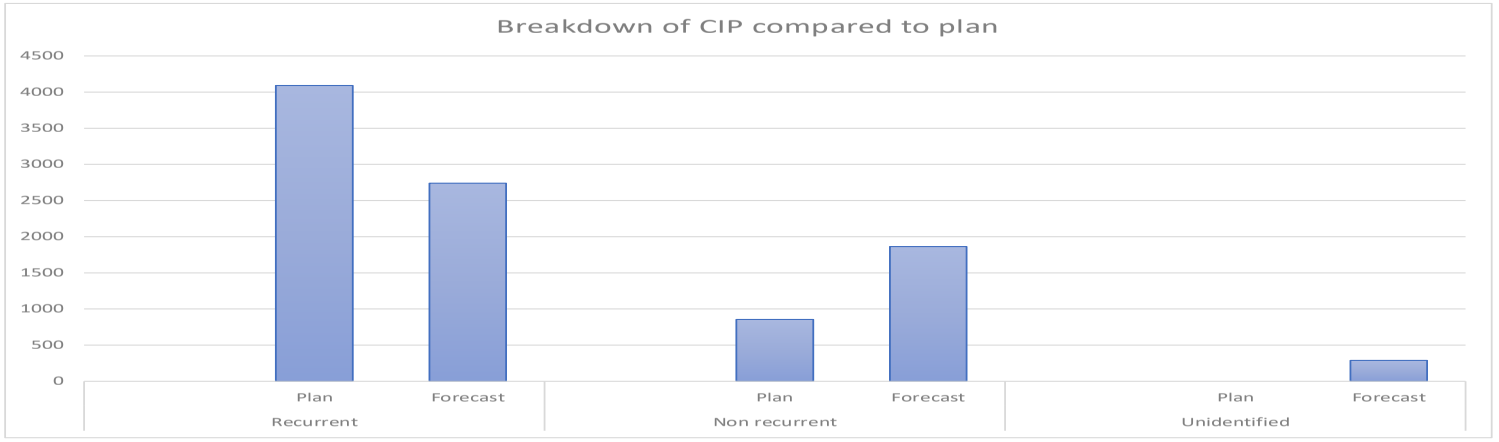
- £0.3m CIP remains unidentified.
- Further work to be undertaken with clinical and operational teams to identify schemes to achieve this amount.

Recurrent CIP:

- Aug: £620k
- Sep: £957k
- Oct: £1,180k

Non-recurrent CIP:

- Aug: £1,124k
- Sep: £1,235k
- Oct: £1,417k



- £4.1m (82.7%) of the CIP plan was required to be delivered recurrently.
- Currently anticipating that £2.7m (56.0%) will be delivered recurrently with the remainder either non-recurrent. (£1.9m/38.1%) or unidentified (£0.3m/5.9%).
- Review of non-recurrent schemes being undertaken to ascertain if any schemes can be converted to recurrent schemes instead.

PATIENT RELATED INCOME

	In month			Year to Date			Full Year		
Patient Related	**Plan £'000**	**Actual £'000**	**Variance £'000**	**Plan £'000**	**Actual £'000**	**Variance £'000**	**Plan £'000**	**Forecast £'000**	**Variance £'000**
NHS England	9,203	9,899	696	64,409	67,223	2,814	110,426	114,946	4,520
Clinical Commissioning Groups	2,108	2,146	38	14,759	15,052	293	25,323	25,790	467
Wales	1,705	1,796	91	11,937	12,127	190	20,464	21,181	717
Isle of Man	140	191	51	978	1,277	299	1,677	1,277	(400)
Other Patient Related Income	60	25	(35)	422	(1,027)	(1,449)	720	(618)	(1,338)
Total Patient Related Income	**13,216**	**14,057**	**841**	**92,505**	**94,652**	**2,147**	**158,610**	**162,576**	**3,966**

To note that patient related income includes ERF income

NON-PATIENT RELATED INCOME

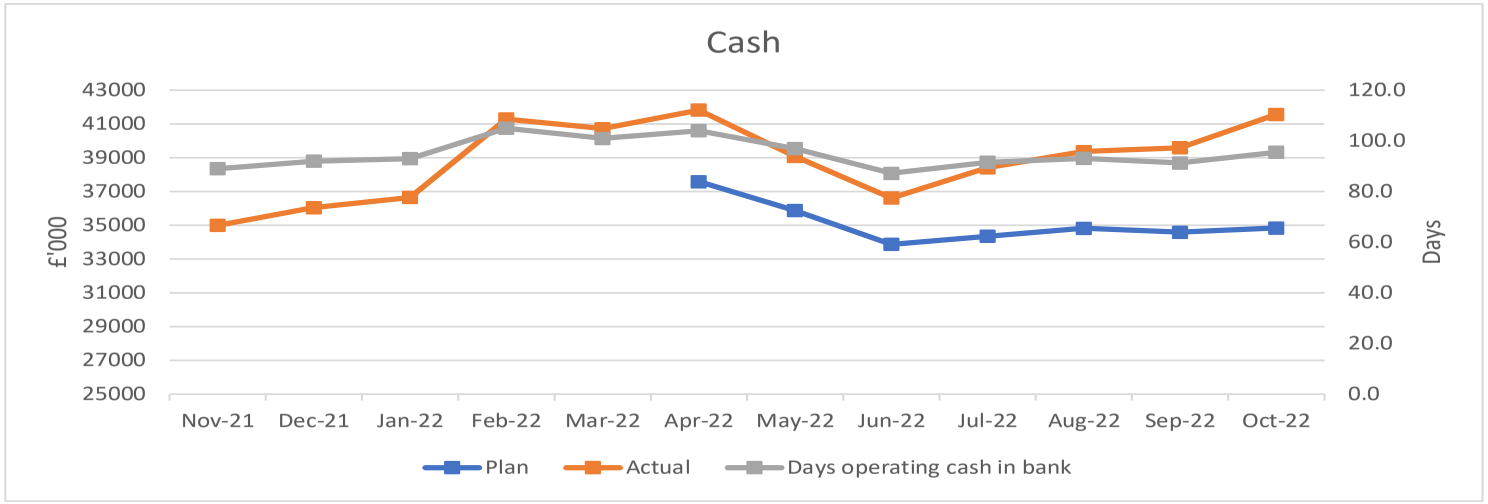
	In month			Year to Date			Full Year		
Non-patient Related	**Plan £'000**	**Actual £'000**	**Variance £'000**	**Plan £'000**	**Actual £'000**	**Variance £'000**	**Plan £'000**	**Forecast £'000**	**Variance £'000**
Research & Development Income	65	88	23	457	630	173	783	1,044	261
Education And Training	269	372	103	1,880	2,125	245	3,223	3,706	483
Employee Benefits Income	218	213	(5)	1,531	935	(596)	2,635	1,705	(930)
Other Non-patient Related Income	90	96	6	632	672	40	1,087	1,101	14
Total Patient Related Income	**642**	**769**	**127**	**4,500**	**4,362**	**(138)**	**7,728**	**7,556**	**(172)**

	In month			Year to Date			Full Year		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Elective Recovery Funding	327	328	1	2,283	2,301	18	3,947	3,945	(2)

To note: for reporting purposes, Trusts have been asked to include all planned ERF up to month 7. The year to date variance is due to the difference in phasing of ERF payments compared to plan.

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
Division									
Heating & Pipework	100	97	3	700	747	(47)	1,200	1,200	0
Estates	70	0	70	486	13	473	836	1,281	(445)
IM&T	98	0	98	98	86	12	593	608	(15)
Neurology	0	1	(1)	0	44	(44)	0	44	(44)
Neurosurgery	125	19	106	125	343	(218)	3,109	2,526	583
Corporate	0	0	0	0	0	0	0	79	(79)
TOTAL (excl. external funding)	**393**	**117**	**276**	**1,409**	**1,233**	**176**	**5,738**	**5,738**	**0**
Donated Assets	0	0	0	0	0	0	0	0	0
Digital Aspirant	223	99	124	1,560	488	1,072	2,675	2,675	0
Diagnostics Digital Capability (PDC)	0	0	0	0	0	0	416	416	0
TOTAL (incl. external funding)	**223**	**99**	**124**	**1,560**	**488**	**1,072**	**3,091**	**3,091**	**0**
TOTAL	**616**	**216**	**400**	**2,969**	**1,721**	**1,248**	**8,829**	**8,829**	**0**

- Capital expenditure in month of £216k
- Year to date Capital spend of £1,721k, £488k of which is Digital Aspirant.
- Year to date spend on divisional schemes includes:
  - Heating and pipework replacement
  - Bed repurposing
  - IT staffing
  - Radiology Syngo equipment
  - Theatres Brain lab and S7 equipment
- Additional Public Dividend Capital (PDC) has been secured in relation to Digital Diagnostic Capability programme (£416k), which has been incorporated into the capital plan and forecast.
- Further work has been undertaken by the divisions on forecasting anticipated capital spend meaning that the 22/23 capital demands is now roughly in line with plan and all schemes are in the process of being mobilised.

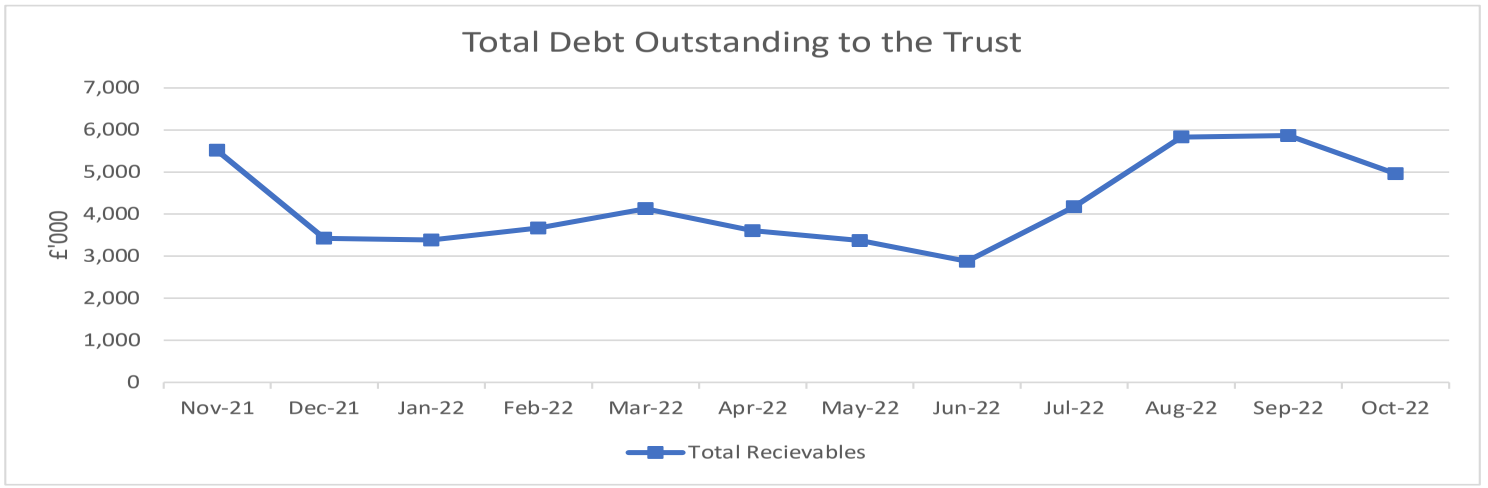


Cash:

- Aug: £39,367k
- Sep: £39,592k
- Oct: £41,574k

Operating expenditure days cover:

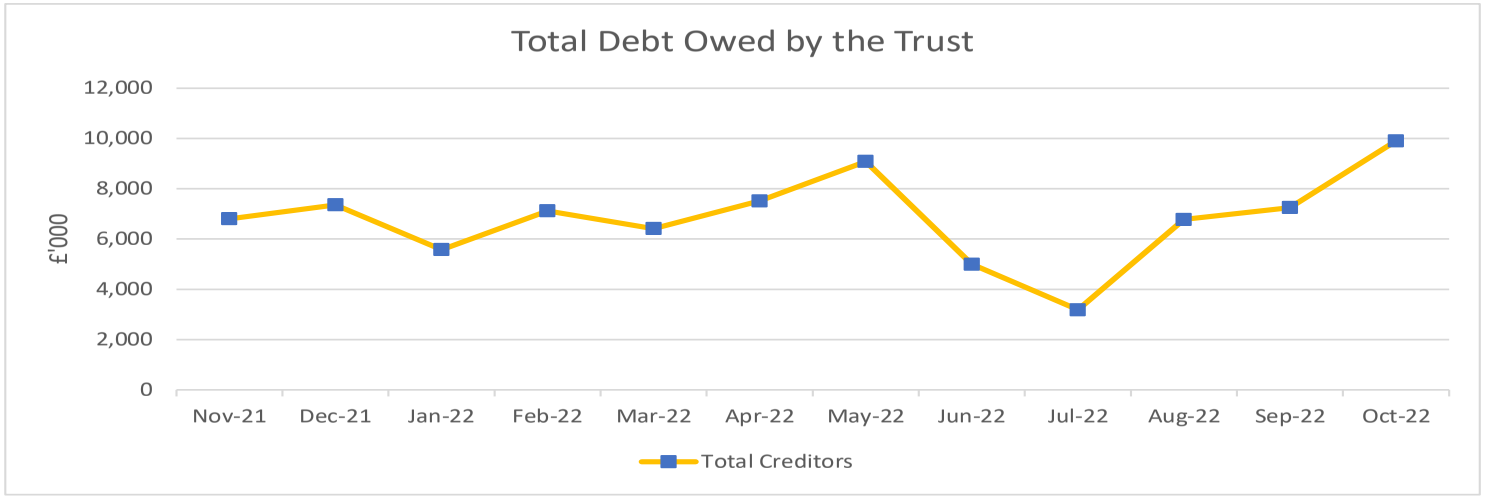
- Aug: 93.1 days
- Sep: 91.3 days
- Oct: 95.5 days



- November 2021 increase due to two large value invoices to Isle of Man and Health Education England raised in month.
- August 2022 increase due to WHSSC year-end settlement invoice, Isle of Man M1-4 invoice and M4-6 Health Education England invoice that all fall in the 0-61 days outstanding position. Isle of Man invoice still yet to be settled and is being followed up by the Finance team.

Debt outstanding to Trust:

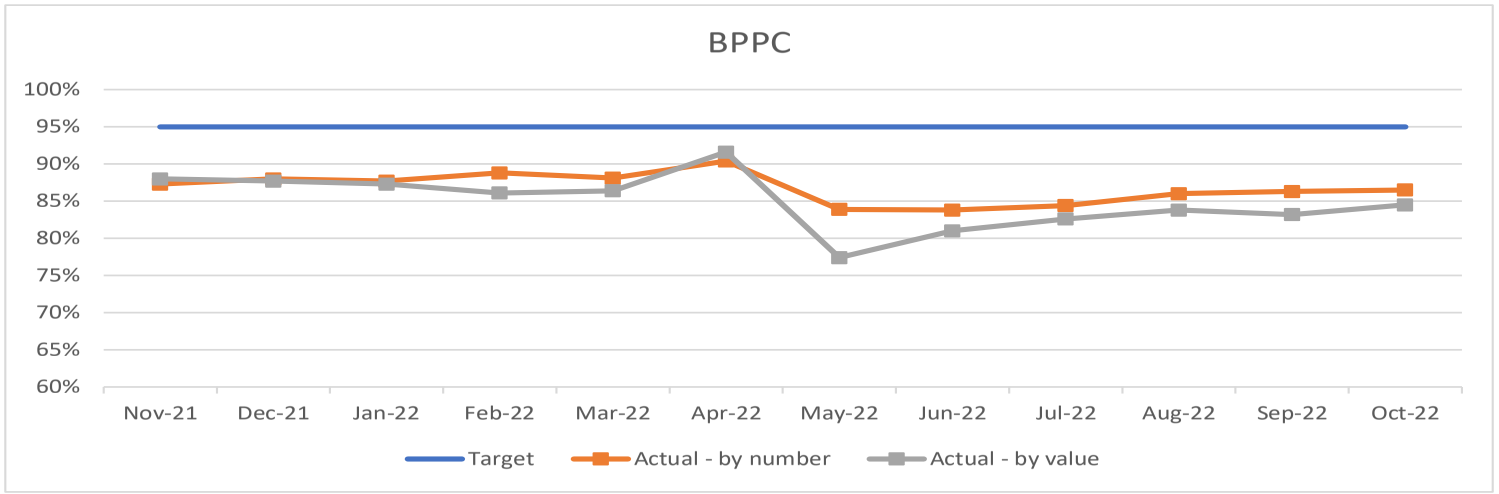
- Aug: £5,830k
- Sep: £5,866k
- Oct: £4,960k



Debt owed by the Trust:

Increase in M7 due to £1.2m of NHS Supply Chain invoices which have since been paid.

- Aug: £6,777k
- Sep: £7,249k
- Oct: £9,905k



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

- The Trust BPPC percentage (by number of invoices paid) at the end of October is 86.5%. This has improved from 86.3% at the end of September.
- The Trust BPPC percentage (by value of invoices paid) at the end of October is 84.5%. This has deteriorated from 83.2% at the end of September.
- Action plan now in place to improve BPPC performance.
- This involves collaborative working across the whole finance team, procurement, and the divisions to ensure that invoices are approved in a timely manner. and analysed prior to breaching the 30-day limit.

EXPENDITURE - NEUROLOGY

	In month			Year to Date			Full Year		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Registered nursing, midwifery and health visiting staff	(471)	(421)	50	(3,252)	(2,915)	337	(5,714)	(5,027)	687
Allied health professionals	(518)	(499)	19	(3,551)	(3,453)	98	(6,084)	(5,950)	134
Other scientific, therapeutic and technical staff	(110)	(85)	25	(770)	(627)	143	(1,319)	(1,053)	266
Health care scientists	(63)	(63)	0	(440)	(438)	2	(754)	(751)	3
Support to nursing staff	(255)	(240)	15	(1,787)	(1,748)	39	(3,097)	(2,946)	151
Support to allied health professionals	(78)	(77)	1	(544)	(539)	5	(923)	(923)	0
Support to other clinical staff	(1)	(1)	0	(11)	(12)	(1)	(15)	(19)	(4)
Medical - Consultants	(844)	(798)	46	(5,801)	(5,530)	271	(9,913)	(9,562)	351
Medical - Junior	(248)	(267)	(19)	(1,697)	(1,596)	101	(2,902)	(2,932)	(30)
NHS infrastructure support	(203)	(188)	15	(1,396)	(1,311)	85	(2,414)	(2,252)	162
Bank/Agency	(82)	(201)	(119)	(562)	(1,231)	(669)	(562)	(2,222)	(1,660)
Total Pay Expenditure	**(2,873)**	**(2,840)**	**33**	**(19,811)**	**(19,400)**	**411**	**(33,697)**	**(33,637)**	**60**
Supplies and services – clinical (excluding drugs costs)	(677)	(630)	47	(4,742)	(4,992)	(250)	(8,130)	(8,565)	(435)
Supplies and services - general	(17)	(17)	0	(122)	(118)	4	(209)	(202)	7
Drugs costs	(1,736)	(1,993)	(257)	(12,151)	(14,839)	(2,688)	(20,830)	(25,438)	(4,608)
Establishment	(2)	(1)	1	(14)	(17)	(3)	(23)	(29)	(6)
Premises - other	(111)	121	232	(778)	(425)	353	(1,334)	(905)	429
Transport	(5)	(4)	1	(37)	(37)	0	(63)	(64)	(1)
Education and training - non-staff	(1)	3	4	(8)	(8)	0	(13)	(14)	(1)
Lease expenditure	(5)	(4)	1	(38)	(29)	9	(64)	(50)	14
Other	(5)	(2)	3	(33)	(49)	(16)	(57)	(84)	(27)
Total Non-pay Expenditure	**(2,559)**	**(2,527)**	**32**	**(17,923)**	**(20,514)**	**(2,591)**	**(30,723)**	**(35,351)**	**(4,628)**
Total Divisional Operating Expenditure	**(5,432)**	**(5,367)**	**65**	**(37,734)**	**(39,914)**	**(2,180)**	**(64,420)**	**(68,988)**	**(4,568)**

EXPENDITURE - NEUROSURGERY

	In month			Year to Date			Full Year		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Registered nursing, midwifery and health visiting staff	(1,241)	(1,159)	82	(8,646)	(7,934)	712	(14,633)	(13,727)	906
Allied health professionals	(190)	(202)	(12)	(1,308)	(1,302)	6	(2,239)	(1,826)	413
Other scientific, therapeutic and technical staff	(53)	(47)	6	(367)	(354)	13	(628)	(1,075)	(447)
Health care scientists	(78)	(77)	1	(547)	(526)	21	(938)	(911)	27
Support to nursing staff	(282)	(291)	(9)	(2,133)	(1,983)	150	(3,492)	(3,435)	57
Support to allied health professionals	(13)	(12)	1	(88)	(87)	1	(151)	(146)	5
Support to other clinical staff	(2)	(2)	0	(6)	(5)	1	(14)	(14)	0
Medical - Consultants	(804)	(795)	9	(5,325)	(5,337)	(12)	(9,025)	(9,362)	(337)
Medical - Junior	(375)	(402)	(27)	(2,613)	(2,635)	(22)	(4,430)	(4,646)	(216)
NHS infrastructure support	(223)	(205)	18	(1,502)	(1,359)	143	(2,610)	(2,385)	225
Bank/Agency	(56)	(261)	(205)	(367)	(1,363)	(996)	(367)	(2,619)	(2,252)
Total Pay Expenditure	**(3,317)**	**(3,453)**	**(136)**	**(22,902)**	**(22,885)**	**17**	**(38,527)**	**(40,146)**	**(1,619)**
Supplies and services – clinical (excluding drugs costs)	(1,378)	(1,229)	149	(9,646)	(8,894)	752	(16,536)	(15,251)	1,285
Supplies and services - general	(21)	(32)	(11)	(150)	(175)	(25)	(258)	(300)	(42)
Drugs costs	(71)	(84)	(13)	(500)	(530)	(30)	(858)	(908)	(50)
Establishment	(9)	(13)	(4)	(63)	(79)	(16)	(109)	(136)	(27)
Premises - other	(50)	(87)	(37)	(347)	(315)	32	(595)	(541)	54
Transport	(2)	(5)	(3)	(16)	(40)	(24)	(27)	(68)	(41)
Education and training - non-staff	(5)	(3)	2	(32)	(24)	8	(54)	(41)	13
Lease expenditure	(6)	(8)	(2)	(40)	(55)	(15)	(69)	(95)	(26)
Other	(21)	(10)	11	(145)	(108)	37	(249)	(185)	64
Total Non-pay Expenditure	**(1,563)**	**(1,471)**	**92**	**(10,939)**	**(10,220)**	**719**	**(18,755)**	**(17,525)**	**1,230**
Total Divisional Operating Expenditure	**(4,880)**	**(4,924)**	**(44)**	**(33,841)**	**(33,105)**	**736**	**(57,282)**	**(57,671)**	**(389)**

EXPENDITURE - CORPORATE

	In month			Year to Date			Full Year		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Registered nursing, midwifery and health visiting staff	(113)	(130)	(17)	(789)	(773)	16	(1,353)	(1,425)	(72)
Support to nursing staff	(1)	(1)	0	(6)	(7)	(1)	(11)	(12)	(1)
Medical - Consultants	(6)	(6)	0	(45)	(53)	(8)	(77)	(84)	(7)
NHS infrastructure support	(921)	(840)	81	(6,337)	(5,627)	710	(10,810)	(9,981)	829
Apprenticeship Levy	(24)	(27)	(3)	(167)	(180)	(13)	(287)	(314)	(27)
Bank/Agency	(14)	(21)	(7)	(96)	(179)	(83)	(164)	(255)	(91)
Total Pay Expenditure	**(1,079)**	**(1,025)**	**54**	**(7,440)**	**(6,819)**	**621**	**(12,702)**	**(12,071)**	**631**
Non-executive directors	(12)	(10)	2	(87)	(72)	15	(150)	(123)	27
Supplies and services – clinical (excluding drugs costs)	(41)	(27)	14	(221)	(185)	36	(311)	(344)	(33)
Supplies and services - general	(294)	(319)	(25)	(2,055)	(1,904)	151	(3,523)	(3,290)	233
Consultancy	(6)	9	15	(39)	(3)	36	(68)	(9)	59
Establishment	(84)	(68)	16	(613)	(629)	(16)	(1,032)	(980)	52
Premises - business rates payable to local authorities	(65)	(71)	(6)	(454)	(499)	(45)	(778)	(856)	(78)
Premises - other	(480)	(200)	280	(3,361)	(2,245)	1,116	(5,762)	(4,458)	1,304
Transport	(6)	(30)	(24)	(40)	(254)	(214)	(68)	(419)	(351)
Audit fees and other auditor remuneration	(12)	(9)	3	(82)	(66)	16	(141)	(113)	28
Clinical negligence	(475)	(476)	(1)	(3,327)	(3,328)	(1)	(5,704)	(5,705)	(1)
Research and development - non-staff	0	0	0	0	0	0	0	0	0
Education and training - non-staff	(16)	3	19	(115)	(226)	(111)	(197)	(272)	(75)
Lease expenditure	0	(4)	(4)	0	(4)	(4)	0	(7)	(7)
Other	(97)	(309)	(212)	(682)	(958)	(276)	(1,169)	(1,552)	(383)
Total Non-pay Expenditure	**(1,588)**	**(1,511)**	**77**	**(11,076)**	**(10,373)**	**703**	**(18,903)**	**(18,128)**	**775**
Total Divisional Operating Expenditure	**(2,667)**	**(2,536)**	**131**	**(18,516)**	**(17,192)**	**1,324**	**(31,605)**	**(30,199)**	**1,406**

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

Board of Directors Key Issues Report

The Walton Centre NHS Foundation Trust

Report Date: 23/11/22		**Report of:** Business Performance Committee (BPC)
Date of last meeting: 22/11/22		**Membership Numbers:** Quorate
1	**Agenda**	The Committee considered an agenda which included the following: • Transforming Services, The Walton Way • Follow Up Waiting List (Fowl) Report • Integrated Performance Report – October 2022 • Digital Transformation Monthly Update • Digital Substrategy • 2023/24 Financial Plan (first draft) • Finance and Procurement Strategy • Workforce Key Performance Indicators • Appraisal/ Mandatory Training Improvement Plan • Key Issues Report from 8 Sub Committee meetings
2	**Alert**	• In-patient occupancy is at full capacity with 30-40 beds occupied by patients who are a delayed transfer of care due to onward capacity constraints. A significant number relates to those intended to be transferred to the regional spinal rehabilitation centre. This is having an impact on activity; notably, the number of cancelled operations in October 2022 was 3 times normal levels. This situation can be expected to worsen through the winter and the threat of potential industrial action which will lead to activity being reduced further.
3	**Assurance**	*Integrated Performance Report* • All cancer wait/treatment and diagnostic targets continue to be achieved • Reduction of 78 and 104 week waiters remains strong, but 52 week waiters and average wait times continue to progressively increase. Additional spinal patients identified by LUHFT are likely to include a small number of 104 week waiters, which are currently being clinically validated • Activity performance was slightly behind target, although elective activity continues to progressively increase • Admissions on the day of surgery at 79% is the highest on record. This is a flow/efficiency measure, so high is good! • Sickness fell slightly to 5.6% (0.5% of which is Covid related). Vacancy levels are low • Appraisal completion and mandatory training compliance fell, both are now below target for a prolonged period, despite an improvement focus over recent months. Findings from a deep dive review were received. Further improvements include streamlining the appraisal paperwork; introducing mid-year reviews to underpin the emphasis on a process of dialogue instead of an annual ‘big event’; enabling leaders

		to track their department's performance themselves; recruiting specialist trainers where there have been vacancies and prioritising training rooms for training • The reported Income and Expenditure outcome was £125k better than plan in October, cumulatively £300k better than plan YTD and forecast to be sustained to end of year (i.e. forecast surplus of £3.2m v. plan of £2.9m), notwithstanding threats from inflation. Of the planned £5m cost improvement for the year, £2.6m has been delivered so far with a further £2.1m projected, leaving £0.3m unidentified. 56% of YTD delivery is recurrent which is behind the planned recurrent target • Capital spend remains behind plan; a focus is being placed on ensuring that all projects are on track to complete before year end *Other matters* • The Digital Aspirant project continues to make good progress • A closure review of implementation of the prior finance and procurement strategy was received; good achievement was demonstrated although some aspects remain incomplete, impacted notably by vacancies (now filled). A new finance and commercial substrategy is in development
4.	**Advise**	• A refreshed approach to transformation was endorsed. This includes a Strategic Project Management Office to oversee all improvement projects (quality, efficiency, digital) which will replace the existing Transformation Programme Group. ToR will be presented to BPC and the approach outlined in March's Board development day • An intensive clinical review by consultants of their outpatient Follow-Up Waiting Lists (FOWL), spread over the next half year, was endorsed. This follows a successful pilot which broadly halved the waiting lists by redesignating as either suitable for Patient Initiated Follow-Up (PIFU) or discharged. This is expected to result in a far more manageable list with a significant reduction of overdue follow ups and reduced 'Did Not Attend' inefficiencies • A draft of the Digital substrategy was reviewed. This will be further developed, aiming to finalise in February. It is shaped by national, ICS and place digital strategies. It was noted that the Chief Digital Information Officer has strong links into relevant external partnerships • An expanded set of workforce KPIs, developed by the People Group, was endorsed. This includes leading indicators on engagement and health & wellbeing. • An initial draft finance plan for 23/24 was recommended for approval to Trust Board prior to submission to the ICS. It has been prepared in accordance with the premises they have set • 8 Key Issues reports from subgroups were received and noted • The Information Governance Security Forum reported two externally reportable incidents relating to administrative error (patient receiving another patient's letter mixed up with their own and correspondence sent to a patient instead of their consultant) which are brought to the attention of the Audit Committee.
5.	**Risks Identified**	None

6.	**Report Compiled**	David Topliffe Non-Executive Director	Minutes available from:	Corporate Secretary

Board of Directors Key Issues Report

The Walton Centre NHS Foundation Trust

Report Date: 01/12/22		**Report of:** November Quality Committee
Date of last meeting: 17/11/22		**Membership Numbers:** 18
1.	**Agenda**	The considered an agenda which included the following: • Patient Story • Quality Presentation – Cairns Ward (Gold CARES) • Integrated Performance Report & Divisional KPI's • NCEPOD Annual Report • End of Life Care Strategy update • Quality Account Priorities update • Risk Register update • Quality Committee Effectiveness Review (6 monthly update) • Organ Donation Terms of Reference • Subgroup Key Issues Reports
2.	**Alert**	
	Assurance	**QUALITY PRESENTATION -** Liz Gibbons Cairns Ward Manager presented the approach to providing high quality care on Cairns Ward and the CARES assessment process the ward went through to be accredited as Gold. The approach considered a wide variety of data, was multi-professional and involved input from a variety of governance leads. Engaging and supporting staff well-being was highlighted as key to enabling the delivery of high-quality care **MATTERS ARISING** **Tissue viability** and **infection control** (in particular CAUTI); issues initially identified at Committee in July but as yet no agreement reached. Agreed costed implementation plan to be provided at next meeting **INTERGRATED PERFORMANCE REPORT** **Staffing** is adjusted to take account of acuity and dependency and provide safe care on a daily basis. This can require staff covering other wards, some staff found this difficult and felt they were unable to use their skills to the full when moved. Following review of safe staffing red flags on CRU, no harms had been noted. There has since been a redeployment of additional unregistered staff to CRU. CRU CARES assessment, recently completed, was assessed as GOLD The new safe staffing reporting process allows more meaningful data to be analysed. Committee has asked this to be considered as part of the Internal Audit Plan 2023/24

		Flu vaccination uptake was at 50% (597 staff) against an offer of 100% and uptake target of 90% A report to achieve compliance with vaccination targets was requested. **AGENDA ITEMS** Verbal update on **End of Life** care and strategy received, led by LUFHT and monitored through Clinical Effectiveness Group. Annual report and agreed implementation plan to be provided to a future Committee. Number of **complaints** has increased; the data suggested special cause variation. Particular focus on access to services in some outpatient department (OPD) clinics. The Committee noted a CARES assessment to take place in the OPD this is expected to report back to the committee early in the new year **National Confidential Enquiry into Patient Outcomes and Deaths** – NCEPOD report received and progress noted, a number of outstanding actions did not have clear actions or action owners. Committee asked Clinical Effectiveness Group to review an updated report and advise Quality Committee through its Key issues report **Quality Account Priorities** quarterly update presented and progress noted, although presentation of this required further work to provide sufficient assurance and the addition of RAG rating summary table. A number of areas behind target e.g. MUST assessment and pressure ulcers. Plans for the development of next year's **Quality Account Priorities** were outlined and a recommendation made to have a set of a small set of focussed priorities. **Quality Committee Terms of Reference** the likely impact of the revised membership was considered with some concern expressed about the lack of operational representation in the proposed TOR. It was agreed that the Chief Operating Officer would be asked to join to represent this portfolio. The effectiveness of the Committee would be monitored through the monthly review of the meeting and the existing committee review process The revised **Terms of Reference** for the **Organ Donation Committee** were approved The Committee asked that the next Key issues from the Safeguarding Group provided an update on plans to implement the **Oliver McGowan training on Learning Disability** and Autism which becomes compulsory from next April.	
	Advise	Risk associated with the vacancies in **Consultant Neurophysiologists** (2.7) remains particularly challenging, with scoring increased from 8 to 12 so will be monitored by Committee. Mitigations are in place to minimise the disruption to services A number of missed events and prolonged responses to **video telemetry monitoring** in Neurophysiology; the committee was advised that an action plan was in place and an update is to be scheduled for a future Committee meeting.		
2.	Risks Identified	• The risk associated with consultant Neurophysiologists has increased to 12 due to increased vacancy levels		
3.	Report Compiled by	Ray Walker Quality Committee Chair	Minutes available from: Tracey Eaton	

The Walton Centre NHS Foundation Trust

Report to Trust Board
1 December 2022

Report Title	Quality Committee Review of Terms of Reference
Executive Lead	Nicky Martin, Deputy Chief Nurse Andy Nicolson, Medical Director
Author (s)	Katharine Dowson, Corporate Secretary
Action Required	To approve

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

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

Key Messages *(2/3 headlines only)*

- Review of Quality Committee Membership has been completed following an assessment of the impact of similar changes to other Board Committees
- It is recommended to reduce membership of Quality Committee to the voting members only, who are all members of the Board
- To add Chief Operating Officer to the membership

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

- Changes to be introduced from January 2023
- Review of subgroups to take place to adapt agendas and duties if required

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

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

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

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

Strategy ☐	Policy ☐	Service Change ☐

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

Committee/ Group Name	**Date**	**Lead Officer (name and title)**	**Brief Summary of issues raised and actions agreed**
Quality Committee	17 March 2022	Katharine Dowson, Corporate Secretary	Effectiveness review and ToR agreed. Membership considered, review of changes to BPC membership to be considered in six months.
Quality Committee	17 November 2022	Katharine Dowson, Corporate Secretary	Membership reduced to core Board members only Requested that Chief Operating Officer is included to ensure operational angle is retained

Quality Committee Review of Membership/ Terms of Reference

Executive Summary

1. It is proposed to streamline the membership of Quality Committee to bring it into line with Business Performance Committee (BPC) and Research, Innovation and Medical Education (RIME) Committee. Changes made in 2022 have proved effective in focusing these Committees on the key strategic areas and providing assurance to the Board without becoming too operational. The level of challenge by Non-Executive Directors (NEDs) has also improved. The proposed changes mean that only Board Members would attend the meeting as regular members from January 2023.

2. Quality Committee also requested that the Chief Operating Officer joins the Committee from January to provide operational insight

3. As these changes may have an impact on communication between Board members and senior managers it is proposed that the Corporate Secretary reviews the subgroups into Quality Committee over the coming months. Changes have already been made to Hospital Management Group to promote and strengthen communication between senior managers and Executives and ensure wider discussion on quality, performance, finance and workforce risks and issues. A review of the subgroups under Quality Committee would ascertain whether there is any requirement for adaption to ensure that the Chief Nurse and Medical Director are receiving assurance on their full portfolios before attending Quality Committee.

Background and Analysis

4. Recommendations were made in March 2022 to the Quality Committee, following the annual effectiveness review, regarding membership across the Board Committees. These changes were to reduce the Committee Membership to Board Members. These were implemented by BPC in April who also decided to include the Chief Digital Information Officer and Corporate Secretary as regular attendees. Following evaluation of these changes after three months it was agreed that the change in approach had been beneficial to the operation of BPC by allowing more NED challenge to Executive Directors and the committee was subsequently operating more efficiently.

   “The smaller attendee list seems to generate a slicker and more focussed meeting”

5. The intention is to increase the focus on the Non-Executive Directors holding the Executives to account for their portfolio, which is the core purpose of Board Committees. When operational leads and report writers are present there is a tendency for NEDs to hold back from robust challenge and provide more of a support role.

6. A concern has been raised that the Executive Director may not have the detailed knowledge to answer some questions, but this is where the Committee can sometimes stray into operational detail which is not the purpose of the Committee. A further quote from the BPC review supports this:

   “To date, there has not been much that hasn’t been able to be answered by the committee members so it doesn’t seem to be causing additional work outside of the committee”

7. However, it is proposed to review the subgroup structure to ensure that the Chief Nurse and Medical Director will receive sufficient assurance from across their portfolios.

8. Consideration has also been given to the impact on senior leads who may lose access to valuable discussion and information sharing. Hospital Management Group has been refreshed to provide the triumvirate and heads of teams with the opportunity to meet with Executives to discuss performance, risk, workforce and quality issues using the integrated performance report.

9. A further benefit of streamlining membership is reducing the membership burden of staff who have significant pressures on their time and often attend for one item but remain for the full meeting.

10. The regular quality presentation to Quality Committee is something that both the members and visiting teams find useful and it is proposed that an alternative forum for this is found to share good practice and awareness of different functions in the Trust. This is not a core purpose of a Board Committee and it would not be effective to keep this item going with a smaller audience.

11. It is proposed that staff would not routinely attend to present reports as the reports should require minimal presentation if the report format is followed and reports are written effectively. Staff may be invited at times to share annual reports or for development but not on a regular basis. Work is underway with staff to continue to improve the quality of reports being presented to the Committee and review in some cases the best way of presenting the information to Committee.

12. The Committee may co-opt particular staff in for a period of time and it is proposed to ask the Head of Risk to continue to attend for the rest of 2022/23 as the approach to review of risk continues.

13. It is also proposed that the Corporate Secretary continues to attend the meeting to provide an overview across all Committees and advise on process and support ongoing improvement.

Conclusion

14. The Board is asked to approve the revised Terms of Reference, noting the new proposed streamlined membership of the Committee. No other changes have been made to the terms of Reference previously approved by Board. This will match the approach taken for the other Board Committees, reduce the time commitment for staff in meetings and encourage more robust challenge and debate and create a more strategic focus in the Committee.

Recommendation

To agree the changes to the membership as set out in the revised Terms of Reference (Appendix 1) and recommend to Board these changes for approval.

Author: Katharine Dowson
Date: 17 November 2022

Appendix 1 – Quality Committee Draft Terms of Reference Nov 2022

QUALITY COMMITTEE
TERMS OF REFERENCE

Authority/Constitution

1. The Quality Committee is authorised by the Board of Directors of The Walton Centre NHS Foundation Trust.

2. The Quality Committee has no executive powers other than those specifically delegated in these Terms of Reference.

3. The Quality Committee has the authority to oversee and take decisions relating to the organisation's activities which also support the achievement of the organisation's objectives.

4. The Quality Committee is authorised to request specific reports from individual functions within the organisation and to seek any information it requires from any member of staff in order to perform its duties.

5. The Quality Committee is authorised to create operational sub-groups, advisory or working groups as are necessary to fulfil its responsibilities within its terms of reference. The Committee may not delegate executive powers and remains accountable for the work of any such group. Any of these groups will report directly to the Quality Committee who will oversee their work.

Purpose

6. The purpose of the Committee is to provide the Board of Directors with assurance that there is a comprehensive and integrated approach to patient safety and quality throughout the organisation. It ensures that high standards of care are provided by the Trust and in particular, it ensures that adequate governance structures, processes and controls are in place throughout the Trust to:
    - Promote safety and excellence in patient care and experience
    - Identify, prioritise and manage risk arising from clinical care
    - Ensure the effective and efficient use of resources through evidence-based clinical practice
    - Ensure compliance with legal, regulatory and other obligations

Membership

7. The Committee shall be comprised of the following voting members:

    - Three Non-Executive Directors, one of whom will be the Committee Chair
    - Chief Nurse
    - Medical Director
    - Chief Operating Officer

8. The following are required to attend in a non-voting capacity:

- Corporate Secretary

9. The Quality Committee will be deemed quorate when three voting members are present, including at least one Executive and at least one Non-Executive Director.

10. In the event that the Chair of the Committee is unable to attend a meeting, the Non-Executive Director members shall appoint one of their number to be Chair for that meeting. The Chair shall have a casting vote in the event of a vote.

11. Members may only nominate a deputy to attend on their behalf if they have sufficient understanding of the area they are representing to be able to contribute effectively to the Committee/Group's business; however, this should only be in exceptional circumstances. There is no provision for deputies to represent voting members at meetings of the Committee unless they are formally acting-up in accordance with the Trust's Constitution.

12. Other staff or external advisers may be co-opted or requested to attend for specific agenda items as necessary.

13. An open invitation exists for all members of the Board of Directors to attend the Committee.

Requirements of Membership

14. Members must attend at least 75% of all meetings each financial year but should aim to attend all scheduled meetings. Attendance will be recorded and monitored.

15. Conflicts of Interest – the Companies Act 2006 defines a conflict of interest as arising when the interests of directors or 'connected persons' are incompatible or in competition with the interests of the organisation. Committee/Group members are required to exercise judgement and to declare such interests as there is a risk of implied improper conduct. The relevant interest, once declared, will be recorded in a register of interests, maintained by the Company Secretary.

Duties

16. In order to fulfil its role and obtain the necessary assurance, the Quality Committee will:

- Inform the development and provide assurance against the following strategies, associated policies, sub-strategies, action plans and annual reports:
    - Quality Strategy
    - Quality Account

- Ensure that governance and assurance systems operate effectively and underpin programme delivery to include:
    - Clinical Audit
    - Clinical Care
    - Complaints, Compliments and Concerns
    - Health and Safety
    - Incident Reporting and Management
    - Infection Prevention and Control
    - Mortality and Morbidity
    - Organ Donation
    - Patient Experience

- Safeguarding

- Oversee the Trust's arrangements for maintaining licences such as the Care Quality Commission, Human Tissue Authority, Radiation Use and Protection Regulation (IR (ME) R, ensuring compliance with standards, reviewing recommendations and monitoring of any associated action plans
- Monitor the Trust's arrangements for ensuring that care, treatment and support is delivered in line with legislation, standards and evidence-based guidance, including NICE, GIRFT, radiation use and protection regulations (IR(ME)R) and other expert professional bodies, to achieve effective outcomes
- Ensure the Trust acts on learning from internal or external reports including serious incidents, other incidents, inquiries, investigations and Coroner's reports
- Monitor the principal risks assigned annually by the Board by ensuring that relevant assurances are sought with respect to the effectiveness of existing risk controls and that future actions are focused on managing risks to an acceptable level
- Monitor the management of key operational risks relevant to its remit and consider their impact on the strategic risks
- To consider and approve relevant policies, procedures and guidelines in relation to Patient Safety, Patient Experience and Clinical Effectiveness and to escalate to the Board of Directors, with an appropriate recommendation, any that may require approval at that level in line with the Scheme of Reservation and Delegation.

Data Privacy

17. The Quality Committee is committed to protecting and respecting data privacy. The Quality Committee will have regard to the EU General Data Protection Regulation (Regulation (EU) 2016/679) (GDPR) and demonstrate, where applicable, compliance with data protection legislation, in particular the Data Protection Act 1998 (DPA).

Equality, Diversity & Inclusion

18. In conducting its business, the Quality Committee will at all times seek to meet its obligations under the Equality Act 2010 and promote its commitment to equality and diversity by the creation of an environment that is inclusive for both our workforce, patients and service users, including those who have protected characteristics and vulnerable members of our community.

Reporting

19. The Quality Committee will be accountable to the Trust Board of Directors. The Board of Directors will be informed of the Committee's work through an assurance report from the Chair submitted following each meeting.

20. Reports including regular assurance reports/meeting minutes may be received from the following sub-groups:

- Clinical Effectiveness and Services Group
- Corporate Division Governance Group
- Health, Safety & Security Group
- Human Tissue Act Group
- Infection Control Committee
- Learning and Sharing Group
- Neurosurgery Divisional Governance Group

- Neurology Divisional Governance Group
- Organ Donation Committee
- Patient Experience Group
- Quality & Patient Safety Group
- Safeguarding Group
- Serious Incident Group

Administration of Meetings

21. Meetings shall be held monthly with additional meetings held on an exception basis at the request of the Chair or any three voting members of the Quality Committee. There shall be at least nine meetings per year.

22. The Corporate Secretary will make arrangements to ensure that the Quality Committee is supported administratively. Duties in this respect will include development and monitoring of a workplan, agenda setting, taking minutes of the meeting and providing appropriate support to the Chair and Committee members.

23. Agendas and papers will be circulated at least four working days in advance of the meeting.

24. Minutes will be circulated to members for comment as soon as is reasonably practicable.

25. An annual workplan will be agreed which will be reviewed at least quarterly by the Committee to ensure it is meeting its duties.

Review

26. The Terms of Reference shall be reviewed annually (next review date: April 2023) and approved by the Board of Directors.

27. The Quality Committee will undertake an annual review of its performance against its work plan and the Trust's Annual Plan in order to evaluate the achievement of its duties.

The Walton Centre
NHS Foundation Trust

Quality and Safety of Inpatient Services Report
November 2022

Report Title	Quality and Safety of Inpatient Services Report
Executive Lead	Lisa Salter, Chief Nurse
Author (s)	Nicola Martin, Deputy Chief Nurse
Action Required	To note

Level of Assurance Provided

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

Key Messages

- Trust processes and internal controls have been reviewed to provide assurance that there is a culture with all staff to identify, escalate and action any concerns in relation to the Quality and safety of inpatient services.
- A review of the CQC report Recognising a closed culture has also taken place for further assurance in relation to trust policies and procedures.

Next Steps

- IT to complete request for the e-form to be uploaded to EP2 to ensure accurate records.
- Safeguarding team to work on individualised care plans for patient detained under a DoLS or deemed not to have capacity
- A relaunch of Patient and Family Centred Care planned for January 2023
- The trust Matron for safeguarding to formalise MCA/Matron Ward round

Related Trust Strategic Ambitions and Themes	**Impact**		
Quality of Care	Quality	Workforce	Not Applicable

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

Equality Impact Assessment Completed

Strategy ☐	Policy ☐	Service Change ☐

Report Development

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

Quality and Safety of Inpatient Services Report

Executive Summary

1. Following the release of the BBC Panorama programme, which showed patients being abused whilst in the care of an NHS organisation all Trusts have been asked to individually review all safeguarding policies and protocols. This report seeks to provide the Trust Board with assurance that The Walton Centre has processes in place to embed an open culture that supports and enables staff to identify, escalate and action any concerns in relation to the quality and safety of all patients within the trust.

Background and Analysis

2. All Boards were asked to review the safeguarding of care in the organisation and identify any immediate issues requiring action now.
3. It is vital that Boards ask: - could this happen here? - how would we know? - how robust is the assessment of services and the culture of services? - are we visible enough and do we hear enough from patients, their families, and all staff on a ward?
4. Also viewed was the role of inappropriate use of restrictive interventions played in the unsafe treatment of patients, including Long Term Segregation and Seclusion. Trusts are asked to tackle and reduce the use of restrictive interventions. Each Trust should review why people in our care are in Seclusion and Long-Term Segregation, how long for, and what is the plan to support them outside of these restrictive settings.
5. Since the programme was aired, and subsequently following receipt of the letter from the ICB, the Deputy Chief Nurse has reviewed current policies, processes and studied the document, “How CQC identifies and responds to closed cultures”. Several meetings have been held by the Deputy Chief Nurse, supported by the Trust safeguarding team, neuropsychiatry team, and the Trust governance lead who has acted to consider and discuss whether this could this happen here. In doing so, it was recognised we have acceptable assurance regarding our ability to prevent abuse, poor care, and avoidable harm. However, some areas of practice were identified that will need to take place to provide further assurance. The CQC Closed culture report highlights the likelihood that a service might develop a ‘closed culture’ is higher if an inherent risk factor is present. Certain features of services will increase the potential for inherent risks, such as:
   - Services where people are unable to leave of their own accord
   - Any service where 1-1 care is provided
   - People in a service are highly dependent on staff for their basic needs
   - People in a service are less able to speak up for themselves
6. It is recognised that some patients accessing our inpatient services may experience symptoms of mental ill health or have learning disabilities / autism. It is also recognised that some patients remain inpatients within the Trust for extended periods of time, such as during complex rehabilitation. The Walton

Centre does use restrictive practices where clinically appropriate and required for the well-being of the patient, but we do not have seclusion or long-term segregation.

Current position

7. **Regulation 13: Safeguarding service users from abuse and improper treatment:**
   The Trust has an action plan for Regulation 13 which is regularly monitored via the Safeguarding Group. The current compliance rating is 75-89% bracket. Areas of improvement are:

   - Training (TNA recently reviewed – to align with the Intercollegiate documents)
   - Recruitment of a trainer of control, restraint, and restrictive practices
   - Audit of MCA
   - Development of MCA/DoLS and restrictive practices care plans

8. **Safeguarding KPIs:** The Trust's safeguarding KPIs are submitted quarterly to the ICB safeguarding leads to ensure external oversight and to provide assurance. This includes submission of the Trust's Commissioning Standards assessment and action plan. This has oversight of the Chief Nurse (Safeguarding Executive Lead).

9. **Safeguarding training portfolio (including LD&A), Safeguarding Training Strategy and TNA:** The Trust ratified a new Safeguarding training strategy and TNA in November 2021 via the Safeguarding Group. This clearly sets out all staffs' responsibilities for safeguarding and associated levels of training for staff, to ensure that abuse and neglect is identified, escalated, and actioned appropriately. Safeguarding training reports for compliance are produced monthly and circulated for monitoring and to allow heads of departments to action appropriately.

10. **Safeguarding/MCA/DoLS ward rounds** are conducted fortnightly for staff to raise and discuss any safeguarding issues or provide updates on specific cases. All patients on or awaiting a DoLS authorisation are discussed during this ward round.

11. **CARES Audit: Safeguarding element:** staff are assessed on their knowledge of safeguarding, including escalation processes, identification of abuse, safeguarding leads, Duty of Candour and Freedom to Speak Up Guardian.

12. **Safeguarding processes:** the Safeguarding Team have a duty phone (Mon-Fri 9-5) and out of hours escalation process is accessible via the intranet page. The Team operates an open-door policy for staff to access and discuss any concerns away from their workplace if necessary.

13. **Safeguarding log/files:** all escalations/queries/advice are logged in a secure file. This data provides evidence of the culture of escalation of abuse and

neglect at The Walton Centre, which has increased year on year since 2018 since the provision of face-to-face level 3 training (data correlates to the provision of Level 3 training to staff, to equip them with knowledge and skills in this area).

14. **Restrictive practices:** there are current workstreams around restrictive practices and associated practices in line with the Mental Capacity Act (MCA) and the Mental Health Act (MHA). This includes:

    Care plans for MCA, MHA and associated restrictive practices.

    Additional education for staff regarding restrictive practices and MCA/MHA care planning

    Monitoring of patients with current special observations within the Trust

15. **Safeguarding Matron Ward Rounds:** additional to the Safeguarding/MCA fortnightly ward rounds conducted by the Safeguarding Specialist Nurse, the Safeguarding Matron will commence a weekly walk around to ensure visibility and accessibility for staff in clinical areas. During this ward round, the Safeguarding Matron will introduce herself to patients with learning disabilities and autism, and/or their families, to ensure they are aware how to contact the team if they have an issue, and to ensure they are aware of the external route of reporting, to promote openness and transparency.

16. **Freedom to Speak Up:** The Walton Centre has a robust Freedom to Speak Up service.
    - Lead for FTSU and non-executive director in place
    - Currently have 16 FTSU Champions who have all received appropriate training
    - Freedom to speak month events / stand / Walton Weekly newsletter and FTSUG regularly attends the Trust daily safety meeting
    - Report taken to Quality Committee and Board with Quarterly updates
    - FTSU E-Learning package in place

17. **Advocacy:** Culture to advocate for patients.
    - IMCA access / IMHA access

18. **Patient Experience Team**
    - 11th in the country for inpatient experience
    - Patient experience Liaison Officer attends inpatients areas
    - Reduction in inpatient concerns

19. **Staff training**
    - Safeguarding training at levels 1, 2, and 3 and MHA training
    - DoLS/MCA ward round
    - Special observation training day
    - Self-harm training sessions

- Neuropsychiatry Service
- Neuropsychology Inpatient Service
- Rehab Psychology Service
- Complaint's process
- Avenues to access concerns
- Staff supervision and skill mix
- Approachable SNT
- Risk assessments
- Monitoring of Neuropsychiatry activity, concerns, and complaints via Safeguarding Group
- V+A trainer post out to advert
- face to face, evidence-based practical scenario-based training to include safe, ethical restraint, with a focus on least restrictive practices.

20. Human Resources

- TEA sessions and Staff side

21. Following the release of the programme, the Neuropsychiatry Team reflected upon the provision provided to patients detained under the MHA (1983) or those detained to another organisation on Section 17 leave to the Trust. It is recognised those detained under MHA should have regular reviews by Consultant Neuropsychiatrists which are recorded and monitored, ensuring patients access senior review whilst an inpatient at the Trust on or within 21 days. The team has since prepared an e-form to be uploaded to EP2 to ensure accurate records are kept demonstrating this.

22. Patients under a DoLS do have a Mental Capacity Assessment completed and this is well documented, but the Senior nursing team and Safeguarding lead agree the care plans for these patients do need to be personalised and on the electronic system. Currently, the Trust's electronic care plans are specific nursing care plans and not specific to a patient under a DoLS or a patient who is deemed to not have capacity.

23. Patient Family-Centred Care (PFCC) takes place throughout The Walton Centre, and the senior nursing team plan to relaunch the Trust's PFCC 6 steps in January 2023.

Conclusion

24. All processes have been reviewed to provide assurance to the Trust Board that there is a culture with all staff to identify, escalate and action any concerns in relation to the Quality and safety of inpatient services.

25. A review of the CQC report on recognising a closed culture has also been undertaken to provide further assurance in relation to Trust policies and procedures.

26. Plans for the next steps have been agreed and work has commenced ensuring the plan will be actioned within the agreed timescales.

Recommendation

The Trust Board is asked to note the report

Author: Nicola Martin, Deputy Chief Nurse
Date: 11 November 2022

The Walton Centre NHS Foundation Trust

Report to Trust Board
1 December 2022

Report Title	New Trust Governance Guidance
Executive Lead	Jan Ross, Chief Executive
Author (s)	Katharine Dowson, Corporate Secretary
Action Required	To note

Level of Assurance Provided

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

Key Messages

- Three new governance documents have been published by NHS England following consultation
- Provider Licence is currently being consulted

Next Steps

- Summary Paper, with focus on Addendum to Council of Governors in December
- Executive Directors to review the new requirements and develop a plan to comply ahead of the Annual Report for 2023/24

Related Trust Strategic Ambitions and Themes	**Impact**		
Choose an item	Not Applicable	Not Applicable	Not Applicable

Strategic Risks

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

Equality Impact Assessment Completed

Strategy ☐	Policy ☐	Service Change ☐

Report Development

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

New Trust Governance Guidance

Executive Summary

1. NHS England published three documents on 31 October 2022, following a consultation between May and July 2022. These are intended to support Trusts to work effectively within Integrated Care Systems (ICS). These documents were generally welcomed as there was a clear need to understand the implications of the Health and Care Act 2022, ICS' and Integrated Care Boards (ICBs) on Trust governance arrangements. The documents also reflect best governance practice as described in the UK Corporate Code (2018).

2. The documents underline the importance of organisational and system performance in discharging duties in the best interests of patients, service users and the public.

3. The three documents are:
    1. An updated Code of Governance for NHS Provider Trusts which sets out an overarching framework for the corporate governance of Trusts, drawing on best practice from the latest UK Corporate Governance Code
    2. An Addendum to the full guide of Governors which covers the impact of system working on Councils of Governors
    3. Guidance on good governance and collaboration that links effective system working to a governance licence condition under the Provider Licence.

4. In addition a new consultation has been launched on proposed changes to the Provider Licence.

Code of Governance

5. The updated Code of Governance will replace the NHS Foundation Trust Code of Governance (2014) and will apply to all Trusts, regardless of Foundation Trust status. It has been updated to reflect changes to the UK Corporate Governance Code in 2018, the legal establishment of ICS' and the NHS System Oversight Framework.

6. The new Code, which will apply from April 2023, continues to take a code-based approach with guiding principles, with the flexibility for Trusts to adopt alternative practices and explain how this continues to meet the principles of good governance. This comply or explain approach has been retained, although there are some statutory requirements where legislation elsewhere requires compliance.

7. In general, the provisions of the code do not greatly differ from the 2014 version since the statutory roles, responsibilities and liabilities of the Board of Directors have not changed. However, there are some underlying themes which are included for the first time.

    - Requirement of the Board to assess the Trust's contribution to the objectives of the Integrated Care Partnership (ICP) and ICB as part of its assessment of its performance with system partners highlighted as key stakeholders
    - Inclusion of the Board's role in assessing and monitoring the culture of the organisation and taking corrective action as required and investing in, rewarding and promoting the wellbeing of its workforce
    - New focus on equality, diversity and inclusion among Board members and training for those undertaking director-level recruitment. The Board should have a plan in place for

the Board and senior management of the organisation to reflect the diversity of the local community and/or workforce

- Greater involvement for NHS England (NHSE) in recruitment and appointment processes for the Board and use of the NHSE remuneration structure for Chair and Non-Executive Director remuneration

8. Terminology has been updated, for example Monitor is no longer in existence.

9. The Code is set out in the following five sections

Section A: Board Leadership and Purpose

10. The principles here are updated to align with current NHS policy. They stress the importance of an effective, diverse and entrepreneurial Board which sets the Trust's vision, values and strategy. It should do so with regard to the triple aim duty of better health and wellbeing for everyone, better quality services, and the sustainable use of resources. There is now also specific reference to the Trust's role in reducing health inequalities, assessing and monitoring culture, and investing in, rewarding and promoting the wellbeing of its workforce.

11. Ensuring effective management of resources, risk management through internal controls, and stakeholder engagement (which now includes system partners) are part of the role of the Board. The provisions now include that Boards should have systems and processes in place to assess the contribution of the Trust to the objectives of the ICS as well as assessing the performance of the trust in relation to effectiveness, efficiency and economy and focusing on quality, risk management, clinical governance and stakeholder engagement, making use of independent advice as required. The Trust's vision and values should now include the Trust's role "with reference to the ICP's integrated care strategy and the Trust's role within system and place-based partnerships, and Provider Collaboratives."

12. The metrics and measures used to assess performance should now be disaggregated by ethnicity and deprivation where relevant. The new Code is more specific that while the Chair should ensure the Board as a whole has a clear understanding of the views of stakeholders (including system partners), the Committee Chairs now have particular responsibility for stakeholder engagement on significant matters within their purview. When the Chair undertakes their own engagement with stakeholders, they should now do this in a "culturally competent" way. The annual report should describe how the interests of system and place-based partners have been considered in decisions and set out key "partnerships for collaboration" that the Trust is part of.

Section B: Division of Responsibilities

13. Section B sets out the role of the Chair and notes the need for clear division between the leadership of the Board and executive leadership of the Trust's operations. The Board's collective responsibility for the performance of the Trust and infrastructure and resources needed to function is specified, along with the role of the NEDs and their need for sufficient time to meet their Board responsibilities. The provisions remain almost unchanged from the previous code, however appointment and removal of the Company Secretary becomes a matter for the Board as a whole, rather than the Chair and Chief Executive jointly

Section C: Composition, succession and evaluation

14. The principles here cover the need for formal, rigorous and transparent procedures for making Board appointments. The Board should be constituted, in terms of size, diversity of skills etc. to undertake its duties, and an annual evaluation of its effectiveness undertaken. There is a new requirement for the Board to have published plans "for how the Board and senior

managers will, in percentage terms, at least match the overall black and minority composition of its overall workforce, or its local community, whichever is the higher" and consideration of diversity is now included within the annual Board evaluation.

15. The Code now refers to the Well-led framework and Competency Frameworks – NHS Senior Leadership Onboarding and Support to support evaluation of the board's effectiveness. It adds an expectation that Directors should engage with their evaluation process and take appropriate action when development needs are identified. The Code also strengthens the fit and proper persons requirement from "abide by Care Quality Commission (CQC) guidance" to "have a policy for ensuring compliance". Any extension of the Chair's term beyond nine years should be agreed with NHSE.

16. Annual reporting on the work of the Nominations Committee includes the new provision to describe the Trust's policy on diversity and inclusion including in relation to disability, reference to indicator nine of the NHS Workforce Race Equality Standard, and the gender balance of senior management and their direct reports. Directors or Governors involved in recruitment should receive training in equality, diversity and inclusion, including unconscious bias.

17. For Foundation Trusts, the inclusion of the expectation to involve NHSE in advertising and on selection panels is new, though there is the "and/or" option of having a representative from a relevant ICB on recruitment panels. If external recruitment consultancies are used instead, they should be identified in the annual report along with any connection they have with the Trust or its Directors. There is new provision for Trusts to set a lower threshold for a Council of Governors' vote to remove a governor from the Council and the Code describes the limited circumstances in which NHSE may act to remove a Governor. In addition, "foundation trust Governors should be provided with information on ICS plans, decisions and delivery that directly affect the organisation and its patients".

Section D: Audit, risk and internal control

18. This section sets out the principles around having independent and effective internal and external audit functions, and procedures for managing risk and determining long-term risk appetite. Changes are minimal. Smaller Trusts are now able to establish an Audit Committee of only two NEDs (the previous code stipulated a minimum of three) and neither the Deputy Chair nor Senior Independent Director should Chair the Committee. As this is the case at the Trust this will need to be declared as non-compliance and consideration given to this when the tenure changes.

19. The Code extends the maximum external auditor contractual period for Foundation Trusts to ten years, though it still recognises that audit services should usually be refreshed more frequently, and the requirement to include the value of external audit services in a Trust's annual report has been removed.

20. The Council of Governors' role in appointing the auditor is not mentioned here, though it remains their statutory duty, and Audit Committees should now report to the board on how they have discharged their responsibilities, not the Council of Governors.

Section E: Remuneration

21. Section E covers suitable remuneration, pay, and benefit arrangements, including performance-related pay and the role, responsibilities and composition of Remuneration Committees. The principles now refer Trusts to NHSE's pay frameworks for very senior managers. The code states Trusts should await notification and instruction from NHSE before

implementing any cost of living increases and it now sets expectations for all Trusts around adhering to the Chair and NED remuneration structure. Executive Director bonuses and incentives are now limited "to the lower of £17,500 or 10% of basic salary". Director-level severance payments should be discussed with NHSE regional directors at the earliest opportunity.

Disclosures of Corporate Governance Arrangements

22. The disclosures pull together the provisions from the sections above, setting out the provisions that Trusts should comply with or explain how alternative arrangements comply. The disclosures are broken down into sections depending on what Trusts should do. The various requirements are:
    - provide a supporting explanation of compliance or explain non-compliance in the annual report
    - "basic" comply or explain – where trusts are welcome, but not required, to provide statements of compliance but should explain where they have deviated from the Code (most provisions fall into this category)
    - provide information to the Governors or make information available to members
    - make information publicly available.

23. The Code's disclosure requirements sit alongside the Corporate Governance Statement required in the annual plan (a forward-looking statement of arrangements for the coming year) and the Annual Governance Statement required in the annual report (a backward look over the past year). These are both distinct requirements, not related to the Code. The Code disclosures provide an additional evaluation of corporate governance arrangements over the preceding year and are included within a Trust's annual report.

24. In addition to the code there are three appendices which cover the role of the Trust Secretary, provisions relating to councils of governors (for foundation trusts only), and the regulatory requirements related to the code and provider licence.

Council of Governors

25. Many provisions relating to Councils of Governors are now only included in Appendix B rather than the body of the Code and the disclosures section. The role and responsibilities of Councils in law does not change with the new Act, so there is little to note save:
    - The description of Councils of Governors' duty to represent the interests of the "public at large" is fleshed out: "this includes the population of the local system of which the Trust is part and the whole population of England as served by the wider NHS."
    - A new suggestion that the Council may look at the nature of the Trust's "collaboration with system partners" as an indicator of organisational performance
    - A clarification of the Council's role in relation to approving significant transactions, mergers and acquisitions so that "to withhold its consent, the Council of Governors would need to provide evidence that due diligence was not undertaken." This was always the intention of their role in this regard however this perhaps sets it out more explicitly than previous guidance.

26. The new Code has been welcomed generally although conflicts of interests particularly for directors working at system and Provider level has not been addressed.

Addendum to 'Your Statutory Duties' for Governors

27. Issued in conjunction with the Code of Governance, the addendum is to the NHS England 'Your statutory duties: A reference guide for NHS Foundation Trust Governors '(2013). This addendum is designed to explain how the legal duties of Foundation Trust Councils of Governors should support system working and collaboration. Council of Governors are now required to form a rounded view of the interests of the 'public at large'.

28. The addendum is based on the existing statutory duties as set out in the 2006 Act and there are no changes to these. Governor's powers and duties remain the same. The addendum is designed to add clarity and reflect changes in the structures of the NHS.

29. The addendum introduces the system working context in relation to the Health and Care Act 2022 and the removal of legal barriers to collaboration and integrated care. It notes that the performance of NHS Provider Trusts will increasingly be judged against their contribution to the objectives of their ICS. It also goes into some detail on what representing the interests of the public means in the new context, emphasising that 'the public' should include the population of the local system of which the Foundation Trust is part.

30. It then focuses on the statutory duties of Governors and additional considerations in relation to each: holding the NEDs to account for the performance of the board; representing the interests of members and public; and taking decisions on significant transactions. Illustrative scenarios are provided in each case including advice for Trusts which provide specialist services.

31. Finally, the addendum suggests approaches to support better working between the Board and Council, with some practical tips and examples of activities Trusts are already undertaking. It emphasises that Governors' key relationships remain with the Directors and the Secretary of their own Trust, who should facilitate information sharing about, and any engagement with, system partners.

Good Governance and Collaboration Guidance

32. This guidance, applicable upon publication, seeks to clarify the expectations around collaboration on all Provider Trusts and to set out the governance characteristics that Trusts should have in place to facilitate effective collaboration. It sets the expectation that providers collaborate with partners to agree shared objectives through ICPs and deliver five-year joint plans and annual capital plans through collaborative arrangements.

33. The guidance includes a section explaining how NHSE will use the NHS Oversight Framework in cases of non-compliance, noting that in the first instance ICB leaders should seek informal resolution of issues locally, with NHSE intervention following if required, and in discussion with ICB leaders.

34. The guidance details expectations on providers to consistently:
    - engage in shared planning and decision-making
    - take collective responsibility with partners for delivery of services across various footprints
    - take responsibility for delivery of improvements and decisions agreed through any relevant forums.

    Illustrative minimum behaviours are described in each case.

35. A table further describes five characteristics of governance arrangements to support effective collaboration, with key lines of enquiry (KLOEs) for each in the form of questions about providers' participation, engagement, dialogue, information-sharing and decision-making, among other things.

36. The five characteristics expected of providers are:
    - developing and sustaining strong working relationships with partners
    - ensuring decisions are taken at the right level
    - setting out clear and system-minded rationale for decisions
    - establishing clear lines of accountability for decisions
    - ensuring delivery of improvements and decisions.

37. The appendix to the guidance includes illustrative scenarios of ways in which Providers can collaborate effectively.

38. This guidance focuses on good governance using the five characteristics and KLOEs to underpin collaboration rather that prescribed structures and processes. This highlights the need for Provider Boards to retain oversight of their system and partnership activities and effectively delegate authority for decision-making. As with the Code, further guidance on balancing roles in the system and at individual Providers would be helpful to managing conflicts of interest.

39. How to measure and assess the quality of collaboration with others may prove challenging given the complexity of this work.

Consultations

40. A consultation on the three documents took place between 27 May and 8 July 2022 in the run up to the 1 July start date for the implementation of system working made statutory in the Health and Care Bill 2022. The NHS England response to this can be found here NHS England » Response to NHS England governance consultations

41. Governors were invited to take part in a session on the Addendum which was held in the summer across the Liverpool Trusts and the Lead Governor attended on behalf of the Council of Governors.

Provider Licence Consultation

42. NHS England opened a consultation on the NHS provider licence on 28 October 2022 which closes on 9 December 2022. Changes are being proposed to support effective system working. There is also a parallel consultation on changes to the enforcement guidance, setting out how NHSE intends to deal with breaches of the provider licence.

43. The NHS provider licence, which was first introduced in 2013, sets out the conditions that healthcare providers must meet to help ensure that the health sector works for the benefit of patients, now and in the future. All providers that deliver healthcare services for the NHS are required to hold a licence, unless exempt. Previously non-Foundation Trusts were exempt but would now be included under these proposals. In recent year NHSE has tried to align the approach to oversight of all NHS Provider Trust in shadow form, but changes are required before it can be applied to all Trusts.

44. The licence forms part of the oversight arrangements for NHS providers, serves as the legal mechanism for regulatory intervention, and underpins mandated support at the most challenged Providers as described in the NHS oversight framework.

45. The need to change the licence has arisen from changes to the statutory and operating environment, including a shift of emphasis from economic regulation and competition to system working and collaboration. The proposed changes will bring the licence up to date, reflecting the new legislation and supporting providers to work effectively as part of an ICS.

46. The consultation proposes four types of changes to the licence, aimed at:
    1. Supporting effective system working
    2. Enhancing the oversight of key services provided by the independent sector
    3. Addressing climate change
    4. Technical amendments

1. Supporting Effective System Working

New cooperation condition

47. The proposal is for a new licence condition outlining expectations of how NHS Trusts, Foundation Trusts and NHS controlled providers should work together across the newly formed ICS to deliver on core system objectives. This includes planning, service improvement and delivery, delivery of system financial objectives and system workforce plans.

48. The new cooperation condition is aligned with the revised duty on NHS bodies and local authorities to cooperate as set out in sections 72 and 82 of the NHS Act 2006 and with expectations around collaboration set out in the NHS Long Term Plan and the guidance on good governance and collaboration. As such, the terms “collaboration” and “cooperation” are used interchangeably.

49. NHSE does not propose to include independent providers within the scope of this condition, as it reflects expectations on statutory NHS bodies to co-operate. NHSE is, however, exploring aspects of the condition and associated guidance that are transferable to independent providers.

New condition on the triple aim

50. The proposal is to reflect the triple aim and health inequalities through a new licence condition that mirrors the expectations set out in the 2022 Act, for NHS Trusts, Foundation Trusts and NHS controlled providers to consider the triple aim and health inequalities in their work.

51. NHSE does not propose to include independent providers within the scope of this condition as the triple aim is defined for statutory NHS organisations under legislation.

New condition on digital obligations

52. The proposal is to reflect digital obligations to enable system working and promote digital maturity through a new licence condition and a separate amendment to the governance conditions. These reflect expectations already set out in legislation and guidance. NHSE does not propose that it should apply to the independent sector.

Integrated care condition

53. The proposal is to reframe the integrated care condition as a positive obligation. The aim is to encourage providers to actively participate in service integration to improve the quality of

health care services, provide place-based integrated care, and reduce inequalities of access and outcomes.

54. The existing licence condition which NHSE is proposing to amend is phrased as a broadly defined prohibition to not act in ways which would undermine the potential of delivering integrated care. The proposed change is consistent with the shift in national focus.

Expanding the patient choice condition

55. The proposal is to reflect the importance of personalised care by expanding the patient choice condition. This is in line with existing guidance and should clarify expectations and provide consistent messaging to providers. This proposed condition will apply to all license holders.

Removing the competition condition

56. The proposal is to remove the competition condition to reflect a shift in healthcare priorities from competition to collaboration and the removal of the former Monitor statutory functions relating to competition oversight, as NHSE does not have these functions. This proposed condition will apply to all license holders.

2. Enhancing the oversight of key services provided by the independent sector

Broadening the range of providers where continuity of services (CoS) conditions will apply

57. The proposal is to expand NHSE's oversight beyond the narrow definition of commissioner requested services (CRS), to Providers which deliver services that are considered hard to replace.

Expanding the scope of continuity of services conditions to include quality governance standards

58. The proposal is to expand the scope of CoS conditions to include quality governance standards. The aim is to enhance risk mitigation and cooperation with NHSE in the event that an independent sector provider is experiencing serious quality issues which threaten service delivery. Mechanisms already exist to address quality concerns in NHS Trusts and Foundation Trusts.

3. Addressing climate change

59. This proposal reflects the requirements set out in the 2022 Health and Care Act relating to the contribution of NHS trusts and Foundation Trusts to tackling climate change and delivering net zero carbon emissions. NHSE also proposes that the adherence to any NHSE guidance on tackling climate change is part of good corporate governance and aligns with the governance requirements in the 2022/23 NHS Standard Contract, requiring boards to nominate a board-level net zero lead and deliver a green plan

4. Technical amendments

60. The proposal is to modify the costing conditions and separate them from the other pricing conditions. This would reflect the wider role costing data plays in supporting integration and improvement as well as the pricing of NHS services.

Amending the pricing conditions to reflect changes to national policy

61. The proposal is to amend the pricing conditions to reflect changes to national policy and pricing legislation by referencing the national payment scheme and removing the condition related to local modifications.

Streamlining reporting requirements

62. The proposal is to streamline reporting requirements by removing requirements around self-certification for NHS trusts and foundation trusts, due to duplication with annual reporting requirements and to reduce regulatory burdens.

Applying conditions to NHS trusts and updating language to reflect the current statutory framework

63. This proposal refers to updating language, in order to reflect the current statutory framework, including the change of Monitor to NHSE as the regulatory body for the provider licence and inserting references to NHS trusts.

Removing obsolete conditions

64. The proposal refers to removing conditions, such as those setting out the payment of fees to NHS England.

Amending the Fit and Proper Persons condition

65. The proposal to amend the Fit and Proper Persons condition in line with the Health and Social Care Act 2008 (regulated Activities) Regulations 2014 and as per the statutory consultation conducted in 2021. NHSE reports that consultation responses showed an overwhelming support for the proposal.

66. NHS Providers have commented regarding the consultation as follows

> *Updates to the provider licence are overdue and we think the proposed changes are rightly aligned with changes to the statutory and operating environment, including the intention to apply it to trusts as well as foundation trusts for the first time.*
>
> *In our discussions with NHSE, we have welcomed the intent of the cooperation condition. However, we would have preferred the use of a consistent terminology, rather than the interchangeable use of understand, however, that this is due to both terms being used in legislation and/or guidance. We have welcomed the removal of the competition condition, which reflects the new the statutory framework.*
>
> *We have flagged that the cost of complying with digital obligations could be challenging for providers. Providers should not be penalised for failing to implement these standards if they cannot afford the work needed, for example, to improve interoperability. The ability of providers to comply with these requirements would also be impacted by the delay in the planned digital maturity assessments for this autumn.*
>
> *The intent to reframe the integrated care condition as a positive obligation to integrate service provision and reduce health inequalities is welcome. However, we have noted that there needs to be a good case for integration (i.e. benefits for local communities), rather than an assumption that it is always desirable for its own sake.*

67. There is a reasonably short timeline for this consultation of six weeks, this is due to the intention that the updated licence will be in place for the new financial year.

Enforcement Guidance Consultation

68. The current enforcement guidance was issued by Monitor and relates primarily to Providers. Under the Health and Care Act 2022, NHS England has statutory accountability for oversight of both ICBs and NHS Provider Trusts. NHS Improvement (comprising Monitor and the NHS Trust Development Authority) has been abolished and NHS England has assumed responsibility for carrying out NHS Improvement's statutory functions, including the regulation

of Providers, the exercise of provider enforcement powers, enforcement powers over ICBs in relation to compliance with patient choice provisions, and publishing and revising the guidance on the use of those powers.

NHS enforcement guidance consultation - NHS England - Consultation

69. The revised enforcement guidance describes NHS England's intended approach to using its enforcement powers, including by setting out the use of powers to direct an ICB and the licence enforcement mechanisms that apply to Foundation Trusts, NHS Trusts, licensed independent providers of NHS services, and licensed NHS controlled providers. It explains the regulatory and statutory processes in the event of enforcement action and subsequent rights of appeal.

70. The updated enforcement guidance is rightly aligned with statutory developments, as well with current policy and operational best practice. It provides a clear link with the updated provider licence and the new roles and responsibilities in terms of provider oversight that ICBs will exercise alongside NHSE.

71. Consideration should also be given to how NHSE's oversight role will align with that of ICBs, and the possibility of tension between the different channels of communication, assessment and accountability. In deciding on enforcement action, it will be important for NHSE to take the operating environment, competing priorities and challenging relationships within an ICB context into account.

72. While the enforcement guidance is clear on the steps NHSE would take in the event of a suspected breach of licence by a provider, or a failure by an ICB to discharge its duties, it is less clear how a breach of a licence condition would be determined. This is particularly pertinent when it comes to breaches of conditions which would be more challenging to enforce, such as the new cooperation condition. There may also be further areas still to clarify, for example, with regards to decision-making responsibilities where providers (such as ambulance trusts) span multiple ICBs.

Conclusion

73. The three new documents update NHS governance in light of the Health and Care Act 2022 and the establishment of the ICS. Updating the Provider Licence is the next step to address changes since 2013 and include new requirements which recognise the shift of emphasis from competition to collaboration. Finally the revised enforcement guidance will set out NHSE's intended approach to using its enforcement powers in the new healthcare system structures.

74. It is anticipated that these will all be in place from April 2023 and consideration will need to be given to the reporting of compliance against these in 2023/24. Further work will be done by the Executive Team to address any new areas of compliance not currently being reported.

Recommendation

- To note

Author: Katharine Dowson
Date: 22 November 2022

Report to Trust Board
1 December 2022

Report Title	**Neuroscience Programme Board Terms of Reference (ToR)**
Executive Lead	Andy Nicolson, Medical Director
Author (s)	Katharine Dowson, Corporate Secretary
Action Required	To note

Level of Assurance Provided

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

Key Messages

- ToR have been approved by the Integrated Care Board with some changes proposed to terminology and authorisation
- Clarification of Membership
- No changes made to duties

Next Steps

- To review with annual effectiveness review in April 2023

Related Trust Strategic Ambitions and Themes	**Impact**		
Collaboration	Not Applicable	Not Applicable	Not Applicable

Strategic Risks

002 Collaborative Pathways	001 Quality Patient Care	Choose an item.

Equality Impact Assessment Completed

Strategy ☐	Policy ☐	Service Change ☐

Report Development

Committee/ Group Name	**Date**	**Lead Officer (name and title)**	**Brief Summary of issues raised and actions agreed**
NSPB	12 May 2022	K Dowson Corporate Secretary	ToR amended and agreed for submission to ICB
NSPB	10 Nov 2022	A Nicolson Medical Director	Minor changes to membership proposed

Neuroscience Programme Board Terms of Reference

Executive Summary

1. The Neurosciences Programme Board (NSPB) reviewed and agreed an updated Terms of Reference (ToR) in May 2022 as part of the annual effectiveness review.

2. As NSPB was constituted by the Cheshire and Merseyside Health and Care Partnership (Integrated Care System from 1 July 2022) the ToR were submitted for approval in June 2022 and comments and updates were made. Following the legal establishment of the Integrated Care Board as the statutory body on 1 July 2022 the ToR (Appendix 1) have also been updated to reflect the new governance structure in place for Cheshire & Merseyside (C&M) and the disbanding of the Clinical Commissioning Groups.

3. Paragraph 7 sets out the quoracy arrangements for NSPB. It previously stated that there must always be clinical representation from both acute and primary care. This has been amended to state that there must be clinical representation present as there is currently only one primary care representative therefore it is not feasible to expect that they cannot miss any meeting. It is intended to increase this representation to two and if so then this can be reviewed in the future.

4. At the latest NSPB meeting it was agreed to add in a Musculoskeletal Network Representative which would be covered by a current member. It was also proposed to change the Divisional Clinical Lead from each division to Divisional Representative.

Conclusion

5. The updated ToR are submitted for noting by the Board following the comments from the ICB.

Recommendation

To agree that the proposed changes are appropriate and can be accepted

Author: K Dowson
Date: November 2022

Appendix 1 – NSPB Terms of Reference

The Walton Centre
NHS Foundation Trust

Neuroscience Network Programme Board
TERMS OF REFERENCE

Authority/Constitution

1. The Neuroscience Network Programme Board (the Committee) is authorised by the members of the Cheshire and Merseyside Integrated Care Board.

2. The Committee has no executive powers delegated from the authorising Board or The Walton Centre NHS Foundation Trust (the Host).

3. The Committee is authorised to request specific reports from individual functions within the Host organisation and to seek any information it requires from any member of staff in order to perform its duties.

4. The Committee is authorised to create operational sub-groups, advisory or working groups as are necessary to fulfil its responsibilities within its terms of reference. The Committee remains accountable for the work of any such group. Any of these groups will report directly to the Committee who will oversee their work.

Purpose

5. The purpose of the Committee is to improve neurology and neurosurgery outcomes for the Cheshire and Merseyside population through improving equality of access, at scale best practice pathways in neuroscience conditions via clinically led work streams that will enhance quality, reduce variation and drive efficiencies in support of the Integrated Care System (ICS) Strategy and the NHS Long Term Plan.

Membership

6. The Committee shall be comprised of the following voting members:

- Senior Responsible Officer (TWC Medical Director) (Chair)
- Programme Director
- Representatives of Cheshire and Merseyside Acute Trusts
- Cheshire and Merseyside Neurological Alliance
- Chief Operating Officer (TWC)
- Chief Finance Officer (TWC)
- Place-based Commissioner Representative
- Divisional Representative (TWC) – Neurosurgery
- Divisional l Representative(TWC) - Neurology
- Finance Leads
- Local Authority Representative
- Musculoskeletal Network Representative
- Patient Representatives
- Primary Care Clinical Lead / GP x2
- Public Health Lead
- Specialised Commissioner

- Clinical Lead for Transition to Adult Care

The Committee will be deemed quorate when the SRO is present (or nominated deputy) with at least six other members present, this must include clinical representation.

7. In the event that the Chair of the Committee is unable to attend a meeting, members shall appoint one of their number to be Chair for that meeting. The Chair shall have a casting vote in the event of a vote.

8. Members may only nominate a deputy to attend on their behalf if they have sufficient understanding of the area they are representing to be able to contribute effectively to the Committee's business and have been fully briefed; however, this should only be in exceptional circumstances.

9. Colleagues from local government, NHS or external advisers may be co-opted or requested to attend for specific agenda items as necessary.

Requirements of Membership

10. Members must attend at least 75% of all meetings each financial year but should aim to attend all scheduled meetings. Attendance will be recorded and monitored.

11. Conflicts of Interest – the Companies Act 2006 defines a conflict of interest as arising when the interests of directors or 'connected persons' are incompatible or in competition with the interests of the organisation. Committee/Group members are required to exercise judgement and to declare such interests as there is a risk of implied improper conduct. The relevant interest, once declared, will be recorded in a register of interests, maintained by the Company Secretary.

Duties

12. In order to fulfil its role and obtain the necessary assurance, the Committee will:

- Establish a Strategic vision for networked neuroscience care across the ICS footprint and develop a collaborative strategic plan to implement this vision
- Support the Cheshire & Merseyside (C&M) Places by using population demographics, demand forecasts, benchmarks & capacity analysis to assess the current performance for the system identifying key issues for the local population
- Work as a system to identify key issues and their drivers, quantify the size of challenge, model impact of solutions and prioritise transformation programmes
- Ensure effective collaborative mechanisms are in place across C&M to oversee delivery of the networked neuroscience services along the whole pathway
- Act as a specialist subject matter expert reference group for the stakeholder organisations, advising on the role and strategic direction of the Neuroscience Network programme within the ICS
- Be responsible for the development of the overall Neuroscience Network programme set by the ICS Board and the Transformation Programme Board , including recommendations on resource utilisation, effective outcomes, timescales and financial allocation
- Undertake financial modelling at both Place and STP level to identify the main drivers of

current performance and quantify the impact of the 'do- nothing' versus changing scenarios

- Consider and review relevant metrics, support the development of appropriate performance measures such as key performance indicators (KPIs), and associated analysis, reporting and escalation frameworks.
- To identify opportunities and make recommendation to the C&M ICB and the nine Places to meet the strategic objectives of the ICS (Whole System Integration, Acute Sustainability, Mental Health and LD Sustainability, Carter at Scale, Prevention at Scale)
- Make recommendations on investment and disinvestment in Neuroscience Network programmes to the ICS Board, Places and individual organisations as appropriate
- Monitor and oversee the working of the groups to account for the delivery and outcomes of projects associated to the overall Neuroscience Network programme
- Create an environment where all organisations within the C&M footprint for Neuroscience Work Streams can facilitate delivery of the objectives

13. Ensure that governance and assurance systems operate effectively and underpin programme delivery to include the areas outlined above.

14. Provide assurance to the host on compliance with associated legislation, national reporting and regulatory requirements, best practice and progress against objectives.

15. The Committee will also keep under review any risks relevant to its remit in order to provide assurance to the Board that risks are being effectively controlled and managed

Data Privacy

16. The Committee is committed to protecting and respecting data privacy. The Committee will have regard to the EU General Data Protection Regulation (Regulation (EU) 2016/679) (GDPR) and demonstrate, where applicable, compliance with data protection legislation, in particular the Data Protection Act 1998 (DPA).

Equality, Diversity & Inclusion

17. In conducting its business, the Committee will at all times seek to meet its obligations under the Equality Act 2010 and promote its commitment to equality and diversity by the creation of an environment that is inclusive for both our workforce, patients and service users, including those who have protected characteristics and vulnerable members of our community.

Reporting

18. The Committee will be accountable to the ICS Transformation Programme Board and will report to the The Walton Centre's Board of Directors. The Board of Directors will be informed of the Committee's work through an assurance report from the Chair submitted following each meeting.

19. Specific items for information/ action will form part of communications to the wider membership

Administration of Meetings

20. Meetings shall be held every other month with additional meetings held on an exception basis at the request of the Chair or any three members of the Committee. There shall be a minimum of five meetings per year.

21. The Corporate Secretary of the host will make arrangements to ensure that the Committee is supported administratively. Duties in this respect will include development and monitoring of a workplan, agenda setting, taking minutes of the meeting and providing appropriate support to the Chair and Committee members.

22. Agendas and papers will be circulated at least four working days in advance of the meeting.

23. Minutes will be circulated to members for comment as soon as is reasonably practicable.

24. An annual workplan will be agreed which will be reviewed at least quarterly by the Committee to ensure it is meeting its duties.

Review

25. The Terms of Reference shall be reviewed annually and approved by the ICB.

26. The Committee will undertake an annual review of its performance against its work plan and the Trust's Annual Plan in order to evaluate the achievement of its duties.

Reviewed by the Committee: November 2022
Approved by the ICB: June 2022
Reviewed by the Host: 1 December 2022
Review Date: March 2023

Board of Directors Key Issues Report

The Walton Centre NHS Foundation Trust

Report Date: 01/12/2022		**Report of:** Remuneration Committee (RemCom)		
Date of last meeting: 03/11/22		**Membership Numbers:** Quorate		
1	**Agenda**	The Committee considered an agenda which included the following: • Very Senior Manager (VSM) Cost of Living Increase		
2	**Alert**	• None		
3	**Assurance**	• Approval was given to the recommendation from NHS England to award a 3% cost of living increase to VSM staff following the pay award to Agenda for Change staff (average award approximately 4%). To be backdated to 1 April 2022.		
4.	**Advise**	• None		
5.	**Risks Identified**	• None		
6.	**Report Compiled**	Max Steinberg, Chair	Minutes available from:	Corporate Secretary

The Walton Centre NHS Foundation Trust

Report to Trust Board
1st December 2022

Report Title	Guardian of Safe Working Quarterly Report
Executive Lead	Dr Andrew Nicolson, Medical Director
Author (s)	Dr Chrissie Burness, Guardian of Safe Working
Action Required	To note

Level of Assurance Provided

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

Key Messages

- Thrombectomy has significantly impacted Neurology Registrars out of hours working pattern
- During this report period there has only been one exception report from the neurology Registrars.

Next Steps

- Neurology Registrar working hours and rest will be monitored in October and November 2022
- Further alterations to roles and responsibilities out of hours will be considered accordingly

Related Trust Strategic Ambitions and Themes	**Impact**		
Education, Teaching & Learning	Workforce	Finance	Not Applicable

Strategic Risks

008 Medical Education Strategy	001 Quality Patient Care	Choose an item.

Equality Impact Assessment Completed

Strategy ☐	Policy ☐	Service Change ☐

Report Development

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

Guardian of Junior Doctor's Safe Working Quarterly Report

Executive Summary

1. This report provides the Trust Board with information around contractually defined safe working hours for junior doctors in training August 2022 to end October 2022.
2. There have been three exception reports during this period. One was from a Neurology Registrars associated with a thrombectomy case and leading to a breach in safe working. The other two were from neurosurgical junior doctors who worked additional hours due to daytime duties.
3. Breeches to the minimum rest regulation during a 24 hour shift have lead to one Guardian levied fine during this period.

Background

4. 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 1st 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 on the new 2016 terms and conditions of service.

5. In June 2019, amendments to the 2016 contract were agreed as follows:
   - Changes to rest requirements during a 24 hour shift (minimum of 8 hours rest to include 5 hours between 7pm and 7am)
   - Maximum of 72 hours to be worked within any 7 day period.
   - Increased pay for weekend a night shifts (shifts ending between midnight and 4am)
   - £1000 per year extra for LTFT trainees
   - A fifth nodal point on the payscale when doctors reach ST6
   - Transitional pay protection extended until 2015
   - Improvements in rest and stay entitlements (no more 'pay to stay' when too tired to drive)
   - Exception reporting for all ARCP/ portfolio requirements
   - Guaranteed annual pay uplift of 2% per year for the next 4 years
   - Fines to be levied by the GoSW for any breach of safe working hours

6. 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.

7. 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;
   - Differences in the total hours of work (including opportunities for rest breaks)
   - Differences in the pattern of hours worked
   - Differences in the educational opportunities and support available to the doctor
   - Differences in the support available to the doctor during service commitments

8. 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.

9. 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.

10. Exception reports may also trigger work schedule reviews and if necessary, fines can be raised against the directorates by the Guardian.

11. 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.

Analysis

High Level Data (requested by NHS Employers)

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)

Expenditure to cover junior doctor rota gaps

	August	September	October	**TOTAL**
Neurology	£4000	£12000	£7000	**£23000**
Neurosurgery	0	0	£1000	**£1000**
Total	**£4000**	**£12000**	**£8000**	**£24000**

a) Exception reports

There have been 3exception reports during this period. Of these, 1 was due to breaches in the minimum rest requirements for doctors working a 24 hour on call shift (the doctor did not achieve 5 hours of continuous rest between 10pm and 7am).

b) Work schedule reviews

We have not had to undertake any work schedule reviews. The neurology registrars working hours were monitored in October 2021 and this exercise is currently being repeated in October and November 2022.

c) Vacancies

The Trust has 52 established training posts, currently none are unfilled.

d) Fines

On one occasions, fines have been required from the neurology division due to breeches to the regulation regarding minimum rest during an on call shift for neurology registrars.

Qualitative Information

12. One exception report has been submitted by a registrar in Neurology and all have been resolved with time of in lieu plus payment when minimum rest requirements have not been met.

13. The hours monitoring exercise is to be repeated annually for the Neurology Specialist Trainees in order to ensure that the rota accurately represents the hours worked. The senior neurosurgical registrar rota is also to be monitored if exception reports are received.

14. Trainees are aware that they can request a work schedule review or hours monitoring exercise at any time of they have concerned. Potential rota changes to resolve any issues are reviewed in anticipation.

Conclusion

15. There have been 3 exception reports this quarter. One was due to a breech in safe working and minimum rest requirements.

16. A formal hours monitoring exercise is underway for the neurology registrars.

17. No concerns regarding safe working have been raised from any other groups of junior doctors during the report period.

Recommendation

18. The Annual Board report from the Guardian will be considered by the CQC, GMC and NHS employers during any review.

19. The Board is asked to receive, review and comment upon the Guardian's annual report.

Author: Dr Chrissie Burness
Date: 24.11.2022

Report to Trust Board
1st December 2022

Report Title	Guardian of Safe Working Annual Report
Executive Lead	Dr Andrew Nicolson, Medical Director
Author (s)	Dr Chrissie Burness, Guardian of Safe Working
Action Required	To note

Level of Assurance Provided

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

Key Messages

- Thrombectomy has significantly impacted Neurology Registrars out of hours working pattern
- In response, changes made during the report period seem to have had a positive effect

Next Steps

- Neurology Registrar working hours and rest will be monitored in October and November 2022
- Further alterations to roles and responsibilities out of hours will be considered accordingly

Related Trust Strategic Ambitions and Themes	**Impact**		
Education, Teaching & Learning	Workforce	Finance	Not Applicable

Strategic Risks

008 Medical Education Strategy	001 Quality Patient Care	Choose an item.

Equality Impact Assessment Completed

Strategy ☐	Policy ☐	Service Change ☐

Report Development

Committee/ Group Name	**Date**	**Lead Officer (name and title)**	**Brief Summary of issues raised and actions agreed**
Trust Board	03/11/22	Dr Chrissie Burness, Guardian of Safe Working	To be reported back to Board in December including detail of fines as appendix 2

Guardian of Junior Doctor's Safe Working Annual Report

Executive Summary

1. This report provides the Trust Board with information around contractually defined safe working hours for junior doctors in training August 2021 to end July 2022.
2. All exception reports during this period have been from Neurology Registrars. The majority are related to additional hours worked associated thrombectomy cases.
3. Breeches to the minimum rest regulation during a 24 hour shift have lead to all of the Guardian levied fines during this period.
4. In response to these breeches, timely changes have been made and this seems to have lead to a significant reduction in exception reports with no safety breeches during the last quarter.

Background

5. 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 1st 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 on the new 2016 terms and conditions of service.

6. In June 2019, amendments to the 2016 contract were agreed as follows:
   - Changes to rest requirements during a 24 hour shift (minimum of 8 hours rest to include 5 hours between 7pm and 7am)
   - Maximum of 72 hours to be worked within any 7 day period.
   - Increased pay for weekend a night shifts (shifts ending between midnight and 4am)
   - £1000 per year extra for LTFT trainees
   - A fifth nodal point on the payscale when doctors reach ST6
   - Transitional pay protection extended until 2015
   - Improvements in rest and stay entitlements (no more 'pay to stay' when too tired to drive)
   - Exception reporting for all ARCP/ portfolio requirements
   - Guaranteed annual pay uplift of 2% per year for the next 4 years
   - Fines to be levied by the GoSW for any breach of safe working hours

7. 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.

8. 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;
   - Differences in the total hours of work (including opportunities for rest breaks)
   - Differences in the pattern of hours worked
   - Differences in the educational opportunities and support available to the doctor
   - Differences in the support available to the doctor during service commitments

9. 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.

10. 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.

11. Exception reports may also trigger work schedule reviews and if necessary, fines can be raised against the directorates by the Guardian.

12. 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.

Analysis

High Level Data (requested by NHS Employers)

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)

Neurology	2,000
Neurosurgery	0
Total	**2,000**

a) Exception reports

There have been 51 exception reports during this period (and none during the last quarter). Of these, 29 have been due to breaches in the minimum rest requirements for doctors working a 24 hour on call shift.

b) Work schedule reviews

We have not had to undertake any work schedule reviews. The neurology registrars working hours were monitored in October 2021 and this exercise is to be repeated in October 2022.

c) Vacancies

The Trust has 52 established training posts, currently none are unfilled.

d) Fines

On 29 occasions, fines have been required from the neurology division due to breeches to the regulation regarding minimum rest during an on call shift for neurology registrars.

Qualitative Information

13. All exception reports have been submitted by registrars in Neurology and all have been resolved with time of in lieu plus payment when minimum rest requirements have not been met.

14. The majority of the exception reports have been due to Neurology Registrar working hours during out of hours thrombectomy cases. This was escalated after the hours monitoring exercise in October 2021 and changes were made to the work and responsibilities of neurology registrars during the thrombectomy treatments. This lead to a reduction in exception reports in the latter half of the year.

15. There were 16 reports with 10 breaching safe rest requirements between August and October, 32 with 18 breeches from November to January, 2 with 1 breech from February to April and then only one report between May and July and this did not breech safety requirements.

16. This trend is encouraging, and the neurology registrars are to monitor their hours and work for 2 months from October 2022 in order to formally reassess.

17. The exception reports during this period have all been resolved by offering time of in lieu and payment where minimum rest hours have not been possible during a shift.

18. The hours monitoring exercise is to be repeated annually for the Neurology Specialist Trainees in order to ensure that the rota accurately represents the hours worked. The senior neurosurgical registrar rota is also to be monitored if exception reports are received.

19. Trainees are aware that they can request a work schedule review or hours monitoring exercise at any time of they have concerned. Potential rota changes to resolve any issues are reviewed in anticipation.

Conclusion

20. There have been 51 exception reports this year, mainly related to the impact of out of hours thrombectomy on neurology registrars. Changes have been implemented which seem to have lead to a prompt improvement. A formal hours monitoring exercise in the autumn will provide further data.

21. No concerns regarding safe working have been raised from any other groups of junior doctors during the report period.

Recommendation

22. The Annual Board report from the Guardian will be considered by the CQC, GMC and NHS employers during any review.

23. The Board is asked to receive, review and comment upon the Guardian’s annual report.

Author: Dr Chrissie Burness
Date: 18.10.2022

Appendix 1

Junior Medic Agency	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	June 2022	July 2022	Total
Neurology	0	0	0	0	0	0	0	0	0	0	2000	0	**2000**
Neurosurgery	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Grand Total	0	0	0	0	0	0	0	0	0	0	2000	0	**2000**

Appendix 2

Additional pay and Guardian Levied fines August 2021 to end July 2022

On 29 occasions, minimum rest requirements were not met and neurology registrars did not have 5 hours continuous rest during a 24 hour shift. This is a breach to safety requirements and results in time off in lieu and payment.

The total hours payable during this period was 42.

The rate of payment is £56.68 per hour directly to the doctors (enhanced rate as overnight) plus £94.46 per hour to the GoSW to be spent on the junior doctors.

The total payment is therefore £6347.88.