

Public Trust Board Meeting

Thursday 2nd February 2023

Agenda and Papers



PUBLIC TRUST BOARD MEETING

Thursday 2 February 2023

Boardroom

09:30 - 12.45

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 1 December 2022 (d)	Chair	Information
STRATEGIC CONTEXT				
5	10.05	Chair and Chief Executive's Update (d)	Chief Executive Officer	Information
6	10.20	Trust Strategy Update (d)	Medical Director	Assurance
7	10.35	People Substrategy (d)	Chief People Officer	Approve
8	10.50	Charity Substrategy (d)	Chief Finance Officer	Approve
9	11.00	Board Assurance Framework Q3 2022/23 (d)	Corporate Secretary	Assurance
11.15 BREAK				
INTEGRATED PERFORMANCE REPORT				
10	11.25	Integrated Performance Report (d)	Chief Executive Officer	Assurance
11	11.30	Business Performance Committee: Chair's Assurance Report (d)	Committee Chair	Assurance
12	11.40	Quality Committee: Chair's Assurance Report (d)	Committee Chair	Assurance
QUALITY & SAFETY				
13	11.50	Freedom to Speak Up Quarterly Report Q3 2022/23 (d)	Deputy Chief Nurse	Assurance
GOVERNANCE				
14	12.00	National Inpatient Survey Action Plan Update (d)	Deputy Chief Nurse	Information
CHAIR'S ASSURANCE REPORTS FROM BOARD COMMITTEES				
15	12.10	Neuroscience Programme Board – 10 November 2022 & 12 January 2023 (d)	Committee Chair	Assurance
16	12.15	Research, Innovation and Medical Education Committee – 20 December 2022 (d)	Committee Chair	Assurance
17	12.20	Strategic Black, Asian and Minority Ethnic Advisory Group – 12 December 2022 (d)	Committee Chair	Assurance

Item	Time	Item	Owner	Purpose
18	12.25	Walton Centre Charity Committee – 20 th January 2023 (d)	Committee Chair	Assurance
19	12.30	Remuneration Committee – 5 January 2023 (d)	Committee Chair	Assurance
CONSENT AGENDA				
<p>Subject to Board agreement, the recommendations in the following reports will be adopted without debate:</p> <ul style="list-style-type: none"> • Research, Innovation and Medical Education Committee and Walton Centre Charity Committee Terms of Reference (d) 				
CONCLUDING BUSINESS				
20	12.35	Any Other Business (v)	Chair	Information
21	12.40	Review of Meeting (v)	Chair	Information

Date and Time of Next Meeting: 9.30am, 2 March 2023, Boardroom, The Walton Centre

UNCONFIRMED
Minutes of the Public Trust Board Meeting
Board Room
1 December 2022

Present:

Max Steinberg	Chair
Karen Heslop	Non-Executive Director (NED-KH)
Su Rai	Senior Independent Director (SID)
David Topcliffe	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)
Katharine Dowson	Corporate Secretary (CS)
Lisa Judge	Head of Patient & Family Experience (HPFE) (item 1 only)
Nicola Martin	Deputy Chief Nurse (DCN) (<i>deputising for CN</i>)

Observers:

Verity Biddlecombe	Healthcare Scientist, Neurophysiology (HSN)
Louise Pate	Staff Governor (SG)
Barbara Strong	Lead Governor (LG)
Elaine Vaile	Communications and Marketing Manager (CMM)

Apologies:

Paul May	Non-Executive Director (NED-PM)
Lisa Salter	Chief Nurse (CN)

1 Volunteer Story

- 1.1 HPFE introduced a former patient who was now volunteering at the Trust as a therapy dog handler. The patient began volunteering at the Trust in September accompanied by their trained therapy dog once a week visiting patients and staff on the Complex Rehabilitation Unit and Lipton Ward. The therapy dog was well known by all staff and patients who looked forward to their visit and it was reported that this had a very positive effect on patients. The volunteer stated that it was amazing to see the effect that the therapy dog had on some of the patients along with the improvements made by each patient between visits.
- 1.2 The Chair queried how the patient's recovery was progressing and they confirmed that their recovery had gone very well and they had now been discharged from the Trust.

1.3 NED-KH questioned what had given the volunteer the idea to bring the therapy dog into the Trust and it was stated that he had recognised that the dog had a calming effect on people. The volunteer had then accessed training and assessment for the dog to be accredited as an official therapy dog and had approached the Trust.

1.4 NED-RW questioned how the dog had helped the volunteer with their recovery and it was stated that recovery had been slow at first but they had pushed themselves to walk the dog further which had given them the confidence to move forward.

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

2 Welcome and apologies

2.1 Apologies were received from CN and NED-PM. 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 3 November 2022

4.1 The minutes of the meeting held on 3 November 2022 were reviewed and the following amendments were requested.

4.2 Paragraph 6.2 – the second sentence was amended from “SID informed that the annual report and accounts had been reviewed and inspected by independent auditors and no issues had been identified.” to read “SID informed that the annual report and accounts had been reviewed and inspected by independent *examiners* and no issues had been identified.”

4.3 Paragraph 6.3 – this sentence was amended to add “staff wellbeing projects.” to the end of the sentence.

4.4 Paragraph 7.1 – the final sentence was amended from “The reduction of 104-week and 52 week long waiters was particularly to be noted.” to read “The reduction of 104-week and 52 week long *patient waits* was particularly to be noted.”

4.5 Paragraph 7.3 – the final sentence was amended from “It was also noted that there was a need to recalculate the impact from the uplift of National Insurance.” to read “It was also noted that there was a need to recalculate the impact from the *adjustment* of National Insurance.”

4.6 Paragraph 7.4 – the final sentence was amended from “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.” to read “CPO stated that assurance had been provided to BPC that plans for 2023-2024 were in *train* and the planning group met on a weekly basis to review plans.”

4.7 Paragraph 10.2 – NED-KH requested that the following text was added to the end of the paragraph “NED-KH had sought and received assurance at Quality Committee that staff

were actually using the psychological support services. Furthermore, at a recent walkabout, staff in Horsley ITU confirmed to her that the services were well used and appreciated.”

4.8 Paragraph 11.1 – NED-KH requested that the following sentence was added after the third sentence “NED-KH noted that the main theme of concerns continues to be attitudes and behaviours and queried if actions were in place to address this.”

4.9 Following completion of these amendments the minutes of the meeting held on 3 November 2022 were approved as an accurate record of the meeting.

Action tracker

4.10 There was one outstanding action which was updated and agreed as completed.

5 Chair & Chief Executive’s Report

5.1 The Chair updated that the recent Non-Executive Director (NED) recruitment had been successful and Irene Afful would start in post from 1 January 2023. Irene would be meeting with all Board members before the end of January.

5.2 The Deputy Corporate Secretary post was successfully recruited to and Jennifer Ezeogu would start in post on 19 December 2022 and would be meeting with all Board members.

5.3 A Board development session was held on 10 November 2022 with cyber security, systems and collaboration update and well led on the agenda. Feedback from all Non-Executive Directors had been requested and this would be shared with CEO and CS to influence future Board development sessions.

5.4 The Chair had attended the recent NHS Providers regional meeting and NHS Providers conference.

5.5 The Chair and a number of NEDs attended the Cheshire and Merseyside Acute and Specialist Trusts (CMAST) NED event held on 29 November 2022. NED-DT informed that there had been good networking opportunities and a session was held regarding system wide finances and the challenges and expectations of Boards regarding this. NED-RW stated that there had been positive feedback regarding the international recruitment programme and noted that theatre optimisation across Cheshire and Merseyside had increased drastically however this was not reflected within the Trust.

5.6 The annual Walton Centre Charity Jan Fairclough ball was held on 25 November 2022 and was a very successful evening. The Board recorded their thanks to the Head of Fundraising and all involved in organising the event and making it such a success. The Board also wished to record their thanks to Emily Low, Clinical Specialist Physiotherapist at the Trust, for the speech she gave to the ball.

5.7 Orientation walkabouts for new Governors were held on 28 November 2022 and had been very well attended.

5.8 The Liverpool Citizens pre-founding assembly event was held on 30 November 2022 with the founding assembly planned to be held in May 2023. Discussions were held with all founding members around the reasons for involvement and what changes they wish to

engender across the region. The assembly was very well attended and had been a successful start to the alliance.

- 5.9 CEO informed that the Trust was working to understand the Royal College of Nursing plans for industrial action. Unison had confirmed that the threshold for number of votes required for industrial action had not been met by their members. The GMB union had announced that their members would be taking part in industrial action and further detail around the impact on the Trust was being sought. Business continuity plans were in place and plans were being developed to manage the impact.
- 5.10 NED-KH highlighted that the staff survey response rate had been 40% and queried how this compared to previous years. It was confirmed that the average response rate for the Trust was approximately 43%.

The Board noted the Chair and Chief Executive reports.

6 Communications and Marketing Substrategy

- 6.1 CMM presented the Communications and Marketing Substrategy and informed that the previous strategy would be formally closed down upon approval of the new Substrategy. There had been a different focus for communications following the COVID pandemic and the updated Substrategy linked with the new Trust Strategy. The main focus was brand awareness, with nine focus areas and an overview of each was provided.
- 6.2 There was an increased focus on stakeholder engagement and Trust communications and patient communications would be brought under the brand workstream to provide a more cohesive feel to all communications. It was stated that a lot of the work needed to deliver the strategy would require buy in and support from all areas of the Trust to drive this forward. A lot of work was underway with teams across the Trust to support and enhance delivery further. A delivery plan was being developed which would be a living document to ensure it reflected the operational and external priorities.
- 6.3 It was recognised that the Substrategy was currently in a draft format and work was ongoing regarding the format of the final document to ensure this was presented in a cohesive brand and also fits the timeline for all Substrategies.
- 6.4 SID queried how the Substrategy addressed communication with people whose first language was not English or those with learning disabilities. CMM informed that this was permanently reflected in all Trust communications and action plans. The communications team were working closely with the Equality, Diversity and Inclusion (ED&I) Lead and this work was being fed into the delivery plan.
- 6.5 CS requested that the membership of the Trust was also recognised within the Substrategy as this would improve the links with Trust members and this would be included.
- 6.6 NED-DT questioned what the measures for success would be and CMM informed that there was a section regarding evaluation within the Substrategy. It was recognised that it was difficult to measure communication and Key Performance Indicators (KPIs) would be set regarding social media engagement and qualitative evaluation undertaken.

- 6.7 NED-KH queried how the Trust benchmarked across the region in relation to ED&I levels and CMM stated that the Trust performed well internally in relation to ED&I work however it was recognised that there was more work to do. CPO informed that the Trust reflected the population we serve and was strong on Black, Asian and Minority Ethnic (BAME) staffing numbers however not as strong regarding staff who self-identify as having a disability. The key reports to record and demonstrate compliance were the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) and the Trust performed strongly in these however perception based metrics were not as strong, although they were in line with other Trusts. Work was ongoing with staff networks to improve this further.
- 6.8 NED-KH felt that the Trust website had a very functional feel and queried if there were any plans to change the layout. CMM responded that communication focus was more around the messaging and informed that the website was required to be functional due to the patient groups that the Trust serves and to ensure it meets accessibility standards.
- 6.9 NED-RW highlighted that some objectives related to healthcare marketing were dependant on additional resource and it was clarified that during work to develop the Substrategy a deep dive into healthcare marketing had been undertaken which highlighted that the expertise required for marketing was not available in-house and would need to be resourced externally. This support would be procured where required to bridge the gap.

The Board approved the Communications and Marketing Substrategy.

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.
- 7.2 NED-DT, as Chair of Business Performance Committee (BPC), highlighted that inpatient occupancy was at full capacity at the end of October with up to 40 beds occupied by patients whose transfer of care had been delayed due to onward capacity constraints. This situation was expected to worsen due to winter pressures and industrial action.
- 7.3 A lot of work had been undertaken in relation to mandatory training and Performance Development Review (PDR) compliance however no significant improvements had been recorded. A number of additional actions had been identified and these were endorsed by BPC. CEO recognised that this was an ongoing issue and there was a need to prioritise these areas, however it was not felt to be a leadership issue. The Trust set compliance targets internally and it was confirmed that it was not intended to lower these, however work was being undertaken to identify how to make it easier to achieve high standards.
- 7.4 NED-RW felt that this was a quality issue and linked to the Quality and Safety of Inpatient Services report to be presented later on the agenda and there could be a risk to clinical care. CPO informed that agreement had been made at the People Group to reduce the amount of paperwork requiring completion for a PDR and highlighted that the highest areas of non-compliance with mandatory training were in areas requiring face to face training. This was due to pressures on room availability and a shortage of staff to deliver training however recruitment had now been completed in this area. COO also reported that training

within Junior Doctors was low and this was due to them completing training in other Trusts, work to implement a training passport system was ongoing to address this.

- 7.5 NED-RW reported on discussions at Quality Committee and highlighted that staffing was adjusted on a daily basis to take acuity and dependency into account and ensure safe care was provided. It was recognised that this had an impact on staff who found working in other areas difficult and felt that they were unable to use their skills to the full when moved.
- 7.6 NED-RW reported that uptake of the flu vaccination among staff was approximately 50% and a further report would be presented at the next Quality Committee meeting. It was recognised that although uptake was lower than previous years the Trust continued to be in line with other Trusts.
- 7.7 NED-RW noted that good infection prevention and control work had been highlighted in the IPR, however cases of E.Coli were above trajectory and there were some issues regarding the number of Catheter Associated Urinary Tract Infections (CAUTI). Working groups had been set up to review these areas and progress was presented to the Infection Prevention and Control Committee.
- 7.8 SID highlighted the ward scorecard and noted that a number of wards were at a high level of amber and requested assurance around safe staffing. NED-RW stated that the key review metric around safe staffing was red flag events and the newly implemented SafeCare system had improved identification of red flags and work was underway to resolve these. All red flags were reported via the Datix system and reviewed and no patient harm had been identified following review. DCN reported that the SafeCare system would take time to become fully embedded and highlighted that occupancy within Complex Rehabilitation Unit (CRU) was higher than it had previously been.

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 22 November 2022 and highlighted that a revised approach to transformation had been endorsed and this would be presented at the Board Development session being held on 9 March 2023.
- 8.2 There was a change in approach to managing the Follow Up Waiting Lists (FOWL) within Neurology division following a trial of intensive clinical validation of Consultant waiting lists. This trial had resulted in a reduction in waiting lists of up to 50% and this approach would now be rolled out across the Division. This was also expected to positively affect the number of Did Not Attend (DNA) appointments. There was also other work ongoing regarding equality of access to services investigating areas such as digital exclusion and zero hours contracts affecting patients ability to attend.

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

9 Quality Committee Chair's Assurance Report and Terms of Reference

- 9.1 NED-RW presented the Chair's Assurance report from the Quality Committee meeting held on 17th November 2022. It was highlighted that the number of complaints received had increased and themes continued to be around access to services and care and treatment.

- 9.2 The Committee had received a presentation about the Walton CARES assessment and accreditation process which was positively received. This system had been rolled out across all Wards and also other areas.
- 9.3 A report regarding progress against the National Confidential Enquiry into Patient Outcomes and Deaths (NCEPOD) action plan was received and it was noted that a number of outstanding actions did not have clear actions or action owners recorded. The Committee had requested further detail to be provided.
- 9.4 NED-RW reported that the Trust was behind schedule on some areas of delivery against Quality Account priorities. Plans for the development of this year's Quality Account priorities were also presented to the Committee for discussion.
- 9.5 The Committee received the key issues report from the Safeguarding Group and requested that an update on plans to implement the Oliver McGowan training on Learning Disability and Autism across the Trust as this would be compulsory training from April 2023.
- 9.6 It was recognised that there had been three challenging families of patients on Lipton Ward and there had been some discussion by the Committee regarding support for staff and lessons learned.
- 9.7 One risk had been identified by the Committee relating to increased vacancies for Consultant Neurophysiologist positions. The risk scoring regarding this had been increased to 12.

The Board noted the Quality Committee Chair's Assurance Report and approved the updated terms of reference.

10 Quality and Safety of Inpatient Services Report

- 10.1 DCN informed that a letter had been received from the Integrated Care Board (ICB) directing the Trust to review all safeguarding policies and protocols and a meeting to review all guidance had been held. An overview of the current position within the Trust was presented and some areas for improvement had been identified. An action plan had been devised which was being monitored via the Safeguarding Group. The Trust had recruited a trainer of control, restraint and restrictive practices and they would be in post by the end of January 2023.
- 10.2 DCN advised that staff were assessed on their knowledge of safeguarding policies and procedures during the Walton CARES ward audits and walkabouts were undertaken by the Non-Executive Directors, Executive Team and Senior Nurse Team with the Senior Nurse Team also undertaking out of hours walkabouts.
- 10.3 An overview of actions to be progressed going forward was provided and it was highlighted that the Senior Nursing Team would be relaunching the Trusts Patient Family-Centred Care (PFCC) Six Steps programme in January 2023.
- 10.4 SID queried if a report was provided to Quality Committee on how often restrictive practice was used. NED-RW confirmed that this was not formally reported to Quality Committee and

there were a number of patients who were in high risk categories, this would be discussed further by NED-RW and DCN.

10.5 NED-KH felt that the update was lacking metrics and this should be added to Quality Committee for assurance.

10.6 The Chair recognised that a number of actions and processes were in place to ensure that any unsafe practice were highlighted however safeguarding processes should continue to be tested and reported to identify any areas that could provide deeper assurance.

The Board noted the quality and safety of inpatient services report.

11 New Trust Governance Guidance

11.1 CS informed that three new governance documents had been published by NHS England following a period of consultation and the Provider License was currently under open consultation. The report provided an overview of the three updated documents and guidance for information and highlighted the changes to the code of governance and new system working and relationships with the Integrated Care System (ICS).

11.2 These changes would apply from April 2023 and would be included in the Trusts annual report at the end of 2023/24. A paper would also be presented to the Executive Team detailing how additional reporting would be completed.

11.3 A paper detailing the new addendum to the full guide for Governors which covered the impact of system working on Councils of Governors (CoG) would be presented to the CoG meeting on 8 December 2022.

11.4 There was currently an open consultation regarding the Provider License which detailed the conditions for the license and penalties for not achieving these conditions along with enforcement guidance.

11.5 The Chair queried if these changes would be presented to Audit Committee, CS would discuss this approach with SID. NED-DT felt that the action plan should be monitored at Audit Committee as this would be related to key changes for the Trust and CS confirmed that the action plan would be presented to the Executive Team prior to being presented to Audit Committee.

11.6 CFO highlighted that the Trust would not be compliant with the new guidance due to the changes in guidance on Chairs for Audit Committees. CS advised that the Trust would need to take a conscious decision regarding this and any non-compliance would be captured in the annual report as part of the 'comply or explain' approach.

The Board noted the new Trust governance guidance.

12 Neuroscience Programme Board Terms of Reference

12.1 MD provided an overview of the Neuroscience Programme Board and informed that this had evolved to make it a more external facing meeting. A number of external members had joined the group including a named General Practitioner. The terms of reference had been approved by the ICB with some amendments proposed to terminology and authorisation however there had been no changes relating to duties.

The Board agreed the proposed changes to the Neuroscience Programme Board terms of reference should be accepted.

13 Remuneration Committee Chairs Assurance Report

13.1 The Chair provided an update from the Remuneration Committee meeting held on 3 November 2022 and informed that approval was given to the NHS England recommendation to award a 3% cost of living increase to staff on Very Senior Managers (VSM) payscales. This would be backdated to 1st April 2022.

The Board noted the Remuneration Committee chairs assurance report.

14 Consent Agenda

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

- **Guardian of Safe Working Q2 Report** – The Board noted the Guardian of Safe Working report for Q2.
- **Updated Guardian of Safe Working Annual Report** – The Board noted the updated Guardian of Safe Working annual report and approved the amendments.

15 Any Other Business

15.1 There was no other business to be discussed.

16 Review of Meeting

16.1 Those present agreed that Board debate had improved and there had been good discussion, particularly relating to the IPR. It was recognised that the Trust was working to ensure that lessons learned from Edenfield Centre were embedded across the organisation.

There being no further business the meeting closed at 11.25am

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

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

Report to Trust Board
2 February 2023

Report Title	Chief Executive's Report		
Executive Lead	Jan Ross, Chief Executive		
Author (s)	Jan Ross, Chief Executive		
Action Required	To note		
Level of Assurance Provided			
<input type="checkbox"/> Acceptable assurance Systems of controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/> Partial assurance Systems of controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/> Low assurance Evidence indicates poor effectiveness of system of controls	
Key Messages			
Next Steps			
This paper is intended for information purposes.			
Related Trust Strategic Ambitions and Themes		Impact	
All Applicable		Not Applicable	Not Applicable
Strategic Risks			
All Risks	Choose an item.	Choose an item.	
Equality Impact Assessment Completed			
Strategy <input type="checkbox"/>	Policy <input type="checkbox"/>	Service Change <input type="checkbox"/>	
Report Development			
Committee/ Group Name	Date	Lead Officer (name and title)	Brief Summary of issues raised and actions agreed
n/a			

Chief Executive's Report

National Updates

Kark Review – Fit and Proper Persons Regulations

1. The Tom Kark QC review of the fit and proper person test (the Kark review) was published in February 2019 and made seven recommendations on how to improve the operation and effectiveness of the fit and proper persons regulations which were introduced in 2014 for all Board Directors of providers in the NHS.
2. In July 2018, the government commissioned a review which reported in 2019, but the recommendations were paused during Covid and during the Messenger review.
3. A steering group has now been established to progress four of the recommendations
 - I. All Directors (executive, non-executive and interim) should meet specified standards of competence to sit on the board of any health providing organisation. Where necessary, training should be available.
 - II. That a central database of directors should be created to hold relevant information about qualifications and history.
 - III. A mandatory reference requirement for each director should be introduced.
 - IV. The fit and proper persons test should be extended to all commissioners and other appropriate arms-length bodies.
4. Expected outputs will include a Fit and Proper Person Test framework and guidance documents for use by individual organisations in applying the framework, and for other stakeholders to understand the process.
5. When published these will be reviewed and the Board will be advised of any changes required to the current processes established by the Trust through the Fit and Proper Persons Policy.
6. Further details are available on the NHS England website:
[NHS England » Progress on implementation of the recommendations made by Tom Kark QC following his review of the fit and proper person test](#)

Hewitt Review

7. The Hewitt review is currently underway and will consider how the oversight and governance of integrated care systems (ICSs) can best enable them to succeed, balancing greater autonomy and robust accountability with a particular focus on real time data shared digitally with the Department of Health and Social Care, and on the availability and use of data across the health and care system for transparency and improvement.
8. It will cover all ICS' in England and the NHS targets and priorities for which integrated care boards (ICB) are accountable, including those set out in the government's mandate to NHS England.

9. In particular it will consider and make recommendations on:
- how to empower local leaders to focus on improving outcomes for their populations, giving them greater control while making them more accountable for performance and spending
 - the scope and options for a significantly smaller number of national targets for which NHS ICBs should be both held accountable for and supported to improve by NHS England and other national bodies, alongside local priorities reflecting the particular needs of communities
 - how the role of the Care Quality Commission (CQC) can be enhanced in system oversight
10. Terms of Reference for the review were published in early December with an expectation that the final report will be published by 15 March 2023.

Operational and Planning Guidance

11. On the 23rd December NHS England published the [2023/24 priorities and operational planning guidance](#). The document sets out the priorities for the next financial year including recovering core services, improving productivity and renewing focus on delivering the long term plan.
12. NHS England acknowledges that 2023/24 will be a challenging year for the NHS, with ongoing Covid-19 pressures, rising demand and capacity issues. The guidance sets key actions designed to increase capacity and improve patient flow to ease UEC pressures. NHSE also sets out ambitions to improve access to mental health services, tackling health inequalities and improving care for people with a learning disability and/or autism.
13. NHSE also published its guidance for integrated care boards (ICBs) and their partner trusts and foundation trusts on the development of five-year joint forward plans (JFPs).
14. It covers specific statutory requirements that the plans must meet, such as setting out how an ICB and its partner trusts will meet the health needs of its population. The guidance also sets out how JFPs should be produced, including conducting consultations, involving health and wellbeing boards, and the role of NHSE.
15. It sets out three principles describing the nature and function of the JFP: alignment with the wider system partnership's ambitions; supporting subsidiarity by addressing local strategies and priorities as well as the wider NHS commitments; and being delivery-focused, including specific objectives, trajectories and milestones.
16. ICBs and their partner trusts have a duty to prepare a first JFP before the beginning of 2023/24. However, for this first year of the process, NHSE has said it expects systems to produce a version by 31 March, but consultation on further versions can continue beyond that date, in time for a final plan by 30 June.

Cheshire & Merseyside Integrated Care System (ICS)

17. The Clinical services review has been completed and the final paper will go to the ICB board on the 26th January 2023 for approval there is a detailed paper related to the recommendation on the private board.

Cheshire and Merseyside Acute and Specialist Trusts provider Collaborative (CMAST)

18. CMAST Leadership Board met on an informal basis in both December and January.
19. On 2nd December the group considered the current facts and planned responses to then proposed strike action in a discussion led by the ICB workforce team. Further business considered by the Board included:
- A review and proposed refresh of the ongoing work on pathology hubs being led by the Diagnostics Programme Board –we expect this refresh to result in an updated timetable for delivery that may, in time, require Trust decision making
 - Outcomes and conclusions of the Clinical Pathways Programmes, to date, on orthopaedics. This included a number of collaborative and improvement initiatives that did not require significant service change. Clinically and operationally led collaborative recommendations for optimising current system capacity were commended by the Board
 - A discussion on the impact and imperatives in urgent and emergency care arising from recent system pressures
 - NHSE Provider Collaborative Innovator Scheme expressions of interest process
20. The Board next met on 6th January as a shorter meeting in recognition of the ongoing significant operational pressures. The discussion was used to provide space for sharing and reflection covering the following areas:
- Current system pressures, hospital discharges and the ICB role as a system coordinator and convenor
 - Reflection from recent strike experiences and a look forward to proposed future industrial action
 - Cheshire and Merseyside orientation on the anticipated approach to responding to NHSE Planning requirements

Covid-19

21. National data continues to be on a downward trend. The key focus is on booster vaccinations for those eligible. There are currently no patients with Covid in the Trust.
22. Vaccinators are attending the Walton Centre next week to offer vaccinations to our long term patients

Trust Update

Strike Action

23. The Royal College of Nursing have given notice of two further dates of industrial action at the Walton Centre and they will be Monday 6 February and Tuesday 7 February. The Trust's internal strike committee have recommenced meetings from 24 January 2023. The Chartered Society for Physiotherapists intend to hold their first industrial action on 9 February 2023 but locations have not been confirmed.

Medical Education

24. The Trust has successfully bid for £30k from Health Education England's (HEE) study leave budget. A catalogue of titles has been sent to medics, nurses and clinical colleagues to select appropriate titles. The funds need to be spent by 31 March 2023.

25. There was a second bid for £4.5k to improve the spaces junior doctors use for learning/study away from the education centre. Nick Carleton-Bland and Farouk Olubajo will ensure junior doctor input.
26. The Trust have successfully run a neurosurgical training course aimed at higher level trainees, with national and international delegates and speakers, focussed on spinal conditions. This was led by Nick Carleton-Bland and included a simulation bus on site from Stryker, and our NeuroVR. There are plans for this to develop into an annual course.

ACSA reaccreditation

27. The anaesthetic department was this month informed of its Anaesthesia Clinical Services Accreditation (ACSA). This is a reaccreditation with effect from November 2022. As this is reaccreditation, there will not be any formal ceremony. The plaque will be placed next to the current plaque in the main corridor outside theatres.
28. The ACSA review team referenced a number of areas of good practice in their report and the lead reviewer, Dr Sally Wilson, commented:

“My congratulations to the anaesthetic department at the Walton Centre for their reaccreditation with ACSA. The department offers excellent specialist patient centred care from a dedicated and cohesive workforce, who have a clear emphasis on all aspects of quality and safety. The review team were particularly impressed by the positive culture of the multidisciplinary team and the support offered at a managerial level. Everyone that we met embraced the ethos of ACSA and they were keen to use any feedback to improve care for their patients. The department is to be commended for their well-deserved reaccreditation.”
29. The lay reviewer, Bob Evans, also commented:

“At the Walton Centre there was a good team ethos which was reflected in treatment and care of patients. The environment of the Centre was pleasant, and the contribution of the Anaesthetic department was significant in this regard.”
30. RCoA ACSA Committee will include some examples of outstanding practice from the department in the library of good practice that is currently being developed as reference for other anaesthetic departments engaged in the ACSA process.

EitC Health Zone Development

31. The Walton Centre is a strategic partner of Everton in the Community (the official charity of Everton Football Club) and a member of the Everton Minds Partnership Group which brings together organisations across all sectors as a centre of excellence for issues affecting people living with dementia and their families.
32. Everton Football Club is due to relocate to its new stadium at Bramley Moore Dock in 2024 with the vision to leave a legacy at the Goodison Park site that will benefit local residents and beyond. The proposal for a Health Zone development is one of the elements of the legacy scheme. The Health Zone provides the opportunity to deliver health and social care services to people living with dementia, their families and the wider community in some of the most deprived areas across the city, as well as being able to provide care closer to home and to hard-to-reach communities. Initial scoping of the Trust’s potential service offer has been undertaken which will be developed in line with the project. The Memorandum of Understanding was approved by the Executive Team on the 18 January 2023 in support of the Trust continuing to be a strategic partner in the legacy scheme.

Changes to Board Committee Membership

33. Following the appointment of Irene Afful as the seventh Non-Executive Director at the Trust from 1 January 2023 the Chair has reviewed the membership of the Board Committees. Karen Heslop retains her responsibilities as the Non-Executive Director Champion for Health and Wellbeing and Freedom to Speak Up. From 1 January 2023 the Committee membership will be as per the table below.

Board Committee Membership 2023

Name	Title	Committee Roles			
Max Steinberg	Chair	Board of Directors (Chair) Council of Governors (Chair)	Remuneration Committee (Chair)	Nominations and Remuneration Committee (Chair)	
Su Rai	Deputy Chair & Senior Independent Director	Audit (Chair)	Charity (Chair)	BPC	SBAC
Irene Afful	Non-Executive Director	Quality	SBAC	Charity	
Karen Heslop	Non-Executive Director	SBAC	BPC		
Paul May	Non-Executive Director	RIME (Chair)	Quality	Charity	
David Topliffe	Non-Executive Director	BPC (Chair)	Audit	RIME	
Ray Walker	Non-Executive Director	Quality (Chair)	Audit	RIME	Organ Donation Committee

Audit - Audit Committee

BPC - Business Performance Committee

Quality – Quality Committee

RIME – Research, Innovation and Medical Education Committee

SBAC – Strategic BAME (Black, Asian & Minority Ethnic) Advisory Committee

Staff Awards

34. The postponed staff awards 2022 event was held on 12th January in the lecture theatre with approx. 100 staff in attendance, including all winners. Awards were presented by myself CEO and Max Steinberg Chair, together with special guests Tony Bellew and Alan Stubbs. It was a extremely positive event with excellent feedback.

35. Planning has started on a combined event for 2023 scheduled for late September/ early October 2023. This will be in a central Liverpool location with capacity for 200 staff for a drinks reception, awards ceremony, sit down dinner and dancing.

Business as Usual

36. Quality

- All HCA posts now recruited to following an uplift
- Lipton Ward was re-accredited for Walton Cares and maintained SILVER

- The Trust is above trajectory for ECOLI with 11 infections against a trajectory of 10. The Trust is below trajectory for all other infections

Finance

37. The Trust is delivering above plan for its Income & Expenditure (I&E) year to date by £0.8m after performance in Month 9. The improved performance against plan has been driven in the main by the agreed final Welsh contract being above plan, increased activity relating to the Isle of Man, higher interest receivable and higher HEE income than planned, along with non-recurrent vacancy savings in year. The Trust will continue in its efforts to deliver challenging Elective Recovery Fund (given the on-going strikes) and Cost Improvement Programme (CIP) targets across the rest of the financial year to deliver its full year forecast of a £3.9m surplus, which is £1.0m above plan.
38. The full year CIP has now been identified, however the recurrent element at £3.2m is £0.9m below plan which will carry forward as a pressure into the next financial year. Capital expenditure remains behind plan (£2.4m) with the Heating and Pipework, Digital Aspirant schemes and neurosurgery equipment forming the majority of spend. The Trust is still forecasting that it will manage to its Capital Resource Limit (CRL) by the end of the year.
39. Indicative *provisional* figures suggest the Cheshire & Merseyside (C&M) ICB deficit at Month 9 stands at £45.4m against a planned £30.0m deficit which is £15.4m worse than plan. This position includes centrally funded depreciation for specific projects being used to improve the bottom line. The ICB will be reviewing options with providers to bring the position back into line with plan.
40. Guidance was released for 2023/24 business planning in late December along with updated detailed technical guidance in mid-January. The initial NHSE deadline for the submission of provider plans is 23rd February, however it is expected that the ICS deadline will be in advance of this.

Performance/ Operations

41. The Trust continues to be in a good position for performance, all diagnostic and cancer targets have been achieved continuously throughout the Covid-19 pandemic and 104-week waits have now been eradicated. The focus is now on patients who have waited 78 weeks and we currently have nine patients to be listed and approximately over 150 patients waiting 52 weeks. Spinal referrals from Liverpool Universities Hospital Foundation Trust (LUHFT) continue to be validated.
42. Due to the impact of the industrial action in December the trust seen a significant increase in cancelations of Elective / Day case and outpatient activity, and this will be reflected in the trust ERF position. Finance will be undertaking work around this to look at the impact in staff salaries for all staff who chose to strike and review against the loss in ERF.
43. Winter pressures and patients requiring community services has increased we are seeing a significant number of patients in the trust requiring external care resulting in delayed discharges and cancelled operations. Mutual aid has also been provided to LUHFT throughout January to support with ED pressures.

Recommendation

To note

Author: Jan Ross, Chief Executive Officer

Date: 26th January 2023

**Report to Trust Board
2 February 2023**

Report Title	Trust Strategy Update - Quarter 3 2022-23		
Executive Lead	Andy Nicolson, Medical Director and Deputy Chief Executive		
Author (s)	Executive Team		
Action Required	To note		
Level of Assurance Provided			
<input type="checkbox"/> Acceptable assurance Systems of controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input checked="" type="checkbox"/> Partial assurance Systems of controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/> Low assurance Evidence indicates poor effectiveness of system of controls	
Key Messages			
<ul style="list-style-type: none"> • Good progress against priorities set for Q3. • Priorities for Q4 outlined, mapped to each strategic aim. 			
Next Steps			
<ul style="list-style-type: none"> • 1, 2 and 3 year strategic priorities will be mapped. • Quarterly progress against priorities will be reported to Trust Board. • Strategy KPIs will be refined and a dashboard developed with the Business Intelligence team. 			
Related Trust Strategic Ambitions and Themes		Impact	
All Applicable		Not Applicable	Not Applicable
Strategic Risks			
All Risks	Choose an item.	Choose an item.	
Equality Impact Assessment Completed			
Strategy <input type="checkbox"/>	Policy <input type="checkbox"/>	Service Change <input type="checkbox"/>	
Report Development			
Committee/ Group Name	Date	Lead Officer (name and title)	Brief Summary of issues raised and actions agreed
N/A			

Trust Strategy Update - Quarter 3 2022-23

Executive Summary

1. Following the approval of the Trust strategy 2022-25 by Trust Board in September 2022, it was agreed that there would be quarterly reports of key priorities for each quarter and progress made against previous priority areas.
2. There has been good progress made against all of the priorities for Q3 2022-23 with some incomplete related to external factors, but with a clear plan for completion. Priorities for Q4 2022-23 are summarised.
3. At a Board development session strategic KPIs against the five strategic aims were identified. These have been shared with the Business Intelligence team to refine into key measurable KPIs.

Introduction

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

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

Our strategic ambitions

Education, training and learning



Leading the way in neurosciences education and training.

Research and innovation



Delivering high-quality clinical neuroscience research, in collaboration with universities and commercial partners.

Leadership



Developing the right people with the right skills and values to enable sustainable delivery of health services.

Collaboration



Clinical and non-clinical collaborations across and beyond the ICS, building on existing relationships and services.

Social responsibility



Supporting our local communities and providing services for patients within and beyond Cheshire and Merseyside.

6. Since the last update the Board have also met to discuss the development of a number of KPIs (Key Performance Indicators) to be developed into a dashboard to show progress against the aims of the Strategy. These have been updated based on the feedback received from the Board and are now with the Business Intelligence department to develop into a summary dashboard.

Quarterly Objectives - Education, training and learning

Quarter Set	Previous Quarter Objectives (Quarter 3 2022-23)	Exec lead	Progress/ Comments	Status
Q3 22-23	Develop job descriptions for non-medical Consultant roles as part of future modelling of clinical workforce	CNO COO	JDs agreed and job matched.	
Q3 22-23	In collaboration with Higher Education Institutes develop further training modules for non-medical staff	CNO	Masters level spinal module in development with LJMU. Expected to commence Sep 23.	
Q3 22-23	Run a national neurosurgery training course for medical students and junior doctors incorporating NeuroVR simulator	CPO	Complete with positive feedback and presentation to Trust Board.	
New objectives for next quarter				
Q4 22-23	Run a national training course in neurosurgery for higher level trainees utilising simulation / VR	CPO		
Q4 22-23	Implement Acute Illness Management course on a monthly basis, delivered by SMART team to train the clinical teams	CNO COO		
Q4 22-23	Launch of "Call for concern" - patients and families can call the clinical teams directly if they have any concerns for their family's treatment.	CNO COO		

Quarterly Objectives – Research and Innovation

Quarter Set	Previous Quarter Objectives (Quarter 3 2022-23)	Exec lead	Progress	Status
Q3 22-23	Achieve University Hospital status	CPO	Complete	
Q3 22-23	Work with University of Liverpool on joint strategy for neuroscience research, including plan to invest in joint clinical / academic posts	CPO MD	Meeting scheduled January 31 st 2023.	
Q3 22-23	Initiate the process to become the first NHS Trust in the UK to implement the industry standard – Investors in innovation (ISO 56000 series)	CPO	Complete – presenting to Board in March 2023.	
New Objectives for next quarter				
Q4 22-23	Work with University of Liverpool on joint strategy for neuroscience research, including plan to invest in joint clinical / academic posts	CPO MD		
Q4 22-23	Begin the second phase of developing the Chatbot concept with Tata Consultancy to test practical implementation and system for triage	CPO		
Q4 22-23	Review the demand and equipment required to develop a neurophysiology service for testing small nerve fibres	COO MD		

Quarterly Objectives – Leadership

Quarter Set	Previous Quarter Objectives (Quarter 3 2022-23)	Exec lead	Progress	Status
Q3 22-23	Bespoke Aqua leadership programme for newly appointed triumvirates	CPO	This is due to start in late February 2023.	
Q3 22-23	Develop a prescriptive succession planning process for business critical roles	CPO	Business planning process for 2023-24 will include a succession planning process. This will be supported by training.	
Q3 22-23	Devise a programme for system leadership development to Board and the Trust's wider leadership team	CPO	A bespoke session was delivered by Chris Lake in October 2022 based upon a framework of 7 key elements. The Liverpool clinical services review has delayed role out of training to the wider leadership team.	
New Objectives for next quarter				
Q4 22-23	Prioritise clinical pathways which require development / revision jointly with colleagues in partner organisations	MD		
Q4 22-23	Initiate project jointly with ICB medicines management team on the prescribing of drugs in epilepsy	MD		
Q4 22-23	Further develop key leadership relationship with the Faculty of Medical Leadership and Management promoting The Walton Centre at national FMLM Conference.	CPO		

Quarterly Objectives – Collaboration

Quarter Set	Previous Quarter Objectives (Quarter 3 2022-23)	Exec lead	Progress	Status
Q3 22-23	Participate and influence the Liverpool clinical services review	CEO	Complete, presented to February Board	
Q3 22-23	Collaboration with partner organisations to enhance acute neurology care by opening the redesigned RANA ward area	COO MD	RANA ward area opened and fully operational.	
Q3 22-23	Enhance the skills of staff to deliver the national service for Transcranial MR guided focussed ultrasound for essential tremor	COO MD	Patients have been successfully treated with oversight from the company, Consultant Neurosurgeon will shortly be certified as independent.	
New Objectives for next quarter				
Q4 22-23	Fully engage and support the recommended outputs from the Liverpool clinical services review	CEO		
Q4 22-23	Increase numbers of patients seen in RANA through further engagement with partner organisations and relaxing referral criteria	COO MD		
Q4 22-23	“Whiston project” for initial brain tumour management to be implemented in other organisations in C&M.	COO		

Quarterly Objectives – Social Value

Quarter Set	Previous Quarter Objectives (Quarter 3 2022-23)	Exec lead	Progress	Status
Q3 22-23	Achieve the Fair Employment Charter	CPO	Complete	
Q3 22-23	Become a founder member of Liverpool Citizens	CPO	Complete. Pre-founding assembly 30 November 2022	
Q3 22-23	Develop an in-house Wellbeing hub for staff	CPO	Fully developed but not yet open	
New Objectives for next quarter				
Q4 22-23	Open the Trust's first physical and Well-being hub for staff to be open 24/7	CPO		
Q4 22-23	Formally sign Memorandum of Understanding with Everton in the Community as a strategic partner for the Everton Mind Health Zone as part of the Goodison Park legacy scheme.	CPO		
Q4 22-23	Prioritise the roll-out of initiatives to support staff at risk of in-work poverty	CPO		

Conclusion

7. Good progress is demonstrated against the key priorities for Q3 2022-23, and further key priorities are now set for Q4 2022-23.
8. High level 1, 2 and 3 year priorities will be mapped out, with quarterly targets for the first 12 months of the strategy. Quarterly updates against progress will be presented to Trust Board.
9. The strategic KPIs will be refined and a dashboard established with the Business intelligence team.

Recommendation

To note

Author: A Nicolson, Medical Director
Date: 24/01/23

**Report to Trust Board
Thursday 2 February 2023**

Report Title	People Substrategy 2022-25		
Executive Lead	Mike Gibney, Chief People Officer		
Author (s)	Jane Mullin, Deputy Chief People Officer Tracey Martin, HR Business Manager Zoe Kershaw, Senior Education Manager Rachel Saunderson, Innovation Manager Liz Doherty, Medical Education Development Manager Gemma Nanson, Head of Neuroscience Research Centre		
Action Required	To approve		
Level of Assurance Provided			
<input type="checkbox"/> Acceptable assurance Systems of controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/> Partial assurance Systems of controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/> Low assurance Evidence indicates poor effectiveness of system of controls	
Key Messages			
<ul style="list-style-type: none"> • A review of the People Strategy 2019-24 has been undertaken to ensure alignment to the strategic ambitions outlined in the new Trust Strategy 2022-25 • Changes have been made to the format and structure to reflect the organisation's strategic structure • Following consultation, the Substrategy is being shared with Trust Board for approval 			
Next Steps			
<ul style="list-style-type: none"> • In partnership with the Communication's Team, publicise the Substrategy internally and externally • Implement the Substrategy via the strategic implementation plans, notably the action plans and KPIs identified for 2023/24 			
Related Trust Strategic Ambitions and Themes		Impact	
People		Workforce	Quality Equality
Strategic Risks			
004 Leadership Development	010 Innovative Culture	008 Medical Education Strategy	
Equality Impact Assessment Completed			
Strategy <input type="checkbox"/>	Policy <input type="checkbox"/>	Service Change <input type="checkbox"/>	
Report Development			
Committee/ Group Name	Date	Lead Officer (name and title)	Brief Summary of issues raised and actions agreed
Staff Partnership Committee	06/12/22	Mike Gibney Chief People Officer	<ul style="list-style-type: none"> • Substrategy was endorsed by the Committee. • Typo correction on page 20

Local Negotiation Committee	14/12/22	Mike Gibney Chief People Officer	Substrategy was endorsed by the Committee.
RIME Committee	20/12/22	Mike Gibney Chief People Officer	Substrategy was endorsed by the Committee
Executive Team Meeting	18/01/23	Mike Gibney Chief People Officer	Substrategy was endorsed in principle with the following amendments: <ul style="list-style-type: none"> • Research strategy to be fully incorporated as opposed to being referenced (changes highlighted) • Objectives and actions to be reviewed to ensure they are comprehensive with measures to be identified through key performance indicators
Hospital Management Group	23/01/23	Jane Mullin Deputy Chief People Officer	Substrategy was endorsed in principle with the following addition to be included: <ul style="list-style-type: none"> • Engagement (Supporting Families) recommendation to be included in the Ockenden Review element of the References section
Business Performance Committee	24/01/23	Mike Gibney Chief People Officer	Substrategy was endorsed with the following requests: <ul style="list-style-type: none"> • Health Coaches to be included as an outcome – the Trust has Mental Health First Aiders and Wellbeing Advocates as these areas have been identified as priority areas for staff and are included in the Health and Wellbeing Strategic Implementation Plan • Acronyms to be removed prior to external publication

People Substrategy 2022-25

Executive Summary

1. In line with the revised Trust Strategy launched in September 2022, a review of the People Strategy 2019-24 was undertaken to ensure alignment to the strategic ambitions outlined in the Trust Strategy 2022-25.
2. There have also been several regional and national publications informing on future delivery the recommendations from which have been incorporated. In addition, the current economic challenges and workforce climate necessitate considerable revision of the original strategy. The format is particularly important because the environment is best characterised by its complexity and volatility.
3. It should be noted that changes have been made to the format and structure of the Substrategy to reflect the organisation's strategic structure comprising of key objectives, relating strategic implementation plans and an overview of the regional and national context.
4. An initial consultation of the Substrategy was undertaken between September – December 2022 to gain approval of the format and approach taken, during which the following committees were consulted:
 - Executive Team Meeting on 27/09/22
 - Staff Partnership Committee on 06/12/22
 - Business Performance Committee on 27/09/22
5. A further consultation of the Substrategy was held with Staff Side partners, senior management and appropriate Trust Board subcommittees, during December 2022 – January 2023 further to which endorsement was obtained.

Conclusion

6. In line with the new Trust Strategy 2022-25, a review of the People Strategy was undertaken.
7. Following consultation, the People Substrategy has been endorsed by Staff Side partners, senior management and appropriate Trust Board Committees, and is being shared with Trust Board members for final approval.
8. Given the dynamic nature of world events, the economic downturn and the systemic redesign of the NHS – the fundamental challenge is in having strategic clarity in such a complex environment.

Recommendation

9. The Trust Board is asked to approve the People Substrategy for 2022-25.

Authors: Mike Gibney, Chief People Officer, Jane Mullin, Deputy Chief People Officer and Rachel Saunderson, Innovation Manager

Date: 25/01/23

Appendix 1 – People Substrategy 2022-25

People Sub-strategy

2022 - 2025



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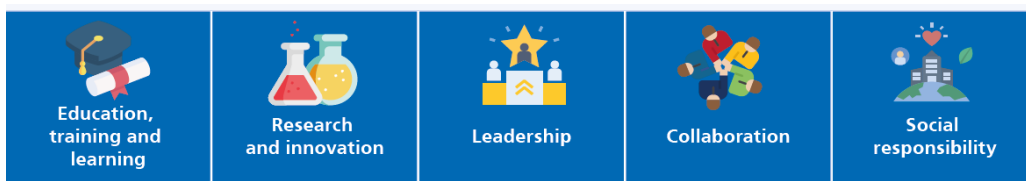
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Overview

Our people Sub-strategy places our staff at the heart of our plans. We recognise that valuing and supporting our staff will have a direct impact on our patient experience.

The People Sub-strategy is one of the seven enabling strategies underpinning the Trust's Strategy 2022-25: *'Committed to a safe, healthy and productive workplace that promotes diversity of thoughts, heritage and social background'*.

It is based on the Trust's five strategic ambitions and the NHS People Promise, realising those priorities will ensure we achieve consistently well led, fully staffed teams, where individuals' wellbeing and identity is nurtured, enhancing our excellent care to patients.



The Sub-strategy sets out the key strategic themes and objectives through which we wish to harness our commitment to staff across the Trust and supports the NHS People Promise.

Introduction

The Walton Centre is an inspiring and exciting place to work and we all play a vital role in advancing the Trust's aspiration to be the Employer of Choice across Cheshire and Merseyside.

The Workforce Team play an essential part in supporting senior leaders, managers and staff to maximise their contribution to the delivery of the People Sub-strategy. We aim to attract and retain world leading talent, offering learning, development and career opportunities to all who play a part in achieving our vision - an aspiration we can only achieve through our staff. We will strive to nurture and facilitate a working environment where all colleagues are equally valued, truly supported and duly recognised for their contribution. We recognise a number of national and regional factors will influence the delivery of our strategy.

Context and Business Environment

The working environment across the NHS is in a period of unprecedented challenge. Like all trusts, The Walton Centre has come through the pandemic with a workforce that feels exhausted. We are thrown straight into the challenge of large backlogs of patients that necessitate even greater performance levels than before the COVID-19 outbreak. This is exacerbated by current labour market conditions that reflect workforce shortages across the UK economy and with the tightest labour market being health and social care.

The single biggest environmental factor is the 'cost of living' crisis. This has changed the human resources landscape in a very short period of time. The impact upon the Trust's workforce and indeed its impact in the medium term, is not yet fully understood. However, like all NHS trusts, the workforce combines some very affluent local residents and of course many of the least affluent. 40% of our workforce is drawn from the three local areas with the highest level of deprivation. It should be noted that these are amongst the highest levels of deprivation in England.

All of this culminates in a need to continue to prioritise the health and wellbeing of our staff and to do our utmost to ensure that our culture is the best it can be. Anyone can demonstrate great values and behaviours in the good times, but the real challenge is doing so in the bad times.

This means that staff welfare becomes our top priority and the boundaries between work and community become blurred.

The Walton Centre has a patient footprint of over 3,000,000 but it is anchored within Merseyside. A number of drivers play into the organisation's position on social value. We have a commitment to being an Anchor Institution, enabling prevention in our local community and a long-standing commitment to the Fair Employment Charter. However, integrated working with social care has highlighted the democratic deficit of NHS organisations in comparison to local authorities. Through its social innovation agenda, The Walton Centre will ensure engagement and transparency with the local population we exist to serve.

The development of Integrated Care Systems, PLACE, a streamlined NHS England and a health system going through a period of reorganisation, means that it is more important than ever for the Trust to focus upon the welfare, support and health of our employees. This will provide the best chance of thriving in an environment characterised by complexity.

As a centre of excellence, the purpose of the Trust is to provide the best patient outcomes both nationally and internationally. To achieve this, we need to be at the cutting edge of research and innovation shaping the future of new treatments, care and support in neuroscience. The organisation has many talented, dedicated and passionate health professionals who all share this compelling vision. It is therefore vital that the Trust has a culture where staff are empowered to innovate and drive research forward in order to attract and retain a world class workforce to support the Trust's ambitions.

NHS People Promise

This is a national promise we must all make to each other – to work together to improve the experience of working in the NHS for everyone.

The themes and words that make up the People Promise have come from those who work in the NHS in the form of seven promises:

1. We are compassionate and inclusive
2. We are recognised and rewarded
3. We each have a voice that counts
4. We are safe and healthy
5. We are always learning
6. We work flexibly
7. We are a team

Education, Training and Learning

Objective: To provide the right systems, processes and environment to enable our workforce to be as efficient and effective as they can be in delivering high quality care to patients. To invest in education and training to ensure we deliver the highest calibre of healthcare staff for future NHS patients

Where are we now?	Where do we want to be?	How to get there?
<ul style="list-style-type: none"> • Strong, regional reputation for medical education and training 	<ul style="list-style-type: none"> • To maintain a high-quality, highly evaluated learning environment for undergraduate and post-graduate Medical Education • Adopt practice of continuous improvement - consolidate capabilities in Medical Education research and grow quality improvement outputs • Horizon scanning for emerging collaborations and opportunities for partnership development arising within medical education/academic environment 	<ul style="list-style-type: none"> • Ensure learning environment remains conducive to growing numbers of medical learners • Work with service leads to map capacity against competing needs and priorities. • Maintain quality standards across medical education by continuing to engage with external partners in education • Grow and facilitate training programme aligned courses and education offerings

Where are we now?	Where do we want to be?	How to get there?
<ul style="list-style-type: none"> Rising strategic profile of medical education with the Research, Medical Education and Innovation Committee 	<ul style="list-style-type: none"> Continue to grow influence at board level, advocate Medical Education bridging the gap between transactional service to become a strategic contributor at Board level Have an empowered, effective, and engaged Medical Education faculty Ensure implementation of Health Education England initiatives and programmes are carried out with consideration of and alignment to, outcomes of Trust strategy and divisional priorities Ensure organisational awareness and understanding of national objectives for medical workforce education and development 	<ul style="list-style-type: none"> By having a stronger internal profile and for Medical Education to be integrated into the clinical, research and academic networks in the Trust Consolidate educator support, remuneration and reward for education engagement
<ul style="list-style-type: none"> Areas of excellence/innovation within Medical Education delivery 	<ul style="list-style-type: none"> Explore opportunities for broadening and expanding Trust academic reputation, networks and offerings 	<ul style="list-style-type: none"> National offerings, explore diversification and new markets Maximise benefits of University Hospital Status for the Trust's profile and reputation as centre for education and research excellence
<ul style="list-style-type: none"> Appraisal process – 'Having a conversation...The Walton Way' focusing on staff having a meaningful conversation with their manager 	<ul style="list-style-type: none"> To improve the quantity and quality of appraisals conducted on a consistent basis 	<ul style="list-style-type: none"> Continue to support managers through training and reporting Monitoring staff survey results Review of process involving the end user

Where are we now?	Where do we want to be?	How to get there?
<ul style="list-style-type: none"> Well established work experience programme. Working in collaboration with the Job Centre Plus to provide placements for individuals from disadvantaged backgrounds 	<ul style="list-style-type: none"> Pre-employment placements to align to recruitment of apprentices to provide individuals on placement opportunities for both experience and employment 	<ul style="list-style-type: none"> Adopt an “Apprenticeships First” mentality
<ul style="list-style-type: none"> Clinical and non-clinical apprenticeships being completed by existing staff and small number of clinical apprenticeship roles created for new staff Apprenticeship policy and steering group in place Established regional links with Health Education England and neighbouring trusts via regional steering group 	<ul style="list-style-type: none"> “Apprenticeships First” – recruitment to new roles to always be considered as an apprenticeship in the first instance to enable Trust to meet its public sector target Offer more apprenticeships ranging from entry level jobs through to senior clinical, scientific and managerial roles Full utilisation of apprenticeship levy with minimal expiry of funds 	<ul style="list-style-type: none"> Continue to market available apprenticeship opportunities to increase awareness across the organisation Regular reporting of levy spend to highlight at Trust Board Level Agreement of Levy Transfer Protocol

Where are we now?	Where do we want to be?	How to get there?
<ul style="list-style-type: none"> Income generation by providing high quality placements offered to elective students and observers 	<ul style="list-style-type: none"> Working in partnership with Liverpool City Council to increase the overall number of health and social care workers with a talent pipeline through to trusts. Continue to provide placements, being mindful of overlap with medical student weeks Support expansion of clinical placement capacity - provide an increased focus on support for students and trainees 	<ul style="list-style-type: none"> Continue to offer value for money, high quality placements
<ul style="list-style-type: none"> Some successful external partnerships in place e.g. local universities etc. 	<ul style="list-style-type: none"> Further developed partnership arrangements with a network of external providers (including universities) to deliver a comprehensive education service 	<ul style="list-style-type: none"> Active stakeholder identification and engagement across the system including key (existing) partnership groups
<ul style="list-style-type: none"> A quality induction provided to all new starters to ensure they feel welcomed into the organisation and are safe to work to include health and wellbeing 	<ul style="list-style-type: none"> Focus on developing skills and expanding capabilities to create more flexibility, boost morale and support career progression Reduce repetition of topics for staff joining the Trust from other NHS organisations 	<ul style="list-style-type: none"> Full review of induction process and introduction of additional e-learning topics, removing repetition of face-to-face training

Where are we now?	Where do we want to be?	How to get there?
<ul style="list-style-type: none"> Trust-wide Training Needs Analysis conducted annually to forecast study leave requirements, ensure staff have continued professional development, supportive supervision and protected time for training 	<ul style="list-style-type: none"> Training requirements included on Training Needs Analysis to apply accurate forecasting 	<ul style="list-style-type: none"> Continue to communicate the requirement of accurate completion of the Training Needs Analysis across to Heads of Departments Drive a high-performance culture in which individual development and career aspirations are supported and aligned to organisational goals
<ul style="list-style-type: none"> Statutory and Mandatory training key performance indicators monitored at Board Level 	<ul style="list-style-type: none"> Key performance indicators consistently achieved in relation to training compliance 	<ul style="list-style-type: none"> Continue to highlight areas of concern via additional forums, including Daily Safety Huddle
<ul style="list-style-type: none"> In-house Neuro-Rehabilitation Module and Neurosciences Module developed in collaboration with Liverpool John Moores University 	<ul style="list-style-type: none"> Gain accreditation for a Spinal Module and offer the 3 modules as a Neuroscience Postgraduate Certificate. The 3 modules to be also part of the Advanced Practice Pathway 	<ul style="list-style-type: none"> Work in collaboration with Liverpool John Moores University to align with master's pathway
<ul style="list-style-type: none"> Internal leadership development incorporating the Walton Way Values available including Building Rapport programme, appraisal training and coaching Trust accredited to deliver Leadership Academy Mary Seacole Programme 	<ul style="list-style-type: none"> Leadership development offerings tailored to individual requirements, i.e. emerging leaders/new managers linked to Get it Right First Time 	<ul style="list-style-type: none"> Mapping of development needs for all levels of leaders and all staff

Where are we now?	Where do we want to be?	How to get there?
<ul style="list-style-type: none"> Development opportunities for Bands 1-4 support staff promoted in line with Talent for Care agenda 	<ul style="list-style-type: none"> Suite of development offerings available specifically for this staff group 	<ul style="list-style-type: none"> Development of internal programmes

Leadership

Objective: To provide a compassionate and inclusive work environment where all of our staff including those working in an agile way and those in the community delivering care closer to the patients' home, are equally motivated, engaged, valued and share the same vision

Where are we now?	Where do we want to be?	How to get there?
<ul style="list-style-type: none"> Well established staff engagement methods 	<ul style="list-style-type: none"> Improved results across all themes of the national Staff Survey Improved quarterly Pulse Survey results 	<ul style="list-style-type: none"> Adopt innovative approaches to encourage completion of the survey – maximising the use of social media Monitor staff/pulse survey results via the People Group
<ul style="list-style-type: none"> A programme of work around equality, diversity and inclusion 	<ul style="list-style-type: none"> To be an exemplar for equality, diversity and inclusion Ensure staffing reflects the diversity of the community, regional and national labour markets To eliminate the ethnicity gap when entering into formal disciplinary process 	<ul style="list-style-type: none"> Improved processes and outcomes developed in delivering the Trust's equality, diversity and inclusion vision
<ul style="list-style-type: none"> A suite of award schemes that recognise and reward staff 	<ul style="list-style-type: none"> Increase inclusion and participation to provide healthy competition 	<ul style="list-style-type: none"> Increased marketing/promotion of various schemes Provide a variety of ways to recognise staff/colleagues

Where are we now?	Where do we want to be?	How to get there?
<ul style="list-style-type: none"> Hold Investors in People Gold accreditation for the 'we invest in people' and the 'we invest in wellbeing' standards 	<ul style="list-style-type: none"> Continuing to meet the industry standard by maintaining Investors in People Gold and aspiring to Platinum level accreditation 	<ul style="list-style-type: none"> Maintain and develop excellent employment practices Monitor staff/pulse survey results via the People Group
<ul style="list-style-type: none"> Positive, well-established partnership working with Staff Side 	<ul style="list-style-type: none"> Continue to work in true partnership style even when difficult situations may arise 	<ul style="list-style-type: none"> Continue to include Staff Side colleagues in key developments/initiatives
<ul style="list-style-type: none"> Mandatory line management training programme 	<ul style="list-style-type: none"> Line Managers to complete Building Rapport Programme 	<ul style="list-style-type: none"> Regular programme of work, agree core leadership standards
<ul style="list-style-type: none"> Aiming to embed a collective leadership model at all levels of the organisation 	<ul style="list-style-type: none"> Collective leadership to be followed as the 'norm' in all Trust activities carried out 	<ul style="list-style-type: none"> Leadership development for new and existing manager, role modelling from senior managers/clinicians. Challenge when not followed
<ul style="list-style-type: none"> Ad hoc talent management/career pathway/succession planning process 	<ul style="list-style-type: none"> To have a robust process in place for identifying and nurturing talent at all levels within the organisation 	<ul style="list-style-type: none"> Develop and establish a Walton Centre Talent Management model and process. Participate in National incentives i.e. GROWTH Programme
<ul style="list-style-type: none"> A suite of HR policies covering a range of employment areas including supporting staff who are absent due to illness and supporting their return to work 	<ul style="list-style-type: none"> Ensure policies are always up to date, relevant and are developed in line with best practice Ensure staff have sufficient rests and breaks from work and encourage them to take annual leave in a managed way 	<ul style="list-style-type: none"> Keep abreast of employment law/good employment practice

Research and Innovation

Objective: To lead, educate and train, embedding research and innovative approaches to deliver changes across the health economy

Where are we now?	Where do we want to be?	How to get there?
<ul style="list-style-type: none"> Ad hoc approach to service development as and when required 	<ul style="list-style-type: none"> An establish and implemented pipeline of Trust wide projects aligned to Trust strategy and divisional priorities An empowered and curious workforce within a quality environment to achieve excellence through shaping and delivering transformational change 	<ul style="list-style-type: none"> Through fully engaged partnership working with internal stakeholders inclusive of training and education offer
<ul style="list-style-type: none"> Participating in several local and regional level initiatives to address health inequalities 	<ul style="list-style-type: none"> Actively influencing and contributing to health outcomes at a local, regional and national level 	<ul style="list-style-type: none"> Collaborative working with voluntary, community, faith and social enterprise sector as well as health and social care partners
<ul style="list-style-type: none"> Executive and Clinical leads appointed for Innovation 	<ul style="list-style-type: none"> System leadership of key health disciplines supported by business academia and private research partners 	<ul style="list-style-type: none"> Strong focus and investment on our culture of innovation, deliver key projects to improve patient experience and lead at a system level

Where are we now?	Where do we want to be?	How to get there?
<ul style="list-style-type: none"> Membership of various system steering groups/forums including Liverpool City Region and Academic Health Science Network, Cheshire and Merseyside Healthcare Partnership 	<ul style="list-style-type: none"> A key leader of the local health economy that has national/international recognition for excellence 	<ul style="list-style-type: none"> Through the implementation of the Trust's new strategy and notably innovation, education and research
<ul style="list-style-type: none"> In early stages of developing a profile/relationship with the private sector 	<ul style="list-style-type: none"> A dynamic and outward looking Board approach to development that reinforces/supports our strategic ambitions 	<ul style="list-style-type: none"> Proactive engagement of agreed private sector partners and establishing productive business relationships
<ul style="list-style-type: none"> An established Board development programme of work 	<ul style="list-style-type: none"> The Walton Centre has a great brand that the best of the private sector aspires to collaborate with 	<ul style="list-style-type: none"> Evolving and expanding Board development to match the NHS agenda and establishing targeted individual development profiles
<ul style="list-style-type: none"> E-rostering system in place for inpatient wards and other clinical areas 	<ul style="list-style-type: none"> To have fully functioning system rolled out to all clinical areas 	<ul style="list-style-type: none"> Roll out E-rostering system across the Trust
<ul style="list-style-type: none"> Internet based Revalidation system 	<ul style="list-style-type: none"> Ensuring the most efficient/cost effective systems are available to support medical staffing 	<ul style="list-style-type: none"> Fully utilise current system
<ul style="list-style-type: none"> Executive and Clinical Lead appointed for Research 	<ul style="list-style-type: none"> Research leaders appointed for key health disciplines across the Trust 	<ul style="list-style-type: none"> Strong focus upon our culture of research, engaged partnership with internal stakeholders to agree use of time and resources to deliver individual and service objectives.

Where are we now?	Where do we want to be?	How to get there?
<ul style="list-style-type: none"> An established group of clinicians leading on research at the Trust 	<ul style="list-style-type: none"> To embed culture of research across all health disciplines and empower all areas of the workforce to lead on research 	<ul style="list-style-type: none"> Strong focus upon our culture of research Increase capability and capacity by engaging with internal stakeholders and agreeing use of time and resources for training and delivery of research

Collaboration

Objective: To adopt new ways of working to create a place that recruits, retains and supports an efficient, resilient and productive workforce delivering excellence in healthcare

Where are we now?	Where do we want to be?	How to get there?
<ul style="list-style-type: none"> • Excellent in-house recruitment function measured by regular staff user questionnaire 	<ul style="list-style-type: none"> • Continue to provide excellent service including supporting the appointment of high calibre staff, build our employer brand as a national employer of choice and develop creative approaches to secure the best talent 	<ul style="list-style-type: none"> • Continue to monitor and evaluate the function. Roll out values-based recruitment across the organisation • Develop the use of psychometric assessments. Fully utilise NHS jobs system
<ul style="list-style-type: none"> • Working in conjunction with NHS Professionals to meet temporary staffing requirements 	<ul style="list-style-type: none"> • Reduce reliance on temporary staffing wherever possible. However, ensure as far as possible, that there are sufficient numbers of individuals working for NHS Professionals to meet requirements and all gaps are filled appropriately 	<ul style="list-style-type: none"> • Continue to support managers to effectively adhere to policies including the management of recruitment sickness absence, e-rostering etc.
<ul style="list-style-type: none"> • NHS Electronic Staff Record including workforce information 	<ul style="list-style-type: none"> • To maximise the benefits of the national NHS Electronic Staff Record system to have a fully functioning system rolled out to all clinical areas 	<ul style="list-style-type: none"> • Workforce Analyst to enable proactive engagement of NHS Electronic Staff Record resources

Where are we now?	Where do we want to be?	How to get there?
<ul style="list-style-type: none"> Regular updates provided regarding pensions Limited examples of flexible career pathways in specific disciplines 	<ul style="list-style-type: none"> Ensure staff are aware of pension flexibilities To enable flexible career pathways wherever possible particularly for medical staff 	<ul style="list-style-type: none"> Staff informed of pension flexibilities/regulations on a regular basis Develop an expanded menu of options that maximise our offer to staff, be open to all clinical and non-clinical permanent roles being flexible
<ul style="list-style-type: none"> A research function that is going through a period of transition 	<ul style="list-style-type: none"> To support a structured approach to ongoing workforce transformation using guidance developed in response to COVID-19 To have a research function that enables consultants and clinical staff to fulfil career ambitions through research 	<ul style="list-style-type: none"> Through the new Research and Development strategy and related action plan
<ul style="list-style-type: none"> Some examples of 'new' roles in operation 	<ul style="list-style-type: none"> The adoption of further new ways of working in line with innovation and service development agenda 	<ul style="list-style-type: none"> Developing a new workforce innovation group to lead this agenda
<ul style="list-style-type: none"> Some flexible working arrangements based on individual need 	<ul style="list-style-type: none"> Design new roles which make the greatest use of each person's skills and experiences where appropriate, in line with service need 	<ul style="list-style-type: none"> Roll out the new carers passport to support people with caring responsibilities Ensure staff who are mid-career have a conversation with Line Manager, Human Resources and Occupational Health

Where are we now?	Where do we want to be?	How to get there?
<ul style="list-style-type: none"> Utilising a bank managed by NHS Professionals which at present is limited to nursing staff 	<ul style="list-style-type: none"> Comprehensive and contemporary agile working offer for staff that is aligned to the Walton Way values Expanded provision that includes as many disciplines as possible 	<ul style="list-style-type: none"> Dedicated resource to develop and deliver a project Working with external partners to develop a much broader offer
<ul style="list-style-type: none"> Host organisation for Procurement service across specialist trusts 	<ul style="list-style-type: none"> Front runner for future cross organisational collaborations 	<ul style="list-style-type: none"> Successful integration of procurement staff into The Walton Centre Developing a cohesive, resilient and efficient service across the collaboration
<ul style="list-style-type: none"> Ad hoc attendance at a small number of educational/community recruitment events 	<ul style="list-style-type: none"> Greater links with schools and other relevant establishments which can provide a future workforce pipeline 	<ul style="list-style-type: none"> Re-start Trust open days Continue to link in with Everton in the Community Develop links with more local schools
<ul style="list-style-type: none"> Signed up to Cheshire and Merseyside Healthcare Partnership Prevention Pledge 	<ul style="list-style-type: none"> To become an Anchor Institution 	<ul style="list-style-type: none"> Continuing to embed Making Every Contact Count Preventing ill-health Commissioning for Quality and Innovations Maximising social value and health promoting environments

Where are we now?	Where do we want to be?	How to get there?
<ul style="list-style-type: none"> Agile working systems and policy in response to COVID-19 pandemic 	<ul style="list-style-type: none"> An established agile working ethos that is used efficiently and appropriately 	<ul style="list-style-type: none"> Monitor and review agile working policy as appropriate Include management of agile working on Building Rapport leadership programme Incorporate within recruitment process and documentation e.g. job advertisements Include as part of health and wellbeing conversations
<ul style="list-style-type: none"> Early planning stage of Collaboration at Scale with limited implementation 	<ul style="list-style-type: none"> An appropriate menu of deliverable regional initiatives that deliver savings without compromising the current level of service 	<ul style="list-style-type: none"> Influencing/leading the existing Integrated Care Board regional infrastructure and network

Social Responsibility

Objective: To recognise the importance of excellence in staff wellbeing, and to embed a high performing culture based upon our Walton Way values and standards of behaviour

Where are we now?	Where do we want to be?	How to get there?
<ul style="list-style-type: none"> Well established health and wellbeing programme 	<ul style="list-style-type: none"> Continue to maintain exemplar Trust status by providing staff with a wide variety of opportunities to support their own health and wellbeing providing a programme that supports staff to respond to new challenges 	<ul style="list-style-type: none"> Expand offer to include further interventions and support staff to improve personal wellbeing
<ul style="list-style-type: none"> Staff support processes including coaching, mediation and psychological support 	<ul style="list-style-type: none"> Coaching offered as part of standard processes. Grow capacity for mediators 	<ul style="list-style-type: none"> Continue to develop coaching/mediation service/capacity both internally and externally (Cheshire and Merseyside collaboration)
<ul style="list-style-type: none"> Provide a staff support system including occupational health, counselling, debt management, resilience 	<ul style="list-style-type: none"> To continue to provide a comprehensive mix of initiatives/interventions and develop as necessary/appropriate to meet a wide range of staff needs 	<ul style="list-style-type: none"> Continue to monitor and evaluate, and expand provision as necessary

Where are we now?	Where do we want to be?	How to get there?
<ul style="list-style-type: none"> Ensure line managers have wellbeing conversations with staff and encourage wellbeing to reduce stress and burnout. Conversations to include equality, diversity and inclusion 	<ul style="list-style-type: none"> Staff have a personalised health and wellbeing plan including consideration of flexible working and equality, diversity and inclusion requests 	<ul style="list-style-type: none"> Included as part of annual appraisal process
<ul style="list-style-type: none"> Ensure staff have a safe rest space to manage and process the physical and psychological demands of work 	<ul style="list-style-type: none"> Dedicated space for staff to rest 	<ul style="list-style-type: none"> Staff rest area
<ul style="list-style-type: none"> A well-established set of Walton Way values 	<ul style="list-style-type: none"> To ensure staff embody Walton Way values and challenge inappropriate behaviour, articulate and embrace leadership and staff behaviours which support these values 	<ul style="list-style-type: none"> Continue to embed the values in all policies and procedures as a golden thread throughout the Trust
<ul style="list-style-type: none"> Developed standards for medical professionals in conjunction with Faculty of Medical Leadership and Management 	<ul style="list-style-type: none"> Embed standards across the organisation and appropriately address individuals who do not comply with standards 	<ul style="list-style-type: none"> Pilot phase followed by roll out across the Trust including developing a group of brand ambassadors from the consultant body
<ul style="list-style-type: none"> Currently offer excellent management support services within the Trust 	<ul style="list-style-type: none"> Be recognised for the quality of our management support services offering a comprehensive support service to external organisation 	<ul style="list-style-type: none"> Continue to provide quality services and prove capability/reputation internally.
<ul style="list-style-type: none"> Prevent and tackle bullying, harassment and abuse against staff, and create a culture of civility and respect 	<ul style="list-style-type: none"> Embedded accepted standards of behaviour across the organisation and appropriately address individuals who do not comply with standards 	<ul style="list-style-type: none"> Embed standards of behaviour as a golden thread throughout the Trust

Where are we now?	Where do we want to be?	How to get there?
<ul style="list-style-type: none"> Prevent and control violence in the workplace in line with existing legislation 	<ul style="list-style-type: none"> Be recognised for a working environment where staff feel safe and secure 	<ul style="list-style-type: none"> Education and training, support and early intervention as appropriate
<ul style="list-style-type: none"> Pre-founding member of Liverpool Citizens 	<ul style="list-style-type: none"> Play an active role in the Liverpool Citizens Programme 	<ul style="list-style-type: none"> Committed team to progress the work of the programme
<ul style="list-style-type: none"> Liverpool City Region's Fair Employment Charter application 	<ul style="list-style-type: none"> Achieve the regional Charter 	<ul style="list-style-type: none"> Commitment to the principles within the Charter
<ul style="list-style-type: none"> Cheshire and Merseyside Health Equalities Group Prevention Pledge 	<ul style="list-style-type: none"> Active partner across Cheshire and Merseyside 	<ul style="list-style-type: none"> Working Group to support implementation
<ul style="list-style-type: none"> Anchor Institutions Charter 	<ul style="list-style-type: none"> Trust signed up to Cheshire and Merseyside Health and Care Partnership Charter 	<ul style="list-style-type: none"> Deliver principles through Social Value Award and Kite Mark, Sustainability Plan and Prevention Pledge action plan
<ul style="list-style-type: none"> Social Value 	<ul style="list-style-type: none"> Trust signed up to Cheshire and Merseyside Health and Care Partnership Charter 	<ul style="list-style-type: none"> Achieve Social Value Award and Kite Mark
<ul style="list-style-type: none"> Well established volunteer programme 	<ul style="list-style-type: none"> Increased capacity and capability of the volunteer programme across the Trust 	<ul style="list-style-type: none"> Work with the Patient Experience team to develop and implement appropriate vision/action plan

Risks to Delivering the Sub-strategy

The delivery of the People Sub-strategy is dependent on the appropriate planning of future workforce needs and supply.

The greatest risks in delivering the Sub-strategy therefore are:

- Fundamental implications to the NHS business model from ongoing pension and income tax requirements
- Capacity of team/resources
- Dependency on others internally – can't do it on our own (Staff Survey, equality, diversity and inclusion, E-roster etc.)
- Pressure to participate in collaborative, system level projects
- Financial pressures – previous outside funding streams have now been used up
- Loss of specialist roles – Workforce Analyst, Human Resource Medical Staffing Manager and Equality, Diversity and Inclusion Lead
- Increasing volume of recruitment and vacancy pressures
- Challenging labour market conditions (skill shortage)
- Retention problematic due to increasing inconsistency across local NHS trust labour market
- Recruitment and retention challenges due to cost of living crisis

The risks will be continually reviewed and mitigations put in place to ensure that the Sub-strategy can be delivered.

References

Report/Charter	Recommendations/Principles
<p>All Together Fairer: Health Equity and the Social Determinants of Health in Cheshire and Merseyside</p> <p>Sir Michael Marmot, Institute of Health Equity May 2022</p>	<p>Recommendations covering the 8 Marmot themes:</p> <ol style="list-style-type: none"> 1. Increase and make equitable funding for social determinants of health and prevention 2. Strengthen partnerships for health equity 3. Create stronger leadership and workforce for health equity 4. Co-create interventions and actions with communities 5. Strengthen the role of business and the economic sector in reducing health inequalities 6. Extend social value and anchor organisations across the NHS, public services and local authorities 7. Develop social determinants of health in all policies and implement Marmot Beacon indicators –NHS applicable indicators are monitored by the Combined Intelligence for Population Health Action (CIPHA) programme and are: <ul style="list-style-type: none"> • % of employees who are local (full time equivalent) employed on contract for one year or the whole duration of the contract, whichever is shorter • % of employees who are from ethnic minority background and band/level • % (£) spent in local supply chain through contracts

	<p>Eight Marmot themes are:</p> <ol style="list-style-type: none"> 1. Give every child the best start in life 2. Enable all children, young people and adults to maximise their capabilities and have control over their lives 3. Create fair employment and good work for all 4. Ensure a healthy standard of living for all 5. Create and develop healthy and sustainable places and communities 6. Strengthen the role and impact of ill-health prevention 7. Tackle racism, discrimination and their outcomes 8. Pursue environmental sustainability and health equity together
<p>Leadership for a Collaborative and Inclusion Future General Sir Gordon Messenger & Dame Linda Pollard Department of Health and Social Care June 2022</p>	<p>Recommendations:</p> <ol style="list-style-type: none"> 1. Targeted interventions and collaborative leadership and organisational values <ul style="list-style-type: none"> • A new, national entry-level induction for all who join health and social care • A new, national mid-career programme for managers across health and social care 2. Positive equality, diversity and inclusion action <ul style="list-style-type: none"> • Embed inclusive leadership practice as the responsibility of all leaders • Commit to promoting equal opportunity and fairness standards • More stringently enforce existing measures to improve equal opportunities and fairness • Enhance Care Quality Commission role in ensuring improvement in equality, diversity and inclusion outcomes 3. Consistent management standards delivered through accredited training <ul style="list-style-type: none"> • A single set of unified, core leadership and management standards for managers • Training and development bundles to meet these standards

	<p>4. A simplified, standard appraisal system for the NHS</p> <ul style="list-style-type: none"> • A more effective, consistent and behaviour-based appraisal system, of value to both the individual and the system <p>5. A new career and talent management function for managers</p> <ul style="list-style-type: none"> • Creation of a new career and talent management function at regional level, which oversees and provides structure to NHS management careers <p>6. Effective recruitment and development of Non-executive Directors</p> <ul style="list-style-type: none"> • Establishment of an expanded, specialist non-executive talent and appointments team <p>7. Encouraging top talent into challenged parts of the system</p> <ul style="list-style-type: none"> • Improve the package of support and incentives in place to enable the best leaders and managers to take on some of the most difficult roles
<p>Ockenden Review Donna Ockenden Department of Health and Social Care March 2022</p>	<p>Immediate and essential actions that are applicable as some are maternity service specific:</p> <p>Workforce planning and sustainability</p> <ul style="list-style-type: none"> • Financing a safe maternity workforce • Training <p>Safe staffing</p> <ul style="list-style-type: none"> • All trusts must maintain a clear escalation and mitigation policy where staffing falls below the minimum staffing levels for all health professionals <p>Escalation and accountability</p> <ul style="list-style-type: none"> • Staff must be able to escalate concerns if necessary

	<p>Clinical Governance – leadership</p> <ul style="list-style-type: none"> Trust Boards must have oversight of the quality and performance of their services <p>Clinical Governance – incident investigation and complaints</p> <ul style="list-style-type: none"> Incident investigations must be meaningful for families and staff, and lessons must be learned and implemented in practice in a timely manner <p>Multidisciplinary training</p> <ul style="list-style-type: none"> Staff who work together must train together <p>Supporting Families</p> <ul style="list-style-type: none"> Care and consideration of the mental health and wellbeing of patient and the family as a whole, must be integral to all aspects of service provision Providers must actively engage with the local community and those with lived experience, to deliver services informed by what patients and families say from their care
<p>Fair Employment Charter</p> <p>Liverpool City Region</p> <p>2022</p>	<p>Charter commitments:</p> <p>Safe workplaces supporting a healthy workforce</p> <ul style="list-style-type: none"> Ensure a safe and healthy working environment whether in the workplace, on the road or in the home Understanding the importance of mental and physical health to wellbeing and productivity. Flexible working available to support work-life balance and community or caring commitments <p>Fair pay and fair hours</p> <ul style="list-style-type: none"> A defined set of hours available to each worker, with minimal use of unstable and temporary contracts and flexible working to support productivity and wellbeing inside and outside of work

	<ul style="list-style-type: none"> • Fair pay, offering Real Living Wage or above and a commitment to supporting local partnership and co-operation in Liverpool City Region <p>Inclusive workplaces that support staff to grow and develop</p> <ul style="list-style-type: none"> • A recognised diversity equality and inclusion policy representing all protected characteristics and proactive commitment to inclusivity and diversity in recruitment and retention • The chance to access training so that staff can perform, develop and manage positively and effectively with procedures to recognise and support performance that involve and are supported by staff <p>A voice for staff to help deliver justice in the workplace with opportunities available to young people:</p> <ul style="list-style-type: none"> • An independent voice for staff in the workplace with Trade Union recognition and membership and encouraged and valued • Building a fair future through opportunities, apprenticeships and work experience for young people
<p>Social Value Charter Cheshire and Merseyside Health and Care Partnership 2021</p>	<p>Charter Principles are:</p> <ul style="list-style-type: none"> • Taking an 'asset based' and 'capabilities' approach, building on the strengths of people and our communities, enabling people to live a 'valued and dignified life' • Understanding why Social Value is important to Cheshire and Merseyside in making it a better 'Place' to live • Working together across sectors to achieve social value outcomes, foster innovation and reduce avoidable inequalities – linked to the Marmot Principles • Protecting health and social care services for future generations. • Giving a voice to local communities – Social Value is our social model for good health, a chance to re-imagine a new future 'dreaming with communities' through listening and involving the community in leading the decisions that affect their lives

<ul style="list-style-type: none"> • Social Value will be embedded as core practice, behaviours and the way that we operate across Health and Social Care • Our efforts to support Social Value must be ethical/social in their means (process) and their ends (outcomes) • Social Value will be embedded across the whole commissioning cycle, underpinned by the principles of good commissioning • Making every penny count, growing local wealth, health and our environment • Creating opportunities for ‘Social Innovation’ – the Social Innovation Incubator is our model for the acceleration of social innovation processes to deliver Social Value across Cheshire and Merseyside • Our work is connected to Cheshire and Merseyside’s strategic priorities: <ul style="list-style-type: none"> ○ Cheshire and Merseyside Health and Care Partnership Plan, Local Sustainable ○ Communities Strategies, and the Local Industry Strategy • We are inclusive in our approach so that Social Value is for everyone • We will create a lasting impact and legacy for local people through delivering our Social Value approach • Our local Social Value Network will facilitate shared learning, encouraging innovation and best practice in exploring Social Value • Understanding the role of Social Value in creating Social Impact, as well as understanding and measuring the Social Impact, the change and difference that we make locally 	<p>Anchor Institutions Charter</p> <p>Cheshire and Merseyside Health and Care Partnership</p> <p>July 2022</p> <p>Principles as an Anchor Institution:</p> <ul style="list-style-type: none"> • Commit to the Real Living Wage and creating equality within our local job sector • Pledge to employ and purchase locally in the first instance, with an aim to support the wealth of local businesses within our geography • Pledge to work closely with partners and where possible, ensure our buildings are viewed as local, community assets
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<ul style="list-style-type: none">• Committed to measuring and evidencing the progress made as a result of becoming an Anchor Institution <p>These are set across the five pillars:</p> <ol style="list-style-type: none">1. Purchasing locally and for social benefit2. Using building and spaces to support communities3. Widening access to quality work4. Working more closely with local partners5. Reducing environmental impact	
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Strategic Implementation Plans

The Sub-strategy is underpinned by the following strategic implementation and assessment delivery plans:

Strategic Implementation Plans

- Health and Wellbeing
- Medical Education
- Innovation
- Research

Assessment Delivery Plans

- Social Value Framework
- Prevention Pledge Action Plan
- Investors in People Action Plan



The Walton Centre
NHS Foundation Trust

Excellence in Neuroscience 

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Report to Trust Board 2 February 2023

Report Title	Charity Substrategy		
Executive Lead	Mike Gibney, Chief People Officer		
Author (s)	Madeleine Fletcher, Head of Fundraising		
Action Required	To approve		
Level of Assurance Provided			
<input type="checkbox"/> Acceptable assurance Systems of controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/> Partial assurance Systems of controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/> Low assurance Evidence indicates poor effectiveness of system of controls	
Key Messages			
<ul style="list-style-type: none"> This Substrategy provides the basis for further development of The Walton Centre Charity in line with the Trust’s strategic vision for the next three years. It details the Charity’s vision, mission and strategic objectives and outlines specific aims aligned to each objective. A delivery plan outlines the key actions necessary to achieve the objectives, with specific focus on individual/committed and legacy giving, as well as digital fundraising 			
Next Steps			
<ul style="list-style-type: none"> Develop, implement, and communicate a comprehensive grant making policy by end of March 2023. Assimilate the new Digital Fundraising Manager into the service and agree performance targets. 			
Related Trust Strategic Ambitions and Themes		Impact	
Choose an item		Not Applicable	Not Applicable
Strategic Risks			
Choose an item.	Choose an item.	Choose an item.	
Equality Impact Assessment Completed			
Strategy <input type="checkbox"/>	Policy <input type="checkbox"/>	Service Change <input type="checkbox"/>	
Report Development			
Committee/ Group Name	Date	Lead Officer (name and title)	Brief Summary of issues raised and actions agreed
The Walton Centre Charity Committee	21 October 2022	Madeleine Fletcher Head of Fundraising	Approved by committee.
Trust Board	3 November 2022	Madeleine Fletcher Head of Fundraising	Full strategy approved by Board in private including commercially sensitive targets.

Charity Substrategy

Executive Summary

- 1 The strategy provides the basis for further development of The Walton Centre Charity in line with the Trust's strategic vision for the next three years, with particular emphasis on growth areas, including the resources required to deliver an up-lift in the income contribution to The Walton Centre NHS Trust.
- 2 It proposes to achieve a return on investment (charity income vs fundraising cost) of 2.5 by 2025.
- 3 The strategy details the Charity's vision, mission and strategic objectives and outlines specific aims aligned to each objective.
- 4 A delivery plan outlines the key actions necessary to achieve the objectives, with specific focus on individual/committed and legacy giving, as well as digital fundraising.
- 5 The delivery plan will be reviewed on an annual basis, and the Charity Committee kept abreast of progress at its quarterly meetings.
- 6 The fundraising team will be strengthened by the recruitment of a Digital Fundraising Manager to provide the right technical skills to keep up to speed with the latest trends in digital technology.
- 7 The development of a comprehensive Grant Making Policy, incorporating assessment and prioritisation procedures for new projects, and impact reporting on initiatives funded, will help to maximise fundraising income.

Background and Analysis

9. The new fundraising strategy takes into consideration the very different landscape which has emerged following the pandemic. The new environment includes a shift in how people work and socialise, and the rise in inflation, cost of energy, fuel, and food has an impact on income generating potential across income streams such as community, corporate and major donor fundraising.
10. New fundraising opportunities and initiatives will aim to move more of the focus to digital, social media and virtual platforms; as well as offering hybrid event opportunities wherever possible.
11. The Fundraising Team will be strengthened to add skills and allow a more focused approach for digital income generation and the aim for the next three years will be to further embed into the new Trust strategy to ensure the Charity can effectively contribute to the overall income of the Walton Centre Foundation Trust, and thereby support and enable developments particularly in innovation and research.
12. A review of the current charitable fund application procedures will take place, to develop a comprehensive Grant Making Policy which will incorporate assessment and prioritisation procedures for new projects, as well as impact reporting on initiatives funded. Working

closely with the Trust's communications team, the Charity's positive impact will be shared both internally and externally to encourage further involvement and support for future fundraising.

13. The Charity's vision, mission and objectives are as follows:

- Vision** - Supporting Excellence in Neuroscience
- Mission** - To support The Walton Centre NHS Foundation Trust in providing the best treatment, care, and outcomes possible for its patients and their families by enabling developments, particularly in innovation and research, and improving staff development and wellbeing.

Strategic Objectives

- Improved environment and facilities for patients and their families
- Innovation and new technology
- Research and development
- Enhanced staff training and wellbeing

Conclusion

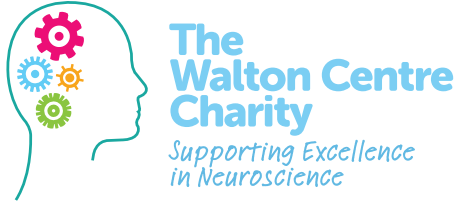
14. The Walton Centre Charity Fundraising Strategy for 2022-2025 has been shaped taking into consideration the very different landscape which has emerged following the Covid-19 crisis. The new environment includes a shift in how people work and socialise, and with most aspects of the economy severely affected, the impact on income generating potential differs across income streams such as community, corporate and major donor fundraising.
15. Consequently, new fundraising opportunities and initiatives must be explored with the aim of moving a lot more of the focus to digital, social media and virtual platforms; as well as offering hybrid event opportunities wherever possible. The Charity has invested in a Digital Fundraising Manager who will provide the necessary technical skills to keep up to speed with the latest trends in digital technology allowing for a more focused approach to digital income generation. In addition to digital fundraising, plans will be developed for legacy and committed giving promotion.
16. The objectives of the charity are already closely aligned with two of the Trust's strategic ambitions – Education, Training & Learning and Research & Innovation and the aim during the next three years will be to further embed into the corporate strategy of the Trust to ensure the Charity can effectively contribute to the overall income of the Walton Centre Foundation Trust, and thereby support and enable developments particularly in innovation and research.
17. The development of a comprehensive Grant Making policy will ensure a strategic approach to grant-making, evaluation, and impact reporting. Once implemented a project pipeline of potential grant/fundraising opportunities can be developed which will help diversify income opportunities. Regular impact reporting will also help promote the work of the Charity and ultimately the Trust.

Recommendation

Approve

Author: Madeleine Fletcher, Head of Fundraising

Date: 24th January 2023



The Walton Centre Charity Strategy summary 2022-2025



About us

Our vision:

Supporting Excellence in Neuroscience

Our mission:

To support The Walton Centre NHS Foundation Trust in providing the best treatment, care, and outcomes possible for its patients and their families by enabling developments, particularly in innovation and research, and improving staff development and wellbeing.

Strategic objectives:



Improved environment and facilities for patients and their families



Innovation and new technology



Research and development



Enhanced staff training and wellbeing

COVID-19 Pandemic

The Walton Centre Charity Fundraising Strategy for 2022-2025 has been shaped taking into consideration the very different landscape which has emerged following the COVID-19 pandemic.

The pandemic has caused significant disruption world-wide, to almost all industries and sectors, and has been destructive to charitable organisations in fulfilling their planned objectives. Furthermore, the impact on income-generating potential will differ across all income streams including community, corporate and major donor fundraising.

Additionally, societal changes have emerged from this time period that include a more virtual means of interaction, an increase in digital media consumption, improvement of digital skills, the decline of the use of cash, and the rise of digital payments.

Objective 1



Improved environment and facilities for patients and their families

A high quality, well equipped and supportive environment significantly enhances the wellbeing of patients and benefits individual outcomes. The Charity will complement patient and visitor care by providing the extras that enhance the experience at every visit, including initiatives such as:

- Commission therapy services and a range of activities to stimulate and engage with patients during treatments, for example activity boxes on wards; 'chatterboxes' for children; animal therapy, music therapy and art therapy.
- Provide the little extras that make the hospital more homely and sociable i.e. family rooms/private space, wall art.
- Provide birthday cards and presents for in-patients; 'sleep well' packs, and emergency hygiene/toiletry products.
- Fund the Home from Home to ensure families can continue to use the facility free of charge.

Objective 2



Innovation and new technology

The Charity will support the Trust in fostering and developing a culture of innovation to enable teams to improve services to patients through advanced technologies by funding projects and equipment.

- Develop and implement a comprehensive Grant Making Policy to include a process to regularly identify, assess, and prioritise potential projects for funding.
- Provide opportunities for staff to share innovative solutions and engage with external stakeholders to develop the ideas.

Objective 3



Research and development

The Charity will support the Trust to focus on research to ensure patients can benefit from evidence-based treatment and care, and the opportunities that participation in research brings.

- Provide an annual grant to support smaller research projects and/or pilot studies.
- In conjunction with fund holders, explore opportunities to provide match funding for designated research funds to ensure funds donated are spent in a timely, appropriate and efficient manner.

Objective 4



Enhanced staff training and wellbeing

The Charity will continue to support staff with enhanced training opportunities to ensure they remain at the centre of clinical and research developments. It will also support the Trust's Health & Wellbeing agenda for staff.

- Fund additional development and enhanced training for staff.
- Support health, wellbeing, and welfare initiatives such as enhancing staff rest areas; developing a horticultural staff group; restarting subsidised exercise classes.
- Fund the Long Service Awards and support other recognition schemes
- Facilitate gift-in-kind donations for the benefit of staff, such as free tickets to concerts, events etc.

Looking ahead

To combat the challenges that the Coronavirus pandemic has imposed, our fundraising opportunities for 2022 - 2025 will focus on the following initiatives:

Income Generation

New fundraising opportunities and initiatives will aim to move more of the focus to digital, social media and virtual platforms; as well as offering hybrid event opportunities wherever possible.



Digital Fundraising



Social Media



Virtual/Hybrid Events

Fundraising Team

The Fundraising Team will be strengthened to add skills and allow a more focused approach for digital income generation and the aim for the next three years will be to further embed into the new Trust strategy to ensure the Charity can effectively contribute to the overall income of the Walton Centre Foundation Trust, and thereby support and enable developments particularly in innovation and research.



Expand Team



Upskill



Develop

Grant Making

A review of the current charitable fund application procedures will take place, to develop a comprehensive Grant Making Policy which will incorporate assessment and prioritisation procedures for new projects, as well as impact reporting on initiatives funded.



Grant Making Policy

Impact

Working closely with the Trust's communications team, the Charity's positive impact will be shared both internally and externally to encourage further involvement and support for future fundraising.



Communicate Our Impact

Project Pipeline

Working with clinical and corporate teams in the Trust, the charity will identify a pipeline of potential grant/fundraising opportunities to help diversify future income.



Pipeline of projects identified

Delivery plans

Develop Grant Making Policy

A comprehensive policy will ensure a strategic approach to grant-making, evaluation, and impact reporting. Once implemented a project pipeline of potential grant/fundraising opportunities can be developed which will help diversify income opportunities. Regular impact reporting will also help promote the work of the Charity and ultimately the Trust.

- Establish a Task and Finish Group with members from across the clinical and corporate divisions, including finance and procurement, to review current application process and develop a plan to incorporate application procedure, assessment and prioritisation processes for new projects, and impact reporting on initiatives funded.

- Set out the principles, criteria and processes that govern how the Charity makes grants across all fund types (unrestricted and designated), including updated flowcharts and application forms, as well as reporting templates.

- Arrange information sessions to communicate new policy, including group presentations and one to one as appropriate. Work closely with Communications team to plan.

- Following implementation of new Grant Making Policy, do an open call for potential projects for possible inclusion on a project pipeline.

Income Generation

In addition to ongoing and existing income streams, new fundraising opportunities and initiatives will aim to move more of the focus to digital, social media and virtual platforms, as well as offering hybrid event opportunities wherever possible. There will also be a focus on committed regular giving and legacy promotion.



Digital Fundraising

- Plan and implement digital fundraising campaigns and activity such as social media, display ads, pay per click (ppp) and email campaigns.
- Initial focus on existing platforms such as Facebook and Instagram, ensuring fully functional and integrated with Charity's Paypal Giving account.
- Manage the tracking and analysis of digital fundraising campaigns and activity to monitor effectiveness, and present findings on an on-going basis.
- Develop the Charity website e-commerce facility ensuring appropriate integration with current social media channels.
- Maintain and develop other digital fundraising platforms, such as Justgiving, Gofundme, Bequeathed, YourLottery etc, ensuring content is up to date and platform features utilised and integrated effectively.

Individual/Committed Giving

- Plan a direct mail campaign with a regular giving ask, outlining the benefits of forecastable income.
- Develop the Christmas campaign further by including a regular giving ask in the promotional material and following up as appropriate.
- Create and implement digital stewardship and supporter journey plans to increase acquisition and retention rates.
- Promote the Lottery scheme both online/social media channels and in person in local businesses (Tesco, Lidl, Coop), to increase membership by 100 players in the first phase.

Legacy Campaign

- Identify compelling case studies of patients who have benefitted from pioneering treatment; a clinician who is leading on a research or treatment programme with strong emotive outcomes; a known pledger.
- Organise information/engagement events for solicitors.
- Develop a toolkit for frontline staff providing information on answering questions on legacy giving.
- Promote the Charity's partnership with Bequeathed, free online will writing service.
- Subscribe to Smee & Ford's Legacy notification service to receive timely and accurate information on forthcoming legacies; notification of named legacies within weeks of probate; advanced notification of discretionary legacies; and information on any new charitable trusts or additional funding. This will help forecast and plan.



**The Walton Centre
Charity**
*Supporting Excellence
in Neuroscience*

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Registered charity 1050050

Report to Trust Board 2 February 2022

Report Title	Board Assurance Framework (BAF) Report Q3 2022/23		
Executive Lead	Jan Ross, Chief Executive		
Author (s)	Katharine Dowson, Corporate Secretary		
Action Required	To decide		
Level of Assurance Provided			
<input type="checkbox"/> Acceptable assurance Systems of controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input checked="" type="checkbox"/> Partial assurance Systems of controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/> Low assurance Evidence indicates poor effectiveness of system of controls	
Key Messages			
<ul style="list-style-type: none"> • Q3 BAF is based on the new principal strategic risks approved by Board on 5 May 2022 • Changes are proposed to three risk scores • Operational risks still remain in progress across a number of BAF areas 			
Next Steps			
<ul style="list-style-type: none"> • Review of Q4 BAF and closure for 2022/23 • Review of Strategic Risks for 2023/24 			
Related Trust Strategic Ambitions and Themes		Impact	
All Applicable		Not Applicable	Not Applicable
Strategic Risks			
All Risks	All Risks	All Risks	
Equality Impact Assessment Completed			
Strategy <input type="checkbox"/>	Policy <input type="checkbox"/>	Service Change <input type="checkbox"/>	
Report Development			
Committee/ Group Name	Date	Lead Officer (name and title)	Brief Summary of issues raised and actions agreed
Board of Directors	7 April 2022	K Dowson Corporate Secretary	Development workshop for development of principal strategic risks for 2022/23
Executive Directors	30 November 2022	K Dowson Corporate Secretary	All risks reviewed by Executives
RIME Committee	20 December 2022	K Dowson Corporate Secretary	Reviewed and commented on risks assigned to the Committee
Quality Committee	19 January 2022	K Dowson Corporate Secretary	Reviewed and commented on risks assigned to the Committee
Business Performance Committee	24 January 2022	K Dowson Corporate Secretary	Reviewed and commented on risks assigned to the Committee

Board Assurance Framework (BAF) Report Q3 2022/23

Executive Summary

1. This paper summarises the detailed current position against the twelve strategic risks approved at Board on 5 May 2022. The initial, current and target scoring and risk appetites were all assessed at this point and have been reviewed for Quarter 3, assigned to Board Committees for review and to provide assurance to the Board.
2. Through the Board Committee process there were minor changes proposed. Executive Leads proposed a change in scoring to three BAF risks which were endorsed by the appropriate Board Committee.
3. The Board are asked to consider whether the BAF entries are an accurate reflection of current risk exposure.

Background and Analysis

4. There are now twelve principal risks identified on the Board Assurance Framework (BAF). This follows the development of new strategic risks by the Board which align to the new Trust Strategy 2022-25 approved at Board on 1 September 2023. All the BAF risks have been reviewed in detail and updated by the appropriate Executive Lead and reviewed by the Executive Team and Board Committees through December and January. Changes to the BAF risks are marked in red or through strike through on each BAF risk.
5. The new strategic ambitions which form the strategic objectives for the Trust are:
 - **Education, training and learning** - Leading the way in neurosciences education and training
 - **Research and Innovation** - Delivering high-quality clinical neuroscience research, in collaboration with universities and commercial partners
 - **Leadership** - Developing the right people with the right skills and values to enable sustainable delivery of health services
 - **Collaboration** - Clinical and non-clinical collaborations across and beyond the ICS, building on existing relationships and services
 - **Social Responsibility** - Supporting our local communities and providing services for patients within and beyond Cheshire and Merseyside
6. These ambitions are supported by seven enabling Substrategies which are in the process of being developed and all expected to be approved at Board by April 2023. The Substrategies are: Quality, People, Digital, Estates, Facilities & Sustainability, Finance & Commercial Development, Communications & Marketing and Charity.
7. The BAF aligns principal risks, key controls, and assurances to each objective with gaps identified where key controls and assurances are insufficient to mitigate the risk of non-delivery of objectives. This enables the Board to develop and monitor action plans intended to close the gaps. A summary of each BAF risk is included in the appendices.
8. An effective BAF:
 - Provides timely and reliable information on the effectiveness of the management of major strategic risks and significant control issues

- Provides an opportunity to identify gaps in assurance needs that are vital to the organisation, and to develop appropriate responses (including use of internal audit) in a timely, efficient and effective manner
- Provides critical supporting evidence for the production of the Annual Governance Statement.

9. The BAF risks were assigned to Board Committees to review and provide assurance and this took place during December and January. No major changes were made through this process. An additional gaps in control was added to BAF004 by Business Performance Committee and it was agreed to monitor closely the risk for BAF004 into quarter 4 given ongoing pressures due to industrial action and delayed discharges of care of patients which increased bed occupancy to high levels in December 2022.

Quarter 3 Summary

10. A number of actions have been identified for each BAF risk to address the gaps in controls or assurances identified. Target dates for completion have been included and where there was a clear map across from the actions in the 2021/22 BAF these were included. These have been updated for Q3.

11. A summary of the current risk scores and risk appetites are in Table 1. The previous risk score from 2021/22 has been included where the new risk was clearly aligned to previous strategic risks. The risk descriptors which define the scoring of the risks and the risk appetite are included at Appendix 1.

12. Changes to the risk scoring is proposed for three of the BAF risks as follows:

- BAF005 Risk scoring - reduce from 16 to 12 as there are now a number of leadership training programmes in place and an offer in place for all bands with the exception of bands 4 and below. Vacancy numbers have also decreased over the last six months
- BAF006 scoring - increase from 9 to 12 due to the growing number of measures required to support staff health and wellbeing in the light of increasing in-work poverty and pressures on NHS services
- BAF008 scoring decreased from 12 to 9 (target risk score) as a number of national medical education training days have been successfully implemented

Table 1

Risk ID	Risk Appetite	Title	Q4 22/22	Q1 22/22	Q2 22/23	Q3 22/23	Q4 22/23
001	Cautious	Quality Patient Care Impact on patient outcomes and experience		12	12	12	
002	Open	Collaborative Pathways Inability to develop further regional care pathways		9	9	9	
003	Open	System Finance Inability to deliver financial plan for year	8	9	9	9	
004	Cautious	Operational Performance Inability to deliver the operational plan	9	9	9	9	

005	Cautious	Leadership Development Inability to attract, retain and develop sufficient numbers of qualified staff		16	16	12	
006	Open	Prevention and Inequalities Inability to improve equitable access to services		9	9	12	
007	Cautious	Capital Funding Inability to secure capital funding to maintain the estate to support patient needs	6	12	9	9	
008	Open	Medical Education Strategy Inability to develop a national training offer		12	12	9	
009	Open	Research and Development Inability to develop and attract world class staff	12	12	12	12	
010	Cautious	Innovative Culture Inability to grow an innovative culture		12	12	12	
011	Averse	Cyber Security Inability to prevent Cyber Crime	16	12	15	15	
012	Cautious	Digital Inability to deliver the Digital Aspirant plan and associated benefits	8	6	6	6	

13. There is variation in the risk appetite assigned to each risk across the BAF. This reflects that these risks are linked to the new strategy for the Trust. The Trust may need to consider taking more risks to achieve these ambitious objectives.
14. There has been a focus through 2022 on ensuring that there are clearly linked operational risks that align to the strategic risks. This piece of work is progressing slowly so there has been limited impact on this BAF due to the process of adding new risks on. A new operational risk has been identified regarding Elective Recovery Funding in BAF003. Only those operational risks scoring 12 or above would normally be shown on the BAF and if there were a number of linked operational risks such as for BAF001 Quality of Care only the highest scoring would be shown.

Conclusion

15. The new BAF links into the new strategic ambitions and reflects the risks for the Trust to achieving those. Further work is required on the linked operational risks across those BAFs with no risks or where operational risks do not fully cover the breadth of the BAF risk e.g. BAF006 Health inequalities.
16. Board are asked to consider the control and assurance gaps, identify any further actions required and approve the changes to the risk scores.

Recommendation

17. To approve

Author: Katharine Dowson
Date: January 2023

Board Assurance Framework Glossary

ADO	Associate Director of Operations
BMA	British Medical Association
BPC	Business and Performance Committee
C&M	Cheshire and Merseyside
CDRD	Clinical Director of Research & Development
CEO	Chief Executive Officer
(D)CFO	(Deputy) Chief Finance Officer
CIP	Cost Improvement Plan
CMAS	Cheshire & Merseyside Acute and Strategic Trusts (Provider Collaborative)
(D)CN	(Deputy) Chief Nurse
COO	Chief Operations Officer
(D)CPO	(Deputy) Chief People Officer
CQC	Care Quality Commission
CRL	Capital Resource Limit
CRN	Clinical Research Nurse
DHSC	Department of Health and Social Care
DME	Director of Medical Education
EPR	Electronic Patient Record
ERIC	Estates Returns Information Collection
ERF	Elective Recovery Fund
FoSH	Federation of Specialist Hospitals
FFT	Friends and Family Test
GDPR	General Data Protection Regulations
GMC	General Medical Council
HCP	Health & Care Partnership (Cheshire & Merseyside) in place to 30 June 2022
HEE(NW)	Health Education England (North West)
HFAI	Health Facility Acquired Infection
HiMSS	Healthcare Information and Management System (Digital Maturity Model)
IC	Innovation Coordinator
ICB	Integrated Care Board
ICO	Information Commissioners Office
ICS	Integrated Care System (Cheshire & Merseyside) in place from 1 July 2022
IG	Information Governance
IT	Information Technology
IOM	Isle of Man
IPC	Infection Prevention and Control
IPR	Integrated Performance Report
ITU	Intensive Therapy Unit
KPI	Key Performance Indicator
LoA	Letter of Authority
LHP	Liverpool Health Procurement
LUHFT	Liverpool University Hospitals Foundation Trust
MD	Medical Director
MHRA	Medicines and Healthcare Products Regulatory Agency
MIAA	Mersey Internal Audit Agency (Internal Auditors)
MSSA	Methicillin-sensitive Staphylococcus Aureus

MoU	Memorandum of Understanding
NHSD	NHS Digital (information, data, IT systems)
NHSE	NHS England
NHSEI	NHS England and NHS Improvement
NHSI	NHS Improvement
NHSP	NHS Providers
NHSX	NHS X (IT transformation)
NICE	The National Institute for Health and Care Excellence
NRC	Neuroscience Research Centre
NWC	North West Coast (Innovation Agency)
RAG	Red-Amber-Green (scoring)
RCA	Root Cause Analysis (Investigatory Technique)
RN	Registered Nurse
PMO	Project Management Office
QIP	Quality Improvement Programme
RIME	Research, Innovation and Medical Information (Committee)
SFI	Standing Financial Instruction
SOP	Standard Operating Procedure
SORD	Scheme of Reservation and Delegation
SPA	Supporting Professional Activities
SPARK	Single Point of Access to Research and Knowledge
SRO	Senior Responsible Officer
TEL	Training, Education and Learning
UoL	University of Liverpool
WCFT	The Walton Centre NHS Foundation Trust

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

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

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

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

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

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

Linked Operational Risks (highest scoring only)			Consequence		Likelihood		Rating
			Major	Likely			
21	If adherence is not made to the appropriate controls set out in relation to pseudomonas, then there is a risk to patient safety and reputation.	16	Initial	4	4		16
933	If there is no digital solution implemented for the reporting of microbiology results to the IPC Team then there is a risk of the team being unaware of infections, which could cause further transmission.	16	Current	4	3		12
921	If a solution to the unexpected departure of the two consultant Neuro-Ophthalmologists who serve Walton outpatients and inpatients is not identified, then there will be a risk to patient care/treatment as well the sustainability of services across Neurology and Neurosurgery.	12	Target	4	2		8
Risk Appetite			Cautious				

Key Impact or Consequence	Performance:
<ul style="list-style-type: none"> - Poor outcomes for patients - Poor patient and family experience - Reputational damage - Increased incidents - Increased morbidity and mortality - Quality standards not met - Lower CQC rating - Lower staff morale - More difficult to recruit workforce - Increased staff turnover - Widening of health inequalities - Worsening staff and patient survey results - Worsening Friends and Family Test results 	<p><i>What evidence do we have of the risk occurring i.e. likelihood?</i></p> <ul style="list-style-type: none"> - Number of complaints received - Increase in outpatients - Zero Never Events in 2020/21, two in 2021/22 - Increase in Nosocomial Infections - Increased incidence of HCAI in 2022/23 - Mortality rates better than national average compared with peer - Staff vacancy rates (nursing now minimal) - Staff retention – turnover figures - Improved performance in inpatient survey in 2021, moving from ninth to eighth position - Integrated Performance Report – Quality metrics in a good position - Friends and Family Test, reduced response rate in outpatients - CARES Assessments – <ul style="list-style-type: none"> Cairns Ward achieved Gold in June 2022 Lipton Ward achieved Silver in June 2022 Caton Ward achieved Silver in August 2022 (increase from Bronze) Chavasse Ward achieved Gold in September 2022 Dott Ward achieved Gold in August 2022 Complex Rehabilitation Unit achieved Gold in October 2022
Key Controls or Mitigation:	Key Gaps in Control:
<p><i>What are we currently doing to control the risks? Provide the date e.g. when the policy/procedure was last updated</i></p> <ol style="list-style-type: none"> 1. Quality Improvement Strategy 2020 – 23 – approved Sept 2019 2. KPIs for Year 3 of the Quality Strategy approved March 2022- Quality Strategy was closed in last Quality committee with a view to write a new Quality Strategy for Jan 2023 3. Theatre Utilisation Programme 4. IPC BAF reviewed at Trust Board quarterly - June 2022 5. Trust Recovery Roadmap 6. Ward Accreditation Programme in place for 2022/23 7. Implementation of Tendable Audit System for ward-based Quality metrics for 2022/23 8. Board Walkabout Programme – reporting to Quality Committee 9. NICE Exception Report 10. CQC Mock Inspection – May 2022 11. Specialist Nurse Support in place e.g tissue viability and IPC 12. Health and Wellbeing Strategy approved at Board June 2022 13. Patient and Family Centred Plan in place – relaunch planned December 2022 14. HCAI plan for 2022-23 approved by Board June 2022 15. Enhanced senior nursing structure 16. Pulse Survey reflecting staff morale 17. Flushing Audits 18. Hand Hygiene Audits 19. ANTT Training 20. 'Call for Concern' campaign launch December 2022 	<p><i>Where we are failing to put controls/systems in place or where are we failing to make them effective?</i></p> <ol style="list-style-type: none"> 1. Impact of Covid-19 variants on staff sickness levels 2. Lack of open-ended national guidance on Covid-related IPC 3. Lateral flow testing not generally available to the public 4. Timely completion and reporting of NICE exception reports 5. Theatre utilisation programme not achieving its objectives as planned 6. Deteriorating performance on flushing audits

Assurances: What evidence do we have to demonstrate that the controls are having an impact? How is the effectiveness of the control being assessed?	Gaps in Assurance: Where are we failing to gain evidence that our controls/systems, on which we place reliance, are effective?
<p>Level 1 Trust Safety Huddle – Daily Ward / Departmental Huddle Theatre User Group Divisional Governance Meetings – monthly Mortality Review Group – monthly review Serious Incident Group – monthly review Transformation Board Balance Score Cards – monthly review Hospital Management Group – monthly review Hand Hygiene Audits – monthly review Staff and Patient stories to Board and Quality Committee monthly Infection Prevention and Control Group – monthly review</p> <p>Level 2 Integrated Performance Report Quality metrics – Quality Committee – monthly Quarterly reports from Governance Team (incidents & risks, Patient Experience Team, Pharmacy, Pathology, Tissue Viability, Mortality and Morbidity) – Quality Committee IPC Annual Report to Board – June 2022 Safeguarding Annual Report to Board – June 2022 Annual Governance Report 2021/22 to Quality Committee – May 2022 Medicines Management Annual Report to Board – June 2022 Quality Strategy Progress Report to Quality Committee – Sept 2022 Visibility and Walkabout update quarterly report to Quality Committee Sept 2022 Quality Account to Board - June 2022 Ward Accreditation and Tendable reports to Quality Committee – July 2022 Update on NICE assessment, including those outstanding - report to Quality Committee – October 2022</p> <p>Level 3 CQC Inspection Report 2019 Monthly reporting to CQC Relationship Manager Review meetings with Commissioners – Quarterly National Inpatient Survey Results – published October 2021 CQC Mental Health Inspection – December 2020 CQC Interventional Radiology Inspection – published December 2021 Getting it Right First Time (GIRFT) reports Investors in People Gold Award 2020 (reaccredited 2021) Anaesthesia Clinical Services Accreditation (ACSA) visit 2021</p>	<ol style="list-style-type: none"> 1. Alignment of Quality Improvement Strategy to all Strategies 2. New Quality Substrategy to align to Trust Strategy 3. End of Life Care 4. Quality Impact Assessments e-system now in place, only one completed to date 5. NICE Exception Reporting

Corrective Actions: To address gaps in control and gaps in assurance		Action Owner	Forecast Completion Date	Action Status
1	Action 2022/23 Quality Strategy Priorities and 5 year Quality Strategy presented for closure to Quality Committee September 2022	CN	July 2022 September 2022	In progress Complete
2	New HCAI plan for 2022/23 to be approved by Board	CN	June 2022	In progress Complete
3	Patient and Family Centred Care initiative to be launched	CN	September 2022 January 2023	In progress
4	Clinical Audit Plan 2022/23 to be approved: approved as part of annual report to quality and Audit Committees.	MD	June 2022	In progress Complete
5	Review of NICE exception reporting process presented to Quality Committee July 2022	MD	July 2022	In progress Complete
6	Review process for gaining assurance for End of Life Care. New group established. UPDATE Verbal update on progress received at Quality Committee in November 2022, Clinical Effectiveness Group to monitor with Annual Report to Quality Committee	MD	September 2022 October 2022 March 2023	In progress
7	To develop and launch a new Quality Impact Assessment tool	CPO	July 2022	In progress Complete
8	New Quality Substrategy to be written and ratified by Quality Committee. Draft to January December Quality Committee (February Board)	CN	February 2023	In progress
9	Monitoring of Clinical Audit Plan and review of impact of audit to be developed. UPDATE improved reports taken to Audit Committee and Quality Committee. To be monitored	MD	October 2022 February 2023	In progress

Risk ID: 002	Date risk identified: April 2022	Date of last review: October 2022																									
Risk Title: Collaborative Pathways		Date of next review: February 2023																									
If the Trust does not succeed in developing and leading well led high quality standardised regional care pathways and networks then patient care and experience may deteriorate and the Trust will not achieve its ambition of providing outstanding and equitable patient care		CQC Regulation: Regulation 17 Good Governance																									
		Ambition: Collaboration																									
		Assurance Committee: Quality Committee																									
		Lead Executive: Medical Director																									
Underlying Operational Risks																											
837	If the Trust does not receive patient referrals in timely manner from LUHFT post-spinal merger, then there is a risk that patient referrals will be delayed, impacting on performance and patient experience.	16																									
		<table border="1"> <thead> <tr> <th></th> <th>Consequence</th> <th>Likelihood</th> <th>Rating</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Initial</td> <td>Moderate</td> <td>Possible</td> <td>9</td> </tr> <tr> <td>3</td> <td>3</td> <td>9</td> </tr> <tr> <td rowspan="2">Current</td> <td>Moderate</td> <td>Possible</td> <td>9</td> </tr> <tr> <td>3</td> <td>3</td> <td>9</td> </tr> <tr> <td rowspan="2">Target</td> <td>Moderate</td> <td>Unlikely</td> <td>6</td> </tr> <tr> <td>3</td> <td>2</td> <td>6</td> </tr> </tbody> </table>		Consequence	Likelihood	Rating	Initial	Moderate	Possible	9	3	3	9	Current	Moderate	Possible	9	3	3	9	Target	Moderate	Unlikely	6	3	2	6
	Consequence	Likelihood	Rating																								
Initial	Moderate	Possible	9																								
	3	3	9																								
Current	Moderate	Possible	9																								
	3	3	9																								
Target	Moderate	Unlikely	6																								
	3	2	6																								
Risk Appetite	Open																										

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

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

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

Level 3 GIRFT reviews of specialist services e.g. spinal, cranial neurosurgery, neurology monitored through Neurosciences Network Programme Board Regional neuroscience services monitored through Neurosciences Network Programme Board Nursing Times Award 2022 for Brain Tumour Optimisation Programme				
Corrective Actions: To address gaps in control and gaps in assurance		Action Owner	Forecast Completion Date	Action Status
1	Participation in review of Complex Rehabilitation Network – led by Liverpool Clinical Commissioning Group UPDATE Waiting for response from CCG Now led by Liverpool Place who are focused on restructuring, no date known.	MD	September 2022 January 2023 tbc	In progress Delayed
2	Benefits realisation analysis of 24/7 Thrombectomy UPDATE Executives to review in September, Quality Committee in October UPDATE, review required further work.	COO	September 2022 October 2022 March 2023	Not yet started
3	Benefits realisation analysis of delivery regional spinal services. UPDATE delayed due to addition of additional long waiters from LUHFT	COO MD	December 2022	Not yet started
4	Leading Pain Collaborative Working Group to review of regional services and equity of access	MD	December 2022 April 2023	In progress
5	Recommendations from GIRFT (Getting it Right First Time) action plans for spinal /cranial/ neurosurgery to be completed. UPDATE full actions completed once new surgical day ward work is complete (November 28 2022)	MD	September 2022 November 2022	In progress Complete
6	Ensure the services and clinical pathways of the Trust are communicated effectively across the region by raising the profile of the Trust. Participation in the Liverpool Clinical Services Review	CEO	April 2023	New Action
7	Appropriate linked operational risks are to be developed and entered onto risk register with risk manager	MD	November 2022 March 2023	In progress

Risk ID: 003	Date risk identified: April 2022	Date of last review: October 2022
Risk Title: System & Finance		Date of next review: February 2023
If the Trust does not deliver its financial plan for 2022-23 the Trust's standing and influence in the system will be diminished and this may result in less resource and opportunities in the future for the Trust to grow and meet its strategic ambitions.		CQC Regulation: Regulation 17 Good Governance
		Ambition: Collaboration
		Assurance Committee: Business Performance Committee
		Lead Executive: Chief Executive

Operational Risks			Consequence		Likelihood		Rating	
135	If the move to the blended payment approach and population based commissioning allocations continue then this may lead to a risk of reduced allocations for the Trust.	16	Moderate	Likely				
934	If 2019/20 out turn weighted activity is not delivered there is a risk that income may be clawed back from the base contract (for Specialist Commissioners). Weighted activity levels may not reach required levels to receive associated Elective Recovery Income (ERF). This would put delivery of the 22/23 financial plan at risk as receipt of ERF income is assumed within the financial plan	16	Initial	3	4		12	
			Current	Moderate	Possible	3	3	9
			Target	Moderate	Unlikely	3	2	6
Risk Appetite			Open					

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

Key Controls or Mitigation: <i>What are we currently doing to control the risks? Provide the date e.g. when the policy/procedure was last updated</i>	Key Gaps in Control: <i>Where we are failing to put controls/systems in place?</i>
<ol style="list-style-type: none"> 1. Revised Trust Strategy 2022-25 approved 2. Communication and Engagement Strategy 2020-25 3. Trust engagement on C&M ICS meetings and in regional roles including Collaboration at Scale and regional networks, place based partnerships and Provider Collaborative 4. Host of C&M Rehabilitation and Critical Care and Major Trauma Networks and Neuroscience Programme Board 5. Existing relationships ongoing with Specialised Commissioning through the transitional period (2022/23) 6. Trust has fed back on consultations to changes in commissioning 7. Engaged with other specialist trusts both at local and national level through Federation of Specialist Hospitals (FoSH) and through FoSH Finance Group which is reviewing impact of the new financial framework on the system and engaging with the wider system on potential changes 8. Progression of financial and commercial development substrategy to explore alternative sources of income 9. Tight management of financial position to ensure end of year position achieved and efficiency targets met 10. Healthcare Procurement Liverpool (HPL) established to improve efficiencies and provide value for money 11. Provider Selection Regime for procurement of healthcare services introduced with Health and Care Act 2022 12. 2023/24 financial planning cycle – Underway within The Walton Centre and ICS 	<ol style="list-style-type: none"> 1. Profile of Trust and communication of specialist offer 2. Perception of specialist Trusts 3. A significant proportion of the Walton Centre patient population lies outside C&M, therefore does not align with population basis for commissioning / funding allocations 4. Regional governance arrangements potentially result in greater influence for larger providers 5. Review of stakeholder analysis 6. ICS funding priorities not yet confirmed 7. Medium term financial plan (3-5 years) 8. National financial planning guidance for 2023/24 not yet released

Assurances: <i>What evidence do we have to demonstrate that the controls are having an impact? How is the effectiveness of the control being assessed?</i>	Gaps in Assurance: <i>Where are we failing to gain evidence that our controls/systems, on which we place reliance, are effective?</i>
Level 1 Monthly reporting to Board on ICS development and development of strategy, processes and systems	<ol style="list-style-type: none"> 1. Measurement of the impact of the influence of The Trust and FoSH 2. The new system currently applies to England and there are currently different systems in Wales / IOM i.e. PBR.

<p>Regular review of operational risks at Board level and on-going review of mitigations Review of financial position and CIP at every Board and ongoing monitoring through financial controls and processes with closer review at monthly meetings Weekly C&M ICS CEO meeting Regular ICS Chair meetings Regular C&M ICS Directors of Finance planning meetings Provider Collaborative (CMAST) meetings with CEO/ Chair</p>		<p>3. Lack of clarity on future of specialist commissioning 4. Outcomes dependent on other statutory bodies</p>		
<p>Level 2 Monthly Chair and CEO reports to Board Risks review by FoSH Collation of a 5 year plan with specialist trusts in C&M to understand what the longer term finances look like for each of the trusts. Business Performance Committee</p> <p>Level 3 External Audit of Annual Accounts and going concern considerations Internal Audit of financial processes and control systems including HPL ICS triangulation benchmarking C&M providers across finance, performance and workforce Independent financial sustainability report completed by external auditors work to be carried out at the Trust in line with national requirements and report in November 2022</p>				
<p>Corrective Actions: To address gaps in control and gaps in assurance</p>		Action Owner	Forecast Completion Date	Action Status
1	Continue to work with the ICS on system development and engage through regional roles in ICS.	ALL	Ongoing	In progress
2	Review of out of HCP referrals / activity to understand the largest Clinical Commissioning Groups and formulate what can be done to continue activity into 2022/23 with the Trust. Update – This will now form part of the Finance and commercial development strategy (currently in development).	CFO	Mar-24 Sep-24 June 2022	Complete
3	Continue to work with FoSH and specialist commissioners to deliver the specialist commissioning roadmap	CEO/CFO	Ongoing	In progress
4	Continue to work collaboratively across the ICS and offer mutual aid as appropriate	COO	Ongoing	In progress
5	Prepare internal 5-year financial plan based on anticipated changes to tariff to understand longer term financial risks for the Trust and support strategic planning. Waiting for ICB guidance	CFO / COO	Sep-24 June-22 December 2022 tbc	On track On hold
6	Prepare a Branding and Marketing Communications and Engagement Sub strategy to promote the successes of the Trust and cement its reputation as a centre of excellence and ensure key decision makers engaged	CEO	September 2022 December 2022	In progress
7	Input into the Liverpool Clinical Services Review	CEO	The October 2022	In progress Complete
8	Independent financial sustainability review to be carried out on the trust's self-assessment of its financial sustainability by MIAA by 30.11.22 with any improvement actions to be completed by 31.01.23.	CFO	February 2023	New Action In progress
9	Development of Provider Collaborative Memorandum of Understanding	CEO	October 2022	New Action Complete
10	Develop a medium-term plan to identify the timing of financial gaps and efficiencies	CFO	March 2023	New Action In progress

Risk 004	Date risk identified April 2022	Date of last review: October 2022
Risk Title: Operational Performance If the Trust does not deliver its agreed weighted activity for the year then patient care and experience will be impacted and there will be financial and reputational impacts for the Trust.		Date of next review: February 2023
		CQC Regulation: Regulation 16- Assessing and monitoring Service Provision
		Ambition: Leadership
		Assurance Committee: Business Performance Committee
		Lead Executive: Chief Operating Officer
Linked Operational Risks		
43	If capacity issues continue, in addition to the current position, of 104+ 52 week breaches due to COVID-19, there is a risk of further deterioration of Trust performance against national access standards and waiting times.	16
323	If capacity pressures, associated with workforce, theatres and ward beds continue then there is a risk the Trust will fail to deliver activity associated targets and financial plan	16
921	If an appropriate solution to the unexpected retirement and resignation in the next 3 months, of two consultant neuro ophthalmologists is not identified, then there will be a risk to patient care/treatment as well the sustainability of services who require neuro ophthalmology input across Neurology and Neurosurgery	16
Risk Appetite		Cautious

	Consequence	Likelihood	Rating
Initial	Major 4	Possible 3	12
Current	Moderate 3	Possible 3	9
Target	Minor 2	Unlikely 2	4

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

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

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

<p>Daily monitoring of critical staff absences at Huddle Live monitoring of performance dashboard</p> <p>Level 2 Activity reported monthly in Integrated Performance Report (IPR) to Trust Board Workforce metrics on turnover, vacancies and staff sickness reported monthly in IPR to Board</p> <p>Level 3 Meetings with Commissioners – monthly Internal Audit review of Waiting List Management - April 2022 System review of 52+ week waiters – April 2022 Check and challenge sessions with ICS on operational and workforce plans</p>	<p>5. 52 week spinal waiters are not fully clinically validated yet and are not included in 52 week figures</p> <p>6. Challenging follow up outpatients target, to reduce by 25%</p>
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Corrective Actions: To address gaps in control and gaps in assurance		Action Owner	Forecast Completion Date	Action Status
1	Implementation of Covid-19 Recovery Plan to increase activity – plan is in progress and progress monitored through BPC	COO	Sept 2022 - March 2023	On track
2	Ongoing testing re average waits and discussion with NHSI to determine if pilot will continue. NHSI pilot ongoing.	COO	March 2022 March 2023	Pilot Extended
3	Job Planning for new spinal consultants for 2022/23	MD	September 2023	On track
4	Bed repurposing project to increase efficiency and respond to changing demand – Caton Ward opened July with new model	COO	July 2022	On track Complete
5	Overdue follow up waiting list is to be monitored by the division by undertaking a validation exercise and a review of the patients to determine which patients can be moved over to PIFU. Dedicated project manager in post from May 2022 Update of progress was presented to the executive team in October 2022 and to BPC November 2022	COO	November 2022	Ongoing
6	Thrombectomy working group to review at 6 month point to address any ongoing issues and report to Executives – UPDATE paper to executives in September 2022- requires further work.	COO	June 2022 July 2022 September 2022 March 2023	On track In progress
7	Full integration of spinal team into WCFT	MD	August 2022	On track Completed
8	Completed clinical validation of spinal patients transferring into TWC- this is on track. 104 and 78 week waits validation has now been completed further validation has now been commenced on 52 week waits. Further referrals were received in September 2022 from LUHFT - and further validation has commenced	COO	August 2022 November 2022	On track In progress
9	Review of Waiting List Initiative (WLI) process in response to new BMA guidance regarding WLI payments. A paper is going to the executive meeting December 2022, in line with the work that is currently being undertaken by CMAST	COO	August 2022 December 2022	On track

Risk ID: 005	October 2022 April 2022	Date of last review: October 2022																							
Risk Title: Leadership Development		Date of next review: February 2023																							
If the Trust does not provide the right environment or opportunities for staff to develop, learn and progress the organisation will not have well led services or experienced staff. This will reduce the Trust's ability to provide well led, high quality services and lead to poor staff experience, higher vacancy rates and the requirement for additional resource to recruit and train new staff.		CQC Regulation: Regulation 18 Staffing																							
		Ambition: Leadership																							
		Assurance Committee: Business Performance Committee																							
		Lead Executive: Chief People Officer																							
Linked operational risks																									
140	If the Trust fails to achieve the agreed internal compliance target rate for all statutory and mandatory training topics, there is a risk to the achievement of CQC standards and regulatory requirements.	12	<table border="1"> <thead> <tr> <th></th> <th>Consequence</th> <th>Likelihood</th> <th>Rating</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Initial</td> <td>Major</td> <td>Likely</td> <td rowspan="2">16</td> </tr> <tr> <td>4</td> <td>4</td> </tr> <tr> <td rowspan="2">Current</td> <td>Major</td> <td>Possible</td> <td rowspan="2">16-12</td> </tr> <tr> <td>4</td> <td>4 3</td> </tr> <tr> <td rowspan="2">Target</td> <td>Major</td> <td>Possible</td> <td rowspan="2">12</td> </tr> <tr> <td>4</td> <td>3</td> </tr> </tbody> </table>		Consequence	Likelihood	Rating	Initial	Major	Likely	16	4	4	Current	Major	Possible	16-12	4	4 3	Target	Major	Possible	12	4	3
	Consequence	Likelihood	Rating																						
Initial	Major	Likely	16																						
	4	4																							
Current	Major	Possible	16-12																						
	4	4 3																							
Target	Major	Possible	12																						
	4	3																							
224	If staffing levels fall below established levels, due to high sickness rate, government vaccination guidance and vacancies, then there is a risk to patient safety & experience and staff safety.	42																							
Risk Appetite		Cautious																							

Key Impact or Consequence	Performance: <i>What evidence do we have of the risk occurring i.e. likelihood?</i>
<ul style="list-style-type: none"> - Reduced staff morale - Staff Turnover increases - Gaps in workforce will include hard to fill specialist roles - Costs of recruitment and training - Business continuity - Reputational damage - Sickness increases if vacancies increase - Staff capacity to attend training and development and complete annual appraisals 	<ul style="list-style-type: none"> - Staff Turnover - Vacancy Levels - Sickness Absence - Statutory and Mandatory Training metrics - Quarterly Pulse Survey results - Feedback from staff engagement sessions - Appraisal Rates - Lack of engagement with national development opportunities - Staff Survey responses - Study Leave take up
Key Controls or Mitigation: <i>What are we currently doing to control the risks? Provide the date e.g. when the policy/procedure was last updated</i>	Key Gaps in Control: <i>Where are we failing to put controls/systems in place?</i>
<ol style="list-style-type: none"> 1. Mandatory Training Annual Plan 2. People Strategy 3. Regional Workforce Plan 4. Health and Wellbeing Strategy approved June 2022 5. Wellbeing Guardian in post 6. BAME Strategic Advisory Committee exercise 7. Staff Survey /Action Plan 8. Partnership working with universities to recruit newly qualified staff 9. Regional collaborations e.g. International Recruitment 10. WCFT Health and Wellbeing Programme 11. National Nursing Bursary – 2020/21 12. Hybrid training models developed to enable ongoing delivery of training with social distancing 13. Monthly deputy's engagement sessions 14. Annual Training Needs Analysis 15. E-rostering 16. Senior Leadership Team meetings held in Neurology and Neurosurgery 17. Aspiring ward manager programme started 9 Sept 2022 18. Building rapport for managers programme relaunched September 2022 19. Triumvirate leads development programme to start early 2023 20. Investors in People Action Plan 21. Mental Health First Aiders – support and training programme 22. Civility Training Programme Launched with initial focus on consultants 	<ol style="list-style-type: none"> 1. Sickness levels including Covid, leading to pressures on workforce to cover and training and development can be seen as lower priority 2. Celebrating successful development outcomes 3. Consistent development offer for bands 2 to 4 and all staff groups 4. Consistent national shortage in some staff groups e.g. ODP, IT, nurses 5. Lack of consistency across system in application of Agenda for Change staff pay bands

Assurances: <i>What evidence do we have to demonstrate that the controls are having an impact? How is the effectiveness of the control being assessed?</i>	Gaps in Assurance: <i>Where are we failing to gain evidence that our controls/systems, on which we place reliance, are effective?</i>
Level 1 Vacancy monitoring – weekly Staff training and development reports sent monthly to managers Review of ward staffing pressures by ward manager and DDON - monthly Staff Listening Events Staff Support sessions provided by NOSS as and when required HR/Finance/Nursing Vacancy renew meetings	<ol style="list-style-type: none"> 1. Delivery of National People Plan 2. New People Substrategy 2022-25 is in development – anticipated approval February 2023
Level 2 Integrated Performance Report – Trust Board monthly People Strategy – quarterly update to BPC (linked to People Plan) Quarterly Staff Pulse Survey Workforce report to People Group	
Level 3	

Outcomes of Staff Survey. 2022 Staff Survey to commence September 2022 Investors in People Accreditation 2021 – Gold Status Investors in People Wellbeing Award 2021 – Gold Status review 2022 Exit Interviews Review MIAA April 2022 Flexible working MIAA Review 2022	
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Corrective Actions: To address gaps in control and gaps in assurance		Action Owner	Forecast Completion Date	Action Status
1	Recommendations of Exit Interviews Review. UPDATE Shared with BPC October 2022.	CPO	March 2023	In Progress
2	Communications Plan to celebrate development successes e.g. Apprenticeships, Pre-employment Programme	CPO	September 2022	In Progress Complete
3	Potential in 'Talent for Growth' courses from The Leadership Academy. UPDATE: Talent Pools created for Aspiring CEOs and Executives. Candidates nominated by Trust.	DCPO	November 2022 March 2023	In Progress
4	Staff engagement events took place July to August 2022	DCPO	September 2022	Complete
5	More focused communication including Health and Wellbeing Newsletter. Now complete	DCPO	July 2022	Complete
6	Refresh of building rapport programme. New cohort launched to complete in December 2022	CPO	January 2023	In Progress
7	Review of Performance and Development Report paperwork (annual appraisal). UPDATE: Paper to People Group 28 November 2022 / BPC January 2023	CPO	September 2022 March 2023	In Progress
8	Deliver a leadership development programme with AQuA for divisional management. UPDATE: Agreed triumvirate training from early 2023 (dates being sought) with Action Learning Sets to follow	CPO	September 2022 February 2023	In Progress

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

Linked Operational Risks			Consequence	Likelihood	Rating
531/455	If controls are not put in place to manage the complexity of the patient caseload then there is a risk that staff will be subject to high incidences of situations involving violence and aggression from patients.	12	Major	Possible	
			Initial		
			4	3	12
			Moderate	Likely	
			Current		
			3	3-4	9-12
			Moderate	Unlikely	
			Target		
			3	2	6
Risk Appetite		Open			

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

<p>Staff Partnership Group with Trade Unions Health Equalities programmes of work report into Business Performance Committee through The People Group Chair Report</p> <p>Level 3 Staff Survey 2021 CQC Inspection Report 2019 Investors in People - Gold accreditation for 'we invest in wellbeing' standard – accreditation received under the new framework in June 2021 and annual review undertaken in June 2022 Bronze Veteran Accreditation achieved 2022</p>	
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Corrective Actions: To address gaps in control and gaps in assurance		Action Owner	Forecast Completion Date	Action Status
1	To establish a number of measures for patient and staff outcomes linked to deprivation data UPDATE: Still in diagnostic phase, results to be presented via a strategy or action plan by year end. Update provided to Trust Board October 2022. Closed – 2 new actions 16 and 17 replace	CEO	July 2022 December 2022	In progress Complete
2	To work with partners to establish a Citizen's Panel for Liverpool UPDATE pre-founding assembly 30 November 2022. Launch March 2023	CPO	October 2022 March 2023	In progress
3	To understand the process to become accredited as an anchor organisation	CEO	July 2022	In progress Complete
4	To implement the Violence and Aggression Strategy.	CN	April 2023	In progress
5	To implement the Health and Wellbeing Strategy	CPO	April 2023	In progress
6	To achieve C&M Healthcare Partnership Social Value Award. UPDATE: Trust is signed up and scoping has been completed against eight themes, pledges and metrics to be finalised. Delayed as Substrategies need to be in place.	CPO	November 2022 May 2023	New Risk In progress
7	To achieve Social Value Business Quality Mark Level 1 UPDATE: Trust is signed up and scoping has been completed against eight themes, pledges and metrics to be finalised. Delayed as Substrategies need to be in place.	CPO	November 2022 May 2023	New Risk In progress
8	To achieve Social Value Business Quality Mark Level UPDATE: Level 2 can only be completed twelve months after Level 1 achieved as focuses on auditing the first year's activity of the pledges committed to in Level 1.	CPO	November 2023	New Risk In progress
9	To deliver against the 104 identified priority C&M NHS Prevention Pledge outcomes	CPO	December 2022 March 2023	New Risk In progress
10	To achieve NHS Veteran Accreditation (Bronze level completed)	CPO	April 2023	New Risk Complete
11	To achieve LCR Fair Employment Charter Accreditation Confirmation of achievement confirmed	CPO	September 2022	New Risk Complete
12	To open a physical Health and Wellbeing Hub within the Trust	CPO	September 2022	New Risk Complete
13	Align cost of living support for staff to the Joseph Rowntree Foundation guidance for in work poverty UPDATE: Paper taken to Trust Board October 2022.	CPO	October 2022	New Risk Complete
14	Develop further operational risks in regard to health inequalities and staff wellbeing that impact the strategic risk and add to Trustwide risk register.	CPO	November 2022 March 2023	New Risk In progress
15	Trust wide review of ED&I culture and processes to understand current gaps.	CPO	January 2023	New Action
16	Development of strategic plan for health inequalities work.	CEO	March 2023	New Action
17	Further development of performance indicators for health inequalities in divisions	COO	February 2023	New Action

Risk ID: 007	Date risk identified April 2022	Date of last review: October 2022																
Risk Title: Capital Investment If the Trust does not maximise its opportunities to acquire capital funding then it may not have enough resource to deliver its estates strategy and provide a fit for purpose environment for staff and patients leading to poor staff morale, poor patient experience and the risk of increased backlog maintenance		Date of next review: February 2023																
		CQC Regulation: Regulation 15 Premises and Equipment																
		Ambition: Value for Money																
		Assurance Committee: Business Performance Committee																
		Lead Executive: Chief Finance Officer																
Linked Operational Risks																		
323	If the aging Theatre air handling unit (AHU) fails to deliver correct air flow there is a risk on the Department's ability to run Theatre lists.	16																
220	If the theatre lights fail, due to the age >20 years, and repairs cannot be conducted/ completed there is a risk that the theatre will be unusable for surgery (theatre 1-5 affected). In addition, if flaking paint falls from the theatre lights there is a risk that this could decontaminate the sterile area during surgery	16																
Risk Appetite		Cautious																
		<table border="1"> <thead> <tr> <th></th> <th>Consequence</th> <th>Likelihood</th> <th>Rating</th> </tr> </thead> <tbody> <tr> <td>Initial</td> <td>Major</td> <td>Possible</td> <td>16</td> </tr> <tr> <td>Current</td> <td>Moderate</td> <td>Possible</td> <td>9</td> </tr> <tr> <td>Target</td> <td>Moderate</td> <td>Unlikely</td> <td>8</td> </tr> </tbody> </table>		Consequence	Likelihood	Rating	Initial	Major	Possible	16	Current	Moderate	Possible	9	Target	Moderate	Unlikely	8
	Consequence	Likelihood	Rating															
Initial	Major	Possible	16															
Current	Moderate	Possible	9															
Target	Moderate	Unlikely	8															

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

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

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

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

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

Linked Operational Risks			Consequence		Likelihood		Rating
			Major	Likely			
923	If the Trust fails to recruit and retain Consultant staff to deliver the medical education programme, then it risks non-compliance with the DHSC/HEE Education Contract. If the trust fails to comply with the Education Contract, Junior doctors and student doctor placements could be removed, presenting the risk of financial penalty as associated funding and, in regard to Junior doctors, human resource would also be withdrawn.	6	Initial	4	4	16	
			Current	4	3-2	12-8	
			Target	4	2	8	
Risk Appetite			Open				

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

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

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

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

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

Linked Operational Risks		Consequence	Likelihood	Rating	
In final stages of development		Major	Likely		
		Initial	4	4	16
		Major	Possible		
		Current	4	3	12
		Major	Unlikely		
Risk Appetite		Target	4	2	8
	Open				

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

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

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

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

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

Linked Operational Risks		Consequence	Likelihood	Rating	
No linked risks - in development.		Major	Likely		
Risk Appetite	Adventurous	Initial	4	4	16
		Current	4	3	12
		Target	4	2	8

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

Key Controls or Mitigation: <i>What are we currently doing to control the risks? Provide the date e.g. when the policy/procedure was last updated</i>	Key Gaps in Control: <i>Where we are failing to put controls/systems in place or where are we failing to make them effective?</i>
<ol style="list-style-type: none"> 1. Innovation Strategic Objectives set for 2019/22 – majority of short and medium-term objectives completed 2. Innovation Implementation Plan 2022-25 to be included within the wider People Sub-strategy 2022-25 (due for approval Q3 2022 Q4 2023) 3. Innovation Communication Plan to be revised as part of the Innovation Implementation Plan 2022-25 4. Phase one of the Innovation Pipeline review completed with phase two being undertaken in September 2022 5. Review of Innovation Group in progress 6. Innovation Lead in post 7. Investors in People Gold accreditation for 'we invest in wellbeing' standard – (June 2021) annual reaccreditation received in June 2022 8. Investors in People Gold accreditation for 'we invest in people' standard (November 2020) annual reaccreditation assessment being undertaken December 2022 9. Pulse and National Staff Surveys 10. Staff 'TEA' (talk, engage, action) sessions with Executive Team July-August 2022 11. 'Join Jan' bi-monthly staff engagement sessions with CEO 	<ol style="list-style-type: none"> 1. Innovation project pipeline alignment to Trust Strategy priorities 2. Clinical and corporate divisional engagement of; internal initiatives, spread and adoption of external innovations and address risk aversion 3. Workforce capacity to have time to develop and implement initiatives 4. Wider engagement with Trust stakeholders and patient groups 5. Financial and Commercial Sub-strategy development 6. Spinal Improvement Programme income generation model contracts to be finalised 7. Single project management office to be established 8. Competitor Analysis to be completed

Assurances: <i>What evidence do we have to demonstrate that the controls are having an impact? How is the effectiveness of the control being assessed?</i>	Gaps in Assurance: <i>Where are we failing to gain evidence that our controls/systems, on which we place reliance, are effective?</i>
<p>Level 1</p> <ul style="list-style-type: none"> • Innovation Group • Monthly Innovation Team meetings • Regular meetings with procurement, IT, IG, Service Transformation Team, clinical and other teams as required • Collaborative working arrangements with external partners <p>Level 2</p> <ul style="list-style-type: none"> • RIME Committee approval of funding applications and oversight of project pipeline activity • RIME Committee Chair Report to Trust Board and Council of Governors • Executive Team approval of innovation business cases • Trust Board endorsement of innovation business cases <p>Level 3</p> <ul style="list-style-type: none"> • Board level membership at Innovation Agency NWC • Innovation cited in CQC Inspection report 2019 	<ol style="list-style-type: none"> 1. Benchmarking assessment and validation of innovation function 2. Risk appetite and strategic approach to innovation management 3. Organisational readiness enabling entrepreneurship, creativity and multi-disciplinary collaboration 4. Limited knowledge of intellectual property 5. Industry foresight and horizon scanning 6. Customer awareness and behaviours 7. Measurement of return of investment of innovations 8. Systematic process for measuring outcomes and continual improvement 9. Benefit realisation for innovative business cases not yet feasible due to lack of defined metrics 10. Consistent legal processes/ advice for more common realisation working arrangements

Corrective Actions: To address gaps in control and gaps in assurance		Action Owner	Forecast Completion Date	Action Status
1	Benchmarking assessment of innovation function via Investors in Innovations Standard aligned to ISO 56002 Innovation Management System – international industry standard Update November 2022: Approved in principle by Executive Team on 8 June 2022 with funding agreed on 7 September 2022. Five month assessment process now in progress	CPO/IM	June 2022 Tbc May 2023	In progress
2	Revise Trust Innovation Strategy Update November 2022: Innovation Strategic Implementation Plan for 2022-25 developed as part of the People Sub-strategy 2022-25 currently under development. Final version committee approval cycle due to commence in December culminating with approval at Trust Board in January February 2023	CPO/IM	September 2022 January 2023 February 2023	In progress
3	Develop innovation communication plan in line with Innovation Implementation Plan 2022-25 Update November 2022: Social Innovation (social value) included in October 2022 Team Brief with subsequent update to follow as various initiatives progress. Meetings being held with Communications Team to update Trust internet and intranet. Final Communications Plan to be implemented following Innovation Strategic Implementation Plan sign off in February 2023.	IM	September 2022 January 2023 February 2023	In progress
4	Address innovation/commercial resource to align with revised Trust and innovation strategies and changes to service - Business Development Manager role to be recruited Update November 2022: Business Development Review Group established. An appointment will be made in line with the outcomes agreed.	CPO	June 2022 September 2022 February 2023	In progress
5	Review of innovation project pipeline to align to revised Trust Strategy priorities Update July 2022: Phase one of the review completed with phase two being undertaken in September 2022	IM	June 2022 October 2022	Completed
6	Review of Innovation Group function, responsibilities and membership in line with revised Innovation Strategy and RIME Committee review. Update November 2022: Review undertaken with draft revised Terms of Reference to be taken to RIME Committee on 20/12/22 for approval.	IM	September 2022 December 2022	In progress
7	Further stakeholder and patient engagement through revised Innovation Implementation and communication plans Update November 2022: Patient engagement has been included with the Innovation Implementation Plan 2022-25 due to be approved by Trust Board in February 2023	IM	September 2022 February 2023	Completed In progress
8	Develop Innovation Risk Register Update November 2022: Meeting held with the Head of Risk further to which risk register is in development. Innovation operational risks to be identified in place of departmental risk register	IM	September 2022 December 2022	In progress
9	Five Year Workforce Plan Update November 2022: Annual review for 2022/23 undertaken and NHS England submission returned April 2022	CPO	December 2022 April 2023	In progress Ongoing
10	Single project management office established Update November 2022: paper taken to Executive Team meeting on 14/11/22 on proposed model	ADO	December 2022 January 2023	In progress
11	Benefits realisation of Multitom Rax Business Case to be presented to Executive Team and Trust Board Update August 2022: Initial Business Realisation Report take to Executive Team in November 2020 and no further update currently. Update report to be taken in January 2023 to include outcome of Siemens software trial.	CPO/IM	April 2024 April 2022 2022-Q3 January 2023	Delayed due to COVID On track
12	Spinal Improvement Programme income generation model contracts to be finalised Update January 2022: COVID added > 1 year delay due to resourcing and project complexities limiting progress. Contracting in progress Update November 2022: Significant rewrite of contract required and currently awaiting final version which was expected to be received in September 2022 but has not yet been received. Review of feasibility and capacity within the Neurosurgical division being undertaken due to staff changes.	CPO	October 2020 March 2024 August 2024 October 2024 February 2022 June 2022 September 2022 December 2022	Delayed due to COVID On track In progress
13	Innovation included within the staff engagement surveys. Update November 2022: Review of outcomes from the relevant sections of the national NHS Staff Survey to be undertaken when received in March 2023.	CPO/IM	September 2022 March 2023	In progress
14	Competitor analysis to be initiated and presented to Trust Board Update November 2022: Competitor analysis being undertaken as part of the Commercial Substrategy	CFO	TBC (due to COVID-19) July 2022 February 2023	On hold Delayed due to COVID In progress
15	Development of Financial and Commercial Substrategy	CFO	November 2022 February 2023	In progress
16	Developing appropriate legal resource with a new partner that includes corporate advice, contract advice and litigator advice (value) Update November 2022: Discussion currently being undertaken with potential partners	CPO	September 2022 December 2022	In progress

Risk ID: 011	Date risk identified: April 2020	Date of last review: October 2022
Risk Title: Cyber Security		Date of next review: February 2023
If Cyber Security attacks continue to evolve and grow then the Trust may be subject to a successful attack which may lead to service disruption, loss of data and financial penalties		CQC Regulation: Regulation 17 Good Governance
		Ambition: 3 – Financially Strong
		Assurance Committee: Business Performance Committee (Audit)
		Lead Executive: Chief Finance Officer

Linked operational Risks			Consequence	Likelihood	Rating	
686	If the Trust encounters a cyber security incident, then there is risk of potential data breaches or malware attack.	8	Initial	Major	Almost Certain	
				4	5	20
			Current	Moderate	Almost Certain	
				3	5	15
			Target	Minor	Likely	
				2	4	8
Risk Appetite			Averse			

Key Impact or Consequence	Performance: <i>What evidence do we have of the risk occurring i.e. likelihood?</i>																																									
<ul style="list-style-type: none"> - Loss of operational and clinical disruption or a ransom - Potential financial loss due to loss of activity - Likely to lead to financial, business and operational impacts as well as reputational damage - Potential data breaches leading to a fine from the ICO with increased penalties under GDPR (up to 4% of turnover) - Non-compliance with Data Protection Laws/Network and Information Systems Directive - Reputation risk due to loss of trust from patients, service users and other organisations the Trust supplies services to 	<p>Carecerts Alerts</p> <table border="1"> <thead> <tr> <th>Month</th> <th>2022</th> <th>2021</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>26</td><td>26</td></tr> <tr><td>Feb</td><td>15</td><td>37</td></tr> <tr><td>Mar</td><td>25</td><td>32</td></tr> <tr><td>Apr</td><td>18</td><td>33</td></tr> <tr><td>May</td><td>17</td><td>34</td></tr> <tr><td>June</td><td>20</td><td>23</td></tr> <tr><td>July</td><td>15</td><td>20</td></tr> <tr><td>Aug</td><td>18</td><td>18</td></tr> <tr><td>Sep</td><td>21</td><td>20</td></tr> <tr><td>Oct</td><td>23</td><td>14</td></tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Category</th> <th>2022</th> </tr> </thead> <tbody> <tr><td>Insecure Software</td><td>211</td></tr> <tr><td>Attack Methodology</td><td>3</td></tr> <tr><td>Vulnerability</td><td>2</td></tr> </tbody> </table> <ul style="list-style-type: none"> • 12 High Cyber alerts 2022 <ul style="list-style-type: none"> ○ 8 Not applicable ○ 3 complete ○ 1 ongoing <ul style="list-style-type: none"> - Cyber security attacks are increasing, and ongoing work is required to keep up to date - Heighten Cyber level due to Russian conflict - Cyber attack on AdvanceOne multiple systems including 111 	Month	2022	2021	Jan	26	26	Feb	15	37	Mar	25	32	Apr	18	33	May	17	34	June	20	23	July	15	20	Aug	18	18	Sep	21	20	Oct	23	14	Category	2022	Insecure Software	211	Attack Methodology	3	Vulnerability	2
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Key Controls or Mitigation: <i>What are we currently doing to control the risks? Provide the date e.g. when the policy/procedure was last updated</i>	Key Gaps in Control: <i>Where we are failing to put controls/systems in place or where are we failing to make them effective?</i>
<ol style="list-style-type: none"> 1. Firewall in place and kept up to date on an ongoing basis 2. Security Information and Event Management (SIEM) monitors all live systems 3. Latest version of Antivirus Installed on All Computers 4. Vulnerability Protection across Server Fleet 5. Hard drive encryption (Laptops) 6. Endpoint Encryption on all computers to prevent local distribution of malware 7. 2 factor Authentication on Server Rooms 8. Swipe Access for staff areas 9. Smart water protection on all devices 10. Asset register and inventory in place 11. ISO27001 Accreditation process - Annual 12. Informatic Skills Development Accreditation Level 1 13. HIMMS Level 5 14. Data Security and Protection Toolkit 15. Member of the Cheshire and Mersey Cyber Security Group - Ongoing 16. Pilot for NHS Digital Programmes relating to Cyber security - Ongoing 17. CareCERT Processing on a regular basis - Ad Hoc 18. Network groups for IG - Radiology etc. 19. Proactive monitoring of national cyber alert status 20. Daily National update Advance 21. Interoperability – Upgrade to the latest supported Microsoft Windows Operating System to continue to receive critical security updates Mar 22 22. NHS Mail – National mail protection 23. Backups – Transition to immutable “offline” backups to protect against Ransomware attacks 24. Datacentre – Currently upgrading to latest VMware platform to continue to receive critical security updates 25. SQL – Migration of SQL instances underway to the latest supported Microsoft SQL platform to continue to receive critical security updates 26. Alerts and communications plan in place to educate and remind staff about IT security 27. Updated version of Antivirus rolled out April 2022 28. Board of Directors completed Cyber Security training November 2022. 	<ol style="list-style-type: none"> 1. Limited funding and investment nationally regarding Cyber Security 2. Lack of skilled resources working in the area of cyber security and private sector competition pushing costs up 3. Increased activity due to geo-political events 4. Recommendations from MIAA Cyber Security Internal Audit are overdue and not yet complete 5. Digital Substrategy not yet approved (scheduled for February 2023), draft not yet including Cyber Security, needs to be included.

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

Corrective Actions: To address gaps in control and gaps in assurance		Action Owner	Forecast Completion Date	Action Status
1	On-going work with NHS Digital to inform funding requirements for Cyber Security post-Covid Working on regional solution 2022/23 with Digital Lead, awaiting ICS input UPDATE: Awaiting new Chief Digital Information Officer to join ICS. In post from October, planning Cyber Strategy is main focus. CIO Away day December to discuss steps.	CFO	June 2022 tbc	On hold In Progress
2	Collaboration with C&M and NHS Digital and Specialist Trusts Some additional functions put into place, looking at expanding further post Covid. Revisiting with ICS with new digital lead and Cyber skillsets On hold while awaiting new Chief Digital Information Officer to join ICS. In post from October, planning Cyber Strategy is main focus. CIO Away day December to discuss steps.	CFO	August 2022 tbc	In progress On hold In Progress
3	Expand Cyber service to underpin current processes with MIAA / C&M ICS Desk top exercise complete, penetration test booked for July complete	CFO	July 2022	Complete
4	Attainment of HIMMS level 6 through Digital Aspirant programme UPDATE ongoing although reliance on LUHFT Pharmacy upgrade to complete closed loop may impact forecast completion date.	CDIO	April 2023	In progress
5	Transcription of operational risks from local IT risk register to Datix. UPDATE On Hold whilst Sharepoint is migrated by NHSD to allow extraction	CDIO	October 2022 Feb 2023	New Action In progress

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

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

Key Impact or Consequence	Performance: <i>What evidence do we have of the risk occurring i.e. likelihood?</i>
<ul style="list-style-type: none"> - Investment does not result in anticipated benefits for patient care and safety - Missed objective - Reputational damage due to poor use of resources - Poor patient experience - Long term revenue commitments for under-par systems - Staff do not understand/use systems - Sanctions from regulators 	<ul style="list-style-type: none"> - Trust bid successfully for Digital Aspirant funding approved by NHS Digital. This funding will help to deliver the EPR and wider Digital Strategy between 2021 and 2023 - Insufficient staff resource/sickness to deliver full performance - Impact of Covid on supply chain causing delays in delivery and equipment shortages

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

Assurances: <i>What evidence do we have to demonstrate that the controls are having an impact? How is the effectiveness of the control being assessed?</i>	Gaps in Assurance: <i>Where are we failing to gain evidence that our controls/systems, on which we place reliance, are effective?</i>
<p>Level 1</p> <p>Transformation Group Casenote scanning Project Meeting HITU project meetings Outpatient Digital Group monthly Inpatient Digital Group – monthly – digital champions within the Divisions Clinical Systems Safety Group – monthly Digital Programme Board – bi-monthly Information Governance & Security Forum – monthly ISMS Group Monthly ISMS Risk Group Monthly</p> <p>Level 2</p> <p>Monthly update on digital transformation progress to BPC Specialist Trust Digital Group Executive Team review of C&M Hospital Cell Digital Objectives C&M Chief Information Officers Digital Collaboration Group</p>	<p>Ensuring new Digital Strategy is fully compliant with NHS Digital Aspirant funding objectives. Workshops facilitated by MIAA Q2-3 2021/22. New Digital Substrategy not yet approved</p>

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

Report to Trust Board
16/01/2023

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			
<input type="checkbox"/> Acceptable assurance Systems of controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input checked="" type="checkbox"/> Partial assurance Systems of controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/> Low assurance Evidence indicates poor effectiveness of system of controls	
Key Messages			
<ul style="list-style-type: none"> See summary for performance overview 			
Next Steps			
<ul style="list-style-type: none"> Ongoing 			
Related Trust Strategic Ambitions and Themes		Impact	
All Applicable		Not Applicable	Not Applicable
Strategic Risks			
001 Quality Patient Care	004 Operational Performance	003 System Finance	
Equality Impact Assessment Completed			
Strategy <input type="checkbox"/>	Policy <input type="checkbox"/>	Service Change <input type="checkbox"/>	
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
% of Patients on a PIFU

Opportunity for improvement

Referral to Treatment Waits
Activity Restoration

Underperforming

Theatres

Workforce Indicators

High Performing

Vacancies

Opportunity for improvement

Mandatory Training
Turnover

Underperforming

Appraisal Compliance
Sickness/Absence

Quality Indicators

High Performing

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

Opportunity for improvement

VTE Risk Assessments
Complaints
CAUTI
Surgical Site Infections

Underperforming

Hospital Acquired E. Coli
VTE Risk Assessment (Neurology)
14 Day Stranded Patients (Flow)

Finance Indicators

Key Performance Indicators	October	November	December
% variance from plan - Year to date	24.5%	26.7%	40.1%
% variance from plan - Forecast	11.6%	19.0%	35.0%
% variance from efficiency plan - Year to date	0.0%	0.0%	2.3%
% variance from efficiency plan - Forecast	-7.0%	0.0%	0.0%
Capital % variance from plan - Year to date	42.0%	39.7%	55.0%
Capital % variance from plan - Forecast	0.0%	0.0%	0.0%
Capital Service Cover *	3.5	3.6	3.2
Liquidity **	38.8	39.0	39.7
Cash days operating expenditure ***	95.5	107.6	108.5
BPPC - Number	86.5%	86.1%	85.0%
BPPC - Value	84.5%	84.4%	82.7%

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

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

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

Conclusion

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

Recommendation

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

Author: Rebecca Sillitoe – Senior Information Analyst

Date: 13/01/2023

Board Report February 2022

Data for December 2022 unless indicated

Notes

Explanation of SPC Charts and Assurance Icons

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

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

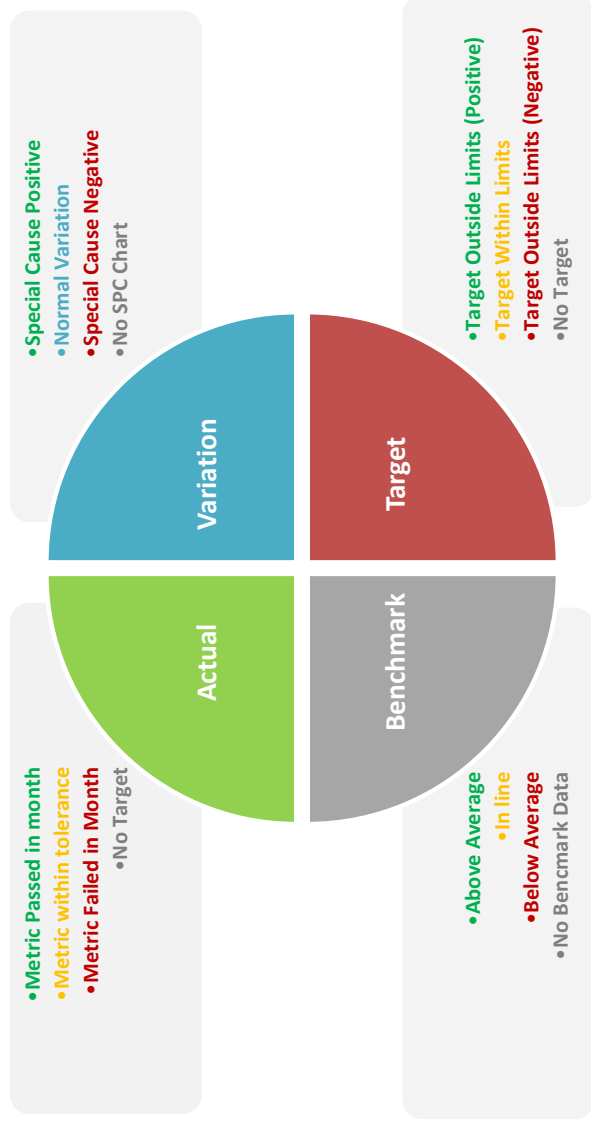
All SPC charts will follow the below key unless indicated

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

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

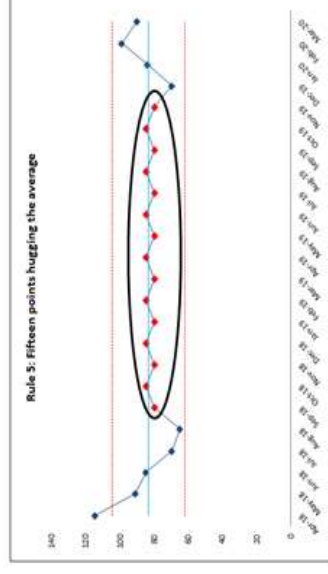
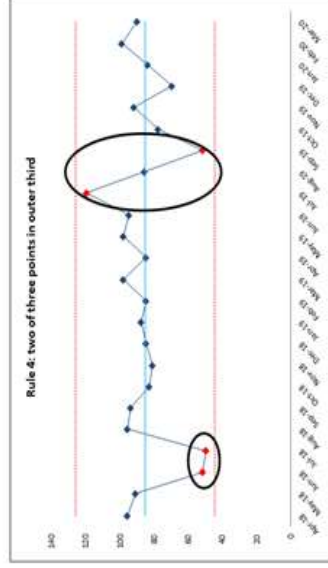
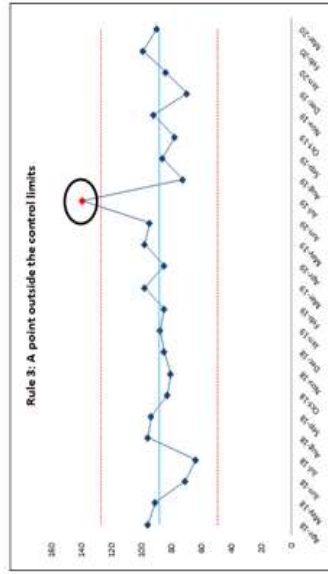
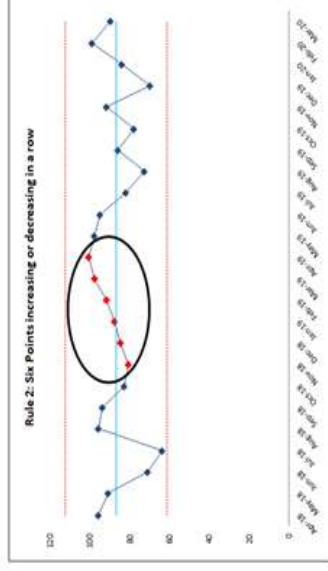
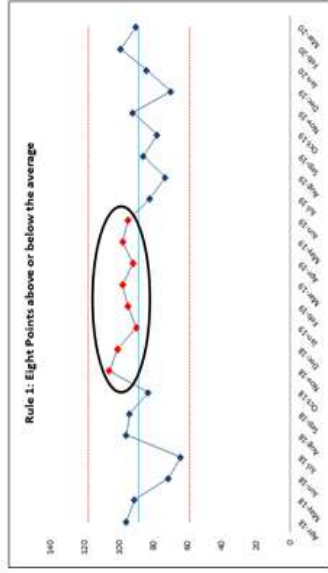
Assurance Icons (Colour Key)

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



Statistical Process Control Chart Rules

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



Operations & Performance Indicators

Operational - Responsive

Referral to Treatment

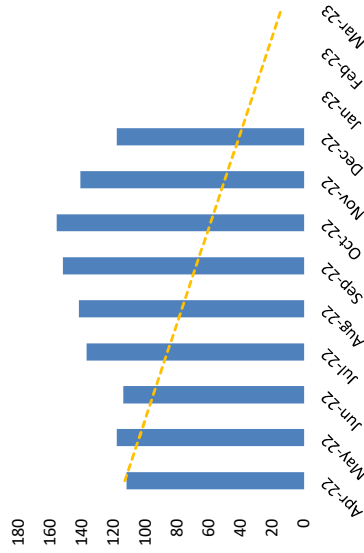
There are still no patients waiting more than 104 weeks for treatment, unfortunately we have seen a small increase in the number of patients waiting more than 78 weeks (an additional six compared to November). On a more positive note the number of patients who are waiting more than 52 weeks for treatment has decreased by more than the increase in 78 week waiters and continues to decline.

English average wait has risen above the upper control limit in December and Welsh performance continues to be below the control limit as it has for the last seven months now.

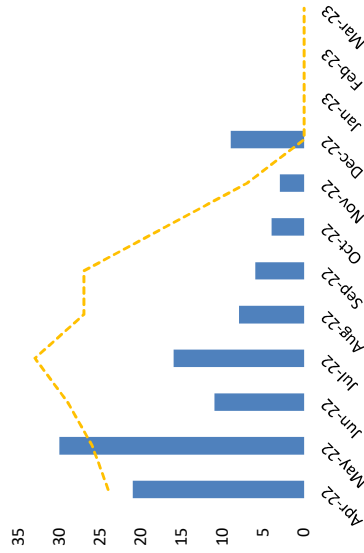
As part of plans to restore services to pre-COVID levels, each Trust was required to submit a trajectory along with timescales for reducing long waits.



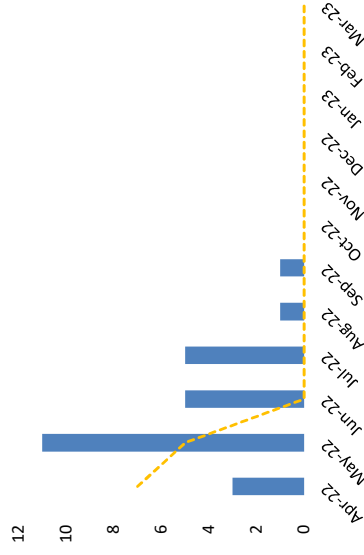
Number of Pathways waiting 52+ weeks at month end



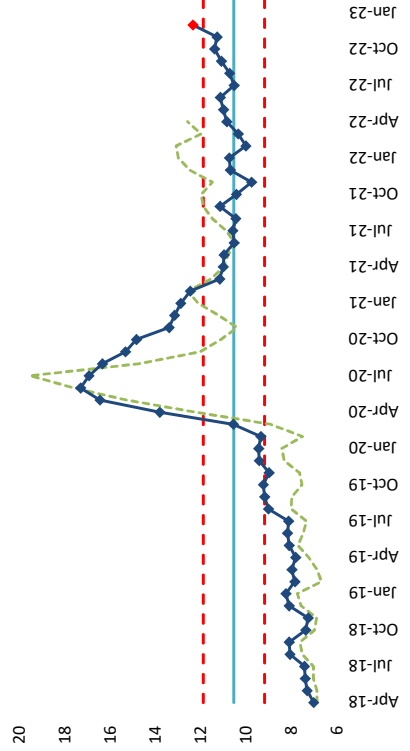
Number of Pathways waiting 78+ weeks at month end



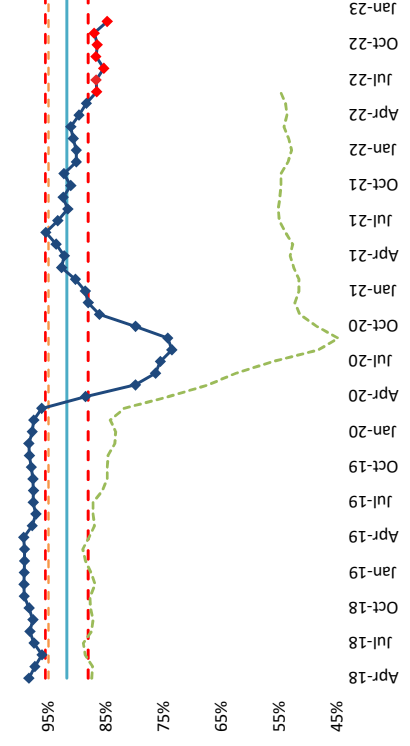
Number of Pathways waiting 104+ weeks at month end



RTT English Average Open Wait (Weeks)



RTT Welsh Open Performance

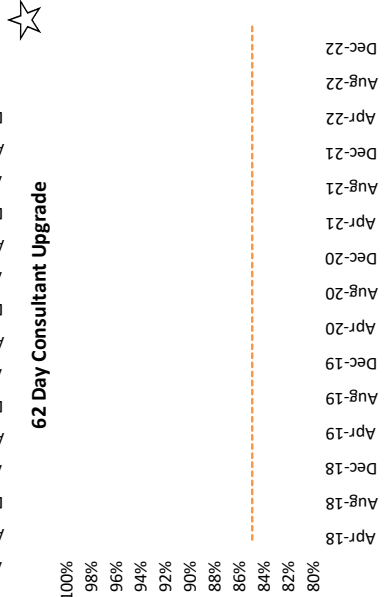
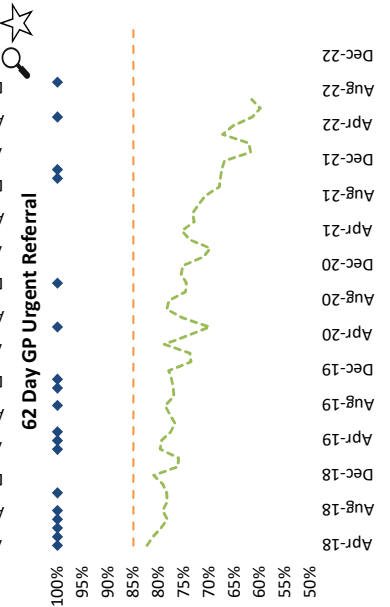
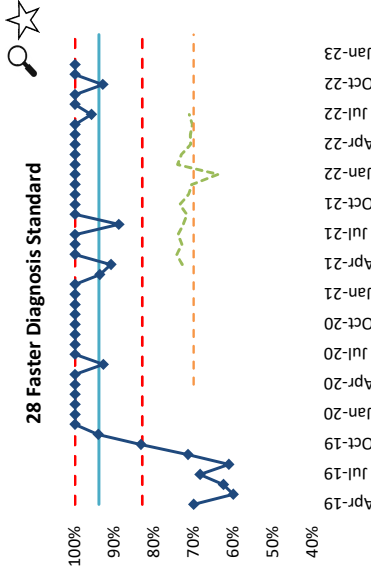
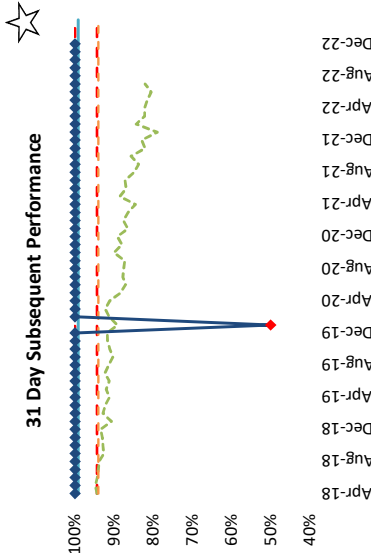
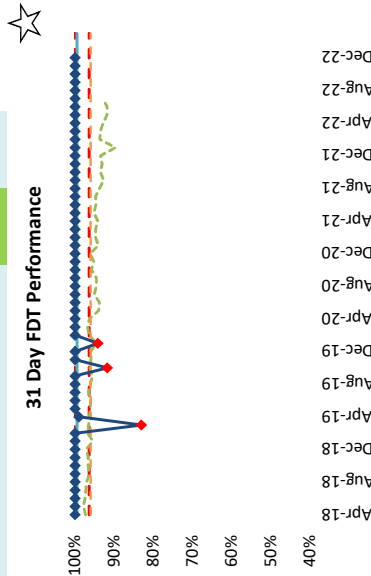
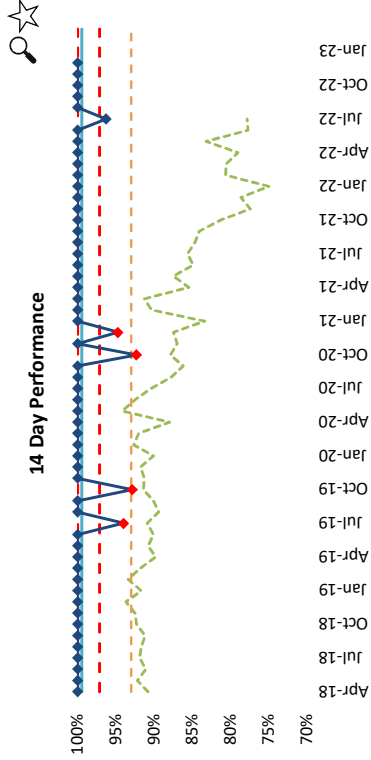


Operational - Responsive

Cancer Standards

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

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





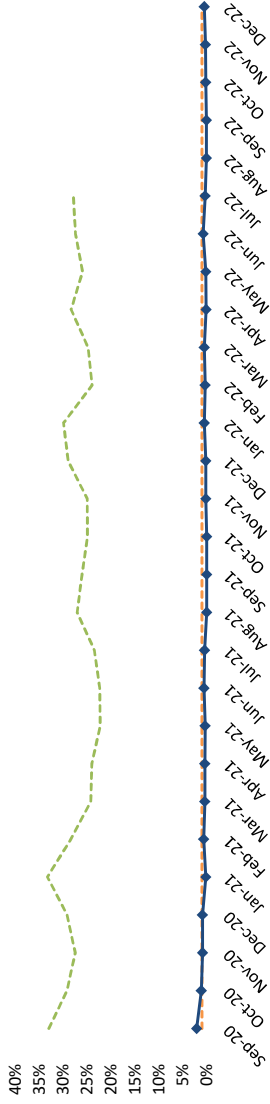
Operational - Responsive

Diagnosics

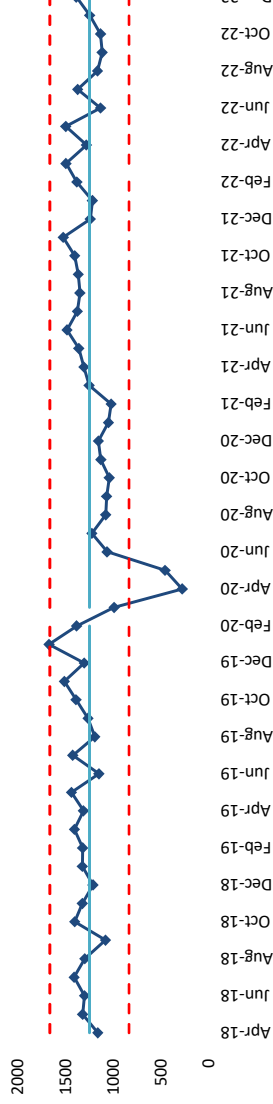
Access Standards	Target	Actual
Diagnostic 6 Week Performance	1%	0.50%

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

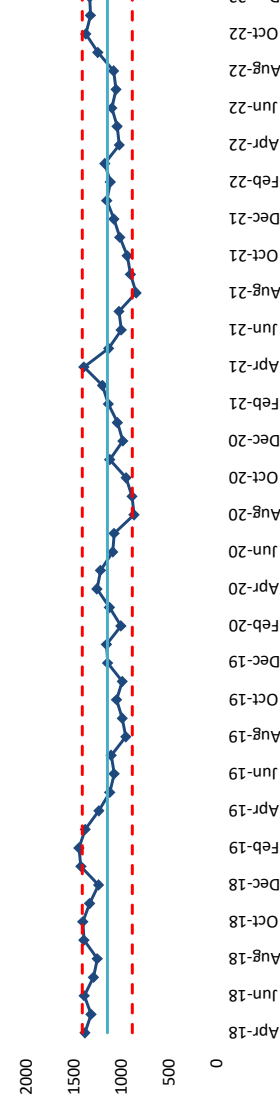
6 Week Diagnostic Performance



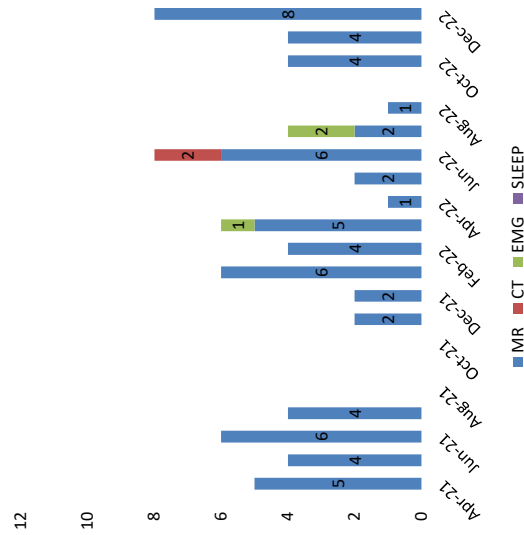
Total Diagnostic Activity in Month



Total Diagnostic Waits at Month End



Diagnostic Breaches by Type



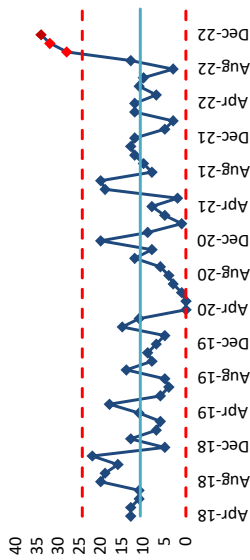
Theatres

	Target	Actual	Assurance
No. Non Clinical Cancelled Operations	-	34	
% Cancelled operations non clinical on day	0.80%	4.02%	
28 Day Breaches in month	0	18	

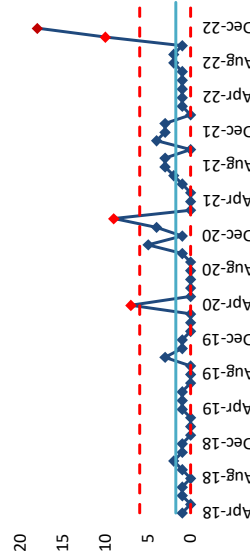
Non Clinical Cancellations

Sadly another month of high cancellations, 34 in month. The main reason for cancellation is still bed pressure with 29 of 34 cancellations due to unavailability of either ITU or G&A beds. In December we utilised only 159 of 249 possible theatre sessions. More than half of these unused slots (54 of 90) were cancelled due to strike action. This is because, operating on the assumption that on a strike day we would only have enough nursing capacity to cover non-elective activity, we cancelled theatre activity in advance where there was a possibility that the patient would still be an inpatient on the day of the industrial action. Additionally 22 sessions were unutilised due to Christmas Leave. These two factors (in addition to bed pressures) caused a record low session utilisation.

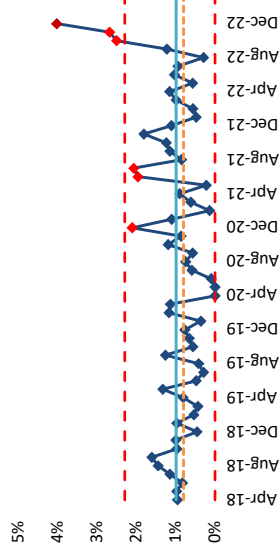
☆ Number of Cancelled operations non clinical (on day)



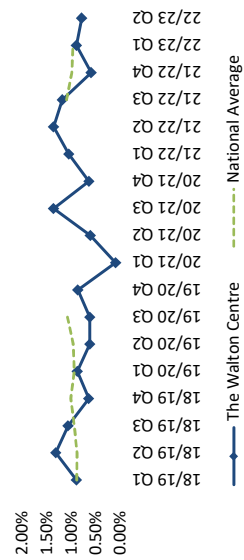
Number of cancelled operations not re-admitted within 28 days



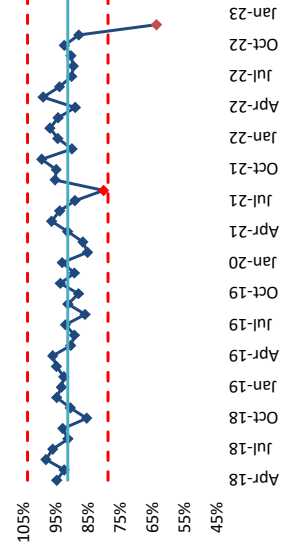
☆ % of Cancelled operations non clinical (on day)



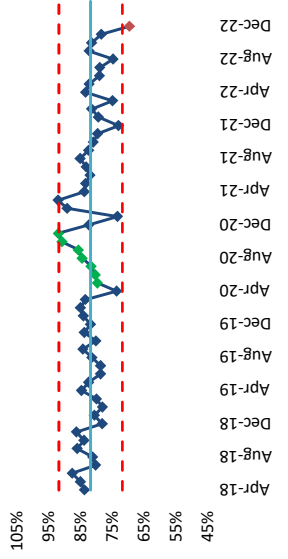
Non Clinical Cancelled Ops as a % of Elective Admissions



Theatre utilisation of Elective Sessions



Theatre utilisation of in Session Time



Operational - Effective

Elective Recovery Fund

Legend for all charts on page



POD	Actual 22/23	Plan 22/23	Actual	Target*	% of 19/20	YTD
Daycase	643	763	92.7%	104%		98.31%
Elective	201	238	87.8%	104%		90.23%
Elective & Daycase Total	844	1001	91.4%	104%		96.35%
Non Elective	166	-	102.5%	-		95.02%
New Outpatients	3493	4205	0.0%	104%		104.84%
Follow Up Outpatients	6083	6562	0.0%	100%		100.59%
English Admitted Stops	152	209	75.6%	110%		83.42%
English Non Admitted Stops	1676	1879	92.8%	110%		104.62%
Total English Stops	1828	2088	91.0%	110%		102.05%

*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.

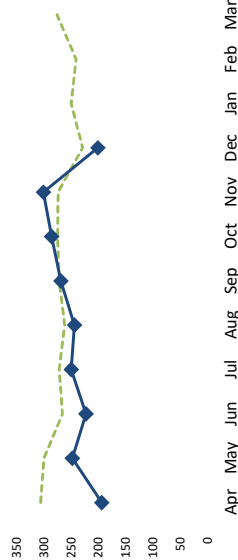
English clock stops are low in December but this is in line with low theatre utilisation and high cancellations.

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

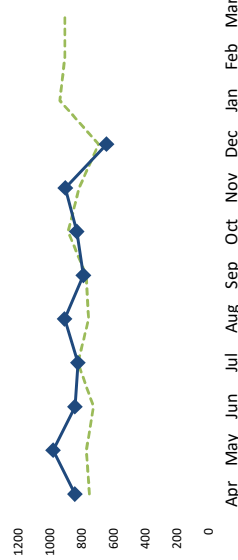
There is no target set against Non Elective activity.

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

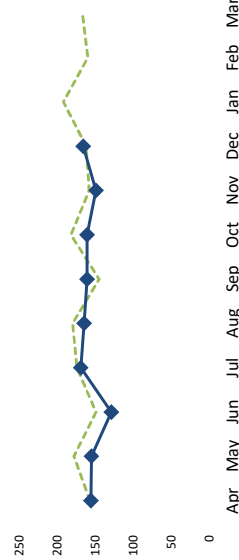
Elective Activity v Plan



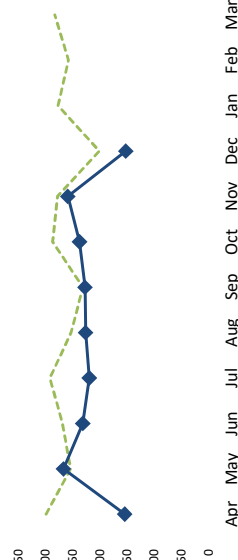
Daycase Activity v Plan



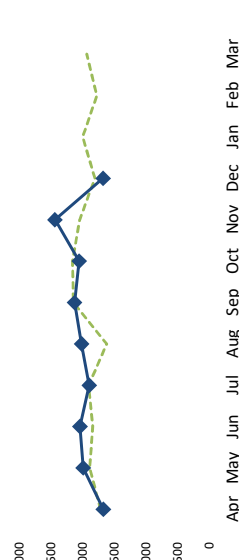
Non Elective Activity v Plan



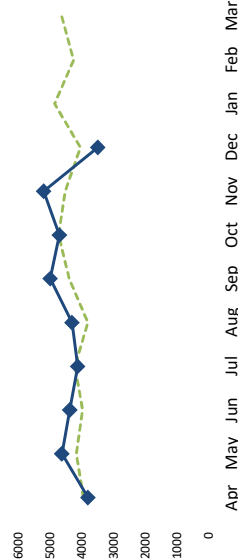
English Admitted Stops



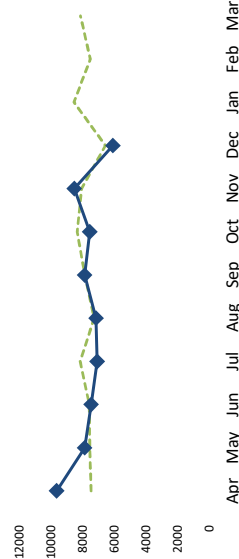
English Non Admitted Stops



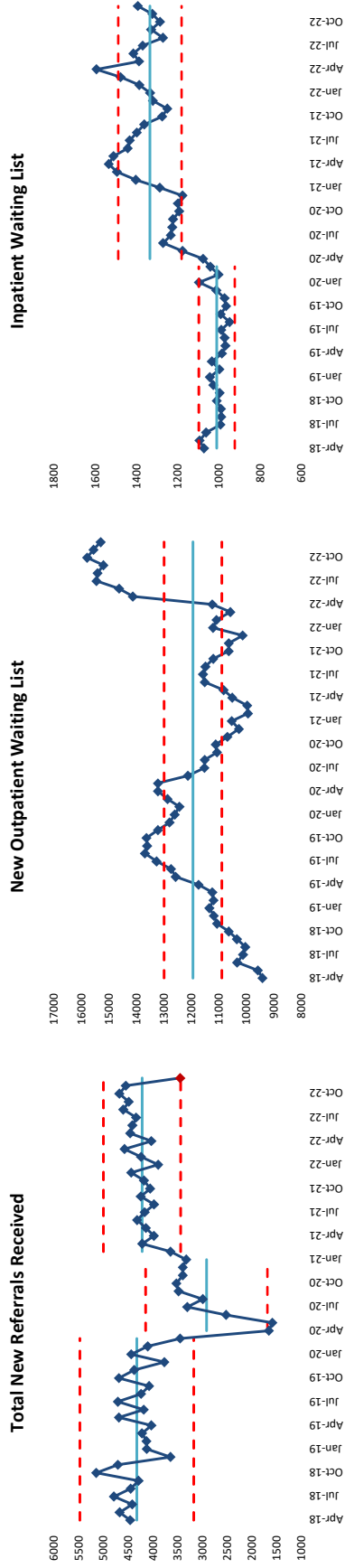
New Outpatients Activity v Plan



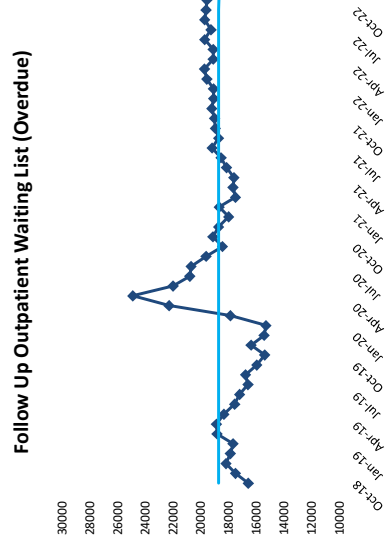
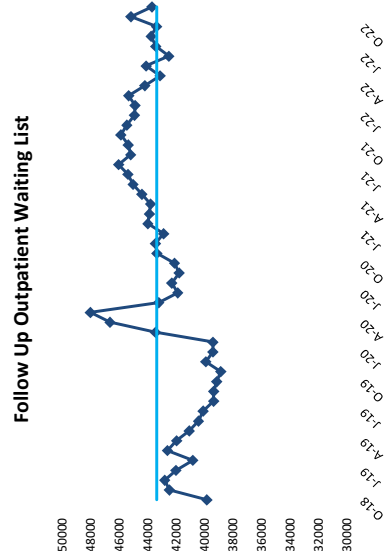
Follow Up Outpatients Activity v Plan



Operational - Effective
Activity



*Spinal transfer patients added to OPWL



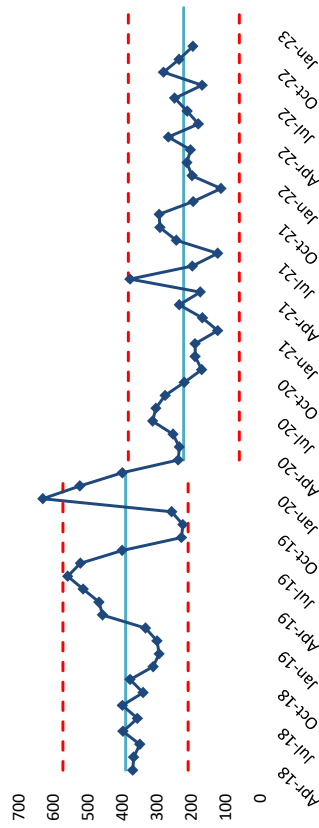
Operational - Effective

Flow

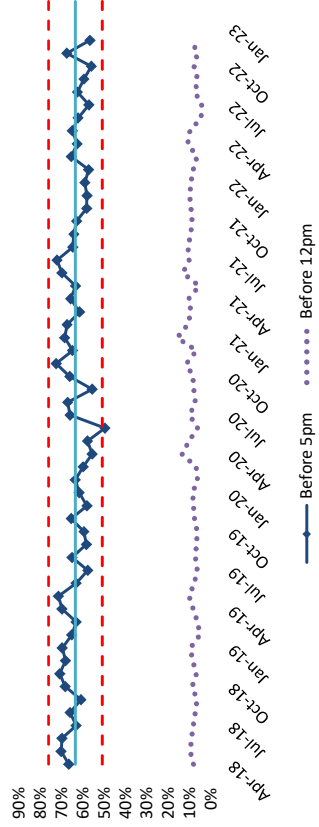
Effective - Flow	Target	Actual	Assurance
% 28 Day Emergency Readmissions (Local)	-	7.58%	
Total Delayed Discharge Days	-	197	
% Discharges by 5pm	-	57.01%	
% 14 Day Stranded Patients	-	38.06%	

The number of over 14 day stay patients has increased again this month and so remains above the upper control limit. This is largely driven by bed pressures elsewhere in the system restricting our ability to move patients to other trusts, but the increased proportion of non-elective to elective patients in the trust in December may also act to increase this metric as the majority of stranded patients are non-elective.

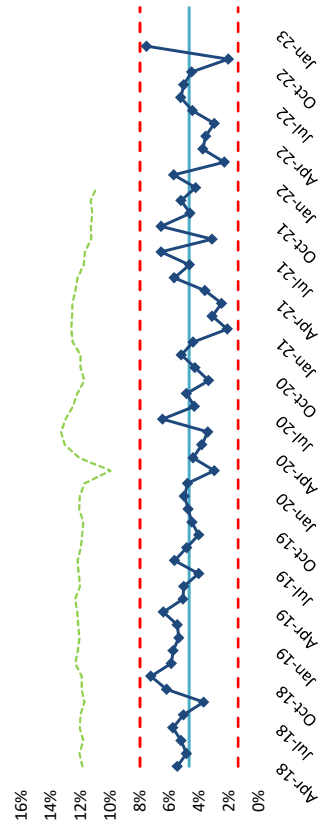
Total Delayed Transfer of Care Days



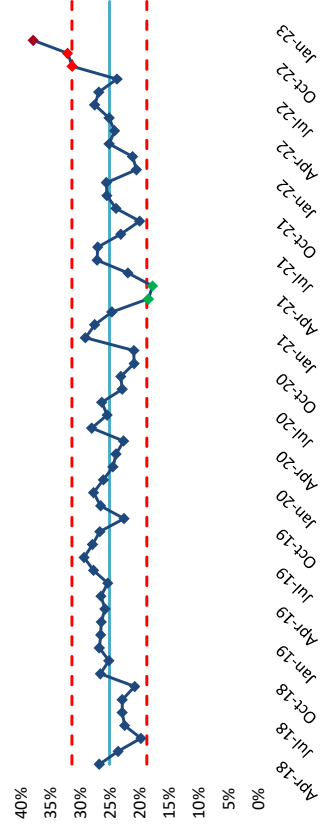
% Discharges to usual residence before 5pm



% 28 Day Emergency Readmissions (Local)



% of Beds Occupied by 14 Day Stranded Patients



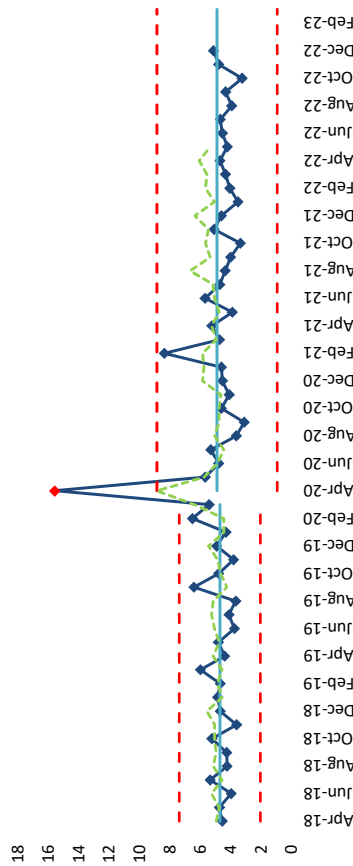
Operational - Effective

Flow (Leading Indicators)

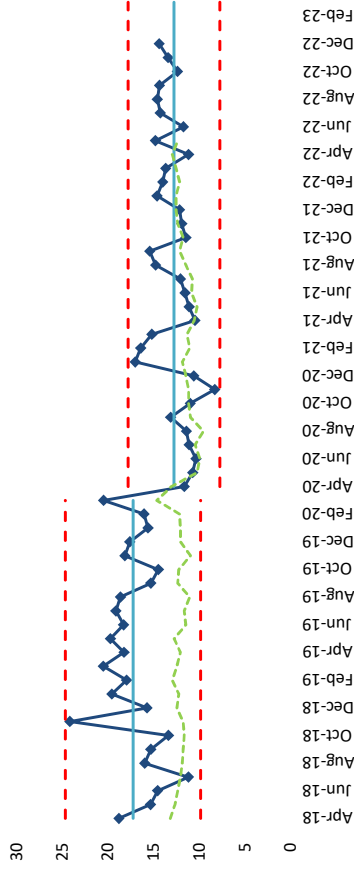
Effective - Flow	Target	Actual	Assurance
Elective LOS	-	5.18	
Non Elective LOS	-	14.43	
Day of Surgery Admission %	-	81.55%	
Daycase Rate	-	79.48%	

Day of surgery admissions have been broadly trending upwards over the past three years and are in positive special cause variation again this in December after a decrease in November.

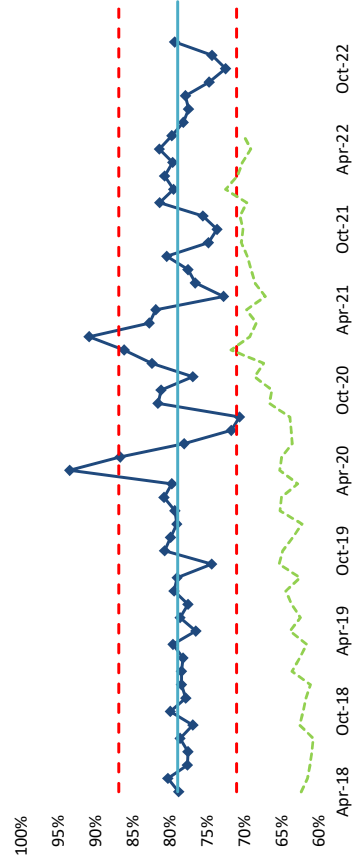
Elective Length of Stay (Days)



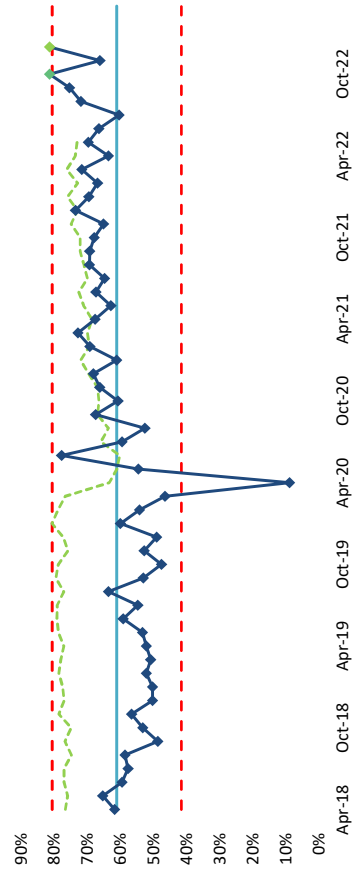
Non Elective Length of Stay (Days)



% of Elective Admissions as Daycases



Day of Surgery Admission %



Operational - Effective

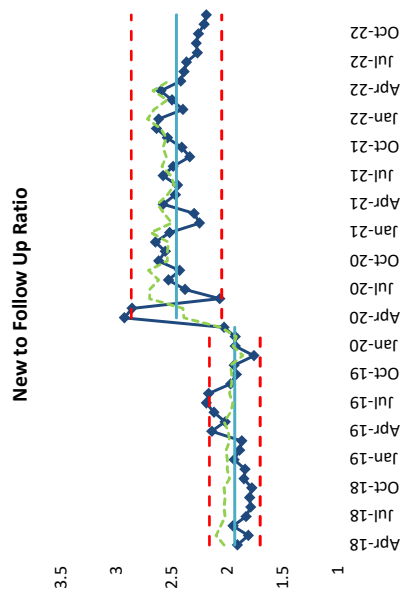
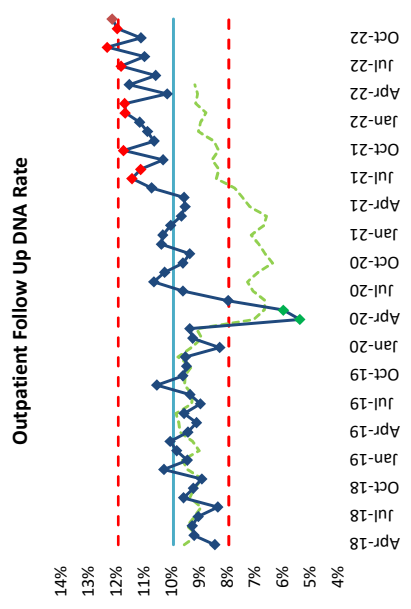
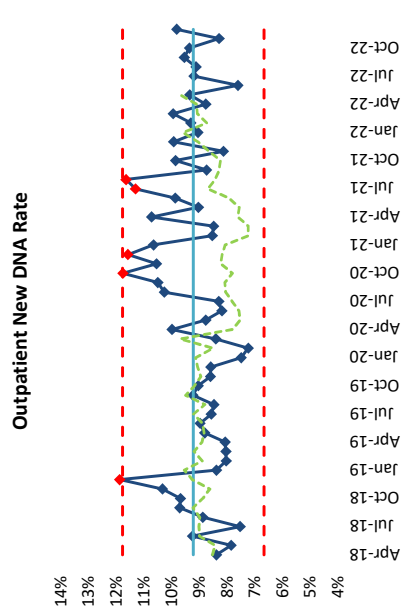
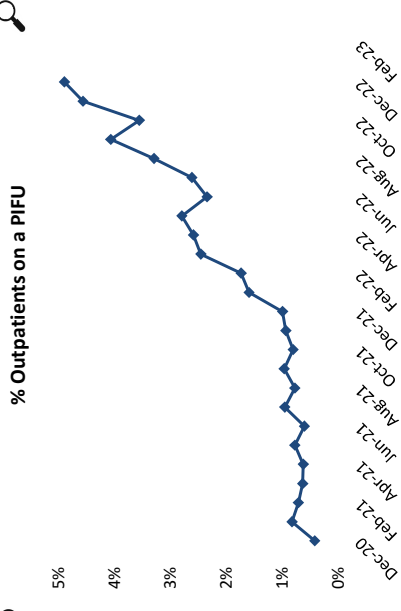
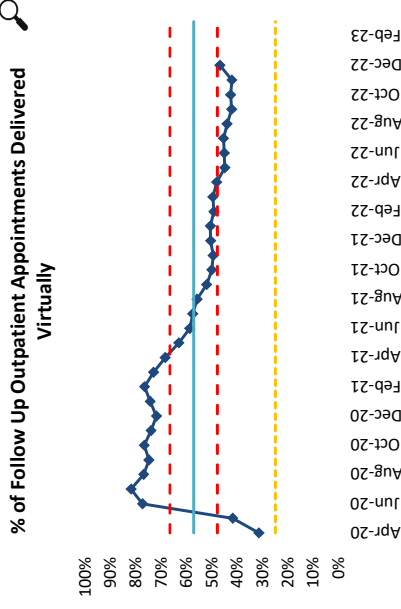
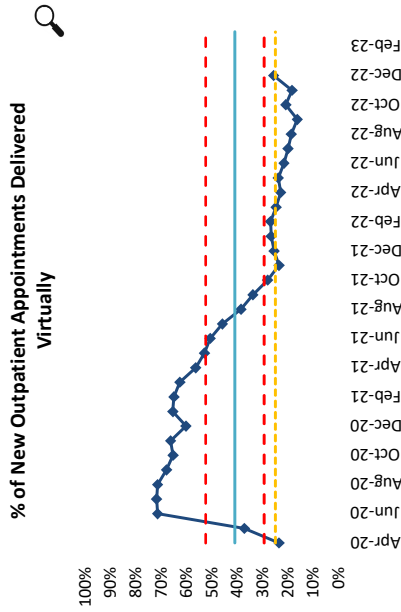
Outpatient Transformation

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 December 4.9% of total outpatient appointments had a PIFU outcome.



Workforce Indicators

Well Led - Work force

Workforce KPIs

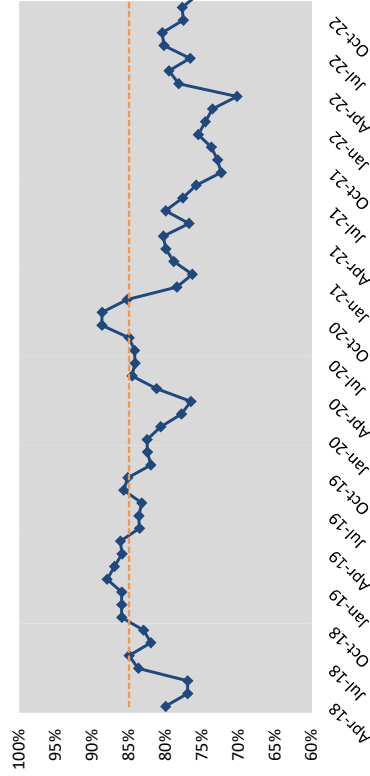
Well Led - Workforce	Target	Actual	Assurance
Appraisal Compliance	85%	75.59%	
Mandatory Training Compliance	85%	83.51%	

Appraisal Compliance

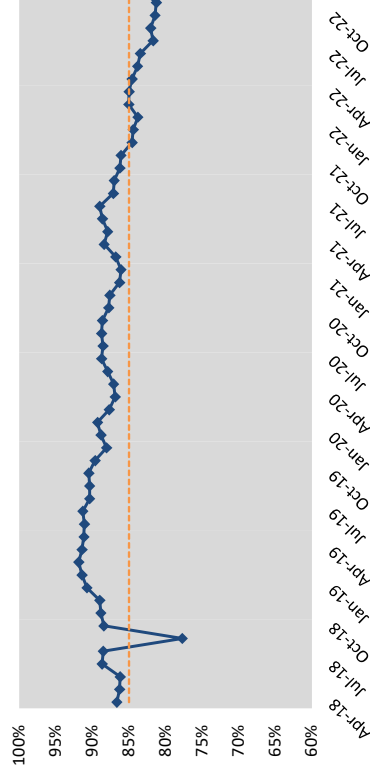
This month for the first time junior doctors have been excluded from the data for training and appraisals. The grey shading represents data inclusive of junior doctors and the white background represents months with junior doctors removed.



Appraisal Compliance (Rolling 12 months)



Mandatory Training Compliance (Rolling 12 months)



Well Led - Work force

Workforce KPIs

Well Led - Workforce	Target	Actual	Assurance
Sickness / Absence	4.75%	7.82%	A V B T
Trust Turnover	-	1.20%	A V B T
Nursing Turnover	-	1.22%	A V B T
Other Staff Turnover	-	1.38%	A V B T

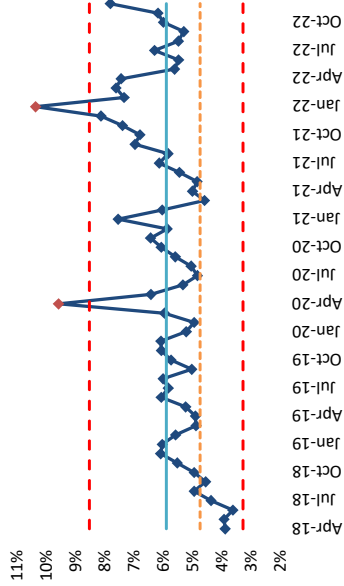
Sickness/Absence

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.

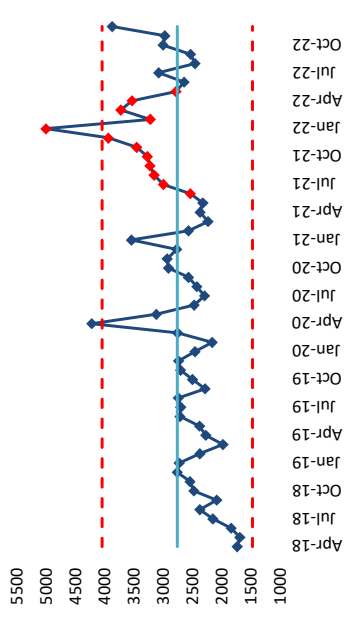
Turnover

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.

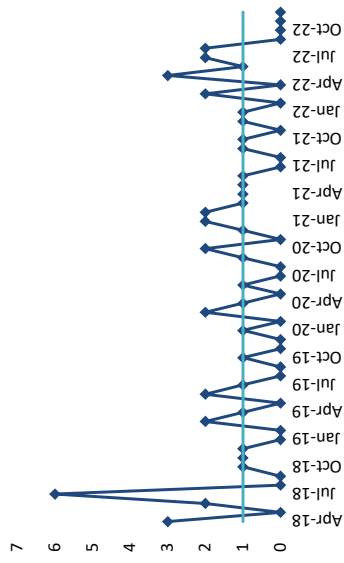
Sickness/Absence (Monthly)



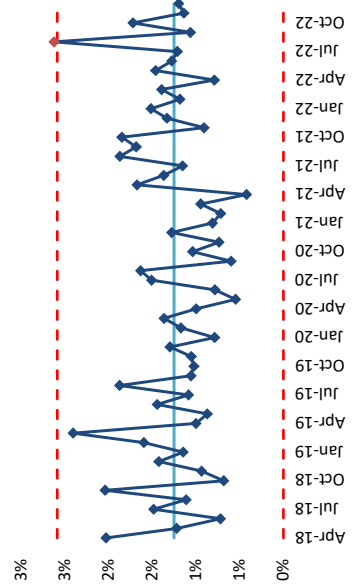
Lost Days due to Sickness/Absence (Monthly)



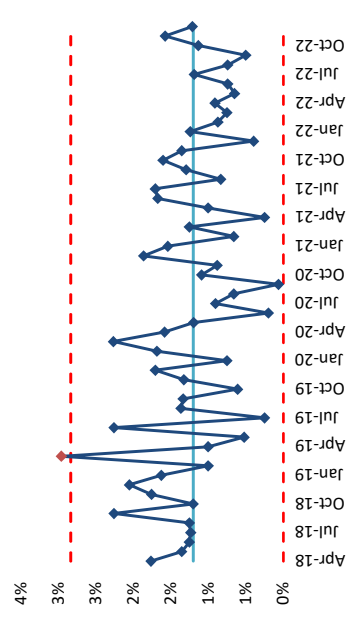
Medical Leavers



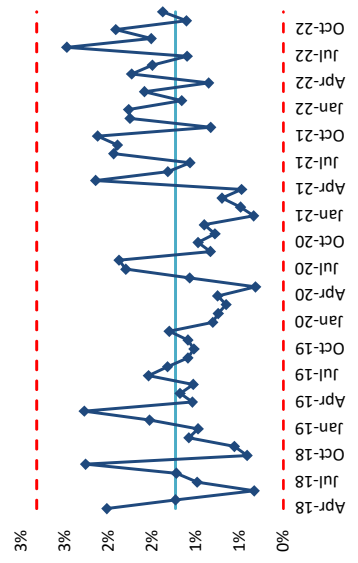
Trust Turnover - All Staff Groups



Nursing Turnover

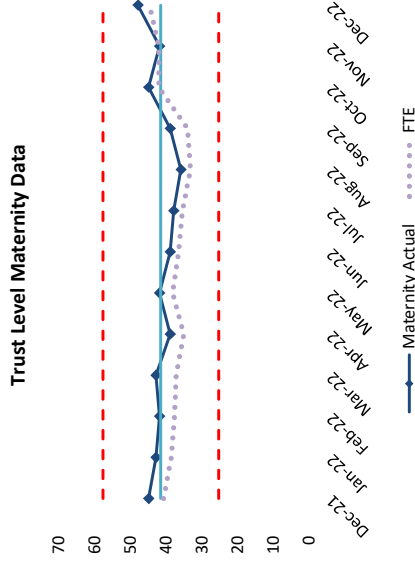
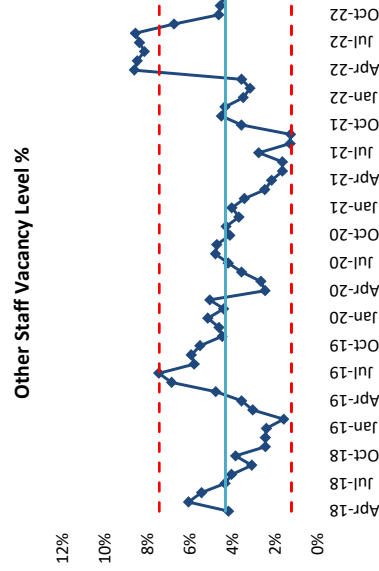
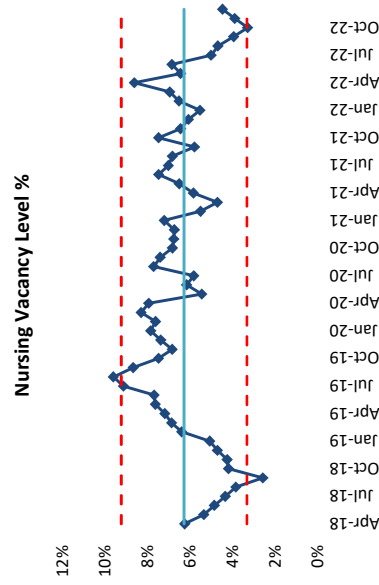
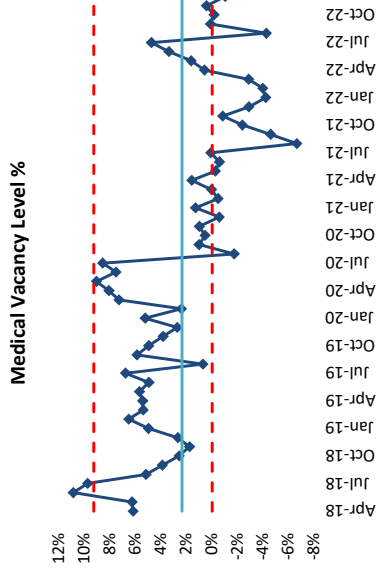
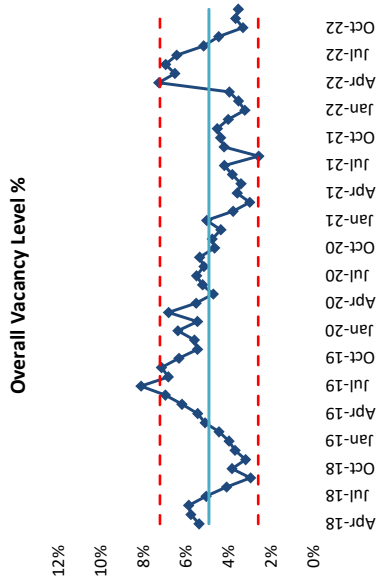


Other Staff Turnover



Well Led - Work force

Workforce KPIs



Directorate	Headcount	FTE
Corporate Services	6	5.23
Neurology & Long Term Care	21	20.07
Surgery & Critical Care	21	19.48
Grand Total	48	44.77

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.

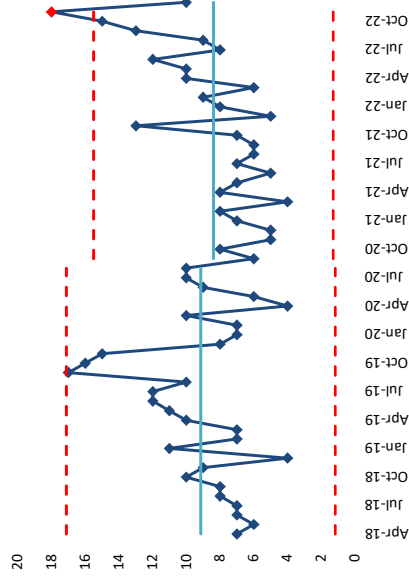
Quality Indicators

Quality of Care
Complaints

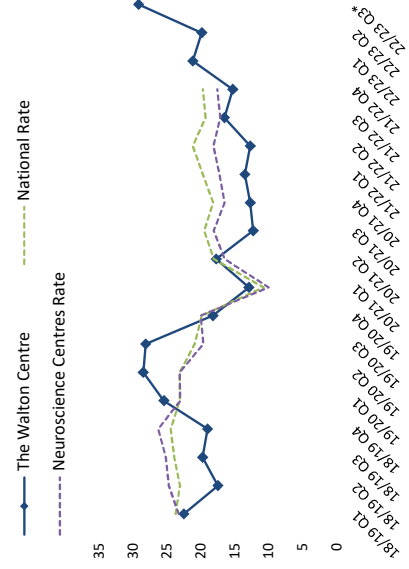
In December 2022 the Trust received 10 new complaints which is outside of the normal range. Of these complaints there were 8 in Neurology, 2 in Surgery. Of the 10 complaints 5 related to treatment, care or diagnosis, 2 related to communication, 2 to approach and manner and 1 to Protected Characteristics.

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.

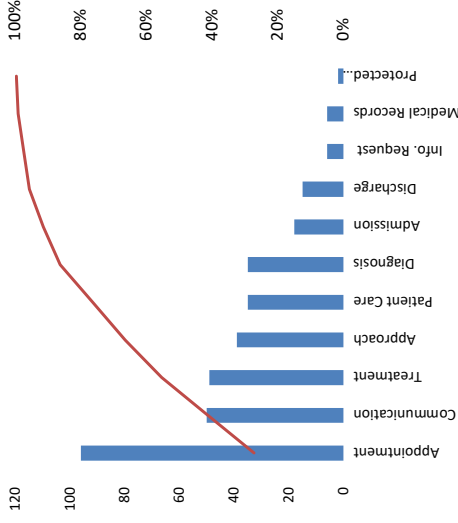
Total New Complaints Received in month



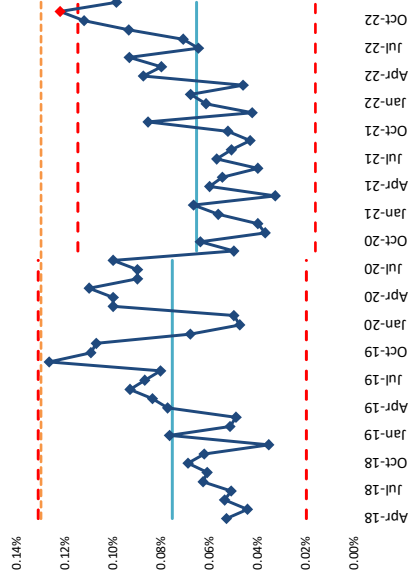
Quarterly Complaints per 1000 WTE



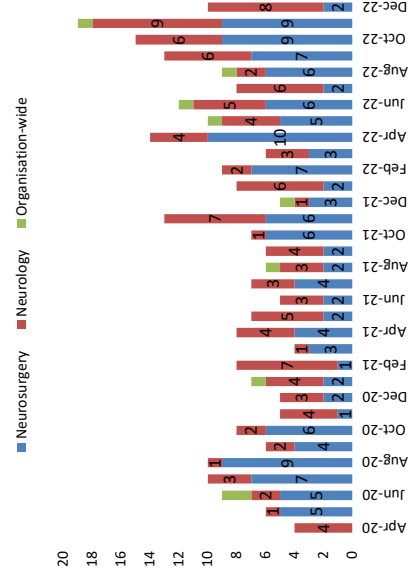
Complaints by Subject Apr 19 to present



% New Complaints Received against Activity



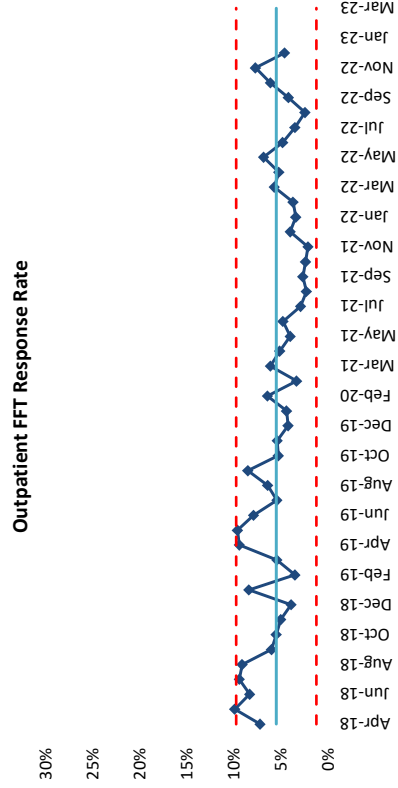
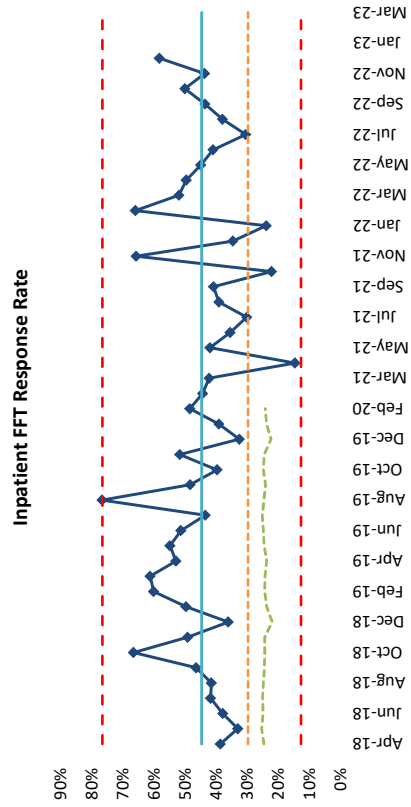
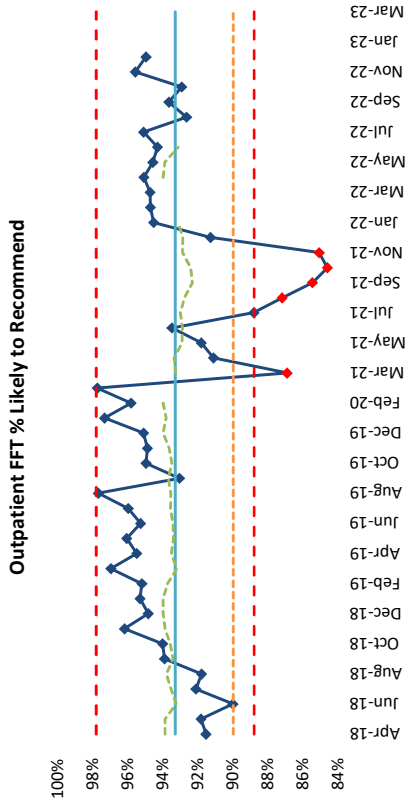
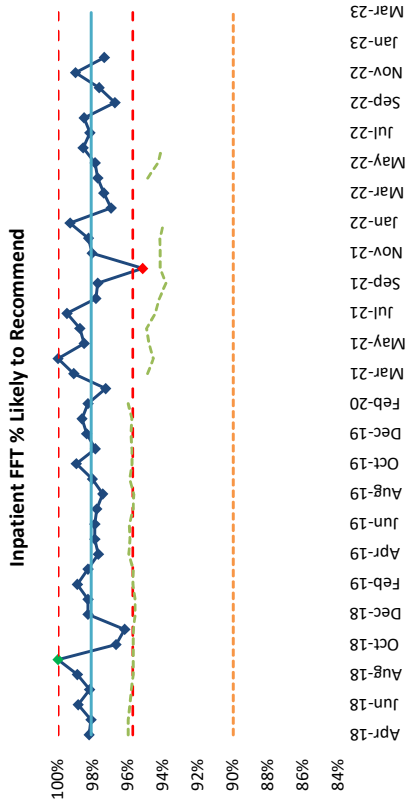
Total New Complaints Received



Complaints by Outcome

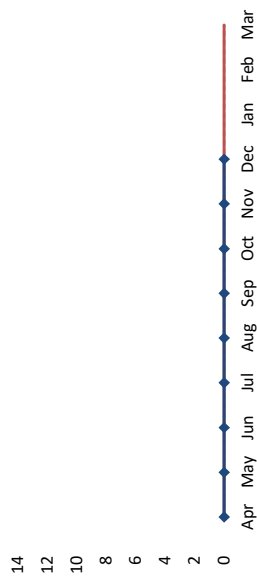
	Not Upheld	Partial Upheld	Upheld
19/20	66	32	24
20/21	42	23	6
21/22	45	19	11
22/23	33	25	26

Family and Friends Test

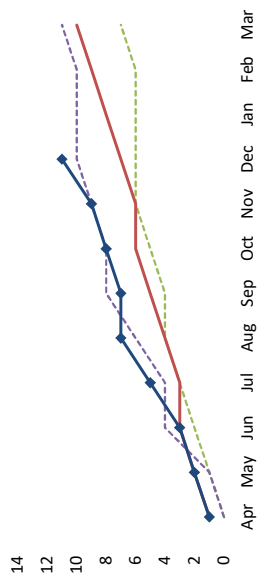


Infection Control

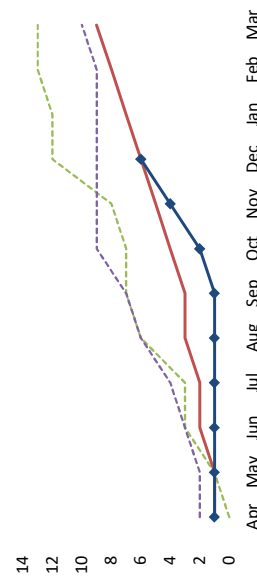
MRSA Bacteraemia



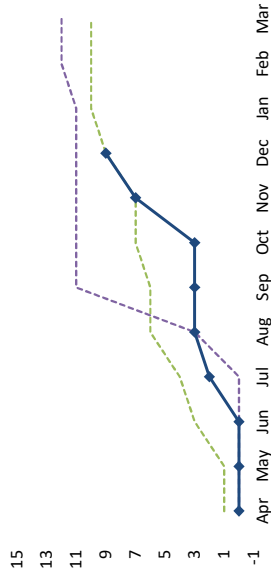
E.Coli



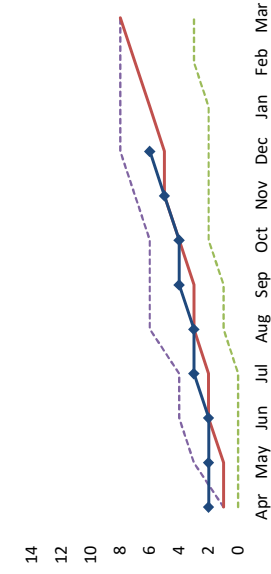
MSSA



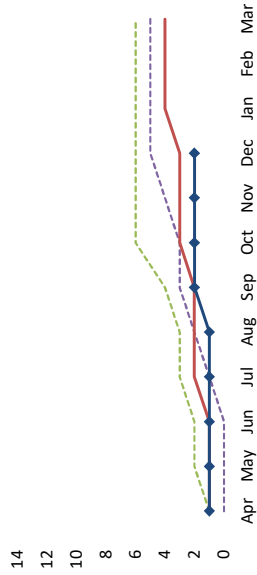
CPE



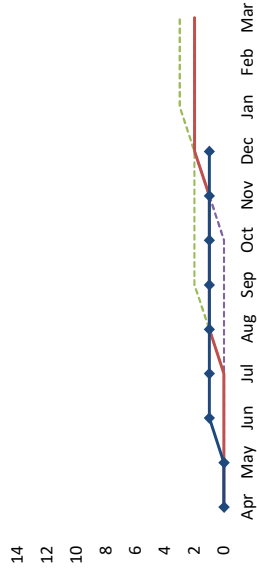
C.Diff



Klebsiella Bacteraemia



Pseudomonas Bacteraemia



Total Healthcare Acquired Infections 2022/23

	MRSA B	CPE	C.Diff	E.Coli	KB	PB	MSSA	Total
Cairns	2			3			1	6
Caton	4	2				1		7
Chavasse		1	5					6
CRU	1	1	1	1	1		1	5
Dott				2				2
Horsley			2	1	1		4	7
Lipton		1						1
Sherrington								0
Total	0	8	6	11	2	1	6	34

December Breakdown by Ward

- 1 C. Diff on Caton
- 1 E. Coli on each CRU, Chavasse
- 1 MSSA on each CRU, Horsley
- 1 CPE on each Caton, Lipton

Legend for all charts



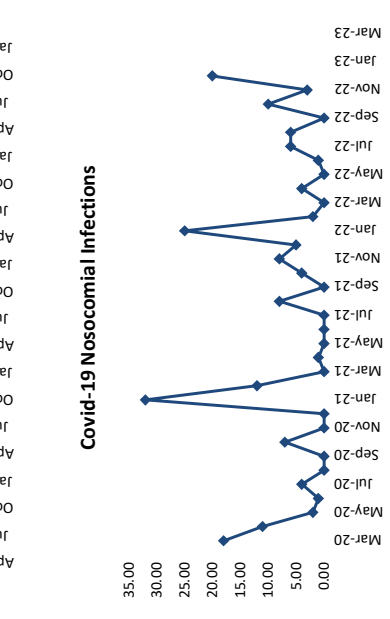
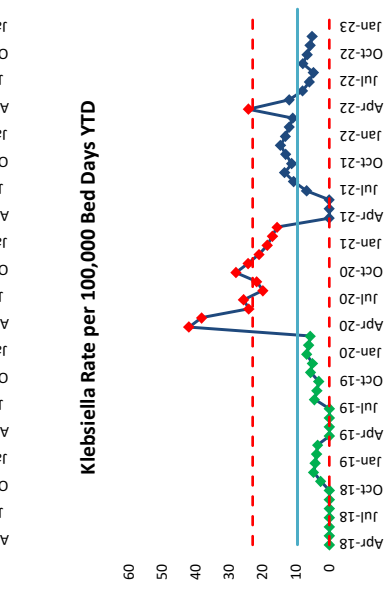
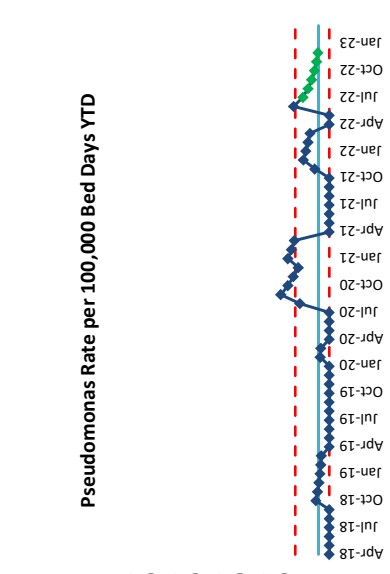
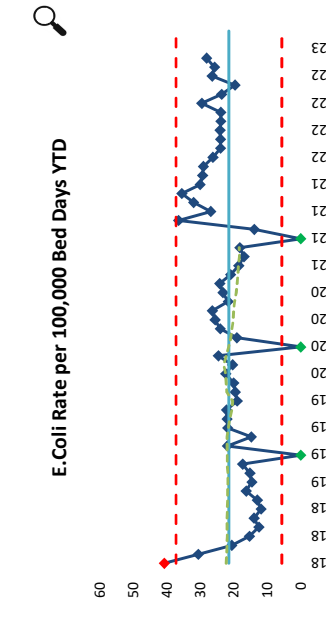
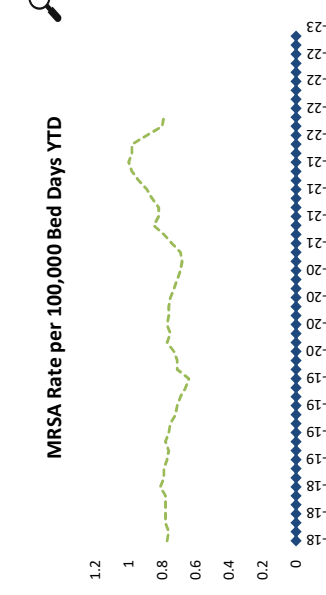
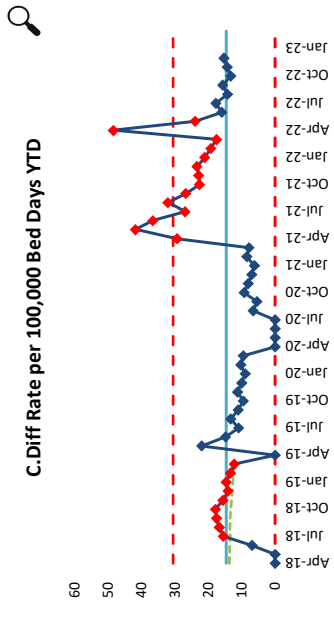
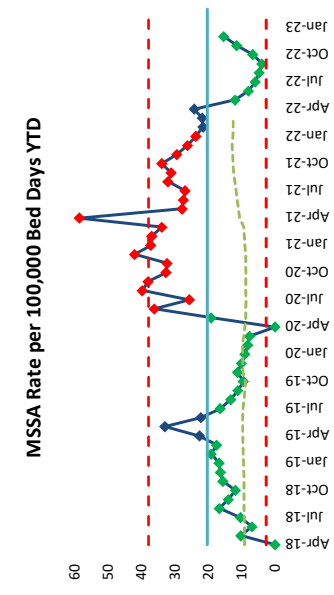
Infection Control

There have been six C.Diff infections in 2022/23 to end December. This gives a rate per 100,000 bed days of 15.36.

Eleven E. Coli cases this year give a rate of 28.16, two *Klebsiella* cases gives a rate of 5.12 and 1 *Pseudomonas* at a rate of 2.56. The *Pseudomonas* rate has been in decline for the last six months (positive special cause variation).

Six MSSA infections gives a rate of 15.36. All of the last eight months have been below the mean rate which is special cause variation. The associated note of caution is that, while within normal variation, the last three months have seen an increase in rate of MSSA.

There were 20 lab-confirmed PCR positive nosocomial infections of Covid-19 in November.



Quality of Care

Harm Free Care

Falls

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

Pressure Ulcers

There were four Hospital Acquired Pressure Ulcers in month, which is a return to normal variation after last month's spike.

CAUTI

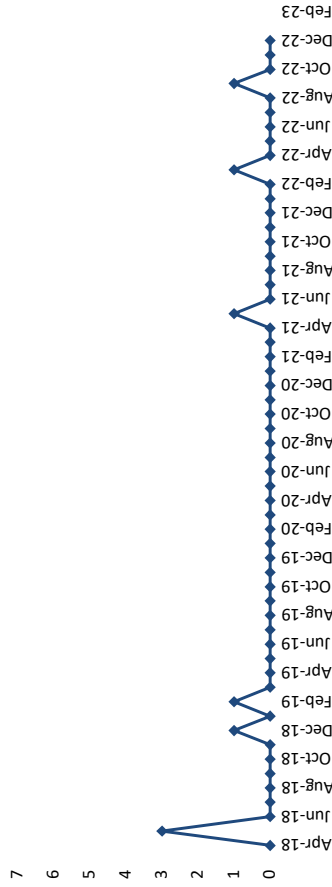
There was one CAUTI incidents this month.

VTE

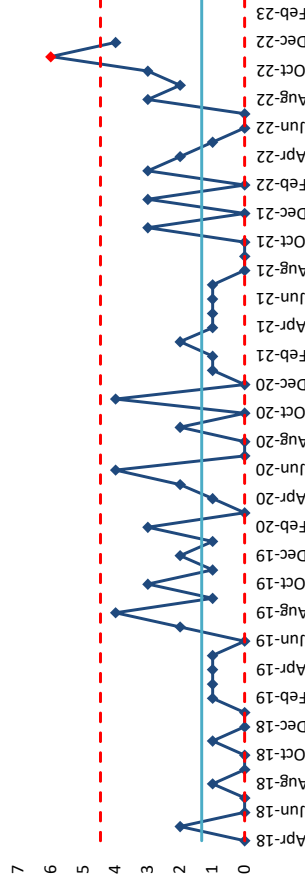
There was one VTE incident in month.

All harm measures, except Pressure Ulcers, are within normal variation.

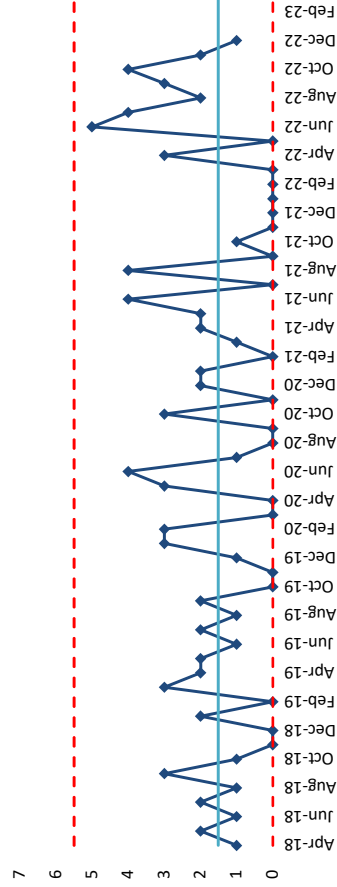
Total Moderate or Above Harm Inpatient Falls



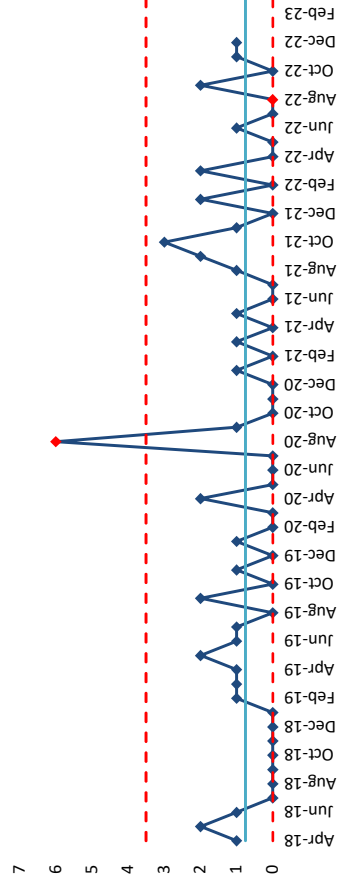
Total Hospital Acquired Pressure Ulcers (Category 2, 3, 4, Unstageable & Mucosal)



CAUTI Incidences



VTE Incidences

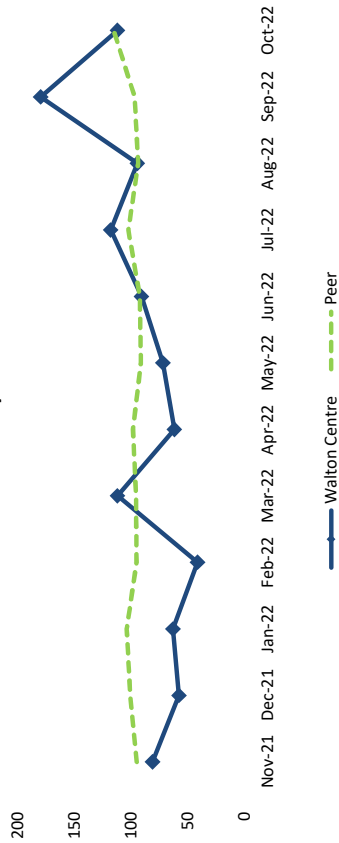


Mortality

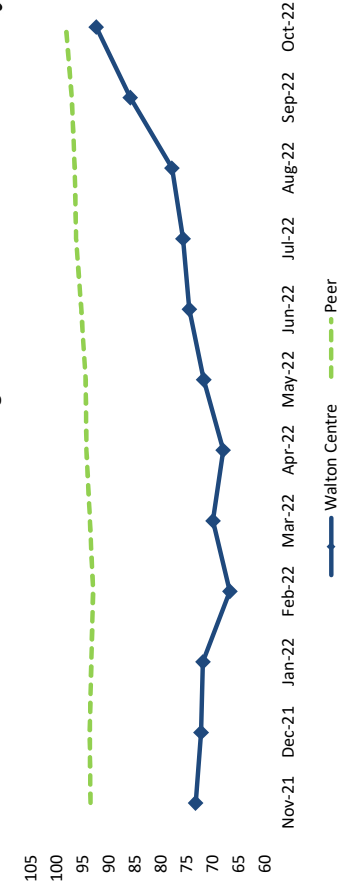
As at October 2022 the rolling 12 month RAMI19 figure is 92.48. During the period there were a total of 88 observed deaths against 95 expected deaths. When viewed against peers the Walton Centre's remains in to sixth place as at September. In month RAMI figures for WCFT in October have improved since September and are comparable to peers but the rolling twelve months has been climbing since April (first increase in May). When looking at the 56 HSMR condition groups for the rolling 12 month period the RAMI risk is 88.39.

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

RAMI 2019 by Month



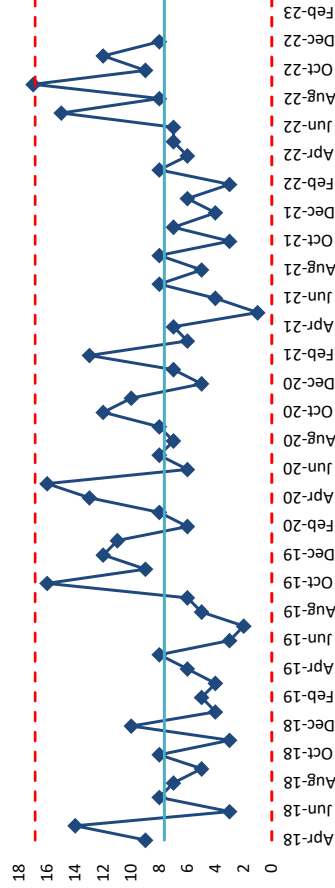
RAMI 2019 Rolling 12 Month

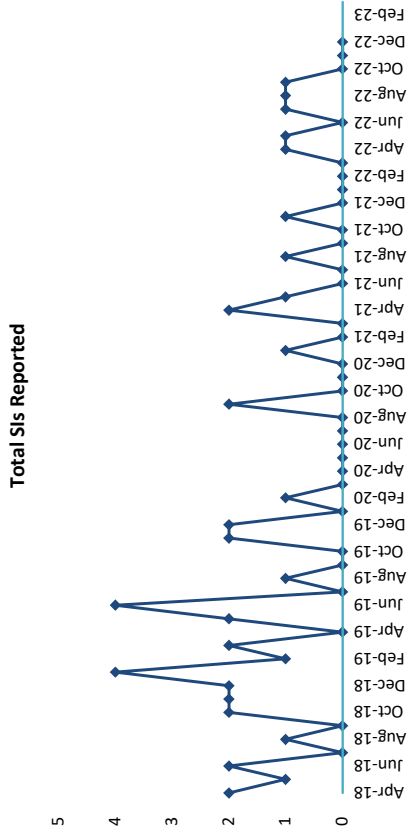
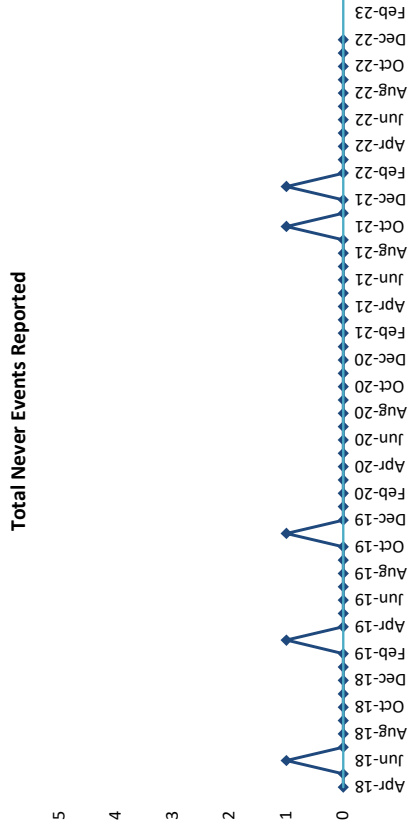


RAMI 2019 Rolling 12 Month Peer Distribution



Crude Mortality





Quality of Care

Ward Scorecard

	Safe Staffing					Walton Cares	Harms				Infection Control			
	Green	Grey	Amber	Red	Flagged		Pressure Ulcers	Falls (Mod+)	UTI	VTE	MRSA	MSSA	E Coli	C Diff
Cairns	5	32	53	3	▲ 1	Gold	0	0	0	0	0	0	0	
Caton †	13	33	50	11	▲ 3	Silver	1	0	0	0	0	0	1	
Chavasse	10	48	35	0		Gold	0	0	0	0	0	1	0	
CRU	7	49	33	4	▲ 1		0	0	0	0	1	1	0	
Dott	8	34	48	3	▲ 1	Gold	1	0	1	0	0	0	0	
Horsley ITU	7	37	49	0			1	0	0	0	1	0	0	
Lipton	26	33	29	5		Silver	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.

* Represents open flags

† The total number of shifts on Caton Ward is low this month because the Short Stay ward has been closed for the majority of December

Key Performance Indicators	October	November	December
% variance from plan - Year to date	24.5%	26.7%	40.1%
% variance from plan - Forecast	11.6%	19.0%	35.0%
% variance from efficiency plan - Year to date	0.0%	0.0%	2.3%
% variance from efficiency plan - Forecast	-7.0%	0.0%	0.0%
Capital % variance from plan - Year to date	42.0%	39.7%	55.0%
Capital % variance from plan - Forecast	0.0%	0.0%	0.0%
Capital Service Cover *	3.5	3.6	3.2
Liquidity **	38.8	39.0	39.7
Cash days operating expenditure ***	95.5	107.6	108.5
BPPC - Number	86.5%	86.1%	85.0%
BPPC - Value	84.5%	84.4%	82.7%

* 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	Actual	Variance		Plan	Actual	Variance		Plan	Forecast	Variance	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Operating income from patient care activities	13,193	13,203	10	118,941	121,778	2,837	158,610	162,084	3,474			
Other operating income	644	630	(14)	5,794	5,577	(217)	7,728	7,714	(14)			
Donated Income	0	0	0	0	0	0	0	0	0			
Total Operating Income	13,837	13,833	(4)	124,735	127,355	2,620	166,338	169,798	3,460			
Employee expenses	(7,010)	(7,082)	(72)	(63,689)	(63,453)	236	(84,722)	(84,696)	26			
Operating expenses excluding employee expenses	(6,412)	(6,072)	340	(57,801)	(60,100)	(2,299)	(77,030)	(80,071)	(3,041)			
Total Operating Expenditure	(13,422)	(13,154)	268	(121,490)	(123,553)	(2,063)	(161,752)	(164,767)	(3,015)			
EBITDA	415	679	264	3,245	3,802	557	4,586	5,031	445			
Finance income	20	109	89	180	448	268	240	808	568			
Finance expense	(48)	(33)	15	(435)	(412)	23	(583)	(550)	33			
PDC dividends payable/refundable	(137)	(139)	(2)	(1,230)	(1,250)	(20)	(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)	250	616	366	1,760	2,581	821	2,604	3,615	1,011			
I&E impact capital donations and profit on asset disposals	22	20	(2)	198	163	(35)	264	257	(7)			
Adjusted financial performance surplus/(deficit)	272	636	364	1,958	2,744	786	2,868	3,872	1,004			

Month 9 – in month £364k ahead of plan and year to date £786k ahead of plan. The key drivers for the favourable variance is due to 22/23 final Welsh contract being higher than plan, increased interest receivable (due to interest rate increases) and higher than planned level of vacancies.

Income - YTD overperformance of £2,620k, due to:

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

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

Expenditure (inc. Financing Costs) - YTD over-spend of £1,799k due to:

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

STATEMENT OF FINANCIAL POSITION - 2022/23				Plan Dec-22	Actual Dec-22	Variance
				£'000	£'000	£'000
Intangible Assets	612	840	228			
Tangible Assets	95,112	92,171	(2,941)			
Right of use assets - leased assets	64	62	(2)			
Receivables	428	434	6			
TOTAL NON CURRENT ASSETS	96,216	93,507	(2,709)			
Inventories	1,841	1,228	(613)			
Receivables	6,315	5,625	(690)			
Cash at bank and in hand	34,355	47,025	12,670			
TOTAL CURRENT ASSETS	42,511	53,878	11,367			
Payables	(24,251)	(34,080)	(9,829)			
Borrowings	(1,475)	(1,482)	(7)			
Provisions	(55)	(66)	(11)			
TOTAL CURRENT LIABILITIES	(25,781)	(35,628)	(9,847)			
TOTAL ASSETS LESS CURRENT LIABILITIES	112,946	111,757	(1,189)			
Borrowings	(20,863)	(20,844)	19			
Provisions	(686)	(669)	17			
TOTAL ASSETS EMPLOYED	91,397	90,244	(1,153)			
Public Dividend Capital	36,622	34,617	(2,005)			
Revaluation Reserve	7,377	7,377	0			
Income and Expenditure Reserve	47,398	48,250	852			
TOTAL TAXPAYERS EQUITY AND RESERVES	91,397	90,244	(1,153)			

STATEMENT OF CASH FLOW - 2022/23				Plan Dec-22	Actual Dec-22	Variance
				£'000	£'000	£'000
Cash flows from operating activities						
Operating surplus/(deficit)		3,245	3,799		554	
Non-cash income and expense:						
Working Capital		5,345	5,538		193	
		(1,054)	7,247		8,301	
Net cash generated from/(used in) operations		7,536	16,584		9,048	
Cash flows from investing activities						
Cash flows from financing activities		(11,323)	(7,264)		4,059	
		(930)	(3,018)		(2,088)	
Increase/(decrease) in cash and cash equivalents		(4,717)	6,302		11,019	
OPENING CASH		39,072	40,723		1,651	
CLOSING CASH		34,355	47,025		12,670	

Year to Date - £47,025k cash balance compared to £34,355k plan, a YTD favourable variance of £12,670k:

- Opening cash balance against plan: £1,651k
- Operating surplus above plan: £554k
- Movement in inventories: £390k
- Movement in payables/receivables: £6,928k
- Movement in deferred income: £1,005k
- Interest Receivable: £268k
- Capital programme: £3,771k
- Public dividend capital drawdown below plan: (£2,006k)
- Other balance sheet movements: £109k
- **Total** **£12,670k**

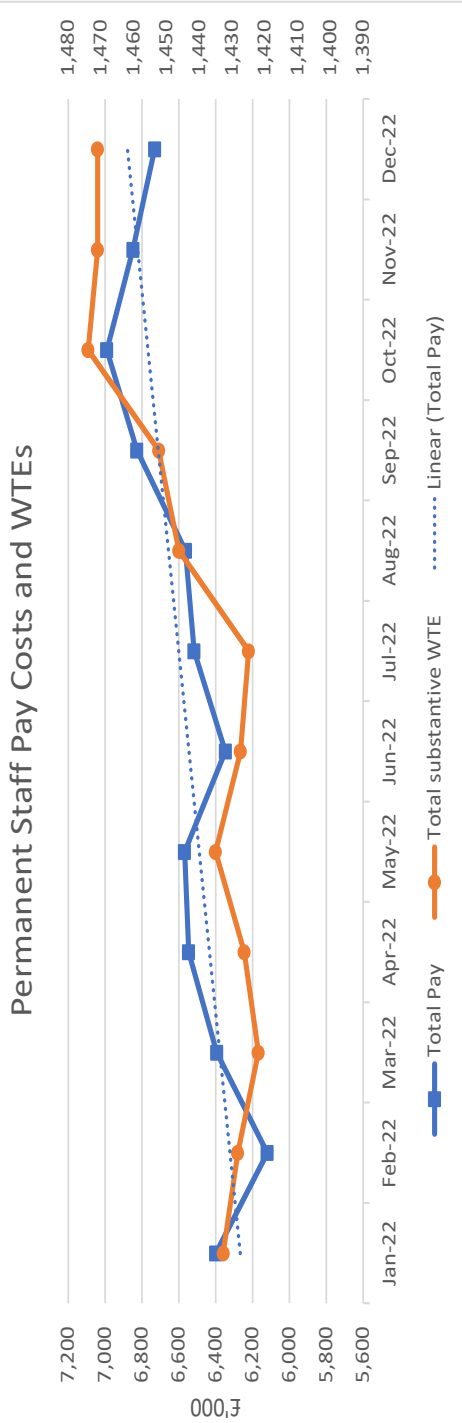
September 2022 increase caused by six months backpay being paid relating to pay award. Increase in cost and wte's in October due to HPL TUPE and backdated pay award for Trust employed Junior Drs.

Pay costs:

- Oct: £6,990k
- Nov: £6,848k
- Dec: £6,731k

WTE:

- Oct: 1,474 WTE
- Nov: 1,471 WTE
- Dec: 1,472 WTE



This is a key area of focus for NHSE/.

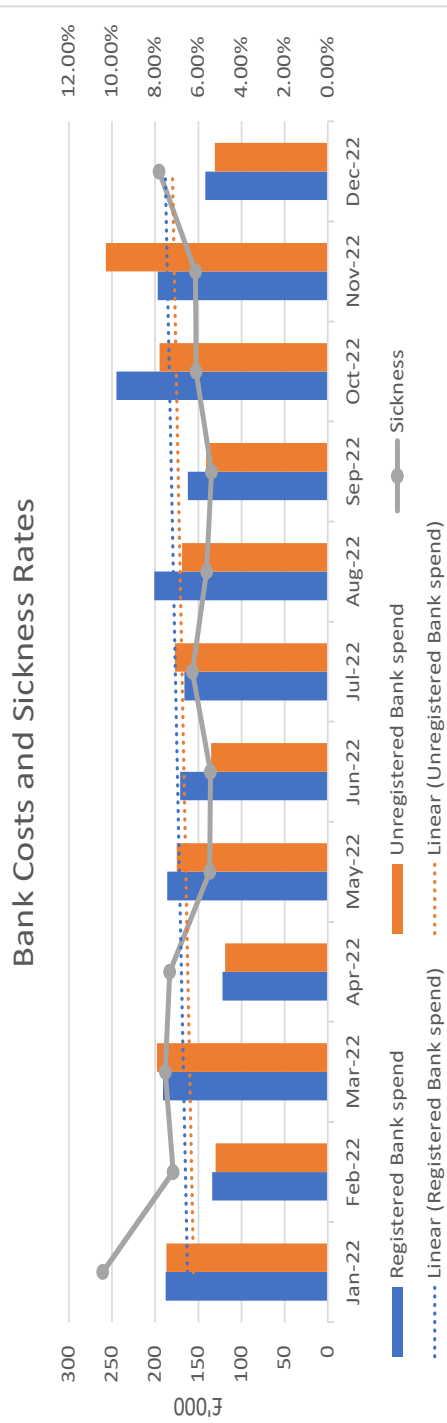
Increase in Registered Bank costs in October 2022 across all wards with a particularly significant increase seen within ITU. Increase in November 2022 due to pay award for all bank staff backdated to April 2022.

Nursing Bank costs:

- Oct: £440k
- Nov: £484k (inc. £184k backdated pay award)
- Dec: £307k

Sickness rate:

- Oct: 6.1%
- Nov: 6.1%
- Dec: 7.8%



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

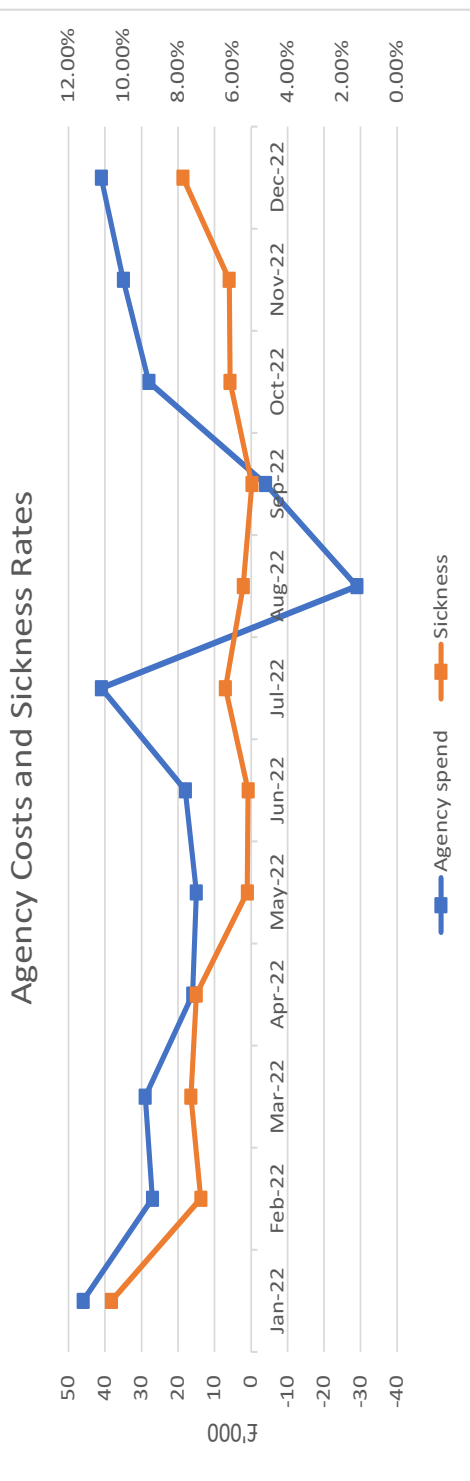
Prior year reversal in August and September, as all invoices have been received, with actual costs being lower than anticipated at the end of the year. Increase in recent months due to increased usage of agency medics.

Agency costs:

- Oct: £28k
- Nov: £35k
- Dec: £41k

Sickness rate:

- Oct: 6.1%
- Nov: 6.1%
- Dec: 7.8%



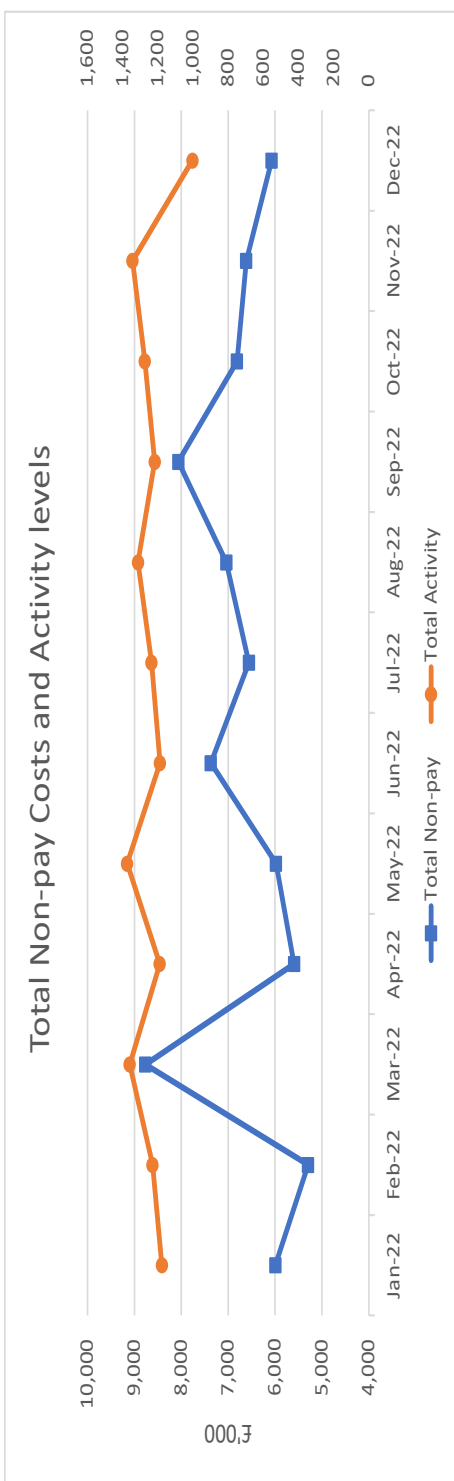
Increased costs in March 2022 are caused by increased consumable spend at the financial year end.

Non-pay costs:

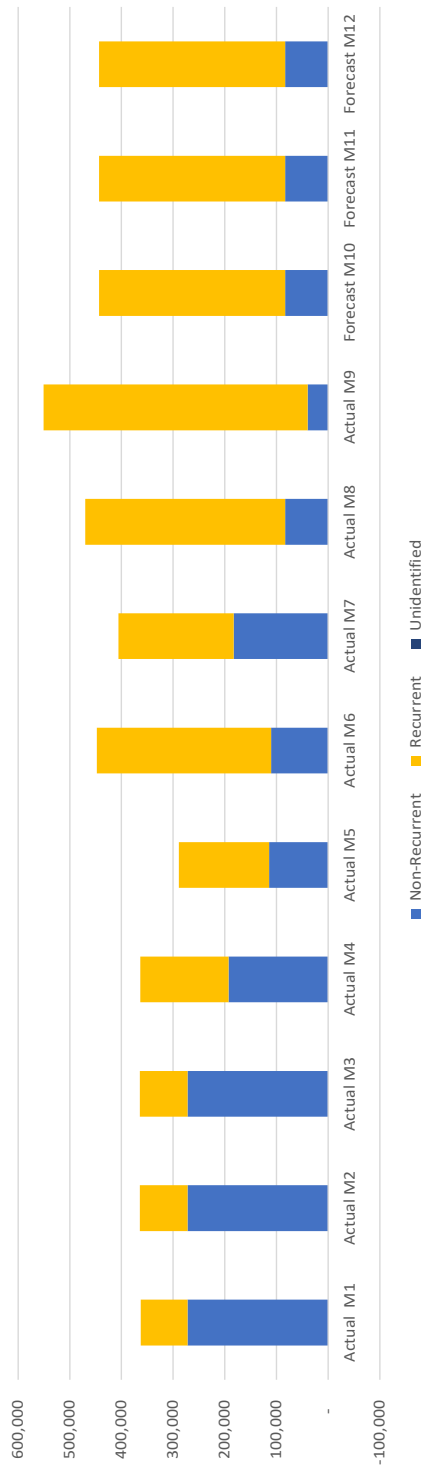
- Oct: £6,813k
- Nov: £6,614k
- Dec: £6,072k

Inpatient activity:

- Oct: 1,274 spells
- Nov: 1,344 spells
- Dec: 1,003 spells



CIP Actual/Forecast as at December 2022



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

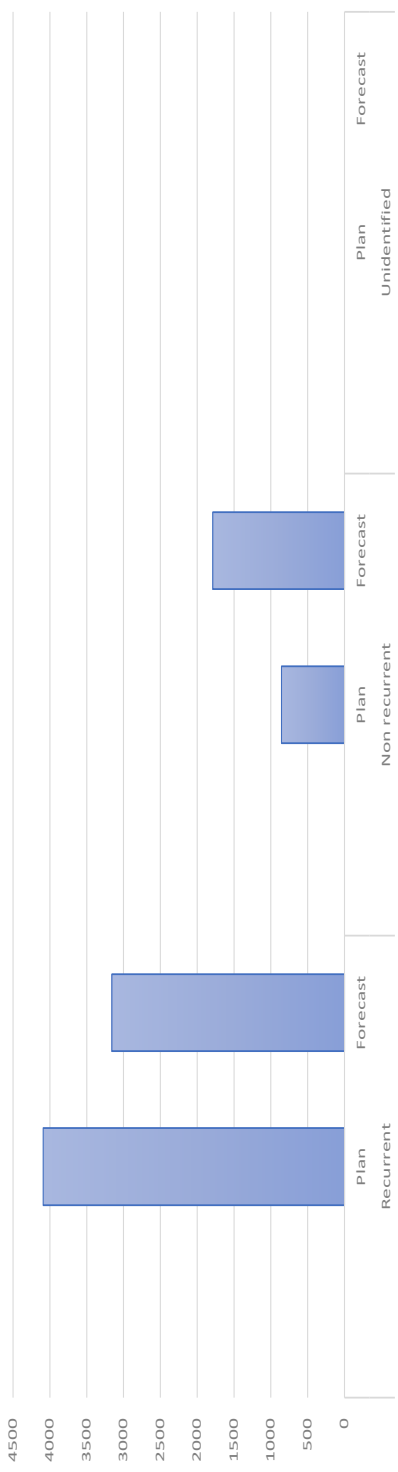
Recurrent CIP:

- Oct: £1,181k
- Nov: £1,568k
- Dec: £2,079k

Non-recurrent CIP:

- Oct: £1,416k
- Nov: £1,499k
- Dec: £1,538k

Breakdown of CIP compared to plan



All CIP has been identified at month 9

- £4.1m (82.7%) of the CIP plan was required to be delivered recurrently.
- Currently anticipating that £3.2m (63.8%) will be delivered recurrently with the remainder non-recurrent. (£1.8m/36.2%).
- Review of non-recurrent schemes being undertaken to ascertain if any schemes can be converted to recurrent schemes instead.

PATIENT RELATED INCOME

	In month			Year to Date			Full Year		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Patient Related									
NHS England	9,185	9,546	361	82,816	85,696	2,880	110,426	114,257	3,831
Clinical Commissioning Groups	2,102	2,117	15	18,978	19,306	328	25,323	25,700	377
Wales	1,705	2,109	404	15,348	16,298	950	20,464	21,444	980
Isle of Man	140	187	47	1,258	1,702	444	1,677	2,262	585
Other Patient Related Income	61	(756)	(817)	541	(1,224)	(1,765)	720	(1,579)	(2,299)
Total Patient Related Income	13,193	13,203	10	118,941	121,778	2,837	158,610	162,084	3,474

To note that patient related income includes ERF income

NON-PATIENT RELATED INCOME

	In month			Year to Date			Full Year		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Non-patient Related									
Research & Development Income	65	65	0	587	763	176	783	1,001	218
Education And Training	269	282	13	2,417	2,687	270	3,223	3,740	517
Employee Benefits Income	220	192	(28)	1,975	1,283	(692)	2,635	1,858	(777)
Other Non-patient Related Income	90	91	1	815	844	29	1,087	1,115	28
Total Patient Related Income	644	630	(14)	5,794	5,577	(217)	7,728	7,714	(14)

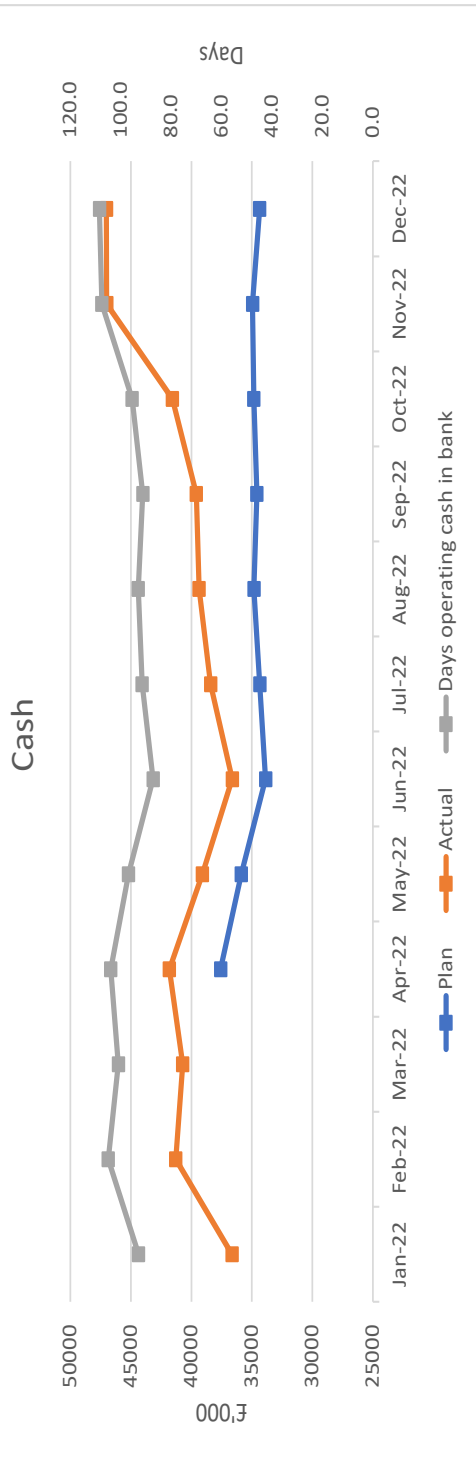
ERF

	In month			Year to Date			Full Year		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Elective Recovery Funding	304	328	24	2,942	2,959	17	3,947	3,947	0

To note: for reporting purposes, Trusts have been asked to include all planned ERF up to month 9. The year-to-date variance is due to the difference in phasing of ERF payments compared to plan.

CAPITAL									
Division	In month			Year to date			Forecast		
	Plan £'000	Actual £'000	Var £'000	Plan £'000	Actual £'000	Var £'000	Plan £'000	Actual £'000	Var £'000
Heating & Pipework	100	59	41	900	873	27	1,200	1,600	(400)
Estates	70	0	70	626	27	599	836	890	(54)
IM&T	99	73	26	296	310	(14)	593	760	(167)
Neurology	0	0	0	0	44	(44)	0	44	(44)
Neurosurgery	220	0	220	471	343	128	3,109	2,364	745
Corporate	0	0	0	0	0	0	0	80	(80)
TOTAL (excl. external funding)	489	132	357	2,293	1,597	696	5,738	5,738	0
Donated Assets	0	0	0	0	0	0	0	0	0
Digital Aspirant (PDC)	223	156	67	2,006	854	1,152	2,675	2,675	0
Diagnostics Digital Capability (PDC)	510	0	510	510	0	510	510	510	0
IM&T - LIMS (PDC)	0	0	0	0	0	0	172	172	0
IM&T - Cyber Security (PDC)	0	0	0	0	0	0	80	80	0
TOTAL (incl. external funding)	733	156	577	2,516	854	1,662	3,437	3,437	0
TOTAL	1,222	288	934	4,809	2,451	2,358	9,175	9,175	0

- Capital expenditure in month of £288k
- Year to date Capital spend of £2,451k, £854k of which is Digital Aspirant.
- Year to date spend on divisional schemes includes:
 - Heating and pipework replacement
 - Bed repurposing
 - Radiology Syngo equipment
 - Theatres Brain lab and S7 equipment
 - Walk in freezer and alterations
 - IT Staffing
- Additional Public Dividend Capital (PDC) has been secured in relation to Digital Diagnostic Capability programme (£510k) & IM&T – LIMS and Cyber Security (£252k), which have been incorporated into the capital plan and forecast.
- 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.



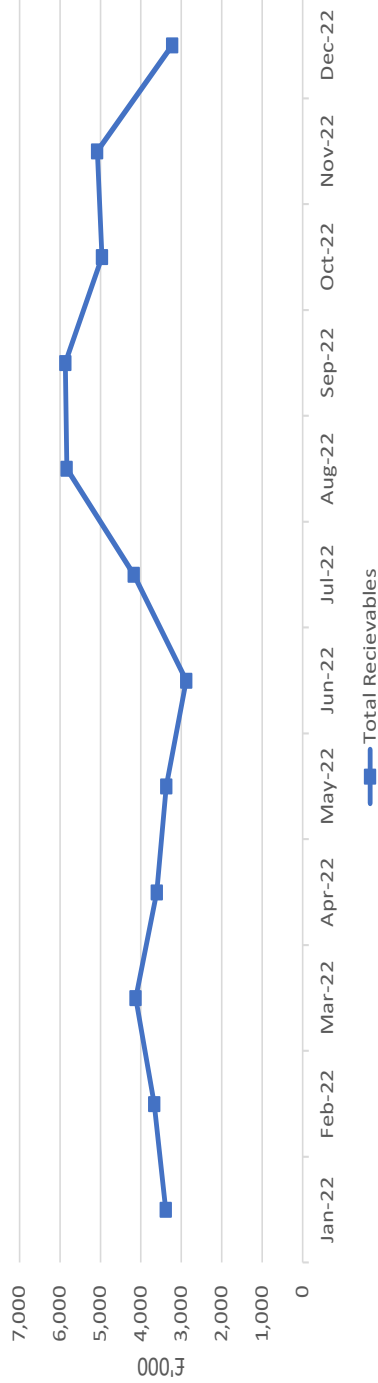
Cash:

- Oct: £41,574k
- Nov: £47,002k
- Dec: £47,025k

Operating expenditure days cover:

- Oct: 95.5 days
- Nov: 107.6 days
- Dec: 108.5 days

Total Debt Outstanding to the Trust



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

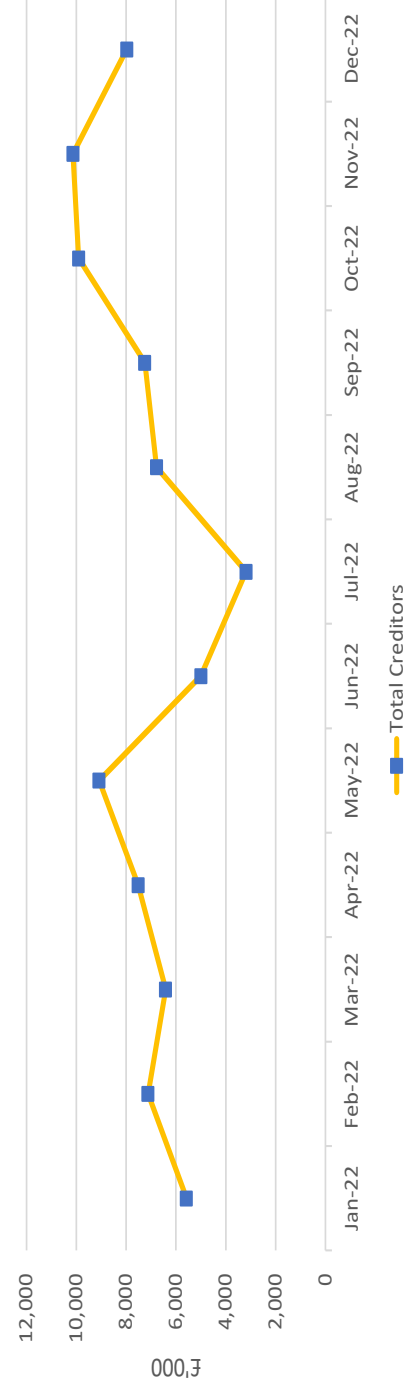
November 2022, due to Health Education England M7-10 invoice and Q3 invoices raised to other NHS organisations.

Isle of Man invoice still yet to be settled and is being followed up by the Finance team.

Debt outstanding to Trust:

- Oct: £4,960k
- Nov: £5,078k
- Dec: £3,225k

Total Debt Owed by the Trust



Debt owed by the Trust:

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

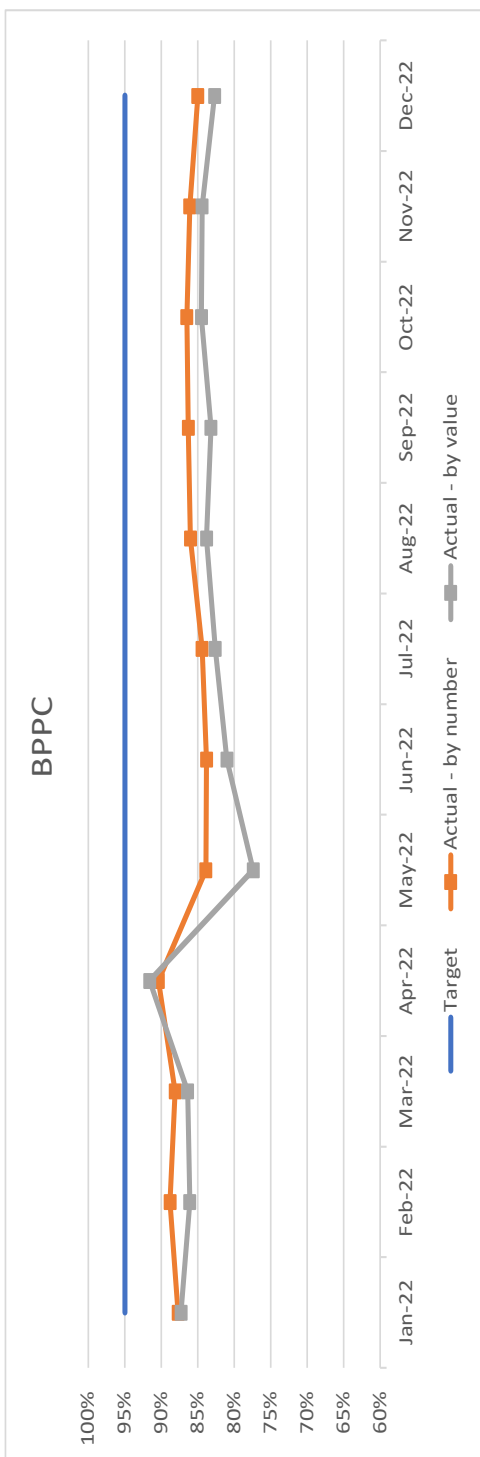
November 2022 due to £1.0m Liverpool University Hospital NHS FT invoices for drugs and service level agreement received at the end of the month, which have since been paid.

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

- Oct: £9,905k
- Nov: £10,134k
- Dec: £7,971k

This is a key area of focus for NHSE/IL

- The Trust BPPC percentage (by number of invoices paid) at the end of December is 85.0%. This has deteriorated from 86.1% at the end of November.
- The Trust BPPC percentage (by value of invoices paid) at the end of December is 82.7%. This has deteriorated from 84.4% at the end of November.
- The Trust has been contacted by NHS England requesting an Action plan to improve BPPC performance. This involves collaborative working across the finance team, procurement, and the divisions to ensure that invoices are approved in a timely manner prior to breaching the 30-day limit.



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	(482)	(417)	65		(4,190)	(3,741)	449		(5,634)	(5,026)	608
Allied health professionals	(509)	(489)	20		(4,564)	(4,428)	136		(6,081)	(5,894)	187
Other scientific, therapeutic and technical staff	(110)	(88)	22		(989)	(804)	185		(1,319)	(1,069)	250
Health care scientists	(63)	(57)	6		(566)	(565)	1		(754)	(735)	19
Support to nursing staff	(289)	(232)	57		(2,358)	(2,222)	136		(3,224)	(2,931)	293
Support to allied health professionals	(76)	(77)	(1)		(697)	(693)	4		(924)	(923)	1
Support to other clinical staff	(1)	(2)	(1)		(13)	(16)	(3)		(15)	(20)	(5)
Medical - Consultants	(828)	(771)	57		(7,459)	(7,064)	395		(9,926)	(9,400)	526
Medical - Junior	(241)	(252)	(11)		(2,181)	(2,095)	86		(2,905)	(2,849)	56
NHS infrastructure support	(207)	(198)	9		(1,811)	(1,702)	109		(2,430)	(2,298)	132
Bank/Agency	(15)	(132)	(117)		(596)	(1,540)	(944)		(596)	(1,938)	(1,342)
Total Pay Expenditure	(2,821)	(2,715)	106		(25,424)	(24,870)	554		(33,808)	(33,083)	725
Supplies and services – clinical (excluding drugs costs)	(677)	(555)	122		(6,097)	(6,468)	(371)		(8,130)	(8,627)	(497)
Supplies and services - general	(17)	(23)	(6)		(157)	(157)	0		(209)	(209)	0
Drugs costs	(1,736)	(2,503)	(767)		(15,623)	(19,329)	(3,706)		(20,830)	(25,772)	(4,942)
Establishment	(2)	(2)	0		(17)	(22)	(5)		(23)	(30)	(7)
Premises - other	(111)	(82)	29		(1,001)	(623)	378		(1,334)	(933)	401
Transport	(5)	(10)	(5)		(47)	(54)	(7)		(63)	(72)	(9)
Education and training - non-staff	(1)	(5)	(4)		(10)	(14)	(4)		(13)	(19)	(6)
Lease expenditure	(5)	(6)	(1)		(48)	(39)	9		(64)	(52)	12
Other	(5)	(1)	4		(43)	(53)	(10)		(57)	(70)	(13)
Total Non-pay Expenditure	(2,559)	(3,187)	(628)		(23,043)	(26,759)	(3,716)		(30,723)	(35,784)	(5,061)
Total Divisional Operating Expenditure	(5,380)	(5,902)	(522)		(48,467)	(51,629)	(3,162)		(64,531)	(68,867)	(4,336)

EXPENDITURE - NEUROSURGERY

	In month				Year to Date				Full Year		
	Plan	Actual	Variance		Plan	Actual	Variance		Plan	Forecast	Variance
	£'000	£'000	£'000		£'000	£'000	£'000		£'000	£'000	£'000
Registered nursing, midwifery and health visiting staff	(1,212)	(1,127)	85		(11,095)	(10,204)	891		(14,720)	(13,551)	1,169
Allied health professionals	(187)	(195)	(8)		(1,683)	(1,693)	(10)		(2,241)	(1,986)	255
Other scientific, therapeutic and technical staff	(52)	(46)	6		(472)	(451)	21		(629)	(882)	(253)
Health care scientists	(78)	(76)	2		(703)	(680)	23		(938)	(909)	29
Support to nursing staff	(263)	(264)	(1)		(2,666)	(2,518)	148		(3,452)	(3,297)	155
Support to allied health professionals	(13)	(12)	1		(113)	(112)	1		(151)	(149)	2
Support to other clinical staff	(2)	(2)	0		(9)	(9)	0		(14)	(14)	0
Medical - Consultants	(770)	(770)	0		(6,868)	(6,884)	(16)		(9,088)	(9,219)	(131)
Medical - Junior	(377)	(400)	(23)		(3,354)	(3,406)	(52)		(4,445)	(4,607)	(162)
NHS infrastructure support	(222)	(206)	16		(1,951)	(1,780)	171		(2,617)	(2,395)	222
Bank/Agency	(32)	(176)	(144)		(423)	(1,705)	(1,282)		(423)	(2,234)	(1,811)
Total Pay Expenditure	(3,208)	(3,274)	(66)		(29,337)	(29,442)	(105)		(38,718)	(39,243)	(525)
Supplies and services – clinical (excluding drugs costs)	(1,378)	(1,120)	258		(12,402)	(11,716)	686		(16,536)	(15,621)	915
Supplies and services - general	(21)	(38)	(17)		(193)	(235)	(42)		(258)	(313)	(55)
Drugs costs	(71)	(76)	(5)		(643)	(785)	(142)		(858)	(1,046)	(188)
Establishment	(9)	(8)	1		(81)	(104)	(23)		(109)	(138)	(29)
Premises - other	(50)	(100)	(50)		(446)	(450)	(4)		(595)	(600)	(5)
Transport	(2)	(4)	(2)		(20)	(55)	(35)		(27)	(73)	(46)
Education and training - non-staff	(5)	(3)	2		(41)	(30)	11		(54)	(41)	13
Lease expenditure	(6)	(6)	0		(52)	(69)	(17)		(69)	(93)	(24)
Other	(21)	(12)	9		(187)	(113)	74		(249)	(151)	98
Total Non-pay Expenditure	(1,563)	(1,367)	196		(14,065)	(13,557)	508		(18,755)	(18,076)	679
Total Divisional Operating Expenditure	(4,771)	(4,641)	130		(43,402)	(42,999)	403		(57,473)	(57,319)	154

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)	(121)	(8)	(1,015)	(1,020)	(5)	(1,353)	(1,384)	(31)
Support to nursing staff	(1)	0	1	(8)	(8)	0	(11)	(8)	3
Medical - Consultants	(6)	(7)	(1)	(58)	(66)	(8)	(77)	(85)	(8)
NHS infrastructure support	(895)	(863)	32	(8,125)	(7,304)	821	(10,810)	(9,844)	966
Apprenticeship Levy	(24)	(26)	(2)	(215)	(231)	(16)	(287)	(308)	(21)
Bank/Agency	(14)	(27)	(13)	(123)	(227)	(104)	(164)	(305)	(141)
Total Pay Expenditure	(1,053)	(1,044)	9	(9,544)	(8,856)	688	(12,702)	(11,934)	768
Non-executive directors	(12)	(10)	2	(112)	(92)	20	(150)	(127)	23
Supplies and services – clinical (excluding drugs costs)	(12)	(23)	(11)	(274)	(230)	44	(311)	(313)	(2)
Supplies and services - general	(294)	(295)	(1)	(2,643)	(2,490)	153	(3,523)	(3,340)	183
Consultancy	(6)	(21)	(15)	(51)	(25)	26	(68)	(29)	39
Establishment	(84)	(102)	(18)	(781)	(789)	(8)	(1,032)	(1,010)	22
Premises - business rates payable to local authorities	(65)	(13)	52	(584)	(584)	0	(778)	(778)	0
Premises - other	(480)	(509)	(29)	(4,321)	(3,150)	1,171	(5,762)	(4,345)	1,417
Transport	(6)	(37)	(31)	(51)	(332)	(281)	(68)	(435)	(367)
Audit fees and other auditor remuneration	(12)	(9)	3	(106)	(85)	21	(141)	(113)	28
Clinical negligence	(475)	(475)	0	(4,278)	(4,279)	(1)	(5,704)	(5,705)	(1)
Education and training - non-staff	(16)	(19)	(3)	(148)	(246)	(98)	(197)	(274)	(77)
Lease expenditure	0	5	5	0	5	5	0	7	7
Other	(97)	(188)	(91)	(877)	(1,249)	(372)	(1,169)	(1,608)	(439)
Total Non-pay Expenditure	(1,559)	(1,696)	(137)	(14,226)	(13,546)	680	(18,903)	(18,070)	833
Total Divisional Operating Expenditure	(2,612)	(2,740)	(128)	(23,770)	(22,402)	1,368	(31,605)	(30,004)	1,601

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%

Report Date: 25/01/23	Report of: Business Performance Committee (BPC)	
Date of last meeting: 24/01/23	Membership Numbers: Quorate	
1	Agenda	<p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> • Formal approval of 2 business cases CCTV Access Control upgrade and Kinevo Microscope for Theatres • Board Assurance Framework • Trustwide Risk Register • Integrated Performance Report – December 2022 • People Substrategy • HCA Sickness update • Health and Wellbeing Dashboard • Bed Repurposing Scheme update • Digital Transformation monthly update • 2023/24 Financial Plan • Sustainability Plan update • Template for Annual Report from Committee subgroups • Terms of Reference for 4 subcommittees • Key Issues reports from 9 subgroups
2	Alert	<ul style="list-style-type: none"> • The latest draft to the 2023/24 finance plan still represents a significant challenge ahead, with a number of uncertainties remaining (not least expected activity) and a range of risks. An update will be given to Closed Board.
3	Assurance	<p><i>Integrated Performance Report</i></p> <ul style="list-style-type: none"> • All cancer wait/treatment and diagnostic targets continue to be achieved • The overall number of long waiters has now started to reduce • The proportion of outpatients now on Patient Initiated Follow Up (PIFU) has already virtually reached the end year target of 5% • A ‘perfect storm’ in December of continued bed capacity constraints (largely because of stranded patients who cannot be transferred elsewhere), industrial action, a flu outbreak and Christmas annual leave resulted in a very high level of cancellations, an all-time low theatre utilisation and an increase in average waits • Sickness spiked to 7.8% (flu mainly). Vacancy levels remain low • Appraisal completion fell further; revised (slimmed down) accompanying paperwork is about to be implemented which should help. Mandatory training started to improve • The reported Income and Expenditure outcome was a £0.6m surplus in December (£2.7m YTD) and forecast to reach £3.9m by end of year (i.e. £1m better than plan)

		<p>The main favourable variances relate to interest on cash deposits (interest rates have risen significantly) and Welsh income which is higher than plan</p> <ul style="list-style-type: none"> • All the planned £5m cost improvement for the year has now been identified, albeit less is recurrent than planned (64% v 83%); £3.6m has been delivered so far with a further £1.3m projected • Capital spend remains behind plan; reassurance was given that project activity in Q4 will ensure that end of year plan will be met • Performance paying creditors on time (Better Payment Practice Code) has started to deteriorate again; a recent recruit to the Accounts Payable team is expected to resume an improvement trend. <p><i>Other matters</i></p> <ul style="list-style-type: none"> • The seven BAF risks (and associated high operational risks) relating to BPC were reviewed, incorporating updates to controls and actions. Adjustment to the risk ratings of 2 BAF risks is recommended to Board • Updates were received on the progress of implementing the revised transformation framework, the sustainability plan, a Health & Wellbeing dashboard and the benefits realised from the bed repurposing scheme • The Digital Aspirant project continues to make good progress, albeit the majority of this year's spend is projected to be in Q4. 		
4.	Advise	<ul style="list-style-type: none"> • An updated People substrategy was reviewed and is recommended to Board for approval • 9 Key Issues reports from subgroups were received and noted. 4 subgroup terms of reference were reviewed and approved • A template for annual reports (effectiveness reviews) of subgroups was endorsed • 2 business cases totalling £0.9m were endorsed, having been approved by Chair's action between meetings 		
5.	Risks Identified	<ul style="list-style-type: none"> • A range of unknowns (e.g some premises) remain in the financial planning process • The low capital allocation indicated for future years would mean that upgrading Theatres to mitigate risks relating to ventilation and lighting would take several years, and constrain addressing other 'maintenance backlog' issues 		
6.	Report Compiled	David Topliffe Non-Executive Director	Minutes available from:	Corporate Secretary

Board of Directors Key Issues Report

Report Date: 2 February 2023		Report of: Quality Committee
Date of last meeting: 19 Jan 2023		Membership Numbers: Quorate 7 Attendees
1.	Agenda	<p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> • Patient Story • Integrated Performance Report & Divisional KPI Reports • Quality or Risks for Escalation • Board Assurance Framework • Governance & Risk Quarter 3 Report • Trust Wide Risk Register • Quality Improvement Plan • Infection, Prevention & Control Board Assurance Framework • Infection, Prevention & Control Quarter 3 Report • Tissue Viability Quarter 3 Report & Education Plan • Pharmacy KPI Report • Draft Annual Report Template • National Patient Safety Strategy (NPSS) Implementation Plan • Key Issues Reports from sub-committees • Sharing & Learning Forum Terms of Reference • Clinical Effectiveness & Services Group
2.	Alert	Whilst the impact of the strike action was reported to be limited on inpatients the Committee noted it has had an impact on clinic cancellations cancelled operations.
	Assurance	<p>PERFROMANCE REPORT – QUALITY</p> <ul style="list-style-type: none"> • The committee recognised the significant sustained effort of staff during a very busy December in which the Trust experienced significant operational pressures and saw both an increase in the acuity and dependency of patients. • There were no Serious Incidents and No Never events in December and the inpatients Friends and Family Test (FFT) remains very high 97% (target 90%) • The Trust has successfully received national accreditation for its anaesthetic services • The Major Trauma Review has been completed with a positive report with only minor actions for the trust • Response times in relation to Video Telemetry have improved significantly since last reported (no missed responses and an average response time of 26 seconds) • The % of Beds occupied by 14-day standard patients is now in excess of 35% and impacts on patient flow and admissions • 28 Day readmission normally around 5% is now close to 8% • Venus Thromboembolism (VTE) Risk Assessment (90% in Neurology – target 95%) • National Early Warning Score (NEWS) Compliance – Neurology is variable

- Six red flags associated with Safe Staffing during December. Committee was assured that there was now a greater flexibility in the deployment of staff across the Trusts with a significant reduction in the number of “red” shifts.

The Committee will continue to monitor these areas

- **Infection Control**

- MSSA Increasing steadily since September with the potential to now exceed the annual trajectory
- Ecoli exceeded the annual trajectory
- C.Diff is now above trajectory

Senior Nursing Teams are working closely with the Infection Control team to develop and implement the improvement plan

- **Patient Story** – The committee asked that this agenda item going forward is face to face where possible and reflects the breadth of the services offered including stories from patients who have formally complained
- **BAF** – The committee discussed the Board Assurance Framework (BAF) and considered the BAF entries to be an accurate reflection and acknowledged the ongoing work in respect of Collaborative Pathways. Operational risk (921) apropos neuro-ophthalmology to be reviewed and if necessary revise the risk score and update the controls and mitigation to reflect the verbal assurances the committee received.
- **Governance and Risk** New format of the report with clear focus on controls and assurance, feedback given for further improvement. Key incidents and risks triangulate with a number of other reports i.e. Integrated Performance Report, Infection Control and Tissue Viability
- **Gram Negative Quality Improvement Programme** Plan to be further updated to identify action owners and review the lessons learnt from previous plans (2015 and 2017) and adopt an agreed Quality Improvement methodology to ensure the proposed changes are embedded. Committee to monitor through existing reporting.
- **Infection Prevention and Control Board Assurance Framework** Committee were not assured by the paper and asked that this paper be resubmitted once it had been reviewed by the Infection Prevention and Control Committee with clear action owners and deadlines included.
- **Infection Prevention and Control Report** Processes are in place to capture and report key infection performance data. Significant increase in infections associated with External Ventricular Drains (now 10.8%) and its impact on patient experience, A working group was in train and early indications are that the rise of infections may be associated with lapses in aseptic techniques. The Committee asked that the data relating to this continues to be reported as well as a more detailed update in the next Infection Control quarterly report
- Staff uptake of the **Covid booster** low at 13%, this figure does not capture those vaccinated elsewhere. **Flu** uptake stands at 61% of front facing staff (target is 90%)
- **Tissue Viability** Increase in Pressure Ulcers (12 in the first 2 quarters and 14 in Q3). Increased patient acuity and dependency, staff shortages and an influx of new starters were identified as contributing factors. Delivery of the ward-based education programme had again been delayed and whilst welcoming the development of a business case for additional resource the Deputy Director of Nursing was asked to

		<p>provide an update at the next Committee on actions being taken to address the identified capacity issues and enable the delivery of ward-based education programme.</p> <ul style="list-style-type: none"> • Patient Experience Report Increase in formal complaints up from 26 in Q2 to 44 in Q3 and a corresponding decrease in concerns from 242 in Q2 to 187 in Q3. Themes remain constant. The Committee received assurance of a Quality Control process that is in place before the Chief Executive signs off complaint responses. It was noted that MIAA had reviewed the complaints process a year ago and the outcome was significant assurance <ul style="list-style-type: none"> ○ View challenged that patients have unrealistic expectations and disagree with descriptions of disputes regarding 'factual accuracy', it was recognised that this may have been better phrased ○ Claim had been settled for approximately £5million. Committee were pleased to note that an in-person apology had been provided to the claimant. Impact on insurance to be advised to Committee. • Pharmacy report provided assurance on delivery of this service • Safeguarding – the Committee noted the Group's key issues report was not provided and that greater assurance was required • Recommendations for Other Committees To explore with the Audit Committee potential for reviewing the current process for providing assurance on the implementations of recommendations arising from, complaints incidents, litigation, and the coronial process. • To bring to the attention of the BPC chair the need for assurance regarding the induction of new staff 		
	Advise	<ul style="list-style-type: none"> • The Trust has been approached to take on additional spinal services from a third-party private provider from March 		
2.	Risks Identified	<ul style="list-style-type: none"> • It was identified that the Quality Committee do not have sufficient access to information to gain full assurances with regards to Safeguarding. A full report will be presented to Quality Committee at the next meeting with plans in place for regular report to be received by the Committee. 		
3.	Report Compiled	Ray Walker	Minutes available from:	Tracey Eaton

Report to Trust Board 2nd February 2023

Report Title	Freedom to Speak Up Report – Quarter Three 2022/23		
Executive Lead	Lisa Salter, Chief Nurse & Executive Lead for Raising Concerns		
Author (s)	Julie Kane, Quality Manager & Freedom to Speak Up Guardian		
Action Required	To note		
Level of Assurance Provided			
<input checked="" type="checkbox"/> Acceptable assurance Systems of controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/> Partial assurance Systems of controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/> Low assurance Evidence indicates poor effectiveness of system of controls	
Key Messages			
<ul style="list-style-type: none"> The purpose of this report is to provide the Board with an overview of the Freedom to Speak Up (FTSU) process and activity during quarter three 2022/23 The report provides information relating to the requirements of the National Guardians Office (NGO) and the Trust processes 			
Next Steps			
<ul style="list-style-type: none"> The NGO Freedom to Speak Up Reflection Tool will be completed in line with national guidance. The tool will help identify strengths/gaps in individuals, the leadership team and the organisation The Trust will launch the role of the Freedom to Speak Up Champions following their training sessions in January 2023. All staff are to complete the mandatory first module of the Speak Up e-learning 			
Related Trust Strategic Ambitions and Themes		Impact	
Leadership		Not Applicable	Not Applicable
Strategic Risks			
001 Quality Patient Care	004 Leadership Development	006 Prevention & Inequalities	
Equality Impact Assessment Completed			
Strategy <input type="checkbox"/>	Policy <input type="checkbox"/>	Service Change <input type="checkbox"/>	
Report Development			
Committee/ Group Name	Date	Lead Officer (name and title)	Brief Summary of issues raised and actions agreed
N/A			

Freedom to Speak Up Board Report Quarter Three 2022/23

Introduction

1. This report provides data, information and updates on the activities undertaken by the Freedom to Speak Up Guardian (FTSUG) during quarter three 2022/23. It includes data with regards to the numbers and types of concerns raised within divisions and by which professional groups.
2. The FTSUG plays an important role in supporting an open and transparent 'speak up' culture of improvement and learning where speaking up and raising concerns are welcomed. A positive speak up culture is essential to ensuring the organisation is well led.
3. The FTSUG operates independently, impartially, and objectively whilst working in partnership with individuals and groups throughout the organisation. The Trust has numerous Speak Up Champions who are undergoing an induction session in January 2023. Following induction into the role the launch of the Champions will be undertaken.
4. The Guardian and Champions support the organisation to be open, responsive, and compassionate to staff members when they speak up.
5. All staff are encouraged and supported to raise concerns and know their concerns will be acted upon will have a positive impact on patient safety, promote good practice and ensure lessons are learnt.

Background and Update

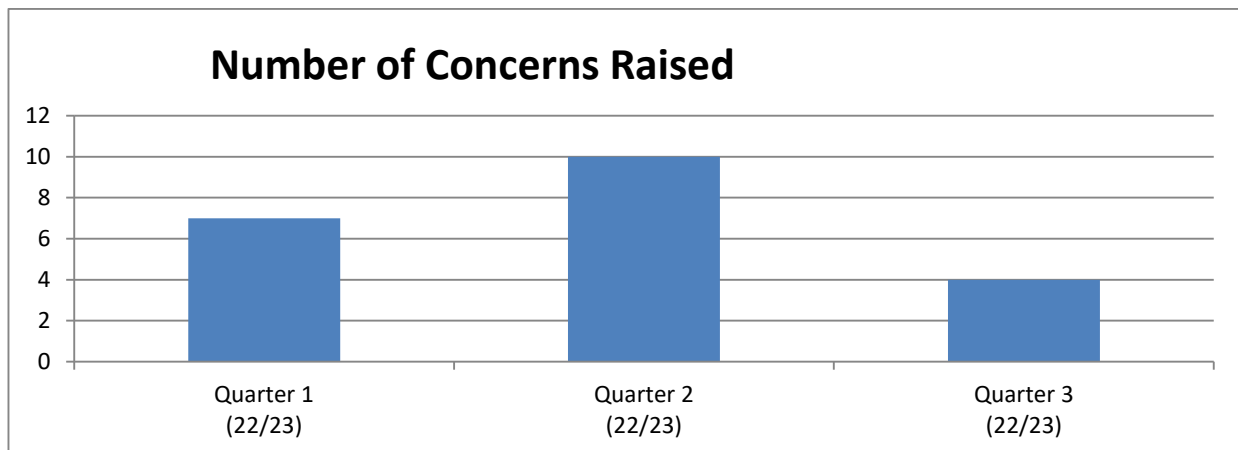
6. Following the Mid-Staffordshire inquiry and the Freedom to Speak Up review, Sir Robert Francis QC stated "Poor standards of care can proliferate unless both patients and staff are listened to by the leaders of our health services and their concerns welcomed and acted upon. Speaking up should be the norm, not a dangerous exception to a general practice of keeping one's head down. Every healthcare leader from ward to board level must promote a culture where speaking up about legitimate concerns can occur without fear of harassment, bullying or discrimination". The full review and executive summary are available on via the following link <http://freedomtospeakup.org.uk/the-report>
7. The Trust's Raising Concerns Policy has been reviewed and revised following the publication of the revised policy by the National Guardians Office (NGO).
8. The NGO have published a FTSU Reflection and Planning Tool which all organisations are required to complete by January 2024. The Executive Lead for Raising Concerns (Chief Nurse) is responsible for completing the tool.
9. The tool is set out in three stages, as per below:
 - Stage 1 Sets out statements for reflection under the eight principles of speaking up
 - Stage 2 Involves summarising high level actions to be taken over the next 6-24 months to develop speak up arrangements. This will help the FTSUG and Executive Lead for Raising Concern carry out more detailed planning
 - Stage 3 Summarises high level actions the Trust need to take to share and promote

strengths. This will enable other within the Trust and the wider system to learn

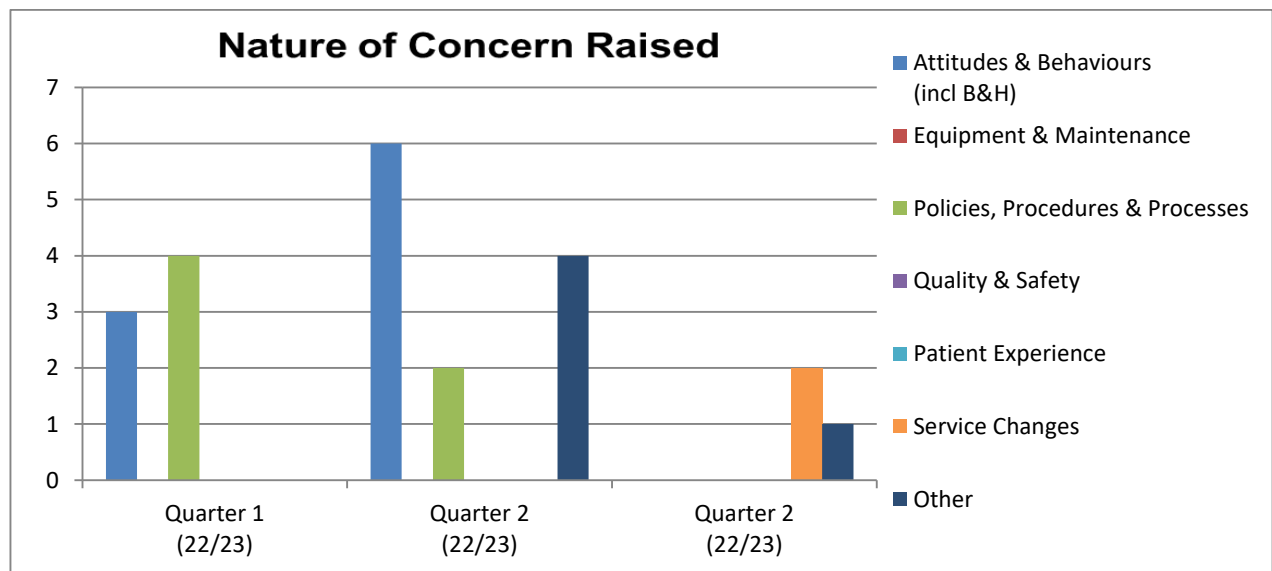
- An initial meeting with the FTSU Guardian, Executive and Non-Executive Leads for Raising Concerns and the Deputy Chief People Officer took place in September 2022 to review the tool. A further meeting will be scheduled during quarter four to review the tool in greater detail as there is a lot of work to be undertaken during its completion.

Local Activity – 2022/23

- The FTSUG has recorded four cases that were raised during this period of reporting (Q3). Some cases were resolved quickly and some remain open and are being following up by the FTSUG. No concerns were raised anonymously during the quarter.
- The concerns raised were from the neurology and surgery divisions. The individuals raising concerns included clinicians and administrative staff.
- The graph below indicates how many concerns were raised during quarters one, two and three.

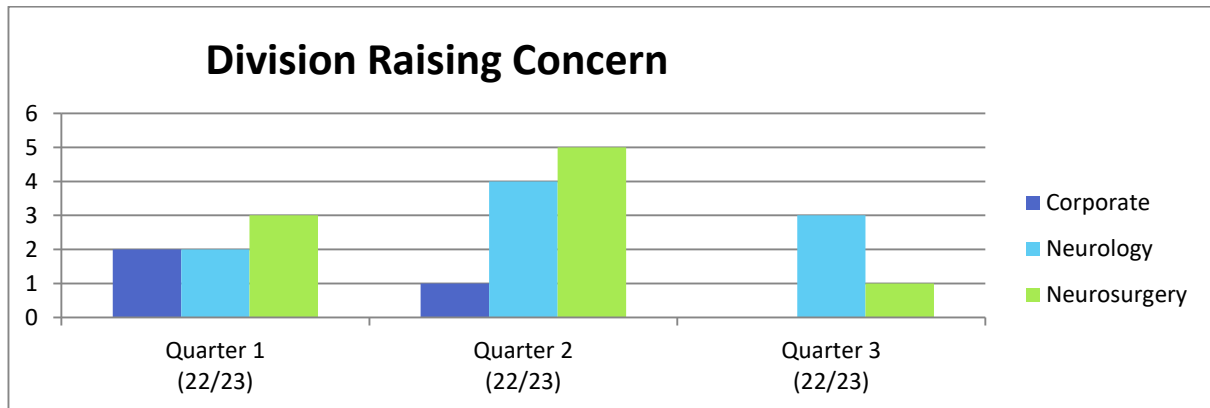


- The graph below indicates the nature of the concerns raised during quarters one, two and three.



Note: Some concerns raised have more than one element and are displayed across several categories.

15. The graph below indicates the division raising the concerns during quarters one, two and three



16. There were no specific themes identified which individuals spoke up about during these quarters.

Submission to the National Guardian Office (NGO)

17. The NGO issued a minimum dataset for Trust's to assist with internal and external reporting.

18. Each quarter the FTSUG submits a return to the NGO to enable benchmarking to be undertaken.

19. The information required is listed below:

- Number of cases raised within the quarter
- Number of cases including an element of patient safety/quality of care
- Number of cases including elements of bullying and harassment
- Number of incidents where the person speaking up may have suffered detriment
- Number of anonymised cases received

20. The Trust's FTSUG collects information from those who have raised concerns by asking the following questions:

- Given your experience, would you speak up again
- Please explain your above response

21. Respondents have confirmed they would speak up again and have given positive feedback.

22. Once a case is closed, with the agreement of the individual raising the concern, they are asked to make contact if they feel they are being treated differently following them raising a concern. Nobody should fear or suffer detriment as a result of speaking up and they are encouraged to speak up if they do. Nobody has informed the FTSUG that they had received detriment as a result of speaking up during quarter three.

FTSU Activities in the Trust

23. Various activities took place during the reporting period which include:

- Additional 'Drop In' Sessions have been scheduled throughout the year which occur three times per month
 - 'Walkabouts' occur throughout the day, evening, and weekends to ensure those hard to reach groups have the opportunity to meet the team and raise a concern they may have
 - Speak Up month in October took place which included stands, raffles, questionnaires, expressions of interest requests to become a FTSU Champion. Following the Speak Up Month further information has been circulated to staff relating to the speak up role and process and the Champions are undertaking training
 - Promotion of the Speak Up e-learning module
24. The FTSUG meets monthly with the Non-Executive/Executive Leads for Raising Concerns to discuss concerns raised and review progress. She meets with the Head of Business HR and HR Manager for Neurology monthly to discuss concerns, review themes, and provide progress updates as appropriate. Meetings also take place quarterly with the Chair and Chief Executive to keep them apprised of activity.
25. The FTSUG continues to attend virtual regional meetings throughout the year to keep apprised of national guidance, plans going forward and to share views and learn from peers.
26. The first module of the mandatory Speak Up e-learning was launched in July 2022 which all staff are required to complete. A number of issues with the module were identified and have been reported to the National Guardians Office to ascertain if the problem is national and what the resolution could be.
27. The Trust has not launched the other modules until assurance is given that the above issue has been resolved. The second e-learning module is for all line managers and the third is for senior leaders within the organisation, such as the Executive Team.
28. The FTSUG has completed the annual refresher training in line with the NGO requirements.
29. The FTSUG presented an Assurance Report to the Audit Committee, in accordance with the NHS Audit Committee Handbook, which is to review the Trust's processes in relation to raising concerns to ensure there is a system of internal control. The FTSUG will present an annual assurance report to the Audit Committee moving forward.

Conclusion

30. The Raising Concerns Policy has been reviewed and revised. The policy is being presented to the Staff Partnership Committee in February for approval. Once approved the revised policy will be circulated via Walton Weekly and made accessible via the Trust Intranet.
31. The Trust has a designated Freedom to Speak up Guardian and an Executive and Non-Executive Lead for Raising Concerns in accordance with Trust policy.
32. There is a problem with module one of the FTSU e-learning which has been raised with the National Guardians Office. The launch of the second and third modules has been suspended until the issue with the first module has been rectified.
33. Freedom to Speak Up Champions will be attending an induction session at the end of January 2023. The role of the Champions will be launched following this session. The

Guardian and Champions contact details are available on the intranet, information posters will be displayed across the Trust and 'drop in' sessions and 'walkabouts' will continue.

34. An initial review of the FTSU Reflection and Planning Tool was undertaken with the Executive Lead and Non-Executive Lead for Raising Concerns, the FTSUG and the Deputy Chief People Officer. A further meeting will be scheduled to complete the review in quarter four. There is a requirement from the NGO that a review of the national tool is completed by January 2024.
35. The FTSUG has completed the refresher training as per NGO requirement.

Recommendation

36. To note the content of this report for the purposes of assurance.
37. To continue to promote and support the role of the FTSU Guardian at the Trust.

Author: Julie Kane, Quality Manager & Freedom to Speak Up Guardian
Date: 6th January 2023

Report to Trust Board
2nd February 2023

Report Title	CQC National Adult Inpatient Survey Results 2021 (reported 2022)		
Executive Lead	Nicola Martin, Deputy Chief Nurse		
Author (s)	Lisa Judge, Head of Patient & Family Experience		
Action Required	To note		
Level of Assurance Provided			
<input type="checkbox"/> Acceptable assurance Systems of controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input checked="" type="checkbox"/> Partial assurance Systems of controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/> Low assurance Evidence indicates poor effectiveness of system of controls	
Key Messages			
<ul style="list-style-type: none"> This report follows the CQC Inpatient results which were presented to Trust Board on 10th October 2021 when the Walton Centre (TWC) scored Better than Expected for the 2021 Inpatient Survey An action plan was devised to address any areas where learning and improvements were required, and this was presented at Quality Committee. This paper outlines the progress of the action plan. 			
Next Steps			
<ul style="list-style-type: none"> Following completion of the action plan of the Board to be assured that the Trust continues to learn from feedback to improve care delivery by engaging with patients, families, and carers and this will be drive via the Patient & Family Centred Care work which is ongoing. 			
Related Trust Strategic Ambitions and Themes		Impact	
Quality of Care		Not Applicable	Not Applicable
Strategic Risks			
001 Quality Patient Care	006 Prevention & Inequalities	Choose an item.	
Equality Impact Assessment Completed			
Strategy <input type="checkbox"/>	Policy <input type="checkbox"/>	Service Change <input type="checkbox"/>	
Report Development			
Committee/ Group Name	Date	Lead Officer (name and title)	Brief Summary of issues raised and actions agreed
Trust Board	6/10/22	Lisa Judge, Head of Patient & Family Experience	Progress Action Plan report for Feb 23.

CQC National Adult Inpatient Survey 2021 - Action Plan Update

Background

1. The Trust is required to participate in the CQC National Inpatient Survey annually and the survey is recognised as being a key indicator of overall care for the organisation and regulators, including the CQC and commissioners.
2. The CQC use the results from the survey in the regulation, monitoring, and inspection of NHS trusts in England. Survey data will be used in the Care Quality Commission (CQC)s monitoring tools, which provide inspectors with an assessment of performance in areas of care within an NHS Trust that need to be followed up. Survey data can also be used to inform and support CQC inspections.
3. The survey data and results were published in October 2022 and a report was presented to Trust Board highlighting that the Trust were rated as **Better Than Expected**.
4. The report concluded that whilst the results were very good for The Walton Centre (TWC) for the second year running and considering 2021 was the second most difficult year for the NHS, at TWC we recognise that there is always room for improvement to the care we deliver to every patient. Therefore, a detailed action plan was developed and presented to the Board with completion dates for actions varying between October – December 2022.

Update

5. **Improvements Identified in previous report from results and free text feedback included:**
 - Length of time on the waiting list before admission
 - Staff discussed the need for additional equipment following discharge
 - Noise at Night
 - Enough support provided by health and social care following discharge
 - Given enough privacy when being examined/treated
 - Enough information regarding medicines taking home
6. Actions were progressed under the leadership of the Deputy Chief Nurse via the Senior Nurse Team group meetings and updates included in updated action plan in Appendix 1.

Conclusion

7. The vision for The Walton Centre is 'Excellence in Neuroscience' and we acknowledge that we will only achieve this by truly placing the quality, safety and experience of our patients and families at the heart of what we do. The improvements made as part of this action plan also form part of the Patient & Family Centred Care (PFCC) improvement work, as our approach to care recognises each patient as part of a wider group, including families, friends and carers and we embrace this.
8. During 2022/23 and beyond we will continue to build on this PFCC work to ensure we are working together with patients and their families as equal partners in care, in line with The Walton Way.

Recommendation

The Trust Board is asked to:

- Receive the report noting the progress of actions and note some deadlines have been amended until March 2023
- Be assured that the Trust continues to learn from feedback to improve care delivery by engaging with patients, families and carers

Author: Lisa Judge

Date: 9 January 2023

Appendix 1 – National Inpatient Survey 2021 Action Plan

CQC National Inpatient Survey 2021 – Action Plan - V2 Updated 10/1/23

KEY CODE	Not Achieved	To Commence	Partially Achieved
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Areas for Improvement	Actions	Lead	Progress/Evidence	Key Code	Completion Date
<p><u>Carried forward from Previous 2022 action plan</u></p> <p>Patients able to administer own medication when need to</p>	<p>Self-administration of Medicine to be reviewed and re-launched by each division. In progress, safe storage ordered and policy to be developed & implemented with the support of pharmacy. New education programme be developed and implemented to support the role out of the policy for nursing, medical and pharmacy staff.</p>	<p>Divisional Nurse Directors/ Practice Educator Lead</p>	<ul style="list-style-type: none"> • Patient lockers for self-administration available. • Self-administration policy reviewed. Updates due Jan 2023. • Self admin risk assessment for patients developed • Staff competency created • Patient information leaflet developed • Insulin risk assessment for patient developed • Next stages- training on new policy to be done- working group to provide this training to be arranged. IT changes to be made and this work will be monitored via Safer Meds group 		<p>June 2023</p>
<p><u>Admission to Hospital</u></p> <p>Length of time waiting for admission</p>	<p>By continuing to work towards the Trust's recovery plan in line with the roadmap will improve waiting times for patients. Continually monitored at Board Level.</p>	<p>Chief Operating Officer</p>	<p>All 104 week waits are now completed and work continues for 78 week waits with 9 patients waiting and trajectory TBC April 23.</p>		<p>April 2023</p>
<p><u>Hospital & Ward Noise at Night / Prevented from sleeping</u></p>	<p>Awareness to be raised by Matrons & Ward Managers – this should be evidenced in ward newsletter & ward meeting minutes to provide assurance that this is embedded.</p>	<p>Divisional Heads of Nursing/Matrons/ Dept Chief Nurse</p>	<ul style="list-style-type: none"> • Matron newsletter will feature awareness of inpatient concerns and will inform staff of reduction in noise at night campaign and when it will be launched. 		<p>October 2022 January 2023 Require copy of newsletter for assurance</p>

Areas for Improvement	Actions	Lead	Progress/Evidence	Key Code	Completion Date
<u>Hospital & Ward Noise at Night / Prevented from sleeping cont.</u>	Adopt a – Speak Quietly Space at Nursing Station and outside bays	Matrons/Ward Managers	Working group to start in December 2022 including ward managers/ matrons/ SMART to determine actions		November 2022 March 2023
	Ensure staff wear soft sole footwear at night	Ward Managers	<ul style="list-style-type: none"> Ward managers audit uniform policy via Tendable app Awareness of soft sole footwear will be included in Matron newsletter 		November 22 January 2023 Require copy of newsletter for assurance
	Noise at night to be monitored via Ward Manager/Matrons' audits on Tendable, monitored at ward managers 1-1 and outcomes reported to Quality Committee	Matrons/Ward Managers	<ul style="list-style-type: none"> Tenable developers contacted to add additional questions re noise at night Concerns and complaints section added to Ward manager 1:1 template. Divisional reports to Quality committee include themes of complaints and concerns and actions 		November 2022 December 2022
	Adopt Night-time 'Shh' (Sleep helps healing) campaign focusing on lights out, and reducing noise at night	Matrons/ Ward Managers	<ul style="list-style-type: none"> Communications contacted to request graphics 17.10.22 and review feasibility of progress of Trust Screensavers. Update 21.10.22. Noise at night reduction working group to start meeting in December to lead on this campaign 		November 2022 March 2023 December 2022 February 2023
		PET /Communication	<ul style="list-style-type: none"> Comms to design graphics in line with sleep pack design complete 7/11/22. 		November 2022 Complete

Areas for Improvement	Actions	Lead	Progress/Evidence	Key Code	Completion Date
			LJ shared with Matrons to plan with Ward Managers.		
	Develop Noise at night Standard Operation Procedure/ posters regarding protected sleep time – Asking staff to raise concerns to ward manager, asking patients to reduce TV noise, use earphones / close doors quietly	Divisional Nurse Directors/Matrons/ Communications	<ul style="list-style-type: none"> Noise at night reduction working group to start meeting in December to lead on this campaign. 		December 2022 March 2023
	Review feasibility on all wards to dim lights to aid comfort/sleep	Matrons/IT	<ul style="list-style-type: none"> All wards now dim lights at 11pm unless emergency on ward. To be monitored on SNT night walkabout for further assurance. 		December 2022
	Annual checks of all ward equipment to prevent squeaking trollies	Matron	<ul style="list-style-type: none"> Requested for Tenable, meeting to take place January to confirm progress. 		November 2022 March 2023
	Soft Close Bins to be in all areas	Estates	<ul style="list-style-type: none"> Utilised currently in clinical areas 		November 2022
	Screen savers on wards to remind staff at 11pm to dim lights	IT	<ul style="list-style-type: none"> Communications contacted to request graphics 17.10.22 and review feasibility of progress of Trust Screensavers. 		November 2022 March 2023
	Patients receiving 1:1 or 2:1 care should be cared for in a side room as much as possible	Matrons/Bed Managers	<ul style="list-style-type: none"> Daily review of side room occupancy and requirements completed at bed meeting 		October 2022
	Earphone to be provided to patient to minimise noise from TVs – will be distributed by Patient Support Assistant along with Sleep well packs	Head of PET	<ul style="list-style-type: none"> Single use headphones available on wards and stocks replenished as required. Patient Support Assistant/PET aid ward staff in distributing these items. 		October 2022
	Designate quiet time in which no routine checks are made unless medically necessary	Matrons/ Ward Managers	<ul style="list-style-type: none"> Noise at night reduction working group to start meeting in December to lead on this campaign 		December 2022 March 2023

Areas for Improvement	Actions	Lead	Progress/Evidence	Key Code	Completion Date
	Re-stock supplies during early evening not night time when patients are trying to sleep	Housekeepers/Ward Managers	<ul style="list-style-type: none"> Noise at night reduction working group to start meeting in December to lead on this campaign 		December 2022 March 2023
	Handover/communications to take place away from bays/vicinity of patients	Matrons/ Ward Managers	<ul style="list-style-type: none"> Ward managers meeting and newsletter 		December 2022 Require newsletter for assurance
	Introduce night/small flashlights for when taking observations to prevent putting bay or overhead lights on	Matrons/ Ward Managers	<ul style="list-style-type: none"> Noise at night reduction working group to start meeting in December to lead on this campaign. 		November 2022 March 2023
	Review if doors have door sweeps to help minimise noise	Estates	<ul style="list-style-type: none"> Action completed following previous inpatient survey action plan. 		October 2022
	Install – Sleeping - Do not Disturb notices for bays and side rooms	Ward Managers/ Matrons	<ul style="list-style-type: none"> Noise at night reduction working group to start meeting in December to lead on this campaign. 		December 2022 March 2023
Care and Treatment Not given enough privacy when being examined or treated	Nursing staff to remind all health care professionals of the importance of privacy during ward rounds in their areas – to be added to Tendable to audit compliance.	Ward Managers /Outpatient Manager	<ul style="list-style-type: none"> To check feasibility of adding this to monthly ward manager audit 'is privacy and dignity maintaining during ward round and clinical examinations' OPD Staff monitoring this when assisting with clinics 		November 2022 March 2023
Leaving Hospital Improve Discharge Process / Provide patients with more information	Ward Managers/matron follow up calls to be made up to 72 hours after discharge to proactively seek feedback to prevent concerns	Matrons/Ward Managers	<ul style="list-style-type: none"> CRU have commenced follow up post discharge calls as routine. Feedback from patients and families fed back to ward staff and action plan created to address concerns raised. All other wards to progress. As an interim measure until a process is agreed on, the ward managers / 		November 2022 March 2023

Areas for Improvement	Actions	Lead	Progress/Evidence	Key Code	Completion Date
			<p>deputies will speak to patients each day seeking feedback on their inpatient stay. Process to be discussed with Division and Ward Managers.</p> <ul style="list-style-type: none"> Generalised feedback on inpatient stay is also received via FFT and Patient support officers. Ward Managers to display 'You said we did' in relation to this feedback on the ward areas. FFT feedback is also discussed at the Ward managers/ Matron 1:1 and will be fed back at Patient Experience Group meetings. 		
	Specialist Nurses to call all specialty patients post-operatively and advise all patients of nurse advice line at time of discharge.	Dept Divisional Nurses/Specialist Nurses	<ul style="list-style-type: none"> Surgical Specialist nurses provide discharge advice during their pre-op call to the patient and post operatively whilst the patient is still an inpatient. The teams contact details are provided to each patient during these conversations and advice regarding 'red flags', are highlighted to the patient. This information is also provided in the form of a leaflet. Current work plans of the nurse specialists and AP's does not allow for time to contact every patient post operatively. To be discussed with Division re feasibility of providing this service going forward. 		November 2022
	Written discharge information to be provided at least 24 hours prior to discharge to give patients opportunity to review and ask questions	Dept Divisional Nurses/Matrons	<ul style="list-style-type: none"> Surgical Nurse specialists and AP's provide discharge information during pre-op call and on the ward prior to the patients discharge. The information is 		November 2022

Areas for Improvement	Actions	Lead	Progress/Evidence	Key Code	Completion Date
			<p>included in the patient information leaflet.</p> <ul style="list-style-type: none"> Current patient flow transformation group has TTO work stream that encourages the team caring for the patient to provide TTO's the day prior to discharge. At this time the discharge summary for that TTO should also be written and discussed with the patient 		
	<p>Improve quality of discharge chat/process to provided more detailed information/signposting if required</p>	<p>Ward Managers/ Matrons/ Dept Divisional Nurses</p>	<ul style="list-style-type: none"> Surgical Nurse specialists and AP's provide discharge information during pre-op call and on the ward prior to the patients discharge. The information is included in the patient information leaflet. District Nurse referral process to be raised with commissioners as patients not receiving adequate follow up, i.e. suture removal Discharge checklist to be reviewed as whether fit for purpose Discharge care plan to be reviewed and amended as required to evidence quality of discharge discussions. The aim of the patient flow transformation group is to ensure smooth patient flow and streaming of services. Discharge planner has section on EP2 that will account for discharge discussions held for complex patients. 		<p>October 2022 March 2023</p>

Areas for Improvement	Actions	Lead	Progress/Evidence	Key Code	Completion Date
			<ul style="list-style-type: none"> Therapy discussions re discharge plans are also recorded in EP2 on patients timeline. Discharge discussion to be included in annual nurse documentation audit- Next audit 2023. 		
	Awareness of unsafe discharges to be raised via Ward Manager Meetings/Learning & Sharing/ AP and CNS meeting	Dept Divisional Nurses/Matrons	<ul style="list-style-type: none"> Datix completed for unsafe discharge. Rapid Reviews to be undertaken if unsafe discharge identified. Feedback from Rapid Reviews and Incidents to be fed back at monthly Ward managers and Matrons risk and governance group and at Nurse specialist/AP meetings 		November 2022
	Implement Teach back of TTOs – for patients to repeat back the information provided regarding their medications	Matrons/Ward Manager	<ul style="list-style-type: none"> Relaunch patient medication information leaflet Staff to be advised on 'Teach Back' method of support for patients with capacity, regarding their medications. Staff taught on preceptorship re discharge medication process. This is reinforced at ward level Any medication incidents relating to TTO's are monitored via safer Medications Group. 		December 2022 March 2023
	Family to be invited to take part in discharge chat/TTO teach back	Matrons/Ward Manager	<ul style="list-style-type: none"> Relaunch patient medication information leaflet Staff to be advised on 'Teach Back' method of support for patients and their families, regarding their medications. 		December 2022 March 2023

Areas for Improvement	Actions	Lead	Progress/Evidence	Key Code	Completion Date
			<ul style="list-style-type: none"> • Staff taught on preceptorship re discharge medication process. This is reinforced at ward level • Any medication incidents relating to TTO's are monitored via safer Medications Group. 		
	<p>Families to be involved at the earliest opportunity and informed of the likely date of discharge</p>	<p>Matrons/Ward Manager/ Discharge planner</p>	<ul style="list-style-type: none"> • Ward staff to inform patients families regarding pending discharge and offer support, signposting. All conversations with families to be documented on EP2. • Discharge documentation to be reviewed in Documentation audit. • Monitored via concerns/ complaints process 		<p>December 2022 March 2023</p>

Board of Directors' Key Issues Report

Report Date: 10/11/22		Report of: Neuroscience Network Programme Board
Date of last meeting: 10/11/22		Membership Numbers: 12
1.	Agenda	<p>The Neuroscience Programme Board considered an agenda which included the following: -</p> <ul style="list-style-type: none"> • Neurology GiRFT update • Spinal update • Brain Optimisation Pathway • Integrated Care Board (ICB) / System update • CMRN review • Everton in the Community update • Neuro Dashboard • St Helens Project • Terms of Reference • Items for future Agendas • Hot topics from other hospitals
2.	Alert	<p>Neurology Getting it Right First Time (GiRFT) Update</p> <ul style="list-style-type: none"> • A dedicated Rapid Access Neurology Area (RANA) area would be in operational use from 28th November. RANA activity was increasing and work to increase activity further was ongoing. • There were some issues with ambulatory care in general hospitals due to Consultant vacancies and work was underway to recruit to these vacancies and make improvements in this area. <p>Terms of Reference</p> <ul style="list-style-type: none"> • Updated terms of reference were presented and there were still some gaps in Division Clinical representation however work to close these gaps was underway.
	Assurance	<p>Spinal Update</p> <ul style="list-style-type: none"> • Spinal referrals were now being received and the service was running as business as usual. • The surgical robotic navigation system was now in place for spinal patients and approximately seven surgeries had been completed using the system.
	Advise	<p>Brain Optimisation Pathway</p> <ul style="list-style-type: none"> • The team recently won an award for the collaboration at the Nursing Times Awards and there had been a lot of interest from other Trusts with a delegation from Cambridge visiting the Trust to share learning and best practice. • Discussions were underway with Warrington and Wirral University Teaching

		<p>Hospital to roll the service out further following the successful pilot.</p> <p>Neuro Dashboard</p> <ul style="list-style-type: none"> This was a workstream from the Neurosciences Transformation Programme and the dashboard would provide the Integrated Care System (ICS) with information regarding neurology services that can be provided to the health population through primary care, community care and specialised care to support commissioning decisions. <p>Everton in the Community Update</p> <ul style="list-style-type: none"> The project was moving at pace and meetings were underway with Divisional Directors to identify what services could be implemented into the Health Zone. <p>St Helens Project</p> <ul style="list-style-type: none"> A presentation was provided detailing the outcomes of a review of community rehab services for people with neurological long term conditions in the St Helens area. This was a short term solution to support prevention of unnecessary hospital admission and readmissions and coincided with a potential review of how services were delivered. An overview of the pilot rehabilitation service model was presented along with progress made to date. 		
3	Risks Identified	None		
4.	Report Compiled by	Medical Director	Minutes available from:	Corporate Secretary

Board of Directors' Key Issues Report

Report Date: 12/01/23		Report of: Neuroscience Network Programme Board
Date of last meeting: 12/01/23		Membership Numbers: 8
1.	Agenda	<p>The Neuroscience Programme Board considered an agenda which included the following: -</p> <ul style="list-style-type: none"> • Neurology Getting it Right First Time (GiRFT) update • Brain Optimisation Pathway • Integrated Care Board (ICB) / System update • Cheshire and Mersey Rehab Network (CMRN) review • Everton in the Community Health Zone Development update • Neuro Alliance Survey • Brand Prescribing of Epilepsy Medication Across the Region • Items for future Agendas • Hot topics from other hospitals
2.	Alert	<p>Neurology Getting it Right First Time (GiRFT) Update</p> <ul style="list-style-type: none"> • A dedicated Rapid Access Neurology Area (RANA) area had been in operational use from 28th November and phase 2 criteria was being reviewed and developed to identify if there was potential for wider utilisation. • Ambulatory care in remaining hospitals would be explored and discussed as part of the ongoing job planning process • Patient Initiated Follow Up (PIFU) was now fully rolled out across all appropriate Neurology outpatient settings and was on track to meet the 5% target by March 2023. <p>Cheshire and Mersey Rehab Network Review</p> <ul style="list-style-type: none"> • The Medical Lead in relation to the review had been appointed however this had not yet been announced. • The Cheshire and Mersey Rehab Network Board was due to meet on 16th January, if no timescales were agreed at this meeting decisions regarding priorities along with the clinical and business model would be required and this would require some steer from Trust Board.
	Advise	<p>Brain Optimisation Pathway</p> <ul style="list-style-type: none"> • A clinical pathway had been established and working group discussions were ongoing with Whiston Hospital to further develop the pathway. • Discussions were underway with Warrington and Arrowe Park hospitals regarding potential roll out within those sites. <p>Brand Prescribing of Epilepsy Medication Across the Region</p> <ul style="list-style-type: none"> • Initial discussions had been held with the Medicines Management Lead at the Integrated Care Board regarding generic prescribing of epilepsy medication across

		<p>the region as there was potential for large cost savings to be made.</p> <p>Everton in the Community Update</p> <ul style="list-style-type: none"> • The project was moving at pace and meetings were underway with Divisional Directors to identify what services could be implemented into the Health Zone. <p>Neuro Alliance Survey</p> <ul style="list-style-type: none"> • A presentation was provided detailing the outcomes of a patient experience survey undertaken approximately 11 months ago and an overview of the focus of the experiences of patients across Cheshire and Merseyside was provided. • An overview of results was presented and it was highlighted that there was a need to improve the diversity of respondents moving forward. • A number of areas for improvement were highlighted by the results and the Neurological Alliance had identified four areas of priority for ICBs to be aware of. • A bespoke briefing would be produced for Cheshire and Merseyside. 		
3	Risks Identified	None		
4.	Report Compiled by	Medical Director	Minutes available from:	Corporate Secretary

Board of Directors' Key Issues Report

Report Date: 23/01/23	Report of: Research, Innovation and Medical Education Committee
Date of last meeting: 20/12/22	Membership Numbers: Quorate
1.	<p>Agenda</p> <p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> • People Sub-strategy • Research and Development Strategy Implementation Update 2021/22 • NIHR & UKRI Funding Applications • RIME Strategic Partnerships • Strategic Partners Update • Committee Cycle of Business • Board Assurance Framework – Q3 2022/23 • Sub-group Terms of Reference – Innovation Group • Research and Development Financial and Performance Update • Sponsorship and Governance Research Group Chair Report • Medical Education Group Chair Report
2.	<p>Alert</p> <p>Research and Development Finance and Performance Report</p> <p>The Research and Development Finance and Performance Report for month 8 of the 2022/23 financial year was presented to the Committee. The financial position for month 8 was a combined deficit of £183.7K for the NRC and commercial trials expenditure. Year-to-date expenditure was reported as £237.6K deficit, therefore there was an increased deficit from plan of £54K. It was reported that overall, there had been a reduction in spending due to current vacancies and that the deficit was primarily attributed to the reduction in income.</p> <p>There was agreement that greater clarity, accuracy and transparency of the figures and understanding of the data was required. Committee was informed that work was being undertaken the Head of the NRC and Finance to address this and that a research study finance report would be brought to the March 2023 Committee meeting.</p> <p>Sponsorship and Governance Research Group Chair Report</p> <p>The Chair report from the meeting held on the 26 October 2022 was reviewed by the Committee and it was noted that the meeting had not been quorate and attendance was an area of concern. This would be addressed through the revised Terms of Reference that were to be implemented over the coming months in line with the recent review of the RIME Committee's sub-group structure.</p>

		<p>Medical Education Group Chair Report An overview of the Chair reports from the meetings held on the 20 September 2022 and 13 December 2022 were provided. Limited resource of medical education office staff was highlighted as needs to be addressed to ensure the Trust's continued success of the faculty and to enable the function to continue to provide a national training offer. The item was being included on the risk register in order to progress.</p>
3.	Assurance	<p>People Sub-strategy A review of the Trust's People Strategy had been undertaken to ensure alignment to the strategic ambitions in the Trust Strategy 2022-25. The Sub-strategy has completed its initial consultation phase and is currently going through its final sign off committee cycle. The Sub-strategy was brought to Committee for approval as it contains the strategic objectives and implementation plans for Innovation and Medical Education.</p> <p>Key areas of focus for innovation were noted as:</p> <ul style="list-style-type: none"> • Embedding an innovative culture within the organisation • Ensuring strategic alignment of innovation project activity • Development of a sustainable pipeline • Influencing health outcomes through organic innovation and also through social innovation initiatives e.g. social value, Goodison Park Legacy Health Zone development • The innovation function had commenced the initial assessment phase of the Investors in Innovation process which is a 3-year development framework to ensure organisation capability to deliver innovation and brings practice in line with the 8 ISO innovation standards. It is the industry standard for innovation and the governing body is the Institute of Innovation and Knowledge Exchange (IKE), the UK's professional body for innovators. The Walton Centre is the first Trust to be accepted to undertake the process. The explore and inform phase was undertaken on the 9 December with a presentation being made to the assessment panel by Mr Gibney and Ms Saunderson and now progressing into the self-assessment element. It was noted that training and mentoring is provided as part of the process and that IKE would be delivering an innovation session at the Board Development Day on in March 2023. <p>Key areas of note for medical education were:</p> <ul style="list-style-type: none"> • Maintaining business as usual for the undergraduate and post-graduate training programmes i.e. maintaining GMC training standards, undergraduate standards of excellence that have been achieved • Sustaining engagement with learners was a key area of investment • Development of the education faculty and ensuring the required provision support and resources are provided • Reviewing external opportunities to consolidate Medical Education within Research and grow the quality improvement outputs • Readiness to implement Health Education England workstreams and initiatives • Maintaining communication and engagement at a strategic level throughout the organisation • Increase understanding of opportunities available through University Hospital Status, Health Education England and Higher Education Institutes. <p>Research and Development Strategy Implementation Update 2021-22</p>

	<p>An update was provided on the implementation of the Research and Development Strategy 2019-2024. It was highlighted that the strategy had been developed for implementation within a very different research landscape than the one at present.</p> <p>It was proposed for the Research and Development Strategy to be reviewed to account for the challenges within the research landscape post COVID-19 and to be realigned to the Trust Strategy 2022-25. Key areas of focus were noted as:</p> <ul style="list-style-type: none"> • Quality assurance for clinical research facility and Research and Development – progress had been made but further work required • Greater understanding of research finance to inform growth • Recruitment within the research team and number of Trust research clinical leaders <p>This view was fully supported by the Committee.</p> <p>Board Assurance Framework – Q3 2022/23</p> <p>The Q3 Board Assurance Framework Report for 2022/23 was presented to the Committee for the risks which it provides assurance: Medical Education Strategy (008), Research and Development (009) and Innovative Culture (010). All risks had been updated and reviewed by the Executive Team on 31 August 2022. Key points of note were as follows:</p> <ul style="list-style-type: none"> • Proposed for the scoring for Medical Education Strategy risk to be reduced from 12 to 8 which was attributed to the ability to demonstrate that the Trust had the capability and reputation to run successful national events e.g. the Undergraduate Neuroskills Neurosurgery training day events which had attracted a national audience and received very good feedback. As the events were oversubscribed, further sessions would be held in January 2023. A national training day for Neurosurgery Surgical Emergencies run by the Royal College of Surgeon Tutor had also been held and also a Spinal Masterclass for the Neurosurgery trainee programme was due to be undertaken in January 2023. <p>As the Medical Education Strategy risk was now classed as a low scoring risk, it would be managed by the Medical Education Team and not receive Executive scrutiny.</p> <ul style="list-style-type: none"> • Operational risks had also been included in the Medical Education Strategy risk and work was progressing to identify operational risks for the Research and Development and Innovative Culture risks by the Q4 report. <p>Sub-group Terms of Reference – Innovation Group</p> <p>In line with the RIME Committee sub-group structure review, an Innovation Group is being convened to provide oversight and accountability of the Trust's innovation agenda and to strengthen its governance and reporting processes. The group would be Co-chaired by the Clinical Lead for Innovation and the Innovation Manager and meet on a bi-monthly basis. An assurance report informing of the Group's work would be submitted by the Co-chairs following each meeting to RIME Committee.</p> <p>An Innovation Forum would also be established to enable wider engagement and participation in the innovation agenda with all staff groups across the organisation following the completion of the initial assessment phase of the Investors in Innovation process.</p> <p>The Innovation Group's Terms of Reference were reviewed and agreed by the Committee.</p>
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		<p>Non-executive Director RIME Committee Members</p> <p>To bring the Committee's membership in line with the other Trust Board sub-committees, two additional Non-executive Directors would be joining the Committee from the March 2023 meeting, Mr David Topcliffe and Mr Ray Walker, both of whom are established Non-executive Directors within the Trust.</p> <p>The change in membership was welcomed by the Chair and the Committee agreed for its Terms of Reference to be updated to reflect the change which would be approved at the February 2023 Board meeting.</p>
4.	Advise	<p>NIHR & UKRI Funding Applications</p> <p>The Trust's Research, Innovation and Medical Education departments are working in partnership with Dr Jade Thai, Neuroscience and Mental Health Lead for The Walton Centre, Alder Hey and Mersey Care trusts, on a number of system wide collaborative NHIR and UKRI submissions comprising of:</p> <ul style="list-style-type: none"> • NHIR HealthTech Research Centre • NIHR Mental Health Research for Innovation Centre • NIHR & UKRI System Engineering Innovation Hubs for Multiple Long-term Conditions (SEISMIC) • UKRI Engineering and Physical Sciences Research Council (EPSRC) Network Grant <p>An overview of the submissions was provided and noted with updates to be brought to future committees meetings to inform on progress.</p> <p>The Committee noted that since the report had been written, the Trust had also participated in the NHIR Infrastructure bid submission for single molecule array (SiMoA) research technology and MEG technology for use in pain medicine practice research. Update report to be brought to the March 2023 Committee meeting.</p> <p><u>NIHR Scholars Programme</u></p> <p>Discussions were held regarding NHS trusts contributing to the programme in a more systematic way. It was noted that the Trust had a consultant participate in the previous and current cycle. The Committee was informed that the programme was in its fourth year and continued to be well evaluated by attendees. The programme had made a positive impact in research leadership roles with partner organisations and grant income from academic funding calls and commercial life-science partnerships. Although applications for the next cycle had closed, the Trust was actively encouraged to apply for subsequent calls. Mentoring support and executive sponsorship were highlighted as key to the success of the programme.</p> <p>It was proposed for a proportion of the medical education COVID-19 pandemic recovery funding to be utilised in support of a scholars programme light being developed to prepare research clinicians to apply for the programme. This view was fully supported by the Committee.</p> <p>Strategic Partners Update - ARC: NWC Spotlight Report</p>

		<p>Professor Marson gave an overview of the Applied Research Collaboration (ARC) North West Coast which brings together the Cheshire and Mersey, and the Lancashire and South Cumbria Integrated Care Boards.</p> <p>There is an ARC for each of the regions across England to which £135million funding is allocated annually across the primary function for which is to enable research. The central objective for any research project is to diminish health inequalities. The national priority areas were identified as mental health, adult social care and social work, prevention including behavioural risk factors, multimorbidity, health and care inequalities, person-centred care, healthy ageing and children's health and maternity.</p> <p>Along with the CRN and the ICB, the ARC is one of the main vehicles for the Trust to collaborate with its partners particularly to identify health inequality issues for our patients with neurological conditions i.e. need to think about the issues they are facing within the wider system. The example of epilepsy patient experiences of seizures within care homes was provided. Issues faced within the wider system by patients with neurological conditions creates barriers to accessing mental and general health care due to the wariness of non-neuro healthcare professionals of neuro conditions. The use and management of Valproate was also highlighted as an area of concern.</p> <p>In addition to health inequality data, community engagement was highlighted as a key element that the Trust was progressing through its social innovation agenda which enables the data to be validated by communities and people.</p> <p>It was noted that the ARC as a strategic partner, could assist with how the Trust's services are co-ordinated, function and delivered in a way that reduced health inequalities.</p> <p>There was agreement for the Trust's health inequality research priorities to be discussed at the Board level.</p>		
5.	Risks Identified	<ul style="list-style-type: none"> No new risks identified 		
6.	Report Compiled by	Professor Paul May, Non-Executive Director	Minutes available from:	Corporate Secretary

Board of Directors' Key Issues Report

Report Date: 09/01/23	Report of: Strategic Black, Asian and Minority Ethnic Advisory Committee (SBAC)
Date of last meeting: 12/12/22	Membership Numbers: 9 attendees Quorate
1. Agenda	<p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> • Review of Race Related Grievances • Organisational Diagnostic with BME Staff – Terms of Reference
2. Alert	<ul style="list-style-type: none"> • Review of Race Related Grievances <p>Whilst the review response rate was low, it was felt that comments could not be dismissed as a minority view as they coincided with similar comments made in the Staff Survey and the expressed views regarding barriers to approachability could also have played a part.</p> <p>The findings of the review fully supported the initially internal observations and provided an insight into the contributory factors and helped sign post the actions required to mitigate the level of race related grievance going forward. It was highlighted there are lessons to be learnt from how the recruitment of international nurses is approached and the wider considerations which are needed regarding cultural integration and ongoing operational challenges.</p> <p>Analysis of the report highlighted themes including staff education; the pace of recruitment for international nurses; preparedness for recruitment; cultural differences amongst staff; potential for benchmarking between Trusts; continue with building rapport, civility training and unconscious bias work; communications support is critical; line manager/leadership support; OD support and team building for areas where grievances were initially raised and further develop the Freedom to Speak Up champion roles.</p> <p>Committee agreed there was sufficient information provided within the report to formalise a set of key actions which will include pastoral support, leadership development, cultural awareness, talent management, refresh of policies and procedures, recruitment and induction. These actions will then be combined with the strategic actions identified in the Globis report and the final overarching action plan will feed into the strategic work plan.</p>
3 Assurance	<ul style="list-style-type: none"> •
4 Advise	<ul style="list-style-type: none"> • Organisational Diagnostic with BME Staff – Terms of Reference <p>The purpose of the review is for Globis to conduct an organisational diagnostic with BME staff across the Walton Centre NHS FT using quantitative and qualitative measures to produce an informed short to medium term strategic framework. The fundamental objectives are to produce both a clear strategic direction of travel for this area of work within the trust and also some concrete practical next steps.</p>
2. Risks Identified	None

3.	Report Compiled by	Jan Ross	Minutes available from: J. Newton	Corporate Secretary
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Board of Directors' Key Issues Report

Report Date: 24/01/23		Report of: The Walton Centre Charity Committee Meeting
Date of last meeting: 20/01/23		Membership Numbers: Quorate
1	Agenda	<p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> • Revised Terms of Reference • Finance Report to 31 December 2022 • Annual presentation from Investment Managers CCLA • Investment Reports from CCLA and Ruffer • Fundraising Activity Update including outline plan presentation from Digital Fundraising Manager • Charity Risk Register • Training & Development Department Annual Report and Impact Statement • Application for Royal Liverpool Philharmonic proposal • 3 applications for formal approval (approved by the Committee between meetings) • Charity Commission Internal Controls Checklist • Preparation of the Financial Statements 2022/23 • Governance Arrangements and Financial Instructions
2	Alert	<ul style="list-style-type: none"> • No issues for Alert to Board of Directors
3	Assurance	<ul style="list-style-type: none"> • Following a review of the Committee effectiveness at the end of the year the revised Terms of Reference to increase the Non-Executive Director membership from 2 to 3 were endorsed for Board approval subject to a potential change to the quoracy of the meeting to include clinical representation in order for the meeting to be quorate. It was discussed and agreed that there should be training in place for new members to the Committee around the responsibilities of being a trustee. • The Charity Commission Internal Controls Checklist was received by the Committee and approved with some minor changes. Independent Examiners, BWM Accountants, had recommended completion of the checklist to help charity trustees evaluate the charity's performance against the legal requirements and good practice recommendations put in place by The Charity Commission. • The Charity Risk Register was noted with no new risks identified. Two risk levels had been increased relating to loss of income from charity investments and unsatisfactory income generation given the current economic environment. • The Preparation of the Financial Statements for The Walton Centre Charity 2022/23 were presented and the Committee approved the accounting policies and confirmed they were satisfied that the accounts should be prepared on a going concern basis. • The Walton Centre Charity Governance Arrangements and Financial Instructions were presented in draft. Minor changes were recommended including the incorporation of the revised Terms of Reference. The final version would be circulated to the Committee for approval prior to the next meeting in April 2023.

4	Advise	<ul style="list-style-type: none"> • A presentation was given by Investment Managers CCLA on the annual performance of the portfolio highlighting the volatility of the markets at the present time and how risks were being mitigated and opportunities taken advantage of. The fund stood at £577k as at 31 December 2022. • The Investment reports from both CCLA and Ruffer were noted. The Committee discussed and agreed that holding £1m in investments was appropriate at the present time. The long term strategy was to spend the funds but that was based on a pipeline of schemes and projects being developed and accepted. This would form part of the Fundraising substrategy in the future. • A subgroup would convene to discuss the cash reserves and where and when to invest this sum of money currently standing at £490k. • The finance report showed that the fund balances had reduced from £1,438k to £1,284k in the last quarter. The Walton Centre Charity Plan 2022/23 would be looked at to show a more realistic forecast in the current economic climate. • A plan of action to address slow movement and/ or a lack of plans in some of the funds was outlined and agreed by the Committee. This would culminate in a presentation at Clinical Senate to outline the responsibilities of fund managers. (latest position of all funds to be tabled). • The Committee received the fundraising activity report providing an update on NHS Charities Together grant applications. The Digital Fundraiser gave an introductory presentation detailing plans for the role with a particular focus on the next 6 months in post. The presentation was well received by the Committee who asked if they could be updated on the impact that digital fundraising had on the Charity once the post holder was fully embedded in the role. • The Committee enthusiastically approved an application from the General Fund (£11,528) to support a pilot programme delivered in partnership with Royal Liverpool Philharmonic and the Walton Centre between April and July 2023 agreeing it would benefit patients and staff alike. • The Committee gave formal approval to applications for Staff Long Service awards; a research application (grant funded) from Professor Jenkinson's fund for Dr George Richardson; and the purchase of new equipment Hocoma Erigo rehabilitation (proceeds for which were covered by the Jan Fairclough Ball). • The establishment of a separate Health and Wellbeing Fund had been discussed at length at a previous meeting and was revisited due to the worrying cost of living crisis. It was considered that a separate fund designated for staff health and wellbeing may encourage donations however it may be to the detriment of the General Purpose fund which currently supports lots of health and wellbeing initiatives. There was also concern around conflicting corporate responsibility. It was agreed the Charity would not proceed with a separate fund but would revisit the situation in the future. • Training and Development department presented an annual report containing summary of study leave applications and progress updates from individuals which each received 25% support from charitable funds over the 2022/23 financial year. An impact presentation was received from a member of staff who had benefitted from charitable funds towards professional development. 		
5	Risks Identified	<ul style="list-style-type: none"> • None 		
6	Report Compiled by	Su Rai Non-Executive Director	Minutes available from:	PA to Chief Finance Officer

Report Date: 2 Feb 2023		Report of: Remuneration Committee (RemCom)	
Date of last meeting: 5 Jan 2023		Membership Numbers: Quorate – no apologies	
1	Agenda	The Committee considered an agenda which included the following: <ul style="list-style-type: none"> • Mutually Agreed Resignation Scheme (MARS) • New Appointment to the Very Senior Manager Scale • Appointment of an Interim Chief Nurse 	
2	Alert	<ul style="list-style-type: none"> • None 	
3	Assurance	<ul style="list-style-type: none"> • Mutually Agreed Resignation Scheme (MARS) was an appropriate scheme to identify recurrent financial savings from 2023-24. Impact of scheme on staff considered and need for clear communications • Movement of a senior manager from Agenda for Change to the Very Senior Manager (VSM) payscale was appropriate given the nature of the role and the scope for future role development 	
4.	Advise	<ul style="list-style-type: none"> • Mutually Agreed Resignation Scheme (MARS) was approved for a short period with all applications to be agreed by 31 March 2023 • Appointment of an interim Chief Nurse was approved 	
5.	Risks Identified	<ul style="list-style-type: none"> • None 	
6.	Report Compiled	Max Steinberg, Chair	Minutes available from: Corporate Secretary

**Board of Directors
2 February 2023**

Report Title	Update to Research, Innovation and Medical Education (RIME) and Walton Charity Committee (WCC) Terms of Reference (ToR)		
Executive Lead	Jan Ross, Chief Executive		
Author (s)	Katharine Dowson, Corporate Secretary		
Action Required	To decide		
Level of Assurance Provided			
<input type="checkbox"/> Acceptable assurance Systems of controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/> Partial assurance Systems of controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/> Low assurance Evidence indicates poor effectiveness of system of controls	
Key Messages			
<ul style="list-style-type: none"> Proposed changed of Terms of Reference as the number of Non-Executive Director (NED) members in each Committee has increased from two to three 			
Next Steps			
<ul style="list-style-type: none"> Implement the changes with immediate effect and adopt the updated ToR Review at year end as part of the annual committee effectiveness cycle 			
Related Trust Strategic Ambitions and Themes		Impact	
Not Applicable		Not Applicable	Not Applicable
Strategic Risks			
Not Applicable	010 Innovative Culture	008 Medical Education Strategy	
Equality Impact Assessment Completed			
Strategy <input type="checkbox"/>	Policy <input type="checkbox"/>	Service Change <input type="checkbox"/>	
Report Development			
Committee/ Group Name	Date	Lead Officer (name and title)	Brief Summary of issues raised and actions agreed
RIME	20 December 2022	K Dowson, Corporate Secretary	Revised Membership agreed
WCC	20 January 2023	K Dowson, Corporate Secretary	Revised Membership agreed

Update to Terms of Reference

Background

1. The Board Committee membership was refreshed following the appointment of a seventh Non-Executive Director (NED) who started in post from 1 January 2023. An additional NED had been appointed following the decision to make the Chief People Officer a fully voting member of the Board. This would mean that there were six Executive Directors and six NEDs. The Code of Governance advises that a Trust Board should have a majority of NEDs and therefore seven were required.
2. During review of the Board Committee membership, it was noted that both Research, Innovation and Medical Education (RIME) Committee and Walton Charity Committee (WCCC) had two NED members compared to three for both Quality and Business Performance Committee and it was agreed that the appointment of an additional NED would allow membership numbers to be consistent across all Board Committees.

Changes

3. **RIME Membership**
 7. The Committee shall be comprised of the following voting members:
 - At least two ~~Two~~ Non-Executive Directors, one of whom will be the Committee Chair
 - Chief Medical Officer
 - Chief People Officer
4. **Walton Centre Charity Committee Membership**
 8. The Committee shall be comprised of the following voting members:
 - At least ~~t~~two Non-executive Directors, one of whom will be the Committee Chair
 - Chief People Officer
 - Chief Finance Officer
5. The wording has been proposed to allow future flexibility.

Next Steps

6. If agreed, it is proposed to review the arrangements at the end of the year (March 2023) as part of the Committee Effectiveness reviews to ensure that the changes made have had a positive impact and review whether further changes are required.

Recommendation

To approve the ToR for RIME and WCC incorporating a streamlined membership, quoracy and schedule of meetings.

Author: K Dowson, Corporate Secretary
Date: January 2023

Appendix 1 – Revised ToR for RIME
Appendix 2 – Revised ToR for WCC

Appendix 1

RESEARCH, INNOVATION AND MEDICAL EDUCATION (RIME) COMMITTEE TERMS OF REFERENCE

Authority/Constitution

8. The Research, Innovation and Medical Education (RIME) (the Committee) is authorised by the Board of Directors of The Walton Centre NHS Foundation Trust.
9. The Committee has no executive powers other than those specifically delegated in these Terms of Reference.
10. The Committee has the authority to oversee and take decisions relating to the organisation's activities which also support the achievement of the organisation's objectives.
11. The Committee is authorised to request specific reports from individual functions within the organisation and to seek any information it requires from any member of staff in order to perform its duties.
12. The Committee is authorised to create operational sub-groups, forum, 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 Committee who will oversee their work.

Purpose

13. The purpose of the Committee is to provide the Board of Directors with assurance that the Trust has a strategic direction and there is a comprehensive and integrated approach to research, innovation and medical education. Also, that risks to patient safety and the Trust's reputation have been identified and mitigated.

Membership

14. The Committee shall be comprised of the following voting members:
 - At least two ~~Two~~ Non-Executive Directors, one of whom will be the Committee Chair
 - Chief Medical Officer
 - Chief People Officer
15. The following are required to attend in a non-voting capacity:
 - a. Clinical Director for Research, Medical Education and Innovation
 - b. Chair of Innovation Group
 - c. University of Liverpool Representative (Research)
 - d. Clinical Research Network NWC Representative
 - e. Applied Research Collaborative NWC Representative

16. The following will attend as required by the meeting agenda:
 - a. Innovation Manager
 - b. Medical Education Manager
 - c. Research and Development Manager
 - d. Head of Neuroscience Research Centre
 - e. Head of SPARK (Single Point of Access to Research and Knowledge) for Liverpool Health Partners
 - f. Neuroscience Programme Manager for Liverpool Health Partners
 - g. Research, Development & Innovation Management Accountant
 - h. Corporate Secretary
17. The Committee will be deemed quorate when two voting members are present, including at least one Executive and one Non-Executive Director.
18. 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.
19. 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.
20. Other staff or external advisers may be co-opted or requested to attend for specific agenda items as necessary.
21. An open invitation exists for all members of the Board of Directors to attend the Committee.

Requirements of Membership

22. 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.
23. 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

24. In order to fulfil its role and obtain the necessary assurance, the Committee will:
 - Inform the development and provide assurance against the following strategies, associated policies, sub-strategies, implementation plans and annual reports:
 - People Substrategy (Innovation and Medical Education elements)
 - Research and Development Substrategy

25. Ensure that governance and assurance systems operate effectively and underpin programme delivery to include the areas associated with the above strategies and annual reports.
26. Identify and support the synergies between innovation, research partnerships and medical education to ensure they are strategically aligned and sustainable
27. The Committee's general duties in the above areas will be to:
 - a. Provide assurance to the Board on compliance with associated legislation, national reporting and regulatory requirements and best practice
 - b. Monitor the efficient and safe delivery of work and projects to meet national and Trust objectives and seek assurance on the quality of research and innovation projects and the medical educational provision in order to enhance the reputation of the Trust as a centre of excellence
 - c. Consider emerging national and international initiatives that may provide opportunities for research or innovative working
 - 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 inform the organisation to support continual improvement
 - Oversee the delivery of any corrective action plans in areas where acceptable assurance is not yet in place
 - To review and ratify all sponsorship decisions made by the Research Governance Group including:
 - Sponsorship for non-interventional studies
 - Clinical Trials of Investigational Medical Product (CTIMP) studies
 - Withdrawals of sponsorship or studies that have been rejected
 - To monitor research and innovation finances including grant income
 - Facilitate collaborative partnerships and receive presentations and reports from partners including Liverpool Health Partners (LHP), Innovation Agency North West Coast, Applied Research Collaborative (ARC) North West Coast, Clinical Research Network: North West Coast and University of Liverpool (Research and Medical Education).
28. 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

29. The Committee is committed to protecting and respecting data privacy. The RIME 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

30. 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

31. The Committee will be accountable to the Trust Board of Directors. The Board of Directors will be informed of the Committee's work through an assurance report from the Chair submitted following each meeting.
32. Reports including regular assurance reports will be received from the following sub-groups which have been established by the Committee to support it in fulfilling its duties. The Committee will approve the terms of reference for each of these groups during the year:
- a. Medical Education Group
 - b. Innovation Group
 - c. Research Governance Group
 - d. Research Capability Fund Panel

Administration of Meetings

33. Meetings shall be held quarterly with additional meetings held on an exception basis at the request of the Chair or any three voting members of the Committee. There shall be a minimum of four meetings per year.
34. The Corporate Secretary will make arrangements to ensure that the Committee is supported administratively. Duties in this respect will include development and monitoring of a workplan, agenda setting, taking minutes of the meeting and providing appropriate support to the Chair and Committee members.
35. Agendas and papers will be circulated at least four working days in advance of the meeting.
36. Minutes will be circulated to members for comment as soon as is reasonably practicable.
37. An annual workplan will be agreed which will be reviewed at least quarterly by the Committee to ensure it is meeting its duties.

Review

38. The Terms of Reference shall be reviewed annually and approved by the Board of Directors.
39. 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.

Approved by RIME Committee: December 2022

Ratified by Board of Directors: February 2023

Review Date: March 2023

THE WALTON CENTRE CHARITY COMMITTEE TERMS OF REFERENCE

Authority/Constitution

1. The Walton Centre Charity Committee (WCC) (the Committee) is authorised by the Board of Directors of The Walton Centre NHS Foundation Trust, to exercise the Trust's functions as sole corporate trustee of The Walton Centre Charity, registered charity number 1050050.
2. The Committee has no executive powers other than those specifically delegated in these Terms of Reference.
3. The Committee has the authority to oversee and take decisions relating to the Trust's charitable activities which also support the achievement of the organisation's objectives.
4. The Committee is authorised to request specific reports from individual functions within the organisation and to seek any information it requires from any member of staff in order to perform its duties.
5. The Committee is authorised to create operational sub-groups, forum, 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.
6. In discharging its role members must act solely in the best interests of The Walton Centre Charity and in a manner consistent with the Charity Commission's requirements and expectations of Charity Trustees.

Purpose

7. The purpose of the Committee is to discharge the Trust's responsibility as Corporate Trustee in the effective management of the Charity, including compliance with statutory and regulatory requirements and in accordance with the guidance on NHS Charities set out by the Charity Commission.

Membership

8. The Committee shall be comprised of the following voting members:
 - At least two Non-executive Directors, one of whom will be the Committee Chair
 - Chief People Officer
 - Chief Finance Officer
9. The following are required to attend in a non-voting capacity:
 - Clinical Representative from the Division of Neurosurgery
 - Clinical Representative from the Division of Neurology
 - Deputy Medical Director

- Deputy Chief Nurse
 - Head of Fundraising
10. The Committee will be deemed quorate when two voting members are present, including at least one Executive and one Non-Executive Director.
 11. In the event that the Chair of the Committee is unable to attend a meeting, the other Non-Executive Director shall be Chair for that meeting. The Chair shall have a casting vote in the event of a vote.
 12. 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.
 13. Clinical Divisional representatives are invited on to the Committee for a period of three years at which point other clinical staff members will be invited to submit submissions of interest. If there is no further interest, then the divisional representative can be asked to serve a further three years.
 14. Other staff or external advisers may be co-opted or requested to attend for specific agenda items as necessary.
 15. An open invitation exists for all members of the Board of Directors to attend the Committee.

Requirements of Membership

16. 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.
17. 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

18. In order to fulfil its role and obtain the necessary assurance, the Committee will:
 - inform the development of the Charity and Fundraising Substrategy and objectives for the Charity's work for consideration by the Board and oversee their delivery
 - monitor the performance of the fundraising and marketing activity, ensuring that the return on investment is satisfactory and that income targets are met
 - receive reports detailing balances of the Charity's Funds

- receive reports on all individual charitable non-pay transactions in excess of £1,000
- approve expenditure of all individual charitable non-pay transactions valued from £5,000 up to £100k
- in line with charity law establish the strategy, policies, budget, spending priorities and criteria for spending decisions for each fund
- appoint appropriate Investment Managers to provide investment advice and manage the Charity's investment portfolio
- in conjunction with the investment managers, agree an investment policy which lays down guidelines in respect of:
 - the balance required between income and capital growth
 - the balance of risk within the portfolio
 - any categories of investment which the Trust does not wish to include in the portfolio on ethical grounds.
- i) keep investment performance under review
- j) review the impact on the Charity of changes in legislation both of a charitable and non-charitable nature and make appropriate recommendations to the Trust Board, as Corporate Trustee, as to how any new requirements will be met
- k) ensure compliance with the Trust's Standing Financial Instructions, Financial Control Procedures and Scheme of Delegation
- l) receive audit reports on the charity controls
- m) approve new fundraising appeals and monitor fundraising targets
- n) consider the Charity's annual report and accounts prior to approval by Trust Board.

19. Policies – consider and approve all policies relevant to the Committee's remit including the Investment Policy, the Fundraising Policy and the Ethical Donations Policy
20. 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

21. 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

22. 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

23. The Committee will be accountable to the Trust Board of Directors. The Board of Directors will be informed of the Committee's work through an assurance report from the Chair submitted following each meeting.
24. The Committee will agree a cycle of business which will be reviewed at each meeting to ensure the Committee is meeting its duties.
25. The Committee will annually assess its performance against the Charity and Fundraising Substrategy.
26. Reports including regular assurance reports will be received from any subgroups established by the Committee and the Committee will approve their Terms of Reference and annual work programme and keep their effectiveness under review.

Administration of Meetings

27. Meetings shall be held quarterly with additional meetings held on an exception basis at the request of the Chair or any three voting members of the Committee. There shall be a minimum of four meetings per year.
28. The Corporate Secretary will make arrangements to ensure that the Committee is supported administratively. Duties in this respect will include development and monitoring of a workplan, agenda setting, collation of papers, taking minutes of the meeting and providing appropriate support to the Chair and Committee members.
29. Agendas and papers will be circulated at least four working days in advance of the meeting.
30. Minutes will be circulated to members for comment as soon as is reasonably practicable.
31. An annual workplan will be agreed which will be reviewed at least quarterly by the Committee to ensure it is meeting its duties.

Review

32. The Terms of Reference shall be reviewed annually and approved by the Board of Directors.
33. The Committee will undertake an annual review of its performance and effectiveness against its work plan and the Trust Strategy in order to evaluate the achievement of its duties.

Approved by WCC: January 2023
Ratified by Board of Directors: February 2023
Review Date: April 2023