The Walton Centre
NHS Foundation Trust

Public Trust Board Meeting

Thursday 1st February 2024

Agenda and Papers

Excellence in Neuroscience

PUBLIC TRUST BOARD MEETING

Thursday 1 February 2024
Boardroom
09:30 – 12.30pm

v = verbal d = document p = presentation

Item	Time	Item	Owner	Purpose
1	09.30	Staff Story (v)	Chief Nurse	N/A
2	09.50	Welcome and Apologies (v)	Chair	N/A
3	09.55	Declaration of Interests (v)	Chair	Note
4	10.00	Minutes and actions of meetings held on: • 7 December 2024 (d)	Chair	Approve
STRATEGIC CONTEXT				
5	10.05	Chair and Chief Executive's Update (d)	Chief Executive	Note
6	10.20	Trust Strategy Update (d)	Chief Operating Officer	Assurance
7	10.30	Estates and Facilities Substrategy Update (d)	Chief Operating Officer	Assurance
8	10.40	Communications and Marketing Substrategy Update (d)	Chief Executive	Assurance
9	10.50	Digital Substrategy Update (d)	Chief People Officer	Assurance
GOVERNANCE				
10	11.00	Board Cycle of Business 2024/25 (d)	Corporate Secretary	Approve
COLLABORATION				
11	11.05	Joint Site Sub Committee (d) • Key Issues Report – 09 January 2024	Chair	Assurance
12	11.10	Liverpool Trusts Joint Committee (d) • Key Issues Report – 21 December 2023	Chief Executive Officer	Assurance
11.15 BREAK				
INTEGRATED PERFORMANCE REPORT				
13	11.25	Integrated Performance Report (d)	Chief Executive Officer	Assurance
14	11.30	Business Performance Committee (d) • Chair's Assurance Report: 23 January 2024	Committee Chair	Assurance
15	11.45	Quality Committee (d) • Chair's Assurance Report: 19 January 2024	Committee Chair	Assurance
QUALITY & SAFETY				
16	12.00	Freedom To Speak Up Guardian Report (d)	Chief Nurse	Assurance
17	12.10	Quality Committee Reports • Trust Wide Mortality Report: Learning from Deaths Q3 (d)	Committee Chair	Assurance
COMMITTEE CHAIR'S ASSURANCE REPORTS AND PAPERS				

Item	Time	Item	Owner	Purpose
18	12.20	Research, Innovation and Medical Education Committee (d) • Key Issues Report – 19 December 2023	Committee Chair	Assurance
19	12.25	Remuneration Committee (v) • Key Issues Report – 26 January 2024	Committee Chair	Assurance
CONSENT AGENDA				
20. Subject to Board agreement, the recommendations in the following reports will be adopted without debate: • Estates Return Information Collection (ERIC) Return (d)				
CONCLUDING BUSINESS				
21	12.30	Any Other Business (v)	Chair	Note

Date and Time of Next Meeting: 9.30am, 4 April 2024, Boardroom, The Walton Centre

UNCONFIRMED
Minutes of the Public Trust Board Meeting
Board Room
7 December 2023

Present:

Max Steinberg (MS)	Chair
Irene Afful (IA)	Non-Executive Director
Mike Burns (MB)	Chief Financial Officer
Clive Elliott (CE)	Non-Executive Director
Mike Gibney (MG)	Chief People Officer
Nicky Martin (NM)	Chief Nurse
Paul May (PM)	Non-Executive Director
Andy Nicolson (AN)	Medical Director/ Deputy Chief Executive
Su Rai (SR)	Deputy Chair and Senior Independent Director
Jan Ross (JR)	Chief Executive Officer
Ray Walker (RW)	Non-Executive Director
Lindsey Vlasman (LV)	Chief Operating Officer

In attendance:

Katharine Dowson (KD)	Corporate Secretary
Jennifer Ezeogu (JE)	Deputy Corporate Secretary *(for minutes)*
Madeleine Fletcher (MF)	Head of Fundraising (*Item 6 only)*

Observers

Andrew Brodbelt (AB)	Staff Governor
Sam Fleet (SF)	Senior External Communications Officer

Apologies:

Debra Lawson (DL)	Associate Non-Executive Director
David Topliffe (DT)	Non-Executive Director

1 Patient Story

1.1 The Board was unable to receive the patient story due to internet connectivity issues and apologies were sent to the patient.

The Board agreed the patient story would be deferred to the February Board meeting.

2 Welcome and apologies

2.1 Apologies were noted as above. The Chair welcomed CE and NM to their first meeting in their new roles.

3 Declaration of interest

3.1 There were no other interests in relation to the agenda declared.

4 Minutes of the meeting held on 5 October 2023

4.1 The minutes of the meeting held on 5 October 2023 were approved as an accurate record of the meeting.

Action tracker

4.2 All actions had been completed and removal agreed from the action log.

5 Chair & Chief Executive's Report

5.1 MS advised the Board that NM had been appointed as the Chief Nurse and that recruitment was underway for a Deputy Chief Nurse. The Trust had been visited by a Dutch Medi-tech company. An introductory visit had been hosted by MS for the newly elected Governors. MS and JR had attended the NHS Providers annual conference held on 14 and 15 November 2023.

5.2 MS had since the last Board meeting, attended the two-day Board away day held on 1 and 2 November 2023 and chaired the October Joint Site Sub Committee meeting.

5.3 The Trust had been nominated and was amongst the finalist for the "Trust of Year Award" at the HSJ awards and Cheshire and Merseyside Acute and Specialist Trust (CMAST) had won the "Provider Collaborative of the Year" award at the event. SR commended the Trust for its performance at the HSJ awards and stated that it exemplified the great work that had been done at the Trust.

5.4 JR alerted the Board that the Junior Doctors had balloted to embark on further industrial action from 7am, 20 December 2023 to 7am 23 December and 7am, 3 January 2024 to 7am 9 January 2024 and that the Trust would be significantly impacted as it was a full walkout. Plans were underway by the operational teams to mitigate the risks and ensure the safety of patients.

5.5 JR reported that the Trust had an unannounced mental health inspection from the Care Quality Commission (CQC) on 6 December 2023 and that no major concerns or risks had been identified on the day. Official feedback would be received from the CQC in the coming weeks and an update would be included in the next CEO's report.

5.6 SR asked if there had been a particular reason for the CQC inspection. NM responded that it was a routine mental health inspection and was not due to any complaints or concerns raised.

5.7 SR enquired if the Emergency Preparedness, Resilience and Response (EPRR) non-compliance ratings had been in relation to Covid-19 learning. JR responded that it had been due to a review of the EPRR assurance process for 2023/24 by NHS England (NHSE) and a requirement for more evidence to be submitted. All Trusts within Cheshire and Merseyside (C&M) had been affected and the Trust had a robust plan in place to improve compliance. LV stated that a meeting had been held to discuss the next steps and that plans were underway to have all the required evidence in preparation for the reassessment in 2024.

The Board noted the Chair and Chief Executive reports.

6 Charity Substrategy Update

6.1 MF presented an update on the Charity Substrategy and highlighted that good progress had been made against the five main arears of focus in the first twelve months. Income generation from the digital fundraising platforms continued to grow and the Digital Fundraising Manager (DFM) had made a great impact to the team since coming into post.

6.2 MF stated that the DFM had set up a microsite to correspond with the "Trauma Room One" series to analyse the impact on donations from the series and that there had been increased visits to the Charity website after each episode had aired. A donor database mapping project had been created to identify streams of contact from different sources and approximately £60k had been raised from the Jan Fairclough (JF) Ball for the purchase of an Optical Coherence Tomography (OCT) machine.

6.3 JR stated that it was commendable to see the impact the series had on the Charity. MS noted the positive working relationship between the Communications and Fundraising Team to support the Charity Substrategy.

6.4 RW asked if there had been an increase in grant applications since the development of the Grant Making Policy. MF responded that the grant making policy was centred around the grants awarded to staff by the Charity and that a pipeline of potential projects had now been developed to support the grant making process. Plans were underway to move the grant making process and application online once the new Trust intranet went live. SR stated that the pipeline of potential projects was used to identify the project to be sponsored at the JF Ball.

6.5 RW enquired if there were ways of diversifying the sources of income to the Charity. MF stated that there were lots of ideas for external grants but as a team they were limited with the number of corporate donors they could reach. The team had a list of potential projects to be funded if approached by external organisations.

6.6 MG reported that the Charity had supported staff with funding for training, a £30k funding pot was allotted annually to the Research team and that various other projects and initiatives within the Trust e.g., the Chatbot had been sponsored by the Charity.

The Board noted the Charity Substrategy Update

7 People Substrategy Update

7.1 MG presented an update on the People Substrategy and highlighted that the NHS Long Term Workforce Plan had been published since the last report to the Board which was aimed at increasing the NHS workforce by approximately 1million people over a 15-year period, with particular focus on training/apprenticeship, recruitment and retention.

7.2 It was reported that there had been an increase in the apprenticeship scheme within the Trust with seven of the twelve apprentices in the most recent scheme been employed by the Trust at the end of their programme. Three staff had been registered for the Nursing apprenticeship programme and the first cohort of undergraduate medical students from Edge Hill University were scheduled to start in the summer of 2024.

7.3 MG stated that funding had been secured for two student research bursaries including a part-time research physiotherapist, the Equality, Diversity, and Inclusion lead had commenced in post and that the Trust had been reassessed and attained its Navajo kitemark certification.

7.4 JR highlighted that there had been little debate within the system regarding the impact of the immigration changes on social and health care. CE enquired if the Trust had a mitigation plan in place following the changes to immigration thresholds. JR responded that this would be looked at but the Trust first needed to understand any potential impact.

7.5 IA reported on the listening campaign event she had attended as part of Liverpool Citizens and stated that focus had been on the cost-of-living crisis, lack of resources for social care, litter, housing, and mental health. The next listening event was scheduled for January 2024 and next steps would be to focus on the areas highlighted and how best to move the actions forward. MG added that the national model for the listening events was focused on people, patients, and place.

7.6 AN highlighted that getting staff onboard and engaged with the People Substrategy would be one of the challenges. MG stated that in order to get better, it was important to get the strategy right, increase the expectation of acting as part of the community and embrace the cultural shift.

7.7 PM advised that there had been an expansion of medical schools across the country and a new medical school was to be opened at the University of Chester in 2024; plans were underway for an academic health service training centre for Allied Health Professionals and that the Trust should be involved in the discussions proactively. AN stated that currently the Trust had the capacity to provide medical education for more medical students, which might pose a challenge for other Trusts.

The Board noted the People Substrategy Update.

8 Quality Substrategy Update

8.1 NM presented the Quality Substrategy update and highlighted that good progress had been made against the objectives set in quarter 2 (q2), key objectives for q3 had been identified and that a new Health Roster lead had been recruited.

8.2 NM stated that industrial actions and winter pressure were some of the key risks to the delivery of the Quality Substrategy and that these had been raised at the Strategic Programme Management Office (SPMO) meeting in September. Work was ongoing with the Business Intelligence Team to put into operation a dashboard to monitor and measure the Key Performance Indicators (KPIs).

8.3 IA noted that an issue regarding training capacity had been highlighted and asked what the impact had been on Nurses. MG replied that it had been discussed at the Executives meeting and was due to the unavailability of participants for the training and also the impact of the industrial action.

8.4 SR asked about the limited engagement from the staff/divisional teams and what was being done to improve engagement. NM responded that discussions were ongoing across the divisions to improve engagement and that the industrial action had also had an impact.

The Board noted the Quality Substrategy Update.

9 Board Assurance Framework Report 2023/24

9.1 JR presented the mid-year review of the 2023/24 Board Assurance Framework (BAF) and highlighted that all risks and associated actions had been updated and there were no proposed changes to the risk scores or appetite.

9.2 CE enquired about Risk 007: Capital Investment and asked if there were opportunities for the Trust to explore different models to improve capital investments. MB advised that the Trust utilised some subscription models and that he would confirm which models were been used and inform CE about this.

ACTION: MB to provide an update on the subscription model in use by the Trust.

9.3 PM noted that the lead Executive for Risk 008: Medical Education and Risk 009: Research and Development should now be changed to AN.

The Board gave its approval for the Lead Executive for Risk 008: Medical Education and Risk 009: Research and Development to be changed to AN.

9.4 RW noted the improvement in the management of risk over the last year.

9.5 SR stated that discussions were ongoing at the Business Performance Committee (BPC) to review the wording of Risk 011: Cyber Security in 2024/25 in order to ensure that the risk management remained within the control of the Trust.

The Board approved the Board Assurance Framework Report 2023/24.

10 Joint Site Sub Committee Key Issues Report

10.1 MS presented the key issues report from the Joint Site Sub Committee (JSSC) meeting held on 10 October 2023 and highlighted that work continued across the three agreed focus areas for the development of areas of collaboration across both sites.

The Board noted the Joint Site Sub Committee Key Issues Report.

11 Liverpool Providers Joint Committee Key Issues Report

11.1 JR presented the key issues report from the Liverpool Providers Joint Committee (LPJC) meeting held on 21 September 2023 and stated that the Committee received an overview of the Liverpool University Hospitals NHS FT (LUHFT) Improvement Plan.

11.2 JR highlighted that a review by Trust CEOs had been agreed to help identify a programme management methodology for the Committee and the individual JSSC to ensure recommendations from the Liverpool Clinical Services Review were being progressed successfully.

The Board noted the Liverpool Trusts Joint Committee Key Issues Report.

12 Business Performance Committee Chair's Assurance Report

12.1 SR presented the Business Performance Committee (BPC) key issues report and stated that check and challenge of the Integrated Performance Report (IPR) relevant to the Committee had been carried out.

12.2 SR highlighted that there had been a slight increase in the number of 52-weeks waiters due to the industrial action and that this would be further impacted by the theatre refurbishment programme. LV added that some of the increase to the 52-weeks waiters was also due to patients transferred to the Trust through mutual aid requests.

12.3 JR enquired if it was possible to separate the figures of the number of 52-weeks waiters for the Trust and those received through mutual aid transfer. LV confirmed that this could be done.

ACTION: LV to separate the figures of the number of 52-weeks waiters for the Trust and those received through mutual aid transfer on the IPR.

12.4 SR noted that as discussed under item 5 the Trust's EPRR compliance had been downgraded to 15% compliant by the NHS central team as against 80% which had been reported to the Board in September 2023 and that all Trusts within the region had been similarly marked down. The downgrade was due to a lack of evidence to support the assertions and was not that the assertions represented inadequate controls. An action plan had been developed and gathering of all the required evidence was being carried out to be included in the next resubmission in 2024.

12.5 The Trust Income & Expenditure surplus was on plan at £2.8m year to date (YTD), the Quality Improvement Programme (QIP) target had been delivered and there was an improved proportion of recurrent QIP, however, this remained at 73% which was below the plan of 100%.

12.6 RW enquired how confident the Trust was that it could meet the Integrated Care Boards (ICB) requests and meet the QIP target for 2023/24. MB stated that the ICB had asked for the recurrent QIP to be put at 100% which was always going to be challenging. LV confirmed that the Trust had started meeting to discuss schemes for 2024/25.

12.7 SR advised that the Committee had received and agreed on a proposal to restructure its subgroups to replace the current set of 13 groups reporting in to four Executive led groups which largely aligned with the four Substrategies which the Committee had oversight on.

12.8 PM commended the Trust's repatriation process and how well the Trust was performing on delayed transfers of care. JR commented that it was important to consider the complexity of the 14-day patients awaiting discharge and that the Trust's repatriation process was heavily reliant on the nature of patients and the onward transfer of these patients which was often to other NHS organisations.

12.9 LV noted that it had been highlighted in the Trust's winter plan that there was likelihood for patients to be kept longer to support other Trusts.

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

13 Quality Committee Chair's Assurance Report

13.1 RW as Chair of the Quality Committee (QC) presented the key issues report and noted that in the IPR the Trust's Referral to Treatment (RTT) performance had dropped to 58% but mitigations were in place to ensure patient safety including clinical review of those on the waiting list but patient experience would invariably be impacted by the delays. LV highlighted that some of the RTT delays had been due to mutual aid requests and that plans were in place to improve on this from April 2024.

13.2 RW advised that the Committee had noted the high level of work taking place in regard to infection prevention and control and the development of proactive action plans to improve practice in the long term.

13.3 NM highlighted that there had been slow progress against the Flu vaccination campaign target with vaccination levels currently at 33% against a Commissioning for Quality and Innovation (CQUIN) target of 70%; this was a trend that was prevalent across other Trusts as staff had opted out of the Flu Vaccination.

13.4 SR asked about the COVID vaccination levels within the Trust and if there were financial consequences for the Trust if the CQUIN Flu and COVID vaccination targets were not met. NM answered that the COVID vaccination levels were currently at 16% and that this was similar to other Trusts. MB stated that it was yet to be confirmed if there were financial implications of not meeting the CQUIN target which was for Flu only.

13.5 PM asked if the Trust had an awareness campaign to encourage vaccination. NM stated that there were constant messages issued from the Communications team and a vaccination campaign was in place to raise awareness and encourage staff to get vaccinated but there was still a high number of staff that had opted out. MS noted that there were several options for vaccination within the Trust and a proactive approach by teams.

13.6 AN highlighted that the Learning from Deaths Policy had been revised and endorsed by the Committee to bring it in line with the changes to the Patient Safety Incident Response Framework (PSIRF). A robust process had been put in place to ensure all deaths were reviewed and any significant issues were escalated appropriately. AN further stated that the Mortality and Morbidity report would now include data of deaths according to ethnicity following a request from the Board.

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

14 Nurse Staffing Bi-Annual Acuity Report

14.1 NM presented the Nurse Safe Staffing Bi-Annual Acuity report and highlighted that a review of acuity and dependency was carried out thrice a day, through safe care and reports were presented at the Quality Committee meetings. A full annual establishment review would be completed in May 2024 following a national update to the safer nursing care tool.

14.2 NM reported that there had been a reduction in Violence and Aggression (V&A) incidents and this was largely due to the work implemented by the new V&A lead. Sickness levels continued to vary and were currently at 4.61% for Registered Nurses (RN) but 9.43% for Healthcare Assistants (HCA). Plans were underway for a deep dive by the Senior Nursing Team (SNT) to identify themes, trends, and areas of further support for the HCAs.

14.3 It was reported that the turnover for RN and HCAs remained low with no significant concerns. The Trust had successfully received funding from NHSE to support three nursing associates to progress on the 2023/24 RN Degree Apprenticeship Programme, degree apprenticeships were in place for Therapy and Physiotherapy and a business case was being developed for an Operating Department Practitioners (ODP) apprenticeship programme.

14.4 RW commented that the staffing vacancy figures did not correspond with the information on the Integrated Performance Report (IPR) and it was important that these figures were aligned for consistency. RW stated that he and MG would pick up on this after the meeting.

ACTION: NM and MG to provide a verbal update at the next Board meeting on the outcome of their discussion regarding the correct figures for staffing vacancies.

14.5 SR enquired about the general feel of acuity within the Trust. NM advised that the numbers varied, and it was dependent on occupancy and the type of patients. The acuity levels required for 1:1 support had been higher than the previous year. RW suggested that a skill mix review be carried out if there was an increase in acuity and dependency levels.

14.6 Board members thanked NM for the report and noted that it was easy to understand, factual and provided the right level of assurance.

The Board noted the Nurse Staffing Bi-Annual Acuity Report.

15 Freedom to Speak Up Reflection Tool

15.1 NM presented the Freedom to Speak Up (FTSU) Reflection and Planning Tool and advised that the tool had been designed by the National Guardians Office (NGO) to help identify gaps and demonstrate leadership within the organisation and was to be used alongside the FTSU guide.

15.2 NM highlighted that the Trust Senior lead for FTSU was responsible for completing the reflection tool and this was to be done at least every two years. IA had taken over the role of the NED Lead for FTSU recently and NM was the Executive Lead.

15.3 SR stated that there seemed to be a lot of work still to be completed and enquired about the timeframe for completion. NM answered that plans were in place to complete the actions, regular reporting on the use of the tool to measure and deliver was being carried out and a report would be brought back to show how the tool had been implemented.

ACTION: NM to bring a report to Board on the implementation of the Freedom to Speak Up Reflection and Planning Tool (April or June 2024).

The Board approved the Freedom to Speak Up Reflection Tool.

16 Audit Committee Key Issues Report

16.1 SR presented the Audit Committee key issues report for the meeting held on 17 October 2023 and highlighted that the Committee had received an audit report from the internal auditors (Mersey Internal Audit Agency (MIAA)) on the 2022/23 IPC BAF which provided "Limited Assurance". The Committee noted the actions and measures in place to improve compliance. A follow up audit on the IPC BAF would take place and be reported back to the Audit Committee.

16.2 SR alerted the Board that the Trust's overall National Cost Collection Index (NCCI) score for 2021/22 was 119 against the national target of 100 and was higher in comparison to 2020/21. This was an indication that the Trust was running at a higher cost per patient than average, but assurance was provided to the Committee that work was being undertaken and a deep dive and benchmarking report against previous years would be presented to BPC.

16.3 SR informed the Board that some of the Internal Audit Recommendations were not being closed within the set deadlines and sufficient information was not being received when requested and advised that it could impact negatively on the Auditor's Final Opinion for 2023/24. In previous years, the Trust had performed better than other Trusts in the region but

currently the Trust's performance was within the pack and there was an ask from the Committee to improve completion levels for the Trust to continue to be ahead of the pack.

The Board noted the Audit Committee Key Issues report.

Review of Standing Financial Instructions (SFIs) and Scheme of Reservation and Delegation (SORD)

16.4 MB presented the Review of Standing Financial Instructions (SFIs) and Scheme of Reservation and Delegation (SORD) for approval by the Board following its scrutiny and endorsement by the Audit Committee.

16.5 CE highlighted that the Board's responsibility to sustain and maintain the Trust financially had not been clearly defined in the Responsibilities and Delegation section of the SFI. MB stated that sustainability and oversight was being carried out through the BAF and that the Trust was currently working on yearly targets. The SFI had been drafted when Trusts had to have five-year long-term plans and that a three-year plan was now in place to give an idea of the Trusts CIP. MB advised that he would review this.

16.6 CE suggested that a benefit realisation and post implementation evaluation review be received on capital investments after they had been approved and that this be included in the SFI. MB agreed that this could be added and advised that the Executive team and Hospital Management Group receive benefits realisation reports six months after the approval of a business case.

The Board approved the Review Standing Financial Instructions and Scheme of Reservation and Delegation subject to the suggested corrections been affected.

17 Charity Committee Key Issues Report

17.1 SR presented the Charity Committee Key Issues report and highlighted that the Committee had received an analysis of the Charity's investment from the independent advisor's annual investment report. The Ruffer Charity Assets Trusts return was behind the Ruffer Absolute Return Fund for the last 12 months but was ahead over the 5 -year period. Given the volatility of the markets, an additional independent investment report would be received from the independent advisor at the next meeting.

17.2 It was reported that the Charity had agreed to fund the renovation of the relative's accommodation and that PM and NM had been scheduled to go on a walkabout of the Home from Home accommodation.

The Board noted the Charity Committee Key Issues Report.

The Walton Centre Charity Annual Reports and Accounts 2022/23

17.3 MB presented the 2022/23 Walton Centre Charity Annual Reports and Accounts for approval by the Board as Corporate Trustees of the Charity following its scrutiny and endorsement by the Charity Committee and highlighted that no errors had been identified by the independent examiner and that the signed final copy would be submitted to the Charity Commission on or before 31 January 2024.

The Board approved the 2022/23 Walton Centre Charity Annual Reports and Accounts.

18. Research, Innovation and Medical Education Committee Key Issues Report

18.1 PM presented the Key Issues Report for the Research, Innovation and Medical Education (RIME) Committee for the meeting held on 9 November 2023 and highlighted that the procurement and tendering process to identify a provider to lead the Trust through the accreditation process for the ISO9001 Quality Management Systems had commenced.

18.2 PM advised that a Research Quality Manager had been appointed to commence in post by January 2024 and that the University of Liverpool had awarded honorary clinical posts to some staff in the Trust.

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

19 Health Inequalities and Inclusion Committee Key Issues Report

19.1 JR presented the Health Inequalities and Inclusion Committee (HIIC) key issues report for October and November meetings and highlighted that IA would take over as Chair of the Committee from January 2024, whilst she continued as the Executive Lead for HIIC.

The Board noted the Health Inequalities and Inclusion Committee Key Issues Report.

20 Neuroscience Programmes Board Key Issues Report

20.1 AN presented the Key Issues report for the Neuroscience Programmes Board held 9 November 2023 and highlighted that work continued within the Patient Representative group to find patient representatives to provide patient voice to the meetings, representing a number of neurological conditions.

20.2 AN reported that a meeting had been held between the Trust and the Musculoskeletal (MSK) Lead concerning the blueprint for Spinal Multidisciplinary Team (MDT) case discussion and that external meetings had been held to discuss the MSK/Spinal pathway across the region.

The Board noted the Neuroscience Programmes Board Key Issues report.

21 Remuneration Committee Key Issues Report

21.1 MS presented the Remuneration Committee key issues report for the meeting held on 8 November 2023 to approve the appointment of NM to the role of Chief Nurse and to confirm remuneration for the role.

The Board noted the Remunerations Committee Key Issues Report.

22 Consent Agenda

22.1 The Board noted the following papers submitted on the Consent Agenda which had been reviewed through the Board Committees:

- **Learning from Deaths Policy**

23 Any Other Business

23.1 There was no other business to be discussed

There being no further business the meeting closed at 13:35

Date and time of next meeting - Thursday 1st February 2023 at 09:30 Boardroom

Trust Board Attendance 2023-24								
Members:	Apr	May	Jun	Jul	Sept	Oct	Dec	Feb
Max Steinberg	A	✓	✓	✓	✓	✓	✓	
Irene Afful	✓	A	✓	✓	✓	✓	✓	
Mike Burns	✓	✓	✓	✓	✓	✓	✓	
Clive Elliott							✓	
Mike Gibney	✓	✓	✓	✓	✓	✓	✓	
Debra Lawson					✓	✓	A	
Nicky Martin					✓	✓	✓	
Paul May	✓	✓	✓	✓	✓	A	✓	
Andy Nicolson	✓	✓	✓	✓	A	✓	✓	
Su Rai	✓	✓	✓	✓	✓	✓	✓	
Jan Ross	✓	A	✓	✓	✓	✓	✓	
David Topliffe	✓	✓	✓	✓	✓	✓	A	
Lindsey Vlasman	✓	✓	✓	✓	✓	✓	✓	
Ray Walker	✓	✓	✓	✓	A	✓	✓	

PUBLIC TRUST BOARD
Action Log
February 2024

	Complete & for removal
	In progress
	Overdue

Open Actions

Date	Item Ref	Name of Item and Description	Action Owner	Update	Deadline	Status
06/07/2023	Item 7 Para 7.4	**Communications and Marketing Substrategy** Update on stakeholder engagement to be provided to Board.	JR	Stakeholder Mapping exercise completed at Board Away Day 1 November 2023. Stakeholder and Visibility Plan is being developed by Head of Communications and Corporate Secretary.	~~7 December 2023~~ February 2024	
07/12/2023	Item 9 Para 9.2	**Board Assurance Framework** Update on the Subscription Model in use by the Trust	MB		February 2024	
07/12/2023	Item 12 Para 12.3	**Business Performance Committee Chair's Assurance Report** Figures of the number of 52-week waiters for the Trust and those received through mutual aid transfer to be separated on the IPR	LV	This has been done and was reviewed by BPC in the January meeting. The 52-week waits cannot be separated on the IPR chart but will be added into the narrative.	February 2024	
07/12/2023	Item 14 Para 14.4	**Nurse Staffing Bi-Annual Acuity Report** Verbal Update on the outcome of discussion regarding the correct figures for staffing vacancies with RW	MG		February 2024	

Actions for future meetings

Date	Item Ref	Name of Item and Description	Action Owner	Update	Deadline	
01/06/2023	Item 6	**Charity Substrategy Update** Charity Committee impact statement report to be brought to the Board at the end of the 2023/24 financial year highlighting the achievements and	MG		4 April 2024	

		projects approved by the Charity Committee within the year against the focus areas.				
01/06/2023	Item 12	**Board and Committee Reporting Schedule** Report on the effectiveness and impact of the revised Board and Committee reporting schedule.	KD	Added to cycle of business for April.	4 April 2024	
07/12/2023	Item 15 Para 15.3	**Freedom to Speak Up Reflection Tool** Update Report on the implementation of the Freedom to Speak Up Reflection and Planning Tool	NM		April/June 2024	

The Walton Centre NHS Foundation Trust

Report to Trust Board
1 February 2024

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 *(do not complete if not relevant e.g. work in progress)*

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

Key Messages

- Industrial Action continues to impact on patient care.
- The Trust remains on plan for finance and performance
- Collaboration continues with prioritisation through Cheshire and Mersey Acute and Specialist Trusts (CMAST)

Next Steps

This paper is intended for information purposes

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

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

All Risks	Choose an item.	Choose an item.

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

Strategy ☐	Policy ☐	Service Change ☐

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

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

Chief Executive's Report

National Update

Industrial Action Update

1. The latest round of junior doctor's industrial action concluded on 9 January 2024 and there is little doubt that there will be further action unless a pay settlement is agreed. The BMA have formally put the governments pay offer to consultants to its members via a referendum that closes on 23 January 2024.

Staff Survey

2. The National Staff Survey was undertaken by IQVIA for the Trust between September and November 2023, IQVIA administer the survey for 126 organisations.

3. Of these organisations, eight fall within the comparator group - Acute Specialist Trusts. The overall response rate for Acute Specialist Trusts contracted to IQVIA was 51.7%. The response rate for TWC was 38.3%, 581 responses from a usable sample of 1,517.

4. Results will be presented to the Trust by IQVIA on 27th February 2024.

Cheshire & Merseyside Integrated Care System

5. A report written by Professor Matt Ashton (Liverpool's Director for Public Health*)* and his team titled 'State of Health in the City' was circulated to all members of the One Liverpool Board. The report focuses on the current position of Liverpool highlighting the city as the third most deprived local authority in England with 3 in 10 children living in poverty. The report goes on to project what 2040 outcomes will be without radical systemic changes. It will be discussed in many forums over the next few months with collective actions being necessary.

6. Urgent and Emergency care remains the key pressure across the system with 21.9% of patients not meeting the criteria to reside, and four-hour performance at 70.4%. 16.4% of patients were delayed in an emergency department for more than 12 hours.

7. Richard Barker CBE (NHS England Regional Director NW) wrote to the Integrated Care System (ICS) to thank teams for the efforts that had been made to manage Urgent and Emergency Care (UEC) pressures and industrial action.

Cheshire & Merseyside Acute and Specialist Providers (CMAST) Provider Collaborative

8. The Leadership Board met on 3 November 2023 and received two presentations related to the available data, emerging priorities and activities being coalesced within Cheshire and Merseyside (C&M) on digital and workforce.

9. The need to prioritise and target activity was discussed as was the opportunity for Trusts to consider the best way to maximise effort, secure improvements and, if possible, to achieve efficiency. The Board welcomed the presentations and identified the need for a facilitated exploratory and prioritisation discussion on these subjects at its next meeting.

10. The Leadership Board met again on 1 December 2023 and received presentations related to previous discussions on digital and workforce and recommendations for action by, or

involving Trusts. CEOs were asked to use the next month to engage with their Trust teams on the suggested priorities and identify areas for action reporting back at January Leadership Board (subsequently cancelled) with the aim being to secure CMAST agreement for a set of priority activities.

11. Further items of business related to a review of system financial plans, this followed a requirement for refreshed approaches from NHS England to systems on 8 November 2023. The collaborative approach and work of the finance community was noted and commended.

12. Company Secretaries from across CMAST also met to discuss potential opportunities within the Collaboration at Scale programme and a number of projects were identified which are now being further developed.

Covid-19 and Flu

13. The winter Flu vaccination campaign continues with several internal initiatives to encourage staff to take up the vaccine. The trust uptake is currently at 52% and the campaign continues daily.

14. There has been a Flu outbreak on DOTT ward, patients were all treated and isolated appropriately.

15. COVID 19 vaccinations are available to all staff via the Aintree hub, again uptake numbers remain low.

Trust Update

Charity Update

16. The appeal launched at the Trust's Charity ball to raise £85K for an Optical Coherence Tomography (OCT) machine has been successfully completed and the procurement process is underway. £60K was raised on the night and a further £25K was subsequently raised from supporters through direct donations and/or fundraising efforts.

Starters & Leavers

Consultant Appointments

17. In December we appointed a Neurophysiologist, Khazina Noor Waraich who will take up post in March 2024.

Senior Nursing Appointments

18. Joanne Shaw was appointed as the Deputy Chief Nurse following a recruitment process on 5 January 2024. She is currently the Head of Nursing at Liverpool Heart and Chest.

19. The Assistant Chief Nurse for Neurosurgery Sachin Ramdhay has now commenced in post.

Trust Strategy

20. A Governor's strategy engagement event was held in January 2024 to focus on the Trust's forward plan for activity and finance, year 2 and year 3 of the strategy, system working and next steps. There was also a key focus on quality improvement and how this supports the strategy.

Estates & Facilities

21. Plans for the replacement of the Air Handling Units continue with a working group in place and mutual aid discussions are ongoing with Liverpool University Hospitals NHS Foundation Trust for theatre capacity. The business plans are currently being finalised with the company and when the finances have been confirmed the final business case will be signed off at Trust Board.

22. The Heating and Pipework project is in its final stage and will be due to complete in April 2024.

Board Papers Portal

23. As part of the ongoing procurement process for a new electronic papers solution a demonstration morning was held with three suppliers for a group of Board Members and administrators. There was a clear favourite and contracts are now progressing with the intention of brining in the new system from April 2024. As part of the adoption of the new system the Board is being asked to make a commitment to being paper free for Board and Committee meetings from this date.

Business as Usual

Quality

24. Service reviews for specialities continue across both the surgical and neurology division.

25. Walton CARES reviews have been undertaken throughout the year and continue in line with the schedule, dependent on the overall outcome of the review. The information below provides detail on the areas reviewed, when it was undertaken and the outcome.

<u>Surgery Division:</u>

• Caton Ward	May 2023	Silver	(previous outcome silver)
• Cairns Ward	July 2023	Gold	(previous outcome gold)
• Dott Ward	December 2023	Silver	(previous outcome gold)
• Jefferson Ward	July 2023	Gold	(previous outcome gold)
• Theatre Dept	November 2023	Gold	(previous outcome gold)
• Horsley ITU	June 2023	Silver	(previous outcome gold)

<u>Neurology Division:</u>

• Lipton Ward	November 2023	Gold	(previous outcome silver)
• Chavasse Ward	October 2023	Silver	(previous outcome gold)
• CRU	October 2022	Gold	(previous outcome gold)
• OPD	November 2023	Gold	(previous outcome silver)

26. The Neurophysiology and Neuroradiology Departments will have a CARES review undertaken during Q3 2023/24.

Finance

27. Financial performance for December and year to date is above the plan but in line with the latest forecast recently submitted to the Integrated Care Board (ICB) for C&M. The Trust delivered a surplus in month of £696k. Year to date the Trust is showing a £5.6m surplus (£0.5m ahead of the submitted re-forecast). The full year forecast is a £6.9m surplus (compared to an original plan of a £4.1m surplus).

28. Capital continues to underspend year to date (£1.1m below plan) driven in the main by heating and pipework and the air handling units schemes being underspent against plan. The work on the air handling units will start in the next month and schemes have been brought forward from next year to enable the scheme to hit the full year plan target. The Cost Improvement Plan (CIP) has delivered in full year to date, however 78% has been delivered recurrently (when the Integrated Care System (ICS) for C&M had informed all providers that 100% needed to be delivered).

29. The current Cheshire and Merseyside (C&M) financial position at month 9 (December) is a £72.2m deficit against a planned deficit position of £31.3m (c£41m adverse to plan). The recent industrial action added £7.1m of pressures to the overall financial position. The deficit is driven by several factors including industrial action, prescribing pressures and continuing healthcare packages (CHC).

30. Some initial planning guidance was released on 22nd December including:
    - Draft NHS Standard Contract for 2024/25 and associated documents;
    - Proposed amendments to the NHS Payment Scheme for 2024/25;
    - Updated Joint Forward Planning guidance for 2024/25; and
    - Guidance on developing 2024/25 Joint Capital Resource Use plans.

31. Full financial planning guidance is expected by the end of January (which will include the activity template). The expectation is that plans will be submitted by the end of February, however discussions are on-going about whether this may take the form of a 'flash' submission followed by a full submission in mid-March. Local triangulation tools will also be issued to test planning outputs.

Performance

32. Performance remains on track for cancers and diagnostics. All the long waiting patients have now been completed for 104 weeks and 78 weeks. The Trust is now focusing on patients who have waited 52 weeks, we have seen an increase in this area due to the number of pain management patients and patients who require mutual aid.

33. Mutual aid requests continue via the Digital Mutual Aid Systems. Requests have been received for spinal support from Robert Jones and Agnes Hunt Hospital, University Hospital of North Midlands NHS Trust, Salford Royal Hospital and Nottingham University Hospitals NHS Trust; both the clinical and operational teams are working through these requests but have identified an issue in relation to the scanning capacity and the trust is working closely

with the regional teams to look at the facilities for scanning in the Paddington Diagnostic Suite.

34. The new planning guidance will not be published until the new calendar year. The priorities and objectives set out in 2023/24 planning guidance and the published recovery plans on urgent and emergency care, primary care access, and elective and cancer care will not fundamentally change. The details for the national planning process and timetable will be sent to the trust, but we should be working on the basis that initial planning returns will be expected by the end of February.

Recommendation

To note

Author: Jan Ross, Chief Executive Officer

Date: 24th January 2024

The Walton Centre NHS Foundation Trust

Report to Trust Board
1 February 2024

Report Title	Trust Strategy Update - Quarter 3 2023-24
Executive Lead	Lindsey Vlasman, Chief Operating Officer
Author (s)	Lindsey Vlasman, Chief Operating Officer
Action Required	To note

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

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

Key Messages *(2/3 headlines only)*

- Good progress against priorities set for Q3
- Priorities for Quarter 4 2023/24 outlined and mapped to each strategic aim
- Successful Governor Trust Strategy away day held on 19 January 2024.

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

- Quarterly progress against priorities to continue to be reported to Trust Board.
- Commence planning for new trust strategy.

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

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

All Risks	Choose an item.	Choose an item.

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

Strategy ☐	Policy ☐	Service Change ☐

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

Committee/ Group Name	**Date**	**Lead Officer (name and title)**	**Brief Summary of issues raised and actions agreed**
Executive Meeting	24/01/2024	Lindsey Vlasman, Chief Operating Officer	Update agreed.

Trust Strategy Update - Quarter 3 2023-24

Executive Summary

1. This report provides further updates on the delivery of the previous quarter's milestones and progress on the delivery of the Trust's five strategic ambitions.

2. There has been good progress made against all the priorities for Q3 2023-24. Priorities for Q4 2023-24 have also been established.

Background and Analysis

1. The Trust Strategy 2022-25 was approved by the Board of Directors in September 2022. It was agreed that quarterly updates against the delivery of the Strategy will be presented to the Board highlighting the key priorities for each quarter and progress made against previous priority areas.

2. A Trust Strategy engagement event was successfully held with the Council of Governors on 19 January to review the strategy highlighting the key achievements from year 1 and next steps for years 2 and 3.

Conclusion

3. Good progress is demonstrated against the key priorities for Q3 2023-24.

Recommendation

To note

Author: Lindsey Vlasman Chief Operating Officer
Date: 19 January 2024

Executive Summary Trust Board Q3 2023/24

The following information has been developed by the sub-strategy owners as the foundation to achieving the aims and objectives set out in the Trust strategy. The information contained within this paper relates to achievements during Q3 and expected achievements in Q4.

Trust Strategy Update Q3

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Q3 Progress Update	Q3 Progress Update

Education, Training & Learning

Associated sub-strategies

- ***People***

- IiP re-accreditation assessment completed with the trust retaining Gold status
- Developed a pre-employment programme with 6 candidates successfully employed in the trust
- Successful bid for NHS England funding to support nursing associates to progress to registration
- Established Veterans staff network
- Successful transfer of admin bank to NHS Professionals over a 6-month period

Research & Innovation

Associated sub-strategies

- ***Research & Innovation***
- ***Digital***

- Appointed a Research Quality Manager
- Research Quality sub-group established
- £94k awarded by NIHR for community feasibility study of VERA project
- £198k secured for next development phase of chatbot
- Innovation resource business case supported

Leadership

Associated sub-strategies

- ***Quality***
- ***Communications & Marketing***

- 15 Senior leaders completed PSIRF training
- Delivered an additional 3 QI study days (over 100 staff now trained)
- Completed and presented MRGFUS outcomes to NHSE 6 months post implementation
- Submitted LITT bid
- Commenced culture review on Intensive Treatment Unit (ITU)
- Quality & Sustainable Improvements Team officially launched an event attended by both internal and external colleagues

Collaboration

Associated sub-strategies

- ***Quality***
- ***Charity***
- ***Finance and Commercial Strategy***
- ***Digital***

- Quality boards now designed and delivered
- Re-established PFCC working group
- Completed and approved Learning Disabilities nursing post
- E-forms launched
- E-consent rolled out to spinal
- Funding secured to grow Awake Craniotomy service
- Secured Charitable funding to improve relatives' rooms on 2 wards
- Engaged with, and established a lived experience panel
- Launched noise at night campaign
- Completed OCT machine appeal, raising £85k
- Patient level Information
- Financial and operational planning – put in place systems to monitor activity and performance against Elective Recovery Fund

Social Value

Associated sub-strategies

- ***Social responsibility***
- ***Charity***

- Removed polystyrene cups and food containers from circulation and ordering catalogue
- Decommissioned nitrous oxide plant
- Invested in reusable theatre hats
- Launched gloves are off campaign
- Liverpool listening campaign held
- Launched 'you said, we did' boards
- Community engagement events including swimming, Blackpool walk, Everest, school choir.

Trust Strategy Update Q3

The Walton Centre NHS Foundation Trust

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Q3 Progress Update Objectives not achieved and brought forward to Q4 Additional Areas of Focus	Q3 Progress Update Risks & Escalation
Objectives not achieved and brought forward to Q4 • Apprenticeships • Completion of Business Intelligence dashboard for all the enabling strategies • Creation of a clear planning timetable • Robotic Process Automation (RPA) - Finance systems • Service line Reporting • Non-Medical Consultant Roles and completion of service reviews **Additional Areas of Focus** **Estates and Facilities** • Year 1 cleaning audit programme complete • Year 2 programme underway • Efficiency audits implemented for national cleaning standards • Exceeded national average for all domains in 2023 PLACE inspection • Established programme to improve Trusts waste streams • ISS KPI performance improved • Phase 1 office moves complete • Development of theatre refurbishment programme • Development of ponta beams replacement project **Communications & Marketing** • Channel 5 documentary completed • Three episodes of pod cast recorded **Charity** • Snowdon hike completed raising £10k • Jan Fairclough Ball raising £60k • Christmas campaign initiatives	**People - Escalation** • Implication of long-term workforce plan • For Innovation active staff to have allocated capacity within job plans / role to undertake innovation activity / projects **People – Risks** • Ongoing industrial action • Winter pressures and associated risks i.e. staffing including sickness absence **Quality – Escalation** • Staff Engagement – Due to staffing resource and operational pressures, • Digital Systems – Delivery of some programmes of work are reliant on digital delivery of projects and/or integration. Due to ongoing resource issues, risks remain and issue with clinical systems and workarounds in place. **Estates & Facilities – Risks** • Reliance upon external stakeholders • Internal resource – sickness and structure • Availability of capital and revenue • Inflation • Changes to legislation / guidance • Delivery lead times • Seasonal temperature variation **Communications & Marketing – Escalation** • Limited clinical engagement in promotion of flagship treatments and services **Communications & Marketing – Risks** • Temporary restructure of team due to maternity leave • Collaboration of clinical teams to share and promote positive news **Finance and Commercial Strategy – Risks** • System Pressures / Industrial action **Digital Strategy – Risks** • Resource / staffing and prioritization of workload

Trust Strategy Q4 Objectives

Q4 Objectives	Q4 Objectives
Education, Training and Learning *Associated sub-strategies* ❖ ***People*** • Recruitment of 3 existing nursing associates into registered nurse degree apprenticeship • Continue to raise awareness of apprenticeships • 10 new/existing leaders undertaking Mary Seacole Programme • Recommence Building Rapport training • Continue to implement WRES & WDES action plans • Develop and establish a WCFT talent management model and process • Increase marketing of available schemes to increase inclusion • Staff recognition initiatives • Local review of agile / flexible working to ensure benefits for both staff and patients • Maximise benefits of the national NHS ESR system to completion of self-assessment • Identify timeline for staff rest area • Develop divisional action plans following staff survey • Increase number of participants on Q4 pulse survey • Gain formal approval from the medical education attachment policy through relevant oversight committees • Continue to deliver PSIRF training • Non-medical consultant roles and service reviews **Research & Innovation** *Associated sub-strategies* ❖ ***Research & Innovation*** • Develop research financial management policy • Develop research trust-wide communication plan • Completion of investors in innovation self-assessment • IiP action plan to be agreed • Headache training will be upscaled to a national audience	**Leadership** *Associated sub-strategies* ❖ ***Quality*** ❖ ***Communications & Marketing*** ❖ ***Finance and Commercial Strategy*** ❖ ***Digital*** • Commence digitisation of medical records • Launch text message reminder service / patient portal for rescheduling • Launch patient portal for rescheduling • Deployed synertec to Radiology • Gone live with newly designed high risk anaesthetic clinic • Launch wayfinding project • Roll-out of e-consent for cranial • Generated at least 1 QI project for each ward • Reviewed and developed implementation plan for Martha's Rule • Launch new intranet • Clear planning timetable finance and performance • Better Practice Payment Code • Service Line Reporting • RPA finance systems • Completion of BI dashboard **Collaboration** *Associated sub-strategies* ❖ ***Quality*** ❖ ***Charity*** • Secure sponsorship for golf day and summer lunch • Implement and actively obtain feedback from quality boards **Social Value** *Associated sub-strategies* ❖ ***Social responsibility*** ❖ ***Charity*** • Liverpool citizens campaign next steps

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Any questions?

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Report to Trust Board
1 February 2024

Report Title	Estates and Facilities (E&F) Substrategy Update
Executive Lead	Lindsey Vlasman, Chief Operating Officer
Author (s) *Name and Job Title*	Stephen Holland, Head of Estates David Callaway, Interim Head of Facilities
Action Required	To note

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

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

Key Messages *(2/3 headlines only)*

- E&F vision for how this sub-strategy will assist in underpinning the overarching Trust Strategy
- Review of Quarter 2 objectives and progress through Quarter 3
- Additional objectives added for Q3 and future development

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

- Progress work with stakeholders to continuously develop this sub-strategy
- Continue existing works to progress objectives already outlined

Related Trust Strategic Ambitions and Themes	**Impact** *(is there an impact arising from the report on any of the following?)*		
Collaboration	Quality	Estate & Facilities	Finance

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

004 Operational Performance	007 Capital Investment	002 Collaborative Pathways

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

Strategy ☐	Policy ☐	Service Change ☐

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

Committee/ Group Name	**Date**	**Lead Officer (name and title)**	**Brief Summary of issues raised and actions agreed**
Strategic Programme Management Office	October 2023	Rebekah Phillips, Associate Director of Operations	Continue future development
Business Performance Committee	January 2024	Steve Holland	Future Substrategy reports to include detail from sustainability report and clearer linkages between what was planned and what was achieved since the last update

Estates and Facilities Sub-Strategy Update

Executive Summary

1. The Walton Centre's Trust Strategy 2022- 2025 details five strategic ambitions and underpinning these five strategic ambitions are seven enabling strategies which feed into all aspects of the Trust's work, one of which is the Estates and Facilities (E&F) Substrategy.

2. The Substrategy focuses on all aspect of both hard and Soft Facilities Management (FM) with, sustainability and the drive to net zero carbon emissions, being a continuous thread.

3. The E&F Substrategy set out a series of objectives in Q2 and Q3 2023 and this iteration details progress against these objectives as well as adding, new, challenging ones.

4. This paper briefly outlines the detail contained within the attached Estates and Facilities (E&F) Substrategy document.

Background and Analysis

5. Estates and Facilities adopt a multi-disciplinary approach to the delivery of its Substrategy, as it is a team that 'enables' the much of what the stakeholders require for their own aims.

6. Furthermore, E&F engage collaboratively with other both Liverpool University Hospitals NHS Foundation Trust (LUHFT) as well as the local specialist trust to achieve best value, both for the Walton Centre and the wider network.

7. The team are active participants in the Trust's social value ideals especially via capital works with both external contractor and local frameworks providers.

8. The team has also taken on a higher profile environmental role with the Trust's sustainability manager now being an integral part of the E&F team (albeit on a part time basis).

9. The team attempt to focus on quality of delivery, at best value, both in terms of revenue as well as minor and major capital expenditure.

10. The team also deliver a multi-million pound contract for the provision of 'soft' services: catering, cleaning, portering, security and patient feeding. Again, this contract attempts to continually offer savings opportunities as well as having sustainability at the heart of the service delivery.

Conclusion

11. The E&F team strive to work with all internal and external stakeholders to develop and optimise the estate to meet clinical, safety and environmental requirements, at all times.

Recommendation

To note and accept it as a 'live' document which will continue to be developed and reported upon accordingly.

Author: Stephen Holland, Director of Estates
Date: 24 January 2024

Executive Summary

The Estates and Facilities sub-strategy is intended to provide an indication of the Trust's priorities to manage and improve the estate. This includes both soft and hard facilities management which provide vital operational services to the Trust.

The Estates and Facilities team continuously work with all relevant stakeholders to create this underpinning framework which supports both the overarching Trust strategy and the associated suite of supporting sub-strategies.

The following information outlines the objectives agreed for delivery in quarters 1&2 of 2023/24 and progress made against them, to date.

Estates and Facilities Substrategy Q3 Update

VISION STATEMENT – To ensure the Trust estate is safe and secure for its patient, visitors and sta

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Our vision will be achieved by:

- Taking a multidisciplinary approach to keep our patients, staff and visitors safe and comfortable within the environment whilst building on sustainable pathways of care conducive to growing our services and supporting the Cheshire & Merseyside region.
- Focusing on improving collaboration Trust -wide and region wide.
- Actively seeing external funding opportunities
- Improve the stakeholder experience in relation to the estate
- Drive improvements in the environmental sustainability of the estate
- Seeking out the most advantageous combination of cost, quality and sustainability

Programme of works will include:

- Implementing the national cleaning standards
- Completion of the 2023 PLACE Inspection
- Regional and local collaboration
- Improve the stakeholder experience – Environment and patient Catering
- Developing a sustainable Estate
- Ensuring best value for Trust expenditure – Improving the ISS contract performance
- Optimise the use of the built resource to meet clinical need
- Deliver capital planning schemes
- Ensure statutory compliance

Risks to delivery:

- Reliance upon external contractors
- Internal resources – Sickness and structure
- Availability of Capital and Revenue
- Inflation
- Changes in legislation/guidance
- Delivery Lead-in times
- Protracted procurement
- Seasonal temperature variations

Q2 Objectives:

Implementing the National Cleaning Standards

- Approval of the Trust's commitment to cleanliness charter
- Completion of the year 1 cleaning audit programme
- Establishing a year two audit programme
- Implementation of the efficacy audit

Exceeding the National Average for all Domains in the 2023 PLACE Inspection

- To achieve higher than the national average for all domains including: Cleaning, Food, Organisational Food, Ward Food, Privacy, dignity and wellbeing, Condition, appearance and maintenance, Dementia and equality, Disability

Regional and Local Collaboration

- Work across Merseyside to unlock collaboration opportunities
- Work with our local partners to jointly procure services achieving efficiencies of scale

Improve the Stakeholder Experience – Catering

- To improve the patient experience by improving the inpatient food provision

Create a Sustainable Estate

- To deliver tangible reduction in the Trust's carbon footprint, energy usage, water usage and waste production.

Seeking out the most advantageous combination of cost, quality, and sustainability – Improving the ISS Contract Performance

- To work with regional and national colleagues to benchmark performance
- To implement 'good contract management' techniques to improve the ISS contract performance

Optimise the use of the built resource to meet clinical need

- Maximise the use of space to ensure service strategies are designed to consider whole costs.

Estates and Facilities Sub-strategy Q3 Update

Q3 Progress Update	Q3 Progress Update
Implementing the National Cleaning Standards • The Trust commitment to cleanliness is approved and in place. • The first year's cleaning audit programme has been completed. • Year two cleaning audit has been established and is underway. • Efficacy audits have been implemented. • We have established a quarterly PLACE Light process. **Exceeding the National Average for all Domains in the 2023 PLACE Inspection** • 2023 PLACE inspection completed in November 2023. • All domains exceeded the 2022 national average and provided an overall improvement on the 2022 inspection scores. • A benchmarking review of the national PLACE scores will be completed in February 24 upon the release of the national results. **Regional and Local Collaboration** • Attendance at the Merseyside estates collaboration meetings. • Create and submit a 'sub-contract' services and expiry log to share with regional partners. • Attendance and engagement with the local specialist collaboration, via HPL. • Submit proposed work plan for soft FM collaboration to the Executive Board in January 2024. **Improve the Stakeholder Experience – Catering** • Winter menu implemented with positive feedback, Spring menu currently in development. • Q2 and Q3 patient feedback received was very positive. • The 2023 PLACE inspection saw an improvement in the food scores from 93.15% to 99.35% exceeding the 2022 national average (90.23%) by 9.12%. • Very complimentary patient feedback received during the 2023 PLACE inspection.	**Create a Sustainable Estate** • Completion of the 2022/23 ERIC return and Premises Assurance Model which produce data for benchmarking purposes. • Partial completion of the heating and pipework capital programme increasing the efficiency of the Trust heating system. • Engagement with the Trust carbon and sustainability group. • Removal of poly cups and food containers. • Decommissioning of nitrous oxide plant and equipment. • Programme to improve the Trusts waste streams (battery, single use metals, disposable curtains). • Creation of a quarterly standardised waste performance report to the Sustainability and Social Value Group. **Seeking out the most advantageous combination of cost, quality, and sustainability – Improving the ISS Contract Performance** • ISS Quarterly KPI performance process embedded improving KPI performance from Q1 to Q2 – Q3 meeting planned in Feb 2024. • ISS weekly operational and monthly contract performance meetings embedded providing a consistent contract monitoring approach. • Contract improvements have been verified by the 2023 PLACE inspection results. • Joint working group between Clatterbridge, Royal, Liverpool Women's and Heart and Chest underway to discuss Soft FM performance and requirements. **Optimise the use of the built resource to meet clinical need** • Completion of office moves and creation of new team spaces. • Submission and approval of capital plan to convert an unused area into specialist clinical storage. • Development of Theatre refurbishment project. • Development of CCU Ponta beam replacement project. • Delivery of various minor capital and revenue projects. • Development of a bi-monthly Estates and Facilities group for performance monitoring.

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Any questions?

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Report to Trust Board
1 February 2024

Report Title	Communications and Marketing Substrategy Update
Executive Lead	Jan Ross, Chief Executive
Author (s)	Elaine Vaile, Head of Communications and Marketing
Action Required	To note

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

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

Key Messages *(2/3 headlines only)*

- This report highlights key achievements for quarter three of 2023/24 and objectives for 2023/24.
- Progress is continuing well against several areas of the Communications and Marketing sub-strategy in quarter three, although it is noted that some objectives have had to be deferred until a later period.
- It is balanced against the ongoing business as usual for the team and continually changing priorities and objectives due to topical and emerging issues

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

- Continued liaison with senior staff and key stakeholders to enable action development
- Execution of upcoming Q4 objectives
- Review of objectives for 2024/25

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

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

Not Applicable	Choose an item.	Choose an item.

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

Strategy ☐	Policy ☐	Service Change ☐

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

Committee/ Group Name	**Date**	**Lead Officer (name and title)**	**Brief Summary of issues raised and actions agreed**
SPMO	18 January 2024	Elaine Vaile, Head of Communications and Marketing	Q3 achievements and Q4 objectives noted, and areas of concern discussed

Communications and Marketing Substrategy Update

Executive Summary

1. The Communications and Marketing Substrategy was approved by Trust Board in December 2022, as one of the sub-strategies within the new Trust Strategy.

2. This is the third quarterly update on its progress, and is reporting against quarter three objectives.

3. It has previously been presented to the Strategic Programme Management Office (SPMO) alongside the other sub-strategies, through the approved template – attached at Appendix A.

Background and Analysis

4. The key theme of the Communications and Marketing Substrategy is to raise the profile of The Walton Centre as a leading trust, and as a trusted voice in neuroscience both regionally and nationally.

5. Quarter three was a challenging time for the team on delivery due to reduced staffing and unexpected pressures brought on by the documentary and its promotion which were not foreseen at the original time of writing the sub-strategy.

6. As a consequence, some objectives were deferred until quarter four and/or into quarter one of 2024/25.

7. It should also be noted that the objectives set do not cover business as usual activity which, in a small team, takes up a considerable amount of resource.

8. However, there were some particular highlights achieved, including the promotion and broadcast of the documentary and progress of the new Trust intranet.

9. Across the different areas of the sub-strategy there are some which are more developed than others. As well as team resource, this is also due to collaboration and priorities of other teams within the organisation, particularly concerning healthcare marketing.

10. When setting objectives for 2024/25, the team will be more cognisant of the objectives which can not be driven or achieved predominantly by the Communications and Marketing Team and adjust accordingly.

Conclusion

11. Progress is continuing against several areas of the Communications and Marketing Substrategy in quarter three, although it is noted that some objectives have had to be deferred until a later period.

Recommendation To note

Author: Elaine Vaile, Head of Communications and Marketing
Date: 24 January 2024

Executive Summary

Communications and Marketing Substrategy

The following information demonstrates the achievement of quarter two objectives and objectives agreed for delivery in quarter three of 2023/24

Strategic Programme Management Office
Substrategy – Communications and Marketing Q4

The Walton Centre
NHS Foundation Trust

Excellence in Neuroscience

Q4 Objectives

- Finalise refreshed brand including guidelines and templates
- Communicate refreshed brand and templates to staff
- Launch podcast series
- Identify appropriate case studies to promote the work of The Walton Centre
- Identify appropriate clinical achievements and announcements to promote the work of The Walton Centre
- Launch new intranet
- Hold Long Service event – February 2024
- Gap analysis of patient case studies
- Complete transition of photo library to new platform
- Support installation and training for new patient ward TV screens
- Commence planning for Staff Awards 2024, including ticket payment options

Items for Escalation

Lack of clinical engagement in promotion of flagship treatments and services

Risks to delivery

- Temporary restructure of team during maternity leave of Senior Internal Communications Officer
- Collaboration of clinical teams to share and promote positive news

Key Prog. Metrics	Baseline	Q3 23/24	Q4 23/24

Q3 Achievements & Highlights

- Documentary publicity planned and executed
- Three episodes of podcast recorded, launched planned for new year
- Identified appropriate case studies to promote the work of The Walton Centre
- Identified appropriate clinical achievements and announcements to promote the work of The Walton Centre
- Majority of content received and uploaded to new intranet ahead of launch
- Initial stakeholder email sent, with good open and read rates
- Project mandates for photo library and wayfinding completed
- Supported the revision of the Patient Information Policy and design/printing of patient information





Any questions?

NHS
The Walton Centre
NHS Foundation Trust

Excellence in Neuroscience

The Walton Centre NHS Foundation Trust

Report to Trust Board
1 February 2024

Report Title	Digital Substrategy Update
Executive Lead	Mike Gibney, Chief People Officer
Author (s)	Justin Griffiths, Deputy Chief Digital Information Officer
Action Required	To note

Level of Assurance Provided

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

Key Messages

- Progress review undertaken on strategy objectives and strategic implementation and assessment delivery plans for Q1, Q2 and Q3
- Progress has been made across the Substrategy objectives which support the delivery of the Trust Strategy
- Continues to be a challenging area of work across all objectives as the funding nationally has decreased.
- Public Digital draft action plan created with short term and long-term actions to show progress made to date.

Next Steps

- Continue with activity to achieve deliverables identified within the strategic implementation and assessment delivery plans for Q4.
- Implement a short-term action plan within Pubic Digital action tracker

Related Trust Strategic Ambitions and Themes	**Impact** *(is there an impact arising from the report on any of the following?)*		
People	Workforce	Quality	Equality

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

011 Digitalisation	003 System Finance	007 Captial Investment

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

Strategy ☐	Policy ☐	Service Change ☐

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

Committee/ Group Name	**Date**	**Lead Officer (name and title)**	**Brief Summary of issues raised and actions agreed**
Business Performance Committee	28 November 2023	Justin Griffiths, Deputy Chief Digital Information Officer	Agreed

Digital Substrategy Update

Executive Summary

1. In line with the launch of the Trust Strategy 2022-25, the Digital Substrategy was approved by the Trust Board as one of the seven enabling strategies.

2. The report provides an overview of the progress made in Q1, Q2 and Q3 of 2023 and outlines Q4 objectives (**Appendix 1**).

3. Public Digital draft action plan has been created with short term and long-term actions to show progress made to date.

Conclusion

4. Whilst there has been good progress on the delivery of the strategic objectives in Q1, Q2 and Q3, the environment within which the Trust operates has not improved financially which will impact on potential future delivery timescales, however all current work packages are within constraints, but human resources are being tracked at maximum level currently.

Recommendation

To Note

Author: Mike Gibney and Justin Griffiths
Date: 24 January 2024

Appendix 1 – Overview of progress made in Q1, Q2, Q3 of 2023 and Q4 objectives.

Digital Sub-Strategy

The Trust Strategy was approved in September 2022, the strategy covers the three years for 2022-2025 and places both staff and patients at the heart of everything we do, it sets out clear success statements against each ambition. The Digital Sub-Strategy underpins the Trust Strategy and forms a framework to ensure delivery of the set objectives described within the overarching Strategy.

Education Training and Learning Q1, Q2 & Q3

Achievements	Challenges
Staff are in the process of taking or have achieved Prince 2, ITIL & RPA courses/certification	Ensuring that we retain the staff who have achieved certification which supports both the delivery and maintenance of systems which has the potential to impact both staff support and patient care
Creation of a Digital Engagement portal, ensuring that all stakeholders have access to both the Digital Programme of Work and Digital Sub-Strategy	User engagement is lacking, which is demonstrated in the attendance of key meetings, for example Digital Clinical Reference Group & Digital Strategy Group
Structure/Governance in place for the Digital Programme of Work	With no additional digital funding available, it will be a challenge to manage the programme of work

Research and Innovation Q1, Q2 & Q3

Achievements	Challenges
Chat Bot – Working with Innovation team and Supplier to support the implementation	
IKE Institute accredited training programmes undertaken at Board, leadership, practitioner and digital transformation level	
Funding secured for eForms from C&M	SPMO project to deliver
DMA completed and submitted	Funding to develop digital systems to ensure Trust continues to increase Digital Maturity

Collaboration Q1, Q2 & Q3

Achievements	Challenges
User Engagement meetings held across the both buildings for maximum coverage.	Need to ensure that Users are part of any task & finish groups to ensure staff engagement is in place to take system upgrades/development forward
Paper Lite – Project governance/structure in place and appropriate stakeholders engaged. This has demonstrated a significant improvement to address both clinical and CQC challenges	Managing stakeholder engagement. However, this should be achieved by sharing the project plan which details the tasks involved in the process.
SPMO – attending meetings and working collaboratively with the team to achieve Trust objectives	Identifying Trust Digital North Star is key to this. However, with the recruitment of an Exec Digital CDIO it is hoped this will be in place
Active member of Cheshire and Mersey Digital collaboration and engagement groups. (Deputy CDIO is Deputy Chair of the C&M Information Governance Group)	

Social Responsibility Q1, Q2 & Q3

Achievements	Challenges
Improving Technology access for Health and Wellbeing areas	Delays in bringing refreshed hardware into dedicated areas due to workload and resources.
Training expanded for Technical staff and in Cyber Security to ensure professional certificates are achieved . Prince 2 training expanded into team	
Linking with Edge Hill University, won Sandwich placement provider of the year	Lack of funding for students in 23/24
Part of the Cheshire and Mersey Digital Inclusion programme and Deputy CDIO lead for Digital Green within Cheshire and Mersey	

Q4 Objectives

Signed Off 10/01/24 – Mike Gibney – Executive Lead

- There are 31 projects on the timeline for Q4.
- Many of the projects are driven by the need to ensure the Trust is protected from cyber incidents or as a result of the last of the unsupported servers.
- The remaining projects are deemed to support Clinical risks
- Digital representative will now be taking any future RFW's that are deemed to be of a project nature to Strategic Programme Management Office (SPMO) for discussion.
- Multi Factor Authentication will have to be in place by Mid March.
- ICE Programme is expected to start in Q4 for Pathology.

Q4 Objectives

Project & Team	Brief Description	Risk of Not Doing Project	Interdependencies To Other Projects & Staffing	Delivery Date & Status
Infrastructure Team **POR100 - Patching Policies – WINSVR2019**	To comply with National Security standards and guidance we are engaging with IT system owners to confirm appropriate governance arrangements are in place in relation to Software Patching and Data Backup.	Exposing the Trust to cyber-attacks and systems not supported by 3rd party suppliers	There are no interdependencies with any other projects. However, there is a dependency on the infrastructure resource which is planned/resourced and discussed at bi-weekly planning meeting. This project is currently delayed as the Trust are yet to agree on a series of system downtime. The proposal has been taken to several groups for agreement, but as of Dec 23 no decision yet to be made.	April 23 - Dec
Infrastructure Team **POR117 – Unsupported Server – Sophos Email Appliance**	Move both clinical and non-clinical systems from an unsupported platform.	Exposing the Trust to cyber-attacks and systems not supported by 3rd party suppliers.	There are no interdependencies with any other projects. However, there is a dependency on the infrastructure resource which is planned/resourced and discussed at bi-weekly planning meeting.	June - Jan
Infrastructure Team **POR437 – Update SSL Certification on various servers**	To ensure server compliance, there is a need both technically & cyber security to keep the server certificates up to date, this ensures systems are available to staff and protected from cyber attacks	Exposing the Trust to cyber-attacks and systems not supported by 3rd party suppliers or available to staff impacting patient care.	There are no interdependencies with any other projects. However, there is a dependency on the infrastructure resource which is planned/resourced and discussed at bi-weekly planning meeting.	Expire January 24 – This will need to be planned back in for December/Jan 24/25

Infrastructure Team POR212 – App Locker GPO	Policy restrictions to Windows Store Applications via GPO	Exposing the Trust to cyber-attacks	There are no interdependencies with any other projects. However, there is a dependency on the infrastructure resource which is planned/resourced and discussed at bi-weekly planning meeting.	Nov - Jan
Infrastructure Team POR 65 – DA – Tie Cluster	Migration of interfaces on legacy single TIE virtual server (2008R2), to new pair of clustered resilient TIE system	Exposing the Trust to cyber-attacks and systems not supported by 3rd party suppliers	There are no interdependencies with any other projects. However, there is a dependency on the infrastructure resource which is planned/resourced and discussed at bi-weekly planning meeting.	June - Jan
Infrastructure Team POR311 – C&M PACS Replacement – Digital Workpackage	The replacement of the current PACS system	C&M directive, Trust would not be compliant	This project is a dependency to the Trust PACS replacement project. there is a dependency on the infrastructure resource which is planned/resourced and discussed at bi-weekly planning meeting.	Jan

Project & Team	Brief Description	Risk of Not Doing Project	Interdependencies To Other Projects	Delivery Date & Status
Development Team **POR131 Theatre Lists**	Removal of paper-Elective/Emergency lists from Theatre, to be replaced with screens in the Theatre Dept for a digital display.	Has the potential to cause delay in theatres as numerous lists in circulation. Supports the Trusts Sustainability project reducing paper.	There are no interdependencies with any other projects. However, there is a dependency on the development resource which is planned/resourced and discussed at bi-weekly planning meeting. This project is currently delayed as the Theatre team are querying the system functionality. A meeting is planned for the 10th of Jan to move this forward with Phase 1 of the project. Further phases are to be agreed via SPMO.	May 23 – Jan 24
Development Team **POR150 - Alert Functionality**	The digital replacement for the Trust "Orange Alert Card"	Ongoing risk as Alerts are recorded in different places. This will impact the Trusts move to digitisation of casenotes	There is a dependency with the Trust Casenote project. There is a dependency on the Development resource which is planned/resourced and discussed at bi-weekly planning meeting.	Sept – Jan 24
Infrastructure Team **POR198 – Firewall ASA Replacement**	Replacement of Trust Firewalls	Exposing the Trust to cyber-attacks and systems not supported by 3rd party suppliers	There are no interdependencies with any other projects. However, there is a dependency on the infrastructure resource which is planned/resourced and discussed at bi-weekly planning meeting.	Jan
Infrastructure Team **POR204 – RDS Web**	Remote Access to Clinical Systems	Delay in Clinicians accessing patient records whilst working remotely	There are no interdependencies with any other projects. However, there is a dependency on the infrastructure resource which is planned/resourced and discussed at bi-weekly planning meeting.	July 23 – Jan

Infrastructure Team **POR275 – Logon Box (password reset)**	Loginbox is so users are able to reset their password / Unlock their account without the needs of the ServiceDesk	Provides the Users with the functionality to reset their own password rather than contacting the service desk. Supports patient care.	There are no interdependencies with any other projects. However, there is a dependency on the infrastructure resource which is planned/resourced and discussed at bi-weekly planning meeting. Awaiting sign off at ISGF Jan 24	Aug - Jan
Infrastructure Team **POR216 – FSLOGIX – Barracuda BYOD Server Implementation**	Re-configure Barracuda CudaLaunch BYOD remote access solution to utilise FSLogix to improve login speeds and so that O365 apps such as Outlook and MS Teams remember credentials within the profile between logins.	Stakeholder engagement will be impacted by this. Potential to delay patient care provided by clinical teams.	There are no interdependencies with any other projects. However, there is a dependency on the infrastructure resource which is planned/resourced and discussed at bi-weekly planning meeting.	Feb
Development Team **POR221 – Sepsis/EWS**	To support the Clinical teams in the completing of Sepsis scores within 1 application.	Request of Chief Nurse and CQC action	There are no interdependencies with any other projects. However, there is a dependency on the development resource which is planned/resourced and discussed at bi-weekly planning meeting.	Feb

Project & Team	Brief Description	Risk of Not Doing Project	Interdependencies To Other Projects	Delivery Date & Status
Infrastructure Team **POR16 – Unsupported Windows Server 2003**	Move both clinical and non-clinical systems from an unsupported platform.	Exposing the Trust to cyber-attacks and systems not supported by 3rd party suppliers	There are no interdependencies with any other projects. However, there is a dependency on the infrastructure resource which is planned/resourced and discussed at bi-weekly planning meeting.	Nov 22 – Feb 24
Infrastructure Team **POR21 – Unsupported Windows Server 2012R2**	Move both clinical and non-clinical systems from an unsupported platform.	Exposing the Trust to cyber-attacks and systems not supported by 3rd party suppliers	There are no interdependencies with any other projects. However, there is a dependency on the infrastructure resource which is planned/resourced and discussed at bi-weekly planning meeting.	Feb 23 – Feb 24
Infrastructure Team **POR 113 – Unsupported Server – SharePoint Server 2010**	Move both clinical and non-clinical systems from an unsupported platform	Exposing the Trust to cyber-attacks and systems not supported by 3rd party suppliers	There are no interdependencies with any other projects. However, there is a dependency on the infrastructure resource which is planned/resourced and discussed at bi-weekly planning meeting.	May 23 - Feb

Infrastructure Team **POR309 - Oracle Speed Test**	Improve PAS performance	User expectation	There are no interdependencies with any other projects. However, there is a dependency on the infrastructure resource which is planned/resourced and discussed at bi-weekly planning meeting.	Oct - Feb
Infrastructure Team **POR412 – Trend Cloud Migration**	Migration from End-of-Life Trend ServerProtect to Trend Cloud One Security Solution	Exposing the Trust to cyber-attacks and systems not supported by 3rd party suppliers.	There are no interdependencies with any other projects. However, there is a dependency on the infrastructure resource which is planned/resourced and discussed at bi-weekly planning meeting. Downtime required – links to above POR100	Jan 23 – Feb 24
Infrastructure Team **POR224 - MFA**	This is a directive from NHSE – there is a need to implement multi factor authentication for Users to access systems	Non-Trust compliance. Potential financial impact and cyber security risk	There are no interdependencies with any other projects. However, there is a dependency on the infrastructure resource which is planned/resourced and discussed at bi-weekly planning meeting.	Oct 23 – Mch

	Brief Description	Risk of Not Doing Project	Interdependencies To Other Projects	Delivery Date & Status
eam rastructure Core Upgrade	To Upgrade the Server Cores & Server Stacks Located in the Server Rooms.	Forms part of the Digital Aspirant Programme deliverables	There are no interdependencies with any other projects. However, there is a dependency on the infrastructure resource which is planned/resourced and discussed at bi-weekly planning meeting. This will be dependent on downtime – see POR100	Nov - March
eam ch external applications from eP2	To ensure that downstream systems can be open via the context launcher in eP2	There is a need for this project to go ahead as there have been several requests via several workstreams for this. One of these is the Theatre team as part of e-Consent as they must have multiple systems open which disengages staff and could introduce risk.	There is a dependency on the Trust e-consent project for this piece of work.	Nov - March
eam ite	The digitisation of clinical paper forms	This has been raised by Nicky Martin as a risk, as some of the forms that are currently digitised were not reviewed before digitising and they are now deemed as not fit for purpose.	This has previously been raised by CQC. This project is in progress as governance/structure is now in place. However, there has been an operational delay in working through the current digitised documentation. The March end date is likely to slip.	April 21 – March 24

Development Team **POR74 – Safe Today**	Create a directory to store digitised documentation if/when there is a need for Ops Team to revert to paper	Staff may use out of date documentation for recording clinical activity	There is a dependency on the Clinical Nursing documentation to be digitised. There is a dependency on the development resource which is planned/resourced and discussed at bi-weekly planning meeting.	Nov 22 – March 24
Infrastructure Team & Dev Team **POR18 - Unsupported Server – Windows Server 2008R2**	Move both clinical and non-clinical systems from an unsupported platform.	Exposing the Trust to cyber-attacks and systems not supported by 3rd party suppliers.	There are no interdependencies with any other projects. However, there is a dependency on the infrastructure resource which is planned/resourced and discussed at bi-weekly planning meeting.	Nov 22 – March 24
				Delivery Date & Status
Infrastructure Team **POR108 - Unsupported Server – SQL Server 2008R2**	Move both clinical and non-clinical systems from an unsupported platform.	Exposing the Trust to cyber-attacks and systems not supported by 3rd party suppliers.	There are no interdependencies with any other projects. However, there is a dependency on the infrastructure resource which is planned/resourced and discussed at bi-weekly planning meeting.	April – March 24

Digital Project Team **POR149 – JIRA Onboarding**	The onboarding of Trust teams to utilise JIRA for workload mgmt	SPMO will continue to work independently and using paper documentation to support their programme of work	To support the SPMO team to standardise their workload. There is a dependency on a business case being approved for funding for licences.	April - March
Infrastructure & Dev Team **POR153 - e-Consent (Digital Work package)**	Digitisation of Consent a patient	The Trust e-Consent project will be delayed, this will mean consent will have to remain on paper and impacts the Trust scanning project "day forward scanning figures"	There is a dependency with the Trust e-Consent project. This is a dependency on both the Development & Infrastructure Teams which is planned/resourced and discussed at bi-weekly planning meeting.	May - March
Infrastructure & Dev Team **POR310 - Digital Engagement**	This project is a result of the staff engagement meetings, users raised their issue/problem they have with systems	Total disengagement with users as we have started to build on communication and taking forward "you said we did"	Some of this work has been added to the timeline as a separate project as it was deemed to impact Trust projects or clinical risk e.g., Device project & Sepsis. The delivery has the potential to move once a full scope exercise has taken place for several of the requests	May – March 24
Infrastructure Team **POR419 – Barracuda Firewall Upgrade**	Upgrade of version which allows offsite connection	DSPT and unsupported software from 3rd party supplier	There are no interdependencies with any other projects. However, there is a dependency on the infrastructure resource which is planned/resourced and discussed at bi-weekly planning meeting.	Jan – March 24

BOARD CYCLE OF BUSINESS 2024-2025	Purpose	Lead	Assurance /Oversight Committee	External deadline	Quarter 1			Quarter 2	Quarter 3		Quarter 4
					April	Jun	June (Extra Ordinary)	August	Oct	Dec	Feb
Standing Items											
Welcome and apologies	Note	Chair		N/A	✓	✓		✓	✓	✓	✓
Minutes of previous meeting	Approve	Chair			✓	✓		✓	✓	✓	✓
Matters Arising Action Log	Decision	Chair			✓	✓		✓	✓	✓	✓
Chair and CEO Report	Note	CEO			✓	✓		✓	✓	✓	✓
Patient Story	Note	CN			✓	✓		✓	✓	✓	✓
Strategy (Updates provided by bi-annual review and relevant annual reports)											
Trust Strategy Update	Note	MD			✓				✓		
Charity Substrategy	Approve	CFO	Charity		✓					✓	
Digital Substrategy	Approve	CPO	BPC			✓				✓	
Estates, Facilities and Sustainability Substrategy	Approve	COO	BPC					✓			✓
Finance and Commercial Development Substrategy	Approve	CFO	BPC		✓				✓		
Marketing and Communications Substrategy	Approve	CEO						✓			✓
People Substrategy	Approve	CPO	BPC		✓				✓		
Quality Substrategy	Approve	CN	Quality			✓			✓		
Strategic Risk											
Board Assurance Framework	Approve	CEO	All		✓			✓		✓	
Principal Risks	Approve	CEO	Audit		✓						
Risk Appetite Statement	Approve	CEO	Audit		✓						
Performance											
Integrated Performance Report	Note	CEO	BPC/QC		✓	✓		✓	✓	✓	✓
EPRR Core Assurance Self-Assessment	Approve	COO	BPC	**29-Sep**				✓			
Major Incident Plan	Approve	COO	BPC					✓			
ERIC Return	Note	COO	BPC						✓		
Quality & Safety											
Quality Account Priorities	Approve	CN	Quality		✓						
Quality Account	Approve	CN	Quality			✓	✓				
Mortality and Morbidity Report	Note	MD	Quality		✓			✓		✓	
Nurse Staffing - Bi-Annual Acuity Review	Note	CN	Quality			✓				✓	
Safeguarding Annual Report	Note	CN	Quality			✓					
Infection Prevention & Control Annual Report	Note	MD	Quality			✓					
Complaints and Patient Experience Annual Report	Note	CN	Quality			✓					
Medicines Management (including AO for Controlled Drugs) Annual Report	Note	MD	Quality					✓			
Nursing Revalidation Report (Annual)	Approve	CN				✓					
Medical Revalidation Report (Annual)	Approve	MD		**31-Oct**				✓			
Freedom to Speak Up Guardian Report	Note	CN	Quality		✓				✓		✓
Freedom to Speak Up Guardian Annual Report	Note	CN	QC/ Audit			✓					
Mixed Sex Accommodation: Annual Statement of Compliance	Approve	CN	Quality		✓						
Health and Safety Awareness Annual Report	Note	CN						✓			
NHSE Health Education Providers Annual Self-Assessment	Approve	CPO	RIME	**31-Oct**					✓		
Workforce											

Staff Survey Results	Note	CPO	BPC		✓						
Equality Diversity & Inclusion Annual Report	Note	CPO	HIIC		✓						
Gender Pay Gap Annual Report	Approve	CPO	HIIC		✓						
Workforce Race Equality Standard	Approve	CPO	HIIC						✓		
Workforce Disability Equality Standard	Approve	CPO	HIIC						✓		
Medical Education Annual Report	Note	CPO	RIME					✓			
Violence and Aggression Strategy Update	Note	CN	Quality		✓				✓		
Guardian of Safe Working Report	Note	MD			✓				✓		✓
Guardian of Safe Working Annual Report	Note	MD							✓		
Modern Slavery Act Statement	Approve	CN							✓		
Finance and Governance											
Annual Plan	Approve	COO	BPC	**NHSE**	✓						
Annual Audit Letter	Approve	CFO	Audit	**30-Jun**			✓				
Annual Report and Accounts inc. Annual Governance Statement	Approve	CFO	Audit	**30-Jun**			✓				
Provider Licence Self Certification (G6, FT4,)	Approve	CEO	Audit				✓				
Board Cycle of Business	Approve	CoSec			✓						✓
Use of the Trust Seal	Approve	CEO			✓						
Standing Financial Instructions, Scheme of Reservation and Delegation	Approve	CFO	Audit							✓	
Constituition & Standing Orders	Approve	CoSec								✓	
Board Effectiveness Review	Note	CEO				✓					
Research and Innovation											
Research & Development Annual Report	Note	CPO	RIME					✓			
Innovation Annual Report	Note	CPO	RIME					✓			
Corporate Trustees											
Charitable Funds Annual Report & Accounts	Approve	CFO	Charity						✓		
Committees of the Board											
Audit Committee Chairs Assurance Report	Note	Audit Chair	Audit		✓	✓		✓		✓	
Audit Committee Effectiveness Review and ToR	Note	Co Sec	Audit			✓					
Business Performance Committee Chair's Assurance Report	Note	Com Chair	BPC		✓	✓		✓	✓	✓	✓
Business Performance Committee Effectiveness Review and ToR	Note	Co Sec	BPC			✓					
Charity Committee Chair's Assurance Report	Note	Com Chair	WCC			✓		✓		✓	✓
Charity Committee Committee Effectiveness Review and Terms of Reference	Approve	Com Chair	WCC			✓					
Neuroscience Programme Board Chair's Report	Note	MD	NSPB		✓	✓		✓	✓	✓	✓
Neuroscience Programme Board Effectiveness Review and ToR	Note	MD	NSPB			✓					
Quality Committee Chair's Assurance Report	Note	Com Chair	Quality		✓	✓		✓	✓	✓	✓
Quality Committee Effectiveness Review and ToR	Note	Co Sec	Quality			✓					
RIME Committee Chair's Assurance Report	Note	Com Chair	RIME		✓			✓	✓		✓
RIME Committee Effectiveness Review and ToR	Note	Co Sec	RIME		✓				✓		
Health Inequalities and Inclusion Committee Chair's Assurance Report (prev. BAME)	Note	Com Chair	HICC		✓			✓	✓		✓
HII Committee Effectiveness Review and ToR	Note	Com Chair	SBAC		✓						
Remuneration Committee Chair's Assurance Report (as required)	Note	Com Chair	RemCo			✓					
Remuneration Committee Board Effectiveness Review and ToR	Note	Com Chair	RemCo			✓					

Collaboration											
Liverpool Trusts Joint Committee	Note	CEO			✓	✓	✓	✓	✓	✓	✓
Joint Site Sub Committee	Note	MD			✓	✓	✓	✓	✓	✓	✓
Expansion of Health Procurement Liverpool: Full Business Case	Approve	CFO	BPC		✓						
Ad Hoc In Year											
Revised Board and Committee Reporting Schedule Update	Note	CoSec			✓						
Charity Committee Impact Statement Report 2023/24 (MF)	Note	CFO	Charity		✓						
Digital Maturity Assessment	Note	CPO	BPC			✓					
Patient Safety Incident Response Framework (PSIRF) Policy and Plan	Agree	CN	Quality	**31-Aug**				✓			
Anti-Racism Statement	Note	CPO							✓		
Raising Concerns and Freedom to Speak Up Report on Controls	Note	CN	Audit							✓	
Well Led Review Action Plan	Note	CEO			✓					✓	

Liverpool University Hospitals NHS Foundation Trust

The Walton Centre NHS Foundation Trust

CHAIRS REPORT

Joint Site Sub-Committee meeting held on Tuesday 9 January 2024 at 15:30, Executive Suite, TWC

Introduction

The meeting of the LUHFT and TWC Joint Site Committee took place on Tuesday 9th January 2024. The meeting involved representatives from Liverpool University Hospitals NHS Foundation Trust (LUHFT) and the Walton Centre NHS Foundation Trust (TWC).

A summary of the key agenda items and discussions is provided below.

Agenda Item	Key Discussions/ Decisions/ Actions
Minutes of Previous Meeting – 10th October 2023	The Committee **approved** the minutes from the Joint Site Committee (JSC) held on 10 October 2023.
Action Log	The Committee reviewed the rolling action tracker, from the meeting on 10 October 2023. The Committee **agreed** to close some actions following the update and others were **deferred** for completion at the next meeting.
Any Urgent Matters Arising	None
Joint Site Sub Committee Workplan Update • **Joint Partnership Group Exception Report**	The Committee received an update on the progress of the Joint Site Sub Committee workplan and the Joint Partnership Group (JPG). Good progress had been made on some of the target areas when compared against the key deliverables and key performance indicators. Updates were provided on the progress and priorities of the agreed deliverables across the three agreed areas: • Emergency Clinical Pathways o Review of major head injury pathway is complete and radiology scoring tool implemented to guide which patients require neurosurgical referral (being rolled out to C&M Radiology Hub) Pathway for mild/moderate head injuries under review. o RANA pathway for rapid neurology referrals into TWC - review complete – more work required to improve awareness but excellent progress with increased referrals especially from Aintree. o Agreed patient passporting extension so TWC will take readmitted patients up to 28 days post-surgery (rather than 14) • Imaging o Review of Ventilated MRI pathway complete and SOP agreed with additional slots provided at TWC o Some scan reporting for LUHFT being carried out by TWC radiologists. • Estates and Digital – three focus areas agreed Theatres Mutual Aid, educational estate and digital access.

Agenda Item	Key Discussions/ Decisions/ Actions
	Further scoping work is being undertaken to agree on referrals for CT guided Musculoskeletal (MSK) injections to TWC. The risks identified were as follows: • Reduction in theatre capacity at The Walton Centre NHSFT during theatre refurbishments and lack of available capacity on the Aintree site • Financial constraints • Being clear about the benefits of proposed projects • Equipment Utilisation • Interoperability of digital systems across both sites It was recommended that a benefit realisation review be carried out highlighting the impact of further collaboration on services across both sites and an analysis of the Liverpool Services Clinical Review to determine if all recommendations from the review had been actioned. It was agreed by the Committee that a revised workplan be developed to focus on areas that had not been initially covered in the initial workplan. The Committee **noted** the Joint Site Sub Committee Workplan Update and the Joint Partnership Group Exception Report
Liverpool Trusts Joint Committee Update	The Committee noted the update from the Liverpool Trusts Joint Committee (LTJC) meeting held on 21st July 2023.
Car Parking	No longer relevant following the postponement of the meeting.
Draft Agenda for the next meeting	The Committee **agreed** the following items will be included on the February agenda: • Joint Partnership Group Exception Reports • Revised Joint Site Sub-Committee Workplan • Liverpool Trusts Joint Committee Update
Next meeting date and venue: Thursday, 8 February, 14.00 to 15:00 at the Boardroom, TWC.	

Recommendations for the Trust Board/Committee

The Board/Committee is asked to:

- note the contents of the report.

Board Committee Assurance Report

Report to	Board of Directors
Date	
Committee Name	Liverpool Trusts Joint Committee
Date of Committee Meeting	21 December 2023
Chair's Name & Title	David Flory, Chair Liverpool University Hospitals NHS Foundation Trust

Matters for Escalation

There are no matters for escalation.

Key Discussions

The Committee received an update on the activities from the following sub-committees as follows:

1. **The Walton Centre NHS Foundation Trust/Liverpool University Hospitals NHS Foundation Trust Joint Committee Update**
   The North Mersey Stroke Centre was rated the best for patient outcomes in the country in the last quarter, with significant progress seen in the last year. It was noted that patients were able to receive a CT scan, directly from an ambulance, within two minutes and that the Centre was the only one in the country to achieve this. It was acknowledged that Thrombectomy delivery would be the focus of ongoing work which would be reported back during Q4.

2. **Liverpool Heart & Chest/Liverpool University Hospitals NHS Foundation Trust Joint Committee Update**
   The change to Ward 6 is anticipated to displace LUHFT administration staff and options which include the use of NHS estate across Liverpool are being explored by all trusts.

3. **Clatterbridge Cancer Centre NHS FT/Liverpool University Hospitals NHS FT Joint Committee Update**
   A reminder of the three priorities of work was provided which detailed progress within medicines optimisation, radiology and emergency pathways.

4. **Liverpool Women's Health NHS FT/Liverpool University Hospitals NHS FT Partnership Group Update**
   - a Programme Board, chaired by James Sumner, has been established to oversee the work to improve the quality and safety of care provided to women and babies requiring acute services in the city.
   - a workshop was held to determine the short term (12 months), medium term (one to three years) and long term (over three years) risks identified for action.
   - the outcome of the workshop would be presented to the Cheshire & Merseyside Integrated Care Board in January 2024, as well as the LTJC.

5. **Liverpool Women's Health & Alder Hey Partnership Board**

A requirement to strengthen governance to enable better understanding of data was acknowledged, with a meeting for clinicians planned for mid-January. A report following that meeting would come back to the LTJC.

PLACE and Merseycare

A verbal update on work being progressed through PLACE and Merseycare was provided:

- Face to Face mental health outreach to homeless people was seeing an increase in demand; this was helpful in terms of understanding the scale of support required.
- addiction services had achieved nil service users within the drug community with Hepatitis C, the only service in the country to do so.
- an additional 600 highly frail people in the community had been identified in the last 6 months, with the community lifting service response rate between 10 mins and 31 mins. This has resulted in a greater number of people remaining at home.

CMAST Workplan

Clatterbridge Cancer Centre had been working with clinical leaders in diagnostics, who had highlighted the Clinical Reliability Groups (CRGs) would benefit from input from CMAST. This would encourage system thinking and focus.

A review to understand whether the budget given to provider collaboratives across the Northwest were proportionate to their size and whether Liverpool was receiving sufficient resource versus others was requested.

Electronic Patient Record (EPR)

With LUHFT's ongoing work on their business case submitted to the National Team for approval, the opportunity to consider an enterprise system across provider trusts was discussed. This it was recognised would address t recommendations within the Liverpool Clinical Services Review (LCSR) for greater collaboration to deliver the best care for patients in Liverpool and beyond.

Decisions Made

No decisions were made at the meeting.

Recommendation

The Board of Directors is asked to note the Liverpool Trusts Joint Committee Assurance Report pertaining to the meeting of 21 December 2023.

Report to Trust Board
1 February 2024

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 *(do not complete if not relevant e.g. work in progress)*

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

Key Messages *(2/3 headlines only)*

- See summary for performance overview

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

- Ongoing

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

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

001 Quality Patient Care	004 Operational Performance	003 System Finance

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

Strategy ☐	Policy ☐	Service Change ☐

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

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

Integrated Performance Report

Executive Summary

This report provides assurance on all Integrated Performance Report measures aligned to the Business & Performance and Quality Committee's.

Conclusion

Performance is summarised per metric and appropriate conclusions drawn within the body of the report.

Recommendation

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

Author: Rebecca Sillitoe – Senior Information Analyst
Date: 24/01/2024

The Walton Centre NHS
NHS Foundation Trust

Board Report
February 2023

Data to end December 2023 unless indicated

Explanation of SPC Charts and Assurance Icons

The Walton Centre NHS
NHS Foundation Trust

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

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

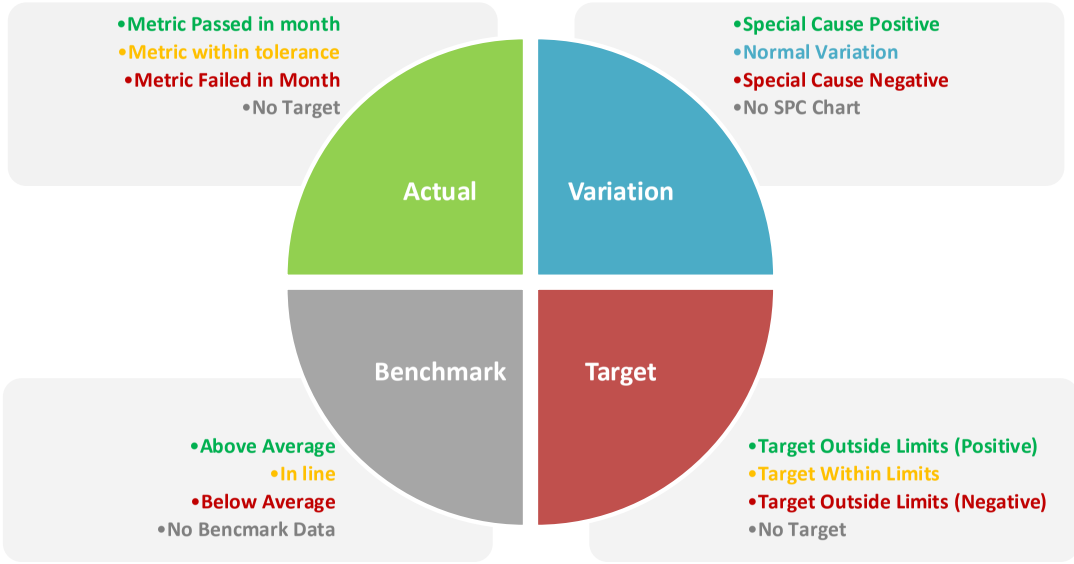
All SPC charts will follow the below key unless indicated

Actual UCL Average LCL National Average Target

= Part of Single Oversight Framework = Mandatory Key Performance Indicator

Assurance Icons (Colour Key)

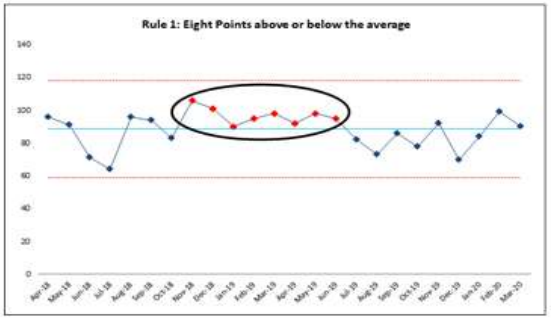
All metrics now have an Assurance Icon consisting of 4 components. These give assurance on; in month performance against target, whether any SPC variation rules have been triggered, whether the target is achievable, and how the organisation compares to benchmarked data.

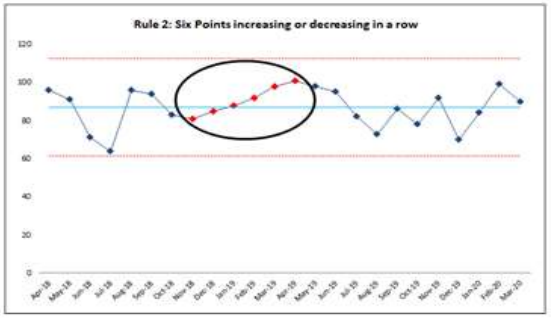


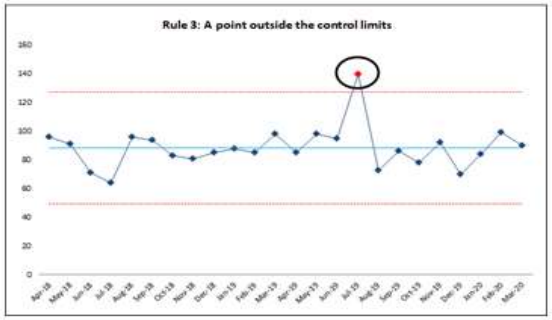
Statistical Process Control Chart Rules

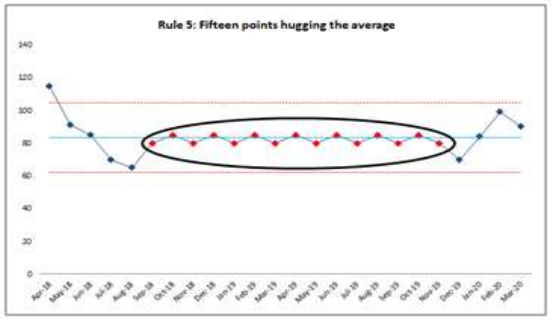
The Walton Centre NHS Foundation Trust

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).









Key points to note

FINANCE

2023/24 Plan is a £4.1m surplus position.

In month position is ahead of plan - £0.7m surplus against a £0.3m plan.

YTD surplus £5.6m, £2.3m ahead of plan.

Year End forecast of £6.9m, £2.8m ahead of plan (as agreed with ICS).

Income above plan by £10.2m.

Expenditure (inc. Financing Costs) above plan by £7.9m.

All CIP delivered YTD, however, lower proportion (78%) of recurrent CIP compared to a planned delivery of 100%.

Cash balance of £48.5m v plan of £50.4m. This is driven by the payment of the 2022/23 non-consolidated pay award earlier this year (which was not announced early enough to be factored into plans). This is the equivalent of 100 days worth of operational expenditure.
Level of debt outstanding is £3.2m, a reduction of £0.5m from the previous month
BPPC stands at 89.7% of invoices paid and 91.9% of value (against 95% target).

Capital spend in month is related to Neurophysiology and Neurosurgery equipment. Full year - £4.8m allocation (exc. Impact leases) as agreed with ICS., which will be fully utilised. There will, however, be £0.8m under-performance on IFRS 16 leased assets.

WORKFORCE

Appraisal compliance at 81.78% has been static and the completion rate has effectively been the same since October. This remains a key focus with detailed reporting to both the People Group and the Exec Team on a regular/monthly basis.

Mandatory training compliance is steadily increasing and now stands at 88.25%.
The inclusion of the Doctors in Training indicator is in response to a request from Lead Employer. This percentage reflects the compliance for junior doctors but does not reflect the volume of training completed at the Walton Centre.

Sickness absence has remained the same at 5.33%. It should be noted that normal season variation will see this figure increase during the winter months.

Nursing turnover remains stable with a slight reduction to 11.39%.

Overall vacancy levels remain low with only slight variation this month.

Key points to note

Operations and Performance

Currently we have 80 patients wating 52 weeks and this includes patients referred via mutual aid we are looking at hi=ow these figures can be separated.

RTT remains a concern for both England and Wales, and the divisions are focusing on areas of improvement including Advice and guidance, PIFU and consultant vacancies.
Mutual aid patients are not included in the Referral to Treatment section, but there are currently 57 mutual aid patients who are waiting 52 weeks or more.

Cancer and diagnostic standards on track.

Theatre utilization - 40 unused sessions in Dec due to bank holidays, industrial action and anaesthetic sickness.

5 nonclinical cancelations - the teams are currently looking at improving the escalation process for cancelations.

Elective activity underperforming mainly due to industrial action and the challenges with follow ups. additional WLI sessions have been planned to increase activity.

There has been a slight drop in new referrals and an increase in the new outpatient waiting list, the divisions are managing this alongside the RTT, the inpatient waiting list is also increasing.

Discharge ready has now gone live and we have seen a decrease in delayed discharges and an increase in 14 day stranded patients within rehabilitation.

DNA remains a challenge text messaging in DrDoctor is due to go live February 2024.

PIFU remains at a positive percentage

Quality

A reduction in falls per 1000 bed days has been seen month on month. Q3 2023/24 inpatient falls saw a reduction down to 55 from 70 in Q2 2023/24. A spike in Q2 falls had previously been reported relating to a patient on CRU with behavioural issues.
No falls with moderate harm since April 23
National yellow sock and blanket campaign (falls pack) in process of roll out across the organisation

Improved IPC position in December. Pro active improvement plan to be approved at IPC committee Feb
BAF to Quality Committee Jan 24
Covid outbreak on lipton ward
Flu outbreak Dott ward
Trust currently at 52% for Flu vaccine.

This remains an area of concerns given the number of reported PE incidents in 23/24. Although none reported in November, we are still catching up with previous cases. Nothing specific highlighted following evaluation of care.
The VTE working group (medics & nursing) once in place will complete a wider review of practice & policy.

Device related pressure ulcer in Crit care remains an area of focus. Unit matron is linking in with the crit care network to benchmark practice. The matron for theatres is meeting with her network to review also.
Cat 2 pressure ulcer remains an area of focus across ward areas specifically Caton.

A bite guard SOP has been introduced following a patient complaint following tongue injury peri op. We are now in the process of devising a bite guard policy and a patient information leaflet.
Also reviewing and standardising bite guard practice across crit care & theatres.

EVD protocol has been reviewed and ratified with an action plan in place to support changes.

Patient experience

The PFCC working group continues to progress.
Each division has been asked to provide actions they are taking re themes and trends and increase ownership.

The Patient experience policy and escalation has been updated and to be presented to the divisions 22/1/24.

Operations & Performance Indicators

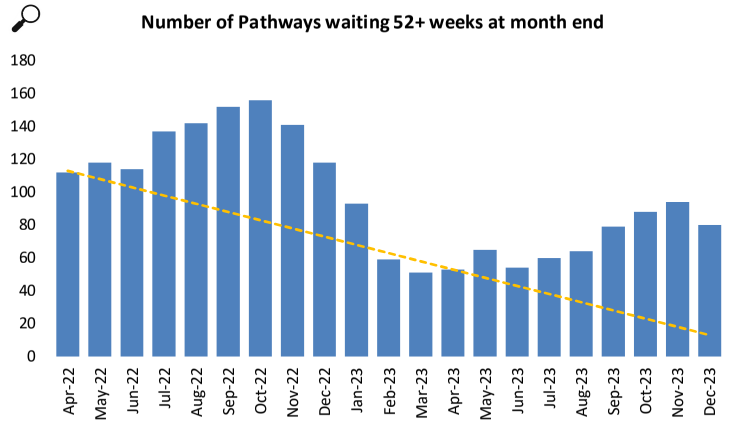
Referral to Treatment

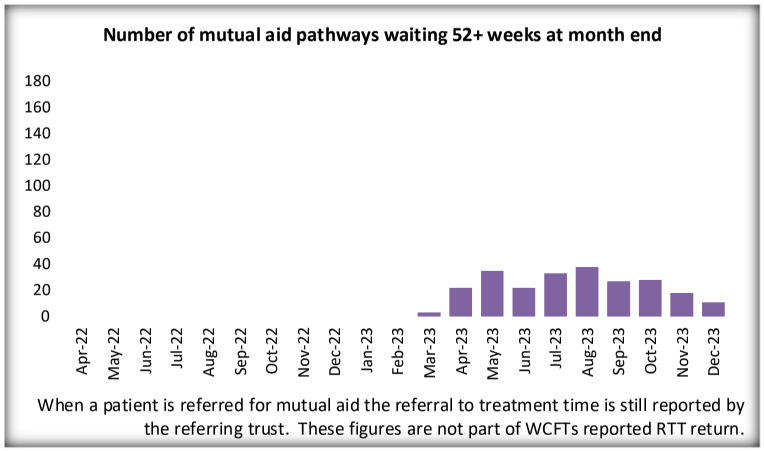
The Walton Centre NHS Foundation Trust

The number of patients waiting more than 52 weeks for treatment decreased in December and now stands at 80. The trajectory to reach zero patients waiting longer than 65 weeks has been extended to March 2024.

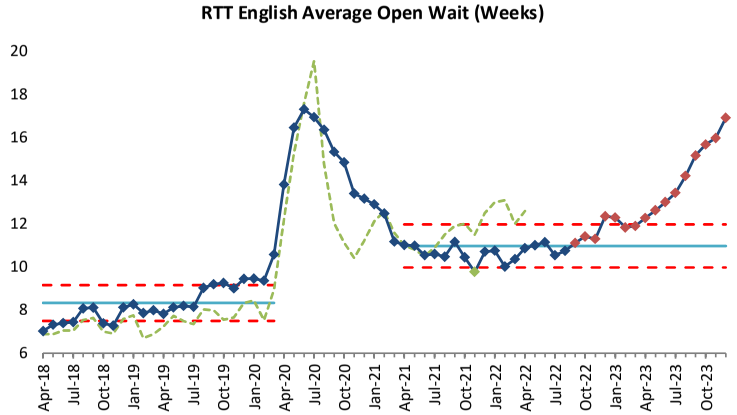
There are 57 patients referred under mutual aid arrangements with other trusts who have been waiting more than a year for treatment.

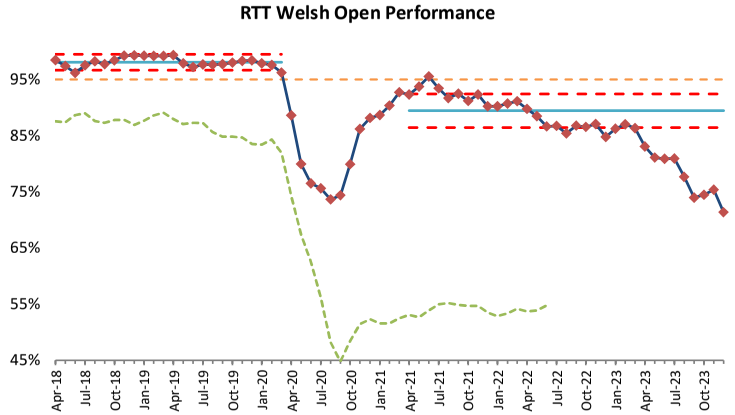
Waiting times in England and Wales continue to deteriorate, with Welsh Performance now the worst it has been since April 2018. English average wait has increased again in December and is approaching the highest its ever been.





When a patient is referred for mutual aid the referral to treatment time is still reported by the referring trust. These figures are not part of WCFTs reported RTT return.



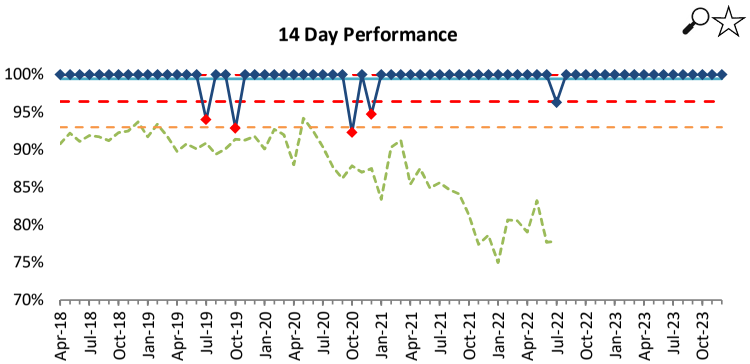


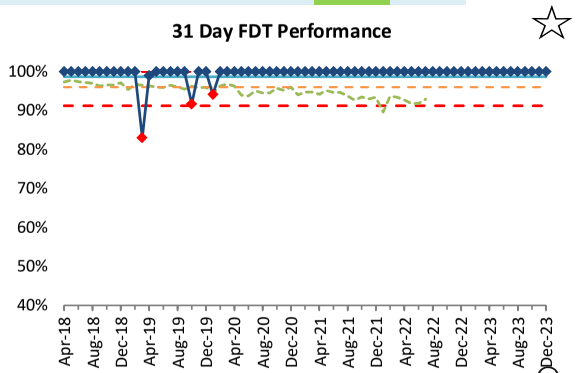
Cancer Standards

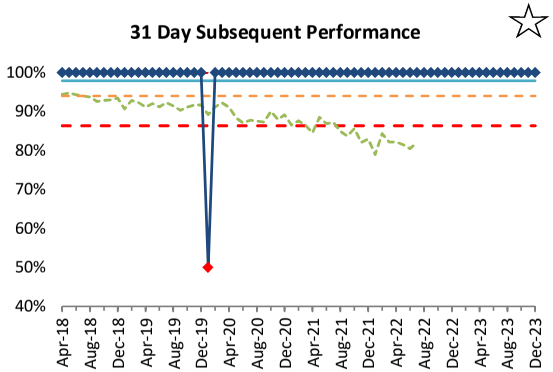
The Walton Centre NHS Foundation Trust

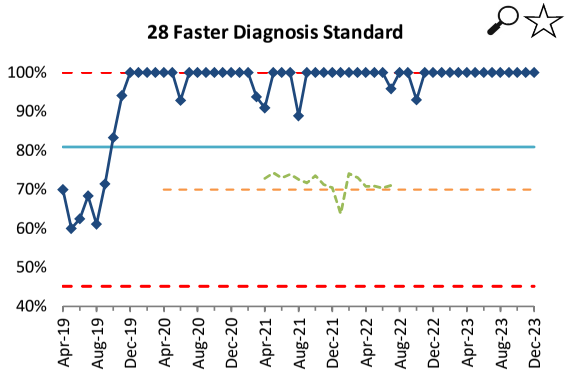
Access Standards	Target	Actual
Cancer TWW	93%	100%
Cancer 31 Day FDT	96%	100%
Cancer 31 Day Sub	94%	100%
Cancer 62 Day Standard	85%	NA
28 Day Faster Diagnosis Standard	70%	100%

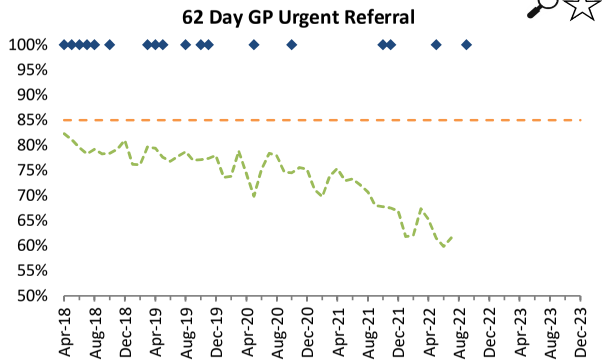
The Trust has continued to see and treat all cancer patients as these patients are designated as urgent, this is in line with NHSE requirements.

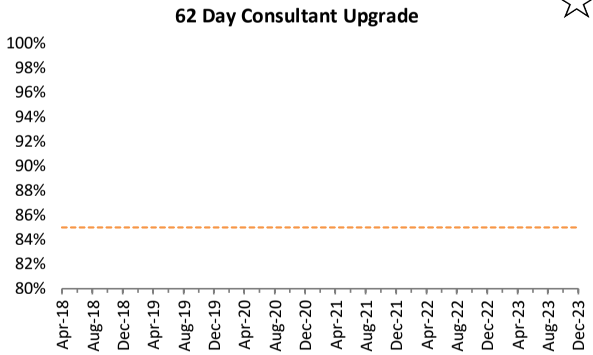












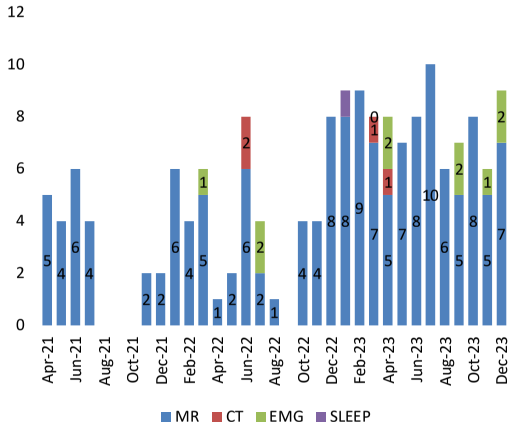
Diagnostics

The Walton Centre NHS Foundation Trust

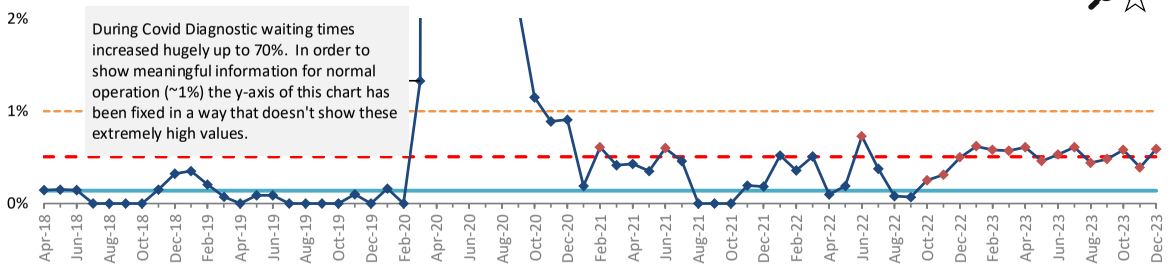
Access Standards	Target	Actual
Diagnostic 6 Week Performance	1%	0.59%

Achievement against the diagnostic six week standard has been met in month. There were nine breaches of the standard in month seven of them related to MRI and two to EMG. Diagnostic performance remains in special cause variation above the mean as it has been for the past fifteen months.

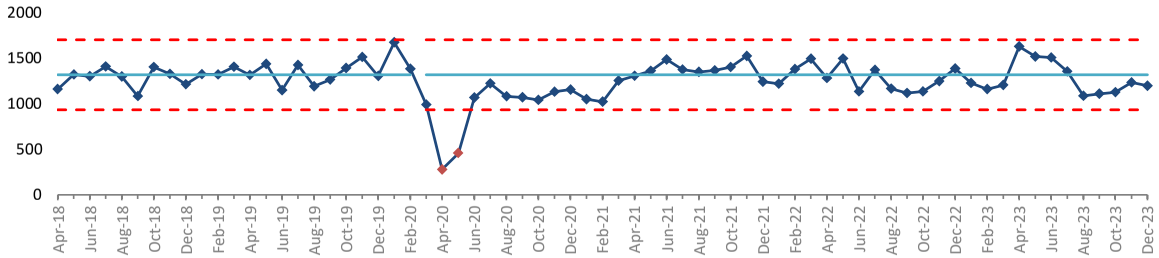
Diagnostic Breaches by Type



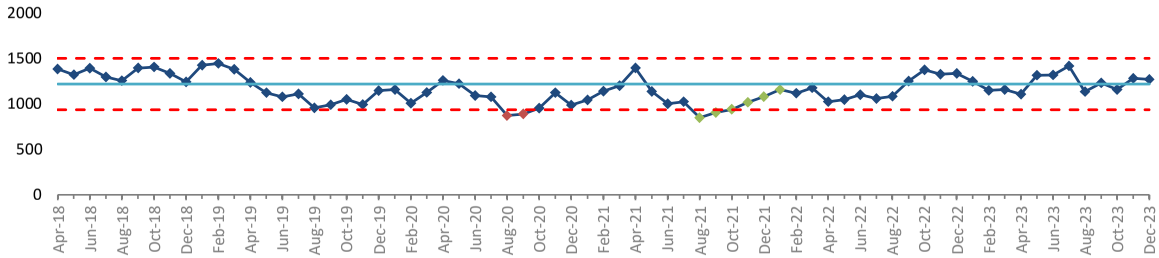
6 Week Diagnostic Performance



Total Diagnostic Activity in Month



Total Diagnostic Waits at Month End



Theatres

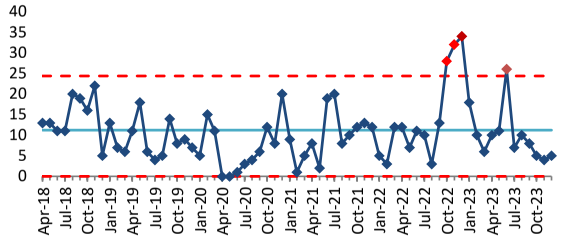
The Walton Centre NHS Foundation Trust

	Target	Actual	Assurance
No. Non Clinical Cancelled Operations	-	5	
% Cancelled operations non clinical on day	0.80%	0.46%	
28 Day Breaches in month	0	0	

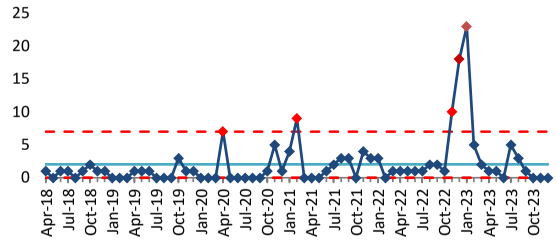
The Trust continues to work with Productive Partners as part of the theatre utilisation transformation work to ensure theatre capacity is utilised appropriately. In total forty sessions were unused in December, 20 due to industrial action by junior doctors, 12 due to lack of anaesthetic cover and 4 to shortage of theatre staff. There is no other significant reason for unused sessions this month.

There were five non-clinical cancellations in December and zero breaches of the 28 day reschedule. Two cancellations in month were the result of list overrun, and one attributed to each of: theatre staff unavailability; equipment failure; emergencies/trauma.

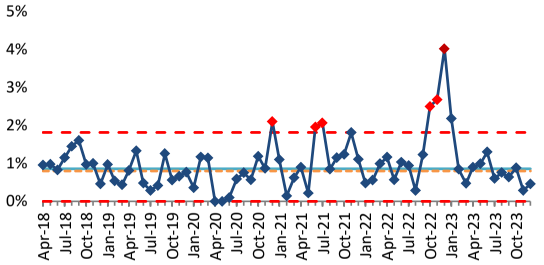
Number of Cancelled operations non clinical (on day)



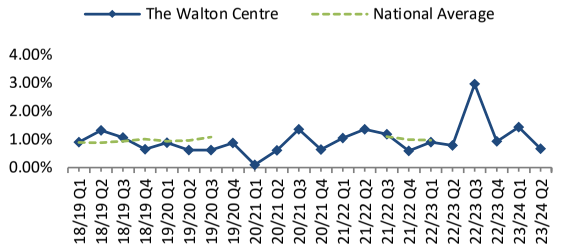
Number of cancelled operations not re-admitted within 28 days



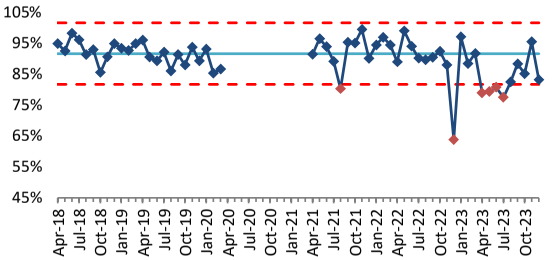
% of Cancelled operations non clinical (on day)



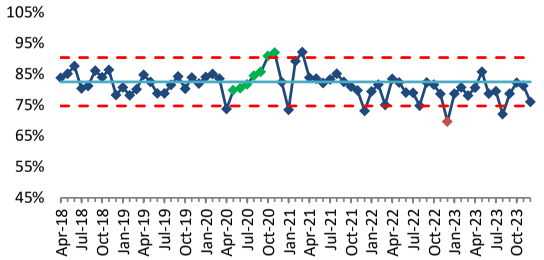
Non Clinical Cancelled Ops as a % of Elective Admissions



Theatre utilisation of Elective Sessions



Theatre utilisation of in Session Time



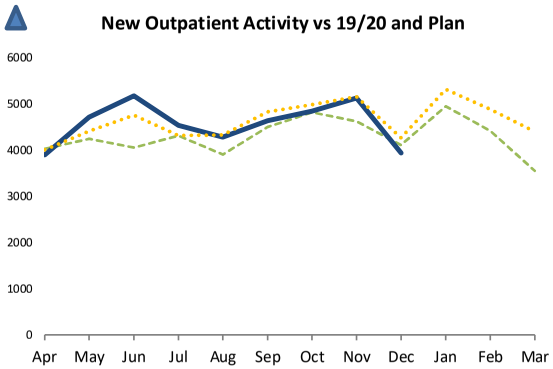
Elective Activity vs Plan

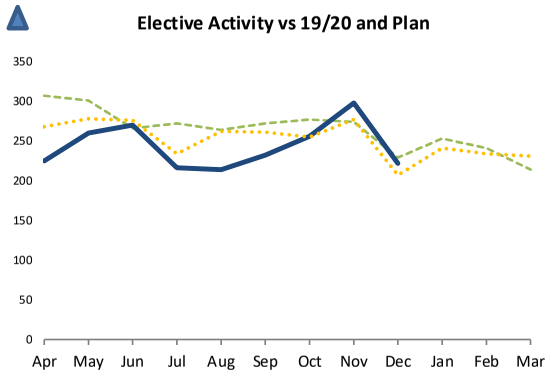
The Walton Centre NHS
NHS Foundation Trust

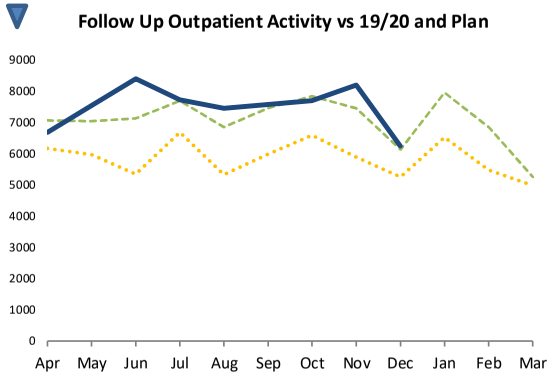
This page monitors the elective performance against plan for this year. The plan for follow up activity requires a reduction in activity rather than an increase as in the case of other metrics. The direction of good performance is indicated by the blue arrow in the top left of each chart.

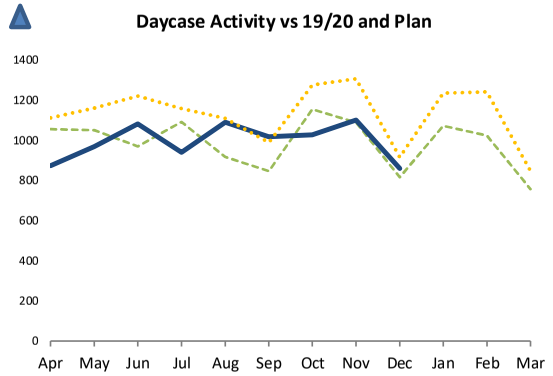
So far this year new outpatient activity is slightly ahead of plan but follow ups remain higher than the targeted reduction. Every type of inpatient activity is behind the year to date plan.

	Actual YTD 2023/24	Plan YTD 2023/24	Percentage of Plan YTD
Daycase	8,965	10,253	87.4%
Elective	2,193	2,318	94.6%
Elective & Daycase Total	**11,158**	**12,571**	**88.8%**
Non-Elective	1,418	1,468	96.6%
New Outpatient	41,142	41,057	100.2%
Follow Up Outpatient	67,561	53,243	126.9%









Legend for all charts on page

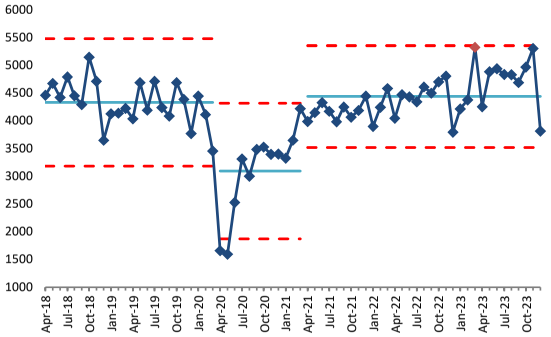
19/20 Act 23/24 Act 23/24 Plan

Activity

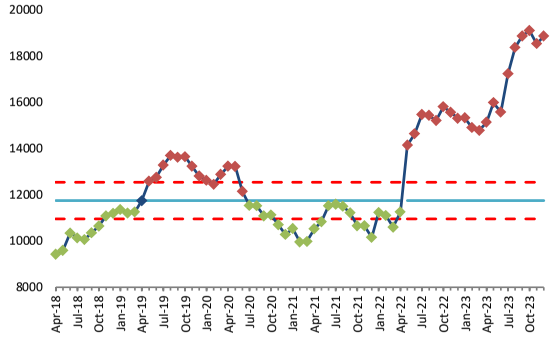
There has been a significant drop in referrals in December compared to November, however this is in line with values seen last December. New Outpatient Waiting List remains very high compared to the control range and has increased slightly in December, again driven by a drop in the Neurology waiting list, with Surgery numbers remaining steady over the last three months.

The Follow up outpatient waiting remains stable overall this month but the number of patients whose follow up appointment is overdue has increased in each of the last two months.

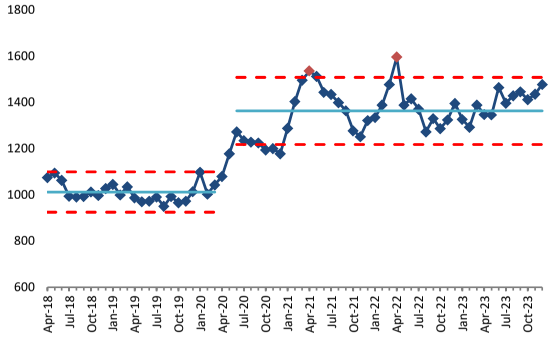
Total New Referrals Received



Trust New Outpatient Waiting List

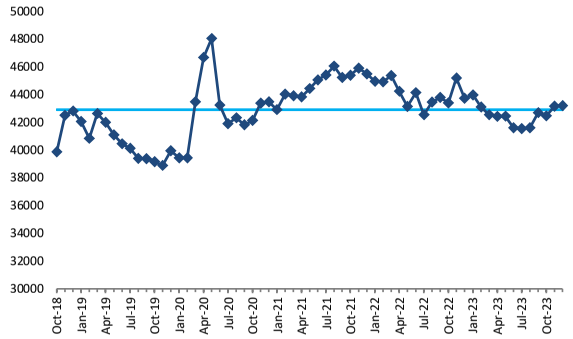


Inpatient Waiting List

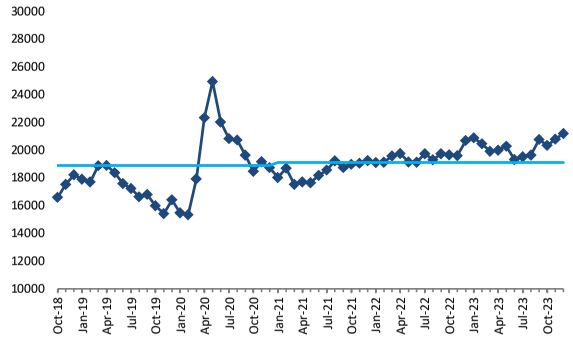


*Spinal transfer patients added to OPWL

Follow Up Outpatient Waiting List



Follow Up Outpatient Waiting List (Overdue)



Flow

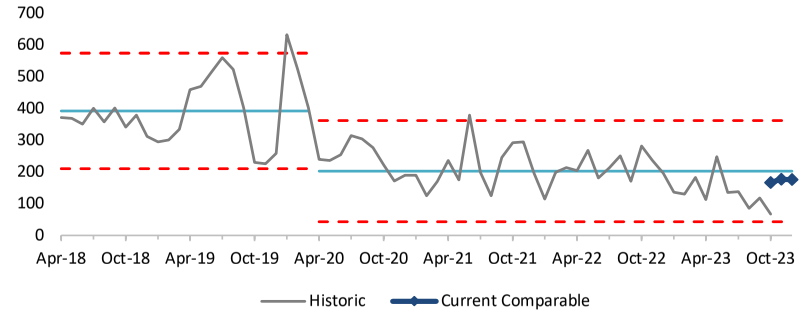
The Walton Centre NHS Foundation Trust

Effective - Flow	Target	Actual	Assurance
% 28 Day Emergency Readmissions (Local)	-	5.00%	
Total Delayed Discharge Days	-	175	
% Discharges by 5pm	-	56.29%	
% 14 Day Stranded Patients	-	33.72%	

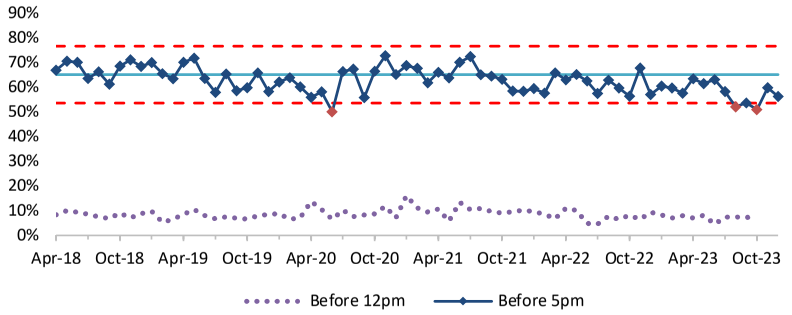
Information around delayed discharges is now (from 29th September) being recorded electronically from October. This improved reporting has increased the total number of delayed days considerably, for the purpose of comparison with history only External delays where the target destination is not Rehab or Repatriation to another Trust have been included here. This is in line with what has previously been reported.

The new reporting tool enables us to more accurately assess the impact of internal delays and repatriations to other trusts on delays so it is proposed to report these separately in place of the percentage of bed days occupied by stranded patients.

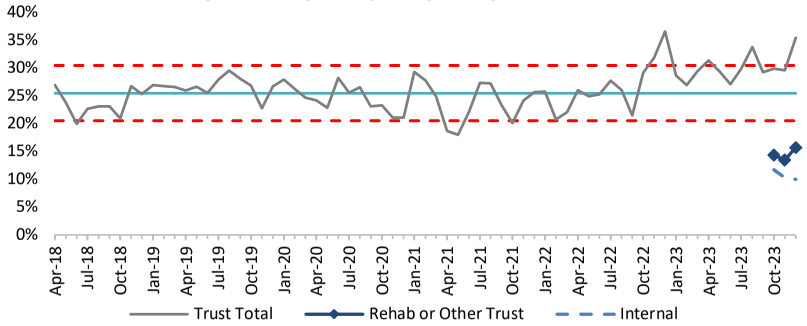
Delayed transfer of care days



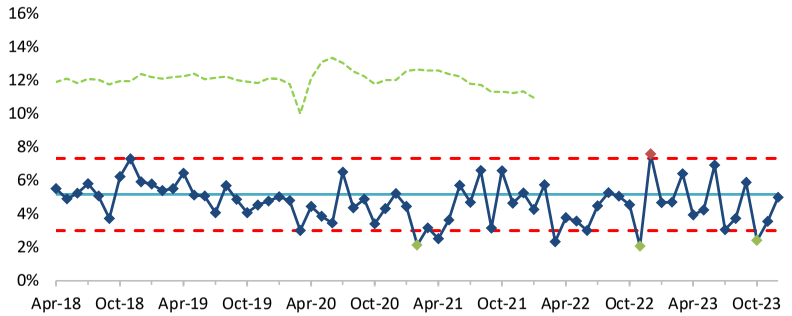
% Discharges to usual residence before 5pm



Formerly % Bed Days occupied by 14 day Stranded Patients



% 28 day emergency readmissions (local)



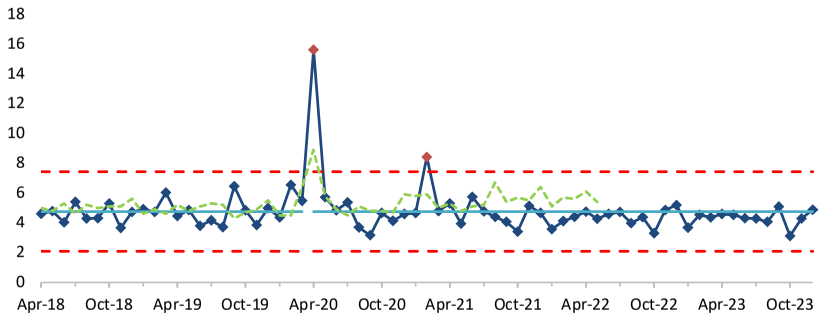
Flow (Leading Indicators)

The Walton Centre NHS Foundation Trust

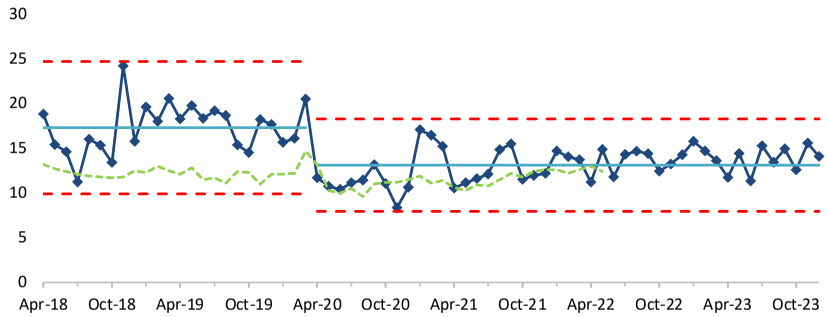
Effective - Flow	Target	Actual	Assurance
Elective LOS	-	4.86	
Non Elective LOS	-	14.08	
Day of Surgery Admission %	-	81.82%	
Day case Rate	-	81.09%	

All metrics are currently within normal variation. The percentage of patients admitted on the day of their surgery has levelled off after a slight drop last month and the percentage of elective admissions handled as daycases has increased in December after falling in each of the three previous months.

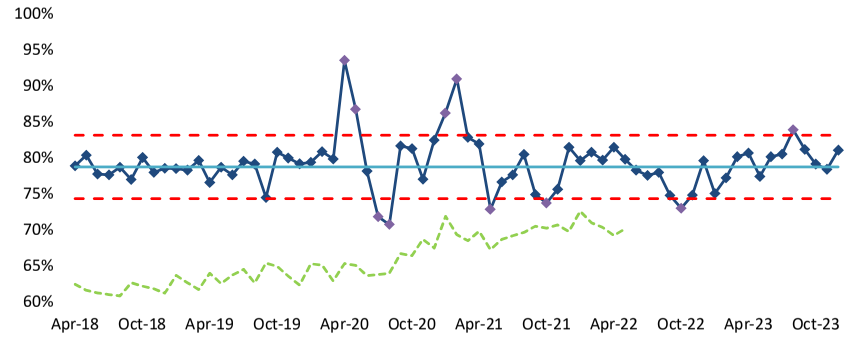
Elective Length of Stay (Days)



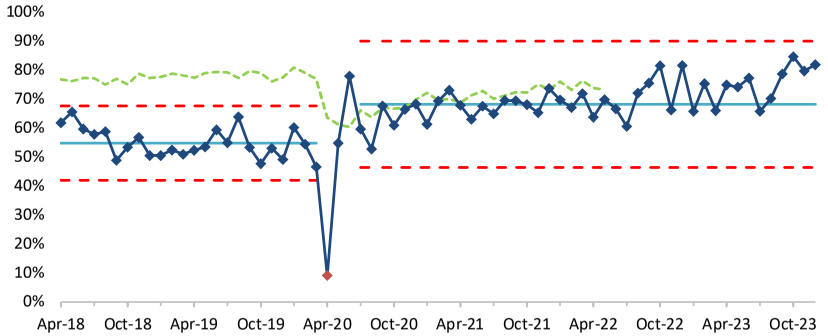
Non Elective Length of Stay (Days)



% of Elective Admissions as Day cases



Day of Surgery Admission %



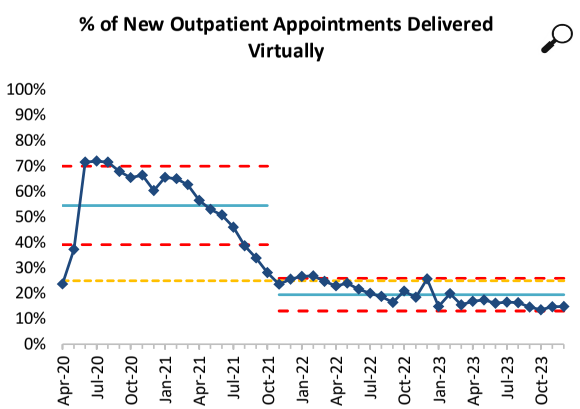
Outpatient Transformation

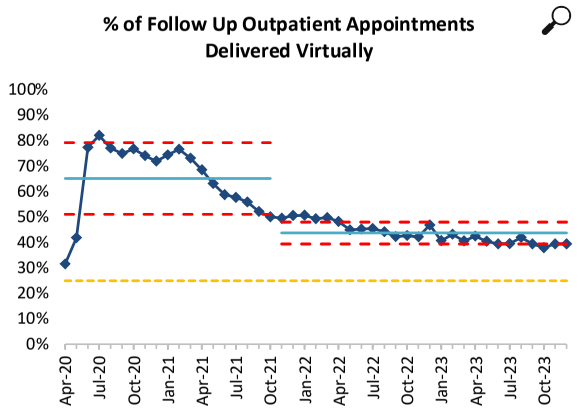
The Walton Centre NHS Foundation Trust

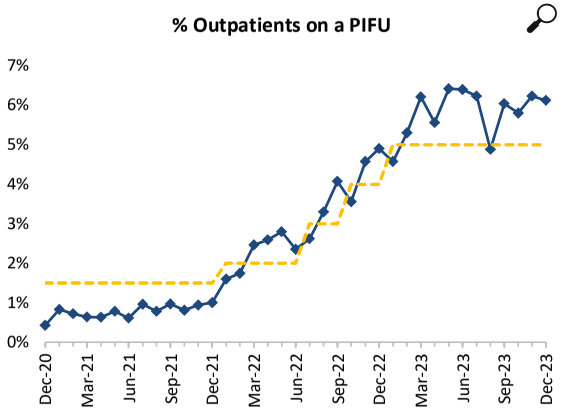
Virtual Appointments: The Trust is required to deliver a minimum of 25% of its total outpatient appointments virtually. Although new appointments have dipped below this threshold the Trust as a whole remains above the target. Following a switch to deliver mainly virtual appointments during Covid-19 the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

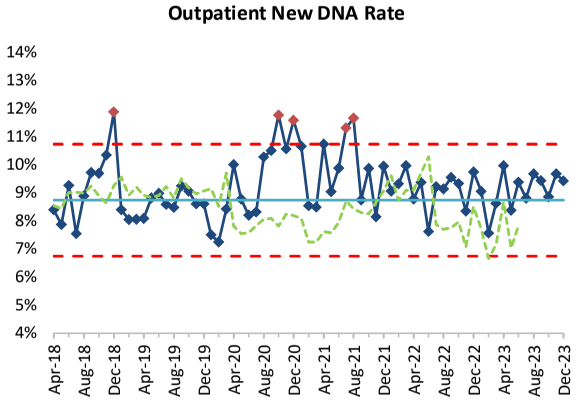
DNA Rate: The New DNA remains within normal variation, as it has been for the last two years. The Follow Up DNA rate remains in negative special cause variation and remains a focus of work in outpatient transformation.

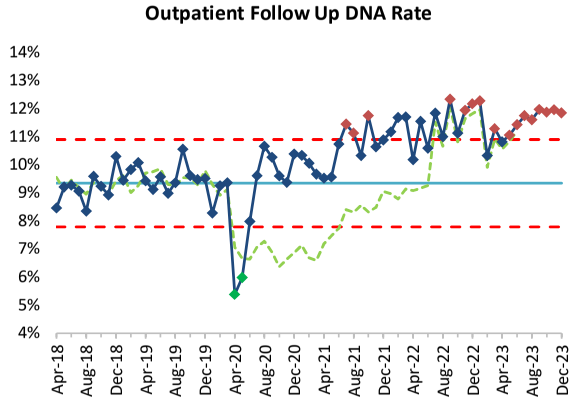
Patient Initiated Follow Up (PIFU): As part of national Outpatient Transformation schemes the guidance is to work towards 5% of our total outpatients on a Patient Initiated Follow Up by March 2023. The percentage of outpatient appointments with PIFU outcome in December was 6.12%.

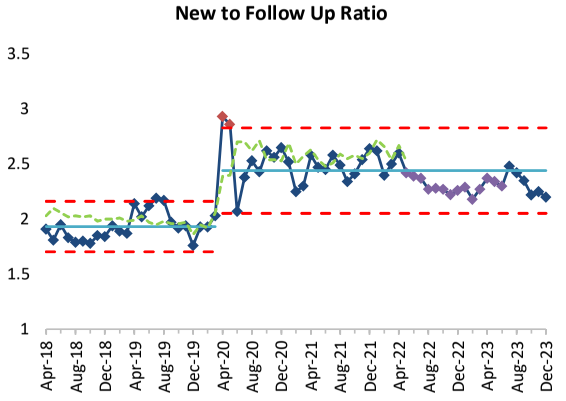












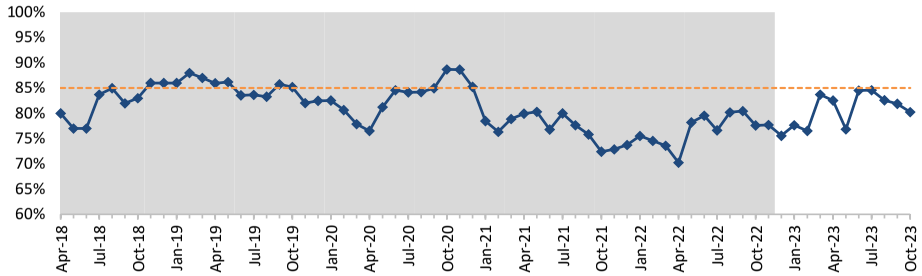
Workforce KPIs

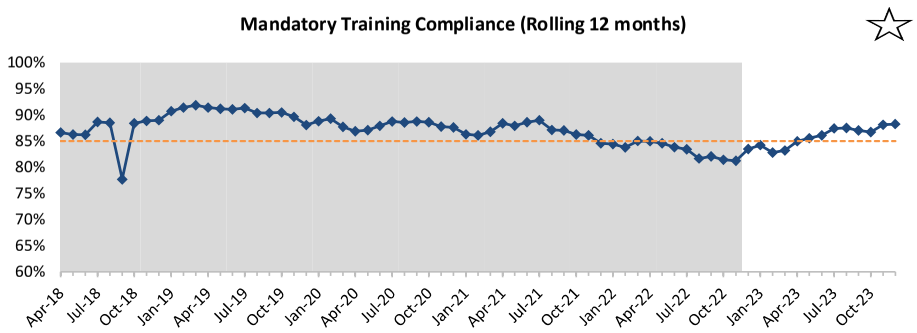
The Walton Centre NHS
NHS Foundation Trust

Well Led - Workforce	Target	Actual	Assurance
Appraisal Compliance	85%	81.78%	
Mandatory Training Compliance	85%	88.29%	

Appraisal compliance has dropped for the last three months and is slightly below target. Mandatory training compliance has been steadily increasing for the last ten months and remains above target.
The grey shading represents data inclusive of junior doctors and the white background represents months with junior doctors removed.

Open Disciplinaries	Open Grievances
5	6





Doctors in Training Core Skills Training Framework

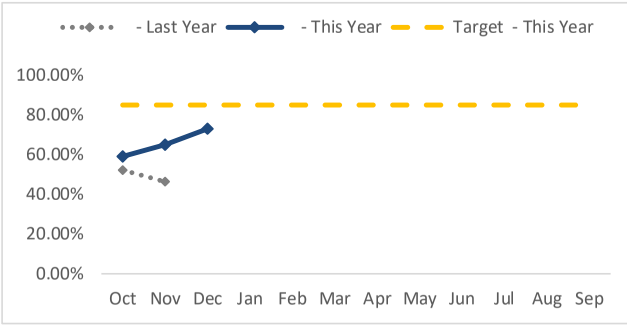
Dec-23

73.05%

Variance	Target
73.05%	85.00%

Rank (of 31) 23

The compliance has improved in month compared to last, in spite of which the Walton Centre has dropped one position in the North West rankings.



Workforce KPIs

Well Led - Workforce	Target	Actual	Assurance
Sickness / Absence	4.75%	5.33%	
Trust Turnover	-	15.64%	
Nursing Turnover	-	11.39%	
Other Staff Turnover	-	17.34%	

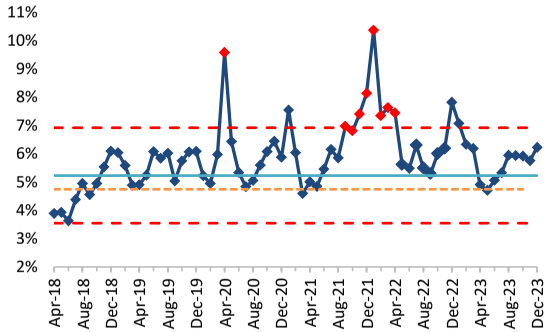
Sickness/Absence

Sickness absence is higher in the four months to November compared to earlier in the summer but within the control range and is starting to drop towards the mean again.

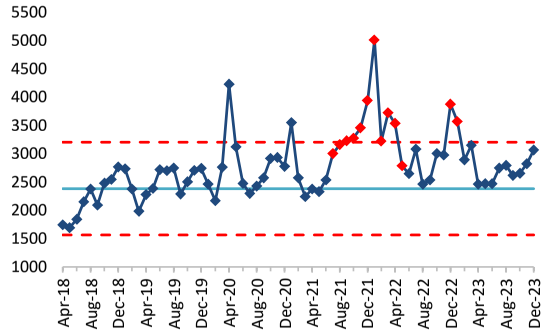
Turnover

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

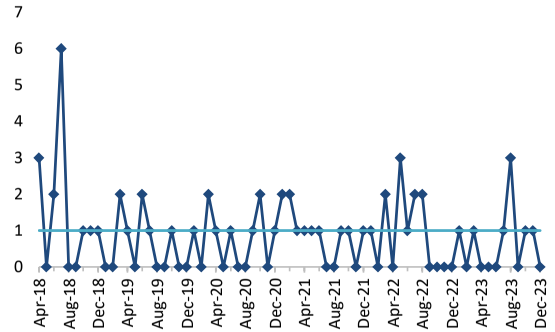
Sickness/Absence (Monthly)



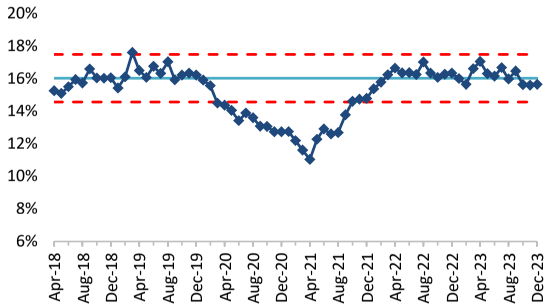
Lost Days due to Sickness/Absence (Monthly)



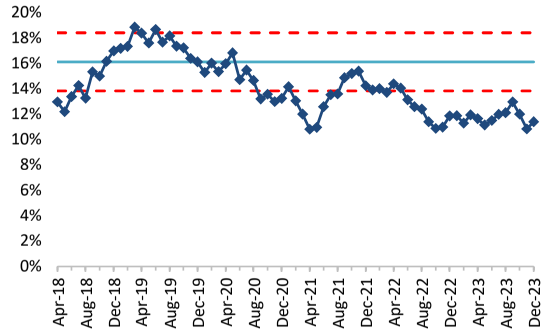
Medical Leavers



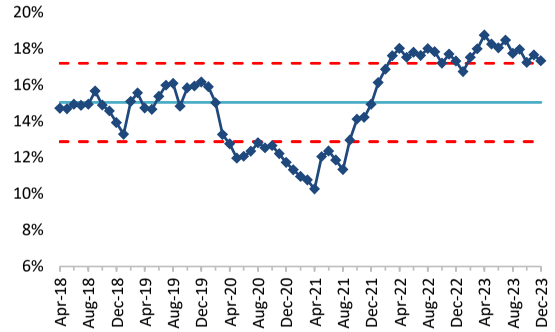
Trust Turnover (Rolling 12 months) - All Staff Groups



Nursing Turnover (Rolling 12 months)



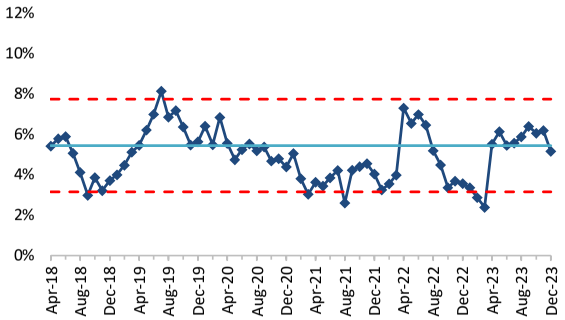
Other Staff Turnover (Rolling 12 months)



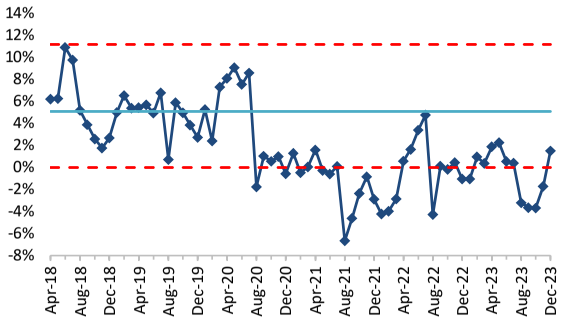
Workforce KPIs

The Walton Centre NHS Foundation Trust

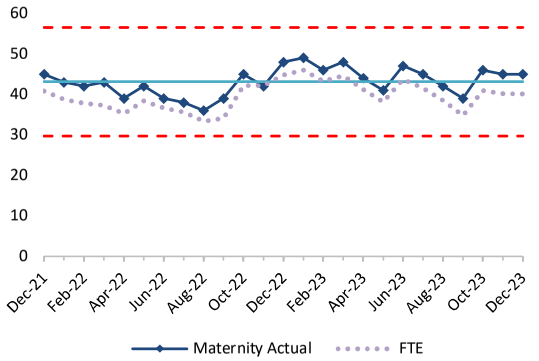
Overall Vacancy Level %



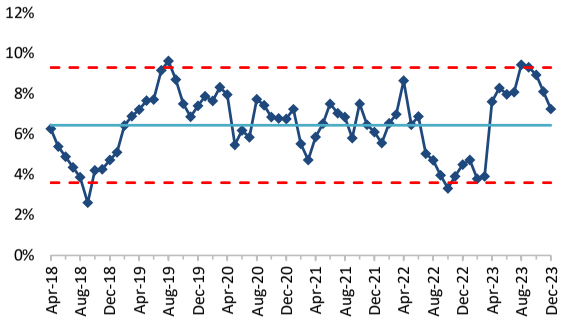
Medical Vacancy Level %



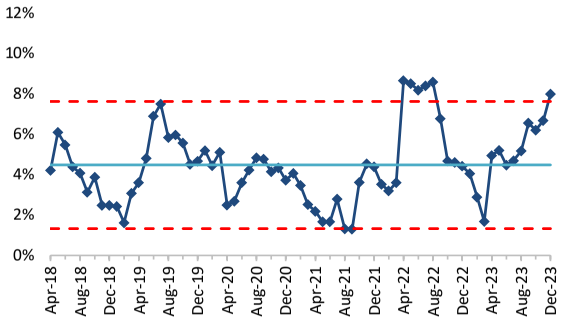
Trust Level Maternity Data



Nursing Vacancy Level %



Other Staff Vacancy Level %



Current month maternity figures

Directorate	Headcount	FTE
Corporate Services Directorate	5	4.37
Neurology & Long Term Care	17	15.43
Surgery & Critical Care	23	20.39
Grand Total	**45**	**40.96**

Vacancy Rates

The overall vacancy rate has remained within the control limits overall and for most groups. Medical vacancy rates have increased back within the control limits in December. Other staff vacancy levels have increased above the upper control limit.

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

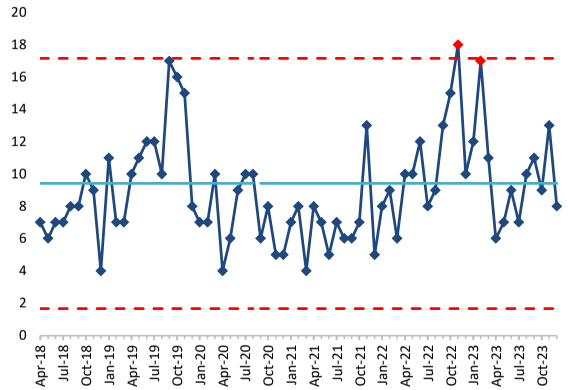
Quality Indicators

Complaints

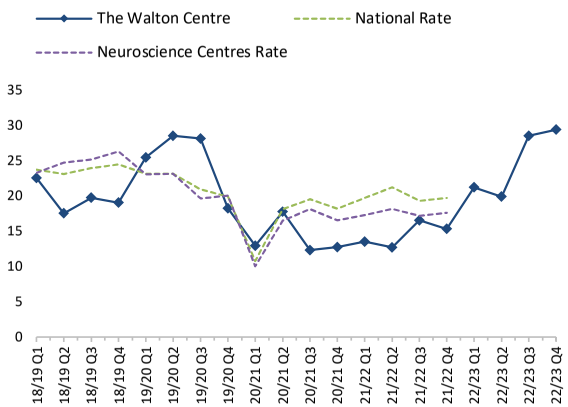
The Walton Centre NHS Foundation Trust

In December 2023 the Trust received eight new complaints, three in neurology, four in surgery and one cross divisional complaint.

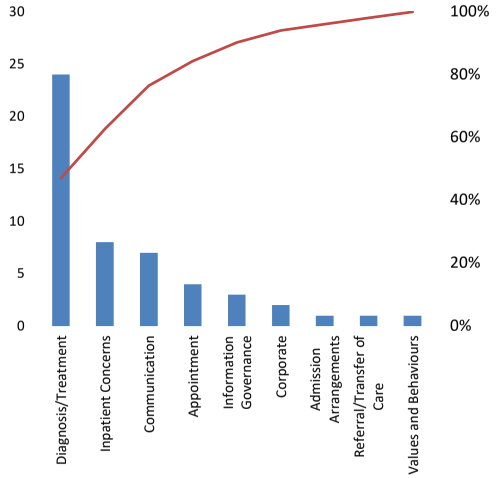
Total New Complaints Received in month



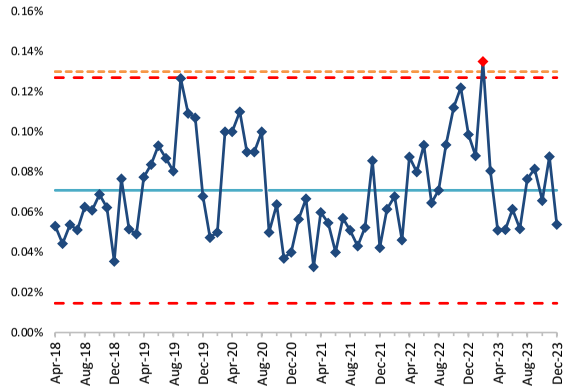
Quarterly Complaints per 1000 WTE



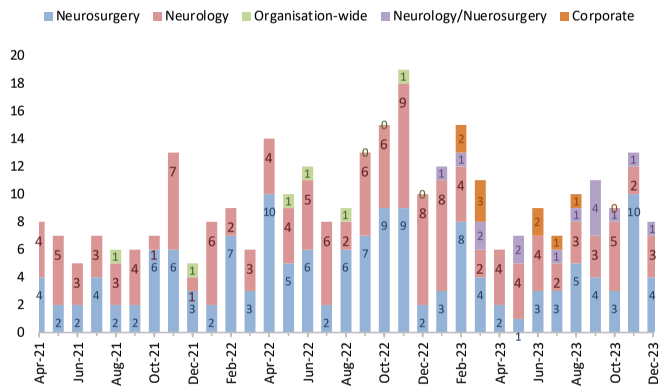
Complaints by Subject Financial Year to Date



% New Complaints Received against Activity



Total New Complaints Received



Complaints by Outcome

	Not Upheld	Partial Upheld	Upheld
19/20	38	18	17
20/21	44	24	5
21/22	38	22	10
22/23	64	36	36
23/24*	9	3	5

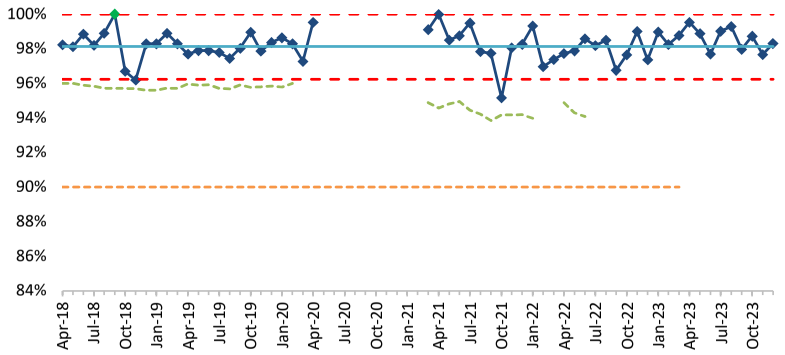
*from January 2023 there is now the option to attribute complaints to both divisions where this is necessary.

Family and Friends Test

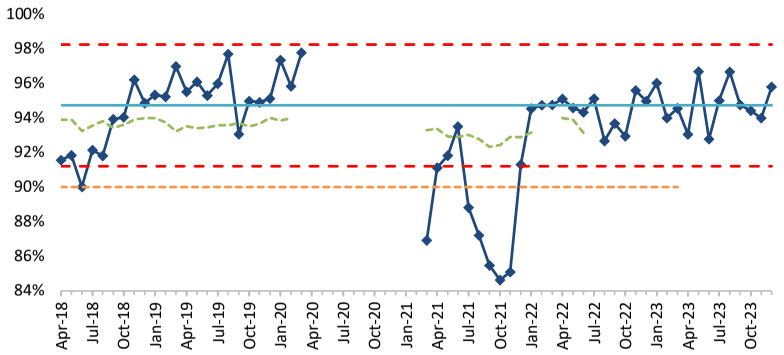
The Walton Centre NHS Foundation Trust

The target for inpatient FFT response rate has been increased in this financial year to 50% which is the mean value for what we've previously seen. Once we have brought the lower control limit closer to 50% we can look again at increasing the target if that seems appropriate. The impact of work to improve the response rate started in August was sustained for the four months to end of November 2023, however the inpatient response has dropped significantly in December.

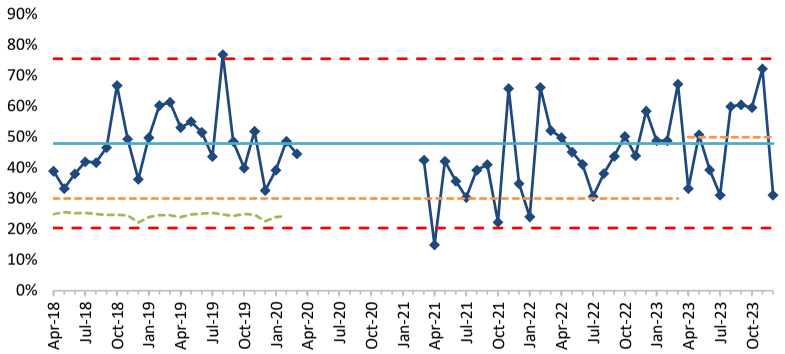
Inpatient FFT % Likely to Recommend



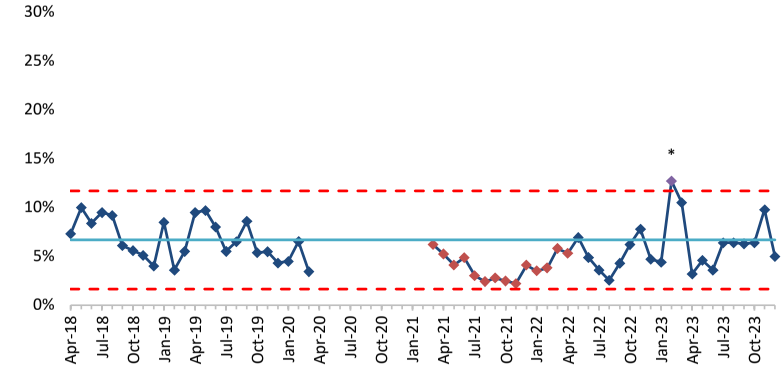
Outpatient FFT % Likely to Recommend



Inpatient FFT Response Rate



Outpatient FFT Response Rate

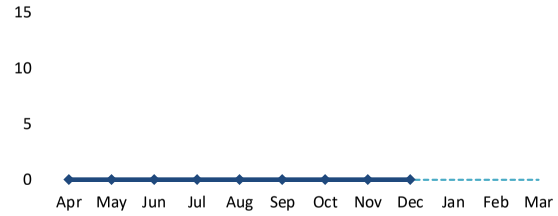


*This increase may be slightly inflated by a data collection issue leading to some January responses being recorded in February

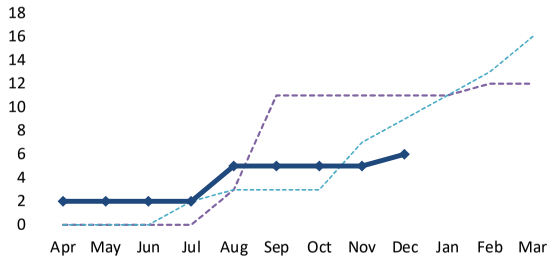
Infection Control

The Walton Centre NHS Foundation Trust

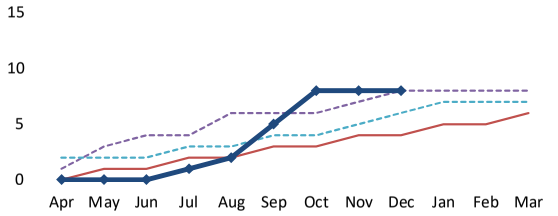
MRSA Bacteraemia



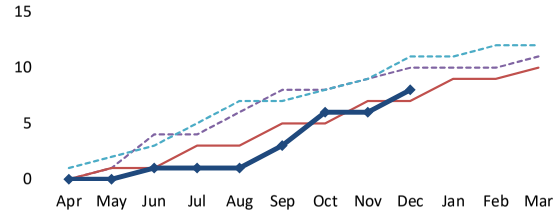
CPE



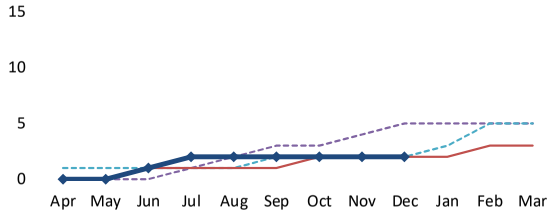
Clostridium difficile



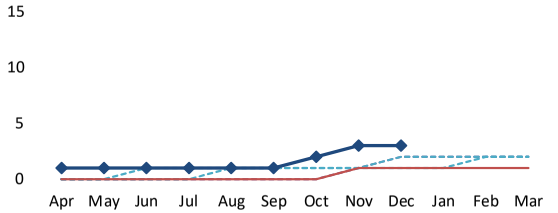
E.Coli



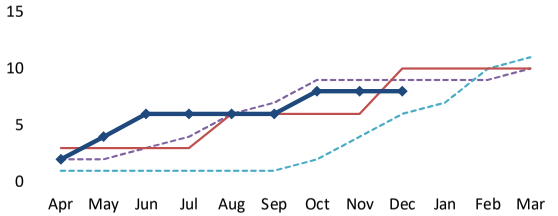
Klebsiella Bacteraemia



Pseudomonas Bacteraemia



MSSA



Total Healthcare Acquired Infections 2023/24

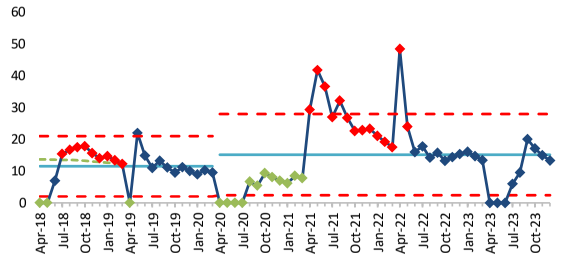
	MRSA B	CPE	C.Diff	E.Coli	KB	PB	MSSA	Total
Cairns		3		2	1			**6**
Caton		1	1	1			1	**4**
Chavasse			1			1	3	**5**
CRU		1		1	1			**3**
Dott		1	2					**3**
Horsley			3	4		1	4	**12**
Lipton			1			1		**2**
Sherrington								**0**
Total	**0**	**6**	**8**	**8**	**2**	**3**	**8**	**35**

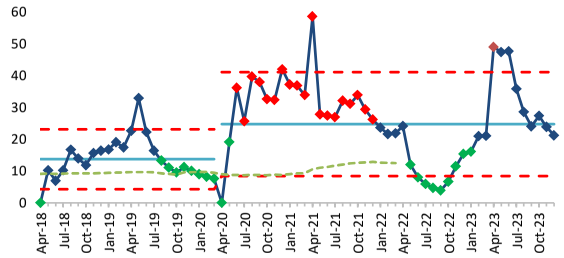
In Month Breakdown by Ward

Two E. Coli infections in month, one on Horsley and one on Carins.
One CPE on Caton ward.

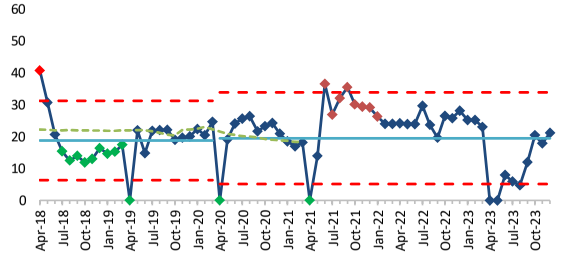
Infection Control

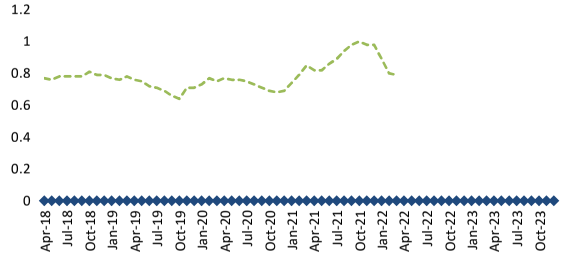
The Walton Centre NHS Foundation Trust





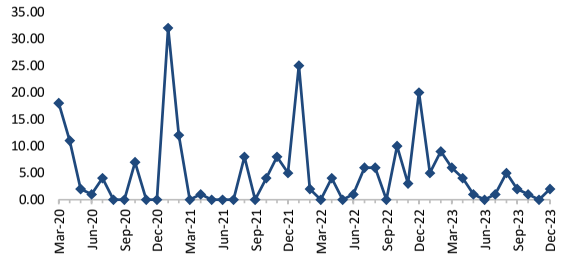
All infection rates are within normal variation this month. Though the rate of pseudomonas bacteraemia rate has dropped back into normal range after slightly exceeding the control limit last month.

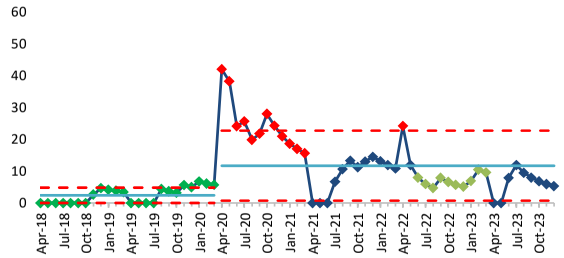


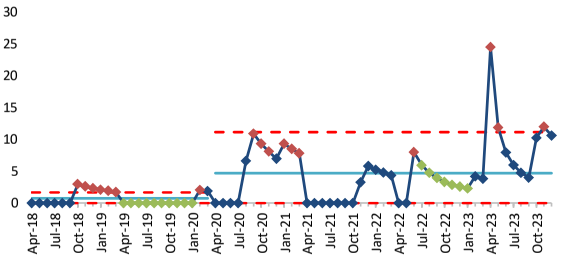


2023/24 to date

Infection	Number	Rate
C. Diff	8	13.28
MSSA	8	21.24
E. Coli	8	21.24
MRSA	0	0.00
Klebsiella Bacteraemia	2	5.31
Pseudomonas Bacteraemia	3	10.62
Covid -19	2	(in month)







Harm Free Care

The Walton Centre NHS Foundation Trust

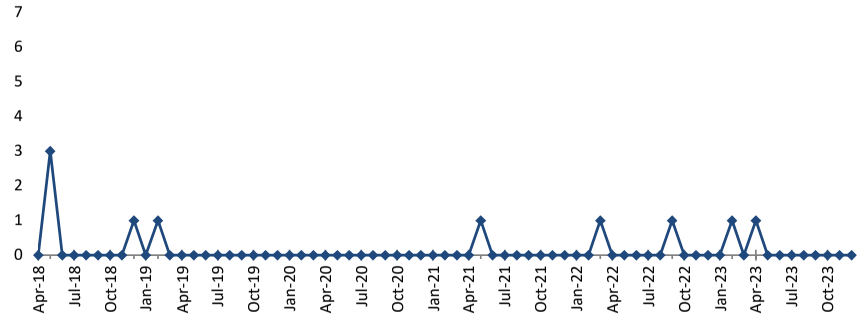
Pressure Ulcers: There were three pressure uclers in December, two of which were category two and one which was mucosal.

CAUTI: There were two CAUTI incidents in December 2023.

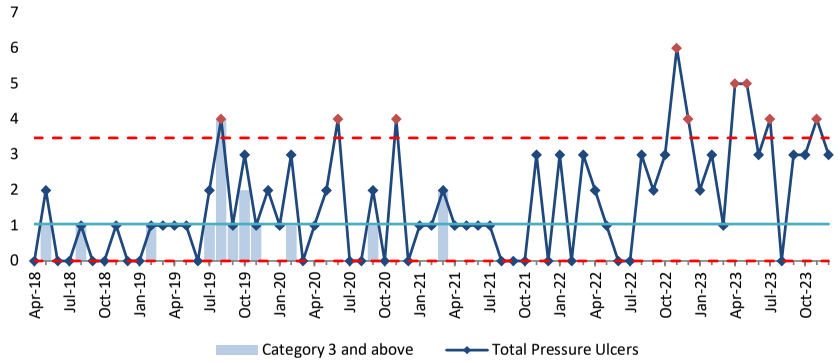
VTE: There were no VTE incident in month.

Falls: There were no serious falls in December.

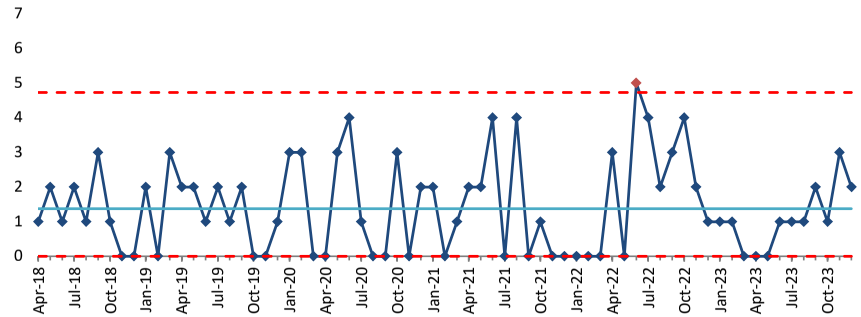
Total Moderate or Above Harm Inpatient Falls



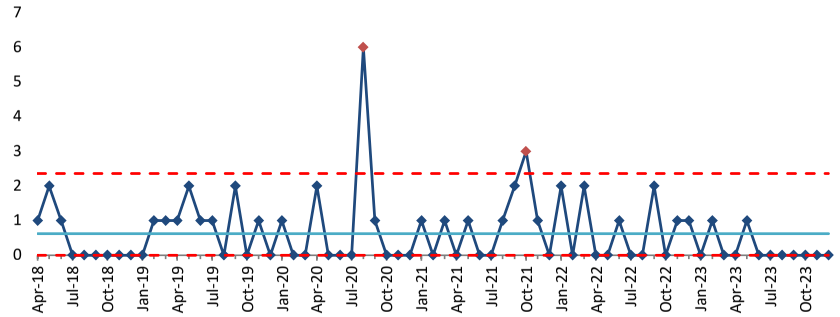
Total Hospital Acquired Pressure Ulcers



CAUTI Incidences



VTE Incidences

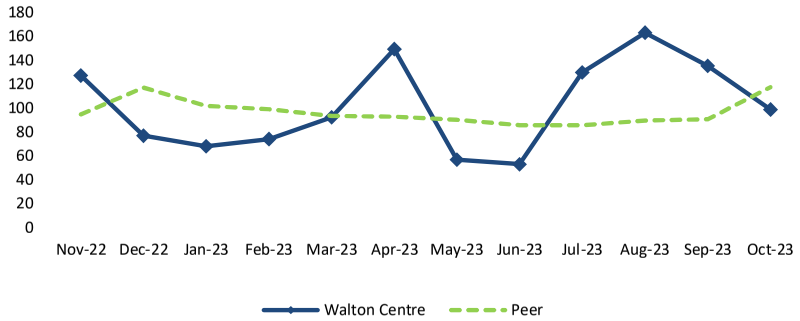


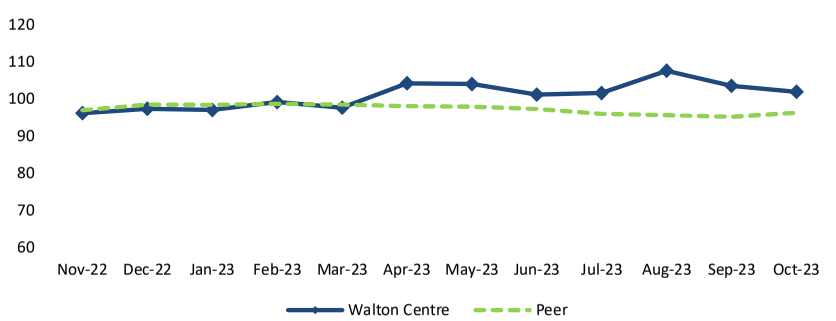
Mortality

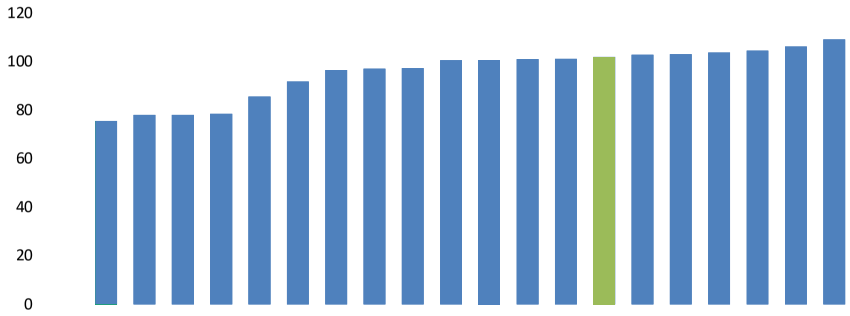
As at October 2023 the rolling 12 month RAMI19 figure is 101.97, which is an improvement on September position. During the period there were a total of 99 observed deaths against 101 expected deaths. When looking at the 56 HSMR condition groups for the rolling 12 month period the RAMI risk is 97.70.

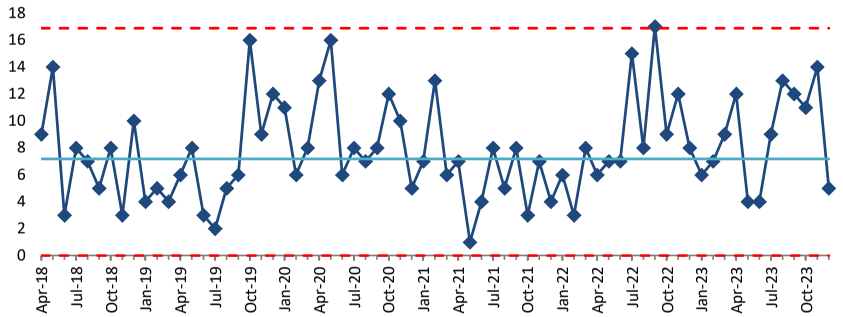
RAMI19 excludes deaths following a positive covid-19 result of which there have been zero since March.

Mortality rate and crude mortality remain within normal variation.



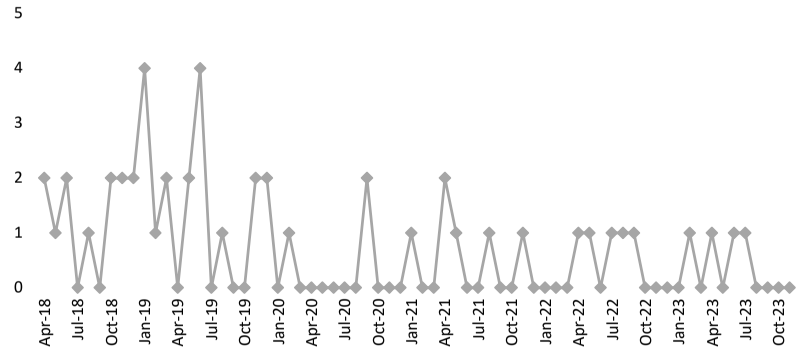




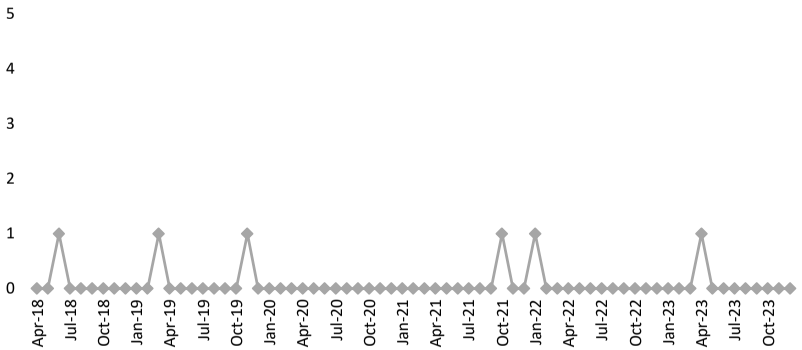


Governance

Total Confirmed SIs Reported



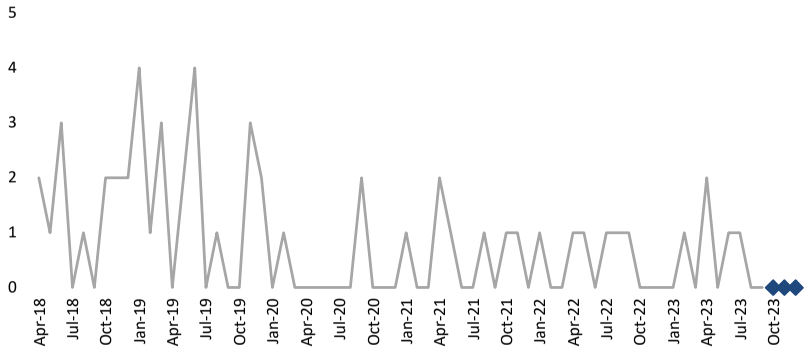
Total Confirmed Never Events Reported



From October 2023 reporting of SI and Never Events have been combined under a single metric National PSIIs (Patient Safety Incident investigations) in line with national standards.

The chart below shows the combined history of Serious Incidents and Never Events (in grey) to provide context for this new metric. The PSIIs will be reported in blue on the same chart from October 2023 data.

Patient Safety Incident Investigations



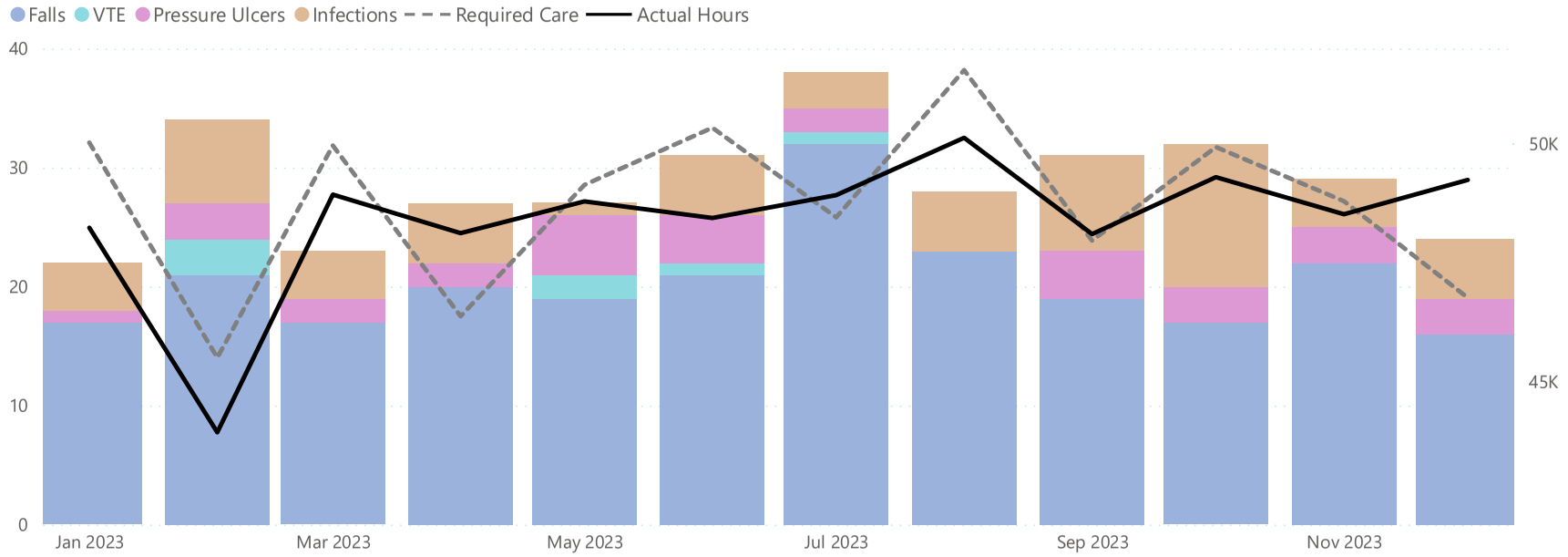
Required and Actual Care Hours Compared to Avoidable Harms by Ward.

The Walton Centre NHS Foundation Trust

The table below shows the individual instances of harms in month compared to the levels of staffing and leave.
All staffing metrics are measured in total hours and each incident or infection results in a single count in the appropriate column.

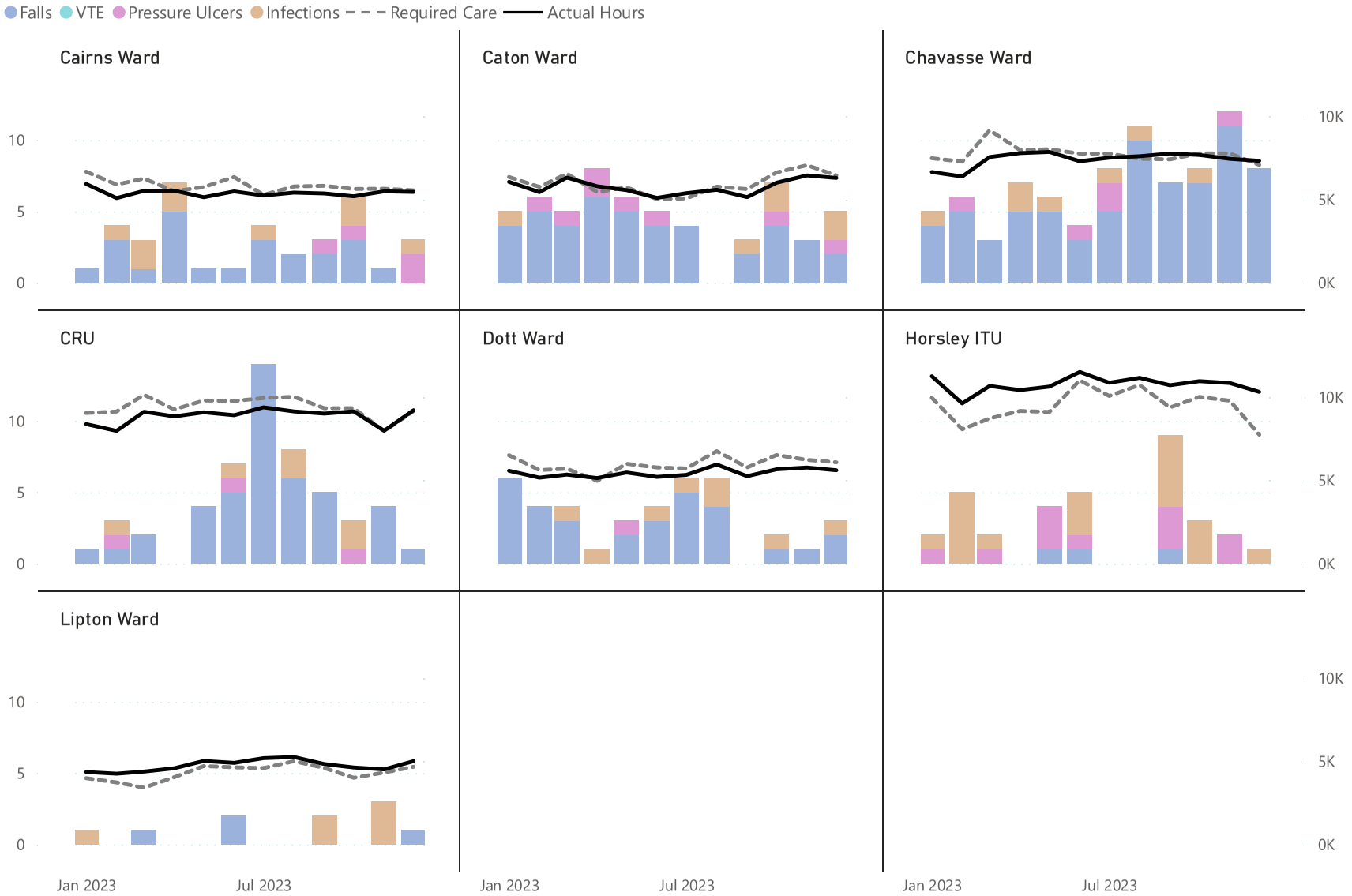
Ward	Planned	Required	Actual	Bank	Additional	Study	Sickness	Parental	Annual	Flags	Infections	VTE	Falls	PU
Cairns Ward	75,338	96,061	86,958	21,894	9,182	1,255	2,786	3,535	4,334		1			2
Caton Ward	87,525	96,979	93,154	19,962	9,987	1,336	6,557	840	5,527	0	2	2	2	1
Chavasse Ward	97,485	119,585	115,039	29,766	12,629	1,093	2,688	1,442	4,451	1			8	
CRU	122,048	150,020	140,374	36,857	17,452	1,179	3,088	1,736	6,902	2			1	
Dott Ward	69,360	96,263	87,618	22,274	14,692	912	2,499	790	4,185	0	1		2	
Horsley ITU	219,285	156,213	174,366	26,530	1,130	1,503	8,335	4,835	15,113		1			
Lipton Ward	68,258	71,980	76,177	21,062	7,537	687	2,499		3,523				1	
Total	**739,298**	**787,102**	**773,685**	**178,346**	**72,610**	**7,965**	**28,451**	**13,178**	**44,035**	**3**	**5**		**14**	**3**

The chart below relates the number of incidents which had the potential to cause harm compared to the levels of staffing. In December 2023 for example there were relatively few incidents, with high staffing compared to what was required. However in July 2023 we also saw high harms in spite of well matched staffing levels. The next page will show that this is driven mostly by falls on CRU which did have less than required staffing in July.



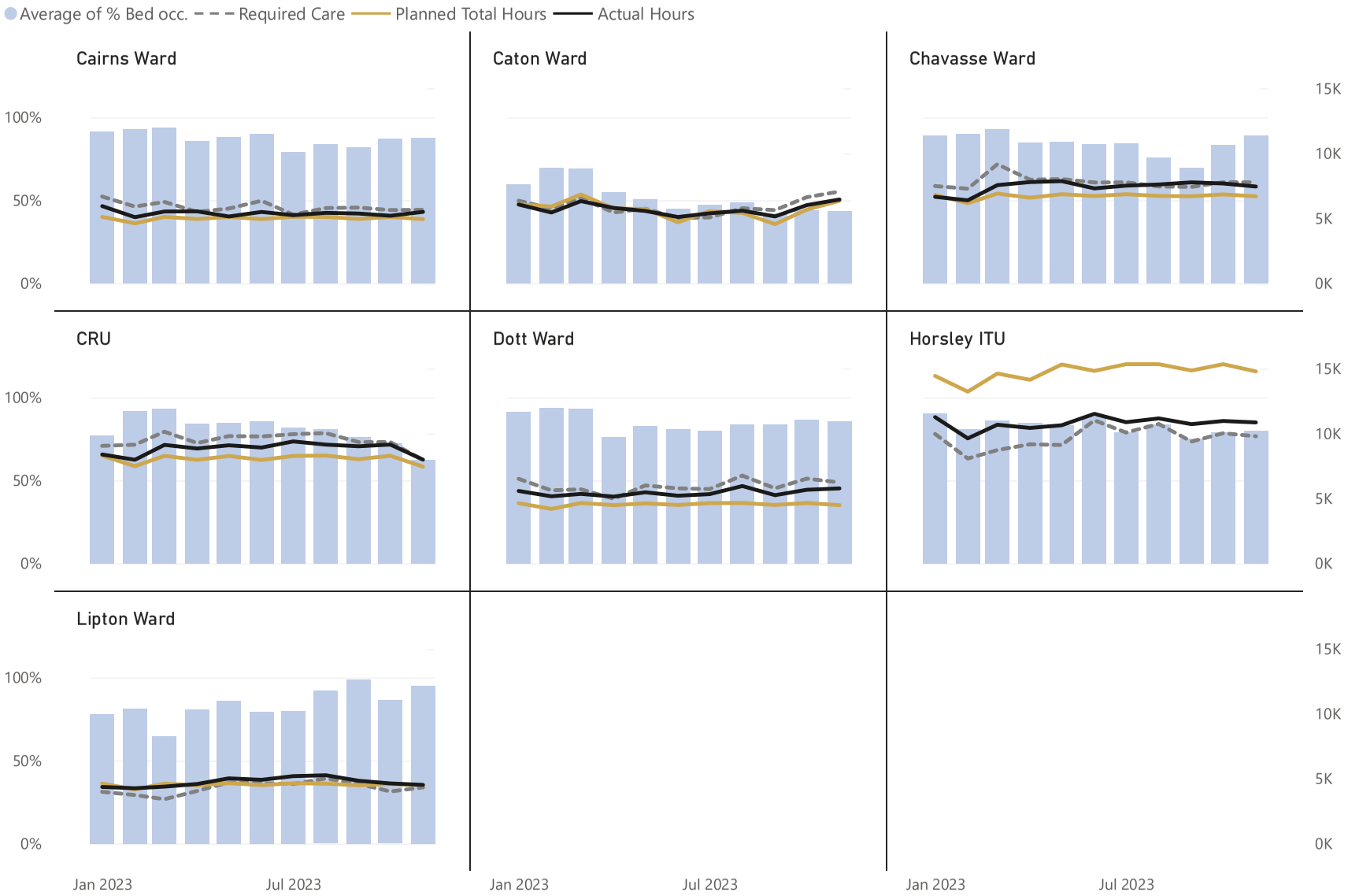
Required and Actual Care Hours Compared to Avoidable Harms by Ward.

The Walton Centre NHS Foundation Trust



Required and Actual Care Hours Compared to Occupancy and Establishment

The Walton Centre NHS
NHS Foundation Trust



WELL LED

Finance

Key Performance Indicators	October	November	December
% variance from plan - Year to date	0.7%	61.4%	70.0%
% variance from plan - Forecast	0.0%	68.6%	68.3%
% variance from efficiency plan - Year to date	0.0%	0.0%	0.0%
% variance from efficiency plan - Forecast	0.0%	0.0%	0.0%
Capital % variance from plan - Year to date	67.3%	71.1%	42.7%
Capital % variance from plan - Forecast	0.0%	0.0%	13.3%
Capital Service Cover *	4.1	4.7	3.9
Liquidity **	47.9	53.0	52.2
Cash days operating expenditure ***	97.0	97.0	100.0
BPPC - Number	88.7%	89.5%	89.7%
BPPC - Value	90.7%	91.4%	91.9%

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

Trust I&E	In month			Year to Date			Full Year		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Operating income from patient care activities	14,026	15,777	1,751	126,227	135,342	9,115	168,304	179,324	11,020
Other operating income	645	653	8	5,806	6,901	1,095	7,742	9,330	1,588
Donated Income/Grants	0	0	0	0	0	0	0	100	100
Total Operating Income	**14,671**	**16,430**	**1,759**	**132,033**	**142,243**	**10,210**	**176,046**	**188,754**	**12,708**
Employee expenses	(7,485)	(7,679)	(194)	(67,326)	(70,655)	(3,329)	(89,783)	(93,946)	(4,163)
Operating expenses excluding employee expenses	(6,897)	(8,090)	(1,193)	(61,089)	(66,147)	(5,058)	(81,779)	(88,100)	(6,321)
Total Operating Expenditure	**(14,382)**	**(15,769)**	**(1,387)**	**(128,415)**	**(136,802)**	**(8,387)**	**(171,562)**	**(182,046)**	**(10,484)**
EBIT	**289**	**661**	**372**	**3,618**	**5,441**	**1,823**	**4,484**	**6,708**	**2,224**
Finance income	140	208	68	1,260	1,767	507	1,680	2,355	675
Finance expense	(49)	(43)	6	(432)	(403)	29	(578)	(538)	40
PDC dividends payable/refundable	(147)	(152)	(5)	(1,323)	(1,368)	(45)	(1,764)	(1,824)	(60)
Other gains/(losses) including disposal of assets	0	0	0	0	0	0	0	0	0
Financial performance surplus/(deficit)	**233**	**674**	**441**	**3,123**	**5,437**	**2,314**	**3,822**	**6,701**	**2,879**
I&E impact capital donations and profit on asset disposals	21	22	1	192	199	7	257	165	(92)
Adjusted financial performance surplus/(deficit)	**254**	**696**	**442**	**3,315**	**5,636**	**2,321**	**4,079**	**6,866**	**2,787**

The plan for 2023/24 was initially a £4,079k surplus position (submitted to the Cheshire and Merseyside Integrated Care System and NHS England in May as part of the 2023/24 planning process).

The current plan includes:

- 'Block' elective recovery fund (ERF) income and costs for the delivery of activity to deliver the national trajectory targets.
- 'Block' system funding for Top-up, and growth.
- Aligned incentive payment contracts (API) for both specialised and non-specialised activity in which all elective activity (outpatient first, procedures, day-case and inpatient elective activity) is paid on a cost per case basis.
- Recurrent efficiency requirement of 5.0% of operating expenses (excluding high-cost drugs and devices).

Month 9 – in month the Trust posted a £696k surplus position against a plan of £254k, £442k above plan.

Year to date-the Trust has reported a £5,636k surplus position against a planned position of £3,315k, £2,321k ahead of plan.

Income – Year to date overperformance of £10,210k, due to:

- Increased NHSE funding relating to overperformance on elective activity compared to target threshold;
- Increased NHS funding relating to the 2023/24 Agenda for Change and Medics pay award;
- Income received for training from NHS England; and
- Salary recharge income to external bodies.

Expenditure (inc. Financing Costs) – Year to date over-spend of £7,889k due to:

- Increased pay costs for year-to-date impact of Agenda for Change & Medic pay awards; and
- Increased spend on High-Cost Drugs (Homecare Drugs & Prescribing Drugs).

The Trust forecast for the year has increased to a £6,866k surplus against a plan of £4,079k, £2,787k above target. This is in-line with the Trusts re-forecast position post M7 agreed at Trust Board and submitted to C&M ICB and NHS England. The over-performance is due to the lowering of national trajectory targets for elective performance to help fund pressures due to the impact of industrial action.

STATEMENT OF FINANCIAL POSITION - 2023/24	Plan Dec-23	Actual Dec 23	Variance
	£'000	£'000	£'000
Intangible Assets	796	727	(69)
Tangible Assets	101,789	99,621	(2,168)
Leased Assets - Right of use assets	739	661	(78)
Receivables	324	324	0
TOTAL NON CURRENT ASSETS	**103,648**	**101,333**	**(2,315)**
Inventories	1,042	1,348	306
Receivables	7,401	11,368	3,967
Cash at bank and in hand	50,447	48,501	(1,946)
TOTAL CURRENT ASSETS	**58,890**	**61,217**	**2,327**
Payables	(35,454)	(33,211)	2,243
Borrowings	(1,697)	(1,794)	(97)
Provisions	(80)	(80)	0
TOTAL CURRENT LIABILITIES	**(37,231)**	**(35,085)**	**2,146**
TOTAL ASSETS LESS CURRENT LIABILITIES	**125,307**	**127,465**	**2,158**
Borrowings	(19,924)	(19,781)	143
Provisions	(506)	(493)	13
TOTAL ASSETS EMPLOYED	**104,877**	**107,191**	**2,314**
Public Dividend Capital	38,028	38,028	0
Revaluation Reserve	14,412	14,412	0
Income and Expenditure Reserve	52,437	54,751	2,314
TOTAL TAXPAYERS EQUITY AND RESERVES	**104,877**	**107,191**	**2,314**

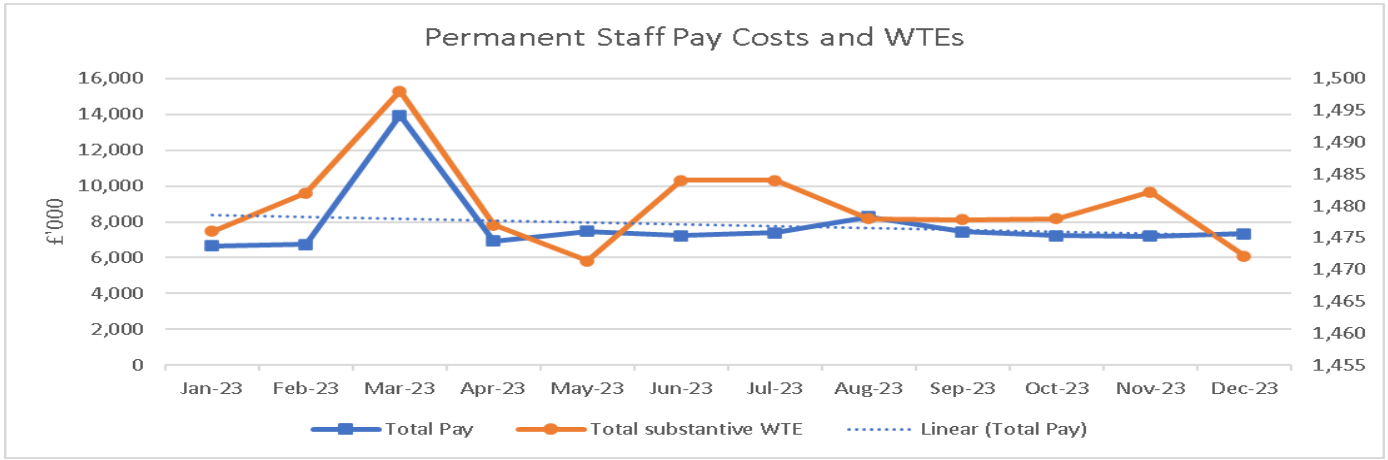
Leased assets are now split in line with acccounting requirements under IFRS 16.

STATEMENT OF CASH FLOW - 2023/24	Plan Dec-23	Plan Dec-23	Variance
	£'000	£'000	£'000
Cash flows from operating activities			
Operating surplus/(deficit)	**3,618**	**5,441**	**1,823**
Non-cash income and expense:	5,883	6,274	391
Working Capital	(16)	(7,531)	(7,515)
Net cash generated from/(used in) operations	**9,485**	**4,184**	**(5,301)**
Cash flows from investing activities	(3,687)	(386)	3,301
Cash flows from financing activities	(3,070)	(3,016)	54
Increase/(decrease) in cash and cash equivalents	**2,728**	**782**	**(1,946)**
OPENING CASH	**47,719**	**47,719**	**0**
CLOSING CASH	**50,447**	**48,501**	**(1,946)**

At the end of December - £48,501k cash balance compared to £50,447k plan, an adverse variance of £1,946k:

- Operating Surplus £1,823k
- Depreciation £391k
- Movement in inventories: (£306k)
- Movement in payables/receivables: (£7,775k)
- Movement in deferred income: £650k
- Interest receivable: £507k
- Capital programme: £2,794k
- Other (£30k)
- **Total** **(£1,946k)**

This is driven by the payment of the 2022/23 non-consolidated pay award.



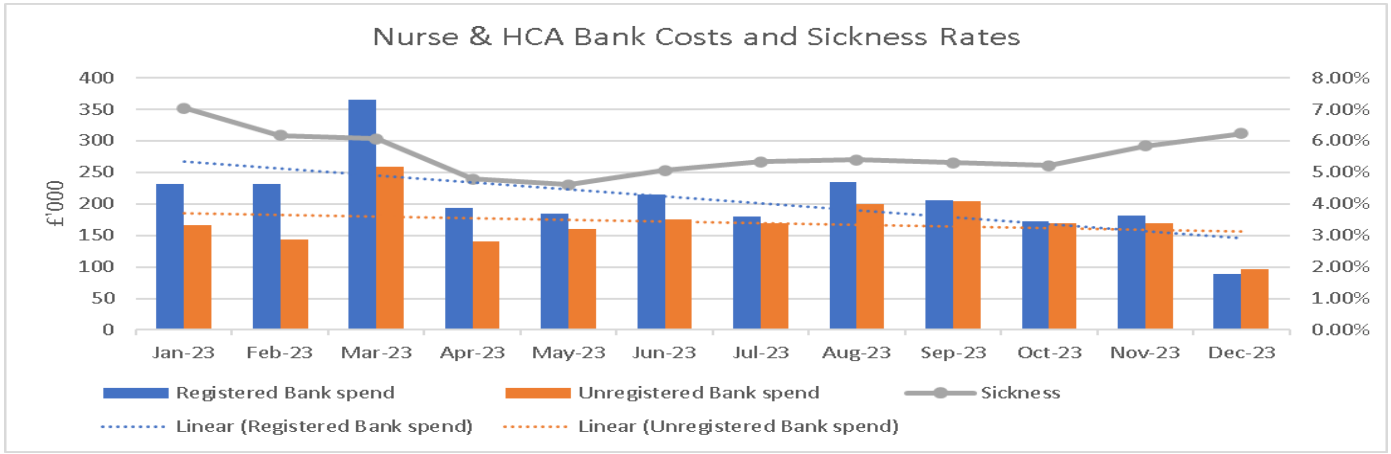
March 2023 increase is due to additional pay award and additional pension contribution, both offset in income.

Pay costs:

- Oct: £7,237k
- Nov: £7,203k
- Dec: £7,349k

WTE:

- Oct: 1,478 WTE
- Nov: 1,482 WTE
- Dec: 1,472 WTE



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

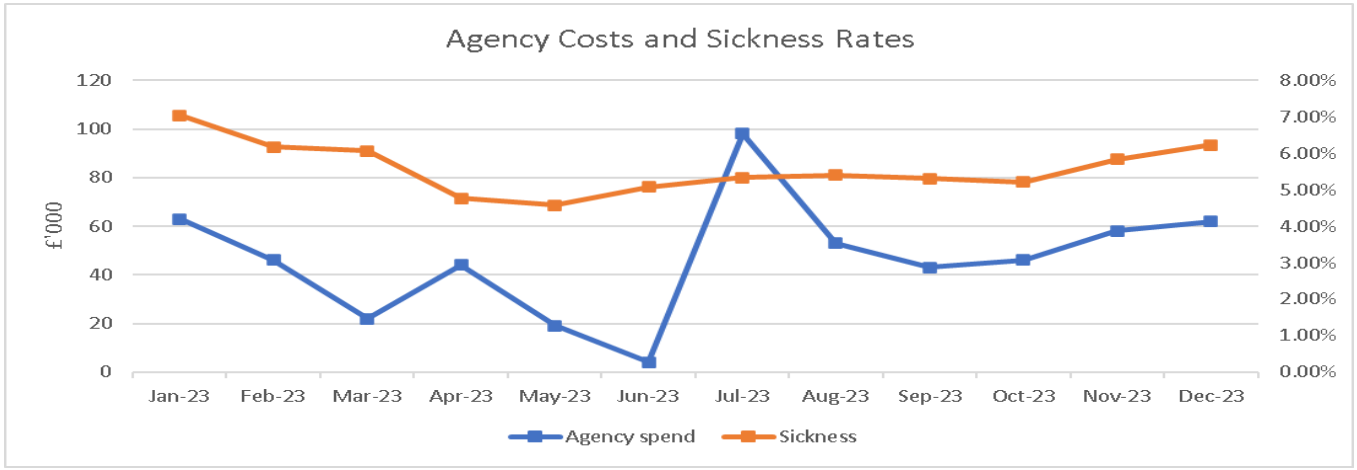
Increase in March 2023 is due to pay award for bank staff. Increase in RN costs in August 2023 due to bed days in ITU, and increased HCA costs due to bed days and acuity across the wards. Reduced cost in December 2023 due to reversal of estimate for 23/24 pay award now in the financial position.

Total Bank costs:

- Oct: £475k
- Nov: £397k
- Dec: £269k

Sickness rate:

- Oct: 5.21%
- Nov: 5.84%
- Dec: 6.23%



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

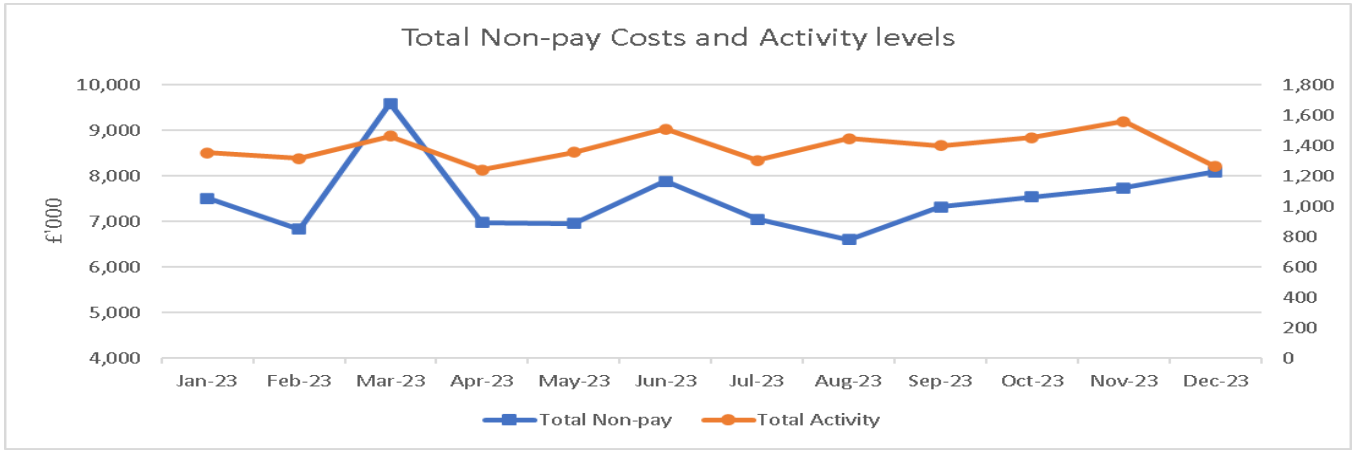
Increase in agency in July 2023 is due to recoding of IT agency staff previously allocated to specific capital projects.

Agency costs:

- Oct: £46k
- Nov: £58k
- Dec: £62k

Sickness rate:

- Oct: 5.21%
- Nov: 5.84%
- Dec: 6.23%



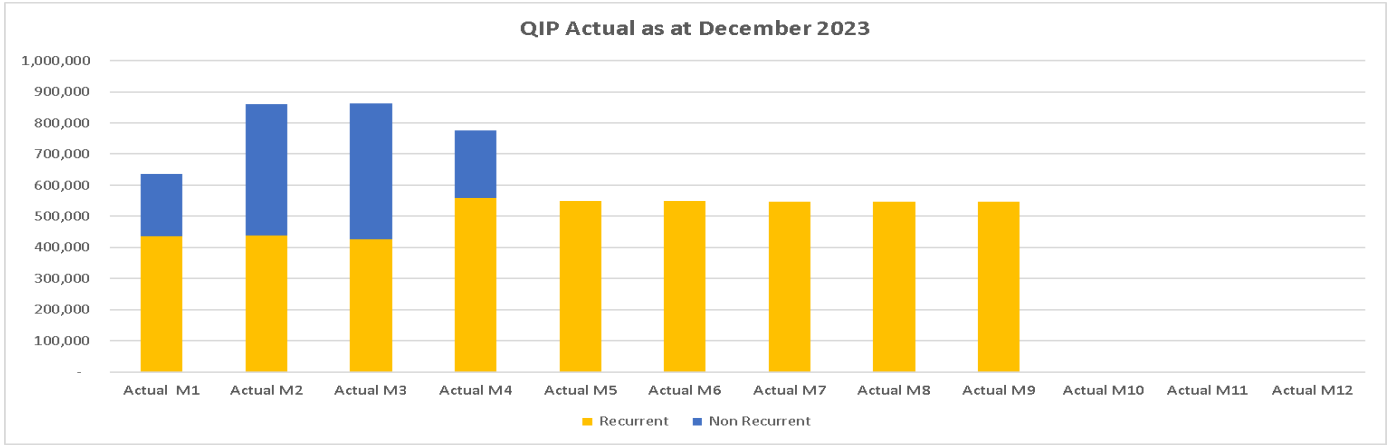
Increased costs in March 2023 are caused by increased consumable spend at the financial year end and works carried out by Estates.

Non-pay costs:

- Oct: £7,541k
- Nov: £7,734k
- Dec: £8,087k

Inpatient activity:

- Oct: 1,451 spells
- Nov: 1,551 spells
- Dec: 1,261 spells



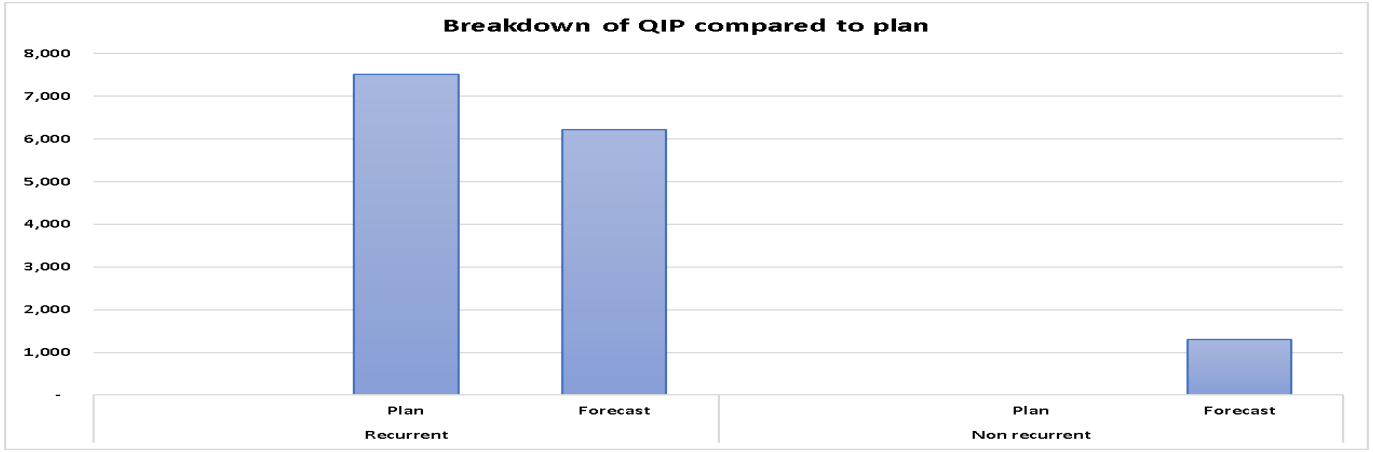
The Trust has a QIP target of £7,520k for the 2023/24 financial year. At M9 the QIP target YTD was achieved via £4,601k recurrent and £1,274k non recurrent savings.

Recurrent CIP:

- Oct: £548k
- Nov: £548k
- Dec: £548k

Non-recurrent CIP:

- Oct: £0k
- Nov: £0k
- Dec: £0k



The ICS has requested that all QIP be achieved recurrently this financial year with a Trust plan of £7,520k.

Year to date 78% of the target was achieved recurrently, with 22% achieved non recurrently.

As service transformation projects take place it is hoped that further recurrent savings will be identified.

QIP plans are currently being put in place for 2024/25 financial year as part of the 2024/25 business planning process.

PATIENT RELATED INCOME

	In month			Year to Date			Full Year		
Patient Related	**Plan £'000**	**Actual £'000**	**Variance £'000**	**Plan £'000**	**Actual £'000**	**Variance £'000**	**Plan £'000**	**Forecast £'000**	**Variance £'000**
NHS England	9,927	11,433	1,506	89,346	96,997	7,651	119,128	128,495	9,367
Clinical Commissioning Groups	2,099	2,322	223	18,893	19,550	657	25,191	25,929	738
Wales	1,748	1,783	35	15,729	16,293	564	20,972	21,724	752
Isle of Man	177	173	(4)	1,597	1,360	(237)	2,130	1,825	(305)
Other Patient Related Income	75	66	(9)	662	1,142	480	883	1,351	468
Total Patient Related Income	**14,026**	**15,777**	**1,751**	**126,227**	**135,342**	**9,115**	**168,304**	**179,324**	**11,020**

To note that patient related income includes ERF income.

NON-PATIENT RELATED INCOME

	In month			Year to Date			Full Year		
Non-patient Related	**Plan £'000**	**Actual £'000**	**Variance £'000**	**Plan £'000**	**Actual £'000**	**Variance £'000**	**Plan £'000**	**Forecast £'000**	**Variance £'000**
Research & Development Income	92	115	23	825	987	162	1,098	1,316	218
Education And Training	273	295	22	2,458	2,771	313	3,277	3,852	575
Employee Benefits Income	187	121	(66)	1,681	2,222	541	2,242	2,964	722
Other Non-patient Related Income	93	122	29	842	921	79	1,125	1,298	173
Total Patient Related Income	**645**	**653**	**8**	**5,806**	**6,901**	**1,095**	**7,742**	**9,430**	**1,688**

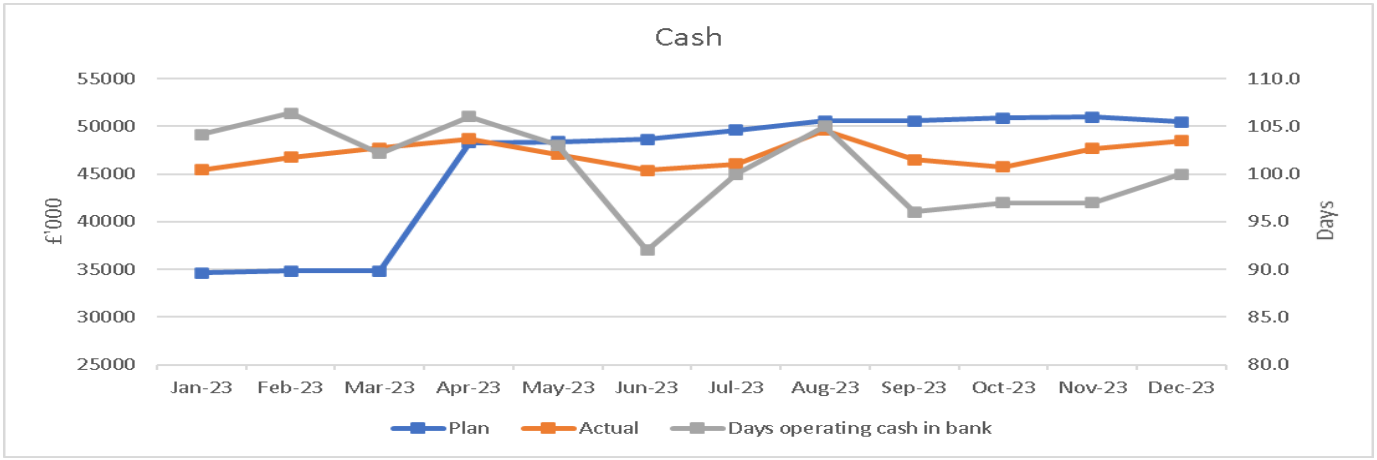
ERF

	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	402	1,319	917	3,616	6,342	2,726	4,821	7,608	2,787

CAPITAL

	In monVh			Year to date			Forecast		
	Plan £'000	Actual £'000	Var £'000	Plan £'000	Actual £'000	Var £'000	Plan £'000	Actual £'000	Var £'000
Division									
Heating & Pipework	75	37	38	590	278	312	890	472	418
Estates-Ponta systems	0	0	0	450	377	73	450	402	48
Estates-Theatres air handling units	670	0	670	1,340	107	1,233	2,010	2,118	(108)
Estates-General	0	0	0	0	18	(18)	0	18	(18)
IM&T	19	0	19	144	0	144	220	0	220
Neurology-Ultramax Flouro machine	0	0	0	0	0	0	1,050	670	380
Neurology-Other clinical equipment	0	0	0	0	0	0	0	10	(10)
Neurophysiology	0	309	(309)	0	338	(338)	0	447	(447)
Neurosurgery-Other clinical equipment	19	414	(395)	149	414	(265)	225	708	(483)
Corporate	0	0	0	0	0	0	0	0	0
TOTAL (excl. external funding)	**783**	**760**	**23**	**2,673**	**1,532**	**1,141**	**4,845**	**4,845**	**0**
Right of Use Assets - IFRS16	0	0	0	0	0	0	1,400	552	848
MR Offices and Canulation Area	0	0	0	0	0	0	13	13	0
Donated Assets	0	0	0	0	0	0	100	100	0
NIHR Grant - HDX Analyser	0	0	0	0	0	0	0	0	0
TOTAL (incl. external funding)	**0**	**0**	**0**	**0**	**0**	**0**	**1,513**	**665**	**848**
TOTAL	**783**	**760**	**23**	**2,673**	**1,532**	**1,141**	**6,358**	**5,510**	**848**

- Capital expenditure in month of £760k, against a plan of £783k, a variance of £23k.
- YTD capital is underspent by £1,141k.
- Current year spend on divisional schemes includes:
  - Ponta Systems ITU
  - Heating & Pipework
  - Air Handling Units
  - Neurophysiology Equipment
  - Neurosurgery Equipment – Theatre Microscope.
- Meetings have taken place to prioritise the Capital schemes for 2023/24 and to establish timelines of when projects will start within the 2023/24 financial year. This has incorporated a review of the Trusts 3-year capital plan.
- Full year plan is set at £4,845k (excluding the impact of IFRS 16 for leased assets, Donated assets and grant funded assets).
- £0.8m under-performance IFRS 16 leased assets.



The cash plan was updated this year to reflect the higher cash balances held by the Trust in 2022/23 hence the increase in the planned amount in April 2023.

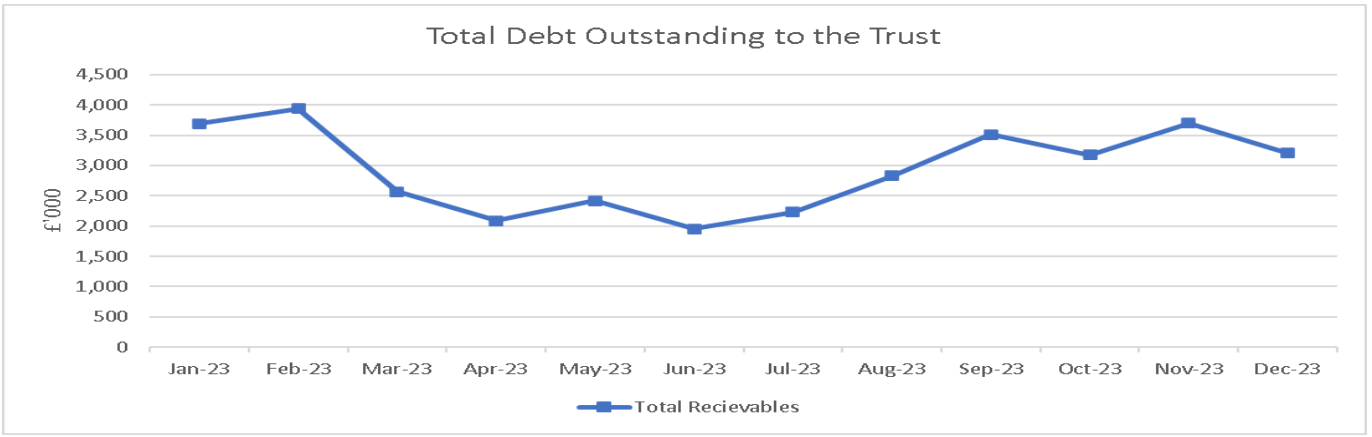
Performance against plan is driven by the payment of 2022/23 pay award.

Cash:

- Oct: £45,726k
- Nov: £47,662k
- Dec: £48,501k

Operating expenditure days cover:

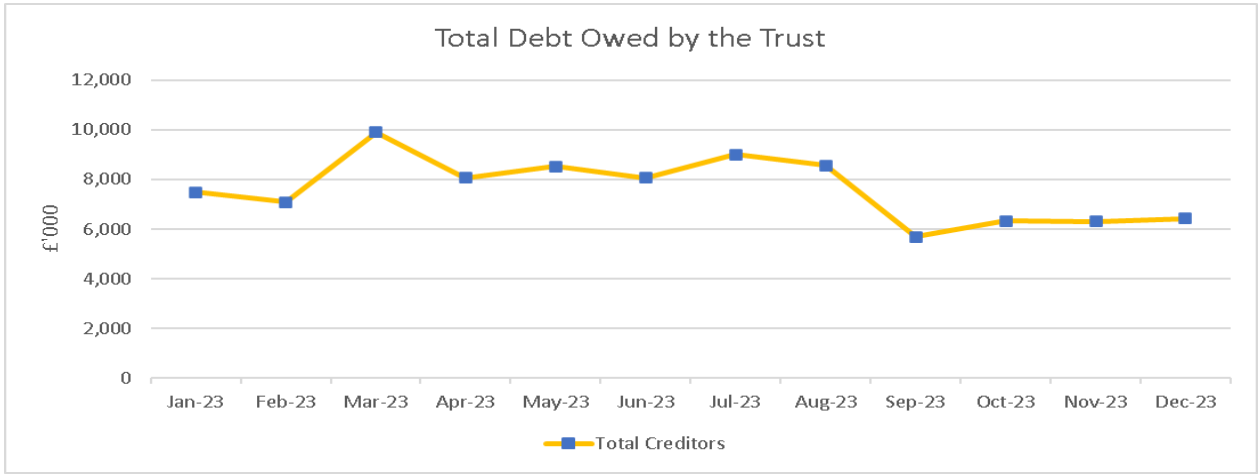
- Oct: 97 days
- Nov: 97 days
- Dec: 100 days



November 2023 due to an increased level of R&D invoices raised in month (0-30 days) and an adjustment invoice raised to Isle of Man which are yet to be paid.

Debt outstanding to Trust:

- Oct: £3,175k
- Nov: £3,701k
- Dec: £3,208k

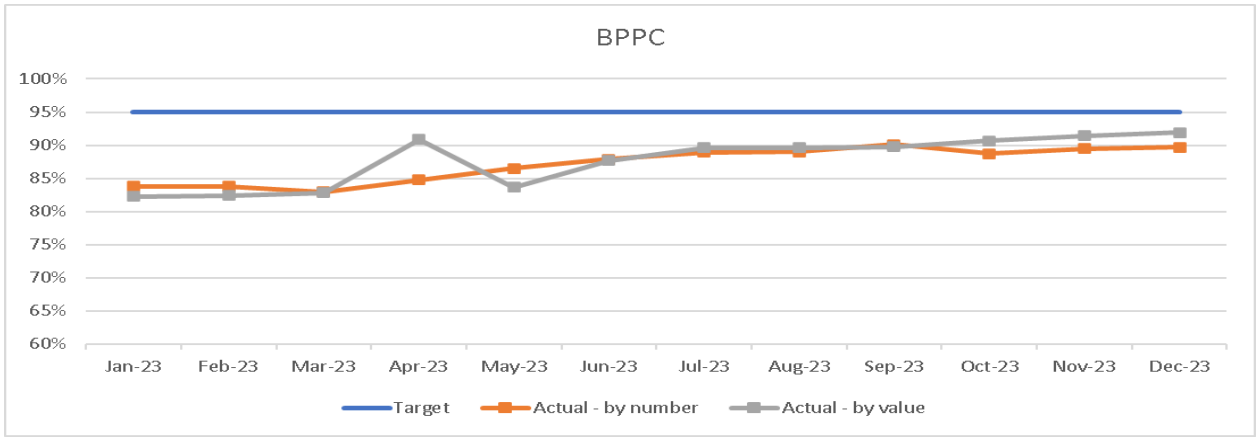


Debt owed by the Trust:

March 2023 due to both capital and estates works invoices received in month not due for Payment until April. NHS Supply Chain in month is also higher than previous periods with payment due in April.

Decrease in Sep 2023 due to payment of historic debt to LUHFT

- Oct: £6,337k
- Nov: £6,318k
- Dec: £6,422k



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

- The Trust BPPC percentage (by number of invoices paid) at the end of December is 89.7%. This has increased from 89.5% at the end of November.
- The Trust BPPC percentage (by value of invoices paid) at the end of December is 91.9%. This has increased from 91.4% at the end of November.
- The Trust continues to follow the 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.
- BPPC is also being closely monitored by Audit Committee.

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	(525)	(457)	68	(4,673)	(4,047)	626	(6,242)	(5,417)	825
Allied health professionals	(542)	(513)	29	(4,892)	(4,711)	181	(6,512)	(6,248)	264
Other scientific, therapeutic and technical staff	(111)	(74)	37	(1,009)	(724)	285	(1,343)	(946)	397
Health care scientists	(77)	(70)	7	(629)	(607)	22	(859)	(818)	41
Support to nursing staff	(326)	(295)	31	(2,933)	(2,555)	378	(3,910)	(3,439)	471
Support to allied health professionals	(83)	(78)	5	(739)	(783)	(44)	(986)	(1,016)	(30)
Support to other clinical staff	(1)	(1)	0	(7)	(6)	1	(9)	(8)	1
Medical - Consultants	(875)	(847)	28	(7,968)	(7,635)	333	(10,580)	(10,176)	404
Medical - Junior	(281)	(318)	(37)	(2,477)	(2,513)	(36)	(3,284)	(3,466)	(182)
NHS infrastructure support	(239)	(224)	15	(2,127)	(1,940)	187	(2,845)	(2,612)	233
Bank/Agency	(57)	(170)	(113)	(436)	(1,584)	(1,148)	(436)	(2,095)	(1,659)
Total Pay Expenditure	**(3,117)**	**(3,047)**	**70**	**(27,890)**	**(27,105)**	**785**	**(37,006)**	**(36,241)**	**765**
Supplies and services – clinical (excluding drugs costs)	(738)	(845)	(107)	(6,452)	(7,739)	(1,287)	(8,598)	(10,318)	(1,720)
Supplies and services - general	(17)	(27)	(10)	(157)	(225)	(68)	(209)	(300)	(91)
Drugs costs	(2,004)	(2,378)	(374)	(18,033)	(21,084)	(3,051)	(24,044)	(28,112)	(4,068)
Establishment	(3)	(3)	0	(25)	(88)	(63)	(33)	(117)	(84)
Premises - other	(100)	(96)	4	(902)	(1,022)	(120)	(1,202)	(1,363)	(161)
Transport	(5)	(7)	(2)	(49)	(67)	(18)	(65)	(89)	(24)
Education and training - non-staff	(3)	(4)	(1)	(22)	(24)	(2)	(30)	(32)	(2)
Lease expenditure	(6)	(6)	0	(54)	(55)	(1)	(72)	(73)	(1)
Other	(8)	(8)	0	(74)	(42)	32	(98)	(56)	42
Total Non-pay Expenditure	**(2,884)**	**(3,374)**	**(490)**	**(25,768)**	**(30,346)**	**(4,578)**	**(34,351)**	**(40,460)**	**(6,109)**
Total Divisional Operating Expenditure	**(6,001)**	**(6,421)**	**(420)**	**(53,658)**	**(57,451)**	**(3,793)**	**(71,357)**	**(76,701)**	**(5,344)**

EXPENDITURE - NEUROSURGERY

	In month			Year to Date			Full Year		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Registered nursing, midwifery and health visiting staff	(1,347)	(1,172)	175	(12,170)	(10,618)	1,552	(16,203)	(14,134)	2,069
Allied health professionals	(197)	(202)	(5)	(1,769)	(1,839)	(70)	(2,354)	(2,444)	(90)
Other scientific, therapeutic and technical staff	(54)	(54)	0	(489)	(480)	9	(653)	(643)	10
Health care scientists	(82)	(81)	1	(736)	(723)	13	(981)	(965)	16
Support to nursing staff	(297)	(244)	53	(2,682)	(2,346)	336	(3,571)	(3,078)	493
Support to allied health professionals	(13)	(12)	1	(118)	(135)	(17)	(157)	(172)	(15)
Support to other clinical staff	(2)	(2)	0	(16)	(14)	2	(22)	(20)	2
Medical - Consultants	(837)	(897)	(60)	(7,462)	(7,517)	(55)	(9,891)	(10,209)	(318)
Medical - Junior	(406)	(417)	(11)	(3,682)	(3,720)	(38)	(4,901)	(4,972)	(71)
NHS infrastructure support	(245)	(231)	14	(2,216)	(2,043)	173	(2,953)	(2,736)	217
Bank/Agency	(53)	(242)	(189)	(277)	(1,995)	(1,718)	(277)	(2,722)	(2,445)
Total Pay Expenditure	**(3,533)**	**(3,554)**	**(21)**	**(31,617)**	**(31,430)**	**187**	**(41,963)**	**(42,095)**	**(132)**
Supplies and services – clinical (excluding drugs costs)	(1,293)	(1,286)	7	(11,633)	(12,333)	(700)	(15,511)	(16,444)	(933)
Supplies and services - general	(23)	(24)	(1)	(211)	(281)	(70)	(281)	(375)	(94)
Drugs costs	(85)	(88)	(3)	(768)	(903)	(135)	(1,024)	(1,203)	(179)
Establishment	(11)	(15)	(4)	(95)	(111)	(16)	(126)	(148)	(22)
Premises - other	(45)	(68)	(23)	(403)	(588)	(185)	(538)	(784)	(246)
Transport	(6)	(10)	(4)	(52)	(83)	(31)	(69)	(111)	(42)
Education and training - non-staff	(3)	(1)	2	(31)	(32)	(1)	(42)	(43)	(1)
Lease expenditure	(10)	(10)	0	(89)	(82)	7	(119)	(110)	9
Other	(21)	(32)	(11)	(172)	(252)	(80)	(233)	(336)	(103)
Total Non-pay Expenditure	**(1,497)**	**(1,534)**	**(37)**	**(13,454)**	**(14,665)**	**(1,211)**	**(17,943)**	**(19,554)**	**(1,611)**
Total Divisional Operating Expenditure	**(5,030)**	**(5,088)**	**(58)**	**(45,071)**	**(46,095)**	**(1,024)**	**(59,906)**	**(61,649)**	**(1,743)**

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	(119)	(93)	26	(1,070)	(819)	251	(1,426)	(1,099)	327
Support to nursing staff	(1)	0	1	(8)	0	8	(11)	0	11
Medical - Consultants	(6)	(10)	(4)	(50)	(63)	(13)	(67)	(93)	(26)
NHS infrastructure support	(997)	(885)	112	(8,960)	(8,251)	709	(11,952)	(10,906)	1,046
Apprenticeship Levy	(27)	(30)	(3)	(240)	(272)	(32)	(321)	(362)	(41)
Bank/Agency	0	(55)	(55)	0	(415)	(415)	0	(579)	(579)
Total Pay Expenditure	**(1,150)**	**(1,073)**	**77**	**(10,328)**	**(9,820)**	**508**	**(13,777)**	**(13,039)**	**738**
Non-executive directors	(11)	(11)	0	(102)	(96)	6	(136)	(127)	9
Supplies and services – clinical (excluding drugs costs)	(18)	19	37	(159)	(157)	2	(212)	(209)	3
Supplies and services - general	(293)	(336)	(43)	(2,634)	(2,834)	(200)	(3,512)	(3,779)	(267)
Consultancy	(2)	(1)	1	(21)	(156)	(135)	(28)	(208)	(180)
Establishment	(82)	(147)	(65)	(741)	(1,059)	(318)	(988)	(1,412)	(424)
Premises - business rates payable to local authorities	(69)	(59)	10	(618)	(569)	49	(824)	(759)	65
Premises - other	(428)	(457)	(29)	(3,855)	(3,721)	134	(5,140)	(4,961)	179
Transport	(9)	(27)	(18)	(79)	(293)	(214)	(105)	(391)	(286)
Audit fees and other auditor remuneration	(9)	(10)	(1)	(77)	(93)	(16)	(103)	(124)	(21)
Clinical negligence	(528)	(528)	0	(4,753)	(4,754)	(1)	(6,337)	(6,339)	(2)
Education and training - non-staff	(11)	(30)	(19)	(96)	(195)	(99)	(128)	(260)	(132)
Lease expenditure	0	(4)	(4)	0	(4)	(4)	0	(5)	(5)
Other	(129)	(238)	(109)	(1,162)	(1,259)	(97)	(1,550)	(1,678)	(128)
Total Non-pay Expenditure	**(1,589)**	**(1,829)**	**(240)**	**(14,297)**	**(15,190)**	**(893)**	**(19,063)**	**(20,252)**	**(1,189)**
Total Divisional Operating Expenditure	**(2,739)**	**(2,902)**	**(163)**	**(24,625)**	**(25,010)**	**(385)**	**(32,840)**	**(33,291)**	**(451)**

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

Board of Directors Key Issues Report

The Walton Centre NHS Foundation Trust

Report Date: 01/02/24		**Report of:** Business Performance Committee (BPC)
Date of last meeting: 23/01/24		**Membership Numbers: 6 (Quorate)**
1	**Agenda**	The Committee considered an agenda which included the following: • Integrated Performance Report • Estates, Facilities and Sustainability Substrategy Update • Consolidated Estates Report • Review of Bed Repurposing Scheme • Kinevo 900 Comfort Microscope Business Case • Trust Wide Risk Register • Digital Transformation Monthly Update • Radiology Department – Phenox – Consignment Stock Agreement • Draft Annual Plan • Capital Programme Update • Expenditure Controls Plan Update
2	**Alert**	• None
3	**Assurance**	*Integrated Performance Report* ***Operations and Performance*** • All cancer wait/treatment and diagnostic standards continue to be achieved. • The number of long waiters (52+ weeks) had started to reduce but has increased again primarily due to new mutual aid patients and remains a key focus. There are no 78+week waits. Restoring improvement in average waits (Referral To Treatment) will become the focus after that. • Activity was underperforming for elective and day cases due to the impact from industrial action. Focus remains on the high level of Did Not Attends (DNA) and revalidation of neurology follow-up waiting lists within the outpatient transformation programme. ***Workforce*** • Sickness at 5.33% remains within normal variation. • Mandatory training remains above target at 88.25% and Appraisal compliance reduced slightly to 81.78%. • Vacancies of corporate and other non-clinical staff has increased slightly but are stable and in line with long-term averages for clinical staff. ***Finance*** • The Income & Expenditure surplus was ahead of plan (£5.6m YTD) in line with the revised target. The YTD Quality Improvement Programme (QIP) target was delivered, of which 78% is recurrent.

		• Better Payment Practice Code stands at 89.7% of invoices paid and 91.9% of value against target of 95%. *Other matters* • Good progress implementing the estates, facilities and sustainability substrategy was demonstrated, with a strong focus on improvements, some also enhancing patient experience and reducing costs. Data from a range of national tools -Estates Information Collection Return (ERIC) Premises Assurance Model (PAM) and Patient Led Assessment of the Care Environment (PLACE) - show good benchmark positions and continued improvement over the last year. • A post-implementation review of the bed repurposing scheme shows excellent results across several metrics of patient experience, efficiency and cost reduction and is a great example of a successful transformation project. • A successful reaccreditation for ISO27001 (information security) has been achieved • Relevant aspects of the trust wide risk register were reviewed. • The capital expenditure programme was reviewed with assurance given that the 2023/24 end year spend will equal plan. • An update against national and Integrated Care Board (ICB) expenditure control requirements demonstrated a system of strong internal controls. In particular, changes in workforce establishment positions since 2019/20 can be reconciled against documented approved business cases, income-backed capacity growth and TUPE transfers from reconfiguring services.		
4.	**Advise**	• A business case for a replacement theatre microscope and a radiology consignment stock agreement were both approved. • A draft 2024-25 financial plan was reviewed. This awaits publication of firm guidance prior to finalising. • Key Issues reports from 9 sub-groups were received and reviewed. The current set of 13 sub-groups will be replaced by 4 new exec-led strategic sub-groups shortly.		
5.	**Risks Identified**	• A follow-up plan to improvement ideas tabled at a recent board cyber-security session will be developed and presented to either BPC or Audit Committee.		
6.	**Report Compiled**	David Topliffe Non-Executive Director	Minutes available from:	Corporate Secretary

Trust Board Key Issues Report

The Walton Centre NHS Foundation Trust

Report Date 01/02/24		**Report of: Quality Committee**
Date of last meeting: 18/01//2024		**Membership Numbers: 6 (Quorate)**
1.	**Agenda**	The Committee considered an agenda which included the following: • Integrated Performance Report and Joint Divisional Report • Trust Wide Risk Register • Infection Prevention and Control Board Assurance Framework • Quality Account Priorities • Safeguarding Update Report • Tissue Viability Report • Mortality and Morbidity Report • Thrombectomy Service Update • Clinical Audit Progress Report • Risk and Quality Governance Report • Neurology and Neurosurgery Clinical Governance Groups Terms of Reference
2.	**Alert**	No specific alerts were recorded for escalation.
3.	**Assurance**	**Thrombectomy Service Update** A review of the roll out of the 24/7 Thrombectomy service was undertaken which identified a number of issues and significant challenges faced when expanding the service. There was a focus on improving processes and resolving the issues which were predominantly workforce and operational. There were no quality concerns raised and patient outcomes had been very positive with approximately 200 cases being seen per year. **Theatres Refurbishment (starting February 2024)** This could have an impact on quality of care and working groups had been formed to review the impact of the refurbishment programme. **Infection Prevention and Control Board Assurance Framework** The new infection prevention and control board assurance framework was reviewed which supersedes the previous version which had been primarily focussed on Covid. The updated framework has been agreed at the Infection Prevention and Control Group along with some action points and progress would continue to be monitored

		via the group and reported up to Quality Committee. There were no areas of concern and progress was noted. **Draft Quality Account Priorities** The draft Quality Account priorities have been compiled following engagement sessions held across the Trust. These would be presented to Council of Governors in March for agreement on the priorities for 2024/25. **Tissue Viability Update Report** A new Tissue Viability Nurse had been recruited and was awaiting a start date, this would support the delivery of a comprehensive training plan. The training had previously been delivered on Lipton ward who have since recorded 763 days without a pressure ulcer.		
4.	**Advise**	**Integrated Performance Report (IPR)** The Committee agreed to remove the Divisional report section from the IPR to enable a focus on the relevant data within the main report. However this would require the correct balance of focused narrative within the IPR. **Divisional Risk and Governance Terms of Reference** The terms of reference for both Divisional Risk and Governance Groups had been reviewed and amended to provide a consistent approach across each division. The Committee approved each terms of reference. **Key Issues Reports** Key Issues reports from 11 sub-groups were received and reviewed. It was highlighted by Infection Prevention and Control Group that uptake of the flu vaccination now stood at 54%. This was lower than previous years however the Trust was not an outlier in this area. Once the new Quality and Patient Safety Group begins (February 2024) Quality Committee will only receive Key Issues reports from this group, the divisional meetings and Infection Prevention and Control Group.		
5.	Risks Identified	There were no new risks identified.		
6.	Report Compiled by	Irene Afful – Non-Executive Director	Minutes available from:	Katharine Dowson – Corporate Secretary

The Walton Centre NHS Foundation Trust

Report to Trust Board
1 February 2024

Report Title	Freedom to Speak Up Guardian Report
Executive Lead	Nicola Martin, Chief Nurse
Author (s)	Julie Kane, Quality Manager & Freedom to Speak Up Guardian
Action Required	To note

Level of Assurance Provided

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

Key Messages

- The report provides the Board with an overview of the Freedom to Speak Up (FTSU) process and updates
- The report provides information relating to the requirements of the National Guardians Office (NGO) and the Trust processes
- Further information is provided to triangulate data and intelligence to determine if there are any themes and trends

Next Steps

- The NGO Freedom to Speak Up Reflection Tool has been completed and actions will be progressed
- Deliver the Speak Up Champion training to colleagues during January and February 2024
- Continue to promote speaking up across the Trust
- Schedule 'catch up' sessions with the champions to discuss themes, trends and ideas around speaking up

Related Trust Strategic Ambitions and Themes	**Impact**		
Leadership	Quality	Equality	Workforce

Strategic Risks

001 Quality Patient Care	004 Leadership Development	004 Operational Performance

Equality Impact Assessment Completed

Strategy ☐	Policy ☐	Service Change ☐

Report Development

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

Freedom to Speak Up Guardian Report

Executive Summary

1. This report seeks to provide assurance to the Trust Board with information and updates on the activities undertaken by the Freedom to Speak Up Guardian (FTSUG) during quarters two and three in 2023/24. It includes data relating to the numbers, types of concerns, division raising concerns and professional group.

2. The report also provides data and information from other teams and departments, within the trust, relating to speaking up.

Background and Analysis

3. 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 http://freedomtospeakup.org.uk/the-report/

4. Following the publication of the latest version of the national Freedom to Speak Up Policy for the NHS, the Walton Centre have adopted this and published our revised policy, which was approved at the Staff Partnership Committee, and is now available on the Trust Intranet.

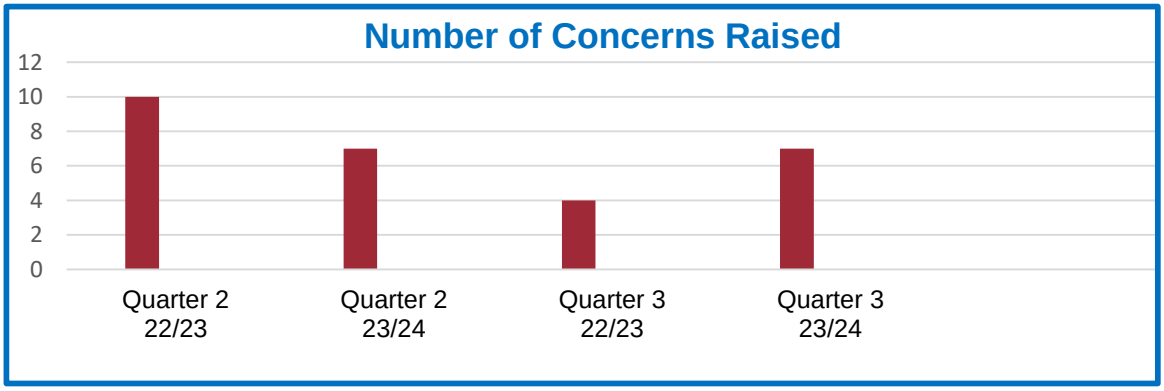
5. The FTSU Reflection and Planning Tool, published by the National Guardians Office (NGO), has been completed and agreed by the Board of Directors in December 2023.

Local Activity – Quarters Two and Three 2023/24

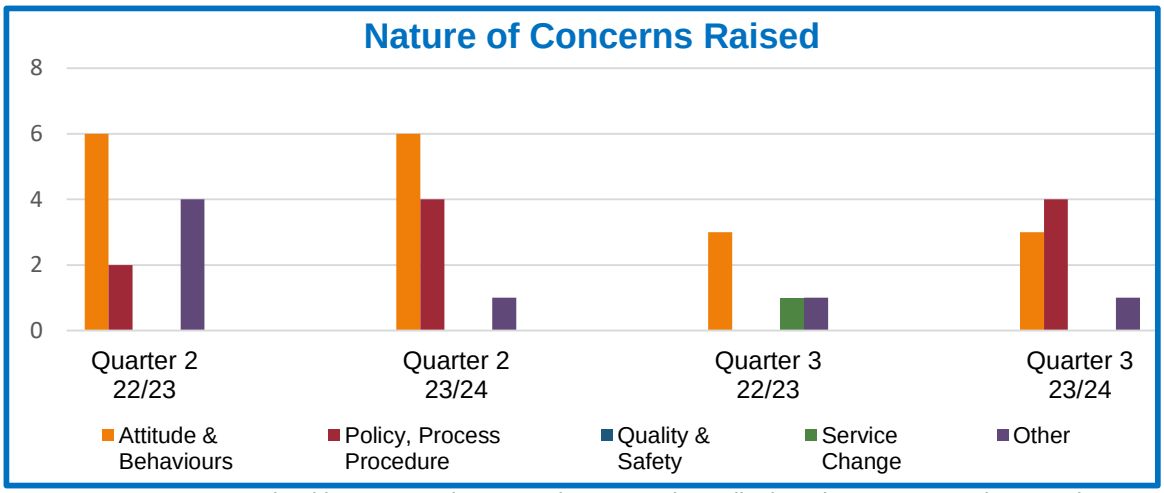
6. The FTSUG has recorded fourteen concerns raised during quarters two and three of 2023/24. No concerns were raised anonymously to the FTSUG.

7. Concerns raised were from the neurology, neurosurgery and corporate divisions and those raising concerns included nursing, administrative and Allied Health Professional (AHP) colleagues.

8. The graph below indicates how many concerns were raised during quarters two and three in 2022/23 and the same quarters during 2023/24:

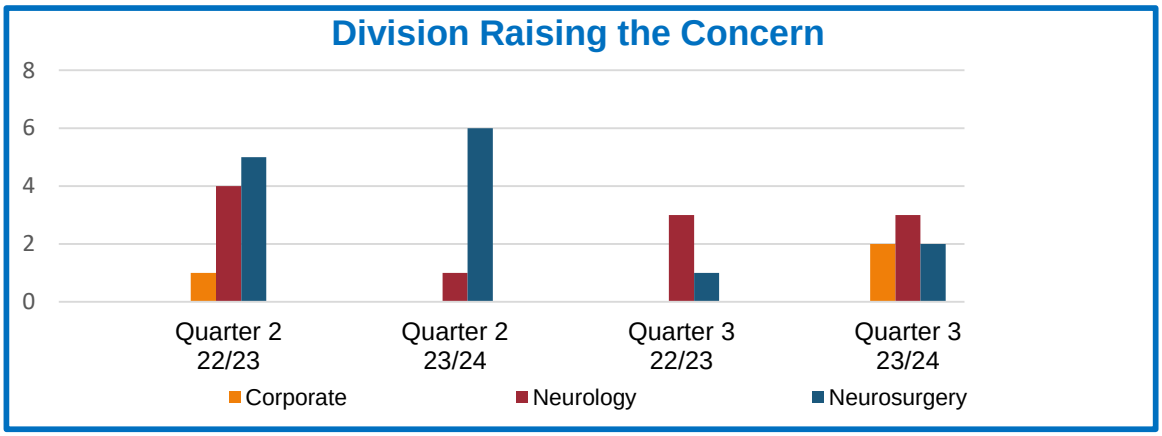


9. The graph below indicates the nature of concerns raised during quarters two and three in 2022/23 and the same quarters during 2023/24:



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

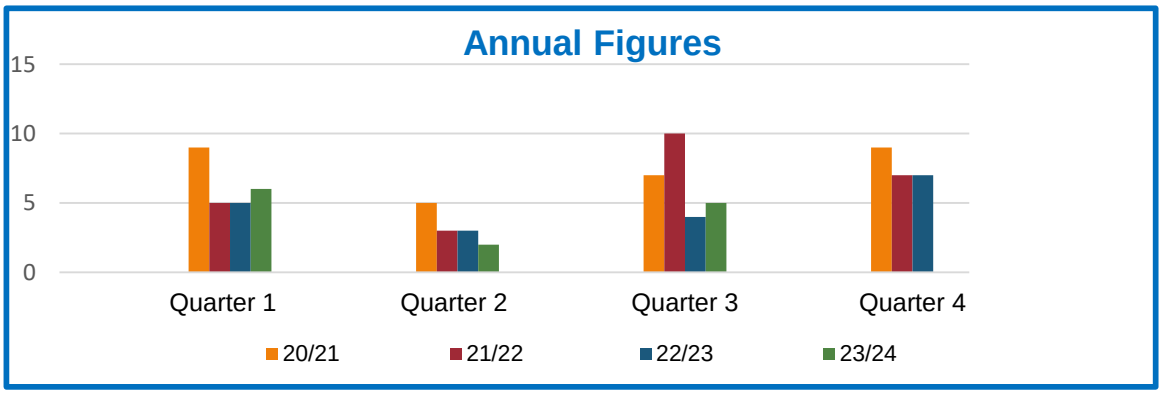
10. The graph below indicates the division raising the concerns during quarters two and three in 2022/23 and the same quarters during 2023/24:



11. Themes which individuals are speaking up about to the FTSUG relates mostly to attitudes and behaviours and policy, process or procedures.

12. The FTSUG is not aware of any specific areas not speaking up and will continue to ensure she undertakes 'walkabouts' across all areas within the Trust including clinical and non-clinical areas.

13. The chart below provides figures of concerns raised to the Freedom to Speak Up Guardian from 2020 to date:



National Guardian Office (NGO)

14. The NGO confirms that 2023 was a "stark reminder of why all efforts to improve the Speak Up culture in health, including the Freedom to Speak Up Guardian route, are so essential for patient safety.

15. This is an opportunity for leaders to look afresh at their arrangements to assure themselves that their workers have supportive routes available to them to speak up, and that, as leaders, they are listening and acting. If we can get the culture right, benefits will follow, including improving patient safety, innovation for improvement, retaining workers and making the NHS a great place to work".

16. The report shares learning and shows that more work is needed for speaking up to be described as business as usual in the healthcare sector in England.

17. There are various routes for staff to speak up which are detailed within a dedicated page on the intranet entitled Freedom to Speak Up which offers avenues for colleagues to speak up. The Chief Executive continues to run 'Join Jan' sessions, the Chief Nurse has introduced monthly 'Chief Nurse look in' for all staff to meet her, say hello and discuss any issues, thoughts and ideas they may have and will also be starting a monthly leaders communication forum with leads of departments for nursing.

18. In the NGOs foreword to the report, the Parliamentary Under Secretary of State for Mental Health and Women's Health Strategy, Maria Caulfield MP, said:

    "The events surrounding the terrible crimes of Lucy Letby are an important reminder of how vital it is for organisations to have a culture in which workers feel safe to speak up about anything that gets in the way of delivering safe and high-quality care. Managers and senior leaders must be welcoming of speaking up and be ready to listen and act on what they hear.

    "Freedom to Speak Up must be at the heart of our efforts to improve the culture, leadership and wellbeing of our healthcare workers."

19. The report features case studies from across England, illustrating the difference Freedom to Speak Up Guardians are making and examples of how healthcare workers are being supported to speak up for patient safety and worker wellbeing.

20. The annual report can be accessed if you **click here**.

21. Revised Champion and Ambassador guidance has been produced which provides a clear distinction between the roles of Champion/Ambassador and Guardian.

22. Freedom to Speak Up Champions/Ambassador have a vital role in:
    - Awareness raising – Ensuring workers understand the importance of speaking up, listening up and following up
    - Signposting – Discussing concerns with workers and providing details of speaking up routes as stated in their organisation's Freedom to Speak Up Policy
    - Promoting a positive speaking up culture- Supporting their organisation to welcome and celebrate speaking up

23. In addition to the revised Speak Up Champions/Ambassador guidance we have introduced safeguarding into our in-house training, which is a requirement by the NGO. Champions will now be

asked for examples of safeguarding issues and confirm they know who to escalate safeguarding issues to. They will also be directed to our safeguarding policies.

Speak Up Month - October 2023

24. Speak up month focused on breaking barriers, activities included:
    - Additional 'Drop In' Sessions and 'Walkabouts' throughout October
    - Speak Up stands displayed information on speaking up, the process and contact details
    - Raffles and quizzes for all staff to partake in
    - Promotion of the speak up e-learning modules
    - Launch of the Speak Up Champions

25. Since Speak Up Month there has been an increase in those expressing an interest in becoming a Speak Up Champion. Compliance with the first module of speak up e-Learning, which is mandatory for all staff to complete, is currently 89% which is very encouraging.

26. The FTSUG has also seen an increase in requests by teams and departments inviting her to attend meetings to provide an overview of speaking up and meet the teams.

Patient Experience Team Update

27. The FTSUG submits data via the NGO portal which asks for figures relating to specific elements of speaking up which are listed below:
    - Patient safety/quality
    - Worker safety or wellbeing
    - Bullying or harassment
    - Inappropriate attitudes or behaviours

28. The FTSUG liaises with the Head of Patient Experience to determine if there are any themes and trends relating to complaints and concerns which fall into the elements of speaking up. There are no specific themes or trends within the reporting period that can be triangulated with complaints/ concerns.

Workforce/Trust Update

29. There were no specific themes to note which came via the HR route.

30. There has continued to be a higher turnover of administrative and clerical staff during the period of reporting.

Exit Questionnaires

31. The response rate for the exit questionnaires from staff who are leaving, during quarters two and three in 2023/24, was 19.44%. Overall a total of 72 questionnaires were sent and 14 responses were received.

32. The table below provides figures and staff groups of those who left the Trust during quarters two and three in 2023/24:

Staff Group	Number of Questionnaires Received
Add Prof Scientific and Technic	2
Administrative and Clerical	5
Allied Health Professionals	4
Nursing and Midwifery Registered	2
Unknown	1
Grand Total	14

33. The table below shows the responses to the questionnaire during quarters two and three in 2023/24:

	Not at all	To some extent	Quite A lot	Very much so
Do you feel that you have been supported whilst working for The Walton Centre NHS Trust?	1	4	5	4
Do you feel the trust has provided you with developmental opportunities?	1	4	5	4
Would you recommend The Walton Centre as a place to work?	1	3	2	7
Would you recommend The Walton Centre as a place to receive treatment?	0	1	1	12
Do you feel the Trust views patient care as its top priority?	0	2	3	9

34. Exit interview themes - staff left the trust for promotion/work life balance.

35. The Chief Executive continues to run ‘Join Jan’ sessions which occur bi-monthly and alternate between MS Teams and face to face to ensure all staff have the opportunity to attend.

36. All staff are encouraged to attend these sessions to share good news, raise any concerns and find out what’s happening at the Trust.

37. The Human Resources Team and Staff Side held a Partnership Working Day during quarter three. Feedback from this day will be provided in quarter four.

Freedom to Speak Up Guardian Update

38. The Freedom to Speak Up Guardian actively promotes opportunities for staff to speak up about issues of concern and is available for staff to discuss and raise their concerns. She often helps staff with ways to address their concerns directly with relevant managers or, for whatever reason if this is not possible or the preferred route, the FTSUG will bring the issues to the attention of another individual such as a Manager, Team Leader, Divisional Director or Clinical Director. This is only done with the agreement of the person raising the concern.

39. ‘Drop In’ sessions have continued throughout the year and 'walkabouts’ occur throughout the day and evening to ensure all colleagues have the opportunity to speak up, raise any concerns and meet the speak up team. There have been no themes from colleagues attending the drop in sessions during quarters two and three.

40. The FTSUG continues to attend regional meetings throughout the year to keep appraised of national guidance, plans going forward and to share views, learn from and support peers. She also attends the NGO National Conference.

41. Meetings with the Executive Lead for Raising Concerns, Non-Executive Director FSUG Champion and the Chief People Officer are undertaken monthly which offers the opportunity for concerns raised with the FTSUG to be reviewed confidentially and anonymously if necessary.

42. Meetings are scheduled quarterly with the FTSUG, Chair and Chief Executive to keep them appraised of activity.

43. The second and third modules of the speak up e-Learning have been launched and staff are encouraged to complete this. These modules are not mandatory but will be monitored to review the uptake. Compliance rates with all of the speak up e-Learning modules will be given at the end of quarter four.

44. The National Guardians Office launched another FTSUG refresher training course for all Guardians to complete. The training has been developed to support continued learning and development. It gives assurance that the FTSUGs have up-to-date knowledge as the freedom to speak up landscape is ever evolving. The FTSUG is compliant with the mandatory refresher training.

45. Colleagues have been asked to complete an anonymous speak up survey throughout December, January and February so that we can gain an insight into how effective speaking up is at The Walton Centre. This survey also gives an opportunity to provide feedback on speaking up and offer ideas as to how this could be improved and to highlight areas of where speaking up has worked well and has been a positive experience.

Speak Up Champions

46. The Champions have substantive posts and have taken on the role to support speaking up across the organisation.

47. Seventeen Champions have undertaken the in-house speak up training, which is delivered by the FTSUG, and the remaining Champions have dates scheduled to attend in January and February 2024.

48. The FTSU Champions are required to complete the speak up e-Learning modules to further support them in their role.

49. The Champion role was launched during quarter three of 2023/24 via internal communications and Team Brief.

50. The FTSUG has scheduled catch up meetings with the Speak Up Champions to discuss concerns, identify themes and share thoughts and ideas. The first meeting has been scheduled for February 2024 and will continue to be undertaken bi-monthly or sooner if needed.

Conclusion

51. Overall, compliance with the mandatory speak up e-Learning is above trajectory.

52. The role of the Speak Up Champion has been launched across the Trust.

53. Champions will continue to support and promote speaking up and work alongside the Guardian when undertaking drop in sessions, walkabouts and team meetings.

54. The FTSUG has scheduled bi-monthly meetings to catch up with the Speak Up Champions. These will commence in February 2024.

55. The second and third modules of speaking up e-Learning have been launched.

56. The Freedom to Speak Up Reflection and Planning Tool has been agreed. The high level actions will be progressed and monitored over the next 6-24 months.

57. The Trust Board can be assured that our staff have many routes to raise/discuss their concerns.

58. The Board is asked to note that the FTSU Guardian is in place and accessible to staff. She functions independently in line with requirements from the National Guardian's Office.

59. The Guardian continues to promote the role of speaking up mostly through face-to-face engagements with local teams. She encourages Head of Departments to invite her to team meetings to give an overview of the role.

Recommendation

60. To note the content of this report for the purposes of assurance and continue to promote and support the role of speaking up across the Trust.

Author: **Julie Kane**
Date: **18th January 2024**

Report to Trust Board
1 February 2024

Report Title	Trust Wide Mortality Report: Learning from Deaths Quarter 3
Executive Lead	Andy Nicolson, Medical Director
Author (s)	Patricia Crofton, Governance Lead for Mortality
Action Required	To note

Level of Assurance Provided

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

- There were 30 deaths at the Trust in Quarter 3, 2023, 26 in Neurosurgery, 4 in Neurology. All were emergency admissions, and none were following an elective procedure.
- There was one patient known to have learning difficulties, who was referred for a LEDER review.
- With the advent of the Mortality Surveillance Group (MSG) there are now fewer deaths that are presented at Divisional mortality groups. The divisional mortality leads will review the purpose and focus of the divisional meetings to learn lessons and drive improvements in service delivery.

Next Steps

- Create a policy or standard operating procedure to guide staff who do not declare a family member as next of kin with safeguarding and legal advice.
- Continue current processes.

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

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

Equality Impact Assessment Completed		
Strategy ☐	Policy ☐	Service Change ☐

Report Development

Committee/ Group Name	**Date**	**Lead Officer (name and title)**	**Brief Summary of issues raised, and actions agreed**
Quality Committee	18th January 2024	Dr Andy Nicolson Medical Director	Quality Committee endorsed the report for submission to Trust Board

Trust Wide Mortality Report: Learning from Deaths

Executive Summary.

1. The Trust is committed to learning from both positive and negative aspects of a patient's care with clear processes in place for completing mortality reviews. Learning identified during mortality reviews allows individual specialties to improve their processes; collate learning and can provides themes for quality improvement projects.

2. This report summarises the data for Quarter 3 - 2023 / 2024 and aims to provide assurance to the Board that there are adequate processes and systems in place to ensure deaths are reviewed appropriately and any learning is shared with the clinical reams.

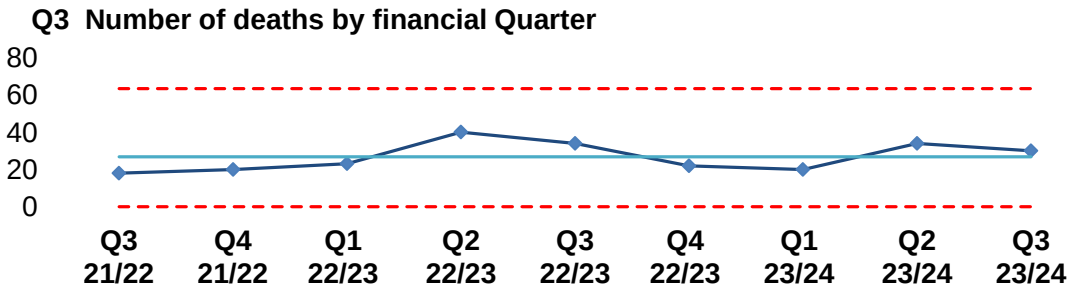
Background and Analysis.

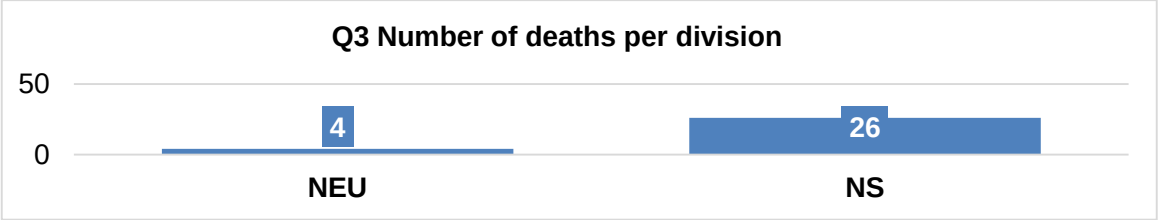
3. There were 30 deaths across the acute ward areas in Q3. All patients were admitted as emergency admissions, predominantly following traumatic or life-threatening vascular events.

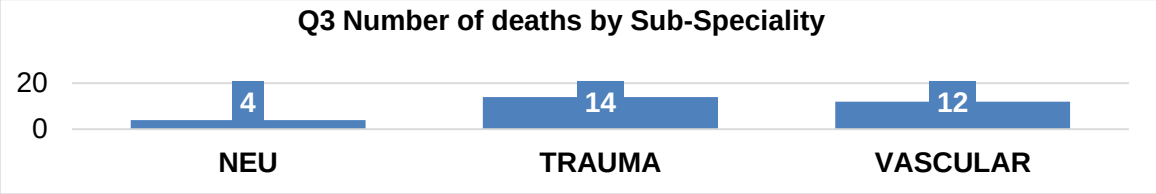
4. There were no deaths following elective procedures. None of the deaths reported were unexpected and required reporting via the Trust reporting system-Datix.

5. Two of the patients who died were of Black and Asian Minority Ethnic groups.

6. There was one patient known to have learning difficulties, who was referred for a LEDER review. This patient had refused treatment for a traumatic spinal injury, she was referred to the safeguarding team and following a mental capacity assessment she was deemed to have capacity and with her consent referred to the specialist palliative care team.

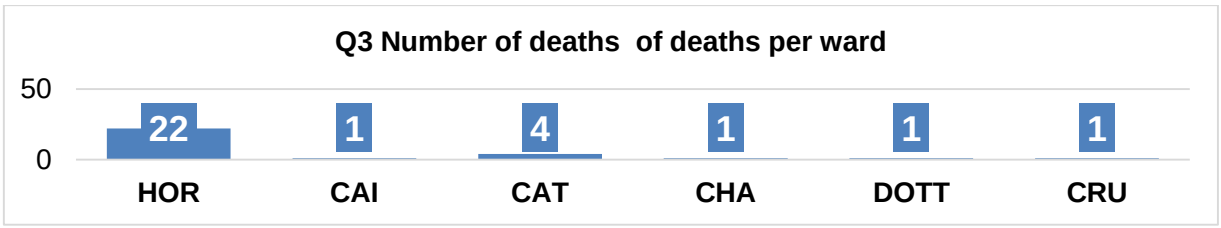






7. There were 4 deaths within the Neurology division, the causes of death were.
    - Inoperable tumour.
    - Malignant meningitis.
    - Creutzfeldt-Jakob Disease.
    - Stroke. (Thrombectomy) - this patient remained at the Trust rather than be repatriated as per thrombectomy protocol.

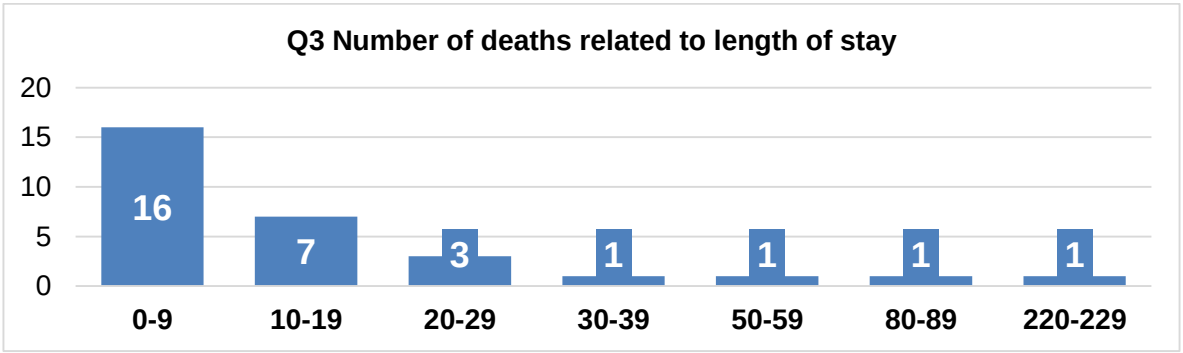
8. Within neurosurgery, the causes of death were, cranial and spinal trauma and vascular events.



9. As with previous mortality reports, the highest number of deaths occurred in Critical Care. There was a death in the Complex rehabilitation unit.

10. The patient had initially been admitted following a brain haemorrhage (with a background of dementia) and spent a period in critical care and the acute ward area. After making slow progress he was accepted to the Complex Rehabilitation unit to determine his rehabilitation needs.

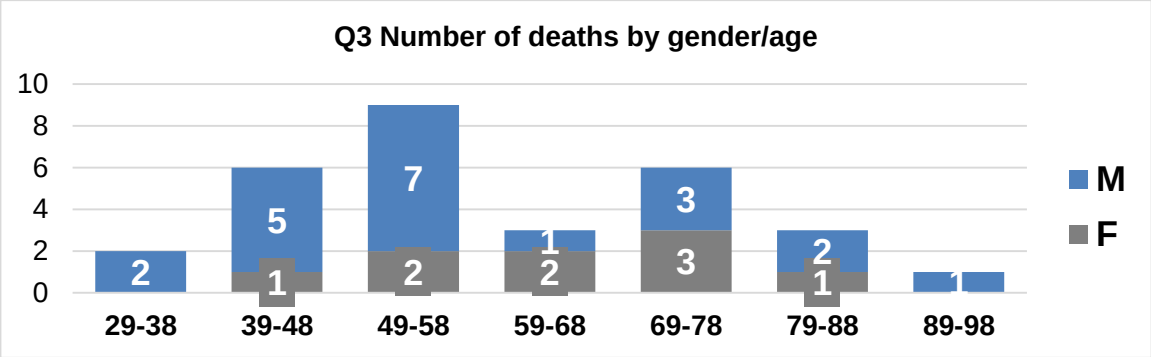
11. He suffered an acute deterioration due to aspiration pneumonia and after discussion with his family was referred to the specialist palliative care team. The family requested he stayed within the rehabilitation unit rather than be transferred to another ward and were grateful for the care and support both he and his family he received.



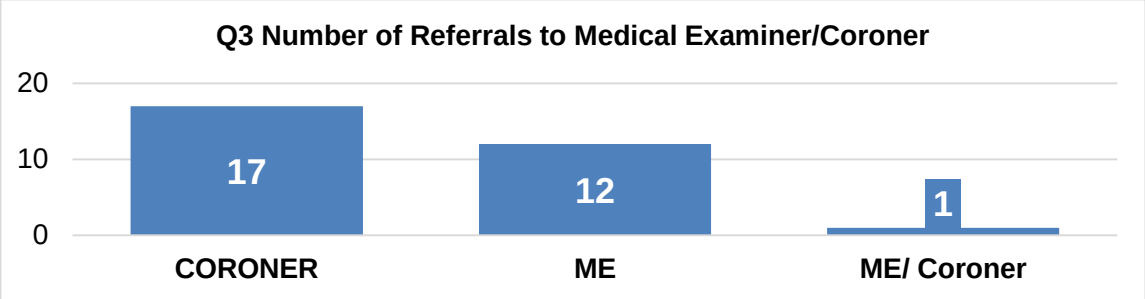
12. 16 patients died within 9 days of admission, 15 of those patients died within Critical care following treatment for cranial trauma or stroke.

13. Stroke can be thrombotic, haemorrhagic or can occur following a subarachnoid haemorrhage from rupture of a cerebral aneurysm. It is currently the second leading cause of death in the world.

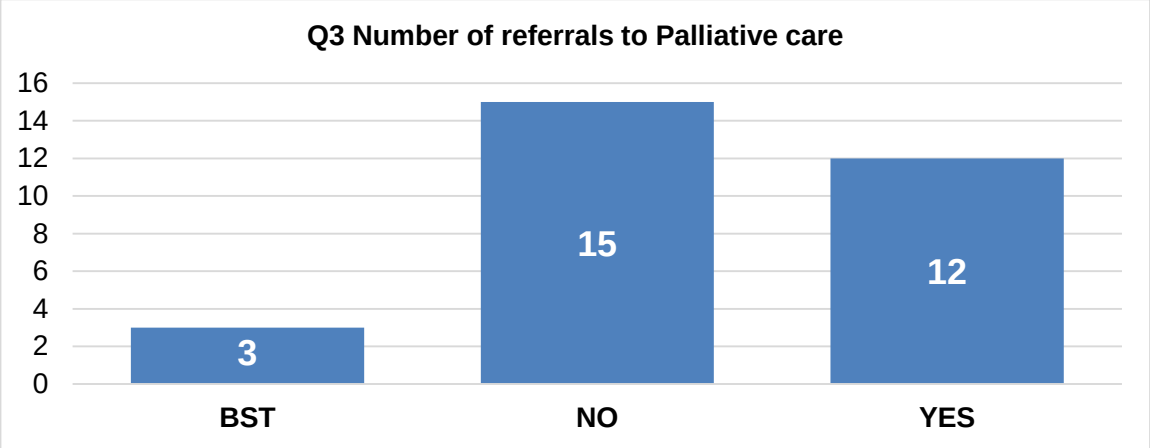
14. Despite treatments including thrombectomy, decompressive craniectomy and coiling of aneurysm, several patients go on to suffer complications including poor neurological outcome, severe respiratory complications, and sepsis.



15. 2/3 of patient deaths were male, however it is difficult to draw conclusions regarding gender as all patients were emergency admissions. In many patients the admission diagnosis is accompanied by a chronic co-morbidity which can influence treatment options and outcome.



16. All deaths are referred for either Coronial or Medical Examiner (ME) review. There were 17 direct coroner referrals, and 12 ME referrals. 1 ME referral was escalated to the coroner for further scrutiny, as the patient has undergone an emergency interventional radiology procedure. There were no concerns from the coroner.



17. For these critically ill patients following discussion with patients' families and with an understanding of their views on the patients' previous wishes, the focus of care became palliative, and end of life care instituted.

18. Three patients underwent brain stem testing (BST) and 2 became organ donors in line with their families wishes.1 patient underwent brain stem testing and was repatriated to Kuwait according to his families wishes.

19. **Engaging with bereaved families and carers**

a) The learning from deaths national guidance sets out guidance on how Trusts should engage with bereaved families following a death of a patient in their care. Families should be assured they will be by listened to and are treated with respect, kindness and care and compassion. The Deputy Medical Director and the treating Neurosurgeon recently attended and gave evidence to a coroner's inquest relating to a death that occurred in 2022. The Trust carried out a mortality investigation following the death and concluded the death was avoidable. Following receipt of the report the coroner recommended an inquest and the clinical teams cooperated fully. The bereaved family were central to the investigation and were involved from the outset. Following the outcome of the inquest the family and HM Coroner thanked the clinical teams for their honesty and candour in providing explanation of the circumstances and the support given to the patients' family.

b) It is essential we respect ethnicity and cultural differences in the context of end-of-life care and death and the different needs of those grieving families. Every culture has its own understanding of the events near the end-of-life, and the appropriate rites and rituals to perform at that time. A recent death in critical care demonstrated how the critical care team showed professionalism and compassion to a patient and his family who were devout Muslims. The patient, a 31-year-old student at university in Wales, was transferred to the Trust following a subarachnoid haemorrhage. A CT scan on arrival showed evidence of reduced blood flow to the brain, the neurosurgical decision was that surgery was inappropriate. When sedation was stopped the patient showed signs of brain stem death and confirmation tests were done on 3rd December 2023. Normally following brain stem testing discontinuation of ventilation (or consideration of organ donation) will be considered. Some members of the patient's family had travelled to be at the hospital and their wishes were that the patient would continue to be ventilated and be repatriated to Kuwait. There is debate amongst Islamic scholars regarding the certainty of death criteria and in respecting the family's wishes, the team took safeguarding and legal advice. The Executive team were aware and in agreement and arrangements were made with the Kuwait government to repatriate the patient in keeping with the family's values

and beliefs. This was an unusual situation and there was a debrief with the Trust solicitors to discuss the ethical and cultural issues and the senior clinical team were reassured they had respected the patient and families' religious beliefs. There was a further debrief with the wider clinical team to address any issues and give staff an opportunity to express any concerns.

c) There were 2 patients who did not acknowledge a family member as next of kin on admission to the Trust. Again, both were emergency admissions. Ward staff respected the patient's wishes, and they were both visited by neighbours. Both patients were referred to the palliative care team and several distant relatives claimed to be next of kin.

d) Following the patient deaths, nursing staff were confused as to who was next of kin and who to communicate with and understood they were respecting the patient's wishes after their death. After taking legal and safeguarding advice the governance lead was directed to the Law of Intestate and the ward teams advised regarding communicating with families after death. Both patients were referred to the safeguarding team. Following this experience, it was recognised there is no policy or guidance for staff in this situation, and so it was agreed at MSG that a policy or SOP is required.

Conclusion.

20. There have been many changes in relation to reporting and reviewing inpatient deaths within the Trust.

21. This report presents the data regarding numbers and causes of death and information regarding avoidability according to the Learning from Deaths guidance.

22. Section 3, engagement with families has been added to demonstrate qualitative data to show how the Clinical teams resect patient and family situations beliefs and values. There have been no complaints regarding end of life or bereavement care relatives often praise staff when contacted by the medical examiner's teams.

Recommendation.

- To note.

Author: Patricia Crofton - Governance Lead for Mortality
Date: 22 January 2024

RIME Committee Key Issues Report

The Walton Centre NHS Foundation Trust

Report Date: 01/02/24		**Report of:** Research, Innovation and Medical Education Committee
Date of last meeting: 19/12/23		**Membership Numbers:** Quorate
1.	**Agenda**	The Committee considered an agenda which included the following: • Strategic Partnership Spotlight Update – University of Liverpool • Strategic Partnerships Update • People Substrategy Update • Library and Knowledge Service Strategy 2024-26 • Research and Development Finance and Performance Update • Research Grants Panel Terms of Reference • Key Issues Reports from sub-groups: Research Governance Group, Research Grants Panel, Research Quality Group, Medical Education Group and Innovation Group
2.	**Alert**	There were no alerts to be raised.
	Assurance	**Research and Development Financial and Performance Update** Month 8 had recorded a positive variance of £224k however it was clarified that this figure included invoices from the previous financial year. Work to complete historic invoicing and recover income was ongoing with progress being made in these areas. Concerns were noted around the national challenges regarding the commercial research portfolio and this has been raised as a risk however it was recognised that this was in line with the national picture. **Key Issues Reports from Sub-groups** Key Issue Reports were received from Research Governance Group, Research Grants Panel, Research Quality Group, Medical Education Group and Innovation Group. It was noted that that meeting timings for the Research Governance Group had been extended to allow for more strategic discussion. The Research Grants Panel highlighted that the amount of charitable funding applications exceeded the available funds however applications were reviewed to ensure that funding was best utilised to ensure all projects could be progressed.
	Advise	**Strategic Partnership Spotlight Update – University of Liverpool** The relation between the Trust and the University of Liverpool continued to build and an application would be submitted to form a Neurosciences Centre and then build on this to work towards a Neurosciences Department. If this application was successful it would then require a collaborative approach to development of a full business case. Work was currently underway to share strategies to ensure

		alignment. **People Substrategy Update** The reassessment process for Investors in People reaccreditation had been completed and the outcome was being awaited. Work was also underway to complete the self-assessment process for ISO9001 standard accreditation. **Library and Knowledge Service Strategy 2024-26** The Committee approved the Library and Knowledge Services Strategy for 2024 to 2026 (service provided by Liverpool University Hospitals NHS Foundation Trust) and noted the work to continue to promote the availability of services and increase visibility of this across the Trust. **Research Grants Panel Terms of Reference** The Committee approved the terms of reference subject to clarification on a potential conflict with the Chair of Research Grants Panel being the same as the Chair of RIME Committee.		
2.	Risks Identified	• None		
3.	Report Compiled by	Professor Paul May, Non-Executive Director	Minutes available from:	Corporate Secretary

Report Trust Board
1 February 2024

Report Title	Estates Return Information Collection (ERIC) Return
Executive Lead	Lindsey Vlasman, Chief Operating Officer
Author (s)	Stephen Holland, Head of Estates
Action Required	To note

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

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

Key Messages *(2/3 headlines only)*

- This consolidated report provides details on the outputs of the 3 main E&F external reporting tools: Estates Information collection Return (ERIC), Premises Assurance Model (PAM) & Patient Led Assessment of the Care Environment (PLACE).
- ERIC results are compared against other, similar, locals Trusts in order to provide as accurate a comparison as possible.
- Conversely, both PAM and PLACE data provide Walton Centre only data output, measured against previous year.

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

- Commence data collection for 2022-2023 ERIC returns
- To schedule quarterly PLACE Lite inspections in 2024
- Continue to develop policies and procedures to fully align with PAM recommendations

Related Trust Strategic Ambitions and Themes	**Impact** *(is there an impact arising from the report on any of the following?)*		
Value for Money	Estates & Facilities	Quality	Estates & Facilities

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

004 Operational Performance	001 Quality Patient Care	007 Capital Investment

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

Strategy ☐	Policy ✓	Service Change ☐

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

Committee/ Group Name	**Date**	**Lead Officer (name and title)**	**Brief Summary of issues raised, and actions agreed**
Business Performance Committee	24 January 2024	Steve Holland	Report well received with no specific comments

Estates Return Information Collection (ERIC) Return

Executive Summary

1. This document is intended to give the reader an overview of the external Estates and Facilities (E&F) reports undertaken within 2023, namely ERIC, PAM and the PLACE inspection, giving the results, key findings, and the next steps. The results provide a large amount of data which has been condensed to provide the reader with a concise overview of Trust performance.

2. The 2023 ERIC return data is compared against similar, local Trusts and shows; below average for FM costs, utilities, waste and capital investment and above the average for food, laundry and portering.

3. The data relating to PAM is provided, by exception, and compares the previous submission against the latest, giving an outline of the works underway and completed as well as the areas still requiring improvement.

4. The 2023 PLACE inspection results show an average improvement of 6.4% across all PLACE domains compared to the 2022 results.

5. It is proposed that the improvements do not cease, and action plans, alongside a quarterly PLACE 'Lite' process, is created to ensure continual improvement.

Background and Analysis

Background

6. The Walton Centre, as with most NHS Trust, must submit annual data for ERIC and PLACE, and, at present, 6 monthly submissions for PAM.

7. All submissions are undertaken on web-based applications and are statistically analysed and made publicly available, after a period of time.

8. This paper intends to provide an overview of all 3 submissions via the use of comparative analysis, by using published output data compared against other, local, specialist trusts and, in the case of PAM, against the previous submission.

2022-2023 ERIC Returns

9. Much of the ERIC return data is shown within Appendix 1. Some of this data is difficult to interpret however, figure 1 calculates portions of relevant data in direct relation to individual Trust size. This should provide a more realistic comparator.

10. Figure 2 converts the data from figure 1 into an average, again, making it easier to directly compare the Walton Centre against others, whilst figure 3, show this in graphical representation.

11. It should be noted that ERIC output data is reflective of the input data, and it is difficult to smooth out outliers, e.g. backlog maintenance at £6 per m2 for Alder Hey Hospital.

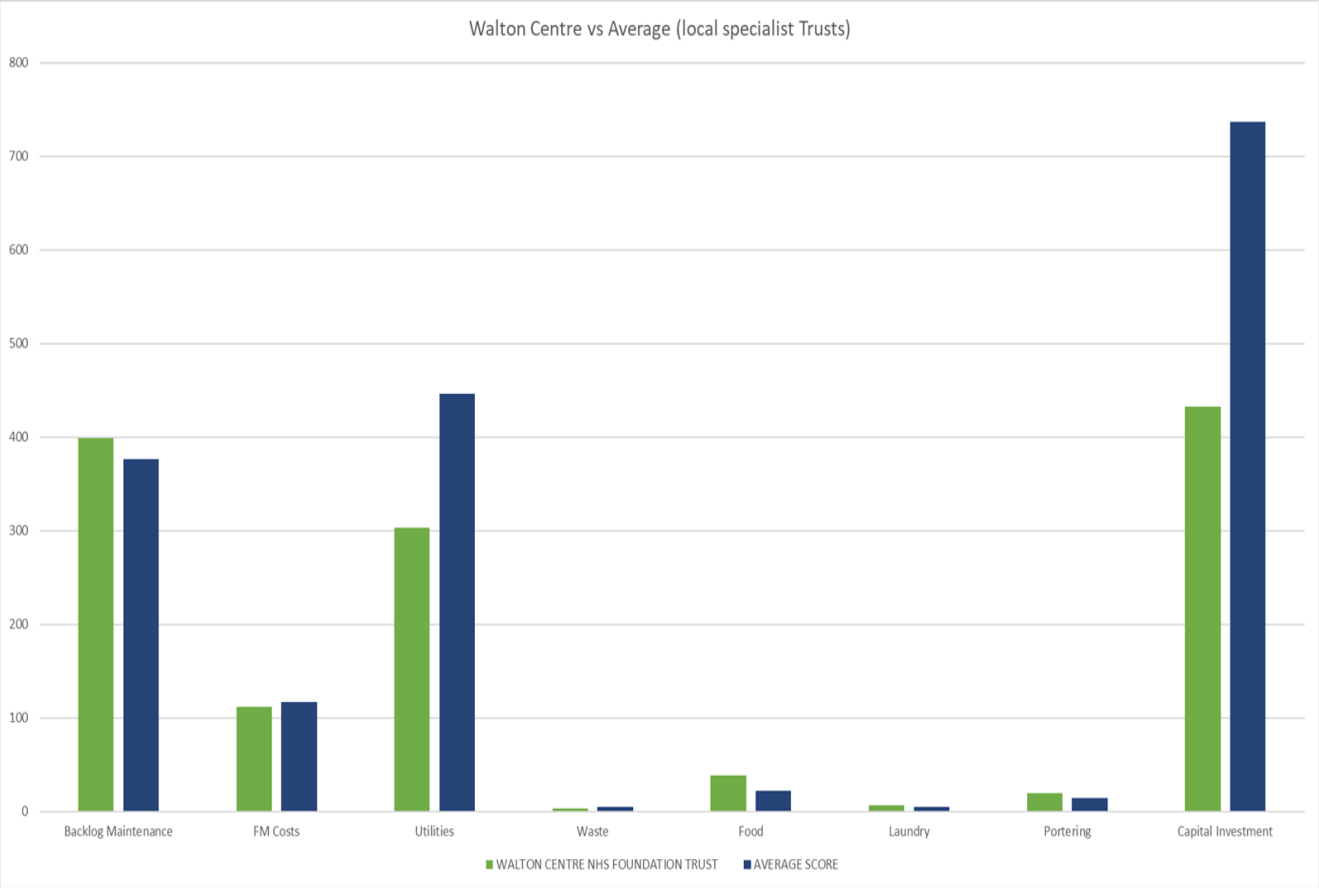
Figure 1

Trust	Costs per m2 (£)							
	Backlog Maintenance	FM Costs	Utilities	Waste	Food	Laundry	Portering	Capital Investment
LIVERPOOL HEART AND CHEST NHS FOUNDATION TRUST	416	145	470	9	32	10	23	480
CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	761	188	546	3	0	1	8	1671
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	302	83	538	5	30	5	12	1054
WALTON CENTRE NHS FOUNDATION TRUST	399	112	303	3	39	7	19	432
ALDER HEY CHILDRENS NHS FOUNDATION TRUST	6	57	376	3	11	4	8	49

Figure 2

Average cost per m2 (£)								
	Backlog Maintenance	FM Costs	Utilities	Waste	Food	Laundry	Portering	Capital Investment
WALTON CENTRE NHS FOUNDATION TRUST	399	112	303	3	39	7	19	432
AVERAGE SCORE	377	117	447	4	22	5	14	737

Figure 3



12. The full NHS ERIC data report is available on request from the report author as it is not easily displayed in a format for publication and has been provided to Business Performance Committee.

NHS Premises Assurance Model (PAM) Assessment – November 2023

13. Rather than produce the entirety of the PAM assessment, which is lengthy, Appendix 2 provides an overview of progress from the previous iteration, focusing specifically on the areas requiring improvement.

14. A comments column has been added to the appended documented indicating progress and actions to date, since the last review in November.

15. The document indicates steady progress toward compliance however, work remains to achieve 100%.

2023 PLACE Inspection

16. The 2023 PLACE assessment was completed with a multidisciplinary team with the following being assessed:

    - Sid Watkins and the Walton Centre external areas
    - Sid Watkins and the Walton Centre communal areas
    - Dott Ward
    - Caton Ward
    - Chavasse Ward
    - Lipton Ward
    - Jefferson Ward
    - Cairns Ward
    - CRU
    - Sid Watkins Outpatients
    - The Walton Centre Outpatients
    - Sid Watkins Therapies

    .

17. The 2023 PLACE inspection saw all domains rise above the national average and improve on the 2022 inspection. Figure 4 presents the 2023 inspection results against the 2022 results.

Figure 4

PLACE Domain	2022 PLACE Result (%)	2023 PLACE Result (%)	2022 >2023 % change (%)	2022 National Average (%)	2023 PLACE Lite performance against 2022 national average (%) *
Cleanliness	95.60	99.45	+3.85	98.01	+1.44
Condition, appearance, and maintenance	92.48	98.17	+5.69	95.79	+2.38
Food	93.15	99.35	+6.2	90.23	+9.12
Privacy, dignity, and wellbeing	87.65	94.36	+6.71	86.08	+8.28
Dementia	84.17	94.97	+10.8	80.60	+14.37
Disability	85.92	91.04	+5.12	82.49	+8.55

*Note – The average is a mean average of the 222 organisations who submitted a PLACE assessment in 2022, 2023 average scorings are likely to vary.

18. Theatres and HITU have previously been excluded from the process due to the nature of the environment and the high focus through weekly cleaning audits as part of the new NHS Cleaning Standards.

19. **Appendix 3** provides a graphical representation of the comparison between pre-covid scores and those, post covid, from 2022 and 2023 PLACE inspections.

PLACE Opportunities

The key themes below will be actioned in preparation for the 2023 PLACE inspection (estimated November 2023)

20. The cleanliness position can be improved with focus on high level dusting and ventilation duct cleans.

21. Dementia performance can be improved by carrying out an assessment of the patient areas to ensure dementia compliant clocks are visible from all patient areas.

22. Disability performance can be improved by altering the style of seating in waiting areas and carrying out an assessment of accessibility.

23. A quarterly PLACE Lite process will be embedded to ensure standards do not drop and the opportunities from the 2023 PLACE Inspection are in place.

24. The Full Walton Centre PLACE assessment can be found at >>> Weblink to the 2022 PLACE results

Conclusion

25. All external reports for ERIC, PAM and PLACE were successfully committed during the period covered by this report.

26. The ERIC return data demonstrates relatively good performance against other, local, specialist Trust, with no outlying position found.

27. The PAM assessed shows good progress made in the 6 months since the previous iterations and work is still ongoing to improve further.

28. The PLACE Inspection improved on the 2022 PLACE position in each domain bringing all above the 2022 national average.

Recommendation

29. The reader is asked to note the submission data provided within the report and the progress made within each are, notably that with the PLACE position, which brings the Trust back to a much more resolute position than in 2021-2022.

Author: Stephen Holland/David Callaway
Date: 24 January 2024

APPENDIX 1 - Estates Return Information Collection (ERIC) Data

2021-2022 ERIC RETURN DATA - LOCAL TRUST COMPARISONS

Quality of Buildings

Trust Name	Cost to eradicate high risk backlog (£)	Cost to eradicate significant risk backlog (£)	Cost to eradicate moderate risk backlog (£)	Cost to eradicate low risk backlog (£)	Investment to reduce backlog maintenance - Critical Infrastructure	Investment to reduce backlog maintenance - non Critical Infrastructure
LIVERPOOL HEART AND CHEST NHS FOUNDATION TRUST	2,239,278	4,065,747	4,668,270	1,952,099	2,183,830	309,755
CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	0	2,000,000	7,500,000	200,000	73,187	198,275
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	0	5,875,000	2,275,000	1,550,000	5,875,000	3,825,000
WALTON CENTRE NHS FOUNDATION TRUST	0	7,500,000	1,955,642	1,954,779	2,263,000	635,000
ALDER HEY CHILDRENS NHS FOUNDATION TRUST	364,000	254,000	111,000	0	0	111,000

FM Costs

Trust Name	Estates and property maintenance (£)	Grounds and gardens maintenance (£)	Electro Bio Medical Equipment maintenance (£)	Other Hard FM (Estates) costs[u] (£)	Other Soft FM (Hotel Services) costs (£)	Management (Hard and Soft FM) costs (£)
LIVERPOOL HEART AND CHEST NHS FOUNDATION TRUST	1,242,381	26,271	1,838,892	0	1,110,344	274,942
CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	954,945	52,243	813,649	81,813	272,874	225,688
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	1,035,000	39,000	230,000	0	1,081,422	267,366
WALTON CENTRE NHS FOUNDATION TRUST	1,894,376	5,287	151,116	174,238	895,941	83,648
ALDER HEY CHILDRENS NHS FOUNDATION TRUST	695,426	30,560	1,805,298	438,222	3,314,513	528,991

Areas

Trust Name	Gross internal floor area (m^2)
LIVERPOOL HEART AND CHEST NHS FOUNDATION TRUST	31,062
CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	12,746
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	32,135
WALTON CENTRE NHS FOUNDATION TRUST	28,595
ALDER HEY CHILDRENS NHS FOUNDATION TRUST	118,500

Utilities

Trust Name	Total Electricity (kWh)	Total Gas (kWh)	Water and sewerage cost (£)
LIVERPOOL HEART AND CHEST NHS FOUNDATION TRUST	8,620,988	5687406	289,892
CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	4,740,027	2171054	48,566
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	4,188,899	12948330	139,000
WALTON CENTRE NHS FOUNDATION TRUST	7,774,636	788651	99,439
ALDER HEY CHILDRENS NHS FOUNDATION TRUST	22,591,477	21693717	328,257

Waste						
Trust Name	Incineration (clinical waste) cost (£)	Alternative Treatment (clinical waste) cost (£)	Offensive waste cost (£)	Domestic waste (landfill) cost (£)	Domestic waste (recycling) cost (£)	Domestic waste (incineration) cost[u] (£)
LIVERPOOL HEART AND CHEST NHS FOUNDATION TRUST	94,463	100,736	40,722	0	5,912	32,702
CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	6,485	32	19,947	0	1,852	4,322
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	122,056	6,338	7,654	0	10,586	0
WALTON CENTRE NHS FOUNDATION TRUST	8,256	19,739	24,811	23,571	6,364	0
ALDER HEY CHILDRENS NHS FOUNDATION TRUST	136,012	123,045	9,276	0	11,314	105,556

Food		
Trust Name	Inpatient food service cost (£)	Inpatient food ingredients cost[u] (£)
LIVERPOOL HEART AND CHEST NHS FOUNDATION TRUST	988,955	0
CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	0	0
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	733,192	244,397
WALTON CENTRE NHS FOUNDATION TRUST	803,397	306,187
ALDER HEY CHILDRENS NHS FOUNDATION TRUST	908,363	387,791

Laundry		
Trust Name	Laundry and linen contracted full service cost (£)	Laundry & Linen service cost (£)
LIVERPOOL HEART AND CHEST NHS FOUNDATION TRUST	310,633	Not Applicable
CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	Not Applicable	12758
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	153,000	Not Applicable
WALTON CENTRE NHS FOUNDATION TRUST	198,113	Not Applicable
ALDER HEY CHILDRENS NHS FOUNDATION TRUST	Not Applicable	420,758

Portering Services		
Trust Name	Portering service provision[u] (Select)	Portering service cost (£)
LIVERPOOL HEART AND CHEST NHS FOUNDATION TRUST	Hybrid	704,287
CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	Outsourced	102,698
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	Outsourced	386,488
WALTON CENTRE NHS FOUNDATION TRUST	Outsourced	554,476
ALDER HEY CHILDRENS NHS FOUNDATION TRUST	In-House	936,847

Finance							
Trust Name	Capital investment for new build (£)	Capital investment for changing/improving existing buildings (£)	Capital investment for maintaining (lifecycle) existing buildings (£)	Capital investment for equipment (£)	Public sector funding investment (£)	Charity and/or grant investment (£)	Charity and/or grant investment (£)
LIVERPOOL HEART AND CHEST NHS FOUNDATION TRUST	0	5,560,309	1,844,130	0	7,301,292	103,147	103,147
CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	5,703,121	3,446,990	0	0	6,150,111	3,000,000	3,000,000
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	15,224,000	1,349,000	218,000	104,000	16,825,000	70,000	70,000
WALTON CENTRE NHS FOUNDATION TRUST	4,773,187	822,441	0	559,537	6,109,687	45,478	45,478
ALDER HEY CHILDRENS NHS FOUNDATION TRUST	0	9,600	2,344,258	554,000	2,907,858	0	0

Contribution to costs						
Trust Name	Contribution to costs from areas leased out for retail sales (£)	Contribution to costs from non NHS organisations (£)	Contribution to costs from NHS organisations (£)	Contribution to costs from local authorities (£)	Income from car parking - patients and visitors (£)	Income from car parking - staff (£)
LIVERPOOL HEART AND CHEST NHS FOUNDATION TRUST	0	0	0	0	0	-261,284
CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	0	0	0	0	0	0
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	0	0	599,028	0	0	-118,803
WALTON CENTRE NHS FOUNDATION TRUST	-22,250	0	0	0	-275,272	-119,314
ALDER HEY CHILDRENS NHS FOUNDATION TRUST	-62,180	-5,665	-650,903	0	-8,496	0

Fire Safety			
Trust Name	Fires recorded (No.)	False alarms - No call out (No.)	False alarms - Call out (No.)
LIVERPOOL HEART AND CHEST NHS FOUNDATION TRUST	2	56	0
CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	28	27	1
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	0	16	0
WALTON CENTRE NHS FOUNDATION TRUST	1	13	15
ALDER HEY CHILDRENS NHS FOUNDATION TRUST	1	13	15

APPENDIX 2 - Premisis Assurance Model (PAM) Data

HARD FM - SAFETY

	SAQ/Prompt Questions	2021-2022	2022-23	Evidence (examples listed below)	Comment
SH1	**SH1: With regard to the Estates and Facilities Operational Management can the organisation evidence the following?**	Applicable	Applicable	This SAQ relates to the overall management of the E&F function and how specific technical areas (covered by separate SAQs) are managed, reported, escalated and reviewed in a consistent way	
SH1	**1: Policy & Procedures** Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	3. Requires minimal improvement	3. Requires minimal improvement	1. Policy and procedures relevant to E&F services relevant to the trust/site; 2. Regular assessment of policies and procedures;	New Policy Approved
SH1	**3: Risk Assessment** Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed? (Note 1)	3. Requires minimal improvement	3. Requires minimal improvement	1. Risks reviewed and included in local risk register; 2. Mitigation strategies for areas of risk identified; 3. Review and inclusion of risks into Trust risk registers;	Risk Assessments and mitigations in place and regularly reviewed
SH1	**6: Resilience, Emergency & Business Continuity Planning** Does the Organisation have resilience, emergency, business continuity and escalation plans which have been formulated and tested with the appropriately trained staff?	3. Requires minimal improvement	3. Requires minimal improvement	1. Assessment undertaken of resilience risks both direct and indirect; 2. Emergency response and business continuity plans developed and reviewed; 3. Regular testing of Emergency response and business continuity plans appropriate to identified risk levels; 4. Records of testing and responses of actual incidents collated, assessed and used to update risk and plans.	BCP in place. Reguires formal testing
SH2	**SH2: With regard to the Design, Layout and Use of Premises [Functional suitability/Fitness for Purpose] can the organisation evidence the following in relation to functional suitability/?**	Applicable	Applicable	SH2: With regard to the Design, Layout and Use of Premises in relation to functional suitability can the organisation evidence the following? Critical dimensions, distance to key departments and access points, patient observation, mixed sex compliance, security, toilet facilities, storage, provision for people with disabilities, parking, public transport, lifts and stairs	
SH2	**3: Risk Assessment** Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed?	3. Requires minimal improvement	3. Requires minimal improvement	1. Risks reviewed and included in local risk register; 2. Mitigation strategies for areas of risk identified; 3. Review and inclusion of risks into Trust risk registers; 4. Six facet survey	Reviewed and no significant risk, other than accommodation usage
SH4	**SH4: With regard to Health & Safety at Work can the organisation evidence the following?**	Applicable	Applicable	This SAQ relates to overall H&S management. Most of the Safety SAQs will contain aspects of compliance with H&S legislation also e.g. risk assessments and COSHH assessments.	
SH4	**3: Risk Assessment** Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed? (Note 1)	3. Requires minimal improvement	3. Requires minimal improvement	1. Risks reviewed and included in local risk register; 2. Mitigation strategies for areas of risk identified; 3. Review and inclusion of risks into Trust risk registers; 4. Examples of completed risk assessments – including COSHH, DSE, stress etc.	All reviewed and up to date
SH6	**SH6: With regard to Medical Gas Systems can the organisation evidence the following?**	Applicable	Applicable		
SH6	**1: Policy & Procedures** Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	3. Requires minimal improvement	3. Requires minimal improvement	1. The organisation has in place an effective Medical Gas Committee as described in Health Technical Memorandum HTM02-01 Part B. 2. The organisation has used Appendix H to the HTM 0201 part A to support the planning, installing, upgrading of its cryogenic liquid supply system.	Approved policy now in place. Medical gases are a standing agenda item with Estates and Facilities group. Technical file being compiled.
SH7	**SH7: With regard to Natural Gas and specialist piped systems can the organisation evidence the following?**	Applicable	Applicable	See SAQ SH7 for Medical gas systems. This SAQ covers other gas installations and piped systems with specialist requirements such as high purity, compressed air negative pressure systems.	
SH7	**1: Policy & Procedures** Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	3. Requires minimal improvement	3. Requires minimal improvement	1. Policy and procedures relevant to E&F services relevant to the trust/site; 2. Regular assessment of policies and procedures;	Review
SH7	**3: Risk Assessment** Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed?	3. Requires minimal improvement	3. Requires minimal improvement	1. Risks reviewed and included in local risk register; 2. Mitigation strategies for areas of risk identified; 3. Review and inclusion of risks into Trust risk registers;	Installed reviewed. No risks apparent
SH7	**6: Resilience, Emergency & Business Continuity Planning** Does the Organisation have resilience, emergency, business continuity and escalation plans which have been formulated and tested with the appropriately trained staff?	3. Requires minimal improvement	3. Requires minimal improvement	1. Assessment undertaken of resilience risks both direct and indirect; 2. Emergency response and business continuity plans developed and reviewed; 3. Regular testing of Emergency response and business continuity plans appropriate to identified risk levels; 4. Records of testing and responses of actual incidents collated, assessed and used to update risk and plans.	BCP in place. Reguires formal testing
SH10	**SH10: With regard to Mechanical Systems and Equipment can the organisation evidence the following?**	Applicable	Applicable	This SAQ covers mechanical systems not included elsewhere e.g. space heating. Equipment with a medical use is assessed under SH15 Medical devices and Equipment.	
SH10	**1: Policy & Procedures** Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	3. Requires minimal improvement	3. Requires minimal improvement	1. Policy and procedures relevant to E&F services relevant to the trust/site; 2. Regular assessment of policies and procedures;	Policy in development. Subject captured as standing agenda item for E&F group
SH12	**SH12: With regard to Lifts, Hoists and Conveyance Systems can the organisation evidence the following?**	Applicable	Applicable	Medical hoists and lifts are covered under SH15 Medical Devices and Equipment.	
SH12	**1: Policy & Procedures** Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	3. Requires minimal improvement	3. Requires minimal improvement	1. Policy and procedures relevant to E&F services relevant to the trust/site; 2. Regular assessment of policies and procedures;	Policy in development. Subject captured as standing agenda item for E&F group
SH13	**SH13: With regard to Pressure Systems can the organisation evidence the following?**	Applicable	Applicable	Users can assess the specific requirements around Pressure Systems in this SAQ or within relevant SAQ with pressure systems e.g. medical gases. The approach used should be explained in the notes column.	
SH13	**1: Policy & Procedures** Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	3. Requires minimal improvement	3. Requires minimal improvement	1. Policy and procedures relevant to E&F services relevant to the trust/site; 2. Regular assessment of policies and procedures;	Policy in development. Subject captured as standing agenda item for E&F group
SH13	**3: Risk Assessment** Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed? (Note 1)	3. Requires minimal improvement	3. Requires minimal improvement	1. Risks reviewed and included in local risk register; 2. Mitigation strategies for areas of risk identified; 3. Review and inclusion of risks into Trust risk registers;	Review
SH19	**SH19: With regard to Contractor Management for Soft and Hard FM services can the organisation evidence the following?**	Applicable	Applicable	This SAQ covers using E&F contractors for a full range of services from maintenance and servicing to major construction, **both Hard and Soft FM**. It is about ensuring: competent contractors are appointed, adequately informed, instructed and trained, managed and supervised, co-ordinated and co-operate.	
SH19	**1: Policy** Does the organisation have a current and approved policy and if applicable, a set of underpinning set of procedures relating to contractor management.	3. Requires minimal improvement	3. Requires minimal improvement	1. Policy and procedures relevant to E&F services relevant to the trust/site; 2. Regular assessment of policies and procedures; 3. Preventative/corrective strategies; demonstration of documented process and procedure whereby non-compliance is identified and remediation strategies are developed and delivered.	Policy and procedures in place

SOFT FM - SAFETY					
SS1	**SS1: With regard to Catering Services can the organisation evidence the following?**	Applicable	Applicable	This SAQ covers the safety aspects of catering and food with SAQ PE4 looking at patient feedback on food. Note: This applies to all food sources on-site including commercial and charitable outlets.	
SS8	8. **Food Standards (No.1)** Organisations should have a designated board director responsible for food (nutrition and safety) and report on compliance with the healthcare food and drink standards at board level as a standing agenda item.		4. Requires moderate improvement	1. Documented and readily available	1. Nutrition Safety Group established and monitors food and drink standards 2. COO Director responsible for E+F 3. Food and Drink not a standing agenda item at Board
SS11	11. **Food standards (No. 4)** Organisations should nominate a food safety specialist.		4. Requires moderate improvement	1. Documented and readily available 2. Minutes of nutritional steering group available 3. Evidence of food safety audit management and safety system	1. Nutrition Safety Group meets with MDT attendance including Nutritionist 2. Minutes of NSG available 3. ISS food safety specialist available and attends NSG
S17	17.**Food Standards** NHS organisations are able to demonstrate that they have suitable 24/7 food service provision, which is appropriate for their demographic. you have a hot vending services,		5. Inadequate	1. Documented and readily available	1. Snack packs and alternative meals are available 24/7 for inpatients and colleagues 2. No hot vending option, scheduled for completion in 2023/24 Q4
SS3	**SS3: With regard to Waste and Recycling Management can the organisation evidence the following?**	Applicable	Applicable	The scope of this SAQ may gross over into Effectiveness Question E4 (SDMP)	
SS3	**5. Training and Development** Does the Organisation have an up to date training and development plan in place covering all relevant roles and responsibilities of staff, that meets all safety, technical and quality requirements?	3. Requires minimal improvement	3. Requires minimal improvement	1. Provision of sufficient training, instruction, supervision and information to enable all employees to contribute positively to their own safety and health at work and to avoid hazards and control the risks, including safe use of plant, service and test reports; 2. Training needs analysis for all staff and attendance records:	1. External DGSA specialist appointed to provide competent advisory services 2. Sharpsmart waste Elearning provided to Facilities Team 3. No dedicated Waste Manager or in-house competent advice regarding waste management available.
SS5	**SS5: With regard to Laundry and Linen Services can the organisation evidence the following?**	Applicable	Applicable	There may be some cross over with this SAQ and SS4.	
SS5	**1: Policy & Procedures** Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	Not applicable	4. Requires moderate improvement	1. Policy and procedures relevant to E&F services relevant to the trust/site; 2. Regular assessment of policies and procedures;	1. Outsourced laundry services to NHS provider with a suite of operational policies covering the laundry service 2. Trust Linen and Laundry Policy to be created in February 2024
SS5	**3: Risk Assessment** Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed?	3. Requires minimal improvement	3. Requires minimal improvement	1. Risks reviewed and included in local risk register; 2. Mitigation strategies for areas of risk identified; 3. Review and inclusion of risks into Trust risk registers;	1. Risks reviewed and included in local risk register; 2. Mitigation strategies for areas of risk identified; 3. Review and inclusion of risks into Trust risk registers;
SS7	**SS7: With regard to Transport Services and access arrangements can the organisation evidence the following?**	Applicable	Applicable	SAQ covers fleet management and transport of goods and services on and between sites. It excludes patient transport apart from the management of taxi services. Related patient experience is covered in SAQ P5. Access arrangements may also be covered under SH2. This includes car parking.	
SS7	**1: Policy & Procedures** Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	3. Requires minimal improvement	3. Requires minimal improvement	1. Policy and procedures relevant to E&F services relevant to the trust/site; 2. Regular assessment of policies and procedures;	1. The Trust do not operate a fleet or transport goods and services 2. Patient taxi's provided through compliant proccurement routes 3. No current policy for patient taxi's 4. Trust are undertaking a procurement exercise in 2024 to standardise approach towards patient Taxi's
SS7	**3: Risk Assessment** Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed?	3. Requires minimal improvement	3. Requires minimal improvement	1. Risks reviewed and included in local risk register; 2. Mitigation strategies for areas of risk identified; 3. Review and inclusion of risks into Trust risk registers;	1. Risks reviewed and included in local risk register; 2. Mitigation strategies for areas of risk identified; 3. Review and inclusion of risks into Trust risk registers;
SS7	**7: Review Process** Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	3. Requires minimal improvement	3. Requires minimal improvement	1. Annual reviews of standards, policies and procedures documented; 2. Outputs of reviews and their inclusion in Action Plans;	1. Annual reviews of standards, policies and procedures documented; 2. Outputs of reviews and their inclusion in Action Plans; 3. External recommondations policy encouraged action plan review and monitoring
SS8	**SS8: With regard to Pest Control can the organisation evidence the following?**	Applicable	Applicable		
SS8	**1: Policy & Procedures** Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	3. Requires minimal improvement	3. Requires minimal improvement	1. Risks reviewed and included in local risk register; 2. Mitigation strategies for areas of risk identified; 3. Review and inclusion of risks into Trust risk registers;	1. Risks reviewed and included in local risk register; 2. Mitigation strategies for areas of risk identified; 3. Review and inclusion of risks into Trust risk registers;
SS8	**3: Risk Assessment** Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed?	3. Requires minimal improvement	3. Requires minimal improvement	1. Policy and procedures relevant to E&F services relevant to the trust/site; 2. Regular assessment of policies and procedures;	1. Portering process is outsourced to ISS who have an approved suite of associated policies 2. No specific Trust portering policy 3. Trust portwering policy due for creation inFebruary 2024
SS8	**5. Training and Development** Does the Organisation have an up to date training and development plan in place covering all relevant roles and responsibilities of staff, that meets all safety, technical and quality requirements?	3. Requires minimal improvement	3. Requires minimal improvement	1. Provision of sufficient training, instruction, supervision and information to enable all employees to contribute positively to their own safety and health at work and to avoid hazards and control the risks, including safe use of plant, service and test reports; 2. Training needs analysis for all staff and attendance records:	1. The Trust outsourced all pest control activies to a specialist contractor
SS8	**6: Resilience, Emergency & Business Continuity Planning** Does the Organisation have resilience, emergency, business continuity and escalation plans which have been formulated and tested with the appropriately trained staff?	3. Requires minimal improvement	3. Requires minimal improvement	1. Assessment undertaken of resilience risks both direct and indirect; 2. Emergency response and business continuity plans developed and reviewed; 3. Regular testing of Emergency response and business continuity plans appropriate to identified risk levels; 4. Records of testing and responses of actual incidents collated, assessed and used to update risk and plans.	1. Trust BCP to be reveiwed to update relevant escalation processes
SS10	**SS10:Estates IT and Building Information Management (BIM) systems** **Please confirm you have a plan for your trusts to engage with their current providers of telecoms services who will be able to assist them in identifying their Public Switch Telephone Network services. Once this has been completed, trusts need decide how best these services should be replaced or removed.** **The systems that need to be considered include:** **• Plant alarms;** **• Staff Attack Systems;** **• Security Alarms;** **• Lockdown/Access Control intercoms;** **• Car Park Barriers;** **• Catering freezers & fridges;** **• Pathology & Blood freezers and fridges;** **• Fire alarm auto dial;** **• Lift emergency calls;** **• Building Management Systems (BMS) alarms (oxygen, gas shut out, fuel alarms (leak and level), ventilation, generator etc);** **• Fax machines;** **• Credit card terminals.** **The PSTN situation is discussed at your Local Resilience Forums (LRF) and therefore we suggest you link with your Trust EPRR lead who will be able to assist with the wider work being undertaken by LRF partners, to identify any potential interdependencies within your Trust.**	Applicable	Applicable		
SS10	**1: Policy & Procedures** Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	Not applicable	5. Inadequate	1. Policy and procedures relevant to E&F services relevant to the trust/site; 2. Regular assessment of policies and procedures;	1. Portering process is outsourced to ISS who have an approved suite of associated policies 2. No specific Trust portering policy 2. Trust portwering policy due for creation inFebruary 2024
SS10	**2: Roles and Responsibilities** Does the Organisation have appropriately qualified, competent and formally appointed people with clear descriptions of their role and responsibility which are well understood?	Not applicable	3. Requires minimal improvement	1. Trust management structure/organogram for this area; 2. Job descriptions including roles and responsibilities; 3. Key relevant Objectives for the period;	1. Organisation does have qualified and conpetent persons. 2. Relevant persons have suitable roles within their JDs. 3. All key objectives are set with role definition.
SS10	**3: Risk Assessment** Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed?	Not applicable	3. Requires minimal improvement	1. Risks reviewed and included in local risk register; 2. Mitigation strategies for areas of risk identified; 3. Review and inclusion of risks into Trust risk registers;	1. Risks reviewed and included in local risk register; 2. Mitigation strategies for areas of risk identified; 3. Review and inclusion of risks into Trust risk registers;
SS10	**5. Training and Development** Does the Organisation have an up to date training and development plan in place covering all relevant roles and responsibilities of staff, that meets all safety, technical and quality requirements?	Not applicable	3. Requires minimal improvement	1. Provision of sufficient training, instruction, supervision and information to enable all employees to contribute positively to their own safety and health at work and to avoid hazards and control the risks, including safe use of plant, service and test reports; 2. Training needs analysis for all staff and attendance records: 3. Process for monitoring operators handling of calls for quality purposes	1. Portering process is outsourced to ISS who have an approved suite of associated policies and training planx 2. No specific Trust portering training
SS10	**7: Review Process** Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	Not applicable	3. Requires minimal improvement	1. Annual reviews of standards, policies and procedures documented; 2. Outputs of reviews and their inclusion in Action Plans; 3. KPIs on performance including call pick up times	1. Portering contract review process embedded through the contract monitoring process 2. Portering activities and KPI reviewed monthly 3. Trust specific Policy required

PATIENT EXPERIENCE					
P2	**P2: With regard to ensuring patients, staff and visitors perceive the condition, appearance, maintenance and privacy and dignity of the estate is satisfactory can your organisation evidence the following?**	Applicable	Applicable	P1 covers the organisations processes whilst this SAQ identifies any specific feedback issues on condition, appearance, maintenance and P&D. Safety aspects are dealt with in the safety domain.	
P2	**2. Other Assessments** Is there a system/process, additional to PLACE assessments, to measure patients and visitors satisfaction with the estate and related privacy and dignity issues and is action taken on the results?	Not applicable	3. Requires minimal improvement	1. Surveys and questionnaires 2. Focus Groups 3. Benchmarking, KPIs and peer comparison process 4. Patient, visitor and staff charter 5. Monthly reporting of breaches of mixed-sex accommodation guidance 6. Meetings and dialogue with CQC identifying improvements	1. PLACE assessment involvement of patient/visiors/volunteers 2. Friends & Family Test - monthly recommendation/response rates shared - all text comments analysed and shares with relevant areas including corporate areas/ eg facilities & estates. 3. External visits - eg HealthWatch Listening Events last in 11/1/24 - all feedback shared with relevant areas including corporate to undertake any actions and positive feedback also shared. 4. Feeback from Relatives Accommodation/Home from Home - regularly reviewed/monitored to ensure all improvements undertaken. 5. Feedback from Volunteers who regularly patrol the site is relayed to Estates & Facilities to action. 6. QI and improvement projects eg, Noise @ Night campaign liased with Estates/facilities / staff to identify any areas of concern following feedback from patients/staff to support reducing nosie at night. 7. CQC Nationa Inpatient Survey Results - action that result from annual survey 8. 3 Patient Safety Partners - Recruited and included into relevant groups/committees
P4	**P4: with regard to ensuring that access and car parking arrangements meet the reasonable needs of patients, staff and visitors can your organisation evidence the following?**	Applicable	Applicable	P1 covers the organisations processes whilst this SAQ identifies any specific feedback issues with access and car parking. Safety SAQ SS7 covers car park management and access arrangements	
P4	**2. Other Assessments** Is there a system/process, additional to PLACE assessments, to measure patients and visitors satisfaction of the service provided and is action taken on the results?	Not applicable	3. Requires minimal improvement	1. Surveys and questionnaires 2. Focus Groups 3. Benchmarking, KPIs and peer comparison process 4. Patient, visitor and staff charter 5. Meetings and dialogue with CQC identifying improvements	As above in P2
P5	**P5: With regard to providing a high quality and supportive environment for patients, visitors and staff in relation to Grounds and Gardens can your organisation evidence the following?**	Applicable	Applicable	P1 covers the organisations processes whilst this SAQ identifies any specific feedback issues with access and car parking. Safety SAQ SS7 covers car park management and access arrangements	
P5	**2. Other Assessments** Is there a system/process, additional to PLACE External areas assessments, to measure patients and visitors satisfaction of the service provided and is action taken on the results?	2. Good	3. Requires minimal improvement	1. Surveys and questionnaires 2. Focus Groups 3. Benchmarking, KPIs and peer comparison process 4. Patient, visitor and staff charter 5. Monthly reporting of breaches of mixed-sex accommodation guidance 6. Meetings and dialogue with CQC identifying improvements	As response to P2 with the following addition - Head of PET included in Quarterly meeting with ISS.
P6	**P6: How does your organisation/site ensure that NHS catering standards are provided effectively and efficiently?**	Applicable	Applicable	P1 covers the organisations processes whilst this SAQ identifies any specific feedback issues with Catering Services and also complying with Regulation 14. Safety aspects of food and catering are dealt with in the safety domain.	
P6	**1. Policy & Procedures** Does the organisation have in place a policy for healthcare catering which is aligned to current National Standards for Healthcare Catering which has been reviewed via an MDT process within the last 3 years?	1. Outstanding	3. Requires minimal improvement	1. Policy and procedures relevant to E&F services relevant to the trust/site; 2. Regular assessment of policies and procedures; 3. Internal structure to consider and action feedback 4. Adherence to confidentiality policy 5. Feedback to stakeholders and patients 6. Complaints Procedure 7. Benchmarking, KPIs and peer comparison process 8. Meetings and dialogue with CQC identifying improvements 9. Public/patient information e.g. handbooks, pre visit information	1. Complaints Policy & Procedure, 2. PET concerns data/Quarterly Reports 3. Patient Information - all currently under review - Patient SafetyPartner involved in group
EFFECTIVENESS					
E4	**E4: With regard to having a suitable Sustainability approach in place and being actioned.**	Applicable	Applicable		
E4	**2: Energy** Is your energy usage, including heat, managed to fully deliver sustainability and effectiveness, and includes plans to meet national NHS net zero carbon targets?	2. Good	3. Requires minimal improvement	1. The organisation has evidence of TM44 Air Conditioning System Assessments 2. Organisations which qualify for the EU Emissions Trading Scheme (EUETS) have an EUETS assessor and can demonstrate relevant annual reporting systems 3. Organisations with Combined (Cooling) Heat and Power Plant (CHP/CCHP) have a CHP Quality Assurance (CHPQA) Certificate for Climate Change Lewy (CCL) exemption for each unit installed 4. The organisation has a current energy efficiency policy 5. Evidence that utility bills are checked and validated before payment 6. The organisation has rolled out smart metering across the estate, or has a programme to roll out within the next 3 years 7. Monthly meter readings are taken and recorded, and automated readings validated physically 8. The organisation employs a dedicated (spends > 50% of their time working on energy management activities) energy manager / responsible person for energy 9. Organisation is compliant to HTM 07-02; Making Energy work in Healthcare 10. Organisation has achieved ISO 50001	1. The organisation has a regularly updated TM44 register 2. All EUETS obligations are managed by LUHFT 3. CHPQA information for CCL is provided by CHP provider, Equans. 4. No energy efficiency policy as energy is procured and supplied by LUHFT 5. All utility bill checked prior to payment. 6.Smart metering is in place throughout Trust. 7. Monthly meter readings recorded by LUHFT for billing purposes. 8. The Trust procures energy management services from LUHFT but this is minimal. To be reviewed. 9. Document being reviewed. 10. LUHFT status in reation to ISO50001 being reviewed
E4	**4: Air Pollution** Does your Trust have policies and procedures in place to control air pollution and an overview of these procedures is included within the Green Plan?	4. Requires moderate improvement	4. Requires moderate improvement	1.The organisation has completed the Clean Air Hospitals Framework Tool 2.The organisation has a Clean Air policy 3.The organisation has an action plan for tackling air pollution from its buildings 4.The organisation keeps an FGAS register 5.The organisation has a plan for migrating to Ultra Low Emission Vehicles	1. Framework tool being reviewed for action 2. No Clean Air policy in place, to date. 3. Action plan in development. 4. FGAS register in place and updated regularly. 5. ULEZ mitigation plan in development.
E4	**6: Climate Change Adaptation** Are risk assessments of the effects of climate change risk assessment and mitigation action implemented and include references to overheating, flooding and extreme weather events?	3. Requires minimal improvement	3. Requires minimal improvement	1.The organisation has a climate change adaptation risk assessment on the Trust risk register 2.The organisation reports on estate related events, such as extreme weather events including flooding, heatwave and cold winter events	1. Nothing yet on Trust risk register. 2. All weather events are reported via Trust EPRR lead.

APPENDIX 3 – PLACE Comparison – Graphical Results pre-covid to 2022 and 2023