Public Trust Board Meeting

Thursday 6th July 2023

Agenda and Papers

Dignity Respect Pride Openness Caring

Excellence in Neuroscience

PUBLIC TRUST BOARD MEETING
Thursday 6 July 2023
Boardroom
09:30 – 13.00

v = verbal d = document p = presentation

Item	Time	Item	Owner	Purpose
1	09.30	Patient Story (v)	Chief Nurse	N/A
2	09.50	Welcome and Apologies (v)	Chair	N/A
3	09.55	Declaration of Interests (v)	Chair	Note
4	10.00	Minutes and actions of meetings held on: • 1 June 2023 (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 Medical Director	Assurance
7	10.30	Communications and Marketing Substrategy Update (d)	Chief Executive Officer	Assurance
8	10.40	Board Assurance Framework Report 2023/24 (d)	Company Secretary	Assurance
GOVERNANCE				
9	10.55	Liverpool Trusts Joint Committee (d) • Terms of Reference	Chief Executive Officer	Approval
10	11.05	Aintree Site Joint Sub-Committee (d) • Key Issues Report – 20 June 2023	Chair	Assurance
11	11.10	Aintree Site Joint Sub-Committee Proposed Workplan (d)	Medical Director	Approval
12	11.20	Board Cycle of Business (d)	Chief Executive Officer	Approval
11.25 BREAK				
PERFORMANCE				
13	11.35	Integrated Performance Report (d)	Chief Executive Officer	Assurance
14	11.40	Business Performance Committee (d): • Chair's Assurance Report – 27 June 2023	Committee Chair	Assurance
15	11.55	Quality Committee (d): • Chair's Assurance Report – 15 June 2023	Committee Chair	Assurance
QUALITY & SAFETY				
16	12.10	Major Incident Plan (d)	Chief Operating Officer	Assurance
17	12.20	NHS National External Reviews Update (d)	Interim Chief Nurse	Assurance
18	12.30	Patient Safety Incident Response Framework (PSIRF) Policy and Plan (v)	Interim Chief Nurse	To Agree

Item	Time	Item	Owner	Purpose
COMMITTEE CHAIR'S ASSURANCE REPORTS/ TERMS OF REFERENCE				
19	12.35	Audit Committee – 19 June 2023 (d)	Committee Chair	Assurance
20	12.40	Research, Innovation and Medical Education Committee – 20 June 2023 (d)	Committee Chair	Assurance
21	12.45	Health Inequalities and Inclusion Committee – 26 June 2023 (d)	Committee Chair	Assurance
22	12.50	Remuneration Committee – 21 June 2023	Committee Chair	Assurance
CONSENT AGENDA				

Subject to Board agreement, the recommendations in the following reports will be adopted without debate:
- Medical Education Annual Report 2022/23 (d)
- Controlled Drugs Accountable Officer Report 2022/23 (d)
- Pharmacy and Medicines Management Annual Report 2022/23(d)
- Research and Development Annual Report 2022/23 (d)
- Infection Prevention & Control Annual Report 2022/23 (d)
- Innovation Annual Report 2022/23 (d)

Item	Time	Item	Owner	Purpose
CONCLUDING BUSINESS				
22	12.55	Any Other Business (v)	Chair	
23	13.00	Review of Meeting (v)	Chair	Note

Date and Time of Next Meeting: 9.30am, 7 September 2023, Boardroom, The Walton Centre

UNCONFIRMED
Minutes of the Public Trust Board Meeting
Board Room
1 June 2023

Present:

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

In attendance:

Chrissie Burness (CB)	Guardian of Safe Working (*item 14 only*)
Katharine Dowson (KD)	Corporate Secretary
Jennifer Ezeogu (JE)	Deputy Corporate Secretary
Madeline Fletcher (MF)	Head of Fundraising (*item 6 only*)
Lisa Judge (LJ)	Head of Patient & Family Experience *(item 1 only)*
Julie Kane (JK)	Freedom to Speak Up Guardian *(item 16 only)*
Nicola Martin (NM)	Deputy Chief Nurse *(AOB only)*

Observers

Sam Fleet	Senior External Communications Officer
John McClelland	Public Governor: Rest of England
Belinda Shaw	Public Governor: Merseyside

Apologies:

Lisa Salter	Chief Nurse

1   Staff Story

1.1   SE introduced the patient story which was about a patient who has had a number of procedures over several years to correct a brain aneurysm.

1.2   To show appreciation to the Trust for the care received, the patient had raised £26k on behalf of The Walton Centre Charity in November 2022. The money raised was used to facilitate the purchase of equipment to help improve the quality of life of another patient. The patient stated that the treatment and care received from the Trust could not be quantified and expressed appreciation towards the clinical and medical staff that have and had been involved with her treatment.

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1.3	KH asked the patient what aspect of the treatment stood out the most and if there were areas where the Trust could have done better. The patient stated that she was always kept informed, given detailed explanations of every process, including the recovery process and her appointments were always on schedule. She had received the right level of support from staff; hence she was unable to highlight any areas for improvement.

1.4	SR inquired about the support given to the patient's family by the Trust during her surgeries. The patient expressed gratitude, stating that the Trust had been unwaveringly supportive and had even arranged a room for her husband in the home-to-home facility due to the distance of their residence to the hospital.

The Board thanked the patient for sharing their story.

2 Welcome and apologies
2.1 Apologies were noted as above. The Chair welcomed everyone to the meeting.

3 Declarations of interest
3.1 RW notified the Board of his appointment to the Board of Trustees of the British Institute of Learning Disabilities. The interest would be recorded on the register before the next Board meeting.

3.2 PM notified the Board of that he had been approached by Edge Hill University to be a Neuro-Surgical Career Champion. The interest would be recorded on the register once it had been formally confirmed.

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

4 Minutes of the meeting held on 5th May 2023
4.1 Paragraph 5.1 – the first sentence was amended to read "MS informed that Saffron Cordery, Deputy CEO of NHS Providers, visited the Trust on 25 April 2023 and officially opened the Staff Wellbeing Hub dedicated to the memory of *Jean Blevin a staff side lead* who passed away in 2020.

4.2 Paragraph 8.1 and 20.1– minor typo was noted.

4.3 Paragraph 8 – KH requested that the following sentence be added after paragraph 8.1 "KH commented that that the overall score on the Digital Maturity Assessment was not reflective of a Trust that was rated Outstanding by the Care Quality Commission (CQC) and these were mainly attributed to the Trust's low score in the assessment section on 'we empower citizens'. As a result, the Trust had challenged its ineligibility for funds to address this."

4.4 Paragraph 13.4 – the second sentence was amended to read "MG responded that the Executive Team *were continuing* monthly monitoring of appraisal compliance, and the appraisal process had been streamlined to make the process easier for staff.

4.5 Paragraph 17.3 – the seconded sentence was amended to read "*KH supported the National Guardian Office recommendation that anonymised case studies should be published* to encourage staff to speak up and reassure them that their complaints would be followed up."

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| 4.6 | Following the completion of these amendments, the minutes of the meeting held on 2 March 2023 were approved as an accurate record of the meeting. |

Action Tracker

| 4.7 | **Item Ref: 10 –** KD informed that an action plan had been developed and was being manged in response to the External Well Led Review and an update report would be presented to the Board in six months. |

| 4.8 | RW noted that some of the recommendations in the report were ascribed to committees. KD stated that the actions in the plan would be communicated to the corresponding Executive leads for each committee and the committee chairs as appropriate. |

| **5** | **Chair & Chief Executive's Report** |
| 5.1 | MS reported that Liam Robinson, Labour Party leader of Liverpool City Council, visited the Trust on 18 May 2023 and was hosted by MS and AN. The Councillor visited the Intensive Therapy Unit and Radiology during his visit and expressed his interest in revisiting the Trust before the end of the financial year. |

| 5.2 | MS attended the Liverpool Hospitals Review Meeting for Liverpool Provider Chairs, CEOs and Non-Executive Directors (NED). MS stated that the Cheshire and Merseyside Acute Specialist Trusts (CMAST) Chairs and CEOs meeting was attended by SR on his behalf. |

| 5.3 | JR informed the Board that Dr Bernhard Frank and Dr Andrew Brodbelt had been appointed Associate Professors at the University of Liverpool (UoL). JR updated that industrial action had been called by the British Medical Association (BMA) for Junior Doctors across England from 14-17 June 2023. Consultants and Radiologists were currently being balloted, and the Royal College of Nursing had also called a new ballot. All the industrial actions were scheduled to be held between June and July, and these continue to be a risk to the delivery of the expected financial plan and activity levels. |

| 5.4 | KH asked if it was envisaged that all the industrial actions could happen at the same time. JR responded that there was a possibility that they would occur simultaneously, and these could result in significant operational and safety issues. |

| 5.5 | SR expressed concern about the update in the report that there would be a review of capital projects already committed to by the Trust. She highlighted this as an area for the Board to be aware of as it further enhanced the risks within the system. JR responded that this had been recognised as an ongoing risk and had been highlighted in the new hospital programme and raised at the national level. |

| 5.6 | SR was pleased to note that the Deputy Chief Nurse had been appointed as the project lead for the CMAST workforce programme. The programme was been aimed at developing ward and department nurse band six project and it was noted that it demonstrated collaboration and leadership in the system. |

The Board noted the Chair and Chief Executive reports.

| **6** | **Charity Substrategy Update** |
| 6.1 | MF presented the Charity Substrategy update and highlighted the projects carried out in line with the five focus areas of the Substrategy since October 2022. MF stated that there |

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had been an improvement in income generation, the Charity Facebook donation page had become fully operational, and a dedicated in-memory/special tribute tab was being developed on the website by the newly recruited Digital Fundraising Manager.

6.2 MF reported that individual and committed giving had been highlighted as a focus area for the next three years. The Charity Team also intended to utilise and raise awareness using a lottery platform. The Charity Golf Day held in May was a great success, raising over £27k. The draft grant-making policy had been approved at the Charity Committee meeting in April.

6.3 MF highlighted that the Charity Committee had received six responses from the open call for potential charitable funding projects across the Trust, and these had been presented at the April Charity Committee meeting. The Team had worked closely with the Communications Team to raise awareness of the impact of Charity Grants and support for future fundraising internally and externally. MF noted that the Team had been approached by a patient through the Communications Team who had expressed their interest in helping publicise the impact of the Charity grant through advertisements on digital screens across the city centre.

6.4 MG informed the Board that in line with raising awareness of the Charity grant, a presentation had been made to the Innovation Agency on the "Chat Bot" project.

6.5 PM commended the turnout at the Charity Golf Day and noted that donations from this event were for the home-from-home facility. MF noted that some donors at the golf day had expressed further interest in funding the home-from-home project.

6.6 DT commended the report and asked if an impact report against the focus areas could be provided to the Board. MF replied that this would be presented to the Board at the end of the financial year, highlighting all the projects approved by the Charity Committee and all that had been achieved within the year.

ACTION: MF to present an impact statement to the Board at the end of the 2023/24 financial year highlighting the achievements and projects approved by the Charity Committee within the year against the focus areas.

The Board noted the Charity Substrategy Update.

7   Financial Planning Update 2023/24
7.1 MB presented the 2023/24 Financial Plan and the key assumptions, risks and mitigation identified within the plan. MF noted that the financial plan showed a year end surplus of £4.079m which had been based on a number of key assumptions at a national and regional level. Capital remained a pressure area given the demand for spend within the Trust and the wider system.

7.2 MF highlighted that the Quality Improvement Project (QIP) target had increased from 3.7% to 5% and the system had been asked to deliver a breakeven position by the end of 2023/24. Ambitious activity recovery levels and the impact of possible delays due to the air handling unit replacement scheme were some of the potential risks to the delivery of the financial plan. MF noted that the Trust cash balance at the end of March 2024 was expected to be £50.9m. The final financial plan had been submitted to the Integrated Care System (ICS) in May 2023.

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7.3	DT suggested that the Business Performance Committee (BPC) should have a greater focus on the risks and mitigations identified within the QIP. MB agreed that this was the role for BPC and stated that the Finance Team had highlighted most of the foreseeable risks within the plan.

7.4	JR highlighted that mitigations were in place and were being monitored and reported through weekly operational meetings, which would be reported to the BPC through the sub-groups. RW added that BPC also monitored the financial risk through the BAF.

7.5	SR highlighted that the financial plan had moved from £8.6m deficit to £4.2m surplus, the system plan had moved from £120m deficit to £50m deficit and there were uncertainties with regards to inflation levels. The ask for the system was to deliver a breakeven position for 2023/24. SR noted that the Board and BPC had highlighted their reservations about the financial plan and noted that some of the key assumptions within the plan were out of the control of the Trust and would put additional pressure on the Trust.

7.6	JR stated that although there were many challenges and risks associated with the delivery of the plan, the Trust would continue to put mitigations in place to help moderate the risks.

The Board approved the 2023/24 Financial Plan and noted the risks and mitigations highlighted within the plan.

8	**Integrated Performance Report**
8.1	JR introduced the Integrated Performance Report (IPR) and highlighted that the Trust continued to perform well with Cancer Standards and Diagnostics, 28-day emergency readmissions and percentages of patients on Patient Initiated Follow-Ups (PIFU). JR noted that check and challenge of the IPR had been undertaken at Board Committees, and the Chairs of the relevant Committee would present this as part of their assurance reports.

The Board noted the Integrated Performance Report.

9	**Business Performance Committee**
9.1	SR, as Acting Chair of the Business Performance Quality (BPC) highlighted that the Committee were shifting focus to restore improvement in average waits for referral to treatment and more work had been undertaken to improve Did Not Attends (DNA) rates, especially within pain management. The Trust had achieved re-accreditation of ISO 27001 (Information Security).

9.2	SR informed that sickness levels had reduced to 4.9% and was close to the expected target, and vacancy levels remained low. Appraisal compliance and mandatory training compliance were at 82.53% and 84.79%, respectively which was just below the target of 85%, but there continued to be leadership focus on improving compliance levels. JR stated that there had been improvement in appraisal and mandatory training compliance, the appraisal documents had been revised to make them more understandable and user-friendly, and the Executive Team would continue to focus on this.

9.3	SR reported that the Committee had received the first Occupational Health Annual Report and the Training and Development Annual Report, which both provided positive assurance. The Committee had debated the final iteration of the financial plan and noted that mutual

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aid requests and reduced activity levels due to industrial actions were some risks identified within the delivery of the financial plan.

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

10   Quality Committee

10.1   RW, as Chair of the Quality Committee (QC), highlighted that the Committee had received the Patient Experience Quarter four (Q4) and Annual Report and these were included in today's papers.

10.2   The Committee had received an update on a safeguarding alert which was being investigated, updates would be received at the next committee meeting and the Board would be kept informed. The revised Infection Prevention and Control (IPC) Board Assurance Framework (BAF) would be presented at the QC meeting in June, and a meeting had been held with Specialist Commissioners with regards to an action plan for C.Difficile infections; positive feedback had been received from the commissioners.

10.3   The Committee received the Mortality and Morbidity Q4 report and noted that there had been an increase in the number of deaths for 2022/23 in comparison with the previous year, as reported to Board in the Quarter 2 report. The deaths remained primarily attributable to trauma and vascular cases.

10.4   The Committee had received a report on NED walkabouts and had agreed that future visibility and walkabout reports would include information regarding closure of any actions identified and governors would be encouraged to attend visitations/walkabouts.

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

11   Board Effectiveness Review 2022/23

11.1   KD presented the 2022/23 Board Effectiveness Review and highlighted that all Board members had completed the review. For the first time, responses were received from Governors and staff: twelve responses from the Governors and 92 responses from staff. The general responses received from Board members were positive, with recognition of areas of improvement and a more mixed response was received from the Governors and Staff.

11.2   The visibility reports for the Executive members were positive, more could be done to improve the visibility for the Non-Executive Directors (NEDs), but it was to be expected that the Executive Team would be more visible than the NEDs.

11.3   Staff responded positively that their line managers behaved in a way that gets the best out of them, they felt that they were encouraged to find and adopt innovative ways of doing things and that the Trust did not tolerate bad behaviour by patients and visitors. About half of staff responded "strongly disagree" that the Trust did not tolerate bad behaviour by staff, and KD highlighted that this would be further considered by management.

11.4   JR stated that it was good practice that the Trust received responses from Board members, Governors and Staff and that management would put a focus on some of the responses. JR noted that some of the questions were not explicitly targeted at the Board; hence their responses were a reflection of the whole NHS system and on the culture of the Trust.

11.5   KH commented that the report on staff behaviour triangulated with the received Freedom to Speak Up Report data and asked what could be done to focus on the behavioural issues highlighted. JR responded that the Executive Team were putting a focus on the key areas highlighted and noted that sometimes some of the complaints raised were around people's perception of bad behaviour and did not generally amount to bad behaviour.

11.6   AN stated that most often when concerns were raised and disciplinary actions meted out, the Trust were unable to give feedback to the staff who had raised the concerns due to the need for confidentiality.

11.7   MG highlighted that there were ongoing discussions within the Executive Team around development for managers and about the Trust values.

11.8   KH enquired if staff were aware of how the Trust Strategy and the Substrategies related to their jobs and how best to take the Trust Strategy forward. JR responded that the Communications Team would continue to create awareness and promote the Trust Strategy to staff.

11.9   MS stated that the Board Effectiveness Review would also be presented to the Council of Governors (COG) and key messages would be circulated to staff through the appropriate channels.

The Board noted the 2022/23 Board Effectiveness Review.

12   **Board and Committee Reporting Schedule**

12.1   KD presented the proposed Board and Committee reporting schedule which was developed to reduce the frequency of meetings to allow the Board more time to focus on strategic and system issues.

12.2   The revised Board and Committee meeting schedule proposes a reduction of Public Board meetings from ten to six per year and would come into effect in September 2023. The dates not used for Board meetings would be replaced with Board development sessions, and extra private Board meetings would be held when there were urgent matters requiring the Boards decision when no Board meetings had been scheduled.

12.3   KD noted that a new COB had been drafted for the Board, BPC and QC in line with the revised reporting schedule and that the Hospital Management Group would also now move to only meeting in alternate months.

12.4   RW suggested that a year-end review of the revised Board and Committee reporting schedule be presented to the Board to reflect on the impact and effectiveness of the reduced meeting frequency.

ACTION: KD to present a review to the Board on the effectiveness and impact of the revised Board and Committee reporting schedule in April 2024.

The Board approved the Revised Board and Committee Reporting Schedule.

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13   **Update to the Trust Constitution and Standing Orders**

13.1   KD presented the updated Trust Constitution and Standing Orders and highlighted that a significant review had taken place to bring the Trust Constitution in line with the new powers set out in the Health and Care Act 2022. The changes would make the constitution fit for purpose and had been conducted after due legal consultation. As part of the review, it was proposed to change the composition of the COG from thirty-three governors to twenty-five governors to improve the COG's effectiveness and make it easier to fil the vacancies. In addition, some of the partners organisations who were invited to nominate a partnership governor were no longer in place.

13.2   KD highlighted proposed changes to the to the Standing Orders of the COG. The first was to change the number of Governors that might call a meeting from eleven Governors to one-third of the current governors which matches the current quorum. It was also proposed to remove the requirement for 21 days written notice to make changes to the Standing Orders and replace it with a requirement to gain the approval of the CoG Advisory Committee to take the changes to COG. The proposed changes had been presented and agreed upon by the Advisory Group in May 2023.

13.3   KH suggested that the default use of the pronoun "He" be substituted they/ them as it was more inclusive. KD replied that the legal approach was to use "He" as the pronoun to include all genders, and this approach was detailed in the interpretation section. However, this change would be made if that was the preference for the Board.

13.4   MB suggested that paragraph 4.9 and its sub-paragraphs of the interpretation section be reworded to include the well-being of the people of England and Wales.

13.5   MO inquired if the constitution and standing orders would be translated into Welsh, a legal requirement in Wales. KD replied this would be explored further.

The Board approved the updated Trust Constitution and Standing Orders and recommended approval to the Council of Governors

14   **Guardian of Safe Working Report to April 2023**

14.1   CB presented the Guardian of Safe Working Report (GSWR) covering the period February to April 2023. The report highlighted that there had been four exception reports for breach of the minimum rest period from Neurology registrars during the period and all had been resolved with compensatory rest the following day. Fines were levied when the minimum rest requirement had not been met. Discussions had continued regarding scrutinising the working hours for Neurology Registrars, altering their roles and responsibilities for out-of-hours working to improve compliance with safe working.

14.2   AN commented that discussions were ongoing with the Specialist Registrars to help resolve the issues, and he had joined them on a shift with the on-call team to understand the issues better. AN stated that the Thrombectomy service was complex and involved many staff groups and noted that more work would be done to reduce reliance on the Neurology Registrars.

14.3   SR asked what the Trust could do to meet the minimum rest requirement at all times. CB stated that the registrars were always encouraged to rest, and she would continue dialogue

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with the on-call team to minimise breaches. There was also a room available to doctors to sleep in after their shift if they feel unsafe driving back home.

The Board noted the Guardian of Safe Working Report.

15   Quality Account 2022/23

15.1   MO presented the draft 2022/23 Quality Account and highlighted that the Trust had achieved all but one of its priority improvements for 2022/23; the Trust scored 95% (partial achievement) with regards to the Malnutrition Universal Screening Tools (MUST) re-assessment priorities.

15.2   The priorities for 2023/24 had been reviewed and agreed by the COG in December 2022, and the Quality Committee. Health Watch and Specialist Commissioners had also been consulted. The priorities for 2023/24 would be monitored through update reports to the Quality Committee and Patient Experience Group (PEG) and the Trust Board via the key issues report. The Quality Account had been presented to the Specialist Commissioners by Dr Sacha Niven and Nicola Martin during the Quality Account presentation and feedback day on 18 May 2023, and the Trust were awaiting comments from the Commissioners.

15.3   IA questioned why complaints had not been included in the priorities for 2023/24 and asked how the Trust intended to monitor and reduce complaints. MO stated that complaints were now back to pre-covid levels and monitored through PEG; update reports were presented at Quality Committee meetings. The DATIX data was being interrogated to narrow down complaints and better manage them.

The Board noted Annual Plan 2023/2024 Update.

16   Freedom to Speak Up Guardian Report Q4 2022/23

16.1   JK presented the 2022/23 Freedom To Speak Up Guardian (FTSUG) Annual Report and highlighted that all but one of the sixteen FTSU cases raised had been closed and feedback from staff who had used the FTSU process had been positive. The National Guardian Office (NGO) had requested that all Trusts complete a reflection and planning tool by January 2024. A meeting had been scheduled with the FTSUG, Deputy Chief Nurse, Executive Lead for Raising Concerns, and the Deputy Chief People Officer in June 2023 to review and complete the FTSU reflection tool in line with the national guidance.

16.2   The 2022 NHS Staff Survey Results had been released and themes linking to FTSU had been highlighted in the report.

The Board noted the 2022/23 Freedom To Speak Up Guardian Annual Report.

17   Audit Committee Key Issues Report

17.1   SR presented the Audit Committee key issues report and highlighted that the Committee received the Head of Internal Audit Opinion for 2022/23, which provided substantial assurance. The Committee received the External Audit Progress Report, and the Fit and Proper Persons Annual Report, and no concerns had been highlighted.

17.2   The Committee had received the 2022/23 Clinical Audit Annual report, good progress had been achieved on the action plan, and the Committee would conduct periodic deep dives on some clinical audits to better understand how the process worked. The Committee had

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also received and reviewed in detail the 2023/24 NED Independence Annual Report and agreed that all NEDs remained independent.

The Board noted the Audit Committee Key Issues Report

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18.1
Neuroscience Programme Board Key Issues Report, Terms of Reference and Committee Effectiveness Review
AN presented the Neuroscience Programme Board key issues report and Committee Effectiveness Review and highlighted that the group continued to be a work in progress and that minor changes had been made to the Committee's Terms of Reference.

The Board noted the Neuroscience Programme Board Key Issues Report and Committee Effectiveness Review and approved the Terms of Reference.

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19.1
Consent Agenda
The Board agreed the following actions in relation to the Consent Agenda:
- **Mortality and Morbidity Q4 Report –** noted.
- **Patient Experience Q4 and Annual 2022/23 –** noted.

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Any Other Business
Nursing Safe Staffing Acuity Bi-annual Report
20.1
NM presented the Nursing Safe Staffing Acuity Bi-annual report from December 2022 to May 2023 and highlighted that shortfalls on each shift were reviewed and addressed with immediate actions to ensure safe staffing levels were maintained.

20.2
The Trust would continue close observation of Caton ward and the Intensive Therapy Unit following changes made and there would be a review of Lipton ward in six months to determine if any alteration would be needed.

20.3
JR thanked the Deputy Chief Nurse for implementing the safe care system and noted that the vacancy and shift cover data was encouraging and provided the right level of assurance.

20.4
KH commented that she was pleased to see that the Trust was utilising the apprenticeship route for a number of specialist areas.

20.5
PM asked how the Trust had been able to achieve a high NHS Professional rating. NM responded that the Trust had good working conditions and high staffing levels.

The Board noted the Nursing Safe Staffing Acuity Bi-annual Report.

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21.1
Review of Meeting
Those present agreed that the Board meeting had been productive with constructive and effective debates and that the reports presented to Board had improved overtime.

There being no further business the meeting closed at 12.55

Date and time of the next meeting – Thursday, 6 July 2023 at 9.30am Boardroom

Trust Board Attendance 2023-24										
Members:	Apr	May	Jun	Jul	Sept	Oct	Nov	Dec	Feb	Mar
Max Steinberg	A	✓	✓							
Irene Afful	✓	A	✓							
Mike Burns	✓	✓	✓							
Mike Gibney	✓	✓	✓							
Karen Heslop	✓	✓	✓							
Paul May	✓	✓	✓							
Andy Nicolson	✓	✓	✓							
Morag Olsen	✓	✓	✓							
Su Rai	✓	✓	✓							
Jan Ross	✓	A	✓							
Lisa Salter	A	A	A							
David Topliffe	✓	✓	✓							
Lindsey Vlasman	✓	✓	✓							
Ray Walker	✓	✓	✓							

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PUBLIC TRUST BOARD
Matters Arising Action Log
July 2023

	Complete & for removal
	In progress
	Overdue

ACTIONS FOR FUTURE MEETINGS

Date of Meeting	Item Ref	Agenda item & action	Lead	Update	Deadline	Status
04/05/2023	Item 11	**Aintree Site Joint Committee Key Issues Report** A further update on the governance structure for the Joint Committees would be brought back to Board.	MS/KD	Liverpool Providers Joint Committee Terms of Reference are on the agenda for July. Site Joint Committee ToR to be reviewed following this (September 2023).	6 July 2023	
04/05/2023	Item 10	**External Well Led Review Report** KD to develop an action plan in line with the recommendations from the report and report back to the Board.	KD		2 November 2023	
01/06/2023	Item 6	**Charity Substrategy Update** MF to present a Charity Committee impact statement report to the Board at the end of the 2023/24 financial year highlighting the achievements and projects approved by the Charity Committee within the year against the focus areas.	MG		4 April 2024	
01/06/2023	Item 12	**Board and Committee Reporting Schedule** KD to present a review to the Board on the effectiveness and impact of the revised Board and Committee reporting schedule in April 2024.	JR		4 April 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 *(2/3 headlines only)*

- The keys message to note in this report is the continued impact of industrial action. Whilst the action has been safely managed through our teams, systems, and processes, we are not yet fully aware of the operational and financial impact.
- The trust continues to support system working and collaboration and is performing well on all performance metrics.

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

- 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			

5. Chief Executive's Report

Chief Executive's Report

National Updates

Industrial Action

1. The British Medical Association (BMA) have announced new dates for industrial action for junior doctors. The strike will take place over five days from 7am on Thursday 13th July through to 7am on Tuesday 18th July 2023. The current mandate for the junior doctor strike action is valid until late August only. Therefore, the BMA are now re-balloting junior doctors on strike action. The ballot opened on 19 June and is due to close on 31st August.

2. The ballot on industrial action for consultants opened on 15th May and closed at noon on 27th June 2023. The BMA had already set dates for industrial action for 20th and 21st July 2023 and there will be a Christmas Day service only.

3. The ballot opened by the Royal College of Nursing (RCN) closed on Friday 23rd June 2023. On the 27th June it was announced that 43% of RCN members took part in the ballot and therefore was below the 50% threshold required by trade union law to have a mandate for strike action.

4. The Society of Radiographers is balloting its members in England for strike action. This includes more than 20,000 members with the ballot closing at 5pm on 28th June 2023.

5. The long-term workforce plan is expected to be published this week with a particular focus on expanding the workforce with increased training numbers and additional roles.

UK Covid-19 Inquiry

6. The UK Covid-19 Inquiry public hearings for module 1 commenced on 13th June 2023 and will conclude on 21st July 2023. The Inquiry heard evidence from witnesses including David Cameron, Jeremy Hunt, Professor Sir Chris Whitty and former Health and Social Care Secretary Matt Hancock, Chief Executive of UK Health Security Agency (UKHSA), former Deputy Chief Medical Officer (DCMO) Dame Jenny Harries, and former Chief Executive of Public Health England (PHE), Duncan Selbie. The Trust continues to participate in the requests for information to support the inquiry.

Cheshire & Merseyside Integrated Care System (ICS)

7. The first Liverpool Trusts Joint Committee met on 16 June 2023 following a shadow meeting that took place on 5th May. The meeting was chaired by the Chair of Liverpool University Hospitals NHS Foundation Trust (LUHFT) (David Flory).The Committee agreed the terms of reference, had updates from each of the sub-committees and talked through the Liverpool Womens Hospital LUHFT risk register.

8. The Aintree Site (The Walton Centre/ LUHFT) Joint Sub-committee has also met and a draft workplan was agreed, which includes areas of potential collaboration with key focus areas. A paper with more detail on the governance of the process and the areas to be worked on is on this agenda and will go to all Trust Boards for approval.

9. The Integrated Care System (ICS) appointed PA Consulting to undertake an independent options appraisal for Liverpool as a follow on from the Liverpool Clinical Services Review.

10. Frontline Digitisation including the implementation and optimisation of an Electronic Patient Record (EPR) for all providers is a national priority. Recognising differing levels of digital maturity across the country, national resources are in place to support providers with this priority. Nationally there is a drive for convergence of EPR systems where it makes sense to do so locally. Within Cheshire and Merseyside, there are currently five EPR vendors in place.

Cheshire and Merseyside Joint Forward Plan

11. Integrated Care Boards (ICBs) and partner trusts have a duty to prepare a Joint Forward Plan (JFP). The purpose of the JFP is to describe the how the ICB and partner Trusts intend to provide services to meet the populations physical and mental health needs.

12. The Cheshire and Merseyside JFP has been developed in draft form and will be presented to the ICB board at the end of June 2023, once approved it will be shared with all Trust boards.

13. The JFP describes how Cheshire and Merseyside's (C&M) ICB, NHS Trusts and the wider system partners will work together to arrange and provide services to meet the populations physical and mental health needs. The JFP contains actions that will enable the ICB to deliver the identified priorities.

Mersey and West Lancashire Teaching Hospitals NHS Trust

14. Plans for St Helens and Knowsley Teaching Hospitals NHS Trust and Southport and Ormskirk Hospital NHS Trust to come together formally as one new organisation have now been formally approved by the Secretary of State and will be formally launched on 1 July 2023. The new Trust will serve a population of over 600,000 people with a combined workforce of around 9,000 staff.

Trust Update

Digital Maturity Assessment

15. Within the Walton Centre, several issues have emerged in relation to the Trust's Digital provision, notably from the TEA (Talk, Engage, Action) events late last year and the more recent Well Led Review. This has led the Trust to seek an external independent partner to undertake a review of the Trust's Digital services (including BI) to assess the Digital Maturity of these provisions and to recommend the optimum structure, governance, and scope of operational delivery.

16. Following a procurement process, Public Digital have been selected to undertake this review and the review will take place over a six-week period during July and August 2023.

University of Liverpool Quality Visit

17. The Vice Dean of University of Liverpool Medical School visited the Trust recently to lead a quality review of the Year 4 and Year 5 Medical Undergraduate clinical placements currently hosted by the Trust. The visitors met with key staff groups and toured the Education Centre facilities, as well as a demonstration of the Neurosurgery VR simulator and Neuro Simulation Lab.

18. On the day anecdotal feedback was very positive including particular praise for clinical examination tutorials medical students receive on induction, highlighting this as unique to Walton among other clinical placement sites.

19. An initial report has been received and describes a wide range of excellent practice taking place across the Trust, notably the simulation facilities and the integration of virtual learning

5. Chief Executive's Report

into clinical education, as well as the outstanding contribution of the education team, referencing the enthusiasm and dedication of Dr Dave Smith and Dr Rhys Davies (Clinical Sub Dean and Director of Medical Education) as the driving force behind the excellent work of the Trust, and the significant involvement of the Education Clinical Fellows, currently Dr Shehab Samaha and Dr Noorulain Iqbal.

Walton Willow Event

20. The Walton Willow Event for Organ Donors took place in person for the first time since the Covid pandemic, on 15th June. The attendance from bereaved families was excellent, with extremely moving speeches from a donor family and recipient. Special thanks have been passed on to the Organ Donation team for the work that they do and organising this event for the families.

Volunteer Week

21. The work of our volunteers was celebrated during the National Volunteer week (5-9 June). Several members of the Board joined volunteers to witness and experience first-hand the excellent work that they do. The Governors held a information stall in Outpatients to talk about the work they do as volunteers.

GAMSAS Review

22. The GAMSAS (Global Antimicrobial Stewardship Accreditation Scheme) visited on 27th June to assess our practice in antimicrobial stewardship following an initial application. They met with the clinical team and Director of Infection Prevention and Control and will provide an assessment report in due course.

TEA Sessions

23. June saw the start of our second round of Talking, Engagement, and Action (TEA) sessions to establish direct feedback from our staff. The sessions have been well attended to date with good amounts of rich information shared.

British Society for Physical Rehabilitation Medicine

24. The British Society for Physical Rehabilitation Medicine (BSPRM) Educational Committee has endorsed the Cheshire and Merseyside Rehabilitation Network (CMRN) Specialist Rehabilitation Nursing Competency Framework. The framework is for nurses involved in specialist rehabilitation of adults following a traumatic injury or illness and consists of a set of 15 competency domains with three levels of competence based on holistic person-centred specialist rehabilitation needs.

25. The BSPRM has agreed to endorse the CMRN Foundation level programme and the Liverpool John Moore's University-CMRN Masters Module Programme for medics, AHPs and nurses. To date 150 students have gone through the LJMU-CMRN module and we are currently on our 7th cohort. We are exploring the opportunity to undertake a research study to identify how students have applied their knowledge and skills from the programme back into practice and to support their professional development.

Covid-19

26. No cases of covid have been recorded within the Trust and reduction has been noted in staff sickness relating to covid.

Increase In MSSA

27. There has been an increase in Methicillin-resistant Staphylococcus Aureus (MSSA) and a Trust wide improvement plan has been created to tackle this.

End of Life

28. The End-of-Life Strategy has been completed and delivery plan is in place. A Syndromes Without A Name (SWAN) nurse has been approved and outcome of National Audit of Care at the End of Life (NACEL) audit will be presented to the Clinical Effectiveness Group.

Business

Finance

29. Financial performance in May and year to date is in line with the plan. The Trust delivered a surplus in month of £585k. Year to date the Trust is showing a £937k surplus. The full year plan is £4.1m. There has been over performance in income mainly driven by Agenda For Change (AFC) pay award funding which is matched by the over performance in expenditure. There are still areas of cost pressure, notably in utilities which is under review. Capital is underspent in month but above plan year to date by £0.1m, mainly related to the Ponta system, due to this being anticipated to be spent later in the financial year. The recurrent QIP will continue to be a challenge to deliver for the Trust.

30. The overall system position is a Year To Date (YTD) deficit of £48.2m against a planned deficit of £40.4m resulting in an adverse variance of £7.8m. The ICB position is £0.7m adverse to plan whilst providers are £7.1m behind plan (£59.0m against a planned deficit of £51.9m). £43.2m CIP has been delivered but only £30.2m (70%) of this is recurrent, raising concerns about the underlying position of the system. Provider Capital Spend to month 2 was £15.4m, £2.5m behind plan of £17.9m.

Performance

31. 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; at this current moment in time, we have 28 patients who have waited 52 weeks due to an increase in pain referrals.

32. Due to the Junior doctors' industrial action, there were a number of patient cancellations, which included 21 inpatients, and 42 outpatients. All appointments have been rearranged and patients have been informed.

33. The Trust is participating in the implementation of the patient choice digital mutual aid system due to go live this year, further updates will be provided as this progresses.

34. The Trust attended and participated in the first Urgent and Emergency Care (UEC) / discharge and patient flow improvement meeting with Liverpool PLACE, these events will be held bi-monthly with the operational teams across Liverpool Trusts.

35. 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 Hospitals 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.

5. Chief Executive's Report

Estates and Facilities

36. The Trust celebrated national estates and facilities management day on 20th June ensuring the hidden gems of our organisation felt valued and appreciated.

37. The Trust received the results from the PLACE inspection that was undertaken in October 2022, several areas need to be improved and an action plan is now in place. A mini-PLACE inspection is due to take place on 26th July 2023.

38. The Air Handling Unit replacement work has now gone out to tender and the initial business case for the scoping exercise has been approved by the Executive with the plan for next steps and approval to move forward with further plans.

Recommendation

To note

Author: Jan Ross, Chief Executive Officer
Date: 27 June 2023

Report to Trust Board
6 July 2023

Report Title	Trust Strategy Update - Quarter 1 2023-24 and Annual Priorities
Executive Lead	Lindsey Vlasman, Chief Operating Officer
Author (s)	Andy Nicolson, Medical Director and Deputy Chief Executive 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**	✓ **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)*

- Good progress against priorities set for Quarter 1 (Q1).
- Priorities for Quarter 2 (Q2) 2023/24 outlined, mapped to each strategic aim.
- Progress with the strategic Key Performance Indicators (KPIs) to be measured is reported, with further work required with the Business Intelligence Team regarding a dashboard.

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

- Quarterly progress against priorities will be reported to Trust Board.
- Report of progress against Year 1 objectives will be reported with the Q2 report (one year following the launch of the strategy).
- Strategic KPIs dashboard will be put into operation with the Business Intelligence team.

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**
Council of Governors Meeting	22/06/2023	**Andy Nicolson** Chief Medical Director	Noted

Trust Strategy Update - Quarter 1 2023-24

Executive Summary

1. Following the approval of the Trust Strategy 2022-25 by Trust Board in September 2022, it was agreed that there would be quarterly reports of key priorities for each quarter and progress made against previous priority areas.

2. There has been good progress made against all of the priorities for Q1 2023-24. Priorities for Q2 2023-24 are summarised.

3. The strategic KPIs have been agreed following a Board Development session, and work has taken place with the Divisional teams and the Strategic Project Management Office (SPMO) regarding ongoing monitoring / measurement of these. The KPIs are summarised in this paper. Work is ongoing with the Business Intelligence team to put into operation a dashboard for those KPIs which lend themselves to such an approach.

Introduction

4. The Trust Strategy 2022-25 was approved by the Board of Directors in September 2022. Quarterly updates against the delivery of the Strategy were agreed.

5. This report further updates the Board on the delivery of the previous quarter's milestones and sets out milestones for the next quarter as well as any wider progress on the delivery of the Trust's five strategic ambitions.

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

Our strategic ambitions

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

Quarterly Objectives - Education, training and learning

Quarter Set	Previous Quarter Objectives	Exec lead	Progress/ Comments	Status
Q1 23-24	Appoint Trust medical education appraisal lead	MD	Post appointed to.	🟩
Q1 23-24	Agree plan for intake of new medical students for next academic year from Edge Hill University	MD CPO	Contract agreed and signed with Edge Hill.	🟩
Q1 23-24	Recruit clinical fellows in neurology to expand our training offer	MD CPO	1 post recruited, 2 more advertised and interviews due shortly.	🟩
New objectives for next quarter				
Q2 23-24	Recruitment of an ODP apprenticeship for the trust theatres.	CNO COO		
Q2 23-24	Develop first draft of a clinical attachment policy for undergraduate and postgraduate medical attachments.	MD CPO		
Q2 23-24	Procurement training and education for staff to understand the process for procuring resources	CFO		

Quarterly Objectives – Research and Innovation

Quarter Set	Previous Quarter Objectives	Exec lead	Progress	Status
Q1 23-24	Pilot of Laser Interstitial Therapy (LITT) for epilepsy surgery.	MD COO	First case proceeded successfully.	🟩

Q1 23-24	Trial of Circadin lighting in ITU to assess health and well-being of staff and reduce delirium for patients	CNO	Phase 1 has completed, work continues with Circadin to adjust the lighting to reflect normal day and night levels. Phase 2 to commence in August	
Q1 23-24	Develop plan for ongoing research collaboration on neuroscience / mental health in collaboration with Mersey Care NHS Foundation Trust and Alder Hey NHS Foundation Trust (AH)	MD CPO	Clinical Director for Research has worked with counterparts in AH and Mersey care and agreed a structure to enable to ongoing collaboration	
New Objectives for next quarter				
Q2 23-24	Circadin lighting trial phase 2 to commence	CNO		
Q2 23-24	Agree research strategic priorities with university of Liverpool	CPO		
Q2 23-24	Partnership in the reboot of Liverpool Health Partners	CEO		

Quarterly Objectives – Leadership

Quarter Set	Previous Quarter Objectives	Exec lead	Progress	Status
Q1 23-24	Take leadership role in developing the Cheshire and Merseyside (C&M) pain services	MD	MD has role of lead MD for pain services in C&M to review across the ICS	
Q1 23-24	Develop a Senior Nursing Team development programme	CNO	Senior development programme has commenced with 3 externally led sessions for Ward Managers and above.	
Q1 23-24	Implement career escalator for nursing staff - a development pathway which has been developed to enable nurses to identify their position on a career journey, consider the future career pathway choices and plan the steps required to achieve their career aims.	CPO		

New Objectives for next quarter				
Q2 23-24	Individualised development plans to be developed for all members of Senior Nursing Team and agreed with Chief Nurse	CNO		
Q2 23-24	Service Reviews for divisional teams in the divisions.	CCO		
Q2 23-24	Hospital Management Group development days bimonthly	CPO		
Outstanding actions from previous quarters				
Q3 22-23	Develop a prescriptive succession planning process for business critical roles	CPO	This is due to commence in April 2023. June 2023- training to be rolled out end of June 2023.	

Quarterly Objectives – Collaboration

Quarter Set	Previous Quarter Objectives	Exec lead	Progress	Status
Q1 23-24	Collaborate with other NHS trusts via DMAS to support spinal services in the Shropshire region.	COO	Ongoing work with RJAH, Stoke and Salford with appropriate patients accepted.	
Q1 23-24	Initiate a review of current C&M pain services and agree approach to develop a more equitable service	MD COO	Medical Director (MD) met initially with Trust Pain clinicians and management team. Has corresponded with C&M MDs to obtain current service provision and map out opportunities / risks .	
Q1 23-24	Enhance early rehabilitation for patients across the Major Trauma Collaborative through the newly established spinal rehabilitation post	MD	Consultant in spinal rehabilitation due to start in…	

New Objectives for next quarter

Q2 23-24	Continue the work with C&M Acute and Specialist Trust Provider Collaborative (CMAST) work, and develop the work plan for the joint committee	CEO		
Q2 23-24	Collaboration with Liverpool PLACE for improvements in Urgent and Emergency Care (UEC) patient pathways and discharge.	COO		
Q2 23-24	Collaboration with NHS England and productive partners with the implementation of patient initiated DMAS (mutual aid) supporting the work in relation to patient choice.	COO		

Quarterly Objectives – Social Responsibility

Quarter Set	Previous Quarter Objectives	Exec lead	Progress	Status
Q1 23-24	Community leadership training for core group of staff involved in Liverpool Citizens.	CPO	Training has taken place in May 2023 in local mosque.	
Q1 23-24	Launch framework for ICB themes, outcomes and measures (TOMs) as an early adopter site. This supports organisations to procure, manage and report social value to demonstrate an impact on their local community.	CPO		
Q1 23-24	Access to Exercise and Wellbeing Programme – Recruitment to Health and Wellbeing Coach positions (Neuro Therapy Centre and Greenbank).	CPO	Health and wellbeing coach positions appointed to in both centres.	

New Objectives for next quarter

Q2 23-24	Implementation of activities via the health and wellbeing hub.	CPO		
Q2 23-24	Recruitment of the sustainability post and champions across the trust	COO		
Q2 23-24	Health Inequalities and Inclusion Committee work plan and agenda to be developed.	CEO		

Strategic Key Performance Indicators

6. The Medical Director and the Chief Operating Officer have met with the Business Intelligence team to design a dashboard which will include the strategic KPIs. The dashboard will be built on Minerva and will focus on the 5 strategic ambitions. Some of the KPIs are quantitative and are suitable for monitoring through a dashboard whereas others are qualitative but will also be collected.

- **Education, training, and learning**
    - Number of courses / conferences and feedback from events.
    - Number of medical students each year.
    - Formal feedback from medical students.
    - GMC trainee survey.
    - Number of staff completed advanced clinical modules.
    - Number of Advanced Nurse Practioners (ANP) / nurse Consultant posts.
    - Number of Nurse Associates who achieve full Registered Nurse training.

- **Research and Innovation**
    - Number of active research studies including interventional studies.
    - Number of research active clinical staff.
    - Proportion of patients offered clinical trials.
    - Number of combined clinical/ academic posts held.
    - Research studies run collaboratively with ARC focussed on health inequalities.
    - Income derived from research projects.

- **Leadership**
    - Number of leadership course days attended by staff.
    - Number of new clinical pathways established.
    - Some KPIs related to specific pathways (eg reduction in referrals for patients with headache)
    - Number of AHP/ Nurse consultant posts established.
    - Demonstration of impact of interventions by improvements in scores in staff survey related to managers.

- **Collaboration**
  - Reduce C&M length of stay for neurology patients by two days and reduce neurology admissions by 10%.
  - Increase numbers of patients treated with thrombectomy by 20% and reduce mean length of time to treatment by 30 minutes.
  - Proportion of patients with stroke treated with thrombectomy (divide by area / indices of deprivation).
  - Mutual Aid bed days/ diagnostics provided.
  - Patients seen under Rapid Access to Neurological Assessment (RANA) service and bed-days saved.
  - Number of patients referred from ICS partners for pain services.
  - UK-ROC data for C&M Rehabilitation Network.
  - TARN data for Major Trauma Collaborative with LUHFT.
  - Cost savings from HPL and any other collaborations.
  - Number of patients treated with MRgFUS and outcome measures.

- **Social responsibility**
  - Access to services per deprivation indices.
  - Number of health coaches implemented.
  - Digital Inclusion – number of digital buddies established or number of digital confidence training days offered.
  - Number of digital devices recycled to local communities.
  - Number of new procurement partnerships with local companies.
  - Achieve Social Value Quality Mark.
  - Achieve Fair employment charter.
  - Number of apprenticeships / Band 1-2 job opportunities offered.
  - Progress towards 80% reduction in NHS carbon footprint by 2028.

7. Each strategic ambition will have a page for strategic KPIs and targets with ongoing updates. The Strategic Project Management Office (SPMO) will manage the action plan for the Trust Strategy and the enabling strategies and will feed into the dashboard working closely with the business intelligence team and the leads for the enabling strategies.

Conclusion

8. Good progress is demonstrated against the key priorities for Q1 and further key priorities set for Q2 2023-24.

9. High level 1, 2 and 3 year priorities have been mapped out, and quarterly updates against progress will be presented to Trust Board.

10. The strategic KPIs will be refined and a dashboard to be completed by the Business Intelligence team.

Recommendation
- To note

Author: A Nicolson, *Medical Director*
L Vlasman, *Chief Operating Officer*

Date: 29 June 2023

Report to Trust Board
6th July 2023

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**	☐ **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 report highlights key updates for the nine focus areas over the previous three months against the objectives set in the delivery plan.
- Good progress has been made against several areas of the Communications and Marketing sub-strategy in its first three months, primarily those which are, and have been, core areas of business for both the Trust and the team.
- 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 to enable action development.
- Execution of upcoming objectives
- Review of quarter three objectives

Related Trust Strategic Ambitions and Themes	Impact *(is there an impact arising from the report on any of the following?)*		
Leadership	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
N/A			

Communications and Marketing Substrategy - Update

Executive Summary

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

2. This is the second quarterly update on its progress, and first reporting against the delivery plan.

Background and analysis

3. 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.

4. To do this the Trust identified nine key focus areas for communications and marketing at The Walton Centre which can be used in isolation, or conjunction with each other, and key objectives and details for each area. These are further underpinned by tactical information in a supporting delivery plan document, a living document which will be regularly reviewed and updated in order to stay relevant and aligned to the changing and evolving needs of the Trust. This update uses the delivery plan to review progress.

5. This update takes a reflective view of the past quarter and a forward view of the next quarter. Quarters three and four are in plan, but not fully developed due to continually changing priorities and developments.

6. Some objectives are cross-cutting, for example those which cover both the hospital environment and internal communications focus areas.

7. The delivery plan does not cover business as usual (BAU) activity which, in a small team, takes up a considerable amount of resource. The delivery plan objectives are new pieces of work or significant areas of BAU through which new execution can be considered, for example patient case studies.

8. There are some focus areas which are more developed than others. This is largely due to resource available within the team, and collaboration and priorities of other teams within the organisation.

Brand - Quarter one objectives	Progress	Status
Brand identity - Complete brand narrative work	Final narrative completed and approved by Board - April 2023	
Brand identity - Start work on refreshed brand palette including competitor research	Work has started on analysis of the current brand palette by the in-house designer and options for the future, including in practice executions	
Naming project – brief and stakeholder engagement	Agent, a marketing consultancy, was briefed in for research and engagement and has conducted external interviews with internal engagement planned for June/July	

Brand - Quarter two objectives		
Brand identity - Develop refreshed brand palette and guidelines		
Brand identity – report back on draft palette and guidelines		
Naming project - continuation		
Naming project – report back		
External communications - Quarter one objectives	**Progress**	**Status**
Identify appropriate case studies to promote the work of The Walton Centre	13 case studies spoken to/featured in media/social media to promote the work of The Walton Centre and the treatment/care received	
Identify appropriate clinical achievements and announcements to promote the work of The Walton Centre	Media coverage achieved of key areas including headache and concussion guidance. Opportunities identified for future including LITT, RANA and new equipment. Spinal robot still unable to be pitched.	
Confirm Channel 5 documentary and pre-production	Documentary confirmed in early April following original approach in February. Pre-production started in late April.	
External communications - Quarter two objectives		
Scope out podcast series including logistics, audience and content plan		
External comms planning for each SA		
National media outreach – exploration and relationship building		
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		
Support filming of Channel 5 documentary and prepare materials and communications for broadcast		
Internal communications and staff engagement - Quarter one objectives	**Progress**	**Status**
Installation of TV screens in staff areas	Screens installed in seven staff areas in early June	

Activation of TV screens in staff areas	Screens activated in mid June	
Completion of hospital environment phase one – ground floor, first floor, second floor	All new notice boards and display boards are now up, including clip frames and displays regularly updated	
Begin intranet redevelopment project – stakeholder engagement, wireframe development	Stakeholder engagement sessions held for clinical and non-clinical in May, wireframe draft one delivered late June	
Staff Awards – start planning for external event to be held in September	Venue and AV booked, sponsorship being identified, staff announcement due early July	
Internal communications and staff engagement - Quarter two objectives		
12-month review of e-shot and development plan of take-forward actions		
Marking of first year of Trust strategy and staff engagement and communication		
Development of plan for hospital engagement phase two – stairwells, main reception		
Continue intranet redevelopment project – content development		
Mark NHS75 with staff and patients through engaging events and communications		
Hold Staff Awards		
Digital communications - Quarter one objectives	**Progress**	**Status**
Develop a comprehensive content calendar to ensure balanced, planned activity across social media channels	Content calendar developed to include regular events and future activity, to ensure balanced activity	
Identify new opportunities to increase engagement and followers on social media platforms, including Instagram stories, takeovers and influencer support	Small number of people identified for takeovers and influencer support, but not fully scoped out yet	
Digital communications - Quarter two objectives		

Start a review of Trust website sections, to review content and structure, working with departments and services across the Trust		
Develop a business case for an in-house videographer role to support internal and external opportunities		
Stakeholder engagement - Quarter one objectives	**Progress**	**Status**
Compile a comprehensive stakeholder list, working with Board and Executives to maximise knowledge and awareness	Stakeholder list developed - feedback received from Board and Execs in April	🟩
Stakeholder engagement - Quarter two objectives		
Develop and launch a bi-monthly stakeholder email to promote key Trust news and updates		
Identify key opportunities and organisations/individuals to engage in Trust corporate visits		
Healthcare marketing and communications - Quarter one objectives	**Progress**	**Status**
Ensure the Trust website is up-to-date for referral pathways and clinical stakeholder information	Clinical information updated where received, full review not completed at this stage	🟨
Healthcare marketing and communications - Quarter two objectives		
Meet with clinical and operational divisional leads to identify opportunities for increased healthcare marketing within the current financial year		
Patient communication - Quarter one objectives	**Progress**	**Status**
As part of the PFCC group, identify actions to benefit patients through the PFCC model for Communications to take forward	Initial meeting held in February, follow-up meetings cancelled. Actions identified by Comms but not progressed.	🟨

7. Communications and Marketing Substrategy Update

		Status
As part of the Patient Information Panel identify savings for printing and design of patient information	Current and potential printer contacted and prices obtained, plus recent spend with current supplier, savings identified and proposal submitted to PIP lead.	🟩
Completion of hospital environment phase one – ground floor, first floor, second floor	All new notice boards and display boards are now up, including clip frames and displays regularly updated	🟩
Patient communication - Quarter two objectives		
Working with the PFCC project, develop a new referrals welcome leaflet		
Standardise the look and feel of patient leaflets and work together with the PIP on the process		
Develop a business case for an in-house videographer role to support internal and external opportunities including patient communications		
Development of plan for hospital engagement phase two – stairwells, main reception – include potential business cases for funding		
Hospital environment - Quarter one objectives	**Progress**	**Status**
Installation of TV screens in staff areas	Screens installed in seven staff areas in early June	🟩
Activation of TV screens in staff areas	Screens activated in mid-June	🟩
Completion of hospital environment phase one – ground floor, first floor, second floor	All new notice boards and display boards are now up, including clip frames and displays regularly updated	🟩
Hospital environment - Quarter two objectives		
Development of plan for hospital engagement phase two – stairwells, main reception – include potential business cases for funding		
Charity communications - Quarter one objectives	**Progress**	**Status**
Develop an #thinkcharity awareness plan, in conjunction with the Head of Fundraising, to increase awareness of the charity to staff	Plan completed following meeting with Head of Fundraising and initial actions agreed	🟩

Identify suitable fundraising case studies for use across social media and external media to highlight the work of the Charity	Seven case studies spoken to/featured in media/social media to promote the impact/fundraising of The Walton Centre Charity	
Charity communications - Quarter two objectives		
Process immediate actions within #thinkcharity plan, including staff guide and did you know posters		
Identify suitable fundraising case studies for use across social media and external media to highlight the work of the Charity		
Working with the PFCC project, develop a new referral welcome leaflet, referencing the charity		

Conclusion

9. Good progress has been made against several areas of the Communications and Marketing sub-strategy in quarter one of the new financial year, primarily those which are, and have been, core areas of business for both the Trust and the team.

10. Some projects are multi-faceted, for example the branding work and naming project, these have been progressing over several quarters and will bear fruit in both the medium and long-term.

11. As is the nature of communications and marketing and when considering the size of the team, there are some objectives or areas of work which have been pushed back as new, unknown reactive work requires focus, for example the documentary filming.

12. It is predicted that progress on some areas, for example healthcare communications and marketing, and patient communications will be slower due to prioritisation from other teams within the organisation as well as resource within the C&M team.

Recommendation

- To note

Author: Elaine Vaile, Head of Communications and Marketing
Date: 22 June 2023

Report to Trust Board
6 July 2023

Report Title	**Board Assurance Framework (BAF) Report 1 2023/24**
Executive Lead	Jan Ross, Chief Executive
Author (s)	Katharine Dowson, Corporate Secretary
Action Required	To approve

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

☐ **Acceptable assurance**	✓ **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)*

- The first report for 2023/24 for the BAF is based on the principal strategic risks approved by Board on 6 April 2023
- All risks and associated actions have been updated
- BAF012 Digital which was changed for 2023/24 has been scored
- It is proposed to increase the risk score for BAF003 System Finance and BAF008 Medical Education
- Changes agreed to Risk Appetite by the Board in April have been reflected in the new BAF

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

N/A

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	All Risks	All Risks

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)*

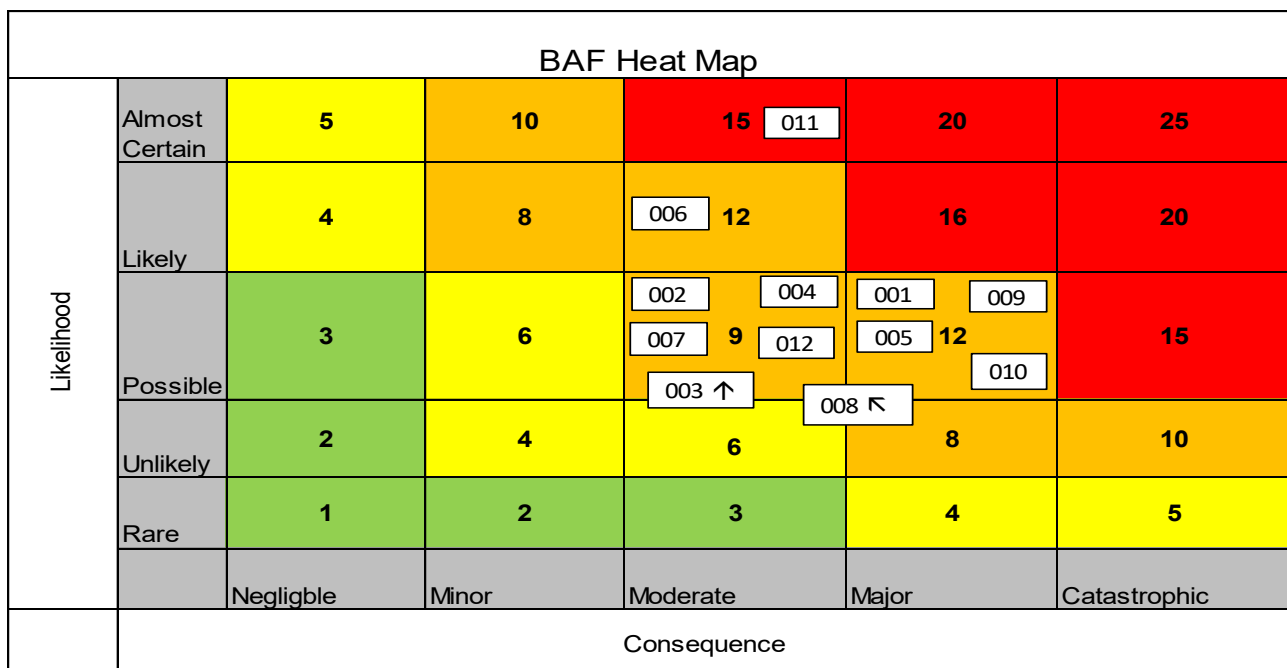| Committee/ Group Name	Date	Lead Officer (name and title)	Brief Summary of issues raised and actions agreed
Executive Directors	7 June 2023	K Dowson Corporate Secretary	All risks reviewed by Executives
Quality Committee	15 June 2023	K Dowson Corporate Secretary	Reviewed and commented on risks assigned to the Committee.
RIME Committee	20 June 2023	K Dowson Corporate Secretary	Reviewed and commented on risks assigned to the Committee. Agreed revised risk score for 008 Medical Education
Health Inequalities &	26 June 2023	K Dowson Corporate Secretary	Reviewed and commented on the risk assigned to the Committee for the first time

Inclusion Committee			
Business Performance Committee	27 June 2023	K Dowson Corporate Secretary	Reviewed and commented on risks assigned to the Committee. Agreed new risk scoring for BAF003 and BAF012

Board Assurance Framework (BAF) Report 1 2023/24

Executive Summary

1. This paper summarises the detailed current position against the twelve strategic risks approved at Board on 6 April 2023. The initial, current and target scoring and risk appetites were all reviewed at this point and each risk has been reviewed through the assigned Board Committee. The only exception to this was BAF012 Digital which was a newly worded risk and the scoring for this has been confirmed since then.

2. Through the Board Committee process the following changes have been recommended for approval:
   - Risk score for BAF003 System Finance has been increased from 6 to 9 (Business Performance Committee (BPC))
   - Risk ownership for BAF003 System Finance to be moved to the Chief Finance Officer (BPC)
   - Risk score for BAF008 Medical Education has been increased from 8 to 9 ((Research, Innovation and Medical Education (RIME) Committee)
   - BAF 012 Digital has been scored as a 12 following the rewording of the Digital risk (BPC)

3. The Board are asked to consider whether the BAF entries are an accurate reflection of current risk exposure.

4. The Heat Map below illustrates the current scoring position for BAF risks and shows the movement from the last report demonstrating the direction of change.

Diagram 1 – Heat Map

BAF Heat Map

Likelihood		Negligble	Minor	Moderate	Major	Catastrophic
Almost Certain		5	10	15 011	20	25
Likely		4	8	006 12	16	20
Possible		3	6	002 004 007 9 012 003 ↑	001 009 005 12 010 008 ↖	15
Unlikely		2	4	6	8	10
Rare		1	2	3	4	5

Consequence

Background and Analysis

5. There are twelve principal risks identified on the BAF which align to the Trust Strategy 2022-25. All the BAF risks have been reviewed in detail and updated by the appropriate Executive Lead and reviewed by the Executive Team and Board Committees through June. Changes to the BAF risks are marked in red or through strike through on each BAF risk and are included in the appendices to this paper.

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

7. These ambitions are supported by seven enabling Substrategies which are regularly reviewed by the Board. The Substrategies are: Quality, People, Digital, Estates, Facilities & Sustainability, Finance & Commercial Development, Communications & Marketing and Charity.

8. The BAF aligns principal risks, key controls, risk appetite and assurances to the Trust's strategic ambitions, with gaps identified where key controls and assurances are insufficient to mitigate the risk of non-delivery of objectives. This enables the Board to develop and monitor action plans intended to close the gaps.

9. An effective BAF:
    - Provides timely and reliable information on the effectiveness of the management of major strategic risks and significant control issues
    - Provides an opportunity to identify gaps in assurance needs that are vital to the organisation, and to develop appropriate responses (including use of internal audit) in a timely, efficient and effective manner
    - Describes the Board's agreed risk tolerance through the agreement of a risk appetite for each risk
    - Provides critical supporting evidence for the production of the Annual Governance Statement.

10. The BAF risks were assigned to Board Committees to review and provide assurance and this took place during June.

Key Changes

11. A number of actions are in place for each BAF risk to address the gaps in controls or assurances identified. These have been updated and completed actions marked as such.

12. Following the agreement by the Board to reduce the number of public Board meetings the BAF reporting schedule has moved from quarterly to three times per year. Executives will review the BAF at meetings in July this year (August from 2024), December and April.

13. A change to the risk score is proposed for BAF003 System Finance as the new plan for 2023/24 will be challenging to achieve. The proposal is for a current risk score of 3x3 =9 which is the same as the score set at the beginning of 2022/23; the likelihood of the Trust not delivering its new ambitious plan has moved from 'Unlikely' to 'Possible'. It is anticipated that this score would again be reduced in year if the forecast plan is met.

14. BAF003 has now been moved to the Chief Finance Officer from the Chief Executive which reflects that finance is now always going to be managed on a system-wide basis, but this is predominantly a finance-based risk

15. BAF005 Leadership and Development risk appetite has moved from 'Cautious' to 'Open' as agreed by the Board in April. This is a reflection that the Trust is in a strong place in terms of vacancies and has a good offer in place across different staff groups and is prepared to take more risk in this area to achieve its ambitions.

16. BAF006 Prevention and Inequalities will now be reviewed by the new Health Inequalities and Inclusion Board Committee rather than Business Performance Committee. The new Committee has been established to focus on health inequalities. equality, diversity and inclusion and social value.

17. The risk appetite for BAF007 Capital Investment has been moved from 'Cautious' to 'Moderate' reflecting the fact that the Trust may have to do things differently to achieve the capital investment required.

18. It is proposed to increase the risk score for 008 Medical Education from the current score of 4x2=8 (which is also the target score) to 3x3=9 as the focus has changed from the development of a national offer to delivery of this and the challenges linked to this are higher. The likelihood has been moved from 2 'Unlikely' to 3 'Possible'. The consequence score for the whole risk has been reviewed and moved to 3 rather than 4 as this is an opportunity for the Trust not a requirement and therefore the consequences of not achieving it would not be 'major' as defined in the Risk Descriptors in Appendix 1.

19. BAF012 Digital was rewritten at the start of 2023/24 to reflect the move away from completion of digital aspirant funding to the risk of not achieving the ambitions in the Trust Strategy and Digital Substrategy.
    If the Trust fails to deliver its digital commitments and its ambition to harness the full potential of digital technologies, increase its digital maturity and prioritise digital inclusion, it could lead to poor patient and staff experience, missed opportunities and reputational damage.

20. The risk appetite has been set as 'Moderate'. The box below shows the proposed scoring for BAF012 Digital.

Table 1 – BAF012 Digital

	Consequence	Likelihood	Rating
Initial	**Moderate**	**Likely**	
	4	4	16
Current	**Moderate**	**Possible**	
	4	3	12
Target	**Moderate**	**Unlikely**	
	4	2	8

21. A summary of the current risk scores and risk appetites are in Table 1. The previous risk score from 2022/23 has been included where the new risk was clearly aligned to previous strategic risks. The risk descriptors which define the scoring of the risks and the risk appetite are included at Appendix 1.

22. The Board established its Risk Appetite Statement for 2023/24 at the April Board meeting and the changes made have been reflected in this BAF. There is variation in the risk appetite assigned to each risk across the BAF. This reflects that these risks are linked to the new strategy for the Trust which is focused on opportunities as well as risks and therefore the Trust may need to consider taking more risks to achieve these ambitious objectives. There are no proposed to changes to risk appetite this quarter.

Table 1

Risk ID	Risk Appetite	Title	Q4 22/23	1 23/24	2 23/24	3 23/24
001	**Cautious**	**Quality Patient Care** Impact on patient outcomes and experience	12	12		
002	**Open**	**Collaborative Pathways** Inability to develop further regional care pathways	9	9		
003	**Open**	**System Finance** Inability to deliver financial plan for year	6	9		
004	**Cautious**	**Operational Performance** Inability to deliver the operational plan	9	9		
005	**Open**	**Leadership Development** Inability to attract, retain and develop sufficient numbers of qualified staff	12	12		
006	**Open**	**Prevention and Inequalities** Inability to improve equitable access to services	12	12		
007	**Moderate**	**Capital Funding** Inability to secure capital funding to maintain the estate to support patient needs	9	9		
008	**Open**	**Medical Education Strategy** Inability to deliver a national training offer		9		
009	**Open**	**Research and Development** Inability to develop and attract world class staff	12	12		
010	**Adventurous**	**Innovative Culture** Inability to grow an innovative culture	12	12		

| 011 | **Averse** | **Cyber Security**
Inability to prevent Cyber Crime | | **15** | **15** | | | |
| 012 | **Moderate** | **Digital** Inability to deliver the Digital Substrategy ambitions | | | **12** | | | |

23. There was a focus through 2022/23 on ensuring that there were clearly linked operational risks that align to the strategic risks and these are now in place and are reviewed regularly. New or revised risks are shown in red font and those that have been downgraded or removed are shown as strikethrough. For example, risk 983 on BAF009 Research and Development is a new operational risk.

24. Only those operational risks scoring 12 or above would normally be shown on the BAF and this means that there are no linked operational risks for BAF008 included on the BAF. Where there are a larger number of linked operational risks such as for BAF001 Quality of Care only the current highest scoring will be shown.

Conclusion

25. The new BAF articulates the principal risks to the achievement of the strategic ambitions of the Trust. The Board are asked to consider the control and assurance gaps and identify any further actions required or additional assurances that are required.

Recommendation

26. To approve

Author: Katharine Dowson
Date: June 2023

Board Assurance Framework Glossary

ADO	Associate Director of Operations
BMA	British Medical Association
BPC	Business and Performance Committee
C&M	Cheshire and Merseyside
CDRD	Clinical Director of Research & Development
CEO	Chief Executive Officer
(D)CFO	(Deputy) Chief Finance Officer
CIP	Cost Improvement Plan
CMAST	Cheshire & Merseyside Acute and Strategic Trusts (Provider Collaborative)
(D)CN	(Deputy) Chief Nurse
COO	Chief Operations Officer
(D)CPO	(Deputy) Chief People Officer
CQC	Care Quality Commission
CRL	Capital Resource Limit
CRN	Clinical Research Nurse
DHSC	Department of Health and Social Care
DMA	Digital Maturity Assessment
DME	Director of Medical Education
EPR	Electronic Patient Record
ERIC	Estates Returns Information Collection
ERF	Elective Recovery Fund

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

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

Consequence score (severity levels) and examples of descriptors

Domains	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
Impact on the safety of patients, staff or public (physical/psychological harm)	• Minimal injury requiring no/minimal intervention or treatment. • No time off work	• Minor injury or illness, requiring minor intervention • Requiring time off work for >3 days • Increase in length of hospital stay by 1-3 days	• Moderate injury requiring professional intervention • Requiring time off work for 4-14 days • Increase in length of hospital stay by 4-15 days • RIDDOR/agency reportable incident • An event which impacts on a small number of patients	• Major injury leading to long-term incapacity/disability • Requiring time off work for >14 days • Increase in length of hospital stay by >15 days • Mismanagement of patient care with long-term effects	• Incident leading to death • Multiple permanent injuries or irreversible health effects • An event which impacts on a large number of patients
Quality/complaints/audit	• Peripheral element of treatment or service suboptimal • Informal complaint/inquiry	• Overall treatment or service suboptimal • Formal complaint (stage 1) • Local resolution • Single failure to meet internal standards • Minor implications for patient safety if unresolved • Reduced performance rating if unresolved	• Treatment or service has significantly reduced effectiveness • Formal complaint (stage 2) complaint • Local resolution (with potential to go to independent review) • Repeated failure to meet internal standards • Major patient safety implications if findings are not acted on	• Non-compliance with national standards with significant risk to patients if unresolved • Multiple complaints/ independent review • Low performance rating • Critical report	• Totally unacceptable level or quality of treatment/service • Gross failure of patient safety if findings not acted on • Inquest/ombudsman inquiry • Gross failure to meet national standards
Human resources/ organisational development/staffing/competence	• Short-term low staffing level that temporarily reduces service quality (< 1 day)	• Low staffing level that reduces the service quality	• Late delivery of key objective/ service due to lack of staff • Unsafe staffing level or competence (>1 day) • Low staff morale • Poor staff attendance for mandatory/key training	• Uncertain delivery of key objective/service due to lack of staff • Unsafe staffing level or competence (>5 days) • Loss of key staff • Very low staff morale • No staff attending mandatory/ key training	• Non-delivery of key objective/service due to lack of staff • Ongoing unsafe staffing levels or competence • Loss of several key staff • No staff attending mandatory training /key training on an ongoing basis
Statutory duty/ inspections	• No or minimal impact or breech of guidance/ statutory duty	• Breech of statutory legislation • Reduced performance rating if unresolved	• Single breech in statutory duty • Challenging external recommendations/ improvement notice	• Enforcement action • Multiple breeches in statutory duty • Improvement notices • Low performance rating • Critical report	• Multiple breeches in statutory duty • Prosecution • Complete systems change required • Zero performance rating • Severely critical report
Adverse publicity/ reputation	• Rumours • Potential for public concern	• Local media coverage – short-term reduction in public confidence • Elements of public expectation not being met	• Local media coverage – long-term reduction in public confidence	• National media coverage with <3 days service well below reasonable public expectation	• National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) • Total loss of public confidence
Business objectives/ projects	• Insignificant cost increase/ schedule slippage	• <5 per cent over project budget • Schedule slippage	• 5–10 per cent over project budget • Schedule slippage	• Non-compliance with national 10–25 per cent over project budget • Schedule slippage • Key objectives not met	• Incident leading >25 per cent over project budget • Schedule slippage • Key objectives not met
Finance including claims	• Small loss Risk of claim remote	• Loss of 0.1–0.25 per cent of budget • Claim less than £10,000	• Loss of 0.25–0.5 per cent of budget • Claim(s) between £10,000 and £100,000	• Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget • Claim(s) between £100,000 and £1 million • Purchasers failing to pay on time	• Non-delivery of key objective/ Loss of >1 per cent of budget • Failure to meet specification/ slippage • Loss of contract / payment by results • Claim(s) >£1 million
Service/business interruption Environmental impact	• Loss/interruption of >1 hour • Minimal or no impact on the environment	• Loss/interruption of >8 hours • Minor impact on environment	• Loss/interruption of >1 day • Moderate impact on environment	• Loss/interruption of >1 week • Major impact on environment	• Permanent loss of service or facility • Catastrophic impact on environment

LIKELIHOOD SCORE

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

CONSEQUENCES

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

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

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

Linked Operational Risks (15+ /new risks only)

~~21~~	~~If adherence is not made to the appropriate controls set out in relation to pseudomonas, then there is a risk to patient safety and reputation.~~	~~16~~
933	If there is no digital solution implemented for the reporting of microbiology results to the IPC Team then there is a risk of the team being unaware of infections, which could cause further transmission.	16
986	If red non-homecare drugs (which require long-term prescribing by neurologists) are not requested in sufficient time by patient/ carer, or there are delays/errors in producing prescription due to variability in current processes, patients could miss doses and potentially come to harm.	12

Risk Appetite	**Cautious**

	Consequence	Likelihood	Rating
Initial	**Major**	**Likely**	**Rating**
	4	4	16
Current	**Major**	**Possible**	
	4	3	12
Target	**Major**	**Unlikely**	
	4	2	8

Key Impact or Consequence

- Poor outcomes for patients
- Poor patient and family experience
- Reputational damage
- Increased incidents
- Increased morbidity and mortality
- Quality standards not met
- Lower CQC rating
- Lower staff morale
- More difficult to recruit workforce
- Increased staff turnover
- Widening of health inequalities
- Worsening staff and patient survey results
- Worsening Friends and Family Test results

Performance:
What evidence do we have of the risk occurring i.e. likelihood?

- Number of complaints received with enhanced analysis into themes and trends. ~~Increase in relation to outpatients, communication and care~~
- Zero Never Events in 2020/21, two in 2021/22, zero in 2022/23
- ~~Increase in Nosocomial Infections~~
- Mortality rates ~~better than national average compared with peer~~
- Staff vacancy rates (nursing now minimal)
- Staff retention – turnover figures
- Annual CQC Inpatient survey
- Integrated Performance Report – Quality metrics in place
- Friends and Family Test, reduced response rate in outpatients
- Incident Numbers
- CARES Assessments in place 6-12 monthly
  ~~Cairns Ward achieved Gold in June 2022~~
  ~~Caton Ward achieved Silver in August 2022 (increase from Bronze)~~
  ~~Dott Ward achieved Gold in August 2022~~
  ~~Chavasse Ward achieved Gold in September 2022~~
  ~~Complex Rehabilitation Unit achieved Gold in October 2022~~
  ~~Lipton Ward maintained Silver in January 2023~~
  ~~Outpatients Department achieved Silver in in March 2023 which was a decrease from the previous Gold award.~~
- Reduction in out-of-date policies and outstanding actions following RCAs
- Improved MUST Performance at 12 hours

Key Controls or Mitigation:
What are we currently doing to control the risks? Provide the date e.g. when the policy/procedure was last updated

1. ~~KPIs for Year 3 of the Quality Strategy approved March 2022 Quality Strategy was closed in Quality Committee with a view to write a new Quality Substrategy for Jan 2023 – delayed to April 2023~~ New Quality Substrategy approved May 2023
2. Theatre Transformation
3. IPC BAF reviewed at Quality Committee quarterly – January 2023
4. ~~Trust Recovery Roadmap~~
5. Ward Accreditation Programme (CARES) in place for 2023/24
6. Implementation of Tendable Audit System for ward-based Quality metrics ~~from~~ for 2022/23
7. Board Walkabout Programme – reporting to Quality Committee
8. NICE Exception Report
9. CQC Mock Inspection – May 2022
10. Specialist Nurse Support in place e.g tissue viability and IPC
11. ~~Health and Wellbeing Strategy approved at Board June 2022~~
12. Patient and Family Centred Framework in place – relaunched January 23
13. HCAI plan for 2022-23 approved by Board June 2022
14. ~~Enhanced senior nursing structure~~
15. Pulse Survey reflecting staff morale
16. ANTT Training for nurses complete and established as a quality priority for 2023/24
17. 'Call for Concern' campaign launch February 2023
18. Neuropsychology specialist nursing team
19. PLACE mini review June 2023 – reporting to BPC

Key Gaps in Control:
Where we are failing to put controls/systems in place or where are we failing to make them effective?

1. ~~Impact of Covid-19 variants on staff sickness levels~~
2. ~~Lack of open-ended national guidance on Covid-related IPC~~
3. ~~Lateral flow testing not generally available to the public~~
4. Timely completion and reporting of NICE exception reports
5. Theatre utilisation programme not achieving its objectives as planned
6. Deteriorating performance on flushing audits
7. Assessment criteria against Patient and Family Centred Plan (6 Steps)
8. ANTT Training for medics
9. Sepsis audits to include all relevant patients
10. NEWS criteria requires review
11. End of Life Framework with LUHFT not agreed
12. Peer review plan requires roll out
13. Robust process for CQuINs
14. Response rate for Friends and Family Test – potential digital solution to be explored
15. Review of all nursing documentation to allow the delivery of the Digital Substrategy and to ensure is in line with NMC Code of Conduct

Assurances:	Gaps in Assurance:
What evidence do we have to demonstrate that the controls are having an impact? How is the effectiveness of the control being assessed?	Where are we failing to gain evidence that our controls/systems, on which we place reliance, are effective?

Level 1	1. ~~New Quality Substrategy to align to Trust Strategy~~
Trust Safety Huddle – Daily	2. End of Life Care Strategy (available from February 2023)
Ward / Departmental Huddle	3. End of Life Care not yet agreed by Trust
Theatre User Group	4. Quality Impact Assessments e-system now in place, only one completed
Divisional Governance Meetings – monthly	to date
Mortality Review Group – monthly review	5. Most recent PLACE assessment highlighted areas for improvement in
Serious Incident Group – monthly review	food service and environment.
~~Transformation Board~~	
Balance Score Cards – monthly review	
Hospital Management Group – monthly review	
Hand Hygiene Audits – monthly review	
Staff and Patient stories to Board ~~and Quality Committee~~ monthly	
Infection Prevention and Control Group – monthly review	
Level 2	
Integrated Performance Report Quality metrics – Quality Committee – monthly	
Quarterly reports from Clinical Governance Team (incidents & risks, Patient Experience Team, Pharmacy, Pathology, Tissue Viability, Mortality and Morbidity) – Quality Committee	
IPC Annual Report to Board – June ~~2022~~ 2023	
Safeguarding Annual Report to Board – July ~~2022~~ 2023	
Annual Clinical Governance Report 2021/22 to Quality Committee – May 2023	
Medicines Management Annual Report to Board – July ~~2022~~ 2023	
Quality Strategy Progress Report to Quality Committee – Sept 2022	
Visibility and Walkabout update quarterly report to Quality Committee	
Quality Account to Board - June ~~2022~~ 2023	
Ward Accreditation and Tendable Annual report to Quality Committee – July 2022	
Update on NICE assessment, including those outstanding quarterly report to Quality Committee	
Level 3	
CQC Inspection Report 2019	
Monthly reporting to CQC Relationship Manager	
Review meetings with Commissioners – Quarterly	
National Inpatient Survey Results –- published October 2022	
CQC Mental Health Inspection – December 2020	
CQC Interventional Radiology Inspection – published December 2021	
Getting it Right First Time (GIRFT) reports	
Investors in People Gold Award 2020 (reaccredited 2021)	
Anaesthesia Clinical Services Accreditation (ACSA) visit 2022	
Report following visit to check compliance with Human Tissue Act (March 2023)	
Trauma Audit and Research Network (TARN) peer review – February 2023	

	Corrective Actions: To address gaps in control and gaps in assurance	Action Owner	Forecast Completion Date	Action Status
1	Review process for gaining assurance for End of Life Care. New group established. UPDATE Verbal update on progress received at Quality Committee in November 2022, Clinical Effectiveness Group to monitor with Annual Report to Quality Committee. Identify qualitative indicators to fit in with SWAN model. UPDATE May 2023: Most recent meeting cancelled by LUHFT, awaiting update and revised date. Business case for SWAN nurses is being progressed through Trust governance processes.	MD	~~September 2022~~ ~~October 2022~~ ~~March 2023~~	In progress
2	New Quality Substrategy to be written and ratified by Quality Committee. May Board	CN	~~February 2023~~ April 2023	~~In progress~~ Complete
3	Working groups set up to assess the Trust against the six steps in Patient and Family Centred Care and identify improvements. First two steps to be assessed initially.	CN	June 2023	~~New Action~~ Complete
4	Peer audits to be completed on wards on the fundamentals of care	CN	June 2023	~~New Action~~ In progress
5	Delivery plan to fulfil the Quality Substrategy	CN	July 2023	New Action

Risk ID:	002	Date risk identified	April 2022 (*updated April 2023*)	Date of last review:	April 2023

Risk Title: Collaborative Pathways

If the Trust does not succeed in developing and leading well led high quality standardised regional care pathways and networks with system partners that meet patient needs, then patient care and experience may deteriorate and the Trust will not achieve its ambition of providing outstanding and equitable patient care which addresses health inequalities in our population.

Date of next review:	July 2023
CQC Regulation:	Regulation 17 Good Governance
Ambition:	Collaboration
Assurance Committee:	**Quality Committee**
Lead Executive:	Medical Director

Underlying Operational Risks

966	If clinic room estate at the new Royal Liverpool hospital cannot be confirmed/guaranteed (as part of spinal service integration) then this will have an impact on spinal outpatient activity, radiology services, clinician morale and patient experience. There is also a risk to Trust reputation.	12
838	If the Trust pain service cannot recruit to consultant vacancies, then the Trust's pain service provision may not be able to meet demand and this will make the Trust's offer to deliver a regional pain network less robust.	12 ~~15~~

Risk Appetite	Open

	Consequence	Likelihood	Rating
Initial	Moderate **3**	Possible **3**	**9**
Current	Moderate **3**	Possible **3**	**9**
Target	Moderate **3**	Unlikely **2**	**6**

Key Impact or Consequence	Performance: *What evidence do we have of the risk occurring i.e. likelihood?*
- Equality of care for patients due to variation in system delivery and capacity - Potential for increased morbidity and mortality rates - Patient safety incidents - Patient outcomes worsen - Length of stay increases - Resource impact of excess unnecessary investigations - Sustainability of Trust - Inadequate funding to support development and growth in line with strategic ambition - Deterioration of patient and family experience - Increase in long waiters	- Immature system governance, new people and new ways of working create uncertainty in the system - Regional governance arrangements determined at national/ regional level ~~with limited consultation with Health and Care Bill still in process through Parliament~~ - ~~Development of Provider Collaborative Model arrangements~~ System governance arrangements still embedding and emerging with further structural change to staffing taking place - ICS Strategy not yet in place - New commissioning arrangements not yet fully known although roadmap to specialist commissioning now published - Unwarranted variation in services - Health inequalities between different postcodes - Pressure on staff resources to develop new pathways and capacity regionally to support and drive change - Vacancies in Trust's own services reflect challenges to recruit in certain specialities across the system

Key Controls or Mitigation: *What are we currently doing to control the risks? Provide the date e.g. when the policy/procedure was last updated*	Key Gaps in Control: *Where we are failing to put controls/systems in place?*
1. Trust Strategy 2022-25 approved 2. Trust engagement on C&M ICS meetings and in regional roles including Collaboration at Scale and regional networks, place-based partnerships and Provider Collaborative 3. Host of C&M Rehabilitation and Critical Care Networks and Neuroscience Programme Board 4. Successful delivery of regional services: Neurology / Neurosurgery / Thrombectomy/ Spinal Surgery 5. Existing relationships with partner organisations through current neurology / neurosurgery model 6. Existing relationships ongoing with Specialised Commissioning through ongoing transitional period (2023/24) 7. Engagement with other specialist trusts both at local and national level 8. Communications and Engagement Substrategy 2022-25 9. Nursing Times Award for Brain Tumour Optimisation Programme, being rolled out to other Trusts to standardise pathway 10. Trust Medical Director appointed to be lead clinician in ICS on development of pain pathways 11. New Joint Site Committee established with LUHFT for the Aintree site to progress the Liverpool Services Clinical Review clinical priorities and investigate potential collaborations with delegated authority from the Board.	1. Profile of Trust and communication of specialist offer 2. Promotion of success of current regional services 3. Perception of specialist Trust's ability to deliver system-wide services 4. Some of Walton Centre patient population lies outside ICS (C&M) and therefore does not align with population basis for commissioning / funding allocations 5. Engagement with other providers can be challenging to promote new ways of working 6. Workplan and priorities for the Aintree Joint Committee need to be agreed.

Assurances: *What evidence do we have to demonstrate that the controls are having an impact? How is the effectiveness of the control being assessed?*	Gaps in Assurance: *Where are we failing to gain evidence that our controls/systems, on which we place reliance, are effective?*
Level 1 Monthly reporting to Board on ICS development and development of strategy, processes and systems and also of operationalisation of 24/7 Thrombectomy and spinal surgery Weekly C&M ICS CEO meeting	1. Measurement of the impact of the influence of The Trust and FoSH 2. The new system currently applies to England and there are currently different systems in Wales / IOM i.e. PBR. 3. Lack of clarity on future of specialist commissioning – NHSE have published a roadmap for proposed services for delegation to the ICS from

Regular ICS Chair meetings

Level 2
Monthly Chair and CEO reports to Board
Project update e.g. Spinal Services to Executive Directors meeting on a regular basis
Clinical Effectiveness and Services Group monthly meeting reviews and reports to Quality Committee through Chair's assurance report
Regional Thrombectomy Meeting
Spinal Provider Board with LUHFT
Project Boards with partners e.g. Pain Collaborative
ICB Transformation Board oversight of network boards
Complex Rehabilitation Board

Level 3
GIRFT reviews of specialist services e.g. spinal, cranial neurosurgery, neurology monitored through Neurosciences Network Programme Board
Regional neuroscience services monitored through Neurosciences Network Programme Board
Nursing Times Award 2022 for Brain Tumour Optimisation Programme

April 2023. MD and CEO involved in regional and national discussions regarding proposals.
4. Outcomes dependent on other statutory bodies
5. Comprehensive stakeholder engagement
6. System oversight of networks – currently under review
7. ~~Outcome of Liverpool Clinical Services Review will impact ICS priorities~~
8. Consultant vacancies in Pain Service

	Corrective Actions: To address gaps in control and gaps in assurance	Action Owner	Forecast Completion Date	Action Status
1	Participation in review of Complex Rehabilitation Network – led by Liverpool Clinical Commissioning Group UPDATE: Review has been replaced by Implementation of the NICHE report by ICB. Project Manager for this is not in work currently so the Trust is planning to take a paper to the ICB in March 2023 on how to improve patient flow in the system.	MD	~~September 2022~~ ~~January 2023~~ tbc	Delayed
2	Benefits realisation analysis of 24/7 Thrombectomy UPDATE Executives to review in September, review required further work. UPDATE Planned for June 2023	COO	~~September 22~~ ~~October 2022~~ ~~March 2023~~ July 2023	~~Not yet started~~ In progress
3	Benefits realisation analysis of delivery regional spinal services. Delayed due to addition of additional long waiters from LUHFT. UPDATE: to review 6-12 months after last referral	MD	~~December 2022~~ September 2023	Not yet started
4	Leading Pain Collaborative Working Group review of regional services and equity of access. UPDATE: MD now clinical lead for ICS for pain management pathways. Next step to contract regional Medical Directors to ascertain the current position of regional pain services	MD	~~December 2022~~ ~~April 2023~~ July 2023	In progress
5	Appropriate linked operational risks are to be developed and entered onto risk register with risk manager UPDATE: 1 new linked risk added, one new risk in process of being added on.	MD	March 2023	~~In progress~~ Complete
6	Develop a workplan to be agreed by the Board for the Aintree Site Joint Committee for initial focus to develop further collaborative services.	MD	June 2023	New Action

Risk ID:	003	Date risk identified	April 2023	Date of last review:	April 2023

Risk Title: System & Finance

If the Trust does not deliver its financial plan for 2023-24 the Trust's standing and influence in the system will be diminished and this may result in less resource and opportunities in the future for the Trust to grow and meet it strategic ambitions.

Date of next review:	July 2023
CQC Regulation:	Regulation 17 Good Governance
Ambition:	Collaboration
Assurance Committee:	Business Performance Committee
Lead Executive:	~~Chief Executive~~ Chief Finance Officer

Operational Risks

135	If the move to the blended payment approach and population based commissioning allocations continue then this may lead to a risk of reduced allocations for the Trust.	16
~~934~~	~~If 2019/20 out turn weighted activity is not delivered there is a risk that income may be clawed back from the base contract (for Specialist Commissioners).~~ ~~Weighted activity levels may not reach required levels to receive associated Elective Recovery Income (ERF). This would put delivery of the 22/23 financial plan at risk as receipt of ERF income is assumed within the financial plan~~	16

Risk Appetite	**Open**

	Consequence	Likelihood	Rating
	Moderate	Likely	
Initial	3	4	12
	Moderate	Possible	
Current	3	~~2~~3	~~6~~9
	Moderate	Unlikely	
Target	3	2	6

Key Impact or Consequence

- Loss of decision-making responsibilities / influence as move to system based working and financial targets with a consequent impact on delivery of objectives, accountability and reputation. Board remains accountable for delivery of performance and finance
- Loss of autonomy as the approach to finance is defined by ICS through its finance strategy
- Potential deterioration of the Trust's financial position through funding / tariff changes
- Change in funding provision for specialist services
- Increased complexity to approaches with different tariff systems (Wales and Isle of Man)
- Move of commissioning from NHSE Specialised Commissioning to ICS may lead to a lack of local service knowledge around ~~decision-making~~ commissioning of services
- Equity of access to care for patients
- Inadequate funding to support development and growth in line with strategic ambition
- Reputational impact if outlier within the system ~~isolated~~ due to financial performance
- Prioritisation of Neurosciences funding by ICS compared to other funding priorities
- Closure of theatres for refurbishment will impact activity

Performance:
What evidence do we have of the risk occurring i.e. likelihood?

- Developing system governance, new people and new ways of working create uncertainty in the system
- Regional governance arrangements determined at national/ regional level from 1 July 2022
- Development of Provider Collaborative Model arrangements underway
- Recent NHSI/E consultation on system funding models
- Tariff consultation on population-based funding.
- Work is on-going regarding the delegation of specialist service commissioning budgets to the ICB. This is now delayed until 2024/25.
- Requirement to meet system financial targets
- Liverpool Providers Clinical Review
- ICS Strategy not in place
- Larger acute trusts with underlying structural deficits in the ICS
- Trust basis for funding based on historical local tariffs and disproportionate costs of delivery may not be taken into account for services leaving Trust with a financial gap
- Shortfall in recurrent element of programme
- ~~Inconsistent achievement of activity to deliver Elective Recovery Fund~~ Delivery of elective recovery in line with plan
- Financial monitoring and reporting
- ICS finance strategy development which will lead to more financial controls, especially for poor performing trusts

Key Controls or Mitigation:
What are we currently doing to control the risks? Provide the date e.g. when the policy/procedure was last updated

1. Revised Trust Strategy 2022-25 approved
2. Communication and Engagement Substrategy 2022-25 approved
3. Finance and Commercial Development Substrategy 2022-25 approved
4. Trust engagement on C&M ICS meetings and in regional roles including Collaboration at Scale and regional networks, place based partnerships and Provider Collaborative
5. Host of C&M Rehabilitation and Critical Care and Major Trauma Networks and Neuroscience Programme Board
6. Existing relationships ongoing with Specialised Commissioning through the transitional period (2023/24)
7. Trust has fed back on consultations to changes in commissioning
8. Engaged with other specialist trusts both at local and national level through Federation of Specialist Hospitals (FoSH) and through FoSH Finance Group which is reviewing impact of the new financial framework on the system and engaging with the wider system on potential changes
9. ~~Progression of Financial and Commercial development Substrategy to explore alternative sources of income – approved March 2023~~
10. Tight management of financial position to ensure end of year position achieved and efficiency targets met
11. Healthcare Procurement Liverpool (HPL) established to improve efficiencies, provide value for money, resilience and quality - potential to expand to Liverpool Place.
12. Provider Selection Regime for procurement of healthcare services introduced with Health and Care Act 2022
13. 2023/24 financial planning cycle – now completed
14. Counting and coding changes for activity accepted by NHSE for theatre downtime during Air Handling Unit replacement.

Key Gaps in Control:
Where are we failing to put controls/systems in place?

1. Profile of Trust and communication of specialist offer
2. Perception of specialist Trusts
3. A significant proportion of the Walton Centre patient population lies outside C&M, therefore does not align with population basis for commissioning / funding allocations
4. Regional governance arrangements potentially result in greater influence for larger providers
5. Review of stakeholder analysis
6. ICS funding priorities not yet confirmed
7. Medium term financial plan (3-5 years) to be submitted in September.
8. Sufficient contract management resource in divisions to review contracts and SLAs
9. Impact of industrial action on challenging activity levels for 2023/24
10. Confirmation of income under PBR is not confirmed until end of quarter due to system alignment

Assurances:
What evidence do we have to demonstrate that the controls are having an impact? How is the effectiveness of the control being assessed?

Gaps in Assurance:
Where are we failing to gain evidence that our controls/systems, on which we place reliance, are effective?

Level 1
Weekly C&M ICS CEO meeting
Regular ICS Chair meetings
Regular C&M ICS Directors of Finance planning meetings
Provider Collaborative (CMAST) meetings with CEO/ Chair

Level 2
Monthly Chair and CEO reports to Board
Monthly reporting to Board on ICS development and development of strategy, processes and systems
Regular review of operational risks at Board level and on-going review of mitigations
Review of financial position and CIP at every Board and ongoing monitoring through financial controls and processes with closer review at monthly meetings
Risks review by FoSH
~~Collation of a 5 year plan with specialist trusts in C&M to understand what the longer term finances look like for each of the trusts.~~
Detailed review of financial performance at monthly Business Performance Committee

Level 3
External Audit of Annual Accounts and going concern considerations
Internal Audit of financial processes and control systems including HPL
ICS triangulation benchmarking C&M providers across finance, performance and workforce
National Financial sustainability report completed by internal auditors

1. Measurement of the impact of the influence of The Trust and FoSH
2. ~~The new system currently applies to England and there are currently different systems in Wales / IOM i.e. PBR.~~
3. Lack of clarity on future of specialist commissioning
4. Outcomes dependent on other statutory bodies
5. ~~Financial plan could change due to system pressures and the Trust may be asked to deliver more.~~ ~~Even if the Trust meets or exceeds its end of year financial plan, system constraints may lead to a reduction in income in 2023/24?~~
6. Recurrent 5% CIP required which is higher than ever previously achieved.

	Corrective Actions: To address gaps in control and gaps in assurance	Action Owner	Forecast Completion Date	Action Status
1	Continue to work with the ICS on system development and engage through regional roles in ICS.	ALL	Ongoing	In progress
2	Continue to work with FoSH and specialist commissioners to deliver the specialist commissioning roadmap	CEO/CFO	Ongoing	In progress
3	Continue to work collaboratively across the ICS and offer mutual aid as appropriate	COO	Ongoing	In progress
4	Develop a medium-term ~~three year~~ plan based on anticipated changes to the tariff to understand longer term financial risks for the Trust, support strategic planning and identify the timing of financial gaps and efficiencies. Waiting for ICS to agree 2023/24 plan	CFO	~~March 2023~~ ~~Tbc~~ September 2023	~~New Action~~ In progress
5	Develop a three year financial plan 2024-2027 to evidence ongoing financial sustainability. To be submitted to ICS	CFO	September 2023	New Action
	Develop a new Finance and Commercial Development Substrategy	CFO	April 2023	~~New Action~~ Complete
6	Implement the recommendations from the HFMA Sustainability Report regarding CIP processes	CFO	July 2023	New Action

Risk 004	Date risk identified April 2023		Date of last review:	February 2023
Risk Title: Operational Performance If the Trust does not deliver its agreed weighted (based on 2019/20) levels of activity then patient care and experience will be impacted and there will be financial and reputational impacts for the Trust.			**Date of next review:**	April 2023
			CQC Regulation:	Regulation 16- Assessing and monitoring Service Provision
			Ambition:	Leadership
			Assurance Committee:	Business Performance Committee
			Lead Executive:	Chief Operating Officer

Linked Operational Risks (15+/ new risks only)

43	If capacity issues continue, in addition to the current backlog of +52 week breaches as a result of COVID-19, there is a risk of deterioration of Trust performance against national access standards and waiting times.	16
971	If current demand and capacity restraints within the WCFT Pain Service and regionally continue there is a risk of the Pain Service not being able to successfully fulfil the function and requirements that it is commissioned for.	15
992	If there is delayed access to the Spinal Cord Injury Centre then this will impact on patients rehab journey and acute Trust resource (beds) and performance (Length of Stay, elective and emergency activity if beds affected)	12

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

Risk Appetite	Cautious

Key Impact or Consequence

- Patients will wait longer for 1st and follow up appointments – which could result in harm or lead to poor patient experience.
- Referral to treatment standard (RTT) / average wait pilot standard will not be met.
- Cancer standards will not be met.
- Diagnostic standards will not be met.
- +52 week wait standard will not met
- Financial sanctions for not meeting targets to receive Elective Recovery Fund allocation
- Reputational impact
- If ERF not received, impact on system finances as well as Trust finances which may worsen reputation in ICS

Performance:
What evidence do we have of the risk occurring i.e. likelihood?

- Average Wait Performance
- Overdue Follow up waiting list in Neurology
- Reduction in overall activity due to the impact of Covid-19
- IPC pathway control for electives
- Increasing waiting list size
- Volume of 52-week waiters
- Increase in long waiters following the transfer of spinal patients now levelling off and 78 week waiters are now at zero is expected to be zero by 31 March 2023
- Good performance against trajectories – meeting ERF targets
- Impact of further Covid variants on patient numbers, IPC requirements and staff sickness
- Vacancies particularly in specialist roles and in nursing
- Cancelled operational activity
- Delay in patients awaiting external beds
- Uncertainty regarding potential industrial action from trade unions

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Key Controls or Mitigation:
What are we currently doing to control the risks? Provide the date e.g. when the policy/procedure was last updated

1. COVID-19 Recovery Plan Phase 3
2. Performance Dashboard in real-time
3. Cheshire & Merseyside Restoration of Elective Activity Meeting – Weekly
4. Cheshire & Merseyside Operational Leads – Elective Recovery & Transformation Programme meeting – Weekly
5. Submission of Recovery and Restoration plans for 2022/23
6. Stretch recovery target set for 104% of 2019/20 activity
7. Daily COO-led performance catch up which focuses on performance targets and addressing issues that may impact on delivery such as operating list cancellations
8. Divisional recovery plans
9. +52 week recovery plan
10. Regular Spinal meetings at Divisional level and escalations to appropriate commissioners.
11. All 52-week plus waiters have been clinically reviewed and validated (March 2022)
12. Rapid Access Neurological Assessment (RANA) supporting system partners
13. Staff wellbeing programme
14. Regular meetings with specialist commissioners and partners re Thrombectomy to escalate initial issues e.g. ambulance response times
15. Waiting List Initiatives and additional hours worked over contracted
16. Business continuity plans being reviewed for industrial action
17. New performance guidance released January 2023

Key Gaps in Control:
Where we are failing to put controls/systems in place?

1. Activity plans do not take into account impact of sickness due to Covid-19
2. Covid-19 Recovery Plan based on assumptions of business as usual with an element of adjustment to take into account new ways of working. This does not factor in patient or staff behaviours / compliance.
3. National Shortage of ODP theatre staffing currently requiring agency staff to support this gap
4. Reliance on other organisations capacity to provide services
5. National guidance on plan to return to pre-Covid infection and control pathways (implementation from early July 2022)
6. Pension tax implications for consultants which may preclude interest in Waiting List Initiatives
7. Industrial action started in December 2022 and remains ongoing despite the agreement of a settlement by some unions
8. Lack of clarity regarding referral to treatment future targets
9. Rise in delayed discharges of care impacting bed occupancy which could impact elective work if this continues into quarter 4
10. Impact of mutual support work not fully known.

Assurances:
What evidence do we have to demonstrate that the controls are having an impact? How is the effectiveness of the control being assessed?

Level 1
Daily performance review with Divisions
Weekly monitoring of performance of RTT – improvement in 52 and 104 week waits

Gaps in Assurance:
Where are we failing to gain evidence that our controls/systems, on which we place reliance, are effective?

1. Thrombectomy demands on staff rotas
2. Transfer of Thrombectomy patients to and from the Trust in a timely manner
3. Sickness of critical staff

Weekly Performance Meeting Divisional Performance Management Review Meetings – quarterly Daily monitoring of critical staff absences at Huddle Live monitoring of performance dashboard **Level 2** Activity reported monthly in Integrated Performance Report (IPR) to Trust Board Workforce metrics on turnover, vacancies and staff sickness reported monthly in IPR to Board **Level 3** Meetings with Commissioners – monthly Internal Audit review of Waiting List Management - April 2022 System review of 52+ week waiters – April 2022 Check and challenge sessions with ICS on operational and workforce plans	4. Recruitment and retention of key staff and succession planning 5. Challenging follow up outpatients target, to reduce by 25% 6. Challenging activity plan set for 2023/24

	Corrective Actions: To address gaps in control and gaps in assurance	**Action Owner**	**Forecast Completion Date**	**Action Status**
1	Implementation of Covid-19 Recovery Plan to increase activity – plan is in progress and progress monitored through BPC	COO	~~Sept 2022~~ March 2023	In progress
2	Ongoing testing re average waits and discussion with NHSI to determine if pilot will continue. NHSI pilot ongoing. UPDATE: No further update and not included in new guidance released January 2023. Focus remains on long waits, cancer performance and diagnostic performance	COO	~~March 2022~~ ~~March 2023~~ tbc	Pilot Extended
3	Job Planning for new spinal consultants for 2022/23	MD	September 2023	~~On track~~ Complete
4	Overdue follow up waiting list is to be monitored by the division by undertaking a validation exercise and a review of the patients to determine which patients can be moved over to PIFU. Dedicated project manager in post from May 2022 Update of progress was presented to the executive team in October 2022/ April 2023 and to BPC November 2022/ April 2023	COO	~~November 2022~~ ~~April 2023~~ September 2023	Ongoing
5	Thrombectomy working group to review at 6 month point to address any ongoing issues and report to Executives – UPDATE paper to executives in September 2022- requires further work. Due in June 2023	COO	~~June 2022~~ ~~July 2022~~ ~~September 2022~~ ~~March 2023~~ July 2023	~~On track~~ In progress

Risk ID:	005	Date risk identified	**April 2022** *(revised April 2023)*	Date of last review:	April 2023

Risk Title: Leadership Development

If the Trust does not provide the right culture, environment or opportunities for staff to develop, learn and progress the organisation will not have well led services or experienced staff. This will reduce the Trust's ability to provide well led, high quality services and this could lead to poor staff experience, higher vacancy rates and the requirement for additional resource to recruit and train new staff.

Date of next review:	July 2023
CQC Regulation:	Regulation 18 Staffing
Ambition:	Leadership
Assurance Committee:	Business Performance Committee
Lead Executive:	Chief People Officer

Linked operational risks

140	If the Trust fails to achieve the agreed internal compliance target rate for all statutory and mandatory training topics, there is a risk to patient care, patient safety, the achievement of CQC standards and regulatory requirements.	12

	Consequence	Likelihood	Rating
Initial	Major	Likely	
	4	4	16
Current	Major	Possible	
	4	3	12
Target	Major	Possible	
	4	3	12

Risk Appetite	~~Cautious~~ Open

Key Impact or Consequence	**Performance:** *What evidence do we have of the risk occurring i.e. likelihood?*
- Reduced staff morale - Staff Turnover increases - Gaps in workforce will include hard to fill specialist roles - Costs of recruitment and training - Business continuity - Reputational damage - Sickness increases if vacancies increase - Staff capacity to attend training and development and complete annual appraisals	- Staff Turnover - Vacancy Levels - Sickness Absence - Statutory and Mandatory Training metrics - Quarterly Pulse Survey results - Feedback from staff engagement sessions - Appraisal Rates - Lack of engagement with national development opportunities - Staff Survey responses - Study Leave take up

Key Controls or Mitigation: *What are we currently doing to control the risks? Provide the date e.g. when the policy/procedure was last updated*	**Key Gaps in Control:** *Where we are failing to put controls/systems in place?*
1. Mandatory Training Annual Plan 2. People Substrategy 2022-25 3. Regional Workforce Plan 4. Health and Wellbeing Strategy approved June 2022 5. Wellbeing Guardian in post 6. BAME Strategic Advisory Committee exercise 7. Staff Survey /Action Plan 8. Partnership working with universities to recruit newly qualified staff 9. Regional collaborations e.g. International Recruitment 10. WCFT Health and Wellbeing Programme 11. National Nursing Bursary – 2020/21 12. Hybrid training models developed to enable ongoing delivery of training with social distancing 13. Monthly deputy's engagement sessions 14. Annual Training Needs Analysis 15. E-rostering 16. Senior Leadership Team meetings held in Neurology and Neurosurgery 17. Aspiring ward manager programme started 9 Sept 2022 18. Building rapport for managers programme relaunched September 2022 19. Triumvirate leads development programme to start early 2023 20. Investors in People Action Plan 21. Mental Health First Aiders – support and training programme 22. Civility Training Programme Launched with initial focus on consultants 23. New People Strategy 2022-25 approved at Board February 2023 24. Catch up programme for Deputies who did not complete first cohort 25. Listening activities in place i.e. Join Jan, TEA engagement sessions, NED/Executive walkrounds. 26. Sickness Controls Internal Audit demonstrated good processes and policy in place.	1. Sickness levels including Covid, leading to pressures on workforce to cover and training and development can be seen as lower priority 2. Celebrating successful development outcomes 3. Consistent development offer for bands 2 to 4 4. Consistent national shortage in some staff groups e.g. ODP, IT, nurses 5. Lack of consistency across system in application of Agenda for Change staff pay bands

Assurances: *What evidence do we have to demonstrate that the controls are having an impact? How is the effectiveness of the control being assessed?*	**Gaps in Assurance**: *Where are we failing to gain evidence that our controls/systems, on which we place reliance, are effective?*
Level 1 Vacancy monitoring – weekly Staff training and development reports sent monthly to mangers Review of ward staffing pressures by ward manager and DDON - monthly Staff Listening Events Staff Support sessions provided by NOSS as and when required HR\Finance\Nursing Vacancy renew meetings	1. Delivery of National People Plan 2. ~~New People Substrategy 2022-25 is in development – anticipated approval February 2023~~ 3. Adherence to sickness processes in some areas as evidenced in MIAA internal audit report on sickness controls Action plan in response to internal audit review April 2023

Level 2
Integrated Performance Report – Trust Board monthly
People Strategy – quarterly update to BPC (linked to People Plan)
Quarterly Staff Pulse Survey
Workforce report to People Group

Level 3
Outcomes of Staff Survey 2023. ~~2022 Staff Survey to commence September 2022~~
Investors in People Accreditation 202~~2~~ – Gold Status
Investors in People Wellbeing Award 202~~2~~ – Gold Status
Exit Interviews Review MIAA April 2022
Flexible working MIAA Review 2022
Sickness Processes MIAA Review April 2023

Corrective Actions: To address gaps in control and gaps in assurance		**Action Owner**	**Forecast Completion Date**	**Action Status**
1	Deliver a leadership development programme with AQuA for divisional management. UPDATE: Agreed triumvirate training from early 2023 (dates being sought) with Action Learning Sets to follow. Launched February 2023 due to complete June 2023 Update May 2023: Two people left so programme paused, new dates have been set.	CPO	~~September 2022~~ ~~February 2023~~ ~~June 2023~~ October 2023	In Progress
2	Roll out of new Exit Interviews Process for Leavers	CPO	April 2023	~~New Action~~ Complete
3	Succession Planning Tool for Business Critical Roles to be completed as part of 2023/24 business planning process. Update May 2023: Launched with managers who are now producing plans by 30 June.	CPO	~~April 2023~~ July 2023	~~New Action~~ Complete
4	In some areas where healthroster has been implemented sickness processes are not being followed consistently therefore action plan in place to address recommendations in internal audit report (April 2023). Quarterly audits to be reestablished and completed.	CPO	September 2023	New Action
5	Middle Managers Training to be developed focused on setting culture, values and behaviours to be completed.	CPO	December 2023	New Action
6	Preparation for three yearly Investors in People and Health and Wellbeing standards.	CPO	November 2023	New Action
7	Develop back to the floor programme for Executive Directors.	CPO	September 2023	New Action

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

Linked Operational Risks

				Consequence	Likelihood	Rating
531/ 455	If controls are not put in place to manage the complexity of the patient caseload then there is a risk that staff will be subject to high incidences of situations involving violence and aggression from patients.	12	**Initial**	**Major** 4	**Possible** 3	12
990	If the Trust does not work collaboratively with partners in the community in which it is anchored to address health inequalities then it is less likely to prioritise effectively and there will be less positive impact on patient outcomes.	12	**Current**	**Moderate** 3	**Likely** 4	12
			Target	**Moderate** 3	**Unlikely** 2	6

Risk Appetite	**Open**

Key Impact or Consequence	**Performance:** *What evidence do we have of the risk occurring i.e. likelihood?*
- Poor patient outcomes - Deteriorating staff morale and wellbeing - Unable to retain staff - Reputation of Trust - Financial cost of staff leaving - Loss of goodwill and staff engagement - Fluctuating capacity and disruption to services - Failure to adapt to the changing health needs of the population - Failure to achieve duty to improve population health outcomes - Increasing pressure on services due to increasing acuity of patients - Loss of trust with local communities - Increase in violence and aggression towards staff - Inequitable patient waits for treatment - Delivery of the recommendations in the Marmot Review	- Variance in outcomes for different socio-economic groups and those with protected characteristics - Aging Population - Deprivation Indices - Staff Survey Results - Incident Reporting - Vacancy/ turnover/ retention rates - Increase in long term sickness - Violence and Aggression incidents - Mandatory and Statutory Training compliance - Increasing waiting times for treatment following Covid-19 - Cost of Living Increasing in work poverty - Industrial Action

Key Controls or Mitigation: *What are we currently doing to control the risks? Provide the date e.g. when the policy/procedure was last updated*	**Key Gaps in Control:** *Where we are failing to put controls/systems in place or where are we failing to make them effective?*
1. Health and Wellbeing Strategy – approved June 2022 2. Health and Wellbeing programme (includes Shiny Minds Resilience Training) – approved 2018 3. NHS Prevention Pledge adoption and action plan 4. Violence and Aggression Strategy - approved April 2022 5. Trust signed up to the C&M Health and Care Partnership Social Value Charter – May 2022 6. Trust signed up to the C&M Health and Care Partnership Anchor Institution Charter – June 2022 7. Founder member of Liverpool Citizens 8. Weekly operational monitoring of waiting list 9. People Substrategy 2022-25 approved at Trust Board in February 2023 10. Wellbeing Guardian 11. Member of the Everton Minds Partnership Committee 12. Trust Sustainability Plan 2022-25 in line with the C&M Integrated Care System Green Plan 2022 13. Review of performance data against indices of deprivation completed 2022 14. NHSE CORE20PLUS5 Ambassador Programme lead identified. 15. Violence and Aggression Lead in post. 16. NHS C&M Prevention Pledge - 12 of 14 priorities being delivered against	1. Health Inequalities and patient access strategic plan 2. Identified Executive Lead for Health Inequalities 3. National issue with complex long-standing causes that cannot be easily turned around 4. Liverpool population recognised as area of high deprivation 5. ~~New Violence and aggression newly in post to provide update of progress against strategy to Board.~~ 6. ~~Unable to recruit to ED&I post so interim arrangements in place until external review complete.~~ Challenges in recruiting ED&I lead, now appointed awaiting start date. 7. Strategic plan for health inequalities 8. Development of health inequalities performance data 9. Move to population-based commissioning may reduce funding available for some geographical areas 10. Reporting structures for Health Inequalities and Social Value to be agreed 11. Two of 14 HS C&M Prevention Pledge priorities cannot be progressed by any Trusts due to third party issues.

Assurances: *What evidence do we have to demonstrate that the controls are having an impact? How is the effectiveness of the control being assessed?*	**Gaps in Assurance:** *Where are we failing to gain evidence that our controls/systems, on which we place reliance, are effective?*
Level 1 Health, Safety and Security Group – quarterly review of Violence and Aggression data and monitoring of annual risk assessments Safeguarding Group review of escalation concerns – every two months Violence and Aggression Group – every two months People Group – every two months **Level 2** Annual Governance Report – Quality Committee Quality IPR – Quality Committee – monthly	1. Agreed KPIs for measuring patient access and outcomes against deprivation index 2. As only neuroscience provider Walton Centre will have a high proportion of highly complex patients with associated behavioural challenges 3. Limited ED&I reporting to Board/Committees since ED&I lead left

Workforce IPR – BPC – monthly
Board oversight of progress against NHS Prevention Pledge
Quarterly Pulse Survey
Staff Partnership Group with Trade Unions
Health Equalities programmes of work report into Business Performance
Committee through The People Group Chair Report
Bi-annual update on Violence and Aggression work to Board - April 2023

Level 3
Staff Survey 2021
CQC Inspection Report 2019
Investors in People - Gold accreditation for 'we invest in wellbeing' standard
- annual reaccreditation received in June 2022
Investors in People Gold accreditation for 'we invest in people' standard -
annual reaccreditation received in January 2023.
Bronze Veteran Accreditation achieved 2022

	Corrective Actions: To address gaps in control and gaps in assurance	**Action Owner**	**Forecast Completion Date**	**Action Status**
1	To work with partners to establish a Citizen's Panel for Liverpool UPDATE pre-founding assembly 30 November 2022. Launch March 2023 **February 2023 Update**: Trust core group established with training to be undertaken in March and May 2023 in preparation for listening campaign to be undertaken in spring 2023. Founding Assembly delayed until September to enable member organisation recruitment target to be achieved. Trust ED&I Leads identified to support engagement work. Pre-founding Assembly held in November 2022. Work progressing to recruit to the Community Organiser role	CPO	~~October 2022~~ ~~March 2023~~ Sept 2023	In progress
2	To implement the Violence and Aggression Strategy. UPDATE: Report to Board April 2023 following new Lead arriving in post.	CN	April 2023	~~In progress~~ Complete
3	To implement the Health and Wellbeing Strategy. UPDATE: Health and Wellbeing Dashboard for monitoring agreed at BPC January 2023	CPO	April 2023	~~In progress~~ Complete
4	To achieve C&M Health and Care Partnership Social Value Award. February 2023 Update: The Trust has signed up as an early adopter site for the C&M ICB TOMs Framework which is a consistent set of metrics to measure social value activity. Currently in design phase. May 2023 Update: TOMs Framework portal live from May 2023 and staff training taken place. Working group established to populate portal and review metrics which will provide the baseline for applications for Social Value and Quality Mark (action 5)	CPO	~~November 2022~~ ~~May 2023~~ October 2023	In progress
5	To achieve Social Value Business Quality Mark Level May 2023 Update: As action 4 although accreditation likely to take longer to confirm following submission planned for September 2023	CPO	~~November 2022~~ ~~May 2023~~ December 2023	In progress
6	To achieve Social Value Business Quality Mark Level UPDATE: Level 2 can only be completed twelve months after Level 1 achieved as focuses on auditing the first year's activity of the pledges committed to in Level 1.	CPO	~~November 2023~~ May 2024	~~New Risk~~ In progress
7	To deliver against the 14 identified priority C&M NHS Prevention Pledge outcomes February 2023 Update: January 2023 submission made to the C&M Health Inequalities Group which includes progress update and KPI data for initial 10 priorities and action plan for delivery against the remaining 4 priority areas. May 2023 Update: Report to Board May 2023 12 of 14 achieved, remaining 2 will be challenging to achieve without third party lead and roll out of delayed mental health concordant, so action closed as partially complete.	CPO	~~December 2022~~ ~~March 2023~~ March 2024	~~New Risk~~ ~~In progress~~ Complete
8	To achieve NHS Veteran Accreditation (Silver Level) February 2023 Update: The Trust has signed the Arms forces Covenant and achieved bronze level. Working towards Silver accreditation. May 2023 Update: Reservist and Mobilisation Policy approved and on intranet. Silver accreditation form submitted	CPO	June 2023	New Action
9	To achieve LCR Fair Employment Charter Accreditation February 2023 Update: The Trust has achieved aspiring status and is progressing towards accreditation.	CPO	December 2023	In progress
10	Develop further operational risks in regard to health inequalities and staff wellbeing that impact the strategic risk and add to Trust wide risk register.	CPO	~~November 2022~~ March 2023	~~New Risk~~ ~~In progress~~ Complete
11	Development of strategic plan for health inequalities work. May 2023 Update: awaiting NHS England guidance statement on Health Inequalities in order to agree strategic approach (to be published this summer)	CEO	~~March 2023~~	~~In progress~~ On Hold
12	Further development of performance indicators for health inequalities in divisions May 2023 Update: Review of other IPRs completed, work being progressed as part of outpatients transformation as focus is on non-attendance	COO	~~February 2023~~ March 2024	In progress
13	Deliver services to people living with dementia, their families and the wider community closer to home and to hard-to-reach communities through the Everton in the Community Health Zone Development. Update February 2023: Initial scoping of the Trust's potential service offer undertaken. Updated Memorandum of Understanding signed off. Building due to start in 2025	CPO/IM	~~March 2024~~ March 2026	New Action
14	Expand exercise and wellbeing services tailored for people who have a neurological condition, into the community through the Access to Exercise and Wellbeing Programme. February 2023 Updated:3-years lottery funding secured to support the project and Partner Project Steering Group established to take the work forward. May 2023 Update: Engagement sessions completed with nurses and therapists, internet page established. Referral portal in development.	CPO/IM	March 2026	New Action
15	Real Living Wage Organisation February 2023 Update: Trust aspires to be a real living wage organisation. Discussions being held at a regional HRD level regarding a whole system approach being taken. May 2023 Update: Achieved as new pay settlement brings lowest band above threshold	CPO	March 2023	~~New Action~~ Complete
16	Review of SBAC February 2023 Update: Potential widen remit to include health inequalities, social value and ED&I. Briefing taken to Executive Team Meeting in January 2023 and consultation with SBAC members in progress.	CS	April 2023	~~New Action~~ Complete

Risk ID: 007	Date risk identified April 2022	Date of last review:	April 2023

Risk Title: Capital Investment
If the Trust does not maximise its opportunities to acquire capital funding, then it may not have enough resource to deliver its estates and wider strategies and provide a fit for purpose environment for staff and patients leading to poor staff morale, poor patient experience and the risk of increased backlog maintenance

Date of next review:	July 2023
CQC Regulation:	Regulation 15 Premises and Equipment
Ambition:	Value for Money
Assurance Committee:	Business Performance Committee
Lead Executive:	Chief Finance Officer

Linked Operational Risks

323	Aging Theatre air handling units (AHU) are performing at below the recommended level of air changes per hour in five theatres. If the AHU fail completely, the department would be unable to run a Theatre list resulting in cancelled operations and impacting patient experience.	~~16~~ 12
220	If the theatre lights fail, due to the age >20 years, and repairs cannot be conducted/ completed there is a risk that the theatre will be unusable for surgery (theatre 1-5 affected). In addition, if flaking paint falls from the theatre lights there is a risk that this could decontaminate the sterile area during surgery	16

	Consequence	Likelihood	Rating
	Major	**Possible**	
Initial	4	4	16
	Moderate	**Possible**	**Rating**
Current	3	3	9
	Moderate	**Unlikely**	**Rating**
Target	4	2	8

Risk Appetite	~~Cautious~~ Moderate

Key Impact or Consequence
What are we currently doing to control the risks? Provide the date e.g. when the policy/procedure was last updated

- Financial impact on revenue budgets if new risk to patient safety emerges
- Unsafe environment for staff, patients and visitors
- Compromised quality of care
- Poor patient experience
- Business continuity
- Reputational damage
- Financial impact
- Legal Compliance
- Overspend on capital against CRL would have to be covered by underspend by other Trust's in the system

Performance:
What evidence do we have of the risk occurring i.e. likelihood?

- Capital Resource Limit (CRL) allocations have been set by ICS which is oversubscribed
- Risk assessed backlog maintenance register
- ~~End of year opportunities for additional money were available late in 2021/22 which the Trust was able to utilise~~
- Additional capital requests emerging following allocation for year
- ~~Digital Aspirant Money must be spent by March 2023.~~

Key Controls or Mitigation:
What are we currently doing to control the risks? Provide the date e.g. when the policy/procedure was last updated

1. Capital Management Groups reviews specific capital risks and all capital business cases – Executive Chair
2. Capital Risk Register
3. SFIs/SORD have appropriate approval levels for capital expenditure so CFO / COO are sighted on expenditure
4. Process for approving expenditure is documented in SORD i.e. which group needs to approve etc.
5. Executive led capital prioritisation with operational finance and clinical staff
6. Monthly reporting of capital expenditure to Board
7. ~~Estates Strategy – approved 2015~~ Estates, Facilities and Sustainability Substrategy approved by Board March 2023
8. Operational Plan submitted for ~~2022-23~~ 2023-24
9. Revenue and Capital budgets - Ongoing
10. Costed Backlog Maintenance Register and Programme - updated May 2022
11. Estates related policies
    - Electrical Safety Policy: 2021-2023
    - Water Management Policy: 2021-2024
    - Fire Safety Policy: 2019-2022
    - Control and management of Contractors: 2021-2024
    - Health & Safety Policy: ~~2019-2022~~ 2022-25
12. ~~Site based partnership/SLA with LUFHT last review 2016~~
13. Contractual agreements with specialist contractors
14. Water Management Action Plan inc. Legionella actions
15. Premises Assurance Model – completed 2021
16. Heating replacement scheme Phase 5 started ~~4 in progress~~
17. Sustainability Plan in place and Sustainability Lead appointed in April 2023
18. Mutual aid agreed for theatre use during refurbishment project with LUHFT

Key Gaps in Control:
Where are we failing to put controls/systems in place?

1. ~~Estates Strategy requires review and refresh to ensure it is aligned to the overarching Trust Strategy and future need post Covid-19~~
2. Further work on capital risk register to ensure estates risks recognised
3. Unplanned replacement of equipment that fails will lead to additional spend against plan or increase revenue spend
4. Some capital items are not specified in detail and therefore there is an ability for teams to substitute items in year which means capital spend is difficult to prioritise
5. Limitations of ICS ~~regional~~ approach to capital allocations
6. Reliance on specific items which cause delays if not available
7. Priorities may change in year which may lead to pressures against the plan
8. Market prices may differ from estimates once equipment is purchased
9. Clarity of how future revenue costs associated with capital and digital investment will be funded in the long term.
10. High levels of inflation are increasing capital costs
11. ~~Limited access to certain areas prevents visual inspection~~
12. Policies require review to ensure that they are reflective of current legislation
13. C&M Hospital Cell and response not wholly aligned to the Trust's strategic objectives
14. System capital management leaves little flexibility for Trust to invest surplus cash
15. Programme for Pipework replacement incomplete
16. The national Premises Assurance Model (PAM) outcomes
17. Service Level Agreement (SLA) with LUFHT due review
18. Impact of IFRS16 accounting regulations on CRL, regarding treatment of leases from 2022/23 financial year, is not yet clear and could affect capital allocation
19. Substantial waiting times for certain components/goods since Covid.
20. SLA with LUFHT last reviewed in 2016.
21. Key policies (Fire and Electrical) listed in key controls are overdue review.

Assurances:	Gaps in Assurance:

What evidence do we have to demonstrate that the controls are having an impact? How is the effectiveness of the control being assessed?	Where are we failing to gain evidence that our controls/systems, on which we place reliance, are effective?
Level 1 Regular reforecasting of capital position and discussion at Capital Management Group Daily Safety Huddle Water Safety Group – reporting into IPC Committee Health & Safety Group Contract review meetings with LUHFT – monthly Heating and Pipework Project Board – monthly Medical Devices, Estates and Facilities Group (6 per year) **Level 2** Capital Programme approved by Trust Board Working group to review capital prioritisation programme Monthly updates received by BPC and Trust Board on capital BPC and Board approve higher value business cases as per SORD Estates Strategy monitored by BPC and updates received Mini PLACE assessment June 2023 **Level 3** 6 Facet Survey – updated May 2022 CQC Inspection Report Aug 2019 Fire Brigade post-incident review of Fire Processes - 2019 Annual ERIC Returns – Submitted June 2022 Reinforced Aerated Autoclaved Concrete (RAAC) review 2021 Premises Assurance Model (PAM) Assessment 2021 PLACE Assessment 2022	1. Allocations are system based from ICS so no longer freedom to generate surplus to spend on capital priorities 2. Timeliness of national/ system decisions on on additional/one-off allocations of apital reduces the time in which it can be spent as cannot be carried forward into future years 3. ~~Estates Strategy is being updated to reflect new Trust Strategy (Substrategy due to Board in March 2023).~~ 4. Limited LUHFT planned maintenance/KPI reporting in place 5. Lack of reporting of sustainability data / KPIs. Sustainability post now approved ~~to and ready to be advertised, they will~~ to lead this work. Now appointed to start in summer. 6. Proposals for replacement of air handling units for Theatres 1-5 is being worked up – currently cost unknown 7. Risk of failing to spend full budget in year due to delays in goods arriving and operational pressures 8. PLACE Assessment identified areas where Trust is performing below peers.

	Corrective Actions: To address gaps in control and gaps in assurance	**Action Owner**	**Forecast Completion Date**	**Action Status**
1	Internal desk top review of SLA with LUHFT before discussions with LUHFT. UPDATE delayed due to resource available	COO/CFO	~~September 2022~~ ~~February 2023~~ September 2023	In Progress
2	Work with NW specialist trusts on QIP work, to consider wider solutions for hard and soft FM. This work continues to progress with Soft Facilities Management Services being tackled in 1st wave. Since agreeing new contract with ISS this action is no longer relevant to be closed.	COO	March 2023	Delayed
3	Develop an in house out of hours Estates Service to provide sufficient cover and continue contract monitoring with LUHFT via monthly meetings. Estates are currently reviewing resource and cost impacts in advance of recommendation. UPDATE: March 2023 Lack of resource to progress this. ~~At present, due to difficulty in recruiting the quality of staff required, the existing team do not have the necessary skills to take on this role. This will continue to be reviewed as staffing changes.~~ Update May 2023: Business case for Estates and Finance restructure to be submitted for approval to keep service in house.	COO	~~September 2022~~ August 2023	In Progress ~~Delayed~~
4	WC Estates Strategy to be incorporated into wider "system" strategy currently being led by LUHFT.E&F Substrategy approved by Walton Centre Board in March 2023. Update May 2023: Aintree Site Strategy in place but currently no plans in place for an ICS system strategy so action closed.	COO	~~September 2022~~ ~~March 2023~~ May 2023	In Progress
5	Ongoing monitoring of Phase 5 Heating and Pipework Programme. Due to start in June 2022.	COO	March 2023	~~Ongoing~~ Complete
6	Award of contract for upgrade works to Theatres 1-5 due to non-compliant Air Handling Units. Estates Working with procurement to adopt best solution. UPDATE January 2023: Executive team to review impact of the air handling unit work by April 2023. Update May 2023: Paper approved for pre-construction phase and permission to proceed to full tender stage	COO	~~January 2023~~ July 2023	In progress
7	Proposals ready "on the shelf" for any additional capital funds that may become available in year based on Trust's priority criteria	CFO	September 2023	New Action

Risk ID:	008	Date risk identified:	April 2023	Date of last review:	April 2023

Risk Title: Medical Education Offer

If the Trust does not effectively manage the increase in demand regionally and nationally for its Medical Education offer, then the Trust will not meet its ambition to offer a national medical education training programme in Neurosciences.

Date of next review:	July 2023
CQC Regulation:	Regulation 17 Good Governance
Ambition:	Research and Innovation
Assurance Committee:	Research Innovation and Medical Education (RIME) Committee
Lead Executive:	Chief People Officer

Linked Operational Risks

None scoring over 12

	Risk Appetite	Open

	Consequence	Likelihood	Rating
Initial	Major	Likely	
	~~4~~3	4	~~16~~12
Current	Moderate	Unlikely	
	~~4~~3	~~2~~3	~~8~~9
Target	Minor	Unlikely	
	~~4~~3	2	~~8~~6

Key Impact or Consequence

- Failure to achieve key strand of Trust's Strategic ambition as leading in education.
- Inability to grow beyond current student / trainee establishment numbers and risk ~~Loss of~~ current and future HEE/DHSC income streams for medical education
- Failure to build on Trust's external reputation as centre of academic excellence and subsequent ability to attract highest calibre undergraduate and postgraduate medics
- Failure to take advantage of opportunity to ~~harness Trust's international profile and~~ grow education offerings outside of HEE training programmes
- ~~Reduced ability to~~ Challenges in attracting medical ~~consultants and~~ staff with a specialist interest in medical education
- No obvious trajectory for developing future educationalists ~~Failure to build on Trust's external reputation as centre of academic excellence and subsequent ability to attract highest calibre undergraduate and postgraduate medics~~
- ~~Inability of Trust to grow innovative education programme and technology enhanced learning delivery~~ Failure to invest in new and emerging means of delivering education through technology enhanced learning.
- Failure to consider alternative and new professional roles in the delivery of medical education.

Performance:
What evidence do we have of the risk occurring i.e. likelihood?

- Difficulties recruiting to internal lead educator roles
- Limited capacity within ~~to develop~~ current physical resource ~~and offer on a national scale~~ as it is presently utilised
- ~~Inability to attract high quality medical education staff~~
- Challenge in managing competing pressures of clinical service delivery and dedicated student support/supervision time.
- Human resource capacity limited with regards to hosting elective/observer programmes, numbers capped due to capacity of clinical supervisors
- Formal plan not yet in place to deliver national program, activity has been ad hoc.
- Technology Enhanced Learning programme in its infancy, infrastructure to be established to support implementation / expansion
- Growth in interest from medical schools in North West ~~and~~ /North Wales and pressure to lead on delivery of Neuroscience ~~about delivery of~~ medical education ~~for their students~~ for programmes in addition to University of Liverpool – competition for WCFT resource.

Key Controls or Mitigation:
What are we currently doing to control the risks? Provide the date e.g. when the policy/procedure was last updated

1. Established Medical Education Committee and clear reporting line to the Board of Directors via to Research, Innovation and Medical Education (RIME) Committee
2. Lead educator roles established with Director of Medical Education (DME) engagement with regard to recruitment, job descriptions reviewed prior to new appointments
3. Medical Undergraduate Working Group is active and meets at least bi-monthly. Clinical Sub-Dean actively engaging with consultant body to raise awareness and encourage support
4. Established leadership roles for registrars within Undergraduate and Postgraduate education programmes
5. Teaching and education programmes are now streamed
6. SOPs have been created to standardise and assure processes
7. New structure for delivery of education was consolidated in 2021
8. Consultants are now formally recognised for undergraduate educational supervision and remunerated through job planned activities
9. Education Clinical Fellows and other education leads (consultant) roles embedded – Education Appraisal Lead, Student Research Projects, provide a diffused, sustainable network of educational support.
10. Trust educators being supported to apply for honorary clinical appointments with University of Liverpool. DME awarded Honorary Associate Professorial title (December 2022)
11. Guardian of safe working quarterly report to Board
12. Deputy Director of Medical Education and Educational Assessment Leads in place
13. Membership of University Hospitals Association
14. People Substrategy 2022-25 including Medical Education

Key Gaps in Control:
Where we are failing to put controls/systems in place or where are we failing to make them effective?

1. ~~Plan for to deliver~~ a national programme of Walton branded medical education training events is not currently in place although there has been delivery of three national training ~~offer days~~ events organised through Trust consultants. ~~Plan to be incorporated into People Substrategy (February 2023)~~
2. Assessment of resource required to develop and deliver national offer in terms of infrastructure, staffing, marketing needs to be undertaken
3. If initial interest from other medical schools progresses, there may not be sufficient capacity ~~in the team~~ to delivery what would be required and negative impact on overall quality of provision & experience – discussion needs to be done collectively with multiple med schools to ensure optimum outcomes
4. Workforce planning has to consider impact of AI and how doctors future roles/education needs will change
5. Capacity to deliver potential doubling of medical students
6. Medical Education Strategic Implementation Plan in development.

Assurances: What evidence do we have to demonstrate that the controls are having an impact? How is the effectiveness of the control being assessed?	Gaps in Assurance: Where are we failing to gain evidence that our controls/systems, on which we place reliance, are effective?
Level 1 • Medical Education Committee minutes • Medical Education overarching Action Plan • Medical Undergraduate Working Group minutes • Junior Doctor Forum (held alongside Guardian of Safe Working) **Level 2** • Medical Education Quarterly and Annual Reports to RIME Committee • HEENW Annual Education Return Board report • End of Placement Feedback – Undergraduate • Placement Exit Survey – Postgraduate • Six monthly updates to RIME Committee **Level 3** • GMC National Training Survey – Postgraduate Trainee and Trainer • UoL Clinical Undergraduate placement RAG reports • Annual Education Self Assessment Report - UoL • Annual Education Self-Assessment Report – HEENW • University Hospital Status October 2022 / Membership of University Hospitals Association • # Trust staff with honorary clinical appointments • # Trust staff with GMC Trainer Recognition	1. Support from key strategic partners for national programme. 2. Governance for development of a national offer still to be developed and agreed. 3. Infrastructure is limited to support new and emerging work streams e.g. TEL and simulation 4. Coordination and management of medical elective and observer placements based on historic admin process, no data to evaluate satisfaction or quality

	Corrective Actions: To address gaps in control and gaps in assurance	Action Owner	Forecast Completion Date	Action Status
1	Review governance and financial costing of electives and observers to support the national offering	~~Medical Education Development Manager /DME~~ CPO	May 2023	In progress
2	Development of a policy on external Clinical Attachments for undergraduate and postgraduate learners	~~Medical Education Development Manager /DME~~ CPO	September 2023	~~New Action~~ In progress.
3	Review resource required for Education Supervision if offer widened to other medical schools and demand increases	~~Medical Education Development Manager /DME~~ CPO	August 2023	~~New Action~~ In progress
4	Engagement with strategic partners i.e. NHSE NW, C&M ICS, regarding national medical school expansion, contribute to regional discussion	~~Medical Education Development Manager /DME~~	September 2023	New Action
5	Medical Education Strategic Implementation Plan to be developed and approved by RIME	CPO	September 2023	New Action

Risk ID: 009	Date risk identified:	April 2023	Date of last review:	April 2023

Risk Title: Research and Development

If the Trust does not develop a sustainable business model and strategy for research it will not attract the right staff or the research projects necessary for the Trust to become a world-class centre for Neurosciences and innovation

Date of next review:	July 2023
CQC Regulation:	Regulation 17 Good Governance
Ambition:	Innovation and Research
Assurance Committee:	Research, Innovation & Medical Education (RIME) Committee
Lead Executive:	Chief People Officer

Linked Operational Risks

983	If the QMS does not function correctly, then there is a risk of non-compliance with the clinical trial directive and good clinical practice. This could cause issues with the reliability of the data or even cause patient harm. This could impact on the Trust's reputation and result in a loss of income.	12

Risk Appetite	**Open**

		Consequence	Likelihood	Rating
Initial		Major	Likely	
		4	4	16
Current		Major	Possible	
		4	3	12
Target		Major	Unlikely	
		4	2	8

Key Impact or Consequence

- Unable to recruit and retain the most ambitious clinical staff
- Unable to meet the Clinical Research Network targets
- Negative impact to Trust's reputation and ability to attract commercial sponsors
- Failure to attract the right research projects
- Unable to secure sufficient grant-based funding
- Damage to key strategic partnerships (e.g. LHP, ICS) during a time of both significant changes to regional systems and increased external scrutiny (e.g. CQC).
- Deleterious impact on Neuroscience Research Centre (NRC) workforce, lack of sufficient workplace capacity and capability to maintain, grow and develop the research function
- Financial model becomes unsustainable and unable to balance income streams, notably commercial income
- Inability to secure sufficient grant-based funding
- Ineffective development of the research strategy, through a lack of awareness and mitigation of external macro environmental influences and pressures

Performance:
What evidence do we have of the risk occurring i.e. likelihood?

- 20 studies have been declined in the past two years (increase from 10)
- 29 studies in backlog which currently cannot be opened (consistent with 27 in 2022)
- ~~Lack of study back-up nurses to ensure study continuity~~
- Ability to recruit consultants with research interests
- Failure to recruit to trials
- ~~Staff stress related sickness absence~~
- ~~Challenges in team capacity due to sickness~~
- Unable to meet timelines for setting up studies
- Delays in meeting recruitment targets
- Not enough consultants who are engaged and interested in research studies and the potential benefits

Key Controls or Mitigation:
What are we currently doing to control the risks? Provide the date e.g. when the policy/procedure was last updated

1. Research and Development Strategy 2019/24 (under review)
2. CAPA audit (Corrective Actions Preventative Actions)
3. External peer review of WCFT protocols, sponsor studies date 2020?
4. New partnerships with universities, other trusts and system level collaborations
5. ~~Prioritisation of commercial trials and development of new income streams~~
6. Charitable funds allocation for research (recurring)
7. GCP (Good Clinical Practice) training for research active staff monitored
8. Portfolio meetings to review each trial offer
9. 'Rebooted' Liverpool Health Partners

Key Gaps in Control:
Where we are failing to put controls/systems in place or where are we failing to make them effective?

1. Ongoing redesign of Neuroscience Research Centre (NRC) and associated implications for the human resource, including the teams capacity, capability and clarity of purpose to deliver strategic objectives
2. Implications of the NRC redesign upon the development/ implementation of strategic objectives
3. Current R&D governance model unable to deliver research on a bigger scale.
4. Completion of audit action plans paused due to lack of resource
5. Clarity of purpose and roles in the emerging system infrastructure
6. Income generation model approved but contracts to be negotiated
7. Review/development of principles for time dedicated to research
8. Prioritisation framework
9. Engagement with wider consultant body

Assurances:
What evidence do we have to demonstrate that the controls are having an impact? How is the effectiveness of the control being assessed?

Level 1
- Principal Investigators Forum
- Sponsorship & Governance Oversight Group
- Research Capability Funding Group
- GCP record
- Monthly portfolio meeting to identify financial benefits or disbenefits of each trial

Level 2
- Research updates to RIME Committee
- RIME Committee Chair's Key Issues Report to Board of Directors

Level 3
- MHRA Inspection Audit
- CQC Inspection report 2019
- Kings College external review of NRC 2020

Gaps in Assurance:
Where are we failing to gain evidence that our controls/systems, on which we place reliance, are effective?

1. Organisational change and service redesign still in implementation phase, impact to be assessed
2. Feasibility study process needs to be improved
3. Key Performance Indicators
4. Standard Operating Procedure required for the set up of studies to ensure consistency
5. Expression of interest process does not chase responses where no interest
6. Time to explore quality issues with research projects
7. Understanding of ideal research portfolio mix for trials

• University Hospital Status and membership of Associate Research Groups and Research and Development Directors University Hospitals Association Groups	

Corrective Actions: To address gaps in control and gaps in assurance		Action Owner	Forecast Completion Date	Action Status
1	Head of NRC to support with a review of governance practices including audit action plans and developing the administrative capabilities to support research on a bigger scale. UPDATE: Complete except administrative support – pending HR process	CDRD	~~April 2022~~ ~~August 2022~~ ~~November 2022~~ ~~February 2023~~ March 2023	~~On track~~ ~~In progress~~ Complete
2	Strengthen links and collaborate with key local research partners such as universities to clarify NRC place in external local system. UPDATE: LHP disbanded, system change has delayed progress. Closed as action as engagement is ongoing.	CDRD	~~October 2022~~ ~~December 2022~~ April 2023	~~In progress~~ Complete
3	Develop plan to promote research agenda with patients, carers and staff. UPDATE: To review at RIME March 2023. Further work required to understand finances.	Head of NRC	~~January 2023~~ ~~March 2023~~ December 2023	In progress
4	Develop SPAs framework for research activity using medical education model	CDRD	~~January 2023~~ ~~June 2023~~ September 2023	In progress
5	Develop R&D operational risks impacting the strategic risk and add to Trustwide risk register. UPDATE: In process of being finalised.	CPO	~~November 2022~~ February 2023	~~New Action~~ ~~In progress~~ Complete
6	Requirement to understand internally and externally managed research financial flows in and out of the Trust	~~CFO~~ CFO	~~March 2023~~ October 2023	~~New Action~~ In progress
7	Research KPIs to be developed	CPO	November 2023	New Action
8	Quality meeting to be established as a subgroup of the Research and Sponsorship Group	CPO	November 2023	New Action
9	Shared set of research priorities to be developed with UoL to underpin the new research partnership	CPO	July 2023	New Action
10	Invest in joint research posts with UoL	CPO	November 2023	New Action
11	Achieve QMS external accreditation ISO9001	CPO	September 2024	New Action
12	Develop a Strategic Implementation Plan for Research and Development	CPO	October 2023	New Action

Risk ID: 010	Date risk identified: April 2023	Date of last review:	April 2023
Risk Title: Innovative Culture		**Date of next review:**	July 2023
If the Trust does not develop a culture where staff are able to innovate, develop solutions and put patient care first then it will not attract external funding and the right staff to support the ambitions of the Trust.		**CQC Regulation:**	Regulation 17 Good Governance
		Ambition:	Research and Innovation
		Assurance Committee:	Research Innovation and Medical Education (RIME) Committee
		Lead Executive:	Chief Executive

Linked Operational Risks

989	If there is insufficient knowledge at Board/senior management level to lead and develop the organisation's innovation agenda this would restrict the Trust's ability to deliver on its innovation ambition due to a limited level of maturity and lack of innovative culture	12

Risk Appetite	**Adventurous**

	Consequence	Likelihood	Rating
	Major	**Likely**	
Initial	4	4	16
	Major	**Possible**	
Current	4	3	12
	Major	**Unlikely**	
Target	4	2	8

Key Impact or Consequence

- Not continuing to be at the forefront of innovative neurosciences treatment to improve patient care
- Inability to retain or attract clinical staff if unable to fulfil their innovation ambitions
- Insufficient workplace capacity and resourcing to ensure innovative practices, treatments and boundary scanning
- Risk aversion and complacency
- Innovations will not be fully implemented, acknowledged and celebrated
- Reputational impact
- External scrutiny e.g. CQC well led

Performance:
What evidence do we have of the risk occurring i.e. likelihood?

- National Staff Survey ~~2021~~22 themes; wellbeing, development and reward and recognition
- Limited understanding of culture and sub-cultures in Trust
- ~~Reduced resource capacity due to Covid 19 pandemic pressures~~
- ~~Commercial management vacancy~~
- Lack of staff and leadership engagement
- Insufficient succession planning or development opportunities in innovation

Key Controls or Mitigation:
What are we currently doing to control the risks? Provide the date e.g. when the policy/procedure was last updated

1. Innovation Strategic Implementation Plan 2022-25 approved by RIME Committee in December 2022
2. Innovation Pipeline review completed November 2022.
3. Innovation Group Terms of Reference approved by RIME Committee in December 2022. First meeting in March ~~2023 First meeting to be held February/March 2023.~~
4. Innovation Lead in post
5. Investors in People Gold accreditation for 'we invest in wellbeing' standard - annual reaccreditation received in June 2022
6. Investors in People Gold accreditation for 'we invest in people' standard - annual reaccreditation assessment received in January 2023. (full three yearly reaccreditation due November 2023)
7. Pulse and National Staff Surveys
8. Staff 'TEA' (talk, engage, action) sessions with Executive Team July-August 2022
9. 'Join Jan' bi-monthly staff engagement sessions with CEO
10. Board Effectiveness Review April 2023 included response from staff.
11. Financial and Commercial Substrategy approved by Board April 2023

Key Gaps in Control:
Where we are failing to put controls/systems in place or where are we failing to make them effective?

1. Clinical and corporate divisional engagement of; internal initiatives, spread and adoption of external innovations and address risk aversion
2. Workforce capacity to have time to develop and implement initiatives
3. Wider engagement with Trust stakeholders and patient groups
4. ~~Financial and Commercial Sub-strategy development~~
5. Single project management office to be established
6. Competitor Analysis to be completed
7. Innovation Communication Plan to be revised as part of the Innovation Strategic Implementation Plan 2022-25

Assurances:
What evidence do we have to demonstrate that the controls are having an impact? How is the effectiveness of the control being assessed?

Level 1
- Innovation Group
- Monthly Innovation Team meetings
- Regular meetings with procurement, IT, IG, Service Transformation Team, clinical and other teams as required
- Collaborative working arrangements with external partners

Level 2
- RIME Committee approval of funding applications and oversight of project pipeline activity
- RIME Committee Chair Report to Trust Board and Council of Governors
- Executive Team approval of innovation business cases
- Trust Board and HMG endorsement of innovation business cases

Level 3
- Board level membership at Innovation Agency NWC
- Innovation cited in CQC Inspection report 2019

Gaps in Assurance:
Where are we failing to gain evidence that our controls/systems, on which we place reliance, are effective?

1. Benchmarking assessment and validation of innovation function
2. Risk appetite and strategic approach to innovation management
3. Organisational readiness enabling entrepreneurship, creativity and multi-disciplinary collaboration
4. Limited knowledge of intellectual property
5. Industry foresight and horizon scanning
6. Customer awareness and behaviours
7. Measurement of return of investment of innovations
8. Systematic process for measuring outcomes and continual improvement
9. Benefit realisation for innovative business cases not yet feasible due to lack of defined metrics
10. Consistent legal processes/ advice for more common realisation working arrangements

Corrective Actions: To address gaps in control and gaps in assurance		Action Owner	Forecast Completion Date	Action Status
1	Benchmarking assessment of innovation function via Investors in Innovations Standard aligned to ISO 56002 Innovation Management System – international industry standard. Update February 2023: Self-assessment element commenced. Update May 2023: Training and mentorship programme commenced	CPO/IM	~~June 2022~~ ~~Tbc~~ ~~May 2023~~ September 2023	In progress
2	Develop innovation communication plan in line with Innovation Implementation Plan 2022-25 Update November 2022: Staff communications started. Final Communications Plan to be implemented following Innovation Strategic Implementation Plan sign off in February 2023. Update May 2023: Engagement beng undertaken through team meetings and inductions. Presentations on specific projects given as part of external visit presentation eg NHSP and LCR Growth Platform. Plan in development.	IM	~~September 2022~~ ~~January2023~~ ~~February 2023~~ ~~April 2023~~ June 2023	In progress
3	Develop Innovation Risk Register Update November 2022: Meeting held with the Head of Risk further to which risk register is in development. Innovation operational risks to be identified in place of departmental risk register Update February 2023: Innovation operational risks identified, agreed. Will be entered onto Datix system and included in the Trust's Operational Risk register therefore departmental risk register not required.	IM	~~September 2022~~ ~~December 2022~~ March 2023	~~In progress~~ Complete
4	Five Year Workforce Plan Update November 2022: Annual review for 2022/23 undertaken and NHS England submission returned April 2023	CPO	~~December 2022~~ April 2023	~~In progress~~ ~~Ongoing~~ Complete
5	Single project management office established Update November 2022: paper taken to Executive Team meeting on 14/11/22 on proposed model Update February 2023: Consultation undertaken to create one strategic project management Office first shadow meeting 13 Feb 23.	ADO	~~December 2022~~ ~~January 2023~~ April 2023	~~In progress~~ Complete
6	Spinal Improvement Programme income generation model contracts to be finalised Update January 2022: COVID added > 1 year delay due to resourcing and project complexities limiting progress. Contracting in progress. Update November 2022: Significant rewrite of contract required and currently awaiting final version which was expected in September 2022. Review of feasibility and capacity within the Neurosurgical division being undertaken due to staff changes. Update February 2023: Work being undertaken to confirm viability to take forward which will be known by mid-February 2023. Update May 2023: Proposal taken to Executive Team to approve trial in Neurosurgery.	CPO	~~October 2020~~ ~~March 2021~~ ~~August 2021~~ ~~October 2021~~ ~~February 2022~~ ~~June 2022~~ ~~September 2022~~ ~~December 2022~~ ~~March 2023~~ June 2023	~~Delayed due to COVID~~ ~~On track~~ In progress
7	Innovation included within the staff engagement surveys. Update November 2022: Review of outcomes from the relevant sections of the national NHS Staff Survey to be undertaken when received in March 2023. Update May 2023: Agreed to early to include in surveys – action closed. Relevant sections of current responses to be reviewed through innovation lens.	CPO/IM	~~September 2022~~ ~~March 2023~~ June 2023	~~In progress~~ Complete
8	Competitor analysis to be initiated and presented to Trust Board Update November 2022: Competitor analysis being undertaken as part of the Commercial Substrategy Update February 2023: Finance and Commercial Substrategy due to go to Trust Board for approval in March 2023.	CFO	~~TBC (due to COVID 19)~~ ~~July 2022~~ ~~February 2023~~ March 2023	~~On hold~~ ~~Delayed due to COVID~~ ~~In progress~~ Complete
9	Development of Financial and Commercial Substrategy Update February 2023: Finance and Commercial Sub-strategy due to go to Trust Board for approval in March 2023.	CFO	~~November 2022~~ ~~February 2023~~ March 2023	~~In progress~~ Complete

Risk ID:	011	Date risk identified:	April 2020	Date of last review:	May 2023

Risk Title: Cyber Security

If Cyber Security attacks continue to evolve and grow then the Trust may be subject to a successful attack which may lead to service disruption, loss of data, sanctions, financial penalties and a loss of public confidence.

Date of next review:	Aug 2023
CQC Regulation:	Regulation 17 Good Governance
Ambition:	3 – Financially Strong
Assurance Committee:	Business Performance Committee (Audit)
Lead Executive:	Chief Finance Officer (SIRO)

Linked operational Risks

686	If the Trust encounters a cyber security incident, then there is risk of potential data breaches or malware attack.	12
684	If the Trust doesn't provide adequate security for hardware and clinical devices, then there is a risk of a potential cyber incident due to open public access.	12
685	If the appropriate Trust controls with regards to data are not adhered too, there is an increased risk of a data breach.	12

Risk Appetite	Averse

	Consequence	Likelihood	Rating
Initial	Major	Almost Certain	
	4	5	20
Current	Moderate	Almost Certain	
	3	5	15
Target	Minor	Likely	
	2	4	8

Key Impact or Consequence

- Loss of operational and clinical disruption or a ransom
- Potential financial loss due to loss of activity
- Likely to lead to financial, business and operational impacts as well as reputational damage
- Potential data breaches leading to a fine from the ICO with increased penalties under GDPR (up to 4% of turnover)
- Non-compliance with Data Protection Laws/Network and Information Systems Directive
- Reputation risk due to loss of trust from patients, service users and other organisations the Trust supplies services to.

Performance:
What evidence do we have of the risk occurring i.e. likelihood?

NHS Cyber Alerts

Month	2023	2022	2021
Jan	16	26	26
Feb	20	15	37
Mar	18	25	32
Apr	20	18	32

Category	2022
Insecure Software	225
Attack Methodology	4
Vulnerability	3

14 High Cyber alerts 2022
- **4 High Cyber Alerts 2023**

- Cyber security attacks are increasing, and ongoing work is required to keep up to date
- Heightened Cyber level due to Russian conflict.

Key Controls or Mitigation:
What are we currently doing to control the risks? Provide the date e.g. when the policy/procedure was last updated

1. Firewall in place and kept up to date on an ongoing basis
2. Security Information and Event Management (SIEM) monitors all live systems
3. Vulnerability Protection across Server Fleet
4. Hard drive encryption (Laptops)
5. Endpoint Encryption on all computers to prevent local distribution of malware
6. 2 factor Authentication on Server Rooms
7. Swipe Access for staff areas
8. Smart water protection on all devices
9. Asset register and inventory in place
10. ISO27001 Accreditation process – 3 yearly with annual checks. Full accreditation passed April 2023
11. Informatic Skills Development Accreditation Level 1
12. HIMMS Level 5
13. Data Security and Protection Toolkit
14. Member of the Cheshire and Mersey Cyber Security Group
15. CareCERT Processing on a regular basis
16. Network groups for IG - Radiology etc.
17. Proactive monitoring of national cyber alert status
18. Daily National update Advance
19. NHS Mail – National mail protection
20. Backups – Transition to immutable "offline" backups to protect against Ransomware attacks Q2/3 23
21. Datacentre – Currently upgrading to latest VMware platform to continue to receive critical security updates
22. SQL – Migration of SQL instances underway to the latest supported Microsoft SQL platform to continue to receive critical security updates
23. Alerts and communications plan in place to educate and remind staff about IT security
24. Updated version of Antivirus in place
25. Board of Directors completed Cyber Security training November 2022.
26. Digital Substrategy approved at Board in March 2023
27. McKinsey digital maturity assessment completed, with peer review, approved at Board and submitted May 2023.
28. Adoption of national NHS Cyber Security Strategy 2023-2030

Key Gaps in Control:
Where we are failing to put controls/systems in place or where are we failing to make them effective?

1. Limited funding and investment nationally regarding Cyber Security
2. Lack of skilled resources working in the area of cyber security and private sector competition pushing costs up
3. Increased activity due to geo-political events
4. Some recommendations from MIAA Cyber Security Internal Audit will continue to be implemented throughout 2023/24 as legacy servers are moved into new Datacentre.
5. Number of legacy systems and therefore unsupported Software including a legacy operating system which is being migrated as application become latest OS compliant. (Remedial protection in place)

Assurances:	Gaps in Assurance:
What evidence do we have to demonstrate that the controls are having an impact? How is the effectiveness of the control being assessed?	Where are we failing to gain evidence that our controls/systems, on which we place reliance, are effective?
Level 1 Review of CareCERTs – Weekly (Technical Infrastructure Group) Annual Cyber Security Awareness Presentation to Audit Committee ~~Board~~ Monthly Information Governance and Security Forum Meetings **Level 2** Monthly report from Information Governance and Security Forum to Business Performance Committee Annual Report of Senior Information Responsible Officer -reports to Audit Committee ~~Board~~ Trust Board Annual Cyber Plan to Audit Committee IG Data Security & Protection Toolkit progress, reports to Audit Committee **Level 3** ISO27001 – 3 yearly accreditation, external audit annually - reaccreditation Apr 23 MIAA audits of Data Security and Protection Toolkit –Substantial Assurance External Penetration Testing – 2022 completed / July 23 Regional Desktop Exercise – April 2022 Internal Desktop Cyber Exercise – Dec 2022 / May 23 Trust Board Cyber Security Training – Nov 2022	1. Third party assurances required regarding satellite sites 2. Ongoing work with NHS Digital to inform funding requirements 3. Local skillsets limited resourcing (001)

Corrective Actions: To address gaps in control and gaps in assurance		Action Owner	Forecast Completion Date	Action Status
1	On-going work with NHS Digital to inform funding requirements for Cyber Security post-Covid Working on regional solution 2022/23 with Digital Lead, awaiting ICS input UPDATE: Awaiting new Chief Digital Information Officer to join ICS. In post from October, planning Cyber Strategy is main focus. CIO Away day December to discuss steps. UPDATE: Awaiting update on Cheshire and Mersey Cyber funding 2023/24 UPDATE May 2023: Walton Centre Cyber position to be created for 2023/24 to avoid any delays. Training packages in place	CFO	~~June 2022~~ August 2023	~~On hold~~ In Progress
2	Collaboration with C&M and NHS Digital and Specialist Trusts Some additional functions put into place, looking at expanding further post Covid. Revisiting with ICS with new digital lead and Cyber skillsets. On hold while awaiting new Chief Digital Information Officer to join ICS. In post from October, planning Cyber Strategy is main focus. CIO Away day December to discuss steps.UPDATE: Awaiting update on Cheshire and Mersey Cyber funding 2023/24 UPDATE – Link into above item	CFO	~~August 2022~~ tbc	~~In progress~~ ~~On hold~~ ~~In Progress~~ Superseded
3	~~Expand Cyber service to underpin current processes with MIAA / C&M ICS~~ ~~Desk top exercise complete, penetration test booked for July complete~~ UPDATE: Desk top exercise completed May 2023, penetration test scheduled for July 2023	CFO	August 2023	In Progress
4	Attainment of HIMMS level 6 through Digital Aspirant programme UPDATE ongoing although reliance on LUHFT Pharmacy CARL programme upgrade to complete closed loop may impact forecast completion date. UPDATE May 2023 – Review of potential Liverpool place EPR May-July 23 which will impact timeframe for closed loop completion. Alternative solutions being investigated	CDIO	~~April 2023~~ April 2024	~~In progress~~ On Hold
5	Transcription of operational risks from local IT risk register to Datix.	CDIO	March 2023	~~In progress~~ Complete
6	Creation of Monthly SIRO/Exec Lead for Digital Cyber Assurance Meeting, in line with Cyber Security Lead appointment	CDIO	July 2023	New Action
7	Creation of GAP report and action plan against NHS Digital Maturity Assessment	CDIO	August 2023	New Action
8	Creation of Cyber Plan 2023/24	CDIO	July 2023	New Action
9	Creation of Action plan based on GCHQ Cyber Assurance Framework (CAF)	CDIO	October 2023	New Action

Risk ID:	012	Date risk identified	April 2023	Date of last review:	April 2023

Risk Title: Digital

If the Trust fails to deliver its digital commitments and its ambition to harness the full potential of digital technologies, increase its digital maturity and prioritise digital inclusion, it could lead to poor patient and staff experience, missed opportunities and reputational damage.

Date of next review:	July 2023
CQC Regulation:	Regulation 17 Good Governance
Ambition:	Digital/ Cyber Security: To keep up with digital opportunities and threats
Assurance Committee:	Business Performance Committee
Lead Executive:	Chief People Officer

Linked Operational Risks

20	If the Trust does not have sufficient IT capacity, then there may be a risk to the achievement of the Trust strategic ambitions, particularly in relation to service improvement, quality and transformation.	8
543	If delays in completion of IT projects continue, then there is a risk to patient safety, specifically the risk of a loss, duplication and inaccurate key data on reports generated by EPN system, resulting in a lack of clinical confidence in the accuracy of the reports.	15
933	If there is no digital solution implemented for the reporting of microbiology results to the IPC Team then there is a risk of the team being unaware of infections.	12

	Consequence	Likelihood	Rating
Initial	Major 4	Likely 4	16
Current	Major 4	Possible 3	12
Target	Major 4	Unlikely 2	8

Risk Appetite	**Moderate**

Key Impact or Consequence

- Investment does not result in anticipated benefits for patient care and safety
- Missed objective
- Reputational damage due to poor use of resources
- Poor patient experience
- Long term revenue commitments for under-par systems
- Staff do not understand/use systems
- Sanctions from regulators

Performance:
What evidence do we have of the risk occurring i.e. likelihood?

- Trust bid successfully for Digital Aspirant funding approved by NHS Digital. This funding will help to deliver the EPR and wider Digital Strategy between 2021 and 2024
- Insufficient staff resource/sickness to deliver full performance
- Impact of Covid on supply chain causing delays in delivery and equipment shortages

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Key Controls or Mitigation:
What are we currently doing to control the risks? Provide the date e.g. when the policy/procedure was last updated

1. Projects underway and supporting:
   i. Outpatient Transformation
   ii. Theatres Transformation
   iii. ITU System
2. Digital Strategy Board aligned to governance groups across the organisation
3. IT Technical Programme of work in place
4. Cyber Security Programme in place
5. PMO Function underpinning the Digital Strategy
6. Collaboration with other Specialist Trusts regarding IT/Digital to review opportunities to work together / standardise approaches.
7. EPR rollout plan for 2021/22 completed, 2023/24 underway
8. Digital Transformation Programme (LoA/MoU NHSD/X)
9. Digital Aspirant status to allow Digital Transformation
10. HiMSS Level 5 achieved (working towards Level 6)
11. Digital Substrategy approved at Board April 2023
12. Representation on ICS Digital Programme Boards
13. Regular reporting to NHSE vof progress against digital aspirant funding
14. Monthly report to Business Performance Committee
15. Monthly reporting to Executives
16. 22/23 year end Digital Aspirant completed and signed off by NHSEI
17. JIRA system bringing full overview to all projects
18. Board Development Day session on Digital Boards with NHS Providers, second session to be scheduled

Key Gaps in Control:
Where we are failing to put controls/systems in place?

1. Difficulties in recruiting due to source skills shortage in area
2. Directions of C&M Health and Social Care Digital Strategy
3. Change in national priorities around Digital post-Covid response may not be aligned to Trust digital priorities
4. Lack of digital expertise on board
5. External funding ceased 2022/23
6. Measurable Impact of Digital Aspirant
7. GAP report against DMA scoring
8. Sustainable structure for Digital team reflecting a shift away from capital funded interim staff

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Assurances:
What evidence do we have to demonstrate that the controls are having an impact? How is the effectiveness of the control being assessed?

Level 1
Casenote scanning Project Meeting
HITU project meetings
Clinical Systems Safety Group – monthly
Digital Programme Board – bi-monthly
Information Governance & Security Forum – monthly
ISMS Group Monthly
ISMS Risk Group Monthly

Level 2
Strategic Project Management Officer oversight of transformation work
Monthly update on digital transformation progress to BPC
C&M Chief Information Officers Digital Collaboration Group
National Chief Information Officer Weekly Meetings
update on implementation of Digital Aspirant Fund shared with Executive and BPC October 2022

Gaps in Assurance:
Where are we failing to gain evidence that our controls/systems, on which we place reliance, are effective?

Ensuring new Digital Strategy is fully compliant with NHS Digital Aspirant funding objectives.

Level 3	
Critical Applications Audit – Jan 2020 Healthcare Information and Management System Level 5 achieved 2021/22 NHS Digital Maturity Minimum level achieved NHS EPR maturity achieved Information Security Management Systems Certification IS27001 accreditation full sucessul reaccreditation April 23 Independent review of Trust approach to Digital Strategy by NHS Digital 2018/19 Acceptance of approach and contribution to ICS by C&M Digit@LL NHSE monitoring Digital Aspirant via CORA against LoA. Data Security and Protection Toolkit annual audit and submission McKinsey digital maturity submission and peer review with NHS England	

Corrective Actions: To address gaps in control and gaps in assurance		**Action Owner**	**Forecast Completion Date**	**Action Status**
1	New Digital Substrategy with MIAA / C&M ICS to be approved by Board. Initially paused while Trust Strategy approved and ICB digital strategy which both have now been published UPDATE further deferral to March Board	CPO	~~May 2021~~ ~~December 2021~~ ~~September 2022~~ ~~November 2022~~ March 2023	~~In progress~~ Complete
2	HIMMS level 6 UPPDATE: Paused due to reliance on LUFHT Pharmacy upgrade and Blood Bank to complete closed loop. UPDATE: Awaiting first project group with LUHFT.	CDIO	October 2023	~~In progress~~ Paused
3	MIAA Technical Services Gap Audit (audit committee Aug 22) corrective actions. UPDATE May 2023: Update provided to MIAA with some actions closed or plans in place with agreed extended deadlines.	CDIO	~~October 2022~~ ~~February 2023~~ ~~March 2023~~ April 2024	In Progress
4	Transcription of risks from ISMS risk register to Datix inline with migration by NHSD from Sharepoint, which is being decommissioned April 2023	CDIO	~~Feb 2023~~ April 2023	Completed
5	Financial and non-financial benefits and impact of digital aspirant programme to be assessed at project end.	CPO	April 2023 Q4 23/24	~~New Action~~ In progress
6	Digital Maturity Assessment data to be released June 2023. GAP report for the organisation to underpin Digital Strategy to be completed.	CPO	September 2023	New Action
7	New digital team structure to be agreed and implemented.	CPO	September 2023	New Action
8	External review of digital and business intelligence functions to take place following recommendations in Well Led Review.	CPO	August 2023	New Action

Report Title	Liverpool Trusts Joint Committee Terms of Reference
Executive Lead	Jan Ross, Chief Executive
Author (s)	Katharine Dowson, Corporate Secretary
Action Required	To approve

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

☐ **Acceptable assurance**	☐ **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)*

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-

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

- Aintree Site Joint Sub-Committee Terms of Reference to be reviewed

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

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

002 Collaborative Pathways	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
Liverpool Trusts Joint Committee	16 June 2023	Jan Ross, Chief Executive	Terms of Reference agreed and recommended for approval to all Liverpool Provider Boards

Liverpool Trusts Joint Committee Terms of Reference

Executive Summary

1. All NHS provider trust Boards across Liverpool are being asked to consider and approve the attached terms of reference for the Liverpool Trusts Joint Committee (LTJC), which has been established oversee the delivery of some of the recommendations of the Liverpool Clinical Services Review.

Background

2. As members of the Board will be aware, Cheshire and Merseyside Integrated Care System (ICS) were asked in 2022 by NHS England to commission an independent review to:
a. identify and provide recommendations to realise opportunities for greater collaboration between acute and specialised trusts to optimise the model of acute care in Liverpool and beyond; and
b. considered alignment and interdependencies with One Liverpool, the city's health and wellbeing strategy, and the wider Cheshire and Merseyside system.

3. This outcome of this work was the Liverpool Care Services Review which the Cheshire and Merseyside Integrated Care Board (ICB) received and approved at its Board meeting on 26 January 2023. A copy of this Review is available on the ICS's website by clicking here (from page 144), although separate papers for information would have been taken to each of the member NHS provider's Boards.

4. In order to ensure the delivery of six of the recommendations of the Review, a Liverpool Trusts Joint Committee (LTJC) has been set up, with terms of reference under development since May 2023. Following a meeting of the LTJC on 16 June 2023, the attached terms of reference are now being recommended for approval by the Boards of member organisations.

LTJC Terms of Reference (ToR)

5. The LTJC is responsible for leading and overseeing the development and implementation of the Liverpool Acute (Provider) Strategy and the six Review recommendations that fall into the scope of the LTJC (see section 3 of the attached terms of reference).

6. The membership of the LTJC comprises of the following NHS provider trusts across Liverpool, who are each represented on the LTJC by the Chair and Chief Executive:
    a. Alder Hey Children's NHS Foundation Trust (AHCH)
    b. The Clatterbridge Cancer Centre NHS Foundation Trust (CCC)
    c. Liverpool Heart and Chest Hospital NHS Foundation Trust (LHCH)
    d. Liverpool Women's NHS Foundation Trust (LWFT)
    e. Liverpool University Hospitals NHS Foundation Trust (LUHFT)
    f. Mersey Care NHS Foundation Trust (MCFT)
    g. The Walton Centre NHS Foundation Trust.

1

7. Appendix 1 of the ToR also provides a useful organogram outlining the governance arrangements to oversee all of the Review's recommendations, and not solely the six overseen by the LTJC.

8. Members will note that the Appendix 2 (Template Delegation) of the ToR has yet to be completed. The company secretaries of the member NHS provider trusts will be working together over the next few months to address this, with any recommendations going to both the LTJC and member NHS provider trust Boards for approval where necessary.

9. In future a summary set of minutes will also be produced on behalf of the LTJC that will allow member NHS provider trusts to share them with their Public Boards and Council of

Recommendation

To approve

Author: Katharine Dowson, Corporate Secretary
Date: June 2023

Appendix 1- Draft LTJC Terms of Reference (incorporating Liverpool Clinical Services Review Governance Organogram and Template Delegation)

2

Liverpool Trusts Joint Committee

Terms of Reference

Version	DRAFT 1.5
Implementation Date	16/06/2023
Review Date	December 2023
Approved By	Trust boards
Approval Date	[ ]
REVISIONS	

Date	Reason for Change	Author
2 May 2023	Version 1.0 – first draft	HD
2 May 2023	Version 1.1 – second draft	HD
3 May 2023	Version 1.2 – third draft (to align with Sub-Committee TORs)	HD
3 May 2023	Version 1.3 – fourth draft	HD
12 June 2023	Version 1.4 – fifth draft – feedback from LTJC member trusts	DS
16 June 2023	Version 1.5 – comments from LTJC meeting/Approved	DS

1	Name	**Liverpool Trusts Joint Committee (LTJC)**
2	General	Capitalised terms have the meaning set out below: "2006 Act" means the National Health Service Act 2006 (as amended); "Chair" means the chair of the LTJC; "C&M MHLDC" means the Cheshire and Merseyside Mental Health, Learning Disability & Community Collaborative; "CMAST" means the Cheshire and Merseyside Acute and Specialist Trusts Collaborative; "Delegation" means the terms of any delegation to the LTJC including any associated delegation agreement as agreed by the relevant board(s) and appended to these Terms of Reference at Appendix 2 and "Delegated" shall be construed accordingly; "ICB" means the NHS Cheshire and Merseyside Integrated Care Board, including any individual, organisation or committee to which its powers or responsibilities are delegated;

		"LCSR" means the Liverpool Clinical Services Review
		"LCSR Recommendations" means the six recommendations from the Liverpool Clinical Services Review which come within the scope of the LTJC, as set out in paragraph 4;
		"LTJC" means the Liverpool Trusts Joint Committee;
		"LTJC Sub-Committees" means the three sub-committees of the LTJC, being • LUHFT and TWCFT (Aintree site) • CCC and LUHFT (Royal Liverpool site) • LHCH and LUHFT (Broadgreen site)
		"Member" refers to a member of the LTJC listed in paragraph 7;
		"Purpose" the purpose of the LTJC as set out in paragraph 3;
		"Trusts" are Alder Hey Children's NHS Foundation Trust (AHFT); Liverpool Heart and Chest NHS Foundation Trust (LHCH); Liverpool University Hospital NHS Foundation Trust (LUHFT); Liverpool Women's NHS Foundation Trust (LWFT); Mersey Care NHS Foundation Trust (MCFT); The Clatterbridge Cancer Centre NHS Foundation Trust (CCC); and The Walton Centre NHS Foundation Trust (TWCFT); and
		"Work Plan" means the rolling plan of work to be carried out by the LTJC over a 12-month period (or such longer period as may be agreed by the Trusts). For the avoidance of doubt the Work Plan does not form part of these Terms of Reference. All references to legislation are to that legislation as updated from time to time.
3	Purpose	The Liverpool Clinical Services Review was commissioned in 2022 to realise opportunities for greater collaboration between acute and specialist trusts, to optimise acute care clinical pathways in Liverpool and beyond. A diagram setting out the various governance groups and organisations involved in overseeing and implementing the recommendations from the LCSR is set out at Appendix 1. Through delivering its Work Plan (via the LTJC Sub-Committees), the LTJC will be responsible for leading and overseeing the development and implementation of the Liverpool Acute (Provider) Strategy and the six LCSR Recommendations within the scope of LTJC. The six LCSR Recommendations within the scope of the LTJC are as follows: • R3 - Improving outcomes and access to emergency care using existing co-adjacencies • R5 - Providing timely access to high-quality elective care through existing estates/assets

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		- R7 - Combining expertise in clinical support services to provide consistent services (Liverpool) - R9 - Attracting and retaining talent in Health and Social Care within Liverpool City Region - R11 - Integrating digital systems to improve care delivery - R12 - Making best use of resources to secure financial sustainability for all organisations in Liverpool. Should the LTJC identify further opportunities to improve clinical services in Liverpool through collaboration, these additional workstreams will be agreed to and overseen by the LTJC as part of the Work Plan. The following principles will inform the work of the LTJC in delivering the Work Plan: - Ensure that proposals are underpinned by demand and capacity analysis - Ensure that clinicians are at the forefront of the development of the envisaged approach on each site, with appropriate clinical leadership from each organisation to oversee the work and facilitate involvement from the clinical community - Ensure engagement with partners in the urgent care pathway, including General Practice, community and mental health providers, North West Ambulance Service NHS Trust, to incorporate pre- and post-hospital elements of the pathway - Ensure engagement with wider system partners who may be impacted or have the potential to mitigate the impact of any proposed pathway changes including the ICB, neighbouring Place systems, CMAST, NHS Commissioning: Specialist Services, and the C&M MHLDC - Ensure that programmes of work are resourced to deliver, securing a dedicated team from relevant Trusts to support the LTJC to develop and implement the operating model for each site, undertaking design work and modelling for operational and proposed service transformation. - Ensure that the Work Plan complies with statutory duties and best practice standards in delivering service change - Ensure that any need for patients, public and stakeholders' involvement are identified as a core part of the Work Plan and form part of a planned engagement approach with patients, public and stakeholders - Ensure no detriment to patients within a wider geography to Liverpool.
4	Scope	The LTJC shall identify the projects and areas it will work on to achieve its Purpose in its Work Plan. The LTJC may add and remove projects and areas from the Work Plan from time to time provided that they are linked to the LTJC's Purpose. The LTJC shall hold to account the LTJC Sub-Committees which shall be responsible for delivering elements of the Work Plan and associated priorities through delegations from the LTJC and reporting back to the LTJC, as set out in their respective terms of reference.

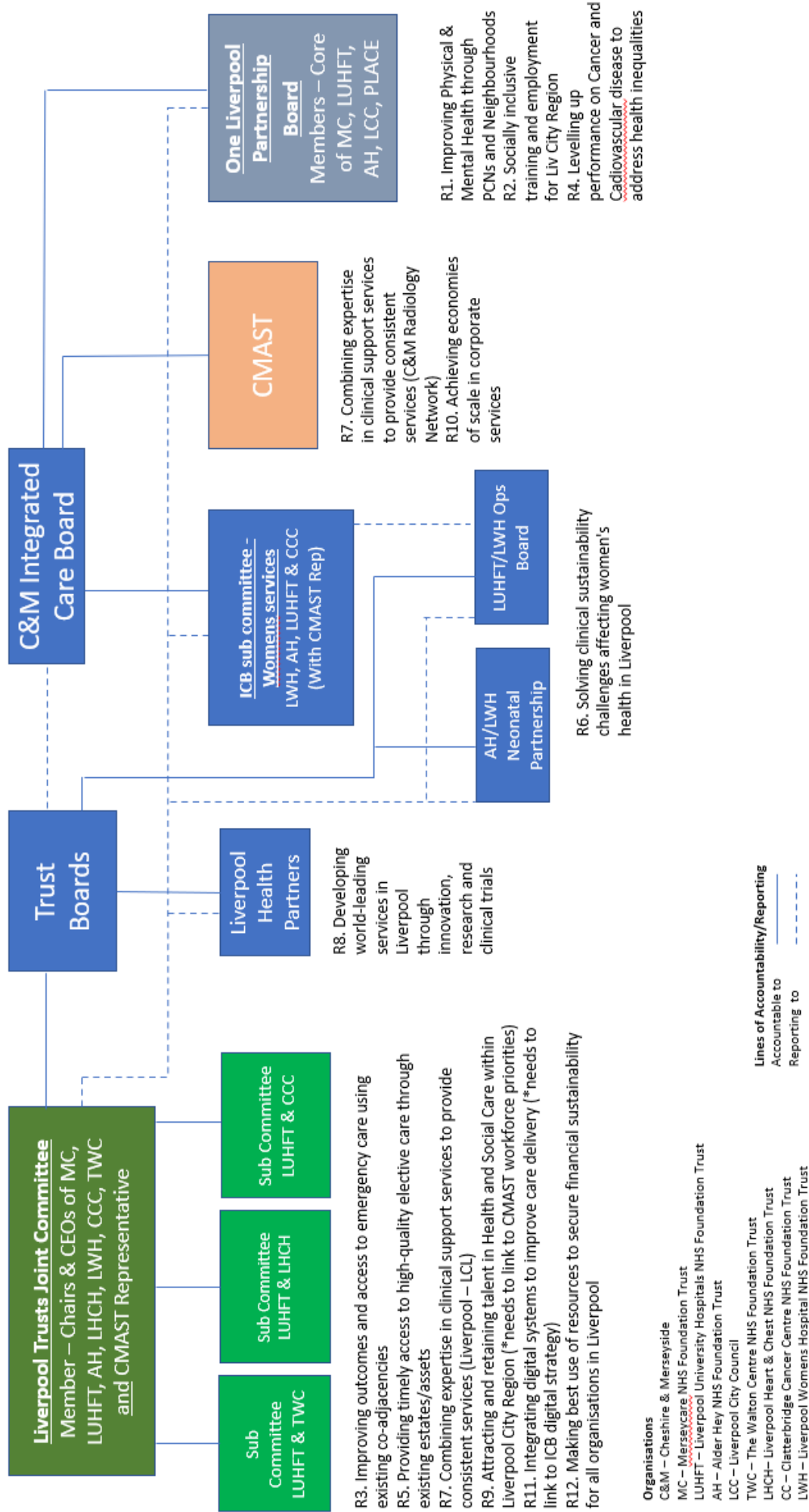| 5	Status and legal basis	The LTJC is established by the Trusts as a joint committee pursuant to sections 65Z5 and 65Z6 of the 2006 Act in respect of those functions within its scope which are formally delegated by the Trusts to the LTJC in accordance with paragraph 6 below.
		The Trusts have the power to arrange for any of their functions to be exercised by the other or jointly with each other under section 65Z5 of the 2006 Act. Where the Trusts have arranged for functions to be exercised jointly, they have the power to form a joint committee for this purpose under section 65Z6 of the 2006 Act, and to establish and maintain a pooled fund.
		The Trusts must have regard to the guidance published by NHS England in March 2023 (and any subsequent/replacement guidance) about the exercise of these powers.
6	Decision-Making	• Decision-making by each Trust Chief Executive Member of the LTJC
		The Chief Executive of each Trust sits on the LTJC. Where a Chief Executive has delegated authority from their Trust to take decisions, they are able to take decisions on behalf of their Trust while sitting on the LTJC. Other members of the LTJC cannot require a Chief Executive to exercise their delegated authority in a particular way.
		The Trusts will work towards having consistency in the levels of delegated authority held by each of the Chief Executives when sitting on the LTJC.
		Where the Chief Executive does not have delegated authority from their Trust to take a decision which the Trusts wish to take in the LTJC (outside of the formal delegations to the LTJC) then that decision will need to be referred back to the relevant Trust board for determination unless it has been delegated to the LTJC as outlined below.
		• Decision-making by the LTJC as a joint committee
		The Trusts may formally delegate decision-making to the LTJC in relation to particular projects or workstreams within the Work Plan. Such delegations will be in accordance with the guidance given by NHS England. Delegations will be appended to these Terms of Reference and must be delivered in accordance with these Terms of Reference and the Delegation. If there is any conflict between these Terms of Reference and a Delegation, the Delegation will prevail. Where functions of the Trusts have been delegated, the LTJC acts as a joint committee of the relevant Trusts.
		The LTJC shall make decisions by consensus of all Members, with the Chair and Chief Executive Members from each Trust seeking to make consensus decisions on behalf of their own Trust. If consensus cannot be reached between all Members, the matter will be referred to the Trust boards for further consideration.
7	Accountability	The LTJC is accountable to each Trust board.
8	Reporting arrangements	The Members from each Trust shall be responsible for ensuring that appropriate reporting is made to their Trust board and their Trust's Council of Governors and that feedback from their Trust is fed through to the LTJC.
		The LTJC shall submit a summary of the minutes from the LTJC Chair to each Trust board meeting in public. The LTJC shall ensure that the work of the LTJC Sub-Committees is reflected in its own minutes.

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		The LTJC shall provide regular reports on its work to the ICB.
		The LTJC shall provide an annual report to the Trusts and the ICB.
9	Membership	The Members of the LTJC are: • Chair of AHFT • Chief Executive of AHFT • Chair of LHCH • Chief Executive of LHCH • Chair of LWFT • Chief Executive of LWFT • Chair of LUHFT • Chief Executive of LUHFT • Chair of MCFT • Chief Executive of MCFT • Chair of CCC • Chief Executive of CCC • Chair of TWCFT • Chief Executive of TWCFT Decisions are taken by the Members as set out in paragraph 6 above.
10	Attendees	The Chair of the LTJC may invite such attendees to LTJC meetings to provide information or be involved in discussion as the Chair considers appropriate. The following shall be invited to attend every meeting of the LTJC: • Representative from CMAST A representative from C&M MH&CC may also where appropriate to the agenda be invited to attend meetings of the LTJC. The Trusts agree to make any of their officers who are involved in delivery of the Work Plan available to attend the LTJC as requested.
11	Deputies	With the permission of the Chair, Members may nominate a deputy to attend a meeting that they are unable to attend. The deputy may speak and vote on their behalf and count in the quorum. The decision of the Chair regarding authorisation of nominated deputies is final. Should permission not be granted, the Chair will provide details of the rationale to the respective organisation. Such nominations should usually be received five working days before the date of the meetings and should always include a short explanation as to why the nomination of a deputy is necessary. The nominated deputy must ensure that they understand the extent to which they are able to take decisions on behalf of their Trust.
12	Chair	The first Chair of LTJC (the "Chair") shall be the Chair of LUHFT who will remain in this position unless otherwise agreed by a majority of the remaining Members. Meetings of the LTJC will be run by the Chair. The decision of the Chair on any point regarding the conduct of the LTJC shall be final.

		The first Deputy Chair of LTJC shall be the Chair of LWFT who will remain in this position unless otherwise agreed by a majority of the remaining Members.
		If the Chair is not in attendance, then reference to Chair in these Terms of Reference shall be to the Deputy Chair.
13	Quoracy	As a minimum, one Member from each Trust, or their authorised deputy, must be in attendance for the LTJC to be quorate.
		If any Member of the LTJC has been disqualified from participating on an item in the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.
		Members may participate in meetings by telephone, video or by other electronic means where they are available and with the prior agreement of the Chair. Participation by any of these means shall be deemed to constitute presence in person at the meeting provided all Members are able to hear and speak to one another.
14	Frequency of Meetings	The LTJC will meet at least monthly in private. Additional meetings may take place as required by giving not less than 14 calendar days' notice in writing to all Members.
		The Chair may call an additional meeting at any time by giving not less than 14 calendar days' notice in writing to Members.
		Three of the Members may request the Chair to convene a meeting by notice in writing, specifying the matters which they wish to be considered at the meeting. If the Chair refuses, or fails, to call a meeting within seven calendar days of such a request being presented, the Members signing the requisition may call a meeting by giving not less than 14 calendar days' notice in writing to all Members specifying the matters to be considered at the meeting.
		In emergency situations the Chair may call a meeting with two days' notice by setting out the reason for the urgency and the decision to be taken.
15	Declaration of Interests	If any of the Members has an interest, financial or otherwise, in any matter and is due to be present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and act in accordance with the NHS England guidance on managing conflicts of interest in the NHS as applicable from time to time.
		The Chair of the meeting will determine how a conflict of interest should be managed. The Chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual must comply with these arrangements, which must be recorded in the minutes of the meeting.

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| 16 | Support to the LTJC | The Lead Officer for the LTJC is the Director of Corporate Affairs of LUHFT and is responsible for managing LTJC agendas and all governance arrangements for the Work Plan.

The LTJC will be provided support by LUHFT.

This will include:
Seeking agenda items from Members two weeks in advance of each meeting; development and agreement of the agenda with the Chair in consultation with the Lead Officer; Sending out agendas and supporting papers to Members at least five working days before the meeting. Liaising with attendees invited to LTJC meetings under paragraph 10 Drafting minutes including an updated version of the Work Plan for approval by the Chair within five working days of any LTJC meeting. Distributing approved minutes (including updated Work Plan) to all attendees following within 10 working days of Chair's approval. Maintaining an on-going list of actions, specifying which Members are responsible, due dates and keeping track of these actions. Publicising LTJC meetings, minutes and associated documents as appropriate Providing such other support as the Chair requests, for example advice on the handling of conflicts of interest. |
| 17 | Authority | The LTJC is authorised to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires within its remit, from any officer of a Trust. The Trusts shall ensure that their officers co-operate fully and promptly with any such request made by the LTJC.

The LTJC is authorised to commission any reports or surveys it deems necessary to help it fulfil its obligations provided it ensures that full funding is available to meet the associated costs.

The LTJC is authorised to obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary provided it ensures that full funding is available to meet the associated costs.

The LTJC is authorised to create sub-committees or working groups as are necessary to achieve its Purpose. The LTJC is accountable for the work of any such group.

The LTJC may delegate decision-making to the LTJC Sub-Committees in relation to particular projects or workstreams. Such delegations will be in accordance with the guidance given by NHS England and will be appended to the relevant Sub-Committee Terms of Reference. |

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18	Conduct of the LTJC	Members must demonstrably consider the equality and diversity implications of decisions they make and consider whether any new resource allocation achieves positive change around inclusion, equality and diversity.
		Members of the LTJC will abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct.
		The LTJC shall undertake an annual self-assessment of its own performance against the Work Plan and these Terms of Reference. This self-assessment shall form the basis of the annual report from the LTJC to the Trusts and the ICB Board.
19	Amendments	These Terms of Reference may only be amended by resolution of each of the Trust boards. Any amendments shall only take effect upon all Trust boards agreeing the change to the Terms of Reference or on such date as all Trust boards agree, whichever is the later.
20	Review date	These Terms of Reference will be reviewed at least annually and earlier if required. Any proposed amendments to the Terms of Reference will be required to be approved by all Trust boards.

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APPENDIX 1 – LIVERPOOL CLINICAL SERVICES REVIEW GOVERNANCE ORGANOGRAM

One Liverpool Partnership Board
Members – Core of MC, LUHFT, AH, LCC, PLACE

R1. Improving Physical & Mental Health through PCNs and Neighbourhoods
R2. Socially inclusive training and employment for Liv City Region
R4. Levelling up performance on Cancer and Cadiovascular disease to address health inequalities

CMAST

R7. Combining expertise in clinical support services to provide consistent services (C&M Radiology Network)
R10. Achieving economies of scale in corporate services

C&M Integrated Care Board

ICB sub committee – Womens services
LWH, AH, LUHFT & CCC (With CMAST Rep)

LUHFT/LWH Ops Board

AH/LWH Neonatal Partnership

R6. Solving clinical sustainability challenges affecting women's health in Liverpool

Trust Boards

Liverpool Health Partners

R8. Developing world-leading services in Liverpool through innovation, research and clinical trials

Liverpool Trusts Joint Committee
Member – Chairs & CEOs of MC, LUHFT, AH, LHCH, LWH, CCC, TWC and CMAST Representative

Sub Committee LUHFT & TWC

Sub Committee LUHFT & LHCH

Sub Committee LUHFT & CCC

R3. Improving outcomes and access to emergency care using existing co-adjacencies
R5. Providing timely access to high-quality elective care through existing estates/assets
R7. Combining expertise in clinical support services to provide consistent services (Liverpool – LCL)
R9. Attracting and retaining talent in Health and Social Care within Liverpool City Region (*needs to link to CMAST workforce priorities)
R11. Integrating digital systems to improve care delivery (*needs to link to ICB digital strategy)
R12. Making best use of resources to secure financial sustainability for all organisations in Liverpool

Organisations
C&M – Cheshire & Merseyside
MC – Merseycare NHS Foundation Trust
LUHFT – Liverpool University Hospitals NHS Foundation Trust
AH – Alder Hey NHS Foundation Trust
LCC – Liverpool City Council
TWC – The Walton Centre NHS Foundation Trust
LHCH – Liverpool Heart & Chest NHS Foundation Trust
CC – Clatterbridge Cancer Centre NHS Foundation Trust
LWH – Liverpool Womens Hospital NHS Foundation Trust

Lines of Accountability/Reporting
Accountable to ———
Reporting to – – – – –

APPENDIX 2 – TEMPLATE DELEGATION
[To be determined]

CHAIRS REPORT

Aintree Site Joint Sub-Committee held on Tuesday 20 June 2023 at 09:00am, via MS Teams

Introduction

The meeting of the LUHFT and TWC Joint Site Committee took place on Tuesday 20th June 2023. The meeting involved representatives from Liverpool University Hospitals NHS Foundation Trust (LUHFT) and the Walton Centre NHS Foundation Trust.

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

Agenda Item	Key Discussions/ Decisions/ Actions
Minutes of Previous Meeting – 26th April 2023	The Committee **approved** the minutes from the Joint Site Committee (JSC) held on 26th April 2023.
Action Log	The Committee reviewed the rolling action tracker, from the meeting on 26th April 2023. The Committee **agreed** to close all outstanding actions for June following the updates.
Any Urgent Matters Arising	None
Development of a Joint Site Committee Workplan	The Committee received the proposed Site Joint Sub-Committee workplan which highlighted areas of existing clinical and corporate collaboration between both Trust and identified three initial focus areas with agreed deliverables and success measures as follows: • Clinical Pathways • Imaging • Corporate Services (Estates and Digital) Senior Responsible Officers (SRO) will be appointed to implement individual projects who will report to a Joint Partnership Group (JPG) which will be chaired by the Medical Director of TWC and the Deputy Medical Director of LUHFT and report back to the Site Joint Sub-Committee. The Committee **noted** the workplan and **recommended** that the agreed three areas of focus were taken for **approval** by the individual Provider Boards.
Liverpool Trusts Joint Committee Update	The Committee received the update from the Liverpool Trusts Joint Committee (LTJC) meeting held on 16 June 2023 where the LTJC Terms of Reference (ToR) and organogram were approved. These now require approval from each Provider Board. The Site Joint Site Sub-Committee ToR would then be reviewed at the next JSC meeting to reflect the revised governance and reporting arrangement detailed in the LJTC TOR and organogram.
Draft Agenda for the next meeting	The Committee **agreed** the following items will be included on the August agenda: • Site Joint Sub-Committee Workplan Update

Agenda Item	Key Discussions/ Decisions/ Actions
	• Site Joint Sub-Committee Revised Terms of Reference
Next meeting date and venue: Thursday, 17 August 2023, 10:00 at the TWC Boardroom.	

Recommendations for the Board of Directors

The Board of Directors is asked to:

• note the contents of the report

Report to Trust Board
6th July 2023

Report Title	Aintree Site Joint Sub-Committee Workplan
Executive Lead	Andy Nicolson, Deputy Chief Executive and Medical Director
Author (s)	Andy Nicolson, Deputy Chief Executive and Medical Director
Action Required	To approve

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

- The Site Joint Sub-Committee will have delegated powers from the Board to make decisions as described in the ToR to support collaborative programmes of work between the two Trusts.
- The development of the workplan has been clinically led and has followed the principles as outlined in the Liverpool Clinical Services Review. The following workstreams are proposed: emergency clinical pathways, clinical support services, elective care and corporate services. There will be a focus on the key areas of clinical pathways, imaging and estates / digital.
- A presentation will be presented to board (it will be circulated outside the papers) with the detail of the governance and workplan described for full approval.

Next Steps

- Agree to delegate authority from Trust Board to the Joint Sub-Committee on the areas outlined in the workplan. This will go to LUHFT Board for approval in July 2023.
- The Joint Partnership Group will be set up and each of the workstreams, with agreed timescales for deliverables.

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

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

002 Collaborative Pathways	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
Joint Sub-Committee	20 June 2023	A Nicolson, Medical Director	Draft workplan agreed to go to respective Trust boards in July 2023

Aintree Site Joint Sub-Committee Workplan

Executive Summary

1. In response to the recommendations outlined in the Liverpool Clinical Services Review, a Site Joint Sub-Committee between The Walton Centre (TWC) & Liverpool Universities Hospital NHS Foundation Trust (LUHFT) has been established with a view to agreeing established programmes of work to implement, in particular, but not limited to, new emergency care pathway elements proposed by the Liverpool Clinical Services Review across the joint Aintree site. This will build on the existing collaborations already in place such as shared Pharmacy Services and car parking services.

2. This Joint sub-Committee will report into an overarching Liverpool Providers Trust Joint Committee.

3. The draft work plan for the Aintree/Walton Site Joint Sub-Committee was agreed in principle at the meeting on 20 June 2023. The Medical Directors from Aintree and The Walton Centre have coordinated a clinically-led proposed work plan. The plans on a page for the three key areas of focus, in addition to a proposed governance structure, is attached at Appendix 1 for approval by the Board.

4. The workplan describes the areas of decision-making that the Board are formally delegating to the Joint Sub-Committee which was the approach agreed in May when the Terms of Reference for the Committee were approved. All decisions taken by the Joint Sub-Committee must be unanimous or approval will need to be sought by each provider Board.

Joint Committees

5. The Health and Care Bill 2022 brought in new powers for Trusts to establish Joint Committees with the aim of giving organisations more flexibility to work together to improve people's health-and wellbeing and reduce health inequalities. The intent of the 2022 Act is to make collaborative working between those involved in planning, purchasing and delivering care easier nationally, at system level and at place level, to accelerate progress in meeting the most critical health and care challenges.

6. The Trusts have the power to arrange for any of their functions to be exercised by the other or jointly with each other under section 65Z5 of the NHS Act 2006. Where the Trusts have arranged for functions to be exercised jointly, they have the power to form a joint committee for this purpose under section 65Z6 of the 2006 Act and potentially to establish and maintain a pooled fund.

7. The objectives to be delivered through the establishment of the Joint Sub-Committee will be to ensure each hospital site delivers optimal care and efficiency, uninhibited by organisational boundaries – responding to the Liverpool Clinical Services Review. These arrangements will oversee the design, proposition and, when approved, the delivery of the new operating models as well as business-as-usual operations, which will likely give rise to further improvement opportunities. The scope of any such work will be governed by a workplan developed in sight of system partners and approved by Boards (to also reflect any changes to the delegations required to the committee - as and when identified and appropriate).

Development of the Workplan

8. It is acknowledged that there are many areas of collaboration which currently take place between LUHFT (Aintree Hospital) and TWC. Clinical examples of this include the Major Trauma Collaborative, clinical in-reach for respective specialties, the C&M rehabilitation network, stroke services and thrombectomy, End of life care, pharmacy, skull base surgery and mutual aid for theatre and critical care. Existing corporate collaboration includes car parking, utilities, linen services, EBME, staff health and well-being and occupational health.

9. The Aintree / Walton Centre Site Joint Sub-committee met initially on 26 April 2023 and it was agreed that the Medical Directors from Aintree and TWC would develop the areas of clinical priority for collaboration which would report into the Joint Sub-Committee.

10. The development of this workplan follows the principles as set out by the Liverpool Clinical Services Review of safe and effective care, timely access to care, a sustainable and equitable workforce and effective use of resources. The Liverpool Clinical Services Review set out 12 opportunities for collaboration, six of which will be addressed through the joint sub-committees:

    a. Delivering equitable outcomes across emergency pathways, by optimising site-based service delivery, distributing risk across organisations and improving flow
    b. Making efficient use of our existing estates and assets to provide timely access to high-quality elective care
    c. Combining expertise in clinical support services to provide consistent services across the city
    d. Attracting and retaining talent across Liverpool, providing a more joined-up offer for staff
    e. Building on and integrating digital investments to unlock innovative approaches to delivering care and meet our commitment to achieving environmental sustainability
    f. Making best use of resources to secure financial sustainability for all organisations in Liverpool

11. The draft workplan was discussed at the Sub-Committee meeting on 20 June 2023, and the areas of focus agreed.

The Workplan

12. The proposed governance structure for the workplan is outlined in appendix 1. It is proposed that a joint partnership board is established, chaired jointly by the Medical Directors from Aintree and TWC. Four key workstreams, each with joint SROs, will report into the partnership board. The workstreams will be:

    a. Emergency clinical pathways
    b. Clinical support services
    c. Elective care
    d. Corporate services

13. It is proposed that the key areas for focus will be clinical pathways, imaging and corporate services (estates and digital).

14. A detailed plan of the areas for focus will be presented at the Trust Board meeting and circulated in advance.

11. Aintree Site Joint Sub-Committee Workplan

15. Progress against key deliverables set and risks will be reported by the Medical Directors to the joint sub-committee.

Recommendation

To approve the workplan and the areas of decision-making to be delegated to the Joint Sub-Committee.

Author: Andy Nicolson, Medical Director and Deputy Chief Executive
Date: 29 June 2023

Appendix 1 – Joint Sub-Committee proposed programmes for collaboration

BOARD CYCLE OF BUSINESS 2023-2024

Item	Purpose	Lead	Assurance/Oversight Committee	deadline E.g submission to NHSI	April	May	Jun	June (Ex Ordinary)	Jul	Sept	Oct	Dec	Feb
Standing Items													
Welcome and apologies	Note	Chair			✓	✓	✓		✓	✓	✓	✓	✓
Minutes of previous meeting	Approve	Chair		N/A	✓	✓	✓		✓	✓	✓	✓	✓
Matters Arising Action Log	Decision	Chair		N/A	✓	✓	✓		✓	✓	✓	✓	✓
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			✓								
Risk Appetite Statement	Approve	CEO			✓								
Performance													
Integrated Performance Report	Note	CEO	BPC/QC		✓	✓	✓		✓	✓	✓	✓	✓
EPRR Core Assurance Self-Assessment	Approve	COO	BPC	31-Oct							✓		
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		✓								
Workforce													
Staff Survey Results	Note	CPO	BPC										✓
Equality Diversity & Inclusion Annual Report	Note	CPO	HIIC			✓							

Item		Lead	Committee	Timing
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		
NHS Prevention Pledge	Note	CPO		
Modern Slavery Act Statement	Approve	CN	N/A	
Finance and Governance				
Annual Plan (Including Capital Programme and CIP) Draft	Note	CFO	BPC	
Annual Plan (Including Capital Programme and CIP) Final	Approve	CFO	BPC	
Operational 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				
Joint Aintree Site Committee	Note	MD		
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	Note	Com Chair	RemCo	
Remuneration Committee Board Effectiveness Review and ToR	Note	Com Chair	RemCo	
Ad Hoc In Year				

Item	Action	Lead	Committee	Date						
Linen and Laundry Service Contract Recommendation	Approve	CFO						✓		✓
Digital Maturity Assessment	Note	CPO	BPC			✓				
External Review (inc. Ockenden) Report Update	Note	CN	Quality		✓	✓		✓		✓
Well Led Review Report	Note	CEO			✓					✓
Rebranding Update	Note	CEO			✓					
Changes to Board and Committee Reporting Schedule	Approve	CEO					✓			
Freedom to Speak Up Reflection Tool	Approve	CN	Execs	Jan 24'						✓
Liverpool Providers Joint Committee Terms of Reference	Approve	CEO				✓		✓		
Trust Renaming Proposal	Approve	CEO	Execs			✓		✓	✓	
C&M Joint Forward Plan	Information	CEO	Execs			✓		✓	✓	
Patient Safety Incident Response Framework (PSIRF) Policy and Plan	Agree	MO	Quality	31-Aug		✓		✓		

Notes

Open Deferred Items in Red

Linen and Laundy Service Contract defered from March pending review at Execs in May. Now going out to full tender so deferred for 6 months

Quality Account Priorities defered from March 23' to April

GoSWH Q3 report due to March Board deferred to May to combined with Q4.

Quality Substrategy deferred from April to May to allow for some reworking

Nursing Acuity Safe Staffing Report - deferred by Quality Committee

Mortality and Morbidity Report - deferred to June by Quality Committee

Infection Prevention & Control Annual Report - deferred to July by Quality Committee

Complaints and Patient Experience Annual Report - deferred to June by Quality Committee

External Review (inc. Ockenden) Report - not ready deferred to June.... Deferred to July, going to Quality Committee in June

GoSWH Q4 report deferred to June, finance figures not available until completion of the report period (Feb to end of April)

Reasearch and Development Annual Report deferred to July - report going to RIME committee in June

Safeguarding Annual Report - deffered to July by Quality Committee

Liverpool Providers Joint Committee Terms of Reference deferred to July

Medical Revalidation Report 2022/23 deferred to Sep ahead of external submission for 31st Oct.

C&M Joint Forward Plan deferred to Sept, going to ICB Board on 29/06/23

Trust Rebranding Proposal deferred to Sept

Report to Trust Board
6 July 2023

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

Level of Assurance Provided *(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)*

- 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

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

Operations & Performance Indicators

High Performing
Cancer Standards
Diagnostics
28 Day Emergency Readmissions
% of Patients on a PIFU
New Referrals
Flow (leading indicators)

Opportunity for improvement
Activity Restoration
Referral to Treatment
Outpatient Waiting List
Theatres

Underperforming
% of beds occupied by 14 day stranded patients

Workforce Indicators

High Performing
Vacancies
Mandatory Training
Sickness/Absence

Opportunity for improvement
Other Staff Turnover

Underperforming
Appraisal Compliance
Sickness/Absence

Quality Indicators

High Performing
VTE
CAUTI
Mortality
Friends and Family Test (% Recommended)
Surgical Site Infections
Hospital Acquired MRSA, C Difficile, E coli and Klebsiella.

Opportunity for improvement
Hospital Acquired Pseudomonas
Hospital Acquired MSSA
Serios Incidents
Never Events

Underperforming
Moderate Harm Falls
Hospital Acquired Pressure Ulcers

Finance Indicators

Key Performance Indicators	March	April	May
% variance from plan - Year to date	33.4%	0.3%	0.9%
% variance from plan - Forecast	33.4%	0.0%	0.0%
% 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	1.8%	-181.1%	-206.6%
Capital % variance from plan - Forecast	1.8%	0.0%	0.0%
Capital Service Cover *	4.6	6.1	5.0
Liquidity **	36.0	36.5	40.8
Cash days operating expenditure ***	102.2	106.0	103.0
BPPC - Number	83.0%	84.8%	86.5%
BPPC - Value	82.8%	90.9%	83.7%

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

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

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

Conclusion

2. Performance is generally good in spite of several opportunities for improvement. RTT is listed as an opportunity for improvement only because the performance of average waiting times has dropped slightly while there has been a focus on reducing the number of patients with very long waits, which has been going well.

Recommendation

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

Author: Rebecca Sillitoe – Senior Information Analyst
Date: 23/06/2023

13. Integrated Performance Report 2023-07

Board Report
July 2023
Data for May 2023 unless indicated

Explanation of SPC Charts and Assurance Icons

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

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

All SPC charts will follow the below key unless indicated

── Actual ─ ─ ─ UCL ─── Average ─ ─ ─ LCL ----- National Average ----- Target

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

Assurance Icons (Colour Key)

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

- **Metric Passed in month**
- **Metric within tolerance**
- **Metric Failed in Month**
- No Target

- **Special Cause Positive**
- **Normal Variation**
- **Special Cause Negative**
- No SPC Chart

Actual | **Variation**

Benchmark | **Target**

- **Above Average**
- **In line**
- **Below Average**
- No Bencmark Data

- **Target Outside Limits (Positive)**
- **Target Within Limits**
- **Target Outside Limits (Negative)**
- No Target

2
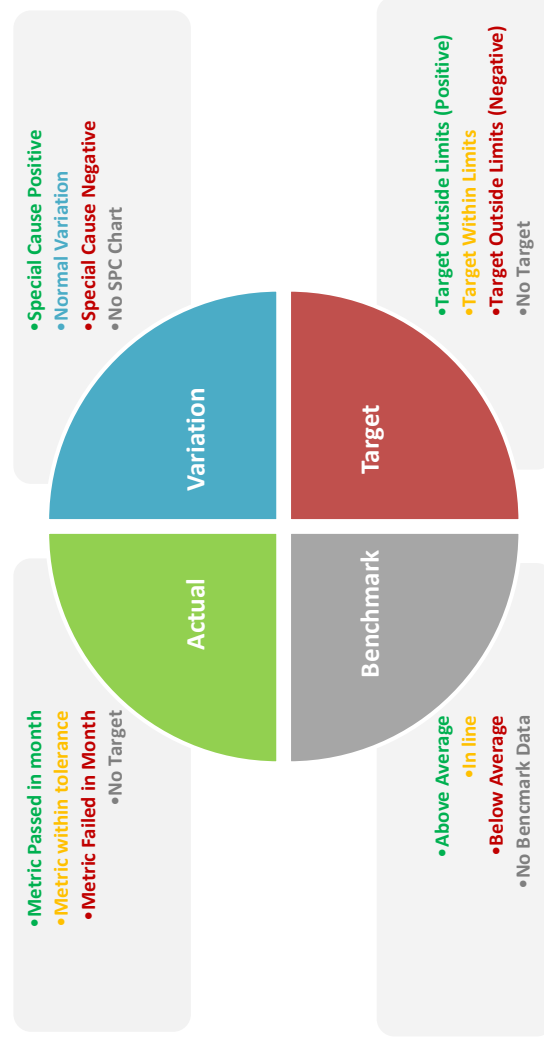
Statistical Process Control Chart Rules

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

Rule 1: Eight Points above or below the average

Rule 2: Six Points increasing or decreasing in a row

Rule 3: A point outside the control limits

Rule 4: two of three points in outer third

Rule 5: Fifteen points hugging the average

Operations & Performance Indicators

4
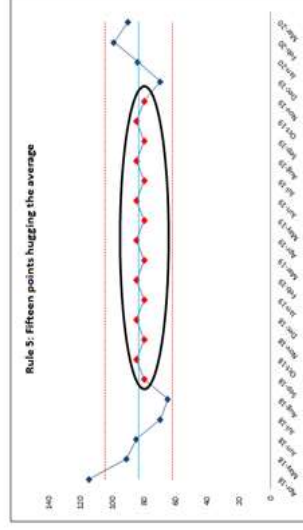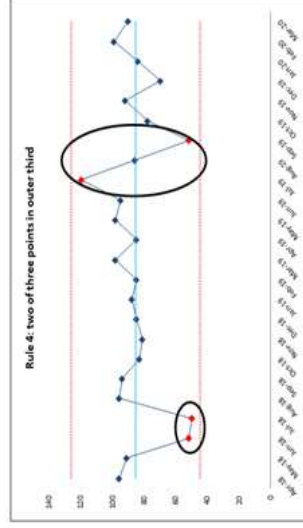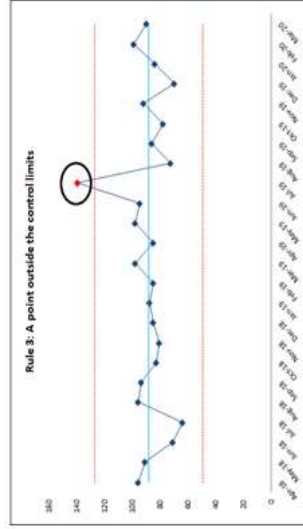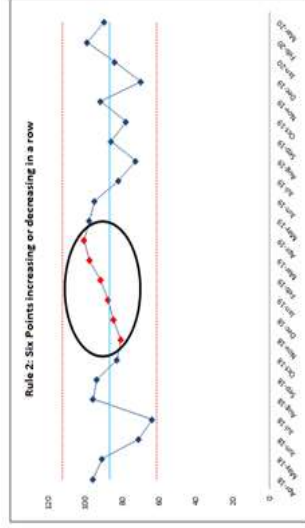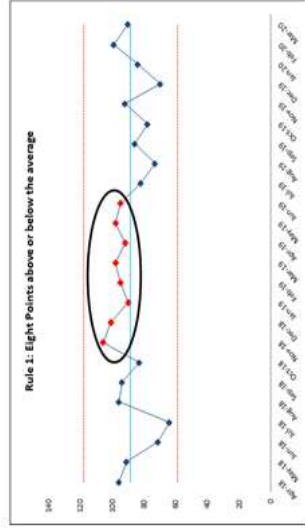
Referral to Treatment

The number of patients waiting more than 52 weeks for treatment has increased slightly over the last two months, driven by an increasing number of pain patients who have waited over a year for treatment. There are currently no patients who have been waiting longer than 78 weeks for treatment.

Waiting times in Wales remain in special cause negative variation with a run of 13 months below the mean, and the English average wait has increased again this month. This is now the ninth month that the English average wait has been above the mean. Both English and Welsh waits are now outside of their respective control limits and so are in negative special cause variation on two fronts.

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

Number of Pathways waiting 52+ weeks at month end

Number of Pathways waiting 78+ weeks at month end

Number of Pathways waiting 104+ weeks at month end

RTT English Average Open Wait (Weeks)

RTT Welsh Open Performance

5

13.1 IPR for Board Meeting 2023-07
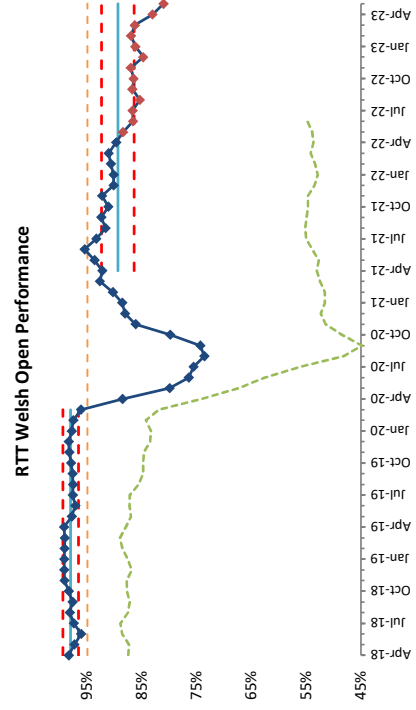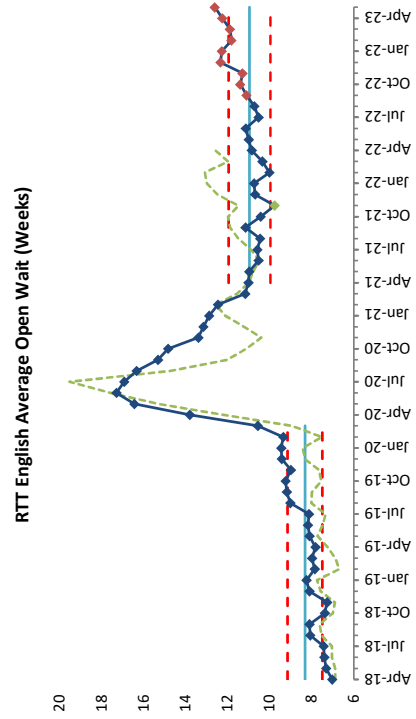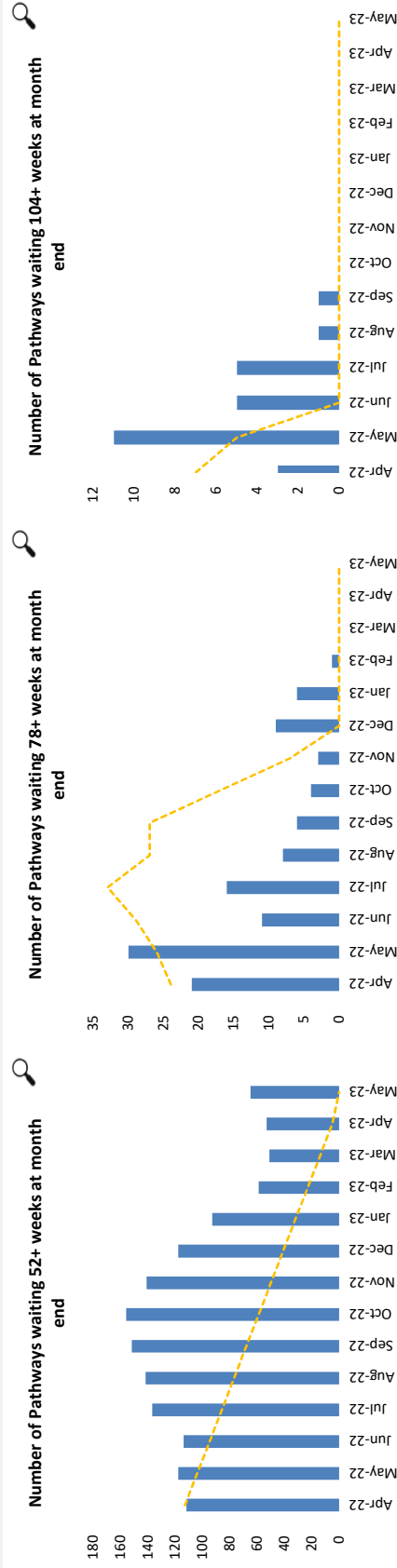
Operational - Responsive

Cancer Standards

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

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

14 Day Performance

28 Faster Diagnosis Standard

31 Day FDT Performance

31 Day Subsequent Performance

62 Day Consultant Upgrade

62 Day GP Urgent Referral

9

Diagnostics

The Walton Centre **NHS**
NHS Foundation Trust

6 Week Diagnostic Performance

During Covid Diagnostic waiting times increased hugely up to 70%. In order to show meaningful information for normal operation (~1%) the y-axis of this chart has been fixed in a way that doesn't show these extremely high values.
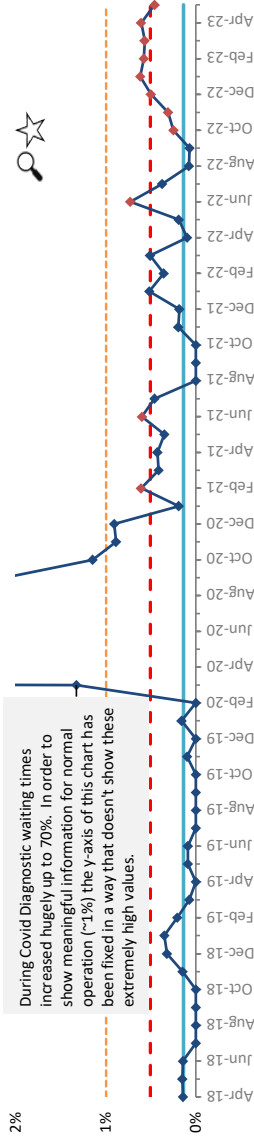
Total Diagnostic Activity in Month
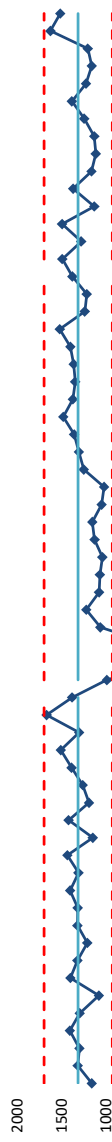
Total Diagnostic Waits at Month End

Access Standards	Target	Actual
Diagnostic 6 Week Performance	1%	0.46%

Achievement against the Diagnostic 6 week standard has been met in month. There were seven, six week breaches in month. Diagnostic performance continues to run above the mean but has dropped back into the control range in month. Performance continues to meet target.

Diagnostic Breaches by Type

MR   CT   EMG   SLEEP

13.1 IPR for Board Meeting 2023-07

7
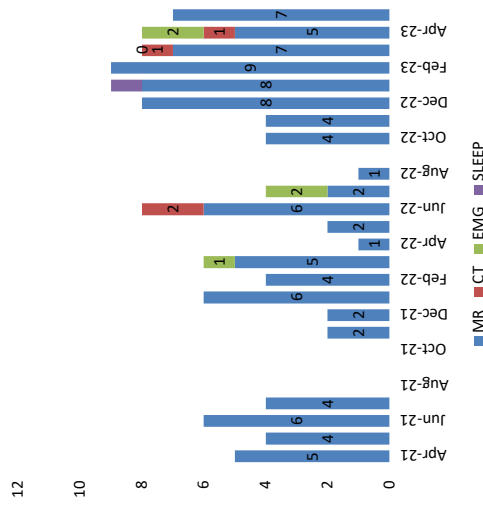
Operational - Effective

Theatres

	Target	Actual	Assurance
No. Non Clinical Cancelled Operations	-	11	
% Cancelled operations non clinical on day	0.80%	0.99%	
28 Day Breaches in month	0	1	

There were 24 unused sessions in May and utilisation remains below the lower control limit. The trust continues to work with Productive Parters as part of the theatre utilisation transformation work to ensure theatre capacity is utilised appropriately.

There were eleven non-clinical cancellations in month of which: five related to unavailability of surgeons or anaesthetists, three to emergencies or trauma, two to administrative error and one to list overrun.

Number of Cancelled operations non clinical (on day)

% of Cancelled operations non clinical (on day)
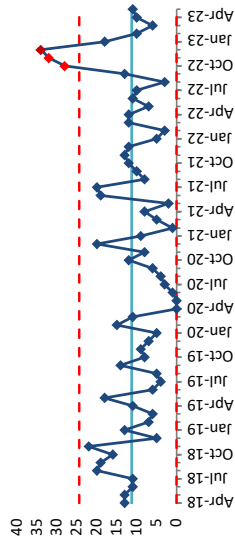
Number of cancelled operations not re-admitted within 28 days

Theatre utilisation of Elective Sessions
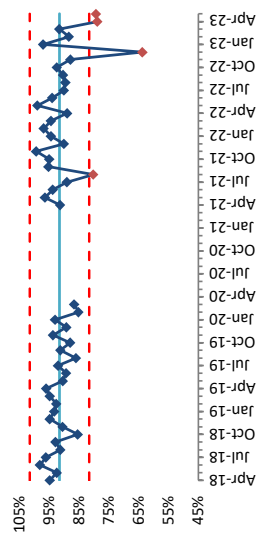
Theatre utilisation of in Session Time

Non Clinical Cancelled Ops as a % of Elective Admissions

— The Walton Centre   - - - National Average

8
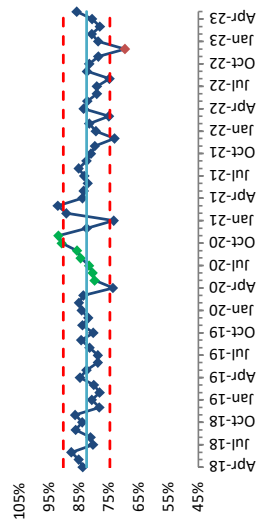
Operational - Effective

Elective Activity

The metrics on this page are monitored against a plan designed to support the achievement of the elective recovery fund, which is a financial measure. Strong performance against the plan may indicate that ERF is likely to be achieved but provides no guarantee given that achievement is based on 'weighted' activity delivery.
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 outpatient activity is at or slightly ahead of plan but inpatient (elective and daycase) activity is lagging behind plan.

Legend for all charts on page

- - - - 19/20 Act   ———— 23/24 Act   .... 23/24 Plan

New Outpatient Activity vs 19/20 and Plan

Elective Activity vs 19/20 and Plan

Follow Up Outpatient Activity vs 19/20 and Plan

Daycase Activity vs 19/20 and Plan

9

13.1 IPR for Board Meeting 2023-07
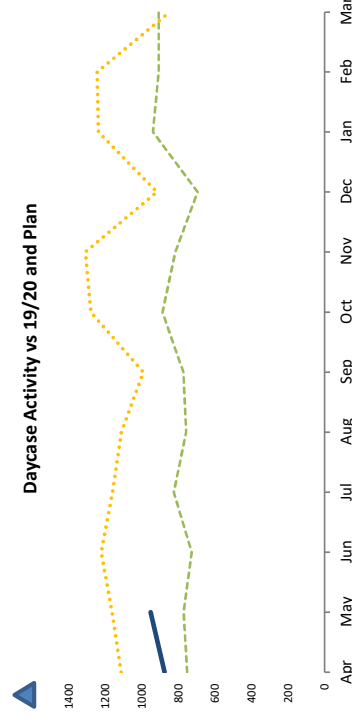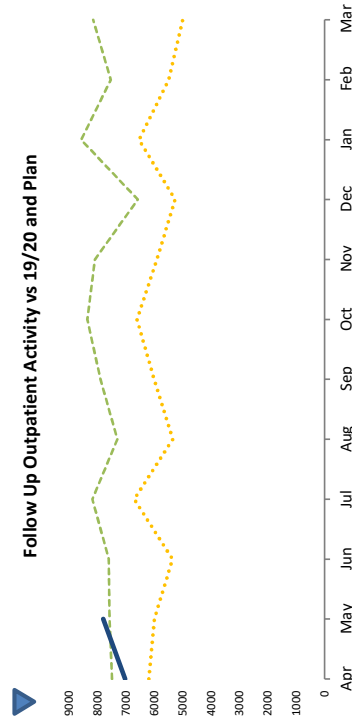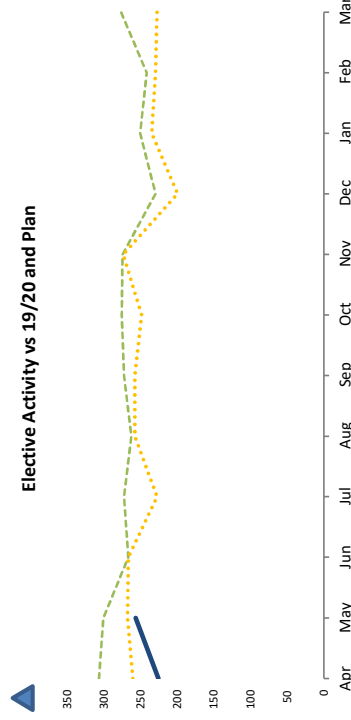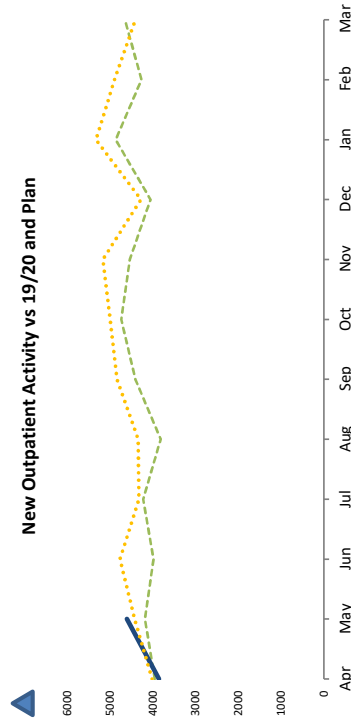
Operational - Effective

Activity

Most activity metrics remain within normal variation and in May referrals have recovered closer to the mean after last month's low value (which, though low was within control limits). New Outpatient Waiting List has jumped up again in month and remains very high compared to the control range. While there have been increases in the Surgery outpatient waiting list this month the bulk of the increase at trust level is driven by a significant increase in the neurology waiting list.

Overdue Follow Up Outpatient waiting list has been climbing slightly over the past two years but the small hump we saw at the beginning of 2023 has started to reduce over the last two months.

Total New Referrals Received

Trust New Outpatient Waiting List

Inpatient Waiting List
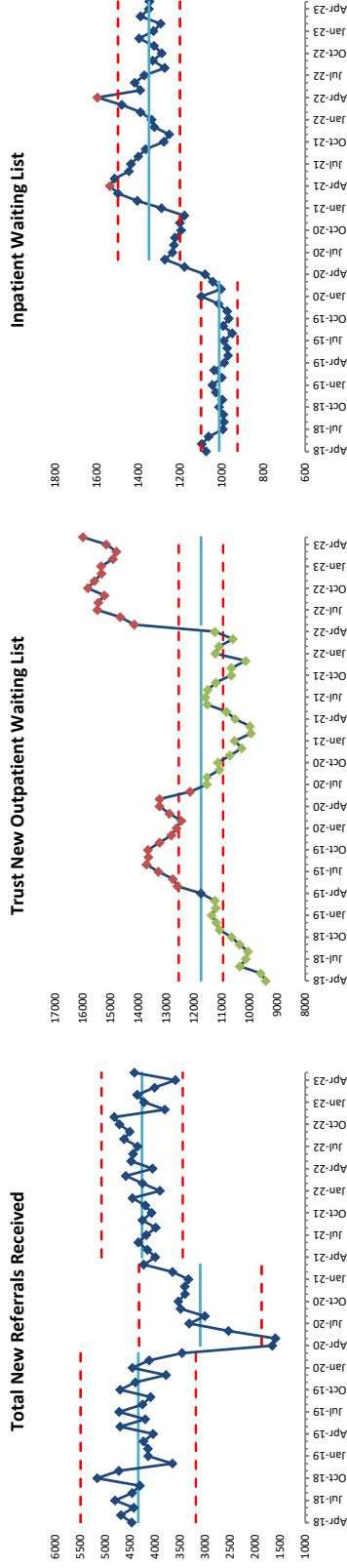
*Spinal transfer patients added to OPWL

Follow Up Outpatient Waiting List

Follow Up Outpatient Waiting List (Overdue)

10

Operational - Effective

Flow

Most flow metrics are within normal variation this month, but due to a run of high percentage of beds occupied by long stay (>14 day) patients this metric is now in special cause variation suggesting this metric has been unusually high for the last 8 months.

Rehab patients are excluded from the stranded patients metric as they are expected to have long lengths of stay. The majority of 14 day stay patients are non-elective admissions, which would be expected given mean non-elective length of stay is just 12.96 days.

Effective - Flow	Target	Actual	Assurance
% 28 Day Emergency Readmissions (Local)	-	4.23%	
Total Delayed Discharge Days	-	248	
% Discharges by 5pm	-	61.47%	
% 14 Day Stranded Patients	-	24.72%	

% Discharges to usual residence before 5pm
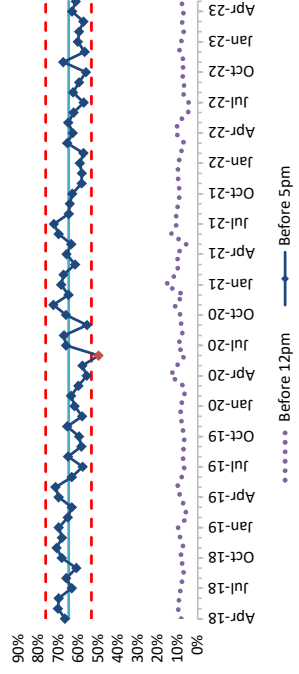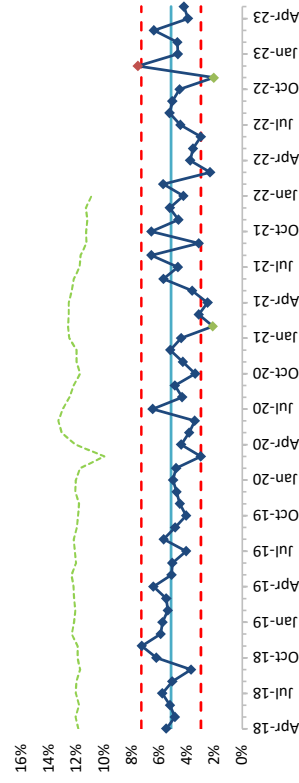
Before 12pm — Before 5pm

% of Beds Occupied by 14 Day Stranded Patients

Trust Total — Non Elective ⋯⋯ Elective

Total Delayed Transfer of Care Days

% 28 Day Emergency Readmissions (Local)

11

Flow (Leading Indicators)

The Walton Centre NHS
NHS Foundation Trust
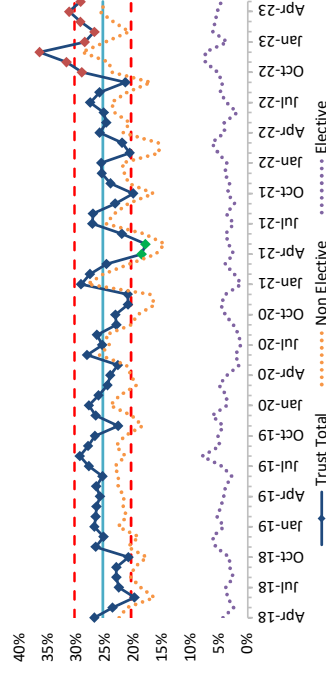
Effective - Flow	Target	Actual	Assurance
Elective LOS	-	4.54	
Non Elective LOS	-	14.43	
Day of Surgery Admission %	-	74.14%	
Daycase Rate	-	77.44%	

Non elective length of stay has increased this month. All metrics are within normal variation which is positive as this is an area of focus for patient flow transformation work. Day of surgery admission is within normal limits, we do recognise that not all patients can be admitted on the day of procedure due to complexities. Day case admission rates are being maintained.

Elective Length of Stay (Days)
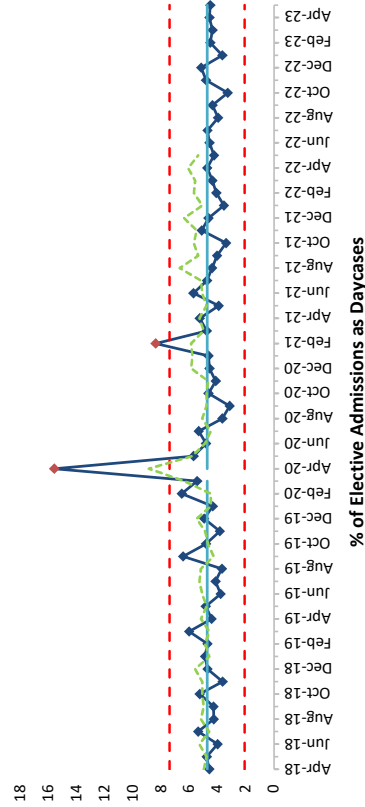
Non Elective Length of Stay (Days)
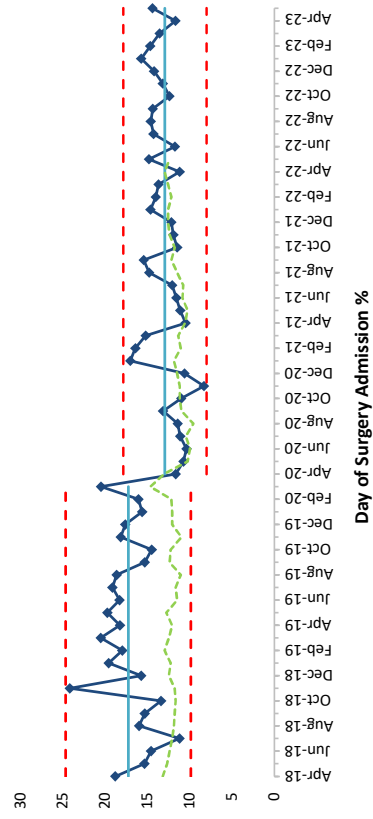
% of Elective Admissions as Daycases

Day of Surgery Admission %

12
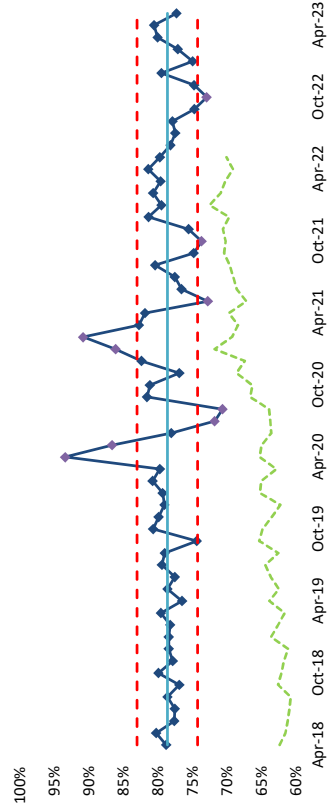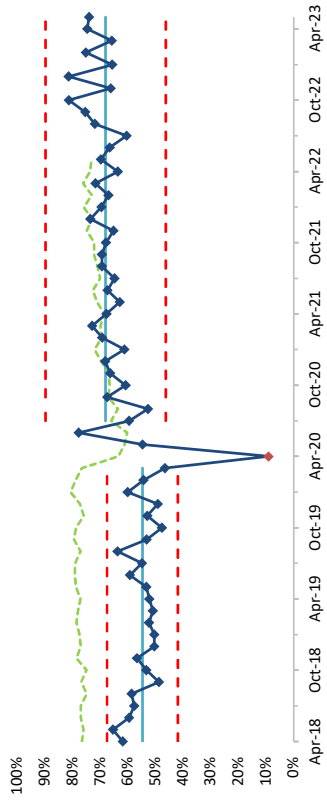
Operational - Effective

Outpatient Transformation

Virtual Appointments: The Trust is required to deliver a minimum of 25% of its total outpatient appointments virtually. Although new appointments have dipped below this threshold in the last five months the trust as a whole remains above the target at 33%. 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 21 months. The follow Up DNA rate has increased this month and is outside the control limit. Despite this the last four months data still represent a slight reduction from the peak of an increasing trend between summer 2021 and winter 2023. This will be 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 has increased again compared to April to 6.42% and continues a still increasing trend overall.

% of New Outpatient Appointments Delivered Virtually

% of Follow Up Outpatient Appointments Delivered Virtually

% Outpatients on a PIFU

Outpatient New DNA Rate

Outpatient Follow Up DNA Rate

New to Follow Up Ratio

13

Workforce Indicators

14
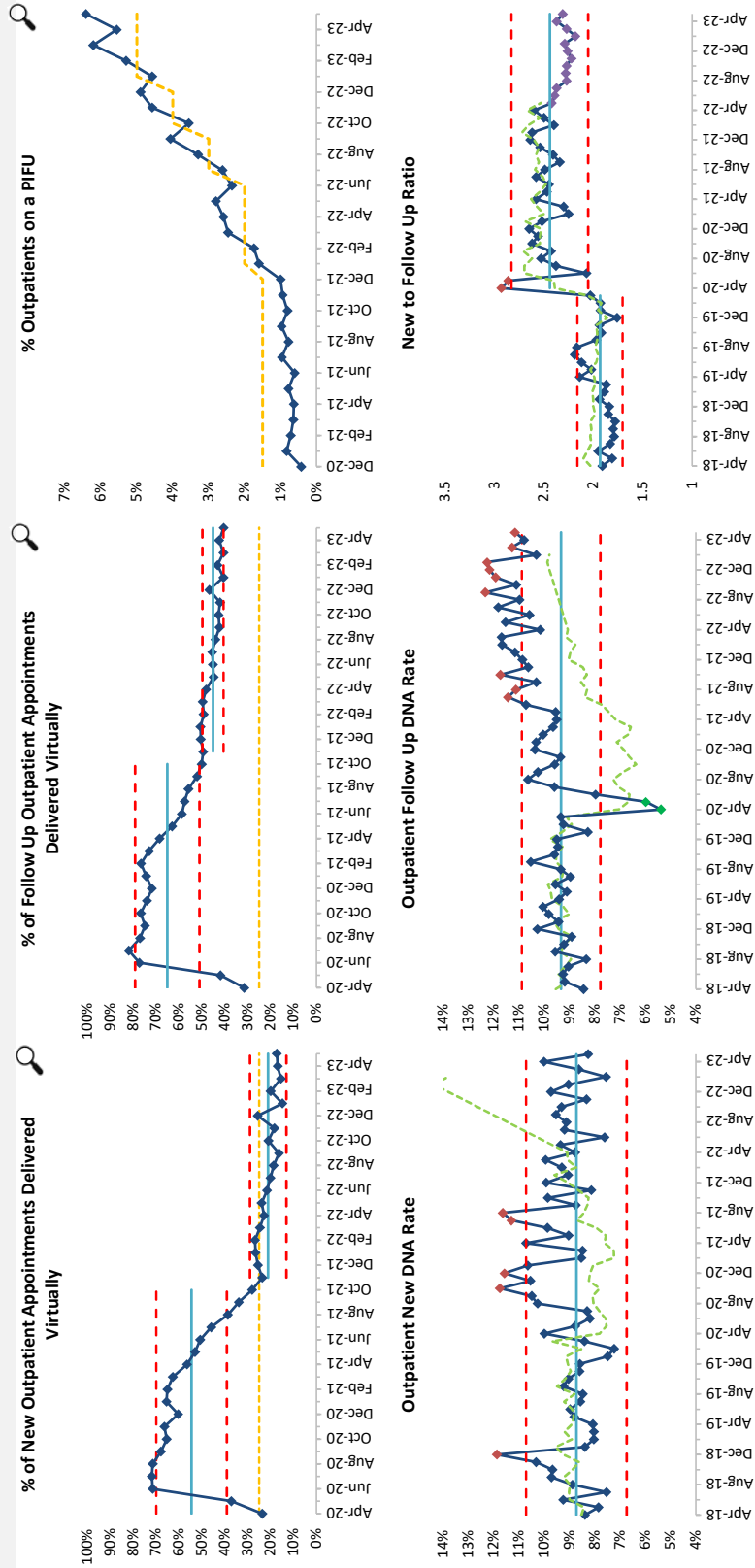
Well Led - Work force

Workforce KPIs

Well Led - Workforce	Target	Actual	Assurance
Appraisal Compliance	85%	79.68%	
Mandatory Training Compliance	85%	85.27%	

Appraisal compliance has decreased again this month but mandatory training has hit the target this month for the first time in over a year.

The grey shading represents data inclusive of junior doctors and the white background represents months with junior doctors removed.

Appraisal Compliance (Rolling 12 months)

Mandatory Training Compliance (Rolling 12 months)
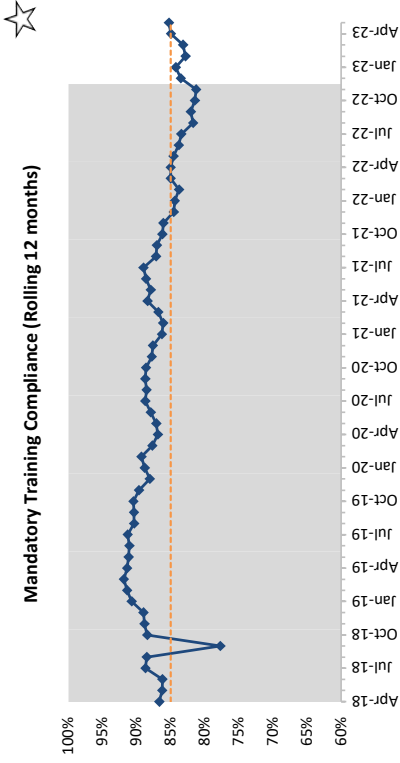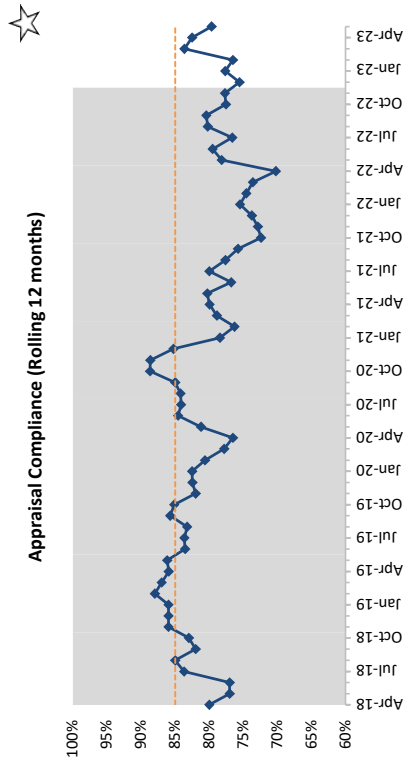
Grievance and Disciplinary Procedures
Included this month are the number of closed grievance and disciplinary procedures. In the interests of anonymity these have been rolled up to quarter level because several months had only one closed process in month.

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

Closed Grievance and Disciplinary Procedures
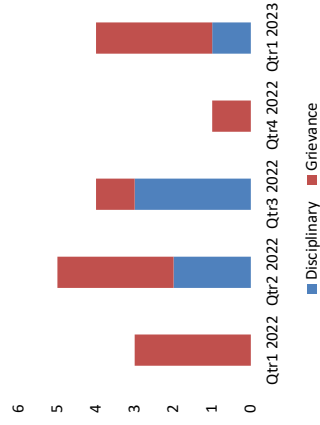
Open Disciplinaries

4

Open Grievances

4

Workforce KPIs

Well Led - Workforce	Target	Actual	Assurance
Sickness / Absence	4.75%	4.71%	
Trust Turnover	-	16.29%	
Nursing Turnover	-	11.14%	
Other Staff Turnover	-	18.25%	

Sickness/Absence

Sickness absence has decreased in each of the last five months and has just dropped below target for the first time since March 2021.

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 within normal variation and the trust is fully established in this area. Other staff turnover has increased steadily and reflects the pressures within the wider labour market. This is exacerbated by other NHS providers not adhering to principles of agenda for change.

Sickness/Absence (Monthly)
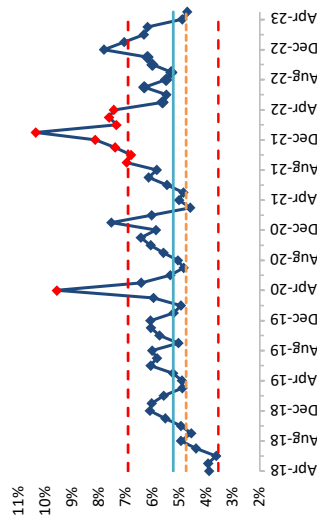
Lost Days due to Sickness/Absence (Monthly)
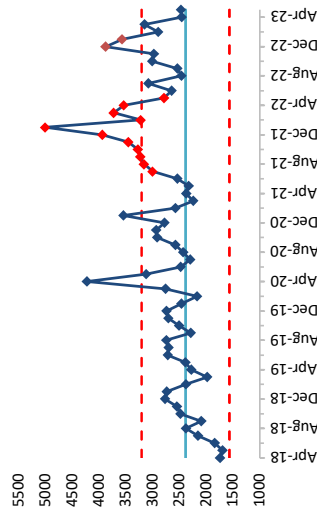
Medical Leavers
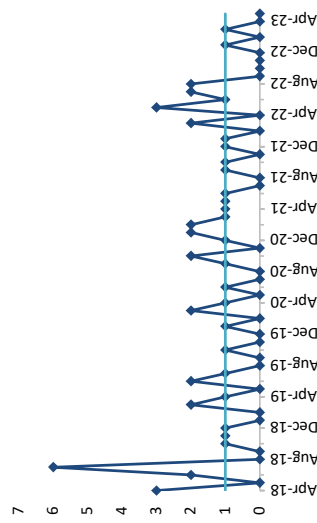
Trust Turnover (Rolling 12 months) - All Staff Groups
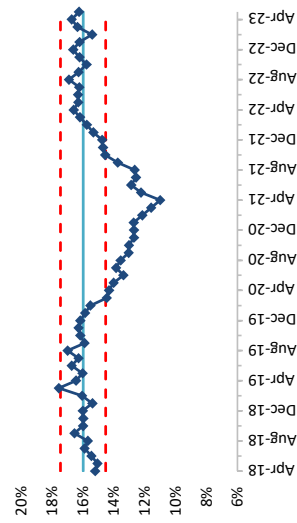
Nursing Turnover (Rolling 12 months)
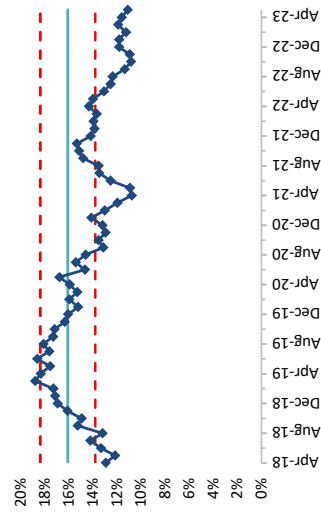
Other Staff Turnover (Rolling 12 months)

16

Well Led - Work force

Workforce KPIs

Overall Vacancy Level %

Medical Vacancy Level %

Nursing Vacancy Level %

Other Staff Vacancy Level %

Trust Level Maternity Data

Maternity Actual · · · · · FTE
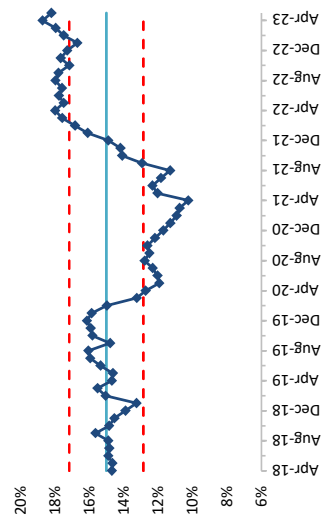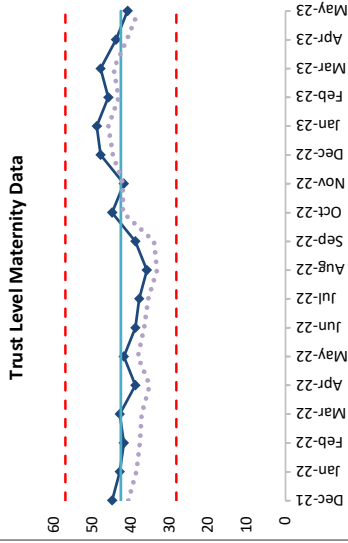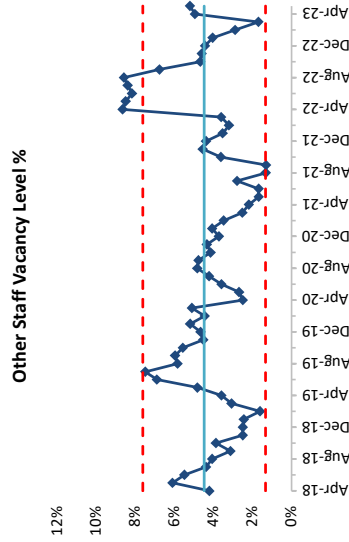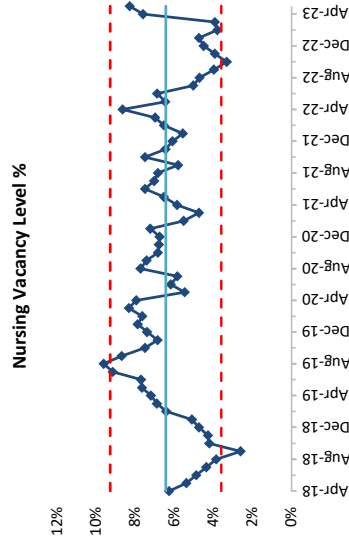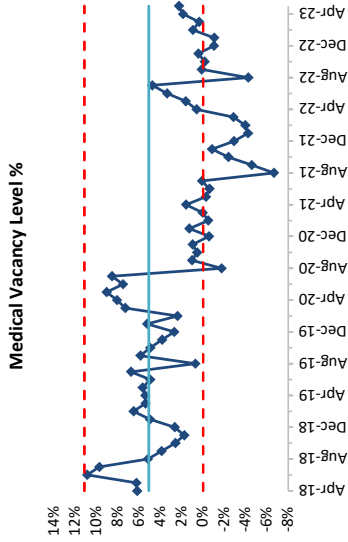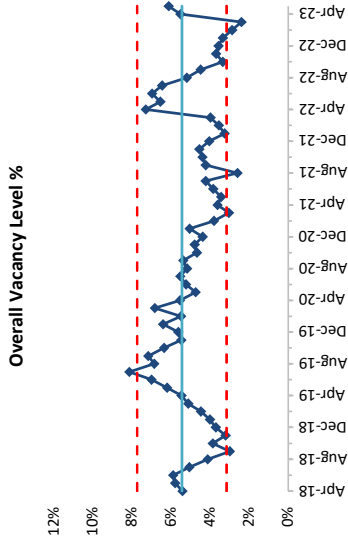
Current month maternity figures

Directorate	Headcount	FTE
Corporate Services Directorate	2	1.8
Neurology & Long Term Care	20	17.97
Surgery & Critical Care	19	18.35
Grand Total	**41**	**38.11**

Vacancy Rates

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

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

17

Quality Indicators

18

Complaints

The Walton Centre
NHS Foundation Trust

In May 2023 the trust recieved seven new complaints, one in surgery, four in neurology and two cross-divisional. Four of these complaints related to Diagnosis/Treatment and one each to each of Inpatient Concerns, Corporate and Admission Arrangements.

Total New Complaints Received in month
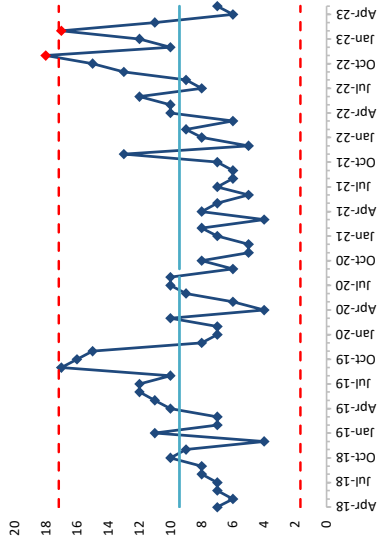
Quarterly Complaints per 1000 WTE

- The Walton Centre
- National Rate
- Neuroscience Centres Rate
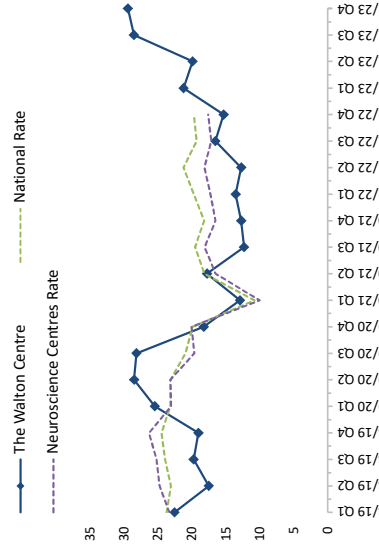
Complaints by Subject Apr 19 to present
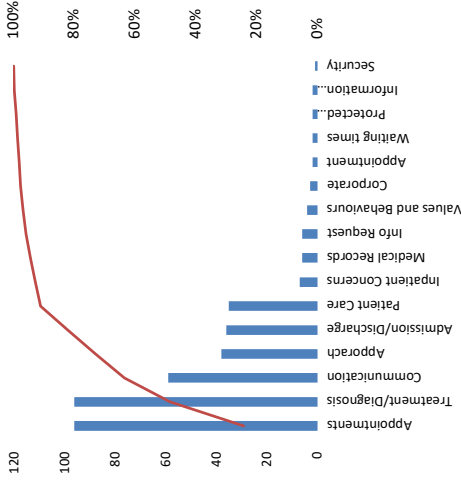
% New Complaints Received against Activity

Total New Complaints Received

- Neurosurgery
- Neurology
- Organisation-wide
- Neurology/Nuerosurgery
- Corporate
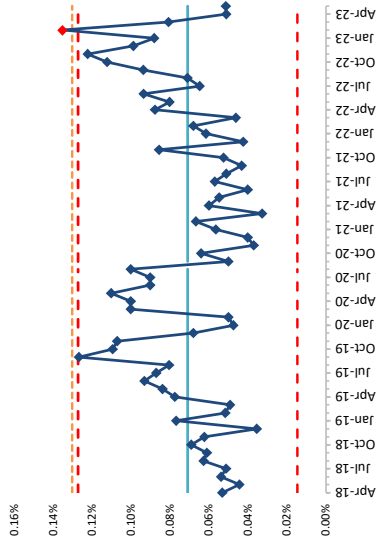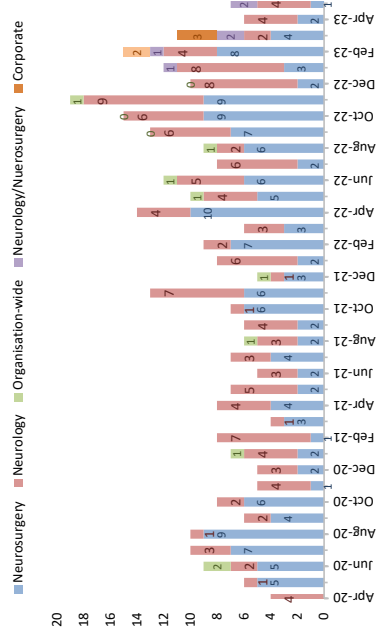
Complaints by Outcome

	Not Upheld	Partial Upheld	Upheld
19/20	57	34	21
20/21	41	21	5
21/22	45	19	11
22/23	59	36	37
23/24*	0	1	2

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

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Quality of Care

Family and Friends Test

The target for inpatient FFT response rate has been increased in this financial year to 50% which is he mean value for that 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.
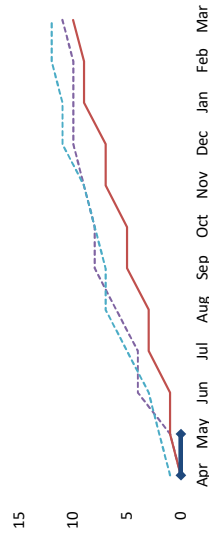
Inpatient FFT % Likely to Recommend

Inpatient FFT Response Rate

Outpatient FFT % Likely to Recommend

Outpatient FFT Response Rate
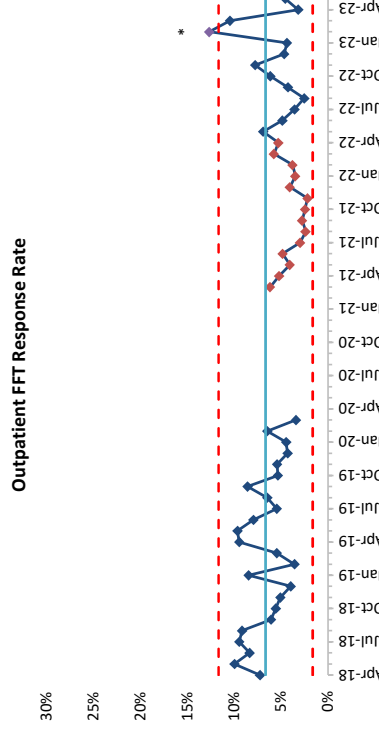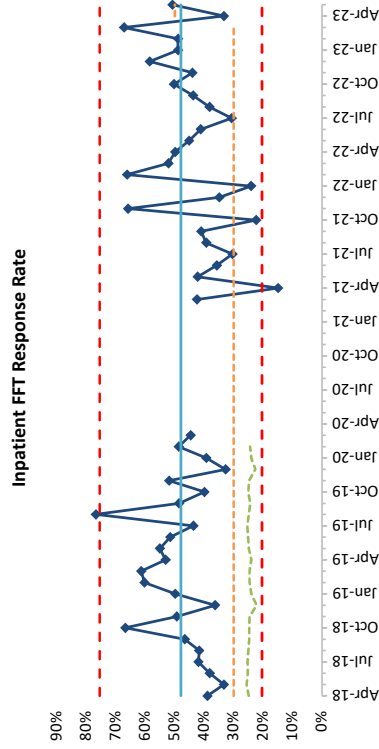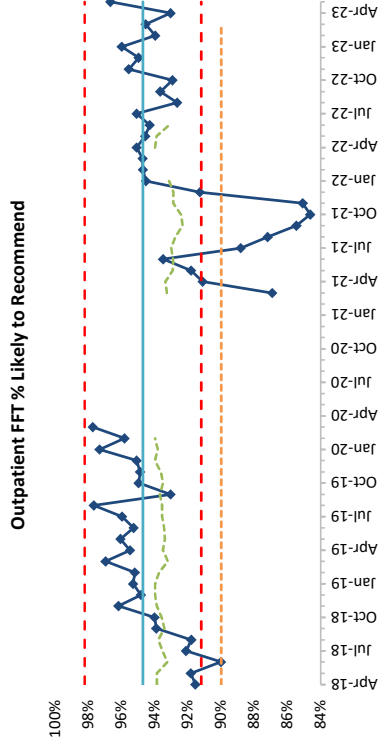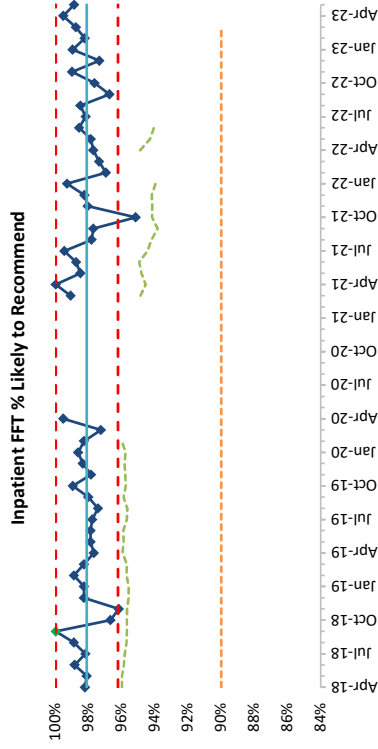
*The increase in OP response rate, though genuine, may be slightly inflated by a data collection issue at the end of January which meant that some January responses have been counted in February.
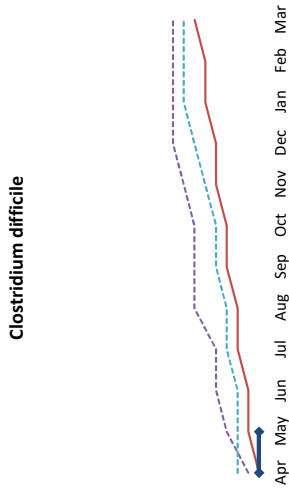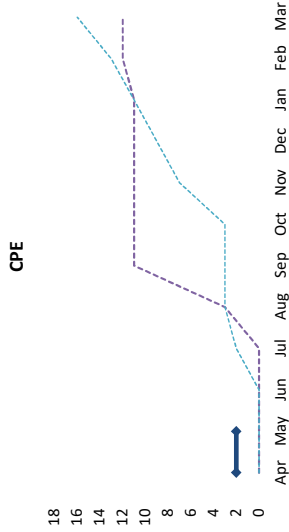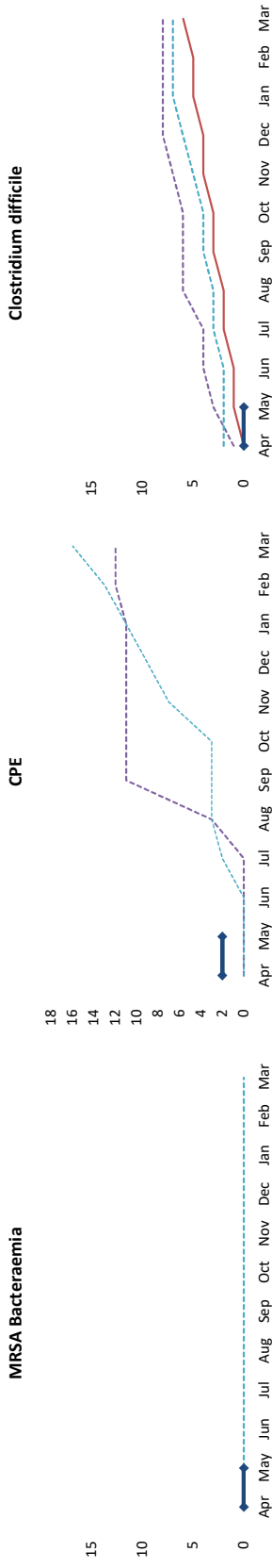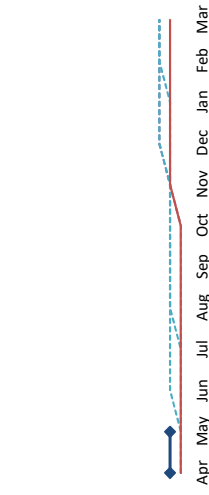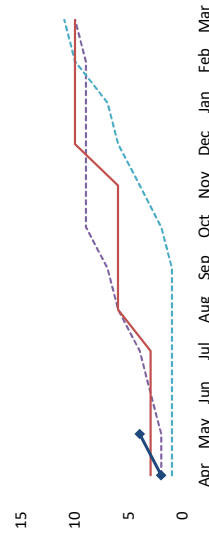
20

Quality of Care

Infection Control

MRSA Bacteraemia

CPE

Clostridium difficile

E.Coli

Klebsiella Bacteraemia

Pseudomonas Bacteraemia

MSSA

In Month Breakdown by Ward

1 x MSSA on each of Chavasse and Caton.
This means three of the four MSSA cases
this year occured on Chavasse ward.

Legend for all charts

------ 21/22 Actual YTD   ------ 22/23 Actual YTD
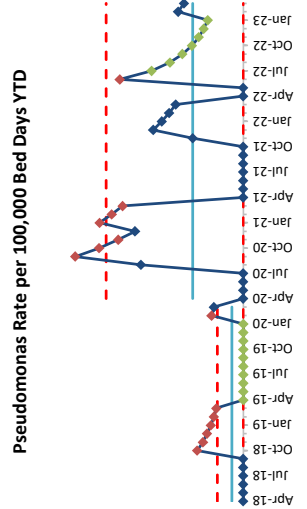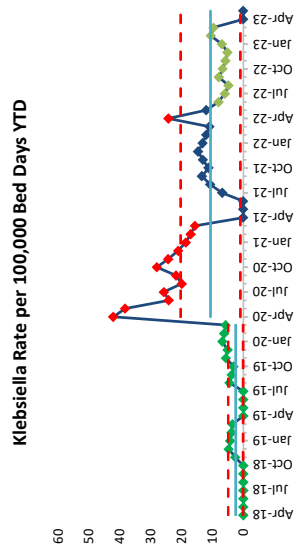
------ 23/24 Trajectory YTD   ▬▬ 23/24 Actual YTD
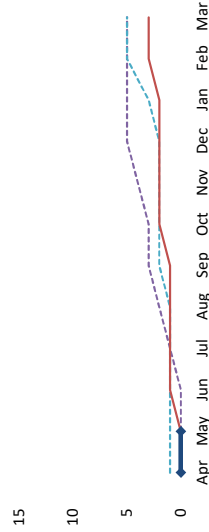
Total Healthcare Acquired Infections 2023/24

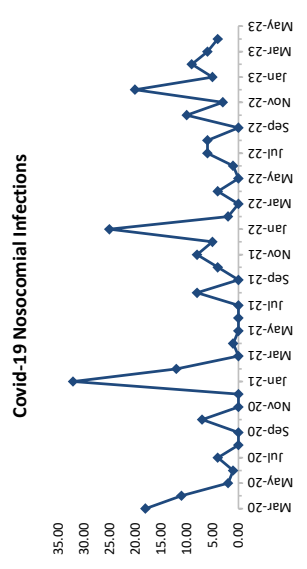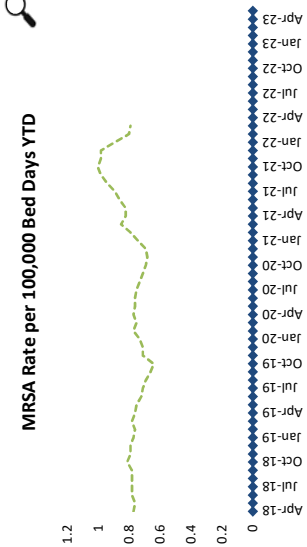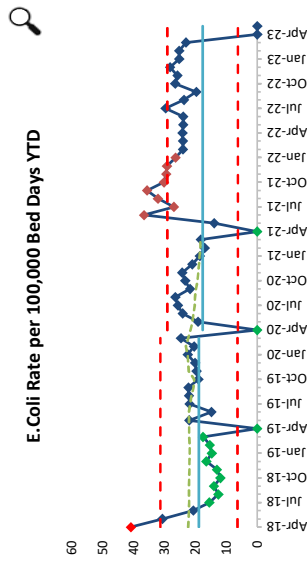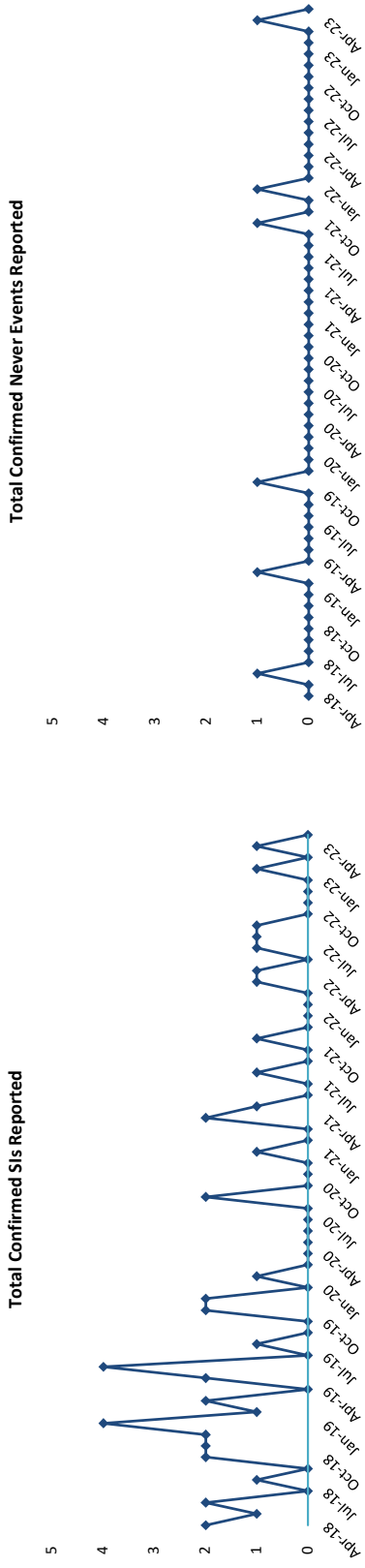|	MRSA B	CPE	C.Diff	E.Coli	KB	PB	MSSA	Total
Cairns		1						1
Caton							1	1
Chavasse							3	3
CRU								0
Dott								0
Horsley		1				1		2
Lipton								0
Sherrington								0
Total	0	2	0	0	0	1	4	7

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Quality of Care

Infection Control
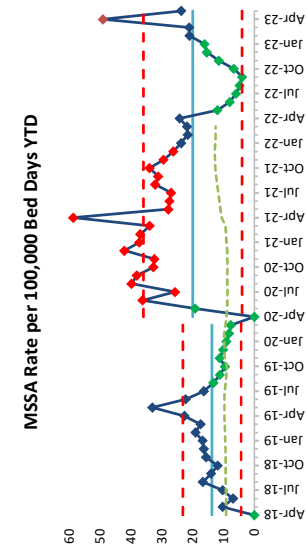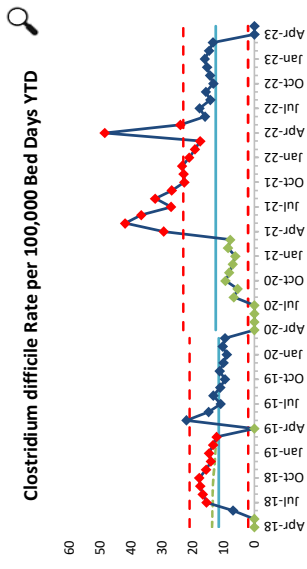
MSSA Rate per 100,000 Bed Days has returned to normal variation this month after a negative spike in April. This is due to an increase in the number of occupied bed days in May vs April. There were 2 MSSA infections in each month, only the rate is different.

2022/23 to date

Infection	Number	Rate
C. Diff	0	0.00
MSSA	4	0.00
E. Coli	0	0.00
MRSA	0	0.00
Klebsiella Bacteriama	0	0.00
Pseudomonas Bateriar	1	1.00
Covid -19		4 (in month)

Clostridium difficile Rate per 100,000 Bed Days YTD

MSSA Rate per 100,000 Bed Days YTD

E.Coli Rate per 100,000 Bed Days YTD

MRSA Rate per 100,000 Bed Days YTD

Klebsiella Rate per 100,000 Bed Days YTD

Pseudomonas Rate per 100,000 Bed Days YTD

Covid-19 Nosocomial Infections

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Governance

Total Confirmed SIs Reported

Total Confirmed Never Events Reported

The Walton Centre
NHS Foundation Trust

Quality of Care

Ward Scorecard

Number of shifts judged in each of the four categories and number flagged overall	Safe Staffing						Harms				Infection Control			
	Green	Grey	Amber	Red	Flagged	Walton Cares	Pressure Ulcers	Falls (Mod+)	UTI	VTE	MRSA	MSSA	E Coli	C Diff
Cairns	8	30	51	4		Gold	0	0	0	0	0	0	0	0
Caton Short Stay	7	3	9	1			0	1	0	0	0	0	0	0
Caton Ward	9	50	30	4	▲ 1	Silver	0	1	0	0	0	1	0	0
Chavasse	16	43	32	2	▲ 3	Gold	0	0	0	0	0	3	0	0
CRU	6	36	51	0		Gold	0	0	0	0	0	0	0	0
Dott	5	42	43	3	▲ 1	Gold	2	0	0	0	0	0	0	0
Horsley ITU	64	26	1	2			0	0	0	0	0	0	0	0
Lipton	20	61	12	0		Silver	0	0	0	0	0	0	0	0

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

Utilisation Key

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

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WELL LED

Key Performance Indicators	March	April	May
% variance from plan - Year to date	33.4%	0.3%	0.9%
% variance from plan - Forecast	33.4%	0.0%	0.0%
% 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	1.8%	-181.1%	-206.6%
Capital % variance from plan - Forecast	1.8%	0.0%	0.0%
Capital Service Cover *	4.6	6.1	5.0
Liquidity **	36.0	36.5	40.8
Cash days operating expenditure ***	102.2	106.0	103.0
BPPC – Number	83.0%	84.8%	86.5%
BPPC – Value	82.8%	90.9%	83.7%

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

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

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

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

13.2 Finance IPR for 23-24

The plan for 2023/24 is a £4,079 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 2 – in month the trust posted a £585k surplus position against a plan of £580k, £5k ahead of plan.

Year to date-the Trust has reported a £937k surplus position against a planned position of £929k, £8k ahead of plan.

Income – Year to date overperformance of £791k, due to:

- Increased NHSE funding relating to the 2023/24 Agenda for Change pay award; and
- Increased Overseas, Injury Recovery, Northern Ireland, and private patient income.
- Income received in month for training from Health Education England.

Expenditure (inc. Financing Costs) – Year to date over-spend of £783k due to:

- Increased pay costs for year-to-date impact of pay award, payment will be made to Agenda for Change staff in June's pay;
- Increased spend on High-Cost Drugs (Homecare Drugs); and
- Increased utility costs compared to 2022/23.

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	14,025	14,756	731	28,050	28,776	726	168,305	170,542	2,237
Other operating income	645	668	23	1,290	1,355	65	7,741	8,179	438
Donated Income	0	0	0	0	0	0	0	0	0
Total Operating Income	**14,670**	**15,424**	**754**	**29,340**	**30,131**	**791**	**176,046**	**178,721**	**2,675**
Employee expenses	(7,479)	(7,882)	(403)	(14,958)	(15,256)	(298)	(89,783)	(91,535)	(1,752)
Operating expenses excluding employee expenses	(6,577)	(6,954)	(377)	(13,386)	(13,929)	(543)	(81,779)	(83,051)	(1,272)
Total Operating Expenditure	**(14,056)**	**(14,836)**	**(780)**	**(28,344)**	**(29,185)**	**(841)**	**(171,562)**	**(174,586)**	**(3,024)**
EBIT	**614**	**588**	**(26)**	**996**	**946**	**(50)**	**4,484**	**4,135**	**(349)**
Finance income	140	171	31	280	339	59	1,680	2,027	347
Finance expense	(48)	(48)	0	(95)	(96)	(1)	(578)	(576)	2
PDC dividends payable/refundable	(147)	(147)	0	(294)	(294)	0	(1,764)	(1,764)	0
Other gains/(losses) including disposal of assets	0	0	0	0	0	0	0	0	0
Financial performance surplus/(deficit)	**559**	**564**	**5**	**887**	**895**	**8**	**3,822**	**3,822**	**0**
I&E impact capital donations and profit on asset disposals	21	21	0	42	42	0	257	257	0
Adjusted financial performance surplus/(deficit)	**580**	**585**	**5**	**929**	**937**	**8**	**4,079**	**4,079**	**0**

STATEMENT OF FINANCIAL POSITION - 2023/24	Plan May-23 £'000	Actual May23 £'000	Variance £'000
Intangible Assets	901	887	(14)
Tangible Assets	102,879	102,891	12
Least Assets - Right of use assets	876	876	0
Receivables	324	324	0
TOTAL NON CURRENT ASSETS	**104,980**	**104,978**	**(2)**
Inventories	1,043	827	(216)
Receivables	7,401	9,007	1,606
Cash at bank and in hand	48,363	47,041	(1,322)
TOTAL CURRENT ASSETS	**56,807**	**56,875**	**68**
Payables	(35,354)	(35,427)	(73)
Borrowings	(1,885)	(1,885)	0
Provisions	(80)	(80)	0
TOTAL CURRENT LIABILITIES	**(37,319)**	**(37,392)**	**(73)**
TOTAL ASSETS LESS CURRENT LIABILITIES	**124,468**	**124,461**	**(7)**
Borrowings	(21,306)	(21,292)	14
Provisions	(520)	(519)	1
TOTAL ASSETS EMPLOYED	**102,642**	**102,650**	**8**
Public Dividend Capital	38,028	38,028	0
Revaluation Reserve	14,412	14,412	0
Income and Expenditure Reserve	50,202	50,210	8
TOTAL TAXPAYERS EQUITY AND RESERVES	**102,642**	**102,650**	**8**

Leased assets is now split in line with acccounting requirements due to IFRS 16.

STATEMENT OF CASH FLOW - 2023/24	Plan May-23 £'000	Actual May-23 £'000	Variance £'000
Cash flows from operating activities			
Operating surplus/(deficit)	996	946	(50)
Non-cash income and expense:	1,306	1,308	2
Working Capital	(1)	(1,792)	(1,791)
Net cash generated from/(used in) operations	**2,301**	**462**	**(1,839)**
Cash flows from investing activities	(1,423)	(962)	461
Cash flows from financing activities	(234)	(178)	56
Increase/(decrease) in cash and cash equivalents	**644**	**(678)**	**(1,322)**
OPENING CASH	**47,718**	**47,719**	**1**
CLOSING CASH	**48,362**	**47,041**	**(1,321)**

At the end of May - £47,041k cash balance compared to £48,362k plan, an adverse variance of £1,321k:

- Movement in inventories: £215k
- Movement in payables/receivables: (£2,265k)
- Movement in deferred income: £215k
- Capital programme: £452k
- Other   £62k
- **Total**   **£1,321k**

Permanent Staff Pay Costs and WTEs
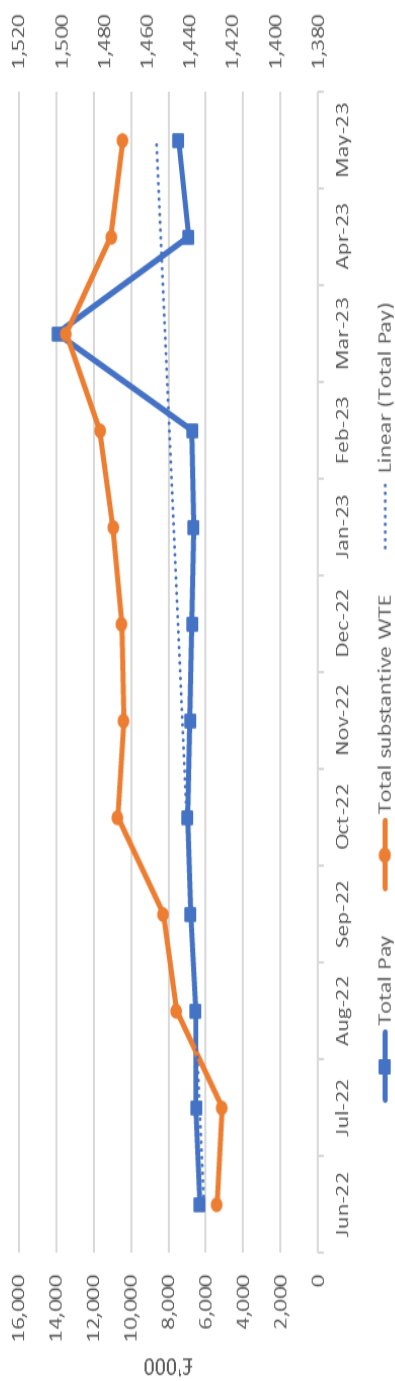
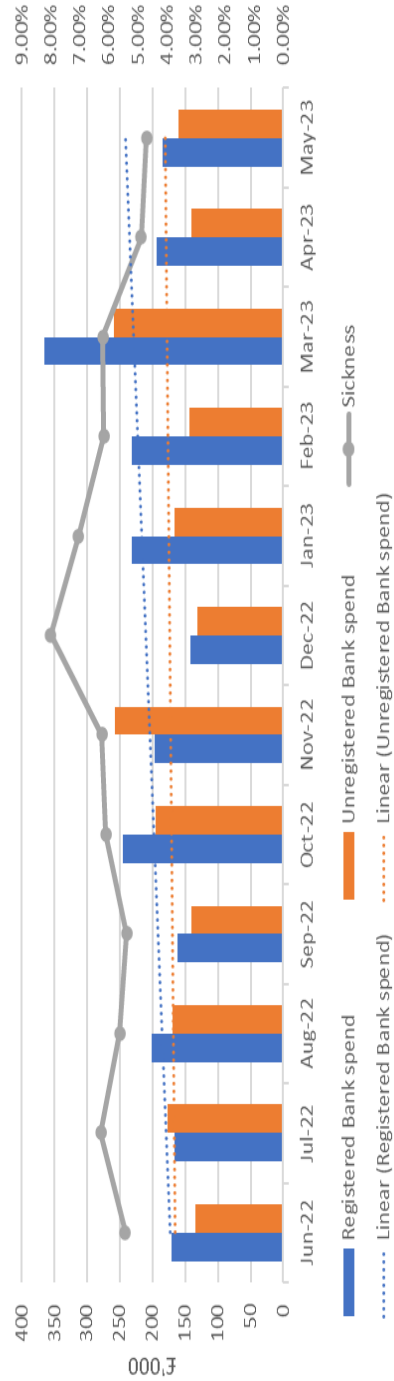March 2023 increase is due to additional pay award and additional pension contribution, both offset in income.

Pay costs:

- Mar: £13,213k
- Apr: £6,932k
- May: £7,472k

WTE:

- Mar: 1,498 WTE
- Apr: 1,477 WTE
- May: 1,471 WTE

Bank Costs and Sickness Rates

Increase in Registered Bank costs in October 2022, January 2023, and February 2023 across all wards.

Increase in November 2022 due to pay award for all bank staff backdated to April 2022. Increase in March 23 is due to pay award for bank staff.

Nursing Bank costs:

- Mar: £624k
- Apr: £334k
- May: £345k

Sickness rate:

- Mar: 6.19%
- Apr: 4.90%
- May: 4.71%

Agency Costs and Sickness Rates

Legend: Agency spend, Sickness
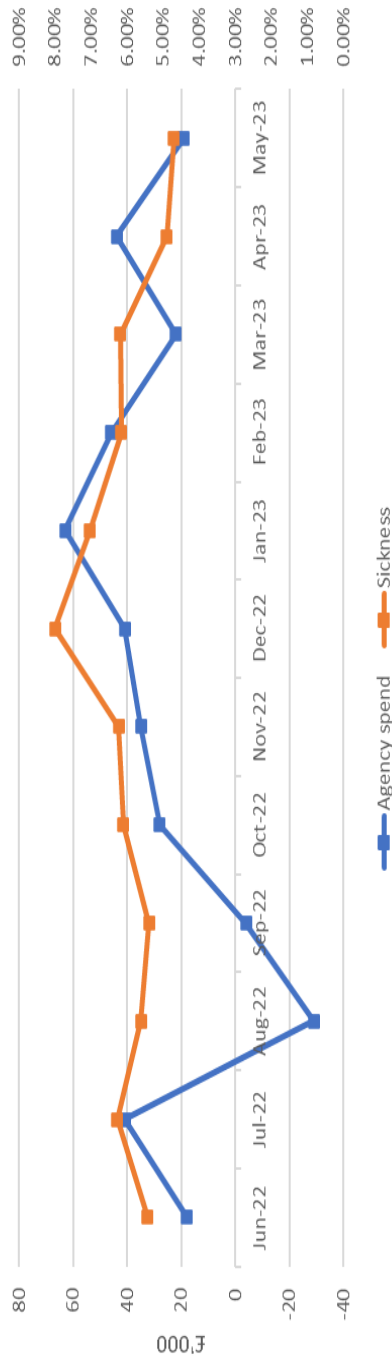
This is a key area of focus for NHSE/I.

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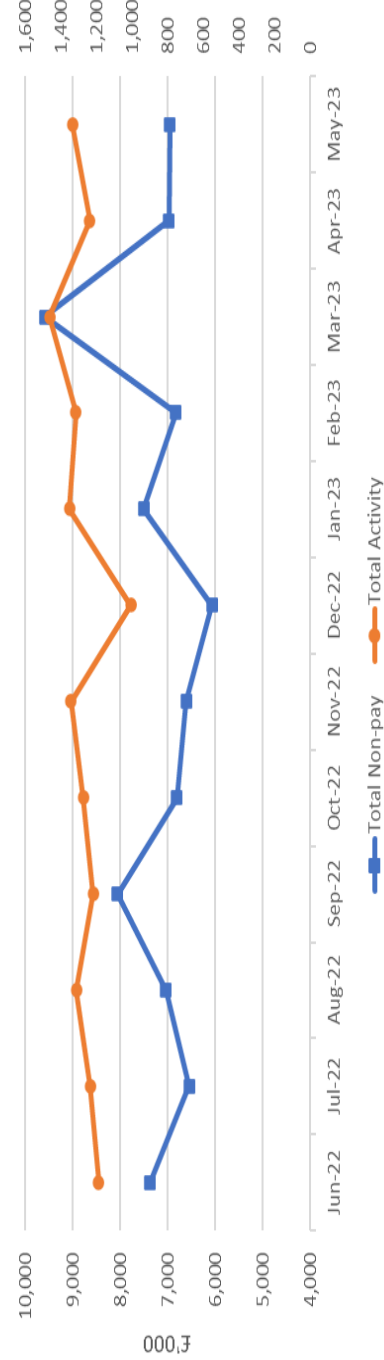
Agency costs:

- Mar: £22k
- Apr: £44k
- May: £19k

Sickness rate:

- Mar: 6.19%
- Apr: 4.90%
- May: 4.71%

Total Non-pay Costs and Activity levels

Legend: Total Non-pay, Total Activity

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:

- Mar: £9,571k
- Apr: £6,975k
- May: £6,953k

Inpatient activity:

- Mar: 1,463 spells
- Apr: 1,238 spells
- May: 1,335 spells

QIP Actual as at May 2024

The Trust has a QIP target of £7,520k for the 2023/24 financial year. At M2 the QIP target was achieved via £875k recurrently and £621k non recurrently.
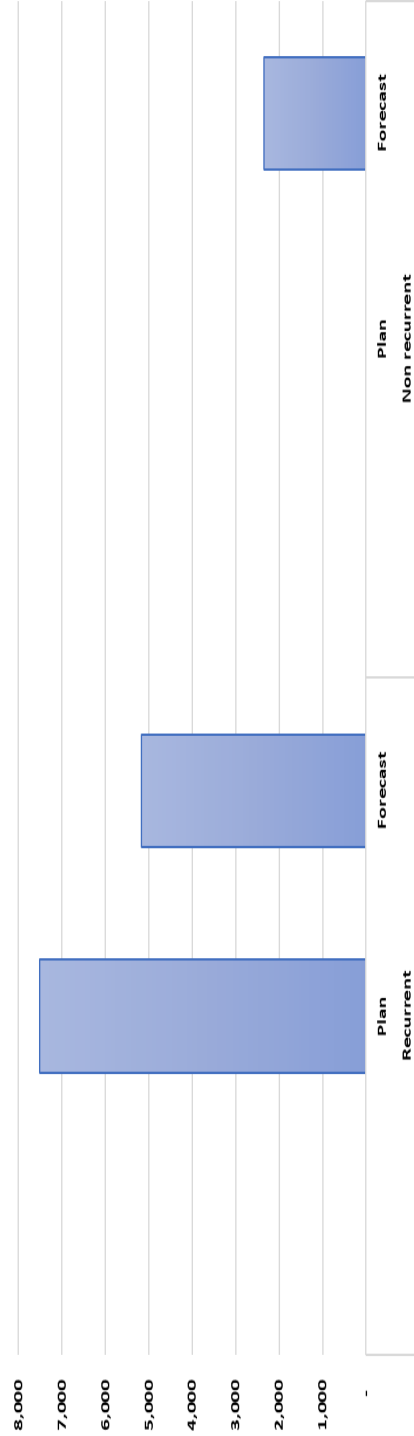
Recurrent CIP:

- Apr: £437k
- May: £438k

Non-recurrent CIP:

- Apr: £198k
- May: £423k

Breakdown of QIP compared to plan

All QIP has been set to be achieved recurrently this financial year with a total plan £7,520k.

Year to date 69% of the target was achieved recurrently, with 31% achieved non recurrently.

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

Patient Related	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
NHS England	9,927	10,671	744	19,855	20,496	641	119,128	121,290	2,162
Clinical Commissioning Groups	2,099	2,095	(4)	4,199	4,177	(22)	25,191	25,197	6
Wales	1,748	1,720	(28)	3,495	3,441	(54)	20,972	20,919	(53)
Isle of Man	177	123	(54)	355	325	(30)	2,130	2,150	20
Other Patient Related Income	74	147	73	146	337	191	884	986	102
Total Patient Related Income	**14,025**	**14,756**	**731**	**28,050**	**28,776**	**726**	**168,305**	**170,542**	**2,237**

To note that patient related income includes ERF income.

Non-patient Related	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
Research & Development Income	91	99	8	183	190	7	1,097	1,117	20
Education And Training	273	308	35	546	616	70	3,277	3,693	416
Employee Benefits Income	187	173	(14)	374	374	0	2,242	2,242	0
Other Non-patient Related Income	94	88	(6)	187	175	(12)	1,125	1,127	2
Total Patient Related Income	**645**	**668**	**23**	**1,290**	**1,355**	**65**	**7,741**	**8,179**	**438**

ERF

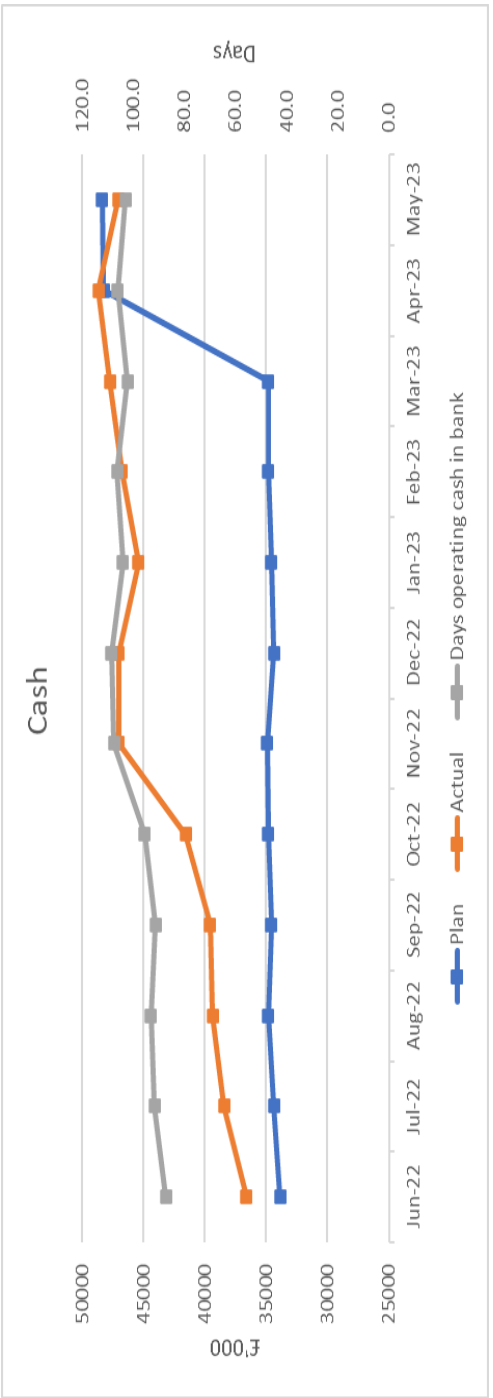|	In month			Year to Date			Full Year		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Elective Recovery Funding	402	402	0	803	803	0	4,821	4,821	0

- Capital expenditure in month of £27k, against a plan of £106k.

- Current year spend on divisional schemes includes:
  o Ponta Systems ITU – initially planned for June and July.
  o IT Staffing.

- Meetings will take to prioritise the Capital scheme for 2023/24 and to establish timelines of when projects will start within the 2023/24 financial year.

- Full year plan is set at £4,845k (excluding the impact of IFRS 16 for leased assets).

CAPITAL

| Division	In month			Year to date			Forecast		
	Plan £'000	Actual £'000	Var £'000	Plan £'000	Actual £'000	Var £'000	Plan £'000	Actual £'000	Var £'000
Heating & Pipework	70	0	70	140	0	140	890	890	0
Estates-Ponta systems	0	0	0	0	262	(262)	450	441	9
Estates-Theatres air handling units	0	0	0	0	0	0	2,010	2,010	0
Estates-General	0	0	(9)	0	9	(9)	0	9	(9)
IM&T	18	27	(9)	36	54	(18)	220	220	0
Neurology-Ultramax Flouro machine	0	0	0	0	0	0	1,050	1,050	0
Neurosurgery-Other clinical equipment	18	0	18	36	0	36	225	225	0
Corporate	0	0	0	0	0	0	0	0	0
TOTAL (excl. external funding)	**106**	**27**	**79**	**212**	**325**	**(113)**	**4,845**	**4,845**	**0**
Right of Use Assets - MRI	0	0	0	0	0	0	1,400	1,400	0
TOTAL (incl. external funding)	**0**	**0**	**0**	**0**	**0**	**0**	**1,400**	**1,400**	**0**
TOTAL	**106**	**27**	**79**	**212**	**325**	**(113)**	**6,245**	**6,245**	**0**

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 23.

Cash:

- Mar: £47,718k
- Apr: £48,669k
- May: £47,041k

Operating expenditure days cover:

- Mar: 103 days
- Apr: 106 days
- May:103 days

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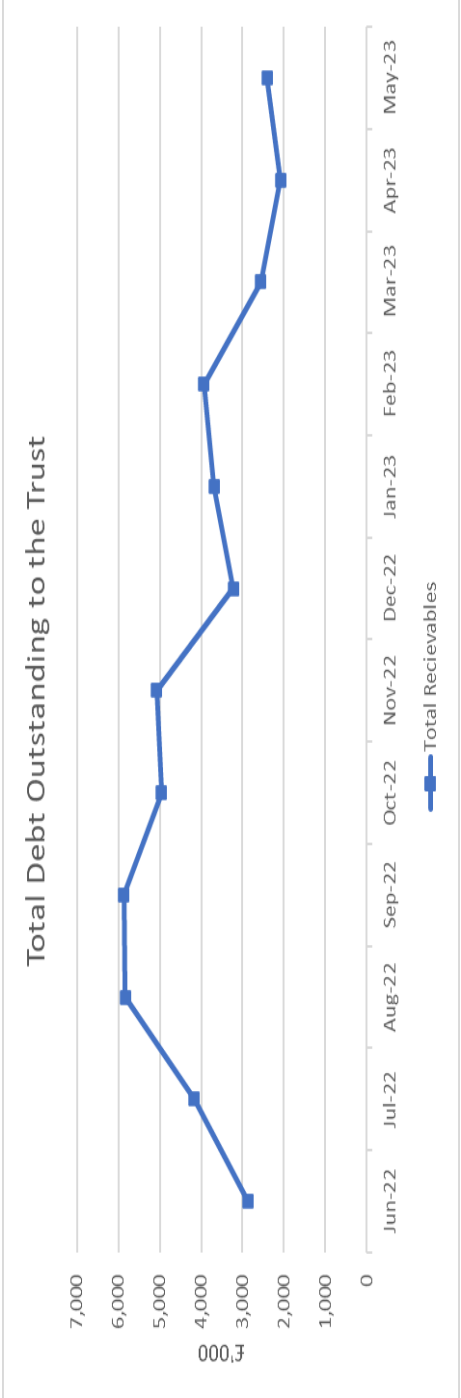
August and September 2022 increase, due to WHSSC year-end settlement invoice, Isle of Man M1-4 invoice, and Health Education England M4-6 invoice.

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

Debt outstanding to Trust:

- Mar: £2,567k
- Apr: £2,089k
- May: £2,415k

Total Debt Outstanding to the Trust
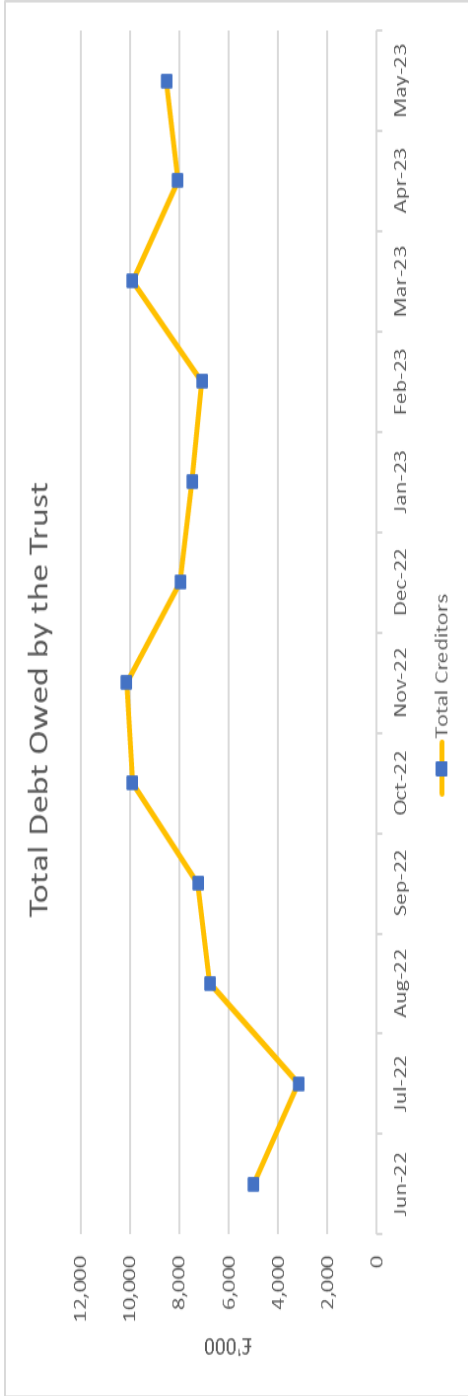
Debt owed by the Trust:

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

Increase in March is in relation 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.

- Mar: £9,905k
- Apr: £8,071k
- May: £8,528k

Total Debt Owed by the Trust

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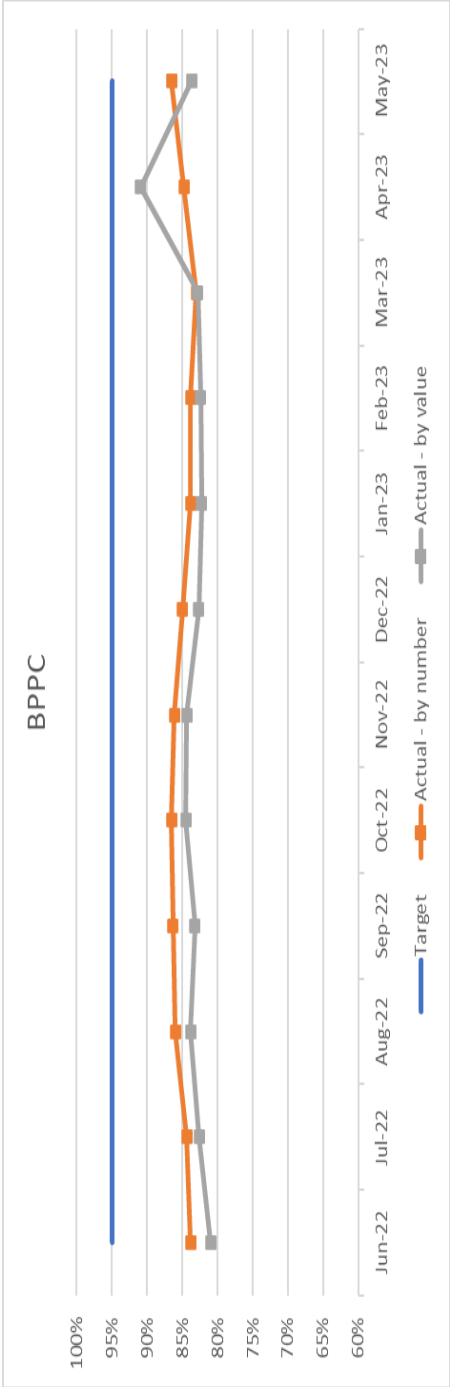
This is a key area of focus for NHSE/I.

- The Trust BPPC percentage (by number of invoices paid) at the end of May is 86.5%. This has increased from 84.8% at the end of April.

- The Trust BPPC percentage (by value of invoices paid) at the end of May is 83.7%. This has deteriorated from 90.9% at the end of April.

- 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.

BPPC

Target — Actual - by number — Actual - by value

THE WALTON CENTRE NHS FOUNDATION TRUST
EXPENDITURE - NEUROLOGY

	In month			Year to Date			Full Year		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Registered nursing, midwifery and health visiting staff	(491)	(428)	63	(983)	(860)	123	(5,897)	(5,157)	740
Allied health professionals	(513)	(498)	15	(1,027)	(975)	52	(6,162)	(5,847)	315
Other scientific, therapeutic and technical staff	(107)	(83)	24	(214)	(164)	50	(1,282)	(985)	297
Health care scientists	(63)	(65)	(2)	(127)	(129)	(2)	(760)	(771)	(11)
Support to nursing staff	(310)	(268)	42	(621)	(524)	97	(3,724)	(3,146)	578
Support to allied health professionals	(78)	(87)	(9)	(155)	(170)	(15)	(930)	(1,022)	(92)
Support to other clinical staff	(1)	(1)	0	(1)	(1)	0	(8)	(8)	0
Medical - Consultants	(832)	(806)	26	(1,670)	(1,638)	32	(9,990)	(9,831)	159
Medical - Junior	(248)	(245)	3	(495)	(477)	18	(2,971)	(2,860)	111
NHS infrastructure support	(225)	(206)	19	(443)	(401)	42	(2,661)	(2,406)	255
Bank/Agency	(48)	(158)	(110)	(75)	(345)	(270)	(75)	(2,067)	(1,992)
Total Pay Expenditure	**(2,916)**	**(2,845)**	**71**	**(5,811)**	**(5,684)**	**127**	**(34,460)**	**(34,100)**	**360**
Supplies and services – clinical (excluding drugs costs)	(709)	(827)	(118)	(1,418)	(1,560)	(142)	(8,510)	(9,362)	(852)
Supplies and services - general	(17)	(23)	(6)	(34)	(46)	(12)	(207)	(278)	(71)
Drugs costs	(2,004)	(2,245)	(241)	(4,007)	(4,513)	(506)	(24,044)	(27,081)	(3,037)
Establishment	(3)	(16)	(13)	(5)	(23)	(18)	(32)	(139)	(107)
Premises - other	(101)	(116)	(15)	(201)	(221)	(20)	(1,209)	(1,329)	(120)
Research and development - non-staff	0	0	0	0	0	0	0	(2)	(2)
Education and training - non-staff	(2)	(2)	0	(4)	(3)	1	(22)	(16)	6
Lease expenditure	(6)	(6)	0	(11)	(12)	(1)	(68)	(71)	(3)
Other	(8)	(3)	5	(16)	0	16	(96)	0	96
Total Non-pay Expenditure	**(2,855)**	**(3,245)**	**(390)**	**(5,707)**	**(6,388)**	**(681)**	**(34,253)**	**(38,339)**	**(4,086)**
Total Divisional Operating Expenditure	**(5,771)**	**(6,090)**	**(319)**	**(11,518)**	**(12,072)**	**(554)**	**(68,713)**	**(72,439)**	**(3,726)**

THE WALTON CENTRE NHS FOUNDATION TRUST
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	(1,283)	(1,156)	127	(2,564)	(2,261)	303	(15,323)	(13,565)	1,758
Allied health professionals	(186)	(200)	(14)	(373)	(400)	(27)	(2,227)	(2,402)	(175)
Other scientific, therapeutic and technical staff	(52)	(44)	8	(104)	(97)	7	(621)	(580)	41
Health care scientists	(78)	(76)	2	(156)	(153)	3	(934)	(917)	17
Support to nursing staff	(284)	(264)	20	(568)	(522)	46	(3,393)	(3,130)	263
Support to allied health professionals	(12)	(15)	(3)	(25)	(30)	(5)	(150)	(179)	(29)
Support to other clinical staff	(2)	(2)	0	(3)	(3)	0	(21)	(20)	1
Medical - Consultants	(783)	(791)	(8)	(1,578)	(1,568)	10	(9,217)	(9,409)	(192)
Medical - Junior	(379)	(403)	(24)	(761)	(823)	(62)	(4,535)	(4,937)	(402)
NHS infrastructure support	(238)	(203)	35	(469)	(413)	56	(2,812)	(2,479)	333
Bank/Agency	(17)	(182)	(165)	(39)	(392)	(353)	(39)	(2,346)	(2,307)
Total Pay Expenditure	**(3,314)**	**(3,336)**	**(22)**	**(6,640)**	**(6,662)**	**(22)**	**(39,272)**	**(39,964)**	**(692)**
Supplies and services – clinical (excluding drugs costs)	(1,293)	(1,311)	(18)	(2,586)	(2,667)	(81)	(15,513)	(16,003)	(490)
Supplies and services - general	(23)	(25)	(2)	(46)	(50)	(4)	(277)	(298)	(21)
Drugs costs	(85)	(75)	10	(171)	(158)	13	(1,024)	(947)	77
Establishment	(11)	(11)	0	(21)	(19)	2	(126)	(116)	10
Premises - other	(46)	(47)	(1)	(92)	(104)	(12)	(550)	(624)	(74)
Transport	(6)	(10)	(4)	(11)	(16)	(5)	(69)	(96)	(27)
Education and training - non-staff	(3)	(3)	0	(7)	(8)	(1)	(42)	(50)	(8)
Lease expenditure	(6)	(9)	(3)	(13)	(16)	(3)	(76)	(94)	(18)
Other	(17)	(11)	6	(34)	(35)	(1)	(205)	(209)	(4)
Total Non-pay Expenditure	**(1,490)**	**(1,502)**	**(12)**	**(2,981)**	**(3,073)**	**(92)**	**(17,882)**	**(18,437)**	**(555)**
Total Divisional Operating Expenditure	**(4,804)**	**(4,838)**	**(34)**	**(9,621)**	**(9,735)**	**(114)**	**(57,154)**	**(58,401)**	**(1,247)**

13.2 Finance IPR for 23-24

THE WALTON CENTRE NHS FOUNDATION TRUST
EXPENDITURE - CORPORATE

	In month			Year to Date			Full Year		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Registered nursing, midwifery and health visiting staff	(112)	(88)	24	(223)	(162)	61	(1,340)	(974)	366
Support to nursing staff	(1)	0	1	(2)	0	2	(11)	0	11
Medical - Consultants	(5)	(5)	0	(11)	(11)	0	(63)	(64)	(1)
NHS infrastructure support	(932)	(871)	61	(1,879)	(1,719)	160	(11,273)	(10,315)	958
Apprenticeship Levy	(25)	(25)	0	(51)	(51)	0	(306)	(305)	1
Bank/Agency	0	(32)	(32)	0	(67)	(67)	0	(403)	(403)
Total Pay Expenditure	**(1,075)**	**(1,021)**	**54**	**(2,166)**	**(2,010)**	**156**	**(12,993)**	**(12,061)**	**932**
Non-executive directors	(11)	(11)	0	(23)	(19)	4	(136)	(117)	19
Supplies and services – clinical (excluding drugs costs)	(27)	(29)	(2)	(55)	(43)	12	(329)	(261)	68
Supplies and services - general	(280)	(262)	18	(559)	(558)	1	(3,355)	(3,347)	8
Consultancy	(2)	4	6	(5)	0	5	(28)	(12)	16
Establishment	(82)	(118)	(36)	(164)	(205)	(41)	(982)	(1,232)	(250)
Premises - business rates payable to local authorities	(69)	(69)	0	(137)	(137)	0	(824)	(824)	0
Premises - other	(424)	(660)	(236)	(847)	(1,186)	(339)	(5,084)	(7,116)	(2,032)
Transport	(9)	(31)	(22)	(18)	(57)	(39)	(105)	(344)	(239)
Audit fees and other auditor remuneration	(9)	(9)	0	(17)	(19)	(2)	(103)	(113)	(10)
Clinical negligence	(528)	(528)	0	(1,056)	(1,056)	0	(6,337)	(6,337)	0
Education and training - non-staff	(11)	(28)	(17)	(21)	(28)	(7)	(128)	(170)	(42)
Lease expenditure	0	(2)	(2)	0	2	2	0	10	10
Other	(119)	(112)	7	(237)	(277)	(40)	(1,424)	(1,664)	(240)
Total Non-pay Expenditure	**(1,571)**	**(1,855)**	**(284)**	**(3,139)**	**(3,583)**	**(444)**	**(18,835)**	**(21,527)**	**(2,692)**
Total Divisional Operating Expenditure	**(2,646)**	**(2,876)**	**(230)**	**(5,305)**	**(5,593)**	**(288)**	**(31,828)**	**(33,588)**	**(1,760)**

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

NHS
The Walton Centre
NHS Foundation Trust

Report Date: 28/06/2023	**Report of:** Business Performance Committee (BPC)
Date of last meeting: 27/06/23	**Membership Numbers: 5 (Quorate)**

1	**Agenda**	The Committee considered an agenda which included the following: • Integrated Performance Report • Board Assurance Framework (BAF) • Trust Wide Risk Register • Digital Transformation Monthly Update • People Pulse Survey Update • Sustainability Plan Update • Major Incident Plan • Local Negotiating Committee Effectiveness Review and Terms of Reference • People Group Effectiveness Review and Terms of Reference
2	**Alert**	• None noted

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) has increased slightly owing to an increased number of referrals for pain management in conjunction with tight resources in that area. A review is underway seeking to deliver this service differently to reverse the trend. There are no 78+week waits. A further focus is aimed at restoring improvement in average waits (Referral To Treatment).
		• Mutual aid requests continue to be received, now including from Nottingham and Birmingham trusts.
		• Activity was slightly under plan for elective and day cases and above plan for new outpatients.
		• Outpatient waiting lists remain high, especially in neurology. The proportion of Patient Initiated Follow Up (PIFU) continues to increase. Focus remains on the high level of Did Not Attends (DNA) and revalidation of follow-up waiting lists within the outpatient transformation programme.
		
		    Workforce
		• Sickness reduced to 4.7% which is now just below target for the first time in over 2 years.
		• Mandatory training achieved target for the first time in over a year, but Appraisal compliance slipped back against a commitment to be within target by September.
		• Turnover of corporate and other non-clinical staff remains high, reflecting pressures in the wider economy. In contrast, nursing and medical turnover and vacancies remain low.

		Finance • The Income & Expenditure position was on plan (£0.9m surplus Year to Date (YTD)). The Quality Improvement Programme (QIP) target of £1.5m YTD was delivered, however there was a lower proportion of recurrent QIP (58% compared to 100% planned). • Better Payment Practice Code stands at 87% of invoices paid and 84% of value against target of 95%. *Other matters* • The six BAF risks overseen by BPC were reviewed for the first time this financial year and recommended to board for approval. Relevant operational risks were also reviewed. • Concern was expressed at the increasing extent of digital team resource required to address (system wide) cyber threats. • An update to the major incident plan was noted; this will require further review after the ICS plan is finalised. • Key Issues reports from nine subgroups were received and noted; no significant alerts presented. Work on subgroup annual effectiveness reviews is on-going with two received at the meeting along with their Terms of Reference.
4.	**Advise**	• Public Digital are to carry out a Digital Maturity Assessment to review structures and governance as a follow-on to recent focus on this strategic area. Findings are expected in August. • The results of the last two People Pulse surveys (Jan and Apr) were viewed; response rate remains lower than hoped • A sustainability lead will be in post from July. Progress on programmes is being overseen by the Strategic Programme Management Office. Bee lovers may want to visit the roof of the Sid Watkins building where around 10,000 now reside!
5.	**Risks Identified**	• No new risks
6.	**Report Compiled**	David Topliffe Non-Executive Director	Minutes available from:	Corporate Secretary

Trust Board Key Issues Report

NHS
The Walton Centre
NHS Foundation Trust

Report Date: 15/06/2023	**Report of: Quality Committee**
Date of last meeting: 15/06/2023	**Membership Numbers: 7 (Quorate)**

1.	**Agenda**	The Committee considered an agenda which included the following: • Integrated Performance Report and Joint Divisional Report • Board Assurance Framework • Pharmacy and Medicines Management Annual Report • Controlled Drugs Accountable Officer Annual Report • Infection Prevention and Control Annual Report • Infection Prevention and Control Board Assurance Framework • Tissue Viability Q4 Report • Safeguarding Annual Report • National Patient Safety Strategy Update • National Inpatient Survey Action Plan
2.	**Alert**	**Safeguarding Annual Report** Mandatory safeguarding training was currently non-compliant and individual non-compliant staff would be contacted with a request to complete training. The national safeguarding training target is 90% which is higher than the Trust mandatory training target of 80% and compliance is reported to the Integrated Care Board. **Patient Safety Incident Response Framework (PSIRF) Implementation Plan** PSIRF needs to be implemented by 1st September and a draft policy and implementation plan are being developed. These will be presented to the next Quality Committee meeting and will require approval before 1st September. Consideration of the approval process will be required as there is no Board meeting in August.
3.	**Assurance**	**Integrated Performance Report** The majority of indicators recorded on the IPR were within normal variation and high performing. **Pharmacy and Medicines Management Annual Report** All KPIs for 2022/23 were met and additional funding into the Service Level Agreement (SLA) had allowed for additional pharmacy work to be undertaken. The Trust workload had increased however this had all been delivered within the SLA.

1

		Infection Prevention and Control Annual Report The Trust was performing well in a number of areas however issues remained regarding MSSA infections and focussed work was ongoing in this area. The surgical site infection rate for the Trust was very positive. The Trust was currently being considered for Global Antimicrobial Stewardship Accreditation Scheme (GAMSAS) accreditation and a site visit was due to be undertaken as part of this process. **Safeguarding Annual Report** No concerns were raised from a safeguarding perspective with the Trust performing well in all areas with the exception of the aforementioned training compliance. **Board Assurance Framework (BAF) Report 1 2022/23** BAF risks that were assigned to Quality Committee were reviewed and recommended for approval to Board with minor updates made.
4.	**Advise**	**National Inpatient Survey Action Plan Update** Slippage had been recorded against a number of targeted completion dates for actions identified from the national inpatient survey the committee were informed that plans had been implemented to address this with a focus to complete all outstanding actions by September.
5.	Risks Identified	No new risks were identified.
6.	Report Compiled by	Ray Walker – Non-Executive Director	Minutes available from:	Katharine Dowson – Corporate Secretary

2

Report to Trust Board
6ᵗʰ July 2023

Report Title	Major Incident Plan
Executive Lead	Lindsey Vlasman, Chief Operating Officer
Author (s)	Mike Duffy, Head of Risk
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)*

The Trust has a major incident plan in place, and this has been reviewed by NHS England (NHSE) as part of their external review of Emergency Planning (EPRR). The plan is due for review in April 2024 this time frame will support the aligning of the new plan to the Integrated Care Board (ICB) Plan.

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

- To await the new Major Incident plan from the Integrated Care Board (ICB) and ensure The Walton Centre plan aligns to this.

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

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

004 Operational Performance	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			

Major Incident Plan

Executive Summary

1. The Major Incident Plan (MIP) has been established to provide an incident response structure, underpinned with documented procedures, supported by management with the authority and necessary competence to manage a disruptive event such as a major emergency, regardless of its cause.

2. This plan has been developed within a context of achieving multi-agency working across Merseyside which includes emergency services, NHS services, local authority departments and voluntary organisations.

3. The NHS service-wide objective for Emergency Preparedness, Resilience and Response (EPRR) is to ensure that the NHS is capable of responding to major incidents of any scale in a way that delivers optimum care and assistance to the victims, and minimises the consequential disruption to healthcare services and that brings about a speedy return to normal levels of functioning; it will do this by enhancing its capability to work as part of a multi-agency response across organisational boundaries.

Background and Analysis

4. The plan is owned and developed by the Trust EPRR, Health and Safety Lead with executive responsibility of the Chief Operating Officer. All staff on the on-call rota and bleep holders will have training and will access to the plan.

5. The plan covers incidents up to and including the following three categories of Major Incident:

   - a Major, Mass or Catastrophic Incident which affects the local community (i.e. within the footprint of the Trust which as a Tertiary Centre Hospital provides services across Merseyside, parts of Cheshire, West Lancashire, North Wales and the Isle of Man)

   - a Major Incident which affects the health services in Merseyside

   - a Major Incident which threatens the continuity of critical Trust services and requires the invocation of the Trust Business Continuity Plans and other Contractors' Business Continuity plans (ISS, Informatics, local NHS providers and NHS Supplies, etc.

Conclusion

6. The Trust has a major incident plan in place, and this has been reviewed by NHSE as part of their external review of EPRR the plan is due for review in April 2024 this time frame will support the aligning of the new plan to the Integrated Care Board (ICB) Plan.

Recommendation
   To note

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Date: 19/06/2023

Major Incident Plan

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Responsible Director:	**Chief Operations Officer**	
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Document Approval, History/Changes	**See Appendix 8.** For further information contact the Governance Department on **Tel:** (0151) 556 3082	

> *Think of the environment…Do you have to print this out this document?* You can always view the most up to date version electronically on the Trust intranet.

If a major incident is taking place and you are unfamiliar with this policy, **do not try and read it now.**

Executive Summary

This Policy is laid out in 2 distinct sections:

Section 1. Major Incident response including an overview for incident Commanders and Action Cards.
Section 2. The underpinning Policy organisation and arrangements for Major Incident Planning.

A high-level overview of actions on receipt of a Major Incident message is provided below, read this and go to the respective action card for detailed next steps.

Contents

SECTION 1 - MAJOR INCIDENT OVERVIEW & RESPONSE

1.   <u>**Major Incident Plan overview**</u>

1.1   A major incident can be defined as:

- any emergency that requires the implementation of special arrangements by one or more of the Emergency Services, and the NHS for: the rescue and transport and treatment of a large number of casualties, and/or

- that requires a response over and above the norm - stretches the services - can't be managed within normal routines

Note: This can be either an external or internal incident e.g. fire.

1.2   You are strongly advised to read the Trust's Major Incident Plan. There is a Summary section and it is essential you read the section covering your Department.

The Trust Major Incident response is led by the Director or, if out of hours the Director on call.

The ITU, Theatre and Radiology Departments have specific local plans that outline the main responsibilities of their staff and escalation arrangements.

The remainder of departments and wards have bespoke action cards which describe the key actions for Departmental Managers or Deputies.

The response in Clinical Departments is led by the Clinical Director or, if out of hours the Consultant On call.

1.3   The most likely type of major incident is a Mass Casualty Incident.

A Mass Casualty Incident is defined as a disastrous event where normal Major Incident responses must be augmented by extraordinary measures in order to maintain an effective, suitable and sustainable response. By definition, such events have the potential to rapidly overwhelm, or threaten to exceed the local capacity available to respond, even with the implementation of major incident plans.
Factors that distinguish a mass casualty are:

- most likely associated with terrorist incidents or transport

- the scale, duration, intensity of the Incident

- loss of infrastructure services

- shortage of supplies or civil dislocation

Normal standards of care provided by the Emergency Services and the NHS may not be achievable. The requirement is to achieve the best possible outcome for the greatest number of people with the available resources.

2.   **Major Incident Plan Activation**

A major incident message will usually be a structured "METHANE" message:

- **M**ajor incident declared or stand-by; time of incident

- **E**xact location of incident

- **T**ype of incident

- **H**azards (e.g. chemicals) involved

- **A**ny problems with access that may impede staff or patient journeys

- **N**umbers of estimated casualties involved

- **E**mergency services involved, any special resources required (e.g. burns/paediatrics), other hospitals involved

2.1 **The Major Incident Plan will be triggered by the relevant Director or Executive on Call - Strategic Commander (Gold). There are two stages to the Alert:**

- Major Incident Standby - preliminary advice that a Major Incident might be occurring to enable the hospital to anticipate a Major Incident.

- Major Incident Declared - a decision that a Major Incident has occurred and e.g. casualties will arrive requiring implementation of the Plan. A Major Incident Declared can occur without a prior Major Incident Standby notification.

2.2 **Major Incident Standby Message**

On the receipt of a confirmed Major Incident Standby, the Plan expects:

- the formation of a Major Incident Control Team which will consist of:
  - Strategic Commander (Gold) - Director or Executive On Call
  - Tactical Commander (Silver On call)
  - an administration manager
  - Communication Manager
  - a loggist

- a review of bed capacity and assessment of inpatients for potential discharge

- communication of the Standby message to all departments via email, telephone or via runners

- in a mass casualty the deployment of a Forward Liaison member of the Surgical Department to the Aintree Emergency Department
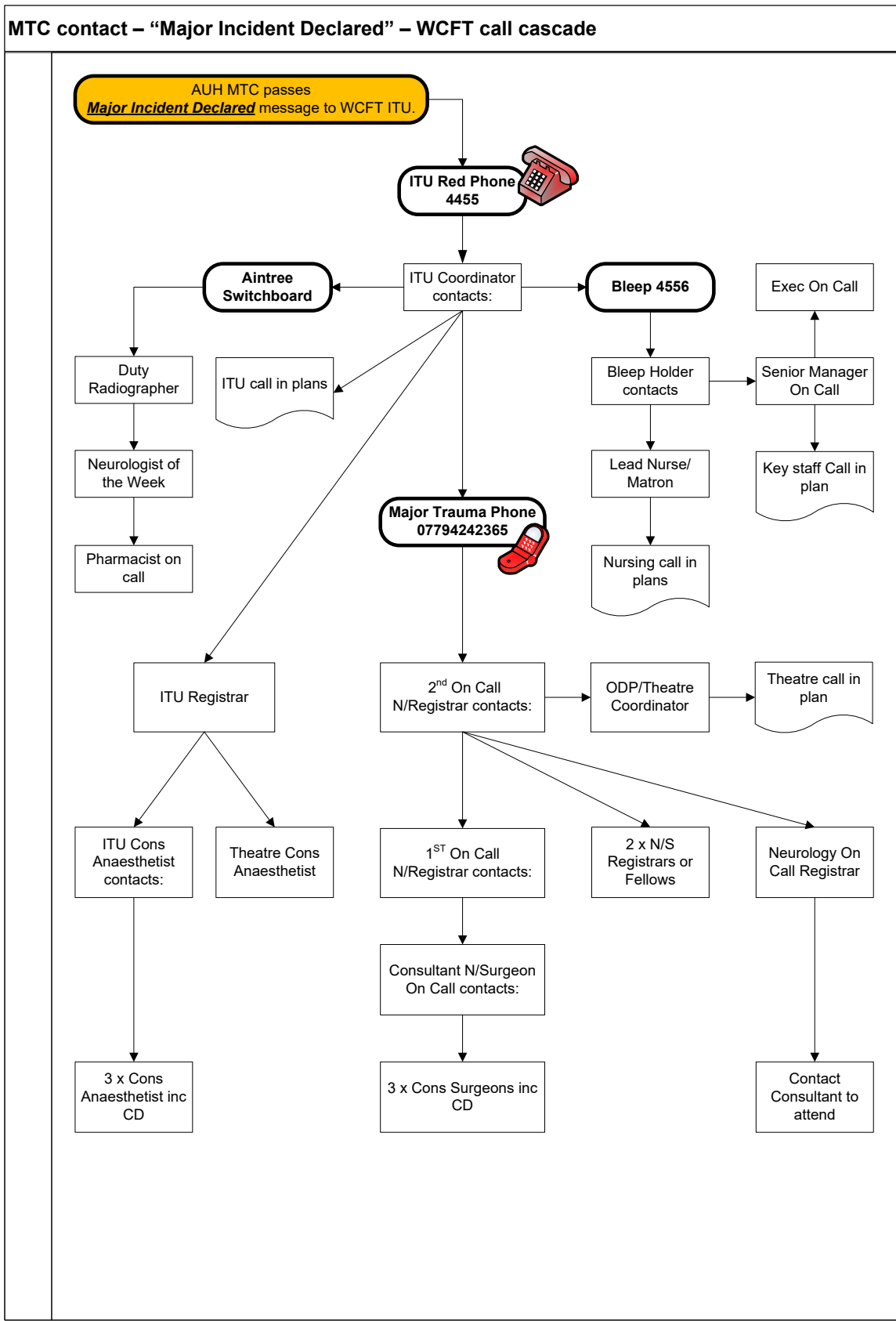
2.3 **Major Incident Declared - External Incident requiring Walton Centre response**

The most likely escalation will be as a result of the Major Trauma Centre (MTC) in Aintree receiving mass casualty trauma patients that require Walton Neurosciences support.

The MTC will contact the ITU Red Phone (4455) and confirm a Major Incident message. The ITU Coordinator escalates message to the Bleep holder (for Senior Manager and Exec On Call) and then notifies:

- the 2nd On Call Neurosurgical Registrar via the Major Trauma Phone who will initiate the Neurosurgical/ Theatres response

- ITU Registrar who will initiate the ITU response

- Lead Nurse/Matron

- Pharmacy, Radiology and Neurologist of the Week

See algorithm diagram below:

MTC contact – "Major Incident Declared" – WCFT call cascade

AUH MTC passes *__Major Incident Declared__* message to WCFT ITU.

ITU Red Phone 4455

ITU Coordinator contacts:

Aintree Switchboard

Bleep 4556

Exec On Call

Duty Radiographer

ITU call in plans

Bleep Holder contacts

Senior Manager On Call

Neurologist of the Week

Lead Nurse/ Matron

Key staff Call in plan

Pharmacist on call

Major Trauma Phone 07794242365

Nursing call in plans

ITU Registrar

2nd On Call N/Registrar contacts:

ODP/Theatre Coordinator

Theatre call in plan

ITU Cons Anaesthetist contacts:

Theatre Cons Anaesthetist

1ST On Call N/Registrar contacts:

2 x N/S Registrars or Fellows

Neurology On Call Registrar

Consultant N/Surgeon On Call contacts:

3 x Cons Anaesthetist inc CD

3 x Cons Surgeons inc CD

Contact Consultant to attend

3.   Walton Centre Response

3.1   Control Room

The Major Incident Control Room will be set up in the Boardroom on the 2nd Floor in The Walton Centre, which acts as the central point for control and communication throughout the Trust and with external agencies.

A secondary room should the Boardroom be unavailable is located in the Lecture Theatre in the Sid Watkins Building on the 2 floor. Access to both of these rooms is via Swipe access and out of hours via Security Reception.

Major Incident Telephone numbers (Boardroom)

There are 3 dedicated VOIP phone lines within a dedicated Major Incident Ring Group as follows:

a. Major Incident number is (0151) 556 3690 and:
b. Boardroom (0151) 556 3688
c. Theatre Seminar room (0151) 566 3689
d. **NB in the event that the above numbers are not available, use the Red Phone (0151) 529 4245.**

Fax: 0151 529 6434 (Located in Exec office).

3.2   Strategic Commander (Executive Director or Director on call out of hours)

3.2.1   The Strategic Commander controls **ALL** activity throughout the entire Trust. In a confirmed Major Incident - the Director or Executive On call will assume the role of Strategic Commander and declare a Major incident for the Trust. This is done by:

- contacting NWAS Health Control Desk on **0345 113 00 99** (Option 2 for Merseyside & Cheshire) and ask for the *NHS England 1st on call for Merseyside* leave a number for a return call (Email eprr.communications@nhs.net)

- and then inform CCG Duty Officers for North Mersey **0845 124 9802** of Major Incident declared and give details

- then inform Spec Comm (England) On Call Manager **0191 266 7733** of Major Incident declared and give details (Email england.spoc@nhs.uk)

The Strategic Commander will communicate with the Tactical Commander and key members of the Incident Control Team via pre-agreed meetings in the Boardroom. The frequency will be determined at the initial meeting dependent on the nature of the incident.

These meetings will establish the severity of the incident, number of likely casualties, patient flow, staffing, and impact on business as usual activity. This information will inform communication with Aintree, NHS England, Critical Care Network and external Situation Reports.

3.3   Situation Reports (SITREP)

NHS England coordinate the NHS response to a Major Incident. They will agree in advance the timings of SITREPs and method of submission, depending on the severity of the incident. This may be done initially via telephone conversation/email and when there is suitable support, via regular teleconferences.

3.4   Tactical Commander

This role in hours will be fulfilled by the Divisional Director, Divisional General Manager or Deputy Director of Nursing/Lead Nurse.

Out of hours the Senior Manager on call (Silver) will escalate the message to the Director on call who will then decide who is to assume the role of Tactical Commander. They will come into the hospital and set up the incident control room and await further direction.

3.5 Bleep Holder (Operational)

If notified of a Major Incident, the Bleep Holder will contact the relevant Director via the Executive Office in hours and if out of hours the Senior Manager and Executive On Call via the Aintree Switchboard.

3.6 Departmental Response

3.6.1 Neurosurgery

The Consultant On Call assumes the role of **Surgical Commander**. He or she calls in the Clinical Director, a Cranial Consultant, a Spinal Consultant and supporting colleagues and allocates roles for them between Theatres, discharge and Aintree. The Surgical Commander based in the theatre complex will:

- provide coordination and prioritisation;
- ensure time limits for futility of intervention;
- be available for second opinion

3.7 Theatres

The Theatre Coordinator/Senior ODP will initiate the local staff call in procedure (algorithm) which is a pre-prepared document which details teams according to skill mix. They initially prepare one theatre for immediate transfer from Aintree followed by a further two theatres once sufficient staffing resources are in place.

3.8 Critical Care

The ITU Registrar calls in the ITU Consultant On call. He or she calls in 3 colleagues (including Clinical Director), liaises with Aintree ITU and Neurosurgery and allocates colleagues on arrival.

The ITU Coordinator/Matron initiates the Escalation Policy to set up extra beds as required, sequentially in SSU, SIM Room, Theatre Recovery and Jefferson Ward infusion bay.

3.9 Wards

The Matron will initiate the local staff call in procedure (algorithm) which is a pre-prepared document which details teams according to skill mix. They will prepare to receive major trauma patients, discharges from ITU and/or potentially other wards due to cohorting requirements. Ward staff will manage patient visitors according to the protocols held within the action card.

The main Outpatients Department will become the Discharge Lounge for in patients that require discharge. The Outpatients Manager will coordinate this role in hours and out of hours by a CST (SHO) and a clinical Pharmacist.

3.10 Radiology

The Radiology Manager or deputy in hours will initiate the local staff call in procedure (algorithm) and if out of hours, the Duty Radiographer. They prepare the radiology response in liaison with the Theatre Coordinator.

3.11 Support Services

Specific information regarding e.g. security, linen, surgical supplies (including instrumentation) and ward consumables, are detailed within specific action cards within the Major Incident Plan.

4. Access & Communication

4.1 Departmental Managers are responsible for assessing staffing requirements and calling in as necessary (or coordinating out of hours).

4.2 Staff report to their normal area. In the event of a Lockdown, they report to the designated staff reporting area. This will be signposted and controlled by ISS Security.

4.3 Families, media and press enquiries, coordination of affected patient families, a pre-prepared social media and website message will be provided by the Communications Team. A standard message will be prepared and disseminated to Heads of Department for onward cascade.

For on site reporters or media press enquiries; the Communications Team will be the first point of contact. Any external messages will require the Executive Director to coordinate with NHS England.

5. Post incident response

5.1 Major Incident Stand Down

The Strategic Commander will issue the Stand Down message throughout the Trust. The incident control room and incident logs will be closed and all relevant documentation (including evidence of decision making) will be collated and stored appropriately.

5.2 Debriefing

A debrief is held after an incident to establish learning points and draw up an action plan to enable the review and revision of emergency plans.

A hot debrief is held immediately after Stand down is declared within the location where responders have been working.

A formal organisational debrief will be held within a week after the event. The Strategic Commander and Head of Risk will prepare an organisational report for the next Executive Team and subsequent Board.

5.3 Staff support

Support of staff welfare and counselling will be a priority throughout the actual incident, stand down and post incident phases. Access to Occupational Health support will be provided by the Trust for all staff, particularly those involved in a major incident, which will include counselling if required.

ACTION CARD 001 - Bleep Holder (Operational) Out of hours

(Will act as Bed Manager until relieved - see Bed Managers Action Card).

Location:　　　　**Unit based**

Role Description:

This role will:

1. Manage the immediate local response.
2. Out of Hours refer to the Bed Manager Action Card (**Action Card 022**) until relieved.
3. Contact the Senior Manager on call - Tactical (Silver Command).
4. Co-ordinate the organisations resources onsite by gathering as much information as possible related to:
    *   staffing
    *   patient flow, transfer from critical care (OOH)
    *   discharges of all patients within ward area
    *   escalation (utilise support from SMART Team if required)
    *   support Silver Commander and provide them with the up to date patient information / updates on care, availability of beds, capacity and infection control status
    *   prepare for on site meeting in ITU or Theatre Office
    *   liaise with Senior Nursing Team (not on call)

Incident Standby

1. Prepare staffing information for additional staff (to ensure adequate nursing resources are available for level of care required).
2. Consider which patients may be suitable for discharge or transfer.
3. Liaise with ITU Co-ordinator/ Theatre Co-ordinator / Onsite Medical Lead and Infection Control Lead (On call) to ensure that the bed capacity is at full potential.
4. Attend meeting in ITU/Theatre Seminar Room.
5. Liaise with Senior Manager On call - Silver command.

Incident declared

1. Prepare to receive transfers from Critical care as directed. These patients must be accepted immediately on request and a nurse should be sent to assist with transfer.
2. Prepare to receive admissions from Theatres that do not require ITU admission.
3. Arrange to transfer existing in-patients to other wards.
4. Request additional staff as required (consider use of agency staff).
5. Support relevant on-call medical registrar with discharge of identified patients.
6. Keep a record of all actions and decisions taken during the incident.

Public enquiries

1. All enquiries by the Press should be directed to the Communications Manager (based in the Incident Control Room).

Incident stand down

1. You will be informed of the Stand down from the Major Incident by the Tactical Commander.

2. Join the Trust hot debrief.

ACTION CARD 002 - ITU Nurse Coordinator

Location: **ITU**

Role Description:

1. To implement, in conjunction with senior medical staff, the escalation strategies outlined in the Trust Major Incident Plan.
2. To assist in the recruitment and deployment of additional staff according to the likely requirements of the incident (in conjunction with Nurse Manager ITU).
3. To organise the setup of extra ITU bed spaces to take predicted casualties.

Incident Standby

1. The Major Trauma Centre will call on the Emergency Red Telephone (4455) and ask to speak to the coordinator. They will pass the message "Major Incident Stand By or Declared"
2. On receiving the message, the coordinator should inform the following:
    a. Neurosurgery 2nd On Call Registrar via the Major Trauma Phone 07794242365
    b. ITU Nurse Manager.
    c. Duty ITU Registrar.
    d. Radiology On call.
    e. Bleep Holder.
3. And pass the message "***Major Incident Stand By or Major Incident Declared"*** Action cards are kept in the CD cabinet in the bay.
4. Assess bed state and current staffing levels and report these to ITU Nurse Manager.
5. Commence setup of beds 21 & 22 (SSU) to take 2 ventilated patients.
6. If Nurse Manager not on site, attend ad hoc meeting with Theatre Coordinator / Nurse Manager, ITU and Anaesthetic Consultants and Consultant Neurosurgeon in Theatre Seminar Room when senior staff arrive.

Incident declared

1. Complete actions detailed above under standby.
2. Commence calling in nurses to staff extra beds after liaison with Nurse Manager ITU / Duty Consultant ITU following an estimation of likely bed demand.
3. Call in ITU Technician if available.
4. If Escalation 2 procedure seems to be necessary, direct extra staff and ITU technician (if available) to set up Jefferson Infusion bay to take 4 level 2 patients using beds from Jefferson ward bays.
5. If Escalation 2 procedure started, arrange for extra staff to collect reserve monitors and ventilators from storage in Sid Watkins building (**see Appendix 1 "Location of reserve equipment").**
6. Ensure all communication is documented.
7. Attend Operational debriefing.

Public enquiries

1. All enquiries by the Press should be directed to the Communications Manager (based in the Incident Control Room).

Incident stand down

1. You will be informed of the stand down from the Major Incident by the Matron.

2. Join the Trust hot debrief.

Appendix - Supplementary Action Card: Location of ITU Reserve Equipment.

If it seems necessary to implement the **Escalation 2** plan to increase critical care bed capacity, then it will be necessary to utilise the reserve equipment kept in Sid Watkins Building (SWB) to allow this to happen. Proceed as follows.

1. When extra staff arrive after being called in, form a team of 4 nurses / HCA's and ask them to go over to Sid Watkins with this card.

2. On arrival at SW, inform the security staff of the purpose of your visit and go to the Outpatients department on the first floor. The security staff may need to facilitate entry out of hours.

3. Walk into Outpatients and on reaching the reception desk, turn right and go to the end of that corridor to a door marked "DO NOT ENTER."

4. Go through this door into the unfinished area of the building, the monitors and ventilators are on the left hand side of the room.

5. Carefully move the 4 ventilators across to HDU and the four monitors to the infusion bay on Jefferson Ward.

6. The ventilators should remain in reserve until all other available Evita ventilators are in service. They will need to be set up for use by the ITU technician, or by an ODP.

ACTION CARD 003 - Tactical Commander

Divisional Director, Divisional General Manager or Deputy Director of Nursing/Lead Nurse or Senior Manager On Call (out of hours).

Location: Based in the Boardroom (in the event the Boardroom is unavailable within the Lecture Theatre in the Sid Watkins Building).

Role Description:

1. Working with the Incident Management Team, you are responsible for:

    a. The Trust's Tactical response to a major incident.

    b. The collection, collation and transmission of information during the incident response

    c. Action tracking.

2. You must establish contact with the emergency services where appropriate, major incident receiving hospitals and other agencies to ensure full operational awareness.

3. Ensure that correct information is made available to the **Strategic Commander** (Executive Director or Director on call out of hours), who will work with the Communications Manager to establish arrangements to brief the media.

4. Work with the Strategic Commander to ensure that a recovery plan is formulated and implemented.

    Major Incident Telephone numbers (Boardroom)

    There are 3 dedicated VOIP phone lines within a dedicated Major Incident Ring Group as follows:

    a. Major Incident number is (0151) 556 3690 and:
    b. Boardroom (0151) 556 3688
    c. Theatre Seminar room (0151) 566 3689

Incident Standby:

1. Having been alerted you now need to lead the Tactical response until you are stood down or relieved.

2. If appropriate proceed to the Hospital immediately.

3. Inform Strategic Commander who will provide immediate advice on the information you will be required to gather.

4. If appropriate contact Head of Risk/Deputy Head of Risk and instruct to attend the Hospital.

5. Keep an accurate record of messages received from the bleep holder on your personal log sheet within your on call pack until an incident log is running.

6. Consider immediate threat to business as usual (next 24 hours) as follows:

    a. Number of TCI's (both same day admissions and inpatients)

    b. Number of outpatient clinics scheduled

    c. Number of routine radiology investigations scheduled

7. Maintain regular contact with the Strategic Commander throughout the incident.

Incident Declared:

1. Receive **"Incident Declared"** message from Bleep Holder with the likely number of casualties and the nature of the incident declared as well as the number of teams ready to mobilise and the initial potential threat on business as usual.

2. Set up the Major Incident Room in the Trust Boardroom and inform the WCFT reception (if in hours) that the control centre is operational.

3. If our of hours, the Strategic Commander may replace the Senior Manager On Call with a more appropriate Tactical Commander.

4. Key Components of your role:

    - implementation of the actions set by the Strategic Commander

    - allocation of tactical resources including personnel and equipment

    - establish clear communication and location of the operational leads in theatre, Critical care, wards and bed management plus support services and ensure they are fully briefed and command and control hubs set up as appropriate within the trust

    - oversee the response of theatres, ITU, HDU and Radiology appropriate to the incident

    - oversee the discharge process for current inpatients

    - identify and communicate to the Strategic Commander the need for additional support or assistance as required

    - Multi-agency tactical liaison with NWAS, Fire, Police and PHE

    - providing situation reports (SitReps) to the strategic commander and/or NHS England

    - manage the incident support team

5. Start a Major Incident Control Centre log and ensure a robust record (log) is kept of the major incident or emergency to include:

    - date and time

    - major Incident

    - information received – incoming phone calls, emails and faxes

    - request for assistance received and responses

    - instructions received

    - decisions made

    - actions taken

    - ensuring the Strategic Commander signs the log after key decisions and following Major Incident team meetings

    - assign staff tasks as appropriate

6. Briefing / initial meeting of Incident management Team

    - brief on arrival the Incident Management Team; this will include an Administration Manager, a loggist and support from the Division and Governance

7. Chair initial meeting of Incident Management Team

    - assess impact on trust services - if they have been or will be affected by the incident and ensure they are informed of the situation

    - priority is to ensure that services required to respond to the emergency are maintained as well as other essential services

- if deemed necessary ensure that the normal roles of staff working as part of the incident are covered

- provide hand over to appropriate manager if the incident is prolonged

- hand the log to the Control Room Administration Manager once the incident has been closed or you are no longer on-call

- provide handover report to the manager replacing you

8. **Support ****For your Information******

   a. You will be supported by the Head of Risk or Deputy who have specialist knowledge of the Major Incident Plan and associated Procedures. They will advise you on options available to you, possible courses of action and potential consequences of decisions taken.

   b. An Administration Manager will ensure support functions are co-ordinated to provide adequate support to both the Strategic Commander and Tactical Commander.

   c. You will work in conjunction with a Loggist to ensure all actions and decisions are captured. All meetings held should also be minuted.

   d. The ITU, HDU, Theatres, Radiology and Wards have call in procedures in place.

Public enquiries

2. All enquiries by the Press should be directed to the Communications Manager (based in the Incident Control Room).

Incident stand down

1. Decide when to stand down in consultation with Strategic Commander and ensure stand down message is communicated.

2. Work with Administration Manager to ensure all information and documentation is collected and safely stored.

3. Agree actions for follow up of staff following the incident and debriefing.

ACTION CARD 004 - Strategic Commander (Director or Executive On Call)

Location: Based in the Boardroom (in the event the Boardroom is unavailable within the Lecture Theatre in the Sid Watkins Building).

Role Description:

1. Provide Strategic leadership to WCFT during a response to a major incident.

2. Provide Support and response as directed/requested by NHS England as part of the health economy response.

3. To direct the Tactical Commander.

Major Incident Standby:

1. You will be contacted via the Executive PA or by the Senior Manager On call out of hours.

2. On being alerted confirm details of current situation:

   - What has happened?

   - Where is the incident?

   - What time did it begin?

   - What are the immediate consequences?

3. Proceed to Incident Control Room (Board Room) and consider the situation with Tactical Commander and other Incident Control Team members.

4. Decide what action is required to prepare the hospital.

Major Incident Declared:

1. The most likely scenario will be providing Neurosurgical support to Aintree Major Trauma Centre with casualties etc.

2. **INTERNALLY** - Declare a **Major Incident** to Trust staff via an all user email message, out of hours do this via a runner to departments and wards.

3. **EXTERNALLY**

   a. Call NWAS Health Control Desk on **0345 113 00 99** and ask for the ***NHS England 1st on call for Merseyside*** leave a number for a return call. Email eprr.communications@nhs.net

   b. Inform CCG Duty Officers for North Mersey **0845 124 9802** of Major Incident declared and give details.

   c. Then inform Spec Comm (England) On Call Manager 0191 430 2498 of Major Incident declared and give details (Email england.spoc@nhs.uk).

4. Report to Incident Control Room and take over from Senior Manager in Charge you are now the Strategic Commander.

5. Commence your incident log.

6. Designate a Tactical Commander; this may be a Divisional Director, Divisional General Manager or Deputy Director of Nursing/Lead Nurse or Senior Manager On Call (out of hours).

7. You will receive and send intelligence reports, instructions and regular SITREPS to and from NHS Silver Command.

8. Contact **NHS England Merseyside 1ˢᵗ on call** to inform them that the Trust Incident Control Room is set up and the contact number and the generic Trust email to use incident@thewaltoncentre.nhs.uk

9. Brief the Command & Control Teams and determine a shift rota as necessary.

10. You will receive and send intelligence reports, instructions and regular Sitreps to and from the incident control room.

11. Strategically direct the **whole** Trust's Major Incident response.

12. Notify other executive directors/non-executives as appropriate and North Mersey CCG on **0845-124-9802** of Major Incident declared and provide details.

13. Monitor response of:

    a. Support services.

    b. Media response with the Communications Team.

    c. Any VIP visits.

14. Call and chair Command meetings every 2 hours.

15. Lead the hospital's liaison with external bodies, e.g. NHSI/CQC etc.

16. Consider use of radio communication between key areas e.g. to cover any blackspots in the Hospital. These can be accessed via the Head of Facilities.

Major Incident Stand Down

1. When the emergency is over declare and cascade to all staff and key stakeholders "Major Incident Stand Down."

2. Inform NHS England Merseyside 1st on call.

3. Conduct a hot debrief in situ in the Boardroom.

4. Arrange and chair a formal Trust wide debrief in a week's time.

5. Compile a formal incident debrief and report with the Head of Risk (including lessons learnt).

6. Send report to the next Trust Board.

ACTION CARD 005 - Communications Manager (In and Out of Hours)

Location: **Incident Control Room**

Role Description:

1. To coordinate communications across the organisation.
2. To coordinate media communications.
3. To support the Strategic Commander in relation to Trusts media response.

Communications resources/equipment:

1. The Communications on-call Lead will have remote access to the Trust's network, to enable them to update the intranet and send all user emails.

Incident Standby/Declared:

Out of hours:

1. The Strategic Commander (Executive on Call) will:

   a. Contact (out of hours/major incident media enquiries or any urgent requirement to inform staff and/or stakeholders) Communications on-call Lead.

   b. Notify the switchboard to direct any media enquiries to the Communications lead.

   c. Establish a protocol with any External Multi-agency/NHS Organisations Communications Lead to ensure that any relevant information/media from The Walton Centre is shared with the Trust's Communications Lead, before circulation (if practicable).

In hours:

1. The Communications Lead will take all necessary steps to prepare for internal and external enquiries, including any or all of the actions below:

   - set up a message on the intranet providing information and assurances
   - send an all-users email providing information, stating when more information will be sent, and directing staff to the intranet
   - liaise with Multi Agency/NHS Gold Communications Lead (e.g. Merseyside Police press office) to agree who will be the first point of contact, which will depend on the scale of the incident
   - consider using web updates for key media messages - e.g. linking to the Merseyside Resilience Forum webpage
   - identify key stakeholders to be notified and circulate a message to all relevant stakeholders
   - erect signs in and around the hospital site

2. Maintain communication and report any issues to the Strategic/Tactical (Silver) Control Team.
3. Ensure all communication is documented.
4. Attend Operational debriefing.

Incident stand down

1. Gradually reduce the frequency of briefings (internal and external).
2. Continue to liaise with communications leads at key partner organisations about key messages and media protocol.

3. You will be informed of the Stand down from the Major Incident by the Hospital Control Team either directly or via the TACTICAL (Silver) COMMANDER.
4. Join the Trust hot debrief.

ACTION CARD 006 - Administration Manager

Location: **Incident Control Room**

Role Description:

1. To set up Incident Control Centre.

2. To provide administrative and clerical support.

3. To collect, collate and display information.

4. To establish and maintain liaison with internal and external services.

Incident Standby

1. Agree roles and immediate action with Director.

2. Agree on operating base either Boardroom or, if not available 2nd Floor Lecture Theatre SWB.

Incident declared

1. Alert relevant staff as instructed (including Loggists) - ask them to report to Incident Control Centre.

2. Set up the Incident Control Centre.

3. With the Director / Divisional Director, Divisional Manager or Deputy Director of Nursing/Lead Nurse confirm room layout, set out communications system, log sheets, incident status boards.

4. Layout three telephones for team members, contact details are as follows:

   Major Incident Telephone numbers

   There are 3 dedicated VOIP phone lines within a dedicated Major Incident Ring Group as follows:

   a. Major Incident number is (0151) 556 3690 and:
   b. Boardroom (0151) 556 3688
   c. Theatre Seminar room (0151) 566 3689
   d. **NB in the event that the above numbers are not available, use the Red Phone (0151) 529 4245.**

5. Use mobile telephones for outgoing calls if necessary. Supply of log sheets to be available.

6. Set up an incoming fax, and an outgoing fax if required.

7. Set up incident status boards and record initial details, incident location, brief statement of situation, names, organisations and contact numbers of responders.

8. Display any relevant maps where necessary.

9. Create a file directory and give it the name of the incident. Use this directory for all the documents relating to the incident.

10. Ensure all communication is documented.

11. Tasks:

   - Confirm the dedicated telephone numbers for calls to be received / made, dedicated fax line.
   - Make list of the Incident Control Centre staff and their telephone numbers (include direct incoming lines and extension numbers)

- Refer to a list of internal and external contacts. Add these as they call in or as reported by incident managers

12. Incoming call taking:

- Record caller's details and time of call on your log sheet or on the standard message sheet.
- Record name, organisation and contact numbers. Check spelling of unfamiliar names with caller. As well as their landline number, ask for their mobile phone and pager numbers
- Ask if email contact is possible. Take email details.
- Answer queries or divert calls to appropriate person as necessary

13. Other tasks:

- Where requested, provide secretarial support to Strategic/Tactical Commander.
- Where requested, arrange telephone and incident briefings
- Delegate a colleague to reschedule the appointments and commitments of the Executive Director
- Provide stationery / materials

14. Staffing considerations (with Strategic/Tactical Commander)

- Consider staffing requirements to allow critical functions to continue
- Arrange and maintain rota for the staff in the Incident Control Centre
- Ensure there are catering arrangements and refreshments
- Make arrangements for the support of staff in the short or long term

15. At the end of your shift

- Hand over this action card to your replacement.
- Brief them on the current situation on Incident Control Centre procedures and on liaison needs.

Public enquiries

1. All enquiries by the Press should be directed to the Communications Manager (based in the Incident Control Room).

Incident stand down

1. You will be informed of the stand down from the Major Incident by the Tactical/Strategic Commander.

2. Join the Trust hot debrief.

ACTION CARD 007 - Loggist

Location: Incident Control Room

Role Description:

1. To maintain an accurate combined log of messages received in the Incident Control Room.

2. To maintain an accurate combined log of decisions and actions taken by Tactical/Strategic Commander.

Incident Standby

1. Agree roles and immediate action with the Administration Manager.

2. Confirm room layout, communications system, log sheets to be used and collection system.

3. Issue a log book for the Incident Control Room (held in the Major Incident Cupboard).

Incident declared

1. At the initial meeting:

   - Confirm your role and that of others, staff locations, communications system, log keeping system.

   - Ensure that all members of team are keeping an accurate individual log.

   - Ensure that all details are being entered on the log - Messages details - time of call, name of caller (check spelling), their contact number, spelling of technical names, spelling of locations and company names.

   - Actions taken

   - Challenge anything you are unsure about.

2. Compile a combined log of messages sent and received and actions taken.

   - Collect, collate and store individual log sheets - via updating status board.

   - Record chronologically all information in the incident log.

3. At the end of your shift:

   - Hand over this action card to your replacement. Brief them on the current situation on incident room procedures and on liaison needs.

   - Ensure all communication is documented.

Public enquiries

1. All enquiries by the Press should be directed to the Communications Manager (based in the Incident Control Room).

Incident stand down

1. You will be informed of the stand down from the Major Incident by the Strategic Commander.

2. Collect all log books.

3. Complete the combined log for the Incident Control Centre and ensure passed on to the Administration Manager or Director.

4. Join the Trust hot debrief.

ACTION CARD 008 - 1st on-call Neurosurgical Registrar (on-site)

Location: **Theatre reception**

Role Description:

1. Support clinical teams as directed by Surgical Commander.

2. Inform appropriate colleagues as detailed below.

3. Prepare to attend theatre.

Incident declared

1. Attend Major Incident Control Room (theatres) and meet ITU Coordinator.

2. Call two other Registrars/Fellows (see attached) and inform "Major incident declared – you must attend Theatre Incident Room (Theatre Seminar Room)."

3. Assist in the preparation of three Neurosurgical theatres, ensuring appropriate equipment available.

4. On arrival of Discharge Consultant assist in the discharge ward round in conjunction with Discharge Consultant, Bleep holder and Senior Nurse, CST

5. Return to Major incident control room and await further instructions from SURGICAL COMMANDER.

6. Be prepared to attend theatres in Aintree if required with theatre team and necessary equipment.

7. Be prepared to scrub in theatres at Walton to assist or operate as directed by SURGICAL COMMANDER.

8. Ensure all communication is documented.

9. Attend Operational debriefing.

Public enquiries

1. All enquiries by the Press should be directed to the Communications Manager (based in the Incident Control Room).

Incident stand down

1. You will be informed of the stand down from the Major Incident by the Surgical Commander.

2. Join the Trust hot debrief.

ACTION CARD 009 - 2nd on-call Neurosurgical Registrar (on-site)

Location: Theatre reception

Role Description:

1. Receive call on Major Trauma Phone (07794 242365) from ITU Coordinator. Who should indicate that **"this is not an exercise."**

2. Support clinical teams as directed by Surgical Commander.

3. Inform appropriate colleagues as detailed below.

4. Prepare to work across sites (Aintree).

5. Act as Forward Liaison between Aintree and Walton.

Incident Standby

1. Attend Theatre Incident Room (Theatre Seminar Room) and meet ITU Coordinator, Senior ODP, Bleepholder to assess the current incident state based on information received from MTC.

Incident declared

1. In the event of an escalation to Major Incident Declared call:

    a. Consultant Neurosurgeon on call.

    b. 1st on call Neurosurgical Registrar.

    c. Neurology On call Registrar (BLEEP 5573).

    d. Radiographer on call (contacted via Aintree Switchboard).

2. Attend Aintree Resusc in the Emergency Department as forward liaison (assist TRIAGE CONSULTANT on arrival).

3. Obtain login details for Aintree PACS system, contact the Duty Consultant and request visitor log in.

4. Liaise with ED Commander to assess scale of events and number of expected casualties and update **Surgical Commander** on Theatre Major Incident Room phone - 5790.

5. Log-on to PACs.

6. Remain insitu and await attendance of TRIAGE CONSULTANT.

7. Be prepared to attend theatre as TRIAGE CONSULTANT sees fit.

8. Await further instructions and respond flexibly as required.

9. Ensure all communication is documented.

10. Attend Operational debriefing.

Public enquiries

1. All enquiries by the Press should be directed to the Communications Manager (based in the Incident Control Room).

Incident stand down

1. You will be informed of the stand down from the Major Incident by the Surgical Commander.

2. Confirm this with the Surgical Commander in ED.

3. Join the Trust hot debrief.

ACTION CARD 010 - Surgical Commander - Consultant On Call Neurosurgeon (on-site)

Location: Theatre reception

Role Description:

1. Receive call from 2nd on-call Neurosurgical Registrar to inform "Major Incident Declared - attendance required immediately."

2. Assume role of Surgical Commander – to direct the surgical teams in response to the incident as required.

3. To remain within Incident Command Room (theatres) and receive casualty information from Forward Liaison (2nd on-call Reg / allocated Triage Consultant).

4. To ensure surgical personnel are allocated appropriately and responsively.

5. Liaise with Theatre Co-ordinator, Lead Anaesthetic Consultant, ITU Co-ordinator, Senior Nurse, on-site bleep holder and regularly debrief with the clinical teams.

6. Ensure operations are proceeding in a timely manner and adequate support is available to all surgical teams.

<u>Incident Declared</u>

1. Attend Major Theatre Incident Room (Theatre Seminar Room).

2. Assume role as SURGICAL COMMANDER.

3. Conduct on site major incident planning meeting with Theatre Co-ordinator, ITU Co-ordinator and Lead Anaesthetic Consultant, Senior Nurse, on-site bleep holder in attendance.

4. Ensure you are in possession of designated wireless surgical command phone (5790) in order to receive information from Forward Liaison team (2nd on-call Reg & Consultant).

5. Contact the following people within own team immediately (see below):

   a. Clinical Director for Neurosurgery (if available, if not, any other Team Consultant).

   b. 1x team Cranial Consultant Neurosurgeon.

   c. 1x team Spinal Consultant Neurosurgeon.

6. Be prepared to receive calls from Forward Liaison (2nd on-call Reg) with expected number of casualties.

7. Allocate responsibilities and duties as follows:

   a. On arrival of first Consultant

      i. Present with action card for Consultant 1 – Discharge Consultant.

      ii. Duties to assess and identify discharges from wards.

   b. On arrival of second Consultant

      i. Present with action card for Consultant 2 – ED Forward Liaison Consultant.

      ii. Duties to attend Aintree ED as Forward Liaison Consultant.

   c. On arrival of third Consultant

      i. Present with action card for Consultant 3 – Theatre Consultant.

      ii. Ensure Consultant 3 is ready and prepared to operate on Aintree or Walton sites as required.

8. Monitor theatre activity regularly and update surgical teams on the scale of incident and expected casualties.

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9. Ensure all Surgeons have adequate support particularly to make decisions regarding futility of surgery (aim to keep surgical time less than 1 hour).

10. Continually assess in conjunction with forward liaison Consultant, Theatre Co-ordinator and Lead Anaesthetic Consultant, the need for expansion in theatre availability and staffing requirements.

11. Ensure all communication is documented.

12. Attend Operational debriefing.

Public enquiries

1. All enquiries by the Press should be directed to the Communications Manager (based in the Incident Control Room).

Incident stand down

1. You will be informed of incident stand down from Forward Liaison team at Aintree ED.

2. Prepare to stand your team down.

3. Join the Trust hot debrief.

ACTION CARD 011 - Consultant 1 - Discharge Consultant (on-site)

Location: Theatre Seminar Room

Role Description:

1. Assume role as Discharge Consultant.

2. To assess the discharge requirements of current inpatients in conjunction with the designated discharge team.

3. Liaising with Surgical Commander at WCFT and attend Trust Incident Control Room (Boardroom).

4. Flexibly undertake duties which may include operating on Walton or Aintree sites as instructed by Surgical Commander.

Incident declared

1. Call received from Surgical Commander (Consultant Neurosurgeon on-call) to inform "Major Incident declared – attendance required immediately."

2. Attend Theatre Incident Room (Theatre Seminar Room) and liaise with Surgical Commander.

3. Undertake ward round with Bleep holder (Bed manager in hours), Senior Nurse and SHO to identify potential discharges.

   a. Be aware of emergency discharge arrangements for current inpatients
   b. A discharge lounge will be set up
   c. An SHO will be available in the discharge lounge to ensure appropriate discharge paperwork completed.
   d. A clinical pharmacist will be allocated to the discharge lounge to ensure prescriptions are available for patients.
   e. Arrangements will be made for ANP's to conduct telephone follow up within 24-48 hours to ensure no problems have arisen.

4. Liaise with on-site bleep holder to confirm that patients assessed as fit for discharge can be transferred to discharge lounge (Main Outpatients Department).

5. Return to Theatre Seminar Room.

6. Prepare to undertake surgery at Aintree or Walton site as instructed by Surgical Commander in conjunction with theatre teams.

7. Ensure all communication is documented.

8. Attend Operational debriefing in the Boardroom.

Public enquiries

1. All enquiries by the Press should be directed to the Communications Manager (based in the Incident Control Room).

Incident stand down

1. You will be informed of the stand down from the Major Incident by the Surgical Commander.

2. Join the Trust hot debrief.

ACTION CARD 012 - Consultant 2 - Forward Liaison Consultant (on-site)

Location: Theatre Seminar Room

Role Description:

1. Assume role as Neurosurgical Triage Consultant.

2. Triaging major incident patients at Aintree ED.

3. Liaising with Surgical Commander at WCFT.

4. Operative duties may be necessary as instructed by Surgical Commander.

Incident declared

1. Call received from 2nd on-call Neurosurgical Registrar to inform "Major Incident has been declared – attendance required immediately."

2. Attend Theatre Incident Room (Theatre Seminar Room) for briefing from Surgical Commander.

3. Attend Aintree Resusc in the Emergency Department, joining the Forward Liaison (2nd on-call Reg).

4. Obtain login details for Aintree PACS system, contact the Duty Consultant and request visitor log in.

5. Report to ED Command and locate Neurosurgical triage station note the following will be available:

   a. Dedicated telephone (or hand held radio).

   b. Dedicated computer with PACS access.

   c. Obtain login details for Aintree PACS system, contact the Duty Consultant and request visitor log in.

6. Triage incoming casualties as required and in communication with ED Commander.

7. Instruct Forward Liaison regarding information to be relayed to Surgical Commander at WCFT – 5790.

8. Ensure all communication is documented.

9. Attend Operational debriefing.

Public enquiries

1. All enquiries by the Press should be directed to the Communications Manager (based in the Incident Control Room).

Incident stand down

1. You will be informed of the stand down from the Major Incident by the ED Surgical Commander.

2. Join the Trust hot debrief.

ACTION CARD 013 - Consultant 3 (and additional incoming Consultants)

Location: Theatre Seminar Room

Role Description:

1. Flexibly undertake duties which may include operating on Aintree or Walton sites as instructed by Surgical Commander.

2. Liaising with Surgical Commander at WCFT.

Incident declared

1. Attend Theatre Incident Room (Theatre Seminar Room) for briefing from Surgical Commander.

2. Obtain login details for Aintree PACS system (if required).

3. Identify Theatre team in liaison with Theatre Co-ordinator.

4. Ensure preparedness of theatre to receive surgical casualties.

5. Adapt role as communicated by Surgical Commander.

6. Conduct WHO team brief with complete theatre and anaesthetic team.

7. Clarify appropriate equipment, sterile and available.

8. Ensure PACS access and imaging available.

9. Operate on emergency cases as requested by surgical commander.

10. Communicate operative progress when required by surgical commander, constantly evaluating futility of treatment.

11. Ensure all communication is documented.

12. Attend Operational debriefing.

Public enquiries

1. All enquiries by the Press should be directed to the Communications Manager (based in the Incident Control Room).

Incident stand down

1. You will be informed of the stand down from the Major Incident by the Surgical Commander

2. Join the Trust hot debrief.

ACTION CARD 014 - Theatre Co-ordinator (In-Hours)

(If out of hours – Refer to Theatre Action Card 015).

Location: Operating Theatre

Role Description:

1. Co-ordinate Theatre Major Incident Plan **(See: "Theatre: Major Incident Folder" in Recovery CD Cupboard).**

2. Co-ordinate with "surgeon of the week" to cancel/ postpone elective & non-life threatening surgery.

3. Activate "Theatre Team Algorithm" if extra staffing required.

4. Facilitate the safe opening of 3 Major Incident operating Theatres.

5. Facilitate standby staff.

Incident Standby

1. Receive call from ITU Registrar **(Log time and name of person relaying message).**

2. Contact Band 7 immediately.

3. Liaise with "Surgeon of the week" & "Anaesthetist of the day."

4. Liaise with Recovery Co-ordinator, prepare for safe discharge of patients.

5. Review theatre staffing numbers so as to allow the opening of 3 Theatres **(See: "MIP Algorithm/ MIP Team Algorithm).**

6. **Do not** send for any further elective/ non-life threatening surgery.

7. Begin planning for standby/ relief staff **(See: "MIP Team Algorithm").**

8. Consider sending staff home if viable to accommodate 3 shift plan **(See: "MIP Team Algorithm").**

9. Await Major Incident declaration.

Incident declared

1. Cancel all elective/ non-life-threatening surgery.

2. Facilitate the safe discharge of patients from Recovery unit **(Liaise with Bed manager Bleep: 2009).**

3. Open 3 Theatres ASAP **(See: "MIP Algorithm: Appendix 1)**

4. Once 3 Theatres are open Liaise with Silver Command

5. Once 3 Theatres are ready prepare transfer teams **(See: "MIP Algorithm: Appendix 2)**

6. Prepare staff for initial response.

7. Activate "Standby" staff for following shifts.

8. Maintain communication and report any issues to the Tactical (Silver) Control Team regarding Theatre availability.

9. Ensure all communication is documented.

10. Attend Operational debriefing.

Public enquiries

1. All enquiries by the Press should be directed to the Communications Manager (based in the Incident Control Room).

Incident stand down

1. You will be informed of the Stand down from the Major Incident by the Tactical Commander.
2. Join the Trust hot debrief.

ACTION CARD 015 - Theatre Co-Ordinator (Out of Hours)

(If in hours – Refer to Theatre Action Card 014).

Location: Operating Theatre

Role Description:

1. Co-ordinate Theatre Major Incident Plan **(See: "Theatre: Major Incident Folder" in Recovery CD Cupboard).**

2. Co-ordinate with "on-call surgeon/ anaesthetist" & "on-call consultant" to cancel/ postpone non-life threatening surgery.

3. If Major Incident is declared activate **"MIP Algorithm."**

4. Facilitate the safe opening of 3 Major Incident operating Theatres **(See: MIP Algorithm Appendix 1).**

5. Facilitate standby staff **(See: MIP Algorithm/ MIP Team Algorithm).**

Incident Standby

1. Receive call from ITU Registrar **(Log time and name of person relaying message).**

2. Contact Band 7 immediately.

3. Liaise with "On-Call Surgeon & Anaesthetist."

4. If a patient is already in theatre liaise with hospital bleep holder stating.

   "Patient in theatre we will require assistance initiating "MIP Algorithm" (Bleep: 2009).

5. If a patient is in Recovery liaise with Hospital Bleep Holder **(Bleep: 2009**) to facilitate safe discharge of patients ASAP.

6. Review theatre staffing numbers and plan to open of 3 Theatres **(See: "MIP Algorithm/ MIP Team Algorithm).**

7. **Do not** send for any further non-life threatening surgery.

8. Begin planning for standby/ relief staff **(See: "MIP Team Algorithm").**

9. Await Major Incident declaration.

Incident declared

1. Cancel all non-life-threatening surgery.

2. If a patient is already in theatre liaise with hospital bleep holder stating:

   "Patient in theatre we will require assistance initiating "MIP Algorithm" (Bleep: 2009)."

3. Facilitate the safe discharge of patients from Theatre/ Recovery unit **(Liaise with "Hospital Bleep Holder" Bleep: 2009).**

4. Activate **"MIP Algorithm."**

5. Open 3 Theatres ASAP **(See: "MIP Algorithm: Appendix 1).**

6. Once 3 Theatres are open Liaise with Silver Command.

7. Once 3 Theatres are ready prepare transfer teams **(See: "MIP Algorithm: Appendix 2).**

8. Prepare staff for initial response **(Continued on next page).**

9. Activate "Standby" staff for following shifts **(See: MIP Team Algorithm).**

10. Maintain communication and report any issues to the Tactical (Silver) Control Team regarding bed availability.

11. Ensure all communication is documented.

12. Attend Operational debriefing.

Public enquiries

1. All enquiries by the Press should be directed to the Communications Manager (based in the Incident Control Room).

Incident stand down

1. You will be informed of the Stand down from the Major Incident by the Tactical Commander.

2. Join the Trust hot debrief.

ACTION CARD 016 - Duty Anaesthetic Fellow / SpR

Location: **ITU**

Role Description:

4. To initiate the call protocol for the Duty Consultant Anaesthetist.
5. To assist the Duty Consultant Anaesthetist in responding to the likely workload from a major incident.

Incident Standby

1. On receiving a call from the ITU SpR, collect action cards from the CD cupboard in Recovery.
2. Call the Duty Consultant Anaesthetist. If they are off site, read the contents of their card to them and **advise them to attend the hospital.**

Incident declared

1. Call in one extra fellow from the rota.
2. If current workload permits, assist theatre coordinator and duty ODP in setting up extra theatres.
3. Ensure all communication is documented.
4. Attend Operational debriefing.

Public enquiries

1. All enquiries by the Press should be directed to the Communications Manager (based in the Incident Control Room).

Incident stand down

1. You will be informed of the stand down from the Major Incident by the ITU Consultant.
2. Join the Trust hot debrief.

ACTION CARD 017 - Duty Consultant Anaesthetist

Location: **ITU**

Role Description:

1. To coordinate, in conjunction with the Duty Consultant Neurosurgeon / Surgical Commander and Nurse Manager Theatres, the anaesthesia response to a major incident.
2. To liaise with Critical Care to ensure adequate resources are in place to cope with expected workload.

Incident Standby

1. On receiving a call from the duty theatre anaesthetist, attend the hospital immediately if off-site.
2. Liaise with neurosurgery and critical care to ascertain possible oncoming workload.
3. Call the Clinical Director (or acting Clinical Director) to inform them of the situation.

Incident declared

1. Call in two colleagues from the Theatre Rota.
2. Attend meeting in theatre seminar room with duty consultant neurosurgeon, duty consultant ITU, nurse coordinator theatres, ITU nurse manager/ coordinator and Bronze and Silver control if available. Ascertain workload, plan any possible discharges.
3. Liaise with duty ODP and Critical Care, and assist in setting up two stabilisation and retrieval teams to attend the MTC and retrieve patients for surgery if necessary.
   Team composition is:
   a. Team 1: Consultant anaesthetist, consultant neurosurgeon, ODP.
   b. Team 2: Consultant Intensivist, consultant neurosurgeon, ACCP/ ITU nurse.
4. Despatch first team as soon as possible to act as on-site liaison in the MTC. Use them to ascertain likely nature and extent of workload.
   As casualties arrive, allocate theatre resources in conjunction with Theatre Nurse Coordinator / Nurse Manager. Liaise with Duty ITU consultant over requirement for critical care beds.
5. As the incident progresses, liaise with Nurse Manager Theatres, Senior Management and Clinical Director to ensure that sufficient staffing and resources are available to provide ongoing higher level of service.
6. Ensure all communication is documented.
7. Attend Operational debriefing.

Public enquiries

1. All enquiries by the Press should be directed to the Communications Manager (based in the Incident Control Room).

Incident stand down

1. You will be informed of the stand down from the Major Incident by the Surgeon Commander.
2. Join the Trust hot debrief.

ACTION CARD 018 - Duty ITU Consultant

Location: ITU

Role Description:

1. To implement the escalation strategies outlined in the Major Incident Procedure to allow the unit to receive casualties in excess of normal capacity.
2. To liaise with colleagues from Neurosurgery and from the Major Trauma Centre (MTC) to provide a coordinated response to the incident.
3. To provide Mutual Support to Critical Care at Aintree Hospitals.

Incident Standby

On receiving a call from the ITU registrar or Nurse Coordinator:

3. Call the Clinical Director (or acting Clinical Director) to inform them of the situation.
4. **Attend the hospital immediately** if off site.
5. (On Arrival) Ensure that all elements of the Call Protocol have been initiated.
6. Liaise with the MTC and Aintree Critical Care to try and ascertain potential oncoming workload.

Incident declared

8. Call in **two** consultants from ITU rota. Call in more *if potential workload seems very large.*
9. Attend meeting in theatre seminar room with duty consultant neurosurgeon, duty consultant anaesthetist, nurse coordinator theatres, ITU nurse manager/ coordinator and Bronze and Silver control if available. Ascertain workload, plan any possible discharges. Decide, on the basis of information available, whether to implement **Escalation 1 or Escalation 2** plan to increase bed numbers. Update Aintree ITU on potential bed state.
10. When consultant colleagues arrive, one stays on ITU, one goes to a stabilisation & retrieval team.
11. Assist ITU Nurse Coordinator / ITU Matron with setup of extra bed spaces and commissioning of reserve equipment.
12. As patients arrive, liaise with Surgical Commander and Duty Consultant Anaesthetist over admissions to ITU.
13. As the incident progresses, liaise with ITU Matron, Senior Management and Clinical Director to ensure that sufficient staffing and resources are available to provide ongoing higher level of service.
14. Ensure all communication is documented.
15. Attend Operational debriefing.

Public enquiries

3. All enquiries by the Press should be directed to the Communications Manager (based in the Incident Control Room).

Incident stand down

3. You will be informed of the stand down from the Major Incident by the Surgeon Commander.
4. Join the Trust hot debrief.

ACTION CARD 019 - Duty ITU SpR

Location: ITU

Role Description:

1. To coordinate the response to a Major Incident Standby or Declared call in conjunction with the ITU Nurse Coordinator pending the arrival of senior staff.
2. To oversee the start of the Call protocol which initiates the start of the Major Incident Procedure, in conjunction with the ITU Nurse Coordinator.
3. To assist in the preparation of the ITU to receive casualties.

Incident Standby

On receiving a message "Major incident Standby" from the Nurse Coordinator, obtain the action card set from the CD cupboard and proceed as follows:

1. Call the Duty Theatre Anaesthetist, inform them and advise them to follow the actions on their card.
2. Call the duty ITU consultant. Read the actions on their card to them, and **instruct them to attend the hospital immediately** if they are off site.
3. Assist the Nurse Coordinator to set up 2 extra bed spaces in SSU.
4. Make a list of any potential ward discharges and liaise with the Bleep Holder about moving these patients, if an incident is declared.

Incident declared

1. Act as directed by the Duty ITU Consultant to help prepare the unit to receive potential casualties.
2. If the consultant has not yet arrived, liaise with the 2nd-on Neurosurgeon and Duty ITU Consultant, Aintree to try and get an idea of likely incoming workload.
3. Ensure all communication is documented.
4. Attend Operational debriefing.

Public enquiries

1. All enquiries by the Press should be directed to the Communications Manager (based in the Incident Control Room).

Incident stand down

1. You will be informed of the stand down from the Major Incident by the ITU Consultant.
2. Join the Trust hot debrief.

ACTION CARD 020 - Neurosurgical CST (SHO)

Location: Theatre reception

Role Description:

1. Support clinical teams as directed by Surgical Commander.
2. To assess the discharge requirements of current inpatients in conjunction with the designated discharge team.
3. Liaise with Discharge Consultant and/or Surgical Commander at WCFT to update as required.

Incident declared

1. Attend theatre incident room and receive instructions from Surgical Commander and/or Discharge Consultant
2. Undertake ward round with Discharge Consultant, Bleepholder and Senior Nurse, Neurosurgical Registrar to identify potential discharges.
    a. Be aware of emergency discharge arrangements for current inpatients
    b. Assist in the set-up of a temporary discharge lounge (Main Outpatients Department).
    c. A clinical pharmacist will be allocated to the discharge lounge to ensure prescriptions are available for patients
    d. Arrangements will be made for ANP's to conduct telephone follow up within 24-48 hours to ensure no problems have arisen.
3. Liaise with on-site bleep holder to confirm that patients assessed as fit for discharge can be transferred to discharge lounge (Main Outpatients Department).
4. On completion of ward round be available in discharge lounge to ensure appropriate discharge paperwork is completed.
5. Communicate effectively and reassure patients of discharge plan and follow up arrangements.
6. Report back to Discharge Consultant as necessary
7. Ensure all communication is documented.
8. Attend Operational debriefing in major incident control room (theatres seminar).

Public enquiries

1. All enquiries by the Press should be directed to the Communications Manager (based in the Incident Control Room).

Incident stand down

1. You will be informed of the stand down from the Major Incident by the Surgical Commander.
2. Join the Trust hot debrief.

ACTION CARD 021 - Consultant Neurologist (Neurologist of the Week)

(Onsite Monday 09:00 - 19:00 - If out of hours – contact via Aintree Switchboard).

Location: **Own base & Wards**

Role Description:

1. To assist the bed management team in maximising the number of available beds for incoming casualties.
2. To support the front line Surgical, Anaesthetic and Critical Care responses to an incident by coordinating available medical staff resources from Neurology.

Incident Standby

1. On receiving a call from Switchboard via the Bleep holder or Bed Manager.
2. Depending on the local situation call the Clinical Director (or acting Clinical Director) to inform them of the situation.
3. Attend the hospital immediately if off site.

Incident declared

1. Make yourself known to the Surgical Commander (Duty Consultant Neurosurgeon), who will be in the Theatre Suite.
2. Discuss the likely need for beds, then conduct a "Board round" of the neurology patients with the duty neurology registrar and identify any patients who can be reviewed and potentially discharged.
3. As the incident progresses, liaise with Neurosurgery and Critical Care over the need to provide extra medical staff support from Neurology for ward duties in Neurosurgery or Critical Care.
4. Ensure all communication is documented.
5. Attend Operational debriefing.

Public enquiries

1. All enquiries by the Press should be directed to the Communications Manager (based in the Incident Control Room).

Incident stand down

1. You will be informed of the stand down from the Major Incident by the Surgical Commander or Neurology Clinical Director.
2. Join the Trust hot debrief.

ACTION CARD 022 - Bed Manager - In hours

(If out of hours - Bleep Holder #2009).

Location: **Chavasse Ward**

Role Description:

1. Provide up to date bed capacity information to the **Tactical Commander** - this role will be fulfilled by the Divisional Director, Divisional General Manager or Deputy Director of Nursing/Lead Nurse.

2. Have an oversight of patient flow in regard to delayed discharge or potential discharge.

3. Ensure adequate bed management cover is available to continue with the Trust's return to normal function.

4. Co-ordinate the organisations resources onsite by gathering as much information as possible related to:

   - ITU capacity - discharges to ward
   - staffing
   - potential discharges of all patients within ward area
   - liaise with ITU Co-ordinator regarding Critical Care beds/network capacity

Incident Standby

1. Inform Tactical Commander of potential situation.

2. Prepare current bed state to inform Tactical Commander.

3. Assess current staffing levels and potential requirements for the initial 24 hours.

4. Co-ordinate support from the Matrons, Discharge Co-ordinator and Rehab team to consider which patients may be suitable for immediate transfer to maximise bed capacity.

5. Await further instructions from ITU co-ordinator regarding incident stand-down / declared.

Incident declared

1. Inform Tactical Commander "Major Incident declared."

2. Attend Boardroom and receive full briefing of incident.

3. Undertake ward round with Discharge Consultant(s), Matrons, Discharge co-ordinator and Neurosurgical SHO, Bed Management Administrator.

4. Ensure B6 Bed Management staff are available to assist with patient flow across all wards.

5. Identify numbers of potential discharges and inform Tactical Commander.

6. Maintain communication and report any issues to the Tactical Commander regarding bed availability/flow.

7. Ensure all communication is clear for the logging Administrator.

Support *****for information only***

1. A discharge lounge will be set up in Main outpatients.

2. An SHO will be available in the Discharge lounge to ensure appropriate discharge paperwork is completed.

3. A clinical Pharmacist will be available in the Discharge Lounge to ensure prescriptions are available to patients.

4. Arrangements will be made for ANP's to conduct a telephone follow-up with 48 hours to advise further.

Public enquiries

1. All enquiries by the Press should be directed to the Communications Manager (based in the Incident Control Room).

Incident stand down

1. You will be informed of the Stand down from the Major Incident by the Hospital Control Team either directly or via the Silver Commander.

2. Join the Trust hot debrief in the Boardroom.

ACTION CARD 023 - Matron (out of hours)

(This person may not be on call - but may be contacted in the event of a Major incident).

Location: **Boardroom or the Theatre Seminar Room**

Role Description:

1. To support the Senior Manager / Executive On Call, until a Tactical Commander is appointed by the Executive On Call (Strategic Commander).

      a. NB the Tactical Commander will be one of the following roles; Divisional Director, Divisional General Manager or Deputy Director of Nursing/Lead Nurse.

2. To support the Trust's Tactical incident response.

3. Support the Surgical Command Teams.

Incident Standby

1. To be contacted by the Bleep Holder.

2. If appropriate proceed to the Hospital immediately and report to the Boardroom or Theatre Seminar Room.

3. In conjunction with the Surgical Commander, ITU Lead Nurse, Theatre Co-ordinator and Bleep Holder decide what action is required to prepare the hospital.

Incident declared

1. Report to Boardroom/Theatre Seminar Room.

2. Assume role as Senior Nurse within the discharge team, which consists of the following:

      a. Discharge Consultant (Surgeon)

      b. Consultant Neurologist

      c. Bleep holder.

      d. Neurosurgical Registrar

      e. SHO

3. Instruct Ward Managers (if in hours) to identify number of visitors and their locations.

4. With assistance from Bleep Holder, ensure staffing has been identified, appropriate to the incident and its likely longevity.

5. Maintain contact with Tactical Commander and report any issues or requirements.

6. Support Ward Managers/Nursing teams.

Public enquiries

1. All enquiries by the Press should be directed to the Communications Manager (based in the Incident Control Room).

Incident stand down

1. You will be informed of the Stand down from the Major Incident via the Tactical Commander.

2. Ensure all relevant staff attend operational debriefing.

3. Join the Trust hot debrief.

ACTION CARD 024 - Outpatients Manager

In and Out of Hours

Location: **Outpatients Department in the Walton Centre main building**

Role Description:

1. To facilitate the rapid discharge of the Outpatient Department in order to receive discharges from the wards.

2. Ensure that follow up arrangements are made for patients in conjunction with the Neurosurgical SHO and Clinical Pharmacist.

Incident Standby

1. Alert all staff in Outpatients Department.

2. Undertake an assessment of current patients/visitors within the department.

Incident declared

Out of Hours

1. Report to Outpatients Department in the Main Building for further instructions.

In working hours

1. Alert all staff in Outpatients department.

2. Inform current patients/visitors that Trust has invoked its Major Incident Plan.

3. Commence clearing the department and provide follow up appointment advice.

4. Prepare all relevant areas/suites to receive discharges from wards.

5. Ensure whole area is prepared.

6. Allocate staff to appropriate tasks and duties as instructed by the Neurosurgical SHO and Clinical Pharmacist.

7. Reception staff to ensure all inpatient discharges are provided with standardised letter (see appendix), and this information is returned to the appropriate Divisional Management Team for follow arrangements.

8. Inform the Matron of any transport requirements for existing outpatients who arrived by Patient transport Services (PTS).

9. Report any issues and maintain communication with the Matron.

10. Ensure all communication is documented.

11. Attend Operational debriefing as instructed.

Public enquiries

1. All enquiries by the Press should be directed to the Communications Manager (based in the Incident Control Room).

Incident stand down

1. You will be informed of the stand down from the Major Incident by the Matron.

2. Join the Trust hot debrief.

ACTION CARD 025 - Radiology Manager (Out of hours – refer to Action Card 26).

(Or in their absence MR Superintendent radiographer/ Principal Radiographer receiving the call in-hours).

Location: **RADIOLOGY**

Role Description:

1. Co-ordinate Radiology Major Incident plan.

2. Co-ordinate with "Radiologist of the day"/ Principal radiographers to cancel/ postpone elective & non-urgent Imaging.

Incident Standby

1. Receive call from ITU Registrar (Log time and name of person relaying message).

2. Contact Principal radiographers.

3. Liaise with "Radiologist of the day."

4. Liaise with PAC Diagnostic, to cancel elective outpatients.

5. Review rota, allocate staff according to outpatient lists.

6. **Do not** send for any further elective patients.

7. Begin planning for standby/ relief staff (contact staff on shift days off and part time staff as required).

Incident declared

1. Cancel all elective / outpatient imaging.

2. Facilitate the cancellation of outpatients from Radiology.

3. Prepare staff for initial response.

4. Activate "Standby" staff for following shifts.

5. Maintain communication and report any issues to the Tactical (Silver) Control Team

6. Ensure all communication is documented.

7. Attend Operational debriefing.

Public enquiries

1. All enquiries by the Press should be directed to the Communications Manager (based in the Incident Control Room).

Incident stand down

1. You will be informed of the Stand down from the Major Incident by the Hospital Control Team either directly or via the (Tactical) Silver Commander.

2. Join the Trust hot debrief.

ACTION CARD 026 - Radiographer On Call (Out of Hours)

Location: **Radiology Department**

Role Description:

1. Receive Major incident message and initiate the Radiology Department response.

2. Co-ordinate Radiology Incident response with Radiologist On-Call and Radiology Manager/ MR Superintendent Radiographer.

3. Radiology Manager / MR Superintendent Radiographer will activate "Radiology Call Cascade" if extra staffing required.

4. Switch on all imaging equipment.

Incident Standby/Declared

1. Call to activate a Major Incident will come to Radiographer on-call.

2. Ask how many patients expected and approximate timescale.

3. Radiographer On Call phones:

   a. Radiologist On Call.

   b. Radiology Manager or if not available phone MR Superintendent and confirm that they are **FIRST** call).

4. Radiographer On-call heads for hospital and switches on ALL equipment.

5. Radiology Manager (or MR Superintendent) will start call cascade.

6. Principals will be advised to start their cascade depending on incident type and number of casualties expected.

7. If you are not called through the night, please attend for your normal shift.

8. Remember to bring your hospital pass with you (depending on incident type you may need it to get through police cordons).

9. On arrival Radiology Manager or Principal Radiographer will allocate work areas (2 Radiographers per area). Anyone arriving after staffing is allocated will be asked to wait in the tearoom. This means that if the incident goes on over several hours we can rotate and have some rest breaks.

10. Activate "Standby" staff for following shifts.

11. Maintain communication and report any issues to the Tactical (Silver) Control Team.

12. Ensure all communication is documented.

13. Attend Operational debriefing.

Public enquiries

1. All enquiries by the Press should be directed to the Communications Manager (based in the Incident Control Room).

Incident stand down

1. You will be informed of the Stand down from the Major Incident by the Hospital Control Team either directly or via the Silver Commander.

2. Join the Trust hot debrief.

ACTION CARD 027 - IT

(If out of hours contact 0151 556 3017).

Location: **IT Department/Wards**

Role Description:

1. 1st line support to staff (Accounts / Passwords / Software issues).

2. 2nd line support of IT Equipment (Desktops / Laptops / Printers / iPads).

3. 3rd line support of IT Infrastructure (Servers / Networks).

4. 2nd & 3rd line support of Telephony (Mitel VOIP System).

Incident Standby

1. Call the IT Service desk (24hr) on 0151 556 3017.

Incident declared

1. Report to the incident Control Room in the Boardroom for further instructions.

2. Provide technical support to Tactical Commander.

3. Ensure all communication is documented.

4. Attend Operational debriefing.

Public enquiries

1. All enquiries by the Press should be directed to the Communications Manager (based in the Incident Control Room).

Incident stand down

1. You will be informed of the stand down from the Major Incident by the Tactical Commander.

2. Join the Trust hot debrief.

ACTION CARD 028 - Head of Facilities (In and Out of hours).

Location: **Facilities Office**

Role Description:

1. Provide service support to the Major Incident Response.

2. Working with the Tactical Commander and Strategic Commander to provide Facilities support to the Hospital.

Incident Standby

1. Support the Tactical Commander to estimate potential number of patients.

2. Work with the ISS General Manager to establish rotas call in of staff.

3. Review current holdings of stock, catering supplies etc.

Incident declared

1. On receipt of the Major Incident declared report to the Major Incident Control Room (Boardroom). If Out of Hours, report to the Staff Reporting Area - Outpatients.

2. Obtain briefing from Tactical Commander (Silver).

3. Ensure all information/decisions/actions taken are recorded in the incident log book.

4. Liaise with:

    a. Bed Manager - identify estimated number of patients

    b. Estates Manager

    c. ISS General Manager

    d. ISS Logistic Manager for:

        i. Security

        ii. Portering

        iii. Laundry

        iv. Car parking

    e. ISS Domestic Manager for:

        i. Catering

        ii. Cleaning

    f. Head of Procurement/Team.

    g. Key contacts within AUH Facilities

    h. Mortuary and Funeral Directors

5. Site Security liaise with the:

    a. LSMS/ISS Logistics Manager in relation to Lock Down.

    b. Police regarding traffic control on the approach routes to the hospital. Inform the Hospital Major Incident (Silver) Control Team of any decisions made.

6. Ensure rooms are opened/closed as applicable.

7. Provide rooms for briefings as requested.

8. Have access to the Trusts Credit card for emergency purchases

9. Work collaboratively with other members of the Incident Control Team.

10. Ensure all communication is documented.

11. Attend Operational debriefing.

Public enquiries

1. All enquiries by the Press should be directed to the Communications Manager (based in the Incident Control Room).

Incident stand down

1. You will be informed of the stand down from the Major Incident by the Tactical Commander.

2. Join the Trust hot debrief.

ACTION CARD 029 - ISS General Manager (In and Out of hours).

Location: ISS Service Corridor

Role Description:

1. Provide ISS Managerial support to the Head of Facilities/Tactical Commander.

2. Co-ordination of the provision of the ISS response.

Incident Standby

1. Work with the Head of Facilities to estimate potential number of patients, incident duration, staffing and resource requirements.

2. Brief the ISS Logistics Manager and ISS Domestic Services Manager on the incident intent. Establish incident roster and prepare to evoke staff call in arrangements.

3. Brief ISS Divisional Director on incident intent.

4. Review food and non-food stock holdings and liaise with suppliers.

5. Provide incident continuity plan to sustain the response.

Incident declared

1. On receipt of the Major Incident declared report to the Major Incident Control Room (Boardroom). If Out of Hours, report to the Staff Reporting Area – Outpatients.

2. Obtain briefing from Head of Facilities or Tactical Commander (Silver).

3. Ensure all information/decisions/actions taken are recorded in the incident log book.

4. Establish the following ISS managerial posts and brief each on their responsibilities:

    a. ISS Logistic Manager for:
        i. Security and Security Reception.
        ii. Portering.
        iii. Laundry - including off site linen at Ormskirk.
        iv. Medical gas supply.
        v. Car parking and external cordons.
    b. ISS Domestic Manager for:
        i. Catering – Patient Catering. Courtyard Bistro restaurant, briefing/holding rooms catering as required.
        ii. Cleaning – Wards and public areas. Improvised treatment areas as required.

5. Advise key personnel on necessary staffing levels and likely duration of the response once this becomes clear.

6. Implement shift rosters for efficient utilisation of staff labour.

7. Liaise with:

    a. The ISS Divisional Director.
    b. Key suppliers/agency.

8. Report any difficulty in maintaining services in any areas to the Head of Facilities.

9. Ensure all communication is documented.

10. Attend Operational debriefing.

Public enquiries

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1. All enquiries by the Press should be directed to the Communications Manager (based in the Incident Control Room).

Incident stand down

1. You will be informed of the stand down from the Major Incident by the Head of Facilities or the Tactical Commander.
2. Join the Trust hot debrief.

ACTION CARD 030 - ISS Logistics Manager (In and Out of hours).

Location: **ISS Service Corridor**

Role Description:

1. Support the Head of Facilities/ISS General Manager.

2. Co-ordination of the ISS Logistics incident response.

Incident Standby

1. Work with the ISS General Manager to estimate potential number of patients and additional staffing and resource requirements.

2. Establish logistics staff roster and prepare to evoke staff call in arrangements.

3. Review current logistics stock holdings.

4. Provide a logistics continuity plan to sustain the service response.

Incident declared

1. On receipt of the Major Incident declared report to the Major Incident Control Room (Boardroom). If Out of Hours, report to the Staff Reporting Area – Outpatients.

2. Obtain briefing from Head of Facilities or Tactical Commander (Silver).

3. Ensure all information/decisions/actions taken are recorded in the incident log book.

4. Ensure that the following posts are filled and that they are aware of their tasks:

   a. Security and Security Reception.
   b. Portering.
   c. Laundry - including off site linen at Ormskirk.
   d. Medical gas supply.
   e. Car parking and cordon control.

5. If not, appoint suitably senior members of staff as necessary until key personnel arrive.

6. Advise key personnel on necessary staffing levels and likely duration of the response once this becomes clear.

7. Ensure that shift systems are instituted as soon as possible to enable staff to get maximum rest.

8. Report any difficulty in maintaining services in any areas to the ISS General Manager/Head of Facilities.

9. Ensure all communication is documented.

10. Attend Operational debriefing.

Public enquiries

1. All enquiries by the Press should be directed to the Communications Manager (based in the Incident Control Room).

Incident stand down

1. You will be informed of the stand down from the Major Incident by the Head of Facilities or the Tactical Commander.

2. Join the Trust hot debrief.

ACTION CARD 031 - ISS Security Supervisor/Officer (In and Out of hours).

Location: **Security Reception**

Role Description:

1. Support the ISS Logistics Manager/ISS General Manager.

2. Co-ordination of the Security response.

Incident Standby

1. Work with the Head of Facilities/Incident Commander to estimate security response and additional security and service staff call in.

2. Work with the ISS Logistics Manager/ ISS General Manager to establish rotas and call in arrangements for staff.

3. Prepare reception to accept incident response.

4. Prepare to setup and maintain car parking and cordon areas

5. Locate and check Major Incident equipment box and check communication radios.

Incident declared

1. Alert ISS Logistic Manager/ISS General Manager of the Major Incident activation.

2. Ensure high visibility ISS Security vest are worn by all staff at all times

3. Evoke 'lock-down' of The Walton Centre Main Building and Sid Watkins Building and ensure

4. Evoke incident immediate staff call-in.

5. Deploy radios and relevant keys to Outpatients and meet Bleep Holder.

6. If Out of Hours, open the staff rear entrance and Link Bridge.

7. Cordon and secure car parking for arriving emergency vehicles.

8. Assess traffic problems within the hospital and take any necessary action.

9. Liaise with the Police regarding traffic control on the approach routes to the hospital.

10. Assess the parking situation within the hospital and in the visitors' car park, and take any necessary action.

11. Ensure all communication is documented.

12. Attend Operational debriefing.

Guards

1. Ensure full uniform with jacket is worn at all times.

2. Assume traffic duty at main road entrance.

3. Admit only essential staff with Identity Badges (in the event staff cannot be verified escalate to Logistics Manager).

4. Advise security control of parking availability.

5. Advise On-Call staff on arrival of parking availability.

6. Staff arriving without identification badges must not be allowed access.

7. Keep Radio traffic to a minimum.

Public enquiries

1. All enquiries by the Press should be directed to the Communications Manager (based in the Incident Control Room).

Incident stand down

1. You will be informed of the stand down from the Major Incident by the Head of Facilities or the Tactical Commander.
2. Join the Trust hot debrief.

ACTION CARD 032 - ISS Domestic Services Manager (In and Out of hours).

Location: **ISS Service Corridor**

Role Description:

1. Provide ISS Managerial support to the ISS General Manager/Head of Facilities.

2. Co-ordinate the ISS Catering and domestic cleaning response.

Incident Standby

1. Work with the ISS General Manager to estimate potential number of patients and additional staffing and resource requirements.

2. Establish catering staff roster and prepare to evoke staff call in arrangements.

3. Review current catering and non-food stock holdings and liaise with suppliers to sustain catering throughout.

4. Provide a catering and cleaning continuity plan to support the response.

Incident declared

1. On receipt of the Major Incident declared report to the Major Incident Control Room (Boardroom). If Out of Hours, report to the Staff Reporting Area – Outpatients.

2. Obtain briefing from the ISS General Manager or Head of Facilities.

3. Ensure all information/decisions/actions taken are recorded in the incident log book.

4. Ensure that the following posts are filled and that they are aware of their tasks:

    a. Housekeepers/cleaning staff.

    b. Catering.

5. If not, appoint suitably senior members of staff as necessary until key personnel arrive.

6. Advise key personnel on necessary staffing levels and likely duration of the response once this becomes clear.

7. Ensure that shift systems are instituted as soon as possible to enable staff to get maximum rest.

Cleaning (Supervisor)

1. Obtain briefing from ISS Domestic Manager/ISS General Manager following Incident activation on catering requirements.

2. Evoke staff call in.

3. Prepare incident period catering rosters.

4. Check stock holding and plan contingency feeding for the advised period.

5. Liaise with suppliers for food non-food resources

6. Coordinate the service of meals for patients and staff and adhoc requirements for briefing holding rooms.

7. Attend operational briefings with ISS Domestic Services Manager.

Catering

1. Assess the likely initial catering requirements and the current capabilities.

2. Liaise with the Senior Nurse/Manager regarding any immediate catering requirements.

3. Liaise with the Volunteer Co-ordinator regarding the use of Volunteers to assist in the Catering department.

4. If necessary institute a shift system to provide 24 hour staffing at the required level.

5. Prepare drinks and snacks for the following areas:

   a. Discharge area.

   b. Outpatients.

   c. Briefing/holding rooms as required

6. Catering requirements of staff involved in the Major Incident Response e.g. consider open catering if required.

7. Catering requirements as dictated by the Head of Facilities/ISS General Manager.

8. Maintenance of the catering for non-major Incident patients.

9. Ensure all communication is documented.

10. Attend Operational debriefing from ISS General Manager.

Public enquiries

1. All enquiries by the Press should be directed to the Communications Manager (based in the Incident Control Room).

Incident stand down

1. You will be informed of the stand down from the Major Incident by the Head of Facilities or the ISS General Manager.

2. Join the Trust hot debrief.

ACTION CARD 033 - Records Manager

Location: **Records Department**

Role Description:

1. To provide case notes for incoming major incident patients.

2. To support wards and departments.

Incident Standby

1. Report to the incident Control Room in the Boardroom for further instructions

Incident declared

1. Alert all staff to Major Incident.

2. Work with divisions to support the evacuation of the whole of the OPD.

3. Allocate staff from medical records to support Wards.

4. Assist with re location of existing in patients and relatives from Wards to the Outpatients department.

5. Ensure that all Clinic lists are taken to major incident room.

6. Work with PAC/division to cancel clinics if appropriate either via telephone or posting out cancellation letters.

7. Allocate appropriate staff to all other tasks and duties working with division.

8. Work with ward clerks and IT to initiate colour coding system on PAS to identify major incident patients if deemed necessary.

9. In the event of system outage, emergency packs located in Medical Records office (above TCI shelf) would be used.

10. Report any issues to Tactical Commander.

11. Ensure all communication is documented.

12. Attend Operational debriefing.

13. Ensure all case notes are returned to the Health Records department.

Public enquiries

1. All enquiries by the Press should be directed to the Communications Manager (based in the Incident Control Room).

Incident stand down

1. You will be informed of the stand down from the Major Incident by the Tactical Commander.

2. Join the Trust hot debrief.

ACTION CARD 034 - Pharmacy

Job Title: **Pharmacist - out of hours**

Location: **Pharmacy Office or within Aintree Pharmacy**

NOTE:

Pharmacy services are provided to the Walton Centre by a Service Level Agreement by Aintree University Hospital (AUH). If a mass casualty incident occurs, it is likely that there will be pharmacy needs for both Hospitals (Pharmacy have a bespoke Major Civilian Disaster Procedure).

The Tactical Commander/Surgical Commander will liaise with Aintree's incident Control Room to discuss the immediate requirements until sufficient numbers of pharmacy staff can be deployed.

Role Description:

1. To support discharge rounds with Consultant Neurosurgeon or Neurologist.
2. To prepare TTOs for discharge patients.

Incident Standby

1. If the incident affects Aintree, Pharmacy will already have been alerted via AUH major incident pathways.
2. If not, bleep the on call pharmacist via Aintree switchboard.
3. Liaise with the on call or senior pharmacist regarding the Walton Centre's needs, this may include extra stocks, dispensing of discharge prescription or clinical advice

Incident declared

1. The senior pharmacist on duty will determine what services can be offered or personnel made available depending on the local situation and staffing available.
2. Pharmacist to attend the Theatre Seminar Room and assist the Discharge Consultant and team.
3. Ensure all communication is documented.
4. Attend Operational debriefing.

Public enquiries

1. All enquiries by the Press should be directed to the Communications Manager (based in the Incident Control Room).

Incident stand down

1. You will be informed of the stand down from the Major Incident by the Tactical Commander.
2. Join the Trust hot debrief.

ACTION CARD 035 - Local Security Management Specialist

Role Description:

1. To provide advice to the Tactical and Strategic Commanders in relation to security management and lock down arrangements.

Incident Standby

1. Report to the incident Control Room in the Boardroom for further instructions.

Incident declared

1. To provide competent security management advice to:

    a. Incident commanders;

    b. Head of Facilities;

    c. ISS General Manager.

2. Liaise with Aintree Hospital LSMS in the event of a major trauma incident or site incident e.g. bomb threat etc.

3. In the event of a Lock Down, the LSMS has devised a Lockdown Procedure based on locking down key areas e.g. Main entrances or individual specific e.g. departmental access & egress. See **ACTION CARDS 036 and 037 below**.

1. Liaise with Police, Counter Terrorism Support Agency (CTSA) or Explosive Ordnance Disposal (Army Bomb Disposal).

2. Report any issues to Tactical Commander.

3. Ensure all communication is documented.
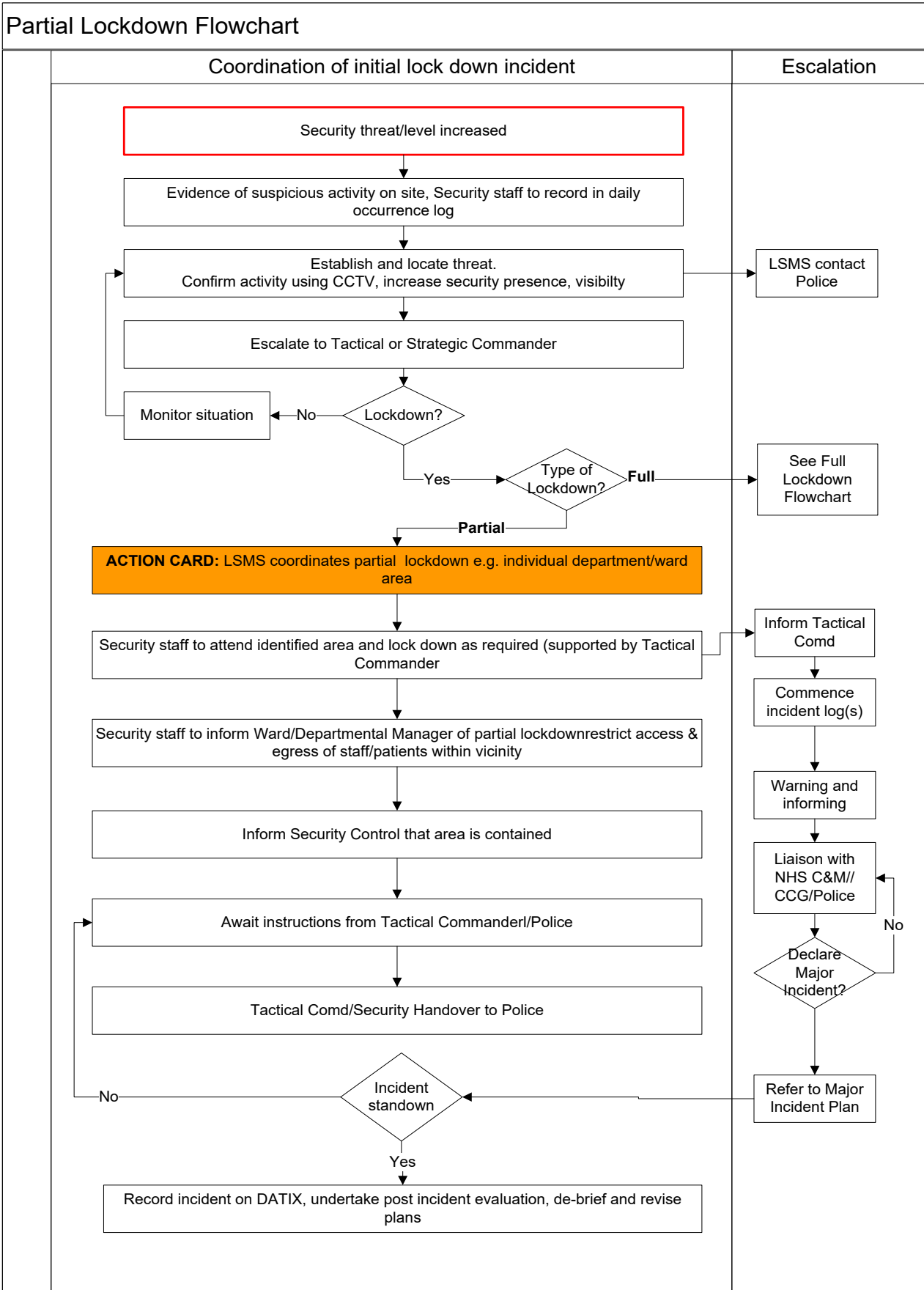
4. Attend Operational debriefing.

Public enquiries

1. All enquiries by the Press should be directed to the Communications Manager (based in the Incident Control Room).
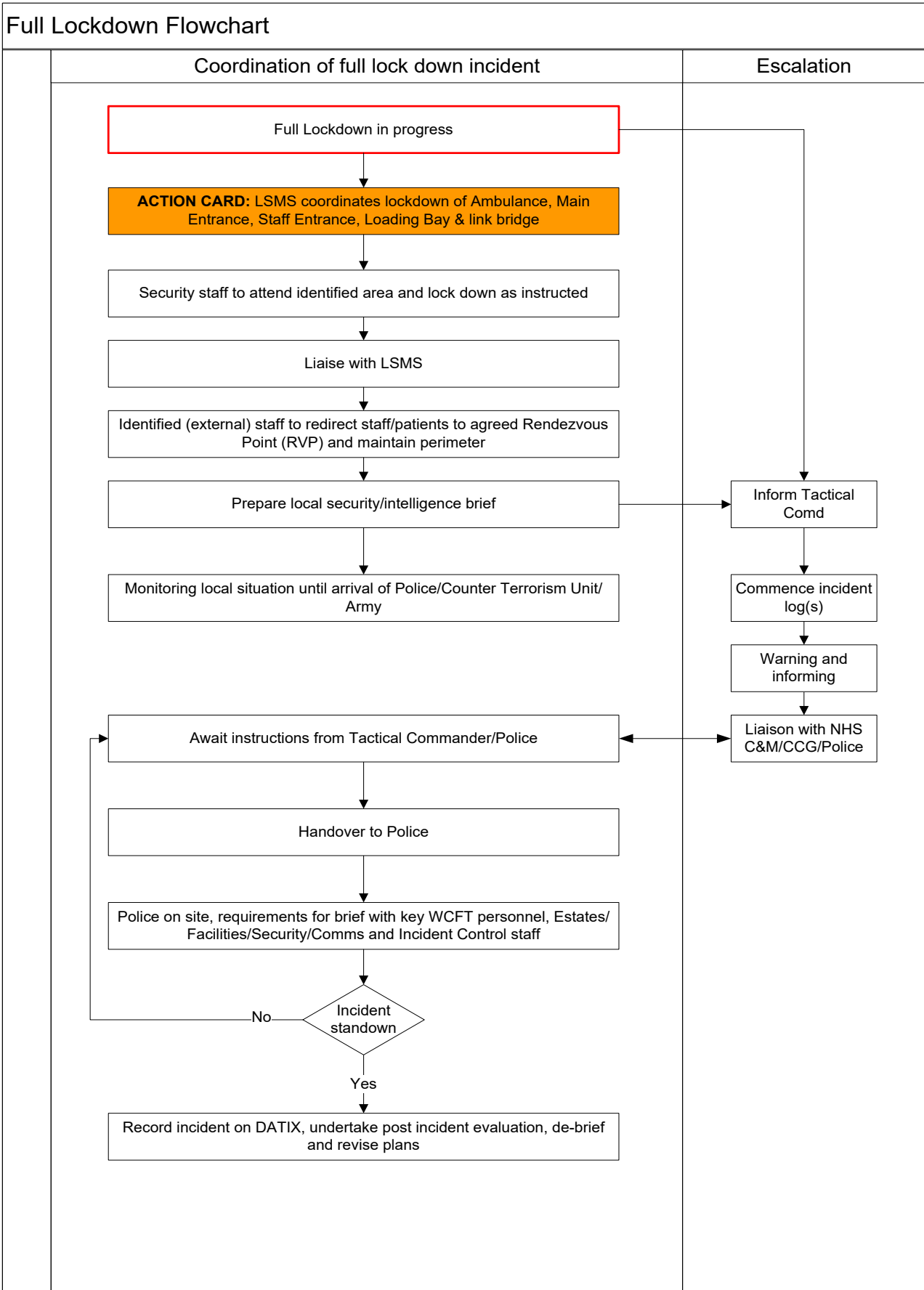
Incident stand down

1. You will be informed of the stand down from the Major Incident by the Tactical Commander.

2. Join the Trust hot debrief.

ACTION CARD 036 - Lockdown procedure (partial)

Partial Lockdown Flowchart

Coordination of initial lock down incident		Escalation

Security threat/level increased

↓

Evidence of suspicious activity on site, Security staff to record in daily occurrence log

↓

Establish and locate threat.
Confirm activity using CCTV, increase security presence, visibilty → **LSMS contact Police**

↓

Escalate to Tactical or Strategic Commander

↓

Monitor situation ← No ← **Lockdown?**

↓ Yes

Type of Lockdown? — Full → **See Full Lockdown Flowchart**

↓ Partial

ACTION CARD: LSMS coordinates partial lockdown e.g. individual department/ward area

↓

Security staff to attend identified area and lock down as required (supported by Tactical Commander) → **Inform Tactical Comd**

↓   ↓

Security staff to inform Ward/Departmental Manager of partial lockdownrestrict access & egress of staff/patients within vicinity   **Commence incident log(s)**

↓   ↓

Inform Security Control that area is contained   **Warning and informing**

↓   ↓

Await instructions from Tactical Commanderl/Police   **Liaison with NHS C&M// CCG/Police** ← No

↓   ↓

Tactical Comd/Security Handover to Police   **Declare Major Incident?** — No

↓   ↓

Incident standown ← No   **Refer to Major Incident Plan**

↓ Yes

Record incident on DATIX, undertake post incident evaluation, de-brief and revise plans

ACTION CARD 037 - Lockdown procedure (Full)

Full Lockdown Flowchart

Coordination of full lock down incident	Escalation

```
┌─────────────────────────────────────────────────┐
│            Full Lockdown in progress             │
└─────────────────────────────────────────────────┘
                        │
                        ▼
┌─────────────────────────────────────────────────┐
│ ACTION CARD: LSMS coordinates lockdown of        │
│ Ambulance, Main Entrance, Staff Entrance,        │
│ Loading Bay & link bridge                        │
└─────────────────────────────────────────────────┘
                        │
                        ▼
┌─────────────────────────────────────────────────┐
│ Security staff to attend identified area and     │
│ lock down as instructed                          │
└─────────────────────────────────────────────────┘
                        │
                        ▼
┌─────────────────────────────────────────────────┐
│                 Liaise with LSMS                 │
└─────────────────────────────────────────────────┘
                        │
                        ▼
┌─────────────────────────────────────────────────┐
│ Identified (external) staff to redirect          │
│ staff/patients to agreed Rendezvous Point (RVP)  │
│ and maintain perimeter                           │
└─────────────────────────────────────────────────┘
                        │
                        ▼
┌─────────────────────────────────────────────────┐         ┌──────────────────┐
│ Prepare local security/intelligence brief        │────────▶│ Inform Tactical  │
└─────────────────────────────────────────────────┘         │ Comd             │
                        │                                    └──────────────────┘
                        ▼                                             │
┌─────────────────────────────────────────────────┐                  ▼
│ Monitoring local situation until arrival of      │         ┌──────────────────┐
│ Police/Counter Terrorism Unit/ Army              │         │ Commence incident│
└─────────────────────────────────────────────────┘         │ log(s)           │
                                                             └──────────────────┘
                                                                      │
                                                                      ▼
                                                             ┌──────────────────┐
                                                             │ Warning and      │
                                                             │ informing        │
                                                             └──────────────────┘
                                                                      │
                                                                      ▼
┌─────────────────────────────────────────────────┐         ┌──────────────────┐
│ Await instructions from Tactical Commander/      │◀───────▶│ Liaison with NHS │
│ Police                                           │         │ C&M/CCG/Police   │
└─────────────────────────────────────────────────┘         └──────────────────┘
                        │
                        ▼
┌─────────────────────────────────────────────────┐
│             Handover to Police                   │
└─────────────────────────────────────────────────┘
                        │
                        ▼
┌─────────────────────────────────────────────────┐
│ Police on site, requirements for brief with key  │
│ WCFT personnel, Estates/ Facilities/Security/    │
│ Comms and Incident Control staff                 │
└─────────────────────────────────────────────────┘
                        │
                        ▼
              ◇ Incident standown ◇ ──No──▶ (back to Await instructions)
                        │
                       Yes
                        ▼
┌─────────────────────────────────────────────────┐
│ Record incident on DATIX, undertake post         │
│ incident evaluation, de-brief and revise plans   │
└─────────────────────────────────────────────────┘
```

ACTION CARD 038 - List of Red Phones (Resilient Network)

Walton Centre Main Building:

All phones are standard analogue.

Sid Watkins Building (SWB):

All phones in the SWB are MITEL VOIP.

The following phone numbers in the table below are analogue emergency phones. All numbers have the prefix 529

No:		Ext no:	Department:	Site:	Floor:
1		5385	Boardroom	W	2
2		4245	Executive Offices	W	2
3		8292	Main Reception	W	G
4		6236	Main Reception SWB	SWB	G
5		8261	Cairns	W	1
6		8321	Caton	W	1
7		8262	Chavasse (Left)	W	1
8		4241	Chavasse (Right)	W	1
9		6207	CRU Nurse station (Green)	SWB	G
10		6208	CRU Nurse station (Purple)	SWB	G
11		5380	Dott	W	1
12		5946	Estates Plantroom	W	3
13		5010	IT Copy Room	SWB	2
14		4455	ITU Nurse base	W	G
15		8301	ITU Modular	W	1
17		5382	Jefferson	W	G
19		5381	Lipton	W	1
20		5236	Mersey Care Nurse Base	SWB	1
21		8274	N/Physiology	W	1
22		8293	OPD Main	W	G
23		6259	OPD SWB	SWB	G
24		6352	PMP Meeting Room	SWB	1
25		5383	Radiology MR	W	G
26		5538	Radiology Reception	W	G
27		5941	Radiology Room 2		
28		6236	Reception Desk	SWB	G
30		6257	Security Office	SWB	G
31		5388	Secretaries Kitchen	W	2
32		8276	Sherrington	W	1
33		8268	Sutcliffe Kerr	W	2
34		6383	T&D Copy Room	SWB	2
35		6407	T&D Lecture Theatre	SWB	2
36		8295	Theatre reception	W	G

SECTION 2 - MAJOR INCIDENT PLAN

1. Introduction

The Walton Centre is unique to the NHS in that it is the only specialist Neurosciences Trust in the UK. The catchment population is over 3.5 million and is drawn from Merseyside Cheshire, part of Lancashire and Greater Manchester, the Isle of Man and North Wales. The Trust treats patients with trauma, spinal tumours, spontaneous intracranial haemorrhage, epilepsy, multiple sclerosis, brain tumours, Parkinson's disease, stroke, cancer, chronic pain and other neurological diseases.

This Major Incident Plan (MIP) has been established to provide an incident response structure, underpinned with documented procedures, supported by management with the authority and necessary competence to manage a disruptive event such as a major emergency, regardless of its cause.

The Walton Centre NHS Foundation Trust (WCFT) is classed as a **Category 1 Responder** under the Civil Contingencies Act 2004 (CCA) and has a duty to produce and review its emergency and business continuity plans in the light of emerging local, regional and national guidance.

This plan has been developed within a context of achieving multi-agency working across Merseyside which includes emergency services, NHS services, local authority departments and voluntary organisations.

The NHS service-wide objective for Emergency Preparedness, Resilience and Response (EPRR) is to ensure that the NHS is capable of responding to major incidents of any scale in a way that delivers optimum care and assistance to the victims, and minimises the consequential disruption to healthcare services and that brings about a speedy return to normal levels of functioning; it will do this by enhancing its capability to work as part of a multi-agency response across organisational boundaries.

1.1. Core standards

1.1.1 The minimum core standards, which NHS organisations and providers of NHS funded care must meet, are set out in the NHS England Core Standards for EPRR. These standards are in accordance with the Civil Contingencies Act 2004, the Health and Social Care Act 2012, the NHS England planning framework ('Everyone Counts: Planning for Patients') and the NHS standard contract.

1.1.2 NHS organisations and providers of NHS funded care must:

- nominate an accountable emergency officer who will be responsible for EPRR;
- contribute to area planning for EPRR through local health resilience partnerships;
- contribute to an annual NHS England report on the health sector's EPRR capability and capacity in responding to national, regional and LRF incidents
- reports must include control and assurance processes, information-sharing, training and exercise programmes and national capabilities surveys, they must be made through the organisations' formal reporting structures;
- have suitable, up to date incident response plans which set out how they plan for, respond to and recover from significant incidents and emergencies, the plans should fulfil the testing schedule as detailed in the CCA 2004;

- have suitably trained, competent staff and the right facilities (incident coordination centres) available round the clock to effectively manage a major incident or emergency;
- share their resources as required to respond to a major incident or emergency

1.2. Business Continuity

1.2.1 The CCA 2004 places a statutory duty on organisations to develop a comprehensive approach to business continuity.

1.2.2 The aim of business continuity planning is to enable planning and reaction in a coordinated manner to ensure that services can be maintained at the highest level for as long as possible whatever might happen to the infrastructure. There is a range of problems that might affect services, for example loss of water or power, flooding or criminal activity. A business continuity event is any incident requiring the implementation of special arrangements to maintain or restore services.

1.2.3 It is the role of the Chief Executive, or nominated deputy, to ensure business continuity is maintained wherever possible during a declared major incident, and to return to normal working as soon as possible after the event. This will form part of the collective tasks of the Major Incident Team. Business continuity planning enhances the Trust's ability to withstand the effects of potential widespread disruption as a result of an unpredictable event(s).

1.3. Purpose

This policy is part of a suite of emergency plans which provide a framework to enable effective and co-ordinated planning and response to any incident *up to and including* a Major or Catastrophic Incident as defined by the Civil Contingencies Act 2004 and follows the NHS Emergency Planning Resilience & Response Framework 2013 and other relevant guidance (see bibliography). All Major Incident planning is carried out in consultation, coordination and cooperation with partner agencies such as:
- Other hospital trusts
- ISS, Health Informatics Systems, Contractors and suppliers, e.g. Synergy
- The NHS England Merseyside Area Team
- Cheshire & Merseyside Commissioning Support Unit
- Public Health England Cheshire & Merseyside Team
- NHS North of England
- Department of Health (DH)
- North West Ambulance Service (NWAS)
- Liverpool & Sefton Clinical Commissioning Group
- other Merseyside community health providers
- other acute hospitals,
- Mersey Care NHS Trust & local Specialist Trusts
- Merseyside Police
- Merseyside Fire & Rescue Service (MFRS)
- Voluntary agencies under the **UNITY Protocol**
- Utilities companies (United Utilities, Scottish Power, National Grid Gas)

2. Scope

This plan covers incidents up to and including the following three categories of Major Incident:
- a Major, Mass or Catastrophic Incident which affects the local community (i.e. within the footprint of the Trust which as a Tertiary Centre Hospital provides services across Merseyside, parts of Cheshire, West Lancashire, North Wales and the Isle of Man)

- a Major Incident which affects the health services in Merseyside
- a Major Incident which threatens the continuity of critical Trust services and requires the invocation of the Trust Business Continuity Plans and other Contractors' Business Continuity plans (ISS, Informatics, local NHS providers and NHS Supplies, etc.

This plan should be read in conjunction with Departmental/ Ward Business Continuity Plans which cover the risk assessment process, identification of critical functions, alerting arrangements, activation of staff and resources and incident management of an internal Major Incident.

3.   Definitions

3.1.   Emergency - The Civil Contingencies Act 2004 defines an emergency as - 'An event or a situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK, all war or terrorism which threatens serious damage to the security of the UK.' For the NHS, *'major incident'* is the term commonly used. With the implementation of the Civil Contingencies Act, the term 'emergency' may be used by other organisations instead of 'incident'. However, the NHS continues to use the term 'major incident' to avoid confusion with other elements of the services provided.

3.2.   Major Incident - NHS definition is 'Any occurrence, which presents serious threat to the health of the community, disruption to the service or causes (or is likely to cause) such numbers or types of casualties as to require special arrangements to be implemented by hospitals, ambulance trusts or Clinical Commissioning Groups (CCG).'

3.3.   Major Incident standard messages - the four categorisations will be used for all major or potential major incidents whether multi-agency or internal within the Trust are:

- **Major incident - standby -** This alerts the NHS that a major incident may need to be declared. Major incident standby is likely to involve the participating NHS organisations in making preparatory arrangements appropriate to the incident, whether it is a 'big bang' or 'rising tide'.
- **Major incident declared -** activate plan - this alerts the NHS of the need to activate its plans and mobilise additional resources
- **Major Incident cancelled -** this message cancels either of the first two messages at any time.
- **Major Incident Stand Down -** all receiving hospitals are alerted as soon as all live casualties have been removed from the site. Where possible, the Ambulance Incident Commander will make it clear whether any casualties are still en-route.

3.3.1   While ambulance services will notify the receiving hospital(s) that the scene is clear of live casualties, it is the responsibility of each NHS organisation to assess their own organisation's appropriateness to stand down.

3.4.   The Joint Emergency Services Interoperability Programme (JESIP)

3.4.1   JESIP was established in 2012 to address the recommendations and findings from a number of major incident reports.

3.4.2   Principles for joint working. Commanders arriving at the scene take too long or don't make contact with commanders from the others services. This leads to poor information sharing, lack of communication and no joint understanding of the unfolding emergency

3.4.3   The Five Principles of JESIP are:

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┌──────────────────────────────────────────────────────────────────┐
│ Co-locate with commanders as soon as practicably possible at a     │
│ single, safe and easily identified location near to the scene.     │
└──────────────────────────────────────────────────────────────────┘
                              ▼
┌──────────────────────────────────────────────────────────────────┐
│ Communicate - clearly using plain English                          │
└──────────────────────────────────────────────────────────────────┘
                              ▼
┌──────────────────────────────────────────────────────────────────┐
│ Coordinate by agreeing the lead service. Identify prioirities,     │
│ resources and capabilities for an effective response, including    │
│ the timing of future meetings.                                     │
└──────────────────────────────────────────────────────────────────┘
                              ▼
┌──────────────────────────────────────────────────────────────────┐
│ Jointly understand risk - by sharing information about the         │
│ likelihood and potential impact of threats and hazards to agree    │
│ potential control measures                                         │
└──────────────────────────────────────────────────────────────────┘
                              ▼
┌──────────────────────────────────────────────────────────────────┐
│ Shared Situational Awareness - established by using METHANE and    │
│ the Joint Decision Model                                           │
└──────────────────────────────────────────────────────────────────┘
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3.4.4   If the principles are followed then the result should be a jointly agreed working strategy where all parties understand what is going to happen when and by who, this strategy should include:

- What are the aims and objectives to be achieved?
- Who by – police, fire, ambulance and partner organisations?
- When – timescales, deadlines and milestones
- Where – what locations?
- Why – what is the rationale? Is this consistent with the overall strategic aims and objectives?
- How are these tasks going to be achieved?
- For the Joint Decision Model see http://www.jesip.org.uk/joint-decision-model

3.5.   The Scale of a Major Incident in the NHS

NHS organisations are accustomed to normal fluctuations in daily demand for services. Whist at times this may lead to facilities being fully stretched, such fluctuations are managed without activation of special measures by means of established management procedures and escalation policies. The levels of incident for which NHS organisations are required to develop emergency preparedness arrangements are:

- **Major** – individual ambulance trusts and acute trusts are well versed in handling incidents such as multi-vehicle motorway crashes within the long established major incident plans. More patients will be dealt with, probably faster and with fewer resources than usual but it is possible to maintain the usual levels of service.
- **Mass** – much larger-scale events affecting potentially hundreds rather than tens of people, possibly also involving the closure or evacuation of a major facility (for example, because of fire or contamination) or persistent disruption over many days. These will require a collective response by several or many neighbouring trusts.
- **Catastrophic** – events of potentially catastrophic proportions that severely disrupt health and social care and other functions (for example, mass casualties, power, water, etc) and that exceed even collective local capability within the NHS.

In addition, there are pre-planned major events that require planning for. Although not formally described, there may be events occurring on a national scale, for example fuel

strikes, pandemic or multiple events that require the collective capability of the NHS nationally.

3.6.   Overview of National Emergency Structure
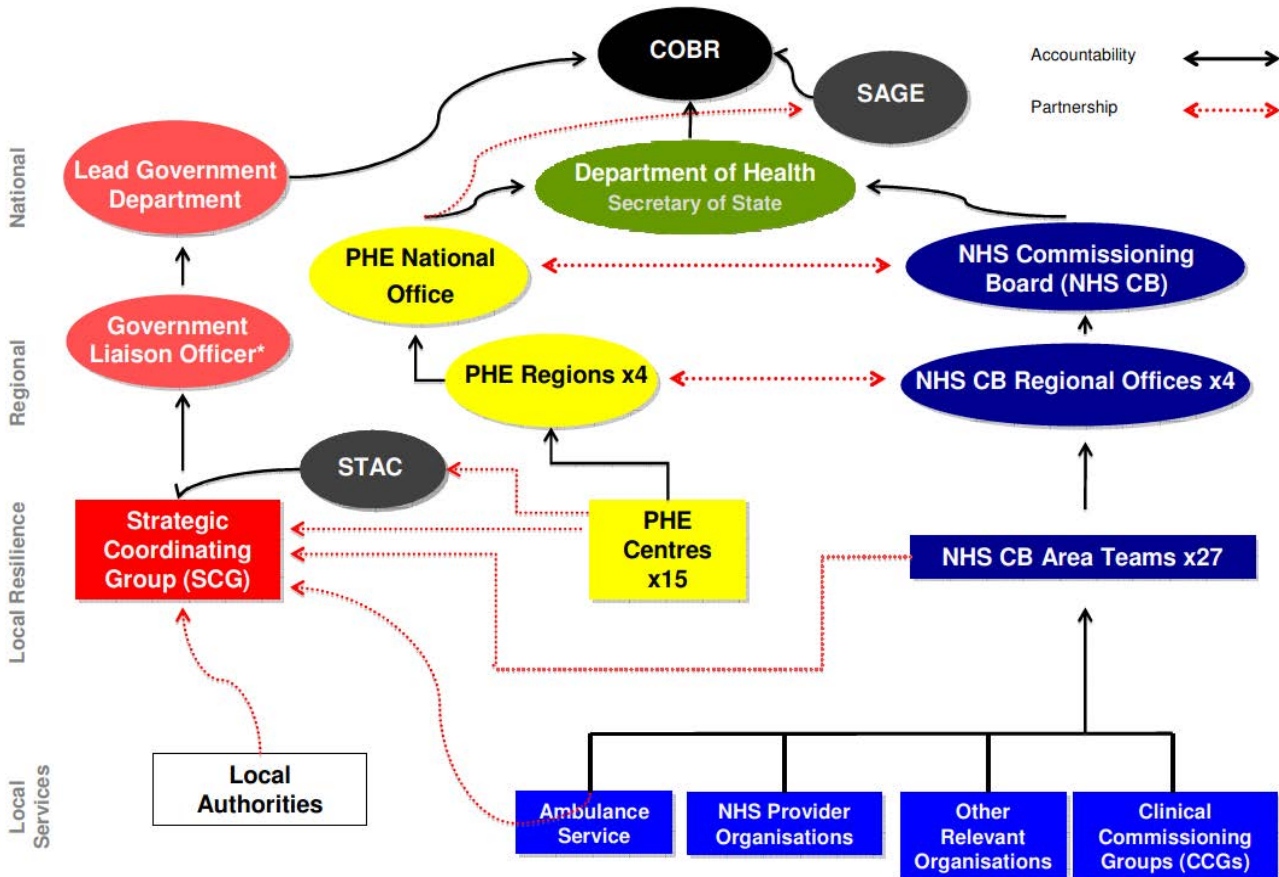
*Normally led by DCLG RED. But can vary depending on the type of emergency

3.7.   MERM - Merseyside Emergency Response Manual

3.7.1   The aim of this Merseyside Resilience Forum (MRF) Manual is to set out the response arrangements of agencies who are Category 1 and 2 Responders, as defined in the Civil Contingencies Act 2004 (CCA), to an emergency or other incident that requires multi-agency co-ordination at any one or any combination of Operational, Tactical and Strategic levels.

4.   Duties

4.1.   The Trust

The Trust is a specialist Neurosciences Trust and has a specific role as a partner within the Merseyside Trauma Network to:
- fulfil the requirements as *a Category 1 Responder* under the Civil Contingencies Act
- implement national policy and guidance in the local context
- ensure that the Trust's own escalation plans for dealing with pressures recognises the higher-level requirements of a Major Incident including suspension of non-emergency work
- demonstrate a high level of preparedness and plan in conjunction with local NHS partners, local partners in the independent healthcare and staffing sector and external multi-agency partners (including the emergency services, local authorities and voluntary agencies)

- establish and maintain working relationships with other NHS partners, emergency services, local authorities, local major organisations and other key stakeholders
- train and exercise as an organisation with all partners to an agreed schedule in agreement with the Local Resilience Forum (LRF)
- develop a command and control structure that allows appropriate linkages to local resilience arrangements including operational (NHS Bronze) command
- participate in Merseyside, North West emergency planning forums
- be accountable to NHS North of England (NHS NE) via NHS Merseyside Resilience
- implement national policy and guidance in the local context
- develop contingency plans for business continuity in the event of a protracted incident or failure of utilities and supplies
- take into account the needs of vulnerable groups of patients whose treatment may need to continue despite a major incident being in progress. This is particularly important in the event of a sustained major incident (see Trust Business Continuity Plan)

4.2.   Resilience Planning Group is responsible for:

- ensuring the major incident plan remains appropriate for the currently identified risks to the organisation, that appropriate training is provided for relevant staff, and for reviewing and updating the policy and procedure on a bi-annual basis
- ensuring that the annual work programme is developed and reviewed in the light both emerging internal and external risks linked to the Community Risk Register (See 5.1 below)
- reviewing, testing and updating the Trust's Major Incident and Business Continuity plans. This includes development of a training programme that meets national requirements, ensuring that lessons are learnt from exercises and incidents, and that appropriate major incident reports are produced for the Board
- ensuring divisions and services are represented at this forum
- providing the Business & Performance Committee with regular assurances that Emergency Planning and Business Continuity Management (BCM) is embedded within the trust

4.3.   Chief Executive is responsible for ensuring:

- that the Trust has a Major Incident Plan that is built on the principles of risk assessment, co-operation with partners, emergency planning, communicating with the public and information sharing
- this plan has been tested in accordance with Department of Health Guidance and reviewed regularly
- the Board receives regular reports, at least annually, regarding emergency preparedness including reports on exercises, training and testing undertaken by the Trust, and that appropriate resources are made available to allow discharge of these responsibilities
- the declaration of a major incident, and stand down. The Chief Executive will determine the most appropriate members of the Major Incident Team, which will be based at a pre-determined location (i.e. Trust Boardroom or at a more appropriate venue depending on the circumstances of the incident)

4.4.   Chief Operating Officer

This director is the Trust Accountable Emergency Officer (AEO) and has been designated to:
- take responsibility for emergency preparedness as the designated Accountable Emergency Officer; this includes attendance at the Merseyside Local Health Resilience Partnership (LHRP)

- ensure that the trust has identified funding streams in advance in order to support an incident response e.g. for additional staffing, call off orders, equipment suppliers
- ensure that there are arrangements for timely legal advice, in the event of a business disruption or the requirement for interpretation of specific statute e.g. HSWA 1974, CCA 2004 etc
- ensure that an Annual Resilience Report has been completed and reported to the Board/Committee of the Board and interested parties e.g. governors, commissioners etc
- establish and maintain:
  - an on-call rota for Executives and Senior Managers
  - a 24 hour switchboard facility (maintained via AUH)
  - a bleep system that responds to the switchboard
  - a key contact list for Execs & senior managers On-call
  - ensure there is an internal communications test between operation and strategic by way of a twice yearly test

4.5.   Finance Director

4.5.1   Finances - if warranted when responding to an emergency situation, a separate cost centre will be set up in agreement with the Director of Finance.

4.6.   Executive Directors

It is recognized that there are a number of scenarios that will require leadership to be delegated to any specific Executive Director e.g. for Clinical Incidents the Chief Nurse

4.7.   Head of Risk

The Accountable Emergency Officer is supported by the Head of Risk who will:
- provide advice for emergency and business continuity planning
- deputise in the absence of the AEO at the LHRP Strategic and Trust Resilience Planning Group meetings
- fulfil the role of competent lead for Emergency Preparedness, Resilience and Response (EPRR) and Business Continuity within the Trust
- is the point of contact with other health and social care partners and attends Merseyside Health Resilience Group meetings in the capacity of WCFT Emergency Planning Lead
- will liaise with partner organisations (including the Trauma Collaborative Network) to share planning information in order to ensure that documentation is accurate
- will review the contents of EPRR documentation in order to ensure this plan is reflective of strategic partners

4.8.   On Call system

The Trust has an established on-call system mirroring the command and control structure. Clinical, non-clinical managers and Directors are included in a weekly rota covering both in hours and out of hours. In the event of a significant disruption these arrangements will be reviewed to ensure effectiveness. The on-call system is reviewed at least annually or in the event of a significant organisational change.

4.9.   External Emergency Planning forums:

4.9.1   Merseyside NHS Emergency Planning Forums

- Merseyside Local Health Resilience Partnership (LHRP) Secretariat hosts, chairs and administrates the Merseyside LHRP at the NHS England Area Team offices in Regatta Place, Liverpool. This forum comprises the emergency planning Executive leads from all local NHS bodies including commissioners, Public Health England and other agencies (e.g., emergency services, local authorities and voluntary agencies)

- the LHRP ensures that key priorities from joint working with the MRF are reviewed, discussed and agreed

4.9.2   Merseyside NHS Health Resilience sub groups

- the Merseyside Local Health Resilience Partnership Practitioners (LHRPP) is the NHS emergency planning practitioners' forum, this forum is chaired by the Cheshire & Merseyside Commissioning Support Unit (CSU) and hosted and administered by the LHRP Secretariat
- the Trusts RSM attends Merseyside Local Health Resilience Partnership (LHRP) Practitioners (LHRP-P) meetings and other sub groups and working groups under the LHRPP and the Merseyside Local Resilience Forum, as required

4.9.3   Merseyside (Local) Resilience Forum (MRF)

- the NHS England Area Team Exec Lead for emergency planning represents the local NHS economy at the Merseyside Resilience Forum (strategic multi agency forum chaired by Merseyside Police)
- NHS England Resilience Officer represents the NHS economy at the MRF General Working Group which is the joint tactical forum of the MRF
- other NHS Emergency Planning officers take on NHS representation at Merseyside Resilience Forum sub groups also and report back to the HRG with any issues

4.9.4   Informal Emergency Planning Network and Liaison Meetings

- The Civil Contingencies Act and regulations specify that emergency planning practitioners must interact, liaise and network regularly both formally and informally. They must share information and good practice and support all partner agencies (not just NHS) and take part in training and exercising in each other's organisations to ensure properly integrated and consistent, coordinated emergency management and planning and effective mutual aid

5.   Inputs into Major Incident Planning

5.1.   Community Risk Register (external)

The *Merseyside Resilience Forum (MRF)* has a number of multi agency sub groups including the Risk Assessment Group (chaired by the Fire & Rescue Service) which meets regularly and has drawn up the *Community Risk Register* for the County. This is based on hazard mapping of the County area and potential risks that may require a coordinated major incident response. The model of risk assessment used is the Australian Emergency Management model and is heavily weighted by the impact analysis of each risk. Disasters, thankfully, do not occur very often but their impact can be catastrophic, so the likelihood criteria used by most insurance companies is less applicable to emergency management risk assessment. To see the Local Community Risk Register click here.

5.2.   External Incidents potentially affecting the Trust[1]

Transport Hazards

- Loss of cover due to industrial action by workers providing a service critical to the preservation of life (such as emergency service workers)
- Emergency services: loss of emergency fire and rescue cover because of industrial action

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[1] Source Merseyside Community Risk Register

- Significant or perceived significant constraint on the supply of fuel at filling stations e.g. industrial action by contract drivers for fuel, refinery staff, or effective fuel blockades at key refineries / terminals by protestors, due to the price of fuel
- Unofficial strike action by prison officers
- Industrial action by key Rail workers

5.3. Human Health

The following risks have the potential for a severe to catastrophic impact in terms of disruption, damage to the built and natural environment, large scale numbers of casualties and deaths:
- Influenza type disease (pandemic)
- Major outbreak of a new or emerging infectious disease
- Localised legionella / meningitis outbreak

5.4. Industrial Technical Failure

- Technical failure of a critical upstream oil/gas facility, gas import pipeline terminal, or Liquefied Natural Gas (LNG) import reception facility leading to a disruption in upstream oil and gas production
- Failure of water infrastructure or loss of drinking water
- No notice loss of significant telecommunications infrastructure in a localised incident such as a fire, flood or gas incident
- Technical failure of national electricity network
- Technical failure of electricity network due to operational error or bad weather causing damage to the system

5.5. Risk Assessment & Hazard Mapping (internal)

Risk issues will be managed in the first instance via Incident Logs and then transposed onto DATIX Risk Register at the first available time post incident.

5.6. Planning for risks

Emergency plans are prepared on the foundation of risk assessment including hazard mapping and coordinated multi agency response required for expected impacts of an event. Risks identified (internal and external) during the planning process, exercise, or incident debriefs and are placed on the risk register for the affected ward/ department.

5.7. Trust Risk Register

Trust wide risks can be recorded on the Trust Risk register using the Datix System and will be managed in line with the Trusts Risk Management Policy and underpinning Departmental Risk Protocols.

Emergency Planning and Business Continuity risks are identified on departmental and ward risk registers which are scrutinised as part of the overall Trust governance arrangements, which then gives assurance to the Board and the Quality Committee (board sub-committee) regarding the management of the risks.

5.8. Business Continuity Risks (identified from Business Impact Analysis [BIA])

Every department in the Trust has specific business continuity plans and has carried out a Business Impact Analysis. BIAs are entered on the Datix system and Ward and Department managers are be responsible for managing and Directorate Managers being accountable for them.

6. Activation Emergency Roles

The following roles are identified within the action cards above:
- Chief Executive/Director in Charge - Strategic Commander
- Staff supporting the Tactical Commander,
- Operational Command Team
- Switchboard staff and Control Room staff (including loggists)

Note: These documents contain sensitive information so are only distributed to the staff undertaking these emergency roles but can be requested from the Head of Risk by email to tom.fitzpatrick@thewaltoncentre.nhs.uk

6.1.   Major Incident Board

A Major Incident white board is now available for use in the Board Room which allows for ease of writing changing bed states and number of casualties expected. The board can be used to document changing events as the incident progresses but should not be used to replace a timed, hand written log.

6.2.   Major Incident Log Book

During the major incident and immediately afterwards it is essential that a suitably trained "loggist" is allocated to record all agreed major decisions taken within the Incident Control Room in the 'official log book' which will need to be established and maintained by the loggist.

The designated Senior Manager in charge of the incident room will be required to collate incident logs after the event. These in turn will be submitted to the Resilience & Safety Manager who will prepare and submit a report to the next available RPG.

7.   External Declaration

A Major Incident can be declared externally by either NWAS or via the Major Incident Command Structure by NHS England Area Team NHS Tactical (Silver) Command or NHS Strategic (Gold) Command.

The NHS England Merseyside Area Team will support these commanders by establishing an NHS Silver/ Gold Command in their headquarters. Trusts and other providers will report to and obtain instructions and intelligence from this Command Centre when reacting to a Major Incident. An external declaration is most likely in a Mass Casualty event involving a number of Receiving Hospitals (and all other partner agencies) or an event that affects a number of agencies (not necessarily NHS).

8.   Mutual Aid/Support & Capacity Management

8.1.1   Mutual Aid can be defined as an arrangement between Category one and two responders, other organisations not covered by the CCA 2004, within the same sector or across sectors and across boundaries, to provide assistance with additional resource during any incident that may overwhelm the resources of a single organisation. The NHS England (Merseyside) will be responsible for the co-ordination and implementation of mutual aid requests during a major incident, significant incident or emergency.

8.1.2   Events involving Trauma may involve support from/to the Trauma Network and Critical Care Network. (Trauma and critical care leads use these contact details frequently and will activate the arrangements for their services). Mutual aid can be arranged by:

- The local Public Health Departments will provide advice and support on public health and epidemiological issues. The Scientific & Technical Advisory Cell provides advice

to NHS Gold command but can be accessed via the command structure once in place

- ***Public Health England (PHE)*** Cheshire & Mersey Unit on call Duty Officer can access and provide advice on hazardous material ***(HAZMAT)*** and ***CBRNe*** issues.
- Assistance from Local Authority Social Care Departments with accelerated and early discharge.
- Inform the ***NHS Bronze Command*** of any safe, secured or protected routes for staff called in, as advised by fire, police or military.
- Request assistance from the voluntary agencies under the ***UNITY Protocol*** (***primacy*** agency British Red Cross) for help with general humanitarian assistance.
- NHS Gold Command co-ordinate the Merseyside NHS strategic response to major incidents for the County and can provide county and regional resources (via NHS England North of England) as required.

8.2.   Mass Casualties

8.2.1   NHS Merseyside has in place a (interim) Mass Casualties Plan which describes the arrangements agreed by Merseyside LHRP as part of a multi-agency response to a mass casualty incident arising from a sudden, focal, time-limited event - such as a rail / plane crash, an explosion or a terrorist attack - which overwhelms normal local response capabilities.

8.2.2   The incident may occur outside of Merseyside, but may still require Merseyside's resources to be utilised.

8.2.3   The objectives of this plan are to:

- provide an overview of the mechanisms available to deliver the local response in the event of a mass casualty incident
- explain how these mechanisms can be activated
- describe command and control within across NHS organisations and other co-ordination arrangements within Merseyside for a mass casualty incident, and;
- provide an overview of the roles and responsibilities of individual agencies involved in a response to a mass casualty incident

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Care Contingency pla

9.   Communications & sharing information

9.1.   Staff Communications

The Communications Team will ensure that staff and managers are made aware of progress in a major incident and issue urgent global emails and leaflets, posters etc as appropriate.

9.2.   Major Incident Communications (NHS Bronze Command)

The Communications Team will be present in the Bronze Control Room and the Head of the Team will be part of the Command Team.

9.3.   Media Communications

The Trust Communications Team will provide a point of contact for the media and will provide bulletins and press statements for issues affecting the Trust after first discussing the matter with the NHS Gold Communications team if it has been set up, according to the ***Merseyside Press & Media Protocol***. This process will also be used for messages on health advice to the general public.

The Communications Team will brief the Trust's spokespersons before interviews and deal with the press on behalf of the Trust. Trust spokespersons will be media trained Execs (usually the Medical Director) or appropriately trained Senior Managers.

They will work together with Health Informatics to produce global emails and 'ticker tape' news on the intranet, update the Trust website, and manage the Trust social networking accounts on e.g., Facebook and Twitter.

The designated **Media Liaison Point** for press and media interviews and briefings will be determined at the time by the Communications team.

9.4.   Regional & National Incidents

In the event that the incident is regional or national level media messages will be available via NHS Gold Communications to ensure consistent messages.

9.5.   Public /Local Community Communications

The Communications Team will notify the local community and the public of major events occurring or due to occur at the Trust (like live exercises) and issue leaflets, press releases, posters and letters as appropriate.

9.6.   Telecommunications Plans

There are numerous means of communications that can be used in the alert and later stand down, these include:
- Bleep/pagers
- landlines
- trust mobile phones that can be used in a major Incident
- major Incident radios (via Security Staff)
- mobile phones
- satellite telephones in the Major Incident Rooms (when installed can be used by the Bronze Command Team as a fall back communications system when other methods have failed)
- runners
- email

9.7.   Sharing information

9.7.1   Under the CCA 2004 local responders have a duty to share information and this is seen as a crucial element of civil protection work, underpinning all forms of co-operation.

9.7.2   The sharing of information will include, if required for the response, details of vulnerable people. The general definition of a vulnerable person is a person:

- "present or resident within an area known to local responders who, because of dependency or disability, need particular attention during incidents"

9.7.3   Sensitive data not in this plan will be made available to key Trust personnel by confidential email to relevant groups or individuals. Partner agencies and members of the public may request a sanitized copy by email from the Resilience & Safety Manager. The Trust is signed up to the Merseyside Major Incident Information Sharing Protocol.

10.   Considerations during, or in the aftermath of an incident

10.1. Surge and demand - See Escalation Policy.

10.2. Counselling:

10.2.1 Staff

Access to Occupational Health support will be provided by the Trust for all staff, particularly those involved in a major incident, which will include counselling if required

10.2.2 Patients & Relatives

Those who have been involved in an incident either as victims or responders may be traumatised and suffering from shock intense anxiety and grief. Some may also need social support such as contacting family and friends, transport, finding temporary accommodation and financial assistance.

The incidence of Post-Traumatic Stress Syndrome in survivors and responders has been recognised from past experiences such as Hillsborough and the London Bombings.

Liverpool City Council is responsible for coordinating both professional and voluntary sector welfare response, particularly when people have been evacuated from their homes.

Patients and visitors may require support in the event of an incident occurring on the Trust site. Trust Chaplains, trained staff and volunteers will be able to assist but also, advice should be sought from your local GP, Mental Health Services, CCG and Liverpool City Council.

Independent support organisations and their services include:
- Local 111 provider can provide further advice and information: Tel: 111
- The Samaritans offer a 24 hour helpline for those in crisis: Tel: 08457 909090
- Disaster Action provides both support and guidance: Tel: 01483 799066
- Assist Trauma Care offer telephone counselling and support to individuals and families: Tel: 01788 560800

10.3. Staff

Responding to incidents puts staff under more pressure than normal. It is therefore vital that staff welfare issues are given a high priority. In order to achieve this, those staff with management responsibility will ensure that the following issues are continually addressed:
- the availability of food and other refreshments
- working hours (consideration will be given to extended shifts)
- rest breaks
- travel arrangements
- consideration of personal circumstances
- emotional support during and after the incident
- sleeping arrangements e.g. impacts to travel caused by adverse weather

To assist staff in the response to an incident, regular briefings will be given by senior staff, particularly at the start of a shift, or at shift changes and handovers.

10.4. Visits by VIPS

During the response to an incident or during the recovery stage, visits by VIPs can be anticipated. A Government minister may make an early visit to the scene or areas affected to mark public concern and to report to Parliament on the current situation.

Depending upon the scale of the incident, visits by members of the Royal Family and Prime Minister may take place. Local VIP visitors may include religious leaders, local MPs, mayors and local authority leaders. If foreign nationals are involved, their country's Ambassador, High Commissioner or other dignitaries may visit.

Visiting ministers and other VIPs will require comprehensive briefing before the visit and will require briefing before any meetings with the media. VIPs are likely to want to meet patients who are well enough and prepared to see them. This will be dependent upon medical advice and respect for the wishes of individual patients and their relatives.
In the case of such visits to hospitals it is common for VIP interviews to take place at the hospital entrance to cover how patients and medical staff are coping.

Merseyside Police are experienced in handling VIP visits and are likely to be involved and would be the main contact point so far as the arrangements are concerned.

The relevant Communications Manager in consultation with the Chief Executive and Medical Director is responsible for managing VIP visits.

10.5.   Vulnerable People

The guidance relating to the Civil Contingencies Act 2004, Emergency Preparedness sets out the responsibilities placed on Category 1 responders to plan for and meet the needs of those who may be vulnerable in emergency situations.

The section concerning making and maintaining plans for reducing, controlling or mitigating the effects of an emergency specifically covers the vulnerable as 'people who are less able to help themselves in the circumstances of an emergency.'

The section concerning warning and informing outlines how the needs of vulnerable persons, including those who may have difficulty understanding warning and informing messages, need to be taken into consideration by those Category 1 responders responsible for communicating both pre-event and during an emergency.

Other legislation may interact with the Trust responsibilities under the Civil Contingencies Act, in particular the Disability Discrimination Act 1995 and 2005 and the Human Rights Act 2000.

The Civil Contingencies Act allows the sharing of certain information for emergency planning purposes, although sensitive information (which would include some personal data within the meaning of the Data Protection Act and patient records) needs to be subject to controls on the way it is handled, and the purposes to which it is put. The restrictions that need to be placed on sharing information at the planning stage are different from those applying in an emergency. For instance: it can be necessary to provide partner agencies like the police documentation teams with details like the name, address, age, gender and description of casualties for the good of the patient so that they can be reunited with their families from whom they have been separated by the event.

10.6.   Patients

Most patients either in-patients or attending the Trust, outpatients etc in a hospital are vulnerable and their care and support in conjunction with other agencies is normal daily business.

10.7. Health & Safety

During a major incident the Trust's Health and Safety Policy will apply.

Staff will not be expected to undertake any task for which they are not trained or skilled for. All staff have the right to decline, remembering they have a duty of care for themselves and to that others.

During any response to a major incident, members of staff involved **must wear their identity badges throughout**, and those with Trust mobile phones and laptops should ensure that this equipment is available for use.

10.8. Switchboard Failure

In the event of a switchboard failure staff will utilise the designated trust issued mobile phones to ensure continuity of communications.

10.9. Pandemic Flu Planning

See Trust Pandemic Flu Plan. The Pandemic Influenza Plan is enhanced by multi agency element specific plans and 'Managing the H1N1 Flu Pandemic September 2009'. (See DoH website) and is consistent with Merseyside Pandemic Influenza Plan 2013 and the National Pandemic Influenza Plan and should be read in conjunction with the Trust's Infection Control policies (see intranet under infection control policies).

10.10. Lockdown

The LSMS has devised a Lockdown Procedure based on locking down key areas e.g., Radiology, Theatres, ICU, secure side-rooms (police incidents) or a rolling lockdown according to the exigencies of the incident concerned. See **ACTION CARDS 036 and 037 above**.

10.11. Recovery

The Trust recovery and restoration arrangements from an incident will form a vital component of the overall response. Whilst the Exec in charge is dealing with the immediate issues affecting the Trust or its partner agencies, the Chief Executive will consider the establishment of a Recovery and Restoration Team.

The Team responsibilities would involve the consequence management of the incident including the identification of issues that could continue to disrupt the services provided by the Trust.

The effective management of these consequences should provide a successful recovery and restoration process. The team would identify a strategy for the recovery and restoration stages by considering the consequences and the impact of the incident on the Trust in the immediate and longer term.

The team will consider the following issues:
- managing the return to normal service delivery
- managing the restoration of any structural damage
- consider the priority of elective services including the impact on targets
- communication with patients affected by the incident including the rebooking of cancelled appointments
- staffing levels in the immediate future
- identifying patients who require further surgical intervention
- management arrangements of beds occupied by patients decanted from other hospitals

- support of staff welfare and counselling
- re-stocking of supplies and equipment & audit issues

11. Training

11.1.1 In order to identify or maintain competencies and awareness, this is included within the Personal Development Review (PDR) process.

11.1.2 Training is provided for key staff that may be required to carry out essential tasks in response to a major incident. Staff are provided with training that ensures they understand the role they are to fulfil in the event of an incident and have the necessary competencies to fulfil that role e.g. national Occupational Standards for Civil Contingencies.

11.1.3 Training is provided on induction for all staff on general principles of EPRR and BCM. On Call managers and executive have 1:1 sessions.

11.1.4 Staff members that are likely to follow an Action Card are sent an annual reminder that cards should be reviewed if there are internal changes to process or staff structures. Staff are also be given the opportunity to participate in NHS and multi-agency exercises.

12. Monitoring

12.1. Audit

The Trust undertakes an EPRR self-assessment annually, with a statement of compliance against the self-assessment to Board for sign off. This is then returned to NHS England C&M.

12.2. Exercising (internal)

All of the Trust's Major Incident plans are exercised by at least a table top style exercise annually and a live exercise every 3 years (or more frequently) as per the requirements of the Civil Contingencies Act 2004 in order to:
- continually refresh key staff in its use and equip them with the skills to use the plan
- ensure the contingency plan continues to be updated and meets the needs of the trust
- familiarise new staff with the plan and its function
- it will be the responsibility of the Director of Strategy & Planning or nominated deputy to ensure the MIP is tested every 12 months
- the test should take the form of a mock emergency and be division/trust wide

An objective observer will be invited to each test to help evaluate the process. The outside evaluator should have some experience in emergency planning.

Some exercises are internal e.g., Exercise First Responder and others are conducted in cooperation with partner agencies e.g., with AUH and may include communication via the Major Incident Command Structure to report upwards and access expert advice, resources and assistance from partner agencies that are part of that structure.

The Trust is working collaboratively with partners since it became a Category 1 responder, and will actively support and take part in testing the plans of partner agencies exercises including those conducted by the NHS England Area Team.

13. Consultation

This plan has been developed in accordance with the Trusts Document Control Policy, which in the first instance will seek comments from the Resilience Planning Group, and Business & Performance Committee. For external partners this will seek comments from colleagues from the StH & K, RLUH & AUH as part of the Trauma Collaborative. This document will also be shared with Commissioners and other interested parties on request.

14.   Review

This document will be reviewed in two years (this is applicable to new or revised documents on approval of this policy revision), or sooner in the light of organisational, legislative or other changes e.g. changes in risks or in the event of significant findings from internal or external incidents/reviews.

15.   References

- Civil Contingencies Act 2005.
- NHS Standard Contract;
- Everyone counts: Planning for Patients 2013/14;
- Arrangements for health emergency preparedness, resilience and response from April 2013 (to be read to support NHS Emergency Planning Guidance 2005);
- NHS Commissioning Board Command and Control Framework for the NHS during significant incidents and emergencies;
- NHS Commissioning Board Business Continuity Management Framework;
- NHS Commissioning Board Core Standards for Emergency Preparedness, Resilience and Response;
- Memorandum of Understanding for Emergency Preparedness, Resilience & Response between NHS CB Local Area Teams and providers of NHS-funded care;
- The NHS England Business Continuity Framework http://www.England.nhs.uk/ourwork/gov/eprr
- Role of the Accountable Emergency Officer https://www.england.nhs.uk/wp-content/uploads/2012/12/eprr-officer-role.pdf
- Role of EPO (including competencies)
- JEIP Joint Doctrine http://www.jesip.org.uk/uploads/resources/JESIP-Joint-Doctrine.pdf
- Merseyside Infectious Diseases Management Plan 2014
- MRF Merseyside Emergency Response Manual (MERM) 2013[1]
- Merseyside Mass Fatalities Plan – Interim Excess Deaths Protocol
- http://webarchive.nationalarchives.gov.uk/20130107105354/http:/www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_063393.pdf
- NW Critical Care Network Pandemic Influenza: Critical Care Plan
- NHS Shelter and guidance information https://www.england.nhs.uk/wp-content/uploads/2015/01/eprr-shelter-evacuation-guidance.pdf
- MRF Community Risk Register 2017 http://www.merseysideprepared.org.uk/media/1406/2017-merseyside-crr-v1-0-17.pdf

15.1.   Supporting policies/documents

- Health & Safety Policy
- Trust Business Continuity Plan
- Departmental Business Continuity Plans
- Pandemic Influenza Plan

- Fire Policy
- Security Policy
- Risk Management Strategy
- NHS NW Critical Care Contingency Plan
- Incident Reporting Policy
- Partner trust/agency Emergency Plans
- Trust Emergency Plans (i.e. Pandemic Flu, Fuel Shortage)
- Infection Prevention Policies
- Data Sharing Policy
- Escalation Policy
- Winter Plan
- Transfer of patients into WCFT due to Major Incident Situation by AUH (Internal document)

Appendix 1 - Command & Control Structure

Command & Control Structure

National Level 5 → **DH in CABINET OFFICE BRIEFING ROOM (COBR)**

Regional Level 4 →

NWAS (or IOM or N Wales Ambulance Services)

REGIONAL OPERATING CONTROL CENTRE (ROCC)

NHS North of England (NHS NE) will set up a command centre within the ROCC and will work with NWAS to take command of the NHS response

(Regional Level)

County Level 3 →

LRF STRATEGIC COORDINATING GROUPS (SCG)
Cumbria, Lancashire, Greater Manchester, Merseyside, Cheshire, Isle of Man and N Wales overlap for burns and trauma only

Multi Agency GOLD COMMAND led by Police
[Incl: NHS Gold Commander (NHS England Area Team) DH Govt Liaison Officer (GLO)]

Merseyside NHS Gold Command
NHS England Area Team

Other NW NHS Gold Comnds Other NHS England Area Teams

District Level 2 →

NHS Silver Command
NHS England Area Team

(County Level)

Internal Trust 1 →

NHS Bronze
Includes Acute and Specialist Hospitals & Community Provider Services

All data current as of 3rd October 2011

National Level

The Prime Minister will convene the Cabinet including a rep from the DH and specialist advisors in Cabinet Office Briefing Room (A) supported by staff officers from the Civil Contingencies Secretariat to develop and deliver policy and a national response to catastrophic events (e.g. Foot & Mouth epidemic, London Bombings, major flooding events, large scale civil unrest, etc).

Regional Level

The NHS in the North West has a Command and Control Structure that will be operated to coordinate Mass and Catastrophic Level Incidents.

NHS North of England (NHS NE) will take overall Command and Control of any Major/Significant Incidents that affect more than one county or if the incident is believed to be caused by a terrorist event.

Depending on the time or day of the incident the NHS NE will exercise its Command and Control functions from various places across the North of England. In the North West they will operate from ***North West Ambulance Service (NWAS) Regional Operational Control (ROCC)*** room at Broughton, Preston or from their offices in central Manchester or Leeds.

The NHS NE will brief the DH as required.

Depending on the type of incident the team will consist of:
- On Call Director
- On call Communications Lead
- Regional Director of Public Health (if appropriate)
- A member of the Critical Care Networks (to oversee Critical Care issues)
- Administration support

This NHS Regional team will communicate throughout the incident with:
- Local Adult & Paediatric Critical Care Networks
- Northern Burn Care Network
- National Burn Bed Bureau and
- Trauma Networks.

Merseyside County Multi Agency Gold Command

Where the incident is contained within the county the Local NHS Gold Commander from NHS England Area Team will have strategic responsibility for Merseyside NHS economy. In addition an NHS North of England Government Liaison Officer (GLO) *may* attend the ***Strategic Coordinating Group (Gold Command)*** of the county affected.

The term 'Gold' refers to the person in overall executive command of each service (health, fire, police, etc.) and is responsible for formulating the strategy for the incident response. Each strategic command (Gold) has overall command of the resources of their own organisation, but delegate tactical decisions to their respective tactical commanders (Silver(s)).

The ***Merseyside Gold Command*** or ***Strategic Co-ordinating Group (SCG)*** is a multi agency group that meets at ***Merseyside Gold Control Centre*** in
Merseyside Police HQ, Liverpool. This is usually chaired by the Chief Constable as the Police normally have ***'primacy'*** over all other agencies in a Major Incident. It will be attended by the ***NHS Merseyside Gold Commander***. Please note the health economy represented by the Merseyside NHS Gold Commander extends beyond Merseyside boundaries.

The primacy agency and chair of the LRF may change to the Local Authority or NHS Gold Commander if appropriate.

NHS Gold Command (Greater Merseyside)

The Chief Executive (or nominee) of NHS England Area Team is the NHS Gold Commander. S/He will strategically lead the NHS response in the County from an ***NHS Gold Command***

Centre at Regatta House, Brunswick Business Park, Liverpool set up and staffed by *NHS Merseyside Resilience Team*.

The NHS Gold Commander will attend the Strategic Coordinating Group when it meets and will represent the entire Greater Merseyside NHS economy including Wirral, Warrington and Halton.

NHS Tactical (Silver) Command

In Merseyside the NHS command structure reflects the multi-agency structure as follows:

The term 'Silver' refers to those who are responsible for formulating the tactics to be adopted by their service (NHS economy in this case) to achieve the strategic direction set by strategic command. Tactical command will oversee but not be directly involved in managing the operational response to the incident.

NHS England Area Team will also provide a rota of Silver Commanders who may operate from Regatta House or a control centre.

NHS Operational (Bronze) Command

The term 'Bronze' refers to those who provide the frontline operational response and/or direct service provision, and control the resources of their respective service within a specific area of the incident. They implement the tactics defined by the NHS Silver Command Team.

In Merseyside the executive/ strategic command within Hospital Trusts (Acutes and specialist) and Community Health Provider Services are the NHS Bronze Command. These teams are chaired by a Trust Executive. In the Trust the Exec in Charge becomes the Bronze Commander once the Command & Control Centre is up and running.

The Exec in Charge for the Trust is:
Office hours   Operational Director (or executive nominee)
Out of hours   Exec on Call

Appendix 2 - UK Roles of Partner Agencies

Introduction

Pre-planning, training and exercising on a multi-agency basis enables plans and procedures to complement each other and enables agencies to have an understanding of each others roles, responsibilities and capabilities.

All Major incident plans for Category One Responders are peer reviewed with partner agencies before full publication.

NHS agencies play an important role in this multi-agency approach to emergency planning. The roles of the Trust's partner agencies are as follows:

NHS North of England (NHS NE)

NHS North of England (NHS NE) may convene meetings of incident leads from the NHS organisations (which may use telephone or video-conferencing).
The role of the NHS NE is to:
- activate North of England and sub regional (e.g., North West Ambulance Service footprint area) Major Incident Plans
- give priority to the incident, relative to meeting of targets and achievement of standards that would otherwise be imperative
- assume that resource adjustments would flow to recognise extraordinary expenses incurred in responding to the incident
- stand down their emergency response.
- at the recovery stage ensure that any commitments made during the incident are honoured.

Local NHS Community Health Care Providers

(E.g. Mersey Care and Community Health Care Provider Services)

Local NHS Community health care providers will provide community health care service to casualties and to displaced persons. They may provide healthcare input to people with minor injuries, and to persons at (Local Authority managed) Rest Centres and will support acute hospitals by diverting minor injuries away from Emergency Departments and into walk in centres, provide an integrated specialised emergency response for e.g., therapy services. Provide more hours and different working practices in community health care to reduce admissions.

NHS England Area Team (NHE AT) Merseyside

NHSE AT is responsible for an NHS countywide response and provides strategic and tactical (borough wide) decisions; command and control for the entire NHS economy in Greater Merseyside and arranges mutual aid on behalf of NHS North of England.

It provides an NHS Gold Control Room and staff to support the Gold Commander in a Major incident. NHSE AT Resilience Officer in conjunction with the Commissioning Support Unit Resilience Officer coordinates Multi agency emergency plans for the NHS in Merseyside, support Trusts with emergency planning, exercises and training, provide a conduit /is a filter for information/ instruction from DH and provides help and advice to Trusts.

When a major incident is declared, NHSE AT Silver/Gold Team will:
- set up and staff the NHS Gold Control Room in Regatta House
- initiate and support the public health response to the incident if this is appropriate
- mobilise CCGs, primary care and community resources in response to the incident

- support Acute Trusts by taking steps to relieve pressure on them
- communicate with the media and public
- assess the impact on health and health services of the incident
- provide the health service input to the strategic and borough wide tactical management of the incident (may be in conjunction with the Public health England Cheshire & Merseyside Health Protection Unit)
- arrange follow-up if needed of persons affected or exposed to risk during incident
- activate the major incident procedure including the setting up of the major incident room
- ensure that the Merseyside Local Health Resilience Partnership Major Incident plans are co-ordinated with those of other relevant organisations.

In the event of the Trust requiring access to secure transport routes and accommodation facilities in a Major Incident, the consultation will take place with the Silver/ Gold NHS Team.

Scientific & Technical Advice Cell (STAC)

A Scientific and Technical Advice Cell may be established during an incident to bring together technical experts from those agencies involved in the response to provide advice to the Gold Command where there may be wider health and /or environmental consequences. It is chaired by a Director of Public health and can be staffed by the HPA, local authority Environmental Health Officers, NWAS, representatives from other emergency services, and experts from other government agencies and the military. Local experts like the Nuclear Physicist at the Royal may also be required.

The Trust may be requested to send a representative to meetings of the STAC particularly if the Trust is experiencing a Major Incident.

Public Health England (PHE)/ Cheshire & Merseyside Health Protection Unit (HPU)

The HPU provides HAZMAT, CBRN(e) and poisons advice to Category One Responders like Acutes via a Duty Officer system. This can be accessed in an emergency via Ambulance Control.

North West Ambulance Service NHS Trust (NWAS)

NWAS attend the scene, provide on-site healthcare, decontaminates casualties where necessary (the Fire and Rescue services would assist by decontaminating affected individuals who are not ill or injured), and transport patients to hospital.

They also provide a Hospital Ambulance Liaison officer (HALO) at the ED to provide a link to the scene and inform the Coordinators about the numbers and types of casualties en route and their estimated time of arrival. This facility may be requested when the Trust is dealing with a mass casualty or CBRN(e) or HAZMAT incident.

Merseyside Police

In a disaster or serious Major Incident involving casualties/ hospital premises, the police have 'primacy' i.e. control and a coordination role over all other agencies involved including the Trust.

The primary areas of response are:
- the saving of life in conjunction with other emergency responders
- coordination and communication between the emergency responders and other agencies acting in support at the scene of the incident or elsewhere during the response phase
- secure, protect and preserve the scene through the use of cordons
- investigation of the incident and obtaining and securing evidence
- collation and dissemination of casualty information

- identification of the dead on behalf of HM Coroner
- short term measures to restore normality
- provision of advice and guidance from the local *Counter Terrorist Advisory Office (CTSO).*

Merseyside Fire & Rescue Service

The primary areas of support are:
- Fire fighting, fire prevention and Search and Rescue (SAR)
- decontamination and mass decontamination of uninjured people
- provision of specialist advice and assistance where hazardous materials are involved (especially the Detection Identification and Monitoring or DIM teams operating at the scene)
- provision of specialist equipment (pumps, rescue equipment and lighting)
- safety management within the *Inner Cordon* of an incident

Liverpool City Council (LCC)

The primary areas of response are:
- support the emergency services and those engaged in the response to an incident
- use resources to mitigate and relieve the effects on people, property and infrastructure
- resource Reception Centres for the temporary accommodation of survivors/ evacuees
- provide humanitarian assistance
- activate and coordinate voluntary sector support
- arrange emergency mortuaries
- maintain the provision of essential services

As the emphasis moves from response to recovery, take the lead role to facilitate recovery and the restoration of the environment

Government Decontamination Service

The Government Decontamination Service has been established to help agencies prepare for and recover from CBRNe (chemical, biological, radiological, nuclear or explosive) or significant HAZMAT (hazardous materials) incidents by providing advice, guidance, management support and contractual arrangements.

In response to an incident requiring decontamination equipment, the Government Decontamination Service can provide expert advice on the capability and capacity of its framework of contractors, their services and where relevant, the different remediation or decontamination methodologies available.

Contact Details: The Government Decontamination Service, MoD Stafford, Beaconside, Stafford, ST18 OAQ
Tel: 08458 501323, Fax: 01785 216363, Email: gds@gds.gsi.gov.uk

Military Aid to the Civil Community

The Military is authorised to provide assistance in the response to an incident if there is a threat to life. The immediate assistance the Military is able to provide will depend upon the resources available at the time. Requests for assistance will normally be made by via the Command Structure.

Merseyside Integrated Voluntary Agencies under the UNITY Protocol

The British Red Cross (Merseyside District Branch Offices in Bradbury house, Brunswick Dock Estate, Liverpool) have 'primacy' over other voluntary agencies and faith and community organisations with a stated emergency response role and will coordinate and manage the integrated voluntary agencies response in any humanitarian crisis and provide specific services and support to the Trust and other NHS providers in such events. They can be activated via a call from NHS Bronze to Knowsley Council to request assistance.

A British Red Cross 'Unity' Coordinator will attend Silver &/or Gold Command (Strategic Coordinating Group) to coordinate voluntary humanitarian assistance across the entire County/ Borough.

Appendix 3 - UK Reserve of National Stock for Major Incidents

Items Accessed Centrally (Summary)

```
┌─────────────────────────┐
│      Call DH on         │
│    0845 000 5555        │
└─────────────────────────┘
             │
             ▼
┌─────────────────────────────────────┐
│          Caller confirms            │
│       Details of the incident       │
│  Number and type of pods requested  │
│ Caller details and contact arrangements │
└─────────────────────────────────────┘
             │
             ▼
┌─────────────────────────────────────┐
│ DH will arrange access, mobilisation and │
│    transport of pods as appropriate │
└─────────────────────────────────────┘
```
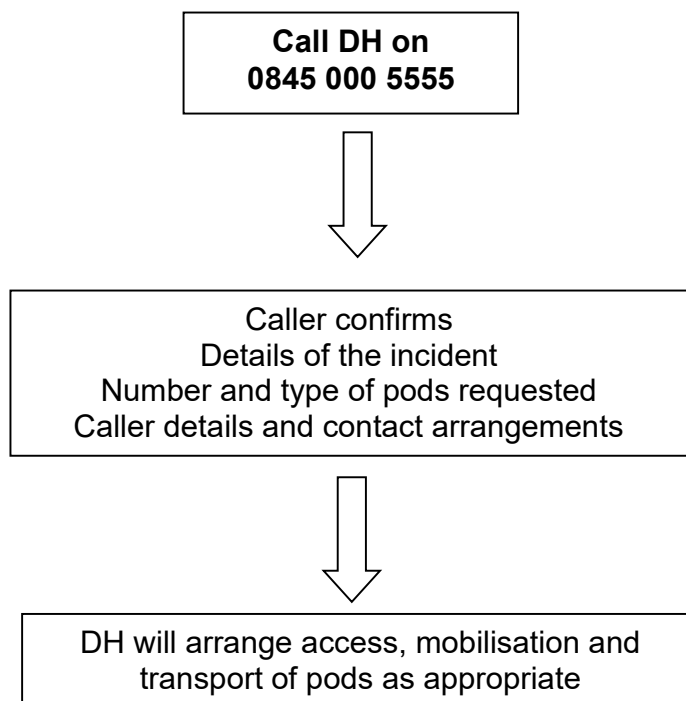
The decision to deploy these medical supplies will normally be taken by the local Consultant in Communicable Disease Control, Director of Public Health or Consultant in Public Health Medicine.

The Regional Director of Public Health must be informed of all decisions to use/access centrally managed countermeasures.

Customer Procedure

Case of emergency during normal working hours

Monday to Friday between the hours 8.30am and 5.00pm contact your local Supplies Manager who will respond to your emergency in the most appropriate way and in line with local procedures.

Case of emergency out of hours

Outside of normal working hours as indicated above the Customer must obtain the appropriate permission from budget holder, Manager in charge etc. Once permission has been obtained you should contact the local Distribution Centre by telephone not by facsimile (see overleaf)

All such demands will be charged to the local emergency GL code to be apportioned according to local procedures. As a necessity, the emergency procedures are designed to allow authorised personnel to obtain their emergency issues without the encumbrance of normal requisitioning.

Procedure for case of emergency during office hours

Before pursuing an emergency delivery from the NHS Logistics Distribution Centre, consider the following:
- Are the goods needed urgently?
- Could the goods be obtained quickly from another department?

Procedure to be followed by Supplies Manager/ Officers for an emergency during office hours

Investigate the request and ascertain if the goods required can be obtained more quickly from another Ward/Department or Hospital.

Use the enquiry facility on LOL (Logistics Online) or local legacy system to determine where any delivery of the items required has been made recently.

Once it is apparent that a delivery is required from the Distribution Centre, obtain the following:
- Authorising Officer's name
- location name and telephone number
- requisition point
- NSV code for each commodity required
- description of product with issue pack size
- quantity required
- delivery if different from normal delivery location
- precisely when the item/s are needed

The procedure to be followed by customers depends upon the time of day the emergency arises. An emergency is defined as a Major Incident or an unforeseen circumstance where delivery is required the same day or within 5 hours. There is no charge for genuine emergencies.

Appendix 4 - National Emergency Purchasing Scheme

NHS Supply Chain Emergency Procedure

Contact the Distribution Centre and your usual Customer Service advisor.
You must clearly state that it is an emergency situation and that you require an urgent delivery from the Distribution Centre.

Your Customer Service advisor will then ask the questions listed above and read back the answers to you, to confirm the request.

The Customer Service advisor will confirm the warehouse pick of the goods by telephoning either the customer or the Receipts and Distribution point and give details of the transport to be used and the estimated time of arrival at the delivery location.

Upon receipt the customer will be asked to sign the delivery note, printing their full name, job title and normal telephone number - a copy of which will be given to the customer.

An emergency is defined as a major incident or an unforeseen circumstance. This is usually a same day delivery.

Procedure to be followed by the **_customer_** for an emergency outside of 'normal' hours - security manned site.

Authorisation must be obtained for any emergency request.
Obtain the following information **_before_** contacting the Distribution Centre:
- Authorising officer's name
- location name and telephone number
- requisition point and requisition code
- NSV code for each commodity required
- Description of product with issue pack size
- quantity required
- delivery if different from normal delivery location
- precisely when the item/s are needed

Contact the Distribution Centre. (Facsimile messages are not acceptable)
Security Manned Distribution Centres – Alfreton, Maidstone, Normanton, Runcorn, Bury and Bridgwater. Once the facts are confirmed, the Security Gatehouse Officer/depot on call officer will ring the number given by the caller to confirm that the call is genuine; having first checked that the telephone number given is in the directory of Hospital numbers. Whenever the afternoon shift is in work, contact the Shift Manager or Charge-hand.

Contact Telephone Numbers for Distribution Centres - Out of Hours

Manned Sites

Alfreton	01773 724000	Normanton	01924 328700
Runcorn	01928 858500	Bury	01284 355923
Maidstone	01622 402600	Bridgewater	01278 464000

Operations to provide Security with a detailed list of contacts for each Distribution Centre.

Appendix 5 - Multiple incidents Emergency Response summary

Code Name Alert

Multiple site incidents like the London Bombings in 2005 will require a coordinated multi agency regional response from all standing agencies. The alert to the Trust from either NWAS or the NHS Silver or Gold Commander will contain **a code name known only to key officers of the Trust**.

Upon hearing this code name the Exec in Charge will ensure that the Trust is immediately fully prepared to respond to a large scale Major Incident or series of incidents.

Possible Required Responses to Multiple Incidents

If the incident occurs within a 20 mile radius it is fairly certain that the Trust will be required to receive a potentially large number of the most serious casualties, the *Priority or P1s* requiring emergency care, surgery and ITU.

However, there are a number of possible responses required from the Trust dependent upon whether it is a *Receiving Hospital* for the casualties or not.

Actions by the Trust on Declaration of Multiple Incidents by NWAS

If it is anticipated that the Trust will be receiving large numbers of casualties the Exec in Charge will activate the full range of the Major Incident Plans including:
- Establish a Bronze Command Team supported by a Control Support Team in the Major Incident Suite.
- Establish lines of communication with the NHS Merseyside Resilience Gold and Silver Command Centres to receive intelligence about the incidents and set up situation reporting up the command structure.
- Obtain as full a picture of the incidents as possible from Silver Command including traffic conditions, any hazards and safe or clear routes recommended by the emergency services.
- Alert staff to a Major Incident by instructing the Switchboard to issue a Major Incident alert (Majax alert)
- Apprise all Tactical Managers of the situation.
- Instruct all managers to:
- Brief staff and be prepared to ensure that they are issued with Major Incident action cards, tabards, relevant PPE and other equipment,
- Create capacity (being careful to coordinate and not adversely impact on other departments and services – e.g., ITU, Theatres)
- Cease and cancel non-essential services to free up key staff for redeployment.
- Allocate staff to deal with the emergency whilst others continue treating patients already in the progress.
- Ensure access to current essential stocks and initiate plans in place to obtain more supplies quickly in consultation with the Materials Management Team.
- Call in extra staff.
- Liaise with other providers for a coordinated response.
- Take business continuity measures like charging electrical equipment and having paper documentation systems handy.
- Convert the Outpatient's Dept into a Major Incident Discharge Lounge
- Liaise with the emergency services and other responding agencies

Emergency Communications

Alerts and global emergency messages can be transmitted via Switchboard to all Trust mobile telephones.

The Trust has 1 Mobile Telephone Preference Access Scheme (MTPAS) enabled mobile phones kept in the Major incident Cupboard in the Major Incident Room (Boardroom).

MTPAS (formerly ACCOLC) can be invoked by police to cut off mobile phone signals of all phones except those with SIM cards registered by responding agencies. However, Vodaphone mobiles can still be used if accessed via a computer.

Debriefs

After Stand Down has been declared by the Bronze Commander all areas/departments Managers/Coordinators, including the Bronze Command Team, will conduct a 'Hot Debrief' in their location. These hot debriefs will include other agencies present.

As a result of these debriefs all Tactical Managers will send a brief and concise report to the Resilience & Safety Manager highlighting what happened, what went well, areas for concern and actions to be taken to rectify these, by whom and when.

The Bronze Commander will call a formal debrief of all Tactical Managers/Coordinators and key staff within a week of the Stand Down.

The Bronze Commander and Resilience & Safety Manager will attend the formal NHS Merseyside Debrief.

The NHS Gold Commander will attend the Merseyside Multi Agency Debrief on behalf of the NHS Merseyside economy and regional debriefs.

Appendix 6 - Glossary of Emergency Planning Terms

Emergency planning terms are highlighted in ***bold and italic*** throughout the plan. Some of these terms are used in supporting plans

BASICS Doctors

Immediate care doctors are specialists, trained in pre-hospital care and to provide medical support at the scene of an accident or major medical emergency, or while patients are transit to hospital. They also provide medical support at mass gatherings.

Category One Responder

Emergency Services, Local Authorities, CCG's and Acutes plus the Environment Agency and Marine & Coastguard Agency are all Category One responders under the Civil Contingencies Act and must plan and work together to provide a coordinated response to emergencies.

Category Two Responder

The NHS NE, Utilities companies, Telecoms companies, some government departments and Transport executives are Category Two agencies that must work with, support and inform Category One Responders and each other to provide a coordinated response to emergencies.

CBRN(E)/ HAZMAT

These are Chemical, Biological, Radiological, Nuclear and Explosion incidents caused by deliberate criminal or terrorist acts. As opposed to HAZMAT incidents which may have the same hazards, characteristics and response but are accidents.

Civil Contingencies Act 2004 (CCA)

The act that determines which agencies are Category One and Two Responders to emergencies and how they should work together to provide a coordinated response with each other and other partners like the voluntary sector and private contractors.

Cloudburst (Operation Cloudburst)

A multi agency major incident response to incidents involving a release of toxic HAZMAT substances. Declaring Operation Cloudburst unlocks resources and sets in motion a formalised response in regard to sites where this has occurred (e.g., see below COMAH sites). There are currently Cloudburst sites on Merseyside and a further 36 in Cheshire.

Command & Control

The Command & Control Structure during a Major Incident has 3 levels:
- Bronze - Operational
- Silver - Tactical
- Gold - Strategic.

Bronze Command

These are the teams that manage the operational response to a Major Incident. At the scene it is fire crews attending the fire, police staffing the cordons, paramedics dealing with casualties, Environmental Health Officers and other local authority responders etc providing advice and finding resources for clean up, etc.

NHS Bronze Command

In the NHS command structure NHS Bronze Command is the exec team of the Acutes, specialist hospitals and community health service providers that manage their own

organisation's strategic response to an incident. They report to NHS Merseyside Resilience who provides both the NHS Silver and NHS Gold Command Teams.

NHS Gold Command

The Chief Exec of NHS Merseyside (or nominee) is the NHS Gold Commander. They will operate from an NHS Gold Control Room (supported by admin staff), which is the NHS Merseyside Resilience for emergency planning in Merseyside. They will attend the Strategic Coordination Group (SCG) to represent the NHS economy in Merseyside.

NHS Silver Command

The NHS Silver Commander and Control Room will be provided by NHS Merseyside Resilience but may operate from a control room within the local authority district where the incident occurred (unless it is a regional or national event like pandemic flu).

Hospital Incident Control Team (NHS Bronze Command)

This consists of the Exec in Charge, Medical Director, Exec Nurse, Ops Director and other Execs.

Control Room (Bronze) Support Team

Call Takers

Trained call takers who complete Major Incident enquiry forms with a précis of telephone, fax and email messages and pass these to the Log Keeper for numbering, noting and passing on to the Bronze Command Team (see above).

Control Support Team (Manager)

The Manager of the admin support team for Bronze Command.

Loggist

Trained loggist for the Bronze Command team who takes down all decisions and actions and key information at Bronze meetings.

Log Keeper (General)

Member of Bronze Control staff who numbers and notes all communications into the Bronze from outside.

Situation Board Writer

Admin officer trained to keep the situation board up to date in the Bronze Command room.

Welfare Officer

Officers of the Trust in each area of activity who arrange refreshments and catering for staff and ensure that breaks are taken and monitor staff for stress.

Control of Major Accident Hazards Regulations 1999 (COMAH)

Top tier COMAH site

A top tier COMAH site, as defined by the Health & Safety Executive, is an industrial or storage premises that holds substantial quantities of hazardous materials that if released have the potential to cause a catastrophic off site effect.

Lower tier COMAH site

A lower tier COMAH site, as defined by the Health & Safety Executive, is an industrial or storage premises that holds substantial quantities of hazardous materials that if released have the potential to cause a serious on site effect.

Community Risk Register

A register of risks and hazards in the County devised by a Risk Assessment Sub Group of all the responding agencies that make up the Local Resilience Forum.

Debrief

A debrief is held after an incident or an exercise to establish learning points and draw up an action plan to enable the review and revision of emergency plans. A hot debrief (see hot debrief) is held immediately after Stand down is declared within the location where responders have been working and a formal organisational debrief will be held within a week after the event. A multi-agency debrief will be held within a month and chaired by a senior officer of the Strategic Coordinating Group.

Exec in Charge

The Chair of the strategic Hospital Bronze Command Team and the officer of the Trust who takes ultimate responsibility for declaring a Major Incident for the Trust and the strategic response to the incident.

Emergency Centres (Established/ run by Local Authorities)

Emergency Rest/ Reception Centre

This is a designated centre to accommodate displaced persons staffed by local authority and voluntary agencies. A place of safety and shelter where people can be accommodated and care for from a few hours to days, weeks or months, dependant upon the incident.

Survivor Reception Centre

This is any initial place of safety near the incident scene that survivors have reached themselves or the emergency services have directed them to, e.g., a church hall, a car park, a supermarket café, etc. It is not necessarily a shelter.

Humanitarian Assistance Centre

This is a drop in centre for anyone affected by the incident that can be an advice centre plus a combination of other centres.

Family & Friends Reception Centre

A centre (usually a hotel or conference centre) where the victim's families are interviewed by police supported by the local authority/voluntary agency crisis support teams, to ascertain the identity of the dead and injured and where they can receive information and emotional and practical support.

Emergency Mortuary

The mortuary at Liverpool Royal Hospital is the designated primary Emergency Mortuary for Merseyside (and in some circumstance North West England). Whiston Mortuary has an Alternative Emergency Mortuary Plan under development for the event that Royal Liverpool is unable to take on this role because it is part of or within the zone of the incident or due to the exigencies of the rebuild of the new hospital. The mortuary can also carry out this function for Cheshire if requested. Being the largest mortuary in the North West, Whiston can also support

the Royal Liverpool with extra cold storage and viewing and Family & Friends Reception and pastoral care.

Emergency Services

North West Ambulance Service (NWAS)

Ambulance Incident Commander (AIC)

This is the officer in charge of the operational response for the ambulance service at the scene.

Hospital Ambulance Liaison Officer (HALO)

This officer will be dispatched to the ED of a receiving hospital where s/he will liaise with the ED Coordinator and other staff and keep them informed of the number, severity and type of incoming casualties and other vital information from the scene.

Hazardous Area Response Teams (HART)

The teams are specialist trained and equipped to work in conjunction with Search and Rescue Teams to triage and treat casualties within the 'hot zone' (on a fire ground) or inside the 'inner cordon' (see the Scene below) in incidents involving hazardous materials or in hazardous places needing special rescue equipment and training.

Casualty Clearing Point/ Area

This is an area that can be on the edge of either the 'inner' or 'outer cordons' where casualties can be brought away from the danger to be treated and transported away to hospital.

Casualty Clearing Centre (Advance)

A building near the scene that provides shelter for casualties awaiting distribution to the most appropriate health care facility and were MERIT teams can stabilise and treat Priority 1 casualties who can't be moved far.

Medical Incident Commander

The MIC will take command of and coordinate all non-ambulance clinical staff at the scene and all casualty points and centres.

National Capability Mass Casualty Vehicles (NCMCV)

These are available to Ambulance Trusts and Hospital Trusts in the event of a mass casualty incident. The following is a brief overview of the capability.

"The NCMCV are part of the governments capabilities programme. Each vehicle contains enough medical equipment to provide emergency treatment for: 100 x either P1/ P2 Casualties and 250 x P3 Casualties

Merseyside Fire & Rescue Service (MFRS)

Detection Identification and Monitoring Team (DIM)

Merseyside Fire & Rescue Service (MFRS) DIM team is a specialist team of HAZMAT officers, deployed to the scene of any incident, which specially equipped and trained to detect, identify and monitor suspected hazardous substances potentially found at the scene. They may have a communications link to the Health Protection Unit Duty Officer direct or via the STAC (see below).

Decontamination (Mass)

The fire service is responsible for mass decontamination at the scene of an incident. They can use the 'New Dimensions' specialist demountable units (2 in Merseyside, stored at the Fire Service Training Academy in Storrington Road, Liverpool) or a system using 2 fire engines, a ladder, a hose and modesty screens. Decontamination of casualties is undertaken at scene by the Ambulance Service and self presenters by the Receiving Hospital.

Merseyside Police

Casualty Bureau

The Police Casualty Bureau is designed to gather information from the public phone calls from concerned family and friends of people who are missing and whom they believe may be affected or caught up in a Major Incident and registration documentation from emergency centres (see above).

For incidents in the NW, the Police Casualty Bureau will be convened near Manchester, supported initially by officers from the affected force area and later by CASWEB which is a national arrangement for receiving calls - when a Major Incident involving a large number of people occurs. A number for the Bureau will be broadcast on radio and TV once it is set up.

Counter Terrorist Security Advisors (CTSA)

The local police Counter Terrorist Security Advisor works with all emergency responders and local communities, etc to advise, inform and train people in how to be vigilant with regards to terrorism and security issues. S/he also advises on ways of responding/ managing your working area/ neighbourhood after an incident has occurred. They run Project Argus sessions to this end.

Documentation Teams

Merseyside Police may send documentation teams to the hospital when a mass casualty incident occurs.

Family Liaison Officers

These are police officers normally allocated to the families of homicide or road traffic collision victims. They are a single point of contact for that family and part of the investigative team. They are supported in Major Incidents by Local Authority/Voluntary Agency Core Crisis Teams. These officers may be part of the response at the hospital.

Force Incident Manager (FIM)

A police inspector in a separate control room to the area control rooms who coordinates the response to a Major Incident as Silver Commander in the initial stages until senior officers are in place.

Health Protection Agency (HPA)

This is a government agency that provides expert assistance and advice in all chemical, biological, radiological and nuclear incidents. The HPA has a useful website that can be used by clinical staff dealing with HAZMAT incidents.

Health Protection Unit (HPU)

This is the local operational version of the above which has a Duty Officer on call who can be accessed via Ambulance Control for advice and assistance.

Hot Debrief

A hot debrief is a short meeting of responders within the location they have been working immediately after the Stand Down, convened to capture learning points while they're still fresh in the mind and to thank the responders.

Local Resilience Forum (LRF)

This is a group of generally high ranking officers from each type of the Category One Responders in a police force area (county) that meets quarterly to discuss emergency planning on a countywide basis and has multi agency sub groups.

Major Incident

This is any incident that requires an emergency response by a number of agencies that will stretch resources and requires special arrangements and procedures to be enacted.

Major Incident Command & Control Structure

See UK National Resilience Structure at Appendix 4.

Medical Coordinator

A Senior Clinician who supports the Exec in Charge/ Bronze Commander on behalf of the Medical Director if the Medical Director his/her deputy or assistant Medical Directors are not available.

S/He will activate and strategically coordinate the medical teams and clinical response to a Major Incident until the Medical Director arrives to take over.

Mobile Telephone Preference Scheme (MTPAS)

Mobile Telephone Preference Scheme can be invoked by police to cut off mobile phone signals of all phones except those registered by responding agencies.

Meteorological Office (Met Office) (see also Weather)

The Met office issues to all Category One responders as required: Severe weather warnings, Extreme rainfall warnings, Flood warnings and Heatwave warnings

Police Link Officer

A member of ED admin team, designated by the ED Coordinator who will liaise with and facilitate police officers in the ED, gather the police pink copies of the casualty Major Incident casualty documentation and supply it to the police documentation team.

Scene (of the incident)

Advance Casualty Centre (ACC)

Any suitable public building near the scene that can be set up to accommodate casualties that require immediate triage, stabilisation and treatment and which due to the grid lock or destruction of the local infrastructure and/or sheer scale of casualty numbers, may take some time to transport to acute hospitals. They can be kept safe and receive vital immediate treatment and be dispersed to the most appropriate hospitals, etc from this centre, in a more coordinated manner.

Casualty Clearing Point

A point on the edge of the Inner Cordon (see below) where NWAS will set up an initial casualty triage, first aid and dispersion point (usually a specialist vehicle or initially regular ambulances).

Cordon (Inner and Outer)

The Inner Cordon is a line around the Hot Zone (see below) where the impact of the event is most apparent. Access through this cordon is controlled by the Fire & Rescue Service and the Fire Incident Commander is the authority within this cordon.

The Outer Cordon is determined by the police at some distance from the Inner Cordon and access points will be controlled by the police who may be supported by local authority officers or highways contractors under contract.

If the police are present at the scene, the most senior police office on site will become the Police Silver Commander and is the overall Commander of all agencies operating from the scene within the Outer Cordon. S/He works in close liaison with the Fire Incident Commander and the Ambulance Incident Commander (if present).

Hot Zone

The area within the Inner Cordon (see above) controlled by the Fire & Rescue Service where the main impact of the event has or is occurring, e.g. a major fire, chemical release, transport crash, explosion.

Incident Control Point (ICP)

A point set up near the outer cordon at the scene where the Silver Commander or Incident Commander operates from to tactically manage the scene.

Rendevous Point (RVP)

A safe or convenient point that responders report to for a briefing before responding to their location of operation.

Stand Down

Stand Down is declared when the response to the incident is no longer required.

UNITY Protocol (see Voluntary Agencies)

The Unity Protocol is a Merseyside plan which provides access to voluntary agencies with an emergency response under the primacy of the British Red Cross. The UNITY Protocol can be activated by the local authority via Silver Command. (Hard copy held in the Major Incident Cupboard in the Bronze Control Room).

Voluntary Agencies

See UNITY Protocol

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http://www.england.nhs.uk/ourwork/gov/eprr/

NHS Commissioning Board Core Standards for Emergency Preparedness, Resilience and Response (EPRR)

https://www.england.nhs.uk/?s=eprr%20core%20standards

Merseyside Community Risk Register

http://www.merseysideprepared.org.uk/media/1406/2017-merseyside-crr-v1-0-17.pdf

Major Accident Hazards (COMAH) Regulations 1999

Response and Recovery Guidance

http://www.cabinetoffice.gov.uk/sites/default/files/resources/recovery-plan-guidance-template.doc

NHS Commissioning Board Emergency Preparedness Framework

Emergency Response and Recovery, Non statutory guidance accompanying the Civil Contingencies Act 2004

https://www.gov.uk/government/publications/emergency-response-and-recovery

Annex 7 A: Communicating with the public: News Co-ordination Centre

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/61041/Chapter-7-Annex-7Av2_amends_18042012.pdf

Annex 7 C: Checklist of suggested protocols

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/61043/Chapter-7-Annex-7C_amends_18042012.pdf

Annex 7 D: Duty to communicate with the public – The Ten Step Cycle https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/61044/Chapter-7-Annex-7D-amends_18042012_0.pdf

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National Occupational Standards for Civil Contingencies

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Appendix 8 - Version Control

Version	Section/Para/ Appendix	Version/description of amendments	Date	Author/Amended by
1.0	Whole document	Full document review in the light of: • changing NHS Landscape and C&C arrangements • lessons from Exercise Jubilee	14/10/13	T. Fitzpatrick/ I. Neill
1.1	Review of Appendix 1 & 2	Review of internal and external reporting, discussion at executive management team and subsequent meeting with Medical Director.	11/06/14	T. Fitzpatrick
1.2	Review of Appendix 3	Review action cards to take into account review at Executive Team meeting.	30/06/14	T. Fitzpatrick
1.3	Review of Appendices 1 & 3	Change to NWAS Helpdesk telephone number to 0345-1130099	07/07/14	T. Fitzpatrick
1.3	Appendix 1	Update flowchart with NWAS revised helpdesk number.	07/07/14	T. Fitzpatrick
1.3	Appendix 3	Update with NWAS revised helpdesk number.	07/07/14	T. Fitzpatrick
1.3	Appendix 3	Update AC011 - Action Card Communications Manager, after update from Communications group update.	07/07/14	T. Fitzpatrick
2.0	Cover	Update contacts change of role for Resilience & Safety Manager and contact details. Update of references throughout.	25/06/15	T. Fitzpatrick
2.1	Appendix 4	Update of Lockdown flowcharts		
2.2	Cover	Update contacts change of role from Director of Governance & Risk to Director of Operations & Performance and throughout document.	28/09/15	T. Fitzpatrick
2.3	AC011 - Action Card Comms Manager	Update Senior Communications Officers contact details	19/10/15	T. Fitzpatrick
3.0	ALL	Full review of content following learning from national mass casualty incidents	June 17 - Dec 17	T. Fitzpatrick
3.1	3.2.1	then inform Spec Comm (England) On Call Manager **0191 430 2498** of Major Incident declared and give details (Email england.spoc@nhs.uk)	Nov 18	T. Fitzpatrick
3.2		Minor changes throughout the document to roles and titles	August 2022	L Vlasman

Translation Service

If you require this leaflet in any other language or format, please contact the Patient Experience Team on 0151 556 3088 or email patientexperienceteam@thewaltoncentre.nhs.uk stating the leaflet name, code and format you require.

Arabic	اذا كنت بحاج إلى هذه النشرة بأي لغة أو تنسيق آخر فيرجى الاتصال بفريق تجربة المرضى على الرقم 0151 525 3091 أو 3093، أو رسالة الكترونية إلى patientexperienceteam@thewaltoncentre.nhs.uk موضحاً اسم النشرة، والرمز، والشكل الذي تطلبه.
Chinese	如果你想索取本传单的任何其他语言或格式版本，请致电0151 525 3091或3093联络「病人经历组」，或发电邮至patientexperienceteam@thewaltoncentre.nhs.uk，说明所需要的传单名称、代码和格式。
Farsi	درصورتي كه اين ليبر وشور را به زبان يا فرمت ديگري نياز داريد، لطفاً با تيم تجربه بيماران شماره ۰۱۵۱۵۲۵۳۰۹۱ يا ۳۰۹۳ تماس بگيريد يا ايميلي به patientexperienceteam@thewaltoncentre.nhs.uk بفرستيد و نام بروشور، كد و قالب موردنياز خود را ذكر كنيد.
French	Si vous avez besoin de ce dépliant dans une autre langue ou un autre format, veuillez contacter Patient Experience Team (équipe de l'expérience des patients) au 0151 525 3091 ou 3093, ou envoyez un e-mail à patientexperienceteam@thewaltoncentre.nhs.uk en indiquant le nom du dépliant, le code et le format que vous désirez.
Polish	Jeśli niniejsza ulotka potrzebna jest w innym języku lub formacie, należy skontaktować się z zespołem ds. opieki nad pacjentem (Patient Experience Team) pod numerem telefonu 0151 525 3091 lub 3093, lub wysłać wiadomość e-mail na adres patientexperienceteam@thewaltoncentre.nhs.uk, podając nazwę ulotki, jej kod i wymagany format.
Punjabi	ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਕਿਤਾਬਚਾ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਜਾਂ ਫਾਰਮੈਟ ਵਿੱਚ ਚਾਹੀਦਾ ਹੈ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਪੇਸ਼ੈਂਟ ਐਕਸਪੀਰਿਅੰਸ ਟੀਮ ਨਾਲ 0151 525 3091 ਜਾਂ 3093 'ਤੇ ਸੰਪਰਕ ਕਰੋ, ਜਾਂ patientexperienceteam@thewaltoncentre.nhs.uk 'ਤੇ ਈਮੇਲ ਕਰੋ ਅਤੇ ਪਰਚੇ ਦਾ ਨਾਮ, ਕੋਡ ਅਤੇ ਆਪਣਾ ਲੋੜੀਂਦਾ ਫਾਰਮੈਟ ਦੱਸੋ।
Somali	Haddii aad u baahan tahay buug-yarahan oo luqad kale ku qoran ama isaga oo qaab kale ah, fadlan Kooxda Waayo-arragnimada Bukaanka kala soo xiriir 0151 525 3091 ama 3093, ama email-ka patientexperienceteam@thewaltoncentre.nhs.uk oo sheeg magaca iyo summadda buug-yaraha iyo qaabka aad u rabtid.
Urdu	گر آپ کو يہ کتابچہ کسی ديگر زبان يا شکل ميں درکار ہو تو براہ کرم پيشنٹ ايکسپيريئنس ٹيم سے 0151 525 3091 يا 3093 پر رابطہ کريں، يا اس کتابچہ کا نام کوڈ اور اپنی مطلوبہ شکل کا تذکرہ کرتے ہوئے patientexperienceteam@thewaltoncentre.nhs.uk پر ای ميل کريں۔
Welsh	Pe byddech angen y daflen hon mewn unrhyw iaith neu fformat arall, byddwch cystal â chysylltu gyda'r Tîm Profiadau Cleifion ar 0151 525 3091 neu 3093, neu ebostiwch patientexperienceteam@thewaltoncentre.nhs.uk gan nodi enw'r daflen, y cod a'r fformat sydd ei angen arnoch.

Report to Trust Board
6th July 2023

Report Title	NHS National External Reviews Update
Executive Lead	Morag Olsen, Interim Chief Nurse
Author (s)	Nicola Martin, Deputy Chief Nurse
Action Required	To note

Level of Assurance Provided

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

Key Messages

- Trust processes and internal controls have been reviewed again to provide continued assurance that there is a culture with all staff to identify, escalate and action any concerns in relation to the Quality and safety of inpatient services.
- A review of the Care Quality Commission (CQC) report recognising a closed culture has also taken place for further assurance in relation to trust policies and procedures.
- Outstanding actions from previous report are noted as complete

Next Steps

- Audits to be undertaken in Q2 for Mental Capacity Act (MCA), MCA/Deprivation of Liberty Safeguards (DOLS) Care plans.
- Trust to roll out delivery of Oliver McGowan training.
- Ensure every area has received a safeguarding cares Tendable audit, currently outstanding areas are Intensive Therapy Unit (ITU), Jefferson, Outpatients and Theatres.
- Continued focus on all aspects of safeguarding training to meet Trajectories.

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

Strategic Risks

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

Equality Impact Assessment Completed

Strategy ☐	Policy ☐	Service Change ☐

Report Development

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

NHS National External Reviews Update

Executive Summary

1. The Board received reports in May 2022 (post Ockenden Review) and in November 2022 (post panorama programme) providing assurance that there is a culture with all staff to identify, escalate and action any concerns in relation to the Quality and Safety of inpatient services at The Walton Centre.

2. This report seeks to provide the Trust Board with an update of actions identified and ongoing work that continues to give continued assurance that The Walton Centre has processes in place to embed an open culture that supports and enables staff to identify, escalate and action any concerns in relation to the quality and safety of all patients within the Trust.

Background and Analysis

3. Following the review of Edenfield in Greater Manchester all Boards were asked to review the safeguarding of care in the organisation and identify any immediate issues requiring action.

4. Also viewed was the role of inappropriate use of restrictive interventions played in the unsafe treatment of patients, including Long Term Segregation and Seclusion. Trusts are asked to tackle and reduce the use of restrictive interventions. Each Trust should review why people in our care are in Seclusion and Long-Term Segregation, how long for, and what is the plan to support them outside of these restrictive settings.

5. It is recognised that some patients accessing our inpatient services may experience symptoms of mental ill health or have learning disabilities / autism. It is also recognised that some patients remain inpatients within the Trust for extended periods of time, such as during complex rehabilitation. The Walton Centre does use restrictive practices where clinically appropriate and required for the well-being of the patient, but we do not have seclusion or long-term segregation.

Actions taken from issues identified in previous report and current concerns.

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

    - Training (The Trust remains below Trajectory with all aspects of safeguarding training) Trajectories have been set for all areas.
    - Recruitment of a trainer of control, restraint, and restrictive practices has now taken place and training compliance has increased to 65%, Trajectory has been set for all areas.
    - Audit of Mental Capacity Act (MCA) – Planned for Q2
    - Development of MCA/DOLS and restrictive practices care plans- Actioned and now in place and will be audited Q2 to monitor effectiveness and compliance.

7. **Safeguarding KPIs:** The Trust's safeguarding Key Performance Indicators (KPIs) are submitted quarterly to the Integrated Care Board (ICB) safeguarding leads to ensure

external oversight and to provide assurance. This includes submission of the Trust's Commissioning Standards assessment and action plan. This has oversight of the Chief Nurse (Safeguarding Executive Lead).

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

9. **Safeguarding/MCA/DOLS ward rounds** are conducted fortnightly for staff to raise and discuss any safeguarding issues or provide updates on specific cases. All patients on or awaiting a DOLS authorisation are discussed during this ward round. This is now well documented and available should this information need to be provided for assurance.

10. **CARES Audit: Safeguarding element:** staff are assessed on their knowledge of safeguarding, including escalation processes, identification of abuse, safeguarding leads, Duty of Candour and Freedom to Speak Up Guardian. This now has a separate section in the Walton Cares for assurance. Areas currently Green (above 90%) are Cairns, Caton, Chavasse, and Neuro Rehab unit. Amber areas are Dott and Lipton ward. Areas still to be assessed are ITU, Jefferson, Outpatients and Theatres.

11. **Safeguarding processes, log/files:** the Safeguarding Team have a duty phone (Mon-Fri 9-5) and out of hours escalation process is accessible via the intranet page or the site coordinators. The Team operates an open-door policy for staff to access and discuss any concerns away from their workplace if necessary. All escalations/queries/advice are logged in a secure file. This data provides evidence of the culture of escalation of abuse and neglect at The Walton Centre, which has increased year on year since 2018 since the provision of face-to-face level 3 training (data correlates to the provision of Level 3 training to staff, to equip them with knowledge and skills in this area).

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

    - Care plans for MCA, MHA and associated restrictive practices.
    - Additional education for staff regarding restrictive practices and MCA/MHA care planning.
    - Monitoring of patients with current special observations within the Trust.
    - A restrictive practices weekly meeting now takes place and reports to the safeguarding group which is led by the safeguarding matron and attended by Mental Health lead and Violence and Aggression lead. The team review plans in place for all patients on DOLS and if the staff have escalated any concerns ensuring appropriate plans are in place by the Multi-Disciplinary Team (MDT).

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

14. **Restraint**

The Trust lead for Violence and Aggression (V&A) has now amended the Datix system (See appendix One) to ensure specific fields are completed, this will support the monitoring of the incidents, themes, and trends to address moving forward. A submission has also been completed with IT to add an electronic risk assessment to EPR as it is currently paper form and completion is poor. This will then allow audit/monitor to provide assurance.

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

16. **Advocacy:** Culture to advocate for patients.
   - Independent Mental Capacity Advocate (IMCA) access / Independent Mental Health Advocate (IMHA) access

17. **Staff training**
   - Safeguarding training at levels 1, 2, and 3 and MHA training
   - DoLS/MCA ward round
   - Special observation training day
   - Self-harm training sessions
   - Neuropsychiatry Service
   - Neuropsychology Inpatient Service
   - Rehab Psychology Service
   - Complaint's process
   - Avenues to access concerns
   - Staff supervision and skill mix
   - Approachable Senior Nursing Team (SNT)
   - Risk assessments
   - Monitoring of Neuropsychiatry activity, concerns, and complaints via Safeguarding Group
   - V+A trainer post out to advert.
   - Face to face, evidence-based practical scenario-based training to include safe, ethical restraint, with a focus on least restrictive practices.

18. **Human Resources**
   - Talk, Engage, Action (TEA) sessions and Staff side
   - Join Jan with the Chief Executive

- The Trust has just held a further round of Tea sessions and received 200 completed questionnaires that are in the process of review. A thematic review of these responses are taking place and actions identified by the trust deputy chief people officer.

19. **Listening**

Listening and responding to our patients remains fundamental to our patient care and there are many engagement events to ensure this.
- Patient Experience Group
- Carers passport launched.
- Inpatient listening events
- Support Groups
- End of Life Committee
- Cheshire & Merseyside Network parenting working Group
- Mersey Society for Deaf people
- In line with the Patient Safety Incident Response Framework (PSIRF). We recently recruited our first Patient Safety Partner who is a lay representative and are currently in the process of recruiting to the other vacant posts(s) as two is the minimum requirement of Trusts.

20. **Learning Disability/Autism steering Group** is to be Relaunched in Quarter 2 and a review of the National Benchmarking for performance against the learning disability improvement standards has taken place. The safeguarding lead is also in the process of working with the learning and development team to plan the roll out of Oliver McGowan training.

21. **Governance**

The trust is currently in the process of planning the roll out of the new Patient Safety Incident Response Framework (PSIRF).
- PSIRF Task & Finish Group set up with key stakeholders.
- 2 Patient Safety Specialists identified (Deputy Chief Nurse and Deputy Medical Director)
- Level 1 & Level 2 Patient Safety Training added to Trust staff ESR profiles, with a further plan to collaborate with Liverpool Heart and Chest to deliver levels 3-5.
- Level 1 training currently at 64%.
- Voluntary Patient Safety Partner (PSP) role, one recruited and one in process of recruitment stage.
- Draft Patient Safety Incident Response Plan and policy to be presented to Quality Committee July 23
- Plan to transition to PSIRF 1/9/23.

22. Following the release of the programme, the Neuropsychiatry Team reflected upon the provision provided to patients detained under the MHA (1983) or those detained to another organisation on Section 17 leave to the Trust. It is recognised those detained under MHA should have regular reviews by Consultant Neuropsychiatrists which are recorded and monitored, ensuring patients access senior review whilst an inpatient at the Trust on or within 21 days. The team has since prepared an e-form and this has now been uploaded to EP2 from March 2023.

Conclusion

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

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

25. The Report notes actions taken to address issues highlighted in the previous report in November 2022.

26. The Quality Committee will receive update regarding progress made with the trust Learning Disability steering group.

Recommendation

To note

Author: Nicola Martin, Deputy Chief Nurse
Date: 23rd June 2023

Appendix One.

Violence and Aggression
Please check the details below and amend as required.

Does the patient have capacity?	▼
Please double click on the drop down item.	
Was there any aggravating factors associated with this incident?	▼
Was Physical intervention/Safe Holding/Restraint required?	▼
Is there an alleged assailant for the incident?	☐
Has a Violence and Aggression Risk assessment been completed?	▼
Has the patient been sanctioned	▼
In line with the LASTLAP (Looking after staff that look after patients) initiative, do you require any support following this incident?	▼

17 - NHS National External Reviews Update

Board of Directors' Key Issues Report

Report Date: 23/06/23	Report of: Audit Committee		
Date of last meeting: 19/06/23	Membership Numbers: Quorate		
1.	**Agenda**	The Committee considered an agenda which included the following: • Audit Findings Report for the Year Ending 31st March 2023 (including Management Letter of Representation) • Auditors Annual Report for the Year Ending 31st March 23 • Accounts for the Year Ending 31st March 2023 • Draft Annual Report and Accounts 2022/23 • Compliance with Provider License – Self Certification	
2.	**Alert**	• Improvement recommendation made regarding avoidance of late adjustments to the financial accounts.	
3.	**Assurance**	• Auditors confirmed that information to be published within the financial statements was consistent with their knowledge of the Trust and the financial statements that had been audited. • The Committee noted that the Audit Findings Report, Management Letter of Representation and Auditors' Annual Report for the Year were all on track to be signed off by 30th June. • It was anticipated that the audit opinion would be unqualified.	
4.	**Advise**	• The Audit Findings Report and Management Letter of Representation were recommended for Board approval. • The Auditors' Annual Report for the Year was recommended for Board approval. • The accounts for the year ending 31st March 2023 were recommended for Board approval. • The draft Annual Report and Accounts for 2022/23 were recommended for Board approval. • The Self-certification of Compliance with the Provider License and publication of the self-certification on the Trust website were recommended for Board approval. • There is no longer a requirement to provide a report on the Self-certification of Compliance with the provider licence in line with the new Corporate Code of Governance, all the information was already provided within the annual governance statement/accounts.	
5.	Risks Identified	• None	
6.	Report Compiled by	Su Rai, Non-Executive Director	Minutes available from:	Corporate Secretary

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RIME Committee Key Issues Report

NHS
The Walton Centre
NHS Foundation Trust

Report Date: 06/07/2023	**Report of:** Research, Innovation and Medical Education Committee
Date of last meeting: 20/06/23	**Membership Numbers:** Quorate

1.	**Agenda**	The Committee considered an agenda which included the following:
		• Strategic Partnerships Updates
		• Committee Annual Effectiveness Review 2022/23
		• Committee Cycle of Business 2023/24
		• Board Assurance Framework – Report 1 2023/24
		• 2022/23 Annual Reports from:
		   ○ Research & Development
		   ○ Innovation Annual Report 2022/23
		   ○ Medical Education Annual Report 2022/23
		• Annual Undergraduate University Feedback 2022/23
		• Research and Development Finance and Performance Update
		• Research Governance Group Effectiveness Review 2022/23 including Terms of Reference and report from meeting held on 22/04/23
		• Medical Education Group Effectiveness Review 2022/23 including Terms of Reference and report from meeting held on 06/06/23
		• Innovation Group Terms of Reference and report from meeting held on 24/05/23

2.	**Alert**	None of note.
3.	**Assurance**	**Committee Annual Effectiveness Review 2022/23** Committee has fulfilled its duties as set out in the Terms of Reference. Areas of development identified in the 2022 review are still being embedded with no further changes currently proposed. **Research & Development Annual Report 2022/23** Increased stability across the Neuroscience Research Centre infrastructure resulted in improved patient recruitment and quality. Some improvement in the financial performance with further work being undertaken to stabilise. **Innovation Annual Report 2022/23** Delivery model now developed with adoption of the ISO innovation industry standard through a three year development programme to ensure the Trust has the capability to deliver organic, industry standard innovation in neuroscience with robust and systematic processes to strengthen its governance and align to the organisation's business cycle. **Medical Education Annual Report 2022/23**

		Successful expansion of the undergraduate offer to Edge Hill Medical School, enhanced quality of University of Liverpool Undergraduate placements and opportunities, and a focus on post-graduate training and effective pastoral support.
		Annual Undergraduate University Feedback 2022/23 Year 4 Clinical Placement report showed the Trust scoring above site average against all 23 indicators of which 20 were deemed as excellent. Improvement in score from 2021/22 score for Education Supervisor indicator.
		Outcomes from Research Finance Meeting on 24/05/23 Clarification of research financial management issues and challenges to ensure alignment between research and financial functions. Financial management plan in development.
		Board Assurance Framework (BAF) – Report 1 2023/24 Risk scoring for BAF008 Medical Education being increased from 8 to 9.
4.	**Advise**	**Strategic Partnerships Updates** • Innovation Agency NorthWest Coast – Dr Rhys Davies presented the Trust's Headache Chatbot innovation project to the Partnership Board meeting which was well received, several offers of support had been made. • University of Liverpool – The Trust was working with Mr Martin Wilby and Miss Deepti Bhargava to provide support for their applications for Clinical Academic Research Partnership funding and Honorary Clinical Associate Professor awards had been made to Mr Andrew Brodbelt and Dr Bernhard Frank. This year, regionally, the Trust has the third highest honorary appointments behind LUHFT and Alder Hey. • University Hospital Association – Memorandum of Understanding and enabling model for the joint research strategy between the Trust and the University of Liverpool is being developed and a joint event is being held in October 2023 hosted by the Trust. Executive Lead identified as the Chief People Officer. **Research Governance Group Effectiveness Review 2022/23 including Terms of Reference** In response to areas of improvement identified, a revised Terms of Reference and Cycle of Business had been developed which were approved. Quality Subgroup to be established and included in the Group's Terms of Reference. **Medical Education Group Effectiveness Review 2022/23 including Terms of Reference** In line with the Group's governance review, revised Terms of Reference and Cycle of Business were approved. **Innovation Group Terms of Reference** No effectiveness review undertaken as the Group commenced in March 2023. Terms of Reference were approved.
5.	Risks Identified	• None of note.
6.	Report Compiled by	Professor Paul May, Non-Executive Director and RIME Committee Chair	Minutes available from:	Corporate Secretary

Board of Directors' Key Issues Report

NHS
The Walton Centre
NHS Foundation Trust

Report Date: 26/06/23	**Report of:** Health Inequalities and Inclusion Committee (HIIC)	
Date of last meeting: 26/06/23	**Membership Numbers:** 13 attendees Quorate	
1.	**Agenda**	The Committee considered an agenda which included the following: • Board Assurance Framework • Equality, Diversity & Inclusion (ED&I) Annual Report • ED&I Strategic Implementation Plan • NHS England ED&I Improvement Plan Briefing • Diversity of Board and Senior Managers (Compared to Local Population) • Trust Anti-Racism Statement • Disability Network Update • LGBTQ+ Network Update • Prevention Pledge Update Report • Anchor Institute Group Key Issues Report • Health Inequalities Data Report • Strategic Black, Asian and Minority Ethnic Advisory Committee Annual Effectiveness Review • Confirmation of Committee Name
2.	**Alert**	• There were no alerts to be highlighted.
3	**Assurance**	• The Equality Diversity and Inclusion (ED&I) annual report provided assurance that the Trust was meeting all public sector duties relating to ED&I and work to review the potential for expanding the annual report to cover other non-mandated areas was underway and ongoing. • The Trust has completed four of the 14 commitments within the NHS Prevention Pledge with nine further commitments in progress. • The Committee received a presentation detailing health inequalities data for patients and staff. This provided assurance that the Trust was not an outlier and it was recognised that there were not many organisations who had identified this level of detail.
4	**Advise**	• The Board Assurance Framework was reviewed and BAF Risk006 had been moved from Business Performance Committee to HIIC as the lead assurance Committee. • It was agreed that the Committee name would be Health Inequalities and Inclusion Committee. • The NHS ED&I Improvement Plan has been in gestation for some time and six key recommendations have been set which would be integrated into the appropriate action plans. • The diversity of the Board and Senior Managers within the Trust is currently at 6.7% against the target of 7.93% of the local population serviced by the Trust. A group has been formed to develop a plan to move this area forward via targeted recruitment or internal development.

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		• The Committee endorsed the Anti-Racist Statement for submission to the @RACE Network for review. Following this the statement will be submitted to Board for approval.		
2.	Risks Identified	• None.		
3.	Report Compiled by	Jan Ross – Chief Executive Officer	Minutes available from:	Katharine Dowson - Corporate Secretary

Board of Directors Key Issues Report

The Walton Centre
NHS Foundation Trust

Report Date: 6 July 2023	**Report of:** Remuneration Committee (RemCom)	
Date of last meeting: 21 June 2023	**Membership Numbers:** Quorate	
1	**Agenda**	The Committee considered an agenda which included the following: • Succession Planning for Executive Directors • Pension Recycling Policy
2	**Alert**	• None
3	**Assurance**	• Executive Director succession planning has been considered and is being managed appropriately • Pension Recycling Policy for 2023-24 approved which reflects national financial guidance and legislation
4.	**Advise**	• None
5.	**Risks Identified**	• None
6.	**Report Compiled**	Max Steinberg, Chair	Minutes available from:	Corporate Secretary

Report to Trust Board
6th July 2023

Report Title	Medical Education Annual Report
Executive Lead	Mike Gibney, Chief People Officer
Author (s)	Liz Doherty, Medical Education Development Manager
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

- Application of virtual reality and simulation in delivery of undergraduate education highlighted as excellent and noteworthy practice by University of Liverpool School of Medicine
- Tangible outcomes from collaboration between Medical Education and Research with the development of the Student Research Projects Portfolio and the creation of an NRC funded research studentship
- Successfully established an external training offer with delivery of two national Postgraduate Neurosurgical training courses, an Undergraduate Neurosurgery workshop and a regional Headache Training Day.

Next Steps

- Development of Edge Hill University placement 2023/24, supporting EHU with curriculum design and outline of clinical placement activity
- Further consolidation of the Education Faculty and educator development supporting Education Appraisal Lead.
- Continue robust engagement with external stakeholders and partners regarding the national medical school expansion

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

Strategic Risks

008 Medical Education Strategy	Not Applicable	Not Applicable

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

Research Innovation and Medical Education	21st June 2023	Elizabeth Doherty Medical Education Development Manager	Challenges to the delivery of increasing student numbers and mitigation required by WCFT as a small site with limited capacity to absorb student numbers entering the system.

Medical Education Annual Report 2022-23

Executive Summary

1. This annual report covers the academic year from August 2022 – July 2022.

2. Primary areas of work have been to grow the undergraduate offer through ongoing engagement with University of Liverpool and enter into a new agreement with Edge Hill Medical School to provide clinical placements for Year 4.

3. Postgraduate training is experiencing challenge on several fronts. Junior doctor retention, working conditions and job satisfaction along with strategic changes to training programmes are impacting the overall training experience for junior doctors.

Background and Analysis

1. Projects and workstreams started in 2021/22 have been built on throughout this academic year. The pandemic shone a light on different ways of delivering education and while conditions restricting person to person contact have been lifted, where learning experience or delivery was enhanced *e.g.,* use of MS Teams for teaching, Attend Anywhere for clinics, these methods have been retained.

2. The medical education team are now moving forwards towards building and strengthening the trusts capability and capacity to host and train more student doctors, responding to the national medical school expansion.

3. With consideration for onsite capacity and maintaining the learning environment we are exploring innovative teaching delivery methods and the use of technology enhanced learning.

4. The Education Fellows and Deputy Director of Medical Education have been pivotal to integration of simulation education into clinical skills teaching through application of the Neuro VR, and the Simulation Lab now permanently based in the Education Centre. The NeuroPod Cases online resource continues to be refreshed and new media is being created by Dr Viraj Bharambe. The team purchased a Samsung Flip interactive, internet accessible e-flipchart. This will be used in remote and virtual education sessions, and as a paper-free device also supports the Trusts sustainability agenda.

5. The trust was visited by the University of Liverpool School of Medicine in June 2023. Initial feedback has praised the quality of engagement by leads and the contribution of education fellows and use of virtual reality and AI in teaching. Visitors have identified improving consistency in educational supervision against university expectations and building in resilience in educator numbers to absorb the incoming rise in student numbers. Full report will be shared later in the year.

6. Consultant Education Lead posts appointed in summer 2022 have become established and are making an impact. Student Research Coordinator Dr Macerollo has led the development of an Undergraduate Research Project Portfolio, bringing together a steering group of research active consultant colleagues. Dr Macerollo is currently overseeing the creation of a 6 month grant funded student research placement sponsored by WCFT Neurosciences Research Centre, which will be the first of its kind at Walton.

7. Dr Ian Pomeroy officially began as Education Appraisal Lead in April 2023 and has engaged with the Medical Education Development Manager and DME to begin developing a plan for Consultant education appraisal aligned to GMC and Academy of Medical Educator Standards, and raising awareness of GMC Trainer Standards to better support educational and clinical supervision at the Trust.

8. In October 2022 the Trust was awarded membership of the University Hospital Association. As a recognised university hospital site this presents opportunity to build on its excellent work to date in medical education and develop new openings to further grow Waltons clinical academic offerings. To this end an objective for Medical Education is to promote Walton honorary clinical appointments with the University of Liverpool. The Clinical Director for Research, Innovation and Medical Education and several other consultant colleagues have been conferred with associate professorial titles reflecting the trusts growing academic profile.

9. Financial oversight of medical education income remains challenge and work has taken place to clarify the known recurrent and miscellaneous non-recurrent funding streams. Non recurrent funds were utilised productively to support the Sutcliffe Kerr Lecture 2023 and the purchase of the Samsung Flip electronic flip chart.

10. The role of trust employed clinical fellows in Neurology has mitigated negative impact the changes in working patterns for NTNS may have otherwise caused. The National Education and Training Survey (Health Education England) indicated disquiet for Neurology trainees related to interprofessional team working and service reconfiguration. The comments have since been investigated by the Education team and Divisional management. Neurosurgery training is subject to ongoing discussion with regard to 'Out of Programme' opportunities, whereby trainees step off the training ladder to complete research or other academic endeavours, and the deleterious effect may have on retention, especially if at an early stage in training.

11. There has been an increase in HEE pastoral support roles, notably Health and Wellbeing, Less Than Full Time and Return to Training. In addition, there have been trust appointments for Specialty and Associate Specialist and International Medical Graduates. These roles are intended to help both the trainee and the Trust in ensuring appropriate guidance, advice and support is provided. Initiatives implemented include SAS development courses and a buddy/mentor system for IMG trainees.

12. Medical Educations strategic oversight body Health Education England has been merged with NHS England, who assumed HEE's responsibilities earlier this year, no significant change to the Trust's engagement with the new body.

13. In April the annual Sutcliffe Kerr Lecture was held at the Spine Liverpool. This was the first event off site and the venue/location was roundly praised for time off site as a group, the programme was also given great feedback with consultants and trainees valuing the insight into research career development and opportunity to engage together as peers. Keynote speaker Professor Giovanna Mallucci overwhelmingly evaluated as excellent. Plan to repeat similar next March.

Conclusion

14. In summary there have been several notable advancements 2022/23. The Trusts academic reach has grown with the new agreement with Edge Hill University. Last year's new education

faculty appointments have become established and tangible successful outputs now being observed, particularly for the Student Research Projects Lead and Deputy Director of Medical Education. The trust's new position as a University Hospital site and the growth in honorary clinical appointments amongst the trusts medical staff, demonstrates a shift towards formally acknowledging and celebrating the trusts academic strength.

15. As with last year's report however, Medical Education remains a conduit between strategically important external stakeholders and trust operational (clinical) activity. There is an imminent expansion to medical school placements, and ongoing instability for postgraduate doctors, be it within education and training or employment. To grow and develop, Medical Education will need to reinforce its role within the trust as a business integral partner with appropriate resource to ensure development opportunities are identified and acted upon.

Recommendation

1. To note

Author: Liz Doherty, Medical Education Development Manager
Date: 26/06/2023

THE WALTON CENTRE NHS FOUNDATION TRUST

Medical Education Annual Report 2022-23

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CONTENTS

FOREWORD

The Walton Centre NHS Foundation Trust as the only Neuro- specialist trust in the UK has a unique role providing comprehensive neurology, neurosurgery, spinal and pain management services, and education in those disciplines.

The Trust is proud of its strong academic links with the University of Liverpool Faculty of Health and LIfe Sciences. We provide Neurological undergraduate clinical placements as part of the MBChB qualification in addition to elective placements for UK and international undergraduate students. We have actively sought to build new relationships and will welcome Edge Hill University as a partner in 2023/24 academci year. We continue to influence the trajectory of Neuroscience within the curriculum to break downbarriers and facilitate understanding of Neuroscience, mitigate 'neurophobia'. We are proud to support and collaborate with a number of interest groups within universities at local, national and international level.

We have consultants in principal academic positions at the University of Liverpool. Our Clinical Director for Medical Education and Research has been conferred as Associate Professor in respect of his contribution to Medical Education and Research We are recognised by our external oversight stakeholders as an exemplar in postgraduate education. WCFT maintained the deeply embedded ethos of continuous education and personal development at the trust. In the context of system evolution, WCFT Medical Education has been agile and adapted its training and education programmes to fit environmental changes.

Last year we recognised 2021/22 a a very successful year, particularly the outputs following investment into Undergraduate clinical education faculty.

We also recognised in 2022 we were in a dynamic phase coming out of Covid and the pandemic and facing new challenges and opportunities. As stated then, Medical Education remains a conduit between strategically important external stakeholders and trust operational (clinical) activity. To grow and develop, Medical Education will need to reinforce its role within the trust as a business integral partner, to ensure development opportunities are identified and acted upon.

Dr Rhys Davies   **Michael Gibney**
Clinical Director   **Chief People Officer**
Research Innovation & Medical Education

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OUR YEAR IN NUMBERS

The Medical Education Annual Report covers the 2022/23 academic year.

Period covered - Academic Year 2022/23

Doctors in Training	Core - 7	GP – 1	Specialty – 41
Medical Students	Year 4 - 312	Year 5 – 20	Elective 38 (17 UoL)
# Consultants who are GMC Approved Educational / Clinical Supervisors	97		
#GoSW Education exception reports made by Doctors in Training	0		
2022/23 UG Placement RAG Report: Overall this placement has been valuable to my education	Year 4 WCFT average 1.78 (Green Outlier) All site average 1.52		Year 5 No data available
WCFT GMC National Training Survey (NTS) 2022 Outliers	Green (positive outlier, above national average) Anaesthetics - 2 CST - 6 IMT - 4 Neurology - 0 Neurosurgery - 1 Radiology - 3		Red (negative outlier, below national average) Zero
*GMC Enhanced Monitoring	No		
*GMC NTS Overall Satisfaction	Within national average		

*CQC monitored indicator

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INTRODUCTION

This report on Medical Education covers the academic year August 2022-July 2023.

In October 2022 the Trust was awarded membership of the University Hospital Association in recognition of its substantial engagement and investment in research, clinical academic, and medical education.

As a recognised university hospital site this presents opportunity to build on successes of the past and develop new openings to further grow Waltons clinical academic offerings. This year our Clinical Director for Research, Innovation and Medical Education and was awarded an associate professorial title by the University of Liverpool and several of the Trusts consultants have also been conferred with other honorary appointments, reflecting the trusts growing academic profile.

There has been a refreshed People Strategy published in response to the updated Trust Strategy released in 2022. Within the substrategy there is an updated Medical Education implementation plan outlining the annual objectives for the service and education programmes aligned to the Trusts key ambitions. Maintenance of business-critical education programmes, learner experience and learning environment are rudimentary objectives, also identified is the development and progression of emerging opportunities for medical education, in particular following the achievement of university hospital membership and the potential this offers.

Medical Education has continued to adapt to a changed learning environment post covid and have consolidated the Simulation and virtual offering in both undergraduate and postgraduate training. Undergraduate education in particular has been benefitted by the enhanced clinical skills and simulation facilities now permanatly based in the Education Centre. The NeuroPod Cases resource continues to be refreshed and new media uploaded.

Meaningful engagement remains ongoing with our colleagues at UoL Medical School to maintain existing commitments to Year 4 and Year 5. Plans are underway to meet the forthcoming increase in medical school placements; with careful consideration for the learning environment, we are exploring innovative teaching delivery methods and the use of technology enhanced learning. The Education Fellows and Deputy Director of Medical Education have led the way in integrating simulation education into core teaching of undergrdautes at the trust with the Neuro VR simulator and the Simulation suite now based in the Education Centre.

The leads appointed in summer 2022 have become established and are making an impact. Dr Macerollo has led the development of undergraduate research project portfolio engaging with research active consultant colleagues and the Head of the NRC to ensure ongoing viability. Dr Macerollo is currently overseeing the creation of a 6-month studentship placement which will be the first of its kind at Walton.

Dr Pomeroy officially took up post as Education Appraisal Lead in April 2023 and has engaged with the Medical Education Development Manager and DME to begin developing a basis for supporting educational appraisal aligned to GMC and AoME standards and raising awareness of Trainer standards to better support educational and clinical supervision at the trust.

Sutcliffe Kerr 2023 was held offsite for the first time at the Spine Building, Knowledge Quarter in Liverpool city centre, and encompassed an afternoon and early evening programme. The venue was a special highlight and enabled colleagues to focus on the programme and each

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other. Post event feedback commented on a desire for more 'awayday' time and opportunity for research and academic interests.

We have continued to work with Finance to clarify and establish a fiscal plan for medical education income across its recurrent and non recurrant streams. We have utilised external funding to support the running of the Sutcliffe Kerr Lecture 2023 and the purchase of a Samsung Flip interactive internet accessible flipchart, to be used in remote and virtual education sessions, and also supports the Trusts sustainability agenda.

We will continue to be responsive to external changes affecting medical education and training and continue to build effective networks with stakeholders from across the health education system. We are responsive to the effects industrial action has had on the delivery of education and appreciate the support from the trust in maintaining effective delivery of undergraduate education at this time.

Medical Education is working towards adopting technologic solutions in anticipation of a changing approach to workplace education and training. Advances in simulation provision has been made with the purchase of state-of-the-art virtual reality equipment bolstering and enhancing the neurosurgery programme at the trust, paving the way for a national offering.

The Director of Medical Education remains responsible for medical education and training alongside the faculty of Lead Educators, Clinical Tutors and Educational Supervisors. The service is led by the Medical Education Development Manager Liz Doherty, with operational activity delivered by Medical Education Officers, Yasmin Harris and Medical Education Administrator Megan Long.

Alongside the University of Liverpool, NHS England and now the University Hospital Association have emerged as our key strategic partners. We have demonstrated responsiveness and agilty to the requirements of our partners diligently through creativity and innovation. We are striving to increase transparency in education funding and are building strong connections with finance to raise understanding of the complex needs of Medical Education across the Trust.

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FOCUS ON MEDICAL EDUCATION DEPARTMENT

The Medical Education operational team lead the adminstration of clinical placement programmes and are the first point of contact for anyone accessing the trusts medical education service. The operational team receive strategic leadership and guidance from the Director of Medical Education (DME), Clinical Sub Dean and Medical Education Development Manager (MEDM).

For the period of 2022/23 the administrative establishment was:

- B7 WTE Medical Education Development Manager
- B5 WTE Medical Education Officer
- B5 0.6WTE Medical Education Officer
- B4 WTE Medical Education Administrator

Workstreams are broadly split between postgraduate and undergraduate programmes with quality reporting, financial oversight and strategic service development sitting with the medical education development manager. Undergraduate workstreams are overseen by the full time B5 with support from the B4. Postgraduate workstreams including induction, study leave and postgraduate teaching programmes administered by the part time B5, with support from the B4.

The team is currently without a postgraduate administration lead. The team said goodbye to two members of staff in late 2022. In January 2023 Megan Long took up the vacant administration post however the other post has yet to be filled with postgraduate tasks currently delegated wihtinthe team. Discussion is ongoing with the Senior Education Manager, MEDM and DME regarding the vacant role and the type of administrative support required for the service.

Despite depleted numbers, with the contribution of the Education Coordinator, the team have contributed to a growing offer in regional and national medical education events. The team provided administrative services for the coordination and delivery of external events such as the Eurpoean conference, the EAN in Aprill 2022, a regional Headache Training Day in December 2022 and the Neurosurgical Spinal Masterclass in January 2023. The Education Centre has also hosted several other national events this year including a national surgical training workshop led by RCS College Tutor Mr Farouk Olubajo and an undergraduate Neuroscience conference with the University of Liverpool undergraduate society, NeuroSoc, both late 2022.

Medical Education has participated in the corporate governance review of Trust meetings and the function's oversight committee has been renamed as the Medical Education Group. Terms of reference and membership have also been revised and updated accordingly.

The new posts created last year have become established with the Deputy DME leading a review of Junior Doctor Induction, and the Education Appraisal Lead taking up post in April 2023. An opening objective for the Education Appraisal Lead will be to raise general awareness and understanding of the requirements for GMC trainer recognition and in the

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longer term develop enhanced support and guidance for appraisers delivering, and educators undergoing, appraisal.

The Clinical Education Fellow posts have continued to be highly effective and integral members of the education faculty supporting the administration office and as a 'friendly' interface between the student cohort and the education clinical team. For the academic year 2022/23 there was one WTE postholder and a job share between two doctors, strength in depth has proven to be a benefit and will be repeated for the next academic year.

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FOCUS ON UNDERGRADUATE

University of Liverpool MBChB Year 4

There was a slight decrease in student numbers for the current academic year compared with 2021/22. The impact of Covid and students deferring may have been a contributing factor for the variance. There will be some fluctuations over the next few years as effect from covid dissipates, intercalation numbers settle and the new medical school places filter into the system, but we can expect the student numbers to steadily increase.

The table below outlines student numbers for 21/22 compared to 2022/23:

Type of Placement	Number of Students Attending Placement Area	
	21/22	**22/23**
Year 4 Core Neuro	396	312

In 2022/23 on average WCFT has hosted 39 students per 4-week block compared with 49 students per block the previous year. Over an academic year there are eight consecutive blocks rotating to WCFT between September and June. For a trust of Waltons size the demand on physical and human resource is significant. Students follow a complex and comprehensive timetable and the logistics of coordinating this schedule is managed by the education administration team and education leads. Student satisfaction is measured by an end of placement evaluation, this data is shared with the trust as a RAG report. The information produced allows us to track trends and themes at a local level and gives insight into our performance against all site's averages.

Year 4 RAG reports has once again been consistently good throughout the year, with student satisfaction high regarding their experience at WCFT. The standout themes from the feedback were the role of the education fellows, quality of teaching and learning environment, and the helpfulness of the administrative office. Some of the comments received are below:

- 'Induction teaching really useful to brush up on examinations' R4.
- 'Teaching outstanding! End of block assessment (as example of good practice) should be implemented into all placements' R5.
- 'I feel much more confident performing neurological examinations' R5.
- 'Timetable allows for independent study and staff extremely helpful' R6.
- 'I was quite intimidated by neurology but now much more confident...clinical skills and CBLS were excellent' R3.

The RAG report covers rotations 1-7, rotation 8 is still in progress.

The table below compares Walton's annual average scores compared with the all-site average for the period:

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Question - Year 4 placement evaluation	WCF T 21-22	WCF T 22-23	All sites 22-23
Communication from the placement before induciton was clear and effective	1.93	1.84	1.53
My induction gave me everything I needed to start the induction	1.97	1.81	1.5
The education facilities (study speace IT and teachign space) were readily available/fit for purpose	1.93	1.71	1.49
At my first supervision meeting my aims and how the placement would support these were discussed		1.76	1.54
My ES has been accessible and supported my development	1.73	1.64	1.46
During the placement, clinical staff (outside of my ES) were accessible and supportive		1.72	1.48
Durign the placement the undergrdauate team were accesibble and supportive	1.97	1.86	1.51
I received timely feedback which supproted my development	1.97	1.73	1.5
My ES engaged with the e-portfolio inc sign off	1.37	1.67	1.47
I had access to personal advice and support durign the placement	1.8	1.68	1.5
The clinical expereinces available to me were relevant to the palcement portfolio requriemetns	1.9	1.7	1.41
I received a clinical experiences timetable that was well planned and things gernally took palce as planned	1.9	1.61	1.53
I was able to shadow different members of the clinical team as appropriate	1.9	1.61	1.35
I receiev bedside style teaching where we reviewed patient cases outside of ward round, this may have been classroom or ward based)	1.97	1.52	1.52
The majority of teaching sessions took palce as planned or were delivered at another suitable time	1.97	1.65	1.52
Most group teaching was gicen by experience staff eg consultants ST trainees	2	1.73	1.63
The quality of teachign on this placement was high	2	1.84	1.61
The Clinical Skills teachign was well organised	2	1.71	1.37
The CS teachign improved my skills and undestadning	2	1.74	1.38
The safe prescribing tutorial was well organised	1.77	1.61	1.33
The safe prescribinig turoiral improved my knowledge and skills	1.8	1.57	1.25
Overall this palcement has been valuable to my education	1.87	1.77	1.51
Overall this placemtn was well organsied and ran smoothly	1.9	1.69	1.46

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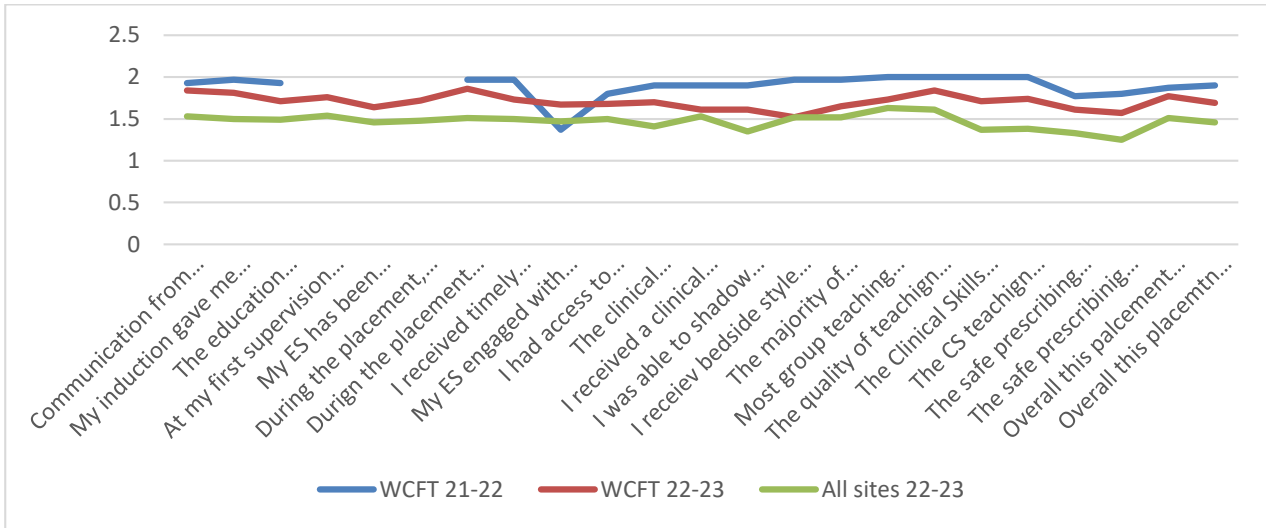
Source: University of Liverpool Year 4 Placement RAG Report, 2022/23

The RAG report covers rotations 1-7, rotation 8 is still in progress.

The data received indicates although year on year there has been decrease in averages Walton still scores consistently above the all-site average. Notably last years outlier, 'My ES engaged with the eportfolio' has improved. The education fellows lead clinical examination and simulation sessions on induction and through the placement. Quality of teaching, simulation and clinical skills have once again been rated very highly and the input from the fellows frequently referred to in teh free text comments by the students.

University of Liverpool MBChB Year 5
Final year students complete an elective type of placement known as a SAMP; this was an 8-week placement which focuses on a project or piece of work that the students participate in. The SAMP rotation started at the end of April and to date there has been no feedback received from the University.

Collaboration
The Student Research Project Lead has collaborated Trust clinical researchers and academics to develop a student projects database. The aim of the database is to provide students interested in developing academic or research skills an opportunity to be linked up with a consultant who has a suitable project or piece of work the students can contribute to.

The project pipeline concept has been welcomed by the medical school and the working group that has formed around the workstream has already initiated a new student research placement to be sponsored by the WCFT NRC.

The development of this new undergradiuate clinical attachment has been a piece of joint working between Medical Education and Research teams. The Medical Eduation Development Manager, Head of the NRC and Student Research Lead have collaborated to create a grant funded 6-month attachment. This will be with a trust consultant and is based on a format initially hosted by University College London (https://www.ucl.ac.uk/child-health/study/undergraduate-summer-studentships, accessed 14.06.2023). It will be advertised to UoL students this summer with the successful applicant to start placement this August. The

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student will receive £1000 upon appointment and a further £1000 on satisfactorily completing the project. They will be invited to present their project at a Trust education meeting, e.g. Clinical Senate or a Lunchtime Lecture.

New Medical Schools

Edge Hill University Medical School

On behalf of the Trust the Clinical Director for RIME and Medical Education Development Manager have engaged with Edge Hill University Medical School regarding the Neuroscience on the EHU undergraduate degree programme.

An agreement was reached and signed by the Medical Director in 2023. From academic year 2023/24 there will be a Neurology placement hosted at Walton. This new agreement will attract national Undergraduate Tariff funding; income attached to the new placement activity will follow through in the Trusts Education Contract schedule for 2024/25. Placement design is currently being mapped out along with the resource required to lead, deliver, and coordinate the new placements.

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FOCUS ON POSTGRADUATE -

Health Education England – Post Covid Postgraduate Medical Education (PGME) Training Recovery Programme / Sutcliffe Kerr Lecture 2023
In April 2023 the trust held the annual Sutcliffe Kerr Lecture, this was funded through the remaining PGME Covid Recovery monies. The theme of the day was enhancing professional development and lessons learnt from covid, aiming to bring medical staff together to explore research and professional development opportunities.

An off-site venue was chosen so that attendees could be detached from clinical environment and took on an awayday feel. The afternoon programme was dedicated to PGME training recovery with sessions by academic clinical leads, Faculty of Medical Management and Leadership (FMLM) and the Director of Medical Education leading a discussion on the challenges presented to trainees working in Walton currently. The keynote speaker was Professor Giovanna Mallucci pioneering Neuroscientist based at Altos Labs Cambridge.

Post event feedback was extremely constructive. Registrars present at Sutcliffe Kerr fed back they would value further development in coaching highlighting the desire from clinical colleagues to have the time, resource and opportunity to participate in research and academic activities.

Postgraduate Training Programmes
The GMC 2022 State of Medical Education and Practice (https://www.gmc-uk.org/-/media/documents/workforce-report-2022---full-report_pdf-94540077.pdf) highlighted the growth of Locally Employed Doctors and Specialty and Associate Specialist across the NHS and increase in international doctors joining the workforce, coupled with the longstanding issue of retention and working environment for doctors in training. These themes have been evident via formal and anecdotal feedback received from trainees and education leads through this year.

Since HEE / NHSE broadened the criteria for Less Than Full Time working, Neurology has received an increased number of requests for LTFT working. There has been further impact felt by the ongoing roll out of medical training reform, notably the IMT3 training year and the General Internal Medicine element of specialist training requiring Neurology trainees to rotate away from the trust for general medicine exposure.

The consequence has been felt on the rostering at Walton with the potential to impinge on quality of the learning and working environment. Work has been required by the Training Programme Director, divisional management and medical staffing to ensure adequate workforce cover is in place. The introduction of LEDs to the establishment with new clinical fellow posts in Neurology has gone some way to mitigate the rota gaps and maintain both service provision and the standard of training for doctors.

The 2022 HEE National Education and Training Survey (NETS) report highlighted disquiet among Neurology trainees with learning environment reported as a negative outlier. This was reviewed at the Medical Education Group followed up by discussion with Neurology Divisional clinical and management leads. The thrombectomy service, the role of medical trainees and engagement with multiprofessional colleagues within the process was identified as the crux of the problems reported. This is now being managed by the TPD and the division more closely,

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with additional support for Neurology trainees such as simulated scenario and human factors workshops in multiprofessional working mooted.

Trainees in Neurosurgery have benefitted from two locally delivered national masterclasses hosted by Walton this year, both as recipients and also contributing to event coordination. Mr Farouk Olubajo took over from Nick Carleton Bland in August 2022 as Royal College of Surgeons College Tutor and in November 2022 hosted the 'Prevention and management of neurosurgical complications' in collaboration with BNOS (British Neuro-Oncology Society). Trust staff members led the faculty with contribution from notable external speakers including Paul Marks, Peter Brennan and Henry Marsh. Neurosurgery trainees were also involved in the event coordination for the Spinal Masterclass event run in January 2023 with Mr Carleton Bland.

Mr Carleton Bland has continued to champion Simuation Education and has led the establishment of the Neuro VR into the Trusts suite of education tools. Together with Ms Maggie Lee, they provide a thrice weekly surgical teaching programme of simulation, surgical skills and case-based discussions.

Neurosurgical trainee progression has been steady however one trainee has required additional time. Support for the trainee has been primarily via the specialty education leads and TPD however the DME has reminded the specialty leads of the trusts' duty of care for Doctors in Training and to be an additional resource if assistance/advice is required.

Out of Programme opportunities are valued by doctors in training and are a chance to take a step off the training ladder and develop academic or other professional interests. Within Neurosurgery a pattern has arisen for trainees to opt for this relatively early in their career. The Medical Education Group have discussed the extent to which this is may be contributing to the attrition rate in neurosurgery training. Further exploration of this suggestion is to take place with the DME, Deputy DME and clinical academics and programme leads.

The trust now receives trainees from the Cheshire and Mersey Trauma and Orthopaedic Training Programme, as part of a Spinal and Trauma rotation. The placement is split with trauma element taking place at LUHFT. Conversations are ongoing with LUHFT and the regional programme director to clarify extent of Waltons repsonsiblity for educational governance, if Walton requires a site Trust Specialty Lead, and the correct reporting structure for clinical supervision.

There has been a growth in the number of HEE initiated support roles specifically aimed at improving or enhancing junior doctor working lives. The Less Than Full Time / Return to Training post has been in place for several years and Dr Helen Banks is established as the trust lead. In addition to this role the past year the trust has made new appointments for Leads in Trainee Health and Wellbeing, International Medical Graduates & Medical Training Initiatives and Specialty & Associate Specialty doctors. The Health and Wellbeing and IMG/MTI posts were funded via the PGME Covid Recovery stream for initially 1 year. The SAS Lead is currently not remunerated as the Trust falls just short of the threshold for HEE (NHS E) funding (11 SAS grade doctors, the trust has 10 on the SAS contract).

As noted in the 2022 GMC State of Medical Education and Practice, SAS, LEDs and international medical graduates are the fastest growing cohorts in the NHS medical workforce. The SAS Lead Dr Leela Reddy has begun to engage with trust doctors and is establishing

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relationships to better understand and support the needs of a diverse group. The trust has recently hosted a series of HEE funded regional development days for SAS doctors which were extremely well evaluated. Dr Reddy is building her profile in the trust becoming a member of the Medical Education Group and LNC, and also within the regional network through engagement with key regional SAS leads.

The IMG/MTI lead Dr Gautam Mahalingham was appointed as an advocate for MTI placements and international medical graduates, with the objective to develop an enhanced programme and network of support. Dr Mahalingham had overseen several cohorts of MTI trainees within his own specialty (Anaesthetics) and seeks to replicate the good practice across the trust for the benefit of IMGs coming to work in the UK. One of his key initiatives has been a buddy system whereby a trainee takes the form of a mentor to support overseas trainees in their first few months working in the NHS. Dr Mahalingham is keen to promote MTI placements as a viable workforce solution and to this end has opened up discussions with Radiology, Neurosurgery Neurology and Rehabilitation Medicine to share the benefits the format can bring.

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FOCUS ON MEDICAL EDUCATION FUNDING –

Below are the 2022/23 DHSC tariffs for undergraduate and postgraduate training:

Type of placement	Tariff for placement activity in 2022 to 2023 (From 1 April 2022 until 1 September 2022)	Tariff for placement activity in 2022 to 2023 (From 1 September 2022, which supersedes 1 April 2022 prices)
Medical undergraduate	£33,286* +MFF**	£30,750* + MFF
Medical postgraduate	£11,937* + MFF plus, a contribution to basic salary costs.	£11,937* + MFF plus, a contribution to basic salary costs.

*total annual value per student placement / training post
**Market Forces Factor

Undergraduate tariff decreased slightly from September 2022, this was to create uniformity between hospital, general practice and non-NHS training site tariff. Medical undergraduate placements tariff is also now calculated based on the number of half day sessions completed, moving away from the previous calculation based on whole student placement weeks. Postgraduate Tariff remains unchanged.

In 2022/23 the total undergraduate placement tariff received was £1.127m (source Education. An Undergraduate Financial Accountability Return outlining the undergraduate funding allocation and spend was completed and submitted to the DHSC in November 2022, this document is available on request.

The Trust agreed to host Edge Hill Medical School Year 4 placement from 2023/24. The forecast annual income for this will be in the region of £100k. This will start to flow into the trust in 2023/24 via the Education Contract.

The Trust are engaging with national and regional consultations regarding the medical school expansion, and increased numbers of medical school placements entering the system.

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Additional student placements will attract further income, but any decision will be balanced with the Trusts' available capacity and capability in regard to physical and human resource.

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FOCUS ON EXTERNAL MONITORING

Health Education England

HEE merged with NHS England on 1st April 2023. The new NHS England has assumed responsibility for the planning, training and development of the healthcare workforce, the trust is accountable to NHSE as a Local Education Provider to deliver education and training. Quality assurance of postgraduate training is managed with an arms length approach and HEE (NHSE) implement staged levels of intervention assessed against outcomes of quality data and information available to them, including:

- Health Education England Trust Self Assessment Report– annual multi professional report, self assessment against HEE quality standards.
- National Education and Training Survey – annual multi professional survey on all aspects of the learning environment, placement governance and learner satisfaction.
- Library and Knowledge Service Quality Outcomes Improvement Framework – Self assessment report of Library service against the LKS quality standards.
- Annual Accountability Report for Undergraduate Medical Education – Strateg financial report focusing on granular undergraduate activity and expenditure.

GMC National Training Survey

The GMC NTS is the principal quality monitoring process for postrgraduate medical education and informs a wide spread of quality assurance mechanisms. It is used at a local level for trust action planning but is also used in monitoring by strategic bodies such as the GMC, HEE (NHSE) and the CQC.

There was a good response rate to the 2022 GMC NTS with almost 100% of trainees and 58% of trainers providing feedback.

Scoring generally followed the same pattern as in 2021 although there were fewer positive outliers for higher training. There has been significant change for Neurology trainees with the introduction of the 24/7 thrombectomy service, so given this context the education leads accepted the outcome of the Neurology registrar survey as a positive.

Overall trainees haven't indicated any areas of immediate concern, there was just one negative outlier for Radiology regional teaching. When the questions have been analysed Walton trainees didn't report any issues specific to trust teaching or being released to attend, the feedback related more to the availability and provision of regional teaching.

A highlight undoubtedly is the feedback from the junior grades in medicine and surgery. Most of the positive outliers received came from core medicine and surgical trainees. For the latter, year on year the feedback has improved significantly; in contrast in 2021, on the core surgical survey there were 5 pink outliers compared with 6 positive outliers and no negatives on this years' survey. Nick Carleton Bland has been the surgical college tutor for the past few years but stepped away in August 2022 Mr Farouk Olubajo was appointed as his successor in August.

In terms of actions following the survey, induction has been identified as an area for improvement. Although trainee feedback has remained neutral and consistent, induction content and delivery hasn't reviewed for several years, so its not known if the programme as

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it is the optimum version, or if making use of the recent tech developments for example, could make it a better experience for trainees.

Lastly, the trainer survey seems to suggest trainer experience and support can be patchy, but it is difficult to be sure what is the driver behind this without further discussion. The faculty was been strengthened in 2022 with the appointment to the deputy DME and the Education Appraisal Lead. Growing support for educator development has been a long-term goal, we look forward to welcoming the new education leads to the team and seeing how the posts will enhance and provide consistency for the support provided to the educators in the trust.

University of Liverpool Medical School

In addition to the RAG reports the university monitors the trust and undergraduate medical education via an annual Self Assessment Report, format which aligns to GMC quality assurance processes. The university also conducts Quality Visits periodically to meet with key members of the Trust education and senior leadership team and assess on site facilities.

Self -Assessment Report

The 21-22 MSAR praised the trust for:

- The strengthening of the Undergraduate administrative team to support the year 4 curriculum.
- The updating of communications to patients to inform them that the Walton Centre is a teaching hospital and there are undergraduate medical students on site.
- The surveying of educational supervisors to ensure they feel supported in their role.
- The recommended allocation of four students to each Educational Supervisor and the recording of whether an Educational Supervisor is on leave during a student's placement.
- The information provided on how students can get the most of their neurology placement.
- The additional teaching provided outside of the curriculum requirements such as a simulation session.
- The encouragement of Educational Supervisors to provide teaching.
- The use of text messaging in the event of any last-minute timetabling changes
- The assessment for learning carried out for students at the end of the rotation.

Areas for attention for 22-23 MSAR
- Frequency of meetings between Educational Supervisors and undergraduate medical students.
- Delivery of bedside style teaching on a weekly basis.
- Time to provide educational supervision and formal teaching, separate to service delivery.
- The utilisation of free periods within the timetable and the coordination of sign-up sessions.
- The pathways to report non-patient safety concerns (discrimination, undermining, harassment and bullying) at the Trust.

Quality Visit 2023

The Trust was last assessed by UoL Medical School in 2017. Early 2023 the UoL announced they would be conducting a Quality Visit in June 2023. The visit consisted of meetings with key staff groups and a tour of the education facilities. There was a presentation covering all

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aspects of the local programme, but no formal evidence folder required. Anecdotal comments on the day praised the induction programme in particular the neurological clinical examination sessions highlighting this as notable and worthy of sharing more widely as best practice.

An initial report was provided a week after the visit outlining good practice and the areas for review that will be in more detail on the full report sent at a later date.

The Education Fellows and use of simulation / clinical examination was noted as excellent as was the enthusiasm of the lead educators, Director of Medical Education and the Clinical Sub Dean. Areas for review include Educational Supervision and capacity – improving consistency in delivery against university expectations and building in resilience in educator numbers to absorb the incoming rise in student numbers.

LOOKING AHEAD TO ACADEMIC YEAR 2023/24

We will continue to provide a high-quality learning environment for undergraduate and postgraduate learners and ensure feedback is used to inform and implement programmes of learning.

We will increase collaboration with academic and resaerch partners and facilitate the links between learners and established colleagues.

We will horizon scan and ensure latest news and developments are brought to the trust, supporting the implementation of external regional and national drives.

We will work with trust colleagues to implement the medical education strategic objectives as outlined in the People Sub Strategy.

We will support and continue to establish and development the educator faculty, and the role of the educational appraisal lead.

We will develop clinical attachments to offer bespoke and attractive placements to a broad range of medical education learner.

We will respond to the undergraduate UoL Quality Visit 2023 and further grow the UoL programme.

We will continue to reach out to new opportunuities and develop relationships with new medical schools, expanding WCFT sphere of influence.

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Report to Trust Board
6th July 2023

Report Title	Controlled Drugs Accountable Officer Report 2022/23
Executive Lead	Andrew Nicholson, Medical Director
Author (s)	Dave Thornton, Associate Clinical Director- Pharmacy
Action Required	To approve

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)*

- It is a national requirement for Trusts to employ a Controlled Drugs Accountable Officer (CDAO) and that the CDAO provides an annual report giving an overview of CD activity to Trust Boards or their delegated committee. At The Walton Centre NHS Foundation Trust, the CDAO is the Associate Clinical Director of Pharmacy, Dave Thornton.
- Controlled drug assurance audits continue to be undertaken by the pharmacy department to identify compliance with Trust standards. These are scheduled every 6 months. Two Audits were undertaken in 2022/23. Areas of concern identified were related to governance and recording issues and the frequency of balance checks. These were discussed at the relevant group meetings.
- Mersey Internal Audit Agency (MIAA) audited controlled drugs at The Walton Centre and could only provide limited assurance. An action plan was produced and implementation of actions is ongoing.

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

- Presentation to Trust Board

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

Controlled Drugs Accountable Officer Report 2022/23

Executive Summary

This report provides the Trust Board with an overview of controlled drug (CD) activity during 2022/23. The following are the key issues of note from the report:

- It is a national requirement for Trusts to employ a Controlled Drugs Accountable Officer (CDAO) and that the CDAO provides an annual report giving an overview of CD activity to Trust Boards or their delegated committee. At The Walton Centre NHS Foundation Trust, the CDAO is the Associate Clinical Director of Pharmacy (LUHFT), Dave Thornton.
- Controlled drug assurance audits continue to be undertaken by the pharmacy department to identify compliance with Trust standards. These are scheduled every 6 months. Two Audits were undertaken in 2022/23. Areas of concern identified were related to governance and recording issues and the frequency of balance checks. These were discussed at the relevant group meetings.
- Mersey Internal Audit Agency (MIAA) audited controlled drugs at The Walton Centre and could only provide limited assurance. An action plan was produced and implementation of actions is ongoing.

Background

In response to the Shipman Inquiry, the Government introduced a range of measures to strengthen the systems for managing CDs and to minimise the risks to patient safety as a result of inappropriate use. The new arrangements are underpinned by the Health Act 2006 and The Controlled Drugs Regulations 2013. One of the requirements is to have a Controlled Drugs Accountable Officer who has responsibility for the safe use and management of controlled drugs. The CDAO works in accordance with legislation regarding the role and in line with the Handbook for Controlled Drugs Accountable Officers in England and keeps up to date from the national quarterly newsletter for Controlled Drugs Accountable Officers. It is the CDAO's responsibility to produce an annual report for the Trust Board.

Introduction

A Controlled Drug Accountable Officer is responsible for the safe and effective management of medicines classified as Controlled Drugs and must ensure the safe management of controlled drugs at a local level. The Associate Clinical Director of Pharmacy (LUHFT) is the CD Accountable Officer for The Walton Centre NHS Foundation Trust.

There are four key aspects mandated for the CD Accountable Officer:

- *CD policy and supporting standard operating procedures*
  The Accountable Officer must ensure adequate and up-to-date standard operating procedures are in place within their organisation. The Medicines Policy and supporting CD Standard Operating Procedures are available to all staff through the hospital intranet. The Trust CD Standard Operating Procedures (SOPs) are updated as required to ensure that they reflect requested clarifications, following learning from incidents, internal audit recommendations or published changes in legislation.

- *Routine Monitoring and Audit*
  The Accountable Officer must ensure that the use of Controlled Drugs is monitored through routine processes. This report provides details of the monitoring and assurance obtained about the management of CDs at The Walton Centre.
  Within The Walton Centre, there are 12 wards and departments holding controlled drugs. Regular audits are undertaken by the pharmacists to ensure all controlled drugs are stored

correctly, that the stationery for ordering and recording controlled drugs is held securely and that there are no discrepancies in the stock balances. The ward managers have been tasked to ensure regular balance monitoring is taking place. The results of the audits support this being the case.

- *Inspection, self-assessment and declaration to the relevant authority*

This report demonstrates compliance with all elements of the CD Accountable Officer and organisational responsibilities and summarises the evidence to support assurance of compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12; Safe care and treatment, section (g) the proper and safe management of medicines.

- *Collaboration and Local Intelligence Networks*

Accountable Officers must establish and operate arrangements for sharing information. The Trust CD Accountable Officer continues to participate in a Local Intelligence Network (LIN), now co-ordinated by the NHS England Controlled Drug Accountable Officer and support team.

WCFT is represented at the NHS England North (Cheshire and Merseyside) LIN group.

Key Issues

Monitoring of CD Incidents

There were 64 incidents that involved CDs reported at The Walton Centre between April 2022 and March 2023 compared with 62 in 21/22 and 79 in 20/21. The majority of these issues continue to be low risk but are related to governance, record keeping and prescribing incidents rather than unaccounted for losses (which made up the majority of reports in previous years) which mirrors some of the concerns raised in the MIAA audit (see later).

CD incidents are monitored regularly by the Lead Pharmacist (via SMG) and incidents are escalated to the Controlled Drug Accountable Officer as necessary.

Incidents by Category

	22/23	21/22	20/21
Administration-includes omitted doses, wrong dose, wrong patient	10	8	5
Dispensing	1	0	0
Governance-includes storage and security	11	6	5
Patients/public of concern	3	2	5
Prescribing	15	2	1
Record keeping	9	10	8
Accounted for losses	5	5	4
Unaccounted for losses	10	29	51

No high-risk incidents (using the NHSE risk matrix) were reported. 12 moderate incidents were reported. Two related to the illicit use of CDs by patients; seven related to administration errors where the patient had taken the drug (all of which resulted in no or low harm) and three related to prescribing errors where the patient had been given the drug, but no harm was caused.

One of the moderate risk incidents was due to patient-controlled analgesia pump settings. The review of the incident resulted in additional training being delivered to ward staff around the use of PCA pumps and protocols demonstrating a strong improvement culture following an incident.

Prescribing incidents (n=15) were the most common incident type reported. Themes within the prescribing category include: failure to prescribe patients' usual opiate pain medicines on admission, incorrect doses prescribed and incorrect PCA protocol prescribed

Governance incidents (n=11) were the second most common incident type reported. Governance incidents include all incidents that have occurred because Trust policy relating to the safe and secure handling of medicines has not been followed. Policies and procedures relating to the management of CDs from delivery into the Trust until they are used, disposed of or given to patients on discharge are more extensive than those for other medicines. This is because there is additional legislation that covers CDs and CDs are considered high risk medicines both in terms of clinical use and for risk of diversion. Examples of governance incidents include CDs not locked away in a CD cupboard, CD deliveries not dealt with immediately, leaving CDs in the transport bag, patient's own CDs found in bedside lockers, expired CDs not removed from ward / department and CD stock checks not completed correctly. The incidents were all scored as low using the CD LIN classification and spread across a range of wards/departments.

Administration incidents (n=10) are mostly classified as moderate under CDLIN guidance due to patients receiving a dose, although administration incidents classed as low included patients not receiving a dose of a CD medicine that they were prescribed. Themes within the administration category in 2022-23 include:
- Incorrect form being given e.g. immediate or modified release preparation being given in error.
- Patients not receiving a dose of their prescribed medicine.

Morphine and oxycodone continue to be the drugs most commonly involved in the administration errors reported.

Record keeping incidents (n=9) include entries on incorrect pages of the CD record books, CDs not written out of the record books when given to patients on discharge and doses administered not recorded correctly in the CD record book.

Unaccounted for losses (n=10) include all balance discrepancies and predominantly comprise of low volume liquid discrepancies. During dose administration there may be a small amount of liquid lost, e.g. a small amount of liquid on the end of the syringe, but if multiple small doses are given out of a bottle these losses can add up to become 5 – 10ml in total. Bungs are supplied to wards and departments with CD liquids and staff are encouraged to use them to aid the use of oral syringes to reduce liquid losses during administration.

Accounted for losses (n=5) include spillages and breakages resulting in a loss of CD.

Patients/public of concern (n=3) includes illicit use of drugs by patients or visitors.

Dispensing incidents (n=1) relate to the wrong drug being dispensed by pharmacy. This was identified before it was administered to the patient.

Some of the issues arising from CD incidents were the same as those identified by MIAA (see later) and highlighted in the pharmacy CD checks. These are being addressed through the delivery of a CD action plan formulated following publication of the MIAA audit.

Ward/Department CD Stock Checks by Pharmacy Staff
It is a requirement of the Department of Health Safer Management of CD's Guidance that pharmacy staff regularly check records of CD stocks held on every ward or department against their actual stock. The frequency of these audits at The Walton Centre changed to 6 monthly during 2022. Two assurance audits were undertaken in this reporting period. In every audit all cupboards were locked and controlled drugs were stored correctly. Controlled drug stationery was stored securely in the majority of areas. Ward Nurse Managers are informed when stationary is not securely stored and remedial action to rectify this is undertaken. Governance and recording issues were highlighted as

continuing areas for improvement. All ward managers undertook regular controlled drug checks; daily stock checks were carried out on the majority of wards. The results of the audits are shared with the Trust's Director of Nursing, the Medical Director and the ward managers.

Naloxone and Flumazenil should be available on all areas where CDs are administered as they can be used to reverse the effects of the drug in the event of an overdose. Stocks were supplied to all areas that did not have them.

Mersey Internal Audit Agency (MIAA) Audit

MIAA published an audit of the management of controlled drugs at The Walton Centre in January 2023. The overall objective of the audit was to evaluate the control design and operation for the management of CDs, as well as compliance with Trust policies. The audit gave limited assurance against this objective. A number of recommendations were made following the audit. As stated earlier in this report, a number of the issues raised were also themes identified from incident reports and the six-monthly pharmacy audits. An action plan was developed to address these recommendations, and this was in progress at the end of the reporting period. As part of the action plan, the pharmacy CD audits have reverted back to every 3 months and ward-based audits have been enhanced to include CDs.

Pharmacy Department Stock Checks

Individual CD stock levels are checked each time a CD is dispensed or a delivery is received into the pharmacy. There were no unexplained CD stock discrepancies in the pharmacy department.

Controlled Drug Destruction

Controlled drugs are destroyed in the pharmacy at Aintree University Hospital in accordance with CD regulations. All controlled drugs were disposed of in a way that ensured they were denatured and could not be reused. Records were kept of all controlled drugs that were destroyed.

Local Information Network Activity (LIN)

Following the Shipman report, local information networks were established. The Trust has been assigned to the NHS England North (Cheshire and Merseyside) LIN and the CDAO has been represented at all meetings to date.

Monthly CD incident reports were submitted to the CDLIN up to October 2022 when the reporting requirements were changed by NHSE. From this point, appropriate reporting was undertaken in line with the new requirements. No areas of concern have been highlighted.

Conclusion

The management of controlled drugs continues to be monitored by the Trust's Controlled Drug Accountable Officer and reported via the Trust incident reporting system. The programme of audit demonstrates that there are areas of concern around the management of CDs. These are being addressed as part of a robust action plan and will be monitored closely to ensure improvements are being delivered.

Recommendation

To approve this report

Report by: Dave Thornton, Controlled Drugs Accountable Officer
Date: June 2023

Report to Trust Board
6th July 2023

Report Title	Pharmacy and Medicines Management Annual Report 2022-23
Executive Lead	Dr A Nicolson, Medical Director
Author (s)	Jenny Sparrow, Dave Thornton, Pippa Roberts and the Walton Senior Pharmacist team.
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)*

- Pharmacy services are provided under a service level agreement with Liverpool University Hospitals NHS FT.
- A comprehensive pharmacy service and support for medicines management was delivered in 2022-23 in accordance with the SLA. The specialist neurosciences pharmacy team, in liaison with Walton staff also responded to situations arising during the year, and implemented various safety, governance and efficiency improvements.
- Improved staffing levels this year compared to the previous year has resulted in increased performance. Increasing workload such as homecare and requests/proposals for new roles are likely to result in submission of business cases in the coming year.

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

- Presentation to Trust Board

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

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)* N/A

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			

1

Pharmacy and Medicines Management

Annual Report 2022-23

Our Mission:

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

Executive Summary

- Pharmacy services were delivered to The Walton Centre by Liverpool University Hospitals NHS FT Pharmacy department (Aintree site) in accordance with the service level agreement. KPIs were provided to Walton monthly to monitor the service.
- Key services included supply of medication via the dispensary/stores/aseptic unit, the clinical pharmacy service to wards, pharmacist participation in multidisciplinary ward rounds and pharmacist prescribing.
- The senior neurosciences pharmacist team worked closely with other staff at Walton to facilitate, monitor and improve many aspects of medicines management and clinical governance, including increased medicines safety work following the successful business case in 2022 for increased resource.
- Workload based on activity at Walton (eg dispensing figures, prescribing for same day admission patients, homecare service) has increased compared to the previous year, and performance in more proactive areas such as ward round attendance and discharge prescribing has also increased due to improved staffing this year (combination of less sickness and less time carrying vacancies plus the extra pharmacist resource funded).
- Mersey Internal Audit Agency audited controlled drugs at Walton and could only provide limited assurance. An action plan was produced and implementation of actions is ongoing.
- Supply difficulties with specific medicines is an increasing problem. There were less severe problems with immunoglobulin supply this year, but shortages of many other medicines had to be managed.
- Varying prescribing formularies between different areas covered by Walton caused increasing challenges with GPs not willing to take on prescribing of medicines available to patients in other areas. This was escalated within the Trust for discussion and decisions, to ensure transparency and consistency of approach between clinicians.
- Incidents and audit highlighted safety and governance concerns in the repeat prescribing process for hospital only medicines dispensed by Lloyds. Following discussions at various forums regarding the optimum solution, a business case for pharmacy technician time to resource the management of this process by Pharmacy will be presented in Spring 2023.
- As the number of patients requiring medicines via homecare services continues to rise, along with new medicines expected and increasing workload for the senior pharmacist managing various aspects of this service, increased resource is likely to be required during the year in order to continue accepting new patients.
- Business cases are planned with proposals to improve practice in antimicrobial stewardship and stock medicine management in ITU and theatres.

Background and Analysis

Contents

Context

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

Pharmacy services at The Walton Centre are provided by Liverpool University Hospitals NHS Foundation Trust (LUFHT) Pharmacy department from the Aintree site under a service level agreement (SLA). This report covers all pharmacy services to Walton and also many wider issues relating to medicines and clinical governance within Walton in which pharmacy staff have a role. It covers April 2022 to March 2023.

1. Core Pharmacy Services

Within most of the core services listed below, work for Aintree and Walton is integrated, meaning that every member of Aintree Pharmacy staff contributes to part of the service to the Walton Centre during their day-to-day work. The figures presented only include work relevant to Walton, unless otherwise specified. The developments described benefit both Trusts.

1.1 General information

The Aintree site Pharmacy department employs 146 members of staff, comprising pharmacists, pharmacy technicians, assistant technical officers (ATOs) and administrative staff. In April 2023, compliance with mandatory training was 99% and sickness absence was at 5%. (These figures relate to the whole department.) A new Chief Pharmacist commenced in post in February 2023.

The Aintree site Pharmacy is a Registered Pharmacy with the General Pharmaceutical Council (GPhC) and has a wholesale dealer's licence which enables supply of medicines to the Walton Centre, which was granted in November 2020 and is valid up to date. It also has a licence to supply controlled drugs to The Walton Centre and is inspected by the Home Office for renewal of this licence. The current licence is valid until October 2023 and is reviewed annually. The Associate Clinical Director of Pharmacy is the Controlled Drugs Accountable Officer for The Walton Centre.

1.2 Dispensary services - medication supply

During 2022-23, a total of 67,708 items were dispensed for individual Walton inpatients (31,203), discharge prescriptions (20,754) and outpatients (15,751). 22,428 stock items were also issued. 4,750 items were returned to stock and credited back to Walton. These figures have increased from the previous year due to recovery in activity post pandemic. The figures have also increased compared to pre-pandemic figures.

All non-stock orders are authorised by the ward pharmacist before dispensing, or by a dispensary pharmacist out of hours. After dispensing, these items routinely undergo a final check by a senior accredited checking pharmacy technician or a pharmacist.

The average turnaround time for Walton discharge prescriptions was 79 minutes and was consistently under the target time of 2 hours. This is based on a 9-month period only due to a system error which did not produce any data for Oct 22-Feb 23.

The outsourced Lloyds Pharmacy in Aintree hospital dispensed a total of 5,623 items for Walton in the last year.

The EPMA portal is a web-based system designed and maintained by LUHFT, which reads information from the electronic prescribing and medicines administration (EPMA) system. As an in-house system the web portal is subject to continuous development to improve safety and efficiency in various processes. Key benefits of the web portal include:
- Nurses can place orders for medicines including controlled drugs electronically using the portal at any time of the day, including out of hours. The 'out of hours' orders are dispensed when Pharmacy is next open.
- Recent supplies for each patient are highlighted to reduce duplicate ordering which would lead to extra expense and/or waste.

- The portal is directly linked to automatic labelling systems in pharmacy. Most medicines are stored in the automated dispensing robot, which identifies medicines by bar codes, and automatically delivers the medicinal product selected during the labelling process. When used together, the automatic labelling system and robot abolish the potential for dispensing errors due to incorrect manual entry of medicine details, manual selection of medicine or incorrect entry of patient details or dosage instructions.
- A discharge prescription tracker, indicating when these have been received and completed in Pharmacy.
- A nurse portal which highlights patients on certain medicines such as intravenous (IV) medicines or controlled drugs (CDs), specific information to where to locate supplies of each prescribed medicine out of hours, and links to medicine information resources online.
- Recording temperatures of medicines stock rooms and fridges, with an alert sent to Medicines Information if an out-of-range temperature is recorded.
- Electronic register for patients' own CDs and for recording of CD balance checks.

1.3   Pharmacy stores - procurement, stock distribution and medicine recalls

Pharmacy stores provided a stock top up service to all wards and departments, including refills and checks of used or expired resuscitation medicine boxes and intubation kits. Ward stock lists were reviewed regularly by ward pharmacists in conjunction with ward managers. Pharmacy assistants used tablet devices to conduct stock top-ups electronically and checked expiry dates on a rolling cycle so that in any given 2-3 month period the expiry date of all stock medicines on each ward was checked.

Increased pharmacy assistant time for theatres & ITU has proved highly beneficial at Aintree, and a business case is planned for the coming year proposing a similar service for Walton.

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

Approximately 75 drug alerts/recalls and many supply disruption notices were received during the year, and appropriate action taken. Significant shortages affecting Walton included two contrast media, remifentanil, IV acetazolamide, IV aspirin, alfentanil vials, oxycodone vials, midazolam pre-filled syringes, sterile water and esketamine.

There were 2 urgent and significant drug recalls in October 2022 affecting medicines on Walton wards, namely teicoplanin injection and ephedrine injection. Pharmacy ensured all ward stock was checked and quarantined the affected batch numbers. The quarantined stock was then returned to the suppliers and new ward stock provided.

Isoplex 4% solution was discontinued by the manufacturer. Pharmacy implemented a Trust wide switch to gelaspan 4% solution as an alternative and managed the transition, including dissemination of information to all anaesthetists and critical care staff.

The procurement team's work also included:
- monitoring changes in contracts negotiated by the regional purchasing hub, and alerting pharmacists to significant price changes or safety issues e.g., packaging similar to other medicines.
- scrutiny of a monthly audit report of all off contract purchases to ensure that the lowest possible prices had been paid, and that any contract changes had not been missed.
- sourcing unlicensed medicines.

1.4   Aseptic Unit

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

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

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

Preparation of injectable medicines by the Aseptic unit provides a greater assurance of asepsis than is possible at ward level. Preparation within such a controlled environment minimises the risk of calculation errors and incorrect preparation of medicines. The ability to provide ready-to-use medicines as batches also saves time for nursing staff. In addition, aseptic production can achieve resources and cost efficiencies by allowing multiple doses to be prepared from one vial. Overall, the quality and safety of the injectable medicines produced is assured and consistent, to facilitate accurate and timely administration to patients.

Requests from Walton for aseptically prepared ready to use medicines have reduced in recent years. In 2022-23 the licensed Pharmacy Aseptic unit prepared for Walton approximately:

- 463 batches of ready-to-use injectable medicines for Walton for stock on wards e.g., intrathecal vancomycin and prefilled syringes of ketamine.
- 591 ready-to-use medicines prepared specifically for individual patients including 33 cytotoxic (chemotherapy) medicines such as cyclophosphamide, and monoclonal antibodies including alemtuzumab, rituximab and ocrelizumab.
- 9 bags of total parenteral nutrition (TPN) made to specific daily formulation for individual patients.
- 16 ready-to-use medicines for clinical trials plus approximately 12 batches of amikacin intrathecal injection prepared by RLUH Aseptics.

1.5   Medicines Information service

The Medicines Information team answered 116 queries regarding medicines during 2022-23, using a wide variety of specialist reference sources and/or comprehensive literature searches. 78% of these were complex (level 2 and 3) enquiries taking on average between 1-2 hours to complete. Enquiries included alternatives to medicines with supply problems, complex drug interactions or administration details for monoclonal antibodies, pharmacokinetics and pharmacodynamics advice and information regarding adverse effects with various medicines.

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

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

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

1.6   Drug expenditure information and analysis and cost improvements

Medicines expenditure for the year was £12.8 million (25% increase from previous year) with a further £14.2 million spent on homecare medicines (39% increase from previous year). All the homecare expenditure and approx. 80 % of the other medicines expenditure was on high-cost medicines excluded from tariff and rechargeable to commissioners. Detailed breakdowns of all medicines issued to The Walton Centre and their cost were produced monthly and submitted to Walton finance staff.

In order to reduce waste, the pharmacy department returned and credited unused high-cost items from ward areas, so they could be reused. To maximise the efficiency of this process, high-cost medicines were coded on the dispensing label. £744,194 of stock was re-credited to Walton this year. (This figure also includes returns within the dispensary where medicines were initially booked out in error.)

In quarter four, senior neurosciences pharmacists undertook analysis of medicines expenditure to identify any potential cost improvements for 2023-24 as part of the annual pharmacy cost improvement programme (CIP). The top 200 drugs by expenditure were systematically reviewed looking for savings from patent expires, changes in purchasing price (contract and non-contract), and for possible changes in practice that could afford savings without impacting patient care.

Medicines where an unavoidable price increase was anticipated were also highlighted. The CIPs identified (approx. £46,000) were sent to the neurology finance department for validation. CIP progress will be monitored and reported monthly throughout the financial year and fed back as part of Pharmacy key performance indicators (KPIs).

Note there were no Pharmacy CIPs reported in 2022-23 as the systematic CIP identification process described above was not possible due to significant staffing shortages in 2021-22. However, work was undertaken at Walton's request to assess the potential for savings if smaller supplies were given on discharge prescriptions.

The top 200 drugs by expenditure and the top medicines issued by Lloyds for Walton were reviewed each month in order to identify potential charging errors (medicines charged in error to Walton consultants instead of LUFHT consultants). Any errors identified were rectified, with re-crediting of the cost to Walton.

Pharmacy staff liaised with the finance team to advise on whether medicines were included or excluded from tariff, confirmed high-cost medicine submissions to commissioners, and responded to queries about anticipated changes in medicines expenditure. The Lead Pharmacist and Associate Clinical Director of Pharmacy reviewed individual funding request applications when requested.

1.7   Clinical trials

There is a dedicated clinical trials dispensary in Walton main Outpatients department. Pharmacy staff took responsibility for the safe and appropriate storage of all trial medicines, receipt of deliveries, temperature monitoring and strict management of temperature

excursions. They maintained and held a code break list for all studies to allow ease of access and support out of hours. Eight new studies were opened.

A senior trials pharmacist was involved in the initiation process of all new studies to ensure that all legal and Good Clinical Practice requirements for clinical trials were satisfied, and appropriate documentation was in place. Pharmacy staff dispensed and checked 77 clinical trial medicines. Subsequent 'returns' of leftover trials medicines were managed as per protocols. 23 monitoring visits were facilitated to oversee the progress of certain trials.
Trials activity is anticipated to increase in the coming years as part of the Walton strategy.

1.8 Management of EPMA (Electronic Prescribing and Medicines Administration system)

EPMA is in use on all Walton wards except critical care. The pharmacy EPMA team provided day to day maintenance as per the SLA, for example keeping the medicine product list up to date, creating new users, creating new protocols when required, merging duplicate records and other routine maintenance tasks.

LUHFT is currently in the process of upgrading to the latest version of the WellSky EPMA system (formerly JAC). The Walton Centre will not be able to remain on the previous version and will transition to the newer version along with LUHFT. The newer versions of the WellSky EPMA solution are web-based applications and further training will be required for all staff. A senior neurosciences pharmacist attended and contributed to fortnightly meetings with the EPMA team at LUHFT to ensure that Walton's requirements for EPMA are accounted for within the upgrade's rollout. Walton specific meetings also commenced (and continue) with divisional leads, EPMA pharmacist and a Walton senior pharmacist alongside the IT department and the IT training staff to ensure a smooth transition for Walton when the new system goes live later in 2023.

1.9 On-call pharmacist

An on-call pharmacist service was available at all times outside of pharmacy opening hours, including bank holidays and weekends. The service provided advice on any aspect of medication use, and supply of urgent medicines. In 2022-23, the on-call pharmacist service was utilised 319 times by Walton staff.

1.10 Clinical service
1.10.1 Ward pharmacy service

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

Medicines verification is the process whereby the pharmacist 'verifies' a medicine on the electronic prescribing system when they are satisfied that the medicine is safe and appropriate for that patient and correctly prescribed. The medicine changes from blue to white on EPMA once it has been verified. The pharmacist also ensures compliance with the Cheshire & Merseyside formulary and local policies/guidelines where appropriate. A check is made each month of the proportion of current prescribed medicines which have been verified. For 2022-23, a mean of 98.3% medicines were verified at the time of the monthly checks.

It is a recognised problem that when patients are admitted to hospital there is a risk of miscommunication and unintended changes to patients' medication. As such, the pharmacy team undertook medicines reconciliation for all inpatients within the constraints of the ward pharmacy service operational hours. Medicines reconciliation involves confirming the patient's usual medication regimen from a combination of sources, then reconciling this against the

hospital inpatient prescription to ensure all usual medicines are continued correctly, unless it is appropriate to stop or amend them. In 2022-23 medicines reconciliation was completed within the national target of 24 hours for an average of 83.9% of patients each month, exceeding the agreed Walton KPI target of 75%.

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

The EPMA web portal (as discussed under section 1.2 – dispensary services) also pulls information from EPMA to produce a pharmacy dashboard for each ward, showing key information at-a-glance to aid the ward pharmacists in prioritising patients for review that day. For example, it highlights newly admitted patients, those with outstanding medicines reconciliation, those on high-risk medicines and those with nurse requests for supply of medicines. It displays certain notes written on EPMA, allowing it to be used as a handover tool for priority patients/issues, and enabling a list to be printed of issues highlighted by the ward pharmacist which require attention by a prescriber or doctor. The dashboard also highlights when a discharge prescription (TTO; 'to take out') has been written and whether it has been sent to pharmacy.

Wherever possible, TTOs were verified by the ward pharmacist, rather than by the duty pharmacist in the dispensary. This had multiple benefits:
- the ability to discuss medicines with the patient.
- familiarity with the patient's history.
- access to case notes and other documentation, and easier access to nursing and medical staff in case of queries.

In 2022-23, 73.9% of TTOs were verified by the ward pharmacist rather than the duty pharmacist in the dispensary. This is an improvement from 2021-22 reflecting more staff time available due to lower sickness and less time with one or more vacancies in the team.

However, as an average it is below the KPI target of 80%. During the year it was discovered that some of the newer pharmacists were not aware of the need to record the TTO as verified on the ward, and it is also a challenging target to reach in months where there is significant annual leave, sick leave and/or a vacancy.

1.10.2 Ward rounds and multidisciplinary team meetings (MDTs)
The pharmacy team contributed to a wide range of multidisciplinary patient reviews including:

- Daily surgical registrar-led ward rounds.
- The daily neurology 'board round'
- The daily critical care ward rounds
- The daily critical care antimicrobial ward round (as often as possible)
- The weekly antimicrobial collaborative ward round
- Weekly critical care MDT
- Weekly Multiple Sclerosis (MS) Disease Modifying Therapy MDT (as often as possible)
- Weekly outpatient antibiotic therapy (OPAT) clinic.

The requirement for a pharmacist prescriber to see all same day admission patient's pre-theatre Monday to Friday can impact on surgical and critical care ward round attendance, as

ward rounds may start before work with same day admission patients is completed. Attendance on ward rounds can be further reduced by other competing demands.

Benefits of a pharmacist on the ward round include:
- Pharmacist contribution to clinical discussions and decisions in real time.
- A guarantee that for every patient seen, the prescription has been reviewed and any issues requiring medical input highlighted to the team for discussion, such as timely review of antibiotics and corticosteroids.
- A check that any necessary monitoring for specific medicines is being undertaken and results reviewed, such as drug levels and blood tests to assess for adverse effects of treatments.
- Proactive consideration of other medications that may be required, such as a low molecular weight heparin for prevention of clots or post-operative laxatives.
- For pharmacist prescribers, prescribing any new therapies and or modifications to existing therapies as required (within the remit of their agreed prescribing formulary), plus writing discharge prescriptions.
- The pharmacist is more involved with the patient and their care plan, so is better able to deal with any queries or prescribing requests outside of the ward round.

Participation in ward rounds is monitored as part of the monthly Pharmacy KPIs. In 2022-23, pharmacists participated in 1,084 ward/board rounds or MDTs, an average of 90 per month (excluding the ITU antimicrobial ward round and DMT MDT for which attendance figures are not available). This figure has significantly increased from 2021-22 reflecting improved staffing (less sickness and vacancies) and the addition of another pharmacist prescriber to the team during the year.

1.10.3 Pharmacist independent prescribers

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

Since same day admission started in May 2017, the pharmacists have reviewed and prescribed all appropriate medicines for every weekday same day admission patient. In 2022-23, this was an average of 195 patients per month; an increase compared to the previous year. All band 8 Walton pharmacist prescribers contributed to this service, with at least two required on most mornings to ensure all patients were reviewed and appropriate medicines prescribed in a timely manner pre-theatre. Pharmacists prescribing of discharge prescriptions averaged between 30-35 patients per month in Q1 and Q2; increasing to an average of 60-65 per month in Q3 and Q4 when staffing improved.

An ongoing challenge for the senior pharmacists is balancing the priorities of day-to-day clinical work, including the extended prescribing roles and attendance at ward rounds, against

ongoing and increasing medicines management and governance work within the Trust (roles detailed in this report). A regular peer review/support discussion session continued for the pharmacist prescriber team, which has proved useful to reflect on challenging situations encountered and improve consistency in practice amongst the team.

1.10.4 Pharmacy Technician service to pre-operative assessment outpatient clinics

A pharmacy technician based in Outpatients used a variety of sources to obtain a complete and accurate medication history for pre-operative patients, including GP records, discussion with the patient and/or carer, and where available, the patient's own medicines. Pre-operative clinic practice has developed during the year, with nearly all patients completing an online questionnaire on Ultramed and then only selected patients triaged to attend a pre-operative clinic in person. This increased the proportion of patients where discussions with the pharmacy technician took place over the phone. For patients who completed the online questionnaire, the pharmacy technician noted on Ultramed a complete drug history after confirming with their various sources. The information was also recorded on EPMA.

In 2022-23 the pharmacy technicians providing the pre-operative service obtained drug histories for 3570 patients out of a total of 3700 (96%) in this period. The only reasons for pharmacy omission were where patients did not attend their in-person appointment or answer a telephone call from the pharmacy technician.

Having a complete and accurate list enables the specialist nurse to identify and counsel the patient about any medications that may need amendment pre-surgery. This is especially important for same day admission patients, whereby patients need to have been given accurate instructions as to what medicines they should take or not take at home ahead of morning admission. It also helps to prevent medication errors on transfer of care and is much appreciated by the specialist nurses in clinic, and by the prescribing pharmacists who see same day admission patients when they arrive. The medication history is available to the clerking doctor for non-same day admission patients via eP2.

Both technicians providing this service won Walton Good Catch awards in 22-23.

1.11 Pharmacy service level agreement

Monthly Pharmacy review meetings took place between the Walton Divisional Director for Neurology, the Associate Clinical Director of Pharmacy and the Lead Pharmacist for Neurosciences. The agreed pharmacy KPIs were submitted monthly and presented quarterly at the Quality Committee. The KPIs report was changed to the Trust's preferred SPC (statistical process control) format as far as possible, with the aid of the Informatics department.

1.12 Homecare medicines: administration and governance

Homecare medicine services deliver ongoing medicine supplies and, where necessary, associated care, initiated by a hospital prescriber, direct to patients' homes (with their consent). These treatments are usually specialist therapies for chronic health conditions.

The homecare medicines service improves convenience for patients by avoiding the need for them to travel to Walton frequently to collect medicines. It also benefits the health economy by saving VAT on the cost of the medication delivered by the externally registered pharmacy (since hospital pharmacies are required to pay VAT). A pharmacist with designated time for homecare was appointed in February 2020 following a successful business case. Roles of this pharmacist included:

- Ensuring valid SLAs were in place with all homecare providers, both for new providers or where existing contracts were due to expire.
- Attending regional homecare meetings with other trust homecare leads to share good practice and work together, for example to produce regional homecare company SLAs. Attending national conferences when appropriate.
- Attending quarterly service review meetings with the individual homecare providers, where monthly KPIs were discussed.
- Implementing new homecare services for medicines and nursing support.
- Dealing with day-to-day homecare related queries and incidents from clinical teams and homecare providers.
- Maintaining SOPs and guidance on homecare processes.
- Liaising with Walton finance regarding prompt invoice payment.

All homecare prescriptions were clinically checked by a senior neurosciences pharmacist to ensure medicines were safe for patients and where necessary, appropriate blood monitoring was undertaken and results acceptable. Prescriptions were then processed and recorded on a database by a pharmacy assistant. A unique purchase order number was generated for each prescription before submission to the appropriate homecare company.

All invoices were checked to ensure they correlated with the processed prescriptions, before forwarding to Walton finance for payment. KPI data from each company was reviewed to ensure the external homecare providers delivered the service expected. All these processes are in keeping with national standards for homecare medicines.

The workload associated with homecare continued to increase significantly during the year. In March 2023, there were 2301 patients receiving homecare medicines prescribed by Walton compared to 1872 in March 2022.

In addition to the day-to-day prescription processing and tasks noted above, there were various significant homecare-related projects undertaken by the Walton homecare pharmacist during the year including:

- Facilitating the switch of approximately 140 patients on fingolimod from branded to generic product. The cardiac monitoring service for new patients was no longer funded, and the homecare pharmacist was heavily involved in the identification and implementation of a new provider.
- Facilitating the switch of approximately 100 glatiramer patients to a different homecare provider due to a change in pharmaceutical company contract.
- Ongoing operational issues were experienced by a number of the homecare providers which impacted on our patients' treatment and experience. Regular one-to-one and regional meetings were attended to receive updates and raise concerns. Changes to our in-house processes were considered and some put in place to help manage the impact on our patients.
- Facilitating Trust Information Governance approval for the Patient App of one of the homecare providers, Sciensus. The app is designed to improve patient experience as they can book and change their delivery dates and raise non-urgent queries. Prior to this, patients would be required to contact Sciensus via telephone with increased waiting times.
- Implementation of a clinical portal at Walton from Sciensus, which can be used to view patients' treatment profiles, delivery dates and raise non-urgent queries.
- Liasing with the multiple sclerosis (MS) team to update Trust guidelines and Pharmacy SOPs due to national drug safety alerts regarding monitoring requirements.
- Liaising with Welsh NHS services to gain access to the Welsh Clinical Portal to view blood results, to aid efficiency when clinically checking Welsh homecare prescriptions.

Alongside the increasing patient numbers, the numbers and types/complexity of tasks/projects such as those above which require input from a senior pharmacist are increasing. There are more specialist drug therapies not yet being prescribed that have been approved by NICE or are likely to be approved within the next year, and work is underway to make these medicines available to our patients. This means that additional funding for senior pharmacist time to facilitate homecare medicines is likely to be required in the coming year, in order to maintain the service.

It has been acknowledged by the Walton Executive team that commissioning for high-cost medicines does not include funding for the processes involved in their repeat prescribing by Walton; these processes require time from clinicians, pharmacy, finance and clerical staff. This is an ongoing issue, especially as new medicines are launched and commissioned, and patient numbers rise.

2. Medicines Management and Clinical Governance at Walton

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

2.1 Medicines safety and learning from medication incidents at Walton

A successful business case for increased pharmacist time for medication safety was implemented in September 22 as other vacancies were backfilled. This allowed an increase in medication safety related activities including investigation of day-to-day medication-related incidents in liaison with ward managers and improving documentation on Datix of actions taken and lessons learned, responding to national alerts and various projects. A new medication safety bulletin was launched and will continue to be released regularly. World Medication Safety Day was marked in September by a stand within the Trust to raise awareness of medication safety.

The Lead Neurosciences Pharmacist continued to act as the designated Medication Safety Officer (MSO) for the Trust with support from the new medicines' safety pharmacist. The medicines safety pharmacist attended appropriate meetings within the Trust such as the Weekly Harm meeting, and external MSO monthly webinars and quarterly meetings.

301 medication incidents were reported in 2022-23, making them one of the most common incident types reported within Walton. It is well established nationally that medication errors and incidents are common and often under-reported. The incidents reported mostly involved little or no actual patient harm, but many had potential for more serious harm if not identified and corrected promptly. This is a slight increase in reporting from 278 medication incidents reported the year before, which (in the absence of an increase in incidents with harm) is recognised as a positive development, demonstrating good reporting culture and engagement as a Trust.

The multidisciplinary Safer Medication Group (SMG) organised by the senior pharmacy team continued to meet on a monthly basis. The group reviewed all medication incidents reported, safety alerts, relevant audit results and concerns raised, to identify causes, monitor trends, plan and implement actions to remove or reduce risk of recurrence. The group's work resulted in many changes to improve safety and quality of patient care in relation to medicines. The Lead Pharmacist took over as Chair for this group in March 23.

Other medication safety improvement projects which were undertaken during the year included update of resuscitation medicines box contents, update to topiramate guidance following a safety alert, work to improve compliance with the national alert about emergency steroid cards, and implementation of a fall's medication review service.

MHRA continued to issue safety alerts for specific medicines affecting the Trust in its regular safety bulletins or warning letters to healthcare staff. Pharmacists ensured this information was disseminated to the appropriate staff and appropriate actions taken as required. For example, review of topiramate safety, avoidance of accidental potassium permanganate ingestion and review on safe use of sodium valproate. Where appropriate pharmacists liaised with LUHFT and other local Trusts / organisations to agree and implement actions jointly.

The Pharmacy risk register was reviewed and updated, and other medicines-related risks monitored and where appropriate updated, in liaison with other relevant staff.

Healthcare practitioners are encouraged to report suspected adverse drug reactions (ADRs) to the Medicines and Healthcare products Regulatory Agency, as part of pharmacovigilance for all medicines, especially newer medicines. This is called the Yellow Card Scheme.

Staff at Walton were encouraged to submit brief details of suspected adverse events to the Trust ADR mailbox, or on a new eP2 ADR reporting form implemented during 2022-23 with the support of the IT department. The pharmacy team then completed the formal report on their behalf, thereby reducing the barrier to adverse effect reporting for busy clinicians. As a result of this work by the pharmacy team, The Walton Centre again achieved the top spot for ADR reporting per hospital episode during Q2 in 2022-23 North West for secondary/tertiary care centres.

Figure 5 Secondary Care trust reporting per HES (x 1,000) July – September 2022
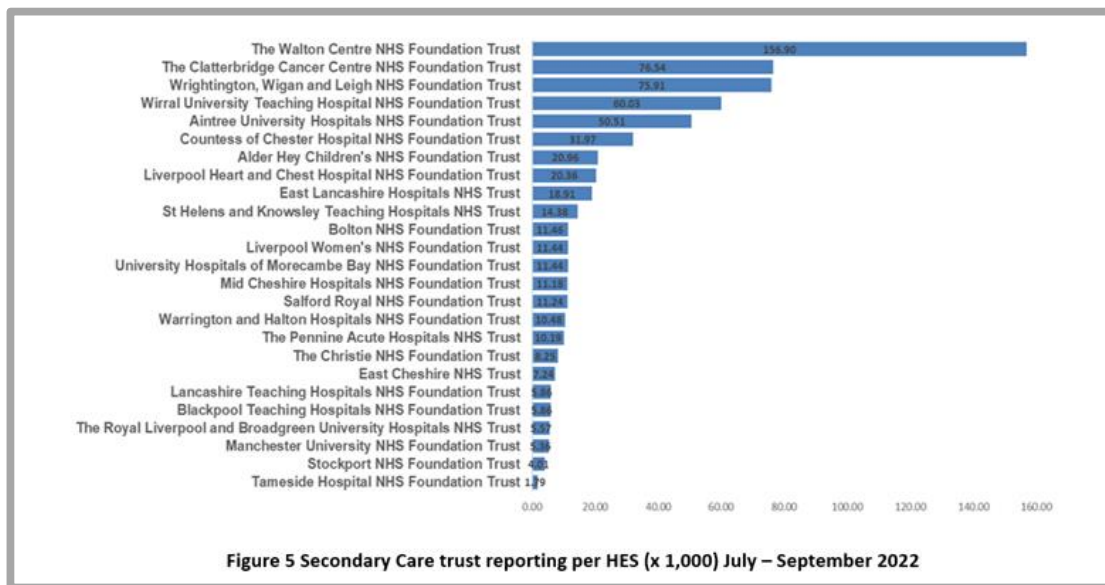
Incident reports and audit highlighted a gap in governance and safety in the repeat prescribing and monitoring of long-term non-homecare hospital only/shared care medicines within Neurology. A risk was entered on the register, and senior pharmacists liaised with neurologists and Divisional managers to discuss solutions. Following concerns from the Drugs and Therapeutics Committee and senior nurses about the initial proposal, it was agreed to submit a business case for pharmacy technician time to facilitate a more robust process. This will be submitted in quarter one 2023-24.

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

- advice on commissioning issues, payment by results exclusions or individual funding requests.
- advice on formulary status and whether GPs could prescribe medicines.
- queries over the transitioning of patients from Alder Hey on highly specialist medicines.
- availability of unlicensed medicines or different formulations.
- queries over apparent shortages of specific medicines in primary care.
- medicine interactions, cautions and contra-indications, or alternative routes of administration.
- advice regarding how to ensure legal practice with e.g, use of either PGDs or prescribing.
- Advice on extended roles of allied health professionals in relation to medicines, such as speech and language therapists administering botulinum toxin, dieticians 'prescribing' feeds on EPMA.
- prices of medicines
- suitability of medicines formulations for intrathecal administration.
- advice on unlicensed administration of medicines by interventional radiologists.
- information regarding unusual or unlicensed medicines recommended by neurologists at satellite hospitals.
- advice and data for audits relating to medicines.
- giving advice to patients on their medicines pre-operatively, on admission and discharge.
- governance of medical gases.

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

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

- Trust induction (monthly)
- Trainee doctor induction – recorded this year to allow delivery 5 times per year. Recording will be updated at least yearly.
- Consultant/registrar medical health and safety mandatory training days (up to seven times per year)
- IV medicines study day
- Nurse preceptorship programme, including:
  o General medicines management sessions
  o Catheter associated infections
- ITU nurse induction on medicines management
- ITU Advanced Critical Care Practitioner (ACCP) teaching sessions
- Pharmacology study day for Liverpool John Moores University Neurosciences Master's Module and contribution of examination questions
- Medical student teaching on a monthly basis as part of the third-year prescribing module
- Senior pharmacists also delivered education in several ad-hoc scenarios including:
  o Being shadowed by staff undertaking the NMP course.
  o Dietician teaching session
  o Pharmacy EPMA web portal training for ward staff

The Walton senior pharmacist team were also involved in training LUHFT pre-registration pharmacists, as well as tutoring junior pharmacists undertaking clinical pharmacy postgraduate diplomas. They provided induction, formal training sessions and supervision for junior pharmacists on rotation to Walton.

2.4   Non-Medical Prescribing governance

In March 2023 over 90 non-medical staff at Walton were either already registered independent / supplementary prescribers or undertaking the training. These included nurses, pharmacists, physiotherapists and a dietician, who prescribed and/or gave advice on medicines in inpatient and/or outpatient settings.

The Lead Neurosciences Pharmacist is one of two named Trust Non-Medical Prescribing (NMP) leads, together with the Deputy Director of Nursing. The NMP leads provided informal support to NMPs, particularly during their training, preparation of personal formularies and initial prescribing practice. All existing NMPs were encouraged to review their practice and formularies and asked to submit annual declaration forms in line with the NMP policy.

New or updated prescribing formularies of non-medical prescribers were reviewed by the senior pharmacy team ahead of presentation at D&T for discussion and approval. Clarification of the law was sought from the Trust solicitors and the MHRA when a technical query arose about the legality of physiotherapists prescribing medicines in a specific situation. Discussions were commenced about the risks and benefits of surgical nurse specialists prescribing discharge prescriptions including all of the patient's pre-admission medicines. The Lead Pharmacist attended quarterly regional meetings for NMP leads when possible.

2.5   Patient Group Directions (PGDs)

PGDs are formal legal documents which authorise named individuals in specified staff groups to administer named medicines to patients without a prescription in specified circumstances. During the year senior pharmacists worked with physiotherapists and nurses to update existing documents due for expiry. A senior pharmacist worked with the Walton SMART team to prepare PGDs specific to their team, which were then approved later within the year.

2.6   Policies, guidelines and patient information

The senior pharmacist team continue to play a large role in maintaining the Trust's wide range of medication related documents. During 2022-2023 the team collaborated with colleagues from various disciplines and departments to update policies, clinical guidelines and drug monographs. New documents were also created to reflect new practices and address gaps in the Trust's guidance. As of March 2023, there were approximately 130 documents either written or contributed to by pharmacists, and this number continues to increase.

Senior pharmacists routinely attended meetings of the Drugs and Therapeutics Committee (see section 2.5) and Clinical Effectiveness and Services Group. As part of this membership, presented documents were reviewed and comments submitted where appropriate.

Pharmacy maintained the Trust's Medicines Policies page on Sharepoint: uploading newly approved documents, archiving expired documents and sending notification to authors as their documents approach expiry. Pharmacy also kept the Pharmacy pages on the Walton intranet up to date with practical information about the pharmacy service, and links to relevant external sites for information about medicines.

Keeping up to date with documents due for review proved challenging as there remained a backlog from staff shortages and the pandemic in the last few years, and various new guidelines/policies were required during the year. Some documents also required liaison with external specialists at LUHFT, or waiting for LUHFT documents to be updated before they could be adapted for Walton, where either appropriate expertise was not available within Walton, or maintaining consistency with LUHFT was beneficial. Consideration was given to which documents were highest priority to update or produce, such as the local Covid-19 treatment guidance in response to frequent changes in national recommendations, extended VTE post-cranial surgery SOP, same day discharge- dispensing pre-pack medications SOP, heparin infusion chart, supporting the Trust switch from IV ketamine to esketamine, and an

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SOP for management of cannabis-based medicinal products when patients were admitted already taking them, and a high dose steroids clinical guideline.

2.7 Freedom of information requests and complaints

Pharmacy provided information or advice for 33 freedom of information requests submitted to Walton during the year. The most common requests were for prescribing figures for specified high-cost medicines such as disease modifying therapies for MS, monoclonal antibodies/botulinum toxin for migraine and cannabis-based medicines, or requests for information about pharmacy IT systems in use such as EPMA.

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

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

Senior neuroscience pharmacists represented The Walton Centre as required at the Pan Mersey / Cheshire and Mersey Area Prescribing Committee (APC) subgroups for new medicines, formulary and guidelines, shared care and safety, and occasionally attended the Area Prescribing Committee meetings to present specific items. The Assistant Clinical Director of Pharmacy represented both Aintree and Walton routinely at the APC.

In July 2022, the establishment of integrated care boards (ICBs) across NHS England resulted in clinical commissioning groups (CCGs) being closed down. The APC therefore has been in an interim phase merging Cheshire and Merseyside APCs.

The senior pharmacists received consultation documents monthly and circulated relevant documents to the appropriate clinicians at Walton for information and comment. Comments received were then collated and submitted.

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

- Addition of eptinezumab (new migraine therapy) to formulary
- Headache pathway updated secondary to MHRA July 2022 topiramate safety alert.
- Submission of acetazolamide for idiopathic intracranial hypertension new medicine form – formulary addition delayed secondary to subgroup restructure to Cheshire and Mersey Formulary and Guidelines Committee
- Review and update of the methadone prescribing statement
- Review and update of the Sativex® prescribing statement
- Review and update of the apomorphine prescribing statement and GP letter.
- Participation in the annual horizon scanning exercise to identify upcoming new medicines and plan reviews.

A senior neuroscience pharmacist attended meetings of the North Wales Neuroscience medicines network, via MS Teams. Through this, the lead medicines governance pharmacist at North Wales has facilitated additions and review of RAG (red-amber-green; categorisation of whether medicines can be prescribed in primary care or by hospital only) ratings for some medicines to facilitate prescribing by local clinicians. Examples include the addition of ticagrelor for post intracranial stenting, review of RAG-ratings for pyridostigmine and propantheline from amber-initiated to amber-recommended, and lithium shared care to include off-label use for cluster headaches.

Neuroscience pharmacists dealt with many ad hoc queries and informal concerns from primary care pharmacists and GPs about stock availability, funding requests and clinical recommendations from Walton consultants. Similar queries and complaints also arose from

neurologists about responses from primary care to their requests to prescribe or to fund medicines. There were increasing cases where patients living in areas with different prescribing formularies had prescribing of specific medicines refused by their GP, leading to the situation where either Walton had to prescribe and fund the medicine longterm, or the patient would not be able to access a therapy that was available to other Walton patients living elsewhere. This issue was escalated via the Drugs and Therapeutics Committee to the Executive Team for discussion and decisions and highlighted to senior managers within the Neurology Division. Discussions are ongoing to manage this issue.

The Cheshire & Mersey ICB expressed concerns about branded prescribing of antiseizure medicines from Walton. Senior pharmacists attended meetings and investigated this in liaison with the Neurology Division.

2.9 Compliance with standards and targets from commissioners / external bodies

Senior Pharmacists worked with the Quality Manager to prepare and submit data as required for the Quality Contract. There were no medication related CQUINs for Walton in 2021-22.

The CD Accountable Officer (Associate Clinical Director of Pharmacy) submitted reports of relevant CD incidents to NHS England as required. Reporting requirements changed from December 2022.

2.10 Drugs and Therapeutics Committee

Senior pharmacists collated agenda items for and at least two senior neuroscience pharmacists attended each Drugs and Therapeutics committee meeting and presented numerous documents or raised current issues verbally to the committee including:

- Medication related clinical guidelines, policies, patient information leaflets & PGDs
- Applications to add new medicines to the formulary
- Use of manufacturer's free of charge schemes for medicines, including official Early Access to Medicines Schemes.
- Medicines related audits including regular controlled drug audits.
- Medicines expenditure and potential cost improvements or cost pressures
- Non-Medical Prescriber formularies
- Reports from subcommittees: Safer Medication group, Antimicrobial Stewardship group, Immunoglobulin Advisory Panel and Non-medical prescribing forum.
- Immunoglobulin database dashboard submissions
- Relevant current workstreams within the Pan Mersey/Cheshire & Merseyside Area Prescribing Committee subgroups
- New national guidance on medicines including safety alerts
- Significant miscellaneous issues arising relating to medicines, such as medicines shortages and issues with varying prescribing formularies within Walton's catchment area.

Pharmacist committee members assisted in the feedback of comments to authors and publication on the intranet of approved documents.

In 2022-23 senior pharmacists commenced a feedback process with emails after each meeting to all relevant clinicians to inform them of decisions made / guidelines approved, to raise awareness of new medicines/information or changes in practice.

2.11 Contribution to Walton committees and groups

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

- ITU operational group

- Neurology Governance, Risk & Quality Committee
- Safer Medication group
- Weekly harm
- Infection Prevention Control Committee
- Immunoglobulin Advisory Panel
- Antimicrobial Stewardship group
- Team Brief
- Quarterly homecare provider service review meetings
- Clinical Effectiveness and Services Group
- Quality and Patient Safety Group
- Clinical Audit group
- Resuscitation committee
- A2F steering group
- MS group meeting
- Sustainability meetings
- Same day discharge
- Bed repurposing
- Discharge medicines process
- Ward round review
- Patient flow/discharge planning
- Digital Clinical Reference group

2.12   Audit & Service Evaluation

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

- Controlled drugs audits
- Antimicrobial prescribing audits
- Discharge Prescription Audit
- Gliolan (5-ALA) prescribing and administration audit. A poster of the findings of the audit was presented at the annual BNOS conference and presented to the neuro-oncology team
- Outpatient Sativex dispensing audit

Walton requested the Mersey Internal Audit Agency (MIAA) to re-audit-controlled drugs (CDs) in 2022-3, following a previous audit in 2018. Senior pharmacists were heavily involved in providing information to the auditors, facilitating direct data collection by the auditors, and then in liaison with senior nurses and senior managers, responding to the findings and preparing an action plan. MIAA concluded there was limited assurance. Actions to improve practice and assurance were implemented; some actions continue into 2023-24.

2.13   Antimicrobial stewardship

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

The Pharmacy SLA includes dedicated pharmacist time for AMS.

Routine stewardship activities in 2022-23
- Weekly collaborative antimicrobial ward rounds consisting of a consultant microbiologist, antimicrobial pharmacist (or deputy), medical teams and infection prevention and control (IPC) nurse specialists.
- Identification of patients potentially suitable for outpatient antimicrobial therapy (OPAT) by the pharmacist and highlighted to the OPAT team for weekly discussion.
- ITU consultant microbiology ward rounds with ITU pharmacist support
- Weekly OPAT MDT clinics with consultant medical microbiologist, antimicrobial pharmacist, consultant neurosurgeon and OPAT nurse.
- Submission of Datix reports and yellow ADR cards on behalf of patients.
- Quarterly AMS meetings chaired by the AMS lead and AMS pharmacist.
- The AMS pharmacist monitored automated daily reports of restricted high-risk antimicrobials and drugs that require therapeutic drug monitoring (TDM) generated from the EPMA system.
- AMS pharmacist and AMS lead completed Blueteq forms for high-cost drugs e.g. cefiderocol
- Attendance at monthly IPC committee meetings
- Monthly point prevalence antimicrobial audit data collection, with results presented to IPC committee.

AMS projects and developments in 2022-23
- The AMS lead and AMS pharmacist produced an AMS framework for the Trust and contributed to the AMS section within the IPC strategy. To achieve the proposed objectives further AMS staffing will be required. A business case for extra funding will be submitted in the next financial year.
- Yearly AMS workplan was developed
- The AMS pharmacist monitored for potential antimicrobial medicines shortages and discussed contingency plans for any affecting the Walton centre.
- Members of the OPAT team met with clinical systems and designed an electronic referral for OPAT within ep2. This went live in August 22.
- The OPAT policy and patient information leaflet were updated by the AMS pharmacist and OPAT specialist nurse.
- A urinary tract infection (UTI) prescribing audit in Nov 2022 by showed both strengths and areas for improvement. Collaborative work with IPC and nursing leads is needed for education and improvement in documentation.
- The AMS pharmacist along with the AMS team promoted antibiotic awareness week with a promotional stand and a section in Walton weekly. There was good engagement from all professionals within the Trust.
- Audit showed during the year there was a huge improvement on the documentation of antimicrobial prescriptions with a review within 72 hours, with an average of 85% of prescriptions compared to 78% the previous year. There is need for improvement of reviews in non-complex infections such as UTIs and antibiotics started for infection of unknown origin. The audit for the next year will have focus more on these infections and reviews. There was also an increase in stop/review dates on prescriptions over this financial year 72% compared to 60% for 2021-22. The majority of antibiotics were prescribed by doctors, but those prescribed by pharmacist NMPs had a higher percentage of stop dates compared to the medics.
- The British Society of Antimicrobial Chemotherapy launched a pilot Global AMS accreditation scheme, GAMSAS, and Walton's application to participate was accepted. Questionnaires and a physical inspection visit to assess practice will occur in the coming year.

2.14 CQC compliance

There were no CQC inspections or engagement visits with pharmacy staff during 2022-23. Senior pharmacists contributed to the in-house assessment of compliance against CQC regulations.

2.15   Immunoglobulin stewardship

Routine work on immunoglobulin stewardship includes a senior pharmacist working with neurology managers, neurologists, the neuromuscular specialist nurse, and the Trust Immunoglobulin Assessment Panel throughout the year. They ensured compliance with national guidelines for immunoglobulin, ensured prescribing was safe and appropriate, that documentation was correctly completed, and all data was entered on the national database. Failure to comply risks the Trust not being reimbursed for this frequently used and high-cost medicine.

The immunoglobulin international stock shortage significantly decreased in severity; however, it remained on the risk register due to ongoing fluctuations with supply. Stock allocations remained in place, determining the quantities of specific brands the Trust was able to order per month. Where possible, patients were maintained on the same brand, but the brands and quantities allocated to Walton changed frequently, meaning some patients had to have their brand changed more than once.

Projects undertaken by the senior pharmacist team (with other staff as appropriate) included:
- Updating the immunoglobulin trust guideline alongside specialist consultants to match Department of Health clinical commissioning criteria.
- Liaising with the subregional immunoglobulin assessment panel (SRIAP) to update the immunoglobulin dose calculator to standardise practice across the North-West region
- Monthly reviews comparing quantity of each brand available for the coming month, against quantity needed for the patients expected for treatment, and deciding on actions to manage shortfalls, such as switching of brands.
- Liaison/negotiation with the SRIAP leads, who had a partial role in managing allocations and were also facilitating mutual aid between local hospitals. Liaison with other local hospitals to order their unneeded stocks or supply specific brands to them where necessary.
- Ongoing updates to guidelines for safe usage and producing new guidelines for different brands when required; communication with relevant staff and patients.

2.16   ITU-related work

The specialist service to Horsley ITU was provided by two senior pharmacists. They provided day-to-day (Monday to Friday) clinical services for all patients, which included a clinical review of all prescribed medicines and attendance at consultant led ITU ward rounds and weekly MDT meetings.

In 2022-23, two other senior neuroscience pharmacists were also trained to deliver basic clinical pharmacy services to ITU in the absence of the ITU pharmacists (e.g., due to leave and/or vacancy). This was achieved by teaching sessions delivered by ITU pharmacists, shadowing during ward rounds, and attendance at national teaching sessions for pharmacists starting in Critical Care.

Other work included:

- Attendance at Cheshire and Mersey Adult Critical Care Network / North-West Critical Care Network pharmacists' meetings
- Updating drug monographs/guidelines, including those for bowel care, calcium gluconate, metaraminol, flumazenil, hydralazine, vasopressin, adrenaline and enoximone

- Facilitating the Trustwide switch from IV ketamine to esketamine, including preparation of proposal, new guidelines and communication to all relevant staff.
- Relaunch of the A2F Bundle (following pause in roll-out during Covid-19 in 2021-22)
- Updated SOP for controlled drugs management in theatres
- Discontinuing use of desflurane inhaled anaesthetics in theatres
- Support for clinical trials on ITU
- Delivery of teaching sessions, including to junior pharmacists regarding ITU topics, and to nurses new to Horsley ITU on medicines management.
- The lead ITU pharmacist joined the Trust's Resuscitation Committee in April 2022, and has been involved in several projects such as updating contents of all cardiac arrest kits in the Trust, and making alteplase accessible for use in cardiac arrest requiring thrombolysis
- Managing drug shortages in ITU and theatres (see section 1.3) and fluid storage
- Reviewing the medicines of all patients who are flagged with acute kidney injury alerts across the Trust via the daily automated email.

2.17 COVID-19

In 2022-23, Pharmacy and the Walton pharmacist team continued to respond to the evolving situation with Covid-19 nationally and locally, as infection rates rose and fell, regulations and NHS guidelines changed, and different issues arose.

- In response to regular updates of national advice for the management of patients with confirmed or suspected Covid-19, pharmacists regularly updated Walton-specific guidelines.
- Pharmacy continued to support and advise on the vaccination programmes for staff, inpatients and the public, and highlighted inpatients eligible for vaccination.

2.18 Other projects and developments

Some of the projects listed below are ongoing.

- Process put in place for senior pharmacists to clinically check all natalizumab prescriptions (in response to a clinical incident.)
- Liaison with neurosurgeons to implement extended venous thromboembolism prophylaxis post cranial surgery in line with NICE guidelines, including preparation of a SOP and patient information leaflet.
- Implemented systematic approach to documentation of patient's immunoglobulin regime on eP2 to reduce risk of prescribing errors.
- Alemtuzumab guideline updated with checklist to ensure each patient has been approved, to avoid wastage, following an incident in which an alemtuzumab course had to be discarded.
- The AMS pharmacist and the Medicines Safety pharmacist featured in the '60 seconds with...' section in Walton weekly to raise their profiles within the Trust.
- Liaison with pain team to improve governance and efficiency of prescriptions sent to community pharmacies, following various incidents.
- Work towards seizure kits preparation and replenishment by pharmacy (instead of nursing staff)
- Preparations to switch from GKI (Glucose Potassium Insulin) infusion to Variable Rate Insulin Infusion (VRII) across the Trust, supported by the LUHFT diabetes service.
- Senior pharmacist liaising with LUHFT smoking cessation team to review stock of nicotine replacement products on wards and encourage referrals
- 2 senior pharmacists attended the Walton 'Building Rapport' leadership course.
- Participation in same day discharge and bed repurposing projects, agreeing and facilitating Pharmacy and medicines-related aspects of the planning and implementation.
- Improvements to the business continuity plan regarding EPMA downtime.
- Supporting transition of epilepsy patients from Alder Hey on special order compassionate use medicines.

23

- Supporting set up of free of charge supply schemes / Early Access to Medicines Schemes for specific medicines.

3. Future plans and areas for development

Some of the work described in this report is ongoing. Specific areas of focus for 2023-24 include:

- Implementation of new EPMA upgrade
- Continuing focus on improving practice with controlled drug management in response to MIAA audit and incident reports; full implementation of action plan and consideration of further actions.
- Working towards electronic transmission of discharge prescriptions to GPs and community pharmacies
- As homecare patient numbers, new medicines and workload continue to increase, review of designated pharmacist resource for homecare and potential business case.
- Implementing new systems to improve safety and governance of hospital only medicines requiring repeat prescribing (non-homecare). Dependent on new resource so business case to be submitted in Spring 2023.
- Ongoing work to improve safety and governance of intrathecal pump (or trial) medicines by sourcing prefilled syringes/cartridges.
- Continuing the implementation and embedding of actions in response to national emergency steroid card alert.
- Investigating possibility of electronic prescribing by the pain team to community pharmacies near the patients, to replace the current posting of external prescriptions.
- Business cases to be submitted proposing improvements in antimicrobial stewardship and enhanced management of stock medicines in ITU and theatres.

Conclusion

LUFHT Pharmacy provided a comprehensive Pharmacy service to The Walton Centre in 2022-23 in accordance with the SLA. The specialist neurosciences pharmacy team are well integrated within Walton, working closely with many different Walton staff groups. In this way the team have responded to a wide variety of situations arising during the year, and implemented multiple improvements to medicines-related safety, governance and efficiency. Various aspects of the reactive workload and the proactive services delivered are increasing, and new potential roles and tasks continue to be requested, meaning the service has to continually evolve in response to the changing circumstances and needs of the Walton Centre and the wider NHS. As such further investment is likely to be required in the coming year to continue all current services or implement new roles.

Recommendation

To note.

Authors:
Jenny Sparrow, *Lead Neurosciences Pharmacist*
Elizabeth Akinsanya, *Advanced Clinical Pharmacist, Neurosciences*
Ruth Bennett, *Advanced Clinical Pharmacist, Neurosciences*
Olivia Court, *Advanced Clinical Pharmacist, Neurosciences*
Sian Davison, *Advanced Clinical Pharmacist, Neurosciences*
Elaine Ho, *Advanced Clinical Pharmacist, Neurosciences*
Taseen Rahman, *Advanced Neurocritical Care Pharmacist*
Alison Schroeder, *Senior Rotational Clinical Pharmacist*
Rachel Walker, *Senior Rotational Clinical Pharmacist*
Dave Thornton, *Assistant Clinical Director of Pharmacy, WCFT Lead*

Pippa Roberts, *Chief Pharmacist*

Date: June 2023

Report Title	Research and Development Annual Report
Executive Lead	Mike Gibney, Chief people Officer
Author (s)	Gemma Nanson
Action Required	To approve

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)*

- Improved stability across the NRC infrastructure has had a positive impact on patient recruitment and quality.
- There has been a slight improvement in the financial performance of research, but further work needs to be done to sustain this.

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

- Research Governance Group to authorise Quality Sub-group with the focus of obtain external accreditation of ISO9001 QMS
- Continue work to improves research procedures and processes to improve transparency, with focus on financial process to ensure that all research is appropriately costed.

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

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

009 Research & Development Ambition	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			

Research and Development Annual Report

Executive Summary

1. The annual report for research captures the activity over the course of the FY2022/23

2. The stability within the NRC infrastructure has seen a positive impact on patient recruitment with numbers increasing.

3. There has also been an increased focus on improving quality of research across the Trust and provide greater transparency of processes. The NRC will seek to obtain external accreditation with ISO9001 QMS, providing assurances to both internal and external stakeholders that the NRC is able to deliver high class research.

4. There has been some improvement with the financial position for research, the NRC will seek to restore a more balanced portfolio of studies so that the income generated from commercial research will allow the department to at least become cost neutral. Further work also needs to be done improve financial procedures for research, so that they are transparent and ensure the all research is costed appropriately.

5. The current research strategic implementation plan will be built upon to drive the Trust's research agenda and embed a research active culture across the Trust and provide further research opportunities for patients.

Background and Analysis

6. The has been relative stability within the NRC's infrastructure during the last year. This has seen recruitment to return to similar levels to pre-pandemic. However, the NRC's portfolio remains largely non-commercial. The NRC will need to examine the portfolio of studies more closely, with emphasis placed on commercial activity to at least return the NRC to place of cost neutrality.

7. There has also been increased focus on improving quality at the NRC, with the Research Governance Group looking to authorise a separate Quality Sub-Group. The drive of the sub-group will be in achieving external accreditation with ISO9001 QMS to provide assurance the Trust is able to Sponsor interventional research and that the NTC can deliver high-class research.

8. There was an improvement in financial position of research during 2022/23. Commercial income remains lower than previous years and work will continue to restore a balanced portfolio of studies to the NRC to generate further income.

9. The financial processes are still being refined and improved upon, there will be an increased focus upon providing costings for grants / collaborations to ensure that the costs are accurate and that the Trust received appropriate renumeration for facilitation of these grants/collaborations.

10. Researchers at the Trust were successful in receiving external funding for both short- and long-term projects. Most notably Ms. McMahon was awarded £2,295,069.88 by NIHR Health Technology Assessment (HTA) for her study NIHR152506 – Restart tICrH: A Randomised Trial of Timing to Restart Direct Oral Anticoagulants after Traumatic Intracranial Haemorrhage.

11. Work continues to be done to consolidate key relationships internally and externally to drive the Trust's research agenda. In 2023 workshops will be held between the Trust and the University of Liverpool with the possibility of establishing a neuroscience research centre, which will increase research capacity at the Trust to address key scientific topics which will complement the clinical service priorities of the Trust.

Conclusion

12. There has been relative stability within the NRC's infrastructure. This stability has not only seen an increase in patient recruitment, but it has also allowed the department to increase focus on improving quality.

13. The research objectives of the People Sub-strategy will require us to reach beyond the NRC to continue to influence the creation of a research active culture within the Trust, which serves the ambitions of our clinicians and their patients. The potential partnership with the UoL could provide increased research capacity to address key scientific topics of interest which complement the clinical service priorities of the Trust.

Recommendation *(always required)*

- To note

Author: Gemma Nanson
Date: 23/06/2023

Appendix 1

THE WALTON CENTRE NHS FOUNDATION TRUST

**Research & Development Annual Report
2022/23**

CONTENTS

FOREWORD

With a catchment area of around 3.5 million, the Walton Centre NHS Foundation Trust is the only specialist Trust dedicated to providing comprehensive neurology, neurosurgery, spinal and pain management services. Encouraging a research positive culture at the Trust is important to provide patients wider access to clinical research, improving patient care and treatment options overall. Evidence also shows clinically research active hospitals have better patient care outcomes.

We have a dedicated Neuroscience Research Centre (NRC) is imperative to achieving the Trust's objectives, and its working towards becoming a world-class, leading institution by securing a national/international reputation for excellence in neuroscience research. Significant investment into the NRC by the Trust has enabled the infrastructure to stabilise which has seen a positive impact on patient recruitment. The NRC is working to improve the efficiency and transparency of research process across the trust engage researchers and further embed a research active culture across all departments of the Trust to create further opportunities for our patients.

We are committed to providing the best neuroscience care and outcomes for patients and are continually developing alliances with other institutions to try to increase research capacity and opportunities at the Trust to serve the ambitions of our clinicians for the benefit of their patients.

Mr Michael Gibney
Chief People Officer
and Executive Lead for RIME

Dr Rhys Davies
Clinical Director of Research

INTRODUCTION

The Research Annual Report captures activity over the course of 2022/23 financial year.

The Trust has a unique status as a specialist clinical neuroscience Trust, with an established reputation for delivering research and supporting innovation. This report illustrates our contribution to delivering the Trust's strategy whilst acknowledging the challenges that we still face whilst trying to embed a more research active culture across the Trust.

It should be acknowledged that despite the difficulties, those staff that are already involved in research across the Trust are committed to delivering high quality health research and have a genuine drive to improve the outcomes of patients through research.

We are committed to supporting research in the region and have developed several collaborations and partnerships especially with Universities across Liverpool and throughout the UK.

OUR YEAR IN NUMBERS

	2021/22	2023/24
Number of participants recruited into clinical research	501	1050
Number of unique studies recruited	40	41
NIHR Grant Funding	204,660	133, 965
CRN funding	439,132	410, 006
Research Capability Funding	45,449	77, 139
Commercial Income	71,565	193, 262
Income from other Grants / Charities	64,398	293, 377

FOCUS ON RESEARCH STRATEGY

The People Sub-strategy was approved by the Board in February with the specific objective *'To lead, educate and train, embedding research and innovative approaches to deliver changes across the health economy'.*

A research strategic implementation plan, with measurable Key Performance Indicators (KPIs) was developed to achieve the objective in relation to research. An update on this plan can be found in Appendix E.

FOCUS ON RESEARCH & DEVELOPMENT DEPARTMENT:

Over the last year, there has been relative stability within the clinical and administrative work force of the research department, creating a more positive working environment so that the staff feel engaged, valued, and empowered. This stability has also given the department the chance to review its existing processes and work on creating an environment of continual improvement to ensure patient safety, good data quality and *research* integrity.

The Head of the Neuroscience Research Centre and the R&D Manager led a review of all previous regulatory inspections (e.g., MHRA) and external as (such as Caroline Murphy in 2020). The purpose of the review was to collate all the findings from previous audits/inspection to ascertain which areas had already been strengthened and those areas that required further improvement. In conjunction with this review, a gap analysis was undertaken on the department's standard operating procedures, both steps have helped form a Quality Management System Project Plan (QMSPP). It is anticipated that by addressing the steps within the QMSPP, the Trust would once again be able to Sponsor interventional research.

Further to the implementation of the QMSPP, the department has explored whether it would be feasible for the Trust to achieve external accreditation with the ISO 9001 – Quality Management Systems. ISO is the world leader in providing industrial and commercial standards and certifications; when applied to a GCP environment, it could potentially offer useful guidance on how to implement quality within the organisation. ISO9001 certification could potentially provide the necessary assurance that the Trust is able to discharge its responsibilities under the clinical trial regulations. It would also signify to internal and external stakeholders that the Trust has committed itself to highest quality standards.

FOCUS ON RESEARCH DELIVERY:

As a specialist neurosciences Trust our staff are committed to working in partnership to lead and undertake academic and commercial research in all aspects of neurological, neurosurgical and pain conditions to provide our patients with opportunities to participate in and benefit from research studies.

The department has largely recovered its capacity to deliver clinical research and saw recruitment figures return to pre-pandemic levels (recruitment in FY19/20 was 1299). However, the portfolio of studies remains largely non-commercial, which receives little income generation.

Recruitment to Research Studies
In 2022/23 a total of 1050 patients were recruited across 41 unique studies. Of these 41 unique studies, only 5 of them were commercial. This is about 13% of portfolio. The recruitment to these 5 commercial studies accounts for about 28% of all patients recruited. This recruitment is mainly due to the Trajectories of Outcome in Neurological Conditions (TONIC) programme led by Professor Young.

Please see Appendix A for breakdown of recruitment at the Trust by month and by study

FOCUS ON RESEARCH BEYOND THE NRC

There was also notable work by colleagues beyond the NRC to consolidate key relationships internally and externally to drive the Trust's research agenda.

Medical innovations
Technology has the potential to revolutionise clinical trials and improve patient benefits. We continue to work with the Innovation Manager to support projects to be research proven. This includes the ERNST study, for which the pilot innovation study was previously supported at the Trust.

Research Grant Applications
Accessing the skills and experience of the LHP SPARK grants application team, Trust staff either led on or collaborated with local and national colleagues to produce 12 high quality grant submissions. The current success rate for this grant submissions was 22%, though there are a few outcomes still pending.

Most notably, Ms Catherine McMahon led on the grant submission for the Restart tICrH: A Randomised Trial of Timing to Restart Direct Oral Anticoagulants after Traumatic Intracranial Haemorrhage trial, which was successfully awarded £2,295,069.88 by the NIHR Health Technology Assessment (HTA).

Please see Appendix C for overview of grant submissions

Research Publications
The Trust strongly support/s the promotion of research and dissemination of results to improve clinical practice. Data collated from Aintree Library showed that during FY22/23, 274 articles, revies, editorial or conference abstracts had been authored/co-authored by Trust staff members.

Please see Appendix D for list of publications

Infrastructure
The Trust worked in collaboration with several other Trusts to develop a bid for the NIHR Infrastructure call for Capital Funding - 2023/24 and 2024/25. The application, which was supported by the lead of the Neuroscience and Mental Health Programme, was required to demonstrate that the requested equipment will benefit the Local Clinical Research Network as a whole, by advancing the strategic development and research portfolio of the region, and not solely individual organisations. The bid requested funds to purchase Single Molecule Array (SiMOA) Technology-Quanterix. The assay has the capability to measure biomarkers at extreme sensitivity, enabling clinicians and researchers to measure brain damage biomarkers in blood (that were previously only detectable in cerebrospinal fluid (CSF). Funding was also sought for Nexstim nTMS System. The outcome of the bid is still pending.

FOCUS ON RESEARCH FUNDING:

The level of total research income in 2022/23 increased slightly from 2021/22 (£1,107,749 and £825, 204 respectively).

NIHR Funding

The Trust received NIHR funding of £133, 965 in 2022/23 in comparison to £204,660 received in 2020/21.

- Radiation versus Observation following surgical resection of Atypical Meningioma: a randomised controlled trial (the ROAM trial); Chief Investigator: Mr Jenkinson. Study has now met its recruitment target despite reduced activity in the past year and is now moving into follow-up stages.
- Dr Janine Winterbottom's PREP study into women with Epilepsy: Study has not closed, and final report submitted to the funder.

The difference is due to the fact Dr Janine Winterbottom's study PREP has ended and the final study report has been submitted to the funder. However, Ms Catherine McMahon was awarded £2,295,069.88 by NIHR Health Technology Assessment (HTA) for her study NIHR152506 – Restart tICrH: A Randomised Trial of Timing to Restart Direct Oral Anticoagulants after Traumatic Intracranial Haemorrhage. That should mean that proportion of Research Capability Funding (RCF) allocated to the Trust by the NIHR should remain relatively stable in the next financial years.

Research Capability Funding

The Trust attracts Research Capability Funding (RCF) in proportion to the amount of NIHR funding secured. The Trust was awarded £77, 139 in FY22/23 compared to £45, 499 in FY21/22.

The RCF was used to support a various several projects at Trust to help maintain research capacity and capability and support the development and retention of staff to undertake research. This included providing 1 PA for Ms Catherine McMahon to support the development of the RESTART trial, as well as Dr Janine Winterbottom to support the development of the follow-on grant from PREP.

Please see Appendix B for full list of projects supported.

Clinical Research Network: North West Coast Funding

In 2022/23 the Trust received service support funding of £ 410, 006.62 (£444,344.09) from the Clinical Research Network: North West Coast (CRN: NWC) to support the delivery of clinical research.

Professor Young and Dr Antonella Macerollo are joint Specialty Group Leads responsible for supporting the delivery of clinical research in dementias and neurodegeneration, and neurological disorders. Dr Sekhar is deputy lead for hyper acute stroke research centre for Cheshire & Merseyside. Dr Saif Huda are enrolled on to cohort 4 of the CRN NWC's Research Scholars programme, which is designed to develop 'research interested' individuals in the earlier phase of their clinical research careers.

The funding was also used to support 2 short term projects. The first project was led by Dr Ged Smith who applied for funding to resource a dedicated ITU research nurse. The ITU are among the top recruiters for the SOS trial. The aim was for the dedicated research nurse to build upon that success and increase the portfolio of studies running through the ITU. The other was to

support the delivery of Dr Sekhar's CLOTBANK project - this pilot project, first in the UK, aimed to investigate the feasibility of the process of thrombectomy clot and material collection, histopathological analysis of the clot and subsequent analysis of the collected histopathological data and clinical radiological correlation.

Commercial Research Funding

The Trust received £193, 262 from pharmaceutical and technology company sponsored projects in 2021/22 in conditions such as multiple sclerosis, migraine, cluster headache and backpain. The was compared to £71,565 in FY21/22

The increase in the commercial income represents a conscious effort to claim the contractual income for studies that the Trust has previously delivered.

Funding from Other Grant / Charities

The Trust received £293, 377 from 'Other Grants/Charities' compared to £64,398 in 2021/22. This was awarded to Professor Carolyn Young to support the ongoing studies under the Trajectories of Outcome in Neurological Conditions (TONiC) programme. The TONiC study is a national study examining the factors that influence quality of life in patients with neurological conditions. It is one of the larges studies on quality of life in neurological conditions ever delivered in the UK and involves patients with multiple sclerosis, motor neurone disease and neuromuscular conditions.

WALTON CENTRE NHS FOUNDATION TRUST'S RESEARCH COLLABORATIONS AND PARTNERSHIPS:

WCFT Research, Innovation and Medical Education Committee – RIME
Research continued to report into Research, Innovation and Medical Education Committee to reinforce links between functions and consolidate Trust strategic aim to lead in research education and innovation.

Research Governance Group (RD&I Sponsorship & Governance Oversight Committee)
The Research Governance Group is constituted as a sub-group of the RIME committee will implement and oversee application of The UK Framework for Health and Social Care Research 2017 within The Walton Centre NHS Foundation Trust.

Single Point of Access to Research and Knowledge (SPARK)
SPARK continued to support research activities around the development and set-up of studies within the Trust.

Neuroscience and Mental Health Programme
With the restructuring of Liverpool Health Partners, the Neuroscience and Mental Health Programme continued as a tripartite arrangement between the Trust, Mersey care NHS Foundation Trust and Alder Hey Children's Hospital NHS Foundation with the programme manager being hosted by Mersey care. The programme aims to build on the strengths and expertise of the partners to translate neuroscience discoveries into better brain health and well-being for people to facilitate the integration of mental health and clinical neuroscience research for diagnosis, pathogenesis, and intervention across the life course.

However, the incumbent programme manager has now been appointed to lead the Mental Health Research for Innovation Centre, after successfully leading the grant to secure funding for the centre. The three trusts are currently in the process of appointing a new project manager.

Clinical Research Network: North West Coast
The CRN: NWC supports the Government's Strategy for UK Life Sciences by improving the environment for commercial clinical research in the NHS. The CRN: NWC supports the Trust in undertaking academic and commercial neurosciences research to ensure the Trust sets up studies quickly, conducts studies efficiently and meets study recruitment targets.

The Trust is committed to increasing the opportunities for patients to participate in clinical research and recognises the important contribution patients make to our research success and supports NIHR's Patient Research Ambassadors initiative. The Trust supports the CRN NWC's Building Research Partnerships Programme and participates in the annual NIHR Patient Research Survey.

Applied Research Collaboration: North West Coast
The Trust is a partner of the ARC: NWC which consists of health and social care providers, NHS commissioners, local authorities, universities, public advisers, the Innovation Agency (Academic Health Science Network), working together to learn more about these health inequalities, and overcome the barriers around translating these discoveries in health research into practice which improves lives.

The collaboration features research themes reflecting local needs. These are: 'Person-Centred Complex Care', 'Improving Population Health', 'Equitable Place-based Health and Care' and 'Health and Care across the Life-course'.

The Walton Centre Charity

The Walton Centre Charity has annually allocated £30,000 to enable the funding of small research projects and develop research capacity at all levels within the Trust. Due to the success in Trust's researcher's in obtaining external funding, there has been no allocation of charitable funds of research for FY22/23. However, as research is one of the five strategic ambitions of the Trust's strategy, the annual allocation will be pivotal in increase the Trust capability and capacity for research.

University of Liverpool

The University of Liverpool (UoL) is the Trust's main academic partner both in terms of medical school links and senior academics joint appointments. Interest has been shown in developing a neuroscience entity (possible with a neuroscience centre) with the UoL to complement the clinical service priorities of the Trust as a specialist institution. A joint working group has been established to identify key scientific topics of interest and for effective research capacity building. It is likely that workshops will be held during 2023 to create a consensus statement and specific strategy.

LOOKING AHEAD TO 2023/24

2022/23 was a relative stability for the clinical and administrative work force of the research department. This stability, along with the appointment of the Head of the Neuroscience Research Centre, has given the department the opportunity to review their processes and implement change to increase productivity and engagement which has led to the development of the QMSPP.

It is inevitable that this change will continue into 2023/24 and beyond, as the Research Governance Group will look to authorise a sub-group with the purpose of implementing the QMSPP and achieving external accreditation with ISO9001 for Quality Management Systems. It is felt that employment of a Quality Manager to lead on this change is critical to its success and a business case to repurpose the research department budget will be developed and submitted.

The research department will also seek to restore a more diverse and balanced portfolio, with the prioritisation on commercial activity. We will continue to establish a sustainable financial model to ensure that the Trust receive appropriate balances the income stream and the untapped commercial study capability.

The research objectives of the People Sub-strategy will require us to reach beyond the NRC to continue to influence the creation of a research active culture within the Trust, which serves the ambitions of our clinicians and their patients. The potential partnership with the UoL could provide increased research capacity to address key scientific topics of interest which complement the clinical service priorities of the Trust.

The previous Principal Investigators & Innovators forum will be absorbed into the existing clinical senate meeting to promote research community interaction, idea exchange, training opportunities, and needs assessment.

We will endeavour to work with the communications department to raise the profile of research within the Trust; including the promotion of our research to raise awareness of the range of research and innovative projects we undertake to encourage patients to participate in our studies in collaboration with the CRN: NWC and voluntary groups.

We will continue to work with our partners across the region to create further research opportunities for patients and attract future collaborations with life science partners, such as the Stroke Research Consortium.

APPENDICES

Appendix A – 2022/23 Recruitment to WCFT studies

a) Recruitment by month

Patients Recruited at WCFT
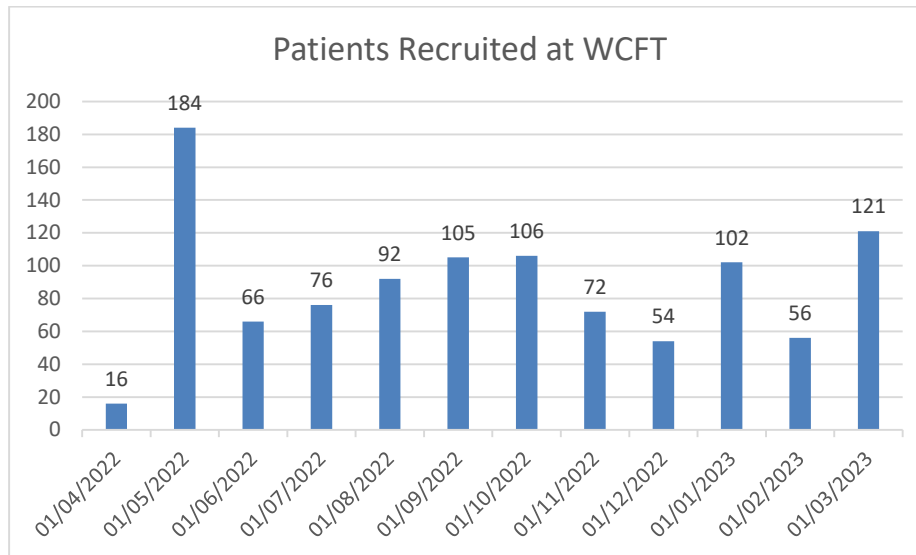
b) Recruitment by studies:

NIHR Portfolio Study ID	Project Short title	Principal Investigator	Project type	Recruited (org)
54933	Concordance of app, MR & biomarkers with clinical disability in MS	Young, Prof Carolyn	Commercial portfolio	281
43249	TONiC Phase 6 (samples only)	Young, Prof Carolyn	Non-commercial portfolio	199
46516	Developing a preconception care pathway for women with epilepsy	Winterbottom, Ms Janine	Non-commercial portfolio	155
35238	TONIC Phase 4	Young, Prof Carolyn	Non-commercial portfolio	75
40737	MS real-world pharmacovigilance study	Young, Prof Carolyn	Non-commercial portfolio	50
42567	Imaging brain networks in newly diagnosed epilepsy	Marson, Prof Tony	Non-commercial portfolio	39
	ADONeSS	Huda, Mr Saif	Non-commercial non-portfolio	38
12497	TONIC Phase 3 Trajectories of Outcome in Neurological Conditions	Young, Prof Carolyn	Non-commercial portfolio	38
42169	SOS trial: Hyperosmolar therapy in traumatic brain injury	Smith, Gerald	Non-commercial portfolio	17
40070	APIF, version 1.0	Goebel, Dr Andreas	Non-commercial portfolio	16
12495	TONIC Phase 2 Demographics and Clinical Info	Young, Prof Carolyn	Non-commercial portfolio	16
40906	CHIEF-PD STUDY	Bonello, Dr Michael	Non-commercial portfolio	13

45956	FUTURE GB	Jenkinson, Mr Michael	Non-commercial portfolio	12
46732	MAST Trial	McMahon, Ms Catherine	Non-commercial portfolio	12
43524	CHIEF-PD CARER STUDY	Bonello, Dr Michael	Non-commercial portfolio	7
49404	Statins for Improving Organ Outcome in Transplantation (SIGNET)	Smith, Gerald	Non-commercial portfolio	7
44006	Tessa Jowell BRAIN MATRIX - Platform Study	Jenkinson, Mr Michael	Non-commercial portfolio	6
	Walton Clot Bank	Sekhar, Dr Alakendu	Non-commercial portfolio	6
52033	OLERO (Open-Label Extension Rollover)	Young, Prof Carolyn	Commercial portfolio	5
47478	Enceph-IG	Huda, Mr Saif	Non-commercial portfolio	5
49505	MRI AND QST ANALYSIS IN TGN AND PIFP	Frank, Dr Bernhard	Non-commercial portfolio	5
45833	IgG level variations in predicting optimal treatment of CIDP and MMN	Holt, Dr James	Non-commercial portfolio	4
49972	Collar or no collar for peg fracture	Brodbelt, Mr Andrew	Non-commercial portfolio	4
47662	PRIMROSE Tissue: Collection and Analysis of samples in breast cancer	Jenkinson, Mr Michael	Non-commercial portfolio	4
53965	FREMS-PDPN	Frank, Dr Bernhard	Non-commercial portfolio	4
16010	Enroll-HD	Davies, Dr Rhys	Non-commercial portfolio	3
43602	BRITEMET v1	Zakaria, Mr Rasheed	Non-commercial portfolio	3
46436	OptiCALS Randomised Controlled Trial	Young, Prof Carolyn	Non-commercial portfolio	3
47691	HEALTHE-RND	Davies, Dr Rhys	Non-commercial portfolio	3
48371	COURAGE-ALS study	Young, Prof Carolyn	Commercial portfolio	3
	PNS motor stimulation study	Bhargava, Ms Deepti	Non-commercial portfolio	3
35757	SC IL-1Ra in SAH - phase III trial	McMahon, Ms Catherine	Non-commercial portfolio	2
47180	ChariotMS - Cladribine for people with advanced multiple sclerosis	Young, Prof Carolyn	Non-commercial portfolio	2
49675	Adult SMA REACH Study	Dougan, charlotte	Non-commercial portfolio	2
49995	SEALANT	Chandran, Mr Arun	Commercial portfolio	2
47569	ALLEVIATE	Silver, Dr Nick	Commercial portfolio	1
42622	SPRING - Seizure Prophylaxis IN Glioma	Jenkinson, Mr Michael	Non-commercial portfolio	1
41317	OPTIC Trial	Holt, Dr James	Non-commercial portfolio	1
44305	TOP HAT Version 1_19.11.19	Ellis, Dr Richard	Non-commercial portfolio	1

| 49575 | Interleukin-1 receptor antagonist treatment for Refractory CRPS (v1) | Goebel, Dr Andreas | Non-commercial portfolio | 1 |
| 48627 | DISCUS | Wilby, Mr Martin | Non-commercial portfolio | 1 |

Appendix B – Projects funded by RCF.

No.	Name of Applicant	Title of Project
1	Catherine McMahon	CRN Sub-speciality Lead and site PI for NIHR funded studies SciL and MAST. Submitted NIHR funding application for RESTART study examining timing of restarting anticoagulation after TBI. Outcome awaited.
2	Matthew Stovell	An Overview of Clinical Cerebral Microdialysis in Acute Brain Injury
3	Nicholas Armfield	Defining ketamine serum/urine concentrations in therapeutic doses in various patient cohorts across chronic pain. Ketamine pharmacology including protein binding and metabolites with intra and inter subject variation.
4	Leann Formela	Advanced Physiotherapy Project- Dissertation towards MSc in Advanced Physiotherapy at Manchester Metropolitan University, research question to be decided, likely to be what is the current timeframes for management of patients with acute leg pain in the local region, see below.
5	Janine Winterbottom	Draft: Staged Feasibility testing of the preconception care pathway and measures of pregnancy intention for women with epilepsy in the UK

Appendix C – Grants Overview FY22/23

FY 2022-23 Overview	
Row Labels	Count of Full Outcome
Pending	3
Successful	2
Unsuccessful	7
Grand Total	12

Success Rate
22%

Total Monies Applied for by Outcome	
Row Labels	Sum of Total Applied
Pending	£1,910,760
Successful	£2,395,070
Unsuccessful	£7,144,247
Grand Total	£11,450,077

Appendix D – Publications Lists

Appendix E – Research Strategic Implementation Plan for People Sub strategy.

Date of publication	Publication Type	Title	Citation	Authors	DOI
Mar-22	Article	Wittgenstein, neurology and neuroscience	Brain; January 2022; vol. 145 (no. 1); p. 3-6. Published online 19th November 2021	Larner, Andrew, J.	https://doi.org/10.1093/brain/awab418
Apr-22	Article	Association of maintenance intravenous immunoglobulin with prevention of relapse in adult myelin oligodendrocyte glycoprotein antibody-associated disease	JAMA Neurology; 4th April 2022. Published online ahead of print.	Chen JJ, Huda S, Hacohen Y, Levy M, Lotan I, Wilf-Yarkoni A, Stiebel-Kalish H, Hellmann MA, Sotirchos ES, Henderson AD, Pittock SJ, Bhatti MT, Eggenberger ER, Di Nome M, Kim HJ, Kim SH, Saiz A, Paul F, Dale RC, Ramanathan S, Camera V, Leite MI, Lam BL, Bennett IL, Mariotto S, Hodge D, Audoin B, Maillart E, Deschamps R, Pique J, Flanagan EP, Marignier R.	https://doi.org/10.1001/jamaneurol.2022.0489
Apr-22	Article	Health utilities and costs for neuromyelitis optica spectrum disorder	Orphanet Journal of Rare Diseases; April 2022; vol. 17 (no. 1); p. 159	Hughes DA, Bourke S, Jones A, Bhatt R, Huda S, Mutch K, Jacob A.	https://doi.org/10.1186/s13023-022-02310-z
Apr-22	Article	SPINE20 recommendations 2021: spine care for people's health and prosperity	European Spine Journal; 7th April 2022. Published online ahead of print.	Costanzo G, Misaggi B, Ricciardi L, Alfiesa SJ, Tamai K, Alhelal F, Alqahtani Y, Alsobayel HJ, Arand M, Balsano M, Blattert TR, Brayda-Bruno M, Busari JO, Campello M, Chhabra HS, Tamburelli FC, Côté P, Darwono B, Kandziora F, La Maida GA, Muehlbauer EJ, Mulukutla RD, Pereira P, Rajasekaran S, Rothenfluh DA, Sullivan WJ, Truumees E, Dohring EJ, Pigott T, Shetty AP, Teli MGA, Wang JC, Ames C, Anema JR, Bang A, Cheung KMC, Gross DP, Haldeman S, Minisola S, Mullerpatan R, Negrini S, Salmi LR, Spinelli MS, Vlok A, Yankey KP, Zaina F, Alturkistany A, Franke J, Liljenqvist UR, Piccirillo M, Nordin M.	https://doi.org/10.1007/s00586-022-07194-y
May-22	Article	Predictors of pain and disability outcomes following spinal surgery for chronic low back and radicular pain: a systematic review	Clinical Journal of Pain; May 2022; vol. 38 (no. 5); p. 368-380	Halicka M, Duarte R, Catherall S, Maden M, Coetsee M, Wilby M, Brown C.	https://doi.org/10.1097/ajp.0000000000001033
Apr-22	Article	Viral capture sequencing detects unexpected viruses in the cerebrospinal fluid of adults with meningitis	Journal of Infection; April 2022; vol. 84 (no. 4); p. 499-510. Published online 3rd January 2022	McGill F, Tokarz R, Thomson EC, Filipe A, Sameroff S, Jain K, Bhuva N, Ashraf S, Lipkin WI, Corless C, Pattabiraman C, Gibney B, Griffiths MJ, Geretti AM, Michael BD, Beeching NJ, McKee D, Hart IJ, Mutton K, Jung A, Miller A, Solomon T.	https://doi.org/10.1016/j.jinf.2021.12.042
Apr-22	Article	Development of an interdisciplinary specialist facial pain management programme	British Journal of Pain; April 2022; vol. 16 (no. 2); 161-169. Published online 19th July 2021	Tetlow J, Ainsley C, Twiddy H, Derbyshire G, Chawla R.	https://doi.org/10.1177/20494637211027607
May-22	Article	Automated subcortical volume estimation from 2D MRI in epilepsy and implications for clinical trials	Neuroradiology; May 2022; vol. 64 (no. 5); p. 935-947. Published online 18th October 2021	Brownhill D, Chen Y, Kreilkamp BAK, de Bezenac C, Denby C, Bracewell M, Biswas S, Das K, Marson AG, Keller SS.	https://doi.org/10.1007/s00234-021-02811-x
Apr-22	Article	External validation of brain arteriovenous malformation haemorrhage scores, AVICH, ICH and R2eD	Acta Neurochirurgica (Wien); 18th April 2022. Published online ahead of print.	Taweel BA, Gillespie CS, Richardson GE, Mustafa MA, Ali T, Islim AI, Hannan CJ, Chavredakis E.	https://doi.org/10.1007/s00701-022-05190-1
Apr-22	Article	Complex regional pain syndrome what is the outcome? A systematic review of the course and impact of CRPS at 12 months from symptom onset and beyond	European Journal of Pain; 18th April 2022. Published online ahead of print.	Johnson S, Cowell F, Gillespie S, Goebel A.	https://doi.org/10.1002/ejp.1953
Apr-22	Article	COVID-19 vaccination hesitancy among people with chronic neurological disorders: a position paper	European Journal of Neurology; 23rd April 2022. Published online ahead of print	Rakusa M, Öztürk S, Moro E, Helbok R, Bassetti CL, Beghi E, Bereczki D, Bodini B, Di Liberto G, Jenkins TM, Macerollo A, Maia LF, Martinelli-Boneschi F, Pisani A, Priori A, Sauerbier A, Soffietti R, Taba P, von Oertzen TJ, Zedde M, Crean M, Burlica A, Cavalieri F, Sellner J; EAN NeuroCOVID-19 Task Force.	https://doi.org/10.1111/ene.15368
Apr-22	Article	The impact of social isolation due to the COVID-19 pandemic on patients with dementia and caregivers	Acta Neuropsychiatrica; 4th April 2022. Published online ahead of print	Manca R.; De Marco M.; Colston A.; Raymont V.; Amin J.; Davies R.; Kumar P.; Russell G.; Blackburn D.J.; Venneri A.	https://doi.org/10.1017/neu.2022.12
Apr-22	Article	Accuracy of cognitive screening instruments reconsidered: overall, balanced or unbiased accuracy?	Neurodegenerative Disease Management; April 2022; vol. 12 (no. 2); p. 67-76.	Larner AJ	https://doi.org/10.2217/nmt-2021-0049
Apr-22	Article	Neuropathy score reporting and data system (NS-RADS): MRI reporting guideline of peripheral neuropathy explained and reviewed	Skeletal Radiology; 27th April 2022. Published online ahead of print	Chhabra A; Deshmukh SD; Lutz AM; Fritz J; Sneag DB; Mogharrabi B; Guirguis M; Andreisek G; Xi Y; Ahlawat S	https://doi.org/10.1007/s00256-022-04061-1
Jun-22	Article	Psychological interventions for treating functional motor systems: a systematic scoping review of the literature	Clinical Psychology Review; June 2022; vol. 94; 102146. Published online 20th March 2022	Beal EM; Coates P; Pelser C	https://doi.org/10.1016/j.cpr.2022.102146
May-22	Letter	Ethnic differences in dystonia prevalence and phenotype	Movement Disorders; 2nd May 2022. Published online ahead of print	Mulroy E, Macerollo A, Scotton S, Cociasu I, Di Lazzaro G, Bashir S, Doherty J, Hamid S, Mooney N, Batla A, Morgante F, Bhatia KP.	https://doi.org/10.1002/mds.29034
May-22	Article	Delivering large-scale neurosurgical studies in the UK: the impact of trainees	World Neurosurgery; May 2022; vol. 161; p. 343-349	Chari A; Piper RJ; Edlmann E; Woodfield J; Brennan PM; Turner C; Jenkinson MD; Hutchinson PJ; Kolias AG; British Neurosurgical Trainee Research Collaborative	https://doi.org/10.1016/j.wneu.2021.09.002
Apr-22	Article	A scoping review on the challenges, improvement programs and relevant output metrics for neurotrauma services in major trauma centers	Surgical Neurology International; 29th April 2022; vol. 13; p. 171.	Dasic D; Morgan L; Panezai A; Syrmos N; Ligarotti GKI; Zaed I; Chibbaro S; Khan T; Prisco L; Ganau M	https://doi.org/10.25259%2FSNI_203_2022
May-22	Article	Percutaneous cervical cordotomy for cancer-related pain: prospective multimodal outcomes evaluation	BMJ Supportive & Palliative Care; May 2022; vol. 12 (no. e1); p. e21-e27. First published online 4th December 2020.	Doyle A; Sharma ML; Gupta M; Goebel A; Marley K	https://doi.org/10.1136/bmjspcare-2019-002084
Oct-21	Article	Cognitive screening instruments for dementia: comparing metrics of test limitation	Dementia & Neuropsychologia; Oct-Dec 2021; vol. 15 (no. 4); p. 458-463	Larner AJ	https://doi.org/10.1590/1980-57642021dn15-040005

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May-22	Article	Timing of headache after COVID-19 vaccines and its association with cerebrovascular events: an analysis of 41,700 VAERS reports	Garcia-Azorin D; Baykan B; Beghi E; Doheim MF; Fernandez-de-Las-Penas C; Gezegen H; Guekht A; Hoo FK; Santacatterina M; Selyar J; Tamborska AA; Thakur KT; Westenberg E; Winkler AS; Frontera JA; Contributors from the Global COVID-19 Neuro Research Coalition	Cephalalgia; 6th May 2022. Published online ahead of print	https://doi.org/10.1177/03331024221099231
Mar-22	Article	Rapid identification of mosquito species, sex and age by mass spectrometric analysis	Wagner I.; Grigoraki L.; Enevoldson P.; Clarkson M.; Jones S.; Hurst J.L.; Beynon R.J.; Ranson H.	bioRxiv; 8th March 2022. Published online ahead of print	https://doi.org/10.1101/2022.03.07.483241
May-22	Article	Association of maintenance intravenous immunoglobulin with prevention of relapse in adult myelin oligodendrocyte glycoprotein antibody-associated disease	Chen JJ, Huda S, Hacohen Y, Levy M, Lotan I, Wilf-Yarkoni A, Stiebel-Kalish H, Hellmann MA, Sotirchos ES, Henderson AD, Pittock SJ, Bhatti MT, Eggenberger ER, Di Nome M, Kim HJ, Kim SH, Saiz A, Paul F, Dale RC, Ramanathan S, Palace J, Camera V, Leite MI, Lam BL, Bennett JL, Mariotto S, Hodge D, Audoin B, Mallart E, Deschamps R, Pique J, Flanagan EP, Marignier R.	JAMA Neurology; May 2022; vol. 79 (no. 5); p. 518-525. Published online 4th April 2022	https://doi.org/10.1001/jamaneurol.2022.0489
May-22	Article	Adult North Star Network (ANSN): Consensus document for therapists working with adults with Duchenne Muscular Dystrophy (DMD) - therapy guidelines	Narayan S, Pietrusz A, Allen J, DiMarco M, Docherty K, Emery N, Ennis M, Flesher R, Foo W, Freebody J, Gallagher E, Grose N, Harris D, Hewamadduma C, Holmes S, James MK, Maidment L, Mayhew A, Moat D, Moorcroft N, Muni-Lofra R, Nevin K, Quinlivan R, Slimming J, Sodhi J, Stuart J, Julien Y; ANSN.	Journal of Neuromuscular Diseases; 6th May 2022; vol. 9 (no. 3); p. 365-381	https://doi.org/10.3233/Jnd-210707
May-22	Protocol	Development of 'core outcome sets' for meningioma in clinical studies (The COSMIC project): protocol for two systematic literature reviews, eDelphi surveys and online consensus meetings	Millward CP, Armstrong TS, Barrington H, Bell S, Brodbelt AR, Bulbeck H, Crofton A, Dirven L, Georgious T, Grundy PL, Islim AI, Javadpour M, Keshwara SM, Koszdin SD, Marson AG, McDermott MW, Meling TR, Oliver K, Plaha P, Preusser M, Santarius T, Srikandarajah N, Taphoorn MJB, Turner C, Watts C, Weller M, Williamson PR, Zadeh G, Zamanipoor Najafabadi AH, Jenkinson MD; EORTC-BTG, ICOM, EANO, SNO, RANO-PRO, BNOS, SBNS, BIMS, TBTC, International Brain Tumour Alliance, Brainstrust, and Brain Tumour Foundation of Canada	BMJ Open; 9th May 2022; vol. 12 (no. 5); p. e057384.	https://doi.org/10.1136/bmjopen-2021-057384
Apr-22	Article	Evolving aphasia: trajectories of neurodegenerative diseases	Heartshorne, Rosie; Larner, Andrew J	Progress in Neurology & Psychiatry; April 2022; vol. 26 (no. 2); p. 4-6	https://doi.org/10.1002/pnp.741
Jun-22	Article	Stereotactic radiosurgery compared with active surveillance for asymptomatic, parafalcine, and parasagittal meningiomas: a matched cohort analysis from the IMPASSE study	Pikis S, Mantziaris G, Bunevicius A, Islim AI, Peter S, Samanci Y, Nabeel AM, Reda WA, Tawadros SR, El-Shehaby AMN, Abdelkarim K, Emad RM, Delabar V, Mathieu D, Lee CC, Yang HC, Liscak R, May J, Alvarez RM, Patel DN, Kondziolka D, Bernstein K, Moreno NM, Tripathi M, Speckter H, Albert C, Bowden GN, Benveniste RJ, Lunsford LD, Jenkinson MD, Sheehan J.	Neurosurgery; June 2022; vol. 90 (no. 6); p. 750-757. Published online 25th March 2022	https://doi.org/10.1227/neu.0000000000001924
Apr-22	Conference Abstract	Tranexamic acid use to improve outcomes in meningioma surgery	Clynch A.; Gillespie C.; Richardson G.; Mustafa M.; Keshwara S.; Kumar S.; Islim A.; Millward C.; Jenkinson M	British Journal of Haematology; April 2022; vol. 197 (supplement 1); p. 151. BSH22-PO108	https://doi.org/10.1111/bjh.18134
May-22	Systematic Review	Treatment for sialorrhea (excessive saliva) in people with motor neuron disease/amyotrophic lateral sclerosis	James E, Ellis C, Brassington R, Sathasivam S, Young CA.	Cochrane Database of Systematic Reviews; May 2022; (issue 5); CD006981	https://doi.org/10.1002/14651858.cd006981.pub3
Jun-22	Article	Neuroimmune disorders in COVID-19	Arifio H, Heartshorne R, Michael BD, Nicholson TR, Vincent A, Pollak TA, Vogrig A.	Journal of Neurology; June 2022; vol. 269 (no. 6); p. 2827-2839. Published online 30th March 2022	https://doi.org/10.1007/s00415-022-11050-w
Jun-22	Letter	Re: Hippocampal infarction: redefining transient global amnesia	Larner AJ.	Neurological Sciences; June 2022; vol. 43 (no. 6); p. 3997. Published online 22nd March 2022	https://doi.org/10.1007/s10072-022-06016-9
May-22	Article	Cranioplasty with hydroxyapatite or acrylic is associated with a reduced risk of all-cause and infection-associated explantation	Millward CP, Doherty JA, Mustafa MA, Humphries TJ, Islim AI, Richardson GE, Clynch AL, Gillespie CS, Keshwara SM, Kolamunnage-Dona R, Brodbelt AR, Jenkinson MD, Duncan C, Sinha A, McMahon CJ.	British Journal of Neurosurgery; 24th May 2022; p. 1-9. Published online ahead of print.	https://doi.org/10.1080/02688697.2022.2077311
Jun-22	Editorial	Magnetic resonance neurography: is it so complicated that it needs a touch of genius?	Aggarwal A, Chhabra A.	European Radiology; June 2022; vol. 32 (no. 6); p. 3912-3914. Published online 1st February 2022	https://doi.org/10.1007/s00330-021-08525-1
May-22	Short Communication	Evaluating binary classifiers: extending the Efficiency Index	Larner AJ.	Neurodegenerative Disease Management; 25th May 2022. Published online ahead of print	https://doi.org/10.2217/nmt-2022-0006
Jul-22	Article	LAT1, a novel pharmacological target for the treatment of glioblastoma	Cappoli N, Jenkinson MD, Russo CD, Dickens D.	Biochemical Pharmacology; July 2022; vol. 201; article 115103. Published online 23rd May 2022	https://doi.org/10.1016/j.bcp.2022.115103
Apr-22	Article	Topographic divergence of atypical cortical asymmetry and atrophy patterns in temporal lobe epilepsy	Park BY, Larivière S, Rodríguez-Cruces R, Royer J, Tavakol S, Wang Y, Caciagli L, Caligiuri ME, Gambardella A, Concha L, Keller SS, Cendes F, Alvim MKM, Yasuda C, Bonilha L, Gleichgerrcht E, Focke NK, Kreilkamp BAK, Domin M, von Podewils F, Langner S, Rummel C, Rebsamen M, Wiest R, Martin P, Kotikalapudi R, Bender B, O'Brien TJ, Law M, Sinclair B, Vivash L, Kwan P, Desmond PM, Malpas CB, Lui E, Alhusaini S, Doherty CP, Cavalleri GL, Delanty N, Kälviäinen R, Jackson GD, Kowalczyk M, Mascalchi M, Semmelroch M, Thomas RH, Soltanian-Zadeh H, Davoodi-Bojd E, Zhang J, Lenge M, Guerrini R, Bartolini E, Hamandi K, Foley S, Weber B, Depondt C, Absil J, Carr SJA, Abela E, Richardson MP, Devinsky O, Severino M, Striano P, Parodi C, Tortora D, Hatton SN, Vos SB, Duncan JS, Galovic M, Whelan CD, Bargalló N, Pariente J, Conde-Blanco E, Vaudano AE, Tondelli M, Meletti S, Kong XZ, Francks C, Fisher SE, Caldairou B, Ryten M, Labate A, Sisodiya SM, Thompson PM, McDonald CR, Bernasconi A, Bernasconi N, Bernhardt BC.	Brain; April 2022; vol. 145 (no. 4); p. 1285-1298. Published online 19th November 2021	https://doi.org/10.1093/brain/awab417

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Mar-22	Conference Abstract	Personality factors and vulnerability to posttraumatic stress responses after childbirth: an investigation of the roles of perfectionism, intolerance of uncertainty and organisation	Journal of Reproductive and Infant Psychology; vol. 40 (no. 2); p. lxiv	Price L.; Centifanti L.; Slade P.	https://doi.org/10.1080/02646838.2022.2037828
May-22	Article	The impact of social isolation due to COVID-19 on symptom progression in people with dementia: findings of the SOLITUDE study	Frontiers in Psychiatry; 10th May 2022; vol. 13; article 877595	Manca R, De Marco M, Colston A, Raymont V, Amin J, Davies R, Kumar P, Russell G, Blackburn DJ, Venneri A.	https://doi.org/10.3389/fpsyt.2022.877595
May-22	Article	Neuroinvasion and neurotropism by SARS-CoV-2 variants in the K18-hACE2 mouse	Viruses; May 2022; vol 14 (no. 5); article 1020. Published online 11th May 2022	Seehusen F, Clark JJ, Sharma P, Bentley EG, Kirby A, Subramaniam K, Wunderlin-Giuliani S, Hughes GL, Patterson EI, Michael BD, Owen A, Hiscox JA, Stewart JP, Kipar A.	https://doi.org/10.3390/v14051020
Jun-22	Article	Neurological events reported after COVID-19 vaccines: an analysis of vaccine adverse event reporting system	Annals of Neurology, June 2022; vol. 91 (no. 6); p. 756-771. Published online 2nd March 2022	Frontera JA, Tamborska AA, Doheim MF, Garcia-Azorin D, Gezegen H, Guekht A, Yusof Khan AHK, Santacatterina M, Sejvar J, Thakur KT, Westenberg E, Winkler AS, Beghi E; contributors from the Global COVID-19 Neuro Research Coalition.	https://doi.org/10.1002/ana.26339
Jul-22	Article	Evaluating the feasibility of a real world pharmacovigilance study (OPTIMISE:MS)	Multiple Sclerosis and Related Disorders; July 2022; vol. 63; article 103894. Published online 20th May 2022	Dobson R; Craner M; Waddingham E; Miller A; Pindoria J; Cavey A; Blain C; De Luca G; Evangelou N; Ford H; Gallagher P; George K; Geraldes Ramos Dias R; Harman P; Hobart J; King T; Linighan R; MacDougall N; Marta M; Mitchel S; Nicholas R; Rog D; Scalfari A; Scolding N; Webb S; White S; Wilton J; Young C; Matthews PM	https://doi.org/10.1016/j.msard.2022.103894
May-22	Article	Abdominal cutaneous nerve entrapment syndrome: a cross sectional survey of treatment outcomes	British Journal of Pain; 20th May 2022. Published online ahead of print	Kanakarajan S.; Dharmavaram S.; Tadros A.; Pushparaj H.; Rose A.	https://doi.org/10.1177/20494637221101719
Jun-22	Article	VCAM-1-targeted MRI improves detection of the tumor-brain interface	Clinical Cancer Research; June 2022; vol. 28 (no. 11); p. 2385-2396	Cheng VWT, de Pennington N, Zakaria R, Larkin JR, Serres S, Sarkar M, Kirkman MA, Bristow C, Croal P, Plaha P, Campo L, Chappell MA, Lord S, Jenkinson MD, Middleton MR, Sibson NR.	https://doi.org/10.1158/1078-0432.ccr-21-4011
Jun-22	Article	Research recommendations following the discovery of pain sensitising IgG autoantibodies in fibromyalgia syndrome	Pain Medicine; June 2022; vol. 23 (no. 6); p. 1084-1094. Published online 26th November 2021	Goebel A, Andersson D, Barker C, Basu N, Bullock C, Bevan S, Bashford-Rogers RJM, Choy E, Clauw D, Dulake R, Dulake R, Flor H, Glanvill M, Helyes Z, Irani S, Kosek E, Laird J, MacFarlane G, McCullough H, Marshall A, Moots R, Perrot S, Shenker N, Sher E, Sommer C, Svensson CI, Williams A, Wood G, Dorris ER.	https://doi.org/10.1093/pm/pnab338
Jun-22	Article	Prognostic indicators and outcomes of hospitalised COVID-19 patients with neurological disease: an individual patient data meta-analysis	PLoS One; 2nd June 2022; vol. 17 (no.6); e0263595	Singh B, Lant S, Cividini S, Cattral JWS, Goodwin LC, Benjamin L, Michael BD, Khawaja A, Matos AMB, Alkeridy W, Pilotto A, Lahiri D, Rawlinson R, Mhlanga S, Lopez EC, Sargent BF, Somasundaran A, Tamborska A, Webb G, Younas K, Al Sami Y, Babu H, Banks T, Cavallieri F, Cohen M, Davies E, Dhar S, Fajardo Modol A, Farooq H, Harte J, Hey S, Joseph A, Karthikappallil D, Kassahun D, Lipunga G, Mason R, Minton T, Mond G, Poxon J, Rabas S, Soothill G, Zedde M, Yenkoyan K, Brew B, Contini E, Cysique L, Zhang X, Maggi P, van Pesch V, Lechien J, Saussez S, Heyse A, Brito Ferreira ML, Soares CN, Elicer I, Eugenin-von Bernhardi L, Ñancupil Reyes W, Yin R, Azab	https://doi.org/10.1371/journal.pone.0263595
Jun-22	Article	After-sensations and lingering pain following examination in patients with fibromyalgia syndrome	Pain Medicine, 2nd June 2022. Published online ahead of print	Berwick RJ, Andersson DA, Goebel A, Marshall A.	https://doi.org/10.1093/pm/pnac089
Jun-22	Editorial	Evidence-based policy for driving: easier said than done	Practical Neurology; 2nd June 2022. Published online ahead of print	Marson T.	https://doi.org/10.1136/practneurol-2022-003458
Jun-22	Article	External validation of brain arteriovenous malformation haemorrhage scores, AVICH, ICH and R2eD	Acta Neurochirurgica; June 2022; vol. 164 (no. 6); p. 1685-1692. Published online 18th April 2022	Taweel BA, Gillespie CS, Richardson GE, Mustafa MA, Ali T, Islim AI, Hannan CJ, Chavredakis E.	https://doi.org/10.1007/s00701-022-05190-1
May-22	Article	A career in neurosurgery: perceptions and the impact of a national SBNS/NANSIG neurosurgery careers day	British Journal of Neurosurgery; 23rd May 2022. Published online ahead of print	Solomou G.; Venkatesh A.; Patel W.; Chari A.; Mohan M.; Bandyopadhyay S.; Gillespie C.S.; Mendoza N.; Watts C.; Jenkins A.	https://doi.org/10.1080/02688697.2022.2076807
Jun-22	Article	Rituximab abrogates aquaporin-4-specific germinal center activity in patients with neuromyelitis optica spectrum disorders	Proceedings of the National Academy of Sciences of the United States of America; 14th June 2022; vol. 119 (no. 24); e2112804119. Published online 6th June 2022	Damato V, Theorell J, Al-Diwani A, Kienzler AK, Makuch M, Sun B, Handel A, Akdeniz D, Berretta A, Ramanathan S, Fower A, Whittam D, Gibbons S, McGlashan N, Green E, Huda S, Woodhall M, Palace J, Sheerin F, Waters P, Leite MI, Jacob A, Irani SR.	https://doi.org/10.1073/pnas.2112804119
May-22	Article	Immune-mediated mechanisms of COVID-19 neuropathology	Frontiers in Neurology; 19th May 2022; vol. 13; 882905. Published online ahead of print	Dunai C, Collie C, Michael BD.	https://doi.org/10.3389/fneur.2022.882905
Jun-22	Article	Surgical and endovascular treatment of saccular posterior inferior cerebellar artery aneurysms (PICA): systematic review and meta-analysis	World Neurosurgery; June 2022; vol. 162; e168-e177. Published online 4th March 2022	Ali AMS, Hannan CJ, Islim AI, Mascitelli JR, Javadpour M.	https://doi.org/10.1016/j.wneu.2022.02.103
Jul-22	Article	Efficacy of fluoxetine, riluzole and amiloride in treating neuropathic pain associated with secondary progressive multiple sclerosis. Pre-specified analysis of the MS-SMART double-blind randomised placebo-controlled trial	Multiple Sclerosis and Related Disorders; July 2022; vol. 63; p.103925. Published online 28th May 2022	Foley P, Parker RA, de Angelis F, Connick P, Chandran S, Young C, Weir CJ, Chataway J; MS-SMART Investigators.	https://doi.org/10.1016/j.msard.2022.103925
Jun-22	Article	Vibrational spectroscopy for the triage of traumatic brain injury computed tomography priority and hospital admissions	Journal of Neurotrauma, June 2022; vol. 39 (no. 11-12); p. 773-783. Published online 7th April 2022	Theakstone AG, Brennan PM, Ashton K, Czeiter E, Jenkinson MD, Syed K, Reed MI, Baker MJ; CENTER-TBI Participants and Investigators.	https://doi.org/10.1089/neu.2021.0410

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Jun-22	Article	How should we treat long-standing overt ventriculomegaly in adults (LOVA)? A retrospective cohort study	Neurosurgical Review; 11th June 2022. Published online ahead of print	Gillespie CS, Richardson GE, Mustafa MA, Evans D, George AM, Islim AI, Mallucci C, Jenkinson MD, McMahon CJ.	https://doi.org/10.1007/s10143-022-01812-5
Jul-22	Article	Understanding quality of life across different clinical subtypes of multiple sclerosis: a thematic analysis	Quality of Life Research; Jul 2022; vol. 31 (no. 7); p. 2035-2046. Published online November 25th 2021	Ando H, Cousins R, Young CA.	https://doi.org/10.1007/s11136-021-03041-7
Jul-22	Article	Complex regional pain syndrome what is the outcome? A systematic review of the course and impact of CRPS at 12 months from symptom onset and beyond	European Journal of Pain; July 2022; vol. 26 (no. 6); p. 1203-1220. Published online 18th April 2022	Johnson S, Cowell F, Gillespie S, Goebel A.	https://doi.org/10.1002/ejp.1953
Jun-22	Article	The International Fragile X Premutation Registry: building a resource for research and clinical trial readiness	Journal of Medical Genetics; 14th June 2022; e22108568. Published online ahead of print	Hessl D, Rosselot H, Miller R, Espinal G, Famula J, Sherman SL, Todd PK, Cabal Herrera AM, Lipworth K, Cohen J, Hall DA, Leehey M, Grigsby J, Weber JD, Alusi S, Wheeler A, Raspa M, Hudson T, Sobrian SK.	https://doi.org/10.1136/jmedgenet-2022-108568
May-22	Article	What would improve MS clinic services for cognition? - A stakeholder panel and survey exploration	Multiple Sclerosis and Related Disorders; July 2022; vol. 63; 103930. Published online 28th May 2022	Langdon D, Coutts M, McGuigan C, Morrow B, Peryer G, Young CA.	https://doi.org/10.1016/j.msard.2022.103930
Jun-22	Article	SPINE20 recommendations 2021: spine care for people's health and prosperity	European Spine Journal; June 2022; vol. 31 (no. 6); p. 1333-1342. Published online 7th April 2022	Costanzo G, Misaggi B, Ricciardi L, Aleissa SI, Tamai K, Alhelal F, Alqahtani Y, Alsobayel HI, Arand M, Baisano M, Blattert TR, Brayda-Bruno M, Busari JO, Campello M, Chhabra HS, Tamburrelli FC, Côté P, Darwono B, Kandziora F, La Maida GA, Muehlbauer EJ, Mulukutla RD, Pereira R, Rajasekaran S, Rothenfluh DA, Sullivan WJ, Truumees E, Dohring EJ, Pigott T, Shetty AP, Teil MGA, Wang JC, Ames C, Anema JR, Bang A, Cheung KMC, Gross DP, Haldeman S, Minisola S, Mullerpatan R, Negrini S, Salmi LR, Spinelli MS, Vlok A, Yankey KP, Zaina F, Alturkistany A, Franke J, Liljenqvist UR, Piccirillo M, Nordin M.	https://doi.org/10.1007%2Fs00586-022-07194-y
Jul-22	Article	Towards a neural network hypothesis for functional cognitive disorders: an extension of the Overfitted Brain Hypothesis	Cognitive Neuropsychiatry; July 2022; vol. 27 (no. 4); p. 314-321. Published online 21st March 2022	Larner, AJ	https://doi.org/10.1080/13546805.2022.2054694
Jun-22	Letter	Ethnic differences in dystonia prevalence and phenotype	Movement Disorders; June 2022; vol. 37 (no. 6); p. 1323-1325. Published online 2nd May 2022	Mulroy E, Macerollo A, Scotton S, Cociasu I, Di Lazzaro G, Bashir S, Doherty J, Hamid S, Mooney N, Batla A, Morgante F, Bhatia KP.	https://doi.org/10.1002/mds.29034
Jun-22	Article	Safety of COVID-19 vaccination and acute neurological events: a self-controlled case series in England using the OpenSAFELY platform	Vaccine; 7th June 2022. Published online ahead of print.	Walker JL, Schultze A, Tazare J, Tamborska A, Singh B, Donegan K, Stowe J, Morton CE, Hulme WJ, Curtis HJ, Williamson EJ, Mehrkar A, Eggo RM, Rentsch CT, Mathur R, Bacon S, Walker AJ, Davy S, Evans D, Inglesby P, Hickman G, MacKenna B, Tomlinson L, Ca Green A, Fisher L, Cockburn J, Parry J, Hester F, Harper S, Bates C, Evans SJ, Solomon T, Andrews NJ, Douglas IJ, Goldacre B, Smeeth L, McDonald HI	https://doi.org/10.1016/j.vaccine.2022.06.010
Jun-22	Article	Anterior cruciate ligament foot plate anatomy: 3-dimensional and 2-dimensional MRI evaluation with arthroscopy assessment in a subset of patients	European Radiology; 17th June 2022. Published online ahead of print	Nguyen T, Haider S, Tietze D, Xi Y, Thakur U, Shah J, Chhabra A.	https://doi.org/10.1007/s00330-022-08920-2
May-22	Article	Health care utilization and outcomes in older adults after Traumatic Brain Injury: a CENTER-TBI study	Injury; 25th May 2022. Published online ahead of print	van der Vlegel M, Mikolić A, Lee Hee Q, Kaplan ZLR, Retel Helmrich IRA, van Veen E, Andelic N, Steinbuechel NV, Plass AM, Zeldovich M, Wilson L, Maas AIR, Haagsma JA, Polinder S, Åkerlund C, George P, Lanyon L, Muraleedharan V, Nelson D, Amrein K, Ezer E, Kovács N, Melegh B, Nyirádi J, Tamás V, Vámos Z, Sorinola A, Andelic N, Andreassen L, Anke A, Frisvold S, Antoni A, Schwendenwein E, Audibert G, Azouvi P, Azzolini ML, Beretta L, Calvi MR, Bartels R, Boogert HD, Barzó P, Beauvais R, Perera N, Beer R, Helbok R, Bellander BM, Belli A, Benali H, Degos V, Galanaud D, Peribang V, Berardino M, Cavallo S, Blaabjerg M, Rosenlund C, Schou RF, Brage P, Brazinova A, Majdan M, Taylor MS, Zelinkova V, Brinck V, Jarrett M, Brooker J, Donoghue E, Synnot A, Brorsson C, Koskinen LO, Sundström N, Buki A, Czeiter E, Bullinger M, Cabeleira M, Cossnyka M, Dixit A, Ercole A, Korarapoulos E, Menon D, Newcombe V, Richter S, Smielewski P, Stamatakis E, Williams G, Winzeck S, Zeiler FA, Caccioppola A, Calappi E, Carbonara M, Ortolano F, Zoerle T, Stocchetti N, Cameron P, Gantner D, Murray L, Trapani T, Vallance S, Lozano GC, Pomposo J, Castaño-León AM, Gomez PA, Lagares A, Chevallard G, Chieregato A, Citerio G, Vargiolu A, Ceyisakar I, Gravesteijn B, Haagsma JA, Huijben J, Lingsma H, Nieboer D, Mikolic A, Polinder S, Sewalt C, Steyerberg EW, Velt K, Voormolen D, Wiegers E, Peul W, van Dijck JTJM, van Essen TA, van Wijk RPJ, Clusmann H, Coburn M, Kowark A, Rossaint R, Coles J, Cooper JD, Correia M, Čović A, von Steinbüchel N, Curry N, Stanworth S, Dahyot-Fizeller C, Dark P, Johnson F, Dawes H, Esser P, van Heugten C, De Keyser V, Maas AIR, Menovsky T, Van der Steen G, Corte FD, Grossi F, Depreitere B, Bilvesi D, Golubovic J, Karan M, Vulekovic P, Dreier J, Vajkoczy P, Wolf S, Dulière GL, Maréchal H, Fabricius M, Kondziella D, Feigin VL, Jones K, Ao BT, Theadom A, Foks K, Haitsma I, Volovici V, Furmanov A, Rosenthal G, Gagliardo P, Gao G, Jiang JY, Ghuysen A, Giga I, Valeinis E, Zverte A, Glocker B, Rueckert D, Gratz J, Gruen RL, Gupta D, Roe C, Helseth E, Roise O, Horton L, Wilson L, Hutchinson PJ, Kolias AG, Jacobs B, van der Naalt J, Jankowski S, Kompanje E, Timmers M, Laureys S, Ledoux D, Misset B, Lecky F, Olubukola O, Lefering R, Schäfer N, Legrand V, Lejeune A, Vega E, Mattern J, Levi L, Lightfoot R, Maegele M, Manara A, Thomas M, Manley G, Martino C, Sakowitz O, Sanchez-Porras R, Younsi A, McMahon C, Negru A, Oresic M, Palotie A, Parizel PM, Payen JF, Persona P, Pippo-Karjalainen A, Pirinen M, Ples H, Posti JP, Puybasset L, Radoi A, Ragauskas A, Raj R, Rambadagalla M, Rhodes J, Richardson S, Ripatti S, Rocka S, Rosand J, Rosenfeld JV, Rossi S, Rusnák M, Sahuquillo J, Sandor J, Schmidt S, Schoechl H, Schoonman G, Skandsen T, Stevens R, Stewart W, Takala R, Tamosuitis T, Tenovuo O, Tibboel D, Tolias C, Tudora CM, van der Jagt M, Van Hecke W, Van Praag D, Vyvere TV, Verheyden J, Vespa PM, Vik A, Vilcinis R, Wang KKW, Yang Z, Ylén P	https://doi.org/10.1016/j.injury.2022.05.009

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Jun-22	Article	Progressive myelin oligodendrocyte glycoprotein-associated demyelination mimicking leukodystrophy	Multiple Sclerosis Journal; 23rd June 2022. Published online ahead of print	Gibbons E, Whittam D, Elhadd K, Bhojak M, Rathi N, Avula S, Jacob A, Griffiths M, Huda S.	https://doi.org/10.1177/13524585221090737
Jun-22	Article	Flexibility to manage and enhance quality of life among people with motor neurone disease	Disability and Rehabilitation; June 2022; vol. 44 (no. 12); p. 2752-2762. Published online 23rd November 2020	Ando H, Cousins R, Young CA	https://doi.org/10.1080/09638288.2020.1846797
Jun-22	Article	The importance of getting evidence into practice	Nature Reviews Neurology; 23rd June 2022. Published online ahead of print	Marson AG	https://doi.org/10.1038/s41582-022-00689-8
Jun-22	Article	Encephalitis: diagnosis, management and recent advances in the field of encephalitides	Postgraduate Medical Journal; 23rd June 2022. Published online ahead of print	Alam AM, Easton A, Nicholson TR, Irani SR, Davies NW, Solomon T, Michael BD	https://doi.org/10.1136/postgradmedj-2022-141812
Jun-22	Letter	Letter from the Isle of Man	Practical Neurology; 23rd June 2022. Published online ahead of print	Bracewell RM.	https://doi.org/10.1136/practneurol-2021-003337
Jul-22	Short Communication	Virtual interview training for neurosurgery applicants	Annals of Medicine and Surgery; July 2022; vol. 79; article number 104013	Manivannan S., Anwar S.K., Bakhsh A.; Gillespie C.S.; Carleton-Bland N.	https://doi.org/10.1016/j.amsu.2022.104013
Jun-22	Article	Reducing radiation exposure in neurointervention through dedicated training on the biplane angiographic system	Clinical Radiology; 25th June 2022. Published online ahead of print	Gravino G, Pullicino R, Chandran A, Puthuran M	https://doi.org/10.1016/j.crad.2022.05.026
Jul-22	Article	Opportunities and challenges for the development of "core outcome sets" in neuro-oncology	Neuro-Oncology; July 2022; vol. 24 (no. 7); p. 1048-1055	Millward CP, Armstrong TS, Barrington H, Brodbelt AR, Bulbeck H, Byrne A, Dirven L, Gamble C, Grundy PL, Islim AI, Javadpour M, Keshwara SM, Krishna ST, Mallucci CL, Marson AG, McDermott MW, Meling TR, Oliver K, Pizer B, Plaha P, Preusser M, Santarius T, Srikandarajah N, Taphoorn MJB, Watts C, Weller M, Williamson PR, Zadeh G, Zamanipoor Najafabadi AH, Jenkinson MD	https://doi.org/10.1093/neuonc/noac062
May-22	Conference Abstract	Leapfrogging the Bayesian revolution in stroke research - a four-arm hypothetical study for neuroprotection in the hyperacute stage	European Stroke Journal; May 2022; vol. 7 (supplement 1); p. 531. P0996 / 947	Das A.; Chatterjee S.; Sekhar A.	https://doi.org/10.1177/23969873221087559
Jun-22	Article	We Choose to Call it 'Degenerative Cervical Myelopathy': Findings of AO Spine RECODE-DCM, an International and Multi-Stakeholder Partnership to Agree a Standard Unifying Term and Definition for a Disease	Global Spine Journal; 29th June 2022. Published online ahead of print	Davies BM, Khan DZ, Barzangi K, Ali A, Mowforth OD, Nouri A, Harrop JS, Aarabi B, Rahimi-Movaghar V, Kurpad SN, Guest JD, Tetreault L, Kwon BK, Boerger TF, Rodrigues-Pinto R, Furlan JC, Chen R, Zipser CM, Curt A, Milligan J, Kalsi-Rayn S, Sarewitz E, Sadler I, Widdop S, Fehlings MG, Kotter MRN	https://doi.org/10.1177/21925682221111780
Aug-22	Article	Progressive myelin oligodendrocyte glycoprotein-associated demyelination mimicking leukodystrophy	Multiple Sclerosis Journal; August 2022; vol. 28 (no. 9); p. 1481-1484. Published online 23rd June 2022	Gibbons E, Whittam D, Elhadd K, Bhojak M, Rathi N, Avula S, Jacob A, Griffiths M, Huda S.	https://doi.org/10.1177/13524585221090737
Aug-22	Article	Evaluating binary classifiers: extending the Efficiency Index	Neurodegenerative Disease Management; August 2022; vol. 12 (no. 4); p. 185-194. Published online 25th May 2022	Larner AJ	https://doi.org/10.2217/nmt-2022-0006
Jun-22	Conference Abstract	Validation of an algorithm identifying epilepsy related hospital admissions from routinely collected administrative data	Journal of Neurology, Neurosurgery and Psychiatry; June 2022; vol. 93 (no. 6); A105. Poster 013	Mitchell J.; Zammit L.; Kallis C.; Dixon P.; Grainger R.; Powell G.; Marson T.	http://dx.doi.org/10.1136/jnnp-2022-ABN.338
Jun-22	Conference Abstract	NeuroPodcases: a clinical neuroscience podcast' - a remote learning resource	Journal of Neurology, Neurosurgery and Psychiatry; June 2022; vol. 93 (no. 6); A124. Poster 077	Bharambe V.; Healy S.; Mayer I.; Williamson J.	http://dx.doi.org/10.1136/jnnp-2022-ABN.402
Jul-22	Article	Clinical management of community-acquired meningitis in adults in the UK and Ireland in 2017: a retrospective cohort study on behalf of the National Infection Trainees Collaborative for Audit and Research (NITCAR)	BMJ Open; July 2022; vol. 12 (no. 7); e062698. Published online 13th July 2022	Ellis J, Harvey D, Defres S, Chandra A, MacLachlan E, Solomon T, Heyderman RS, McGill F; National Audit of Meningitis Management (NAMM) group	https://doi.org/10.1136/bmjopen-2022-062698
Aug-22	Article	Discovery of novel targets in a complex regional pain syndrome mouse model by transcriptomics: TNF and JAK-STAT pathways	Pharmacological Research; August 2022; vol. 182; 106347. Published online 9th July 2022	Pohóczky K, Kun J, Szentes N, Aczél T, Urbán P, Gyenesei A, Bölcskei K, Szőke É, Sensi S, Dénes Á, Goebel A, Tékus V, Helyes Z.	https://doi.org/10.1016/j.phrs.2022.106347
Jul-22	Systematic Review	Vagus nerve stimulation for focal seizures	Cochrane Database of Systematic Reviews; 14th July 2022; (issue 7); CD002896	Panebianco M, Rigby A, Marson AG	https://doi.org/10.1002/14651858.cd002896.pub3
Jul-22	Systematic Review	Stimulant and non-stimulant drug therapy for people with attention deficit hyperactivity disorder and epilepsy	Cochrane Database of Systematic Reviews; 13th July 2022; (issue 7); CD013136	Eaton C, Yong K, Walter V, Mbizvo GK, Rhodes S, Chin RF	https://doi.org/10.1002/14651858.cd013136.pub2

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Aug-22	Article	Fatigue and anxiety mediate the effect of dyspnea on quality of life in amyotrophic lateral sclerosis	Amyotrophic Lateral Sclerosis & Frontotemporal Degeneration; August 2022; vol. 23 (no. 5-6); p. 390-398. Published online 28th October 2021	Young C, Ealing J, McDermott C, Williams T, Al-Chalabi A, Majeed T, Roberts R, Mills R, Tennant A; Tonic Study Group	https://doi.org/10.1080/21678421.2021.1990343
Sep-22	Article	The effect of deep brain stimulation on impulse control related disorders in Parkinson's disease - A 10-year retrospective study of 137 patients	Journal of the Neurological Sciences; 15th September 2022; vol. 440; 120339. Published online 8th July 2022	Healy S, Shepherd H, Mooney N, Da Costa A, Osman-Farah J, Macerollo A	https://doi.org/10.1016/j.jns.2022.120339
Jul-22	Article	Comparison Of King's Clinical Staging In Multinational Amyotrophic Lateral Sclerosis Cohorts	Amyotrophic Lateral Sclerosis & Frontotemporal Degeneration; 19th July 2022. Published online ahead of print	Balendra R, Jones AR, Al Khleifat A, Chiwera T, Wicks P, Young CA, Shaw PJ, Turner MR, Leigh PN, Al-Chalabi A	https://doi.org/10.1080/21678421.2022.2090847
Jul-22	Article	Guillain-Barré syndrome following SARS-CoV-2 vaccination in the UK: a prospective surveillance study	BMJ Neurology Open; July 2022; vol. 4 (no. 2); e000309. Published online 12th July 2022	Tamborska AA, Singh B, Leonhard SE, Hodel EM, Stowe J, Watson-Fargie T, Fernandes PM, Themistocleous AC, Roelofs J, Brennan K, Morrice C, Michael BD, Jacobs BC, McDonald H, Solomon T; UK Covid Vaccine GBS Study Group	https://doi.org/10.1136/bmjno-2022-000309
Jul-22	Article	Getting going on time: reducing neurophysiology set-up times in order to contribute to improving surgery start and finish times	BMJ Open Quality; July 2022; vol. 11 (no. 3); e001808. Published online 21st July 2022	Pridgeon M, Proudlove N	https://doi.org/10.1136/bmjoq-2021-001808
Jul-22	Article	Safety of COVID-19 vaccination and acute neurological events: a self-controlled case series in England using the OpenSAFELY platform	Vaccine; 30th July 2022; vol. 40 (no. 32); p. 4479-4487. Published online 7th June 2022	Walker JL, Schultze A, Tazare J, Tamborska A, Singh B, Donegan K, Stowe J, Morton CE, Hulme WJ, Curtis HJ, Williamson EJ, Mehrkar A, Eggo RM, Rentsch CT, Mathur R, Bacon S, Walker AJ, Davy S, Evans D, Inglesby P, Hickman G, MacKenna B, Tomlinson L, Ca Green A, Fisher L, Cockburn J, Parry J, Hester F, Harper S, Bates C, Evans SJ, Solomon T, Andrews NJ, Douglas IJ, Goldacre B, Smeeth L, McDonald HI	https://doi.org/10.1016/j.vaccine.2022.06.010
Aug-22	Editorial	Evidence-based policy for driving: easier said than done	Practical Neurology; August 2022; vol. 22 (no. 4); p. 266-267. Published online 2nd June 2022	Marson T	https://doi.org/10.1136/practneurol-2022-003458
Jul-22	Article	Utility of 5-ALA for resection of CNS tumours other than high-grade gliomas: a protocol for a systematic review	BMJ Open; July 2022; vol. 12 (no. 7); e056059. Published online 22nd July 2022	Solomou G, Gharooni AA, Patel W, Gillespie CS, Gough M, Venkatesh A, Poon MTC, Wykes V, Price SJ, Jenkinson MD, Watts C, Plaha P	https://doi.org/10.1136/bmjopen-2021-056059
Jul-22	Article	Measuring disability in amyotrophic lateral sclerosis/motor neuron disease: the WHODAS 2.0-36, WHODAS 2.0-32, and WHODAS 2.0-12	Amyotrophic Lateral Sclerosis & Frontotemporal Degeneration; 23rd July 2022. Published online ahead of print	Young CA, Ealing J, McDermott CJ, Williams TL, Al-Chalabi A, Majeed T, Talbot K, Harrower T, Faull C, Malaspina A, Annadale J, Mills RJ, Tennant A; TONiC Study Group	https://doi.org/10.1080/21678421.2022.2102926
Aug-22	Article	Health care utilization and outcomes in older adults after Traumatic Brain Injury: a CENTER-TBI study	Injury; August 2022; vol. 53 (no. 8); p. 2774-2782. Published online 25th May 2022	van der Vlegel M, Mikolić A, Lee Hee Q, Kaplan ZLR, Retel Helmrich IRA, van Veen E, Andelic N, Steinbuechel NV, Plass AM, Zeldovich M, Wilson L, Maas AIR, Haagsma JA, Polinder S; CENTER-TBI Participants and Investigators	https://doi.org/10.1016/j.injury.2022.05.009
Jun-22	Article	Clinical neurophysiology of Parkinson's disease and parkinsonism	Clinical Neurophysiology Practice; 2022; vol. 7; p. 201-227. Published online 30th June 2022	Chen R, Berardelli A, Bhattacharya A, Bologna M, Chen KS, Fasano A, Helmich RC, Hutchison WD, Kamble N, Kühn AA, Macerollo A, Neumann WJ, Pal PK, Paparella G, Suppa A, Udupa K	https://doi.org/10.1016/j.cnp.2022.06.002
Jul-22	Article	Structural network alterations in focal and generalized epilepsy assessed in a worldwide ENIGMA study follow axes of epilepsy risk gene expression	Nature Communications; 27th July 2022; vol. 13 (no. 1); article no. 4320	Larivière S, Royer J, Rodríguez-Cruces R, Paquola C, Caligiuri ME, Gambardella A, Concha L, Keller SS, Cendes F, Yasuda CL, Bonilha L, Gleichgerrcht E, Focke NK, Domin M, von Podewills F, Langner S, Rummel C, Wiest R, Martin P, Kotikalapudi R, O'Brien TJ, Sinclair B, Vivash L, Desmond PM, Lui E, Vaudano AE, Meletti S, Tondelli M, Alhusaini S, Doherty CP, Cavalieri GL, Delanty N, Kälviäinen R, Jackson GD, Kowalczyk M, Mascalchi M, Semmelroch M, Thomas RH, Soltanian-Zadeh H, Davoodi-Bojd E, Zhang J, Winston GP, Griffin A, Singh A, Tiwari VK, Kreilkamp BAK, Lenge M, Guerrini R, Hamandi K, Foley S, Rüber T, Weber B, Depondt C, Absil J, Carr SJA, Abela E, Richardson MP, Devinsky O, Severino M, Striano P, Tortora D, Kaestner E, Hatton SN, Vos SB, Caciagli L, Duncan JS, Whelan CD, Thompson PM, Sisodiya SM, Bernasconi A, Labate A, McDonald CR, Bernasconi N, Bernhardt BC	https://www.nature.com/articles/s41467-022-31730-5
Jun-22	Conference Abstract	The COMBAT project - Core post operative morbidity set for paediatric brain tumours	Neuro-Oncology; June 2022; vol. 24 (supplement 1); i144-i145, SURG-13	Krishna S.T.; Millward C.; Mallucci C.; Gamble C.; Jenkinson M.; Pizer B.	https://doi.org/10.1093/neuonc/noac079.531
Jul-22	Article	Predictors of pain and disability outcomes following spinal surgery for chronic low back and radicular pain: a systematic review	Topics in Pain Management; July / August 2022; vol. 37 (no. 12); p. 1-17	Halicka M.; Duarte R.; Catherall S.; Maden M.; Coetsee M.; Wilby M.; Brown C.	https://dx.doi.org/10.1097/01.TPM.0000852484.17395.03

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Aug-22	Article	COVID-19 vaccination hesitancy among people with chronic neurological disorders: a position paper	Rakusa M, Öztürk S, Moro E, Helbok R, Bassetti CL, Beghi E, Bereczki D, Bodini B, Di Liberto G, Jenkins TM, Macerollo A, Maia LF, Martinelli-Boneschi F, Pisani A, Priori A, Sauerbier A, Soffietti R, Taba P, von Oertzen TJ, Zedde M, Crean M, Burlica A, Cavallieri F, Sellner J; European Academy of Neurology NeuroCOVID-19 Task Force	European Journal of Neurology; August 2022; vol. 29 (no. 8); p. 2163-2172	https://doi.org/10.1111%2Fene.15368
Aug-22	Article	The importance of getting evidence into practice	Marson AG	Nature Reviews Neurology; August 2022; vol. 18 (no. 8); p. 443-444. Published online 23rd June 2022	https://doi.org/10.1038/s41582-022-00689-8
Jul-22	Article	The effects of a group exercise and education programme on symptoms and physical fitness in patients with fibromyalgia: a prospective observational cohort study	Loftus N, Dobbin N, Crampton JS.	Disability and Rehabilitation; July 2022; vol. 44 (no. 15); p. 3860-3867. Published online 1st March 2021	https://doi.org/10.1080/09638288.2021.1891463
Aug-22	Article	Systematic review and meta-analysis of predictors of return to work after spinal surgery for chronic low back and leg pain	Halicka M, Duarte R, Catherall S, Maden M, Coetsee M, Wilby M, Brown C.	Journal of Pain; August 2022; vol. 23 (no. 8); p. 1318-1342. Published online 18th February 2022	https://doi.org/10.1016/j.jpain.2022.02.003
Aug-22	Article	Altered structural brain networks in refractory and non-refractory idiopathic generalised epilepsy	Mckavanagh A, Kreilkamp BAK, Chen Y, Denby C, Bracewell M, Das K, De Bezenac C, Marson AG, Taylor PN, Keller SS.	Brain Connectivity; August 2022; vol. 12 (no. 6); p. 549-560. Published online 28th September 2021	https://doi.org/10.1089/brain.2021.0035
Jun-22	Article	Cranioplasty with hydroxyapatite or acrylic is associated with a reduced risk of all-cause and infection-associated explantation	Millward CP, Doherty JA, Mustafa MA, Humphries TJ, Islim AI, Richardson GE, Clynch AL, Gillespie CS, Keshwara SM, Kolamunnage-Dona R, Brodbelt AR, Jenkinson MD, Duncan C, Sinha A, McMahon CJ.	British Journal of Neurosurgery; June 2022; vol. 36 (no. 3); p. 385-393. Published online 24th May 2022	https://doi.org/10.1080/02688697.2022.2077311
Aug-22	Article	Matthew Baillie (1761-1823): From Shotts to Duntisbourne Abbots	Muqit M.M.K.; Larner A.J.	Scottish Medical Journal; August 2022; vol. 67 (no. 3); p. 129-133. Published online 11th April 2022	https://doi.org/10.1177/00369330221093752
Oct-22	Article	Neuropathy score reporting and data system (NS-RADS): MRI reporting guideline of peripheral neuropathy explained and reviewed	Chhabra, Avneesh; Deshmukh, Swati D.; Lutz, Amelie M.; Fritz, Jan; Sneag, Darryl B.; Mogharrabi, Bayan; Guirguis, Mina; Andreisek, Gustav; Xi, Yin; Ahlawat, Shivani	Skeletal Radiology; October 2022; vol. 51 (no. 10); p. 1909-1922. Published online 27th April 2022	https://doi.org/10.1007/s00256-022-04061-1
Aug-22	Article	An International Perspective on Preceding Infections in Guillain-Barré Syndrome: The IGOS-1000 Cohort	Leonhard SE, van der Eijk AA, Andersen H, Antonini G, Arends S, Attarian S, Barroso FA, Bateman KJ, Batstra MR, Benedetti L, van den Berg B, Van den Bergh P, Bürmann J, Busby M, Casasnovas C, Cornblath DR, Davidson A, Doets AY, van Doorn PA, Dornonville de la Cour C, Feasby TE, Fehmi J, Garcia-Sobrino T, Goldstein JM, Gorson KC, Granit V, Dm Hadden R, Harbo T, Hartung HP, Hasan I, Holbech JV, Holt JK, Jahan I, Islam Z, Karafiath S, Katzberg HD, Kleyweg RP, Kolb N, Kuitwaard K, Kuwahara M, Kusunoki S, Lujiten LWG, Kuwabara S, Lee Pan E, Lehmann HC, Maas M, Martin-Aguilar L, Miller JA, Mohammad QD, Monges S, Nedkova-Hristova V, Nobile-Orazio E, Pardo J, Pereon Y, Querol L, Reisin R, Van Rijs W, Rinaldi S, Roberts RC, Roodbol J, Shahrizaila N, Sindrup SH, Stein B, Cheng-Yin T, Tankisi H, Tio-Gillen AP, Sedano Tous MJ, Verboon C, Vermeij FH, Visser LH, Huizinga R, Willison HJ, Jacobs BC; IGOS Consortium.	Neurology; 18th August 2022. Published online ahead of print	https://doi.org/10.1212/wnl.0000000000200885
Aug-22	Article	Measuring coping in multiple sclerosis: The Coping Index-MS	Young CA, Mills RJ, Langdon D, Rog DJ, Sharrack B, Kalra S, Majeed T, Footit D, Harrower T, Nicholas RS, Ford HL, Woolmore J, Johnstone C, Thorpe J, Paling D, Ellis C, Hanneman CO, Tennant A.	Multiple Sclerosis; 24th August 2022. Published online ahead of print	https://doi.org/10.1177/13524585221114004
Jul-22	Article	Delphi study to define core clinical outcomes for inclusion in a complex regional pain syndrome international research registry and data bank	Llewellyn A, Buckle L, Grieve S, Birklein F, Brunner F, Goebel A, Harden RN, Bruehl S, Vaughan-Spickers N, Connett R, McCabe C.	Pain; 4th July 2022. Published online ahead of print	https://doi.org/10.1097/j.pain.0000000000002729
Aug-22	Article	Management of WEB device migration and mal-position in endovascular treatment of cerebral aneurysms	Gravino G, Masri S, Chandran A, Puthuran M.	Interventional Neuroradiology; Journal of peritherapeutic neuroradiology, surgical procedures and related neurosciences; 25th August 2022. Published online ahead of print	https://doi.org/10.1177/15910199221122857
Aug-22	Article	Real world experience with minimally invasive wireless percutaneous neuromodulation in a tertiary care centre	Pushparaj H, Chawla R, Bhargava D, Biswas S, Sharma ML.	British Journal of Pain; August 2022; vol. 16 (no. 4); p. 370-378. Published online 19th December 2021	https://doi.org/10.1177/20494637211062321
Sep-22	Article	Lumbar radicular pain	Soar H, Comer C, Wilby MJ, Baranidharan G.	BJA Education; September 2022; vol. 22 (no. 9); p. 343-349. Published online 1st August 2022	https://doi.org/10.1016/j.bjae.2022.05.003
Aug-22	Letter	Diagnostic criteria for sporadic Creutzfeldt-Jakob disease still missing psychiatric features	Larner A.J.	Progress in Neurology and Psychiatry; July/August/September 2022; vol. 26 (no. 3). Published online 9th August 2022	https://doi.org/10.1002/pnp.761
Mar-22	Conference Abstract	A retrospective review of the management of lung cancer patients referred into the regional neuro-oncology pathway in Merseyside, United Kingdom	Heseltine J.; Corte A.; Kennedy O.; Sharples H.; Wong H.; Brodbelt A.; Mehta S.	Lung Cancer; March 2022; vol. 165 (supplement 1); S3-S4.	https://dx.doi.org/10.1016/S0169-5002%2822%2900053-8

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Aug-22	Article	Visual impairment service review	British Journal of Neuroscience Nursing; August 2022; vol. 18 (no. 4); p. 165-168	Wilby, Emma	https://doi.org/10.12968/bjnn.2022.18.4.165
Sep-22	Article	Reducing radiation exposure in neurointervention through dedicated training on the biplane angiographic system	Clinical Radiology; September 2022; vol. 77 (no. 9); p. 684-688. Published online 25th June 2022	Gravino G, Pullicino R, Chandran A, Puthuran M.	https://doi.org/10.1016/j.crad.2022.05.026
Sep-22	Letter	Letter to the Editor. Stereotactic radiosurgery for cavernous malformations: does it beat the natural history?	Journal of Neurosurgery; 2nd September 2022. Published online ahead of print	Taweel BA, Hannan CJ, Chavredakis E.	https://doi.org/10.3171/2022.5.jns22904
Jun-22	Article	Three sessions of intensive short-term dynamic psychotherapy (ISTDP) for patients with dissociative seizures: a pilot study	Psychoanalytical Psychotherapy; June 2022; vol. 36 (no. 2); p. 81-104	Castillo, Javier Malda; Beton, Ella; Coman, Conor; Howell, Bethany; Burness, Chrissie; Martlew, Jayne; Russell, Leo; Town, Joel; Abbass, Allan; Algorta, Guillermo Perez; Valavanis, Sophie	https://doi.org/10.1080/02668734.2021.2018623
Sep-22	Article	Prevalence of depression in amyotrophic lateral sclerosis/motor neuron disease: multi-attribute ascertainment and trajectories over 30 months	Amyotrophic Lateral sclerosis & Frontotemporal Degeneration; 6th September 2022. Published online ahead of print	Young CA; Ealing J; McDermott CJ; Williams TL; Al-Chalabi A; Majeed T; Talbot K; Harrower T; Faull C; Malaspina A; Annadale J; Mills RJ; Tennant A; Tonic Study Group	https://dx.doi.org/10.1080/21678421.2022.2096410
Aug-22	Case Reports	Polyarteritis nodosa presenting with posterior reversible leukoencephalopathy syndrome	BMJ Case Reports; August 2022; vol. 15 (no. 8); p. e250867. Published online 31st August 2022	Heartshorne, Rosie; Nwe, May; Barakat, Athar; Alusi, Sundus	http://dx.doi.org/10.1136/bcr-2022-250867
Jun-22	Conference Abstract	Characteristics of pain in UK patients with Behcet's Syndrome: a prospective observational cohort study	Annals of the Rheumatic Diseases; June 2022; vol. 81 (supplement 1); p. 225-226. POS0022	Plant K.; Chadwick L.; Goebel A.; Nair J.; Moots R.; Goodson N.	https://dx.doi.org/10.1136/annrheumdis-2022-eular.1536
Jul-22	Article	The neuropsychological outcomes of non-fatal strangulation in domestic and sexual violence: A systematic review	Neuropsychological Rehabilitation; July 2022; vol. 32 (no. 6); p. 1164-1192. Published online 12th January 2021	Bichard H, Byrne C, Saville CWN, Coetzer R.	https://doi.org/10.1080/09602011.2020.1868537
Sep-22	Article	Neurological manifestations of COVID-19 in adults and children	Brain: a journal of neurology; 10th September 2022. Published online ahead of print	Cho SM, White N, Premraj L, Battaglini D, Fanning J, Suen J, Bassi GL, Fraser J, Robba C, Griffee M, Singh B, Citarella BW, Merson L, Solomon T, Thomson D; ISARIC Clinical Characterisation Group.	https://doi.org/10.1093/brain/awac332
Jul-22	Conference Abstract	Delivering environmental sustainability through informed volatile awareness: a pan-Mersey quality-improvement project of volatile and total intravenous anaesthesia use	Anaesthesia; July 2022; vol. 77 (supplement 3); p. 63. Abstract 114	Berwick C.; Holmes J.; Colville T.	https://doi.org/10.1111/anae.15766
Sep-22	Protocol	Imaging timing after glioblastoma surgery (INTERVAL-GB): protocol for a UK and Ireland multicentre retrospective cohort study	BMJ Open; 13th September 2022; vol. 12 (no. 9); p. e063043	Gillespie CS, Bligh ER, Poon MTC, Solomou G, Islim AI, Mustafa MA, Rominiyi O, Williams ST, Kaira N, Mathew RK, Booth TC, Thompson G, Brennan PM, Jenkinson MD; INTERVAL-GB Collaborative; British Neurosurgical Trainee Research Collaborative (BNTRC); Neurology and Neurosurgery Interest Group (NANSIG); Neurology and Neurosurgery Interest Group.	https://doi.org/10.1136/bmjopen-2022-063043
Sep-22	Article	Acute seizure risk in patients with encephalitis: development and validation of clinical prediction models from two independent prospective multicentre cohorts	BMJ Neurology Open; 2022; vol. 4 (no. 2); p. e000323. Published online 5th September 2022	Wood GK, Babar R, Ellul MA, Thomas RH, Van Den Tooren H, Easton A, Tharmaratnam K, Burnside G, Alam AM, Castell H, Boardman S, Collie C, Facer B, Dunai C, Defres S, Granerod J, Brown DWG, Vincent A, Marson AG, Irani SR, Solomon T, Michael BD.	https://dx.doi.org/10.1136/bmjno-2022-000323
Jul-22	Letter	Posterior Circulation Approach for Anterior Circulation Thrombectomy in a Patient with Dysgenetic Internal Carotid Artery	Annals of Indian Academy of Neurology; July/August 2022; vol. 25 (no. 4); p. 749-752	Somenath Chatterjee, Karthikeyan Vanchilingam, Siddhartha Wuppalapat, Hemant Sonwalkar, Abhijit Das	https://www.doi.org/10.4103/aian.aian_22_22
Sep-22	Conference Abstract	Tranexamic Acid Use in Meningioma Surgery - a Systematic Review and Meta-Analysis	British Journal of Surgery; September 2022; vol. 109 (supplement 6); p. vi81-vi82. Abstract 622. Published online 19th August 2022	Gillespie C.S.; Clynch A.; Richardson G.E.; Mustafa A.; Islim A.I.; Kumar S.; Keshwara S.M.; Millward C.P.; Jenkinson M.D.	https://academic.oup.com/bjs/article/109/Supplement_6/znac276/6672109
Sep-22	Conference Abstract	Seizure Control in Glioma Related Epilepsy: Proposal of a Qualitative Attribute Selection for a Discrete Choice Experiment into Patient Priorities for Treatment Goals	British Journal of Surgery; September 2022; vol. 109 (supplement 6); p. vi81. Abstract 507. Published online 19th August 2022	Clynch A.; Elliott M.; Holmes E.; Marson T.; Jenkinson M.D.	https://academic.oup.com/bjs/article/109/Supplement_6/znac274/6672283
Oct-22	Article	How should we treat long-standing overt ventriculomegaly in adults (LOVA)? A retrospective cohort study	Neurosurgical Review, October 2022; vol. 45 (no.5); p. 3193-3200. Published 11th June 2022	Gillespie, Conor S; Richardson, George E; Mustafa, Mohammad A; Evans, Daisy; George, Alan M; Islim, Abdurrahman I; Mallucci, Conor; Jenkinson, Michael D; McMahon, Catherine J.	https://link.springer.com/article/10.1007/s10143-022-01812-5

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Sep-22	Article	Characterizing conventional ankle MRI findings of nerve and muscle changes in diabetic patients: a case-control study	Skeletal Radiology; 28th September 2022. Published online ahead of print	Lue B, Amaya J, Silva FD, Raspovic K, Xi Y, Chhabra A.	https://doi.org/10.1007/s00256-022-04190-7
Oct-22	Article	Timing of headache after COVID-19 vaccines and its association with cerebrovascular events: an analysis of 41,700 VAERS reports	Cephalalgia; October 2022; vol. 42 (no. 11-12); p. 1207-1217. Published online 6th May 2022	Garcia-Azorin D, Baykan B, Beghi E, Doheim MF, Fernandez-de-Las-Penas C, Gezegen H, Guekht A, Hoo FK, Santacatterina M, Sejvar J, Tamborska AA, Thakur KT, Westenberg E, Winkler AS, Frontera JA; Contributors from the Global COVID-19 Neuro Research Coalition.	https://doi.org/10.1177/03331024221099231
Oct-22	Article	Differentiating Multiple Sclerosis From AQP4-Neuromyelitis Optica Spectrum Disorder and MOG-Antibody Disease With Imaging	Neurology; 3rd October 2022. Published online ahead of print	Cortese R, Carrasco FP, Tur C, Bianchi A, Brownlee W, De Angelis F, De La Paz I, Grussu F, Haider L, Jacob A, Kanber B, Magnollay L, Nicholas RS, Trip A, Yiannakas M, Toosy AT, Hacohen Y, Barkhof F, Ciccarelli O.	https://doi.org/10.1212/wnl.0000000000201465
Oct-22	Article	Informing the UK Muslim Community on Organ Donation: Evaluating the Effect of a National Public Health Programme by Health Professionals and Faith Leaders	Journal of Religion and Health; 7th October 2022. Published online ahead of print	Ali OME, Gkekas E, Ali AMS, Tang TYT, Ahmed S, Chowdhury I, Waqar S, Hamed A, Al-Ghazal S, Ahmed S.	https://doi.org/10.1007/s10943-022-01680-9
Oct-22	Article	When is a staging scan required for newly diagnosed brain lesions on CT? A multivariate logistic regression analysis	Acta Neurochirurgica (Wien); 8th October 2022. Published online ahead of print	Ali AMS, Varasteh AA, Konteas AB, Doherty JA, Iqbal N, Vupputuri H, Brodbelt AR.	https://doi.org/10.1007/s00701-022-05374-9
Oct-22	Article	The pioneering past and cutting-edge future of interventional neuroradiology	Interventional Neuroradiology; 9th October 2022. Published online ahead of print	Gravino G.	https://doi.org/10.1177/15910199221130234
Sep-22	Conference Abstract	Evaluation of intraoperative surgical adjuncts and resection of glioblastoma (ELISAR GB): A UK and Ireland, multicentre, prospective observational cohort study	Neuro-Oncology; 2022; vol. 24 (no. 2); p. ii15-ii16. Abstract OS07.2.A Published online 5th September 2022	Solomou G.; Gharooni A.; Whitehouse K.; Poon M.T.C.; Piper R.J.; Fountain D.M.; Khan D.Z.; Lopez C.C.; Ooi S.Z.; Lammy S.; Maqsood R.; Brochert R.J.; Patel W.; Baig A.; Haq M.; O'Donnell A.; Joseph G.; Ashkan K.; Jenkinson M.D.; Kolias A.G.; Plaha P.; Price S.J.; Watts C.	https://doi.org/10.1093/neuonc/noac174.047
Oct-22	Article	Radiological follow-up of endovascularly treated intracranial aneurysms: a survey of current practice in the UK and Ireland	Acta Neurochirurgica (Wien); 11th October 2022. Published online ahead of print	Hannan CJ, Islim AI, Alalade AF, Bacon A, Ghosh A, Dalton A, Abouharb A, Walsh DC, Bulters D, White E, Chavredakis E, Kounin G, Critchley G, Dow G, Patel HC, Brydon H, Anderson IA, Fouyas I, Galea I, St George J, Bal J, Patel K, Kamel M, Teo M, Fanning N, Mukerji N, Grover P, Mitchell P, Whitfield PC, Trivedi R, Crockett MT, Brennan P, Javadpour M.	https://doi.org/10.1007/s00701-022-05379-4
Sep-22	Article	An International Perspective on Preceding Infections in Guillain-Barré Syndrome: The IGOS-1000 Cohort	Neurology; 20th September 2022; vol. 99 (no. 12); e1299-e1313. Published online 18th August 2022	Leonhard SE, van der Eijk AA, Andersen H, Antonini G, Arends S, Attarian S, Barroso FA, Bateman KJ, Batstra MR, Benedetti L, van den Berg B, Van den Bergh P, Bürmann J, Busby M, Casasnovas C, Cornblath DR, Davidson A, Doets AV, van Doorn PA, Dornonville de la Cour C, Feasby TE, Fehmi J, Garcia-Sobrino T, Goldstein JM, Gorson KC, Grant V, Hadden RDM, Harbo T, Hartung HP, Hasan I, Holbech JV, Holt JKL, Jahan I, Islam Z, Karafiath S, Katzberg HD, Kleyweg RP, Kolb N, Kuttwaard K, Kuwahara M, Kusunoki S, Luijten LWG, Kuwabara S, Lee Pan E, Lehmann HC, Maas M, Martin-Aguilar L, Miller JAL, Mohammad QD, Monges S, Nedkova-Hristova V, Nobile-Orazio E, Pardo J, Pereon Y, Querol L, Reisin R, Van Rijs W, Rinaldi S, Roberts RC, Roodbol J, Shahrizaila N, Sindrup SH, Stein B, Cheng-Yin T, Tankisi H, Tio-Gillen AP, Sedano Tous MJ, Verboon C, Vermeij FH, Visser LH, Huizinga R, Willison HJ, Jacobs BC; IGOS Consortium	https://doi.org/10.1212/wnl.0000000000020885
Oct-22	Article	Neurological and psychiatric presentations associated with human monkeypox virus infection: A systematic review and meta-analysis	EClinicalMedicine; October 2022; vol. 52; article 101644. Published online 8th September 2022	Badenoch JB, Conti I, Rengasamy ER, Watson CJ, Butler M, Hussain Z, Carter B, Rooney AG, Zandi MS, Lewis G, David AS, Houlihan CF, Easton A, Michael BD, Kuppalli K, Nicholson TR, Pollak TA, Rogers JP	https://doi.org/10.1016/j.eclinm.2022.101644
Oct-22	Article	Assessment of patients with a Chiari malformation type I	Brain & Spine; 2022; vol. 2; article 100850. Published online 3rd December 2021	Tam SKP; Chia I; Brodbelt A; Foroughi M	https://doi.org/10.1016/j.bas.2021.100850
Oct-22	Article	Neurocognitive correlates of probable posttraumatic stress disorder following traumatic brain injury	Brain & Spine; 2022; vol. 2; article 100854. Published online 22nd December 2021	Van Praag DLG, Wouters K, Van Den Eede F, Wilson L, Maas AIR; CENTER-TBI investigators and participants	https://doi.org/10.1016/j.bas.2021.100854
Nov-22	Letter	The global brain health clinical exchange platform: Translating concepts to collaborations	Journal of the Neurological Sciences; 15th November 2022; vol. 442; article 120447. Published online 1st October 2022	Wood GK, Thakur KT, Bharambe V, Chomba M, Garcia-Azorin D, Prasad K, Souza MNP, Chou SH, Giraldo JDR, Fink E, Hoo FK, Siddiqi OK, Solomon T, Winkler AS, Michael BD	https://doi.org/10.1016/j.jns.2022.120447
Oct-22	Article	Fewer COVID-19 neurological complications with dexamethasone and remdesivir	Annals of Neurology; 19th October 2022. Published online ahead of print	Grundmann A, Wu CH, Hardwick M, Baillie JK, Openshaw PJ, Semple MG, Böhning D, Pett S, Michael BD, Thomas RH, Galea I; ISARIC4C investigators	https://doi.org/10.1002/ana.26536
Oct-22	Letter	Letter to editor in reference to OT-RADS	Skeletal Radiology; 19th October 2022. Published online ahead of print	Chhabra A.	https://doi.org/10.1007/s00256-022-04209-z
Oct-22	Article	Meningioma systematic reviews and meta-analyses: an assessment of reporting and methodological quality	British Journal of Neurosurgery; 20th October 2022. Published online ahead of print	George AM, Gupta S, Keshwara SM, Mustafa MA, Gillespie CS, Richardson GE, Steele AC, Zamanipoor Najafabadi AH, Dirven L, Marson AG, Islim AI, Jenkinson MD, Millward CP.	https://doi.org/10.1080/02688697.2022.2115008

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Dec-22	Article	Measurement invariance of six language versions of the post-traumatic stress disorder checklist for DSM-5 in civilians after traumatic brain injury	Bodkop F, Zeldovich M, Cunitz K, Van Praag D, van der Vlegel M, Beissbarth T, Hagmayer Y, von Steinbuechel N; CENTER-TBI participants and investigators	Scientific Reports; December 2022; vol. 12 (no. 1); article 16571. Published online 4th October 2022	https://doi.org/10.1038/s41598-022-20170-2
Oct-22	Article	The biology of symptom-based disorders - Time to act	Goebel A, Schoenfeld Y.	Autoimmunity Reviews; 22nd October 2022; article 103218. Published online ahead of print	https://doi.org/10.1016/j.autrev.2022.103218
Oct-22	Article	Glenohumeral osteoarthritis: what the surgeon needs from the radiologist	Silva FD, Ramachandran S, Chhabra A.	Skeletal Radiology; 26th October 2022. Published online ahead of print	https://doi.org/10.1007/s00256-022-04206-2
Oct-22	Article	The impact of social isolation due to the COVID-19 pandemic on patients with dementia and caregivers	Manca R, De Marco M, Colston A, Raymont V, Amin J, Davies R, Kumar P, Russell G, Blackburn DJ, Venneri A.	Acta Neuropsychiatrica; October 2022; vol. 34 (no. 5); p. 276-281. Published online 4th April 2022	https://doi.org/10.1017/neu.2022.12
Jun-22	Article	Factors affecting ventriculoperitoneal shunt revision: a post hoc analysis of the British Antibiotic and Silver Impregnated Catheter Shunt multicenter randomized controlled trial	Sunderland GJ, Conroy EJ, Nelson A, Gamble C, Jenkinson MD, Griffiths MJ, Mallucci CL.	Journal of Neurosurgery; 3rd June 2022. Published online ahead of print	https://doi.org/10.3171/2022.4.Jns22572
Oct-22	Article	Radiofrequency techniques for chronic pain	Walsh T.; Malhotra R.; Sharma M.	BJA Education; 20th October 2022. Published online ahead of print	https://doi.org/10.1016/j.bjae.2022.08.004
Sep-22	Article	The aerobiology of SARS-CoV-2 in UK hospitals and the impact of aerosol generating procedures	Gould S.; Byrne R.L.; Edwards T.; Aljayyoussi G.; Wooding D.; Buist K.; Kontogianni K.; Bennett A.; Atkinson B.; Moore G.; Dunning J.; Todd S.; Hoyle M.-C.; Turtle L.; Solomon T.; Fitzgerald R.; Beadsworth M.; Garner P.; Adams E.R.; Fletcher T.	medRxiv; 9th September 2022. Published online ahead of print	https://doi.org/10.1101/2022.09.07.22279662
Oct-22	Conference Abstract	An audit of serial stereotactic biopsies at the WCFT between 2018-2021	Gilder C.; Pal P.	Neuro-Oncology; October 2022; vol. 24 (supp. 4); p. iv21. Published online 1st October 2022	https://doi.org/10.1093/neuonc/noac200.096
Nov-22	Article	Increased volume of cerebral oedema is associated with risk of acute seizure activity and adverse neurological outcomes in encephalitis - regional and volumetric analysis in a multi-centre cohort	Alam AM, Chen JPK, Wood GK, Facer B, Bhojak M, Das K, Defres S, Marson A, Granerod J, Brown D, Thomas RH, Keller SS, Solomon T, Michael BD.	BMC Neurology; 2022; vol. 22; article 412. Published online 7th November 2022	https://doi.org/10.1186/s12883-022-02926-5
Oct-22	Conference Abstract	A retrospective review of the clinical outcomes of lung cancer patients referred into the Regional Neuro-Oncology Pathway in 2020 in Merseyside, United Kingdom	Heseltine J.; Corte A.; Kennedy O.; Sharples H.; Brodbelt A.; Mehta S.	Neuro-Oncology; October 2022; vol. 24 (supp. 4); p. iv21. Published online 1st October 2022	https://doi.org/10.1093/neuonc/noac200.094
Oct-22	Conference Abstract	5-aminolevulinic acid (5-ALA) use at the Walton Centre NHS Foundation Trust (WCFT)	Bennett R.; Akinsanya E.	Neuro-Oncology; October 2022; vol. 24 (supp. 4); p. iv20. Published online 1st October 2022	https://doi.org/10.1093/neuonc/noac200.089
Oct-22	Conference Abstract	Glicova: predictors of post-operative complications, 30 day mortality and readmission after first surgical intervention in brain tumour patients in England between 2013-2018	Mauricaite R.; Le Calvez K.; Brodbelt A.; Bottle A.; Gregory J.; Booth T.; Williams M.	Neuro-Oncology; October 2022; vol. 24 (supp. 4); p. iv8. Published online 1st October 2022	https://doi.org/10.1093/neuonc/noac200.033
Oct-22	Conference Abstract	Long term quality of life outcomes following surgical resection alone for benign paediatric intracranial tumours	Kumar S.; Islim A.; Moon R.; Millward C.; Hennigan D.; Bakhsh A.; Thorpe A.; Foster M.; Pizer B.; Mallucci C.; Jenkinson M.	Neuro-Oncology; October 2022; vol. 24 (supp. 4); p. iv7. Published online 1st October 2022	https://doi.org/10.1093/neuonc/noac200.031
Oct-22	Conference Abstract	The impact of molecular analysis on patient waiting time: a neurosurgical audit	Maducolil J.E.; Mustafa M.A.; Hayes W.; Williams A.; Pal P.; Rathi N.; Brodbelt A.	Neuro-Oncology; October 2022; vol. 24 (supp. 4); p. iv18. Published online 1st October 2022	https://doi.org/10.1093/neuonc/noac200.080
Oct-22	Conference Abstract	Management of low-grade gliomas - extent of resection matters but not all tumours are amenable to surgery	Sokratous G.; Sokratous J.; Bakhsh A.; Brodbelt A.; Chavredakis E.; Lawson D.; Farah J.; Shenoy A.; May C.; Jenkinson M.; Mehta S.	Neuro-Oncology; October 2022; vol. 24 (supp. 4); p. iv17. Published online 1st October 2022	https://doi.org/10.1093/neuonc/noac200.074
Oct-22	Conference Abstract	Systemic inflammation is implicated in de novo seizures following meningioma resection	Bakhsh A.; Gillespie C.; Kumar S.; Richardson G.; Mustafa A.; Mirza N.; Jenkinson M.	Neuro-Oncology; October 2022; vol. 24 (supp. 4); p. iv4. Published online 1st October 2022	https://doi.org/10.1093/neuonc/noac200.015
Oct-22	Conference Abstract	Newly diagnosed brain tumours: when is a staging CT required?	El-Sayed Ali A.M.; Doherty J.A.; Konteas A.B.; Varasteh A.A.; Iqbal N.; Vupputuri H.; Brodbelt A.	Neuro-Oncology; October 2022; vol. 24 (supp. 4); p. iv12. Published online 1st October 2022	https://doi.org/10.1093/neuonc/noac200.053
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Oct-22	Conference Abstract	A retrospective review of the management of lung cancer patients referred into the regional neuro-oncology pathway in Merseyside, United Kingdom	Heseltine J.; Corte A.; Kennedy O.; Sharples H.; Brodbelt A.; Mehta S.	Neuro-Oncology; October 2022; vol. 24 (supp. 4); p. iv11. Published online 1st October 2022	https://doi.org/10.1093/neuonc/noac200.050
Oct-22	Conference Abstract	IDHwt glioblastomas show opposing resistance mechanisms across patients in response to standard treatment	Tanner G.; Finetti M.A.; Pollock S.; Rippaus N.; Bruns A.-F.; Hogg C.; Droop A.; Bruning-Richardson A.; Care M.; Wilkinson J.; Jenkinson M.; Brodbelt A.; Chakrabarty A.; Ismail A.; Short S.; Stead L.	Neuro-Oncology; October 2022; vol. 24 (supp. 4); p. iv1. Published online 1st October 2022	https://doi.org/10.1093/neuonc/noac200.000
Sep-22	Conference Abstract	Automatic and manual segmentation of the piriform cortex: Method development and application to patients with mesial temporal lobe epilepsy	Steinbart D.; Yaakub S.N.; Steinbrenner M.; Guldin L.S.; Holtkamp M.; Keller S.; Weber B.; Ruber T.; Heckemann R.; Ilyas-Feldmann M.; Hammers A.	Epilepsia; September 2022; vol. 63 (supp. 2); p. 216-217. Oral presentation 830.	https://onlinelibrary.wiley.com/doi/epdf/10.1111/epi.17388
Nov-22	Article	Sporadic multiple intracranial meningioma does not infer worse patient outcomes: results from a case control study	Islim AI, Lee JX, Mustafa MA, Millward CP, Gillespie CS, Richardson GE, Taweel BA, Chavredakis E, Mills SJ, Brodbelt AR, Jenkinson MD.	Journal of Neuro-oncology; 15th November 2022. Published online ahead of print	https://doi.org/10.1007/s11060-022-04184-4
Nov-22	Protocol	FUTURE-GB: functional and ultrasound-guided resection of glioblastoma - a two-stage randomised control trial	Plaha P, Camp S, Cook J, McCulloch P, Voets N, Ma R, Taphoorn MJB, Dirven L, Grech-Sollars M, Watts C, Bulbeck H, Jenkinson MD, Williams M, Lim A, Dixon I, Price SJ, Ashkan K, Apostolopoulos V, Barber VS, Taylor A	BMJ Open; November 2022; vol. 12 (no. 11); article e064823. Published online 15th November 2022	https://doi.org/10.1136/bmjopen-2022-064823
Oct-22	Article	Abdominal cutaneous nerve entrapment syndrome: a cross sectional survey of treatment outcomes	Kanakarajan S, Dharmavaram S, Tadros A, Pushparaj H, Rose A.	British Journal of Pain; October 2022; vol. 16 (no. 5); p. 538-545. Published online 20th May 2022	https://doi.org/10.1177/20494637221101719
Dec-22	Article	Radiofrequency techniques for chronic pain	Walsh T, Malhotra R, Sharma M.	BJA Education; December 2022; vol. 22 (no. 12); p. 474-483. Published online 20th October 2022	https://doi.org/10.1016/j.bjae.2022.08.004
Dec-22	Article	Measuring coping in multiple sclerosis: The Coping Index-MS	Young CA, Mills RJ, Langdon D, Rog DJ, Sharrack B, Kalra S, Majeed T, Footit D, Harrower T, Nicholas RS, Ford HL, Woolmore J, Johnstone C, Thorpe J, Paling D, Ellis C, Hanneman CO, Tennant A.	Multiple Sclerosis; December 2022; vol. 28 (no. 14); p. 2274-2284. Published online 24th August 2022	https://doi.org/10.1177/13524585221114004
Jan-23	Article	Acute Inflammatory Diseases of the Central Nervous System After SARS-CoV-2 Vaccination	Francis AG, Elhadd K, Camera V, Ferreira Dos Santos M, Rocchi C, Adib-Samii P, Athwal B, Attfield K, Barritt A, Craner M, Fisniku L, Iversen AKN, Leach O, Matthews L, Redmond I, O'Riordan I, Scalfari A, Tanasescu R, Wren D, Huda S, Leite MI, Fugger L, Palace J.	Neurology Neuroimmunology & Neuroinflammation; January 2023; vol. 10 (no. 1); e200063. Published online 21st November 2022	https://doi.org/10.1212/nxi.0000000000200063
Nov-22	Article	Use of remote monitoring and integrated platform for the evaluation of sleep quality in adult-onset idiopathic cervical dystonia	Bailey GA, Matthews C, Szewczyk-Krolikowski K, Moore P, Komarzynski S, Davies EH, Peall KJ	Journal of Neurology; 21st November 2022. Published online ahead of print	https://doi.org/10.1007/s00415-022-11490-4
Dec-22	Article	Characterisation of the immune microenvironment of primary breast cancer and brain metastasis reveals depleted T-cell response associated to ARG2 expression	Giannoudis A, Varešlija D, Sharma V, Zakaria R, Platt-Higgins A, Rudland PS, Jenkinson MD, Young LS, Palmieri C.	ESMO Open; December 2022; vol. 7 (no. 6); article 100636. Published online 21st November 2022	https://doi.org/10.1016/j.esmoop.2022.100636
Dec-22	Article	The International Fragile X Premutation Registry: building a resource for research and clinical trial readiness	Hessl D, Rosselot H, Miller R, Espinal G, Famula J, Sherman SL, Todd PK, Cabal Herrera AM, Lipworth K, Cohen J, Hall DA, Leehey M, Grigsby J, Weber JD, Alusi S, Wheeler A, Raspa M, Hudson T, Sobrian SK.	Journal of Medical Genetics; December 2022; vol. 59 (no.12); p. 1165-1170. Published online 14th June 2022	https://doi.org/10.1136/jmedgenet-2022-108568
Nov-22	Article	The diagnosis of fibromyalgia syndrome	Berwick R, Barker C, Goebel A; guideline development group.	Clinical Medicine (London); November 2022; vol. 22 (no. 6); p. 570-574	https://www.rcpjournals.org/content/clinmedicine/22/6/570
Jan-23	Article	Presentation, management, and outcomes of cauda equina syndrome up to one year after surgery, using clinician and participant reporting: A multi-centre prospective cohort study	Woodfield J, Hoeritzauer I, Jamjoom AAB, Jung J, Lammy S, Pronin S, Hannan CJ, Watts A, Hughes L, Moon RDC, Darwish S, Roy H, Copley PC, Poon MTC, Thorpe P, Srikandarajah N, Grahovac G, Demetriades AK, Eames N, Sell PJ, Statham PFX; UCES Collaborators; British Neurosurgical Trainee Research Collaborative	Lancet Regional Health Europe; January 2023; vol. 24; article 100545. Published online 17th November 2022	https://doi.org/10.1016/j.lanepe.2022.100545
Dec-22	Article	Anterior cruciate ligament foot plate anatomy: 3-dimensional and 2-dimensional MRI evaluation with arthroscopy assessment in a subset of patients	Nguyen T, Haider S, Tietze D, Xi Y, Thakur U, Shah J, Chhabra A.	European Radiology; December 2022; vol. 32 (no. 12); p. 8386-8393. Published online 17th June 2022	https://doi.org/10.1007/s00330-022-08920-2
Nov-22	Article	Neurological manifestations of scrub typhus infection: A systematic review and meta-analysis of clinical features and case fatality	Alam AM, Gillespie CS, Goodall J, Damodar T, Turtle L, Vasanthapuram R, Solomon T, Michael BD.	PLoS Neglected Tropical Diseases; 28th November 2022; vol. 16 (no. 11); article e0010952. Published online ahead of print	https://doi.org/10.1371/journal.pntd.0010952
Oct-22	Article	White cord syndrome following posterior decompression and fusion for severe OPLL and an acute traumatic cervical injury – A case report and review of literature	Dahapute AA, Balasubramanian SG, Annis P.	Surgical Neurology International; 28th October 2022; vol. 13; number 501	https://doi.org/10.25259/sni_692_2022
Dec-22	Article	Aftersensations and lingering pain after examination in patients with fibromyalgia syndrome	Berwick RJ, Anderson DA; Goebel A; Marshall A	Pain Medicine; December 2022; vol. 23 (no. 12); p. 1928-1938	https://doi.org/10.1093/pm/pnac089

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Dec-22	Article	Pulse intensity effects of burst and tonic spinal cord stimulation on neural responses to brushing in patients with neuropathic pain	Hewitt D, Byrne A, Henderson J, Wilford K, Chawla R, Sharma ML, Frank B, Fallon N, Brown C, Stancak A.	Neuromodulation; 1st December 2022. Published online ahead of print	https://doi.org/10.1016/j.neurom.2022.11.001
Dec-22	Erratum	Correction: Increased volume of cerebral oedema is associated with risk of acute seizure activity and adverse neurological outcomes in encephalitis – regional and volumetric analysis in a multi-centre cohort	Alam AM; Chen JPK; Wood GK; Facer B; Bhojak M; Das K; Defres S; Marson A; Granerod J; Brown D; Thomas RH; Keller SS; Solomon T; Michael BD	BMC Neurology; 2022; vol. 22, article number 451. Published online 5th December 2022	https://doi.org/10.1186/s12883-022-02995-6
Dec-22	Letter	Re: gender representation within radiology conferences in the UK in 2021	Mills SJ, Dineen RA.	Clinical Radiology; 3rd December 2022. Published online ahead of print	https://doi.org/10.1016/j.crad.2022.11.002
Nov-22	Article	Development and growth of intracranial meningiomas in transgender women taking cyproterone acetate as gender-affirming progestogen therapy: a systematic review	Millward, CP; Keshwara, SM; Islim, AI.; Jenkinson, MD; Alalade, AF; Gilkes, CE	Transgender Health; November 2022; vol. 7 (no. 6); p. 473-483. Published online 29th November 2022	https://doi.org/10.1089/trgh.2021.0025
Jan-23	Article	The biology of symptom-based disorders - time to act	Goebel A, Andersson D, Shoenfeld Y.	Autoimmunity Reviews; January 2023; vol. 22 (no. 1); article 103218. Published online 22nd October 2022	https://doi.org/10.1016/j.autrev.2022.103218
Dec-22	Article	Clinical and MRI measures to identify non-acute MOG-antibody disease in adults	Cortese R, Battaglini M, Prados F, Bianchi A, Haider L, Jacob A, Palace J, Messina S, Paul F, Wuerfel J, Marignier R, Durand-Dubief F, de Medeiros Rimkus C, Callegaro D, Sato DK, Filippi M, Rocca MA, Cacciaguerra L, Rovira A, Sastre-Garriga J, Arrambide G, Liu Y, Duan Y, Gasperini C, Tortorella C, Ruggieri S, Amato MP, Ulivelli M, Groppa S, Grothe M, Llufriu S, Sepulveda M, Lukas C, Bellenberg B, Schneider R, Sowa P, Celius EG, Proebstel AK, Yaldizli Ö, Müller J, Stankoff B, Bodini B, Carmisciano L, Sormani MP, Barkhof F, De Stefano N, Ciccarelli O; MAGNIMS Study Group.	Brain; 14th December 2022; awac480. Published online ahead of print	https://doi.org/10.1093/brain/awac480
Dec-22	Article	Psychometric evaluation of the 'German Neurological Fatigue Index for Multiple Sclerosis (NFI-MS-G)' in a sample of rehabilitation patients with multiple sclerosis	Seebacher B, Horton MC, Reindl M, Brenneis C, Ehling R, Deisenhammer F, Mills RJ.	Die Rehabilitation (Stuttg), 14th December 2022. Published online ahead of print. [Article in German]	https://doi.org/10.1055/a-1903-4483
Dec-22	Article	Quality of life outcomes in incidental and operated meningiomas (QUALMS): a cross-sectional cohort study	Keshwara SM, Gillespie CS, Mustafa MA, George AM, Richardson GE, Clynch AL, Wang IZ, Lawson DDA, Gilkes CE, Farah JO, Yousaf J, Chavredakis E, Mills SJ, Brodbelt AR, Zadeh G, Millward CP, Islim AI, Jenkinson MD.	Journal of Neuro-oncology; 16th December 2022. Published online ahead of print	https://doi.org/10.1007/s11060-022-04198-y
Dec-22	Protocol	Protocol for an observational cohort study investigating biomarkers predicting seizure recurrence following a first unprovoked seizure in adults	Adan GH, de Bézenac C, Bonnett L, Pridgeon M, Biswas S, Das K, Richardson MP, Laiou P, Keller SS, Marson T.	BMJ Open; December 2022; vol. 12 (no. 12); e065390. Published online 5th December 2022	https://doi.org/10.1136/bmjopen-2022-065390
Jan-23	Letter	Letter to the Editor. Stereotactic radiosurgery for cavernous malformations: does it beat the natural history?	Taweel BA, Hannan CJ, Chavredakis E.	Journal of Neurosurgery; January 2023; vol. 138 (no. 1); p. 296-297. Published online 2nd September 2022	https://doi.org/10.3171/2022.5.jns22904
Dec-22	Article	Meningioma systematic reviews and meta-analyses: an assessment of reporting and methodological quality	George AM, Gupta S, Keshwara SM, Mustafa MA, Gillespie CS, Richardson GE, Steele AC, Zamanipoor Najafabadi AH, Dirven L, Marson AG, Islim AI, Jenkinson MD, Millward CP.	British Journal of Neurosurgery; December 2022; vol. 36 (no. 6); p. 678-685. Published online 20th October 2022	https://doi.org/10.1080/02688697.2022.2115008
Dec-22	Article	Tumour treating fields in glioblastoma: is the treatment tolerable, effective, and practical in UK patients?	Olubajo F, Thorpe A, Davis C, Sinha R, Crofton A, Mills SJ, Williams M, Jenkinson MD, Price SJ, Watts C, Brodbelt AR.	British Journal of Neurosurgery; December 2022; vol. 36 (no. 6); p. 770-776. Published online 24th February 2022	https://doi.org/10.1080/02688697.2022.2028722
Jan-23	Article	Long term quality of life outcomes following surgical resection alone for benign paediatric intracranial tumours	Kumar S, Islim AI, Moon R, Millward CP, Hennigan D, Thorpe A, Foster M, Pizer B, Mallucci CL, Jenkinson MD.	Journal of Neuro-oncology; 2nd January 2023. Published online ahead of print	https://doi.org/10.1007/s11060-022-04208-z
Feb-23	Article	Characterizing conventional ankle MRI findings of nerve and muscle changes in diabetic patients: a case-control study	Lue B; Amaya J; Silva FD; Raspovic K; Xi Y; Chhabra A	Skeletal Radiology; February 2023; vol. 52 (no. 2); p. 225-231. Published online 28th September 2022	https://doi.org/10.1007/s00256-022-04190-7
Nov-22	Conference Abstract	Deriving a Rasch-optimized, unidimensional total score from the ALSFRS-R	Young C; Mills R.; Tennant A.	Amyotrophic Lateral Sclerosis and Frontotemporal Degeneration; November 2022; vol. 23 (supplement 1); p. 158. DSP-15. Published online 17th November 2022	https://doi.org/10.1080/21678421.2022.2120686
Nov-22	Conference Abstract	Utilising genetic data and quality of life metrics within the TONIC initiative to better predict patient outcome, progression and severity in ALS	Middlehurst B.; Pfaff A.; Koks S.; Syed K.; Chadwick C.; Mills R.; Bubb V.; Young C.; Quinn J.	Amyotrophic Lateral Sclerosis and Frontotemporal Degeneration; November 2022; vol. 23 (supplement 1); p. 51. GEN-21. Published online 17th November 2022	https://doi.org/10.1080/21678421.2022.2120678
Dec-22	Article	Advanced brain age and chronic poststroke aphasia severity	Busby N; Wilmskoetter J; Gleichgerrcht E; Rorden C; Roth R; Newman-Norlund R; Hillis AE; Keller SS; de Bezenac C; Kristinsson S; Fridriksson J; Bonilha L	Neurology; 16th December 2022. Published online ahead of print	https://doi.org/10.1212/WNL.0000000000201693

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Jan-23	Letter	Re: Network localization of transient global amnesia beyond the hippocampus	Neurological Sciences; 3rd January 2023. Published online ahead of print	Larner AJ	https://doi.org/10.1007/s10072-022-06592-w
Jan-23	Article	What kind of work do neuropsychiatry specialist nurses do? When brain injury or neurological condition affect mental health, we are the nurses who provide care, treatment and support for patients and families	Mental Health Practice; 5th January 2023; vol. 26 (no. 1); p. 16-17	Clearly, L	https://www.doi.org/10.7748/mhp.26.1.16.s7
Jan-23	Article	Neuropsychiatry specialist nurses: here's what we do: Providing care and treatment on the wards and in rehabilitation services when a brain injury or condition affects mental health	Nursing Standard; January 2023; vol. 38 (no.1); p. 71-72	Clearly, L	https://www.doi.org/10.7748/ns.38.1.71.s18
Jan-23	Article	Fewer COVID-19 Neurological Complications with Dexamethasone and Remdesivir	Annals of Neurology; January 2023; vol. 93 (no. 1); p. 88-102. Published online 19th October 2022	Grundmann A, Wu CH, Hardwick M, Baillie JK, Openshaw PJM, Semple MG, Böhning D, Pett S, Michael BD, Thomas RH, Galea I; ISARIC4C investigators	https://doi.org/10.1002/ana.26536
Jan-23	Article	Haemoglobin Threshold for Red Blood Cell Transfusion in Traumatic Brain Injury: a Systematic Review and Meta-Analysis	Current Anesthesiology Reports; 5th January 2023. Published online ahead of print	Bakish A.; Anwar S.; Manivannan S.; Gillespie C.; Wilson M.; Khan M.	https://doi.org/10.1007/s40140-022-00544-y
Dec-22	Conference Abstract	Sensory phenotyping in trigeminal neuralgia with and without concomitant continuous pain: insights into pathogenetic mechanism	Neurological Sciences; December 2022; vol. 43 (supplement 1); p. S434	De Stefano G.; Litewczuk D.; Truini A.; Osman-Farah I.; Frank B.; O'Neill F.; Di Stefano G.	https://dx.doi.org/10.1007/s10072-022-06531-9
Feb-23	Letter	Re: gender representation within radiology conferences in the UK in 2021	Clinical Radiology; February 2023; vol. 78 (no. 2); p. E152. Published online 3rd December 2022	Mills SJ, Dineen RA.	https://doi.org/10.1016/j.crad.2022.11.002
Jan-23	Article	Differentiating Multiple Sclerosis From AQP4-Neuromyelitis Optica Spectrum Disorder and MOG-Antibody Disease With Imaging	Neurology; 17th January 2023; vol. 100 (no. 3); p. e308-e323. Published online 3rd October 2022	Cortese R, Prados Carrasco F, Tur C, Bianchi A, Brownlee W, De Angelis F, De La Paz I, Grussu F, Haider L, Jacob A, Kanber B, Magnollay L, Nicholas RS, Trip A, Yiannakas M, Toosy AT, Hacohen Y, Barkhof F, Ciccarelli O.	https://doi.org/10.1212/wnl.0000000000201465
Dec-22	Article	Volumetric Growth and Growth Curve Analysis of Residual Intracranial Meningioma	Neurosurgery; 14th December 2022. Published online ahead of print	Gillespie CS, Richardson GE, Mustafa MA, Taweel BA, Bakhsh A, Kumar S, Keshwara SM, Islim AI, Mehta S, Millward CP, Brodbelt AR, Mills SJ, Jenkinson MD.	https://doi.org/10.1227/neu.0000000000002268
Jan-23	Protocol	Feasibility study of a Behavioural Intervention for Opioid Reduction (BIOR) for patients with chronic non-cancer pain in primary care: a protocol	BMJ Open; January 2023; vol. 13 (no.1); p. e065646. Published online 18th January 2023	Poole HM; Frank B; Begley E; Woods A; Ramos-Silva A; Merriman M; McCulough R; Montgomery C	https://doi.org/10.1136/bmjopen-2022-065646
Dec-22	Article	Centrifugal filtration of serum for FTIR spectroscopy does not improve stratification of brain tumours	medRxiv; 14th December 2022. Published online ahead of print	Theakstone A.G.; Brennan P.M.; Jenkinson M.D.; Goodacre R.; Baker M.J.	https://doi.org/10.1101/2022.12.14.22283465
Feb-23	Article	Prevalence of depression in amyotrophic lateral sclerosis/motor neuron disease: multi-attribute ascertainment and trajectories over 30 months	Amyotrophic Lateral Sclerosis and Frontotemporal Degeneration; February 2023; vol. 24 (no. 1-2); p. 82-90. Published online 6th September 2022	Young CA, Ealing J, McDermott CJ, Williams TL, Al-Chalabi A, Majeed T, Talbot K, Harrower T, Faull C, Malaspina A, Annadale J, Mills RJ, Tennant A; Tonic Study Group.	https://doi.org/10.1080/21678421.2022.2096410
Feb-23	Article	Measuring disability in amyotrophic lateral sclerosis/motor neuron disease: the WHODAS 2.0-36, WHODAS 2.0-32, and WHODAS 2.0-12	Amyotrophic Lateral Sclerosis and Frontotemporal Degeneration; February 2023; vol. 24 (no. 1-2); p. 63-70. Published online 23rd July 2022	Young CA, Ealing J, McDermott CJ, Williams TL, Al-Chalabi A, Majeed T, Talbot K, Harrower T, Faull C, Malaspina A, Annadale J, Mills RJ, Tennant A; TONiC Study Group.	https://doi.org/10.1080/21678421.2022.2102926
Feb-23	Article	Comparison Of King's Clinical Staging In Multinational Amyotrophic Lateral Sclerosis Cohorts	Amyotrophic Lateral Sclerosis and Frontotemporal Degeneration; February 2023; vol. 24 (no. 1-2); p. 71-81. Published online 19th July 2022	Balendra R, Jones AR, Al Khleifat A, Chiwera T, Wicks P, Young CA, Shaw PJ, Turner MR, Leigh PN, Al-Chalabi A.	https://doi.org/10.1080/21678421.2022.2090847
Jan-23	Article	Rapid identification of mosquito species and age by mass spectrometric analysis	BMC Biology; 24th January 2023; vol. 21; article number 10.	Wagner I, Grigoraki L, Enevoldson P, Clarkson M, Jones S, Hurst LL, Beynon RJ, Ranson H.	https://doi.org/10.1186/s12915-022-01508-8
Jan-23	Meeting Proceedings	Global series: Complex regional pain syndrome: abstracts from the International Association for the Study of Pain complex regional pain syndrome SIG virtual symposia	Pain Reports; January 2023; vol. 8 (no. 1); p. e1056	Lewis JS; Kashif M; Maan A; Ciampi de Andrade D; Casey M; Moon JY; Lin CP; Danielsson L; Quek T; Diez Tafur R; Alqweidi A; Birklein F; Knudsen L; Goebel A	https://doi.org/10.1097%2FPR9.0000000000001056
Jan-23	Systematic Review	Prognosis of adults and children following a first unprovoked seizure	Cochrane Database of Systematic Reviews; 23rd January 2023; (no. 1); CD013847	Neligan A, Adan G, Nevitt SJ, Pullen A, Sander JW, Bonnett L, Marson AG.	https://doi.org/10.1002/14651858.cd013847.pub2
Mar-23	Article	Midbrain structure volume, estimated myelin and functional connectivity in idiopathic generalised epilepsy	Epilepsy & Behavior; March 2023; vol. 140; 109084. Published online 24th January 2023	Mckavanagh A, Ridzuan-Allen A, Kreilkamp BAK, Chen Y, Manjón JV, Coupé P, Bracewell M, Das K, Taylor PN, Marson AG, Keller SS.	https://doi.org/10.1016/j.yebeh.2023.109084

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Jan-23	Article	Long term quality of life outcomes following surgical resection alone for benign paediatric intracranial tumours	Kumar S, Islim AI; Moon R; Millward CP; Hennigan D; Thorpe M; Foster M; Pizer B; Mallucci CL; Jenkinson MD	Journal of Neuro-Oncology; January 2023; vol. 161 (no. 1); p. 77-84. Published online 2nd January 2023	https://doi.org/10.1007/s11060-022-04208-z
Jan-23	Article	The clinical outcomes of imaging modalities for surgical management Cushing's disease – A systematic review and meta-analysis	Koh CH, Khan DZ, Digpal R, Layard Horsfall H, Ali AMS, Baldeweg SE, Bouloux PM, Dorward NL, Drake VWM, Evanson J, Grieve J, Stoyanov D, Korbonits M, Marcus HJ.	Frontiers in Endocrinology (Lausanne); 13th January 2023; vol. 13; 1090144. (eCollection 2022)	https://doi.org/10.3389/fendo.2022.1090144
Feb-23	Editorial	Maintaining equity and reducing risk when prescribing valproate: we still have a way to go	Marson T.	Practical Neurology; February 2023; vol. 23 (no. 1); p. 4-5. Published online 30th January 2023	https://doi.org/10.1136/pn-2022-003685
Feb-23	Conference Abstract	A rare cause of young-onset dementia	Watson-Fargie T.; Davies R.; Heath C.; Davenport R.J.	Practical Neurology; February 2023; vol. 23 (no. 1); p. 61-66; e003561. Published online 8th September 2022	http://dx.doi.org/10.1136/pn-2022-003561
Feb-23	Article	Factors affecting ventriculoperitoneal shunt revision: a post hoc analysis of the British Antibiotic and Silver Impregnated Catheter Shunt multicenter randomized controlled trial	Sunderland GJ; Conroy EJ; Nelson A; Gamble C; Jenkinson MD; Griffiths MI; Mallucci CL	Journal of Neurosurgery; February 2023; vol. 138 (no. 2) p. 483-493. Published online 3rd June 2022	https://doi.org/10.3171/2022.4.jns22572
Dec-22	Article	The Angiographic and Clinical Follow-up Outcomes of the Wide-Necked and Complex Intracranial Aneurysms Treated With LVIS EVO-Assisted Coiling	Aydin K, Puthuran M, Onal Y, Barburoglu M, Chandran A, Berdikhojayev M, Gravino G, Senturk YE, Aygun S, Velioglu M, Sencer S.	Neurosurgery; 12th December 2022. Published online ahead of print	https://doi.org/10.1227/neu.0000000000002283
Feb-23	Article	The Association of Health Locus of Control with Clinical and Psychosocial Aspects of Living with Multiple Sclerosis	Rothman, I; Tennant, A; Mills, R J; Young, C A	Journal of Clinical Psychology in Medical Settings; 6th February 2023. Published online ahead of print	https://doi.org/10.1007/s10880-023-09938-4
Feb-23	Commentary	Using Critical Success Index or Gilbert Skill score as composite measures of positive predictive value and sensitivity in diagnostic accuracy studies: weather forecasting informing epilepsy research	Mbizvo GK; Bennett KH; Simpson CR; Duncan SE; Chin RFM; Larner AJ	Epilepsia; 8th February 2023. Published online ahead of print	https://doi.org/10.1111/epi.17537
Feb-23	Article	Predictors of future haemorrhage from cerebral cavernous malformations: a retrospective cohort study	Gillespie CS; Alnaham KE; Richardson GE; Mustafa MA; Taweel BA; Islim AI; Hannan CJ; Chavredakis E	Neurosurgical Review; February 2023; vol. 46 (no. 1); article 52. Published online 10th February 2023	https://doi.org/10.1007/s10143-023-01949-x
Apr-23	Letter	Letter to editor in reference to OT-RADS	Chhabra A	Skeletal Radiology; April 2023; vol. 52 (no. 4); p. 771-772	https://doi.org/10.1007/s00256-022-04209-z
Feb-23	Article	Anosmia: Brighton Collaboration case definition and guidelines for data collection, analysis, and presentation of immunization safety data	Liu YC, Munoz FM, Izurieta HS, Tamborska AA, Solomon T, Law BJ, Chhabra N.	Vaccine; 10th February 2023. Published online ahead of print	https://doi.org/10.1016/j.vaccine.2022.11.022
Feb-23	Case Reports	The neurology - psychiatry interface: variations on a diagnostic theme	Larner A.J.	Progress in Neurology and Psychiatry; January-March 2023; vol. 27 (no. 1); p. 16-18. Published online 9th February 2023	https://doi.org/10.1002/pnp.776
Feb-23	Article	Radiological follow-up of endovascularly treated intracranial aneurysms: a survey of current practice in the UK and Ireland	Hannan CJ, Islim AI, Alalade AF, Bacon A, Ghosh A, Dalton A, Abouharb A, Walsh DC, Butters D, White E, Chavredakis E, Kounin G, Critchley G, Dow G, Patel HC, Brydon H, Anderson IA, Fouyas I, Galea J, St George J, Bal J, Patel K, Kamel M, Teo M, Fanning N, Mukerji N, Grover P, Mitchell P, Whitfield PC, Trivedi R, Crockett MT, Brennan P, Javadpour M.	Acta Neurochirurgica (Wien); February 2023; vol. 165 (no. 2); p. 451-459. Published online 11th October 2022	https://doi.org/10.1007/s00701-022-05379-4
Mar-23	Article	Delphi study to define core clinical outcomes for inclusion in a complex regional pain syndrome international research registry and data bank	Llewellyn A, Buckle L, Grieve S, Birklein F, Brunner F, Goebel A, Harden RN, Bruehl S, Vaughan-Spickers N, Connett R, McCabe C.	Pain; March 2023; vol. 164 (no. 3); p. 543-554. Published online 4th July 2022	https://doi.org/10.1097/j.pain.0000000000002729
Feb-23	Article	Psychometric evaluation of the 'German Neurological Fatigue Index for Multiple Sclerosis (NFI-MS-G)' in a sample of rehabilitation patients with multiple sclerosis	Seebacher B; Horton MC; Reindl M; Brenneis C; Ehling R; Deisenhammer F; Mills RJ;	Die Rehabilitation (Stuttg); February 2023; vol. 62 (no. 1); p. 31-39. Published online 14th December 2022. [Article in German]	https://doi.org/10.1055/a-1903-3483
Apr-23	Article	Tranexamic acid use in meningioma surgery – A systematic review and meta-analysis	Clynch AL, Gillespie CS, Richardson GE, Mustafa MA, Islim AI, Keshwara SM, Bakhsh A, Kumar S, Zakaria R, Millward CP, Mills SJ, Brodbelt AR, Jenkinson MD.	Journal of Clinical Neuroscience; April 2023; vol. 110, p. 53-60. Published online 14th February 2023	https://pubmed.ncbi.nlm.nih.gov/36796271/
Feb-23	Article	Investigating centrifugal filtration of serum-based FTIR spectroscopy for the stratification of brain tumours	Theakstone AG; Brennan PM; Jenkinson MD; Goodacre R; Baker MJ	PLoS ONE; 2023; vol. 18 (no. 2); e0279669. Published online 17th February 2023	https://doi.org/10.1371/journal.pone.0279669
Feb-23	Conference Abstract	Multilayered Repair of High-Flow CSF Fistulae Following Endoscopic Skull Base Surgery without Nasal Packing or Lumbar Drains: Technical Refinements to Optimize Outcome	Hannan C.; Kewlani B.; Browne S.; Javadpour M.	Journal of Neurological Surgery, Part B Skull Base; February 2023; vol. 84 (Supplement 1); S246	https://www.thieme-connect.com/products/ejournals/abstract/10.1055/s-0043-1762216

Date of publication	Publication Type	Title	Citation	Authors	DOI
Feb-23	Conference Abstract	Skull Base Malignant Peripheral Nerve Sheath Tumours	Journal of Neurological Surgery, Part B Skull Base; February 2023; vol. 84 (Supplement 1); S236	Zammit A.; Gilkes C.	https://www.thieme-connect.com/products/ejournals/abstract/10.1055/s-0043-1762206
Feb-23	Article	Role of SPECT imaging in the diagnosis and treatment of chronic neck or back pain due to spinal degeneration: a systematic review	World Neurosurgery; 19th February 2023. Published online ahead of print	Varga M, Kantorová L, Langaufová A, Štulík J, Lančová N, Srikandarajah N, Kaiser R.	https://doi.org/10.1016/j.wneu.2023.02.058
Feb-23	Article	Diagnostic value of intereye difference metrics for optic neuritis in aquaporin-4 antibody seropositive neuromyelitis optica spectrum disorders	Journal of Neurology, Neurosurgery & Psychiatry; 21st February 2023. Published online ahead of print	Oertel FC, Zimmermann HG, Motamedi S, Chien C, Aktas O, Albrecht P, Ringelstein M, Dcunha A, Pandit L, Martinez-Lapiscina EH, Sanchez-Dalmau B, Villoslada P, Palace J, Roca-Fernández A, Leite MI, Sharma SM, Leocani L, Pisa M, Radaelli M, Lana-Peixoto MA, Fontenelle MA, Havla J, Ashtari F, Kafieh R, Dehghani A, Pourazizi M, Marignier R, Cobo-Calvo A, Asgari N, Jacob A, Huda S, Mao-Draayer Y, Green AJ, Kenney R, Yeaman MR, Smith TJ, Cook L, Brandt AU, Paul F, Petzold A	https://doi.org/10.1136/jnnp-2022-330608
Feb-23	Article	Outpatient neurology diagnostic coding: a proposed scheme for standardised implementation	Practical Neurology; 20th February 2023. Published online ahead of print	Biggin F, Knight J, Dayanandan R, Marson A, Wilson M, Nitkunan A, Rog D, Kipps C, Mummery C, Williams A, Emsley HCA.	https://doi.org/10.1136/pn-2021-003286
Feb-23	Article	Diffusion-weighted MR imaging and utility of ADC measurements in characterizing nerve and muscle changes in diabetic patients on ankle DWI studies: a cross-sectional study.	European Radiology; 18th February 2023. Published online ahead of print	Amaya J, Lue B, Silva FD, Raspovic K, Xi Y, Chhabra A.	https://doi.org/10.1007/s00330-023-09466-7
Feb-23	Article	Visual Outcomes Following Plasma Exchange for Optic Neuritis: An International Multicenter Retrospective Analysis of 395 Optic Neuritis Attacks	American Journal of Ophthalmology; 21st February 2023. Published online ahead of print	Chen JJ, Flanagan EP, Pittock SJ, Stern NC, Tisavipat N, Bhatti MT, Chodnicki KD, Tajfirouz DA, Jamali S, Kunchok A, Eggenberger ER, Nome MAD, Sotirchos ES, Vasileiou ES, Henderson AD, Arnold AC, Bonelli L, Moss HE, Navarro SEV, Padungkiatsagul T, Stiebel-Kalish H, Lotan I, Wilf-Yarkoni A, Danesh-Meyer H, Ivanov S, Huda S, Forcadela M, Hodge D, Poullin P, Rode J, Papeix C, Saheb S, Boudot de la Motte M, Vignal C, Hacohen Y, Pique J, Maillart E, Deschamps R, Audoin B, Marignier R.	https://doi.org/10.1016/j.ajo.2023.02.013
Dec-22	Conference Abstract	Multi-modality Treatment Approach for Paediatric AVMs with Quality of Life Outcome Measures	Child's Nervous System; December 2022; vol. 38 (no. 12); p. 2451-2452. PF-017. Published 9th December 2022	Duddy J.C.; Aziz N.; Saeed D.; Hennigan D.; Israni A.; Puthuran M.; Chandran A.; Mallucci C.	https://doi.org/10.1007/s00381-022-05754-7
Mar-23	Article	Use of remote monitoring and integrated platform for the evaluation of sleep quality in adult-onset idiopathic cervical dystonia	Journal of Neurology; March 2023; vol. 270 (no. 3); p. 1759-1769. Published online 21st November 2022	Bailey GA; Matthews C; Szewczyk-Krolikowski K; Moore P; Komarzynski S; Davies EH; Peall KJ	https://doi.org/10.1007/s00415-022-11490-4
Feb-23	Article	Diagnosis and management of complications from the treatment of primary central nervous system tumors in adults	Neuro-Oncology; 27th February 2023. Published online ahead of print	Weller M, Le Rhun E, Van den Bent M, Chang SM, Cloughesy TF, Goldbrunner R, Hong YK, Jalali R, Jenkinson MD, Minniti G, Nagane M, Razis E, Roth P, Rudà R, Tabatabai G, Wen PY, Short SC, Preusser M.	https://doi.org/10.1093/neuonc/noad038
Mar-23	Article	Haemoglobin Threshold for Red Blood Cell Transfusion in Traumatic Brain Injury: a Systematic Review and Meta-Analysis	Current Anesthesiology Reports; March 2023; vol. 13 (no. 1); p. 22-30. Published online 5th January 2023	Bakhsh A.; Anwar S.; Manivannan S.; Gillepsie C.; Wilson M.; Khan M.	https://doi.org/10.1007/s40140-022-00544-y
Jan-23	Article	Free-Cog reformulated: analyses as independent or stepwise tests of cognitive and executive function	medRxiv; 31st January 2023. Published online ahead of print	Larner A.J.; Burns A.	https://doi.org/10.1101/2023.01.29.23285153
Oct-22	Case Reports	N-Methyl-D-Aspartate receptor and myelin oligodendrocyte glycoprotein antibody overlap syndrome with homonymous hemianopia: A case report	Neuroimmunology Reports; 2022; vol. 2; 100149. Published online 17th October 2022	Ali O.; Elhadd K.T.; Mirasol F.; Chiara R.; Lyons-Nandra S.; Hamid S.; Kneen R.; Burness C.; Huda S.	https://doi.org/10.1016/j.nerep.2022.100149
Feb-23	Erratum	Corrigendum to "Use of transversus abdominus block for alveolar bone graft analgesia in children" (Br J Anaesth 2021; 127: e123-e125).	British Journal of Anaesthesia; 27th February 2023. Published online ahead of print. [Erratum for: Br J Anaesth. 2021 Oct;127(4):e123-e125]	Berwick RJ, Berwick C, Haldon J, Craske J.	https://doi.org/10.1016/j.bja.2023.02.005
Feb-23	Article	Bone Marrow Changes and Lesions of Diabetic Foot and Ankle Disease: Conventional and Advanced Magnetic Resonance Imaging	Seminars in Musculoskeletal Radiology; February 2023; vol. 27 (no. 1); p.73-90. Published online 3rd March 2023	Bajaj G, Chhabra A.	https://doi.org/10.1055/s-0043-1761494
Mar-23	Article	Cranial meningioma with bone involvement: surgical strategies and clinical considerations	Acta Neurochirurgica (Wien); 6th March 2023. Published online ahead of print	Clynch AL, Norrington M, Mustafa MA, Richardson GE, Doherty JA, Humphries TJ, Gillespie CS, Keshwara SM, McMahon CJ, Islim AI, Jenkinson MD, P Millward C, Brodbelt AR	https://doi.org/10.1007/s00701-023-05535-4
Mar-23	Article	Anosmia: Brighton Collaboration case definition and guidelines for data collection, analysis, and presentation of immunization safety data	Vaccine; 10th March 2023; vol. 41 (no. 11); p. 1902-1910. Published online 10th February 2023	Liu YC, Munoz FM, Izurieta HS, Tamborska AA, Solomon T, Law BJ, Chhabra N.	https://doi.org/10.1016/j.vaccine.2022.11.022
Apr-23	Article	Posterior spinal artery infarct	Practical Neurology; April 2023; vol. 23 (no. 2); p. 160-163. Published online 2nd March 2023	Panesar H, Conry A, Finocchi V, Desai C, Bracewell RM.	https://doi.org/10.1136/pn-2021-003336
Mar-23	Article	From basic sciences and engineering to epileptology: A translational approach	Epilepsia; 2nd March 2023. Published online ahead of print	Bou Assi E, Schindler K, de Bézenac C, Denison T, Desai S, Keller SS, Lemoine É, Rahimi A, Shoaran M, Rummel C.	https://doi.org/10.1111/epi.17566

Date of publication	Publication Type	Title	Citation	Authors	DOI
Jan-23	Article	Quality of life outcomes in incidental and operated meningiomas (QUALMS): a cross-sectional cohort study	Journal of Neuro-Oncology; January 2023; vol. 161 (no 2); p. 317-327. Published online 16th December 2022	Keshwara SM; Gillespie CS; Mustafa MA; George AM; Richardson GE; Clynch AL; Wang JZ; Lawson DDA; Gilkes CE; Farah JO; Yousaf J; Chavredakis E; Mills SJ; Brodbelt AR; Zadeh G; Millward CP; Islim AI; Jenkinson MD	https://doi.org/10.1007/s11060-022-04198-y
Jan-23	Article	Sporadic multiple intracranial meningioma does not infer worse patient outcomes: results from a case control study	Journal of Neuro-Oncology; January 2023; vol. 161 (no 2); p. 287-295. Published online 15th November 2022	Islim AI; Lee JX; Mustafa MA; Millward CP; Gillespie CS; Richardson GE; Taweel BA; Chavredakis E; Mills SJ; Brodbelt AR; Jenkinson MD	https://doi.org/10.1007/s11060-022-04184-4
Apr-23	Article	Volumetric Growth and Growth Curve Analysis of Residual Intracranial Meningioma	Neurosurgery; April 2023; vol. 92 (no. 4); p. 734-744. Published online 14th December 2022	Gillespie CS; Richardson GE; Mustafa MA; Taweel BA; Bakhsh A; Kumar S; Keshwara SM; Islim AI; Mehta S; Millward CP; Brodbelt AR; Mills SJ; Jenkinson MD	https://doi.org/10.1227/neu.0000000002268
Feb-23	Article	Targeting patient recovery priorities in degenerative cervical myelopathy: design and rationale for the RECEDE-Myelopathy trial-study protocol	BMJ Open; February 2023; vol. 13 (no. 3); e061294. Published online 7th March 2023	Davies B, Mowforth OD, Yordanov S, Alvarez-Berdugo D, Bond S, Nodale M, Kareclas P, Whitehead L, Bishop J, Chandran S, Lamb S, Bacon M, Papadopoulos MC, Starkey M, Sadler L, Smith L, Kalsi-Ryan S, Carpenter A, Trivedi RA, Wilby M, Choi D, Wilkinson IB, Fehlings MG, Hutchinson PJ, Kotter MRN	https://doi.org/10.1136/bmjopen-2022-061294
Mar-23	Article	Opioid prescribing and social deprivation: A retrospective analysis of prescribing for CNCP in Liverpool CCG	PLoS One; 2023; vol. 18 (no. 3); e0280958. Published online 8th March 2023	Begley EK, Poole HM, Sumnall HR, Frank BF, Montgomery C.	https://doi.org/10.1371/journal.pone.0280958
Feb-23	Article	An overview of clinical cerebral microdialysis in acute brain injury	Frontiers in Neurology; 2023; vol. 14; 1085540. Published online 21st February 2023	Stovell MG, Helmy A, Thelin EP, Jalloh I, Hutchinson PJ, Carpenter KLH	https://doi.org/10.3389/fneur.2023.1085540
May-23	Systematic Review	Role of Single-Photon Emission Computed Tomography Imaging in the Diagnosis and Treatment of Chronic Neck or Back Pain Caused by Spinal Degeneration: A Systematic Review	World Neurosurgery; May 2023; vol. 173; p. 65-78. Published online 19th February 2023	Varga M; Kantorova L; Langaufova A; Stulik J; Lancova L; Srikandarajah N; Kaiser R	https://doi.org/10.1016/j.wneu.2023.02.058
Mar-23	Article	Advanced Brain Age and Chronic Poststroke Aphasia Severity	Neurology; 14th March 2023; vol. 100 (no. 11); p. e1166-e1176. Published online 16th December 2022	Busby N; Wilmskoetter J; Gleichgerrcht E; Rorden C; Roth R; Newman-Norlund R; Hillis AE; Keller SS; de Bezenac C; Kristinsson S; Fridriksson J; Bonilha L	https://doi.org/10.1212/wnl.0000000201693
Feb-23	Protocol	Risk of Aneurysm Rupture (ROAR) study: protocol for a long-term, longitudinal, UK multicentre study of unruptured intracranial aneurysms	BMJ Open; February 2023; vol. 13 (no. 3); e070504. Published online 16th March 2023	Hall S, Birks J, Anderson I, Bacon A, Brennan PM, Bennett D, Chavredakis E, Critchley G, Dow G, Downer J, Galea J, Grover P, Gurusinghe N, Helmy A, Kounin G, Mukerji N, Patel H, Patel J, Ross N, St George J, Teo M, Tolias CM, Tzerakis N, Uff C, van Beijum J, Veighey K, White E, Whitfield P, Bulters DO; ROAR Investigators.	https://doi.org/10.1136/bmjopen-2022-070504
Apr-23	Correspondence	More questions than answers to the diagnosis and management of cauda equina syndrome-Authors' reply	Lancet Regional Health Europe; April 2023; vol. 27; 100606. Published online 7th March 2023	Woodfield J, Hoeritzauer I, Jamjoom AAB, Lammy S, Pronin S, Hannan CJ, Watts A, Hughes L, Moon RDC, Roy H, Poon MTC, Thorpe P, Srikandarajah N, Demetriades AK, Eames N, Sell PJ, Statham PFX	https://doi.org/10.1016/j.lanepe.2023.100606
Apr-23	Article	The Angiographic and Clinical Follow-up Outcomes of the Wide-Necked and Complex Intracranial Aneurysms Treated With LVIS EVO-Assisted Coiling	Neurosurgery; April 2023; vol. 92 (no. 4); p. 827-836. Published online 12th December 2022	Aydin K, Puthuran M, Onal Y, Barburoglu M, Chandran A, Berdikhojayev M, Gravino G, Senturk YE, Aygun S, Velioglu M, Sencer S.	https://doi.org/10.1227/neu.0000000002283
Mar-23	Article	TIME for an update: The versatility of Flaminal® demonstrated in a large-scale clinical evaluation	Wounds UK; March 2023; vol. 19 (no. 1); p. 90-97. Published online 7th March 2023	King J, Rolland K.	https://www.wounds-uk.com/journals/issue/670/article-details/time-update-versatility-flaminal-demonstrated-large-scale-clinical-evaluation
Apr-23	Article	A survey of the radiological follow-up of unruptured intracranial aneurysms in the United Kingdom	British Journal of Neurosurgery; April 2023; vol. 37 (no. 2); p. 163-169. Published online 5th November 2021	Hall S, Abouharb A, Anderson I, Bacon A, Bahl A, Brydon H, Dow G, Fouyas I, Galea J, Ghosh A, Gurusinghe N, Kamel M, Minhas P, Mitchell P, Mowle D, Mukerji N, Nair R, Norris J, Patel H, Patel J, Patel K, St George J, Teo M, Toma A, Trivedi R, Uff C, Visca A, Walsh DC, White E, Whitfield P, Bulters D.	https://doi.org/10.1080/02688697.2021.1995587
Mar-23	Systematic Review	Long standing overt ventriculomegaly in adults (LOVA): a systematic review and meta-analysis of endoscopic third ventriculostomy vs ventriculoperitoneal shunt as first line treatment	World Neurosurgery; 21st March 2023. Published online ahead of print	Gillespie CS, Stephanie Fang WY, Lee KS, Clynch AL, Alam AM, McMahon CJ	https://doi.org/10.1016/j.wneu.2023.03.064
Apr-23	Article	Association of Scrub Typhus in Children with Acute Encephalitis Syndrome and Meningoencephalitis, Southern India	Emerging Infectious Diseases; April 2023; vol. 29 (no. 4); p. 711-722	Damodar T, Singh B, Prabhu N, Marate S, Gowda VK, Lalitha AV, Dsouza FS, Sajjan SV, Kariyappa M, Kinhal UV, Prathyusha PV, Desai A, Thennarasu K, Solomon T, Ravi V, Yadav R.	https://doi.org/10.3201/eid2904.221157
Mar-23	Article	Functional neurological disorder is a feminist issue	Journal of Neurology Neurosurgery and Psychiatry; 28th March 2023. Published online ahead of print	McLoughlin C, Hoeritzauer I, Cabreira V, Aybek S, Adams C, Alty J, Ball HA, Baker J, Bullock K, Burness C, Dworetzky BA, Finkelstein S, Garcin B, Gelauff J, Goldstein LH, Jordbru A, Huys AML, Laffan A, Lidstone S, Linden SC, Ludwig L, Maggio J, Morgante F, Mallam E, Nicholson C, O'Neal M, O'Sullivan S, Pareés I, Petrochilos P, Pick S, Phillips W, Roelofs K, Newby R, Stanton B, Gray C, Joyce EM, Tijssen MA, Chalder T, McCormick M, Gardiner P, Bègue I, Tuttle MC, Williams I, McRae S, Voon V, McWhirter L	https://doi.org/10.1136/jnnp-2022-330192

Date of publication	Publication Type	Title	Citation	Authors	DOI
Mar-23	Article	Refining the Intraoperative Identification of Suspected High-Grade Glioma Using a Surgical Fluorescence Biomarker: GALA BIDD Study Report	Journal of Personalized Medicine; March 2023; vol. 13 (no. 3); article 514. Published online 13th March 2023	Watts C, Dayimu A, Matys T, Ashkan K, Price S, Jenkinson MD, Doughton G, Mather C, Young G, Qian W, Kurian KM	https://doi.org/10.3390/jpm13030514
Mar-23	Article	The Pathological Effects of Circulating Hydrophobic Bile Acids in Alzheimer's Disease	Journal of Alzheimer's Disease Reports; 2023; vol. 7 (no. 1); p. 173-211. Published online 6th March 2023	Ehtezazi T, Rahman K, Davies R, Leach AG.	https://doi.org/10.3233/adr-220071
Mar-23	Protocol	Service delivery, behavioural, and self-management interventions for children with epilepsy	Cochrane Database of Systematic Reviews; 2023 (no. 3); article number CD015287. Published online 17th March 2023	Fleeman N.; Panebianco M.; Hill R.A.; Doherty A.J.; Nevitt S.J.; Boland P.; Clegg A.; Wilson N.; Shaw E.J.; Marson A.G.	https://doi.org/10.1002/14651858.CD015287
Mar-23	Protocol	Service delivery, behavioural, and self-management interventions for adults with epilepsy	Cochrane Database of Systematic Reviews; 2023 (no. 3); article number CD015284. Published online 17th March 2023	Huang Y.; Fleeman N.; Doherty A.J.; Wilson N.; Boland P.; Clegg A.; Shaw E.J.; Nevitt S.J.; Tudur Smith C.; Hill R.A.; Marson A.G.	https://doi.org/10.1002/14651858.CD015284

Research Action Plan 2023 – 2024 – Update May 2023

Objective	Where are we now?	Where do we want to be?	How to get there?	Further Actions Required	Timescale	Lead	KPIs
To lead, educate and train, embedding research and innovative approaches to deliver changes across the health economy	Executive and Clinical Lead appointed for Research	Research leaders appointed for key health disciplines across the Trust	Strong focus upon our culture of research, engaged partnership with internal stakeholders to agree use of time and resources to deliver individual and service objectives.	Development of income redistribution policy to incentivise individuals and departments to undertake research.	October 2023	Head of NRC	Patient recruitment No. of studies supported. Types of studies supported No. of Principal Investigators No. of Chief Investigators Research Income
				Increase in clinicians working jointly between Trust and HEI partners, including but not restricted to senior and trainee medical staff.	Review at the end of year for progress	Clinical Director of Research	
	An established group of clinicians leading on research at the Trust	To embed a culture of research across all health disciplines and empower all areas of the workforce to lead on research	Strong focus upon our culture of research Increase capability and capacity by engaging with internal stakeholders and agreeing use of time and resources for	Develop research time allocation and periods of research-predominant work for WCFT staff, across all professional groups (all disciplines, senior staff, trainees and affiliated students)	Review at the end of year for progress	Clinical Director of Research	
				Increase marketing / promotion of research at the Trust	Ongoing	Head of NRC	

Update on Further Actions:

- **Development of income redistribution policy to incentivise individuals and departments to undertake research.**
  The EDGE system is a Quality Management System tool that is already embedded within the research department that has a dedicated finance function. We have piloted the use of this finance function with one study. This was pilot was successful increasing transparency between the research department and finance. The process needs to be formalised via a Standard Operating Procedure, which has been drafted. The rollout of this new procedure will only extend to studies that are

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open or that are waiting to be open. For each study, the contractual information will need to be uploaded to the database. Once this has been uploaded, each study will need to be reconciled with finance to ensure that all expenditure is invoiced for.

In terms of devising an income distribution policy, one has been drafted and piloted for one specific study. This is currently awaiting approval from the Clinical Director of R&D and the Finance Department. If successful, this will be extended across the Trust.

- **Increase in clinicians working jointly between Trust and HEI partners, including but not restricted to senior and trainee medical staff.**
  No further update now

- **Develop research time allocation and periods of research-predominant work for WCFT staff, across all professional groups (all disciplines, senior staff, trainees and affiliated students)**
  No further update now

- **Increase marketing / promotion of research at the Trust**
  To date we have submitted 'two good news' stories to the communications department for publication in the Walton Weekly and on our social media. We will also be holding a stall at the front of the hospital on Friday 19th May, to celebrate 'World Clinical Trial's day.

Update on KPIs

KPI	FY22/23	FY23/23 – as of 10/05/2023	Comments
Patient Recruitment	1050	49	
No. Studies Supported	11 studies opened during this FY	0	There are currently 73 studies open across the Trust, with another 29 studies that are in the set-up phase.
Types of studies supported	45 Interventional Studies 35 Observational Studies 11 Commercial Studies 66 Non-Commercial Studies -	41 Interventional Studies 32 Observational Studies 9 Commercial Studies 62 Non-Commercial Studies	Open Studies
No. of Principal Investigators	41	41	There are 41 unique principal investigators with studies either open to recruitment or that are waiting to be set-up. We also have a Dietician who is acting as a Principal Investigator for one of our hosted studies.
No. of Chief Investigators	14	16	Currently there are 16 unique Chief Investigators with studies either open to recruitment or that are waiting to be set-up. Most of these are for the studies that we Sponsor. However, 2 of the CI's have been chosen as national CI for studies that are Sponsored by commercial companies.

Research Income:	Commercial Trial Income: £193, 262	Ongoing
	Research Capability Funding: £77,139	
	Grant/Charity Income: £293, 377	
	NIHR Grant Income: £133,965	

Report to Trust Board
6th July 2023

Report Title	Infection Prevention & Control Annual Report 2022/23
Executive Lead	Dr A Nicholson, Medical Director/DIPC (Interim)
Author (s)	Helen Oulton, Lead Nurse Infection Prevention & Control/Tissue Viability
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

- Although HCAI reduction targets i.e., MSSA, E. coli and Klebsiella were exceeded there was a decrease the rate of E. coli bacteremia and Catheter Associated Infections by quarter four.
- Staffing withing the IPC Team remained challenging with the service operating in business-critical mode at the end of quarter four which has led to some objectives in the HCAI Reduction Plan not fully achieved.
- Proactive infection prevention across the multidisciplinary team is the core aim going forward to ensure delivery of the three-year IIPC Framework.

Next Steps

Deliver year one objectives of the IPC Framework

Related Trust Strategic Ambitions	Impact		
Quality of Care	Quality	Finance	Legal

Strategic Risks

001 Impact of Covid 19 on delivery of strategic objectives	016 Infection Prevention and Control	004 Patient Care and Experience

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	15/06/2023	**Andy Nicolson** Chief Medical Director	

Infection Prevention and Control Annual Report 2022/23

Executive Summary

1. Healthcare associated infections (HCAIs) have increased at both regional and national level. The Trust exceeded its trajectories for E. coli, MSSA and Klebsiella bloodstream infections.

2. No patients acquired an MRSA bloodstream infection. The last MRSA bloodstream infection was in November 2017.

3. There were eleven hospital acquired MSSA bloodstream infections which meant that the Trust exceeded its target and remained an outlier in its performance.

4. Seven hospital acquired Clostridioides Difficile Infection (CDI) which meant the Trust finished the year within its target of no more than eight cases.

5. Five hospital acquired a Klebsiella bloodstream infection during 2022 - 2023 against a target of four.

6. Two hospital acquired Pseudomonas bloodstream infection against a target of two.

7. The Trusts was set a trajectory of no more than ten cases. There were 13 patients who acquired an E. coli bacteremia by year-end exceeding the Trust target. However, E. coli decreased from 42.5 per 100,000 bed days in quarter two to 8.7 per 100,000 bed days at the end of quarter four.

8. There was a significant increase in Catheter Associated Urinary Tract Infection (CAUTIs) with 31 in 2022-2023 compared to 23 2022. However, a sustained decrease was evident during quarter four and this has continued into quarter one 2023/24.

9. 16 patients acquired CPE during their inpatient stay compared to 12 in 2021-2022.

10. There was a de-escalation in COVID-19 measures as part of the Governments "Living with COVID" direction during 2022/23. These changes were implemented across the Trust however respiratory infections continued to peak and trough throughout the year especially in December 2022.

11. The staff `flu campaign achieved 61% uptake which is an improvement compared to 57% in 2021-2022. Although the Trust did not meet its CQUIN target of 90% the Trust was in the Northwest's top six trusts for its vaccination uptake.

12. The National Cleaning standards were fully implemented across the Trust and audits against the standards carried out in line with the national FR ratings.

13. Tendable was introduced to audit compliance with IPC bundles. This had highlighted a difference in compliance (Appendix 4) between audits of practice undertaken by the IPC team and therefore peer to peer audit will commence as part of the 2023-/24 audit programme to reduce bias.

14. The total percentage rate of surgical site infections for the period April 2022-March 2023 is 2.49% which is below 3% internal threshold. (Appendix 5). Data quality has been improved through the ongoing development of the Surgical Site dashboard. Due to staffing within the Informatics team enhanced reporting has not developed as quickly as expected.

15. The last EVD infection was December 2022.

16. An Infection Prevention and Control Framework was developed setting out the Trusts vision for the next three year to improve quality and patient safety.

17. The British Society of Antimicrobial Chemotherapy launched a pilot Global AMS accreditation scheme, GAMSAS to which the Trust applied and was accepted as a participant.

18. Staffing within the IPCT (vacancies and sickness absence) impacted on the achievement of all objectives within the plan. Therefore, some work streams will transfer to the Year 1 IPC Delivery Plan (2023-2024). Vacancies have been recruited to and staff have commenced in post.

Background

19. The Director of Infection Prevention and Control (DIPC) Annual Report reports on infection prevention and control activities within The Walton Centre NHS Foundation Trust for the period April 2022 to March 2023 (Appendix 1). The publication of the IPC Annual Report is a requirement to demonstrate good governance, adherence to Trust values and public accountability.

20. The report acknowledges the support, hard work, and diligence of all The Walton Centre staff, both clinical and non-clinical, who play a key role in improving the quality of patient and stakeholders experience.

Conclusion

21. Respiratory infections remained a challenge during 2022/2023 with the de-escalation of COVID-19 measures in the move towards "living with COVID-19" and the increased number of Influenza cases that was seen nationally during quarter three and the early part of quarter four and it is evident that this impacted on the Trusts HCAI performance.

22. The emphasis going forward is infection prevention to improve quality and patient safety. The Trust has already seen the effect of proactive infection prevention in the reduction of CAUTIs and E. Coli bloodstream infections which the Trust must continue to support to sustain improvement and deliver the objectives of the IPC Framework 2023 - 2026.

Recommendation

- To note.

Author: Helen Oulton, Lead Nurse Infection Prevention/Tissue Viability
Date: 6 June 2023

Appendix 1

Infection Prevention and Control Annual Report 2022/23

1 Introduction

The Trust has a responsibility to ensure that appropriate arrangements are in place to protect patients, staff, and visitors against the risk of acquiring a healthcare-associated infection (HCAI), as detailed in the Health and Social Care Act (2008). There is also a requirement to produce an annual report on Trust activities in relation to infection prevention.

The purpose of this report is to inform patients, public, staff, Trust Board and commissioning organisations of the infection prevention and control activity undertaken from April 01, 2021, to March 31, 2022, the position of infection prevention and control within The Walton Centre, and progress against performance targets.

The report acknowledges the support, hard work and diligence of all The Walton Centre staff, both clinical and non-clinical, who play a key role in improving the quality of patient and stakeholders experience, in addition to reducing the risk of infections during the ongoing global Pandemic.

2.0 Infection Prevention and Control Team

Mrs L Salter   Chief Nurse /Director of Infection Prevention and Control (DIPC)

Dr A Nicolson   Medical Director/ Interim Director of Infection Prevention and Control (from January 2023)

DR S Larkin   Consultant Microbiologist/Deputy Director of Infection Prevention and Control

Mrs H Oulton   Lead Nurse Infection Prevention and Control/Tissue Viability

Mrs C Chalinor   Senior Nurse Specialist Infection Prevention and Control

Mrs A Samad   Associate Nurse Specialist Infection Prevention and Control (until November 2022)

Mrs S Sajan   Associate Nurse Specialist Infection Prevention and Control

Mrs J Smith   Administrative support

Mrs B Silitoe / Mr K McShane (until March 2023)   0.4 WTE IPC analyst

The Chief Executive has overall responsibility for ensuring that there are effective arrangements in place for infection prevention and control and supporting the infection prevention and control team in their agreed objectives.

Medical Microbiology is provided by Liverpool Clinical Laboratory. Dr S Larkin Consultant Microbiologist was the named microbiology consultants for the Walton Centre during 2022/23.
The Trust has access to 24-hour microbiology/infection prevention and control via the on-call Microbiologist.

The Lead Nurse for infection prevention and control also provides leadership to the tissue viability nurse and is involved in broader work streams within the Trust as a member of the senior nursing leadership team.

2.1 The Infection Prevention and Control Committee (IPCC)

The Committee is chaired by the Chief Nurse/Medical Director (DIPC) and meets monthly with a minimum of nine meetings a year. Membership involves representation from across all clinical areas within the Trust, UKHAS and Specialist Commissioning receive the minutes and are invited to attend.

During this reporting period the Infection Prevention and Control Committee met as set out in its terms of reference.

3. Infection Prevention and Control Framework 2023- 2026

The framework sets out the Trusts key objectives to deliver its vision for infection prevention and control to improve quality and patient safety. The Framework covers 2023 – 2026 and will be under pinned by a year one, two and three delivery plan.

4. Performance against HCAI Objective 2022-2023

4.1 Table 1. HCAI reduction thresholds 2022-2022 and performance against 2021-2022
 Key to Table 1.

Objective achieved. 2022-2023	Exceeded trajectory/increased cases 2022-2023

Organism	Objective 2022-2023	31st March 2023	Performance 2022-2023 V 2021-22	Objective 2023-2024
MRSA	0	0		0
Clostridium difficile	8	7		6
MSSA BSI	10	11		10
E. coli BSI	10	13		10
Klebsiella BSI	4	5		3
Pseudomonas BSI	2	2		1
CPE	No threshold set	16		No threshold set

4.2 Meticillin Resistant Staphylococcus Aureus (MRSA)

Nationally there is a zero-tolerance for MRSA bloodstream infections for all Trusts. There were no patients who acquired an MRSA bloodstream infection during 2022-2023. The last MRSA bloodstream infection was in November 2017. We continue to strive for zero avoidable infections.

4.3 MRSA Screening
MRSA screening of patients within 6 hours of admission was on average 94.83% for the period 2022-2023.

There is a programme of additional screening, which includes patients who are admitted to Critical Care, Lipton, CRU, and those that have been an inpatient for >30 days are routinely screened for MRSA.

4.4 Clostridium Difficile
The Trust trajectory for 2022 – 2023 was no more than eight cases of Clostridium difficile infection (CDI). At year end, there were seven patients who acquired CDI therefore achieving the Trust objective.

4.5 Meticillin Sensitive Staphylococcus Aureus (MSSA) Bacteremia
There were eleven hospital acquired MSSA bacteremia's against an internal reduction threshold of nine cases.

Nine cases occurred on Critical Care and the Critical Care Matron reviewed the previous action and increased the following:
- Education & Training
- Observations of Care
- Audit

Progress against the action plan is being monitored at IPCC and the plan has been shared with the Trusts CQC Engagement Officer in additional to a review meeting to discuss the Trusts position and action taken.

4.6 Gram negative Bacteremia

4.7 Escherichia coli (E-coli)
The Trusts was set a trajectory of no more than ten cases. There were 13 patients who acquired an E. coli bacteremia by year-end thus exceeding the Trust target.

The Trust had 31 catheter-associated infections (CAUTI's) during 2022 - 2023 compared to 23 in 2021-2022. Out of the 31 cases, E. coli was cultured in 15 cases with gram negative bacterium responsible for 27 of the 31 CAUTIs.

At year end the rate of E. coli had decreased from 42.5 per 100,000 bed days in quarter two to 8.7 per 100,000 bed days at the end of quarter four.

The gram-negative reduction plan contains a comprehensive range of actions to address this increase and drive the reduction in cases. The plan is monitored via IPCC and has been presented to Quality Committee.

4.8 Klebsiella
The Trust was set an external trajectory of no more than four cases. Five patients acquired a Klebsiella bloodstream infection during 2022 - 2023.

4.9 Carbapenemase Producing Enterobacteriaceae (CPE)
There were 16 patients who acquired CPE during their inpatient stay compared to 12 in 2022-2023.

The Walton Centre NHS Foundation Trust

5.0 COVID-19 Pandemic
Throughout the reporting period the Trust has continued to respond to the global COVID19 pandemic. COVID-19 has brought significant challenges to the healthcare system.
and the impact on patients and staff has been significant, however 2022- 2023 saw a de-escalation in COVID-19 measures as part of the Governments "Living with COVID" direction.

The Trust implemented national guidance relating to screening, visiting, IPC measures and the wards reverted to specialty cohorting; although the impact of the lifting of Covid-19 restrictions was minimal during most of quarter one the impact of the increasing community rates of Covid-19 began to be seen at the end of quarter one/ start of quarter two.

6. Estates and Facilities

6.1 Water Safety
- A Water Safety Group is in place and reports into the IPCC.
- Water sampling is undertaken across both the Walton and Sid Watkins site. Where samples identify water borne pathogens remedial actions are undertaken and Point of Use filters are installed.
- Estates and facilities continue to provide a session Induction training to give an overview of water and its importance and staff understand the potential risks, and the requirements to minimise the risk of water borne pathogens posing a healthcare risk.
- All remedial work related to Legionella have been completed.
- Pseudomonas aeruginosa has continued to be isolated in HITU. Point of Use filters have remained in place and consideration has been given to removing the clinical handbasins from the bed spaces. This will be reviewed as part of the work to replace the Ponta beams during 2023-24.

The Trust met with UKHSA in May 2022 to review actions taken after a patient developed a Pseudomonas aeruginosa (PA) infection in their cerebral spinal fluid. The Trust had undertaken comprehensive review of water safety and infection prevention practice and there had been ongoing discussions with UKHSA. Typing did not show any correlation with the clinical samples.

To support the Trust water safety experts from UKHSA undertook a visit on the 3 August 2022 to review the Trusts processes and management to control Pseudomonas aeruginosa. UKHSA found that the Trust had systems and processes in place that were robust, and work is ongoing to maintain these via the flushing of taps, water testing and good IPC practices.

6.2 Ventilation
- The Ventilation Safety Group (VSG) met as per the terms of reference.
- The Trust appointed an Authorising Engineer (ventilation) who with work with the Trust in the same capacity as AE(Water).
- Capital Planning for replacement Air Handling plant for Theatres 1 to 5 was approved and work will commence during 2023- 2024.

6.3 Soft FM Services
- The new contract for Soft FM services commenced on 1st April 2022.
- The National Cleaning standards are fully implemented across the Trust.

- The senior facilities manager undertakes a comprehensive audit programme, and the IPCT continue to monitor the standards of environmental cleanliness throughout the Trust, in collaboration with ISS Mediclean and the Estates department.
- A PLACE inspection was undertaken in November 2022. The results were lower than expected but on review this was predominately due to dementia requirements, estates issues and cleaning of patient equipment. There has been extensive work undertaken by the Estates Department prior to the results being published and a comprehensive action plan which includes a program of PLACE – Lite inspections has been developed by the Interim Head of Facilities; inspections will be carried out at regular intervals during 2023-24.

7. Education
The following education has been delivered:
- Mandatory training.
- ANTT competency/training. (formal sessions and at ward/department level).
- Preoperative warming to reduce SSI.
- IPC sessions to support the internationally educated nurses.
- IPC Ambassador Day.
- The Trust participated in the national Infection Prevention week. A range of activities were undertaking including stands, Glo` Tell box to promote hand hygiene across clinical areas, "Clean Trace" training.
- Ward based catheter management sessions for nursing and therapy staff.
- Bite size programme delivered.
- Student nurse management placement with the IPC team.
- Water safety week.
- Ward based education in link areas.
- CPE – external carers providing care to inpatient.
- During Water Safety Week the Estates and IPC teams ran a series of events including a display stall, quiz and ward based educational events to educate and promote safe water in the Trust.
- Practice Educator study day.
- Ward based Clinifix securement device training.
- Medipal effective cleaning.

8. Audit
Tendable, a quality improvement package was introduced across the ward areas in April 2022. This has allowed the IPC team to audit in real time hand hygiene, clinical interventions e.g., ANTT, peripheral vascular access devices etc and the outcomes can be viewed across the Trust. In addition, the move to electronic auditing has removed the need for paper and released time for the IPC nurses to support staff at ward/department level.

Tendable has an analytics module which allows the viewing of IPCT audits against those undertaken by ward areas. This had highlighted a difference in compliance (Appendix 3) and therefore peer to peer audit to reduce bias will commence as part of the 2023-/24 audit programme.

The One Together programme has paused from November 2022 due to a vacancy in the IPC team and the theatre lead sickness absence. There is a plan to ensure the programme will be operational again by the end of quarter one 2023.

9. Outbreaks/Untoward Incidents

9.1 Clostridioides difficile

A period of increased incidence (PII) was reported to NHSE due to two Clostridium difficile infections within a 28-day period on Caton ward. A rapid review was undertaken, and an action plan put in place at ward level with oversight maintained by the IPC team. Suboptimal antimicrobial prescribing was identified in one case which was escalated via the Antimicrobial Pharmacist

9.2 Outbreak one
During March 2023 (into April 2023 an outbreak of VIM-1 Carbapenemase-Producing Enterobacteriaceae (VIM-1 CPE) was detected on Cairn's ward.   In total 4 patients became colonised with VIM-1 -CPE. Apart from the initial index case who had no known exposure three cases had contact with a VIM -1 CPE positive case whilst in bay 5.

On identification of the first case environmental sampling was undertaken and VIM-1 CPE was isolated on a patient's bed. Subsequent swabs of bay and ward area were negative although these negative results cannot exclude CPE in the environment.

Action taken:
- Positive patients isolated and CPE pathway commenced.
- Weekly screening of all patients on Cairns' ward for six weeks in addition to contact screening of bay contacts.
- Enhanced Clean Trace quality check of key equipment/surfaces.
- Replacement of toilet/handbasin and flooring in in bay 5 toilet.
- Programme of enhanced cleaning including HPV.
- Blocked shower drainage cleared to ensure no pooling of water.

Neurological infections have a reduced range of antibiotics that can be used for standard treatment. Should patients develop a CPE infection this will reduce treatment options further due to multi-drug resistance, therefore it is critical that infection prevention measures are always adhered to.

A rapid review identified sub-optimal IPC practice as the likely cause of transmission and a comprehensive action plan was implemented. Work is ongoing to ensure that all the required control measures remain in place.

9.3 COVID-19
There were six out outbreaks of Covid-19.
- June 2022 – Complex Rehabilitation Unit
- October - Cairns
- December 2022 affecting Dott, Cairns, Caton and Lipton wards.

The IPC team met with the clinical divisions to discuss patient management/placement to enable continued safe care and treatment of patients. Chavasse was de-escalated from being the designated COVID-19 ward and patients were managed in a side room on the wards where possible or by cohorting.

The ability to flex the bed base which includes reverting Chavasse to a "Covid ward" has been retained should it be required, and COVID-19 continues to be managed on a risk-based approach to ensure access to services and will be kept under regular review.

9.4 Influenza
There was a >95% increase in the number of `flu cases identified in our inpatient cohort which reflected the national picture. Protocols for management of patients including the use of antivirals were updated and recirculated.

The increased testing for `flu has also identified other respiratory infections e.g., Respiratory Syncytial Virus (RSV) and Human Metapneumovirus (HMV) which also required patient isolation which impacted on the ability to promptly isolate patients due to the availability of side rooms across the Trust.

10. Staff Flu` campaign
The 2022-23 `flu campaign was delivered by Trust vaccinators and Liverpool University Hospital Foundation Trust (LUFT) LUFT vaccination hub (staff could have `flu and COVID-19 vaccination at the same time). Despite additional mobile vaccinations provided by the IPC/Senior Nursing team, uptake at closure of the campaign uptake was 61% which was an improvement on 2021-22 campaign.

Although the Trust did not meet its CQUIN target of 90% the Trust was in the Northwest's top six trusts for its vaccination uptake.

Covid-19 booster was also offered to Healthcare Workers alongside the seasonal flu vaccine, but vaccine fatigue as noted in the previous year's campaign appeared to impact as it did during the 2021-2022 campaign and uptake was poor.

10.1 Patient COVID-19 and `flu vaccination
Communication was circulated promoting/advising clinical teams about the criteria for vaccinating patients against `flu.  All ward areas had vaccinators however delivery was variable, and this was escalated via IPCC to the clinical divisions and will be reviewed as part of the 2023/24 `flu planning.

LUFT provided inpatient COVID-19 vaccination for those patients who were identified as clinically vulnerable.

11. Surgical Site Infection (SSI)
- The IPCT conduct SSI surveillance for all surgical procedures that are "knife to skin" (including some pain procedures). The total percentage rate of surgical site infections for the period April 2022-March 2022 is 2.49% which is below 3% internal threshold set by the Trust (see Appendix 5).
- The Surgical Site Group met throughout 2022-24 and the minutes submitted to IPCC.
- An Out of Hours pathway for the treatment of infected wounds was implemented and work is ongoing to look at an SSI risk matrix.
- The prophylactic use of PICOs (negative pressure wound therapy) to prevent /reduce the risk of SSI increased during 2022/23.
- An EVD working group has been formed led by the Neurosurgical Deputy Divisional Nurse. The Last EVD infection was December 2022

12. HCAI Reduction Plan 2022 – 2023
As previously reported in the Annual Report 2021-2022 the achievement of all objectives within the plan was again impacted by staffing. This was due to both vacancies (due to promotion) and sickness absence within the IPCT. During quarter four the service operated in business-critical mode and staffing was placed on the Trust risk register.

Despite these challenges, significant progress was made in the completion of core objectives with some work streams transferring to the 2022-2023 workplan (Appendix 2).

13. Antimicrobial Stewardship

Prudent Antimicrobial stewardship (AMS) is essential for any NHS organisation. The risk of hospital acquired infections such as Clostridioides difficile and development of resistant strains or organisms due to antibiotic use must be carefully balanced against the need to treat infections.

Commonly treated infections at the Walton Centre range from relatively simple cases of urinary tract infections to highly complex infections involving deep structures in the central nervous system or retained metal work. Antimicrobial selection is often limited due to the site of infection as well as patient characteristics, and many complex infections require prolonged courses of antibiotics. These factors make antimicrobial stewardship at the Walton Centre a particular challenge.

Key elements of AMS during 2022-2023 include:
- Weekly collaborative antimicrobial ward rounds consisting of a consultant microbiologist, antimicrobial pharmacist (or deputy), medical teams and infection prevention and control (IPC) nurse specialists
- Weekly OPAT MDT clinics with consultant medical microbiologist, antimicrobial pharmacist, consultant neurosurgeon and OPAT nurse.
- Quarterly AMS meetings chaired by the AMS lead and AMS pharmacist
- The AMS pharmacist monitors automated daily reports of restricted high-risk antimicrobials and drugs that require therapeutic drug monitoring
- An AMS workplan has been developed
- A Spinal pathway has been developed to provide consistent advice for spinal infections across the Trust as well as for the registrars on call to advise Trusts across the region.
- The antimicrobial formulary was updated to include the treatment options for influenza in response to an increase in cases within the Trust.
- Surgical prophylaxis audit – improvements demonstrated in the timing of antibiotics, with the ideal being 30 -60 minutes before knife to skin. All patients received prophylaxis who required it and had repeat doses for those who had prolonged surgery.
- A UTI prescribing audit was conducted in Nov 2023 showed a good compliance for the choice of antibiotic and culture sampling however it highlighted a lack of documentation of clinical signs and symptoms of UTI, poor use of urine dipsticks and a lack of 48-72hour review of prescriptions.
- The British Society of Antimicrobial Chemotherapy launched a pilot Global AMS accreditation scheme, GAMSAS to which the Trust applied and was accepted as a participant.

Appendix 2

Infection Prevention and Control; Healthcare Associated Infection (HCAI) Reduction Plan 2022 – 2023
(Interim document and subject to change due to development of IPC Strategy)

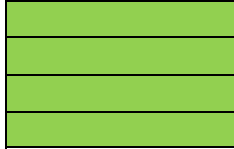| COMPLETED	IN PROGRESS	NO PROGRESS TO REPORT	REVIEW NOT DUE/COMPLETE

Trust Strategic objective: Education, training & learning, Leadership Infection Prevention Framework: Objective 1

Objective 1 - The organisation has systems in place to manage and monitor the prevention and control of infection

Action	Target/Review	Lead	Q 1	Q 2	Q 3	Q 4	Progress
Review compliance with CQC standards	April 22, July 22, Nov 22, Feb 23	Lead Nurse IPC	green	grey	orange	green	New IPC Assurance Framework published Feb 2023 – under review Q4. Q4. Complete for discussion April 23 IPCC
Maintain COVID-19 Assurance Framework	April 22, July 22, Oct 22, Jan 23	Lead Nurse IPC	green	green	green	grey	Complete. COVID-19 BAF superseded by IPC BAF
Continue to support operational team in the delivery of services post COVID-19	April 22, July 22, Oct 22, Jan 23	Lead Nurse IPC	green	green	green	grey	Q3. Complete. Patients managed in own specialty ward were possible, retaining the ability to flex bed base e.g., cohort, Chavasse
Review and submit HCAI Assurance Framework and submit to NHSE Specialist Commissioning	15th each month	Senior IPC Nurse	green	green	green	green	

Action	Target /Review	Lead	Q1	Q2	Q3	Q4	Progress
Submit quarterly reports to Quality Committee	May 22, July 22, November 22, February 23	DIPC Lead Nurse IPC					Q4. April 23 QC however timeframes under review to follow correct governance route i.e., IPCC up to QC Annual report submit May 22
Submit 2021-22 IPC Annual IPC Report to Quality Committee/Trust Board	May 22						
Maintain support to Divisional Risk and Governance Groups	Monthly	Lead Nurse IPC/Senior IPC Nurse					Q3. Formal attendance within service capacity

Trust Strategic objective: Education, training and learning, Research & Innovation, Leadership, Social Responsibility	Infection Prevention Framework: Objective 2, 3,6

Objective 2 - Mandatory and internal surveillance/reporting requirements

Action	Target /Review	Lead	Q1	Q2	Q3	Q4	Progress
Continue alert organism surveillance and monitor progress against trajectories	Monthly	IPC Team					
To report mandatory surveillance data in line with national requirements	15th each month	DIPC IPC Team					
Undertake surgical site surveillance	Monthly	IPC Team					
Lead investigations of all bacteremia, CD infection and any untoward incidents related to infection prevention to identify source of infection, any lapses of care, shared learning and monitor themes	April 22 – March 23	IPC Team					
Continue to develop digital HCAI reporting in the Trust to reduce duplication and increase efficiency. • Integrated Performance Report • Surveillance	Quarterly	Informatics					Digital surveillance form signed off Q4.

Trust Strategic objective: Education, training & learning, Research & innovation, Leadership, | **Infection Prevention Framework:** Objective 1, 2, 3,

Objective 3 - 10% reduction in MSSA and Gram-Negative infections by the development and implementation of Quality Improvement Programmes

Action	Target /Review	Lead	Q1	Q2	Q3	Q4	Progress
Set up MSSA and Gram-Negative QI improvement groups Develop QI delivery plans to include: • Review management of continence • Review, update and develop competencies • Audit aseptic practice • Implement line competences • Develop line database and share data/outcomes • Embed IPCT rostered sessions in link areas	April 22 – March 2023	IPC Lead Nurse/Divisional Chief Nurses	green	amber	amber	amber	Q3. Gram negative group met Action plan in place, progress to be reported to IPCC SMART line competencies on intranet Q4. Work continues with reduced capacity in IPC team. Formal review of plan Q1 IPCC

Trust Strategic objective: Education, training & learning. Leadership. | **Infection Prevention Framework:** Objective 1, 2

Objective 4 - Ensure the provision of evidence based, relevant policies procedures and guidance

Action	Target /Review	Lead	Q1	Q2	Q3	Q4	Progress
Implement plan to ensure all polices/guidelines are reviewed and revised in line with review dates and amended in the event of new guidance	April 22 March 2022	Lead Nurse IPC	green	amber	grey		Q3. All outstanding policies reviewed.
Provide specialist support to services to develop policies, procedures, and guidance within the Trust	April 22 March 2023	Lead Nurse IPC	green	green	green	green	

Trust Strategic objective: Education, training & learning. Research & innovation, Leadership.

Infection Prevention Framework: Objective 1, 2,

Objective 4 - Monitor compliance with IPC policies through the Infection Prevention Audit Programme

Action	Target /Review	Lead	Q 1	Q 2	Q 3	Q 4	Progress
Review and plan annual audit programme	May 2022	Senior Nurse IPC					COMPLETE
Implement IPC audit programme and monitor outcomes/progress via Tendable	July 22, Nov 22, Feb 23, April 23	Senior IPC Nurse					Q1. Tendable implemented. Monitoring/progress to be reviewed in Q2. Q3. Audit programme delivered. Audits to be updated and outcome monitoring developed in Q4. IPC Tendable audits reviewed, work with SNT to review outcomes. IPC now have ability to extract audit performed by team

Trust Strategic objective: Education, training & learning. Research & innovation, Leadership. | **Infection Prevention Framework:** Objective 1, 2,

Objective 5 - All staff will receive appropriate education and training in infection prevention polices and practice Clinical procedures/Interventions are undertaken appropriately

Action	Target /Review	Lead	Q1	Q2	Q3	Q4	Progress
Annually review content of infection prevention and control training package	May 2022	IPC Team	green				COMPLETE
Prepare core training plan and deliver formal and informal education to all grades and disciplines of staff	April 2022 – March 2023	IPC Team		green	green	green	Q4. Mandatory training delivered. Ward based education provided y IPCT and Clinical advisors
Deliver IPC Ambassador education programme	April 2022-March 2023	IPC Team		red	red	red	Dates provided by IPCC but cancelled due to insufficient numbers attending Q4. Cancelled due to staffing within IPC Team
Deliver ANTT training	April 2022- March 2023	IPC Team		green	green	grey	Q3. 2023/24 training provision under review Q4.Plan agreed with Intensivist IPC Lead for medical staff
Introduce "Drop the Glove" initiative to reduce inappropriate glove use	January 2023	Lead Nurse IPC/Head of Facilities	amber	red	red	grey	Q1. Under review Q3. To transfer to 2023/04 delivery plan
Plan annual IPC campaign programme	June 2022	Senior IPC Nurse	amber	grey	grey	grey	Q1. Under review Q3. completed

| Support spoke placements for student nurses, Trainee Nurse Associates and *adhoc* placements for students and ward staff | April 22– March 23 | IPC Team | | | | Q1. Commence programme October 22
Q3. Student leadership placement
Q4. Placement supported with PEF |

Trust Strategic objective: Education, training & learning. Research & innovation, Leadership, Social responsibility | **Infection Prevention Framework:** Objective 1, 2,

Objective 6 - Lead the delivery of the Staff seasonal flu campaign to support staff health and well-being

Action	Target /Review	Lead	Q1	Q2	Q3	Q4	Progress
Review 21-22 campaign	June 2022	IPC Team	green		grey	grey	COMPLETE
Develop delivery plan for 2022-23 campaign	June 2022	IPC Team		green			COMPLETE
Undertake TNA for vaccinator training	July 2022	IPC Team		green			COMPLETE

Trust Strategic objective: Education, training & learning. Leadership | **Infection Prevention Framework:** Objective 1, 2, 6

Objective 7- To comply with national guidance on cleanliness and provide patients, visitors, and staff with a clean safe environment

Action	Target /Review	Lead	Q1	Q2	Q3	Q4	Progress
Monitor national standards for cleaning to support implementation of star ratings system	Quarterly	Head of Facilities	green	green	grey	grey	COMPLETE
Undertake environmental audits within clinical areas in line with National Cleaning Standards Requirements	Weekly/Monthly	Facilities	green	green	green	orange	Q3. March 23 supported in line with IPC team capacity. Priority given to Theatre/HITU

Provide expertise and specialist IPC input into Estates and Facilities meetings/works	April 22- March 23	IPCT				

Trust Strategic objective: Education, training & learning. Leadership, Collaboration, Research & Innovation

Infection Prevention Framework: Objective 4, 5

Objective 8 - Appropriate antimicrobial prescribing in in line with "Start Smart and Focus" to ensure compliance Antimicrobial Stewardship will be embedded and monitored across the Trust

Action	Target /Review	Lead	Q 1	Q 2	Q 3	Q 4	Progress
Develop Antimicrobial Strategy	January 2023	Antimicrobial Pharmacist					Q3. Under review and included in IPC Strategy 23-26
Undertake antibiotic ward rounds	Daily – HITU Weekly – Wards	Consultant Microbiologist					
Antibiotic audits/prevalence studies	Monthly	Antimicrobial Pharmacist					Q3. Presented to IPCC as per workplan
Antimicrobial Stewardship Group	Quarterly	Clinical Director Neurosurgery					Q3. Met as per schedule Q4. Met as per schedule

Trust Strategic objective: Education, training & learning. Leadership, Collaboration, Research & Innovation

Infection Prevention Framework: 1, 2,3

Objective 9 - Undertake enhanced surveillance to reduce variation and ensure best practice in pre/peri/post-operative practice to support a sustainable reduction in surgical site infection (SSI)

Action	Target /Timescale	Lead	Q 1	Q 2	Q 3	Q 4	Progress
Complete "One Together" programme	March 2023	IPCT/Theatre R & G Lead	🟩	🟩	🟥	⬜	Q3. Did not progress from Nov 2022 due to vacancy in IPCT and absence of theatre lead. To be included in 2023-24 delivery plan
Continue development of SSI dashboard	March 2023	Lead Nurse IPC/Informatics	🟩	🟩	🟩	🟩	
Develop business case to increase Tissue Viability resource to support SSI reduction e.g., education plan for management of surgical wounds, development of surgical wound management pathways and outpatient management of complex wounds/infections	August 2022	Lead Nurse IPC/TV	⬜	🟧	🟧	🟩	Q3. Business case developed and discussed with Divisions December 22. Awaiting feedback to progress. Q4. Complete and forwarded to Exec lead

Appendix 3 - HEALTH CARE ASSOCIATED INFECTIONS APRIL 2022 – MARCH 2023

Total Healthcare Acquired Infections 2022/23

	MRSA B	CPE	C.Diff	E.Coli	KB	PB	MSSA	Total
Cairns		5		3	2			10
Caton		3	2	2		1		8
Chavasse		1	1	4				6
CRU		2	1	1	1	1	1	7
Dott		2		1	1		1	5
Horsley		2	2	1	1		9	15
Lipton		1	1					2
Sherrington								0
Total	0	16	7	12	5	2	11	53
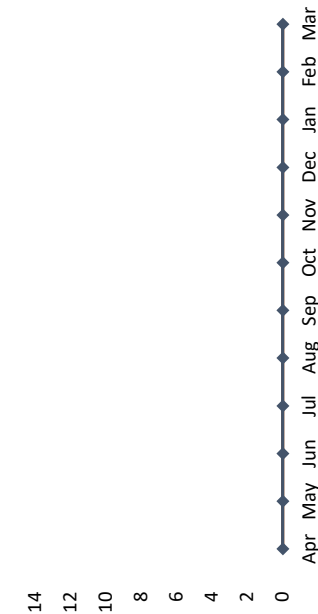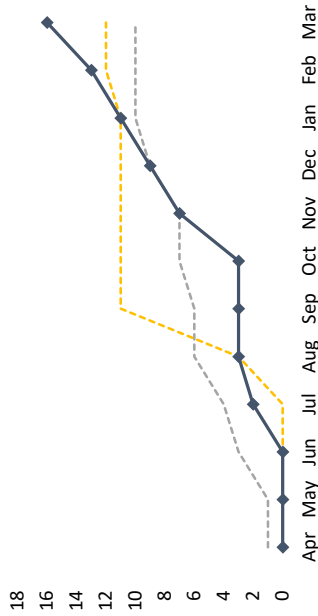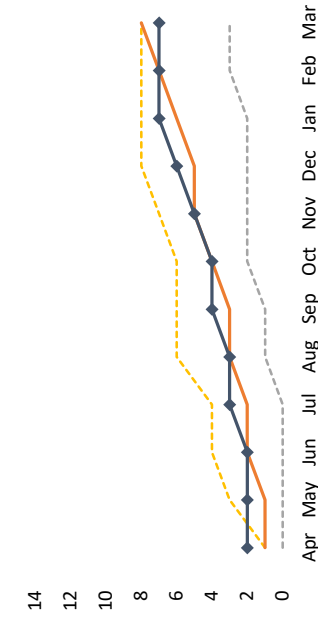
CPE

Clostridium difficile

MRSA Bacteraemia

MSSA

E.Coli

Klebsiella Bacteraemia
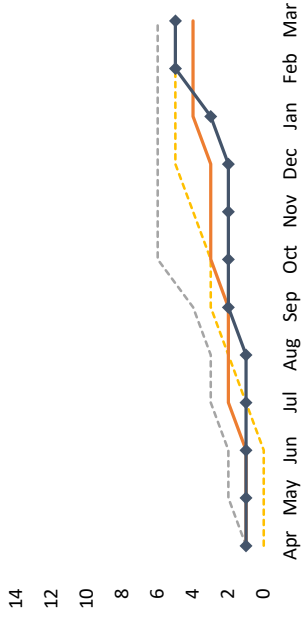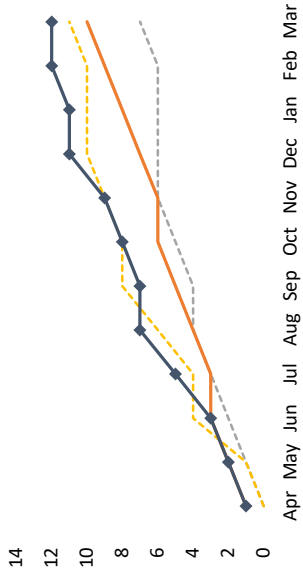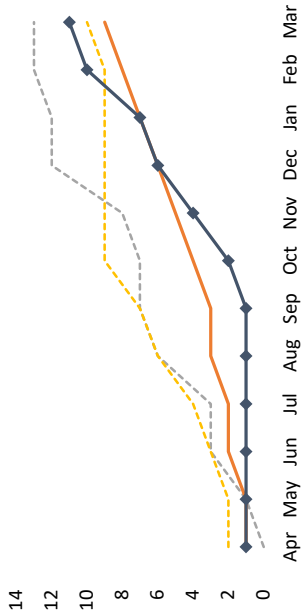
Pseudomonas Bacteraemia

EVD Infections

CAUTI
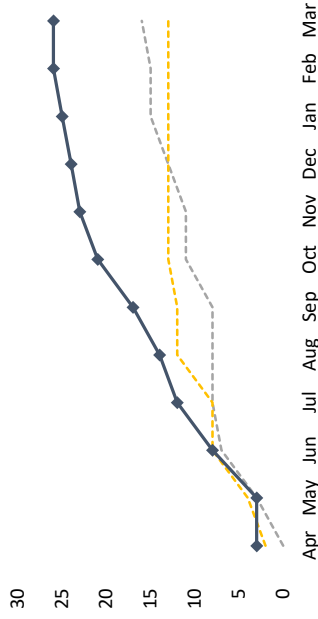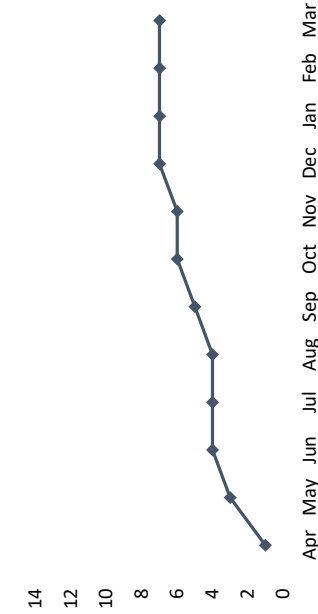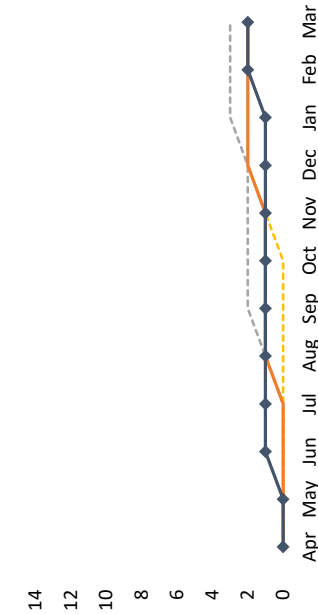
Appendix 4 - IPC CARES AUDIT APRIL 2022 – MARCH 2023

Average Score of Inspections by Inspection Type by Month
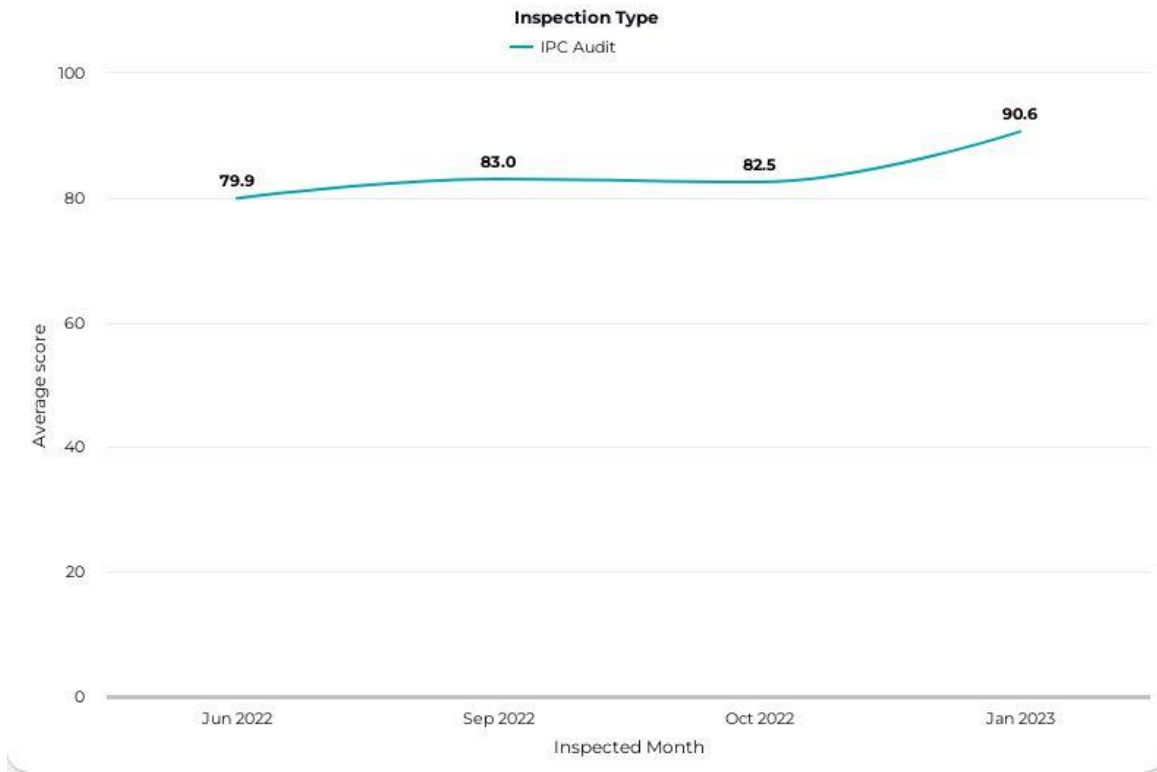
HAND HYGIENE AUDITS APRIL 2022 – MARCH 2023

Average Score By Role Over Time - Monthly
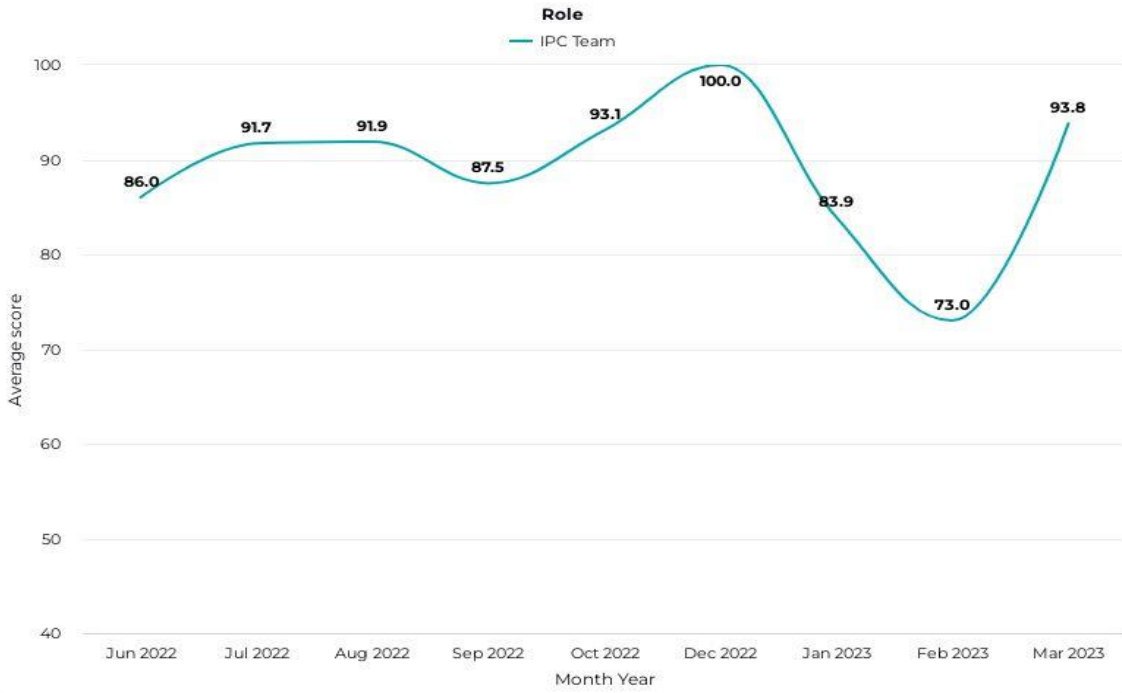
Average Score By Role Over Time - Monthly

PVAD AUDITS APRIL 2022 – MARCH 2023

Average Score By Role Over Time - Monthly

Role
— IPC Team

95.8   82.2   85.0   79.2   100.0   63.1

Average score

Jun 2022   Aug 2022   Sep 2022   Oct 2022   Jan 2023   Feb 2023

Month Year

Average Score By Role Over Time - Monthly

Role
— --No Role--

100.0   98.9   100.0   100.0   98.7   100.0   100.0   99.4   96.7

Average score

Jun 2022   Jul 2022   Aug 2022   Sep 2022   Oct 2022   Nov 2022   Jan 2023   Feb 2023   Mar 2023

Month Year
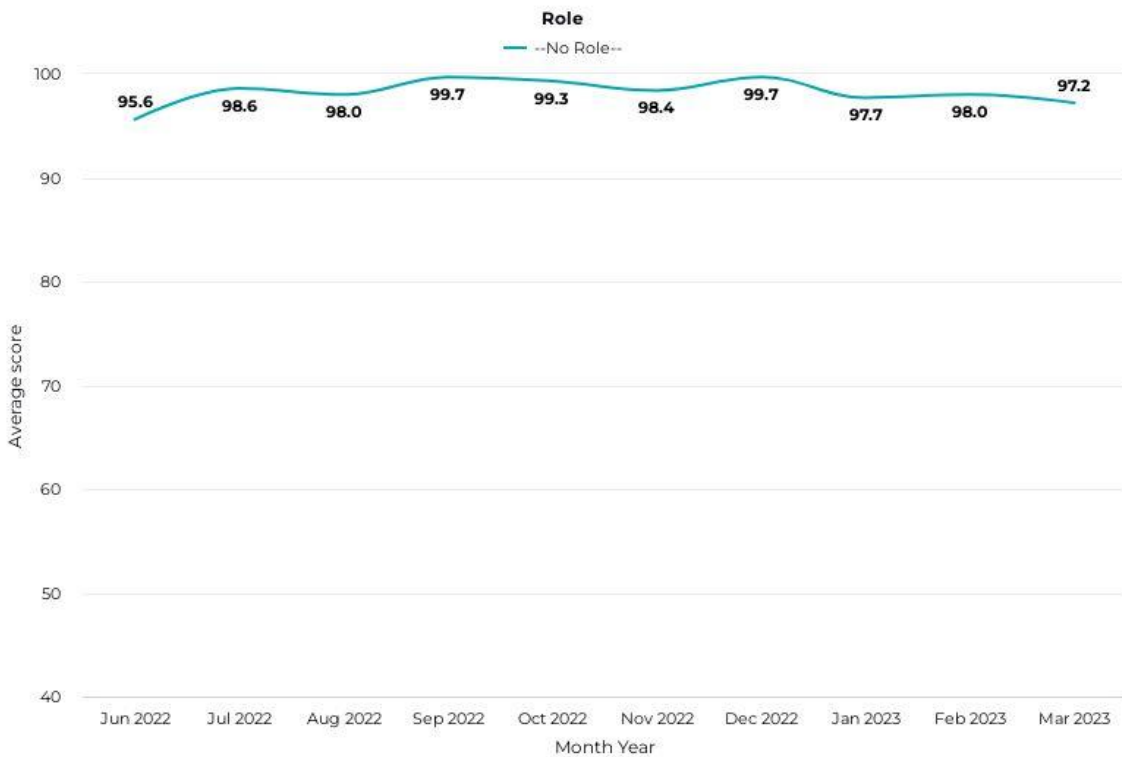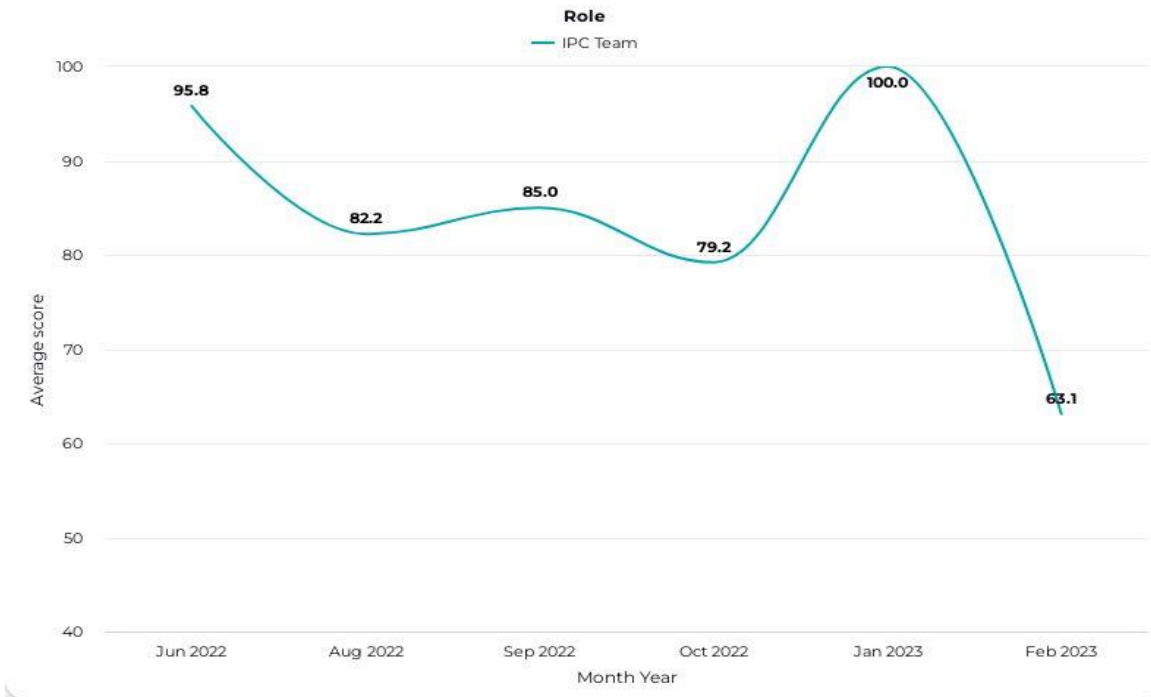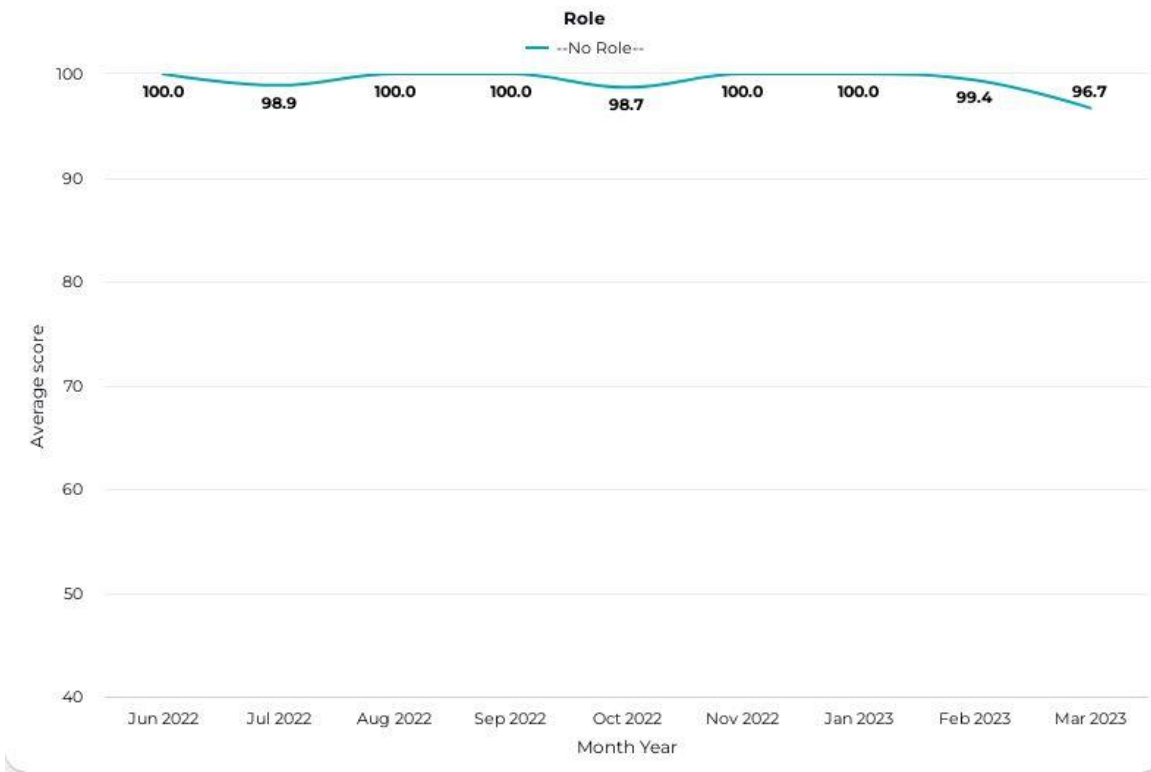
URINARY CATHETER AUDITS APRIL 2022 – MARCH 2023

Average Score By Role Over Time - Monthly
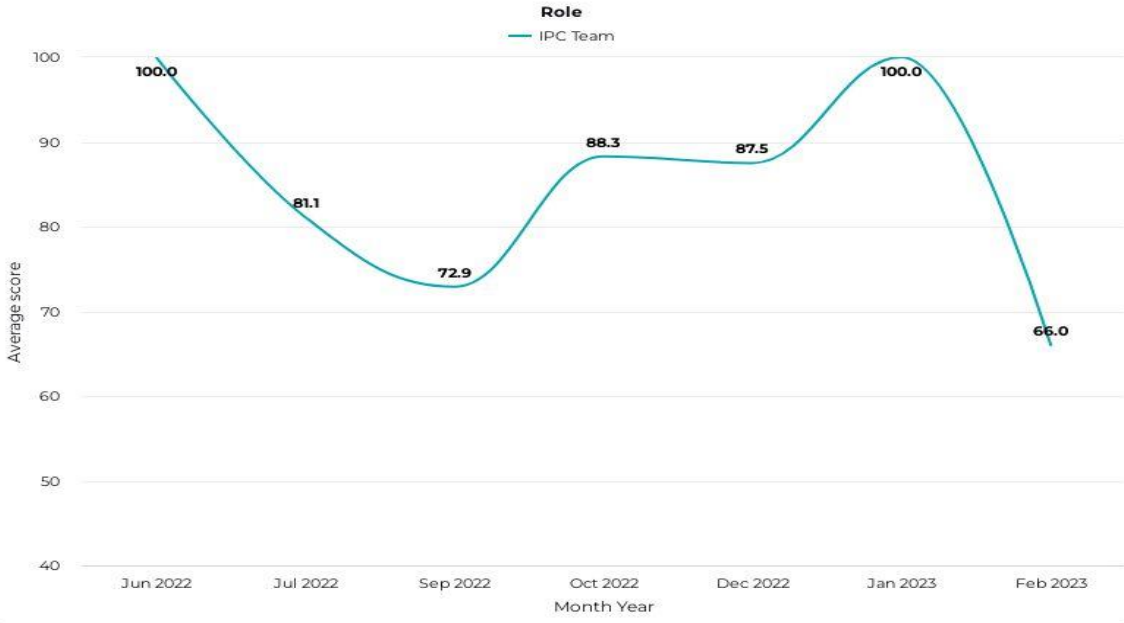
Average Score By Role Over Time - Monthly
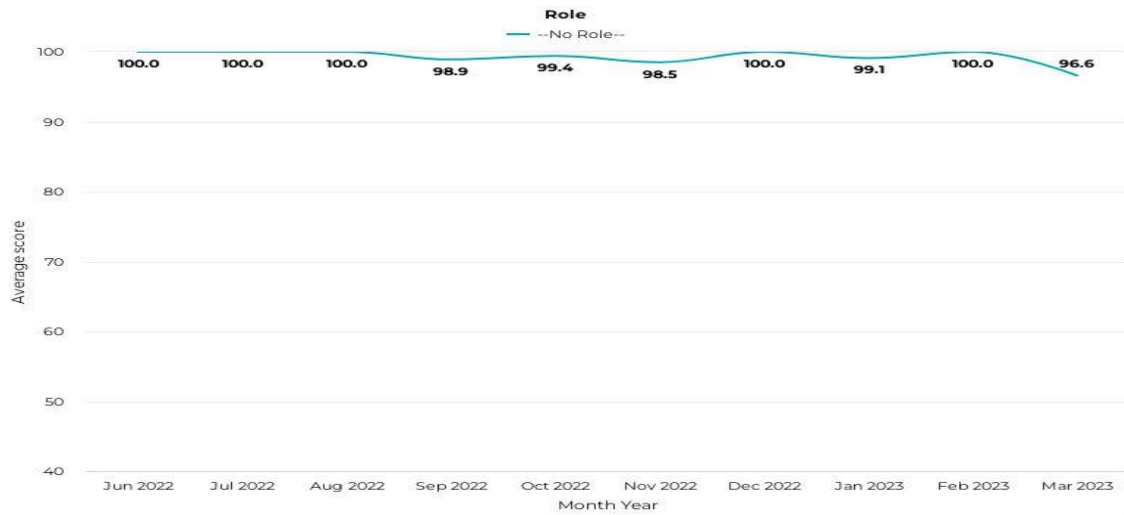
Appendix 5 - Surgical Site Infection 2022 -2023

Minerva
The Walton Centre Informatics Portal

Show Monthly

Infection Control SSI Report **Annual Summary**

Financial Year to Date

3614	87	2.41%
Operations	Total Infections	Infection Rate

Rolling 12 month figures

3614	87	2.41%
Operations	Total Infections	Infection Rate

Infection Rates & Operations By Financial Year

● NoteId ● Infection Rate

data available until **May 2023**

Minerva
The Wallup Centre Informatics Portal
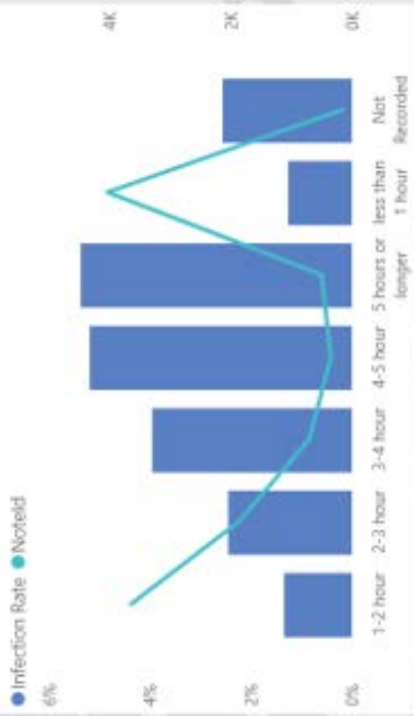
Infection Rate by BMI

Infection Rate and NoteId by LengthOfProcedure
● Infection Rate ● NoteId
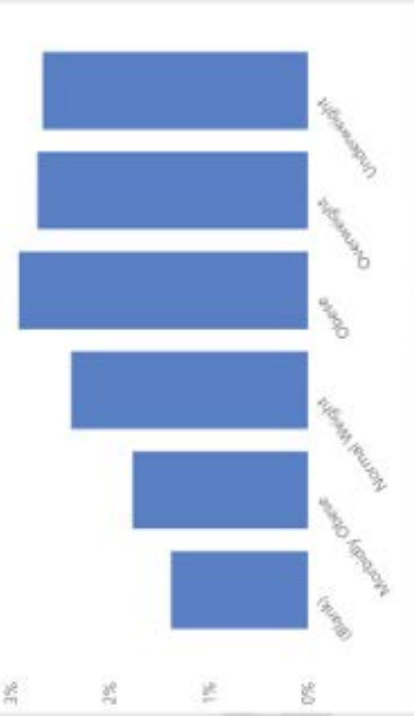
Infection Rate and NoteId by SmokingStatus
● Infection Rate ● NoteId
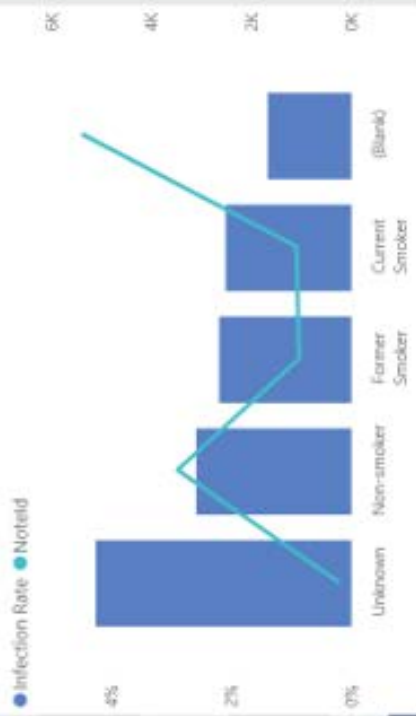
Report to Trust Board
Thursday 6 July 2023

Report Title	Innovation Annual Report 2022/23
Executive Lead	Mike Gibney, Chief People Officer
Author (s)	Rachel Saunderson, Innovation Manager Dr Shagufay Mahendran, Clinical Lead for Innovation
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)*

- Post-COVID the innovation function was reset to ensure alignment with the strategic ambitions of the new Trust Strategy 2023-25
- Adopted the ISO innovation industry standard through the 3-year Investors in Innovation Programme to ensure the Trust has the capability to deliver organic, industry standard innovation in neuroscience and enable the development of systematic and robust policies and processes to strengthen its governance in alignment to the organisation's business cycle
- Strategic Implementation Plan for 2023/24 developed with KIPs

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

- Report to be shared with:
  - Innovation Sub-group on the 21/07/23
  - Hospital Management Board on the 23/10/23

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

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

006 Prevention & Inequalities	010 Innovative Culture	Not Applicable

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
RIME Committee	20/06/23	Rachel Saunderson Innovation Manager	The report was approved in principle with a request for a change of title of Appendix 1 so as to be referred to as an action plan.

Innovation Annual Report 2022/23

Executive Summary

1. Innovation is one of the five strategic ambitions identified in the Trust Strategy 2022-25 and is an emerging function within the organisation. It has a growing portfolio of projects in the areas of organic, spread and adoption, social and system collaboration innovation across the corporate and clinical divisions, and works collaboratively with partners across academic, public, private, VSC, SME and industry sectors.

2. The report outlines the 2022/23 journey to reset the innovation function to ensure alignment to the Trust's strategic ambitions, the adoption of the International Standardisation Office (ISO) innovation industry standard, commencement of the 3-year development programme, and the future direction of travel detailed in the Innovation Strategic Implementation Plan 2023/24.

2022/23 Activity

3. Post-COVID the innovation function was reset to ensure alignment with the strategic ambitions of the new Trust Strategy 2023-25. As a centre of excellence, we need to be at the cutting edge of research and innovation shaping the future of new treatments, care and support in neuroscience. It is therefore vital that the Trust has a culture where staff are empowered to innovate in order to provide the best patient outcomes and attract and retain a world-class workforce. This is reflected in the Innovation Strategic Implementation Plan 2022-25 objectives:

- An empowered and curious workforce within a quality environment to achieve excellence through shaping and delivering transformational change.
- An established and implemented pipeline of Trust wide projects aligned to Trust strategy and divisional priorities.
- Actively influencing and contributing to health outcomes at a local, regional and national level.
- System leadership of key health disciplines supported by business academia and private research partners.
- A key leader of the local health economy that has national/international recognition for excellence.
- A dynamic and outward looking Board approach to development that reinforces/supports our strategic ambitions.

Investors in Innovation (I3) Programme

4. To ensure the Trust has the capability to deliver organic, industry standard innovation in neuroscience, it has adopted the ISO innovation industry standard through the 3-year I3 Programme with the Institute of Innovation and Knowledge Exchange (IKE) Institute, the UK's professional body for innovators, as this does not exist within the NHS. The Walton Centre is the first NHS trust to adopt the standard. The Trust completed the explore and inform phase and progressed into the self-assessment stage which is due for completion in September 2023. This will inform the organisation's continuous improvement plan to achieve the 8 ISO standards by 2025. A key element of the development programme is the mentoring and training provision provided which has been completed at the following levels:

- Board Development session held in March 2023 with NED follow up session in May 2023
- Certified Innovation Leadership in April 2023
- Certified Innovation Practitioner in April 2023 (1st cohort)
- Certified Innovation Digital Transformation in April 2023

5. A second cohort of the Certified Innovation Practitioner course is due to be undertaken in July 2023 which will bring together internal partners within transformation, research, digital and the Strategic Project Management Office to have a shared knowledge of innovation

methodology to develop internal policies and processes to ensure that innovation is incorporated into the business cycle of the organisation.

Innovation Portfolio
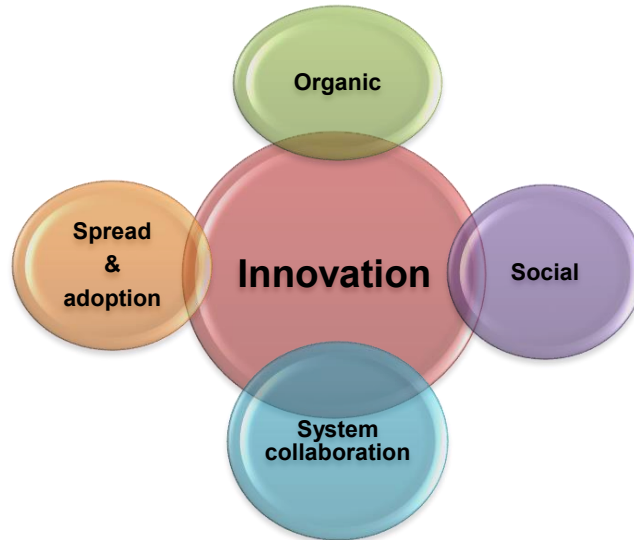
6. The Walton Centre's innovation portfolio comprises of four elements; organic, spread and adoption, social and system collaboration. Collaborative partnerships are held across public, private, academic, industry, SME and voluntary sectors which underpins the Trust's innovation activity in supporting local and wider population health outcomes, and growth within the Liverpool City Region. The Trust is also a strategic partner on a number of system wide collaborative NHIR and UKRI submissions.

7. A review of all innovation activity across the portfolio has been undertaken to ensure alignment to the Trust's strategic priorities. The Trust has a growing number of initiatives across all four elements of its innovation portfolio that spans across our corporate and clinical divisions as outlined in tables 1-4.

Table 1 - Organic

Initiative	Overview
Virtual Engagement Rehabilitation Assistant (VERA) *Complex Rehabilitation*	• VERA is a mobile digital portal that has been co-designed by patients, their carers, clinicians, digital developers and researchers to enable patients who are receiving neurorehabilitation to undertake personalised activities and exercises outside of their usual therapy sessions to increase their rehabilitation activity. • The initial prototype has been developed enabled through funds obtained from The Walton Centre Charitable funds, and implemented in the inpatient setting of the Complex Rehabilitation Unit within The Walton Centre. • The first research study has been completed which looked at the acceptability, usability and feasibility of VERA in an inpatient rehabilitation setting as well as identifying barriers and enablers for implementation. This study was enabled through funding secured from the Stroke Association. • As most rehabilitation is community-based, the project team are in the process of securing NIHR funding to support a second study to evaluate its use in a community setting.

	• Key partnerships include Citrus Suite (locally based technology developer), University of Central Lancashire, Liverpool John Moores University and the Innovation Agency.
Headache Chatbot *Neurology*	• The Trust is working in partnership with Tata Consultancy Services Ltd. to develop an innovative artificial intelligence based chatbot to support the triage of headache patients resulting in reduced waiting times and enhanced experience. • It will enable advice and support to be provided to patients whilst waiting to attend their initial consultation appointment and more effective use of the appointment time through the additional information concerning the patient's symptoms and conditions captured in addition to the GP referral. • Artificial Intelligence cannot take on the role of a clinician, however, its use alongside clinical expertise can create a resource that will better enable patients to co-produce the management of their own health in a wider sense. • Following completion of the initial proof-of-concept phase, the project is progressing into its second phase to operationalise and trial the prototype and integrate into patient access systems. Funding for the first phase of the project was secured by The Walton Centre Charitable Funds with phase two being funded by the Trust. • The Trust is also collaborating with NHS England to explore opportunities for scalability through national programmes to enable patient and system benefits to be realised at a local and national level.
Consequences of Head Injury Acquired in Trauma (C.H.A.T) *Neurology*	• The Walton Centre is working with The City of Liverpool College to develop a virtual reality interactive software educational tool aimed at young adults to increase awareness of the consequences of head injury. • The software is being developed by the college students who are studying Level 3 and degree level in games development as an industry partner project. • The project is in its exploratory phase with the aim to have a prototype by October 2023.
Electronic Routine Nutritional Screening Tool (ERNST) *Neurology*	• App-based screening tool for detection of under and over nutrition. • Enables patients at risk of malnutrition and obesity to access appropriate care and treatment more efficiently and consistently. • Potential use in acute trusts, GP surgeries and care homes. • Initial prototype developed and inpatient research trial undertaken at The Walton Centre supported by funding secured via The Walton Centre Charitable Funds. • In the process of applying for NIHR i4i funding to support second research trial across wider range of medical conditions in partnership with LUHFT. • Currently going through CE mark accreditation process as is classed as a medical device.

Initiative	Overview
Circada *Neurosurgery*	• The Trust was identified as a pilot site for a feasibility trial of Circadian lighting (locally based SME company) to investigate its suitability for intensive care staff and patients by assessing whether the technology had the potential to provide health and wellbeing benefits. • Potential patient benefits include improved health and wellbeing through improvement in sleep, increased alertness and reduced delirium. The reduction in delirium could also result in a potential reduced length of stay on Horsley enabling a more efficient transfer of patients onto the ward areas. • If the trial is successful, potential future opportunities include further trials and research studies in other clinical areas, as well as implementation of the lighting system in Horsley and other inpatient areas across the Trust. • Trial initially commenced at the end of February 2023 however, due to technical adjustments required, the 3-month trial will restart at the end of June 2023 to enable the lighting system to be trialled at its optimum.
Spinal Improvement Partnership (SIP) *Neurosurgery*	• The Trust is a longstanding user of the Spine Tango Registry, resulting in a database of spinal implant usage and outcomes dating back to 2013. Following Board approval, a Spinal Improvement Partnership with NEC Software Solutions UK Ltd was developed. • The process for extracting the data from the clinical outcomes team database is understood, has been trialled and is now ready to be tested. The process of assessing fusion has been agreed, trialled and is also ready to be tested. • An initial pilot of the service is currently being undertaken with the first batch of reports from Medtronic in order to validate resource assumptions and costing model.

Table 2 - Spread and Adoption

Initiative	Overview
Neuro VR Simulator – *Neurosurgery/Medical Education*	• It enables experienced surgeons to develop the latest techniques and advance their skills and trainee surgeons to practice safely. • This is a UK first with the Trust is leading the way in the use of VR in neurosurgery. • There is an aspiration for Trust to become a national hub for simulation-based training in neurosurgery, benefitting patients across the country.
Laser Interstitial Thermal Therapy (LITT) *Neurosurgery*	• LITT is a minimally invasive treatment option for drug-resistant epilepsy patients which involves inserting a laser into the area of the brain causing seizures and was approved by NICE in 2020. • Funding secured for a pilot of four patients with certain drug resistant epilepsy was undertaken and reported as being successful. • Waiting on the bid to open for providers, following which the Trust's bid will be submitted to be the provider for the North. The bid will be progressed by the division and Service Improvement and Transformation team.

Initiative	Overview
Trans-cranial MR-guided Focused Ultrasound (MRGFUS) *Neurosurgery*	• At the end of 2021, the Trust won the contract to deliver the service and was the first centre in the North of England and only the second in the country, to offer an incisionless treatment for people living with Essential Tremor. • Eligible patients receive one Focused Ultrasound treatment to reduce the tremors on one side of their body. Current regulatory approvals demonstrate good clinical durability, with tremor relief maintained at three years. • The innovative technology was developed and implemented by Insightec, who have worked closely with The Walton Centre to deliver this new treatment to patients in the North of England. • The Trust has delivered MRGFUS treatment to over 30 patients and is reported to be going well. • North Wales are in the process of commissioning the service in line with NHS England, for which The Walton Centre will be the provider which is being progressed by the division.

8. The above three initiatives were supported by The Walton Centre Charitable Funds.

Table 3 - Social

Initiative	Overview
Liverpool Citizens	• A collaboration of local organisations across the city that are dedicated to working together for the common good (e.g. health, religious, housing and education) to build people power to lead change in their community. • It aims to develop leaders and strengthen organisations to enable change. • The Trust has become a founder member as will enable the organisation to realistically engage with the local community to ensure we focus on the genuine health priorities of our local population. • Work is being undertaken to progress from pre-founding to founding stage in preparation for formal launch and listening campaign in September 2023.
Liverpool City Region Fair Employment Charter	• Making the region the fairest, most equitable place in the country to work or run a business. • Commitments; safe and inclusive workplaces, fair pay, hours and future, and independent staff voice. • The Trust has achieved aspiring status and is working towards accreditation.
NHS Veterans Aware Accreditation	• In line with the Armed Forces Bill, from April 2022, healthcare organisations are required to ensure that members of the armed forces community are not disadvantaged when accessing health care services. • The Trust has been awarded Veterans Aware Accreditation, recognising our status as a forces-friendly employer. • The Walton Centre has also signed up to the Step into Health' careers pathway where members of the Armed Forces community can connect to the NHS and provides a dedicated pathway into an NHS career. • The Trust has also achieved the bronze level of the Employer Recognition Scheme.

Initiative	Overview
Access to Exercise and Wellbeing Services	- Expanding exercise and wellbeing services tailored for people who have a neurological condition, into the community. - Working in partnership with the Neuro Therapy Centre, Greenbank Sports Academy, Brio Leisure, Parkinsons UK, Active Partnerships, MS Society and Merseyside Sports Partnership. - Lottery funding secured to support the three-year project. - Two research studies led by Sheffield Hallam University: a study of the three-year programme as well as a specific study of the Functional Electrical Stimulation (FES) Cycle Bike intervention element. - Key areas of work undertaken to ensure maximum uptake: - Engagement sessions held with Walton Nurse Specialists and Therapy Teams. - Streamlined, centralised referral portal for patients and clinicians. - Development of a central information resource for patients and clinicians. - Future areas of work identified: - Communication and publicity - Incorporating into Making Every Contact Counts
Everton in the Community (EitC) Health Zone Development	- Goodison Park legacy following the relocation of Everton Football Club to Bramley Moore Dock. - Developing a purpose-built health and social facility for people with a range of health issues but with a focus on dementia. - Partnerships across health, social care, voluntary, private and academia. - Located in the L4 area – one of the most deprived in the city. - Demolition of Goodison Park site due to commence in 2025 with Health Zone scheduled for 2026. - Work ongoing with clinical divisions to identify potential service offer. - Meetings being held with EitC to identify joint working opportunities from existing and future service offers.
Prevention Pledge	- Consists of a set of commitments which NHS organisations pledge support to achieve action on improving population health with a specific focus on prevention measures, for the benefit of staff, patients and the wider community. - The framework is underpinned by 14 'core commitments' that NHS providers are expected to work towards as a means of formally adopting the Pledge. The commitments have been developed through consultation with representatives from provider trusts, NHSE&I, local authority public health teams, Public Health England, and third sector organisations. - The Trust's 2022/23 Progress Report outlines that out of the 14 commitments, 4 have been completed, 9 are in progress and 2 are unable to be progressed at this time: - Commitment 11b – increased public access to fresh drinking water on NHS sites is unable to be progressed due to infection control concerns and commitment. 13 – sign up to the Prevention Concordat for Better Mental Health for All is unable to be advanced as awaiting national framework to be launched. It should be noted that no NHS trusts are able to progress these commitments at this time

Initiative	Overview
Social Value	• The Trust has signed up to the Regional Charter with the Cheshire and Mersey Health and Care Partnership and the Integrated Care Board. • Currently working towards achieving the Award and Quality Mark Level 1. • The Trust has signed up to the Cheshire and Merseyside Integrated Care Board TOMs (themes, outcomes and measures) Framework to enable consistency of social value output measures across all provider organisations. The Framework will also provide the metrics to support the Award and Quality Mark applications.
Anchor Institutions	• The Trust has signed up to the Regional Charter with the Cheshire and Mersey Health and Care Partnership and the Integrated Care Board. • An Anchor Institution Group has been established within the Trust to monitor and oversee the delivery of the three delivery workstreams: developing and implementing a Net Zero plan, achieving Social Value Award and Quality Mark and Regional Prevention Pledge agenda. First meeting held in April 2023. Historically reported into the Executive Team but will report into the Health Inequalities Sub-committee when established. • Regional Anchor Institution Assemblies to commence in July 2023 to report on progress and challenges and share learning and experience. • 6 monthly progress returns required with the first submission on the 23/06/23.

Table 4 – System Collaboration

9. The Trust is a strategic partner and/or collaborator in the following innovation and research NHIR and UKRI city-wide bids:

Initiative	Overview
NIHR HealthTech Research Centre	• The centre would provide a one-stop front door for Liverpool for HealthTech developments as well as providing resources and expertise to partners. • Invitation received from NIHR to submit a stage 2 funding application.
NIHR Mental Health Research for Innovation Centre	• A bid was submitted in support of creating a Mersey Mental Health Research for Innovation Centre that is envisaged to be both a physical and virtual resource. • Announcement received at the end of February 2023 that the funding application had been successful as a result of which, £10.5m had been awarded to develop the centre over the next 5 years. • Workstreams are currently being developed to facilitate its delivery one of which is regarding mental and neurological health equality.
NIHR & UKRI System Engineering Innovation Hubs for Multiple Long-term Conditions (SEISMIC)	• Multi-disciplinary teams have been invited to take a systems design and engineering approach to improve services for people with multiple long-term conditions and their carers. • This is a two-stage call with stage one application having been submitted.

Innovation Governance

10. To strengthen the innovation function's governance and reporting processes, an Innovation Group has been established as a sub-group of the Trust's Research, Innovation and Medical Education (RIME) Committee. The Group provides oversight and monitoring of all aspects of the Trust's innovation portfolio as well as the overarching Innovation Strategic Implementation Plan. The first meeting was held in March 2023 with future meetings held on a bi-monthly basis. It is Co-chaired by the Clinical Lead for Innovation and the Innovation Manager.

2023/24 Priorities

11. The Innovation Strategic Implementation Plan for 2023/24 and progress to date is outlined in **appendix 1**. Priority areas identified are:

12. **Engagement and Training** – Staff engagement is fundamental to achieving our innovation ambitions. Grass-root conversations are being undertaken with all staff groups across the organisation through team meetings to start an open and transparent dialogue on their understanding of innovation and its focus within the organisation. Through these sessions, will look to identify innovation leaders/scouts to be members of the Trust's Innovation Forum.

13. The remit and configuration of the forum is under development but the vision is to have representatives from each staff group and sub-specialty from across the organisation who will be able to inform on the key developments within their networks and professional bodies as well as challenges and system need. This will enable primary themes and trends to be identified from which Hackathons could be facilitated to provide a more structured, market driven and informed innovation process. It should be noted that the Innovation Forum will report directly into the Innovation Group. This would be in addition to engaging with staff through existing forums e.g. corporate and medical staffing inductions, Team Brief, Clinical Senate etc.

14. As part of the mentoring and training offer through the I3 Programme, looking to develop a co-designed bespoke innovation training module which would be underpinned by I3 methodology but with customised delivery which relates to the NHS environment. This would both support our existing innovation champions and develop future ones as well as ensure consistency in knowledge as well as process. It is envisaged that it would be agile in its delivery to have the capability to be incorporated into the Trust's internal leadership programmes as well as being able to be delivered as a standalone module. This will be included in the Trust's I3 development plan and will expand the innovation training provision which primarily has been limited to opportunities from the Innovation Agency North West Coast Coaching Academy, NHS England's Clinical Entrepreneur Programme and educational webinars from strategic partners e.g. UK Research Innovation.

15. It is also recognised that the function needs to continue to grow its external network as well as strengthen its connection within the industry sector. Key forums identified include Liverpool City Region Health and Life Science Board Research and Innovation sub-committees, Liverpool City Region Innovation Board, University Hospital Association sub-groups and the Professional Liverpool Innovation Advisory Group. Also, establish links with innovation colleagues in other NHS neuroscience providers.

16. **Communication** – Increased awareness and publication of innovation activity both throughout the organisation and externally will raise the profile of innovation, provide internal leadership and strengthen our innovative culture. A communication plan is in development to support this which will comprise of the following elements:

- Utilising internal and external channels to:
    - Update on current innovation activity and future opportunities
    - Sharing of educational materials and training opportunities

- o Cascading of local, regional, national and international events and conferences
- Trust innovation leads attending and presenting at key forums and, divisional and team meetings.
- Development of innovation pages on the Trust's new internal intranet and external internet pages.
- Celebrating achievement through award submissions made for regional and national awards where/when appropriate – due to the innovation maturity level within the organisation, there have been limited submission opportunities however, further opportunities will become available as the initiatives progress over the next year. Entries have been made to the Innovation Agency North-West Coast awards for the VERA complexed rehabilitation project and the ShinyMind wellbeing and resilience resource App both of which were selected as finalists. The ShinyMind App was also a finalist at the Engage Awards which are the largest customer engagement awards in Europe. Innovation will also be included as a category in the Trust's annual staff awards from 2023.
- Sharing of good practice with local, regional and national forums e.g. the Headache Chatbot was presented at the Innovation Agency Partnership Board meeting in May 2023.
- Innovation being included on the agenda for external Trust visits e.g. innovation initiatives have been showcased in recent visits to the Trust from NHS Providers and the Liverpool City Region Growth Platform.
- Pen portraits/articles of innovation active staff/teams being shared.
- Innovation being included in the organisation's corporate and medical staffing induction programmes.
- Broadening engagement networks with strategic partners as well as higher educational institutions and professional bodies.

17. **Process and Governance** – With the Trust adopting the ISO industry standard for innovation through the IKE Institute's I3 Programme, this is the criteria by which our innovation practice will be governed and demonstrated through the achievement of the ISO56002 accreditation. The knowledge, mentoring and methodology from the I3 Programme will support the development of the Trust's innovation policies, processes and standard operating procedures to ensure a systematic innovation method is implemented with a controlled stage gating governing process from ideation to benefits realisation, that is aligned to the organisation's business cycle. This is a fundamental area of development for the function.

Conclusion

18. The innovation function has been through a period of reset post-COVID to ensure its activity aligns with the strategic ambitions of the new Trust Strategy 2023-25 and define its portfolio model. To ensure the Trust has the capability to deliver organic, industry standard innovation in neuroscience, it has adopted the ISO innovation industry standard through the 3-year Investors in Innovation Programme. The learning and methodology attained from the programme will also enable the function to develop systematic and robust policies and processes to strengthen its governance in alignment to the organisation's business cycle.

19. It is acknowledged that innovation is an emerging function within the organisation, therefore identified resource will need to be reviewed throughout 2023/24 to ensure the function has the capability to deliver its objectives.

Recommendation

20. The Board is asked to note progress made to date and to support the future direction and development of the function.

Author: Rachel Saunderson, Innovation Manager
Date: 20/06/23

Appendix 1 – Innovation Strategic Implementation Plan 2023/24

Innovation Strategic Implementation Plan 2023/24 Action Plan

Action	Leads	Key Performance Indicators	Timescale	Update
Objective: An empowered and curious workforce within a quality environment to achieve excellence through shaping and delivering transformational change				

Trust to maintain Investors in People Gold accreditation for 'we invest in people' and 'we invest in wellbeing' standards and continue to work towards Platinum status	CPO/IM	• Gold accreditation maintained for:
		  o We invest in people standard
		  o We invest in wellbeing standard
		• Action plan developed for achieving Platinum status
			Completed
			Sept 2023
			Completed
				• Annual reaccreditation received Jan 2023
				• Action plan revised further to meeting held with IiP Assessor in April 2023. Next full accreditation for both standards to be undertaken via a joint 2-week assessment at the end of November 2023 – will look to maintain Gold and aspire to Platinum

Embed standards for medical professionals in conjunction with Faculty of Medical Leadership and Management – pilot phase followed by roll out across the Trust developing a group of brand ambassadors from the Consultant Body.	CPO	• Pilot phase rolled out across the Trust • Consultant Body brand ambassadors identified	Sept 2023 Sept 2023	
Develop innovation communication plan in line with revised strategic ambitions actively engaging key internal stakeholders in developing and promoting an innovative culture	IM/ICL	• Innovation activity celebrated and shared across the Trust through internal and external communication channels	Ongoing	• Innovation Activity publicized through Trust comms channels • Innovation included in Corporate and medical inductions • Staff engagement sessions being held through team meetings • In the process of establishing Innovation Forum and Scouts • Innovation presentations included in external visits e.g. NHS Providers and LCR Growth Platform and with partner organisations e.g. Innovation Agency

Work with providers to identify innovation training provision	IM/ICL	• IKE Institute accredited training programmes undertaken:
		  o Innovation Practitioner
		
		  o Innovation Strategy for Business Leaders
		  o Innovation for Digital Business Transformation
		• IKE Institute innovation mentoring for Executive and Non-Executive directors
		• Training opportunities provided via the Innovation Agency Training Academy and NHSE Clinical Entrepreneur Programme made available to all staff groups across the Trust
			Feb 2023
			
			Completed
			Completed
			Completed
			
			Ongoing
				• 1st cohort completed in April 2023 with 2nd cohort to be held in July 2023
				• Training undertaken in April 2023
				• Training undertaken in April 2023
				• Session held in March 2023 with follow up session with NEDs in May 2023
				• Staff development opportunities via the Innovation Coaching Academy and the NHSE Clinical Entrepreneur Programme are publicized via staff comms channels

Mapping of partner organisation offer and resource to support the delivery of the innovation agenda	IM/ICL	• Partner organisations' innovation offer mapping exercise undertaken • Findings shared with Innovation Group	April 2023 July 2023	• Delayed to incorporated as part of the I3 development process
Review of Innovation Group function, responsibilities and membership in line with revised Innovation strategic ambitions and RIME Committee Review	IM/ICL	• RIME Committee Innovation Sub-group re-established to monitor and oversee the delivery of all aspects of the innovation portfolio • Quarterly Assurance Reports provided	Completed Ongoing	• Sub-group established with 1st meeting held on 01/03/23 • Key Issue Report submitted to RIME Committee following each sub-group meeting

Action	Leads	Key Performance Indicators	Timescale	Update
Building service resilience through integration of innovation, medical education and research management	IM/ICL/CDI/CPO	• Integrated working through the following forums: o RIME Committee o Innovation Group o RIME Regional Funding meetings	Ongoing Completed Ongoing	• Innovation integrated into Committee Cycle of Business • Established with 1st meeting held on 01/03/23 • To be re-established due to staffing change in the role of regional Neuroscience and Mental Health Lead
Workforce capacity to have time to develop and implement initiatives	IM/ICL/CDI/CPO	• Innovation active staff have allocated capacity within their job plans/roles to undertake innovation projects and receive recognition as appropriate	Oct 2023	
Objective: An established and implemented pipeline of Trust wide projects aligned to Trust strategy and divisional priorities				
Review of innovation pipeline activity to align to Trust strategy and division priorities inclusive of organic and spread and adoption projects	IM/ICL	• Pipeline review undertaken • Projects aligned to strategic ambitions of the Trust Strategy 2033-25 • Project activity underpinned by MSP methodology	Completed Completed May 2023	• In progress as part of I3 development
Research and Innovation Divisional Clinical Lead posts for Neurology and Neurosurgery	IML/ICD/CPO	• Research and Innovation Divisional Clinical Lead posts recruited	June 2023 (dependent on funding and resource)	
Work with partners to scope innovation pathway and regional provision	IM/ICL	• Organic innovation pathway developed to support development of initiatives from concept to commercialisation	Dec 2023	
Develop internal innovation governance processes and procedures	IM/ICL	• Innovation Group established with quarterly assurance reports to RIME Committee • Anchor Institutions Group established with quarterly assurance reports to appropriate Trust Board sub-committee (to be confirmed) • Standard Operating Procedures and policies developed to support the organic innovation pathway	Completed Completed Dec 2023	• Group established with 1st meeting held 01/03/23 • Group established with 1st meeting held 18/04/23 • Part of I3 development process
Project Management office to be established for all Trust project activity	ADO	• Trust Project Management Office established and operational	Completed	• SPMO established with initial meetings held. Innovation update being shared at June 2023 meeting and agreeing process and frequency of updates
Single point of contact to be developed for staff initiatives across innovation, transformation and finance/CIP	IC	• Single point of contact established for all staff initiatives	Feb 2023	• Progressing as part of I3 development and 2nd cohort of practitioner training being held in July 2023 with key internal partners e.g. SPMO, Transformation, Research and Digital
Implement a systematic process for measuring project outcomes and continual improvement including return of investment	CPO/IM/ICL/ICD	• Impact and value measures identified and applied to innovation projects	Nov 2023	• Progressing as part of I3 development

Objective: Actively influencing and contributing to health outcomes at a local, regional and national level

Action	Leads	Key Performance Indicators	Timescale	Update
Achieve C&M Healthcare Partnership Social Value Award	IM	• C&M Healthcare Partnership Social Value Award achieved	June 2023	• The Trust has signed up as an early adopter site for the C&M ICB TOMs Framework which is a consistent set of metrics to measure social value activity across all C&M ICB member organisations. Portal to go live by end of May 2023. Staff training and internal working group in progress to establish internal processes to populate the portal. Metrics from the portal will provide baseline data to support Award application.
Achieve Social Value Business Quality Mark level 1	IM	• Social Value Business Quality Mark level 1 achieved	June 2023	• The Trust has signed up as an early adopter site for the C&M ICB TOMs Framework which is a consistent set of metrics to measure social value activity across all C&M ICB member organisations. Portal to go live by end of May 2023. Staff training and internal working group in progress to establish internal processes to populate the portal. Metrics from the portal will provide baseline data to support Quality Mark application.
Commitment for the Trust to be a founding member of Liverpool Citizens alongside other partners	CPO	• Trust formally signed up as a founding member	Completed	• Pre-founding Assembly held in November 2022 • Founding Assembly delayed until September to enable member organisation recruitment target to be achieved. • Trust ED&I Leads identified to support engagement work. • Work progressing to recruit to the Community Organiser role for the Liverpool Alliance being led by the Trust • Monthly Sponsor Committee meetings and internal Core Group meetings being held to progress this work
Develop a core team of leaders from within the Trust and undertake relevant training to progress Liverpool Citizens work	IM	• Core Group established • Core Group members undertaken Community Leadership training	Completed Completed	• Trust core group established with training to undertake in March and May 2023 in preparation for listening campaign to be undertaken in spring 2023.
Working in partnership with Everton in the Community/ Everton Minds, to develop Health Zone as part of the Goodison Park Legacy Scheme	IM/CPO/ ICD/ICL	• Executive sign off of strategic partner MoU with Everton in the Community • Partnership Matrix Completed to identify Trust potential service offer • Participation in Everton in the Community Executive Roundtable meetings with LCR partners • Health Zone Development Plan agreed with Everton in the Community and partners to enable delivery in 2024.	Completed Ongoing April 2023 April 2025	• Draft completed but continue to work with divisional team to identify service offer • Awaiting details from EitC • Demolition of current Goodison site due 2025 with the Health Zone to be established in 2026

Action	Leads	Key Performance Indicators	Timescale	Update
Sign up to C&M Healthcare Partnership Anchor Institutes Charter (will be delivered via Sustainability Plan, Prevention Pledge and Social Value Award and Quality Mark)	IM	• Social Value Working Group established • Anchor Institutions Group established • C&M ICB TOMs system developed and implemented • Social Value activity recorded and monitored via the C&M ICB TOMs system for both contracts and corporate elements • Annual report of social value contribution produced	Completed Completed May 2023 June 2023 March 2024	• Group established with 1st meeting held 18/04/23 • Portal due to go live by the end of May 2023. Establishing internal processes to support this
Objective: System leadership of key health disciplines supported by business academia and private research partners				
Benchmarking assessment of innovation function via by Investors in Innovations Standard aligned to ISO 56002 Innovation Management System	IM/CPO/ ICD/ICL	• Initial I3 assessment process completed • Continued improvement action plan developed	Sept 2023 Oct 2023	• Self-assessment consists of 8 submissions across 6 areas. Currently working towards 4th submission
Annual Review/Report of innovation activity to produced and reported into RIME Committee/Trust Board	IM/CPO/ ICD/ICL	• Innovation Annual Report produced and reported into RIME Committee/Trust Board	May 2024	• 2022/23 Annual Report being taken to RIME Committee on 20/06/23
Objective: A key leader of the local health economy that has national/international recognition for excellence				

Establish new partnership working arrangements to progress innovation ambition	IC/CPO/IC D/ICL	• Membership of the following forums:
		  o Innovation Agency NWC Partnership Board
		  o LCR LYVA Labs Innovation Leads Group
		  o C&M Innovation Trust Leads Group
		  o LCR Health and Life Science Board Research and Innovation sub-committee
		  o LCR Innovation Board
		  o University Hospital Association sub-groups
		  o Innovation Advisory Group for Professional Liverpool
			Ongoing
			Ongoing
			Ongoing
			March 2024
			
			March 2024
			Ongoing
			Ongoing
				• Bi-monthly meetings attended
				• Sessions attended
				• Bi-monthly meetings attended
				
				• Sub-group meetings attended
				• In the process of being established

Objective: A dynamic and outward looking Board approach to development that reinforces/ supports our strategic ambitions				
Identify commercial resource to align with revised Trust and innovation strategies and establish new/additional income streams – recruitment of Business Development Manager role	CFO IM/CPO	• Commercial resource identified within the Trust's Commercial Substrategy • Identify Commercialisation knowledge and resource in support of innovation agenda	Completed Sept 2023	• Trust Finance and Commercial Substrategy developed
Development of Trust Commercial Strategy	CFO	• Commercial Substrategy approved	Feb 2023	• Trust Finance and Commercial Substrategy approved
Competitor analysis to be undertaken	CFO	• Competitor analysis completed (as part of the Commercial Substrategy implementation plan)	Feb 2023	• Ongoing

Action Lead Key

CPO – Chief People Officer
CFO – Chief Finance Officer
ICD – Innovation Clinical Director
ICL – Innovation Clinical Lead
ADO – Assistant Director of Operations
IM – Innovation Manager