NHS
The Walton Centre
NHS Foundation Trust

Public Trust Board Meeting

Thursday 2nd March 2023

Agenda and Papers

Excellence in Neuroscience

PUBLIC TRUST BOARD MEETING
Thursday 2 March 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 meeting held on 2 February 2023 (d)	Chair	Approve
STRATEGIC CONTEXT				
5	10.05	Chair and Chief Executive's Update (d)	Chief Executive Officer	Note **To Follow**
6	10.20	Digital Substrategy (d)	Chief People Officer	Approve
7	10.40	Estates, Facilities and Sustainability Substrategy (d)	Chief Operating Officer	Approve
8	11.00	Communications & Marketing Substrategy Update (d)	Chief Executive Officer	Approve
11.15 BREAK				
PERFORMANCE				
9	11.25	Integrated Performance Report (d)	Chief Executive Officer	Assurance
10	11.30	Business Performance Committee: Chair's Assurance Report (d)	Committee Chair	Assurance
11	11.40	Quality Committee: Chair's Assurance Report (d)	Committee Chair	Assurance
QUALITY AND SAFETY				
12	11.50	Mortality and Morbidity Report (d)	Medical Director	Assurance
GOVERNANCE				
13	12.00	Risk Management Framework (d)	Interim Chief Nurse	Assurance
14	12.15	Board Cycle of Business 2023/24 (d)	Corporate Secretary	Approve
COMMITTEES OF THE BOARD				
15	12.20	Audit Committee - 7 February 2023: Chair's Assurance Report (d)	Committee Chair	Assurance
CONSENT AGENDA				

Item	Time	Item	Owner	Purpose
Subject to Board agreement, the recommendations in the following reports will be adopted without debate: • Gender Pay Gap Annual Report (d)				
CONCLUDING BUSINESS				
16	12.30	Any Other Business (v)	Chair	
17	12.35	Review of Meeting (v)	Chair	Note

Date and Time of Next Meeting: 9.30am, 6 April 2023, Boardroom, The Walton Centre

UNCONFIRMED

Minutes of the Public Trust Board Meeting
Board Room
2 February 2023

Present:

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

In attendance:

Jennifer Ezeogu	Deputy Corporate Secretary (DCS) (minutes)
Katharine Dowson	Corporate Secretary (CS)
Jane Mullin	Deputy Chief People Officer (DCPO) (item 7 only)
Rachel Saunderson	Innovation Manager (IM) (item 7 only)

Observers:

John Taylor	Lead Governor
Belinda Shaw	Public Governor: Merseyside
John McClleland	Public Governor: Rest of England
Elaine Vaile	Communications and Marketing Manager (CMM)
Gilly Conway	External Well Led Review Auditor

Apologies:

Lisa Salter	Chief Nurse (CN)

1 Patient Story

1.1 CMM introduced the story of a father of a teenage patient admitted into the Trust after an accident which left the patient with long term injuries. The patient and their family stayed in the home from home facility which made a significant difference to them as they were from the Isle of Man. The patient first arrived in the Intensive Treatment Unit (ITU) and then moved to Cairns Ward and on to Lipton Ward. The father commented that all the staff were fantastic, and the patient is now in the rehabilitation centre.

1.2 The Chair queried how the patient was now and it was confirmed that the patient was doing well and was optimistic that they would walk again and was looking forward to going home.

1.3 CEO agreed that the patient was doing extremely well and emphasised the importance of the rehabilitation facility and its importance to the recovery of patients.

1.4 NED-PM questioned if there were any areas the Trust could do better form the patient's experience and how best to improve communication and support to families. It was stated that the support had been fantastic and there was a good communication link between all the teams and the family. Recently the Trust had supported them by giving them free parking which was helpful as this experience had been financially challenging for the family.

1.5 NED-SID highlighted that it was good to see the positive impact the home from home service had on families and patients. NED-SID questioned if there were any issues that he had noticed and under staffing was highlighted and its impact on the staff.

The Board recorded its thanks to the patient's father for sharing the story.

2 Welcome and apologies

2.1 Apologies were noted as above. The Chair welcomed the ICN and everyone to the meeting. CEO thanked the Deputy Chief Nurse (DCN) for managing the role in the interim.

3 Declarations of interest

3.1 No declarations of interest in relation to the agenda were made, no new declarations were recorded. The Chair confirmed that NED-IA's declaration had been logged on the public register of interests.

4 Minutes of the meeting held on 1 December 2022

4.1 The minutes of the meeting held on 1 December 2022 were reviewed and the following amendments were requested.

4.2 Paragraph 4.4 – the sentence was amended from "The reduction of 104-week and 52 week long patient waits was particularly to be noted." to read "The reduction of 104-week and 52 week long patient waits *were* particularly to be noted.".

4.3 Paragraph 4.7 – a few typos were corrected.

4.4 Paragraph 6.9 – a few typos were corrected.

4.5 Paragraph 10.5 – NED-KH amended the sentence from "NED-KH felt that the update was lacking metrics, and this should be added to Quality Committee for assurance" to read "*NED-KH stated that the report was lacking assurance because many of the items did not have quantifiable measures. The DCN stated that this could be improved and reported through Quality Committee."*

4.6 Following completion of these amendments the minutes of the meeting held on 1 December 2022 were approved as an accurate record of the meeting.

Action tracker

4.7 There were no outstanding action from the previous meeting.

5 Chair & Chief Executive's Report

5.1 The Chair updated that the Council of Governors had met on 8 December 2022 and although he was unable to attend, SID deputised on his behalf.

5.2 SID reported that the Council of Governors meeting went well, there was good engagement, and no concerns were raised.

5.3 The Chair updated that Audit One had been commissioned to conduct an External Well Led Review which had already begun. The review would entail observation of Board and committee meetings, 1:1 interview with the Board, internal and external stakeholder surveys, and focus group meetings. The results were expected in April and the report would be presented to the Board in May.

5.4 The Chair had met with the Liverpool Chairs and had visited the Liverpool Women's Hospital NHS Foundation Trust to examine the challenges faced by the Trust.

5.5 The Chair attended meetings with the Chairs of the Cheshire and Merseyside Acute and Specialist Trusts (CMAST) which included a presentation of the Carnall Farrar review of Liverpool Clinical providers in January.

5.6 A Board Development Session was held on 5 January 2023. Discussions focused on Equality Diversity and Inclusion, branding and the Trust Strategy. There had been positive feedback from Board members and plans for the next session in March were underway; a programme for 2023/24 had also been circulated.

5.7 Staff awards had been held and were well attended and well-received by staff. In attendance were local sporting legends Tony Bellew and Alan Stokes, the CEO, SID, NED-RW, NED-IA, and NED-PM. Plans were underway with the Communications Team develop the event further this year.

5.8 The Chair updated that the CEO's appraisal was completed and extremely positive.

5.9 CEO gave an update on the NHS England (NHSE) delivery plan for recovery and emergency care and pointed out that because the Trust did not have an Accident and Emergency Unit, a lot of the actions and expectations were not directly relevant however there were areas for the Trust to consider. There was a need to consider funding for emergency care and relieve the impact on elective care. Workforce requirements and variation of performance was an ongoing concern on a national and regional level, but given that the Trust was generally performing well, the Trust needed to consider how it could support the rest of the system through mutual aid.

5.10 SID asked if something more could be done for staff recognition and support. CEO highlighted that a task and finish group had been set up around staff recognition and there was ongoing work with the Communications Team regarding staff awards.

The Board noted the Chair and Chief Executive reports.

6 Trust Strategy Update

6.1 MD presented the progress update on the implementation of the strategic priorities for Q3 and the set priorities for Q4. Non-achievement in Q3 was largely due to external factors and plans are in place to see them achieved within the next quarter or subsequent quarter.

6.2 SID queried how the ongoing communication of the strategy to all staff was to be achieved following the launch in September. CEO replied that the communications would go through Hospital Management Group and the Communications Team.

6.3 NED-DT emphasised the need to educate staff about the strategy and how it was being implemented. He highlighted that at his last walkabout he was concerned that not many staff were aware of the new Trust Strategy, its relevance or how it was to be implemented.

6.4 NED-KH sought clarification on why some projects categorised under leadership seemed more like collaboration rather than leadership projects. MD clarified that although they seemed like collaborations, they were categorised under leadership due to the influence the Trust had on Neuroscience practice across the whole region and the Trust's impact on patient care.

The Board noted the Trust Strategy Update

7 People Substrategy

7.1 DCPO introduced the People Substrategy and informed that it had been through the scrutiny of various committees before being brought to the Board.

7.2 IM informed that a delivery/strategic implementation plan and KPIs had been developed for the Substrategy based on an intended implementation plan across several areas including Research & Development and Innovation. The Trust had retained its gold status for Investors in People and Investors in Wellbeing following the annual review. Reports from the review were expected in the coming weeks and would be shared with the Board.

7.3 The Chair on behalf of the Board congratulated the team on the retention of the gold status across both categories.

7.4 NED-RW applauded the Trust on how well it was doing with respect to Medical Education and how this had paid dividends over the years and sought clarity on how the team was ensuring that other professional groups were captured. It was clarified that the Substrategy included leadership development and training and development across all professional groups.

The Board approved the People Substrategy.

8 Charity Substrategy

8.1 CPO presented the Charity Substrategy and informed that the document for approval was the public version of the Substrategy. Following the COVID pandemic and the cost-of-living crisis, there had been a shift in the approach to fundraising to be more digital and the Charity had recently made an appointment for the digital fund-raising manager post. CFO advised that as part of the approval for the digital fundraising manager the Committee had asked the Charity Committee to report the return on investment.

8.2 CPO advised that the Substrategy would not only enable fund raising but also set out the plan to develop a grant making policy to ensure that projects taken up would maximise the impact on patients. CPO added that the Well-being Hub would be open in two weeks, and this would not have been possible without the support of the Charity Committee.

8.3 The Chair emphasised the need for projects carried out by the Charity to be understood by all concerned and the importance of a strategy against which to judge those projects so that informed decisions could be made.

8.4 NED-KH suggested that the Charity Committee sought out and explored opportunities to foster more corporate relationships and commercial supporters to match giving. SID informed that the Charity Committee had a lot of corporate supporters, and it was exploring other avenues in terms of fundraising.

8.5 NED-IA suggested that the wording under the first sentence of the legacy campaign be reworded as it felt a bit manipulative from a public facing perspective. It was recommended that the phrase "*strong emotive outcomes"* be taken out of the sentence.

8.6 NED-RW queried if the team were confident and had the capacity to deliver on the outlined plans by April. CPO emphasised that the team comprised of a group of key decision-making people which allowed for broader collaborative work, thus making the plan achievable by April.

8.6 SID reported that committee membership had been strengthened recently with the addition of NED-IA and a review of the length of service of clinicians on the committee. The Committee had also reviewed the investment service provided by an external partner.

The Board approved the Charity Substrategy subject to the rewording amendments.

9 Board Assurance Framework Q3 2022/2023

9.1 CS presented the Board Assurance Framework (BAF) for quarter three and informed that the risks had been discussed by the Executive Leads at the Executive Directors team meeting, Business Performance Committee (BPC), Quality Committee (QC) and Research, Innovation and Medical Education (RIME) Committee.

9.2 A summary of amendments made was provided and all updates to each risk ID had been highlighted in red.

9.3 NED-RW questioned if there were measures in place to bring down the cybersecurity risk as even though the risk appetite was averse it had a high risk-score. CFO stated that there was ongoing collaboration with the Integrated Care System (ICS) across cyber to ensure there was a collaborative approach. Given the current geo-political climate, cyber-attacks were events that were almost certain to happen due to the sophistication of the attackers. The Trust was doing its best to put controls in place to mitigate cyber-attacks and educating staff.

9.4 NED-DT highlighted that the Trust was currently carrying out penetration testing to ascertain the security level. The risks levels were increased, not because the Trust does not have actions in place, but due to the certainty that they would happen given the intensity of activity in this area.

9.5 NED-KH commented that assurance needed to be given that training programs described under BAF005 were being attended and taken up as well as offered. NED-KH also queried why operational risk 933 was not mentioned in the gaps in control under BAF001 as there was a quality impact to the digital issues. CS commented that it was reported under BAF 12 Digital as although the impact is on quality the solution is through digital.

9.6 NED-IA commented that under the background analysis, the date should be corrected to read "... *new Trust Strategy 2022-2025 approved at Board on 1 September 2022"* not 2023. She queried with respect to BAF 006 what mappings of community engagement activities were taking place and what underpinning plans were put in place to raise engagement. CPO commented that there was an ongoing discussion with the University of Liverpool to work through what an action plan would look like to connect with and improve engagement with patient groups. Community engagement would come through the Liverpool Citizens process.

The Board approved the revised scoring on the BAF as presented.

10 Integrated Performance Report

10.1 The CEO informed that check and challenge of the Integrated Performance Report (IPR) had been undertaken at Board Committees and the Chairs of the relevant Committee would present this as part of their assurance reports. The Trust has been pleased to eliminate 78-week waiters apart from two complex cases which were scheduled in. CEO recognised that some areas were under pressure including theatre efficiency, appraisal and training rates and there had been some infection prevention challenges in month although plans were in place to address this.

11 Business Performance Committee Chair's Assurance Report

11.1 NED-DT, as Chair of Business Performance Committee (BPC), highlighted the December performance was challenging due to the factors already highlighted in the CEO's report. There were some good areas of performance, for example the overall number of long waiters within the Trust had reduced.

11.2 The Trust was continuing to focus on Outpatient Department (OPD) transformation and was working to improve the number of patient-initiated follow ups (PIFU). The Trust has already hit the end of year target of 5% at the end of quarter 3.

11.3 The Trust was projected to have an end of year financial surplus of about £1m. The two main contributors to the better-than-expected end of year position were the increase in interest rates and a higher-than-expected income from Wales and the Isle of Man. The full Cost Improvement Plan (CIP) had been met.

11.4 SID queried if the revised figure had been shared with the ICS and if there was any pressure to do even better. CFO stated that there may be influence from the ICS to try and improve the position.

11.5 NED-RW commented that 64% of the CIP for 2022/23 was non-recurrent which was not as good a figure as planned. He queried the status of the CIP for 2023/2024 and where the Trust was in terms of planning to hit the recurrent target. COO replied that there were two major projects (outpatients and inpatients flow) planned as well as some mini-projects

currently underway. An away day had been arranged with Mersey Internal Audit Agency (MIAA) to generate further ideas particularly with clinicians and there was also ongoing work with the ICB.

11.6 NED-DT highlighted that there was an alert and a risk from BPC regarding the overall financial plan for 2023/24. NED-DT confirmed that the business planning for 2023/24 was underway with the ICS but nothing was yet signed off and the efficiency ask had not yet been agreed.

11.7 A second risk was identified regarding capital allocation for 2023/24 and subsequent years. There was a multi-year asset life plan to manage the risk of end of life for equipment and preventive maintenance was conducted to avoid unplanned disruptions when equipment breaks down. There was a cash reserve built up over the years to fund the Theatres project but currently the system controls capital allocations and therefore the Trust could only spend up to the allocation level agreed last year. This position would cause a worsening of the maintenance backlog which further increases the risk.

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

12 Quality Committee Chair's Assurance Report

12.1 NED-RW presented the Chair's Assurance report from the Quality Committee meeting held on 19 January 2023. It was highlighted that there had been an increase to Endobronchial Valve (EBV) infections around EVI drains, this would in turn have an effect on patient care and experience. MD replied that this has been noted and a group had been set up to review the causes and identify actions to take and any training required. NED-RW commented that the seasonal flu vaccine uptake for front facing staff stands at 61% against a target of 90% and this was unfortunate given the numbers of staff off with flu in December and January.

12.2 NED-RW identified that there had been an increase in Pressure Ulcers from 12 to 14 in Q3. Contributing factors for the increase were identified as increased patient acuity and dependency, staff shortages and an influx of new starters. There had been a delay in rolling out the delivery of the ward-based education programme which had been successful in its pilot on Lipton Ward, but the committee was due to receive an update at the next meeting on actions being taken to address the delay.

12.3 There had recently been a large claim settled for approximately £5million. The Committee was pleased to hear that there was a senior consultant of the Trust present to offer an apology to the claimant. The Committee had not received assurance from the safeguarding team through the key issues report from Safeguarding Group for two months and had asked that a quarterly report was provided to the Committee at the next meeting.

12.4 The Trust had been approached to take on additional spinal services from a third-party private provider from March who had decided to stop providing this service. This was a challenging timeline. COO advised that this was being picked up by the Executives to understand what the patients would require and what resources would be needed but that it was only 75 patients so was achievable.

12.5 NED-RW, as Chair of Quality Committee recognised the efforts of staff during a challenging December which was likely to have had an impact on patient experience for example where operations had been cancelled. There were no serious incidents reported during the period,

the Family and Friends test remained high at 97% against the target of 90%, there was positive reports from the national accreditation on anaesthetic services and major trauma review.

12.6 There had been an increase in 28-day readmissions from 5% to about 8% which needed to be monitored and there had been a small increase in hospital acquired infections that could suggest that data was going the wrong way. The Committee had requested a recovery plan from IPC. The Committee had reviewed the IPC BAF but had sent it back to IPC Committee for further work.

12.7 NED-KH queried why there was a higher number of complaints being upheld and what the cause was. NED-RW commented that the Trust had a high-level assurance from MIAA from the process of complaints and the Committee was seeking further assurance around the quality of complaints, how they are put together, responded to and how well issues being raised were implemented.

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

13 Freedom to Speak Up quarterly report

13.1 ICN presented the report and highlighted that more people were speaking up than a year ago. The first module of the eLearning had been hampered by technical difficulties and was awaiting a national fix. Following this, the second and third modules would be rolled out. NED-KH, as the Freedom to Speak Up NED champion queried if there was pressure and escalation on ground from a national level to resolve the delay.

13.2 NED-KH also commented that she was pleased to see that majority of the assurance in the Guardian's Report for Board Members was already in place at the Trust and together with the Freedom to Speak Up Guardian they were working to implement other measures to offer additional assurance to the Board.

The Board noted the Freedom to Speak Up Quarterly Report.

14 National Inpatient Survey Action Plan Update

14.1 The Chair commented that the report had not been to Quality committee, which was an oversight in timings, but henceforth it would go to Quality first and would then be reported to the Board through the Chair's Assurance Report.

14.2 ICN advised that the majority of actions identified had already being delivered and dates for completion were being sought for the remainder. The ICN was currently working with the Head of Patient & Family Experience and Senior Nursing team to ensure they keep to the allotted time frame for delivery on actions unless there is an exigent reason for delay.

14.3 ICN advised that a significant amount of work was happening on noise at night including senior nurse walkabouts on wards at nights to see if the actions raised had been embedded. There had been a reduction in complaints from patients regarding noise at night.

The Board noted the National Inpatient Survey Action Plan Update

15 Neuroscience Programme Board

15.1 MD provided an update from the discussions of the last meeting held on 12 January 2023.

15.2 NED-KH queried the impact of the delayed Cheshire and Mersey Rehabilitation Network review. MD commented that there was currently no impact on patient care but the uncertainty around what the future holds is outside of the Trust's control. There was currently ongoing work with leads of the Rehabilitation Network, Operational Delivery Network (ODN) and Liverpool Place to progress this with commissioners.

15.3 CEO highlighted that the Board needed to recognise the lack of clarity on how to navigate networks going forward as there was no clear strategy for hosting these networks. As a host itself, the Trust needed to influence how to get the right funding to be able to continue hosting these networks and influence the future of the networks and collaborations.

The Board noted the Neuroscience Programme Board report.

16 Research, Innovation and Medical Education (RIME) Committee Chairs Assurance Report

16.1 NED-PM, as Chair of the committee provided an update from the RIME Committee meeting held on 20 December 2022 and highlighted that it was the first meeting since the review of the Committee and move to revised terms of reference and it had felt a more strategic and focused meeting.

16.2 The Committee was working towards widening engagement with strategic partners and recognising their impact on the Trust; there was a good presentation from the Applied Research Council (ARC) as part of this.

16.3 NED-PM reported that although the Trust data shows there were a high number of patients recruited to trials, there was still challenge around the accuracy, transparency and clarity of the income generated. This was currently being worked through with the head of Research and finance.

16.4 The Chair of the Board would be observing the Committee's March meeting to listen in on suggestions on how the Trust intends to exploit the University Teaching Hospital status and how to best maximise this.

16.5 NED-KH commented that she was pleased to see the Trust had a structure on innovations and the Trust was aiming for the investors in innovation. CPO commented that the Trust was the first NHS trust to adopt this and there would be a session on this at the next Board Development Session.

The Board noted the Research, Innovation and Medical Education (RIME) Committee Chairs Assurance report.

17 Strategic Black, Asian and Minority Ethnic Advisory Group (SBAC) Chairs Assurance Report

17.1 CEO, as Chair of the group gave an updated on SBAC's last meeting which had been held on 12 December 2022. A lot of the issues discussed at the meeting had been picked up at the January Board Development Session. Several of the issues raised were race related grievances which necessitated the commissioning of two pieces of work to look at the actual

grievances and another to understand why they arose. The Committee was currently going through a review with regards how to take the group forward as a Committee of the Board to further the wider Trust Strategy.

17.2 NED-RW queried what had happened regarding the reporting on waiting lists in line with ethnicity and deprivation status. CEO stated that the Trust currently struggles with this data if they are broken into ethnicities because the numbers were so small, and many patients choose not to divulge their ethnicity. The Board had agreed in September to focus on comparison across indices of deprivation and this would be reported through the IPR in due course.

The Board noted the Strategic Black, Asian and Minority Ethnic Advisory Group (SBAC) Chairs Assurance report.

18 The Walton Centre Charity Committee Chairs Assurance report

18.1 SID reported on the Committee's meeting held on 20 January 2023 and highlighted that the membership of the committee had changed with the addition of NED-IA.

18.2 The Committee had discussed investments; the long-term plan was not to retain investments of more than £1million but to identify projects to enable utilisation of the funds and this would form part of the future fundraising substrategy.

18.3 The Committee had agreed to convene a subgroup to handle the investment of the current £600k cash balance and explore how it could be invested in a different way. Fund balances dropped by £154k in the last quarter from £1,438K to £1,284K as funds were utilised.

18.4 The Committee had received a fundraising activity report from the Jan Fairclough Ball held in November with £80K raised for the main project and a recorded net balance of 50K. The Committee had approved a number of applications including one from the Royal Liverpool Philharmonic Project to the sum of £15,000. £6,000 was approved for staff long service awards and no applications for study leave were submitted to this meeting.

18.5 NED-PM highlighted that there were ongoing discussions about individual fund outlets and the responsibility of fund holders to manage the funds and not to withhold funds. He suggested that a presentation was made to Clinical Senate to speak to consultants about the responsibility of being a fundholder and the management of these funds to ensure they were being utilised. SID commented that previous enquiries had identified that it was often due to clinicians being too busy to think about the funds.

18.6 CFO highlighted that the finance team were chasing fund holders who had had no activity in order to understand the reason behind it and nudge them towards utilising the funds and keeping the finance team informed of any delays. SID stated that over the last 12 months there had been only 7% of funds with no movement, and this amounted to £64K.

The Board noted the Walton Centre Charity Committee Chairs Assurance report.

19 Renumeration Committee Chairs Assurance report

19.1 The Chair gave a report from the last meeting held on 5 January 2023 and highlighted that the Mutual Agreed Resignation Scheme (MARS) had been approved by the Committee and a report on the outcome would be reported back to the committee after 31 March 2023. An

existing role had been moved to the Very Senior Manager (VSM) scale as this was an externally facing role and this would give the Trust flexibility to match the salary to the increase in responsibilities as the role grew.

20 Consent Agenda

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

- **Research, Innovation and Medical Education (RIME) Committee Terms of Reference** – The Board Noted and Approved the revised Research, Innovation and Medical Education (RIME) Committee terms of reference.
- **Walton Centre Charity Committee Terms of Reference** – The Board noted and approved the Walton Centre Charity Committee revised terms of reference.

21 Any Other Business

21.1 There was no other business to be discussed.

22 Review of Meeting

22.1 Those present agreed that the Board debate was robust and well challenged, particularly relating to the BAF. It was recognised that the patient story was very powerful, and the Trust was also seeking out patients with complaint/negative stories. The Board also noted the positive change in the quality of papers being presented.

There being no further business the meeting closed at 12.35pm

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

Trust Board Attendance 2022-23

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

The Walton Centre NHS Foundation Trust

Report to Trust Board

March 2023

Report Title	Digital Sub-Strategy 2023 – 2025
Executive Lead	Mike Gibney - Chief People Officer
Author (s)	Justin Griffiths – Chief Digital Information Officer
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)*

- Digital Sub Strategy based on 4 pillars of
  - Digitisation
  - Technical Infrastructure
  - Social Digital Responsibility
  - Sustainability

- The appendix will be continually updated with delivery plan and will be reported regularly through the Digital Strategy Group and to Business Performance Committee via the monthly Digital Update.
- Cyber Security will be handled through Cyber Annual Plan and monthly Digital report presented to Business Performance Committee as well as through ISMS Group following the Cyber Assessment Framework and ISO27001 Controls.

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

- Approval by Board
- Move into Trust sub-strategy template, during March.
- Publish April

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)*

007 Capital Investment	011 Digitalisation	012 Cyber Security

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			

Digital Sub-Strategy 2023 – 2025

Executive Summary

As a Trust, we have recently set out our strategic ambitions for the next three years to help us focus on delivering the very best patient-centred treatment and care, expand our services and continue to innovate and develop. This will ensure we provide the very best outcomes and experience for patients and their families.

Achieving our digital ambitions is critical to the success of our strategic plan. We have already made significant investment in devices and infrastructure which provides a 'state of the art' building block for digitally enabled transformation of our organisation. However, we do need to go further and faster with our digital agenda, and our focus now needs to be on:

- Harnessing the full potential of digital technologies and systems we have in place already
- Increasing the overall level of digital maturity in the Trust and ensuring our infrastructure and solutions are standardised where possible
- Increasing digital inclusion (both access and skills) of our staff and our patients
- Improving our contribution to the Trust's Net Zero ambitions.

Background and Analysis

Our digital mission and vision are not only driven by the needs of our Trust strategy but also by national and regional requirements. The most significant of these external digital requirements are:

- **'What Good Looks Like' (WGLL) framework:** the seven pillars of WGLL set out national expectations for digital transformation in NHS organisations in the following key success criteria areas:
    - Well led
    - Ensure smart foundations
    - Safe practice
    - Support people
    - Empower citizens
    - Improve care
    - Healthy populations.
- **'Plan for Digital Health and Social Care'**, which outlines the national and local requirements for digital to underpin the transformation of health and care service delivery up to 2025
- **Cheshire and Merseyside Integrated Care System (ICS) Digital and Data Strategy**: will describe the system wide ambitions around strong digital foundations and the development of 'at scale' digital and data solutions and services
- **Place Digital Strategies:** will articulate the digital requirements for each of the nine Places in Cheshire and Merseyside where more detailed planning and delivery of localised care will take place (NB: These are mostly in the early stage of development apart from a small number of Places such as Liverpool and Wirral).

Taking this all into account, we have developed four strategic digital priorities for the Trust which will enable us to deliver our digital mission and vision as well as satisfy local and national digital requirements.

<u>Digital Priorities</u>

- Ensure we fully optimise and harness the full potential of existing technologies and systems
- Increasing digital maturity
- Increasing digital inclusion
- Improve environmental sustainability

Conclusion

This digital sub-strategy demonstrates how we will deliver our mission to develop and implement industry-leading digital solutions for our patients and our people. This mission is supported by our vision of seeing existing digital technologies and systems utilised to their full potential, digital maturity across the Trust being enhanced, development of a digitally confident and competent workforce, seeing our patients becoming increasingly digitally empowered, and environmental sustainability being a core factors in all future digital investment decisions.

We know this is an ambitious agenda, but we must succeed if the Trust is to deliver against its own three-year strategy. It will require investment of money and commitment of time as an organisation to deliver it, but with the organisations support, we expect to see a more enthused and engaged staff body regarding our digital ambition and continued adoption and leverage of our advanced digital infrastructure and systems for the benefit of our patients and our local population.

Recommendation

Approval to move Digital Sub Strategy to final version'.

Author: Justin Griffiths

Date: 22/02/23

Appendix 1

The Walton Centre
NHS Foundation Trust
Excellence in Neuroscience

Digital Sub-Strategy 2023 – 2025

Foreword

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To succeed, we will work in partnership with the Cheshire and Merseyside Integrated Care System (ICS), its Places and other health and care providers locally to deliver the best solutions for our staff and patients.

Contents Page

Summary

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We know this is an ambitious agenda, but we must succeed if the Trust is to deliver against its own three-year strategy. It will require investment of money and commitment of time as an organisation to deliver it, but with the organisations support, we expect to see a more enthused and engaged staff body regarding our digital ambition and continued adoption and leverage of our advanced digital infrastructure and systems for the benefit of our patients and our local population.

Strategic Context

The Walton Centre (WCFT) is the only specialist neurosciences NHS trust providing a high-quality, integrated and multidisciplinary service to Merseyside, Cheshire, North Wales, the Isle of Man and parts of Lancashire and Greater Manchester. Our 'hub and spoke' clinical model means we have satellite clinics in multiple sites across our region, enabling patients to be seen closer to home by the most appropriate specialist.

Although our vision is to deliver 'Excellence in Neuroscience', our mission is focussed on our 1,400-specialist staff working collaboratively to reduce health inequalities and achieve excellent clinical outcomes and experience for all our patients.

The new Trust strategy released in October 2022 outlined our five strategic ambitions for the next three years. These ambitions outline the key direction for The Walton Centre and our focus for delivering the very best patient-centred treatment and care. They are the basis for how the Trust will expand its services and continue to innovate and develop, ensuring we stay at the forefront of neurosciences and provide the very best outcomes and experience for patients and their families.

Underpinning our five strategic ambitions are seven enabling strategies which feed into all aspects of the Trust's work, providing a critical link between our overarching ambitions and their delivery. Digital is one of these seven enabling strategies. As a result, digital infrastructure and solutions will underpin delivery of the overall Trust vision and mission. The focus of this sub-strategy is therefore to outline the commitments being made by digital to ensure the successful delivery of the Trust's strategic ambitions for the next three years.

Underpinning these ambitions are seven enabling strategies:

Quality
Ensuring the delivery of the highest quality of care to our patients and their families

People
Committed to a safe, healthy and productive workplace that promotes diversity of thoughts, heritage and social background

Estates, facilities and sustainability
Taking a multidisciplinary approach to ensuring that sustainability in estates and facilities is at the heart of our work

Finance and commercial development
Maximising use of resources, improving productivity and developing market opportunities to deliver best value for the Trust and the wider system.

Communications and Marketing
Promoting our work as the only specialist neurosciences NHS trust and ensuring patients and staff receive the best quality information

Charity
Supporting the work of the Trust through new opportunities and initiatives, in particular digital fundraising

Digital
Developing and implementing industry-leading digital solutions for our patients and our people

Digital Mission and Vision

This digital sub-strategy covers all digital systems and infrastructure in the Trust, both clinical and back office, as well as Information Governance. It does not cover data and intelligence systems and services (such business intelligence platforms, tools and services, performance reporting and data quality).

The Trust has made significant progress with the digital agenda over the last few years. Some highlights include:

- Enabling 95% of clinical documentation in the organisation to be managed electronically through in-house developed clinical systems
- Achieving Healthcare Information and Management Systems Society (HIMSS) Level 5 certification for our Electronic Patient Record (EPR) maturity, which is the minimum level of digital maturity required by all NHS Trusts by 2025 (as outlined in the recently released 'Plan for Digital Health and Social Care')
- Being accepted as part of the National NHS Digital Aspirant programme to help raise our overall digital maturity even further as an organisation
- Establishment of a robust project management office, which enables visible assurance against the digital transformation programme success measures
- Updating core infrastructure to support the resilience and reliability of in-house developed clinical systems.

Although there has been great progress to date, it is important that we accelerate and expand our digital aspirations to underpin the delivery of the recently agreed three-year strategy. To this end, we have outlined an ambitious mission and vision for digital to ensure this is achieved.

Our strategic digital priorities for the next two years will ensure that this digital mission and vision are fulfilled.

Strategic Digital Priorities

Our digital mission and vision are not only driven by the needs of our Trust strategy but also by national and regional requirements. The most significant of these external digital requirements are:

- **'What Good Looks Like' (WGLL) framework:** the seven pillars of WGLL set out national expectations for digital transformation in NHS organisations in the following key success criteria areas:
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  - Support people
  - Empower citizens
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Taking this all into account, we have developed four strategic digital priorities for the Trust which will enable us to deliver our digital mission and vision as well as satisfy local and national digital requirements.

Digital Priorities

Ensure we fully optimise and harness the full potential of existing technologies and systems

Increasing digital maturity

Increasing digital inclusion

Improve environmental sustainability

The sections below articulate our commitment to delivering against these four digital priority areas in against each of the five Trust strategic ambitions, plus a series of cross-cutting activities that impact all the Trust ambitions.

Digital Objectives To Deliver/Support The Trust & Digital Sub-Strategy

Enabling Objective: To provide foundational digital infrastructure, systems and services that underpin the delivery of the Trust strategic ambitions, operational services and clinical innovation.

Where we are now?	Where we want to be?	How to get there…
Harnessing the full potential of systems and Increasing Digital Maturity		
Our Digital Infrastructure There has been significant investment in devices and infrastructure which is being deployed and is providing a 'state of the art' building block for digital transformation. This includes: A new network in the main Walton Centre building to provide high speed access for computers and medical devices on the wards, in clinics and in office spaces Refreshing laptops, desktops and tablets for end users to ensure they have the appropriate equipment to undertake their role. Undertaking deliver of newer office software and tools that offer for functionality to the organisation. Expanding the network connections beyond the boundary and allowing cloud-based software to be able to be deployed. Although our core infrastructure being deployed within the Digital Aspirant programme is currently 'state of the art', we know that it has limited life and as it ages, it will become more unreliable, causing increased frustration for staff and additional work for the digital services support team.	Existing digital infrastructure is optimised to its full potential. Our core infrastructure remains 'fit for purpose' and adheres to all relevant national and system wide standards and expectations. Resilience and Cybersecurity are keystones in the digital delivery of services as the move to a digital at core organisation	By continuing to horizon scan to identify how that infrastructure can be optimised to deliver faster, more reliable and resilient services to underpin patient care and back-office services.96+ We will put in place a rolling replacement programme for our digital infrastructure (including end user devices) to ensure it is standardised across the organisation and remains 'fit for purpose' for supporting delivery of the Trust strategic ambitions. We will consolidate our on-site server infrastructure into the new Nimble architecture to improve resilience for core clinical systems and provide a greener architecture We will ensure that all new systems are deployed in 'the cloud' where possible to ensure we adopt a 'cloud first' approach going forward (in line with national guidelines). We will ensure that all future technical infrastructure designs adhere to the NHS Digital architecture principles and standards (including interoperability and data sharing standards).

Where we are now?	Where we want to be?	How to get there…
Our Clinical Systems The Trust is in the top 20% of NHS organisations in terms of digital maturity, with our recent achievement of Healthcare Information and Management Systems Society (HIMSS) Stage 5 for the maturity of our in-house developed Electronic Patient Record (EPR) system. Despite already achieving HIMSS level 5, getting to a higher HIMSS level is a key priority over the next three years. We are part of the national Digital Aspirant programme, which helps NHS trusts raise their digital maturity. However, our ability to demonstrate our increased EPR digital maturity through HIMSS assessments will be limited due to the number of clinical systems and services the Trust has with other NHS Providers (such as pathology blood tracking and pharmacy). We are therefore dependent on organisations providing such services to improve their own digital maturity before we can seek more advanced HIMSS accreditation.	A paper light organisation before the end of this sub-strategy period with an ambition of achieving HIMSS Stage 6 and beyond as soon as is practical.	Further exploit our existing in-house Electronic Patient Record (EPR) system by ensuring that it integrates with other internal and external systems so that those systems are available in EPR in patient context without having to open and login to those systems independently. We will develop and deploy functionality to allow us to achieve our paper-light ambition. This will include but not limited to: - Developing an Intensive Care Unit (ICU) system linked to EPR, but which can also be used stand-alone by other Trusts as required - Developing an EPR module specifically targeted at data capture for Health Care Assistants (HCAs) - Implementing an e-consent module into EPR - Create Orange Alert card system that integrates into EPR - Allow access to external systems in patient context. - To have a standalone Electronic Document Management System to view historic patient records whilst accessing live clinical systems. - Digitise remaining forms that can be moved -
Our Non-Clinical Systems We have invested heavily in Microsoft Office 365 as our most significant non-clinical productivity tool and have rolled this software out across the organisation in line with our recent laptop, desktop and tablet rollout programme.	Office 365 used and fully expanded to support collaborative working in all parts of the organisation.	Further exploit our investment in Office 365 through increasing our in-house training provision and rolling out a support programme to clinical and non-clinical services as resources become available from Cheshire and Merseyside wide initiatives.

Where we are now?	Where we want to be?	How to get there…
Our Programme Management Office (PMO) We have combined all our portfolios and programmes into a virtual project management office using a tool called Jira, which enables visible assurance and governance against the digital transformation programme success measures.	Jira is used to support our staff (and potentially our patients and their carers in future) to thoroughly engage with the digitisation of services as they develop.	We will further exploit our existing Jira Programme Management tool by: - Ensuring Jira is used for all IT service management workflows within the digital team - Linking Jira with our service desk system so that requests for work (such as changes to the EPR system) have full visibility to the requester and can be easily audited - Identifying opportunities for Jira to be used by the wider organisation, working with relevant clinical and non-clinical teams to support future uptake outside digital - Adopting Information Technology Infrastructure Library (ITIL), which is a recognised set of detailed practices for IT functions within an organisation - Adopt ISO9001, which is the International Standard for Quality Management Systems to ensure management throughout the Digital lifecycle of programmes, projects and delivery. - Servicedesk will align with International Servicedesk Institute standard
Standardised and Increasing Digital Maturity		
Our Back Office Systems We currently use a mixture of local and nationally provided systems for our corporate services and provide support where appropriate to our corporate teams to maximise the benefit from such solutions.	Our Back Office systems meet current and future needs of our staff.	We will work with corporate service teams to identify requirements and implement digital solutions that meet their current and future needs, providing technical support where appropriate. We will expand into Robotic Process Automation (RPA) to help automate repetitive tasks and bring rich data into relevant data stores.

Where we are now?	Where we want to be?	How to get there…
Our Digital Support Services The digital team provide a series of key services to the rest of the organisation that enable it to use digital safely, securely and effectively. This includes: **IT Service Management** – this includes service desk and desktop support services to our end users, which have been developed with IT Service Management standards (ITIL) in mind **Cyber Security** – we have already achieved the ISO27001 information security management standard as an organisation and will continue to improve our cyber resilience to increase staff and patient confidence in digital **Clinical Safety** – we have trained a number of clinical and non-clinical staff as Clinical Safety Officers (CSOs) for the organisation and have governance in place to manage clinical hazards arising from the implementation of clinical systems. We have started some work to identify any gaps in our in clinical safety governance and processes **Information Governance (IG) –** as a Trust we met the NHS Digital Data Security and Protection Toolkit (DSPT) data security standards for 2021/22, demonstrating our competence in this area. We have also regularly received 'significant assurance' with respect to any IG assurance reviews undertaken by Mersey Internal Audit Agency (MIAA). We have well developed in-house systems to manage Freedom of Information (FOI) requests and our Information Assets.	Providing industry standard, high quality digital support services to the whole organisation Ensuring a catalogue of services is in place and updated to offer the organisation an OLA to manage expectations.	We will achieve Cyber Security Essentials Plus accreditation to align our existing ISO27001 international standard accreditation for information security with the cyber security requirements of NHS Digital. We will ensure that all the applications and systems we develop in-house or bring in through a third party are DCB0129/DCB0160 and DTAC clinical risk management standard compliant moving forwards. We will ensure that the implementation of new systems and upgrades to any existing systems are undertaken in line with 'best practice' clinical safety standards (as outlined in the DCB0160 clinical risk management standard). We will achieve ISO9001 accreditation for our quality management systems associated with software development. We will ensure all our digital staff are trained to ITIL Foundation standard as a minimum and we will implement ITIL principles in all areas of our IT service management process.

Objectives: To ensure that our patients have digital infrastructure, skills and systems to enable them to better manage their own health and well-being.
To ensure that digital positively contributes to the Trust achieving its Net Zero ambitions at pace.

Where we are now?	Where we want to be?	How to get there…
Increasing Digital Inclusion		
Digital access for patients We are already part of the Cheshire and Merseyside wide Digital Inclusion network and work in collaboration with other Trusts to support development of system wide digital inclusion initiatives to benefit our patients.	Digital inclusion will be prioritised in all our digital programmes and initiatives. For our patients, we will ensure either help is provided (be that hardware, software or training), or will provide a non-digital equivalent (to enable equity across our population).	We will utilise the Cheshire and Merseyside ICS Digital Inclusion Impact Assessment toolkit to ensure that our current and any future systems take into account all relevant digital inclusion issues when specified, deployed and supported. We will access the ICS wide IT equipment recycling scheme to provide access to equipment for our most digitally excluded patients. We will provide support to patients to develop skills for themselves and their carers through development, in conjunction with partners, of a 'digital buddies' support scheme and the establishment of digital carers hubs. As laid out in the People sub-strategy.

Where we are now?	Where we want to be?	How to get there…
Digital solutions for patients We have already started some work in this area. For example, we have been using a third-party headache app in our Neurology service and have undertaken some remote monitoring of telemetry data for patients in our neurophysiology service. We have also been investigating how the proposed ICS wide Patient Empowerment Platform (PEP), could integrate with our existing clinical systems. However, we know there are further opportunities to utilise these systems for the benefit of our patients.	We will provide additional tools for our patients to enable them to be more empowered regarding their care. This will include: - Electronic access to their patient record, including clinical correspondence - The ability to book and change appointments electronically - Access to relevant information, advice and guidance online - Tools to allow for electronic input of patient reported outcome and experience measures (PROMs and PREMs) - Accredited mobile phone apps and remote monitoring solutions that integrate with pathways of care to help patients better manage their own health and well-being. These developments will align with national and local digital patient empowerment initiatives, in particular the commitments made through the 'Plan for Digital Health and Social Care' for the NHS App to be the digital 'front door' to NHS services in future.	We will implement a Patient Engagement(Empowerment) Portal solution as an organisation that allows a patient to access their record and other relevant services through the NHS App as the 'front door'. We will support clinical services in the identification, implementation and integration of high-quality patient facing apps to support clinical pathway transformation. We will work with clinical teams to identify where remote monitoring solutions could potentially benefit patient care delivery and support those teams implement such solutions successfully, using approaches and systems already in use in Cheshire and Merseyside where possible

Improving Environmental Sustainability		
Where we are now?	**Where we want to be?**	**How to get there…**
The Trust is at the forefront of using digital to address Net Zero initiatives in the NHS. We have a long history of looking to reduce our carbon footprint, including being one of the first organisations in the country to introduce software to manage reduction of both printing, and the amount of ink used in the printing process. We are already undertaking the following to underpin our Trust Sustainability Plan for the next three years: - Providing software solutions to support video consultations, which in turn reduces our carbon footprint of staff and patients via reduced travel - Reduced our use of paper and ink using print reduction software (which also reduced our printing costs by 35%) - Provision of laptops rather than desktops to support hybrid working in the organisation, reducing power usage by around 70% as a result - Using solid state drives instead of conventional hard drives in all new laptops and servers, reducing power usage by 10% and reducing the impact on usage of rare metals used in conventional storage devices - Reducing the number of physical servers used for hosting applications and systems in our data centres, which not only reduces power directly but also means the need for less air conditioning units to keep the servers cool (which use significant electricity and have a larger environment impact than the servers themselves).	Continue to be one leading NHS organisations that uses digital innovation to support sustainability objectives.	We will further expand the use of our print saving software across the whole Trust by introducing this into all remaining printers and on newer Multi-Functional Devices (MFDs), further reducing the amount of ink and paper used. We will introduce enhanced power management software to reduce power usage by desktop and laptop computers without affecting user experience. We will complete the decommissioning of all stand-alone servers and complete the introduction of Virtual Machine (VM) architecture where possible to reduce the amount of hardware and air conditioning required in our data centres. We will develop and implement a ‘green cloud first’ approach to reduce our on-site data centre requirements even further. We will develop digital tools to effectively monitor the organisation’s true carbon footprint, including monitoring the impact of hybrid working. We will proactively support the digital commitments in the ICS Green Plan through involvement in local, Place and ICS wide activities. We will continue to innovate to address sustainability challenges and support other organisations in rolling out solutions developed at our Trust where appropriate.

Objective: To work in close partnership with our clinical and operational teams at the Walton Centre, and with other health and care organisations, to ensure our staff are fully supported digitally to deliver the highest possible care through our agreed clinical model and care pathways.

Where we are now?	Where we want to be?	How to get there…
Internal Partnerships We already work closely with clinical and management teams in services to define digital requirements, identify and implement appropriate digital solutions, and support with the embedding of those solutions into operational practice. This is critical to ensuring uptake and on-going service development and transformation using digital.	Standardised processes, tools and approaches to requirements gathering, business case development, procurement, implementation and benefits delivery from digital solutions. Work towards a digital workforce plan further engage with the organisation via groups and demonstrate digital is a critical business partner. Create a catalogue of services and how we intend to deliver those services concisely to ensure clarity of the digital function to the organisation	Build on the PMO tool development through Jira and enhance with industry standard processes and approaches to support joined up internal partnership working and co-creation of 'fit for purpose' clinical and back-office solution. Embed a service catalogue for the organisation that helps demonstrate the function and acts as OLA Deliver monthly reports to key stakeholders showing ongoing digital performance and potential issues through JIRA dashboards. Display the whole digital transformation programme through live JIRA dashboards.
External Partnerships We already work closely with core NHS partners, other health and care organisations, universities and industry to support the design and implementation of digital solutions. We also take our system wide responsibilities seriously, and as a result, we have already agreed to lead on digital maturity, the digital elements of the green plan and interoperability on behalf of the Cheshire and Merseyside ICS. We are also actively involved in supporting digital enablement within Liverpool to ensure communities can access our digital services and that information is within easy reach of those who require it, be that a patient or carer.	Sending and receiving structured clinical information to and from relevant Place based and system-wide Shared Care Record systems to support both continuity of care and cross-organisational care pathways. Continue to be an active partner in the region and nationally for digital health.	We will share clinical data from our in-house EPR system with relevant shared care record solutions at Place and ICS level, in particular eXchange (ICS wide) and future shared care record developments at Liverpool Place. We will ensure that information from external shared care record systems is available in EPR in patient context without having to open and login to those systems independently.

Objective: To assess, trial and implement digital innovations that will support digitally enabled service transformation in the organisation.

Where we are now?	Where we want to be?	How to get there…
Robotic Process Automation (RPA) RPA uses software robots (or 'bots') that emulate the actions of a human interacting with digital systems. These actions can be wide ranging and include completing keystrokes on a computer keyboard and identifying and extracting data. However, these 'bots' can operate on a 24/7/365 basis and work faster and more consistently than people do. RPA also can create AI health chatbots We are already undertaking a piece of discovery work to see how RPA could support efficiency gains in our corporate services and our patient access centre.	Minimised use of repetitive, manual human involvement in our back office and clinical administration processes, particularly in relation to HR, finance and patient booking admin pathways.	Based on the outcome of the discovery work, we are interested in implementing the RPA solution being supported through the ICS to help us to improve the efficiency of relevant back-office processes and other administration processes. Not reinventing the wheel but sharing bots between organisations to help each other with common issues and learning.
Bluetooth asset tracking This technology uses small stickers that can be attached to equipment that wirelessly connect with our networks to provide an accurate location for that piece of equipment in the hospital.	We are interested in potential uses of this technology including undertaking automated data collection in process flow studies in theatres and the accurate identification of highly mobile equipment in the hospital setting, saving time in finding that equipment when needed.	We will undertake some initial research to identify potential products for trial and evaluate in a number of different clinical settings.
Geolocation This technology uses wireless and GPS technology to identify the physical location of a remote device. This device could be a mobile phone or another piece of consumer equipment that is not owned or managed by the Trust	We are interested in using geolocation solutions to improve our patient experience, providing targeted information for our patients via a mobile phone app on arrival at site which updates whilst they are moving around the Walton Centre. Internal Device management.	We will undertake some initial research to identify potential products for trial and evaluate in a number of different clinical and patient settings.
Onedrive/Sharepoint Allow documents to be stored on Office 365 cloud environments to allow ease of sharing and not siloed within organisations server infrastructure	We are looking into moving all shared drives to Onedrive and Sharepoint to allow data freedom of movement and also look at managing retention periods of documentation.	We will undertake research with NHS Digital to look at how we can be involved within this programme and lessons learnt from other organisations,

	**Objective:** To provide support to our leaders across the organisation to better understand the potential for digital to transform service delivery and to empower them to lead delivery of digitally enabled change in their own sphere of influence

Where we are now?	Where we want to be?	How to get there…
Variable level of understanding at Board level of how digital can transform an organisation	Common, high level of understanding of the 'art of the possible' through digitally enabled change.	We will ensure that our Trust Board has received the NHS Providers 'Digital Boards' training programme to support senior ownership of the digital transformation agenda in the Trust.
CCIO and a small number of other digitally empowered clinical leaders in place across the organisation	More devolved clinical leadership of the digital transformation agenda across the Trust.	We will implement a 'digital champions' programme (in line with the Health Education England Digital Champions Programme) to ensure that all local teams have at least one person who is engaged, supported and has time to support achievement of the digital priorities outlined in this strategy and support Digital Workforce/Inclusion.
External Partnerships	Sending and receiving structured clinical information and various formats of media content to and from relevant Place/ICS based and system-wide Shared Care Record systems to support both continuity of care and cross-organisational care pathways	Support and be active in the Digital Diagnostic regional Programme to bring together a shared single vision of diagnostic care

Education, training and learning	**Objective:** To ensure that all relevant users of our systems feel confident and competent to use digital tools to best effect.	
Where we are now?	**Where we want to be?**	**How to get there…**
Increasing Digital Inclusion		
Digital skills development for staff We currently provide in house systems training and link closely with Training and Development Team around doctor's rotation and nurse training days	For our staff, we will provide training and support to individuals in the Trust in conjunction with our HR and training function. To help support staff with Digital literacy both using the tools within the organisation but also wider digital literacy to support Digital Inclusion, Cyber awareness and to utilise digital tools effectively in their lives. To help enable and support a future workforce with the right skills to support a Digital at Core organisation.	We will ensure that all staff have the appropriate skills to undertake their role by implementing standardised digital literacy and digital confidence training that supports the Health Education England Health and Care Digital Capabilities Framework requirements. To support digital Inclusion within the workforce by actively being involved with Health and Wellbeing hub in offering Digital support to the workforce and work with providers to recycle hardware to support workforce in work poverty

Risks to Delivering this Strategy

The critical dependencies and associated risks will be continually reviewed, and mitigations put in place to ensure that this sub-strategy can be delivered.

The delivery of the Digital Sub-Strategy is critically dependent on:

Robust governance and transparent decision-making

We have implemented a Digital Transformation Programme Board, chaired by the CPO, which oversees the key programmes of work in the digital portfolio. This group reports to the Business Performance Committee which in turn reports to Trust Board. Monthly updates on key digital developments and risks are given to the Trust Executive Group. However, we know we have more to do to help our Board understand the full potential that digital can bring to transforming services.

The Digital Transformation Programme Board has a number of working groups below it that are clinically led and provide direction and assurance to the programmes of work in train. Effective operation of this governance is critical to successful delivery of the strategy.

To mitigate any risks, we will regularly review our digital governance arrangements to ensure they remain effective.

Clear roadmap and implementation plans

Our delivery roadmap for the next three years can be found in Appendix 1. This will be underpinned by clear and concise implementation plans that will be regularly reviewed through digital governance outlined above. This will ensure not only high-quality delivery of projects to time and budget but more importantly the delivery of planned benefits for staff and patients.

To mitigate any risks, we will:

- Develop detailed implementation plans to underpin our digital roadmap for the next three years
- Review and update annually our digital roadmap and implementation plan through existing governance arrangements
- Standardise our approach to supporting the adoption and on-going benefit realisation of systems in our clinical services in conjunction with our service improvement team.

Investment of time and money

Given the on-going financial challenges facing the NHS and the focus of our staff on delivering against national and local clinical priorities, it is important that we ensure that:

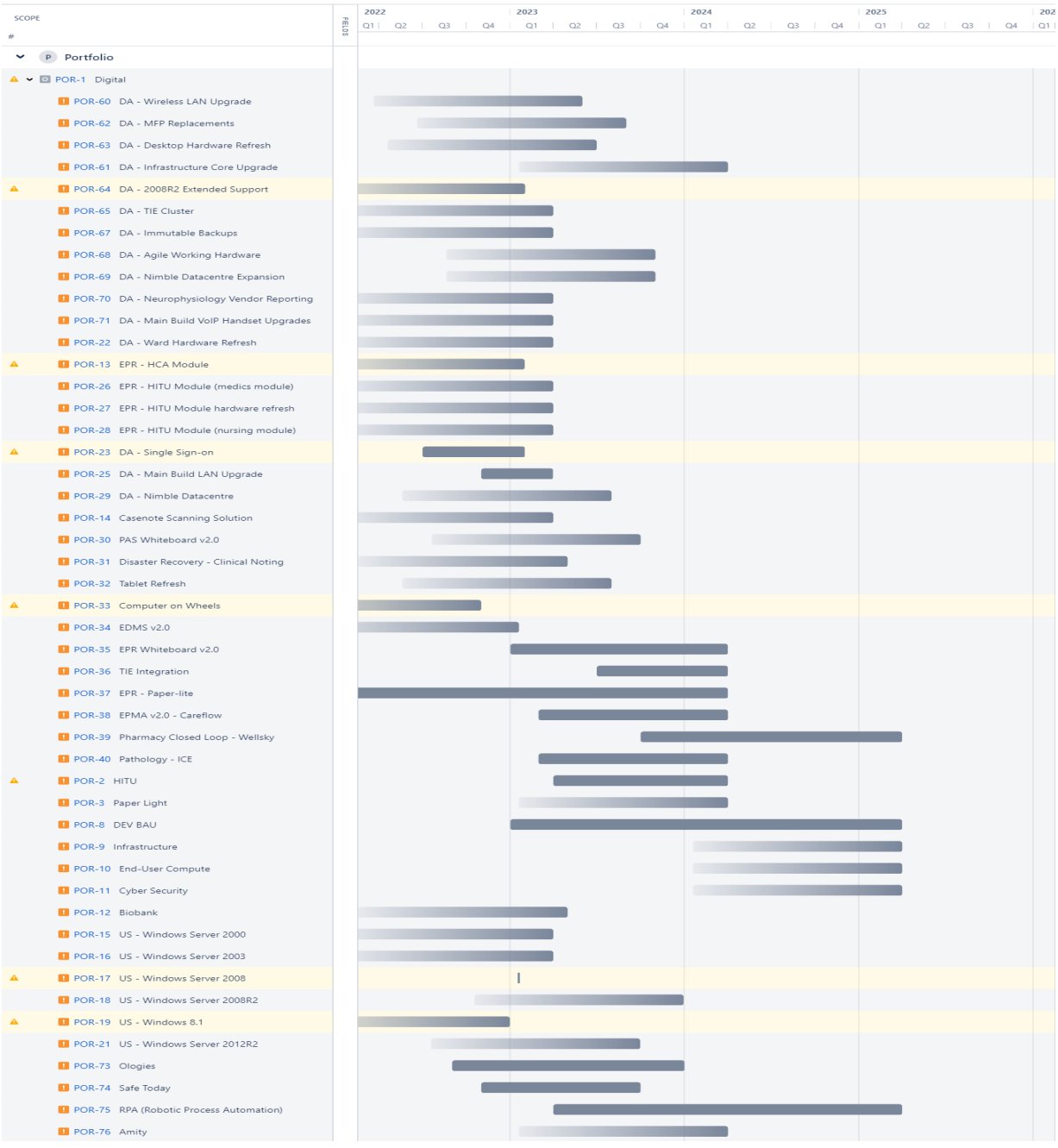
- On-going capital and revenue funding for delivery of the digital priorities and requirements of the three-year strategy is available in each of the next three financial years
- A small number of staff across a range of clinical and non-clinical disciplines across all our services have dedicated time to support us design, build, implement and embed digital solutions.
- Investment in the Digital Workforce

To mitigate any risks, we will work with finance and other colleagues to develop a sustainable financial investment plan for the period of this strategy, covering both capital and revenue requirements.

References And Supporting Documents

- What Good Looks Like Framework, NHS England Transformation Directorate
- Plan for Digital Health and Social Care, DHSC
- NHS Planning Guidance – 2022/23, NHS England
- ICS Digital and Data Strategy - ICS Cheshire and Mersey
- What Good Looks Like
- What Good Looks Like Nursing

Implementation Plans



The Walton Centre NHS Foundation Trust

Report to Trust Board
February 2023

Report Title	Draft Estates & Facilities Sub-Strategy
Executive Lead	Lindsey Vlasman, Chief Operating Officer
Author (s)	Rebekah Phillips, Associate Director of Operations Steve Holland, Estates Manager
Action Required	To approve

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

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

Key Messages *(2/3 headlines only)*

- Estates & Facilities sub-strategy devised as per NHS England guidance
- The sub-strategy is underpinned by 5 key principles
- Collaboration with developing sub-strategies is required in order to develop implementation plan and priorities

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

- Engagement with wider organisation to understand prioritisation
- Development of implementation plan
- Sub-strategy design in collaboration with comms

Related Trust Strategic Ambitions	**Impact** *(is there an impact arising from the report on any of the following?)*		
	Compliance	Estate & Facilities	Legal

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

006 Fit for Purpose Estates	015 System Financial Planning	007 Delivery of Digital Strategy and Transformation

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**
HMG	20/02/23	Rebekah Phillips	• Usefulness of ERIC data • ERIC, PAM & Facet survey inclusion
BPC	21/02/23	Rebekah Phillips	• Usefulness of ERIC benchmarking data • Cohesion of where we are now and where we want to be in relation to value for money • Typo in 5 year capital plan • STP references (should be ICS) • Additional information required as to the collaborative work with Aintree • Implementation plan to be reviewed at BPC once developed

Estates & Facilities Sub-Strategy

Executive Summary (required)

1. The Trust are mandated to develop an Estates and Facilities strategy. The below document is a first draft of the newly developed E&F sub-strategy following implementation and launch of the Trust strategy.
2. The E&F sub-strategy is underpinned by 5 key principles
    a. Optimise the use of the built resource to meet clinical need
    b. Improve the stakeholder experience in relation to the estate
    c. Drive improvements in the environmental sustainability of the estate
    d. Actively seek funding opportunities
    e. Seeking out the most advantageous combination of cost, quality, and sustainability

Background and Analysis (headings can be amended and additional sections added)

3. The Trust are mandated to have a developed Estates and Facilities sub-strategy, underpinning the overarching Trust Strategy. However, the content, sub-headings and layout must follow national guidelines.
4. ERIC data is used and demonstrated within the sub-strategy, as required; however, it should be noted that comparison for 'best in class' using this data source does not take into account the often, huge variances evident as a result of the different requirements by specialty, equipment, in or outsourcing and geographical location.
5. The Trust is compliant with all statutory measures except for critical ventilation plant; however allocated funding for the replacement works has been planned to commence in Q2 of 23/24.
6. Further detail can be found from the following data sources, available both internally and externally:
    a. PAM – Premises Assurance Model
    b. ERIC - Estates Return Information Collection

Conclusion (always required)

7. The Board are asked to note the above background, and the associated guidelines for which the E&F team have been mandated to work towards in the development of this sub-strategy.

Recommendation (always required)

8. Trust Board are asked to review for comments and final approval.

Author: **Rebekah Phillips**
Date: **23/02/23**

Appendix 1

Estates & Facilities Strategy

2023 - 2028

The Walton Centre
NHS Foundation Trust
Excellence in Neuroscience

1 Version 2 – February 2023
Steve Holland
Rebekah Phillips

Table of Contents

1 Estates & Facilities Strategy Overview

The Estates and Facilities (E&F) Strategy is intended to provide an accessible explanation of the priorities the Trust has for the management and improvement of its property and buildings, as well as our “soft” facilities management, and the potential for both E&F to flex and develop to support the needs of the Trust.

It is one of the sub strategies supporting the Trusts overarching strategy. The information available in this strategy satisfies the requirements of the Department of Health and Social Care’s Estate Code in relation to its expectations of a good estate strategy.

2 Welcome

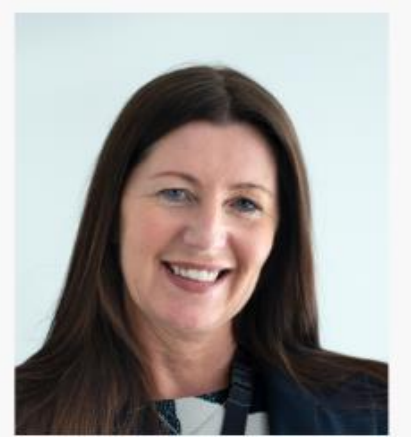
Our Estates and Facilities Strategy will guide improvements to the built environment across the Trusts property portfolio over the next five years. Implementation of our E&F strategy will demonstrate commitment to our organisations strategic vision of delivering *Excellence in Neuroscience*.

The Trust wants to ensure that all sites, where we provide a service for patients, and staff, are functional, and of a sufficient standard to ensure safety and a positive experience. An efficient, well designed, and well-maintained estate is at the heart of positive patient experience and ensuring our patients receive the best possible care. It is also a powerful motivator for staff, aiding recruitment and retention and a positive work experience.

Whilst the more modern, sustainable and energy efficient, Sid Watkins Building (SWB) is 7 years old, the main Walton Centre (WCFT) building is now 24 years old, signifying mandatory lifecycle works to be undertaken. This challenge is amplified by the rising demand for services and often high occupancy rates across the Trust as well as the effective management of available capital.

New and exciting ambitions for the future of our services have been set out, many of which require new or reconfigured space and continuous review of our encompassing facilities. Planning for these schemes requires careful consideration and coordination to ensure the limited resources available to the Trust are used effectively.

The E&F strategy provides a vision for the future and sets out key principles that will guide our priorities over the next five years and beyond. It is consistent with, and supports the ambitions set out in the overarching Trust Strategy.



Lindsey Vlasman,
Chief Operating Officer

The E&F Strategy will support our ongoing financial and environmental sustainability strategies and provide foundations for the delivery of our future clinical strategies.

The E&F Strategy supports our desire to maintain anchor institute recognition for Cheshire & Merseyside and the wider population, for which we serve. This sub-strategy is supported by a series of plans that depict how our estate may develop over the plan period.

3 Introduction

This Estates and Facilities (E&F) Strategy sets out our ambitions for the next five years to ensure that the Trust's estate meets the needs of patients as well as the needs of our staff. Our estate is a key enabler to the delivery of the Trust's future vision, and the objectives have therefore been aligned with the Trust strategic objectives for the next five years. The sub-strategy is an essential tool in ensuring The Walton Centre NHS Foundation Trust (WCFT) is providing value for money, high quality buildings, that maximise clinical efficiency and functionality and, in a condition, able to deliver modern patient-focused healthcare services in a safe and secure built environment.

Our aim is to be the number one standalone Trust across the UK for delivering "Excellence in Neuroscience" by ensuring we deliver the best quality care to our patients and their families.

An estates and facilities strategy cannot be developed in isolation. Rather, it is an integral part of service planning. It is produced from an evaluation of existing performance, guidance from key national and regional bodies and the objectives and service strategies of WCFT identified to deliver the Five Year Forward View (5YFV) and envisaged transformation agenda.

It aims to provide a detailed plan to enable the estate to be developed, setting out how the management and investment in WCFT facilities will be planned and prioritised.

The E&F strategy will be supported by an implementation plan and programme of service developments. The implementation plan will identify key projects, outcomes and milestones the Trust is committed to achieve over the next five years. The proposed programme relies on sufficient funding being identified and schemes being supported by robust business cases as they are developed.

4 Creating the context

The Walton Centre is a leader in the treatment and care of neurology and neurosurgery, placing the patient and their family at the heart of everything we do. We are the only specialist neurosciences Trust in the UK and we are proud to be rated as an 'outstanding' Trust by the Care Quality Commission (CQC). Originally formed in 1992, the Trust received Foundation Trust status in 2009. We serve a catchment area of 3.5 million people across Merseyside, Cheshire, Lancashire, Greater Manchester, The Isle of Man, North Wales and beyond. We are partnered with 18 NHS Hospitals as part of our satellite model and our commitment to providing care closer to home. Our 'Walton Clinics' model is now on 44 sites.

With approximately 1450 staff, The Walton Centre treats more than 127,000 outpatients and 18,000 inpatients each year. Our Neurosurgery Division is one of the biggest and busiest in the UK, performing around 3,000 elective surgical cases, 2,000 emergency surgical cases and 1,000 day-cases per year. The Division of Neurology delivers over 75,000 outpatient appointments and treats over 4,500 inpatients per year. We are also host to the regional complex rehabilitation service.

Our Neuroradiology service is the most comprehensive in the UK with five MRI scanners, including an iMRI; two biplane intervention rooms and two of the most advanced CT scanners available as well as a fluoroscopy scanner. We perform over 40,000 scans per year. We have 8 theatre suites, a dedicated recovery area and day-case facilities for both surgical and medical patients.

The main building was originally purpose-built in 1998. We have 119 acute beds, 30 complex rehabilitation beds, 10 acute rehabilitation beds and it is one of only a few centres in the UK with a dedicated, 20 bedded neurocritical care unit. The Sid Watkins building (SWB) opened in 2015 and houses the Cheshire and Merseyside Complex Rehabilitation Unit, together with outpatient facilities, the 'Home from Home' centre for use by patient's families, and a dedicated Medical Education Suite. In addition, SWB plays host to a 12 bedded Brain Injuries Unit, managed by the neighbouring mental health Trust, Mersey Care.

5 National Policy Landscape

Both national policy and local policy mandate will remain key drivers in helping to shape and deliver our ambitions over the next 5 years. Those most notable include:

- The Carter Review (2016) which resulted in more robust benchmarking to identify and tackle unwarranted variation in costs between comparable Trusts.
- The Naylor Review (2017) which established the foundation for a more strategic approach to the NHS Estate.
- The NHS Long Term Plan (2019) which requires the NHS to make better use of capital investment and its existing assets to drive transformation, and focus on improving safety, transforming the patient pathway and working environment, with resulting benefit of reducing future revenue operating costs.
- Health Building Note 008 (Estate Strategies) Department of Health and Social Care guidance on the preparation of Estate Strategies.
- The Sustainability and Transformation Partnership is the chosen means for delivering transformation and they are supported in the planning process jointly by NHS England and NHS Information (NHSEI).

As future strategies, policies and mandates develop the Trust will adapt and adopt the associated activity as part of this strategy.

In addition, the Trust continues to play an active role in the ICB & ICS, sharing good practice and identifying opportunities for closer working between organisations across the region, particularly neighbouring Trusts.

6 Where we are now?

The current performance of the estate is based on the analysis of a wide range of primary and secondary data including:

- Patient Led Assessments of the Care Environment (PLACE) surveys – this assessment is focussed on food, cleanliness, accessibility, condition, privacy and dementia.
- Care Quality Commission inspection reports
- Patient satisfaction surveys
- Premises Assurance Model (PAM) analysis of key data that compares the performance of the Trust
- Estates Returns Information Collection (ERIC)
- Greener NHS returns
- Fire inspections
- Internal reporting mechanisms i.e., helpdesk reports

Key headlines for The Walton Centre Estate

Patient experience

The Estates & Facilities department works closely with the Trust Patient Experience team to ensure both the patient journey and stay are positive experiences and ones that are representative of the Trust values.

Value for money

Detailed analysis is undertaken via Estates Return Information Collection (ERIC) data that provides a benchmark assessment of performance. These have been used to identify areas that are successful and where improvement can be made when compared against the 'best in class'. A summary of similar sized organisations within the C&M catchment area is detailed in table 1 below. This provides specific estates and facilities data in comparison to 2 other, similar Trusts, within the region. However, it can be seen from the data that certain inconsistencies appear to prevail during the collation and submission of information.

We continue to engage with the annual NHS Estates Return (known as ERIC) which informs the national Model Hospital benchmarks established following the Carter Review. The Trust is seeking to engage proactively in this process to help identify further areas for improvement.

In addition to the data within table 4, E&F work closely with Trust Procurement to ensure both purchasing and contracting is carried out within both Trust Standing Financial Instructions (SFI's) and procurement legislation.

Furthermore, E&F, together with Procurement, ensure that both sustainability and social value principles are constant themes through all our processes.

Table 1 – Comparative estates and facilities data for 21/22

Site Name	Estates and property maintenance (£)	Grounds and gardens maintenance (£)	Electro Bio Medical Equipment maintenance (£)	Other Hard FM (Estates) costs (£)	Other Soft FM (Hotel Services) costs (£)	Management (Hard and Soft FM) costs (£)	Total	Gross internal floor area (m^2)	Cost / m2
LIVERPOOL HEART AND CHEST HOSPITAL	1,176,914	25,296	1,720,883	0	1,048,667	295,845	4,267,605	31,062	137.39
LIVERPOOL WOMENS HOSPITAL	1,039,000	26,000	227,894	3,000	688,136	276,223	2,260,253	32,135	70.34
WALTON CENTRE FOR NEUROLOGY & NEUROSURGERY	1,232,202	12,947	128,823	78,938	834,091	81,748	2,368,749	28,595	82.84

Although the above benchmarking data is available, and is a mandatory section within this sub-strategy, it should be noted that comparison for 'best in class' using this method does not take into account the huge variances evident as a result of the different requirements by specialty, equipment, in or outsourcing and geographical location. Specific, individualised benchmarking is carried out, as required, and based on the workflow requirements in any given moment in time.

Functional Suitability

All areas of the Trust, both main Walton Centre and Sid Watkins building achieve a high level of functional suitability with the whole estate being classed as A or B using NHS England guidance document "Land and Property Appraisal".

Space

The total size of the combined estate is 28,595m2 with a clinical and non-clinical split of 70.04% and 29.96% respectively, with a total occupied area of 95.26%. The remaining unoccupied space being 2 areas of fallow space within the Sid Watkins Building on the 1st and 2nd floors respectively.

The Trust is currently undertaking an exercise looking at the need to increase Outpatient Department (OPD) capacity within The Walton Centre. An exercise will be undertaken to look at current usage of the area to understand how much additional capacity is required, then a review of the fallow space on the 1st floor in Sid Watkins Building will be completed if further capacity is required, this may involve moving other areas as part of this exercise.

Office space allocation is another work stream currently underway with a full review of office accommodation and usage suitability ongoing.

Quality

As identified above, the estate is in good overall condition and requires a general level of maintenance to upkeep along with a robust planned preventative maintenance programme.

Additionally, maintenance activity needs to be supported by a programme of capital investment in line with the Trust's backlog maintenance plan.

Statutory compliance

The Trust is compliant with all statutory duties except for critical ventilation plant.

The Trust is aware that the ventilation plant to Theatres 1 to 5 is not compliant with HTM 03-01. The Trust has allocated funding for the affected ventilation plant to be replaced with works planned to commence in Q2 of financial year 23/24. Theatres will be refurbished, with the remaining planned for the following years.

Further to this, the backlog maintenance plan has a full replacement programme of air handling units greater than 20 years old, planned thereafter. This programme will be undertaken according to the risk-base, with more critical areas e.g. Radiology Intervention rooms, being categorised as priority.

Environmental

Table 2 identifies Trust energy performance in year 21-22, whilst table 3 identifies Trust waste data in year 21-22. The energy data, both gas and electric, is subject to robust scrutiny due to the rapidly increasing cost of each commodity, at present.

Car Parking - The Trust has a total of 106 spaces, 30 of which are disabled bays. This allocation is reserved for patients and visitors, with The Walton Centre staff able to park on the wider Aintree campus, for a monthly fee. The Trust continues to have challenges with both patient and staff car parking.

This problem is compounded by the wider Aintree site now being controlled via Automatic Number Plate Recognition (ANPR) which means people seen entering these zones will be obliged to pay. However, currently, the main Walton Centre car park is not ANPR and therefore, represents the largest area on the whole campus not to be so, presenting anyone the opportunity to park undetected.

A scheme is currently underway to install ANPR on main Walton Centre car park and this should be operational in Q1 2023.

Sustainability – The Trust, along with others, is tasked with meeting the Government's target of achieving net-zero by 2050. However, NHS England has set all Trusts a more challenging set of targets which are detailed below:

- For the emissions we control directly (the NHS Carbon Footprint), we will reach net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032
- For the emissions we can influence (our NHS Carbon Footprint Plus), we will reach net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039

In response to this the Trust is collaborating with all other Trusts within the region to produce a Green Plan. The Walton Centre's Green Plan was submitted to the Integrated Care Board (ICB) in January 2022, to be included within a wider ICB Green (Sustainability) Plan.

The Trust has also commissioned a Decarbonisation plan which is currently being undertaken by external consultancy, Mantis Energy. It is anticipated that the final plan will focus solely upon The Walton Centre, specifically in relation to airtightness, with recommendations of improving the thermal performance of the building fabric. The plan will also consider the potential for alternative energies, solar, wind, ground, and air source heat pumps, etc. Such outputs from the report will form the basis for future Salix funding application.

Furthermore, in order to capture the above, as well as many other elements, the Trust has now established its own Sustainability Group and are awaiting the recruitment of a sustainability lead who will be able to drive this agenda forward.

Table 2 – Trust Energy data 21/22

Energy	Value
Total Electric	5,524,716 kWh
Total Electric cost	£1,560,959
Total Gas	1,490,152 kWh
Total Gas cost	£73,403
Additional energy costs (Heat from CHP plant)	£93,964

Table 3 – Trust Waste data 21/22

Waste	Value
Total Clinical waste –	61.16 t
Total Clinical waste cost -	£29,116
Total Offensive waste –	128.68 t
Total Offensive waste cost -	£21,762
Total Domestic waste –	268.63 t
Total Domestic waste cost -	£42,274
Total Recycled waste –	18.91 t
Total Recycled waste cost -	£5,962
Total Confidential waste –	53.1 t
Total Confidential waste cost -	£6,134

Table 4 – 5 year capital planning for maintenance backlog and lifecycle replacement

Scheme	Estimated cost £m
Phase 6 of Walton Centre heating replacement scheme	1.5
Building Management System (BMS) replacement	0.4
Theatres Air Handling Unit replacement and Theatre Upgrade	5
HITU Ponta Beam Replacement	0.45
HITU nurse and emergency call replacement	0.07
Air Handling Units 5/3, 5/4, 5/5, 5/6 2/1, 1/1, 3/1, 3/2, 3/3 & 4/1	1
Walton Centre fire alarm system	1
Roof re-covering	0.7
Replacement nurse and emergency call systems	0.5
Medical gas alarm systems	0.15
BMS Controls replacement	0.1
Chiller plant replacement	0.5
Electrical switchgear upgrade	0.25
Passenger lift refurbishment	0.4
Replacement air conditioning systems to Dott, Cairns, Caton and Lipton Wards	0.2
OPD Expansion programme	1
Ward refurbishment programme	6
CAT 3 cabinet replacements	0.2
Wayfinding upgrade	0.08

Table 5 – E&F Trust risks

ID	Opened	Division	Risk	Risk Type	Location	Risk Subtype	Risk level (initial)	Risk level (current)	Review date
393	14/01/2020	Corporate	If in the event of a fire and the fire dampers in certain areas do not operate, there is a risk of smoke and fire being able to spread from one area to another (breach of Fire Regulation)	Divisional Risk 6-12	Estates Department	Legal	High 16	Mod 8	30/09/2023
220	07/04/2022	Neurosurgery	Aging Theatre air handling units (AHU) are performing at below the recommended level of air changes per hour (affected theatres 1-5) and therefore running at below the complaint level for theatre. If the AHU fail completely, the department would be unable to run a Theatre list.	Divisional Risk 6-12		Capital Monitoring	High 16	High 16	01/06/2023
21	01/02/2022	Neurosurgery	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.	Divisional Risk 6-12	Horsley - HDU	Environment	High 16	Mod 9	31/05/2023
894	25/01/2022	Corporate	If the current access control system continues to be very limited in capacity due to age, there is a risk that in the event of total system failure, access to all areas, including critical would be compromised which could lead to a risk for patient safety and care.	Board Risk 15+		Capital Monitoring	High 15	High 16	01/04/2023
737	19/11/2020	Corporate	If high levels of legionella (serogroup 1) in the Trusts hot water systems continues then, there is a risk to patient and staff safety.	Divisional Risk 6-12		Environment	High 15	Mod 10	31/05/2023
416	24/03/2020	Neurology	If waste is inapproriately disposed of in toilets of SWB (i.e paper towels) then there is a risk to blocked drains and flooding in the Complex Rehab Unit.	Divisional Risk 6-12	NRU	Environment	Mod 12	Low 3	30/09/2022
414	23/03/2020	Corporate	If the water feature within the courtyard bistro is not effectively maintained, then there is a risk of bacterial contamination.	Department Risk 0-5	Estates Department	Environment	Mod 12	Low 4	30/09/2022
200	02/06/2020	Corporate	If the lack of/poor quality estates maintenance, then there is a risk of building failure or engineering failure.	Divisional Risk 6-12	Estates Department	Capital Monitoring	Mod 12	Mod 8	29/12/2022
876	14/10/2021	Corporate	If no vision panel installed in kitchen door then there is a risk of injury to staff members being struck by door - Risk of injury to staff being struck by door opening into kitchen	Department Risk 0-5		Maintenance / Support Error	Low 2	Low 2	29/12/1023

Condition

The Walton Centre Trust estate is split across 2 sites, The Walton Centre, and the Sid Watkins building. The estate condition varies between the buildings due to age and functional use, The Walton Centre being 25 years old and Sid Watkins building, only 7 years old.

The Trust has a current 6 Facet Survey which identifies the main assets for replacement over the next 5 years. These are summarised in Table 4:

Soft Services Contract

The Walton Centre operates with all its "soft services" being outsourced via a single, all encompassing, contract. This contract was re-tendered toward the end of 2021 with the new contract commencing April 2022.

The contract was re-awarded to ISS who were also the previous incumbent. The new contract places more emphasis on delivery with a number of Key Performance Indicators (KPI) in place to allow the Trust to financially penalise where failings occur. This is managed via regular reporting mechanisms alongside formal contract review meetings.

National Cleaning Standards

NHS England/Improvement (NHSE/I) released the new National Standards of Healthcare Cleanliness (NSoHC) 2021, which was mandated for all Trusts to implement in April 2022. The Walton Centre has developed a robust plan to respond to the changing standards and worked with soft services provider, ISS, to implement.

The requirements for cleaning are somewhat different than those previously in place and the Trust is working closely with ISS to ensure the new cleaning standards are ineffective.

E&F have recently recruited a new member of the team whose responsibility will be to undertake the regular audits and manage the audits outputs through to completion and to ensure all mandatory requirements are implemented, for all wards and departments, whilst also ensuring continual engagement to confirm implementation of the new standards, and that they continue to meet their needs and requirements.

Waste and Dangerous Goods

The Trust has a legal responsibility, via several legislative and guidance documents, to manage the disposal of any waste the Trust generates and to ensure that records and consignment notes are kept in accordance with the regulations.

E&F is also looking to ensure this responsibility is allocated to an individual, within the team, who will be (or have been) specifically trained and qualified to ensure the Trust meets its legal obligations. Additionally, this postholder will be tasked with the reviewing and day-to-day delivery of the Trust Waste Management policy.

Risk

Table 5 identifies all the Estates related risks currently sat on the Trust risk register. These risks are subject to ongoing scrutiny at various committees throughout the year and, as such, are regularly updated to reflect changes.

7 Where do we want to be?

7.1 Our vision

Our vision is aligned to the Trust's ambition for the organisation:

Estates, Facilities and Sustainability

Taking a multidisciplinary approach to keep our patients, staff and visitors safe and comfortable within the environment whilst building on sustainable pathways of care conducive to growing our services and supporting the Cheshire & Merseyside region

7.1.1 Collaboration

Delivery of the vision will require a Trust-wide approach to the use of space and assets. It will require close collaboration across organisations, services, and individual departments to realise synergies, adopting a flexible approach to design and use, and encourage more sharing. It will require that sovereignty over space is relaxed and decisions over how space is used are based on objective judgements about current service requirements and not simply possession or occupation rooted to past decisions.

This sub-strategy recognises that quality of care is enhanced by good design, by ensuring staff and contractors have the things they need where they need them. By minimising transfers and planning efficient patient pathways productively can be improved to make more time available for patient care.

At the same time, it is important that facilities maintain privacy and dignity and provide space to support staff wellbeing. The vision will require a patient centred approach so that the experience of our patients, from the time they arrive on site is a positive one.

This sub-strategy seeks to deliver against the very many urgent and pressing demands consistent with a modern-day acute hospital whilst ensuring flexibility for the future. Maintaining and developing an estate that can be adapted to accommodate new technologies and deliver new treatments. To support the pressures of an aging population with more complex health needs and enable integration of service delivery across the healthcare system.

The Walton Centre collaborates closely with our neighbouring Trust, Liverpool University Hospital (LUHFT), for a number of hard and soft services, including planned and reactive maintenance, out of hours emergency response, water sampling, site infrastructure (car parks, roads, lighting, electrical and oxygen supplies, etc.), energy procurement and management, funeral and laundry services. As such, the Trust, makes a financial contribution to LUHFT for a share of such services.

Additionally, both Trusts collaborate in a Combined Heat and Power Plant (CHP) scheme to deliver more cost effective and energy efficient heat and power across the whole of the Hospital campus and work together, as a site, on various energy and sustainability projects.

The Trusts also have a knowledge sharing stream as well as the sharing of specialist training courses, where appropriate.

7.1.2 Strategic Principles

To support our vision, we have adopted 5 key principles. Although the estate may appear to be a static feature, the way in which it is used needs to be increasingly flexible. The following principles will be used to help assess how new ideas fit with the overall strategy and vision.

- Optimise the use of the built resource to meet clinical need

Property and buildings are a significant financial burden to the Trust, and it is therefore imperative that space usage is understood and monitored. The cost of space will continue to be managed centrally but will increasingly be allocated to individual departments through service line reporting to ensure a clear link and inform service strategies. The use of the Sid Watkins Building will be reviewed with every attempt to ensure the space is maximised for clinical use rather than non-clinical use. This principle will ensure that premium space is utilised in the best possible way.

- Improve the stakeholder experience in relation to the estate

The estates strategy must deliver tangible improvements to patient experience across the site, measured by the Patient-Led Assessments of the Care Environment (PLACE) survey. Initiatives focused on addressing these issues should be given priority and implemented quickly. While PLACE puts heavier emphasis on the services provided within buildings (cleaning, catering, and patient care), rather than buildings themselves, it is recognised that the patient experience is core to the overall Trust strategy and can be relatively easily improved. The Trust will continue its ongoing audit programme of the patient environment which reviews catering, cleanliness, and condition on a continuous basis.

- Drive improvements in the environmental sustainability of the estate

The Trust recognises that its activities have both direct and indirect environmental impacts and sees the protection of the environment as an integral part of good institutional practice. The estate strategy will seek to deliver tangible reduction in our carbon footprint, energy usage, water usage and waste production. Whilst these reductions are beneficial to the environment and sustainability, the Trust would naturally expect to see a reduction in the costs of these services. Through close collaboration with partners, the Trust will realise these benefits which will then be passed on to our staff, patients, and wider community which

we serve, while ensuring the long-term sustainability of the Trust. The strategy therefore aims to ensure efficient use of the estate whilst remaining in-line with the Trust values. By:

- Actively seek funding opportunities

The E&F team will continue to seek funding opportunities through Local Authority initiatives or national initiatives aimed at sustainability and fossil fuel reduction.

The Trust is acutely aware of its position within the local economy and its potential to influence various factors as well as its own responsibility to contribute toward the enabling of Government directives, specifically, its challenging net-zero carbon initiatives.

- Seeking out the most advantageous combination of cost, quality, and sustainability

The E&F team will continue to work with regional and national colleagues to benchmark against those considered 'best-in-class' to ensure the Trust is receiving the right balance of economy, efficiency, and effectiveness, demonstrating value for money throughout all active workflows and, following a method for improvement, planning for the future.

8. How do we get there?

The ability to deliver upon this strategy will require an effective departmental structure which comprises a dedicated and hard working team of individuals all of whom possess the necessary skill mix within their own area, to deliver both individually and as a team. Such a team requires, not only the support of its own management but also that of the Trust Executive and Board, especially in relation to adequate resource provision.

Delivering such a strategy, which, as previously noted, is an enabling strategy to the Trust strategy and cannot be achieved in isolation. It will require collaborative working across all divisions and departments, as E&F are embedded within the functioning of the whole estate and its activities. The E&F strategy will be supported by a robust implementation plan setting out short and long terms proposals, aligned to 5 key principles.

As the E&F strategy is one of several sub-strategies for the Trust, there is a significant amount of inter-dependency that needs to be recognised and considered in the development of the implementation plan. The following describes the major stakeholders in the sub-strategy, and they can support:

- NHS Commissioners

Commissioners are key to helping the Trust manage demand on its services and ensuring delivery of stretching targets, NHS providers work in partnership with the Trust, often sharing buildings and services to meet demands. The increased integration will rely on effective space planning and scheduling.

- Digital Team

The digital team (IT) is leading on the Trusts Digital Strategy which will support organisation-wide change to paper-light and paper-less service delivery, reducing demand for storage and transfer of paper records. Projects to roll out new software and hardware will also be key to modernising office environments and enabling new ways of working. IT is critical to the introduction of new communications systems across the Trust.

- Procurement

Health Procurement Liverpool (HPL) supports the purchase and supply of services and equipment. Delivery of a number of the ambitions in this strategy will rely on timely procurement and collaboration.

- Human Resources

The HR team are leading on workforce including recruitment and retention involving international recruitment of nursing and medical staff. Close collaboration is needed to ensure that additional staff can be accommodated in both residential and office capacity. The E&F sub-strategy seeks a cultural shift in the way we work to support better use of space.

- Finance

The Finance department supports the Trust to manage its use of resources. The success of this strategy will be dependent on the availability of funding and ensuring Trust readiness to bid for additional funding when it becomes available.

- Service Development Priorities

As part of the development of the implementation plan, individual departments will be asked to present their service development aspirations. These will be assessed and prioritised through the current governance process to determine those that most effectively meet the Trusts strategic ambitions. The long list of potential developments will be ranked as short, medium and long term goals to support future bids for funding. The schemes will be identified on a series of development control plans which in combination with the sub strategy provides a masterplan for the site's future development.

The long list of service developments will be gathered through engagement during the development of the implementation plan. Engagement will include:

- A review of clinical service strategies
- Outputs from business planning
- Engagement sessions with individual departments / divisions
- Validation by individual departments / divisions
- Validation by the Trusts Capital Management Group.

The prioritised proposals will subsequently be used to inform the Trusts capital programme and establish an investment strategy for the Trust.
Each of the emerging priorities for the Trust will be subject to more detailed feasibility and viability and a subsequent business case for funding.

9. What Happens Next?

The sub-strategy will be reviewed after two years to ensure that it remains consistent with national standards and requirements. The Estates and Facilities team will develop the *Implementation Plan* and *Service Development Priorities* which will inform the detailed *Development Control Plans.*

The Walton Centre NHS Foundation Trust

Report to Trust Board
2 March 2023

Report Title	Communications and Marketing Sub-strategy - 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. In future updates, these will be based on the projects and tasks detailed 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.

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

- Finalisation of delivery plan
- Continued liaison with senior staff to enable action development
- Execution of upcoming actions

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**

Communications and Marketing Sub-strategy - 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 first quarterly update on its progress.

Background and analysis

3. The key theme of the Communications and Marketing Sub-strategy 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 we 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 is currently in development.

5. While the delivery plan is updated on a six-12 monthly basis, some of the objectives within the sub-strategy are longer-term, or multi-part, as is the overall objective of profile raising – a marathon, rather than a sprint.

6. This report highlights key updates for the nine focus areas over the previous three months. In future updates, these will be based on the projects and tasks detailed in the delivery plan.

   Brand
   - Brand narrative coming to completion following a six-month project.
   - Renaming project options presented to Board, and discussions underway with Chief Executive on approach.
   - Refresh of brand guidelines commenced following completion of narrative and appointment of new design officer within Communications and Marketing Team.

   External communications
   - Approx 12 patient case studies interviewed, and eight pitched to local, regional, national and trade media with good coverage across the board.
   - 14 staff films/case studies produced and promoted through our channels, internally and externally, to support recruitment, staff recognition and brand awareness.
   - Media work has included coverage on Radio Merseyside for two different areas of patient treatment and care, expert voice pieces by two senior clinicians in national media, and senior nursing interviews with national radio, and nursing trade media.
   - Working with several production teams about documentaries in different areas, including organ donation, rare diseases, rehabilitation, medical education and a ‘360 degree’ look at The Walton Centre. These are all long-lead projects.

Internal communications and staff engagement

- Preparations have been ongoing around the intranet redevelopment project, with a view to kick-off in March. A contract has been signed with the supplier, and a Project Manager identified, with final recruitment details being confirmed.
- The E-shot email platforms continues to perform well with high open rates across the Trust. A piece of work will be carried out at the 12-month mark in July to interrogate the data acquired and actions falling out of this.
- Preparatory work has been completed for the new TV screens in staff break rooms, to provide an additional method of communication for staff without regular computer access. The screens are expected to be installed by early April.

Digital communications

- The first 12-month review (December to December) of the new Trust website was completed and presented to the Executive Team. Key statistics around accessibility, access, bounce rates and referral rates are all positive, but areas of improvement have been identified and a content and structure review is ongoing.
- Social media follower and engagement stats continue to increase month-on-month, with good staff support across the Trust on idea generation and participation.
- A new Digital Communications and Design Officer was appointed and started in late January. They will support the work in this area.

Stakeholder engagement

- Recent visits from Steve Rotheram, Metro Mayor, and Dan Carden, MP for Walton have been supported across the Trust. Saffron Cordery, Deputy Chief Executive, NHS Providers is due to visit in April, and a potential visit is planned from Wes Streeting MP, Shadow Secretary for Health and Social Care.
- The current Trust stakeholder list has been attached as Appendix A. This will be circulated for feedback, before a map of influence and interest is created. Once finalised, it will be circulated for use by the Executive Office, Corporate Governance and Communications and Marketing.
- A bimonthly stakeholder e-mail is in development, using the email platform currently in use for internal communications. A DPIA has been approved for this additional usage. The first email is due to be distributed in spring 2023.

Healthcare marketing

- Conversations are ongoing with senior operational and clinical staff, including Medical Education, on how Communications and Marketing can support in this area.

Patient communications

- Communications and Marketing are involved in the Patient and Family Centred Care work, to refresh the project starting with the first two steps of ‘Why us’ and ‘Arrival’

Hospital environment

- A non-recurrent business case was approved in February for new hospital corridor displays, primarily to focus on refreshed Employee of the Month and Good Catch displays, Executive Team, Governors and Volunteers, plus displays for patient feedback and ‘what’s on at The Walton Centre’. The preparatory work by Estates to remove old displays will commence this month, with the new displays being installed in March/April.

Charity communications

- We have continued to promote Fundraising case studies, often as part of a patient case study which demonstrates the close relationship between the Trust and Charity.
- A '#thinkcharity' communications plan has been shared with Fundraising, to increase staff awareness and knowledge of the work of the Charity.

Conclusion

7. 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. While these are important to continue a focus on, we must also ensure we do not neglect those newer areas, for example healthcare communications and marketing, although it is recognised that delivery will be slower on some of these areas due to new ways of working and thinking being required, and increased collaboration across different teams.

Recommendation

- To note

Author: Elaine Vaile, Head of Communications and Marketing
Date: 17 February 2023

Appendix 1
Current stakeholder engagement list – February 2023

Title	First name	Last name	Position	Organisation
The Rt Hon	Steve	Barclay MP	Secretary of State for Health and Social Care	Department of Health and Social Care
Mr	Will	Quince MP	Minister of State	Department of Health and Social Care
Mr	Neil	O'Brien MP	Parliamentary Under Secretary of State	Department of Health and Social Care
Mr	Nick	Markham MP	Parliamentary Under Secretary of State	Department of Health and Social Care
Mr	Wes	Streeting MP	Shadow Secretary of State for Health and Social Care	House of Commons
Professor	Chris	Whitty	Chief Medical Officer	Department of Health and Social Care
Ms	Amanda	Pritchard	Chief Executive	NHS England and NHS Improvement
Dr	Amanda	Doyle	National Director, Primary Care and Community Services	NHS England and NHS Improvement
Mr	Richard	Barker	North West Regional Executive Director	NHS England and NHS Improvement
Dr	Michael	Gregory	North West Regional Medical Director	NHS England and NHS Improvement
Mr	Andrew	Bibby	Regional Director of Health and Justice and Specialised Commissioning	NHS England and NHS Improvement
Mr	Steve	Rotheram	Metro Mayor	Liverpool City Region Combined Authority
Ms	Joanne	Anderson	Mayor of Liverpool	Liverpool City Council
Ms	Theresa	Grant OBE	Chief Executive	Liverpool City Council
Councillor	Paul	Brant	Councillor, Fazakerley Ward	Liverpool City Council
Councillor	Frazer	Lake	Councillor, Fazakerley Ward	Liverpool City Council
Councillor	Lindsay	Melia	Councillor, Fazakerley Ward	Liverpool City Council
Mr	Mike	Harden	Chief Executive	Knowsley Metropolitan Borough Council
Councillor	Frank	Walsh	Mayor of Knowsley	Knowsley Metropolitan Borough Council
Mr	Dwayne	Johnson	Chief Executive	Sefton Council
Councillor	Ian	Maher	Leader of the Council	Sefton Council
Ms	Kath	O'Dwyer	Chief Executive	St Helens Borough Council
Councillor	Susan	Murphy	Mayor of St Helens	St Helens Borough Council
Councillor	David	Baines	Leader of the Council	St Helens Borough Council
Mr	Paul	Satoor	Chief Executive	Wirral Council
Councillor	George	Davies	Mayor of Wirral	Wirral Council
Councillor	Janette	Williamson	Leader of the Council	Wirral Council
Mr	David	Parr OBE	Chief Executive	Halton Borough Council
Councillor	Christopher	Rowe	Mayor of Halton	Halton Borough Council
Councillor	Mike	Wharton	Leader of the Council	Halton Borough Council
Mr	Dan	Carden	MP for Walton	House of Commons
Mr	Ian	Byrne	MP for West Derby	House of Commons
Ms	Paula	Barker	MP for Wavertree	House of Commons
Ms	Kim	Johnson	MP for Riverside	House of Commons
Ms	Maria	Eagle	MP for Garston and Halewood	House of Commons
Ms	Jan	Ledward	Place Director	NHS Cheshire and Merseyside

Mr	Raj	Jain	Chair	NHS Cheshire and Merseyside
Mr	Graham	Urwin	Chief Executive	NHS Cheshire and Merseyside
Mr	Mark	Palethorpe	Place Director	NHS Cheshire and Merseyside
				Cheshire CCG
Ms	Deborah	Butcher	Place Director	NHS Cheshire and Merseyside
Dr	Andrew	Pryce	Governing Body Chair	Knowsley CCG
Ms	Louise	Shepherd CBE	Chief Executive	Alder Hey Children's NHS Foundation Trust
Mr	Colin	Scales	Chief Executive	Bridgewater Community Healthcare NHS Foundation Trust
Ms	Sheena	Cumiskey	Chief Executive	Cheshire and Wirral Partnership NHS FT
Ms	Jane	Tomkinson OBE	Chief Executive	Liverpool Heart and Chest Hospital NHS Foundation Trust
Mr	James	Sumner	Chief Executive	Liverpool University Hospitals NHS Foundation Trust
Ms	Kathryn	Thomson	Chief Executive	Liverpool Women's NHS Foundation Trust
Prof	Joe	Rafferty CBE	Chief Executive	Mersey Care NHS Trust
Ms	Ann	Marr OBE	Chief Executive	Southport and Ormskirk Hospital NHS Trust
Ms	Ann	Marr OBE	Chief Executive	St Helens and Knowsley Teaching Hospitals NHS Trust
Mrs	Liz	Bishop	Chief Executive	The Clatterbridge Cancer Centre NHS Foundation Trust
Mr	Simon	Barber	Chief Executive	North West Boroughs Healthcare NHS Foundation Trust
Mr	Warren	Escadale	Chief Executive	Voluntary Sector North West
Ms	Diane	Blair	Manager	Healthwatch Sefton
Dr	Paul	Baker	Deputy Dean of Medical Foundation Training	Health Education England - North west
Professor	Eliot	Forster	Chair	Liverpool Health Partners
Dr	Dawn	Lawson	Chief Executive	Liverpool Health Partners
Mr	Chris	Hopson	Chief Executive	NHS Providers
Professor Dame	Janet	Beer	Vice-Chancellor	University of Liverpool
Professor	Louise	Kenny	Executive Pro-Vice-Chancellor Faculty of Health and Life Sciences	University of Liverpool
Dr	John	Cater	Vice-Chancellor	Edge Hill University

The Walton Centre NHS Foundation Trust

Report to Trust Board
21/02/2023

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

Key Messages *(2/3 headlines only)*

- See summary for performance overview

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

- Ongoing

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

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

001 Quality Patient Care	004 Operational Performance	003 System Finance

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

Strategy ☐	Policy ☐	Service Change ☐

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

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

Integrated Performance Report

Executive Summary

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

Opportunity for improvement
Referral to Treatment Waits
Activity Restoration
Theatres

Underperforming

Workforce Indicators

High Performing
Vacancies

Opportunity for improvement
Mandatory Training
Turnover

Underperforming
Appraisal Compliance
Sickness/Absence

Quality Indicators

High Performing
Complaints
CAUTI
VTE
Hospital Acquired Pressure Ulcers
Mortality
Friends and Family Test
Moderate Harm Falls
Surgical Site Infections
Infection Control
Serious Incidents

Opportunity for improvement
VTE Risk Assessments
14 Day Stranded Patients (Flow)

Underperforming
Hospital Acquired E. Coli (YTD)

Finance Indicators

Key Performance Indicators	November	December	January
% variance from plan - Year to date	26.7%	40.1%	38.2%
% variance from plan - Forecast	19.0%	35.0%	59.4%
% variance from efficiency plan - Year to date	0.0%	2.3%	1.3%
% variance from efficiency plan - Forecast	0.0%	0.0%	0.0%
Capital % variance from plan - Year to date	39.7%	49.0%	33.1%
Capital % variance from plan - Forecast	0.0%	0.0%	0.0%
Capital Service Cover *	3.6	3.2	3.3
Liquidity **	39.0	39.7	41.7
Cash days operating expenditure ***	107.6	108.5	104.1
BPPC - Number	86.1%	85.0%	83.5%
BPPC - Value	84.4%	82.7%	82.3%

Conclusion

As listed above many of the indicators are high performing either against a set target, local improvement or external benchmarking, with only a few indicators underperforming. Theatres performance has significantly improved this month. Hospital acquired E. Coli (YTD) is above trajectory and so will remain an underperforming metric for the remainder of this financial year. There is work on going to improve the training and appraisal compliance.

Recommendation

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

Author: Rebecca Sillitoe – Senior Information Analyst
Date: 21/02/2023

Board Report
March 2022

Data for January 2022 unless indicated

The Walton Centre NHS Foundation Trust

Notes

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.

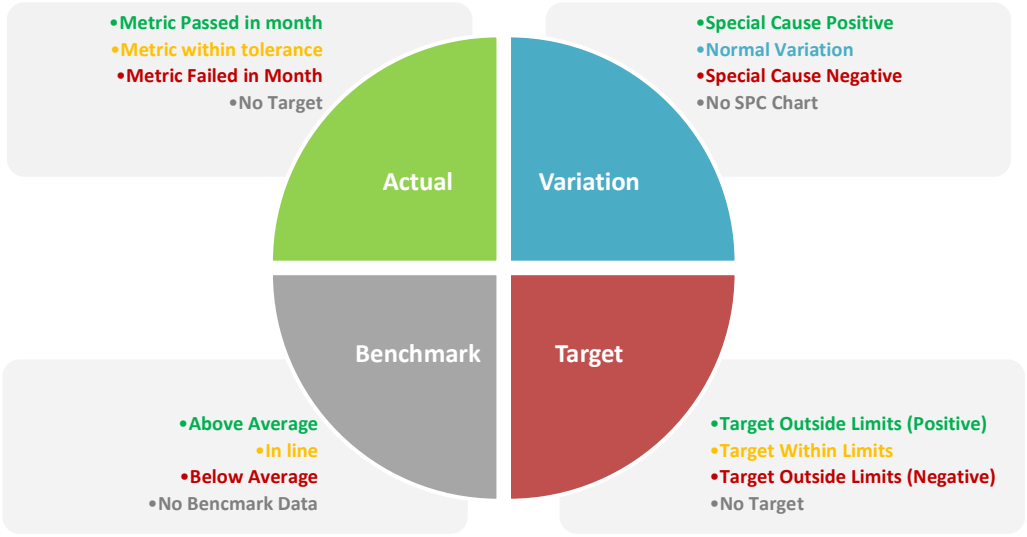
All SPC charts will follow the below key unless indicated

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.

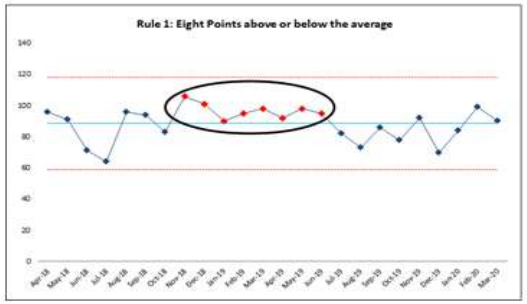


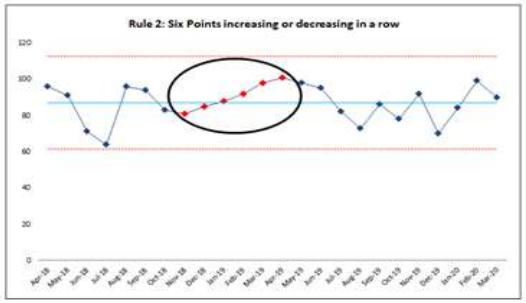
The Walton Centre
NHS Foundation Trust

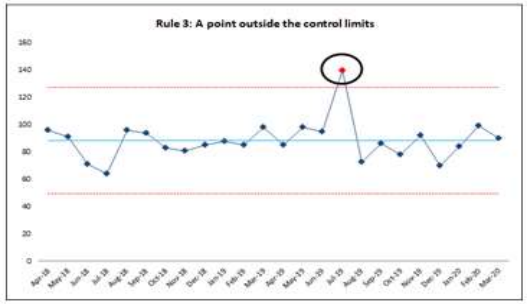
Notes

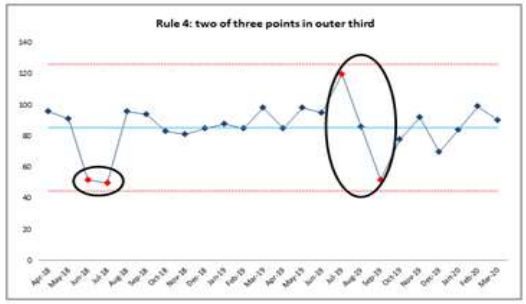
Statistical Process Control Chart Rules

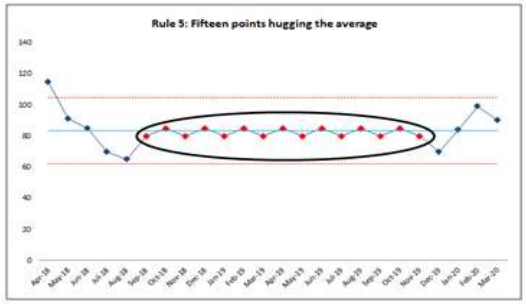
When using SPC Charts we are looking for unexpected variation. Variation occurs naturally in most systems, numbers fluctuate between typical points (control limits) the below rules are to assist in separating normal variation (expected performance) from special cause variation (unexpected performance).











NHS
The Walton Centre
NHS Foundation Trust

Operations & Performance Indicators

The Walton Centre NHS Foundation Trust

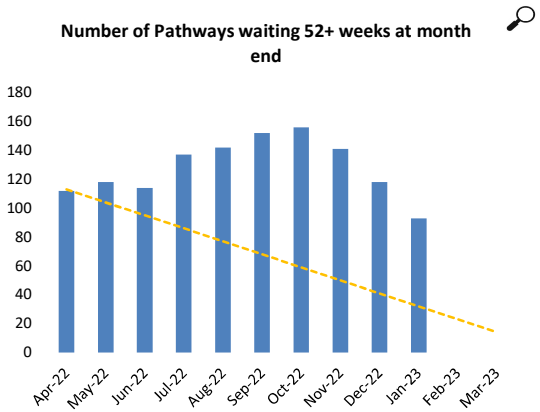
Operational - Responsive

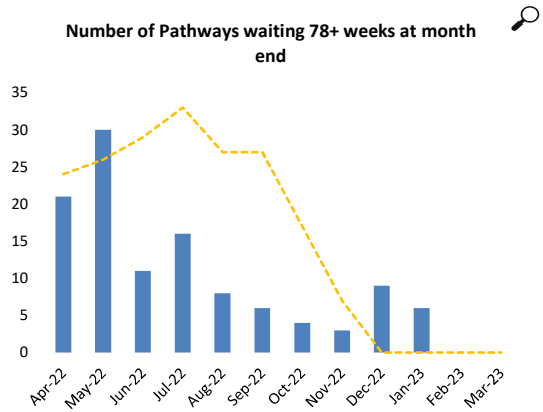
Referral to Treatment

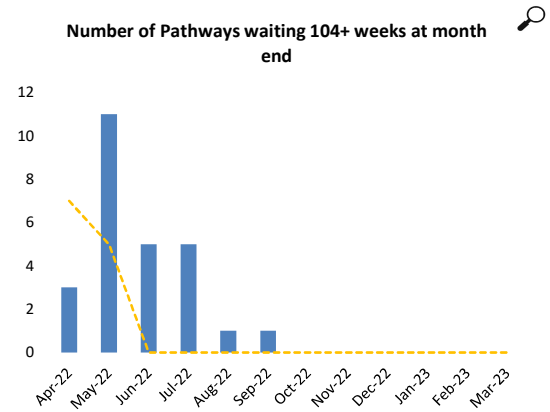
The number of patients waiting more than 52 weeks for treatment has decreased for the third consecutive month and the number waiting over 78 weeks has decreased in January compared to November (though remains higher than November).

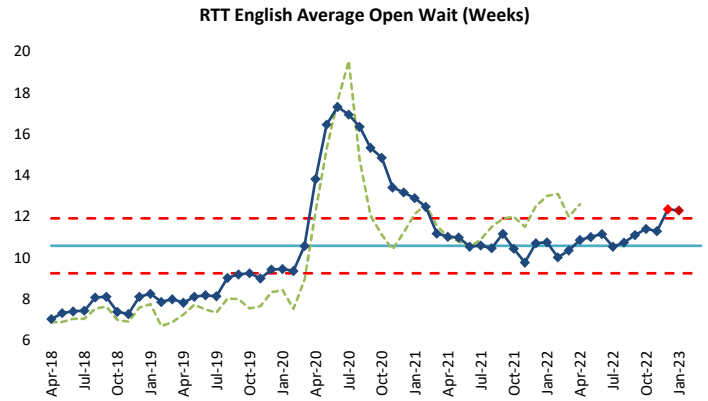
Unfortunately the average waiting times in England and Wales are both in negative special cause variation.

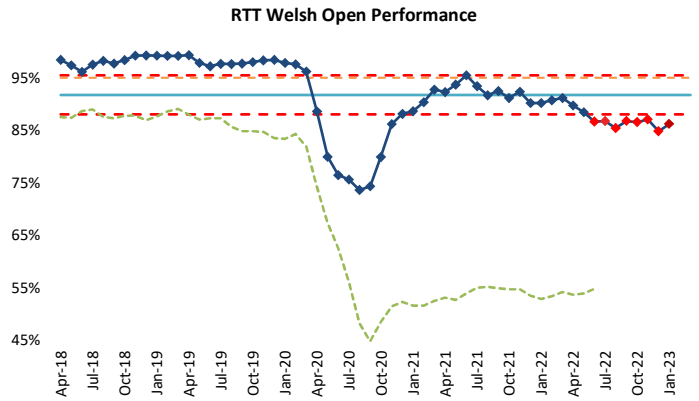
As part of plans to restore services to pre-COVID levels, each Trust was required to submit a trajectory along with timescales for reducing long waits.











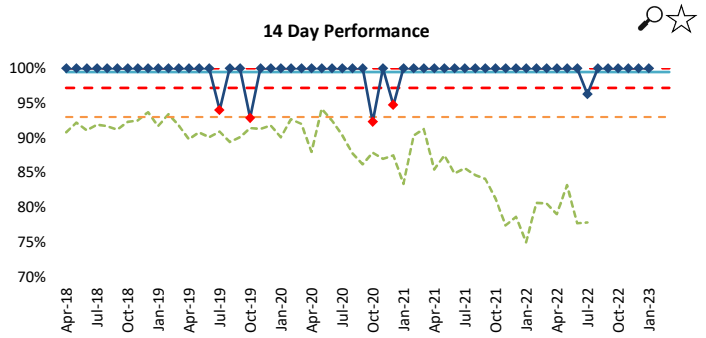
The Walton Centre NHS Foundation Trust

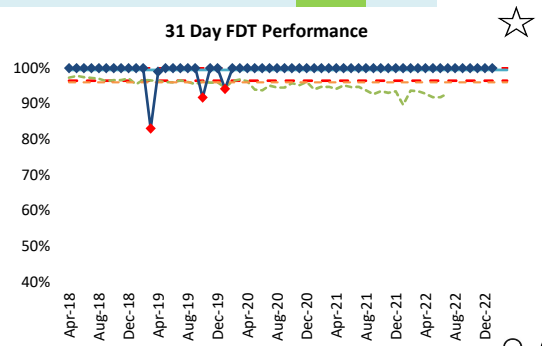
Operational - Responsive

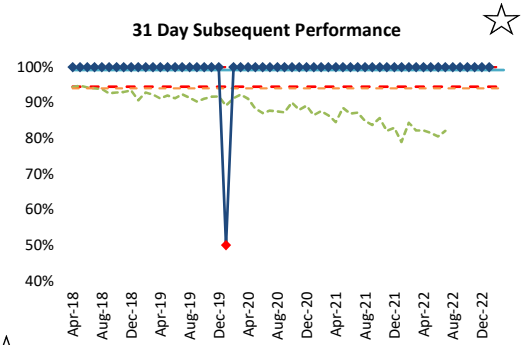
Cancer Standards

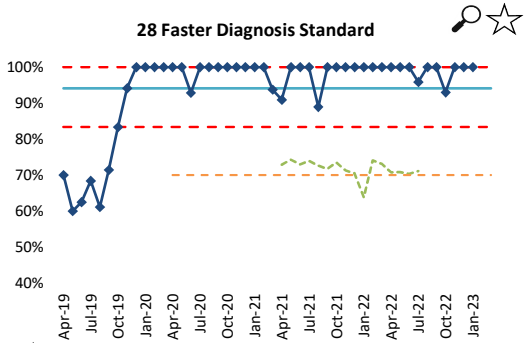
Access Standards	Target	Actual
Cancer TWW	93%	100%
Cancer 31 Day FDT	96%	100%
Cancer 31 Day Sub	94%	100%
Cancer 62 Day Standard	85%	NA
28 Day Faster Diagnosis Standard	70%	100%

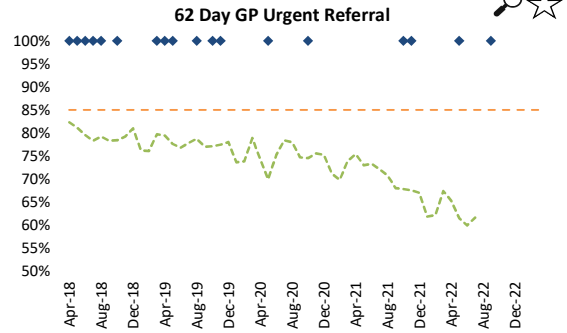
The Trust has continued to see and treat all cancer patients as these patients are designated as urgent, this is in line with NHSE requirements.

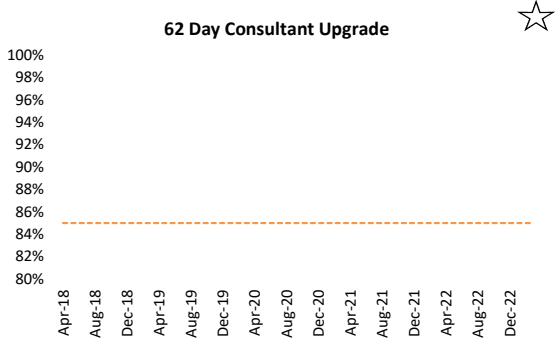












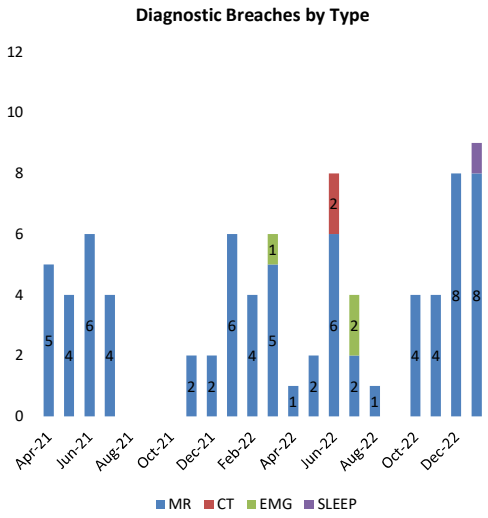
The Walton Centre NHS Foundation Trust

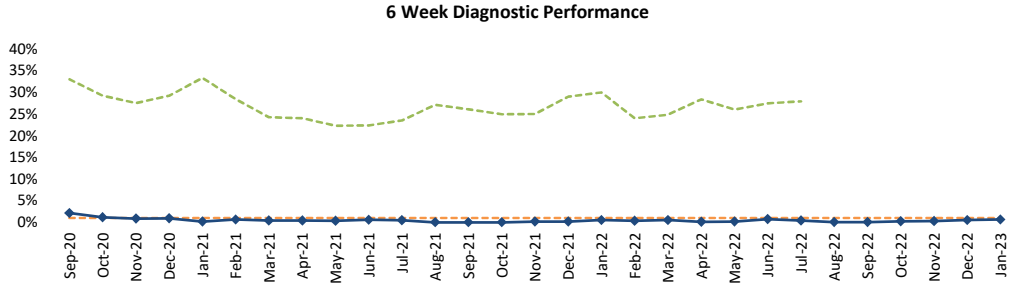
Operational - Responsive

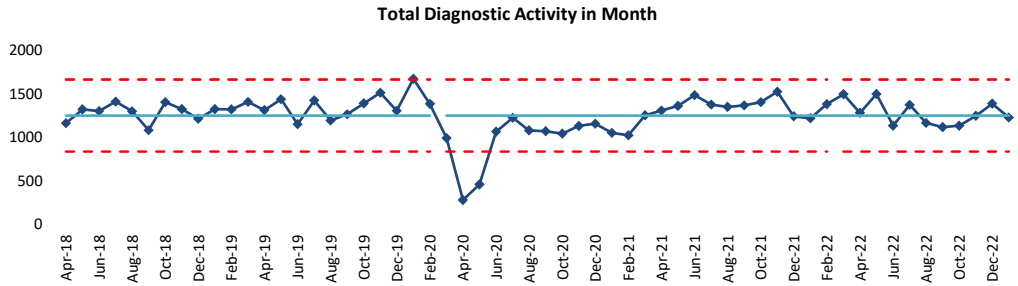
Diagnostics

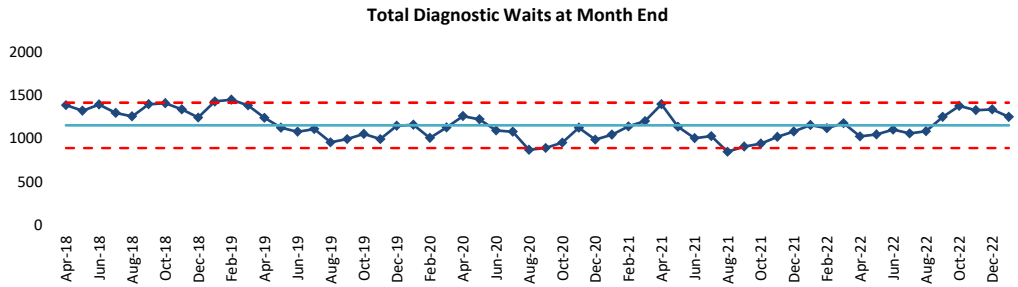
Access Standards	Target	Actual
Diagnostic 6 Week Performance	1%	0.62%

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









The Walton Centre NHS Foundation Trust

Operational - Effective

Theatres

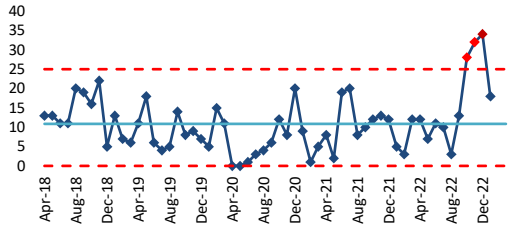
	Target	Actual	Assurance
No. Non Clinical Cancelled Operations	-	18	
% Cancelled operations non clinical on day	0.80%	2.18%	
28 Day Breaches in month	0	23	

Non Clinical Cancellations

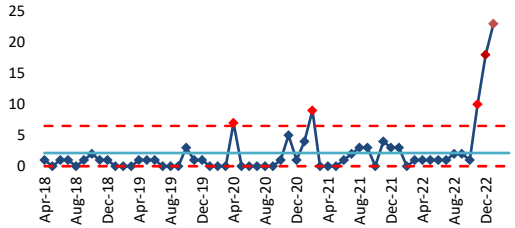
There were significantly fewer non-cancelled operations this month compared to Q3. We have returned normal variation for both number and percentage of cancelled operations. The legacy of a quarter of high cancellations is, unfortunately a high number breaches of the 28 day standard. Most of these patients have had their surgery re-booked but due to the size of the backlog not within 28 days.

Theatre utilisation of elective sessions has also increased significantly in month and is now the highest it's been since May 2022, which was a month with low capacity due to a theatre closure.

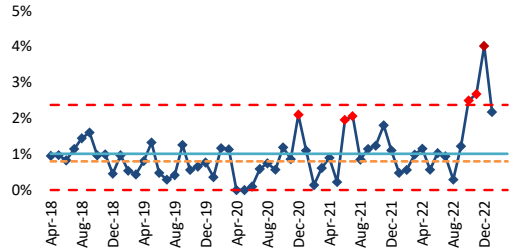
Number of Cancelled operations non clinical (on day)



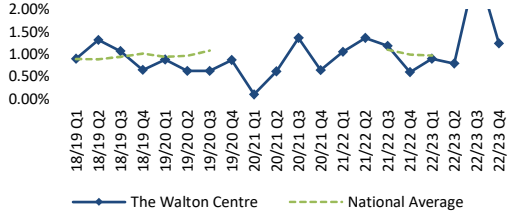
Number of cancelled operations not re-admitted within 28 days



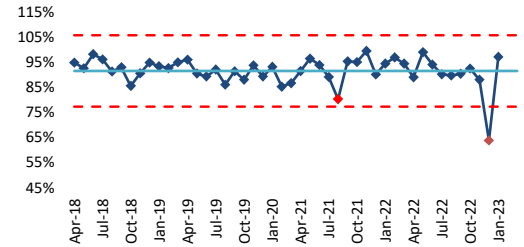
% of Cancelled operations non clinical (on day)



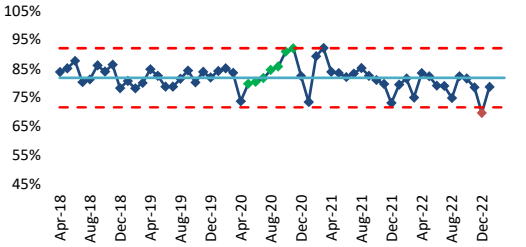
Non Clinical Cancelled Ops as a % of Elective Admissions



Theatre utilisation of Elective Sessions



Theatre utilisation of in Session Time



The Walton Centre NHS Foundation Trust

Operational - Effective

Elective Recovery Fund

Legend for all charts on page

19/20 Actual 22/23 Actual

January 2023 Overall Activity Performance % of 19/20

POD	Actual 22/23	Plan 22/23	Actual	Target*	YTD
Daycase	914	1031	97.4%	104%	97.21%
Elective	266	260	106.4%	104%	91.76%
Elective & Daycase Total	**1180**	**1291**	99.3%	**104%**	95.92%
Non Elective	173	-	90.1%	-	94.34%
New Outpatients	4611	5049	95.0%	104%	104.58%
Follow Up Outpatients	7824	8550	91.5%	100%	99.80%
English Admitted Stops	287	288	103.6%	110%	85.54%
English Non Admitted Stops	2135	2078	106.9%	110%	104.85%
Total English Stops	**2422**	**2366**	**106.5%**	**110%**	**102.51%**

*Target a guide for ERF purposes

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

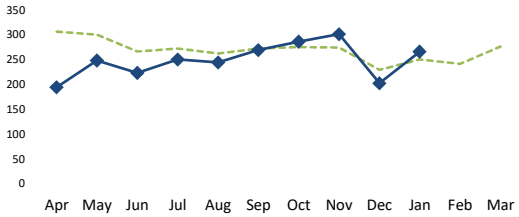
ERF is calculated using Value Weighted Activity and is set 104% of 2019/20 levels.

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

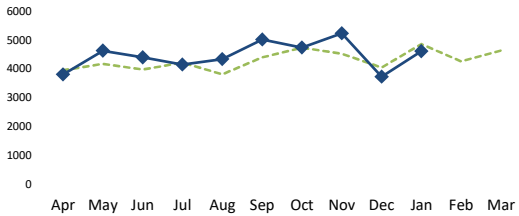
There is no target set against Non Elective activty.

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

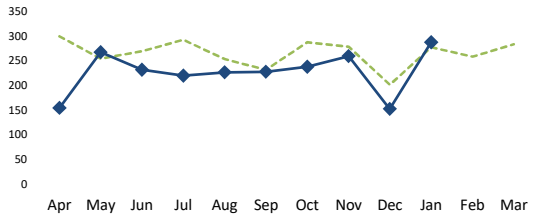
Elective Activity v Plan



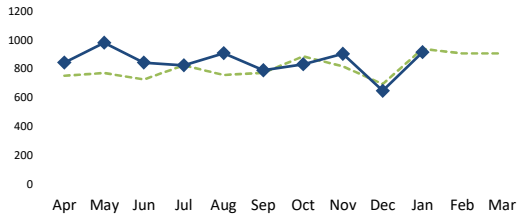
New Outpatients Activity v Plan



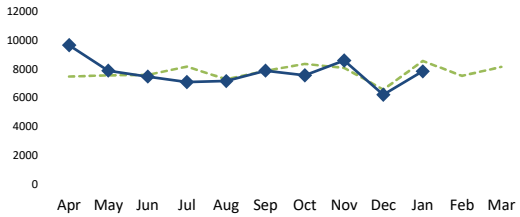
Enlgish Admitted Stops



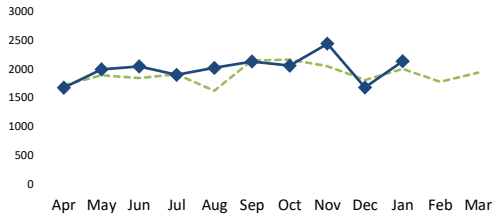
Daycase Activity v Plan



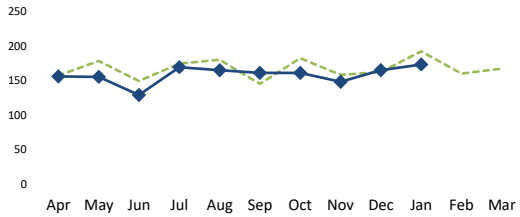
Follow Up Outpatients Activity v Plan



English Non Admitted Stops



Non Elective Activity v Plan

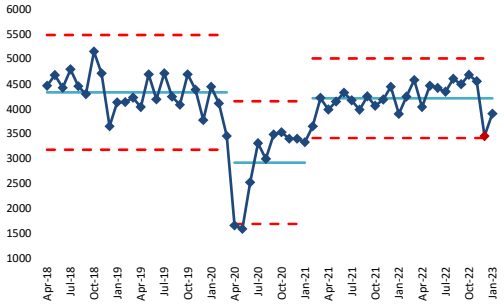


The Walton Centre NHS Foundation Trust

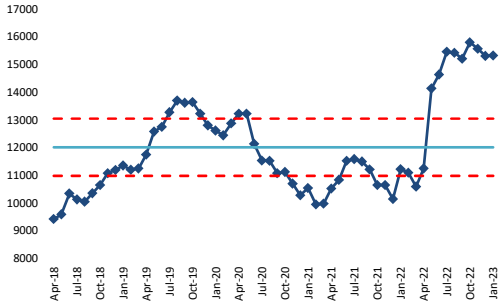
Operational - Effective

Activity

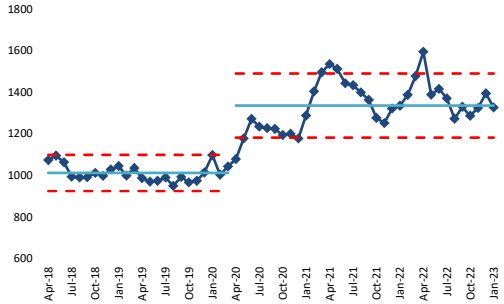
Total New Referrals Received



New Outpatient Waiting List

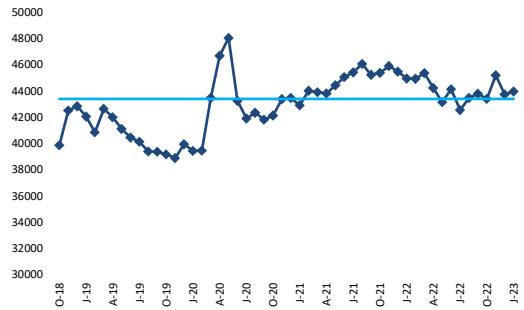


Inpatient Waiting List

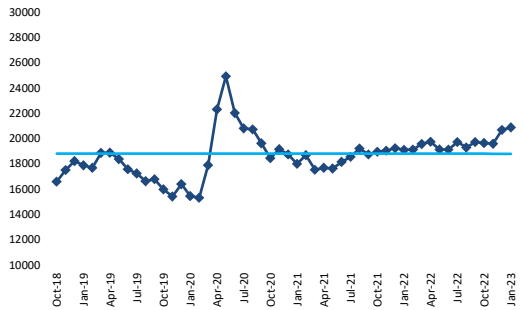


***Spinal transfer patients added to OPWL**

Follow Up Outpatient Waiting List



Follow Up Outpatient Waiting List (Overdue)



The Walton Centre NHS Foundation Trust

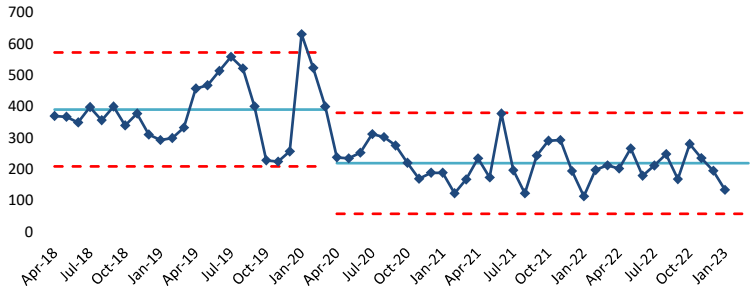
Operational - Effective

Flow

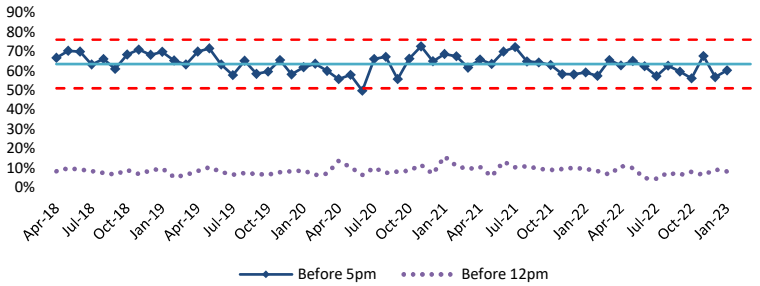
Effective - Flow	Target	Actual	Assurance
% 28 Day Emergency Readmissions (Local)	-	**4.67%**	
Total Delayed Discharge Days	-	**136**	
% Discharges by 5pm	-	**60.41%**	
% 14 Day Stranded Patients	-	**31.78%**	

The percentage of beds occupied by 14 Day Stranded Patients has decreased in January and is now just at the upper control limit.

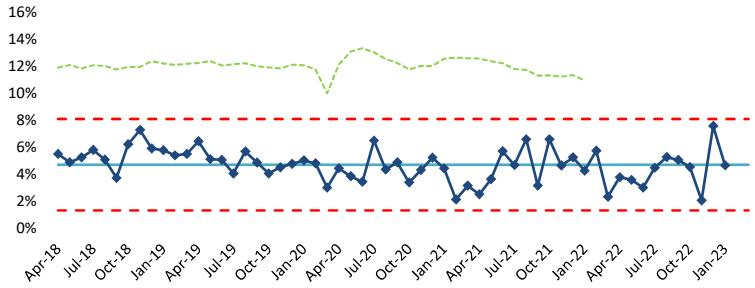
Total Delayed Transfer of Care Days



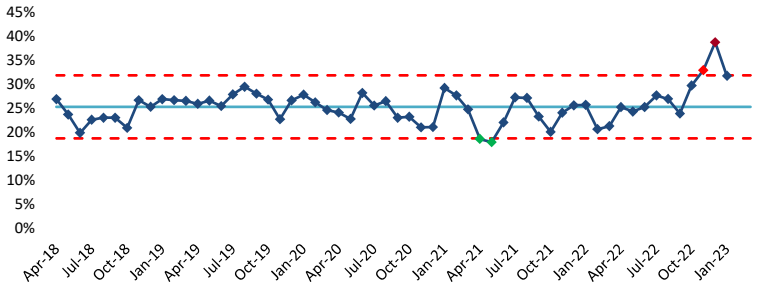
% Discharges to usual residence before 5pm



% 28 Day Emergency Readmissions (Local)



% of Beds Occupied by 14 Day Stranded Patients



The Walton Centre NHS Foundation Trust

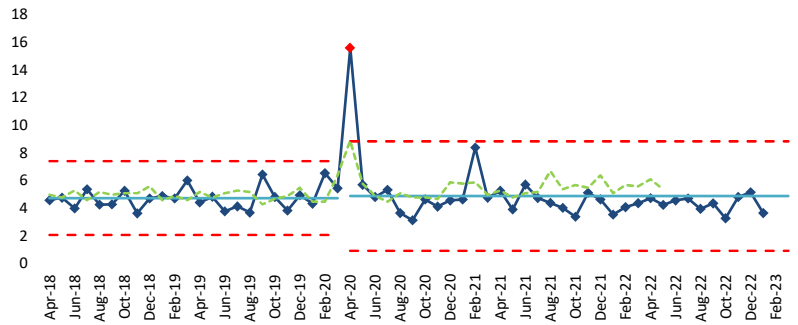
Operational - Effective

Flow (Leading Indicators)

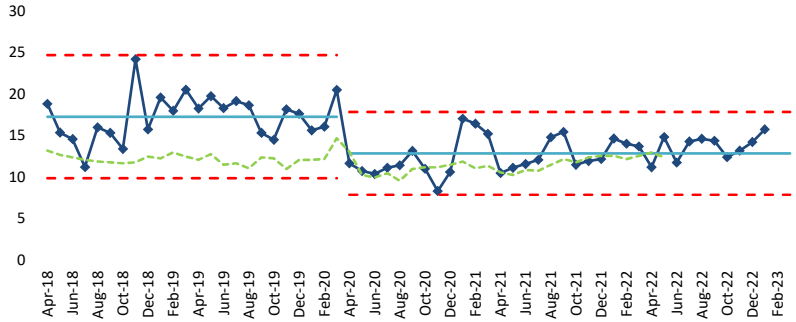
Effective - Flow	Target	Actual	Assurance
Elective LOS	-	**3.67**	
Non Elective LOS	-	**15.77**	
Day of Surgery Admission %	-	**65.78%**	
Daycase Rate	-	**75.10%**	

Non elective length of stay has increased in each of the past three months, not enough yet to describe as special cause variation but just to note.

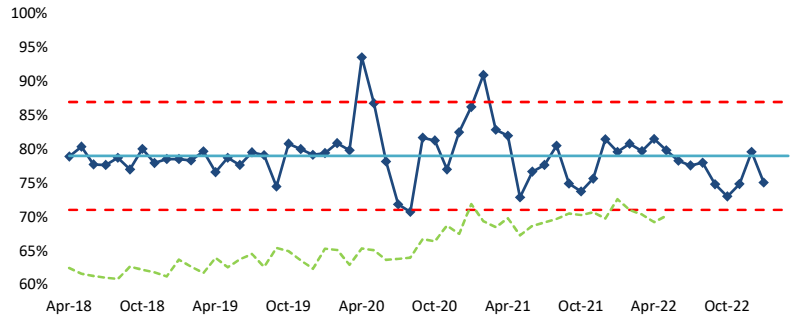
Elective Length of Stay (Days)



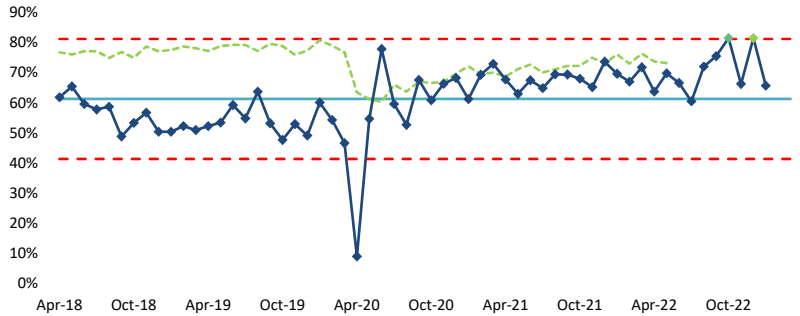
Non Elective Length of Stay (Days)



% of Elective Admissions as Daycases



Day of Surgery Admission %



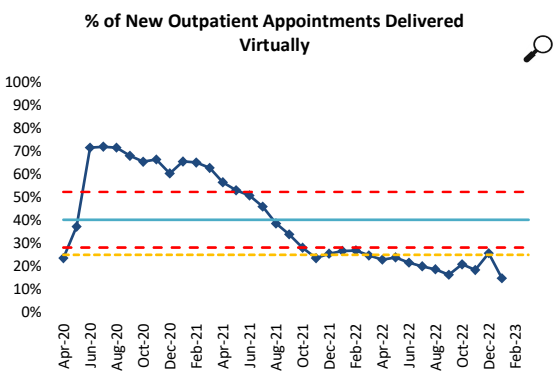
The Walton Centre NHS Foundation Trust

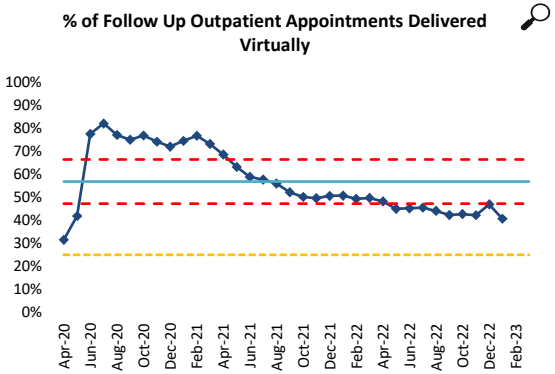
Operational - Effective

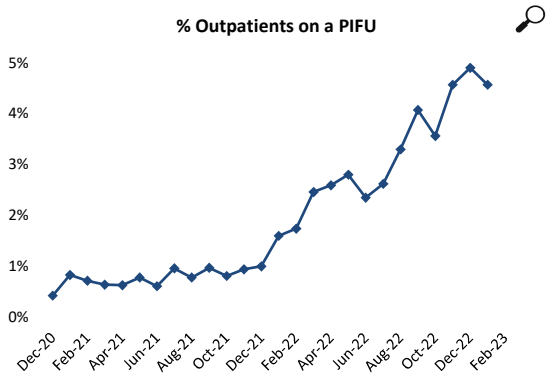
Outpatient Transformation

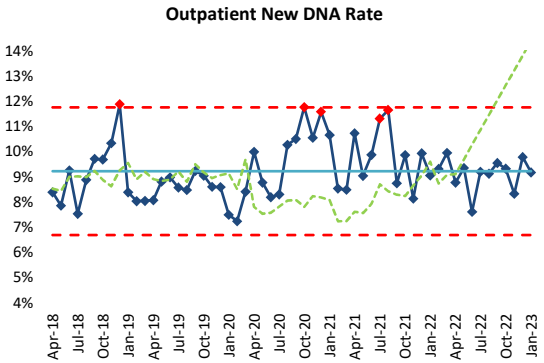
Virtual Appointments
The Trust is required to deliver a minimum of 25% of its total outpatient appointments virtually. We are currently above this target. Following a switch to deliver mainly virtual appointments during Covid-19 the Trust is reverting appropriate clinics back to face to face where clinically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

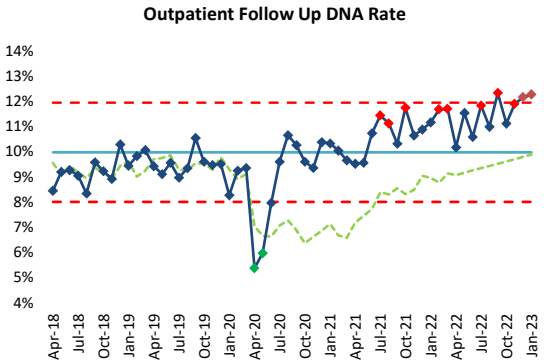
Patient Initiated Follow Up (PIFU)
As part of national Outpatient Transformation schemes the guidance is to work towards 5% of our total outpatients on a Patient Initiated Follow Up by March 2023. In December 4.9% of total outpatient appointments had a PIFU outcome.

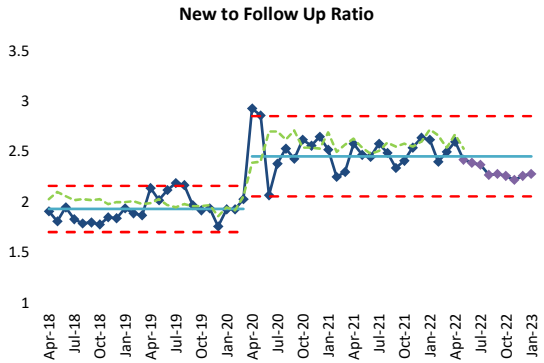












The Walton Centre
NHS Foundation Trust

Workforce Indicators

The Walton Centre NHS Foundation Trust

Well Led - Work force

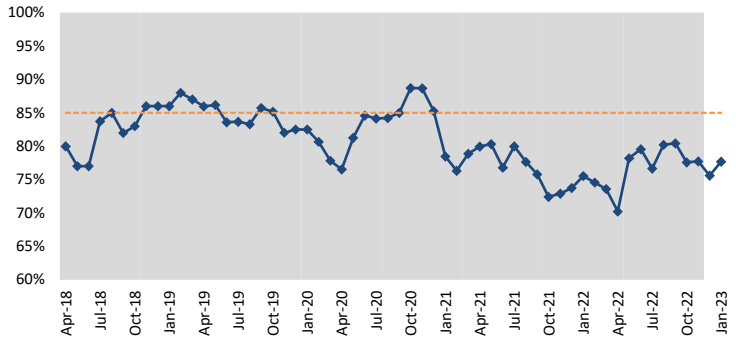
Workforce KPIs

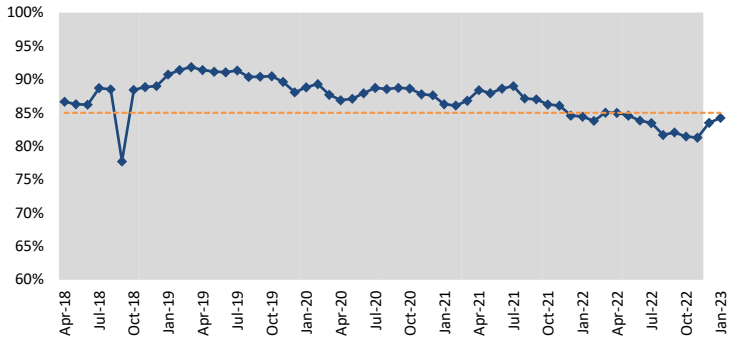
Well Led - Workforce	Target	Actual	Assurance
Appraisal Compliance	85%	77.67%	
Mandatory Training Compliance	85%	84.26%	

Appraisal Compliance

Both appraisal and mandatory training compliance have increased this month compared to last.

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





Workforce

Well Led - Workforce KPIs

The Walton Centre NHS Foundation Trust

Excellence in Neuroscience

Well Led - Workforce	Target	Actual	Assurance
Sickness / Absence	4.75%	7.07%	
Trust Turnover	-	16.25%	
Nursing Turnover	-	11.86%	
Other Staff Turnover	-	16.74%	

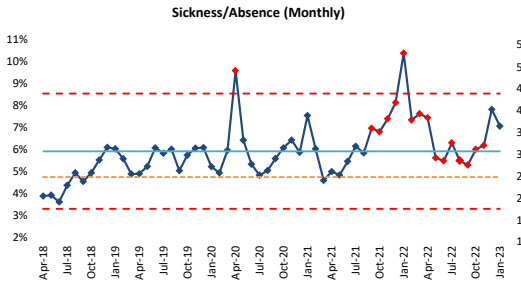
Sickness/Absence

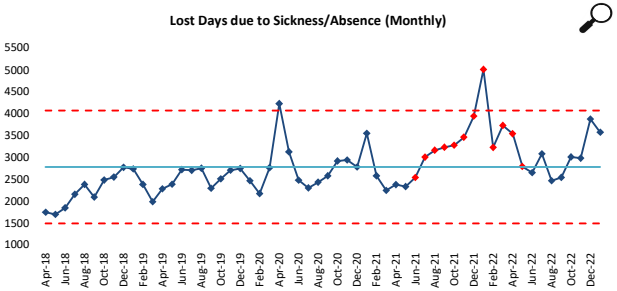
The Trust has seen a significant increase in Sickness/Absence levels which is above the 4.75% target. Sickness continues to be managed and sickness reports are shared monthly with managers and support is provided by HR advisors, who have monthly meetings with ward managers in place. Themes and trends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

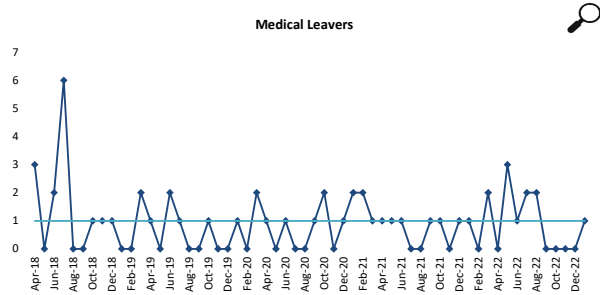
Turnover

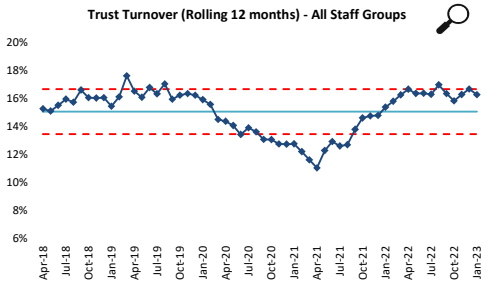
Overall Turnover for the Trust has significantly increased recently, largely driven by Corporate Services and Non Nursing Staff within Divisions. Nursing turnover is within normal variation and the trust is fully established in this area.

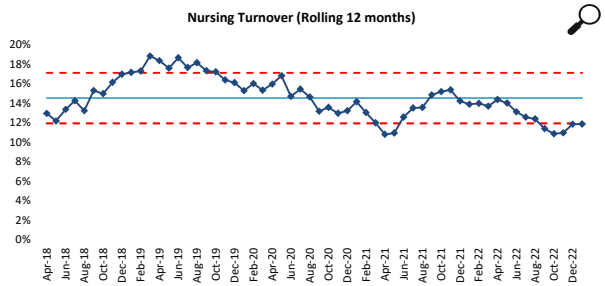
Other staff turnover has increased steadily and reflects the pressures within the wider labour market. This is exacerbated by other NHS providers not adhering to principles of agenda for change.

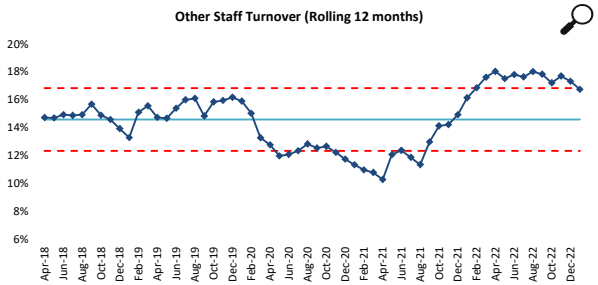










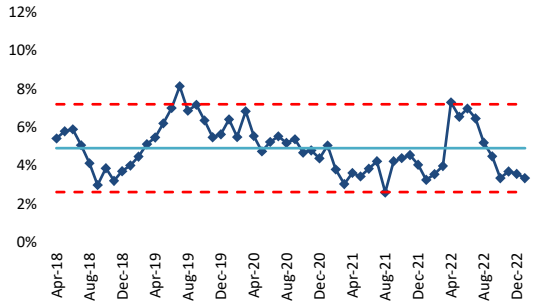


The Walton Centre NHS Foundation Trust

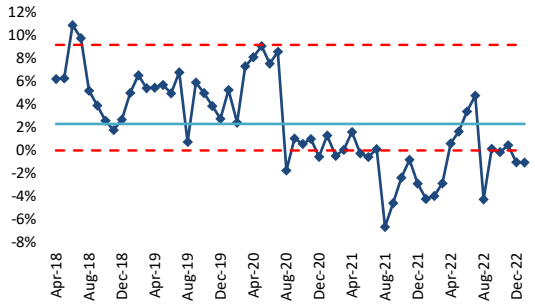
Well Led - Work force

Workforce KPIs

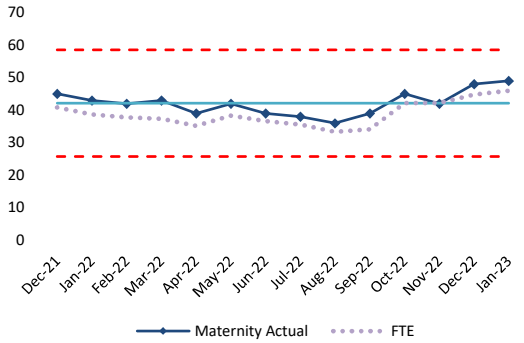
Overall Vacancy Level %



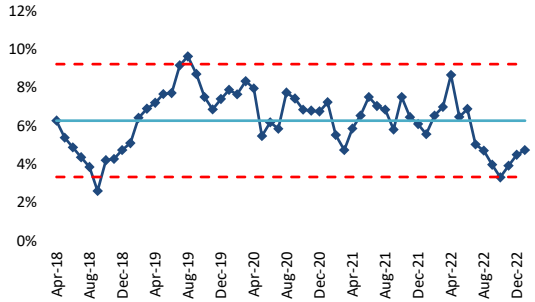
Medical Vacancy Level %



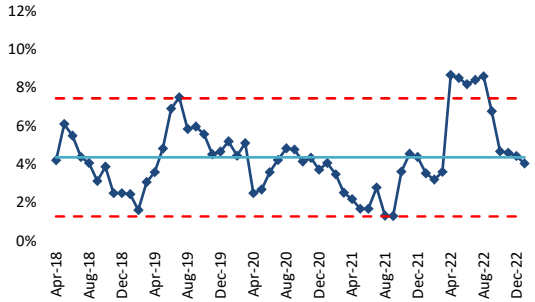
Trust Level Maternity Data



Nursing Vacancy Level %



Other Staff Vacancy Level %



Current month maternity figures

Directorate	Headcount	FTE
Corporate Services Directorate	6	5.23
Neurology & Long Term Care	22	21.27
Surgery & Critical Care	21	19.48
Grand Total	**49**	**45.97**

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.

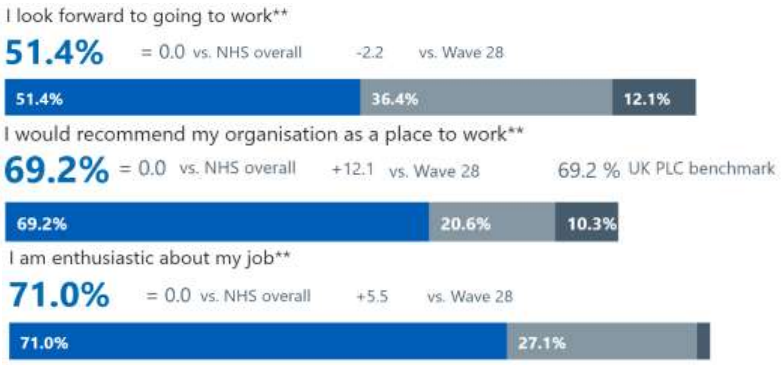
Vacancy rates include posts that have been recruited to but the post holder has not commenced employment yet.

The Walton Centre NHS Foundation Trust

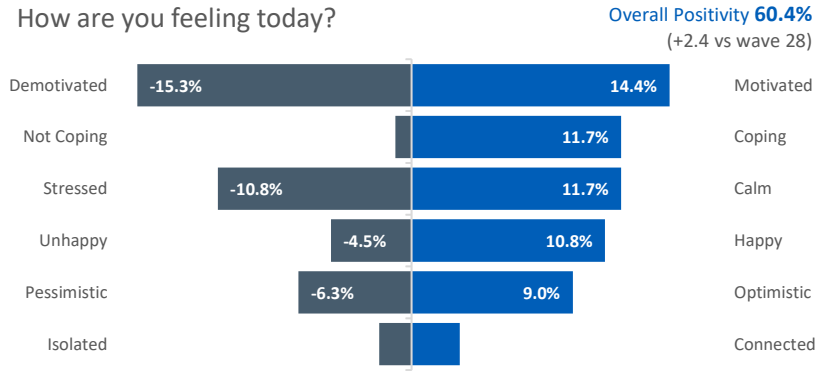
Well Led - Work force

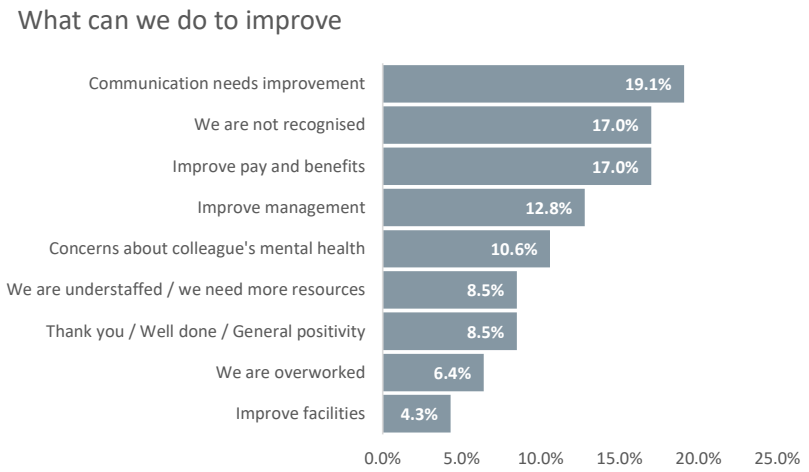
People Pulse Survey Highlights

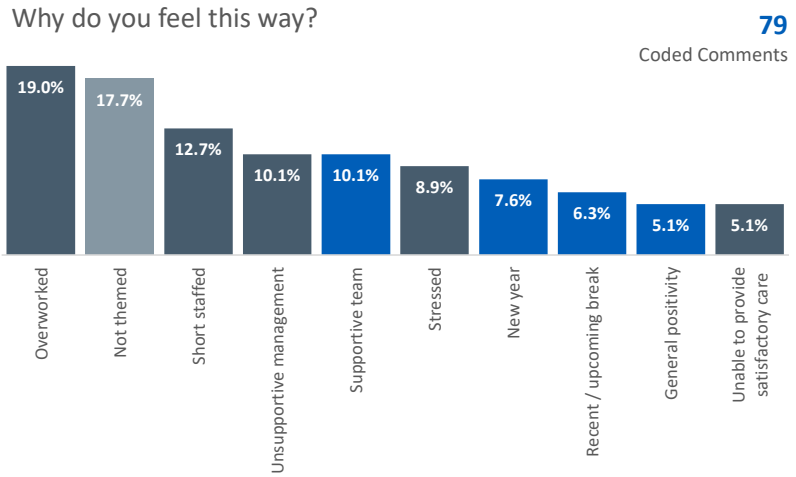
Engagement



Colleague Feelings







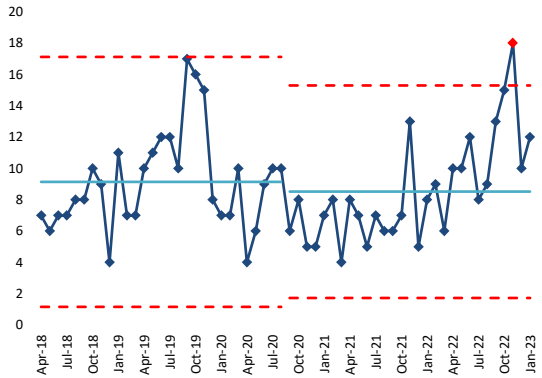
Quality Indicators

Quality of Care

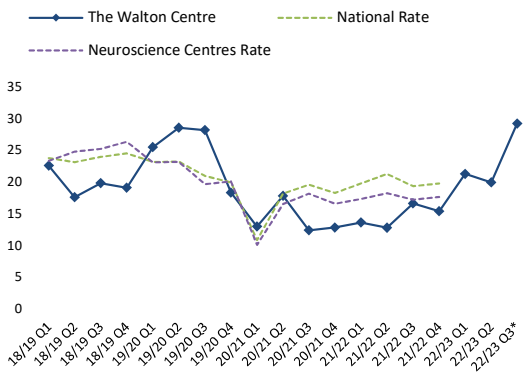
Complaints

In January 2023 the Trust received 12 new complaints. One complaint this month was Organisation Wide, 3 in Neurosurgery and 8 in Neurology. Of the 12 complaints 4 were related to Diagnosis/Treatment, 3 to Communication, 2 to Values and Behaviours and 1 each to Admission Arrangements, Inpatient Concerns and Information Governance.
Due to the reduction seen the Trust is now below both the national and peer average up to the latest published period of benchmarking data (Q4 2021/22). Locally there was an increase in complaints in Q1 of 2022/2023 which has dropped again in Q2 of this year but remains above the last reported national average.

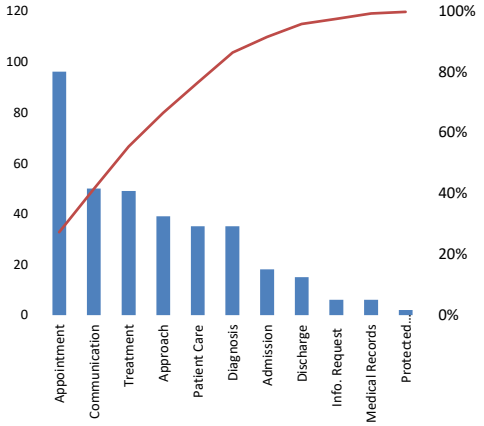
Total New Complaints Received in month



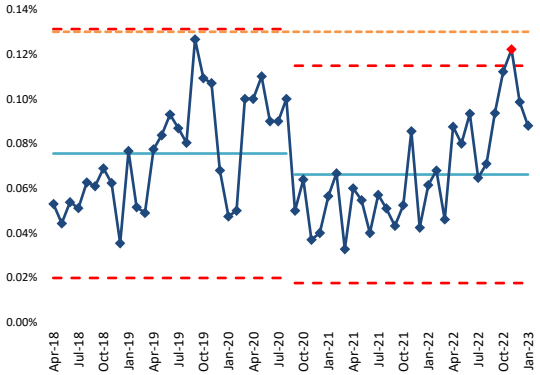
Quarterly Complaints per 1000 WTE



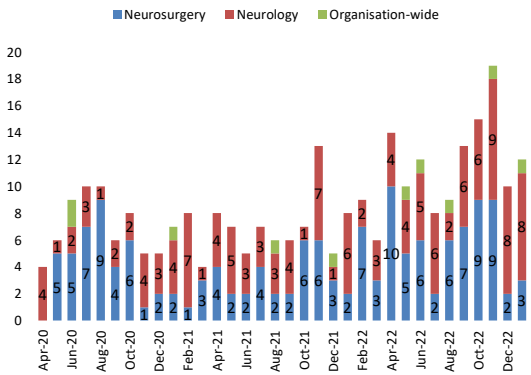
Complaints by Subject Apr 19 to present



% New Complaints Received against Activity



Total New Complaints Received

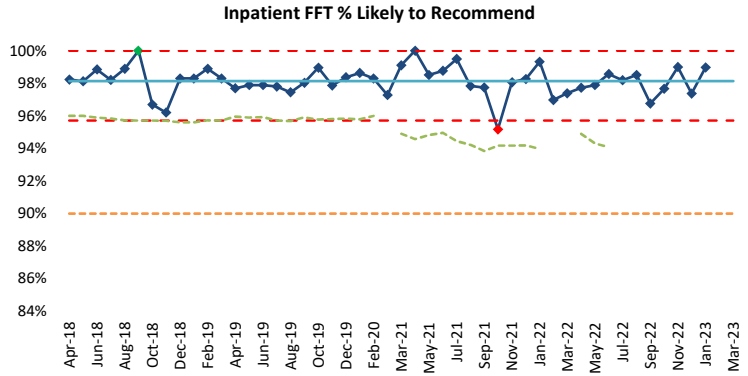


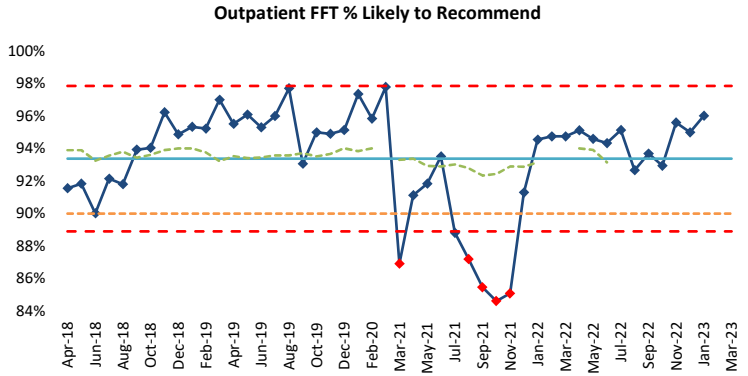
Complaints by Outcome

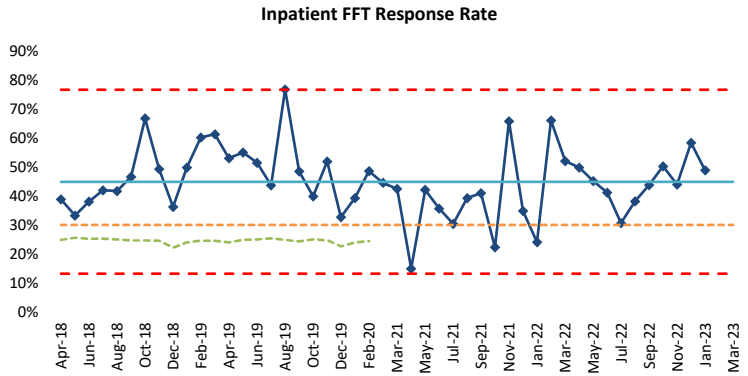
	Not Upheld	Partial Upheld	Upheld
19/20	66	32	24
20/21	42	23	6
21/22	45	19	11
22/23	39	26	29

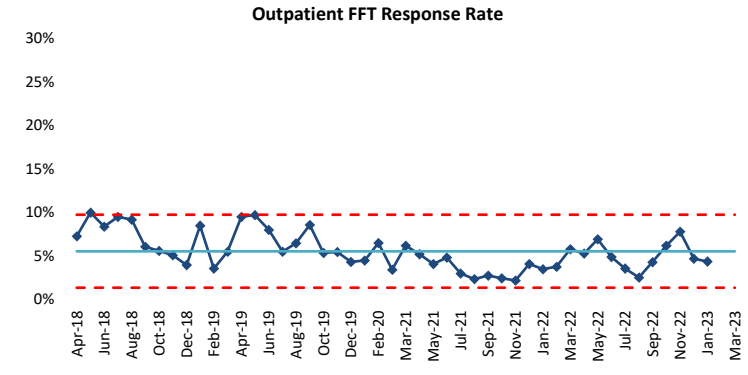
Quality of Care

Family and Friends Test





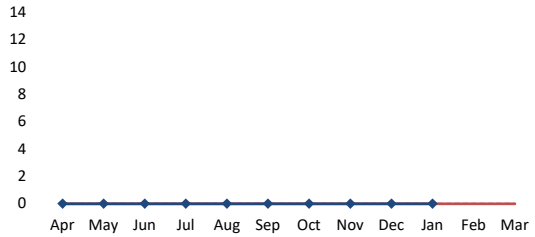




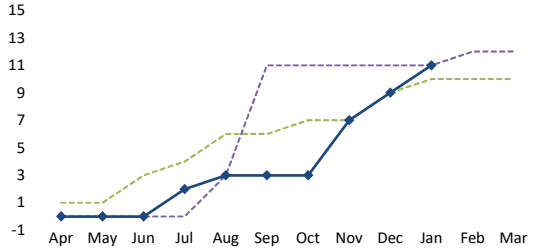
Quality of Care

Infection Control

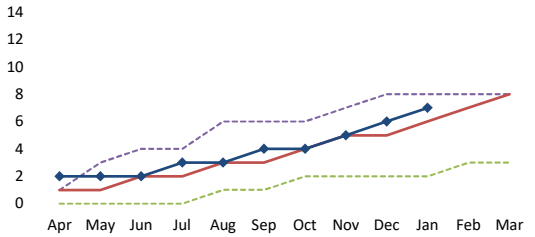
MRSA Bacteraemia



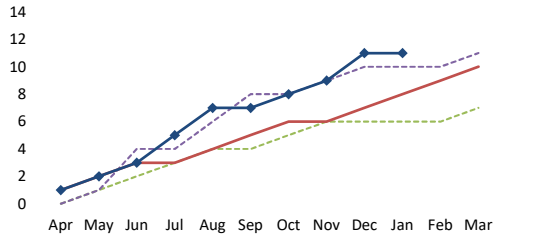
CPE



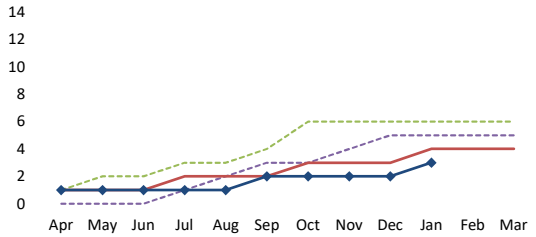
Clostridium difficile



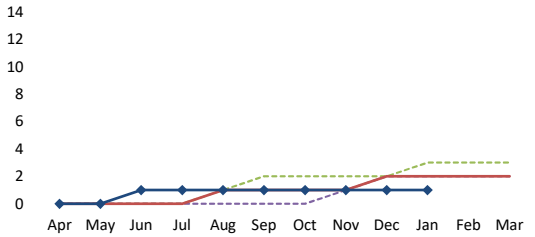
E.Coli



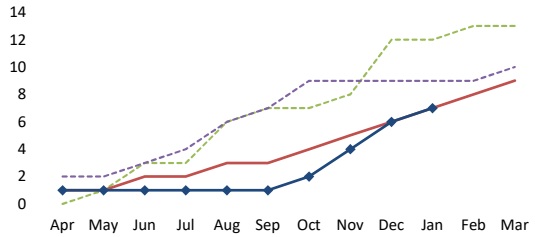
Klebsiella Bacteraemia



Pseudomonas Bacteraemia



MSSA



Total Healthcare Acquired Infections 2022/23

	MRSA B	CPE	C.Diff	E.Coli	KB	PB	MSSA	Total
Cairns		3		3				**6**
Caton		3	2	1		1		**7**
Chavasse		1	1	4				**6**
CRU		2	1	1	1		1	**6**
Dott		1		1	1		1	**4**
Horsley			2	1	1		5	**9**
Lipton		1	1					**2**
Sherrington								**0**
Total	**0**	**11**	**7**	**11**	**3**	**1**	**7**	**40**

January Breakdown by Ward

1 x CPE on each Cairns, Chavasse
1 x MSSA on Horsley
1 x C. Diff. on Lipton

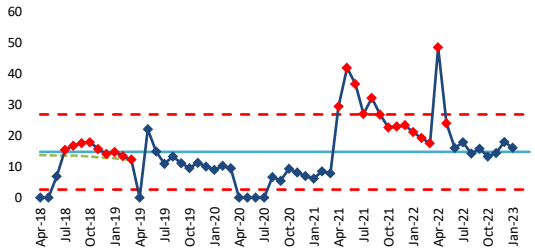
Legend for all charts

20/21 Actual YTD 21/22 Actual YTD
22/23 Trajectory 22/23 Actual YTD

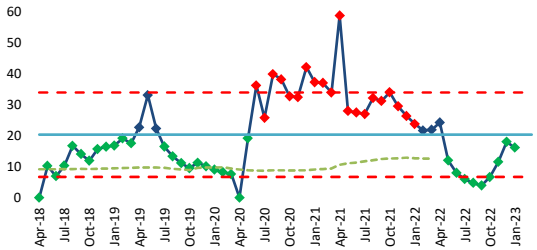
Quality of Care

Infection Control

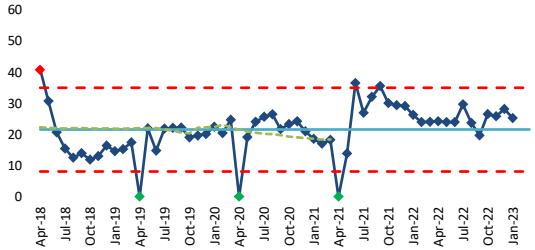
Clostridium difficile Rate per 100,000 Bed Days YTD



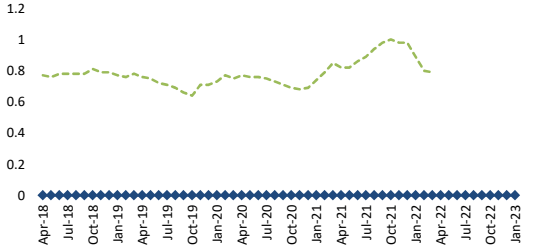
MSSA Rate per 100,000 Bed Days YTD



E.Coli Rate per 100,000 Bed Days YTD



MRSA Rate per 100,000 Bed Days YTD

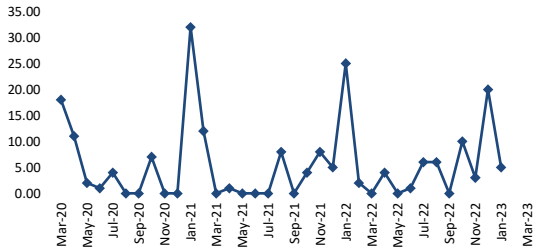


The pseudomonas rate has been in decline for the last seven months (positive special cause variation).
For Klebsiella all of the last eight months have been below the mean rate which is special cause variation. January saw a decrease in the rate of MSSA infections which has halted the short run of increasing rates in the previous three months. Even with this fluctuation MSSA rate has been is in positive cause variation (nine month run below mean).
There were 5 lab-confirmed PCR positive nosocomial

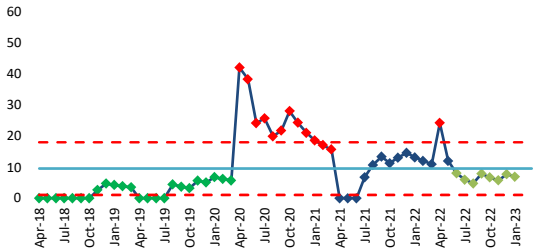
2022/23 to date

Infection	Number	Rate
C. Diff	7	16.07
MSSA	7	16.07
E. Coli	11	25.25
MRSA	0	0.00
Klebsiella Bacteriama	3	6.89
Pseudomonas Baterian	1	2.30
Covid -19	5	

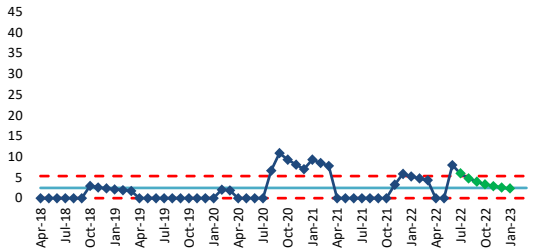
Covid-19 Nosocomial Infections



Klebsiella Rate per 100,000 Bed Days YTD



Pseudomonas Rate per 100,000 Bed Days YTD



Quality of Care

Harm Free Care

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

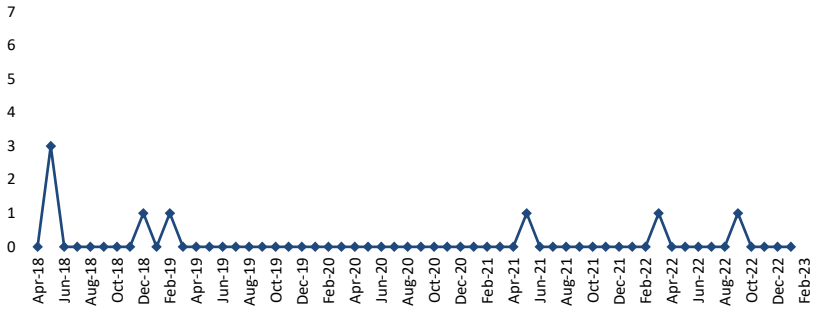
Pressure Ulcers
There were four Hospital Acquired Pressure Ulcers in month, which is a return to normal variation after last month's spike.

CAUTI
There was one CAUTI incidents this month.

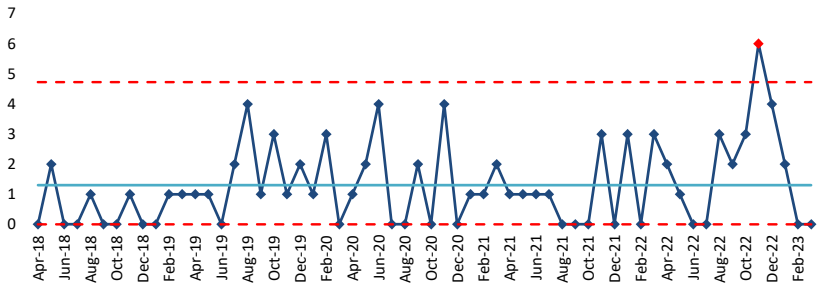
VTE
There were no VTE incidents in month.

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

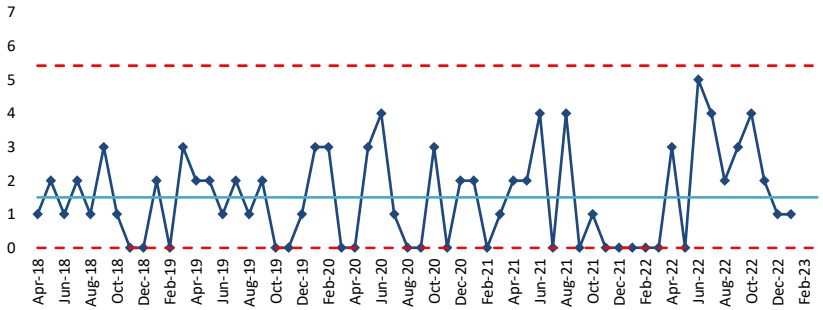
Total Moderate or Above Harm Inpatient Falls



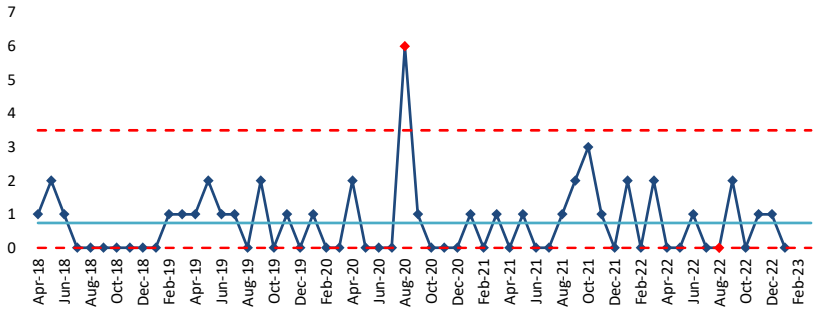
Total Hospital Acquired Pressure Ulcers (Category 2, 3, 4, Unstageable & Mucosal)



CAUTI Incidences



VTE Incidences



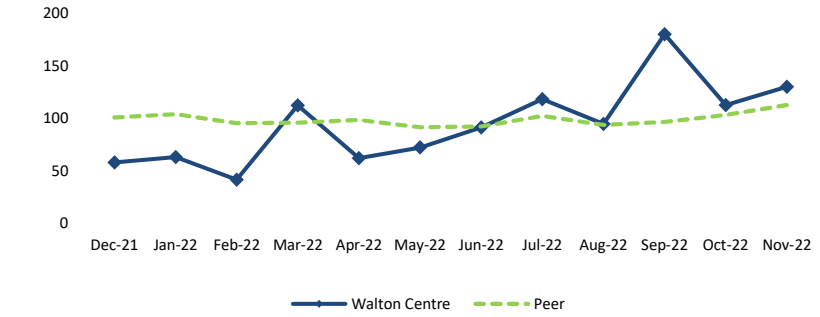
The Walton Centre NHS Foundation Trust

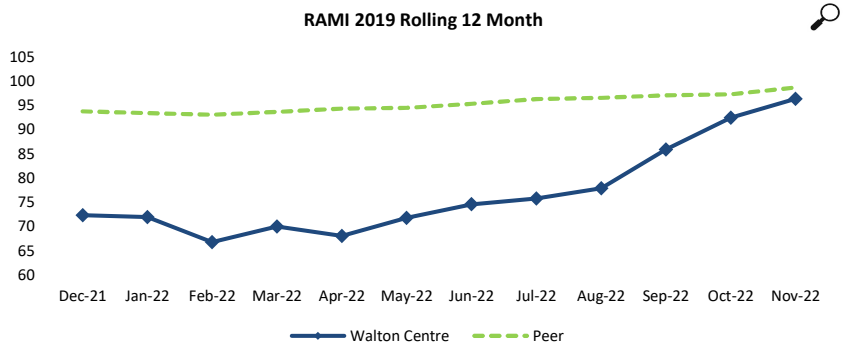
Quality of Care

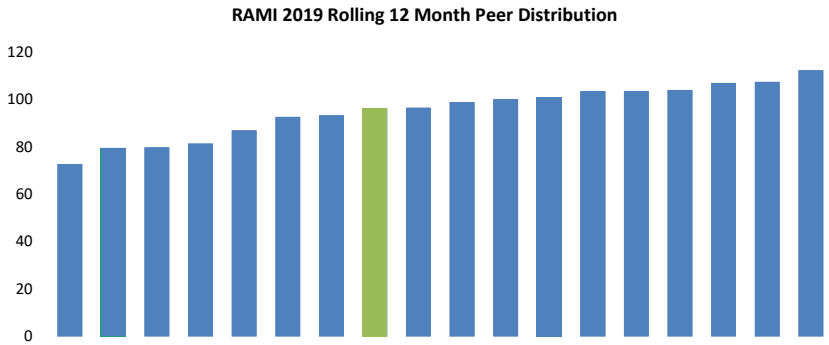
Mortality

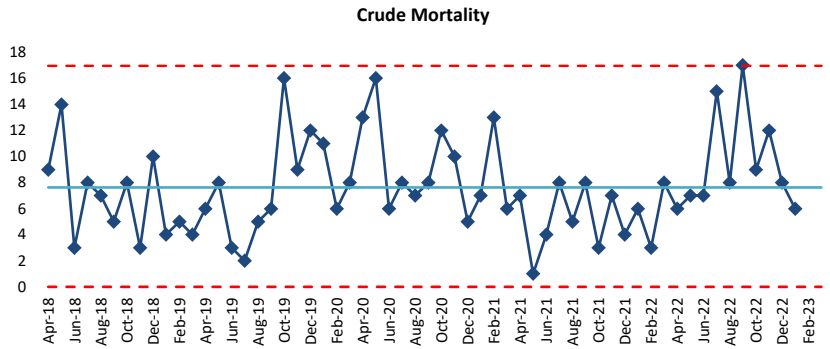
As at November 2022 the rolling 12 month RAMI19 figure is 96.39. During the period there were a total of 92 observed deaths against 95 expected deaths.
When viewed against peers the Walton Centre has dropped to 8th compared to 6th in September. In month RAMI figures for WCFT in November have increased since October, slightly faster than peers. Rolling twelve months has been climbing since April (first increase in May). When looking at the 56 HSMR condition groups for the rolling 12 month period the RAMI risk is 93.51.

RAMI19 excludes deaths following a positive covid-19 result. During the rolling 12 month period there have been 8 deaths following a positive covid-19 result, of which 2 were in December but none have been reported in January.





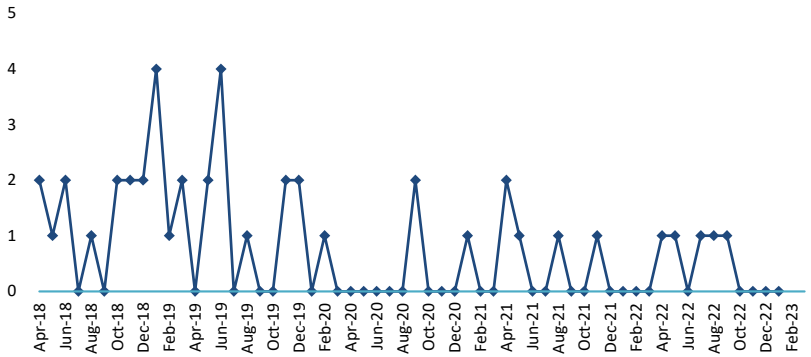




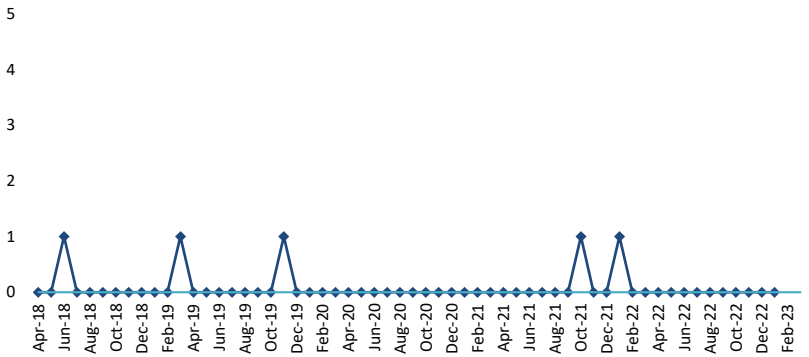
Quality of Care - Safe

Governance

Total SIs Reported



Total Never Events Reported



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	32	52	1		Gold	0	0	0	0	0	0	0	0
Caton †	14	64	60	3	3	Silver	0	0	1	0	0	0	0	0
Chavasse	7	30	51	5	1	Gold	0	0	0	0	0	0	0	0
CRU	1	48	44	0	1		1	0	0	0	0	0	0	0
Dott	3	26	62	2		Gold	0	0	0	0	0	0	0	0
Horsley ITU	46	42	2	3			1	0	0	0	0	1	0	0
Lipton	18	60	11	4	1	Silver	0	0	0	0	0	0	0	1

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

* Represents open flags

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

sWELL LED | Finance

Key Performance Indicators	November	December	January
% variance from plan - Year to date	26.7%	40.1%	38.2%
% variance from plan - Forecast	19.0%	35.0%	59.4%
% variance from efficiency plan - Year to date	0.0%	2.3%	1.3%
% variance from efficiency plan - Forecast	0.0%	0.0%	0.0%
Capital % variance from plan - Year to date	39.7%	49.0%	33.1%
Capital % variance from plan - Forecast	0.0%	0.0%	0.0%
Capital Service Cover *	3.6	3.2	3.3
Liquidity **	39.0	39.7	41.7
Cash days operating expenditure ***	107.6	108.5	104.1
BPPC - Number	86.1%	85.0%	83.5%
BPPC - Value	84.4%	82.7%	82.3%

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

Trust I&E	In month			Year to Date			Full Year		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Operating income from patient care activities	13,210	14,269	1,059	132,151	136,030	3,879	158,610	163,651	5,041
Other operating income	645	755	110	6,439	6,350	(89)	7,728	7,719	(9)
Donated Income	0	0	0	0	0	0	0	0	0
Total Operating Income	**13,855**	**15,024**	**1,169**	**138,590**	**142,380**	**3,790**	**166,338**	**171,370**	**5,032**
Employee expenses	(7,008)	(7,147)	(139)	(70,697)	(70,601)	96	(84,722)	(85,051)	(329)
Operating expenses excluding employee expenses	(6,413)	(7,507)	(1,094)	(64,215)	(67,607)	(3,392)	(77,030)	(80,635)	(3,605)
Total Operating Expenditure	**(13,421)**	**(14,654)**	**(1,233)**	**(134,912)**	**(138,208)**	**(3,296)**	**(161,752)**	**(165,686)**	**(3,934)**
EBIT	**434**	**370**	**(64)**	**3,678**	**4,172**	**494**	**4,586**	**5,684**	**1,098**
Finance income	20	126	106	200	573	373	240	854	614
Finance expense	(49)	(48)	1	(484)	(460)	24	(583)	(552)	31
PDC dividends payable/refundable	(137)	(137)	0	(1,366)	(1,387)	(21)	(1,639)	(1,665)	(26)
Other gains/(losses) including disposal of assets	0	1	1	0	(6)	(6)	0	(6)	(6)
Financial performance surplus/(deficit)	**268**	**312**	**44**	**2,028**	**2,892**	**864**	**2,604**	**4,315**	**1,711**
I&E impact capital donations and profit on asset disposals	22	21	(1)	220	214	(6)	264	257	(7)
Adjusted financial performance surplus/(deficit)	**290**	**333**	**43**	**2,248**	**3,106**	**858**	**2,868**	**4,572**	**1,704**

Month 10 – in month £43k ahead of plan and year to date £858k ahead of plan. The key drivers for the YTD favourable variance is due to 22/23 final agreed Welsh contract being higher than plan, increased interest receivable (due to interest rate increases) and higher than planned level of vacancies (that haven't been backfilled with bank/ agency).

Income - YTD overperformance of £3,790k, due to:

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

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

Expenditure (inc. Financing Costs) - YTD over-spend of £2,926k due to:

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

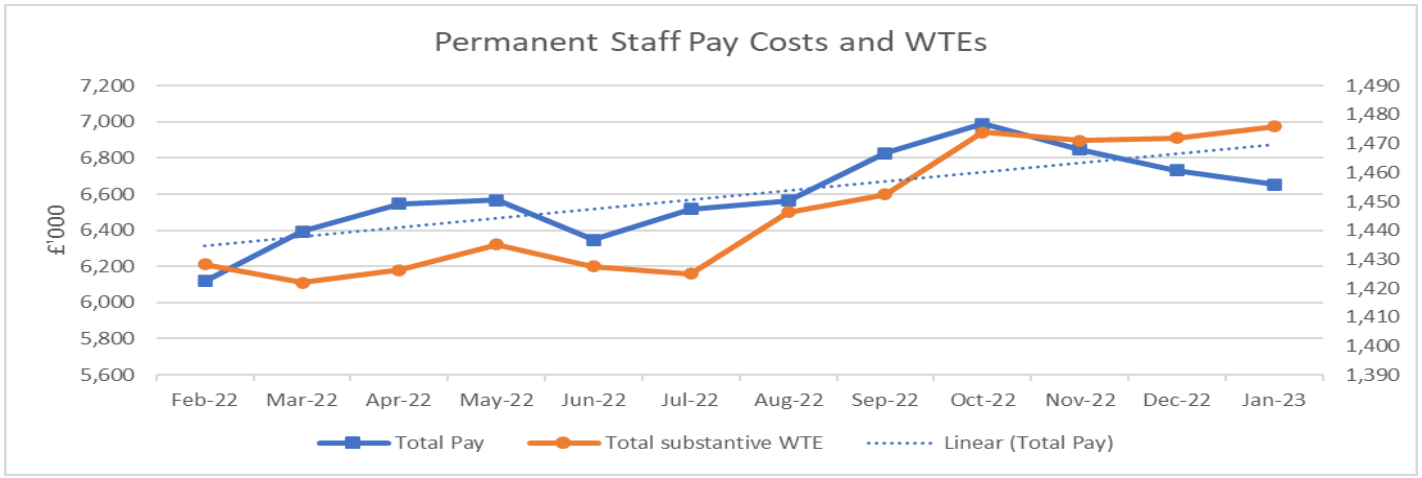
It should be noted that the ICS have agreed an additional capital funding allocation of c. £0.5m for 23/24 due to the forecast over performance.

STATEMENT OF FINANCIAL POSITION - 2022/23	Plan Jan-23	Actual Jan-23	Variance
	£'000	£'000	£'000
Intangible Assets	597	819	222
Tangible Assets	95,444	92,794	(2,650)
Right of use assets - leased assets	61	58	(3)
Receivables	428	434	6
TOTAL NON CURRENT ASSETS	**96,530**	**94,105**	**(2,425)**
Inventories	1,841	938	(903)
Receivables	6,315	6,744	429
Cash at bank and in hand	34,597	45,411	10,814
TOTAL CURRENT ASSETS	**42,753**	**53,093**	**10,340**
Payables	(24,272)	(32,541)	(8,269)
Borrowings	(1,518)	(1,523)	(5)
Provisions	(55)	(59)	(4)
TOTAL CURRENT LIABILITIES	**(25,845)**	**(34,123)**	**(8,278)**
TOTAL ASSETS LESS CURRENT LIABILITIES	**113,438**	**113,075**	**(363)**
Borrowings	(20,863)	(20,847)	16
Provisions	(686)	(673)	13
TOTAL ASSETS EMPLOYED	**91,889**	**91,555**	**(334)**
Public Dividend Capital	36,845	35,617	(1,228)
Revaluation Reserve	7,377	7,377	0
Income and Expenditure Reserve	47,667	48,561	894
TOTAL TAXPAYERS EQUITY AND RESERVES	**91,889**	**91,555**	**(334)**

STATEMENT OF CASH FLOW - 2022/23	Plan Jan-23	Actual Jan-23	Variance
	£'000	£'000	£'000
Cash flows from operating activities			
Operating surplus/(deficit)	**3,678**	**4,170**	**492**
Non-cash income and expense:	5,966	6,023	57
Working Capital	(1,169)	4,313	5,482
Net cash generated from/(used in) operations	**8,475**	**14,506**	**6,031**
Cash flows from investing activities	(12,238)	(7,796)	4,442
Cash flows from financing activities	(712)	(2,022)	(1,310)
Increase/(decrease) in cash and cash equivalents	**(4,475)**	**4,688**	**9,163**
OPENING CASH	**39,072**	**40,723**	**1,651**
CLOSING CASH	**34,597**	**45,411**	**10,814**

Year to Date - £45,411k cash balance compared to £34,597k plan, a YTD favourable variance of £10,814k:

- Opening cash balance against plan: £1,651k
- Operating surplus above plan: £492k
- Movement in inventories: £680k
- Movement in payables/receivables: £4,025k
- Movement in deferred income: £783k
- Interest Receivable: £374k
- Capital programme: £4,068k
- Public dividend capital drawdown below plan: (£1,229k)
- Other balance sheet movements: (£30)k
- **Total** **£10,814k**



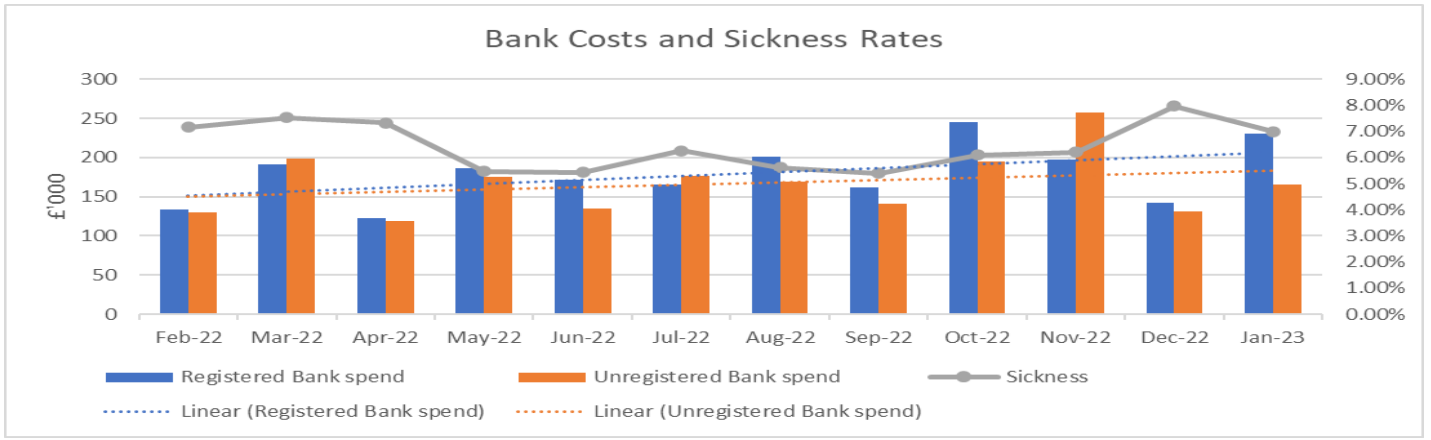
September 2022 increase caused by six months backpay being paid relating to pay award. Increase in cost and wte's in October due to HPL TUPE and backdated pay award for Trust employed Junior Drs.

Pay costs:

- Nov: £6,848k
- Dec: £6,731k
- Jan: £6,653k

WTE:

- Nov: 1,471 WTE
- Dec: 1,472 WTE
- Jan: 1,476 WTE



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

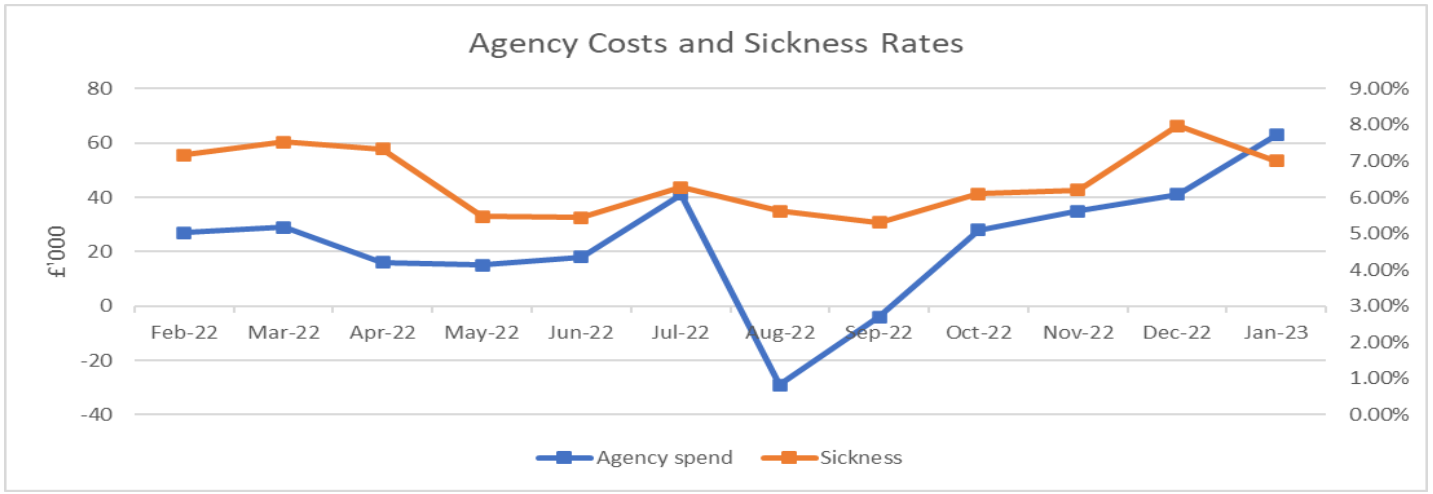
Increase in Registered Bank costs in October 2022 and January 2023 across all wards with a particularly significant increase seen within ITU. Increase in November 2022 due to pay award for all bank staff backdated to April 2022.

Nursing Bank costs:

- Nov: £454k (inc. £184k backdated pay award)
- Dec: £273k
- Jan: £397k

Sickness rate:

- Nov: 6.20%
- Dec: 7.98%
- Jan: 7.00%



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

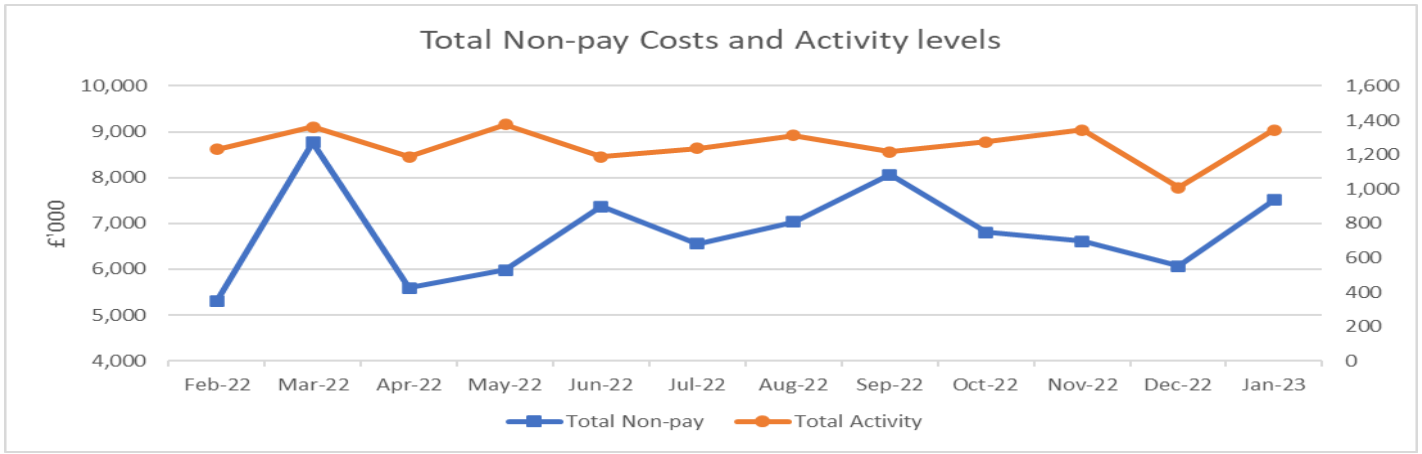
Prior year reversal in August and September, as all invoices have been received, with actual costs being lower than anticipated at the end of the year. Increase in recent months due to increased usage of agency medics.

Agency costs:

- Nov: £35k
- Dec: £41k
- Jan: £63k

Sickness rate:

- Nov: 6.20%
- Dec: 7.98%
- Jan: 7.00%



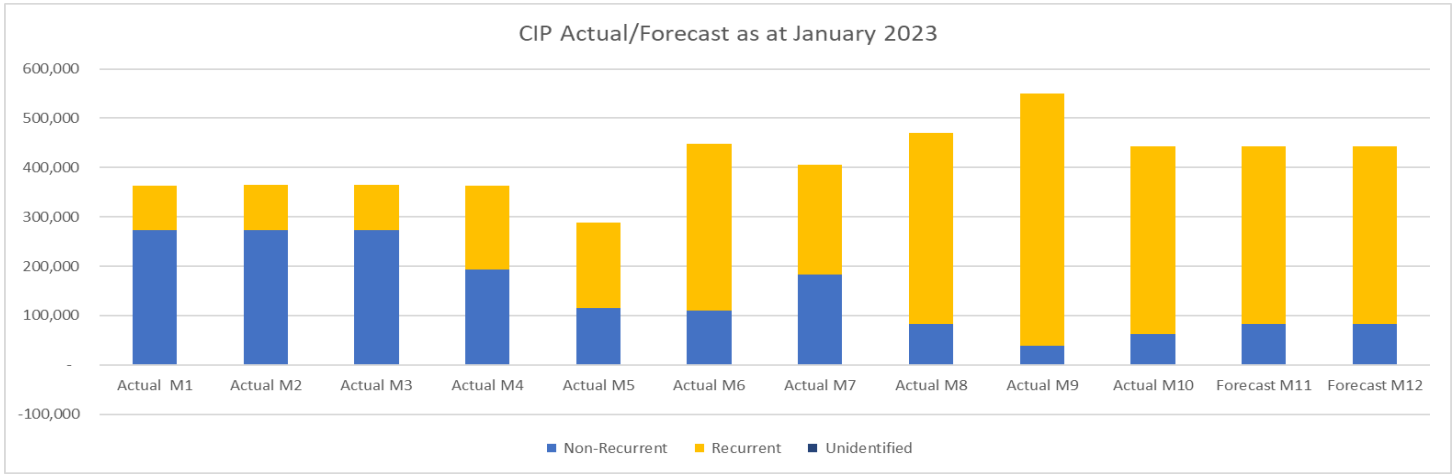
Increased costs in March 2022 are caused by increased consumable spend at the financial year end.

Non-pay costs:

- Nov: £6,614k
- Dec: £6,072k
- Jan: £7,507k

Inpatient activity:

- Nov: 1,344 spells
- Dec: 1,008 spells
- Jan: 1,344 spells



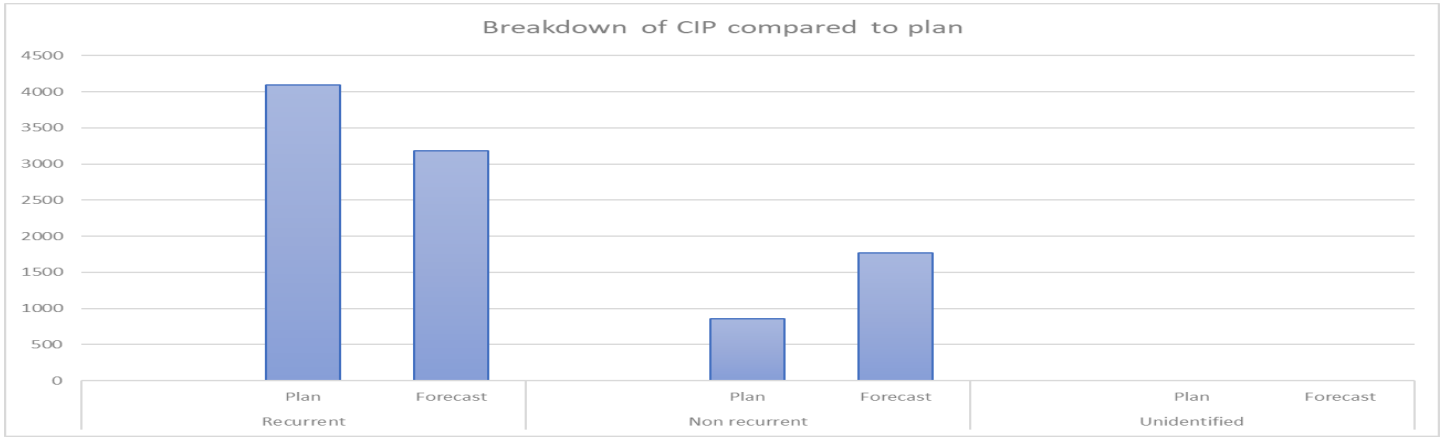
A plan is now in place to meet the full CIP target of £4.9m.

Recurrent CIP:

- Nov: £1,568k
- Dec: £2,079k
- Jan: £2,459k

Non-recurrent CIP:

- Nov: £1,499k
- Dec: £1,538k
- Jan: £1,602k



- All CIP has been identified at month 10.
- £4.1m (82.7%) of the CIP plan was required to be delivered recurrently.
- Currently anticipating that £3.2m (64.2%) will be delivered recurrently with the remainder non-recurrent. (£1.8m/35.8%).
- Review of non-recurrent schemes being undertaken to ascertain if any schemes can be converted to recurrent schemes instead.

PATIENT RELATED INCOME

	In month			Year to Date			Full Year		
Patient Related	**Plan £'000**	**Actual £'000**	**Variance £'000**	**Plan £'000**	**Actual £'000**	**Variance £'000**	**Plan £'000**	**Forecast £'000**	**Variance £'000**
NHS England	9,207	9,593	386	92,023	95,290	3,267	110,426	114,568	4,142
Clinical Commissioning Groups	2,099	2,129	30	21,077	21,435	358	25,323	25,704	381
Wales	1,705	1,586	(119)	17,053	17,884	831	20,464	21,314	850
Isle of Man	140	236	96	1,398	1,938	540	1,677	2,321	644
Other Patient Related Income	59	725	666	600	(517)	(1,117)	720	(256)	(976)
Total Patient Related Income	**13,210**	**14,269**	**1,059**	**132,151**	**136,030**	**3,879**	**158,610**	**163,651**	**5,041**

To note that patient related income includes ERF income

NON-PATIENT RELATED INCOME

	In month			Year to Date			Full Year		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Forecast	Variance
Non-patient Related	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Research & Development Income	65	123	58	652	886	234	783	1,036	253
Education And Training	269	279	10	2,686	2,966	280	3,223	3,649	426
Employee Benefits Income	220	125	(95)	2,195	1,408	(787)	2,635	1,774	(861)
Other Non-patient Related Income	91	228	137	906	1,090	184	1,087	1,260	173
Total Patient Related Income	**645**	**755**	**110**	**6,439**	**6,350**	**(89)**	**7,728**	**7,719**	**(9)**

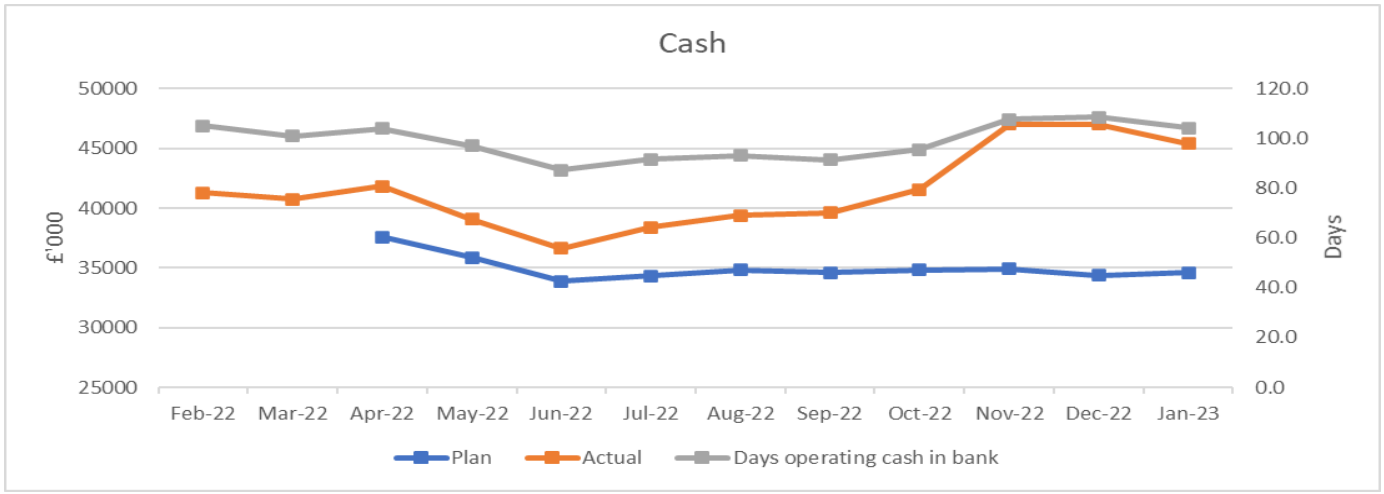
ERF

	In month			Year to Date			Full Year		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Forecast	Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Elective Recovery Funding	322	328	6	3,264	3,288	24	3,947	3,945	(2)

To note: for reporting purposes, Trusts have been asked to include all planned ERF up to month 10. The year-to-date variance is due to the difference in phasing of ERF payments compared to plan.

CAPITAL	In month			Year to date			Forecast		
	Plan £'000	Actual £'000	Var £'000	Plan £'000	Actual £'000	Var £'000	Plan £'000	Actual £'000	Var £'000
Division									
Heating & Pipework	100	145	(45)	1,000	1,018	(18)	1,200	1,490	(290)
Estates	70	7	63	696	34	662	836	727	109
IM&T	99	35	64	395	345	50	593	695	(102)
Neurology	0	0	0	0	44	(44)	0	44	(44)
Neurosurgery	286	120	166	757	463	294	3,109	2,702	407
Corporate	0	0	0	0	0	0	0	80	(80)
TOTAL (excl. external funding)	**555**	**307**	**248**	**2,848**	**1,904**	**944**	**5,738**	**5,738**	**0**
Donated Assets	0	0	0	0	0	0	0	0	0
Right of Use Assets - robot (Globus)	0	0	0	0	0	0	907	907	0
Digital Aspirant (PDC)	223	569	(346)	2,229	1,423	806	2,675	2,675	0
Diagnostics Digital Capability (PDC)	208	208	0	208	208	0	510	510	0
IM&T - LIMS (PDC)	0	0	0	0	0	0	172	172	0
IM&T - Cyber Security (PDC)	0	0	0	0	0	0	80	80	0
TOTAL (incl. external funding)	**431**	**777**	**(346)**	**2,437**	**1,631**	**806**	**4,344**	**4,344**	**0**
TOTAL	**986**	**1,084**	**(98)**	**5,285**	**3,535**	**1,750**	**10,082**	**10,082**	**0**

- Capital expenditure in month of £1,084k
- Year to date Capital spend of £3,535k, £1,423k of which is Digital Aspirant.
- Year to date spend on divisional schemes includes:
  - Heating and pipework replacement
  - Bed repurposing
  - Radiology Syngo equipment
  - Theatres Brain lab, operating table and S7 equipment
  - Walk in freezer and alterations
  - IT Staffing
- Additional Public Dividend Capital (PDC) has been secured in relation to Digital Diagnostic Capability programme (£510k) & IM&T – LIMS and Cyber Security (£252k), which have been incorporated into the capital plan and forecast.
- Further work has been undertaken by the divisions on forecasting anticipated capital spend meaning that the 22/23 capital demands is now roughly in line with plan and all schemes are in the process of being mobilised.

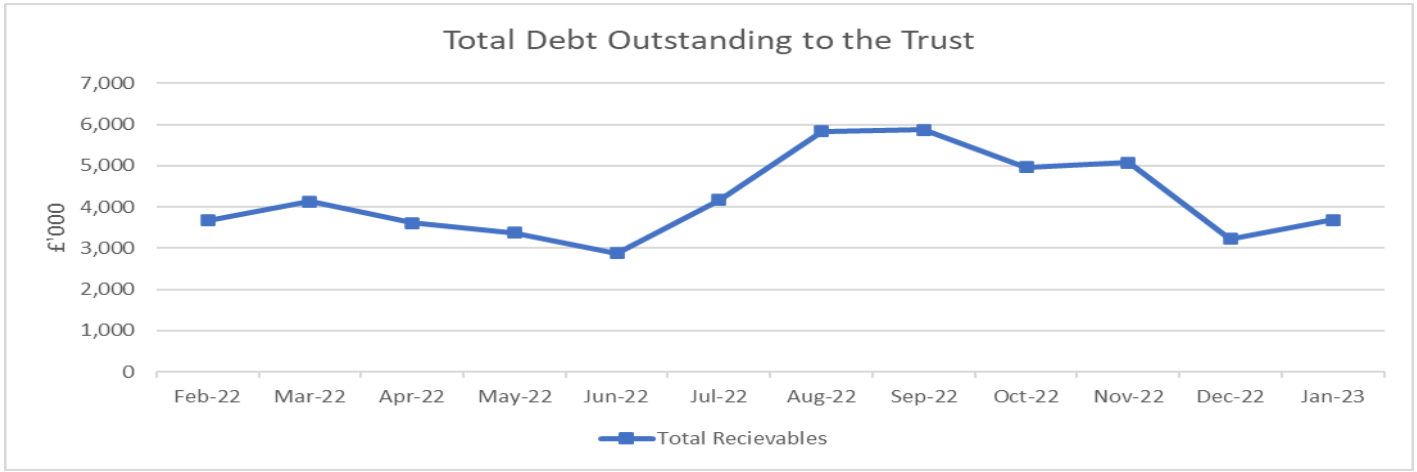


Cash:

- Nov: £47,002k
- Dec: £47,025k
- Jan: £45,411k

Operating expenditure days cover:

- Nov: 107.6 days
- Dec: 108.5 days
- Jan: 104.1 days



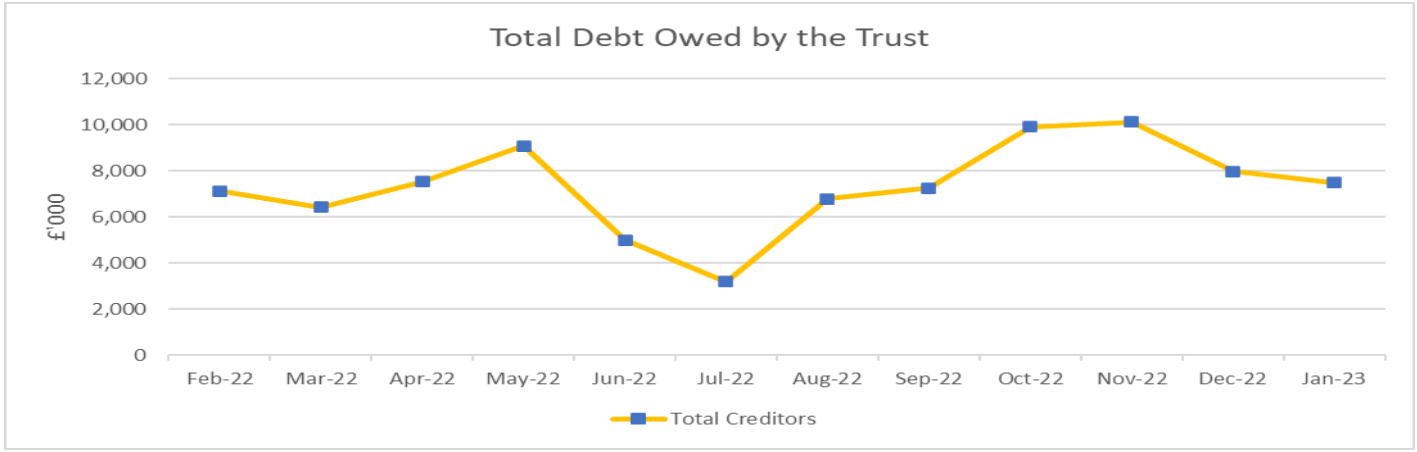
August and September 2022 increase, due to WHSSC year-end settlement invoice, Isle of Man M1-4 invoice, and Health Education England M4-6 invoice.

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

Isle of Man M1-4 invoice settled in January.

Debt outstanding to Trust:

- Nov: £5,078k
- Dec: £3,225k
- Jan: £3,689k



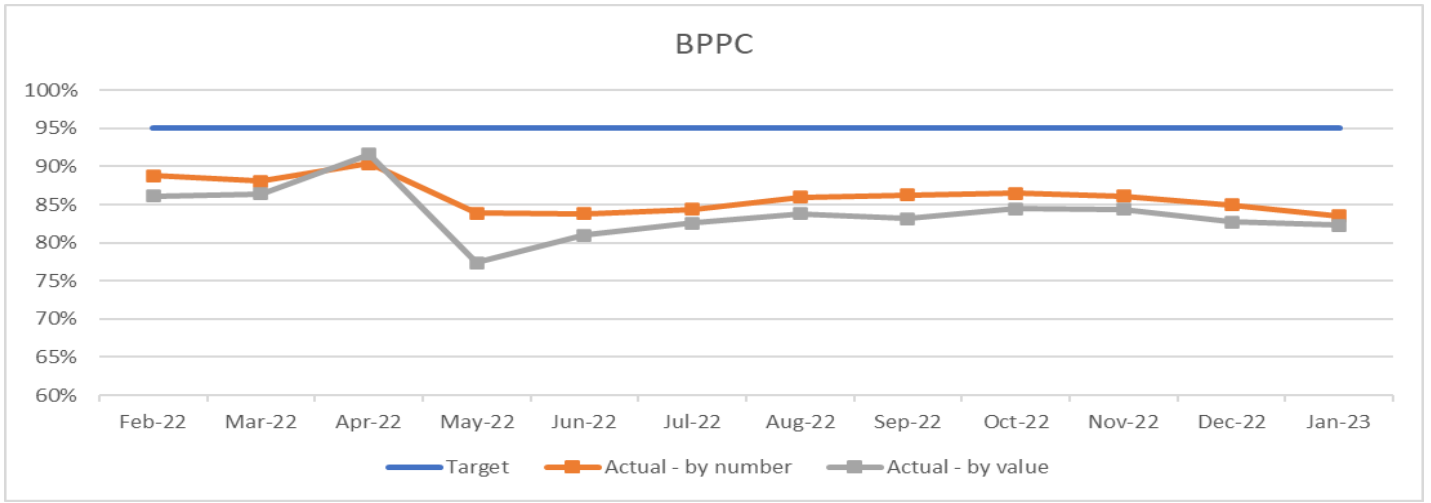
Debt owed by the Trust:

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

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

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

- Nov: £10,134k
- Dec: £7,971k
- Jan: £7,492k



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

- The Trust BPPC percentage (by number of invoices paid) at the end of January is 82.3%. This has deteriorated from 85.0% at the end of December.
- The Trust BPPC percentage (by value of invoices paid) at the end of December is 82.3%. This has deteriorated from 82.7% at the end of December.
- The Trust has been contacted by NHS England requesting an Action plan to improve BPPC performance. This involves collaborative working across the finance team, procurement, and the divisions to ensure that invoices are approved in a timely manner prior to breaching the 30-day limit.

EXPENDITURE - NEUROLOGY

	In month			Year to Date			Full Year		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Registered nursing, midwifery and health visiting staff	(481)	(417)	64	(4,672)	(4,158)	514	(5,634)	(5,013)	621
Allied health professionals	(513)	(482)	31	(5,077)	(4,910)	167	(6,088)	(5,875)	213
Other scientific, therapeutic and technical staff	(108)	(87)	21	(1,097)	(891)	206	(1,312)	(1,065)	247
Health care scientists	(63)	(66)	(3)	(629)	(632)	(3)	(754)	(764)	(10)
Support to nursing staff	(289)	(231)	58	(2,646)	(2,453)	193	(3,224)	(2,911)	313
Support to allied health professionals	(80)	(82)	(2)	(777)	(774)	3	(933)	(938)	(5)
Support to other clinical staff	(1)	0	1	(14)	(16)	(2)	(15)	(15)	0
Medical - Consultants	(822)	(767)	55	(8,282)	(7,832)	450	(9,926)	(9,366)	560
Medical - Junior	(241)	(253)	(12)	(2,422)	(2,347)	75	(2,905)	(2,853)	52
NHS infrastructure support	(209)	(198)	11	(2,020)	(1,901)	119	(2,437)	(2,298)	139
Bank/Agency	(39)	(183)	(144)	(635)	(1,721)	(1,086)	(635)	(2,085)	(1,450)
Total Pay Expenditure	**(2,846)**	**(2,766)**	**80**	**(28,271)**	**(27,635)**	**636**	**(33,863)**	**(33,183)**	**680**
Non-executive directors	0	(1)	(1)	0	(1)	(1)	0	(2)	(2)
Supplies and services – clinical (excluding drugs costs)	(677)	(918)	(241)	(6,775)	(7,386)	(611)	(8,130)	(8,865)	(735)
Supplies and services - general	(17)	(39)	(22)	(174)	(196)	(22)	(209)	(235)	(26)
Drugs costs	(1,736)	(2,379)	(643)	(17,358)	(21,708)	(4,350)	(20,830)	(26,049)	(5,219)
Establishment	(2)	(2)	0	(19)	(24)	(5)	(23)	(29)	(6)
Premises - other	(111)	(91)	20	(1,112)	(714)	398	(1,334)	(894)	440
Transport	(5)	(7)	(2)	(52)	(60)	(8)	(63)	(73)	(10)
Education and training - non-staff	(1)	(3)	(2)	(11)	(17)	(6)	(13)	(21)	(8)
Lease expenditure	(5)	(6)	(1)	(54)	(45)	9	(64)	(53)	11
Other	(5)	(2)	3	(48)	(54)	(6)	(57)	(65)	(8)
Total Non-pay Expenditure	**(2,559)**	**(3,448)**	**(889)**	**(25,603)**	**(30,205)**	**(4,602)**	**(30,723)**	**(36,286)**	**(5,563)**
Total Divisional Operating Expenditure	**(5,405)**	**(6,214)**	**(809)**	**(53,874)**	**(57,840)**	**(3,966)**	**(64,586)**	**(69,469)**	**(4,883)**

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	(1,214)	(1,114)	100	(12,308)	(11,319)	989	(14,725)	(13,527)	1,198
Allied health professionals	(187)	(207)	(20)	(1,870)	(1,900)	(30)	(2,242)	(2,116)	126
Other scientific, therapeutic and technical staff	(52)	(46)	6	(524)	(497)	27	(629)	(786)	(157)
Health care scientists	(78)	(76)	2	(781)	(757)	24	(938)	(909)	29
Support to nursing staff	(263)	(254)	9	(2,929)	(2,773)	156	(3,453)	(3,285)	168
Support to allied health professionals	(13)	(12)	1	(126)	(124)	2	(151)	(149)	2
Support to other clinical staff	(2)	(2)	0	(11)	(10)	1	(14)	(14)	0
Medical - Consultants	(766)	(783)	(17)	(7,634)	(7,667)	(33)	(9,114)	(9,233)	(119)
Medical - Junior	(380)	(421)	(41)	(3,734)	(3,827)	(93)	(4,461)	(4,668)	(207)
NHS infrastructure support	(222)	(207)	15	(2,173)	(1,987)	186	(2,621)	(2,399)	222
Bank/Agency	(52)	(261)	(209)	(475)	(1,967)	(1,492)	(475)	(2,491)	(2,016)
Total Pay Expenditure	**(3,229)**	**(3,383)**	**(154)**	**(32,565)**	**(32,828)**	**(263)**	**(38,823)**	**(39,577)**	**(754)**
Supplies and services – clinical (excluding drugs costs)	(1,378)	(1,929)	(551)	(13,780)	(13,645)	135	(16,536)	(16,373)	163
Supplies and services - general	(21)	(17)	4	(215)	(252)	(37)	(258)	(302)	(44)
Drugs costs	(71)	(97)	(26)	(715)	(881)	(166)	(858)	(1,057)	(199)
Establishment	(9)	(9)	0	(90)	(113)	(23)	(109)	(135)	(26)
Premises - other	(50)	(59)	(9)	(495)	(508)	(13)	(595)	(610)	(15)
Transport	(2)	(5)	(3)	(22)	(60)	(38)	(27)	(72)	(45)
Education and training - non-staff	(5)	(4)	1	(45)	(34)	11	(54)	(41)	13
Lease expenditure	(6)	(7)	(1)	(58)	(76)	(18)	(69)	(91)	(22)
Other	(21)	(9)	12	(207)	(122)	85	(249)	(146)	103
Total Non-pay Expenditure	**(1,563)**	**(2,136)**	**(573)**	**(15,627)**	**(15,691)**	**(64)**	**(18,755)**	**(18,827)**	**(72)**
Total Divisional Operating Expenditure	**(4,792)**	**(5,519)**	**(727)**	**(48,192)**	**(48,519)**	**(327)**	**(57,578)**	**(58,404)**	**(826)**

EXPENDITURE - CORPORATE

	In month			Year to Date			Full Year		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Registered nursing, midwifery and health visiting staff	(113)	(103)	10	(1,128)	(1,122)	6	(1,353)	(1,327)	26
Support to nursing staff	(1)	(2)	(1)	(9)	(10)	(1)	(11)	(14)	(3)
Medical - Consultants	(6)	(2)	4	(64)	(68)	(4)	(77)	(80)	(3)
NHS infrastructure support	(893)	(823)	70	(9,018)	(8,127)	891	(10,798)	(9,823)	975
Apprenticeship Levy	(24)	(25)	(1)	(239)	(256)	(17)	(287)	(307)	(20)
Bank/Agency	(14)	(22)	(8)	(137)	(249)	(112)	(164)	(295)	(131)
Total Pay Expenditure	**(1,051)**	**(977)**	**74**	**(10,595)**	**(9,832)**	**763**	**(12,690)**	**(11,846)**	**844**
Non-executive directors	(12)	(9)	3	(125)	(101)	24	(150)	(124)	26
Supplies and services – clinical (excluding drugs costs)	(12)	(19)	(7)	(287)	(248)	39	(311)	(302)	9
Supplies and services - general	(294)	(304)	(10)	(2,936)	(2,794)	142	(3,523)	(3,365)	158
Consultancy	(6)	(24)	(18)	(56)	(49)	7	(68)	(55)	13
Establishment	(84)	(143)	(59)	(865)	(932)	(67)	(1,032)	(1,101)	(69)
Premises - business rates payable to local authorities	(65)	(65)	0	(649)	(649)	0	(778)	(778)	0
Premises - other	(480)	(542)	(62)	(4,802)	(3,692)	1,110	(5,762)	(4,478)	1,284
Transport	(6)	(35)	(29)	(57)	(368)	(311)	(68)	(437)	(369)
Audit fees and other auditor remuneration	(12)	(9)	3	(118)	(94)	24	(141)	(113)	28
Clinical negligence	(475)	(475)	0	(4,753)	(4,754)	(1)	(5,704)	(5,705)	(1)
Education and training - non-staff	(16)	60	76	(164)	(185)	(21)	(197)	(205)	(8)
Lease expenditure	0	0	0	0	5	5	0	6	6
Other	(97)	(139)	(42)	(974)	(1,388)	(414)	(1,169)	(1,633)	(464)
Total Non-pay Expenditure	**(1,559)**	**(1,704)**	**(145)**	**(15,786)**	**(15,249)**	**537**	**(18,903)**	**(18,290)**	**613**
Total Divisional Operating Expenditure	**(2,610)**	**(2,681)**	**(71)**	**(26,381)**	**(25,081)**	**1,300**	**(31,593)**	**(30,136)**	**1,457**

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

Board of Directors Key Issues Report

The Walton Centre NHS Foundation Trust

Report Date: 22/02/23		**Report of:** Business Performance Committee (BPC)
Date of last meeting: 21/02/23		**Membership Numbers: 8 (Quorate)**
1	**Agenda**	The Committee considered an agenda which included the following: • Digital Substrategy • Estates, Facilities and Sustainability Substrategy • Integrated Performance Report • Gender Pay Gap Report • Reservist Policy • Digital Transformation Monthly Update • Financial Plan Update • Capital Programme 2022/23 Update • Information and Data Quality Group Terms of Reference
2	**Alert**	• The extent of the escalation of industrial action in March, if it materialises as set out at the time of the meeting, threatens to impact services severely.
3	**Assurance**	*Integrated Performance Report* • January's activity was much improved on December's 'perfect storm' although still behind plan in some respects. • All cancer wait / treatment and diagnostic targets continue to be achieved. • The overall number of long waiters continued to reduce; however, average waits and Referral to Treatment have slightly declined but are monitored closely by the divisions. • Outpatient waiting lists and DNA appointments remain high. • Sickness reduced slightly to 7%. Vacancy levels remain low. • Some metrics from the People Pulse survey have been adopted as leading indicators. January's indicators were improved from the previous one (July) but participation at 8% is still very low. Key themes for improvement were Communication and Reward & Recognition. • The reported Income and Expenditure outcome was a £0.3m surplus in January (£3.1m YTD) and forecast to reach £4.6m by end of year (i.e., £1.7m better than plan). • Capital spend remained behind plan; reassurance was given that the end of year plan would be met. • Performance paying creditors on time (Better Payment Practice Code) has continued to deteriorate again, despite an improvement plan in operation. *Other matters* • The Digital Aspirant project continues to make good progress, with assurance provided of completion of this year's planned programme and spend by the end of Q4.

4.	**Advise**	• The latest updated draft to the 2023/24 finance plan represents a significant improvement to the previous position, albeit carrying a range of risks. An update will be given to closed board. • An updated Digital substrategy was reviewed and is recommended to Board for approval. An implementation plan will be drawn up and overseen by the Digital Transformation Programme group. • A draft Estates, Facilities & Sustainability substrategy was reviewed and endorsed to be presented for Board approval after proposed improvements have been incorporated. An implementation plan will be drawn up and overseen by BPC. • The latest gender pay gap report was received. • A policy for military Reservists was endorsed. • A revised Terms of Reference for the Information & Data Quality Assurance Group was approved. • Key Issues reports from 6 subgroups were received and noted. A need for further consideration of the management of risks relating to cybersecurity was highlighted to Audit Committee.		
5.	**Risks Identified**	• The sum total of all strategy implementation plans may not be affordable (people and / or finance) – notwithstanding all ambitions are supported - requiring choices be made. This might be usefully viewed as a new strategic risk.		
6.	**Report Compiled**	David Topliffe Non-Executive Director	Minutes available from:	Corporate Secretary

Trust Board Key Issues Report

The Walton Centre NHS Foundation Trust

Report Date: 16/02/23		**Report of: Quality Committee**
Date of last meeting: 16/02/23		**Membership Numbers: 8**
1.	**Agenda**	The Committee considered an agenda which included the following: • Integrated Performance Report and Joint Divisional Report • Mortality and Morbidity Q3 Report • Clinical Audit Progress Report • Visibility and Walkabout Q3 Report • End of Life Care Strategy Progress Update • Safeguarding Statutory Responsibilities Update Report • National Inpatient Survey and Action Plan Progress Update • NICE Guidance Update – Outstanding Assessments • Pathology Quality Assurance Dashboard Update • Trauma Audit & Research Network (TARN) Annual Review Report • Anaesthesia Clinical Services Accreditation (ACSA) Annual Report
2.	**Alert**	**Patient Story:** The Committee agreed that as patient stories are already presented to the Board this would not be a standing agenda item going forward. The Committee retained the option for specific patient stories to be part of the agenda where appropriate.
	Assurance	**Integrated Performance Report and Joint Divisional Report** Given this is a monthly report the committee focusses on areas where data suggests special cause variation. **Complaints:** The Committee challenged the view in the IPR that complaints were 'high performing'. The data indicated an increase in complaints and work was in train to provide more granular understanding of the issue. **Patient Flow:** The Committee noted that there had been a decrease in the number of beds occupied by 14-day stranded patients. The potential impact on patient experience was discussed, particularly the impact on delayed access to treatment. The Committee were assured that systems were in place to address this and noted that the total number of delayed transfer of care days had decreased for the third consecutive month. **Infection Control:** The Committee discussed surgical site infections and were assured that this was closely monitored by the divisions and data remained within

		expected parameters. The Committee welcomed the ongoing focus on fundamentals of infection control and the proposed field work of short observation studies by members of the infection control team to enable bespoke feedback to clinical teams. **Ward Score Cards:** The Committee discussed the CARES assessment and queried if it was acceptable for wards to be rated Gold if their PDR and mandatory training data was below the expected standard, it was agreed that the Chief Nurse would review the standards in the CARES review and update the committee. **Theatre Lights and Air Handling Units:** The Committee discussed the patient safety risk at length and recognised that robust mitigations were in place. The maintenance team attended theatres each day to carry out air flow checks. The risk score would be reviewed based on the mitigations in place. The Committee noted the ongoing work on a project to replace the units which is being monitored by BPC. **Mortality and Morbidity Q3 Report** The Committee noted that while the Walton 12 month rolling RAMI score had increased for seven consecutive months this still remained below its peers. The Committee reviewed information from the quarterly report from the Intensive Care National Audit and Research Centre (ICNARC) and noted the findings from 2018 up until June 2022. It was highlighted that the risk-adjusted acute hospital mortality for patients with a low risk of death who were admitted to critical care was below expected rates. The Committee were assured but recognised the importance of continued scrutiny of the monthly mortality data. **Clinical Audit Progress Report** The Committee were assured that progress continued to be made to address the backlog. The Committee noted some high priority audits remain outstanding, for example the External Ventricular Drainage (EVD) audit and requested that they be progressed. **Visibility and Walkabout Q3 Report** The Committee received the report and noted the positive feedback. The Committee recognised the importance of feedback to staff and the need to communicate a “You said - We did” approach following such visits. The Committee requested an updated plan for 23/24 to consider back office areas and ISS provided services and also to reflect the engagement of members of the Council of Governors. **End of Life Care Strategy Progress** The Committee were updated on progress and agreed to receive a costed implementation plan for assurance at the June meeting. **Safeguarding Statutory Responsibilities Update Report** The Committee noted the challenges in respect of Deprivation of Liberty Safeguards (DoLS) and requested the implementation plan for Liberty Protection Safeguards (LPS) to be included in future reports as this would replace the current DoLS system. The Committee asked for future reports to provide activity updates by area to better understand the reporting culture and that an analysis be undertaken around the provision and uptake of safeguarding training. The Committee agreed that Junior

		Doctors safeguarding training data should be reported on separately as they are employed by another Trust and the issue of assurance in respect of Junior Drs be pursued through Health Education England (HEE) and the host Trust. The Committee requested a further Safeguarding Report to be presented at the next meeting. **National Inpatient Survey and Action Plan Progress Update** The Committee received the report which had previously been discussed at Board and reiterated the expectation that dates in the action plan should not slip. **NICE Guidance Update – Outstanding Assessments** The Committee were assured that significant progress had been made and that clear processes were in place to assess NICE guidance. **Pathology Quality Assurance Dashboard Update** The Committee were assured by the report but asked that the next report contain a trend analysis of the measures relating to diagnostic histopathology which continued to underperform however it was recognised that these targets did not reflect the Neuropathology speciality pathway and were therefore difficult to achieve on a regular basis. **Trauma Audit & Research Network (TARN) Annual Review Report** The report provided significant assurance and highlighted the importance and effectiveness of working collaboratively with other Trusts in the local system. It was noted that Walton Centre has a significant rate of survival and was in the top 3 nationally. It was recognised that the Trust continued to improve the time from incident to craniotomy. The median time was 293 minutes, and the national Major Trauma Centre average time was 370 minutes. This was also a decrease of 67 minutes compared to the previous year. **Royal College of Anaesthetists ACSA Committee Assessment** Third party assurance was received from the College's ACSA Committee who formally recognised the anaesthetic department at The Walton Centre as an accredited department having gained re-accreditation in November 2022. **Clinical Effectiveness and Services Group - Endoscopic Spinal Cord Stimulator Paddle Placement** The Committee discussed this innovative approach to an existing procedure which is being pioneered by the Walton Centre and were assured that the relevant safeguards were in place including consent and an evaluation of the procedure. **Neurosurgery Risk, Governance and Quality Group** Data provided by informatics regarding mandatory training and PDRs was felt to be inaccurate so was not available for this meeting. This will be referred to the BPC who hold the lead on this issue. **Quality and Patient Safety Group** It was noted that there had been a significant decrease in the number of outstanding policies, procedures, and guidelines from 97 to 38. The Committee asked that this data be incorporated into the report on a regular basis.

	Advise	It was reported that a serious incident had occurred (fractured neck of femur) since the meeting papers were circulated. A review was underway, and an update would be provided at the next meeting.		
2.	Risks Identified	Ongoing discussion regarding risks related to theatre lights and air handling units.		
3.	Report Compiled by	Ray Walker – Non-Executive Director	Minutes available from:	Katharine Dowson – Corporate Secretary

The Walton Centre NHS Foundation Trust

Report to Trust Board
2nd March 2023

Report Title	Trust Wide Mortality Report: Learning from Deaths (Quarter 3 2022-2023)
Executive Lead	Dr Andy Nicolson, Medical Director
Author (s)	Pat Crofton, Governance Lead for Mortality
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.

- There were 30 inpatient deaths in Quarter 3 2022/23, patients aged between 23 and 88 years. Initial review of the cause of death has not identified any unusual trends. As previous quarterly reports have demonstrated, the majority of deceased patients were emergency admissions to critical care following trauma or vascular events.
  Of the patients that died in the acute ward area, several had initially been admitted to critical care and had been transferred to acute ward area with an End of Life (EOL) care plan.
  There was 1 inpatient death of a patient who was admitted for an elective procedure. This death was referred to HM coroner as per Policy.
- The Trust wide approach to Learning from Deaths, led by the Deputy Medical Director is continuing with the first meeting of the Mortality Surveillance Group (MSG), which will report to Clinical Services and Effectiveness (CESG). The group met in December 2022.
- The report details external data from the Intensive Care National Audit and Research Centre (ICNARC). A retrospective data from Quarter 1 has been included to provide assurance regarding the details of deaths in Intensive Therapy Unit (ITU) when compared to similar units.

Next Steps

- Learning from Deaths Policy has been approved by CESG, related policies and Standard Operating Procedures (SOPs) can be updated.
- The MSG will continue with monthly meetings and will monitor the action logs from Divisional mortality groups.
- The Governance Lead for mortality is engaged with the Medical Examiner (ME) Team at Liverpool University Hospitals Foundation Trust (LUHFT) and has provided feedback regarding any issues in the referral process which may have caused delays for bereaved families or issues with clinical teams.
- Approval and implementation of the updated EOL strategy.

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

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

Equality Impact Assessment Completed			
Strategy ☐	Policy ☐	Service Change ☐	
Report Development			
Committee/ Group Name	**Date**	**Lead Officer (name and title)**	**Brief Summary of issues raised, and actions agreed**
N/A			

Executive Summary.

1. This report provides an overview of deaths in Quarter 3 2022/2023, both expected and unexpected. The report also details progress of compliance with national guidance in regard to Learning from Deaths of patients in our care. As detailed in the Quarter 2 report, there had been an increase in deaths in ITU in the first two quarters of 2022-23. Although initial reviews did not demonstrate any degree of avoidability, this report also contains Q1 data from the Intensive Care National Audit and Research Centre (ICNARC) to provide assurance regarding the details of deaths in critical care when compared to similar units, (see appendix 1). The data suggests that mortality remains well within the expected range.

Background and Analysis

Number of in-patient deaths Q3 2022-2033.

Month	October	November	December
Total	10	12	8
Ward Areas	2	4	5
Critical Care	8	8	3

Number of deaths by Quarter 2022-2023

Quarter	Total	Critical Care	Acute ward areas
Q1	20	11	9
Q2	40	28	12
Q3	30	19	11

2. There have been 30 inpatient deaths in Q3, a reduction from Q2 (40). As with previous quarterly reviews, the highest number of patient deaths occurred in ITU, and were related to trauma and life threatening vascular events.

3. There was one unexpected patient death in the radiology suite when a patient was undergoing a thrombectomy. The death was referred to HM coroner. The patient death was escalated to the Serious incident group, an internal review was completed by the Clinical Lead for neurology.

4. The coroner outcome identified the cause of death was due to an acute cardiac event. The coroner felt there was no requirement for any further investigation.

5. In line with the National statistics the number of deaths in the first three quarters of 2022-23 has increased when compared to the total in 2021-2022. Nationally there were 9% more deaths in those three quarters than reported in 2019.This represents one of the largest excess death levels outside the pandemic in 50 years.

6. Given the current NHS pressures, initial review of the causes of death has not identified ambulance and A&E waits as a contributory factor in patients subsequently transferred to the Walton Centre. The majority of patients were admitted to critical care as emergencies following severe traumatic or vascular events. All deaths were referred for either Coronial or ME team review. 1 ME referral was escalated to the coroner for further review as the initial presentation involved a traumatic event.

7. All other deaths were anticipated and following discussion with patients' families do not attempt cardiorespiratory resuscitation were completed (DNARCPR). Where possible the patients were referred to Specialist Palliative Care Services. All families of patients who die in critical care are approached regarding organ donation.

Subspeciality

Vascular	Trauma	Spinal Trauma	Oncology	Neurology
13	7	2	3	5

Mortality Surveillance Group.

8. As discussed in Q2 report, the Mortality Surveillance Group (MSG) chaired by the Deputy Medical Director has been established and met for the first time in December 2022.

9. The purpose of the MSG is to provide an extra level of mortality scrutiny and support for divisional groups. The group received completed initial mortality reviews and agreed with the findings of the reviewers. There were seven reviews where there was agreement that there were no issues for discussion or learning, with no further action required and were accepted as complete.

10. There were six reviews where although there was no degree of avoidability identified, there were issues that should be discussed with the wider Neurosurgical Mortality Group.

11. This allowed the meeting to be more focussed and several recommendations were made for audit and feedback to referring hospitals.

Conclusion

12. The number of deaths in Q3 has reduced compared with Q2 and remains predominantly in critical care and secondary to trauma or vascular events. There were no deaths which were deemed avoidable.

13. Over the past year, work has progressed in line with national guidance regarding Learning from deaths. There is a need to link the mortality review process with End-of-Life care and Bereavement Support. There will be opportunity to compare work in progress at the Trust with the National Framework Document at the end of Q4 2022-2023.

Recommendation

The Board is asked to note.

Author: Pat Crofton, Clinical Governance Lead for Mortality
Date: 6th February 2023

Appendix 1

14. Page 13 of the attached quarterly report from ICNARC (Intensive Care National Audit and Research Centre) contains risk-adjusted acute hospital mortality data for the Trust from 2018 up until June 2022 (Q1).

15. The following page (p14) demonstrates that the observed risk-adjusted acute hospital mortality for patients with a low risk of death who have been admitted to critical care is below expected rates.

16. The final mortality related data on page 15 demonstrates that from a very low level of mortality in May and June 2022, the trend is returning to the expected range.

icnarc | intensive care national audit & research centre

case mix programme

Quarterly Quality Report

The Walton Centre, Horsley Critical Care Unit

1 April 2022 to 30 June 2022

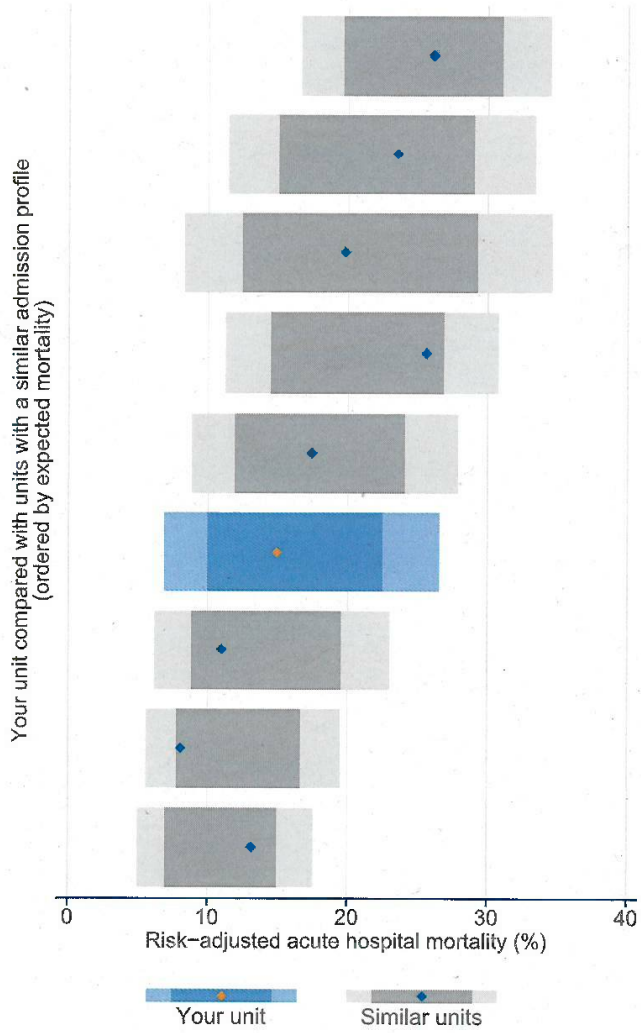
(N=145)

Please note that historic data in this report will be affected by admissions to your unit critically ill with COVID-19. It is very important that you interpret your QQR, and in particular historic trends from 2020-21 and 2021-22 in this knowledge - overall admission numbers, non-clinical transfers and risk-adjusted acute hospital mortality may be higher than expected. Please see your COVID-19 specific reports, descriptive and risk-adjusted, for meaningful comparisons for these patients.

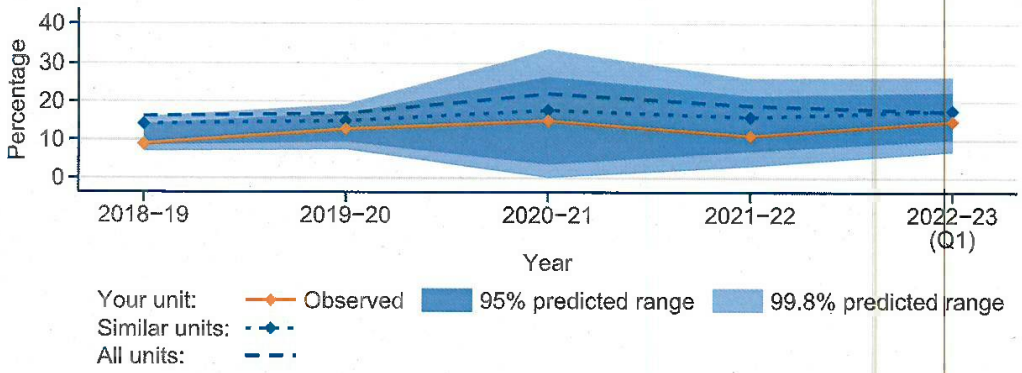
Date of report: 02/11/2022

case mix programme

Risk-adjusted acute hospital mortality



	N	Eligible	Observed percentage	Expected percentage	95% predicted range	99.8% predicted range	
Quarter 1	145	134	14.9	16.4	(9.9, 22.5)	(6.9, 26.5)	
Quarter 2							
Quarter 3							
Quarter 4							
Year to date	145	134	14.9	16.4	(9.9, 22.5)	(6.9, 26.5)	



Definition

- Eligible: All critical care unit admissions, excluding readmissions, patients dead on admission and those admitted to facilitate organ donation
- Observed percentage: The percentage of eligible admissions that died before ultimate discharge from acute hospital
- Expected percentage: The expected percentage of acute hospital deaths among eligible admissions, calculated as the mean predicted risk of death from the ICNARC$_{H-2018}$ model for eligible admissions to your unit
- Predicted range: We expect a unit's observed percentage to lie within the 95% predicted range 19 times out of 20 and within the 99.8% predicted range 998 times out of 1000

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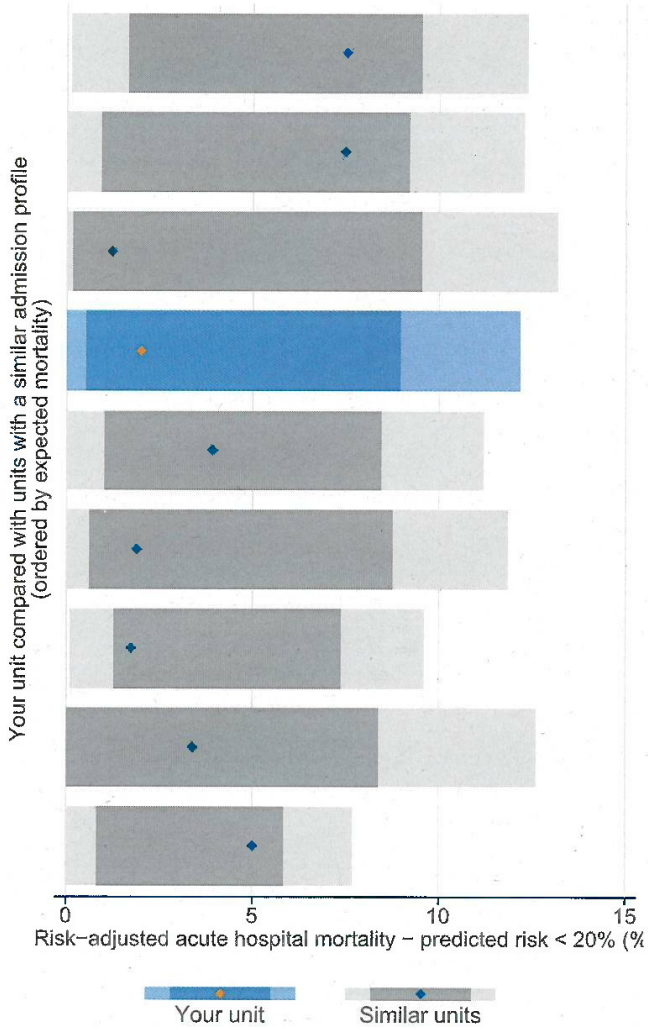
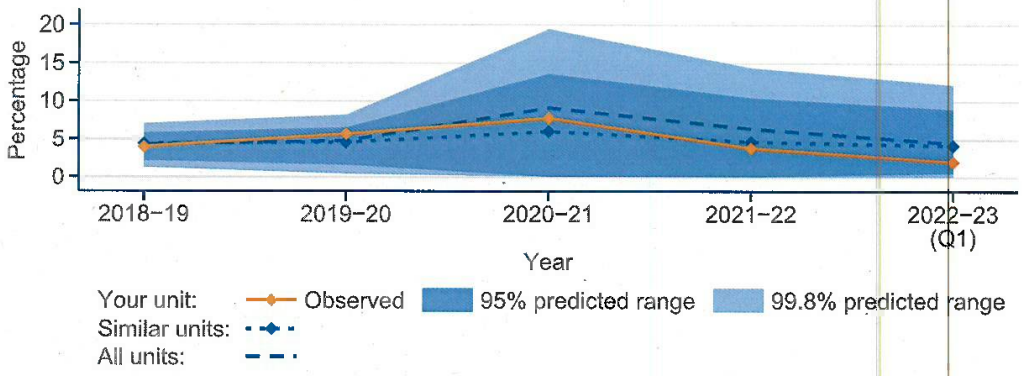
case mix programme

Risk-adjusted acute hospital mortality - predicted risk < 20%



	N	Eligible	Observed percentage	Expected percentage	95% predicted range	99.8% predicted range	
Quarter 1	145	100	2.0	4.9	(0.5, 9.0)	(0.0, 12.2)	
Quarter 2							
Quarter 3							
Quarter 4							
Year to date	145	100	2.0	4.9	(0.5, 9.0)	(0.0, 12.2)	



Definition

- Eligible: All critical care unit admissions with a predicted risk of death < 20% on the ICNARC$_{H-2018}$ model, excluding readmissions, patients dead on admission and those admitted to facilitate organ donation
- Observed percentage: The percentage of eligible admissions that died before ultimate discharge from acute hospital
- Expected percentage: The expected percentage of acute hospital deaths among eligible admissions, calculated as the mean predicted risk of death from the ICNARC$_{H-2018}$ model for eligible admissions to your unit
- Predicted range: We expect a unit's observed percentage to lie within the 95% predicted range 19 times out of 20 and within the 99.8% predicted range 998 times out of 1000

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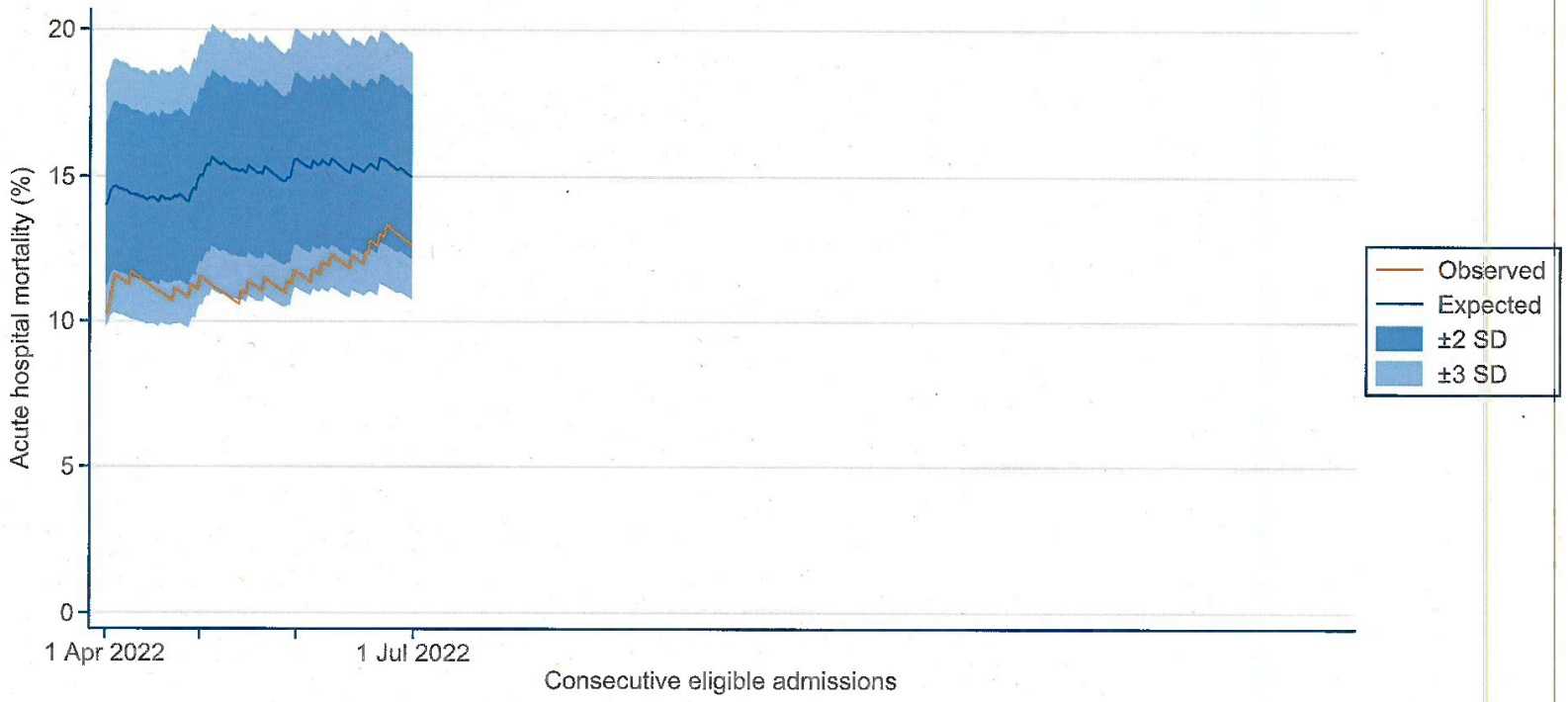
case mix programme

Risk-adjusted acute hospital mortality (EWMA plot)



Explanation

- The Exponentially Weighted Moving Average (EWMA) plot shows the trends in observed and expected acute hospital mortality in your unit for the time period of the report
- Expected acute hospital mortality is calculated from the ICNARC$_{H-2018}$ model
- The plots are updated after each consecutive eligible admission and points are 'exponentially weighted' – giving a larger weighting to the most recent admissions to smooth the appearance of the lines
- The blue shaded areas of the plot represent 2 and 3 standard deviations (SD) above and below the expected line
- If the observed line is above the blue shaded areas, this means the observed acute hospital mortality is significantly higher than expected
- If the observed line is below the blue shaded areas, this means the observed acute hospital mortality is significantly lower than expected

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Report to Trust Board
2nd March 2023

Report Title	Risk Management Framework 2023 - 2026
Executive Lead	Morag Olsen - Interim Chief Nurse
Author (s)	Mike Duffy – Head of Risk & Governance
Action Required	To approve

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

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

Key Messages *(2/3 headlines only)*

This Framework will further develop the Trust's processes within which the Trust leads, directs and controls the risks to its key functions to:

- Comply with relevant legislation
- Monitor key regulatory requirements e.g. Care Quality Commission
- Help the Trust to achieve its strategic ambitions
- Meet performance
- Protect its reputation

5 objectives have been developed and include:

- Objective 1 – We will define the organisation's risk appetite
- Objective 2 – We will embed a comprehensive risk management process
- Objective 3 – We will improve the risk assessment process, including identification, review, and monitoring arrangements throughout the Trust
- Objective 4 – We will enhance the knowledge and skill base of staff in risk management across the Trust, thereby also further encouraging an open and transparent reporting culture
- Objective 5 – We will implement the National Patient Safety Strategy

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

- Annual update report to be built into Quality Committee schedule

Related Trust Strategic Ambitions	**Impact** *(is there an impact arising from the report on any of the following?)*		
	Compliance	Quality	Choose an item.

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

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

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

Strategy ☐	Policy ☐	Service Change ☐

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

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

Risk Management Framework 2023 - 2026

Executive Summary

1. This Framework acknowledges the current positive arrangements for managing risk and sets out the Trust's objectives for further improving the management of risk at a strategic level; it describes the risk management assurance framework that is in place and aims to ensure that associated thinking and practice is embedded in everyday processes, policies, and activity.

2. This Framework will further develop the Trust's processes within which the Trust leads, directs and controls the risks to its key functions to:

- Comply with relevant legislation
- Monitor key regulatory requirements e.g. Care Quality Commission
- Help the Trust to achieve its strategic ambitions

3. The Risk Management Framework will be fully endorsed by the Trust Board to underpin:

- The Trust's ability to achieve strategic ambitions
- Meet performance
- Protect its reputation

4. Quality statements are the commitments that providers, commissioners, and system leaders should live up to. Expressed as 'we statements', they show what is needed to deliver high-quality, person-centred care. You will note that the objectives within the framework have been wrote as 'we' statements in line with the CQC quality statements. 5 objectives have been developed and include:

- Objective 1 – We will define the organisation's risk appetite
- Objective 2 – We will embed a comprehensive risk management process
- Objective 3 – We will improve the risk assessment process, including identification, review, and monitoring arrangements throughout the Trust
- Objective 4 – We will enhance the knowledge and skill base of staff in risk management across the Trust, thereby also further encouraging an open and transparent reporting culture
- Objective 5 – We will implement the National Patient Safety Strategy

Background and Analysis

5. The Risk Management Framework does not aim to identify or manage specific risks. Risk Management is a dynamic process and risks will readily change to respond to internal, external, and cultural influences. All risks facing the Trust can be found in relevant Risk Registers and the Board Assurance Framework (BAF).

   The purpose of the Framework is to:

- Define and set out the benefits of risk management and what drives risk management within the Trust
- Help the Trust to understand risk appetite and tolerances
- Set out our objectives to continuously improve our risk management arrangements
- Outline how the Framework relates to the Trust's wider strategic ambitions
- Assess the current status of risk management within the Trust
- Identify a series of risk management objectives

- Outline the approach to implementation and monitoring
- Describe the relevant compliance and assurance arrangements regarding risk management within the Trust.

6. Section 8 of the Framework demonstrates and provides substantial evidence that a positive baseline has already been achieved, both in terms of risk management practice but also how it is used to improve patient experience and patient safety. This Framework stretches the ambition of the Trust in its management of risk in response to that context, via the following objectives:

- Define and set out the benefits of risk management and what drives risk management within the Trust
- Help the Trust to understand risk appetite and tolerances
- Set out our objectives to continuously improve our risk management arrangements
- Outline how the Framework relates to the Trust's wider strategic ambitions
- Assess the current status of risk management within the Trust

Conclusion

7. An annual report against progress of the Frameworks objectives will be presented to the Audit Committee for review and monitoring.

Recommendation (always required)

8. The Board is asked to Approve

Author: Mike Duffy

NHS
The Walton Centre
NHS Foundation Trust

Excellence in Neuroscience

The Walton Centre NHS Foundation Trust
Risk Management Framework 2023 to 2026

Contents

1. Introduction

The Walton Centre NHS Foundation Trust provides services to a diverse range of people across a wide footprint in an ever-changing environment. We serve an area of 3.5 million people across Merseyside, Cheshire, North Wales, the Isle of Man, and parts of Lancashire and Greater Manchester and have service partnerships with 12 NHS Trusts across 19 hospitals and medical centres. The Trust was rated as 'Outstanding' for a second time by the Care Quality Commission (CQC) following its inspection in April 2019.

As such the potential for disruption to services, the impact on patient experience, ensuring staff safety and the loss or damage to assets from a range of risks is inherent. Therefore, it is essential that the Trust takes appropriate action through active risk management to mitigate the potential of these risks occurring.

This Framework acknowledges the current positive arrangements for managing risk and sets out the Trust's objectives for further improving the management of risk at a strategic level; it describes the risk management assurance framework that is in place and aims to ensure that associated thinking and practice is embedded in everyday processes, policies, and activity.

The Risk Management Framework is fully endorsed by the Trust Board. This Framework will further develop the Trust's processes within which the Trust leads, directs and controls the risks to its key functions to:

- Comply with relevant legislation
- Monitor key regulatory requirements e.g. Care Quality Commission
- Help the Trust to deliver its strategies and achieve its strategic ambitions
- Meet performance
- Protect its reputation

2. Risk Statement

Effective risk management in healthcare is essential to the delivery of high quality and safe provision of its services. The Trust intends to demonstrate an on-going commitment to improving risk management throughout the organisation through risk management processes and systems, embedding a culture that underpins and supports the delivery of the Trusts strategies and achievement of its strategic ambitions.

The Trust aims to ensure that risk management forms an integral part of the organisations business planning and not viewed or practised as a separate process.

3. The purpose of the Framework

The Risk Management Framework does not aim to identify or manage specific risks, other than to use those for illustrative purposes. Risk Management is a dynamic process and risks will readily change to respond to internal, external, and cultural influences. All risks facing the Trust can be found in relevant Risk Registers and the Board Assurance Framework (BAF).

The purpose of the Framework is to:

- Define and set out the benefits of risk management and what drives risk management within the Trust

- Help the Trust to understand risk appetite and tolerances
- Set out our objectives to continuously improve our risk management arrangements
- Outline how the Framework relates to the Trust's Strategies and strategic ambitions
- Assess the current status of risk management within the Trust
- Identify a series of risk management objectives
- Outline the approach to implementation and monitoring
- Describe the relevant compliance and assurance arrangements regarding risk management within the Trust.

4. What is Risk Management

Essentially, the goal of risk management is to identify potential problems before they occur, evaluating the potential consequences and impact and implementing the most effective way of controlling them. Risk management looks at both internal and external risks that could negatively impact the Trust.

According to the CQC report, "The State of Health Care and Adult Social Care in England":

"Where a service is rated inadequate in terms of safety, this is often due to a number of factors including Ineffective safety and risk management systems."

When the management of risk goes well it often remains unnoticed. However, when it fails, the consequences can be significant and high profile. Effective risk management is fundamental to prevent such failures.

5. Risk Appetite and Tolerances

This Framework provides an approach to risk appetite that is practical and pragmatic. Risk appetite enables an organisation to make informed management decisions, ensuring the understanding of risks in any proposal and the degree of risk to which they are permitted to expose the organisation while encouraging enterprise and innovation.

When developing its risk appetite, an organisation needs to consider the norms of the environment and the sectors in which it operates, its own culture, as well as governance and decision-making processes.

According to the Institute of Risk Management, risk appetite can be defined as:

"The amount and type of risk that an organisation is willing to take in order to meet their strategic ambitions."

Whilst risk appetite is about the pursuit of risk, risk tolerance is about what an organisation can deal with. All organisations have to take some risks and they must avoid others.

By defining both optimal and tolerable positions, an organisation clearly sets out both the target and acceptable position in the pursuit of its strategic objectives. The benefits of adopting a risk appetite include:

- Supporting informed decision-making
- Reducing uncertainty

- Improving consistency across governance mechanisms and decision-making
- Supporting performance improvement
- Focusing on priority areas within an organisation

Organisations will have risk appetites which will vary depending on their sector, culture, and objectives. A range of appetites exist for different risks, and these may change over time.

Organisations can be helped to achieve their goals and sustain their operations by properly communicating risk appetites with an appropriate risk appetite statement.

Typically, a health Trust's risk appetite prioritises to safety and compliance objectives, including both patient safety and employee health and safety, with a marginally higher risk appetite towards its strategic, operational, and financial objectives. This means that reducing to reasonably practicable levels the risks originating from various medical systems, products, equipment, and our work environment, and meeting our legal obligations may take priority over other business objectives.

The Trust Board will review its risk appetite in an annual statement to Board alongside an annual review of all strategic risks.

6. How does the Risk Management Framework support the Trust's Strategies and Strategic Ambitions?

Risk management is a key component of the Trust's Strategies and strategic ambitions.

The Trust Strategy sets out the future direction of the Trust. At the same time, it recognises the need for continuous improvements in the safety and responsiveness of services to patients' needs.

The Risk Management Framework underpins each of the Trust's Strategies and strategic ambitions and is focused on continuously improving the quality of our patients and families experience and ensuring the safety of our staff.

The risk assessment process enables risks, which may prevent realisation of any of the Trust's ambitions, to be appropriately managed.

The Framework also helps to underpin the Quality Strategy to ensure that risk is managed appropriately.

It is important to us that risk management contributes to improve patient safety by enhancing leadership in the Trust, the culture of quality of care and that it supports our ability to measure and to predict variance so that we can detect and act quickly as problems arise.

The Trust's five strategic ambitions and seven enabling strategies are represented in the diagram below.

7. The Board Assurance Framework (BAF)

The BAF identifies and quantifies the principal risks facing the Trust and its ability to deliver its strategies and achieve its strategic ambitions.

It informs the Trust Board how each of these risks is being effectively managed and monitored.

Each of the principal risks has an identified local risk manager, who is a member of the executive team. It is their responsibility to manage and report on the risk overall.

The achievement of this Framework relies on an underpinning governance process which consist of Divisional Risk and Governance Groups which report into relevant committees of the Board.

The Risk Management Framework will enhance those arrangements and be delivered through the Risk Management Policy.

8. Where are we now?

All members of staff have an important role to play in identifying, assessing, and managing risk.

8.1. Care Quality Commission inspection

The Trust has been rated as Outstanding by the CQC. The Trust's governance and risk processes were assessed as part of a wider regulatory inspection by the CQC in April 2019. The inspection report noted that the Trust had an effective and comprehensive system in place to identify, understand, monitor, and address current and future risks.

It was also noted within the inspection report that the Trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with the expected and unexpected. Senior managers could clearly describe risks, and these aligned with those on the risk register. Problems were identified through the governance system quickly and shared openly with staff through risk bulletins. Staff were empowered to develop, influence change and be involved in research.

8.2. Mersey Internal Audit Agency report

In 2019/20, the Trusts Risk Management arrangements were audited by Mersey Internal Audit agency. A review of the Trust's Risk Management systems was conducted in accordance with the requirements of the 2019/20 Internal Audit Plan, as approved by the Audit Committee. The Trust received substantial assurance - There is a good system of internal control designed to meet the system objectives, and that controls are generally being applied consistently.

In 2022, the Trusts Risk Management core controls were audited by Mersey Internal Audit agency. The overall objective of the audit was to provide assurance that core risk management controls have been adequately designed.

The review focussed on core risk management controls only with an emphasis on control design. Detailed testing of compliance with controls e.g. review of specific risks, risk registers etc. was not undertaken as part of this review. The report stated the Trust

demonstrated overall control design for risk management within the Trust was robust. Governance processes were clearly defined including roles and responsibilities, risk management training needs have been identified, and reporting processes have been outlined clearly. The Trust received High Assurance - There was a strong system of internal control which was effectively designed to meet the system objectives.

8.3. Risk Management Training

Risk management training and awareness already occurs in a number of different guises. Risk and governance features within Corporate Induction and in leadership development programmes as well as ad hoc training provided.

However, we recognise that in order to continue to improve the open and transparent culture for risk management and to ensure successful implementation of this Framework, we will need to develop a more structured organisation-wide risk management training programme to increase staff knowledge and understanding of risk management.

8.4. Incident Reporting

The Trust has a very good reporting culture. The reporting of incidents continues to rise at low levels of harm, implying greater reporting rather than deterioration in performance. We strive to strike the right balance between a healthy number of reports of incidents, from which to learn and improve, and experiencing an increase in more serious incidents, indicating a poor experience for patients. The current position suggests that staff feel comfortable reporting incidents, and this should continue to be encouraged so that the Trust can learn from and share experiences. A robust risk management process can support that culture.

The Trust demonstrates its commitment to learning from incidents through completing an investigation for all incidents graded as moderate and above. This is further enhanced by the recent review and improvement of the governance structures and processes, resulting in a clear line of direction and control from the wards and departments to the Trust Board, and this facilitates the sharing of learning throughout the organisation.

8.5. Patient Engagement

We consider patient engagement, listening to and acting upon patient's own experiences, as one of the key areas from which the Trust can learn, and consequently improve. The Trust undertakes this by facilitating engagement events and Patient Experience Focus Groups in which patients are invited to meet and to share their patient journeys and experiences. The Trust has also continued to develop its processes to provide a good patient experience, striving to address patient issues as soon as they emerge by talking to patients, relatives, and carers directly within the ward or department area and taking steps to address or resolve issues as they arise.

9. What are the objectives of the Framework?

Section 8 demonstrates and provides substantial evidence that a positive baseline has already been achieved, both in terms of risk management practice but also how it is used to improve patient experience and patient safety. This Framework stretches the ambition of the Trust in its management of risk in response to that context, via the following objectives:

Objective 1 – We will define the organisation's risk appetite

This Framework provides an approach to risk appetite that is practical and pragmatic, and that makes a difference to the quality of decision-making, so that decision-makers understand the risks in any proposal and the degree of risk to which they are permitted to expose the organisation while encouraging enterprise and innovation.

According to the Institute of Risk Management, risk appetite can be defined as:

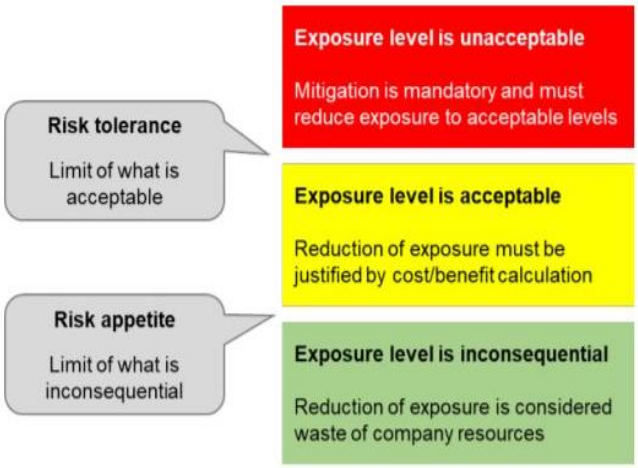
"The amount and type of risk that an organisation is willing to take in order to meet their strategic objectives."

Whilst risk appetite is about the pursuit of risk, risk tolerance is about what an organisation can deal with. All organisations have to take some risks and they have to avoid others.

Organisations will have risk appetites which will vary depending on their sector, culture, and objectives. A range of appetites exist for different risks, and these may change over time.

Organisations can be helped to achieve their goals and sustain their operations by properly communicating risk appetites with an appropriate risk appetite statement.

Typically, a health Trust's risk appetite prioritises safety and compliance objectives, including both patient safety and employee health and safety, with a marginally higher risk appetite towards its strategic, operational, and financial objectives. This means that reducing to reasonably practicable levels the risks originating from various medical systems, products, equipment, and our work environment, and meeting our legal obligations may take priority over other business objectives.



How will we know we have succeeded?
Raising Board awareness of risk appetite and its use through a Board development session regarding risk appetite
Reviewing the appetite statement on an annual basis as part of the business planning process
Including risk appetite and risk assessment in the annual business planning process, at Divisional and Corporate level

Objective 2 – We will embed a comprehensive risk management process

Risk Management in healthcare comprises both clinical and administrative systems. It is the process of identifying significant risks to the achievement of the organisation's strategic and operational ambitions, evaluating their potential consequences and impact, and implementing the most effective way of controlling them.

Risk management cuts across a health system's entire ecosystem, impacting everything from patient safety and compliance to operations, human resource, finance, and reputation.

According to a CQC report, "The State of Health Care and Adult Social Care in England":

"Where a service is rated inadequate in terms of safety, this is often due to a number of factors including ineffective safety and risk management systems."

When the management of risk goes well it often remains unnoticed. However, when it fails, the consequences can be significant and high profile. Effective risk management is fundamental to prevent such failures.

By employing risk management, the Trust proactively and systematically safeguards patient safety and administrative functions as well as the organisations assets.

How will we know we have succeeded?
All risks relating to projects/initiatives will be subject to the risk management process and be managed locally with oversight from the governance department
Embedded process to ensure risks are monitored and managed; ensuring that the structure and process for managing risk across the organisation is reviewed and monitored on an annual basis
Development of systems and processes to facilitate risk management being integrated into business planning and business cases, embedding a high-performance culture
Embedded live risk management dashboard to include all risks, review dates and actions by Division and department

Objective 3 – We will improve the risk assessment process, including identification, review, and monitoring arrangements throughout the Trust

Under the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999 employers have a duty to ensure the health, safety and welfare of their staff.

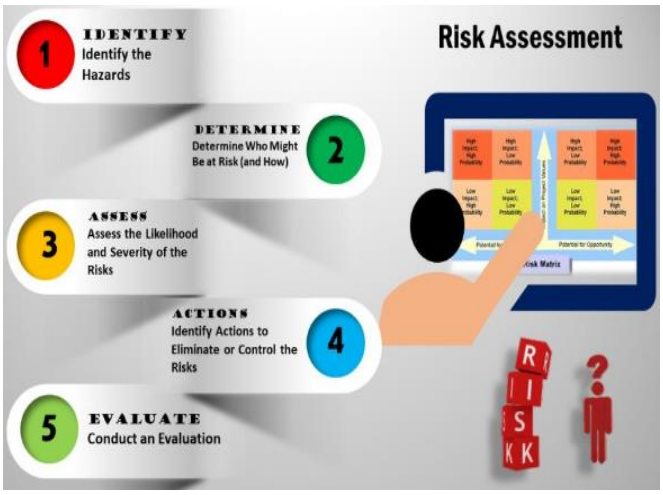
Where they may be at risk, this requires the provision and maintenance of a working environment for employees that is, so far as is reasonably practicable, safe, without risks to health, and adequate as regards facilities and arrangements for their welfare at work which includes adequate instruction and training.

A risk assessment is the process of identifying what hazards currently exist or may appear in the workplace. A risk assessment defines which workplace hazards are likely to cause harm to employees, patients, or visitors.

Risks need to be considered in all aspects of the working environment. Here are some examples of the things that should be included in a risk assessment:

- Hazards: electrical safety, fire safety, manual handling, hazardous substances, stress, violence, infectious diseases (COVID-19).
- Tasks: cleaning with chemical substances or maintenance work.
- Organisational factors: staffing policies, systems of work, working hours, shift patterns or lone working.

All NHS Funded providers must undertake suitable and sufficient risk assessments so they are able to deliver the highest quality of clinical care available to patients and ensure that they comply with the legal duties outlined in the health and safety legislation.



How will we know we have succeeded?
Development of electronic risk assessment system
Implement review and monitoring arrangements by the Divisional Risk and Governance meetings
Embedded audit arrangements to provide assurance of compliance and suitable and sufficient risk assessments being completed
The Divisional governance meetings and underpinning structure used to monitor gaps in risk assessment compliance

Objective 4 – We will enhance the knowledge and skill base of staff in risk management across the Trust, thereby also further encouraging an open and transparent reporting culture

Essentially, the goal of risk management is to identify potential problems before they occur and have a plan for addressing them. Risk management looks at both internal and external risks that could negatively impact the Trust.

Enhancing people's skills with the provision of risk management training can help staff recognise and understand how managing their risks benefits them, their performance, and the Trust.

Risk management training will help to avoid potential problems ensuring compliance with regulations, legislation, and operational performance. It can also help reduce the costs associated with many incidents.

As well as including training in the Trust's risk management processes, we will use the organisation-wide programme to help to embed a consistent language of risk management, including concepts such as controls, assurances, mitigations, residual risk, risk appetite and risk tolerance.

We will therefore review the existing training programme, training materials and provide general communications regarding risk and incidents to ensure appropriate knowledge and skills in risk management at different levels of the organisation.

How will we know we have succeeded?
Development of a risk management training package to be included with the Trusts training needs analysis
Improve communication - Risk Management issues included within governance bulletins

Objective 5 – We will implement the National Patient Safety Strategy

The National Patient Safety Strategy (NPSS) sets out what the NHS will do to achieve its vision to continuously improve patient safety in line with three strategic aims which have been listed below:

- Improving understanding of safety (insight)
- Equipping patients, staff and partners with the skills and opportunities to improve patient safety (involvement)
- Designing and supporting programmes that deliver effective and sustainable change (improvement).

The Strategy sets out the high-level ambition and in the intervening period, work has been undertaken nationally, to pilot some areas of the Strategy and develop guidance, frameworks, and seminars to support implementation.

Locally, implementation is expected to be delivered through new Patient Safety Specialists within each organisation. This paper summarises the NPSS key objectives, Trust plans for implementation and proposals for delivery and oversight within existing Trust structures.

The key objectives of the Strategy include:

- National Patient Safety Alerts (NPSA)
- Quality of Incident Reporting
- Learning from Patient Safety Events (LFPSE)
- National Patient Safety Syllabus
- Just Culture
- Patient Safety Partners
- Patient Safety Incident Response Framework (PSIRF)

How will we know we have succeeded?
Transition to PSRIF by September 2023
Implementation of LFPSE by September 2023
National Patient Safety Syllabus training available within Electronic Staff record (ESR)
Recruitment of Patient Safety Partners

Patient Safety Incident Response Framework

10. Compliance and Assurance

All identified risks are entered on to the Trusts risk register system. The type of risk, risk rating or if the risk has the potential to affect the delivery of the Trusts strategies and achievement of the strategic ambitions will determine which meeting has oversight or management of the risk.

Each Division maintains a comprehensive Divisional risk register, which will be formally reviewed through the Divisional Risk and Governance Meetings. At these meetings, the Divisions will be expected to report on their risk register, highlight any new or emerging risks to service delivery and review actions for minimising and managing those risks.

The Trust wide Risk Register Includes any operational risks meeting the Trust risk rating level of 12 or above. Risks are split and presented by sub committees of the Board; this includes Quality Committee and Business Performance Committee.

The Board Assurance Framework (BAF) Includes all risks that have the potential to affect the organisations' ability to achieve its strategic ambitions as detailed within the Trust Strategy. There is an identified executive lead for all risks on the BAF. The Executive Team discuss the inclusion of these risks prior to the Board approving them for inclusion on the BAF as a principal risk. BAF risks will include the highest scoring linked operational risks.

The Chief Nurse will ensure that the Risk Management Framework remains dynamic and is integral to the Business Planning cycle.

Please refer to appendix 1 for the risk reporting process and appendix 2 for the Trusts committee structure for the management of Risk Registers and the Board Assurance Framework.

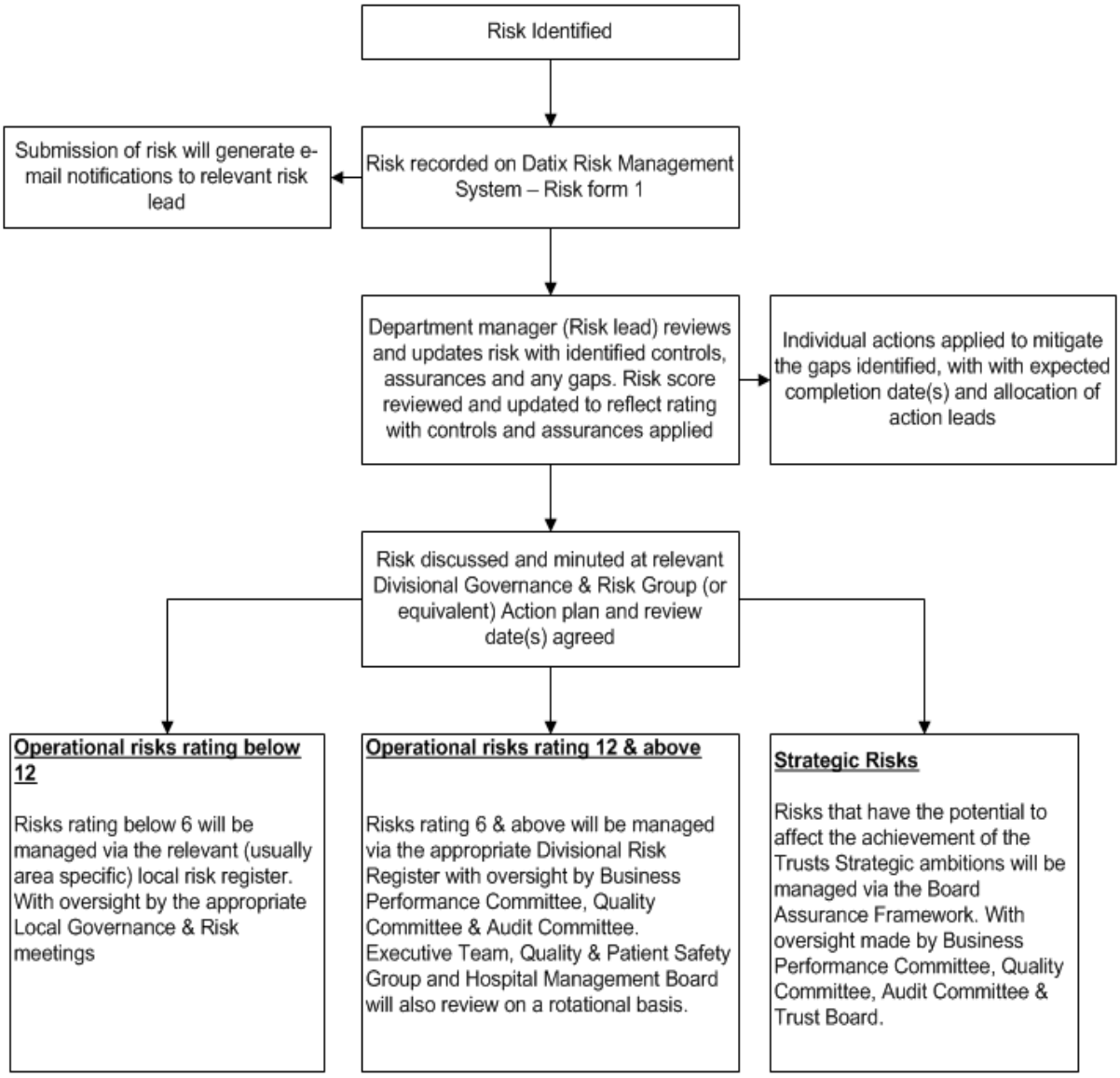
11. Implementation and Monitoring

This Framework will be approved by the Audit Committee. The Chief Nurse, as the Executive lead for risk will monitor the requirements of this Framework. An annual report will be presented to the Audit Committee on progress and achievement of goals as set out in the objectives above.

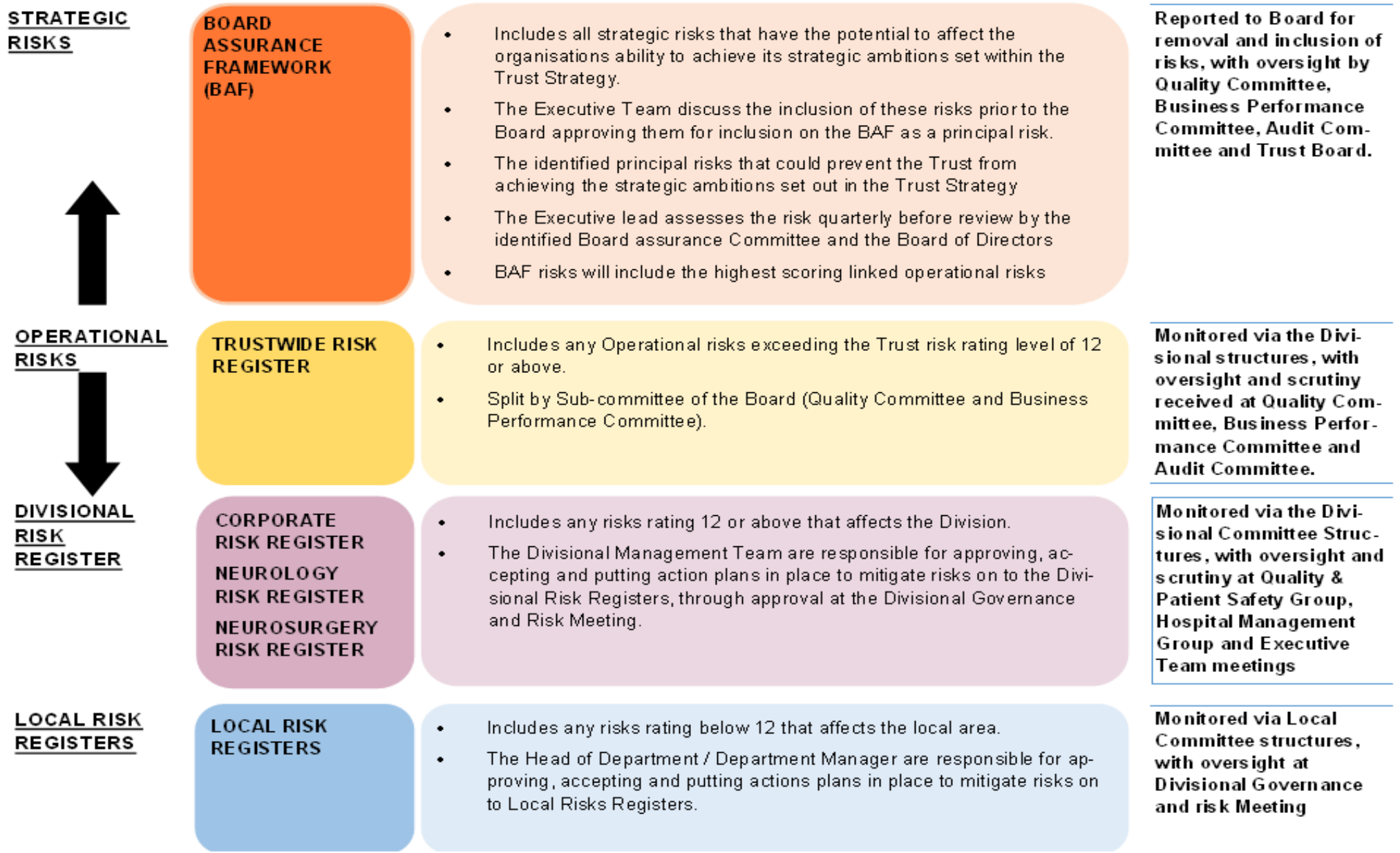
12. Conclusion

This Risk Management Framework builds on the processes already in place for supporting risk management and the current policies. It ensures a positive focus is maintained and considers the Trust Strategy, underpinning Strategies and Frameworks, in turn supporting the achievement of the Trusts ambitions.

Appendix 1 – Risk Reporting Process



Appendix 2 – Risk Register Committee Structure



BOARD CYCLE OF BUSINESS 2023-2024	Purpose	Lead	Assurance /Oversight Committee	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
				April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Standing Items															
Welcome and apologies	Note	Chair		✓	✓	✓	✓		✓	✓	✓	✓		✓	✓
Minutes of previous meeting	Approve	Chair		✓	✓	✓	✓		✓	✓	✓	✓		✓	✓
Matters Arising Action Log	Decision	Chair		✓	✓	✓	✓		✓	✓	✓	✓		✓	✓
Chair and CEO Report	Note	CEO		✓	✓	✓	✓		✓	✓	✓	✓		✓	✓
Patient Story	Note	CN		✓	✓	✓	✓		✓	✓	✓	✓		✓	✓
Strategy (Updates provided by bi-annual review and relevant annual reports)															
Trust Strategy Update (quarterly priorities, 6-monthly update)	Note	MD		✓			✓			✓				✓	
People Substrategy	Approve	CPO	BPC						✓					✓	
Quality Substrategy	Approve	CN	Quality	✓						✓					
Digital Substrategy	Approve	CPO	BPC						✓						✓
Marketing and Communications Substrategy	Approve	CEO					✓					✓			✓
Finance and Commercial Development Substrategy	Approve	CFO	BPC	✓						✓					
Estates, Facilities and Sustainability Substrategy	Approve	COO	BPC						✓						✓
Charity Substrategy	Approve	CFO	Charity			✓						✓			
NHS Prevention Pledge	Note	CPO			✓						✓				
Board Assurance Framework	Approve	Co Sec	QC/BPC/RIME	✓			✓			✓				✓	
Strategic Risks	Approve	CEO		✓											
Quality & Safety															
Mortality and Morbidity Report	Note	MD	Quality		✓					✓		✓			✓
Complaints and Patient Experience Annual Report	Note	CN	Quality		✓										
Guardian of Safe Working Quarterly Report	Note	MD		✓			✓			✓				✓	
Guardian of Safe Working Annual Report	Note	MD								✓					
Freedom to Speak Up Guardian Report	Note	CN	QC/Audit		✓				✓					✓	
Freedom to Speak Up Guardian Annual Report	Note	CN	QC/Audit			✓									
Nurse Staffing - Bi-Annual Acuity Review	Note	CN	Quality		✓						✓				
Nursing Revalidation Report (Annual)	Approve	CN			✓										
Medical Revalidation Report (Annual)	Approve	MD					✓								
Safeguarding Annual Report	Note	CN	Quality			✓									
Infection Prevention & Control Annual Report	Note	CN	Quality		✓										
Violence and Agression Strategy Update	Note	CN	Quality	✓						✓					
Medicines Management (including AO for Controlled Drugs) Annual Report	Note	MD	Quality				✓								
Performance															
Integrated Performance Report	Note	CEO	BPC/QC	✓	✓	✓	✓		✓	✓	✓	✓		✓	✓
Staff Survey Results	Note	CPO	BPC	✓											
Research & Development Annual Report	Note	CPO	RIME		✓										
Innovation Annual Report	Note	CPO	RIME						✓						
Regulatory, Guidance or Contractual															
Annual Audit Letter	Approve	CFO	Audt			✓									
Annual Report and Accounts inc. Annual Governance Statement	Approve	CFO	Audit			✓									
Equality Diversity & Inclusion Annual Report	Note	CPO	BPC				✓								
ERIC Return	Note	COO	BPC							✓					
EPRR Core Assurance Self-Assessment	Approve	COO	BPC							✓					
Gender Pay Gap Annual Report	Approve	CPO	BPC												✓
Major Incident Plan	Approve	COO	BPC				✓								
Medical Education Annual Report	Note	MD	RIME				✓								

Mixed Sex Accomodation; Annual Statement of Compliance	Approve	CN	Quality	✓											
Modern Slavery Act Statement	Approve	CN	N/A								✓				
Operational Plan	Approve	COO	BPC	✓											
Quality Account Priorities	Approve	CN	Quality	✓										✓	
Quality Account	Approve	CN	Quality			✓									
Provider Licence Self Certification (G6, FT4,)	Approve	Co Sec	Audit			✓									
Workforce Race Equality Standard	Approve	CPO	BPC						✓						
Workforce Disability Equality Standard	Approve	CPO	BPC						✓						
Corporate Trustees															
Charitable Funds Annual Report & Accounts	Approve	CFO	Charity									✓			
Governance															
Annual Budget (including capital programme and CIP) - Draft	Note	CFO	BPC	✓										✓	✓
Annual Budget (including capital programme and CIP) - Final	Approve	CFO	BPC		✓										
Board Cycle of Business	Approve	Co Sec		✓											✓
Board Development Programme	Approve	Co Sec							✓						
Board Effectiveness Review	Note	CPO			✓										
Report on the Use of the Trust Seal	Approve	Co Sec		✓											
Standing Financial Instructions, Scheme of Reservation and Delegation	Approve	CFO	Audit								✓				
Constitution & Standing Orders (tbc)	Approve	Co Sec			✓										
Risk Appetite Statement (Links to Risk Management Framwork)	Approve	CN	Audit	✓											✓
Committees of the Board															
Audit Committee Chairs Assurance Report	Note	Audit Chair	Audit		✓	✓	✓		✓		✓				✓
Audit Committee Effectiveness Review and ToR	Note	Co Sec	Audit		✓										
Business Performance Committee Chair's Assurance Report	Note	Com Chair	BPC	✓	✓	✓	✓		✓	✓	✓	✓		✓	✓
Business Performance Committee Effectiveness Review and ToR	Note	Co Sec	BPC		✓										
Charity Committee Chair's Assurance Report	Note	Com Chair	WCC		✓				✓		✓			✓	
Charity Committee Committee Effectiveness Review and Terms of Reference	Approve	Com Chair	WCC		✓										
Neuroscience Programme Board Chair's Report	Note	MD	NSPB	✓					✓	✓		✓		✓	
Neuroscience Programme Board Effectiveness Review and ToR	Note	MD	NSPB			✓									
Quality Committee Chair's Assurance Report	Note	Com Chair	Quality	✓	✓	✓	✓		✓	✓	✓	✓		✓	✓
Quality Committee Effectiveness Review and ToR	Note	Co Sec	Quality		✓										
RIME Committee Chair's Assurance Report	Note	Com Chair	RIME	✓			✓			✓				✓	
RIME Committee Effectiveness Review and ToR	Note	Co Sec	RIME						✓	✓					
Strategic BAME Advisory Committee	Note	Com Chair	SBAC	✓										✓	
Strategic BAME Advisory 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															
Linen and Laundry Service Contract Recommendation	Approve	CFO		✓											

Notes

Deferred Items in Red

Linen and Laundy Service Contract defered from March to go to Execs then Board in April

Board of Directors' Key Issues Report

The Walton Centre NHS Foundation Trust

Report Date: 15/02/23		**Report of:** Audit Committee
Date of last meeting: 07/02/23		**Membership Numbers:** Quorate
1.	**Agenda**	The Committee considered an agenda which included the following: • Update on Externally Reportable Incident • Internal Audit Progress Report Q3 • Internal Audit Recommendation Report • Data Protection and Security Toolkit Audit Report • IT Infrastructure Housekeeping Audit Report • Controlled Drugs Audit Report • Draft Internal Audit Plan 2023/24 • Annual Review of Effectiveness of Internal Audit • External Audit Update and Progress Report 2022/23 • Counter Fraud Progress Report • Tender Waivers Q3 • Financial Compliance Report • Timetable for the Preparation of the Financial Statements • HFMA Financial Sustainability Assessment • Risk Management Framework • Annual Cycle of Business
2.	**Alert**	• The Controlled Drugs Audit Report gave limited assurance, with nine recommendations and identified high compliance in most areas but there were some areas of non-compliance identified. A number of actions had been implemented to close these gaps and the report will be subject to follow up within six months to ensure maximum compliance is attained. • The IT Infrastructure Housekeeping Audit Report gave moderate assurance. It showed that there needed to be more work on how the Trust manages the resources to reach the required skillsets and the number of staff required to work in the Team as well as facilitating more working with LUHFT and the ICS. Steps already taken to improve on this were presented to the Committee.
	Assurance	• The Committee considered the Internal Audit Progress Report and noted that a number of audits had started since the meeting on 18 October 2022. The following audits were underway: o Data Quality (reporting stage) o Accounts Payable and Corporate Credit Card (Fieldwork) o Health Procurement Liverpool (Fieldwork)

		○ Sickness Absence (Fieldwork) ○ Infection Prevention and Control (scoping stage) • The Internal Audit Progress Report also informed that the following audits had been finalised: ○ Management of Controlled Drugs (Limited Assurance) ○ HFMA Financial Governance Checklist ○ Assurance Framework (NHS requirement met) ○ Data Protection and Security Toolkit (substantial / moderate assurance) ○ IT Infrastructure Housekeeping (moderate assurance) • The committee received an update on the Externally Reportable Incident which awaited a response from the information Commissioners Office (ICO). The ICO was comfortable with how the Trust handled the incident and the actions put in place to avert further occurrence and the incidents had been closed, apart from one. • The 2022/23 Internal Audit Plan is on schedule and plans were underway for the preparation of the 2023/24 Internal Audit Plan. • There were no issues identified following the Annual Review of Effectiveness of the Internal and External Audit services. • The committee received the Counter Fraud Progress Report with some areas for improvement identified but generally a good report. • The external auditors provided an update of their responsibilities and a high level summary of their approach to the 2022/23 audit, as well an overview of the emerging sector issues. • The Financial Reporting Update was received, and it was noted that there had been a reduction in aged debt between November and December 2022 however there were few issues identified around Better Payment Practice Code (BPPC) which led to a slight deterioration but action plans were already in place to resolve the issues. • The committee approved the timetable for the preparation of the financial statements and the revised accounting policies.		
	Advise	• The committee considered the Quality Accounts, and it was agreed that the committee would further assess the requirement for an audit of these accounts as these were no longer subject to an audit by the external auditors. • The Committee reviewed the Risk Management Framework and recommended the framework for approval by the Trust Board.		
2.	**Risks Identified**	Following the HFMA Financial Sustainability Assessment, there was need for an understanding of the system's funding and how funds flowed to the Trust as it could pose a potential risk for the external audit going forward.		
3.	**Report Compiled by**	Su Rai, Non-Executive Director	Minutes available from:	Corporate Secretary

The Walton Centre NHS Foundation Trust

Report to Trust Board
2 March 2023

Report Title	Gender Pay Gap Report 2023
Executive Lead	Mike Gibney, Chief People Officer
Author (s)	Sam Linaker - Interim Equality, Diversity & Inclusion Lead
Action Required	To note

Level of Assurance Provided

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

Key Messages

- Decrease of 5.9% in Gender Pay Gap figures since 2017
- 41% of males in top quartile compared to 20% of females
- Average bonus for females 32% higher than males but only 7 females received bonuses compared to 26 males

Next Steps

- To be publicised in accordance with public sector duty requirements

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

Strategic Risks

006 Prevention & Inequalities	Choose an item.	Choose an item.

Equality Impact Assessment Complete

Strategy ☐	Policy ☐	Service Change ☐

Report Development

Committee/ Group Name	**Date**	**Lead Officer (name and title)**	**Brief Summary of issues raised and actions agreed**
Business Performance Committee	21st February 2023	Mike Gibney – Chief People Officer	Points for clarification raised and clarity provided.

Gender Pay Gap Report 2023

Executive Summary

1. In 2017 it became mandatory for all public sector organisations with more than 250 staff to report Gender Pay Gap information on an annual basis. These results must be uploaded via a portal to be displayed on the government website and be available on the Trust's own website where it should remain for 3 years.

2. Gender Pay reporting looks at the difference between male and female pay within an organisation. Nationally, records show that there is a disparity between gender pay with females generally paid less than males and this is thought to be because more men than women occupy higher paid jobs. The NHS is 75% female (NHS Property Service) and if higher paid jobs are predominantly occupied by males, this could well create comparatively lower pay for the female workforce. The purpose of Gender Pay reporting to help address this imbalance. The Gender Pay Gap shows the differences in the average pay between men and women rather than unequal pay.

3. This report shows the Walton Centre NHS Foundation Trust's Gender Pay Gap figures from the snapshot date of 31 March 2022. The findings reflect pay by gender for the previous financial year to that date. This report covers all staff including those under Agenda for Change terms and conditions, medical staff and very senior managers.

Background and Analysis

Organisational Context

4. The Walton Centre is committed to promoting equality, diversity and inclusion and to tackling any inequalities that are identified in the workforce. This report details the Trust's 6th set of findings following the introduction of Gender Pay Gap reporting and also details how the organisation plans to respond to the data analysis.

5. It is important to note that although our Gender Pay Gap reflects a senior manager/consultant gender ratio that cannot be resolved in a short period of time, the Trust has been working on a number of initiatives that help to create the best culture in which all staff can prosper. The Walton Centre NHS Foundation Trust acknowledges that society exhibits widespread disparities in the pay that women receive in comparison with men and that public sector organisation such as the Walton Centre both reflect these disparities and have a part to play in eliminating them. The Walton Centre is happy to publish this Gender Pay Gap report as an expression of our Walton Way value of Openness: being open and honest in all we do. The Trust is proud that Gender Pay Gap has dropped by 5.9% since it was first recorded in 2018.

The Six Gender Pay Gap Indicators

6. Organisations must show the following calculations when reporting:

a. Average gender pay gap as a mean average
b. Average gender pay gap as a median average
c. Average bonus gender pay gap as a mean average
d. Average bonus gender pay gap as a median average
e. Proportion of males and females receiving a bonus payment
f. Proportion of males and females in each of the four quartile pay bands

7. The gender pay gap looks at hourly rate percentage difference paid to males and females in the workforce. The Walton Centre has a largely female workforce with 76.3% of employees recorded as female. This is comparable with the NHS as a whole at 76.7%

recorded in 2021 (NHS England) According the Office for National Statistics (2022), The national average pay gap is recorded as 8.3% in full-time employees and the NHS as a whole at 9.5% (Gov.uk). This is considerably lower than the 27.3% (see diagram 1) at the Walton Centre. This is thought to be caused by a higher proportion of women in the middle/lower quartiles positions (see table 4) and the fact that over 40% of the male employees can be found in the top quartile compared to 20% of female employees.

8. Bonuses given to staff at the Trust are target driven clinic excellence schemes which are given to senior medical staff. This means that 6.9% of males received a bonus compared to 0.59% of females but this is mainly due to the fact that there are more male medics than female ones as mentioned previously. Due to COVID pandemic, the bonus pot has been distributed between the medical staff without the need to hit clinic excellence award targets however, these will resume in 2023

9. The majority of female employees working at the Walton Centre are healthcare workers and fall into the middle and lower quartiles. Comparatively, a high percentage (68.4%) of the medical staff are male and this means they fall into the upper quartile. Overall, however, the trust does have more females than males in the top quartile (222 females compared to 141 male). The figures for each of the quartiles is fairly consistent from the previous year.

10. At first inspection, the figures seem to indicate a higher percentage of female staff in all four quartiles according to hourly pay, however, we further drilled down these figures to look at the percentage in each quartile according to gender alone and found that a much higher percentage of Males occupied the highest quartile (41.1% of the male employees as opposed to 20.1% of female employees).

Conclusion

11. Although the gender pay gap has reduced by almost 6% since records were started in 2017, the Trust must continue to work on this until the gap no longer exists. Females should be encouraged and supported to continue to enter higher quartile jobs to increase the female representation in the highest quartile to reflect the percentage of males. It would be worth considering building progression into roles, especially within nursing.

Recommendation

- To note the difference in figures of percentage of males and females in the highest quartile
- To note the reduction in gender pay gap since 2017
- To consider/agree promotion of pathways for females into higher quartile positions

Author: Sam Linaker - Interim Equality Diversity & Inclusion Lead
Date: 13/02/2023

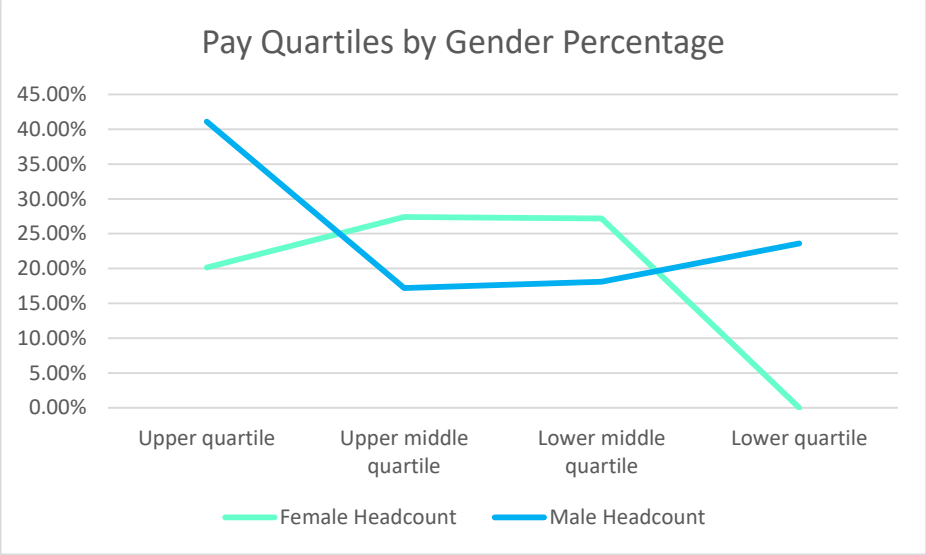
Appendix 1

Main Highlights

a	b	c	d	e	f
5.9% decrease in average gender pay gap figures since 2017	2.38% decrease in median gender pay gap figures since 2017	32.81% Bonus average in favour of females	0% Difference between median bonus	6.9% of males received a bonus compared with 0.59% of females	More females than males in all four quartiles but highest percentage of male employees in top quartile (41%)

Appendix 2

Diagram 1



Appendix 3

Data on the Gender Pay Gap 2021/2022 based on data relating to 31st March 2022

Total Number of relevant staff:	1445	Female 1102	Male: 343

1. The mean (average) gender pay gap using hourly pay and the median gender pay gap using hourly pay as at 31st March 2022.

   Table 1

Gender	Average Hourly Rate	Median Hourly Rate
Female	£18.34	£16.13
Male	£25.53	£19.45
Difference	£6.90	£3.32
Pay Gap %	**27.33%**	**17.08%**

2. Percentage of men and women receiving bonus pay 31st March 2022.

Table 2

Gender	Employees Paid Bonus	Total Relevant Employees	%
Female	*7*	*1186*	*0.59%*
Male	*26*	*377*	*6.90%*

3. The mean (average) gender pay gap using bonus pay and the median gender pay gap using bonus pay as at 31st March 2022.

Table 3

Gender	Average Bonus Pay	Median Bonus Pay
Female	£9,147.99	£6,032.04
Male	£6,146.90	£6,032.04
Difference	£3,001.09	0.0
Pay Gap %	**32.81%** in favour of Females	**0.0**

4. Percentage of men and women in each hourly pay quarter as at 31st March 2022.

Table 4

Quartile	Female Headcount	Male Headcount	Female %	Male %
Upper quartile = £63,634	222	141	61.16%	38.84%
Upper middle quartile = £33,314	302	59	83.66%	16.34%
Lower middle quartile = £23,733	300	62	82.87%	17.13%
Lower quartile = £17,254	278	81	77.44%	22.56%

Appendix 4

4. Actions to Reduce the Gender Pay Gap

The Trust will undertake a self-assessment checklist that highlights key considerations that may affect the Gender Pay Gap. Completing the checklist will enable the Trust to assess our progress against different areas and understand those which require focus and should be addressed with further actions. The self-assessment checklist will ensure the following:

Branding/communication/transparency

- We are transparent about our promotion, pay and reward processes.

- We consider the language, images and branding that we use to promote and advertise roles and careers within our organisation.
- We encourage salary negotiation by showing salary ranges when advertising vacancies.

Recruitment and promotion processes

- We provide good-quality guidance to our line managers.
- We support progression for part-time and flexible workers.
- We give recruiters structured interview templates, so they give every candidate an equal chance.

Maternity and paternity and parental leave policies

- We actively support women on maternity leave and encourage line managers to ensure staff use 'keeping in touch days' as a steppingstone to creating a positive return to work experience.
- We encourage staff who have not returned to the organisation after maternity leave to consider how we could support them in doing so.
- We actively promote the existence of a shared parental leave policy and encourage new parents to take advantage of the scheme.

Wellbeing and retention

- We offer and actively promote a range of opportunities for flexible working to all staff, to suit their parental and caring responsibilities and commitments outside of work.
- We actively analyse our staff survey data from a gender perspective by comparing the experiences of our male and female staff, particularly around the themes of equality, diversity and inclusion, line management and appraisals.

Supporting female staff

- We identify and support aspiring women leaders within our organisation by providing them with opportunities for development and career progression.
- We offer women networking opportunities promote access to mentoring and coaching from colleagues and peers.
- We actively support our female staff in considering and applying for clinical excellence awards (if appropriate) and other opportunities to seek recognition for their work.
-

Appendix 5

5 Action Plan

The EDI steering Group will be responsible for developing and implementing the Trust's future Gender Pay Gap actions.

Area and objective	Action	Lead	Timescales	Resources	Outcome and impact
Action planning and review.	Complete the checklist and identify and carry out further actions based on any gaps found.	The EDI Steering Group.	30th June 2023	Data and information. Internal communications.	The Trust will gain a more detailed analysis and action plans in relation to closing the Gender Pay Gap.
Recruitment processes – to improve guidance for recruiting managers.	Guidance for managers to be developed regarding inclusive recruitment	Lead: Equality and Inclusion Lead, supported by The EDI Steering Group.	Guidance to be developed by June 2023. Guidance to be distributed to managers July 2023.	Data and information. Internal communications.	All recruiting managers are aware of good practice for interviews.

Communication Improving staff understanding of and support for closing the Gender Pay Gap.	A member of the Trust Board will write a piece for Walton Weekly.	Lead: Equality and Inclusion Lead, supported by The EDI Steering Group.	May 2023.	Data and information. Internal communications.	All staff will be informed about the Trusts commitment to reduce our gender pay gap.
Supporting female staff to take up more opportunities for career advancement.	Offer and promote networking opportunities to female staff.	Lead: Equality and Inclusion Lead, supported by The EDI Steering Group.	June 2023	Data and information. Internal communications.	Female staff will be supported to know about and take advantage of the opportunities for career advancement that are available.

Further sources of advice and actions to close the Gander Pay Gap:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/944246/Gender_pay_gap_in_medicine_review.pdf

https://www.nhsemployers.org/sites/default/files/2021-06/Addressing-your-gender-pay-gap-guide.pdf