



# Public Trust Board Meeting

Thursday 6<sup>th</sup> May 2021

Agenda and Papers





**OPEN TRUST BOARD MEETING**  
**AGENDA**  
**6<sup>th</sup> May 2021**  
**Virtual Meeting**  
**WCFT**  
**09:30 – 12:00**

v = verbal d = document p = presentation

Item	Time	Item	Owner	Purpose
1	09.30	Welcome and Apologies	J Rosser	N/A
2	09.30	Declaration of Interests	J Rosser	N/A
3	09.35	Minutes and actions of meeting held on 1 <sup>st</sup> April 2021	J Rosser	Decision (d)
4	09.40	Patient Story	L Salter	Information (v)
<b>CONSENT AGENDA</b>				
Subject to Board agreement, the recommendations in the following reports will be adopted without debate:				
<ul style="list-style-type: none"> <li>• Fit and Proper Persons Report</li> <li>• Board of Directors Register of Interests</li> </ul>				
<b>CONCLUDING BUSINESS</b>				
16	11.50	Any Other Business	J Rosser	Information

**Date and Time of Next Meeting:**  
**10<sup>th</sup> June 2021 commencing at 9.30am**

**UNCONFIRMED**  
**Minutes of the Open Trust Board Meeting**  
**Meeting via MS Teams**  
 1<sup>st</sup> April 2021

**Present:**

Ms J Rosser	Chair
Mr S Crofts	Non-Executive Director
Ms K Bentley	Non-Executive Director
Ms S Rai	Non-Executive Director
Professor N Thakkar	Non-Executive Director
Mr D Topliffe	Non-Executive Director
Ms H Citrine	Chief Executive
Mr M Burns	Director of Finance and IT
Dr A Nicolson	Medical Director
Ms J Ross	Director of Operations and Strategy
Ms L Salter	Director of Nursing and Governance
Mr M Gibney	Director of Workforce and Innovation

**In attendance:**

Mr J Baxter	Executive Assistant
Mr P Buckingham	Interim Corporate Secretary
Ms J Mullin	Deputy Director of Workforce and Innovation
Ms H Wells	Deputy Director of Finance, Procurement, Information & Business Intelligence (item TB07-21/22 onwards)

**Observing:**

Mr P Clegg	Partnership Governor – Liverpool University
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Trust Board Attendance 2021-22										
Members:	Apr	May	Jun	Jul	Sept	Oct	Nov	Dec	Feb	Mar
Ms J Rosser	✓									
Mr S Crofts	✓									
Ms S Rai	✓									
Prof N Thakkar	✓									
Mr D Topliffe	✓									
Ms K Bentley	✓									
Ms H Citrine	✓									
Mr M Burns	✓									
Mr M Gibney	✓									
Dr A Nicolson	✓									
Ms J Ross	✓									
Ms L Salter	✓									

**TB01-21/22 Welcome and apologies**

Ms Rosser welcomed those present to the meeting via Microsoft Teams and noted that Mr P Clegg was observing in his capacity as Partnership Governor for Liverpool University.

**TB02-21/22 Declarations of interest**

There were no declarations of interest in relation to the agenda.

**TB03-21/22 Minutes of the meeting held on 4<sup>th</sup> March 2021**

Mr Topcliffe noted that himself and Ms Bentley were not marked as present. Following this amendment the minutes of the meeting held on 4<sup>th</sup> March 2021 were agreed as a true and accurate record.

**TB04-21/22 Staff Story**

Ms Salter presented the staff story which had been compiled from a staff engagement session undertaken following comments expressed by staff during ward visits. An overview of staff experiences during each of the waves of the pandemic was provided.

Mr Crofts thanked Ms Salter for the powerful story and noted that this had provided a different perspective on the effects of the pandemic. A number of systematic processes were in place however it was also recognised that staff resilience needed to be built up as there was a long term toll on staffing that the Board needed to be mindful of. Ms Bentley felt it was positive that staff felt able to be open and share their concerns and noted that the expansion of the internal psychology service was a very positive step.

Professor Thakkar noted that nobody has had to manage a pandemic before and recognised the need to take time to reflect to learn if things could have been done differently and identify what lessons could be learned. This could then be utilised to inform a 'you said – we did' staff briefing to share learning.

The Chair highlighted that the Psychology team had been nominated for the employee of the month award noting that while this service was predominantly for patients the team had gone above and beyond to support staff and this had been recognised by staff.

**TB05-21/22 Chair & Chief Executive Report**

Ms Citrine reported that the transformation review undertaken by Cheshire and Mersey ICS was approaching completion and it was recommended to the Partnership Board that neurosciences should continue to be a key programme going forward. It was also noted that the Partnership Board papers also recognised the Trust as a partner who had responded to the memorandum of understanding as discussed at the previous Board meeting.

An update was provided from the Specialist Trust Alliance (STA) meeting where it had been confirmed that The Chief Executive representative for the ICS would be Louise Shepherd and this representation would be reviewed every year. Karan Wheatcroft from MIAA is seconded to the STA and was working closely with the STA to implement a governance narrative. Two sessions had been arranged for key stakeholders to review the governance strategy prior to approval and implementation.

Ms Rosser noted that she had been confirmed as the Chair representative for the STA and noted that there was a lot of uncertainty within the system and no governance structure was in place as yet. The key challenges had been recognised which included the need to shift peoples behaviours and move towards interventions prior to people developing a medical condition rather than treating the condition.

The role of the Governors within the ICS was under discussion, it was recognised that the role would be changing and further updates would be provided as information became available. Mr Buckingham noted that NHSI were reviewing the Code of Governance for

Foundation Trusts. The work was in the early stages and updates would be provided as this work progressed.

CCGs were starting to integrate and terms of reference and a memorandum of understanding was on the agenda. A Joint Commissioners Committee was in place for the next 12 months and there was some uncertainty on how this would be configured going forward.

The emphasis from the fortnightly regional meeting had been on transformation and restoration and how PLACE could assist in recovering services.

**The Board:**

- **noted the report.**

**TB06-21/22 Recovery and Restoration Presentation**

Ms Ross provided a presentation detailing the elective recovery plan and gave an overview of the background to the backlog and delays in the elective programme. Work had been undertaken across the system to agree how to improve elective activity and this approach had been co-ordinated by the In-Hospital Cell. A trajectory for recovery was in place to March 2022 with a target of the backlog of all 52 week waiters to be cleared by January 2022. Staff health and wellbeing would also need to be taken into account with a healthier work environment included within the narrative. The recovery plan provided the number of patients needed to be recovered each month and this was highlighted.

Planning guidance had been published on 25<sup>th</sup> March 2021 which supported the 5 key objectives and the key dates for planning submissions to be made were noted. These plans would be reviewed by the HCP prior to submission and it was agreed that the approval of submissions would be recommended for delegation to BPC as the submission date was before the next meeting of the Trust Board. It was recognised that the plan was challenging but could be delivered subject to delivery risks noted within the plan.

The Chair noted that the previous ways of working may need to change moving forward and things were moving very quickly which was why agreement for the approval of the submission would be delegated to BPC. The plan also contained some mitigations and alternative options as contingency measures.

Ms Bentley queried if the clinical validation process was a qualitative process rather than the Trust working to the longest waiters. Ms Ross clarified that the Trust was following a national process for clinical validation with robust plans in place however it was noted that clinicians had ownership of patient validation lists. Dr Nicolson noted that clinical teams would prioritise patients on clinical need in line with the national plan.

Professor Thakkar queried if there was a feel for the likelihood and impact of any risks such as changes in the commissioning environment. Ms Ross highlighted that the recovery plan may require a separate risk register to feed into the corporate risk register and noted that mitigations were in place against some of the risks.

Ms Rai questioned if staffing capacity was available to enable delivery of the recovery plan and Ms Ross provided assurance that staffing levels had informed the recovery plan along with bed capacity noting that the plan had not assumed 100% capacity to ensure

some potential variances would not impact on the plan.

Mr Burns provided an overview of the national financial guidance for 2021/22 and highlighted that block arrangements would remain in place for quarter 1 and signed contracts between commissioners and providers were not required for the first 6 months. Systems were expected to deliver additional efficiency to close any deficits from 2019/20 and plans for delivery would be required from quarter 2. Discussions around the national pay settlement were ongoing and there was currently no separate funding for a pay settlement. An overview of the financial risks for 2021/22 was provided and it was noted that PPE would continue to be procured at a national level until March 2022 and although there was currently no 2021/22 CQUIN applied at this point this could be introduced from quarter 3.

Mr Burns left the meeting and Ms Wells joined the meeting.

#### **The Board:**

- **noted the report.**

#### **TB07-21/22 Integrated Performance Report**

Ms Citrine provided an overview of the Integrated Performance Report (IPR) noting that the report had been discussed in detail at Business Performance Committee as noted within the Chair's report. It was highlighted that the Trust was in a good position in comparison to others across the region in relation to activity recovery levels and cancer targets had continued to be met throughout the pandemic. Healthcare Associated Infections (HCAI) were within 2020/21 trajectory levels in February with the exception of MSSA and a deep dive review was ongoing to identify and address any lessons to be learned. It was also noted that staff appraisals would be another area of focus.

#### **Quality**

Ms Salter noted that quality and safety metrics were progressing well and provided an overview of all HCAI targets highlighting that there had been no incidents of MRSA since 2017. It was noted that the deep dive into MSSA infections had reviewed areas such as cannula cleaning and basic hand hygiene and this related to all staffing groups. This had since been re-audited with significant improvements noted.

#### **Performance**

Ms Ross noted that the Trust had done well to hold the operational position during the last wave and this had provided assurance that plans were correct. It was highlighted that diagnostic and cancer targets had all been met.

#### **Workforce**

Mr Gibney advised that staff sickness figures had improved and there were currently 5.7% of staff unavailable. It was clarified that 4.5% of this figure was due to staff sickness and the remaining 1.2% due to COVID related issues such as shielding and self-isolation.

#### **Finance**

Ms Wells noted that an improved position had been reported at M10 however the position had worsened during M11 and the trust was now reporting a deficit of £0.5m. This was predominantly due to additional funding being built in to cover annual leave not taken and it was highlighted that this would be funded.

Mr Topliffe advised the Board that permission to overspend capital by £1.8m had been granted near the year end and that teams had been working hard to bring forward a number of capital programmes from 2021/22. Ms Ross noted that the programme of schemes brought forward had been delivered and a clearer picture of what schemes had been brought forward and associated costs would be provided following completion of year end figures. The Board recognised the amount of work completed in a short timescale to bring these schemes forward.

**The Board:**

- **noted the report.**

**TB08-21/22 Staff Survey 2020**

Ms Mullin joined the meeting.

Ms Mullin provided a presentation detailing the results of the staff survey noting that this had been completed during the first wave of the pandemic. The Trust's response rate was 39% which was below the national average of 56%, the Trust had undertaken a mixed mode approach to the survey with online and paper responses available and it was unknown whether this approach had affected the response rate.

An overview of the context for staff engagement was provided and it was highlighted that the Trust had continued to participate in the Staff Friends and Family Test, staff listening events had been undertaken between waves and staff debrief sessions were undertaken along with building rapport sessions.

It was noted that the Trust was better than average in nine of the ten themes. The Trust was below the national average in the theme of safe environment – violence, although the Trust had improved in each of the three areas within this theme. Local comparison benchmarking outcomes were presented along with national comparisons and headlines. Areas to be celebrated were noted along with areas where additional work was required to bring improvements including WRES and WDES outcomes. Mr Gibney recognised that violence and aggression towards staff from patients was an ongoing theme and discussions were ongoing around this issue.

Ms Bentley noted her concern to see the gap identified regarding WRES and WDES with six categories showing a deterioration. It was noted that a number of new initiatives were underway and the region was in the process of recruiting a Senior ED&I Lead to cover three Trusts. Work was ongoing to ensure that staff were engaged in creating the ED&I strategy and were recognised as partners in solving the issue. The Trust had also joined a national group to review what could be done to improve WDES outcomes.

Professor Thakkar recognised that the Trust had performed well in most categories and queried if the issues relating to violence were largely attributable to the nature of the patients cared for by the Trust. Ms Salter noted that this was the case and patient on staff violence remained the biggest concern. Dr Nicolson noted that the response rate was quite low and recognised the need to explore why this was the case and stated that it would be useful to view a breakdown of staff groups. Ms Mullin stated that she would be meeting with Julie Riley to review the divisional responses.

**The Board:**

- **noted the results of the staff survey.**

Ms Mullin left the meeting.

**TB09-21/22 Quality Committee Chairs Report and Terms of Reference**

Mr Crofts provided an update from the meeting of the Quality Committee held on 18<sup>th</sup> March 2021 and highlighted the staff story which had been presented earlier on the agenda under item TB04-21/22. The MSSA quality improvement report had been presented and it was recognised that this was a significant issue and under scrutiny. It was also noted that a number of risk assessments for patients on a ward within neurology division were delayed due to pressures relating to COVID and associated challenges amongst staff.

The revised terms of reference were presented and recommended for approval.

**The Board:**

- **noted the chairs report.**
- **approved the revised terms of reference.**

**TB10-21/22 Business Performance Committee Chairs Report and Terms of Reference**

Mr Topcliffe provided an update from the meeting of the Business Performance Committee held on 23<sup>rd</sup> March 2021 and highlighted the matters raised for the Board's attention noting that they had already been covered as part of the agenda. The annual effectiveness review had highlighted a number of useful actions and a task and finish sub-group would be formed to implement these.

The revised terms of reference were presented and recommended for approval. Mr Topcliffe highlighted amendments made since the previous version was approved.

**The Board:**

- **noted the chairs report.**
- **approved the revised terms of reference.**

**TB11-21/22 Board Assurance Framework**

Mr Buckingham presented the Board Assurance Framework (BAF) and noted that this was the opening BAF for 2021/22. No major changes from the previous BAF had been made however a proposed new draft risk had been added (Risk ID X2) regarding the move to an Integrated Care Partnership financial system along with changes to tariffs and population based specialist commissioning which could destabilise the Trust's income base. There was some discussion around the potential for an additional risk relating to the delivery of the recovery plan due to the high profile nature of the plan. It was also highlighted that risk appetite would form part of the next Board Development session. Ms Salter referred the Board to the COVID risk register included with the report and noted that the content of the register had recently been reviewed and updated by the Executive Team.



**The Board:**

- approved the content of the Board Assurance Framework as presented.
- approved the inclusion of RISK ID X2.

**TB12-21/22 Consent Agenda**

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

- **Mixed Sex Accommodation Annual Compliance Statement** – Approved the declaration of compliance.
- **Non-Executive Directors Independence Report** – Confirmed a positive conclusion on the independence of the Chair and other Non-Executive Directors.
- **Use of the Trust Seal** - Received and noted the report.

**TB13-21/22 Any Other Business**

There was no other business to discuss.

**There being no further business the meeting closed at 11.20am**

**Date and time of next meeting**

**Thursday 6<sup>th</sup> May 2021 at 09:30 via Microsoft Teams**

**TRUST BOARD**  
**Matters arising Action Log**  
**May 2021**

Complete & for removal
In progress
Overdue

Date of Meeting	Item Ref	Agenda item & action	Lead	Update	Deadline	Status

**Actions not yet due**

Date of Meeting	Item Ref	Agenda item & action	Lead	Update	Deadline	Status
27.06.2019	TB 78/19	<b><u>Annual Safeguarding Report/DBS Checks</u></b> Director of Workforce & Innovation to provide an update on benchmarking with other organisations regarding DBS check approach/ funding	M Gibney	M Gibney to provide a paper outlining the position, options and risks.  <b><u>January 2020</u></b> Item on the agenda. Regional solution awaited. Update to be provided when agreement reached.  <b><u>May 2020</u></b> Work on hold until after COVID-19	<del>Oct 2019</del> <del>Jan 2020</del>  June 2020  March 2021  June 2021	



**Report to the Board of Directors**  
**Date: 6<sup>th</sup> May 2021**

Title	Chair's Update – May 2021
<b>Sponsoring Director</b>	Janet Rosser Chair
<b>Author (s)</b>	Janet Rosser Chair
<b>Previously considered by:</b>	Not Applicable
<b>Executive Summary</b>  The purpose of this report is to advise Board members of the Chair's activities since the last Board meeting on 1 April 2021.	
<b>Related Trust Ambitions</b>	All
<b>Risks associated with this paper</b>	
<b>Related Assurance Framework entries</b>	All
<b>Equality Impact Assessment completed</b>	No
<b>Any associated legal implications / regulatory requirements?</b>	No
<b>Action required by the Board</b>	The Board of Directors is recommended to: <ul style="list-style-type: none"> <li>• Receive the report and note the extent of the Chair's external / system commitments.</li> </ul>

## 1.0 Introduction

The purpose of this report is to advise Board members of the Chair's activities since the last Board meeting on 1 April 2021.

## 2.0 Background

The following are the main meetings attended / main work done in April 2021. The purpose is to draw Board members attention to the amount of time being spent on external / system working, to ensure we all understand that this level of commitment will almost certainly be needed while we transition through the ICS and new Health Act and to ensure the Board agree that this should continue. For the sake of completeness I have also added the main internal meetings held during this period.

### Glossary

NHSE/I- NHS Engand / Improvement  
NW- North West England  
ICS- Integrated Care System  
CEO- Chief Executive Officer  
HSJ- Health Service Journal  
NHSP- NHS Providers

## 3.0 External Meetings

1. NHSE/I NW providers chairs update meetings- April 6<sup>th</sup> and 20<sup>th</sup>

Purpose- fortnightly update of national / NW issues eg COVID stats, vaccination rates, recovery projections, workforce, ICS development  
Outcome – used for my own knowledge, to feed into Board discussions and for NED and governor updates.

2. Meeting with Jan Ledward , CEO Liverpool April 7th

Purpose - general catch-up / relationship building and understanding of joint commissioning committee for Cheshire and Merseyside.

3. HSJ Leadership and Governance Conference April 8<sup>th</sup> and 22<sup>nd</sup>

Purpose - deeper understanding of governance issues for ICS  
Outcome - invitation to focus group discussion with 7 other system leaders

4. Meeting with Alan Yates, Chair, Cheshire and Merseyside ICS. April 12th

Purpose – relationship building and to discuss two specific ICS governance topics arising from the White Paper  
Outcome - ongoing dialogue established.

5. Cheshire and Merseyside chairs monthly meeting. April 12<sup>th</sup>

Purpose – update on ICS development and to discuss issues of concern

6. Liverpool Health Partners Grand Round to showcase research projects, topic Neuroscience and Mental Health. April 16<sup>th</sup>

Purpose - increase knowledge of work they are doing

Outcome - contact from Dawn Lawson, CEO of LHP to thank me for supporting the event and to suggest an early introduction to the new chair of LHP. Subsequent request from Dawn for me to facilitate chairs links going forward.

7. Meeting Specialist Provider Alliance. April 19<sup>th</sup>

Purpose - update on progress, consideration of new prospectus, decision about representation on the ICS partnership board.

Outcome - reps on partnership board – Janet Rosser and Louise Shepherd (Alder Hey CEO)

8. Meeting with Mike Thomas, Chair Morecambe Bay Hospital Trust. April 20<sup>th</sup>

Purpose - shared know how on the role of governors in the ICS

Outcome - ongoing dialogue established and meeting set up with Clare Duggan, NHSE/I, to discuss their thinking on this topic

9. Meeting with Miriam Deakin, Director of Policy and Strategy and John Coutts, Governance Advisor NHSP. April 20<sup>th</sup>

Purpose - to share know how on ICS/ White Paper especially the role of governors.

Outcome - ongoing dialogue established

10. Meeting NHSP/ NHSE/I

Purpose - education and update on ICS policy development from directors of NHSE/I

Outcome - greater understanding of views on how the White Paper / Health Bill could develop and what guidance will be published by the regulators, potential role of the ICS board and provider collaboratives and the role and working of each “place” in the ICS

#### **4.0 Internal Meetings**

1. Chair and Governor Briefing, April 14<sup>th</sup>.

Purpose - informal monthly meetings to ensure governors are kept up to date. Originally established in response to Covid but will, subject to governors' views, continue.

2. Meeting with Mark Foy for demonstration of the new Minerva database

Purpose- greater understanding

3. Teams call with potential applicant for CEO. April 15<sup>th</sup>

4. Chair and NEDs Briefings. April 15<sup>th</sup> and 29<sup>th</sup>.

Purpose- fortnightly informal catch up to discuss areas of concern outside of formal meetings.

5. Interviews for consultant neurophysiologist. April 20<sup>th</sup>

6. Meeting with Jan Ross and Deloitte LLP. April 29<sup>th</sup>

Purpose- to discuss next steps in board development

7. Weekly updates with Jan Ross and Paul Buckingham

Purpose- to discuss / agree on areas of concern, ongoing issues

## 5.0 Recommendations

The Board of Directors is recommended to:

- Receive the report and note the extent of the Chair's external / system commitments.



**REPORT TO TRUST BOARD**  
**Thursday 6 May 2021**

<b>Title</b>	Investors in People: we invest in people Report
<b>Sponsoring Director</b>	Name: Mike Gibney Title: Director of Workforce and Innovation
<b>Author (s)</b>	Name: John O'Sullivan Title: Investors in People Assessor Name: Ande Macpherson Title: Investors in People Assessor
<b>Previously considered by:</b>	<ul style="list-style-type: none"> <li>• Committee (please specify) _____</li> <li>• Group (please specify) _____</li> <li>• Other (please specify) _____</li> </ul>
<b>Executive Summary</b>	
<p>Investors in People is the industry standard for people management and sets out the criteria for high performance through people. The Walton Centre received formal accreditation as an Investors in People Gold Employer, as well as an Investors in People Good Practice award for health and wellbeing, on the 12 May 2017. The Trust was due to undertake its reaccreditation process in May 2020 however due to the COVID-19 pandemic, the reaccreditation assessment for the Employer Award was postponed until September 2020.</p> <p>The Trust maintained its Gold Award status which has additional significance as the assessment was conducted during the COVID-19 pandemic. The full report detailing feedback and recommendations is included for information. Actions will be incorporated into the Trust's NHS People Plan action plan and report into Business Performance Committee.</p> <p>The reaccreditation process for the health and wellbeing award will be undertaken in May and June 2021. The Health and Wellbeing Standard has been relaunched as the 'We Invest in Wellbeing Framework' and this will be the first time that the Trust will have been assessed against this standard. The outcomes will be shared with members at a future meeting.</p>	
<b>Related Trust Ambitions</b>	<ul style="list-style-type: none"> <li>• Best practice care</li> <li>• More services closer to patients' homes</li> <li>• Be financially strong</li> <li>• Research, education and innovation</li> <li>• Advanced technology and treatments</li> <li>• Be recognised as excellent in all we do</li> </ul>
<b>Risks associated with this paper</b>	The risks are broadly reputational resulting in the loss of status.
<b>Related Assurance Framework entries</b>	BAF ID: 006 - If the Trust does not attract, retain and develop sufficient numbers of qualified staff, both medical and nursing, in shortage specialties, then it may be unable to maintain service standards leading to service disruption and increased costs

Revised in July 2018

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The Walton Centre NHS Foundation Trust

<b>Equality Impact Assessment completed</b>	No – N/A
<b>Any associated legal implications / regulatory requirements?</b>	No
<b>Action required by the Board</b>	To consider and note

**Revised in July 2018**

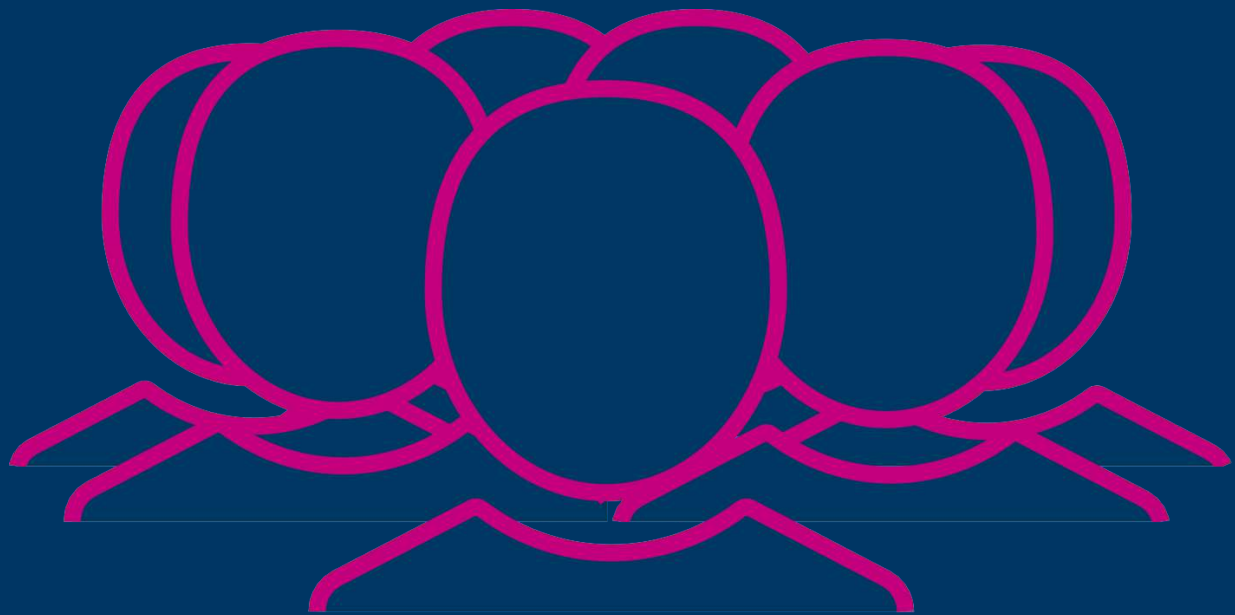
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# INVESTORS IN PEOPLE™

We invest in people



## Feedback

### The Walton Centre

Project number: NOR-20-00369  
Practitioners: John O’Sullivan and Ande Macpherson  
Date: 17 November 2020

Investors in People North of England

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Harrogate

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You did it!

# INVESTORS IN PEOPLE™

We invest in people Gold

You're at the Gold level of our *We invest in people* accreditation.

## Detailed feedback and recommendations inside...

- What to be proud of
- What to work on
- Our recommendations
- What's next

## Key dates

Accreditation date	12-month meeting	24-month meeting	Accreditation expiry
30/10/2020	30/10/2021	30/10/2022	30/10/2023

## At a glance

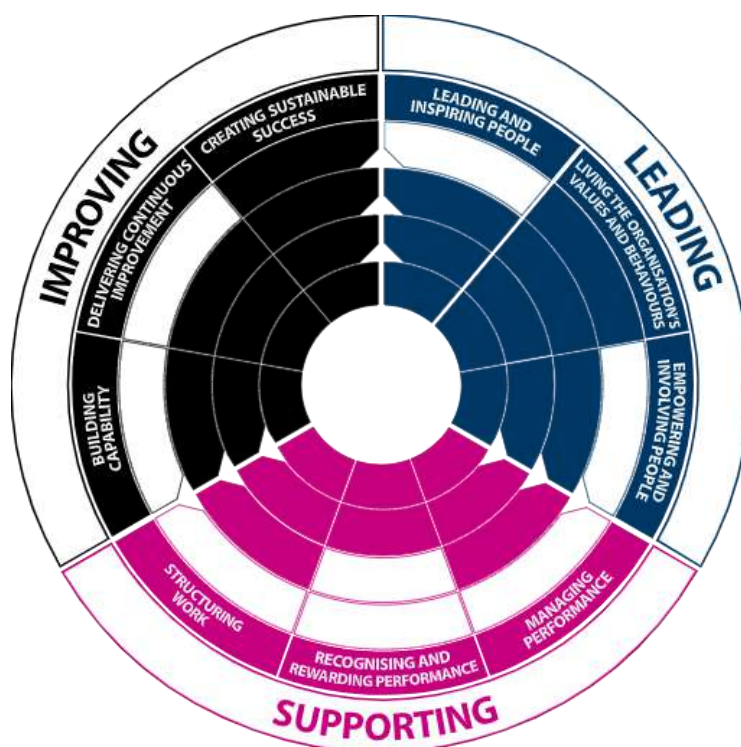
*“Hand on heart it’s a great place to work”*

*“I wouldn’t have stayed here for over twenty years if wasn’t a great place to work”*

*“I feel great pride working for the Walton Centre - I always have done”*

*“I wouldn’t want to work anywhere else - the Walton is an excellent employer”*

The Walton Centre has demonstrated *High Performing* practices on two indicators and *Advanced* practices on six and has, therefore, been recognised with Gold accreditation. The heat map below illustrates the overall assessment outcome:



## What to be proud of...

There was a strong narrative indicating that The Walton Centre is a highly aspirational organisation with clearly defined ambitions relating to excellence in neuroscience, sustainable growth and excellence in people management. There was also clear evidence of a progressive, joined up approach with effective integration and alignment of business, people and social responsibility strategies.

Virtually all interviewees described The Walton Centre as a great place to work and stated that they are proud to work there. This has additional significance given that the assessment was conducted during the pandemic. Verbal feedback was underscored by staff survey data showing consistently positive results (at or above the national average) over the last three years against a range of satisfaction, motivation and association factors.

When looking at the Investors in People Framework through the lens of cross cutting themes, the overall outcomes were as follows:

- |  |                 |
|--|-----------------|
| • Strategic Approach                             | High Performing |
| • Leadership Effectiveness                       | Advanced        |
| • Process Consistency and Embeddedness           | Advanced        |
| • Staff Satisfaction, Motivation and Association | Advanced        |
| • Data Collection and Analysis                   | High Performing |
| • Continuous Improvement Culture                 | Advanced        |

When exploring the evidence underpinning these themes, a number of strengths and leading edge practices were highlighted. For example:

- you are deploying a best practice approach to strategic planning that includes a compelling vision, a wide range of leading and lagging performance indicators and SMART objectives
- your core values have extremely strong traction with people believing in and seeing themselves as custodians of The Walton Way
- your people described a culture that is characterised by openness, trust and empowerment
- your people described how constructive stakeholder involvement has continued to be at the heart of your culture
- your people described a strong focus on the encouragement of high performance allied to robust review mechanisms at organisation and team levels
- there is a multi-faceted communication strategy that is viewed by most employees to be timely, open, honest and constructive
- your learning & development strategy is aligned to business imperatives and designed to build the capability of the trust
- people described a strong focus on innovation
- you take an enlightened approach to equality and diversity that includes identification of the profile of staff and the demographics of patients
- you have adopted a best practice approach to CSR based on a holistic model embracing community involvement, charitable activities, environmental sustainability and respect for the interests of stakeholders

It was also evident that, since your previous assessment, you have continued to adopt a holistic approach to continuous improvement that focuses on processes, systems and culture. This was evident, for example, from the introduction of the Building Rapport programme, further embedding of coaching, the roll out of a refreshed PDR process and the formulation of the new *People Strategy*.

Moreover, it was demonstrated how your investment in people has yielded a strong track record of achievement over a number of years through the realisation of impressive results such as:

- achievement of two successive *Outstanding* ratings from the Care Quality Commission

- a staff survey rating for ‘overall engagement’ that is above the national average and on an upward trajectory over the last three years
- 98% of patients saying they would recommend The Walton Centre to friends and family if they needed care or treatment (sustained over the last three years)
- an average PLACE inspection assessment rating of 99.9% over the last two years (1.5% above the national average)
- achievement of best in class employee engagement ratings for the *Morale* and *Team Working* themes

## What to work on...

Notwithstanding the positive feedback from interviews and engagement surveys, the on-line assessment reflected a different picture with a number of indicators yielding lower ratings than the average benchmarks for Investors in People as a whole and the *Human Health & Medical* sector, specifically. Clearly the fact that the on-line assessment survey took place during the midst of a pandemic could be a factor in these differentials.

That said, the on-line assessment provided a useful barometer, particularly for highlighting comparative data between directorates and across different staff groups. The overriding development point arising from this granular insight is that, whereas an excellent strategic approach is being deployed, it has not fully landed in all areas of the trust.

In essence, therefore, to fulfil your ambition of becoming *High Performing* across the full spectrum of the liP standard, there is a need to achieve greater consistency and embeddedness of people management strategies throughout all teams. Further details on the specific areas for development relating to this are contained in the body of the report and the associated recommendations are set out overleaf.

## Congratulations on achieving Gold accreditation!

**You care** about your people, and we know you're ambitious to do even more for them.

Our feedback focuses on what you need to do to keep improving.

## Our recommendations

We've considered **who you are** and **where you're at** as an organisation. Our recommendations are designed to get you **where you want to be**.

The '*Where we want to be*' and '*How to get there*' actions set out in your People Strategy provide a clear road map for achieving your ambitions of Investors in People Platinum and inclusion in the Top 100. In terms of specific recommendations leading into the next assessment, we would recommend the following key areas of focus:

### *Leadership Capability*

Continue to invest in developing the capability of current, emerging and future leaders. In addition to the continued roll out of the Building Rapport programme, key elements of this could include:

- further development of leaders' understanding of how to create the conditions whereby people feel motivated to strive for high performance
- introducing a 'leader promise' framework to provide staff with clarity on what they can expect from their line manager (this could be integrated into PDRs to enable staff to give constructive and quantifiable feedback about how their manager is performing against the framework)
- further development of the capability of line managers to support the mental wellbeing of staff
- additional utilisation of action learning sets to enable leaders to better understand each other's roles, overcome challenges and provide a support network
- encouraging all managers to develop their people management capabilities by drawing on the findings of engagement surveys

### *Culture*

Continue to embed a culture of engagement and high performance with particular emphasis on:

- greater involvement of non-managerial staff (particularly those in non-clinical roles) in decision making.
- leaders being visible and proactive in personally conveying verbal appreciation
- people (particularly those not covered by CPD frameworks) taking ownership of their own development
- further utilisation of virtual 'face to face' communication platforms to disseminate key messages on strategy, policy and performance
- creating the conditions whereby people at all levels take responsibility for continuous improvement



### *Performance Management*

Seek to further enhance the approach to managing performance across the trust by:

- continuing to work on strengthening the timeliness and quality of PDRs
- ensuring there is a robust system of interim PDR reviews for those staff not covered by clinical supervision processes or competency frameworks
- strengthening understanding of ‘what excellence looks like’ at departmental level
- continuing to embed a coaching culture with a particular emphasis on encouraging people to take the lead in setting stretching objectives

### *Change Management*

Continue to develop your practices relating to initiating, forecasting and responding to change. Options here could include:

- considering how you could further enhance your approach to managing significant change by benchmarking current practice against internationally recognised best practice models such as ISO 22301 (Business Continuity) and ISO 19600 (Compliance Management Systems)
- considering how further development of agile working could yield mutually beneficial outcomes such as increased efficiency, enhanced wellbeing, enhanced work life balance and reduced impact on the environment (without sacrificing operational effectiveness)

## What's next?

When you've had a chance to read this report, we'll explain your results in our **feedback meeting**.

### WHO?

The feedback meeting will include Mike Gibney, Jane Mullin, Rachel Saunderson, Ande Macpherson and John O'Sullivan.

### WHEN?

To be confirmed.

### WHERE?

We'll meet virtually by Teams.

### WHAT?

Together, we'll...

- **discuss your result** and our recommendations in detail.
- brainstorm how to turn our recommendations into **tangible activities**.
- develop an **action plan**, which we'll be able to review one and two years on.

## To keep your accreditation, you need to:

- keep meeting (or exceed!) the **requirements** of your award.
- meet us **12 and 24 months** down the line. We won't be assessing you again, but it'll give us the chance to **chat through your progress** against your action plan.
- be **reassessed** no more than three years later.

## Don't forget to celebrate!

**Let your people know** who how you did. **Reward them** for their hard work and **include them** in the journey you're on.

# Assessment results

## Your results by indicator

INDICATOR	THEME	Developed	Established	Advanced	High Performing
LEADING AND INSPIRING PEOPLE	Creating transparency and trust			✓	
	Motivating people to deliver the organisations objectives			✓	
	Developing leadership capability			✓	
LIVING THE ORGANISATION'S VALUES AND BEHAVIOURS	Operating in line with the values				✓
	Adopting the values				✓
	Living the values				✓
EMPOWERING AND INVOLVING PEOPLE	Empowering people			✓	
	Participating and collaborating			✓	
	Making decisions			✓	
MANAGING PERFORMANCE	Setting objectives			✓	
	Encouraging high performance			✓	
	Measuring and assessing performance			✓	
RECOGNISING AND REWARDING HIGH PERFORMANCE	Designing an approach to recognition and reward			✓	
	Adopting a culture of recognition		✓		
	Recognising and rewarding people		✓		
STRUCTURING WORK	Designing roles				✓
	Creating autonomy in roles			✓	
	Enabling collaborative working				✓
BUILDING CAPABILITY	Understanding peoples' potential			✓	
	Supporting learning and development			✓	
	Deploying the right people at the right time				✓
DELIVERING CONTINUOUS IMPROVEMENT	Improving through internal and external sources			✓	
	Creating a culture of continuous improvements			✓	
	Encouraging innovation				✓
CREATING SUSTAINABLE SUCCESS	Focusing on the future				✓
	Embracing change				✓
	Understanding the external context				✓

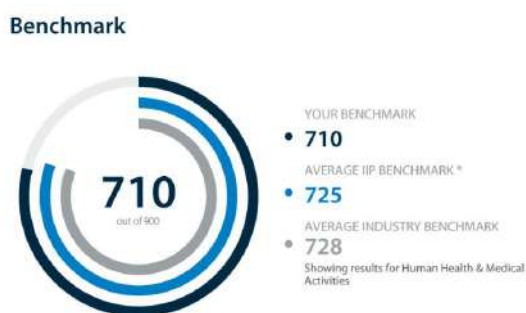
## Survey highlights

The overall results of the online assessment benchmarking facility are depicted in the chart below. The key factors to emerge here were:

- your average ratings for each indicator are broadly similar to those from your previous assessment in 2017
- you are ahead of the overall Investors in People average on one indicator
- you are below the *Human Health & Medical Activities* sector average on eight of the nine indicators

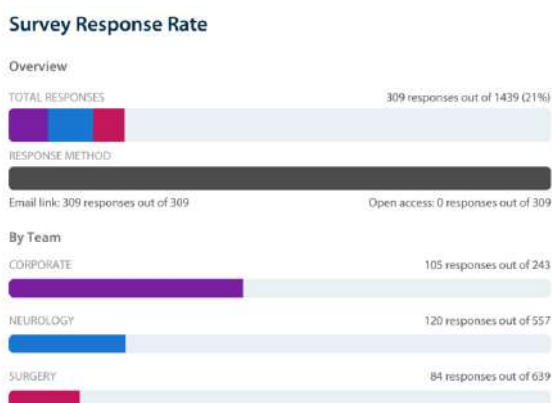
It is also worth noting that six of the nine indicators had over 81% of people giving a positive rating. The overall scores were tempered by relatively large numbers either *somewhat agreeing* or *neither agreeing nor disagreeing*.

### Your overall survey score



\* This reveals the average IIP Benchmark for all organisations who have undertaken the survey.

### Who took the survey?



Whereas the completion rate of 21% was in excess of the minimum requirement of 11%, it was significantly lower than the rates for your own annual surveys. Discussions with staff indicated that this was not influenced by low levels of engagement but rather, many staff having insufficient time to complete the survey due to pressures of work.

## Your highest scores

- 95% of people share your organisation's values.
- 94% of people feel their role enables them to work well with others.
- 93% of people feel your organisation has a positive impact on society.

## ...and your lowest

- 51% of people say they are rewarded in ways that match their motivations.
- 57% of people feel they are consistently recognised when they exceed expectations.
- 62% of people think they get appropriate recognition for the work they do.

## Your survey results by indicator

As well as an average indicator score, the following three charts illustrate:

- how you compare to the overall Investors in People average for organisations in the 250 to 4999 size band
- how you compare to the *Human Health & Medical Activities* sector average for organisations in the 250 to 4999 size band
- the comparison to your results from your previous assessment in 2017

### Investors in People Benchmark

#### Indicator summary

	Strongly agree	Agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Disagree	Strongly disagree	Average Indicator Score	Difference from IIP Average
INDICATOR 1 Leading and inspiring people	21.8%	35.2%	18.0%	9.7%	6.3%	6.1%	2.9%	5.3	-0.3
INDICATOR 2 Living the organisation's values and behaviours	40.0%	39.5%	10.0%	5.6%	2.3%	1.7%	0.9%	6	+0.1
INDICATOR 3 Empowering and involving people	33.8%	34.4%	12.7%	6.0%	6.1%	3.9%	3.2%	5.6	-0.2
INDICATOR 4 Managing performance	37.1%	33.9%	9.7%	5.9%	3.2%	6.2%	4.0%	5.6	-0.1
INDICATOR 5 Recognising and rewarding high performance	18.1%	27.8%	13.3%	13.1%	9.1%	9.2%	9.4%	4.7	-0.4
INDICATOR 6 Structuring work	35.2%	40.0%	11.4%	5.6%	3.7%	2.4%	1.6%	5.8	-0.0
INDICATOR 7 Building capability	28.3%	33.8%	13.9%	10.8%	4.0%	5.1%	4.1%	5.4	-0.1
INDICATOR 8 Delivering continuous improvement	26.5%	38.3%	15.5%	10.5%	2.9%	3.7%	2.4%	5.5	-0.2
INDICATOR 9 Creating sustainable success	33.1%	37.9%	12.5%	8.7%	4.2%	2.0%	1.6%	5.7	-0.0

## Sector Benchmark

### Indicator summary

	Strongly agree	Agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Disagree	Strongly disagree	Average Indicator Score	Industry
INDICATOR 1 Leading and inspiring people	21.8%	35.2%	18.0%	9.7%	6.3%	6.1%	2.9%	5.3	-0.4
INDICATOR 2 Living the organisation's values and behaviours	40.0%	39.5%	10.0%	5.6%	2.3%	1.7%	0.9%	6	0.0
INDICATOR 3 Empowering and involving people	33.8%	34.4%	12.7%	6.0%	6.1%	3.9%	3.2%	5.6	-0.2
INDICATOR 4 Managing performance	37.1%	33.9%	9.7%	5.9%	3.2%	6.2%	4.0%	5.6	-0.2
INDICATOR 5 Recognising and rewarding high performance	18.1%	27.8%	13.3%	13.1%	9.1%	9.2%	9.4%	4.7	-0.5
INDICATOR 6 Structuring work	35.2%	40.0%	11.4%	5.6%	3.7%	2.4%	1.6%	5.8	-0.1
INDICATOR 7 Building capability	28.3%	33.8%	13.9%	10.8%	4.0%	5.1%	4.1%	5.4	-0.2
INDICATOR 8 Delivering continuous improvement	26.5%	38.3%	15.5%	10.5%	2.9%	3.7%	2.4%	5.5	-0.1
INDICATOR 9 Creating sustainable success	33.1%	37.9%	12.5%	8.7%	4.2%	2.0%	1.6%	5.7	-0.1

## Previous Survey Benchmark

### Indicator summary

	Strongly agree	Agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Disagree	Strongly disagree	Average Indicator Score	Previous surveys
INDICATOR 1 Leading and inspiring people	21.8%	35.2%	18.0%	9.7%	6.3%	6.1%	2.9%	5.3	-0.2
INDICATOR 2 Living the organisation's values and behaviours	40.0%	39.5%	10.0%	5.6%	2.3%	1.7%	0.9%	6	+0.1
INDICATOR 3 Empowering and involving people	33.8%	34.4%	12.7%	6.0%	6.1%	3.9%	3.2%	5.6	0.0
INDICATOR 4 Managing performance	37.1%	33.9%	9.7%	5.9%	3.2%	6.2%	4.0%	5.6	-0.1
INDICATOR 5 Recognising and rewarding high performance	18.1%	27.8%	13.3%	13.1%	9.1%	9.2%	9.4%	4.7	-0.2
INDICATOR 6 Structuring work	35.2%	40.0%	11.4%	5.6%	3.7%	2.4%	1.6%	5.8	+0.1
INDICATOR 7 Building capability	28.3%	33.8%	13.9%	10.8%	4.0%	5.1%	4.1%	5.4	+0.2
INDICATOR 8 Delivering continuous improvement	26.5%	38.3%	15.5%	10.5%	2.9%	3.7%	2.4%	5.5	-0.0
INDICATOR 9 Creating sustainable success	33.1%	37.9%	12.5%	8.7%	4.2%	2.0%	1.6%	5.7	-0.0



# Your survey results by theme

The key factors to emerge here were:

- you are above the Investors in People average on eight themes
- you are above the *Human Health & Medical Activities* sector average on two themes

## Themes (Highs and lows)

	Strongly agree	Agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Disagree	Strongly disagree	Average Score	Difference from IIP Average
<b>Highs</b>									
<b>Adopting the values</b> <small>INDICATOR 2: Linking the organisation's values with behaviour</small>	47.4%	39.0%	7.4%	3.2%	1.3%	0.3%	1.1%	6.2	+0.2
<b>Enabling collaborative working</b> <small>INDICATOR 8: Structuring work</small>	38.8%	43.0%	11.7%	3.9%	1.6%	0.0%	0.3%	6.1	+0.2
<b>Understanding the external context</b> <small>INDICATOR 10: Choosing sustainable success</small>	39.2%	44.3%	8.7%	4.2%	1.6%	1.9%	0.0%	6.1	+0.2
<b>Living the values</b> <small>INDICATOR 2: Linking the organisation's values with behaviour</small>	38.5%	40.3%	8.9%	7.9%	2.3%	1.8%	0.3%	6	+0.1
<b>Improving through internal and external sources</b> <small>INDICATOR 8: Delivering continuous improvement</small>	30.4%	45.0%	13.9%	6.8%	1.6%	1.6%	0.6%	5.9	-0.0
<b>Lows</b>									
<b>Adopting a culture of recognition</b> <small>INDICATOR 5: Recognising and rewarding high performance</small>	24.6%	30.1%	12.9%	8.7%	9.7%	6.3%	7.4%	5	-0.4
<b>Developing leadership capability</b> <small>INDICATOR 1: Leading and inspiring people</small>	13.6%	30.7%	23.0%	13.9%	9.7%	5.2%	3.9%	4.9	-0.3
<b>Deploying the right people at the right time</b> <small>INDICATOR 9: Building capability</small>	21.0%	30.1%	14.9%	11.7%	6.8%	6.8%	8.7%	4.9	-0.4
<b>Recognising and rewarding people</b> <small>INDICATOR 5: Recognising and rewarding high performance</small>	16.7%	29.8%	12.9%	12.8%	7.9%	10.5%	9.4%	4.7	-0.4
<b>Designing an approach to recognition and reward</b> <small>INDICATOR 5: Recognising and rewarding high performance</small>	14.6%	21.7%	14.2%	18.1%	10.7%	9.4%	11.3%	4.4	-0.6

# What your people told us

## Leading

### LEADING AND INSPIRING PEOPLE

Leaders described how the trust has a clear purpose and strategic direction that is crystallised in a compelling vision and a suite of stated ambitions such as to ‘deliver best practice care’. It was also evident that, from a strategic perspective, you are continuing to exhibit a number of areas of good practice. For example, people told us how:

- there is a strategic objective to provide a compassionate and inclusive work environment where staff are motivated and engaged and share the same vision
- the people management skills required of a Walton Centre leader have been clearly defined though training programmes (such as Building Rapport) and core capability frameworks (such as Leadership and Management Standards for Medical Professionals)
- there is a progressive approach to developing leadership capability through a range of programmes for current, emerging and potential leaders



***“Our manager is very fair and very supportive - I couldn't knock her in any way at all”***

***“I definitely feel I get the trust from my manager”***

***“I have full faith in [leaders] - it feels like we are a united group working together for the same end game”***

***“My line manager is really good at supporting me and has a real passion for what we do”***

***“I can give feedback to my manager on how they are managing me there is no barrier, even psychological, to doing that”***

***“I did the Building Rapport course which was great for understanding different leadership styles and it gave me new skills especially teamwork and resilience”***

Most people told us how leaders have created the conditions whereby they feel engaged and motivated. When describing their line managers, people used key words such as calm, logical, honest, fair and understanding. They also described how the overall leadership culture in the trust is characterised by:

- most line managers actively supporting people to achieve the trust's objectives (for example by using quotes of the day to engender a positive mindset)
- an open and honest environment that allows them to have constructive conversations about personal and wellbeing matters
- people feeling empowered and trusted to make decisions commensurate with their role
- leaders showing a demonstrable passion for delivering objectives relating to critical success factors such as delivering positive patient outcomes in a dignified way
- most senior leaders being regarded as accessible and approachable and in touch with what is happening at all levels in the trust

A further insight into your leadership culture was gleaned from the 2019 CQC inspection which referenced '*a cohesive and competent leadership team who were knowledgeable about quality issues and priorities*' and highlighted how '*the leadership team actively shaped the culture of the organisation*' and '*the culture was open, encouraging and enabling*'.

Whereas there was some variation, a number of people highlighted elements of very effective, inspirational leadership. For example, imbuing trust by displaying an authentic leadership style and through leading by example (eg senior nurses going back in to uniform in response to COVID-19). People also expressed confidence and trust in the capability of senior leaders to guide the trust towards the achievement of its ambitions.

Whereas there was some variance in opinion, the overall consensus indicated that the positive leadership culture is underpinned by effective communication and engagement processes. For example, people told us how:

- documents such as the *Trust Strategy* and the *Quality Strategy* provide them with a clear strategic narrative on your ambitions and objectives
- team briefs and annual progress updates provide them with clear insights into how the trust is performing against its objectives
- most leaders are facilitating clear and timely two way communication through structures such as the *Ask Hayley* email facility, team meetings and the live streaming of team briefings
- staff surveys afford them with an opportunity to provide feedback on how well they are managed and developed

A minority of staff felt that they would benefit from higher levels of senior management visibility. On the other hand, however, many referred to a very strong consultant presence and well embedded engagement processes such as Staff Listening Events. Moreover, a number of staff noted that senior leaders had increased their visibility since the COVID-19 outbreak.

People described how you have continued to deploy a multi-faceted approach to the development of leadership capability. For example, they outlined how:

- consultants have a designated mentor

- the development of leadership skills is a key element of research fellow posts

It was also seen how the *Building Rapport the Walton Way* programme has been introduced to facilitate the migration from a heroic to a collaborative leadership style. Feedback on this programme was extremely positive with participants describing how they have enhanced their skillsets with regard to emotional intelligence, giving feedback, handling difficult conversations, developing staff, conducting appraisals and carrying out coaching conversations. They also outlined how they have derived added value by staying in touch with their cohort colleagues to exchange knowledge and coach each other.

Importantly, it was seen how effective leadership practices are equipping your people with relevant capabilities. For example:

- line managers were able to demonstrate a sound understanding of key people management competencies such as inducting new team members, identifying development needs and managing performance
- people have a sound grasp of your strategic priorities (at a level appropriate to their role) relating to factors such as delivering best practice care and being a leader in research, education and innovation

#### Your approach is yielding outcomes...

It was demonstrated through feedback and data how leadership practices are consistently translating into key outcomes that align to your and ambitions. A wide range of impressive results and achievements were highlighted including:

- engagement survey data showing a sustained improvement over the last three years (72% to 79%) with regard to support from immediate managers
- engagement survey data showing a trajectory of improvement over the last two years (69% to 73%) for *My immediate manager encourages me at work*
- very low levels of staff grievances
- relatively low levels of staff attrition for the healthcare sector
- the staff survey score for 'overall engagement' is on an upward trajectory over the last three years and is above the national average

#### What to work on...

Whereas the strategic approach to developing leadership capability is very strong, interviews and some data sets indicated that high performing leadership practices (covering all leadership roles) are not fully embedded across the trust as a whole. For example, feedback highlighted some inconsistencies relating to:

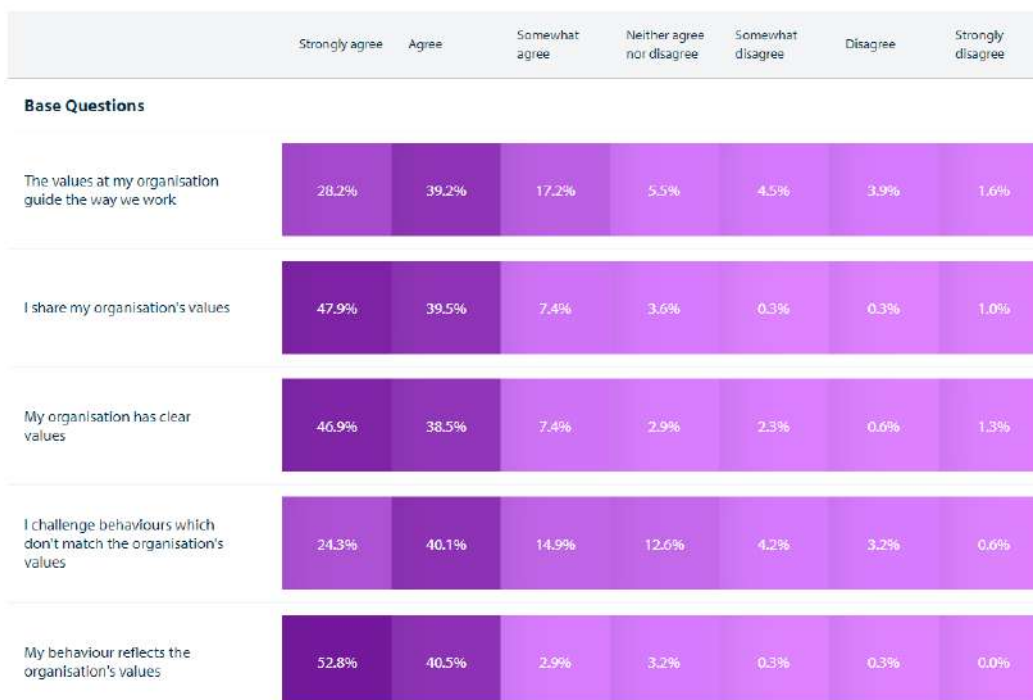
- the extent to which line managers engage with, empower, motivate and inspire team members to achieve high performance
- the perceived visibility of some senior managers and their connection with front line staff
- the frequency and effectiveness of PDR reviews

It was also acknowledged that there is a need to further develop the capability of line managers to support the mental wellbeing of staff.

## LIVING THE ORGANISATION'S VALUES AND BEHAVIOURS

Leaders described how the strategic planning narrative is given texture through The Walton Way suite of core values. They outlined how embracing values such as Caring, Dignity and Openness is pivotal to the trust fulfilling its mission and achieving its strategic goals. A number of examples of very effective practice from a strategic perspective were highlighted. For example:

- there is a People Strategy objective to embed a high performing culture based upon The Walton Way values and standards of behaviour
- there is a strong focus on accountability and transparency with corporate governance structures that facilitate oversight and monitoring of the behaviour of stakeholders
- the values are integral to your business strategy and aligned to your policies (eg the Standards of Business and Personal Conduct Policy sets out the need for maintaining the highest standards of business conduct and the need for compliance with the Nolan Committee principles of public life)



***“The Walton Way is something we practice every day”***

***“We’ve got a very good culture here - everyone is open and friendly”***

***“Our philosophy is always let’s do the right thing for staff and patients”***

***“The Walton Centre is a very inclusive, open organisation”***

***“As a leader I am mindful to model the behaviours and take the opportunity of daily interactions with people from across the organisation to do that”***

***“The values do genuinely reflect the culture here - it’s why we retain staff. It underpins everything from top level to shop level staff. You adhere to them on a daily basis”***

*“The values are real. I liked the rainbow lanyards and thought it showed pride in working here and respect for LGBT staff - it is not the old school way here”*

*“A focus on patients and an all-round approach which is consistent with the values.. is indoctrinated in our approach”*

There was a strong consensus amongst interviewees that your core values continue to accurately reflect your ethos relating to factors such as care, dignity and respect. People told us how your values are reflected in all aspects of the way you work relating to areas such as leadership, recognition, staff development, team work, mutual respect and patient focus. For example, they described how:

- leaders are utilising processes such as induction, appraisals and team meetings to actively encourage them to espouse The Walton Way
- your values are visibly displayed (eg on staff lanyards) and guide your approach to the provision of care
- the values are referenced in all trust policies (eg the Whistleblowing Policy promotes open and honest reporting without fear of reprisal)
- there is a values led culture that is characterised by openness, trust and mutual support (this is was reflected in staff feeling comfortable in speaking up)
- they are encouraged to demonstrate the values in the way they behave (for example, by treating challenging and aggressive patients and family members with dignity and respect)
- they believe in the values and feel personally motivated to behave in line with The Walton Way describing how they share the same core beliefs of ‘putting the needs of other first’ and ‘always showing compassion’
- the trust embraces internationally recognised corporate responsibility principles such as transparency, accountability, ethical behaviour and respect for stakeholder interests

A further insight into the embeddedness of your values was gained from your last CQC inspection which highlighted how *‘candour, openness, honesty and transparency were the norm’*.

Your people described how they consciously make decisions based on your values (eg Neurophysiology staff highlighted how they will only recruit ‘values aligned’ staff despite a national skill shortage). They also described how they consistently apply the values and behaviours in the course of their work. For example, they highlighted how ‘doing the right thing’ is fundamental to your organisation’s ethos. They described how they apply this approach in a practical sense by taking patients to private areas to preserve their dignity.

People told us how you have structures, practices and processes in place that are designed to make sure your values are enduring. For example, they highlighted how:

- the values are underpinned by behaviours that capture key people management concepts such as recognition, team work and open and honest communication
- values based recruitment and on-boarding processes are utilised to immerse people in The Walton Way
- the values are fully integrated into the PDR process

- the trust has defined its expected standards of ethical behaviour and communicates them to staff and board members (it was described how this is consistently reinforced through clinical senates)
- you adopt high standards of corporate governance through the reporting of plans and performance to all stakeholders and by opening yourself up to internal and external scrutiny
- members of your supply chain, such as the provider of security, cleaning and porter services, are required to 'sign up' to the values and uphold them when delivering services
- people feel that decision making chimes with the public sector ethos in that it reflects a collaborative approach whereby decisions are based on the collective purpose as opposed to individual priorities

People also related how they see themselves as custodians of The Walton Way and feel comfortable challenging behaviours that are inconsistent with the values. Aside from some isolated instances during the early phases of the pandemic, people confirmed that they rarely see colleagues exhibiting behaviours that run counter to the values.

#### Your approach is yielding outcomes...

It was demonstrated through feedback and data how adherence to your core values is yielding a wide range of impressive results and achievements, including:

- engagement survey data showing a trajectory of improvement over the last three years (89% to 92%) for *I feel that my role makes a difference to patients/service users*
- a CQC rating of *Outstanding* for the 'Effective and Caring' category
- 98% of patients saying they would recommend The Walton Centre to friends and family if they needed care or treatment (sustained over the last three years)
- enhanced reputation reflected in increasing patient referrals
- achieving above national benchmark performance in the 2019 National Inpatient Survey

#### What to work on...

Continue to focus on preserving the Walton Way 'DNA' against a backdrop of planned changes such as increased agile working.

## EMPOWERING AND INVOLVING PEOPLE

Leaders described how trust strategy is shaped through collaboration with a wide range of internal and external stakeholders. From a strategic perspective a number of other strengths are being exhibited. For example:

- there is a well embedded structure for staff engagement and consultation through the Staff Partnership Committee
- volunteers and sub-contracted service providers are embraced by key processes such as induction and recognition



***“Nobody holds back at the safety huddles - it’s really open and honest”***

***“I’ve got people around me who I know I can trust”***

***“Everybody is involved in the important decisions”***

***“When decisions are made there is a culture where you able to question it or have concerns”***

***“We are given extended roles to develop our leadership skills and a level of autonomy. I asked for something in my PDR and I was given additional responsibilities”***

***“There are always committees or projects you’d be encouraged to join like leading or being involved in audit cycles”***

***“It is a great team - the nursing staff are amazing even if short staffed or super busy - they go above and beyond every day”***

***“There are strong interdepartmental relationships giving a good collegiate approach and a strong team of advanced nurse practitioners”***

***“We have a good clinical team who gel well and have the support of our colleagues e.g. assistance with difficult cases and a lot of joint operating”***



Leaders described how they have sought to create an environment of trust and empowerment whereby people will feel confident to make decisions. In reference to this, people told us how deep stakeholder involvement is at the heart of your culture with a strong emphasis on teamwork that is characterised by a high level of engagement amongst colleagues. For example, people described how multi-disciplinary team meetings not only facilitate effective risk management and shared learning between specialists, but also inform the quality of decision making. When referring to your culture, people also told us how:

- they are given the authority and trust to make decisions commensurate to their role (eg they are given the autonomy to determine patient pathways)
- their level of decision making has increased over time (all staff agreed that information flows freely from managers when needed for making decisions in their role)
- the principles of openness and transparency permeate throughout the organisation with information on strategy and performance made available to all key stakeholders
- consultants share projects out within their team and utilise audits to track progress
- they feel empowered to display their initiative (nurses asserting themselves over doctors to carry out a sepsis screen was highlighted as an example of this)
- people engaging in constructive challenge is a feature of clinical senates

People also described an environment where they have opportunities to develop their leadership capabilities by accessing development programmes, taking the lead on research projects or by taking on additional responsibilities (such as specialist nurse or link ambassador for infection control). Specific examples of this included:

- radiography staff taking the lead on different specialisms and mentoring their colleagues
- a staff member contributing to service improvement by taking the lead on developing an electronic referral system
- a staff member taking the lead on the pursuit of IQIPS accreditation

A further insight into your culture was gained from your last CQC inspection which highlighted a number of areas of outstanding practice relating to empowerment including *'building the right conditions for collaboration across the local health economy'*.

Most people told us how you have structures, practices and processes in place to promote empowerment and ownership. For example, they highlighted how:

- they can readily access performance data on the intranet and take the initiative to develop themselves by accessing the resources in the training library
- the Staff Partnership Committee and the Medical Policy Board are very effective forums for canvassing views and for enabling staff to constructively influence policy
- they are consulted about decisions which have an impact on them (the development of the Theatre Practitioners Programme was cited as an example of this)
- they are actively encouraged to identify ways in which they can improve how they carry out their job roles (a secretary spending time in clinic to gain an insight into patient pathways was an example of this)

- qualitative feedback is gathered from focus groups and communication surveys to monitor people's views of how they are being managed and developed

People also described how your structures and processes enable them to contribute to key decisions. Examples of this included staff nurses being involved in the recruitment of HCAs, junior doctors being encouraged to participate in committees and ward staff being involved in allocation meetings to decide on whether patients should be accepted.

#### Your approach is yielding outcomes...

It was demonstrated through feedback and data how involvement and empowerment of people has led to the achievement of a wide range of results and achievements including:

- engagement survey data showing a trajectory of improvement over the last two years (73% to 74%) for *I receive the respect I deserve from my colleagues at work*
- engagement survey data showing a sustained improvement over the last three years (76% to 78%) for *There are frequent opportunities for me to show initiative in my role*
- an increase in engagement survey response rate up from 42% in 2017 to 46% in 2019
- 99% of patients achieving their therapeutic goals on discharge
- 95% of patients having good facial function following surgery (significantly higher than comparable units)

#### What to work on...

Whereas there is a clear strategic intent to empower and involve people at all levels, feedback and data indicated some variation in terms of the extent to which this is landing. With regard to clinical staff, some saw this as fundamentally a practical issue with work pressures making it extremely difficult to engage in activities beyond their job role. On the other hand, some non-clinical staff felt that their managers could involve them more in decision making.

## Supporting

### MANAGING PERFORMANCE

There was clear evidence of the concept of high performance being fully integrated into the strategic planning piece. For example:

- there is a clear definition of ‘what excellence looks like’ based on scorecard of key performance indicators covering factors such as patient satisfaction, regulatory compliance and referral to treatment
- there is utilisation of a comprehensive suite of hard and soft metrics relating to factors such as people, safety, quality, finance and patient experience
- detailed insights on operational and people trends and outcomes are captured in Integrated Performance Reports

	Strongly agree	Agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Disagree	Strongly disagree
<b>Base Questions</b>							
I have agreed my objectives with my line manager within the last 12 months	40.8%	35.3%	5.5%	5.2%	3.6%	6.5%	3.2%
I feel encouraged to perform to the best of my abilities	35.0%	36.9%	11.3%	5.5%	3.6%	4.9%	2.9%
My manager helps me improve my performance	33.0%	32.4%	12.9%	8.1%	3.6%	5.5%	4.5%
I have discussed my performance with my manager in the last 6 months	39.5%	31.1%	9.1%	4.9%	2.3%	8.1%	5.2%

***“I do think the appraisal is one of the strengths of the Trust - it is not just about ticking boxes”***

***“Do I find my appraisals to be useful? Yes, 100%”***

***“We don’t just do the bare minimum - we are always looking for advancement”***

***“My manager is really good and won’t pull any punches about my performance but it is done in the right kind of way”***

***“I think the PDR process is now far more interactive and meaningful”***

Following on from your previous assessment, people told us how you have sought to continue to advocate a high performance culture. For example, they described how:

- there are stated corporate ambitions based on excellence and best practice
- there is a strong focus on performance improvement that is crystallised in SMART objectives
- they are encouraged to take responsibility for monitoring their own performance by engaging in reflective practice

People also described how, with its focus on promoting and encouraging open and frank discussions, coaching has become more embedded over the last three years. As well as an increase in the number of designated coaches, it was felt that the roll out of the Building Rapport programme is generating an increase in coaching conversations being carried out between line managers and their teams.

People told us how, in your quest to embed a high performance culture, you have refreshed the PDR process. They described the current framework as more conversational and confirmed that it is increasingly being used to trigger open, honest and meaningful conversations. People also described how their PDRs provide a framework for:

- agreeing objectives (such as to carry out a research project) that are suitably stretching and aligned to the trust's strategic commitments (such as prevention of healthcare associated infections)
- reviewing and capturing how they are demonstrating key competencies and exhibiting values related behaviours

People told us how the PDR process is underpinned by a range of other effective performance management processes. For example, they outlined how:

- bi-monthly clinical supervision sessions provide opportunities for discussions on performance, development and wellbeing
- a structured competency pathway is utilised for underperforming staff
- clinical procedures (such as venepuncture) and radiography processes are systematically monitored and reviewed through a competency sign off process
- there is a structured nurses revalidation process and trainee medics have regular competency based meetings with their clinical supervisors
- 360 degree feedback is deployed for a number of roles
- psychometric testing has been deployed on the Deputy's Programme to assess competencies such as communication, vision and relationships as well as leadership style and workplace preference

People also told us how you have continued to deploy robust systems for monitoring performance at team and trust wide levels. For example:

- clinical audit is utilised to ensure that current practice follows published guidelines
- safety is reviewed via daily huddles (good practice here is the utilisation of a 'closed loop' approach whereby required improvement actions are shared with the Quality Committee and reported to the Trust Board)
- deployment of the Clinical Area Accreditation Scheme (aimed at driving up standards relating to patient experience, observations, documentation and staff experience)

It was seen how your approach is effective in equipping your people with knowledge of performance management practices. For example, most people described how they have clear responsibilities and accountabilities and how their job roles enable them to establish a clear line of sight between their individual objectives and business priorities such as safety, patient care and improving quality.

### Your approach is yielding outcomes...

It was also demonstrated through feedback and data how effective performance management is consistently translating into a wide range of outcomes including:

- engagement survey data showing a trajectory of improvement over the last three years (63% to 65%) for *My immediate manager gives me clear feedback on my work*
- a CQC rating of *Outstanding* in the 'Effective' category for Surgical Services and Specialist Rehabilitation Services
- achievement of Surgical Spine Centre of Excellence accreditation (a European-wide quality standard) in 2019
- 99% of patients achieving their therapeutic goals on discharge
- 95% of patients having good facial function following surgery (significantly above the rate in comparable units)

### What to work on...

Whereas there are a number of exemplar elements to the approach to managing performance, feedback and data highlighted some areas for development. For example:

- there is a need for greater consistency in terms of the way all people managers engage with, empower, motivate and inspire team members to achieve high performance
- there was variation in terms of the extent to which people take the lead in setting stretching objectives
- a number of people highlighted that their PDRs are not followed up with structured interim reviews
- there is further scope for strengthening understanding of 'what excellence looks like' at departmental level

## RECOGNISING AND REWARDING HIGH PERFORMANCE

Leaders described how they have endeavoured to design a recognition and reward strategy that is transparent, fair and financially sustainable. In terms of strategic approach, a number of other strengths are being exhibited. For example:

- the *People Strategy* contains an objective to provide a compassionate and inclusive work environment where staff are motivated, engaged and valued
- there is an extensive, holistic recognition and reward offer that is designed to cater for different individual motivations
- successes and trends are gauged through monitoring of employee relations metrics, workforce data, staff surveys and equality impact assessments



*“X makes you feel like you are listened to - he makes you feel like you count”*

*“It doesn’t matter what colour blue you’re in - you get recognised the equally”*

*“X is very quick to notice if you’ve done a good piece of work and will congratulate you”*

*“They believe in me and fill me with confidence more than I may not have myself*

*“It’s a nice job I look forward to coming to work - I don’t have had that feeling in the pit of my stomach before a shift which I have had other jobs”*

*“I know how my role helps other people do their jobs which is how I feel valued - I also have good relationships with doctors, registrars and nursing staff which I appreciate”*

*“I’ve worked in private and other trusts and think overall there is a better culture of positive recognition here”*

*“Most days yes - some people will go out of their way to recognise what I’m doing”*

It was clear from our conversations that most people have a sound understanding of the trust's recognition and reward offer. They described a multi-faceted strategy that encompasses, for example:

- recognition of all round contribution via Employee of the Month and Good Catch awards
- recognition of performance through career progression opportunities
- recognition of behaviours via annual awards based on living the values
- recognition of loyalty and commitment via long service awards
- recognition of academic achievement and research
- there is a package of benefits that is in excess of minimum legal requirements

Whereas there was some variation in perceptions, most people told us how you have structures, practices and processes in place to support the embedding of a recognition and reward culture. For example, they outlined how:

- the recognition strategy is designed to attract and retain skilled people who share your values
- there is a flexible offer that that recognises and rewards people for their behaviour, performance and loyalty
- most leaders adopt a transparent, meritocratic approach that reflects an alignment between contribution and reward
- some line managers adopt a person centred approach, where individual motivations are considered
- there is a focus on celebrating success (eg a quality event had been utilised to showcase and reward good work)
- people are encouraged to be actively involved in recognition processes (eg there is a peer nomination process for the annual awards)
- most leaders are effective at identifying, acknowledging and recognising individual and team successes
- there is conveyance of recognition from senior levels via emails
- there is a progressive approach with the strategy kept continuously under review and updated based on staff feedback and changing business priorities

All staff said that they felt valued and appreciated for the work they do (although some did say that this was “some of the time, not all.” There were examples from some staff where the trust had “gone above and beyond the rules to support me” and “treat me in a really human way not by the book” which meant a lot to those staff “it has meant more than money.”

A consistent theme to emerge from interviews was that the prime motivators for staff are delivering excellent patient care, giving something back to the community and a desire to be the best. In addition, most people confirmed that they are also motivated by specific elements of the the reward and recognition strategy such as annual awards, career progression, verbal ‘pats on the back’ and the fact that behaviours, effort and commitment are recognised as well as performance.

### Your approach is yielding outcomes...

Feedback and data indicated how your approach to recognising and rewarding people is yielding key outcomes. For example:

- engagement survey data showing a sustained improvement over the last three years (74% to 78%) for *My immediate manager values my work*
- achievement of a best in class employee engagement survey ratings for the *Morale* theme
- low levels of sickness absence with a downward trend since 2014

### What to work on...

Whereas there is clear evidence of a progressive, holistic recognition and reward strategy, interviews and some data sets indicated that a culture of recognition is not fully embedded in all teams. For example:

- staff feel that some leaders could be more proactive in personally conveying verbal appreciation - particularly when individuals and teams exceed expectations
- there is scope for some line managers to develop their understanding of the of the factors that motivate people



## STRUCTURING WORK

People described how you have continually reviewed and adapted your organisational structure and ways of working to precipitate internal change and keep pace with the externally driven change that is a feature of the NHS. In terms of strategic approach, a number of other strengths are being exhibited. For example:

- the People Strategy contains an objective to develop a workforce to deliver 21st century care (by providing the right systems, processes and environment to enable the workforce to be as efficient and effective as they can be)
- the Integrated Governance Framework is utilised to avoid silo working
- there is deployment of specialist personnel in key roles covering HR, learning & development, safety, governance, risk management and CSR



***“We have really good governance structures in place”***

***“The team brief is very good - it gives you a real sense of what is happening across the trust”***

***“The team we have here is fabulous - their knowledge is fantastic”***

***“There is a well structured team here through the levels of doctors and specialist nurses. It’s a feeling of working together as one team which is effective”***

***“One of the experienced lead registrars took me under his wing - if it had not been for X I would have felt very intimidated coming in to this environment”***

***“Teamwork it’s not just one man, one job we do muck in together. It one of the reasons the hospital is successful”***

***“You are not alone, there is always someone to help”***

People described a structured approach to organisational development that has increased your agility and preparedness for further changes in your operating environment. When discussing your strategy and processes, they outlined how:

- roles, responsibilities, standards and accountabilities are clearly defined through, for example, job descriptions and SOPs
- the design of their job roles creates interesting work (the in-house design facility and the rotation of radiography staff across different modalities were highlighted as examples of this)
- the skills and competencies that are needed to deliver your objectives and goals are clearly defined and reviewed (eg via the AfPP SFA Toolkit and the ISCP framework as well as via the PDR process)
- many roles have extremely clear pathways with defined competencies providing a platform for staff to grow and develop the skills and capabilities needed for both lateral and vertical progression
- policies and practices support them to make timely, informed decisions with very clear clinical governance procedures to guide decision making in relation to risk management and clinical effectiveness (it was also highlighted how compliance on policy changes is tracked through use of a 'read and sign' approach)
- they are encouraged to take ownership and be decisive (this was particularly true for clinical roles where staff outlined how they have to act quickly and effectively in critical or even life threatening situations)
- policies and practices are continually reviewed in order to ensure they remain aligned to your operating environment, business strategy and regulatory frameworks as well as your culture (the updating of the Communications Strategy and the formulation of COVID-19 policies were reflective of this)
- there is an inclusive, holistic and open approach to communication (via channels such as Neuromatters, the Walton Weekly, Team Brief, the Intranet, CEO Blogs and Facebook) that enables key messages to be transmitted and received
- you have recently set up agile working pods

Feedback indicated that you have continued to demonstrate high performing practices relating to role design. For example, through development of the Governance Assurance Framework, the Governance and Patient and Family Experience Department has enhanced its staffing structures to further strengthen the management of safety, major incident response and business continuity.

People told us how you have continued to try and embed a culture of collaborative working. For example, they highlighted how:

- there is a big emphasis on creating the right team dynamics in order to achieve effective sharing of knowledge and information (eg on tissue viability) both within and between teams
- they work as part of a team (even when working remotely) with a high level of 'team feeling' amongst staff
- contract staff are fully integrated and made to feel part of the team
- the Building Rapport programme was a real positive for assembling a diverse group of people together and building relationships with colleagues
- through a cross team, multi disciplinary approach, a project to relocate a drugs cupboard "went like clockwork"

A key factor to emerge here was a strong sense of a collegiate approach characterised by strong collaboration between medics and administrators and, for the most part, good connectivity between departments. Another example was provided by HCAs, who described how they receive fantastic support from their extended team of cleaners, housekeepers, doctors, nurses and therapists.

#### Your approach is yielding outcomes...

It was demonstrated through feedback and data how effective structuring of work is consistently translating into key outcomes that align to your ambitions. A wide range of impressive results and achievements were highlighted including:

- achievement of a best in class employee engagement rating for the *Team Working* theme
- engagement survey data showing a trajectory of improvement over the last three years (76% to 78%) for *I am enthusiastic about my job*
- achievement of ISO 27001 accreditation
- achievement of UKAS accreditation for the laboratories
- an average PLACE inspection assessment rating of 99.9% over the last two years (1.5% above the national average)
- zero breaches of legal requirements

#### What to work on...

Whereas your practices are very strong in this space, feedback indicated scope for:

- continued development of agile working (the inclusion of this in the Building Rapport programme is a key step you have taken here)
- enhanced utilisation of virtual 'face to face' communication to disseminate key messages on strategy, policy and performance

## Improving

### BUILDING CAPABILITY

There was clear evidence of an effective strategic approach to building organisational capability in line with your ambitions and your operating environment. For example:

- annual training needs analyses are conducted to help identify the capabilities people need to deliver success
- your learning & development strategy is clearly aligned to business imperatives such as patient care, safeguarding, risk reporting, equality & diversity and infection control
- there is a comprehensive written Recruitment Strategy which includes a systematic approach to workforce planning and redesign of business critical roles to address staffing shortfalls



*“The mediator training was brilliant - it has changed the way I look at things”*

*“Working here has given my confidence a really good boost”*

*“I’ve been really lucky - I’ve had great opportunities to progress my career at the Walton Centre”*

*“I’ve had lots of support - I was never thrown in at the deep end”*

*“They have been absolutely amazing with me - they’ve given me so much support”*

*“The seniors are very keen to pass on their knowledge - I would say it’s absolutely a continuous learning culture”*

*“I have used the VR headset to understand the operating theatre environment - it was a great bit of learning”*

*“I’m in a narrow specialty and have been very lucky to find colleagues who are keen to support my development”*

*“We want to recruit people who will fit in with the Walton Way - people who are warm and caring”*

*“They tailored the interview to my needs and experience - the reality of the job has matched the expectations I had from the interview”*

Leaders described how encouraging continuous professional development and creating a culture of continuous learning are key elements of your people development strategy. When referring to your approach here, most people told us how:

- they can avail themselves to varied and stimulating learning and development options that support their ambitions
- they receive ongoing career development advice and guidance from line managers, designated mentors and the OD Team
- they are passionate about learning and are able to consolidate their learning and development through the application of their knowledge and skills with regard to diverse topics such as anatomy, orthotics, advanced trauma life support, MRI scanning and multiple sclerosis
- there is a strong commitment to personal growth that manifests itself through opportunities for both lateral and vertical career development and being supported to achieve recognised qualifications
- their job roles are intrinsically developmental and as such, lead to continuous enhancement of their knowledge and skills

People described a flexible approach to development with a blended menu of options that caters for a range of learning styles. These options include mentoring, use of a patient simulator, study days, secondments, a training library, e-learning, journal clubs and seminars. A good example of your innovative approach here has been the development of the bespoke Walton Surgical Assistant Project which has yielded a number of areas of good practice and is now being shared with other trusts.

Most people told us how your quest to embed a continuous learning culture is underpinned by effective processes relating to identification of development needs. For example, they outlined how:

- annual GMC surveys are used to inform medical education strategy
- PDRs and 121s provide them with regular opportunities to discuss their learning and development needs and their career development aspirations
- Practice Education Facilitators play a key role by delivering teaching sessions and facilitating the implementation of learning and development activities
- the Grand Round provides opportunities for medical students and trainees to discuss difficult cases and expand their knowledge in topics such as surgical techniques and thrombectomy

People also told us how there are processes in place to evaluate the impact of learning and development. For example, they highlighted how:

- a competency sign-off procedure is utilised to assess individual capability on clinical procedures such as venepuncture and tracheotomy

- PDRs are utilised to gauge the impact of learning and development on career progression
- the Clinical Governance framework is utilised to ensure staff have relevant and appropriate qualifications and training
- quantitative and qualitative data (eg relating to mandatory training) is utilised to gauge the impact on the overall performance of the trust

People recruited during the last year confirmed that they had been on-boarded effectively through transparent, fair and efficient selection processes followed by structured induction programmes. People also described the deployment of a risk based workforce planning methodology that is informed by detailed demographic profiling. Moreover, it was also seen how you have continued to deploy leading edge succession planning practices through:

- the utilisation of risk matrices to determine the likelihood and impact of people leaving
- the utilisation of capability grids to identify possible successors and their development needs
- the production of a succession plan
- the creation of a talent management framework to build capacity by attracting and retaining talent

People described a progressive approach to talent development that is reflected in the introduction of the Theatre Practitioners Programme. It was outlined how this programme has enabled people to enhance their skills (in areas such as anatomy & physiology, surgical techniques and human factors) and also achieve a Masters Module in Neuroscience.

#### Your approach is yielding outcomes...

It was demonstrated through feedback and data how investment in the skills and capabilities of people has yielded a wide range of results including:

- engagement survey data showing a trajectory of improvement over the last three years (90% to 93%) for *If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation*
- engagement survey data showing a sustained improvement over the last three years (88% to 91%) on acting fairly with regard to career progression
- staff achieving qualifications such as BSc in Clinical Physiology, ACCA, Masters in Advanced Radiography and Masters in Advanced Practice
- achievement of Surgical Spine Centre of Excellence (a Europe-wide quality standard) accreditation in 2019

#### What to work on...

Whereas the strategic approach to building capability is very strong, interviews and some data sets indicated some variation in the extent to which this permeates. For example, there was variation in terms of the extent to which people (particularly those not covered by CPD frameworks) take ownership of their own development and make use of the trust's learning and development opportunities.

## DELIVERING CONTINUOUS IMPROVEMENT

Leaders described how the need to continually improve and innovate is brought in to sharp relief as a result of financial pressures in the NHS and increasing demand for services. They outlined how they are responding to these challenges with an emphasis on identifying efficiencies. They also described a structured approach to continuous improvement that includes:

- utilisation of the Walton Way Project Methodology (that includes SWOT and PESTLE analyses to identify opportunities for improvement)
- a Research & Development Strategy and an Innovation Strategy - each of which is aligned to the trust's six strategic priorities
- the utilisation of staff engagement surveys to evaluate and benchmark data against a range of engagement factors such as leadership, wellbeing and job satisfaction



*“They take what you say on board - they don’t kick things into the long grass and forget about them”*

*“I just love the environment here - we are always trying to push scientific advance”*

*“I’ve seen a huge change for the better over the years especially with communication”*

*“I’ve had ideas at a previous NHS organisation but it was not until this one that I was able to pursue it”*

*“The innovation pathway is relatively new and it is a big improvement. The Directors of Nursing and Workforce have been very positive”*

*“Our department has a ‘pet peeves’ form in supervisions which is all about identifying quality improvements”*

*“It is an environment which makes you think ‘right what could I do’”*

It was seen how the trust’s ambitions include pioneering new treatments and being at the forefront of research, education and innovation. Linked to this, people told us how you have adopted a holistic approach to continuous improvement that focuses on processes, systems and culture. For example, with regard to culture, they described how:

- they feel empowered to try new things and derive learning from mistakes in a constructive way (eg a lessons learned approach has been used following the pandemic)
- there is a focus on diversity of thought and knowledge sharing
- where standard procedures allow, they are encouraged to try out new approaches if they feel it could precipitate service improvements or efficiency gains
- the trust has appointed an Innovation Co-ordinator and has established a database to monitor the progress of all innovations
- ideas and innovations are supported (such as to create a concussion course for school age sport participants and commercial partnerships such as the Shiny Minds mental wellbeing app)
- inspiration, learning and exchange of best practice is derived through membership of, or collaboration with, external networks such as the Infection Prevention Society, Eurospine and Spine Tango
- the trust seeks improvements by engaging in partnerships with other hospitals, local authorities and organisations such as the Strategic Workforce Group, Professional Liverpool, the Local Enterprise Partnership, and Innovation Agency North West
- mistakes made during the pandemic have been acknowledged and used as an opportunity for learning and improvement

People also gave examples of how the trust is a thought leader and instigator of new ideas. Examples of this included:

- involvement in the BASICS trial leading to an international change in practice relating to the reduction of infection rates
- hosting an international meeting to set the research agenda for Cauda Equina Syndrome (CES) for the next ten years
- providing an influential voice on forums such as the Brexit Council and the North West Staff Partnership Forum

People told us how you have structures, practices and processes in place that support the embedding of a continuous improvement culture. For example, they outlined how:

- there is a Research, Development and Innovation Committee and the Clinical Governance framework is utilised to ensure good practice is shared and implemented throughout the Trust
- the Neurophysiology department is working towards IQIPS (Improving Quality in Physiological Services) accreditation
- they utilise methodologies such as root cause analysis to help achieve harm free care
- a drive for excellence and quality improvement is a way of working in all departments (eg there are regular risk governance and quality meetings where staff can present ideas or project progress updates)
- they often work together on ideas (forums for this include audits, ward meetings, clinical supervision and the Grand Round)
- physiologists have a monthly meeting where all projects are gone through and completed cycles of learning are shared



- clinical audit is used to improve patient outcomes by improving professional practice through a continuous process whereby healthcare professionals review patient care against agreed standards and make changes
- technology is being used to create more efficient working in admin and secretarial roles

It was also seen how, following its 2019 inspection, the CQC highlighted a number of areas of outstanding continuous improvement practices including undertaking pioneering research on treatments and the development of ground breaking clinical procedures such as thrombectomy and intraoperative magnetic resource imaging.

People described how a range of evaluation practices are used to facilitate a cycle of improvement in different aspects of people management. For example, they outlined how:

- the quality of PDRs is monitored
- trainer surveys are deployed to gauge how well the trust supports consultants as educators
- there is utilisation of annual communication surveys
- equality impact assessments are utilised to gauge whether policies and procedures are effective in practice

People also described how your approach in this space has generated improvements such as changing team brief to a live stream and the introduction of flexible consultant job plans in Anaesthesia (yielding efficiencies and cost savings). The Walton Surgical Assistant Project was also highlighted as an example of how an idea has been supported by senior leaders to be thoroughly developed and implemented. Staff were very complimentary about this new approach and the feeling of increased safety, skill level and empowerment it has given them.

#### Your approach is yielding outcomes...

There was strong evidence to indicate how your focus on continuous improvement has produced a wide range of results. For example:

- engagement survey data showing a sustained improvement over the last three years (77% to 81%) for *I am able to make suggestions to improve the work of my team/department*
- achievement of ACSA Accreditation (based on benchmarking and engaging anaesthesia departments in quality improvement through peer review)
- Innovation Winner for Quality Impact at the HFMA NW Awards 2018
- an increased number of CQC *Outstanding* ratings

#### What to work on...

Whereas there is clear evidence of your strategic approach yielding sustained outcomes and efficiencies, feedback and data indicated variation in the extent to which a philosophy of continuous improvement is embedded across the trust. For example:

- there is variance in the extent to which leaders drive sustained improvement by acting on feedback from focus groups and surveys
- there is variance in the extent to which staff take responsibility for continuous improvement

## CREATING SUSTAINABLE SUCCESS

Leaders described how they are seeking to achieve sustainable success by focusing on the future and adapting to changes in the operating environment. In terms of strategic approach, a number of strengths are being exhibited. For example:

- strategy is developed through liaison and partnership with an extensive range of key stakeholders such as trades unions, professional bodies, the board, governors, members, NHS England and Healthcare Inspectorate Wales
- *Managing Change the Walton Way* encompasses key concepts such as stakeholder consultation, communication, resourcing, equality impact assessment, benefits realisation and feedback
- a new *Race Equality Strategy* has been developed in response to the challenges presented by COVID-19 and structural racism



***“I’ve been very happy here to be honest - it’s like a family”***

***“I think it’s a lovely place to work - it is not restrictive to the needs of the staff”***

***“I work in a fantastic trust - I want to get that across”***

***“Things are changing and I think it is for the best. The organisation is waking up to being successful on a global scale through research activity which is starting to ramp up”***

***“I have worked different places before and here they look after the staff better than anywhere I’ve worked and makes it easier to look after the patients”***

***“The Walton Centre is a small trust with a big heart. It has a family feel with support for staff especially in learning”***

***“The organisation is very willing to change and embrace new technology and innovation”***

***“There is huge support from the staff for our charity”***

When talking about your culture, most people described the trust as a great place to work. They attributed this to factors such as having a shared sense of purpose, a supportive working environment and a strong team ethic. People also told us how your culture and practices support the achievement of sustainable success against a backdrop of a constantly changing healthcare environment. For example, they outlined how:

- your recruitment strategy takes account of external factors such as national skill shortages, changes in government policy and demographic factors such as the age profile of the workforce
- they are updated on strategic goals and future priorities via team briefs and the distribution of planning documents
- forums such as clinical senates provide an opportunity for staff to shape the agenda and strategy of the trust
- there is timely and transparent communication of significant changes such as policy updates or service developments
- you had resilience plans in place prior to the pandemic
- there is a very transparent approach to communication of change whereby both positive and negative messages are openly transmitted
- they feel empowered to lead and drive change (eg Integrated Neurology Nurse Specialists have acted as change champions in order to embed the practices associated with this role)
- the Building Rapport programme facilitates the sharing of knowledge and best practice between colleagues and raises awareness of the challenges of being a leader in the NHS
- a portfolio management methodology is used to manage the complexity of change programmes and projects

Evidence of high performing practice was seen in the introduction of the Deputy's Programme which allows leaders to develop their own capability and builds leadership capacity across the trust.

Whilst acknowledging that there were some problems initially (largely linked to changing policies and protocols) most people praised the way the trust has managed change in the light of the pandemic. Most people described a demonstrable commitment to their safety and wellbeing since the outbreak and also highlighted how your approach has yielded a number of key outcomes such as, for example:

- the initiation of a 'restore, prepare and transform' strategy yielding a 33% increase in critical care capacity
- an acceleration of agile working with a focus on outputs as opposed to inputs
- regular communication and social events to keep staff engaged and reduce the risk of personal isolation
- the introduction of new ways of working such as virtual meetings and training programmes

It was also described how staff had shown their adaptability and commitment to patient care by taking on new roles to meet emergency requirements.

It was evident that social responsibility continues to be fully integrated into the policies, strategic planning processes, culture and operations of the trust. It was also evident that your approach in this space continues to reflect internationally recognised best practice in that it is based on a holistic model embracing community involvement, charitable activities, environmental sustainability, respect for the interests of stakeholders and measurement of social return on investment.

People described an authentic approach to social responsibility outlining how they are aware of, or involved in, an extensive range of social responsibility initiatives such as:

- a wide range of fund-raising events such as the Hope Mountain Hike, the Jan Fairclough Ball and Christmas appeal initiatives
- running a pre employment programme to improve the employability of local people (leading to five people securing a job)
- supporting local economic development through engagement with organisations such as the Anchor Institute and Professional Liverpool
- running events such as the 'Workplace Safari' to enable schoolchildren to learn about the skills and qualifications needed to enter into a career in the NHS and gain an insight into working in a specialist neuroscience trust
- establishing the Strategic Workforce Group to support local unemployed people and develop a city wide approach to apprenticeships

People also described how you have continued to embed a culture of equality, diversity and inclusion through, for example, the Reciprocal Mentoring Programme and a series of training sessions on unconscious bias.

#### Your approach is yielding outcomes...

It was seen how your approach to creating sustainable success is translating into a wide range of high performing outcomes relating to impact on the communities you serve. For example:

- achievement of two successive *Outstanding* ratings from the Care Quality Commission
- engagement survey data showing a trajectory of improvement over the last three years (75% to 81%) for *I would recommend my organisation as a place to work*
- Friends and Family Test data showing that 85% of staff would recommend the trust as a place to work
- achieving a significant budget surplus for the financial year ending 31 March 2020
- advancement to Disability Confident Scheme Accreditation Level 2
- achievement of the NAVAJO Charter Mark (a signifier of good practice, commitment and knowledge of the specific needs, issues and barriers facing lesbian, gay, bisexual and transgender people in Merseyside)

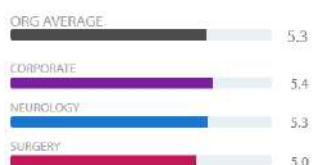
#### What to work on...

The ability to prepare for and manage seismic change has been brought in to sharp relief as a result of COVID-19. Further development of environmental scanning and business continuity methodologies would be options to consider here.

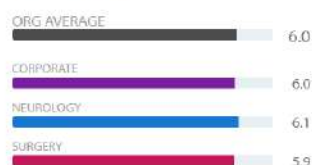
# Your teams

## How each team scored each indicator

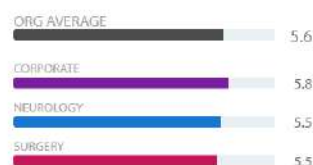
### Indicator 1 : Leading and inspiring people



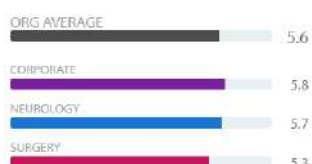
### Indicator 2 : Living the organisation's values and behaviours



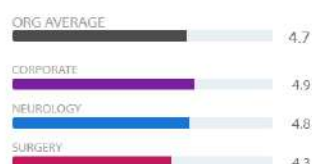
### Indicator 3 : Empowering and involving people



### Indicator 4 : Managing performance



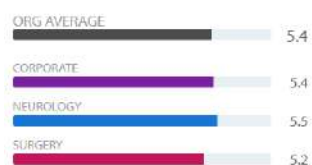
### Indicator 5 : Recognising and rewarding high performance



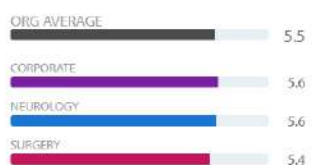
### Indicator 6 : Structuring work



### Indicator 7 : Building capability



### Indicator 8 : Delivering continuous improvement



### Indicator 9 : Creating sustainable success



The key factors to emerge here were:

- there was variability in people's perceptions with overall average alignment scores of 5.6, 5.6 and 5.3 for Corporate, Neurology and Surgery respectively
- Corporate was above your organisation average on seven indicators and level on the other two
- Neurology was above your organisation average on five indicators and level on three
- Surgery was below your organisation average on eight indicators and level on the other



Want to get in touch?  
[enquiries@iipnorth.co.uk](mailto:enquiries@iipnorth.co.uk)



## REPORT TO TRUST BOARD

Date 06/05/2021

<b>Title</b>	Integrated Performance Report
<b>Sponsoring Director</b>	Name: Jan Ross Title: Deputy Chief Executive
<b>Author (s)</b>	Name: Mark Foy Title: Head of Information & Business Intelligence
<b>Previously considered by:</b>	<ul style="list-style-type: none"> <li>Committee           <ul style="list-style-type: none"> <li>Quality Committee</li> <li>Business &amp; Performance Committee</li> </ul> </li> </ul>

### Executive Summary

This report provides assurance on all Integrated Performance Report measures aligned to the Business & Performance and Quality Committee's. Measures have been grouped into three categories to highlight high performing measures, measures with opportunity for improvement and those measures currently under performing. Performance is based on four aspects; performance in month, trend/variation, whether the target is within variation and external benchmarking.

The reduction in elective activity to support critical care surge capacity and mutual aid within the Cheshire and Merseyside region continued during March with the Trust continuing to provide elective activity for patients who urgently required surgery within one month. This has impacted a number of performance measures this month. Cancer Performance has remained above targets as the Trust has continued to prioritise this activity and 6 week wait target for diagnostics has been for achieved for five consecutive months. Healthcare Acquired Infections and Harms have remained within expected low levels.

**Key Performance Indicators – Caring****High Performing Measures**

Complaints – The number of complaints received has remained at a consistent level; however there have been significant improvements made to the timeliness that complaints are responded to. Publication of national data has been suspended due to COVID-19. Prior to this the number of complaints per 1000 WTE had been above peers and the national average.

Local data shows a reduction in raw numbers since Q4 19/20 with the number received each month typically below average.

**Key Performance Indicators – Well Led****High Performing Measures**

Agency Spend

Staff Friends & Family Test

Mandatory Training – Compliance in March 2021 was still above the target of 85% with some individual topics dropping below target. Compliance remains high for E-Learning topics and hopefully now training has restarted we will see an increase in topics included on study days.

**Opportunity for Improvement Measures**

Nursing Turnover - Although still above the 10% target, performance has improved significantly over the last year and is experiencing special cause variation. The Nursing vacancy rate is currently 4.74% and Medical is 0.05%. Nursing turnover remains high due to trained staff successfully being recruited into internal specialist nurse positions and career progression externally, two have returned to the ward areas, one from an internal position and one from an external post. The two divisional matrons have recently reviewed the skill mix across all areas and staff have been redeployed to maintain patient safety and to enhance staff clinical development.

Sickness/Absence - Sickness/Absence met the 4.75% target in month however performance has generally been above the target over recent years.

Appraisals – Compliance dropped below target and is now at 78.89%. At divisional level compliance has

**Key Performance Indicators – Safe****Opportunity for Improvement Measures**

Infection Control – local performance is on plan with the exception of MSSA which has passed its year end trajectory. The Trust is generally in line with national benchmark average, also with the exception of MSSA in which incidences have increased in 20/21.

Harm Free Care – Incidences of harm remain low and are performance within expected variation.

**Key Performance Indicators – Responsive****High Performing Measures**

Cancer Standards – Two Week Wait

Cancer Standards – 31 Day First Definitive Treatment

Cancer Standards – 31 Day Subsequent Treatment

Cancer Standards – 28 Day Faster Diagnosis

6 Week Diagnostic Waits – this standard has been achieved consistently in the last five months.

**Underperforming Measures**

Referral to Treatment – Welsh RTT performance continues to recover, but is still below the 95% target.

**Key Performance Indicators – Effective****Opportunity for Improvement Measures**

Activity – During March 2021; Daycase, New and Follow Up Outpatients performed above our target for % of recovered activity of 19/20. Elective and Non Elective were below the target. The reduction in elective activity to support critical care surge capacity and mutual aid within the Cheshire and Merseyside region continued during March with the Trust only providing elective activity for patients who urgently required surgery within one month.



dropped in all areas and the training team are currently working with individual departments to improve compliance.	
<b>Related Trust Ambitions</b>	<ul style="list-style-type: none"> <li>• Best Practice Care</li> <li>• Be financially strong</li> <li>• Be recognised as excellent in all we do</li> </ul>
<b>Risks associated with this paper</b>	Associated access and performance risks all contained in divisional and corporate risk registers.
<b>Related Assurance Framework entries</b>	Associated BAF entries: <ul style="list-style-type: none"> <li>• 001 Covid-19</li> <li>• 003 Performance Standards</li> <li>• 005 Quality</li> </ul>
<b>Equality Impact Assessment completed</b>	<ul style="list-style-type: none"> <li>• No</li> </ul>
<b>Any associated legal implications / regulatory requirements?</b>	<ul style="list-style-type: none"> <li>• No</li> </ul>
<b>Action required by the Board</b>	<ul style="list-style-type: none"> <li>• To consider and note</li> </ul>



The Walton Centre  
NHS Foundation Trust

# Board KPI Report May 2021

Data for March 2021 unless indicated

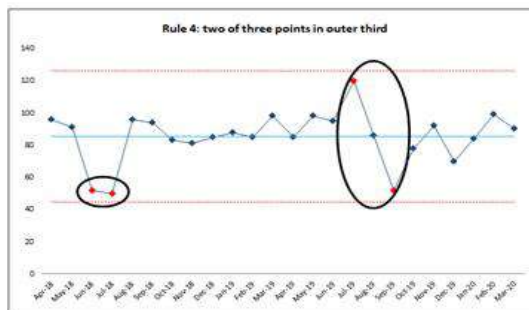
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# SPC Charts Rules

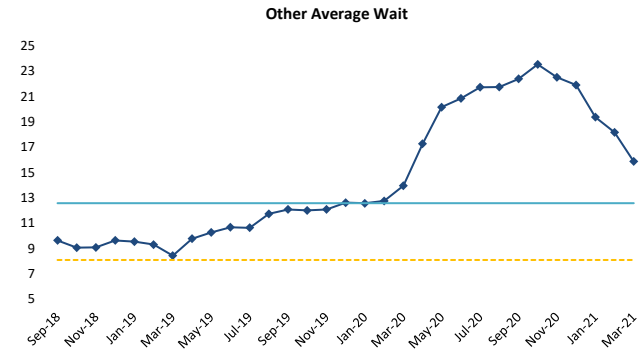
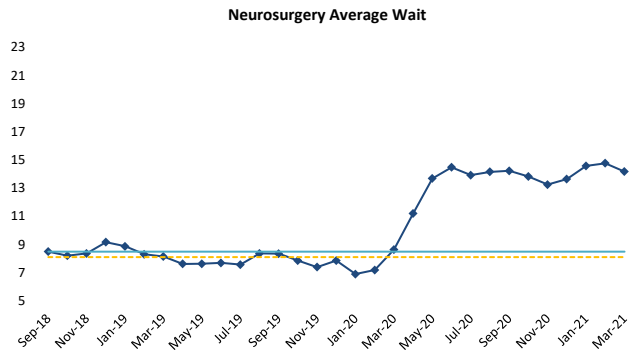
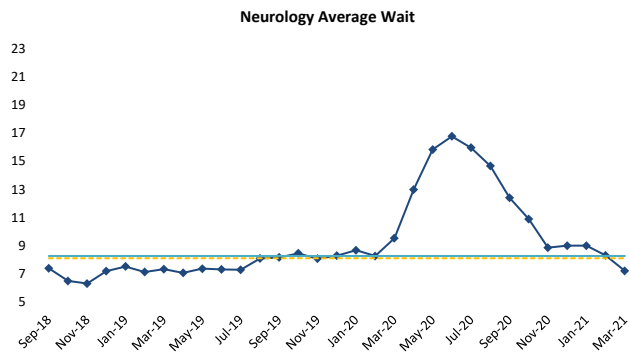
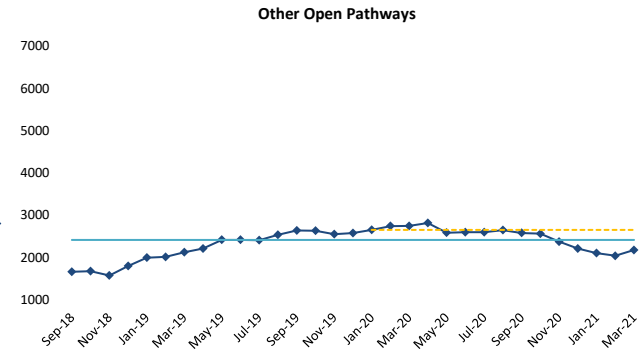
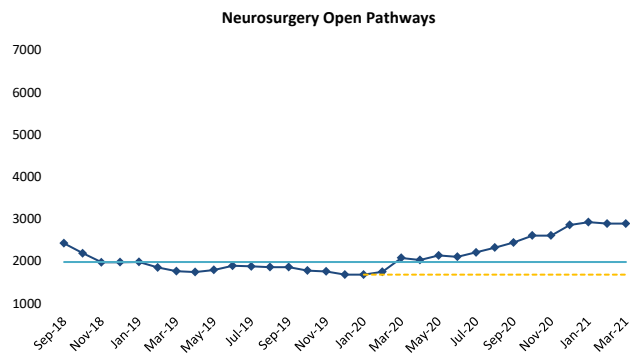
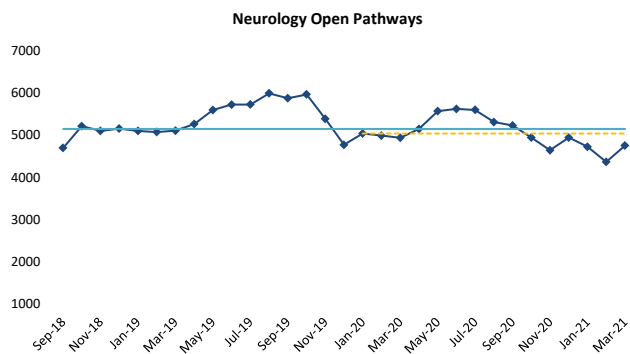
When using SPC Charts we are looking for unexpected variation. Variation occurs naturally in most systems, numbers fluctuate between typical points (control limits) the below rules are to assist in separating normal variation (expected performance) from special cause variation (unexpected performance).



All SPC charts will follow the below Key unless indicated

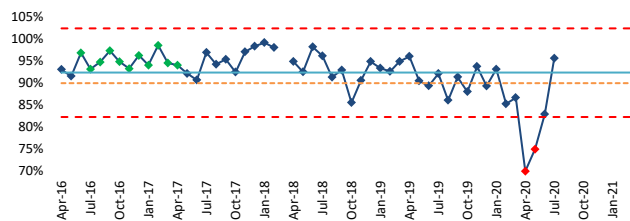
—●— Actual    - - - UCL    — Average    - - - LCL    - - - National Average    - - - Target

# Operational Responsive - Referral to Treatment

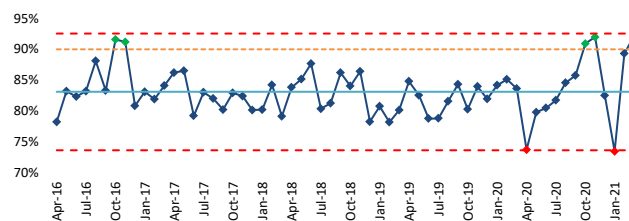


# Operational Effective - Theatres

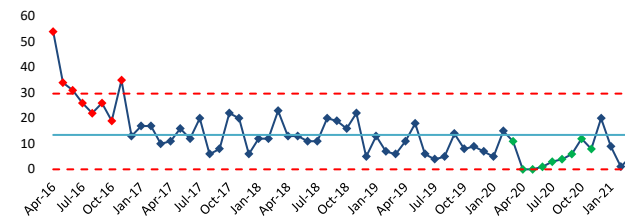
Theatre utilisation of Elective Sessions



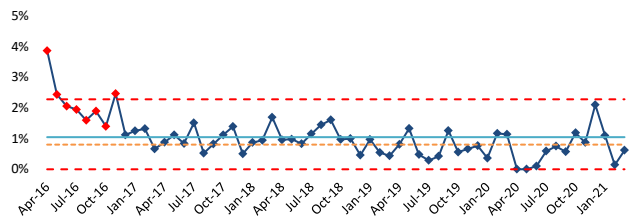
Theatre utilisation of in Session Time



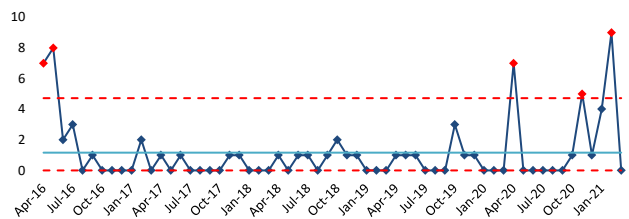
Number of Cancelled operations non clinical (on day)



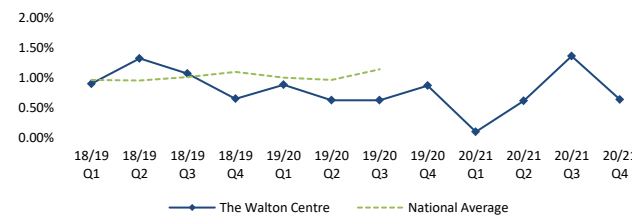
% of Cancelled operations non clinical (on day)



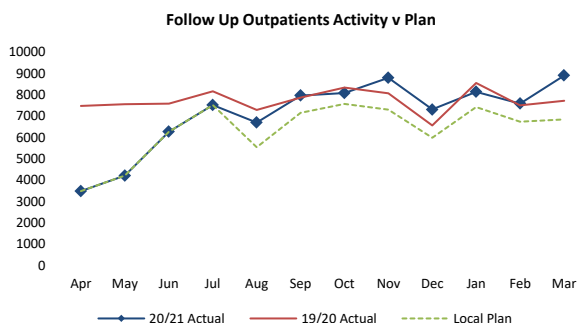
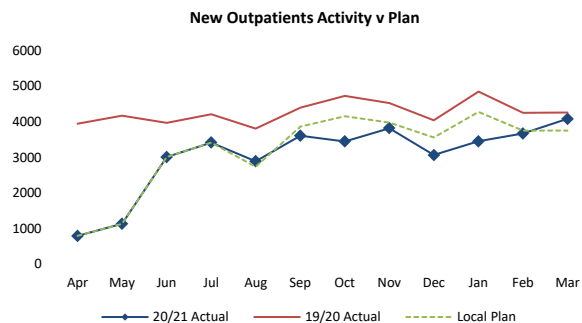
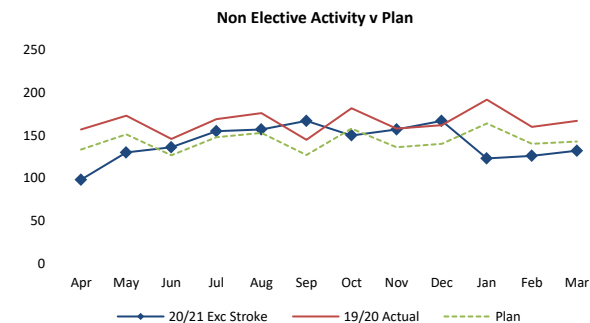
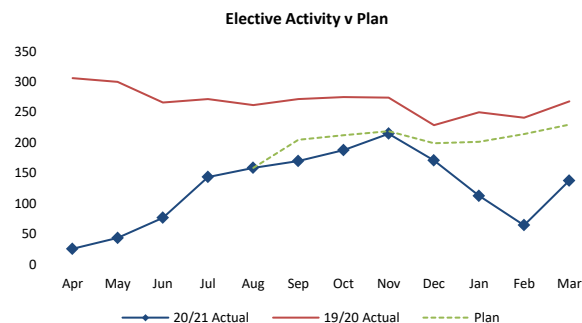
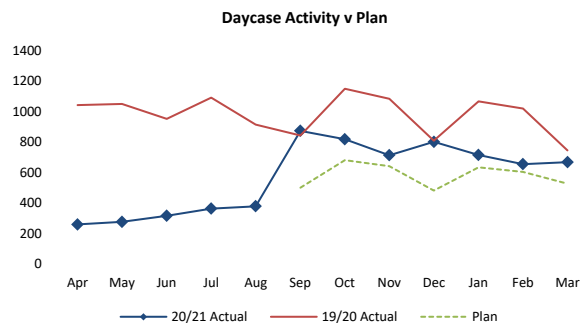
Number of cancelled operations not re-admitted within 28 days



Non Clinical Cancelled Ops as a % of Elective Admissions



# Operational Effective - Activity Recovery Plan

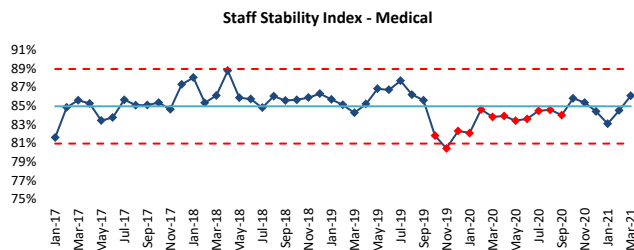
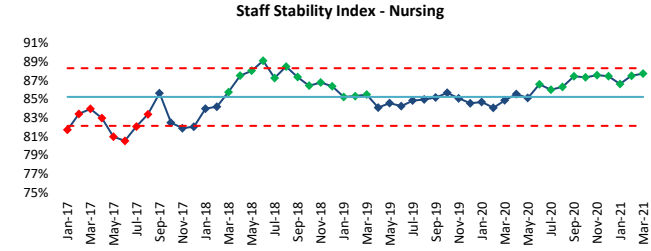
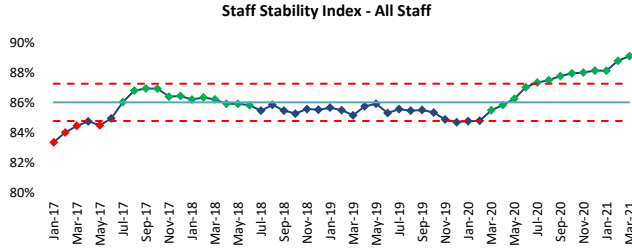
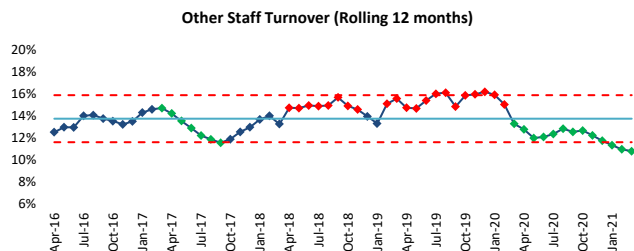
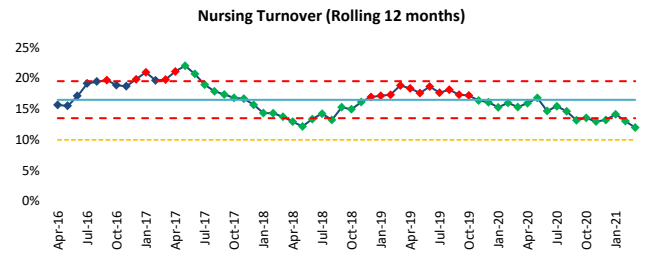
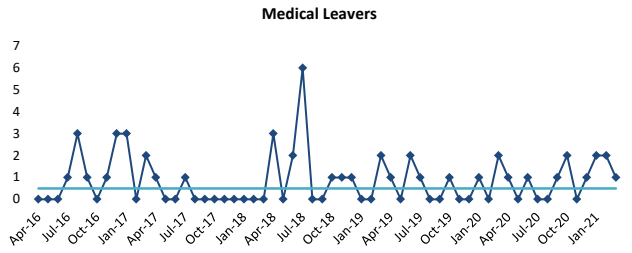
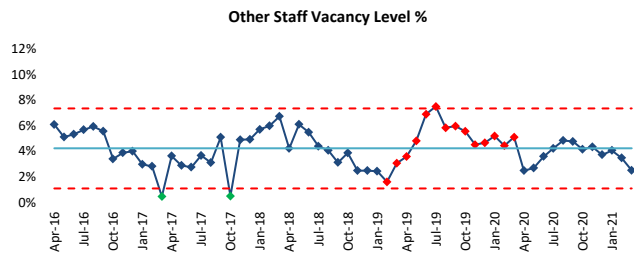
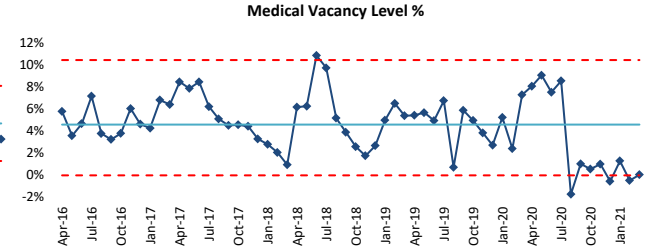
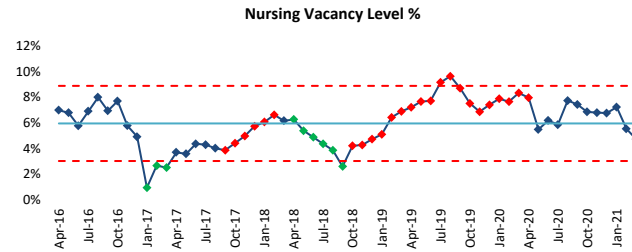
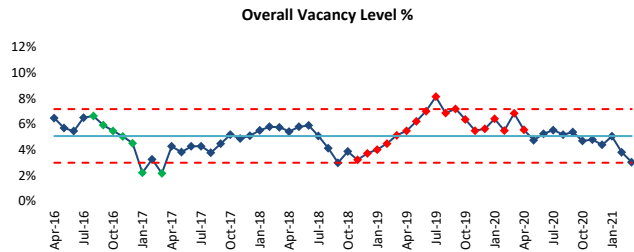


### March 21 Activity Performance

POD	Actual (% of 19/20)	Target (% of 19/20)
Daycase	89.78%	70.58%
Elective	51.49%	85.78%
Non Elective	79.04%	85%
New Outpatients	95.73%	87.93%
Follow Up Outpatients	115.30%	88.67%

# Quality of Care

## Well Led - Workforce KPIs



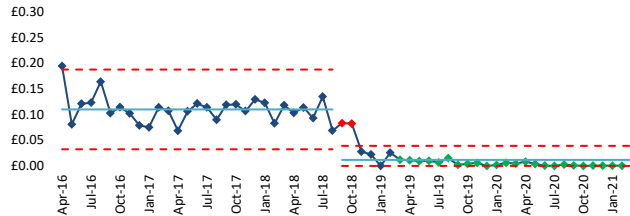
# Quality of Care

## Well Led - Workforce KPIs

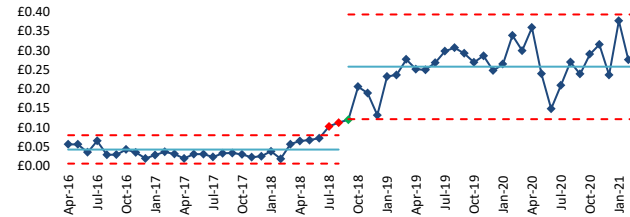


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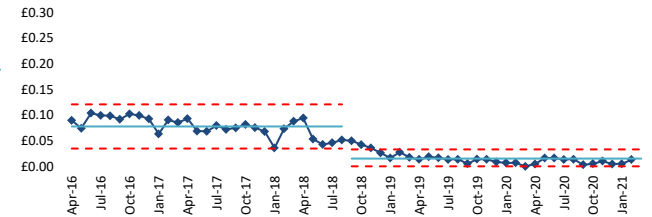
**Nursing & HCA Agency Spend (£m)**



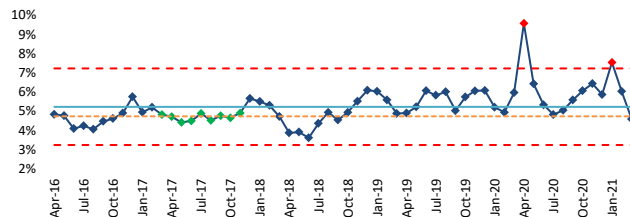
**Nursing & HCA Bank Spend (£m)**



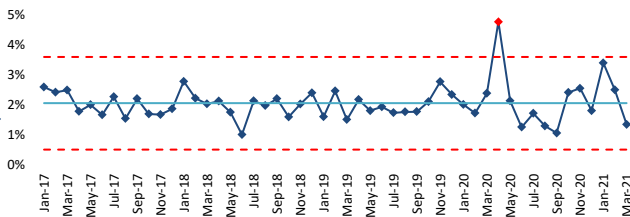
**Nursing & HCA Overtime Spend (£m)**



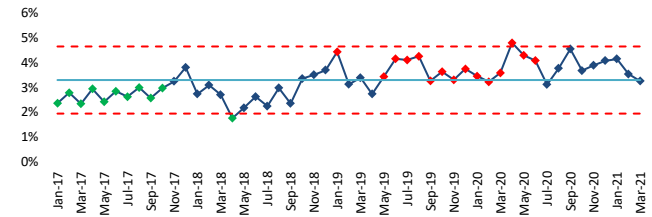
**Sickness/Absence (Monthly)**



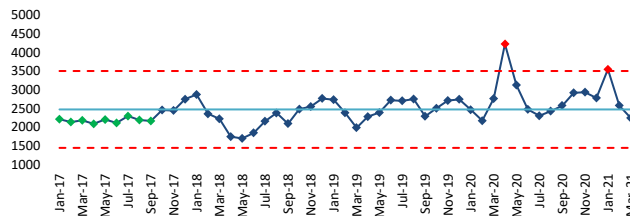
**Short Term Sickness/Absence (Monthly)**



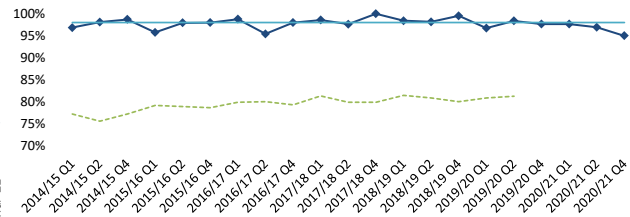
**Long Term Sickness/Absence (Monthly)**



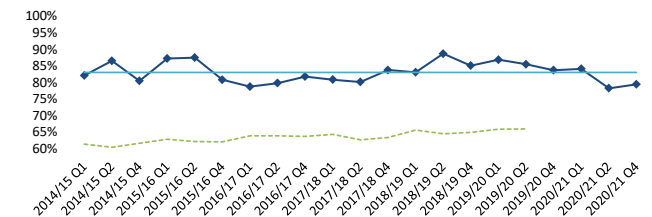
**Lost Days due to Sickness/Absence (Monthly)**



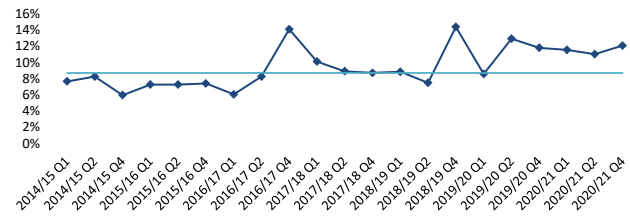
**Staff FFT - % Recommend as Place of Care**



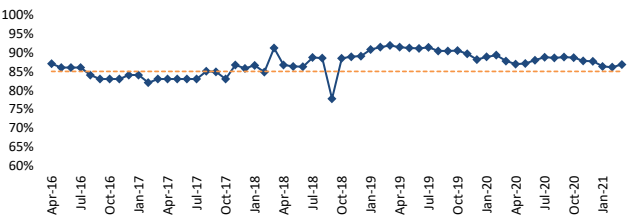
**Staff FFT - % Recommend as Place of Work**



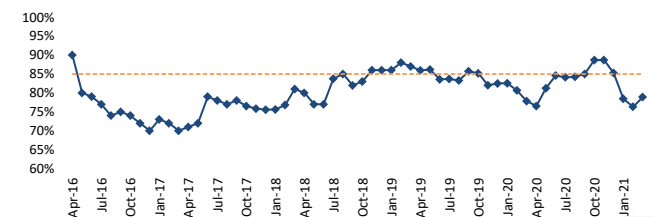
**Staff FFT - % of Organisation Staff Responded**



**Mandatory Training Compliance (Rolling 12 months)**



**Appraisal Compliance (Rolling 12 months)**



Excellence in Neuroscience



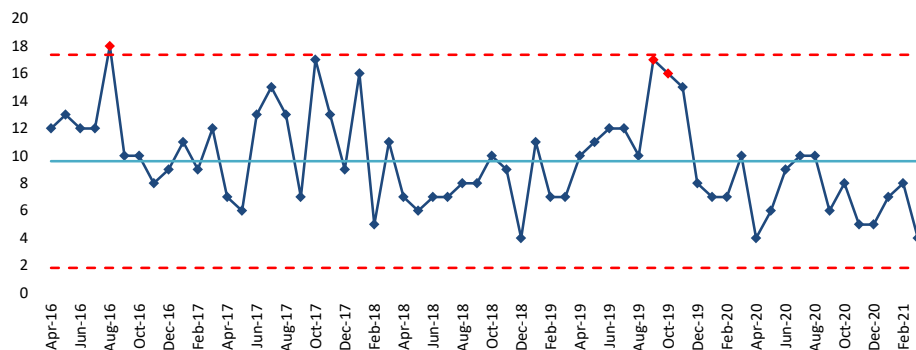


# Quality of Care

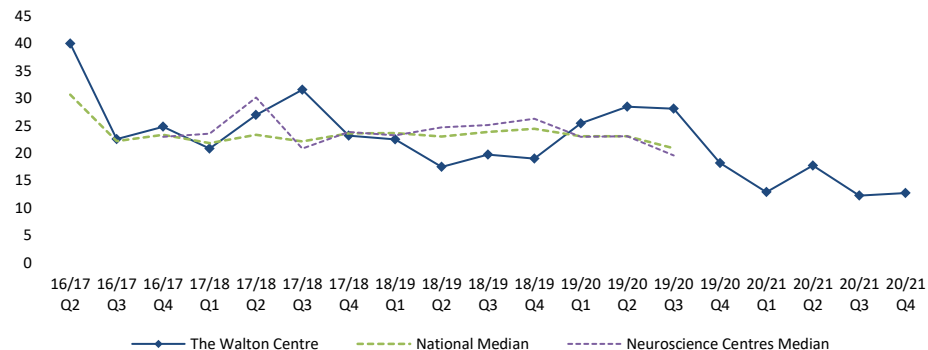
## Caring - Complaints



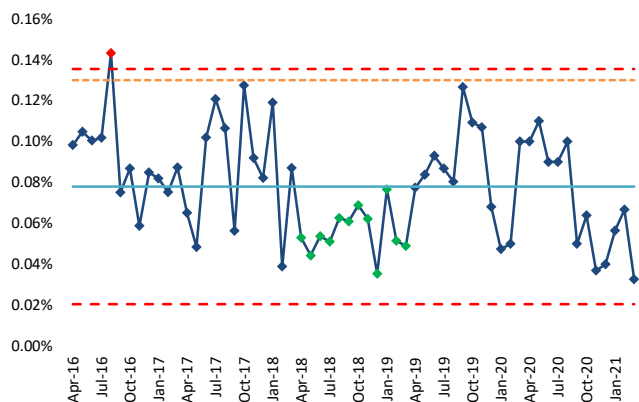
Total Complaints Received in month



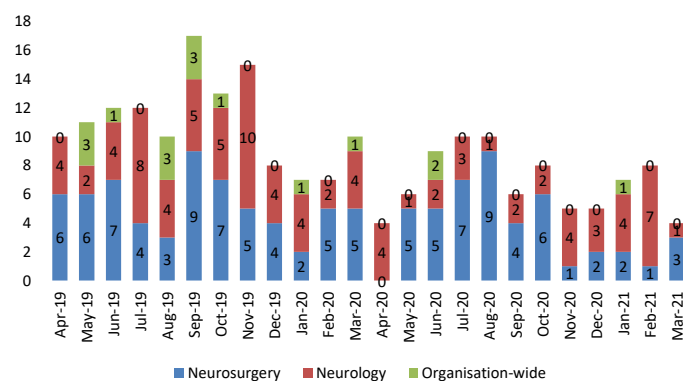
Quarterly Complaints per 1000 WTE



% Complaints Received against Activity



Total Complaints Received



**Narrative**

In March 2021 the Trust received 4 complaints. 3 Neurology (1 Reopened), 1 Surgery.

The number of complaints the Trust receives has a wide variation range meaning the expected numbers range from 2 to 18 at an average of 10 per month. When balanced against patient contacts the number received is within normal variation.

Publication of national data has been suspended due to COVID-19. Prior to this the number of complaints per 1000 WTE had been above peers and the national average.

Local data shows a reduction in raw numbers since Q4 19/20 with the number received each month typically below average.

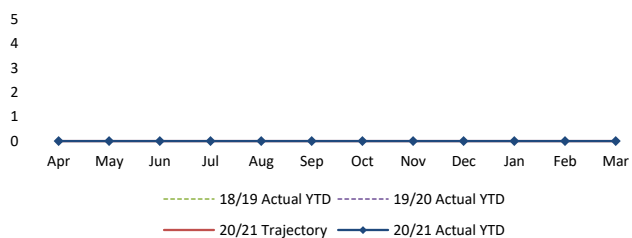


# Quality of Care

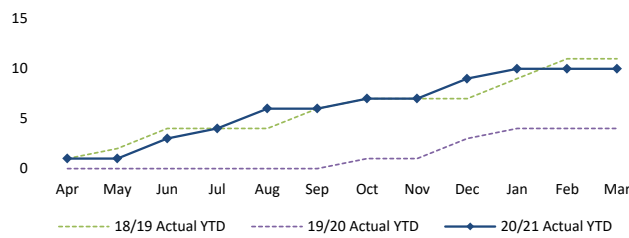
## Safe - Infection Control



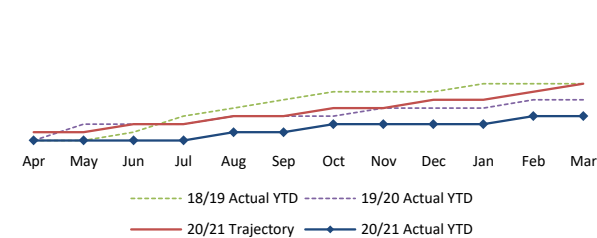
**MRSA Bacteraemia**



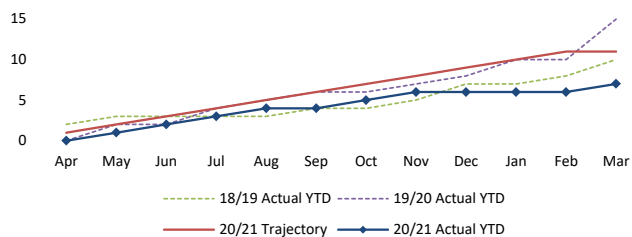
**CPE**



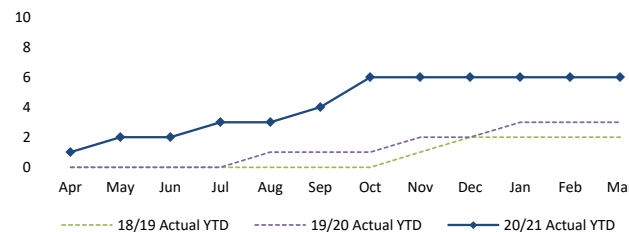
**C.Diff**



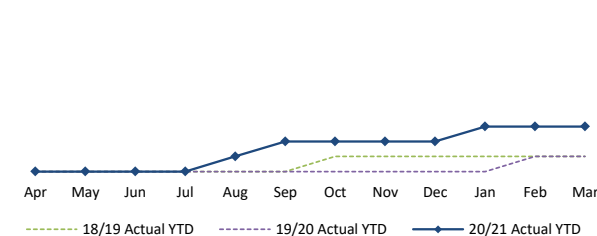
**E.Coli**



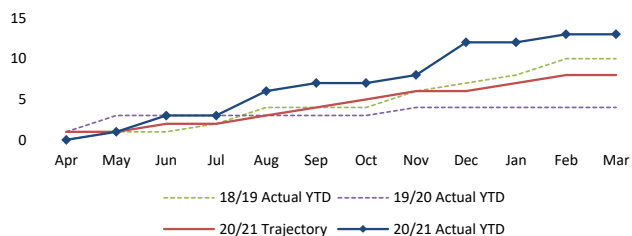
**Klebsiella Bacteraemia**



**Pseudomonas Bacteraemia**



**MSSA**

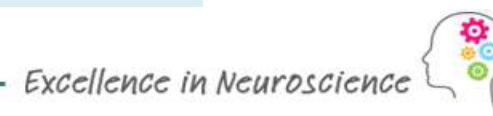


**Total Healthcare Acquired Infections 20/21**

	MRSA B	CPE	C.Diff	E.Coli	KB	PB	MSSA	Total
Cairns		2	1				1	4
Caton		1					2	3
Chavasse				1		2	1	4
CRU		1			1			2
Dott		4		2	2		1	9
Horsley		2	2	3	2	1	8	18
Lipton				1				1
Sherrington					1			1
<b>Total</b>	<b>0</b>	<b>10</b>	<b>3</b>	<b>7</b>	<b>6</b>	<b>3</b>	<b>13</b>	<b>42</b>

**March Breakdown by Ward**

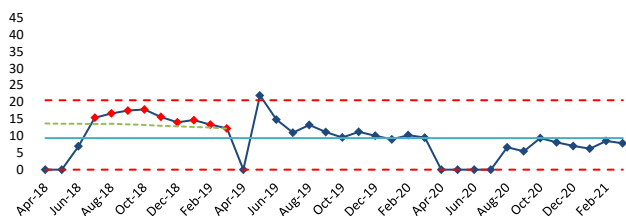
E.Coli - 1x Dott
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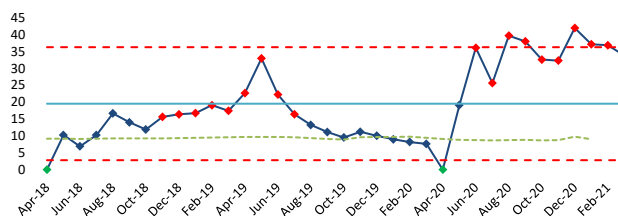
# Quality of Care

## Safe - Infection Control

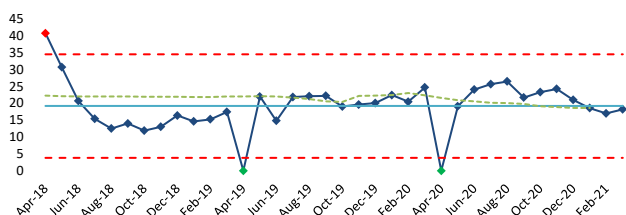
C.Diff Rate per 100,000 Bed Days YTD



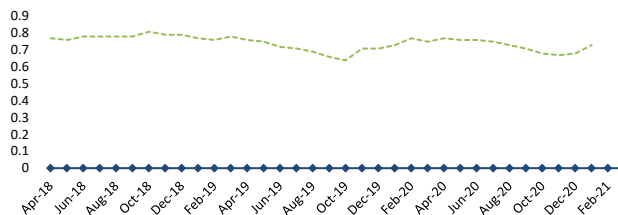
MSSA Rate per 100,000 Bed Days YTD



E.Coli Rate per 100,000 Bed Days YTD



MRSA Rate per 100,000 Bed Days YTD



**Narrative**

All infection types are within their 20/21 YTD trajectory level at year end, with the exception of MSSA for which there has been 13 recorded instances against a year end trajectory of eight.

MSSA rates per 100,000 bed days are significantly above expected levels and the national average.

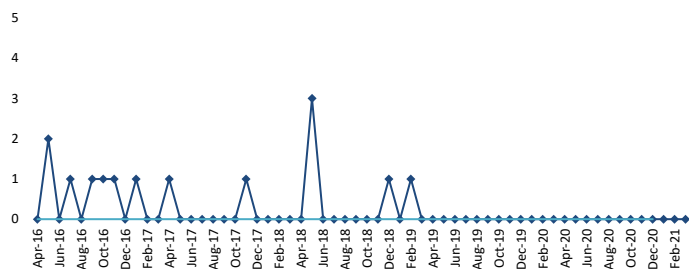
E.Coli rates have typically been better or in line with the average, while MRSA has been consistently better.

# Quality of Care

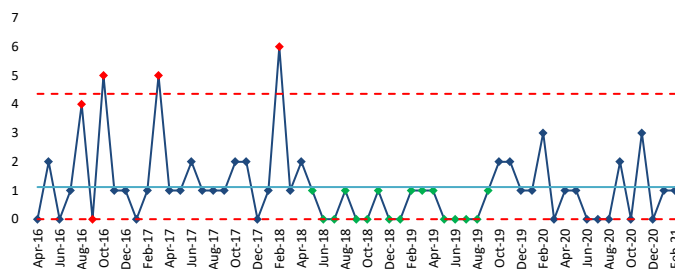
## Safe - Harm Free Care



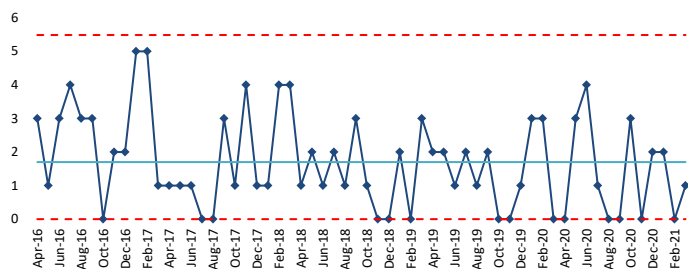
Total Moderate or Above Harm Patient Falls



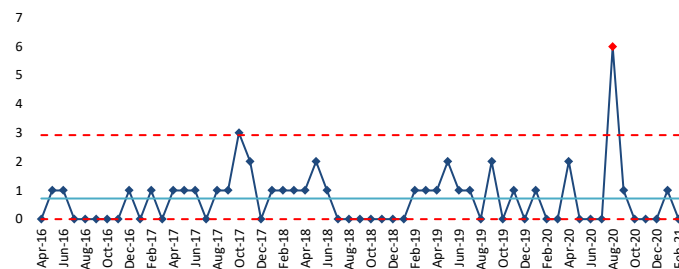
Total Hospital Acquired Pressure Ulcers (Category 2, 3 & Unstageable)



CAUTI Incidences



VTE Incidences



**Narrative**

There were no falls which resulted in moderate or above harm in March 21.

There was one category 3 Hospital Acquired Pressure Ulcers in March 21

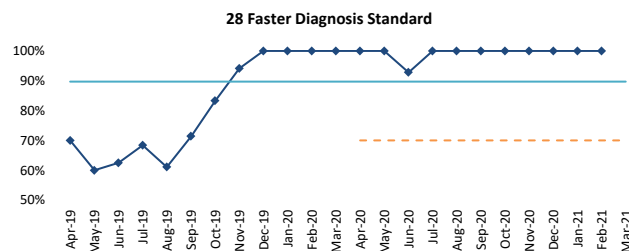
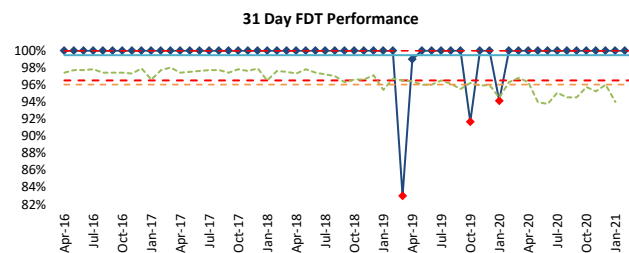
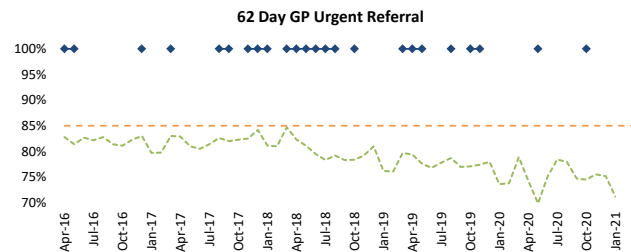
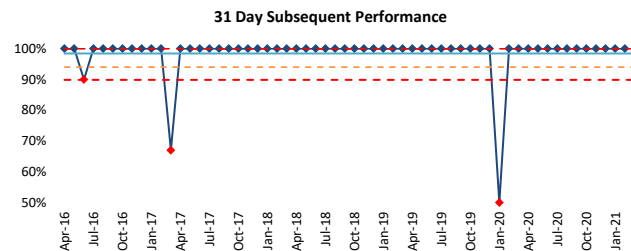
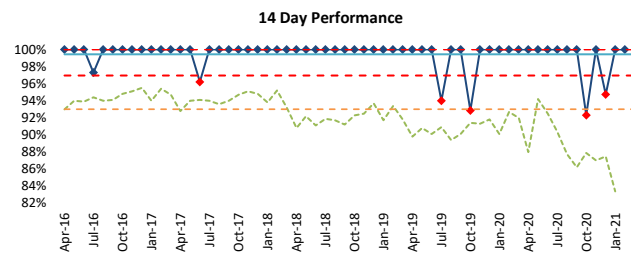
There was one CAUTI incidence in March 21

There was one VTE incidence in March 21.

All harm measures are within normal variation.



# Operational Responsive - Cancer

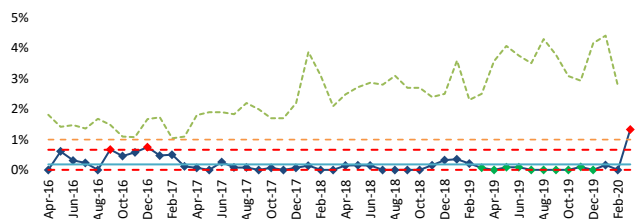


**Narrative**

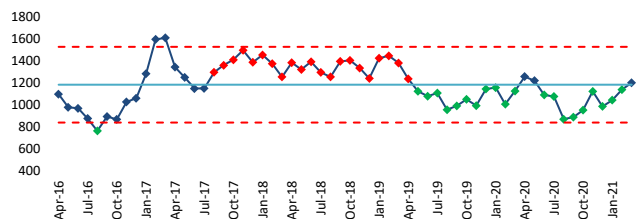
The Trust has continued to see and treat all cancer patients throughout February as these patients are designated as urgent, therefore COVID-19 has not impacted their care and treatment.

# Operational Responsive - Diagnostics

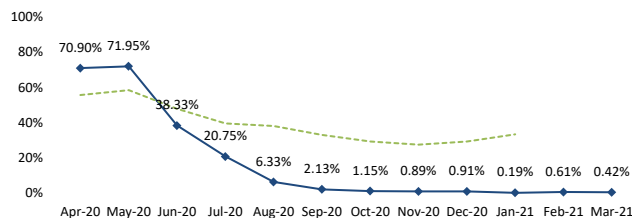
6 Week Diagnostic Performance (16/17 - 19/20)



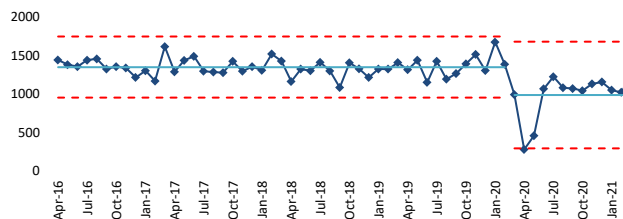
Total Diagnostic Waits at Month End



6 Week Diagnostic Performance (20/21)



Total Diagnostic Activity in Month



**Narrative**

The Diagnostic 6 week standard has continued to meet the target since November 2020 with performance at 0.42% in March 2021. Performance has improved significantly since May, however due to Infection Prevention and Control measures Radiology capacity is at 90% therefore any increase in demand may impact performance.

# Ward Scorecard

## March 2021

	Safe Staffing				Workforce		Harms				Infection Control			
	Day Registered	Day Non Registered	Night Registered	Night Non Registered	Sickness Rate	Vacancy Rate	Pressure Ulcers	Falls (Mod+)	UTI	VTE	MRSA	MSSA	E Coli	C Diff
Cairns	96%	150%	107%	145%	6.50%	11.77%	1	0	0	0	0	0	0	0
Caton	103%	100%	104%	111%	4.55%	10.05%	0	0	0	1	0	0	0	0
Chavasse	116%	151%	129%	189%	8.98%	19.55%	0	0	0	0	0	0	0	0
Dott	100%	148%	101%	158%	7.22%	12.05%	1	0	1	0	0	0	1	0
Lipton	101%	145%	98%	137%	3.18%	8.07%	0	0	0	0	0	0	0	0
Sherrington*	-	-	-	-	-	-	-	-	-	-	-	-	-	-
CRU	128%	155%	118%	221%	5.17%	7.13%	0	0	0	0	0	0	0	0
Horsley ITU	94%	114%	101%	100%	6.25%	-0.43%	1	0	0	0	0	0	0	0

\*Sherrington was closed during the month

**THE WALTON CENTRE NHS FOUNDATION TRUST  
SUMMARY FINANCIAL INFORMATION**

Trust I&E	In month			Year End		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
Main Contract	8,993	10,524	1,531	105,022	107,250	2,228
Exclusions	1,786	1,985	199	21,427	21,130	(297)
Private Patient	1	6	5	29	64	35
Other Operating	428	3,515	3,087	5,403	8,907	3,504
<b>Total Operating Income</b>	<b>11,208</b>	<b>16,030</b>	<b>4,822</b>	<b>131,881</b>	<b>137,351</b>	<b>5,470</b>
Pay	(6,111)	(6,744)	(633)	(72,563)	(73,291)	(728)
Non-Pay	(2,434)	(3,212)	(778)	(29,167)	(30,884)	(1,717)
Exclusions	(1,786)	(2,266)	(480)	(18,735)	(18,253)	482
COVID / Reserves	(596)	(1,953)	(1,357)	(6,400)	(6,679)	(279)
<b>Total Operating Expenditure</b>	<b>(10,927)</b>	<b>(14,175)</b>	<b>(3,248)</b>	<b>(126,865)</b>	<b>(129,107)</b>	<b>(2,242)</b>
<b>EBITDA</b>	<b>281</b>	<b>1,855</b>	<b>1,574</b>	<b>5,016</b>	<b>8,244</b>	<b>3,228</b>
Depreciation	(403)	(417)	(14)	(4,835)	(4,861)	(26)
Profit / Loss On Disp Of Asset	0	0	0	2	3	1
Interest Receivable	0	0	0	5	7	2
Financing Costs	(52)	(57)	(5)	(621)	(614)	7
Dividends on PDC	(95)	(160)	(65)	(1,113)	(1,203)	(90)
<b>I &amp; E Surplus / (Deficit)</b>	<b>(269)</b>	<b>1,221</b>	<b>1,490</b>	<b>(1,546)</b>	<b>1,576</b>	<b>3,122</b>
Capital donations I&E impact	19	(149)	(168)	216	(69)	(285)
<b>I &amp; E Surplus / (Deficit)</b>	<b>(250)</b>	<b>1,072</b>	<b>1,322</b>	<b>(1,330)</b>	<b>1,507</b>	<b>2,837</b>

In response to the COVID-19 pandemic, the financial regime has now moved into another phase, with the trust now being monitored against the year-end forecast of £1.3m deficit submitted in December (based on expected forecast at that time). The HCP has now been provided with a final target for 2020/21 and work is on-going to ensure that this can be achieved whilst maintaining resource into next year. The Trust will be submitting an improved forecast as part of this process.

From October (Month 7), the key changes from reporting in April – September (Month 1-6) are:

- 'Block' funding received for Top-up, COVID related costs & growth (based on fair share of sector funding) for M7-12 rather than being reimbursed directly via retrospective top-up;
- No retrospective monthly top-up funding will be received to bring Trust to breakeven.

In month 12, the Trust reported a £1,072k surplus position. This is a £1,332k improvement on the planned position. For the full financial year the Trust is reporting a £1,507k surplus (after the impact of donations), a £2,837k improvement on the planned position. **To note that this position is provisional subject to external audit review.**

The in-month position includes £0.2m spend incurred as a result of COVID-19.

The year-end surplus of £1,507k includes £984k additional M7-12 top-up funding for non-NHS income lost in 2020/21 as a result of the pandemic. The underlying position (with this funding removed) would be a surplus of approximately £0.5m, which is an improvement of £2.8m against the planned year end position (£1.0m improvement against the previous forecast). The improvement against the forecast position is due to additional funding from NHSI/E in relation to covering annual leave not taken as a result of COVID-19 and the subsequent associated costs.



STATEMENT OF FINANCIAL POSITION - 2020/21	March-20	March-21	Movement
	£'000	£'000	£'000
Intangible Assets	49	492	443
Tangible Assets	82,591	88,141	5,550
<b>TOTAL NON CURRENT ASSETS</b>	<b>82,640</b>	<b>88,633</b>	<b>5,993</b>
Inventories	1,232	1,157	(75)
Receivables	9,287	2,946	(6,341)
Cash at bank and in hand	26,673	35,635	8,962
<b>TOTAL CURRENT ASSETS</b>	<b>37,192</b>	<b>39,738</b>	<b>2,546</b>
Payables	(18,088)	(21,526)	(3,438)
Provisions	(226)	(226)	0
Finance Lease	(52)	(52)	0
Loans	(1,396)	(1,396)	0
<b>TOTAL CURRENT LIABILITIES</b>	<b>(19,762)</b>	<b>(23,200)</b>	<b>(3,438)</b>
<b>NET CURRENT ASSETS/(LIABILITIES)</b>	<b>17,430</b>	<b>16,538</b>	<b>(892)</b>
Provisions	(639)	(650)	(11)
Finance Lease	(115)	(63)	52
Loans	(25,031)	(23,635)	1,396
<b>TOTAL ASSETS EMPLOYED</b>	<b>74,285</b>	<b>80,823</b>	<b>6,538</b>
Public Dividend Capital	27,554	30,513	2,959
Revaluation Reserve	2,544	4,547	2,003
Income and Expenditure Reserve	44,187	45,763	1,576
<b>TOTAL TAXPAYERS EQUITY AND RESERVES</b>	<b>74,285</b>	<b>80,823</b>	<b>6,538</b>

STATEMENT OF CASH FLOW - 2020/21	March-21 Plan	March-21 Actual	Variance
	£'000	£'000	£'000
<b>SURPLUS/(DEFICIT) AFTER TAX</b>	<b>(1,546)</b>	<b>1,576</b>	<b>3,122</b>
Non-Cash Flows In Operating Surplus/(Deficit)	6,552	6,673	121
<b>OPERATING CASH FLOWS BEFORE MOVEMENTS IN WORKING CAPITAL</b>	<b>5,006</b>	<b>8,249</b>	<b>3,243</b>
Increase/(Decrease) In Working Capital	14,073	10,034	(4,039)
Increase/(Decrease) In Non-Current Provisions	13	11	(2)
Net Cash Inflow/(Outflow) From Investing Activities	(4,838)	(9,137)	(4,299)
<b>NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES</b>	<b>14,254</b>	<b>9,157</b>	<b>(5,097)</b>
Net Cash Inflow/(Outflow) From Financing Activities	(2,480)	(195)	2,285
<b>NET INCREASE/(DECREASE) IN CASH</b>	<b>11,774</b>	<b>8,962</b>	<b>(2,812)</b>
<b>OPENING CASH</b>	<b>26,673</b>	<b>26,673</b>	<b>0</b>
<b>CLOSING CASH</b>	<b>38,447</b>	<b>35,635</b>	<b>(2,812)</b>

**COVID-19 expenditure:**

Full Year £2.9m expenditure has been incurred on COVID-19 (and is included within the reported financial position).

In month (March) spend was £189k.

COVID-19 costs are subject to independent audit if requested through NHS Improvement.

COVID -19 Expenditure	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Full Year
	Actual £'000	Actual £'000	Actual £'000	Actual £'000	Actual £'000	Actual £'000	Actual £'000	Actual £'000	Actual £'000	Actual £'000	Actual £'000	Actual £'000	Actual £'000
Pay cost (incl. additional shifts, on-call, etc )	99	254	191	118	96	49	91	97	35	110	206	140	1,486
Annual leave provision	287	(287)	52	0	0	0	0	0	0	0	0	0	52
PPE	62	148	259	63	10	94	0	17	(5)	4	(30)	6	628
Decontamination	9	8	(2)	6	(3)	9	4	0	0	2	4	0	37
Agile working	21	(19)	1	92	0	3	97	30	58	12	19	11	325
ITU	5	2	(3)	0	2	0	(2)	0	38	0	1	0	43
Other	37	24	18	23	18	33	32	19	22	20	22	32	300
<b>TOTAL</b>	<b>520</b>	<b>130</b>	<b>516</b>	<b>302</b>	<b>123</b>	<b>188</b>	<b>222</b>	<b>163</b>	<b>148</b>	<b>148</b>	<b>222</b>	<b>189</b>	<b>2,871</b>

Other spend includes providing free car parking for staff, increasing the number of staff uniforms for staff and a contribution towards storage costs at the Liverpool arena for PPE.

	CAPITAL					
	Plan £'000	In month Actual £'000	Var £'000	Plan £'000	Full Year Actual £'000	Var £'000
<b>Capital</b>						
In month variance - £3,949k above plan.						
Year to date variance - £1,728k above plan.						
The plan reflects the final submission to Cheshire and Merseyside Health Care Partnership as part of the 2020/21 phase 3 planning process.						
<b>External funding</b>						
<ul style="list-style-type: none"> <li>• Donations: Charitable funds £179k (purchase neurosurgical equipment and update junior doctors accommodation) and DHSC donated equipment (COVID-19 response) £127k;</li> <li>• Critical Infrastructure Risk (CIR): Heating &amp; Pipework £1,091k (to reduce backlog maintenance);</li> <li>• Adapt and Adopt: CT scanner £532k (increased diagnostic capacity for the local system);</li> <li>• HR funding: E-rostering £280k (implement new e-rostering system within Trust);</li> <li>• Digital Aspirant: IM&amp;T £578k (IM&amp;T innovation);</li> <li>• Attend Anywhere: IM&amp;T £20k;</li> <li>• COVID-19: Phase 1 and phase 2 funding £316k (purchase new equipment pandemic).</li> </ul>						
<b>Division</b>						
Estates	505	633	(128)	842	774	68
IM&T	107	434	(327)	1,283	824	459
Neurology	43	1,551	(1,508)	2,122	1,791	331
Neurosurgery	142	2,048	(1,906)	1,702	2,321	(619)
Corporate	150	0	150	150	0	150
Capital Slippage	(197)	0	(197)	(2,099)	0	(2,099)
<b>TOTAL (excl. external funding)</b>	<b>750</b>	<b>4,666</b>	<b>(3,916)</b>	<b>4,000</b>	<b>5,710</b>	<b>(1,710)</b>
Donated Assets	177	177	0	306	306	0
CIR - Heating & Pipework	113	199	(86)	1,091	1,091	0
Adapt & Adopt - CT	16	5	11	532	521	11
E-Rostering	113	97	16	280	264	16
Digital Aspirant	578	578	0	578	578	0
Attend Anywhere	0	0	0	20	20	0
COVID-19	126	100	26	316	361	(45)
<b>TOTAL (incl. external funding)</b>	<b>1,123</b>	<b>1,156</b>	<b>(33)</b>	<b>3,123</b>	<b>3,141</b>	<b>(18)</b>
<b>TOTAL</b>	<b>1,873</b>	<b>5,822</b>	<b>(3,949)</b>	<b>7,123</b>	<b>8,851</b>	<b>(1,728)</b>

Capital spend in month is £5,822k.

- **Estates: £633k**  
Junior doctor's accommodation, UV scanner, wards shower and backlog maintenance schemes.
- **IM&T: £434k**  
Agile working, iPad refresh, EPR and staffing in relation to project support.
- **Neurology: £1,551k**  
Installation of replacement Bi-plane and neurophysiology equipment.
- **Neurosurgery: £2,048k**  
The Installation of two microscopes, mass spectrometer system, anaesthetic ventilators, theatres MARQUET table, theatres operating table and other medical and surgical equipment
- **Donated assets: £177k**  
Junior doctor's accommodation and donated equipment from DHSC in relation COVID-19 response.
- **Heating & Pipework: £199k.**
- **Adapt and Adopt: £5k**  
Continued works on the Installation works on the new CT scanner.
- **E-Rostering: £97k**  
Installation of a new e-rostering system.
- **Digital Aspirant: £578k**  
IM&T Innovation schemes.
- **COVID-19: £100k**  
Equipment in relation COVID-19 response.

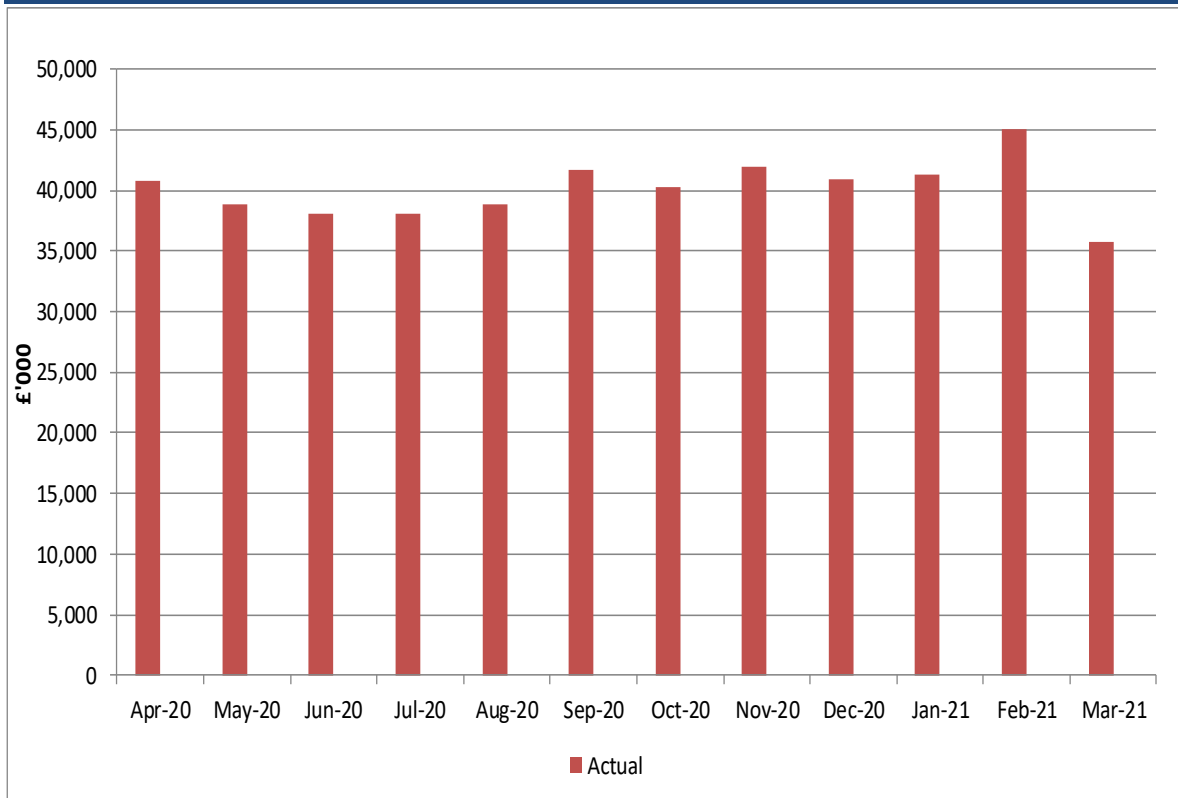
The year-end capital spend is £8.9m, £1.7m above the total agreed funding allocations for the year. This is in line with the agreed £1.7m overspend with the C&M HCP.

**As of the end of March:**

Actual Cash Balance: £35.7m

Number of days operating expenses = 100 days

### Cashflow against plan (Rolling 12 months)



The Trust cash balance at the end of March was £35.7m. This is a decrease of £9.3m from the end of February.

The reduction of cash in month is due to the reversal of the advanced block payments that had been received from commissioners by the Trust each month for the new financial arrangements to cover the COVID-19 pandemic.

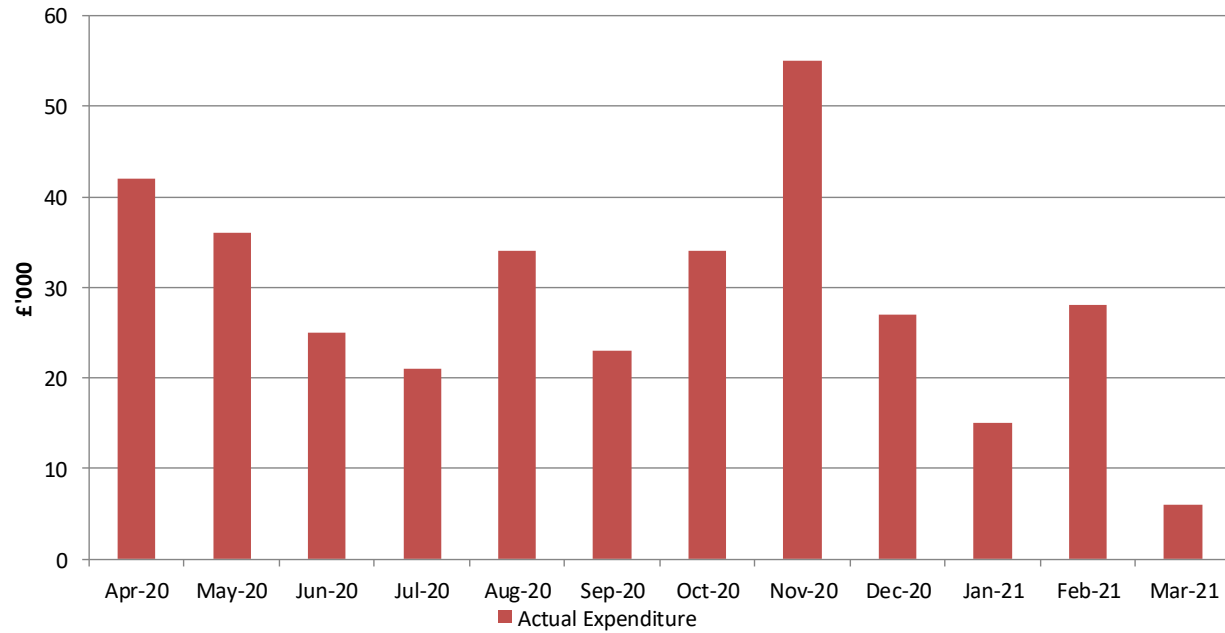
The cash position also includes £1.9m of PDC that was received in February in relation to the Trusts additional capital schemes.

**Agency Expenditure:**

In month Actual: £6k

Year End Actual: £346k

**Monthly Agency Expenditure (Rolling 12 months)**



Agency spend incurred in March was £6k, a decrease of £22k compared to February.

At the end of March, £62k agency expenditure relates to COVID-19 (and is included within the COVID-19 expenditure analysis).

**Key Risks and Actions in 2020/21. To note that the majority of these have been mitigated as they have now been closed with the year end**

As a result of the COVID-19 pandemic financial regulations have changed for 2020/21, with the main changes being:

- Suspension of 2020/21 business planning;
- Payment by Results (PbR) being suspended for the year and income being based on block values determined nationally (based on 2019/20 expenditure between November 2019 and January 2020). To note that income has not been reduced for the national efficiency target;
- 'Top-up' payments from national block being made to cover additional costs incurred in relation to responding to reasonable COVID-19 and other known cost increases from 2019/20 (e.g. CNST contributions). This was the position for M1-6 with a block element of funding being allocated for Top-up, COVID-19 and growth to C&M HCP for M7-12 which is to be distributed to all organisations;
- The trust is currently being monitored against the year-end forecast of £1.1m deficit submitted to NHSE/I and C&M HCP in December;
- An Elective Incentive Scheme came into effect in M6 in which the Trust is required to meet a set percentage of 2019/20 activity for outpatient, inpatient day-case and elective activity (M6-M12). If the Trust over-performs against this target then the Trust will be financially rewarded for doing so, but if it under-performs then will receive a retrospective financial penalty. This will not be applied in September or October given the impact of Covid patients in the C&M system and it is not expected that it will be applied over the remainder of the financial year due to the impact of the 2<sup>nd</sup> and 3<sup>rd</sup> waves;
- 2020/21 capital levels to be set at a Health & Care Partnership level and agreed across the C&M footprint. Note, this allocation does not include any phase 2 COVID-19 capital requirements or additional PDC allocated for specialist capital projects;
- Financial governance and regulations remain in place and any financial management will be addressed in the same way it would regardless of the pandemic.

As a result of the 3<sup>rd</sup> wave of COVID further guidance has been received around 2021/22:

- 2021/22 business planning deferred for at least first 3 months of 2021/22;
- Current financial regime is to continue for at least the first 6 months of 21/22;
- System level targets will continue;
- Notification of 2021/22 H1 allocations have been received from NHSE/I and are being reviewed in line with a H1 planning submission due to be submitted via C&M HCP 22<sup>nd</sup> April;
- As part of this requirement, the finance team are reviewing income and expenditure plans taking into account activity targets, capacity requirements and service developments for H1 2021/22.

Further feedback will be provided to committee/ board members on the future financial framework once information is received from NHSI/E.

Even though the NHS and Trust are responding to the pandemic, there are a number of potential risks in 2021/22 that may impact in the delivery of the financial plan in the future;

RISK	COMMENT/ ACTIONS
<p>Wales/IOM expectations</p> <p><b>This has now been mitigated</b></p>	<p>Block payments for English commissioners planned income are based on average levels of income and spend for months 8-10 in 2019/20 plus 2.8% inflation. Assumed income for Welsh commissioners is consistent with this approach (per guidance released M7-12), although high cost exclusions are now based on a pass through cost and volume basis. As part of this guidance, if activity has reduced by more than 25% below the block contract payment it will be adjusted by 10% in value increasing to a maximum reduction of 20% in value if activity reduces by more than 50%. Given that the Trust has had to cancel elective activity in January and February to support the regional COVID response there is a risk that Welsh activity will be at least 25% less than prior year activity which would mean that the contract penalties would be applied. This could result in a £720k reduction in income. National discussions are taking place around this but at this point, the original agreement remains in place. At month 11 the reduction in Welsh activity is still within agreed tolerance levels so the risk of contract penalties being applied has reduced.</p> <p>IOM are only paying for actual activity that has been delivered (which is reflected within the financial position), again resulting in an under payment compared to centrally assumed levels of income in line with 2019/20 outturn. Although below assumed national levels activity has been at a consistent level between M6-M11.</p>
<p>Future NHS Financial Framework</p>	<p>As a result of the current national position with COVID-19, notification has been received that 2021/22 financial planning has been deferred for at least 3 months. In addition to this, it has been confirmed that current financial arrangements will remain in place for at the 1<sup>st</sup> half of 2021/22. Current national guidance states that H1 funding will be based on Q3 20/21 spend extrapolated for 6 months, but there is currently no indication on how funds allocated to the HCP (e.g. COVID, growth) will be</p>

	<p>allocated. Further work is being undertaken to understand the potential financial forecast for H1 with draft financial plan submissions required to be made to the HCP on 23<sup>rd</sup> April.</p>
Efficiency requirements going forwards	<p>Due to the current uncertainty around the financial framework, it is not clear what the efficiency requirements of the Trust will be and as such planning to deliver recurrent savings is difficult. However, this is likely to be greater than 1.1% given the additional NHS risk and investments in 2020/21.</p> <p>Clearly the delay in 2021/22 business planning may impact on national efficiency requirements and it is currently not clear what internal efficiencies may need to be delivered to meet expected financial plans. However recurrent efficiencies will be required to be delivered in 2021/22 and work is being undertaken to identify these.</p>
Future delivery of clinical services whilst still managing COVID-19	<p>Organisations have to plan on how to deliver safe services whilst still managing COVID-19. The delivery of services will have to fundamentally change to take account of social distancing requirements, PPE availability, willingness of patients to come into hospital and availability of staff to deliver services. This is likely to cause a cost pressure to the Trust in order to implement the required measures to provide safe services. However there is also likely to be an impact on the size of waiting lists and how quickly patients can be treated (as fewer patients will be able to be seen given the additional PPE/ social distancing requirements).</p> <p>It should be noted that it was agreed by C&amp;M HCP that Trust elective activity would be cancelled for a total of 6 weeks through January and February to be able to support the regional response to COVID-19, which will have had a financial impact but also an impact on waiting times and future recovery of activity.</p>



**GUARDIAN OF SAFE WORKING QUARTERLY REPORT: AUGUST - OCTOBER 2020**

**Trust Board Meeting**

<b>Report Title</b>	<b>Guardian of Safe Working Quarterly Report</b>
<b>Meeting Date</b>	6 <sup>th</sup> May 2021
<b>Report Author</b>	Dr Christine Burness, Guardian of Safe Working
<b>Lead Executive</b>	Dr Andrew Nicolson, Medical Director
<b>Current Situation</b>	<p>The coronavirus pandemic is impacting junior doctors at the Walton Centre in a number of ways:-</p> <ul style="list-style-type: none"> <li>• The BMA and NHS Employers issued a joint statement suspending the 2016 T&amp;C during the Coronavirus pandemic (Appendix 1). Adaptations to rotas will need to be considered and pragmatic Safety of junior doctors and minimising the risk of fatigue and burnout remains a priority.</li> <li>• At the Walton Centre, rotas have had to be updated due to the changes and doctors are required to provide cover for colleagues, often at short notice. New rotas have been implemented across all specialties since 25<sup>th</sup> March and are continuously updated and adjusted in response to changing demands. Each rota includes a standby doctor for each shift and there are less junior doctors on site at any one time. In some cases, doctors working hours have actually reduced.</li> <li>• Rotations for foundation and core medical and surgical trainees resumed in August 2020 having been temporarily suspended due to the pandemic.</li> <li>• Training has been impacted due to the cancellation of routine clinical work including face to face clinics and elective surgery. As routine specialty work resumes, the College Tutors and Training Programme Directors are supporting junior doctors to ensure that opportunities for training are optimised (for example via weekly online tutorials in anaesthetics, specialist trainees have continued to provide telephone advice and will soon be undertaking telephone clinics, core and foundation trainees will be encouraged to attend theatre sessions and face to face clinics).</li> <li>• The impact of coronavirus both professionally and personally is a threat to the wellbeing of all members of staff. Junior doctors require support during this time. The Trust regularly circulates details of how staff may access support via an internal Neuropsychology service and also external sources. The junior doctor's mess has been cleaned and a coffee machine has been provided. The Trust has also provided a breakaway area for staff to use. The GoSW has set up an online group for junior doctors to allow easy communication between colleagues who may not all be on site. Junior Doctor Forum Meetings will be held remotely during the pandemic and one-to-one meetings (in person with social distancing or by telephone or zoom) with the guardian of safe working are available on several days each week. The training programme directors and rota co-ordinators are working closely with junior doctors to ensure that they are supported and updated as the situation changes.</li> </ul>

**Background**

The 2016 Junior Doctors Contract has been phased in since August 2016. The Trust does not directly employ junior doctors in training, they are however, seconded to work at the Trust via a Lead Employer model. The Lead Employer is St Helens and Knowsley Hospitals NHS Trust. The junior doctors in training have various rotation dates. The main rotations take place on the 1<sup>st</sup> Wednesday in August, December, February and April each year. The Anaesthetic trainees rotate every 3 months. We currently have 52 junior doctors' placed in the Trust on the 2016 terms and conditions of service.

In June 2019, amendments to the 2016 were agreed as follows:

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

The purpose of exception reports is to ensure prompt resolution and/or remedial action to ensure that safe working hours are maintained. The purpose of work schedule reviews is to ensure that a work schedule remains fit for purpose, in circumstances where earlier discussions have failed to resolve an issue.

Exception reporting is the mechanism used by doctors to inform the employer (or Host Organisation in our case) when their day to day work varies significantly and/or regularly from the agreed work schedule. Primarily these variations will be;

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

We use an electronic system from Skills for Health to manage the exception reporting process allowing for any variations from the trainees to be resolved in a timely manner.

Exception reports can be resolved in consultation with the trainee. The Terms and Conditions allow for time off in lieu (TOIL) or additional pay and depending on the breach, the Guardian may also fine the Trust.

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

**During the report period, there has been one exception report at the Walton Centre.**  
(see below)

The Guardian of Safe Working and the Director of Medical Education (DME) hold a joint junior doctor's forum every two months alternating with the forum held by the junior doctors and the GoSW each month. The Guardians meet locally and nationally and share a NHS network hosted forum to discuss progress and issues related to the new contract.

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

Report	High Level Data (requested by NHS Employers)			
	Number of doctors in training (total)			52
	Number of doctors on 2016 T&C (total)			52
	Amount of time in job plan for guardian to fulfil the role			1PA
	Admin support provided to the guardian Support provided by Heather Doyle			0
	Amount of job-planned time for educational supervisors (for education and training)			0.25
	Locum and agency hours and spend to cover junior doctors rota gaps			
		August 2020	September 2020	October 2020
	Neurology	-£5000	£0	£0
	Neurosurgery	£28000	£13000	£27000
	<b>Total</b>	<b>£23000</b>	<b>£13000</b>	<b>£27000</b>
				<b>£63000</b>
	<p><b>a) Exception reports</b> There has been 1 exception report during this period.</p> <p><b>b) Work schedule reviews</b> We have not had to undertake any work schedule reviews.</p> <p><b>c) Vacancies</b> The Trust has 52 established training posts.</p> <p><b>d) Fines</b> No directorate within the Trust has received a fine.</p>			
	<p><b>Qualitative Information</b> There has been one exception report within this period (in November) which was resolved with time off in lieu (TOIL).</p>			
	<p><b>Issues arising</b> The hours monitoring exercise within the specialist trainee Neurology group has been postponed due to rota changes during the COVID pandemic. The change in the junior doctor's contract will have the most impact on the senior neurosurgery registrar 24 hour on call rota. For the next 3-4 years, we will have 2 or 3 doctors on the new contract who must comply with the new T&amp;Cs from February 2020. As specialist trainees leave the Trust, the Neurology StR rota has decreased from a 1 in 12 to a 1 in 10 and in February will go to a 1 in 9. This will have a significant impact on workload for this group of junior doctors. Again, rota patterns have changed currently but work on this including hours monitoring will resume once a normal working pattern has resumed.</p>			

	<p>The DME and the GoSW have been working with the junior doctors on a plan to improve the mess facilities at the Walton Centre which are currently not fit for purpose. An estimate for the work needed has been calculated and the project has been put out to tender. The Fatigues and Facilities charter have awarded £30,000 to every trust in England and Wales to improve the facilities for junior doctors in their hospital. This money has to be allocated by the end of the financial year. A further £50,000 donation for the refurbishment has been secured from the NHS Charities Together Fund.</p> <p>The cost of the proposed improvements would require financial support from the Trust (this is under discussion).</p> <p><b>Actions taken to resolve issues</b></p> <p>The hours monitoring plans have been put on hold due to the changes in junior doctor working during the coronavirus pandemic and will be resumed when appropriate. The work on the junior doctor's mess has been delayed pending agreement of the costings and funding. Additional support is available for junior doctors who are working flexibly under constantly changing conditions.</p> <p><b>Summary</b></p> <p>There are currently 52 doctors at the Walton Centre on the new 2016 terms and conditions. Overall, the feedback from junior doctors is very positive. Since the introduction of the new contract in August 2016, there have been 17 exception reports. All have been resolved with TOIL</p> <p>The current coronavirus pandemic leads to new challenges for rota compliance and working patterns. Work schedules and working hours have not been changed (the latter have in some cases reduced). All rotas have had to be amended so that less junior doctors are on site at any one time and to allow for planned cover for absences.</p> <p>We are conscious of the potential impact of the current situation on junior doctors training and wellbeing and are taking all opportunities to offer support and educational experiences throughout this time.</p> <p>.</p>
<b>Actions</b>	The Board is asked to receive, review and comment upon the Guardian's quarterly report.

**GUARDIAN OF SAFE WORKING QUARTERLY REPORT: NOVEMBER 2020 – JANUARY 2021**

**Trust Board Meeting**

<b>Report Title</b>	<b>Guardian of Safe Working Quarterly Report</b>
<b>Meeting Date</b>	6 <sup>th</sup> May 2021
<b>Report Author</b>	Dr Christine Burness, Guardian of Safe Working
<b>Lead Executive</b>	Dr Andrew Nicolson, Medical Director
<b>Current Situation</b>	<p>The coronavirus pandemic is impacting junior doctors at the Walton Centre in a number of ways:-</p> <ul style="list-style-type: none"> <li>• The BMA and NHS Employers issued a joint statement suspending the 2016 T&amp;C during the Coronavirus pandemic (Appendix 1). Adaptations to rotas will need to be considered and pragmatic. Safety of junior doctors and minimising the risk of fatigue and burnout remains a priority.</li> <li>• At the Walton Centre, rotas have had to be updated due to the changes and doctors are required to provide cover for colleagues, often at short notice. New rotas have been implemented across all specialties since 25<sup>th</sup> March and are continuously updated and adjusted in response to changing demands. Each rota includes a standby doctor for each shift and there are less junior doctors on site at any one time. In some cases, doctors working hours have actually reduced.</li> <li>• Training has been impacted due to the cancellation of routine clinical work including face to face clinics and elective surgery. As routine specialty work resumes, the College Tutors and Training Programme Directors are supporting junior doctors to ensure that opportunities for training are optimised (for example via weekly online tutorials in anaesthetics, specialist trainees have continued to provide telephone advice and will soon be undertaking telephone clinics, core and foundation trainees will be encouraged to attend theatre sessions and face to face clinics).</li> <li>• The impact of coronavirus both professionally and personally is a threat to the wellbeing of all members of staff. Junior doctors require support during this time.        The Trust regularly circulates details of how staff may access support via an internal Neuropsychology service and also external sources.        The junior doctor's mess has been cleaned and a coffee machine has been provided. The Trust has also provided a breakaway area for staff to use.        The GoSW has set up an online group for junior doctors to allow easy communication between colleagues who may not all be on site. Junior Doctor Forum Meetings will be held remotely during the pandemic and one-to-one meetings (in person with social distancing or by telephone or zoom) with the guardian of safe working are available on several days each week. The training programme directors and rota co-ordinators are working closely with junior doctors to ensure that they are supported and updated as the situation changes.</li> </ul>

**Background**

The 2016 Junior Doctors Contract has been phased in since August 2016. The Trust does not directly employ junior doctors in training, they are however, seconded to work at the Trust via a Lead Employer model. The Lead Employer is St Helens and Knowsley Hospitals NHS Trust. The junior doctors in training have various rotation dates, The main rotations take place on the 1<sup>st</sup> Wednesday in August, December, February and April each year. The Anaesthetic trainees rotate every 3 months. We currently have 52 junior doctors' placed in the Trust on the 2016 terms and conditions of service.

In June 2019, amendments to the 2016 were agreed as follows:

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

The purpose of exception reports is to ensure prompt resolution and/or remedial action to ensure that safe working hours are maintained The purpose of work schedule reviews is to ensure that a work schedule for a doctor remains fit for purpose, in circumstances where earlier discussions have failed to resolve an issue.

Exception reporting is the mechanism used by doctors to inform the employer (or Host Organisation in our case) when their day to day work varies significantly and/or regularly from the agreed work schedule. Primarily these variations will be;

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

We use an electronic system from Skills for Health to manage the exception reporting process allowing for any variations from the trainees to be resolved in a timely manner.

Exception reports can be resolved in consultation with the trainee. The Terms and Conditions allow for time off in lieu (TOIL) or additional pay and depending on the breach, the Guardian may also fine the Trust.

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

**During the report period, there have been 13 exception reports at the Walton Centre.**  
(see below)

The Guardian of Safe Working and the Director of Medical Education (DME) hold a joint junior doctor's forum every two months alternating with the forum held by the junior doctors and the GoSW each month. The Guardians meet locally and nationally and share a NHS network hosted forum to discuss progress and issues related to the new contract.

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

Report	High Level Data (requested by NHS Employers)				
	Number of doctors in training (total)			52	
	Number of doctors on 2016 T&C (total)			52	
	Amount of time in job plan for guardian to fulfil the role			1PA	
	Admin support provided to the guardian Support provided by Heather Doyle			0	
	Amount of job-planned time for educational supervisors (for education and training)			0.25	
	Locum and agency hours and spend to cover junior doctors rota gaps				
		November 2020	December 2020	January 2021	Total
	Neurology	£4000	£0	£0	£4000
	Neurosurgery	£26000	£6000	-£2000	£30000
	<b>Total</b>	<b>£30000</b>	<b>£6000</b>	<b>-£2000</b>	<b>£34000</b>
	<p><b>a) Exception reports</b> There have been 13 exception reports from neurology specialist trainees during this period.</p> <p><b>b) Work schedule reviews</b> We have not had to undertake any work schedule reviews.</p> <p><b>c) Vacancies</b> The Trust has 52 established training posts.</p> <p><b>d) Fines</b> No directorate within the Trust has received a fine.</p>				
	<p><b>Qualitative Information</b> There have been 13 exception reports during this period with 12 submitted on the same day in March by one trainee. The majority relate to breaches in the requirement for overnight rest during on call shifts and have been submitted retrospectively. The GoSW plans to meet with this group of junior doctors along with Heather Doyle in order to explore the concerns and issues raised and to plan the hours monitoring exercise (which was postponed due to the changes in working patterns during the pandemic).</p>				
	<p><b>Issues arising</b> The hours monitoring exercise within the specialist trainee Neurology group is planned for April. The change in the junior doctor's contract will have the most impact on the senior neurosurgery registrar 24 hour on call rota. For the next 3-4 years, we will have 2 or 3 doctors on the new contract who must comply with the new T&amp;Cs from February 2020. As specialist trainees leave the Trust, the Neurology StR rota has decreased from a 1 in 12 to a</p>				

	<p>1 in 10 and in February will go to a 1 in 9. This will have a significant impact on workload for this group of junior doctors. Again, rota patterns have changed currently (neurosurgical workload is still reduced due to the impact of coronavirus) but work on this including hours monitoring will resume once a normal working pattern has resumed.</p> <p>The Trust is planning to use the funds from the Facilities and Fatigues Charter (£30,000) along with the donation from the NHS Charities Together (£50,000) to refurbish the junior doctors mess. An additional sum of around £40,000 will be needed to meet the costs of this project. The Trust is looking into ways to fund the much needed improvement to the facilities.</p> <p><b>Actions taken to resolve issues</b></p> <p>The hours monitoring exercises will resume as soon as working patterns are more representative. The work on the junior doctor's mess has been delayed but continues. Additional support is available for junior doctors who are working flexibly under constantly changing conditions.</p> <p><b>Summary</b></p> <p>There are currently 52 doctors at the Walton Centre on the new 2016 terms and conditions. Overall, the feedback from junior doctors is very positive. Since the introduction of the new contract in August 2016, there have been 30 exception reports. All have been resolved with TOIL to date although many of the current reports were submitted retrospectively and so further work is needed to resolve these. The current coronavirus pandemic leads to new challenges for rota compliance and working patterns. Work schedules and working hours have not been changed (the latter have in some cases reduced). All rotas have had to be amended so that less junior doctors are on site at any one time and to allow for planned cover for absences. We are conscious of the potential impact of the current situation on junior doctors training and wellbeing and are taking all opportunities to offer support and educational experiences throughout this time.</p> <p>.</p>
<b>Actions</b>	The Board is asked to receive, review and comment upon the Guardian's quarterly report.





The Walton Centre NHS Foundation Trust

## REPORT TO THE TRUST BOARD

Date: 06/05/21

<b>Title</b>	<b>Nurse Revalidation Update Report – 2019/2020</b>
<b>Sponsoring Director</b>	Name: Lisa Salter Title: Director of Nursing and Governance
<b>Author (s)</b>	Name: Joseph Towell/Julie McEnerney Title: Revalidation & Nursing
<b>Previously considered by:</b>	<ul style="list-style-type: none"> <li>• Committee None</li> <li>• Group None</li> <li>• Other None</li> </ul>
<b>Executive Summary</b>	
The report provides an update on the progress of nurse revalidation during 2019/20 and provides an update For 2020/21.	
<b>Related Trust Ambitions</b>	Delete as appropriate: <ul style="list-style-type: none"> <li>• Best practice care</li> <li>• Be recognised as excellent in all we do</li> </ul>
<b>Risks associated with this paper</b>	None
<b>Related Assurance Framework entries</b>	N/A
<b>Equality Impact Assessment completed</b>	No
<b>Any associated legal implications / regulatory requirements?</b>	Revalidation is the process which all nurses, midwives and nursing associates within the UK are required to maintain their registration with the Nursing & Midwifery Council (NMC)
<b>Action required by the Board</b>	Delete as Appropriate <ul style="list-style-type: none"> <li>• To consider and note</li> </ul>

Revised in July 2018

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## Nurse Revalidation Update Report – 2020/21

### Introduction

All registered nurses/midwives/nursing associates in the UK are required to maintain their registration with the Nursing & Midwifery Council (NMC) and must fulfil a range of requirements to show they are continuing to be able to practice safely and effectively by way of revalidation every three years.

The Trust uses an e-portfolio system (HeART) which has been in place since 2016. This system provides a repository for nursing staff to collate/store evidence and manage their registration through an NMC online account.

The NMC requirements for revalidation are:

- 450 Practice Hours over 3 years since last registration
- 35 hours of Continuing Professional Development (CPD) since last registration, of which 20 hours must be participatory
- 5 pieces of practice related feedback
- 5 written reflective accounts
- Evidence of a reflective discussion
- Health and Character Declaration
- Professional Indemnity arrangement
- Confirmation by a third party that the registrant has complied with the revalidation requirements

### Update 2020/21

During 2020/21 a total of 127 staff were required to revalidate. Of these, 120 staff successfully revalidated in accordance with the NMC Guidelines. Due to NMC deadline extensions, detailed below, 7 still have to submit.

No issues with the completion process were identified during 2020/21 and the Revalidation and Nursing Administrator either completed the NMC submission with the nurse or obtained confirmation that the process had been undertaken.

The Trust has maintained a 100% success rate for staff undergoing revalidation during 2020/21 as per below:

	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021
<b>Submitted</b>	22	3	5	2	6	50	6	6	4	13	2	1
<b>To Submit</b>	0	0	0	0	0	0	0	0	0	0	0	7
<b>Exemption</b>	0	0	0	0	0	0	0	0	0	0	0	0
Total Number of staff members revalidated during 2020/21 – 120												

A proportion of nurses required support with their revalidation submission during 2020/21. The main reasons for the additional support were due to lack of computer skills, confidence or lack of Continuing Professional Development (CPD) hours. Additional information is always available on both intranet and internet to assist with this process.

### **Nursing Associates**

As per previous guidance, qualifying NA's are added to Revalidation database to ensure successful submission of details.

### **COVID-19**

Due to COVID-19 a number of automatic and optional deadline extensions were put in place by the NMC. A 12 week deadline extension was applied to staff due to revalidate between Apr 2020 and Oct 2020.

A 12 week deadline extension was automatically applied to staff due to revalidate

- November 2020 through March 2021 (resulting in 7 staff members still to submit although their original deadline has passed)

Staff could also apply for additional 12 week extensions to create a deferment of 24 weeks total.

The various extensions to revalidation dates created issues for the Revalidation and Nursing Administrator however ongoing communication with staff members has ensured that 120 have successfully completed this. The further 7 staff are working with the administrator to ensure these too are successful and the Director of Nursing and Governance will be informed and appraised of this once complete.

### **2021/22**

We do not anticipate there will be any issues/concerns with any cohort completing the revalidation during 2021/22.

## COVID 19

At the time of writing the only deadline changes in place are for the Apr 2021 cohort. They may request an 8 week extension with the NMC at their discretion.

During 2021/22, 121 staff members are required to revalidate as per below:

	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022
<b>To Submit</b>	28	5	4	7	2	42	8	8	2	6	2	7
Total Number of staff members to submit during 2021/22 – 121												

### Next Steps

The Trust recognises the importance of having a robust and systematic approach to nurse revalidation and will undertake the following:

- Review the level of support required by staff to complete the revalidation process
- Ensure updated guidance and templates are accessible via the intranet site
- Ensure accurate dissemination of changing NMC guidance to staff members

### Recommendation

Trust Board is asked to:

- receive and note report and be assured that staff are monitored through revalidation and have active registration with the NMC.
- receive assurance from the Director of Nursing & Governance, once the final 7 staff from 2020/2021 have revalidated.



The Walton Centre NHS Foundation Trust

## REPORT TO THE TRUST BOARD

Date 6<sup>th</sup> May 2021

<b>Report Title</b>	<b>Chair's Assurance Report</b>
<b>Sponsoring Director</b>	Su Rai – Non-Executive Chair
<b>Author (s)</b>	Mike Burns, Director of Finance and IT
<b>Purpose of Paper:</b>	
The Audit Committee continues to receive reports and provide assurance to the Board of Directors against its work programme via a summary report submitted to the Board after each meeting. Full minutes and enclosures are made available on request.	
The paper provides an update for the Board of the meeting of the Audit Committee held on 20 April 2021.	
<b>Recommendations</b>	The Board is requested to: <ul style="list-style-type: none"> <li>Note the summary report.</li> </ul>

### 1.0 Matters for the Board's attention

- Final Accounts to be recommended for Trust Board approval on 24 June 2021.
- Approval of Fit and Proper Persons Policy and the significant work undertaken to produce a robust system was acknowledged.
- Positive outcome received from Head of Internal Audit with an overall opinion of Substantial Assurance. This opinion was not expected to change when the draft report was finalised.
- The Anti-Fraud Annual Report for 2020-21 indicated a high level of compliance for the majority of measures.
- Agreement of External Audit plan for this audit cycle and formal approval of fees.
- The Quality Accounts for 2020-21 would again not be subject to audit, in line with national guidelines.

### 2.0 Items for the Board's information and assurance

The Committee received the following updates:

#### a) *Internal Audit Progress Report Q4*

Committee received an update from MIAA that since the last meeting 4 audits had been finalised with Data Quality and Fit and Proper Persons both receiving substantial assurance. Audits for Complex Discharge Process and Cyber Security were at the reporting stage. Explanation was provided as to why Data Protection and Security Toolkit audit did not require an assurance level at this stage and it was updated that there would be a second assessment of this audit in Q1. The work that had taken place around Fit and Proper Persons was noted and once the policy was approved later in the agenda there would only be one recommendation outstanding relating to validation of contract documentation held on file which had now been addressed.

#### b) *Internal Audit Follow Up Report Q4*

The Committee noted that there were currently 27 recommendations outstanding, there were 7 recommendations due for follow up since the last report and 8 recommendations had been implemented or superseded since the last report. A long standing final recommendation around EPR had now been completed.

Attention was drawn to the number of deadlines that needed to be revised as they had gone beyond the March 21 deadline however assurance was given that none stood out as a concern and it was noted that some lapses could be as the result of a timing issue. Mr Burns updated that the

Recommendations Report was now discussed at Executive Team meetings and followed up with staff to ensure actions were being followed up.

**c) Internal Audit Plan 2021-22 for Approval**

The Committee noted the fee figure was the same as reported last year but was subject to inflationary increase in value which had not as yet been confirmed. The report detailed the Audit Plan for 21/22 which consisted of mandated plans and those agreed by the Trust and the rationale for the audit. Details of the ICS System Development were provided which was a system wide piece of work which would evaluate and support the Trust preparedness to work in collaboration / partnership at a system and place level. The Committee approved the Internal Audit Plan for 2021-22 to be carried out within a 168 resource day plan.

**d) Internal Audit Charter**

The Internal Audit Charter was received by the Committee. The Charter is mandated through the Public Sector Internal Audit Standards (2016) and is a formal document that defines the internal audit activity's purpose, authority and responsibility and is presented on a yearly basis.

**e) Internal Audit Annual Report & Head of Internal Audit Opinion**

The Committee received the report and noted the overall opinion of Substantial Assurance which showed there was a good system of internal control designed to meet the organisation's objectives and that controls were generally being applied consistently. The basis for forming the opinion was outlined and the Assurance Framework Document was visibly used by the organisation and reflected the risks discussed by the Board.

During the course of the year MIAA had undertaken follow up reviews on which the Trust had made good progress. There were 19 recommendations raised as part of the reviews undertaken during 2020/21 all accepted by management. There were no critical recommendations.

The report was presented in draft and would feed into the Annual Governance Statement to be submitted next week. MIAA acknowledged it had been a difficult year for all and thanked the Trust for facilitating the completion of the audit plan and Ms Rai concurred and thanked MIAA and the finance team for pushing forward with the Internal Audit Plan and gave her congratulations on behalf of the Committee for the Substantial Assurance received.

**f) Anti-Fraud Annual Report 2020-21**

The report was presented detailing work undertaken across all 4 areas of NHS Authorities Counter Fraud strategy and the standards that the Trust was required to comply with. The Trust scored very well against the majority of the indicators. Attention was drawn to the two Amber ratings in relation to investigations and around recovery of any losses and publicising any criminal / disciplinary cases in relation to fraud cases. As there had not been any referrals in year requiring action the Trust was unable to evidence full compliance in this area hence the Amber rating. This was considered unusual by the Committee to receive an Amber rating on an issue on which the Trust had not had an opportunity to test but acknowledged that was how it was rated across the sector.

The Committee noted this was a transitional year before the new standards were put in place from 1 April and a new report was being collated around these with a return date of 31 May 2021.

**g) Anti-Fraud Annual Plan for 2021/22**

The annual plan included all the core work taking into account national and regional risk areas, strategic risks from the Board Assurance Framework and management requests. Also included was a review of the fraud risks in line with the new Standards and a post event assurance of the PPE procurement process. Yet to be determined is a piece of work to be agreed by the Executive Team.

Discussion took place around the Gifts and Hospitality and Conflicts of Interest risk and the recommendations that had come from the review and while there were some process based recommendations in place the Interim Corporate Secretary felt an education programme should be set up with periodic reminders for staff that they have an obligation to make declarations.

**h) External Audit Plan for year ending 31 March 2021**

The document provided an overview of the planned scope and timing of the statutory audit of the Trust. The risks required special audit consideration and procedures to address the likelihood of a material financial statement error were identified as:

- o Management Override of Controls
- o Valuation of Land and Buildings

Following on from a risk assessment regarding the Trust's arrangements to secure Value For Money a key area of focus to consider around the Trust's financial sustainability was identified, particularly the restoration of services post-Covid 19. The change in emphasis of the audit of accounting estimations was discussed, together with the Trust's approach to this.

Other work was referred to in the document as well as timelines and fees which were noted. It was queried whether the £10k for VFM work was included in the £77k proposed fee and following clarification on this the audit fees were agreed by the Committee. It was noted the fees for the Independent Examination of The Walton Centre Charity were separate to the proposed fee for 2020/21.

**i) Executive Response to Challenge Questions**

The Committee received the report providing responses to the challenge questions posed in the October 2020 External Audit Progress Report around Autumn 2020 Spending Review and The Digital Revolution.

**j) Bad Debt Write Off**

The Committee noted the contents of the report and approved the writing off of £7,661 invoices in April 2021.

**k) Aged Debt Report**

The report summarised the position at Month 12 in relation to debtors (both NHS and non-NHS) and showed the movement in agreed debt between March 2020 and March 2021. Debt at the end of March was £2.2m and this represented a reduction of £3.4m from March 2019/20. There had been an increase of £359k debt from February 2021 mainly relating to 0-30 days debt (salary recharges and year end invoices).

In response to a query around the scrutiny of payment by the Trust to creditors it was confirmed that the Trust was bound by 95% of payments made within 30 days and a statement to this effect was made in the Annual Report.

**l) Tender Waivers Q4**

The Committee approved the one tender waiver recorded in Q4 for an Intraoperative monitoring system which was a replacement system. The INOMED system was the only available system which provided all the required intra-operative monitoring capabilities in one single unit. The Committee was satisfied with the explanation for a tender waiver being implemented.

**m) Losses and Compensations Register**

The Committee noted there had been 4 losses or compensation payments to date costing £8,664. This compared to £24,166 payments in 2019/20. It was noted there was a payment of £3k made for an IG breach which was explained to the Committee and it was felt that more of these payments would be coming forward in the future so it was important for staff to adhere to the rules around IG and remain vigilant.

**n) Preparation of Quality Account 2020/21**

The Committee received a report on the progress of the quality account priorities for the year 2020/21. It was noted by the Committee that all but 4 of the quality account priorities were achieved and the Committee were updated on progress. These were noted by the Committee.

The priorities for focus for 2021/22 had been identified and these would be forwarded to Committee members for information.

**o) External Visits Update Report**

The Committee received the report providing a status update in relation to external recommendations and were briefed on progress around

- MHRA – Good Clinical Practice Compliance
- MFRS – Revisit following OPD fire
- IPC Peer Review
- MTCC Accreditation Report
- IIP Gold Award
- CQC mental Health Provision
- UKAS Labs Provision

The Committee welcomed the report in its new format and noted the contents but requested a date for completion column going forward.

**p) Preparation of Annual Report 2020/21**

The Committee were presented with the report to provide assurance that arrangements were in place for the production of the Annual Report 2020/21. Good responses had been received from the relevant department leads and an initial draft Annual Governance Statement would be ready shortly with an initial rough working draft of the Annual Report for internal review in 2 weeks' time.

It was understood that the incorporation of the Quality Accounts into the Annual Report would not take place this year and that the date for submission of the Quality Accounts was likely to be later in the year and not 30 June 2021. The Committee noted the progress contained within the report.

**q) Compliance with FT Code of Governance**

The Committee were provided with a background to the report to assist NHS Foundation Trust Boards to improve their governance practices. The Interim Corporate Secretary reviewed compliance with the Code of Governance for 2020/21 and referred to the outcomes in Appendix 1 of the report. There was a positive level of compliance however there were several areas where compliance could be strengthened and these areas were RAG-rated Amber. Members of the Committee had some questions relating to the report but these would be picked up outside of the meeting.

The Committee endorsed the outcomes of the review of compliance with the Code of Governance which would support declarations made in the Annual Report 2020/21.

**r) Fit and Proper Persons Policy**

The requirement for a Fit and Proper Persons Policy was recommended as part of the Internal Audit Review undertaken last year. It had been based on a draft procedure document that was in place during the time of the audit and was updated by the Interim Corporate Secretary and Deputy Director of HR detailing specific responsibilities between the Corporate Secretary and the HR Department. A timetable had been produced for the completion of annual checks. The Policy had been agreed by Executives and the minor amendments suggested by them were detailed to the Committee who subject to those changes approved the Policy.

Thanks were conveyed to the Interim Corporate Secretary for the robust piece of work undertaken which put the Trust in a strong position going forward in this area.

**s) Committee Effectiveness Review**

The report presented the outcome of the Committee Effectiveness Review for consideration and agreement. The Interim Corporate Secretary completed the Committee Processes checklist provided by HFMA. The Committee discussed the 3 key areas where it had not been possible for the Interim Corporate Secretary to complete an assessment and these related to how the Committee integrated with other Committees that reviewed risk; how the Committee reviewed key data against the data quality dimensions and if the Committee approved a policy to govern the value and nature of non-audit work carried out by the external auditors.



## The Walton Centre NHS Foundation Trust

Discussion also look place around clinical audit outcomes and how the Committee should receive assurance on this going forward bearing in mind the committees have separate roles and this should be taken into consideration in the reporting mechanism.

The Committee considered and agreed the outcome of the Effectiveness Review and acknowledged the gaps where more work was required.

### **3.0 Progress against the Committee's annual work plan**

The Committee continued to follow its annual work plan. Items were now RAG-rated for clarification and to keep track on those that had been deferred due to timing issues. A text box would be added to the Cycle of Business for explanation on items that been subject to a delay.

It was noted the next meeting would take place on 24 June to recommend approval of the Annual Report and Accounts.

### **4.0 Recommendations**

The Board of Directors is recommended to:

- Receive and note the Summary Report.



**REPORT TO TRUST BOARD  
6 MAY 2021**

<b>Report Title</b>	<b>Chair's Assurance Report</b>
<b>Sponsoring Director</b>	Su Rai – Non-Executive Chair
<b>Author (s)</b>	Mike Burns, Director of Finance and IT
<b>Purpose of Paper:</b>	
<p>The Walton Centre Charity Committee continues to receive reports and provide assurance to the Board of Directors against its work programme via a summary report submitted to the Board after each meeting. Full minutes and enclosures are made available on request.</p> <p>The paper provides an update to the Board of the meeting of the Walton Centre Charity Committee held on 15 April 2021.</p>	
<b>Recommendations</b>	<p>The Board is requested to:</p> <ul style="list-style-type: none"> <li>Note the summary report</li> </ul>

**1.0 Matters for the Board's attention**

- The Committee received an update on progress on the development of a Risk Management Policy for the Charity. A Risk Register would be received at each meeting going forward.
- The implementation of a budget for the Charity would take place and would be reviewed and agreed on an annual basis.
- A review of Year 3 of the 2018 Fundraising Strategy was presented and the development of a new 3 year strategy was in hand which would be presented in July 2021.

**2.0 Items for the Board's information and assurance**

The Committee received the following updates. Items listed in order of discussion.

**a) Summary Investment Reports from:**

- CCLA** - A Market Review was provided by CCLA which was noted. The Committee were updated on the mid-market valuation as at 31 March 2021 which was £576,365 (a £5k decrease from the last quarter).
- Ruffer** – Ruffer provided a summary of the current position of the portfolio as at 31 March 2021 which outlined that the fund had increased to £585,265 (a rise of £44k from the last quarter).

Discussion took place around the tender process for investment managers and how often the performance was assessed. The Committee were also keen to ensure that the ethical stance agreed by the Committee three years ago was still being adhered to. It was agreed this would be reviewed yearly in line with the Investment Policy.

**b) Finance Report as at 31 March 2021**

The report detailed the financial performance of the Charity as at 31 March 2021 and showed that the fund had reduced from £1,850,270 at the start of the financial year to £1,616,743 as at 31 March 2021. Due to the current pandemic various regular events had been cancelled however the loss in income had been partly offset by five grants from NHS Charities totalling £147,600.

The Committee looked at the various fund balances and discussion took place around those funds where there had been no movement and no communication back to the finance department around plans for the funds. It was agreed that at the next meeting the Committee would make a decision on whether these stagnant funds would be merged back into the general fund in line with current governance requirements. Guidelines for agreement would be drawn up around this issue.

The Committee also discussed the tender process around moving from the current auditors to a more cost effective company to carry out the Independent Examination of the accounts.

**c) Report on longer term commitments to the Charity**

The Committee noted the longer term commitments however it was requested that going forward more information be contained within the report (for funds of £5k and more) in order to have more visibility on spending plans.

**d) Fundraising Activity Report**

The Committee received the report and noted the contents. Ms Fletcher, Head of Fundraising, highlighted the following sections from the report:

- The Charity's partnership with Aintree Racecourse's Community Programme enabled the Trust to be one of the focus charities of this year's Grand National festival.
- Due to restrictions there was still limited fundraising activity in the community.
- Since the last meeting in January £20,762 had been received in memory of patients treated at the Walton Centre. There had been notification of a residual legacy of £70,000 which will come through once the Estate was settled and finalised.
- The Lottery continued to be promoted on the Trust's social media platforms as well as the website and since the last meeting a further 38 had signed up for the weekly draw.
- Last year saw the cancellation of the Trust's major fundraising events and it was still unsure as to whether they could go ahead this year in their current form due to Covid 19 so the fundraising term were exploring possible options.
- The Committee were provided with an update on NHS Charities Together Grants and Stage 3 funding for which NHS charities could apply for recovery grants to support the mental health and recovery of NHS staff and volunteers and work was taking place to identify suitable projects for the Trust to submit an application.

**e) Update on Risk Management Policy**

The Committee received a report sharing NHS Charities Together recommended approach to manage risk and discussed whether a 'stand-alone' risk management policy for the Charity was warranted. The Committee completely agreed with the importance of this acknowledging that the risks for a charity were very different from a health organisation but wanted to ensure the correct corporate governance was in place. The Risk Appetite detailed in the report was agreed and a small group would consider and determine the risks that would form part of the Risk Register that would be presented at the next meeting for discussion.

As Corporate Trustee for the Charity it was suggested the risks be presented to Trust Board on an annual basis. The Chair noted the good progress that had been made around this issue.

**f) Applications from T&D Department and YTD Report**

All 8 applications presented for funding from T&D were approved; however there were two main areas discussed; the high number of applications from Horsley ITU and that all the applications were retrospective. Going forward it was requested for governance purposes that requests be emailed to the voting members of the Committee rather than being presented retrospectively.

**g) Application – Addition to Robotic Arm, ETV Module Software**

The application was presented by Ms Roscoe, Cranial Service Manager for Neurosurgery, to pay for the software and hardware, including a laptop, to operate the recently purchased endoscopic robotic arm. The initial business case for the robotic arm included use for endoscopic surgery, however this software and hardware module was not purchased, despite it being within the budget and approved.

The Committee approved the application for £20,000 noting the funding would come from the Sid Watkins Innovation Fund and not the General Fund as stated.

**h) Consultancy Report**

The Committee agreed to the payment of £11k (April 2021/April 22) for the continued services of Quiet Consultancy (Fundraising consultants). The summary report detailed the support received

over the past year and the Committee acknowledged the business critical knowledge and strategic advice received. The service would continue to be reviewed on an annual basis.

**i) Draft Charity Governance Document**

The Committee received the document in draft and invited comments and suggestions prior to it being approved in July for guidance and publication on the Trust Intranet. Initial comments included review of the application process to include an updated flow chart and inclusion of the prioritisation process when confirmed. There was also discussion around the £60k reserve figure which all agreed should be increased.

**j) Fundraising Strategy Update**

The Committee received a review of the third year of the 2018-2021 fundraising strategy that was originally presented in April 2018. The Committee noted how some of the objectives were not met in year 3 due to the onset of the pandemic.

A new 3 year strategy is being developed taking into consideration the very different landscape following Covid 19. The new environment includes a shift in how people work and socialise and with most aspects of the economy severely affected, the impact on income generating potential will differ across income streams.

Crucial to the new fundraising strategy is to have a specific campaign / fundraising project on which to focus and proactively seek major donations. The new Strategy would link in with the priorities of the current Trust Strategy.

**k) Cycle of Business 2021-22**

The cycle of business was noted and welcomed by the Committee with extra items suggested at the meeting agreed.

**l) Any Other Business**

The Committee agreed the increased in costs in the Home from Home fund being reimbursed back to the Trust. This was an increase to £41k per year for fundraising purposes.

**3.0 Progress against the Committee's annual work plan**

The Committee continues to follow its annual work plan.



**REPORT TO TRUST BOARD**

06/05/21

<b>Report Title</b>	<b>Chair's Assurance Report – Quality Committee 22 April 2021</b>
<b>Sponsoring Director</b>	Seth Crofts, Non-Executive Director
<b>Author (s)</b>	Lisa Salter Director of Nursing
<b>Purpose of Paper:</b>	
The Quality Committee continues to receive reports and provide assurance to the Board of Directors against its work programme via a summary report submitted to the Board after each meeting. Full minutes and enclosures are made available on request.	
The paper provides an update to the Board of the meeting of the Quality Committee held on 22/04/21.	
<b>Recommendations</b>	The Board is requested to: <ul style="list-style-type: none"> <li>Note the summary report</li> </ul>

**1. Items for the Board's attention**

- Thrombectomy
- Neurophysiology Presentation
- Tissue Viability Report

**2. Items for the Board's information and assurance**

**a) Patient story**

Ms Gurrell presented a patient story explaining their experiences during covid, set out in the six steps of the patient journey. The patient attended for a scan on numerous occasions and was remembered by staff which made her feel welcome. The Consultant made her at ease and the fact that she received an email the following day, checking on her, was seen as positive. An excellent story that resulted in a positive experience for the patient during the pandemic, despite her anxieties.

**b) Medical Director's update**

Thrombectomy service – patient complexity has increased over the past few years. Some issues have escalated in recent weeks related to competencies of nursing staff. This impacted on the service as there was no weekend cover for two weeks. This was reported to NHSE and support sought from Salford Royal Foundation Trust (SRFT). However it was identified that SRFT were having similar issues. Weekend cover has been finalised for next weekend, 8am -8pm cover from July. It is hoped that 24 hour/7 day service will commence in September, a service which is not available anywhere else in the region. Concerns were raised that this has impacted on the reputation of the Trust. Tracking of learning from this will managed by the Divisions and will be presented to Quality Committee in July 2021.

**c) Integrated Performance Report**

Positive IPR and noted improvements in Neurology (Chavasse) with a new ward manager in place. No HCAI were reported in March for the Division. Neurosurgery Division is working to decrease the incidents of MSSA. Significant work is underway specifically with line management and decolonisation.

There was one unstageable pressure ulcer for which an RCA is underway. There are 16 RN vacancies across the Divisions at present. International Recruitment was planned for 7 RNs to arrive this month, however talks are being held nationally due to India being on the covid red list

There is significant acuity across all wards in both Divisions with extra staff being required, however NHSP are supporting this.

Patient flow data is now included in the report. The Trust's length of stay is outside what would be expected by our peers.

**d) Equality Brief Covid-19**

Ms Vlasman presented the report which is being taken to E, D & I for work to be progressed. The recovery plan has considered how certain groups have been prioritised within BAME groups. Staff mental health has been considered and a business case is being taken to the Executive Team to extend the internal psychology service to staff.

**e) Quality Presentation Neurophysiology**

Ms Finnegan presented about her department and how her team work across the Trust and other organisations. Preparation of the patient and communication are both key to getting the best results. The department are keen to innovate and lead the way in this field. The team are passionate about audit and development to support best practice and care. The department are continually striving to gain feedback to improve patient experience. The team have been specifically innovative during covid-19 and as a result have implemented mobile telemetry. The company supplying equipment have improved the device following feedback from the Neurophysiology team. There are excellent opportunities for training and staff retention and the team work closely with Manchester Metropolitan University.

The whole team were highly responsive to the needs of the Trust during the pandemic, moving to various wards to assist with patient care.

**f) Quality Accounts**

Ms Kane noted that four Quality Account priorities were postponed due to Covid-19. It was also noted that a full year's work was not possible which was also due to the pandemic and so was delivered in a shorter timeframe.

**g) Tissue Viability Report (TV)**

It was reported that due to a significant gap in the TV staff post, there were gaps in service delivery. However the IPC team worked hard to fill the gaps and ensure that patient safety was prioritised. A cultural change will be necessary to ensure TV care is delivered. Human factors are being considered as part of the RCA work/investigations. There is a need to be clear that training and empowerment is not just to focus on nursing staff but will also encompass medical staff. A further report is to be presented in June. Ms King noted that there were significant gaps in the service and had completed some work already to enhance standards. A plan is being finalised to ensure completion of work required.

**h) Pathology Quarterly Assurance Report**

Ms Hayes presented the report noting KPIs for the department. It was recognised that not having an order communications system, certain KPIs could not be provided. This provides an issue to staff operationally in requesting tests and obtaining results. It was reported that 82% of equipment has been deferred for capital replacement until next year but this was not causing concern at the current time.

**i) Equality Diversity & Inclusion update**

The Equality, Diversity and Inclusion (E, D & I) Steering group has been relaunched and the first meeting took place in March 2021. The group have been working on Government guidelines regarding the use of the term BAME and how this will alter. Saying 'no to racism' work is being progressed. A relaunch of the disability staff network is planned. Further training for staff is to be launched and will include civility and unconscious bias. Some focussed work is being undertaken to support veterans.

**j) Terms of Reference E, D & I Steering Group**

The ToR were agreed and ratified.

**k) Terms of Reference Corporate Governance**

The ToR were agreed and ratified.

**l) Quality Committee work cycle**

The work cycle was agreed and ratified.

**m) AOB**

**Sharing & Learning Forum Terms of Reference**

The ToR were agreed and ratified. It was agreed that the Quality Committee ToR would be amended to include the Sharing & Learning Forum.

**n) Review of the meeting**

Committee members felt that good discussion and debate had taken place with most members contributing.

**3.0 Progress against the Committee's annual work plan**

The Committee continued to follow its annual work plan this month.



The Walton Centre NHS Foundation Trust

**REPORT TO TRUST BOARD**  
6 May 2021

<b>Report Title</b>	<b>Chair's Assurance Report – RIME Committee 31/03/21</b>
<b>Sponsoring Director</b>	Seth Crofts – Non-Executive Chair
<b>Author (s)</b>	Mike Gibney, Director of Workforce and Innovation
<b>Purpose of Paper:</b>	
<p>The Research, Innovation and Medical Education Committee continues to receive reports and provide assurance to the Board of Directors against its work programme via a summary report submitted to the Board after each meeting. Full minutes and enclosures are made available on request.</p> <p>The paper provides an update to the Board of the meeting of the Research, Innovation and Medical Education Committee held on 31 March 2021.</p>	
<b>Recommendations</b>	<p>The Board is requested to:</p> <ul style="list-style-type: none"> <li>Note the summary report</li> </ul>

**1.0 Matters for the Board's Attention**

- The ongoing financial position and the need to establish a financial recovery plan.  
This year has been a challenge for Research functions across the NHS. The suspension of business as usual has clearly had an impact upon activity and the potential for income generation. The environment is further challenging as virtually all commercial trials (other than those that were COVID-19 related) were suspended and new and planned ones have been put on hold. A comprehensive plan is being developed in response to the external review and a financial recovery plan I central to this.
- Ms Murphy's independent review of the NRC and her recommendations and how we intend to take it forward.  
A comprehensive and independent review of research at the Walton Centre was undertaken by Caroline Murphy, Director of Operations at Kings College Trials Unit. The report consisted of an 'as is' analysis of research based upon a review of documents and a series of interviews with key internal and external stakeholders. The report proposed 25 potential actions/suggestions to be considered. Committee agreed that further analysis/engagement should be prioritised with the key stakeholder groups including research nurses, governance, admin support, trust consultant body and key external sources of support (LHP, NIHR, etc.). The report was noted by committee and a confidential action plan will be produced in due course.

**2.0 Items for the Board's Information and Assurance**

- Committee received via the consent agenda a Research and Development Finance Performance Report, an update on the Health Education Annual Return and confirmed the minutes of the Sponsorship and Governance Oversight Group.

**3.0 Progress Against the Committee's Annual Work Plan**

- Discussed and currently on track.





**REPORT TO TRUST BOARD**

6 May 2021

<b>Report Title</b>	<b>Chair's Assurance Report – BPC 27 April 2021</b>
<b>Sponsoring Director</b>	David Topliffe – Chair of Business Performance Committee
<b>Author (s)</b>	Jan Ross, Interim Chief Executive
<b>Purpose of Paper:</b>	
<p>The Business Performance Committee continues to receive reports and provide assurance to the Board of Directors against its work programme via a summary report submitted to the Board after each meeting. Full minutes and enclosures are made available on request.</p> <p>The paper provides an update to the Board of the meeting of the Business Performance Committee held on 27 April 2021.</p>	
<b>Recommendations</b>	<p>The Board is requested to:</p> <ul style="list-style-type: none"> <li>Note the summary report</li> </ul>

**1.0 Matters for the Board's attention**

- Draft 2021/22 Business Plan was approved. A further meeting would take place on 4 May to approve a final plan before submission if further changes were made.
- Apprenticeship Policy was approved.
- The Committee received an update on the Action Plan for Q4 of the People Plan and noted the work that would take place around that going forward.

**2.0 Items for the Board's information and assurance**

The Committee received the following updates:

**a) 2021/22 Activity and Finance Plan**

Update in Closed Board Chair's Report.

**b) Integrated Performance Report**

The IPR was taken as read and was noted by the Committee. It showed an improvement trajectory for all aspects of both activity and workforce metrics in March to act as a foundation for further improvement in 2021/22.

Subject to Audit, March Income & Expenditure was a surplus of £1.1m resulting in a full year surplus of £1.5m (which was £2.8m better than plan). Additional top-up funding for lost non-NHS income and annual leave not taken were the main contributors to this.

The full-year capital expenditure spend was £8.9m achieving the stretch target set in-year as additional funding became available at short notice. Recognition was given to all the teams involved in achieving that.

**c) Transformation Programme Update**

Due to the length of time given for the Committee to fully understand and approve the draft 2021/22 Business Plan the item was deferred to the meeting in May 2021.

**d) People Plan Delivery Update**

An update of the People Strategy Action Plan for Q4 was presented and it was noted that although the strategy is a five year document NHSE/I currently produce a one year (only) workforce plan principally in response to the pandemic but are producing another one for this year. The report included an annual update / action plan and a couple of highlights were focused upon:

- Jobs advertised on NHS Jobs are now also automatically advertised on a website called BME jobs which also includes an LGBTQ+ website and the current CEO role is live on these platforms.
- The biggest pandemic response in this service area was the acceleration of flexible working and progress was noted. However, one of the challenges that will be taken forward into this year is the increasing numbers of staff returning to site and the pressure to maintain key wellbeing improvements such as rest areas, drinks facilities etc.

It was noted that the current annual requirements make the connections between the long term strategy and long term actions problematic. It was agreed that an updated action plan for this year would be presented at the meeting in June 2021. The Director of Workforce would consider how the longer term strategy could be presented in a more appropriate and reader friendly manner.

**e) Brexit / EU Exit Briefing Paper**

The paper was received by the Committee and the work programme going forward relating to Brexit / EU Exit was noted and agreed. The Trust has put in place a number of arrangements to mitigate the impact to key services and supplies throughout the Brexit / EU Exit process. The Resilience Planning Group would continue to monitor the situation as part of the group's work programme but updates would no longer come to BPC. The Committee agreed to the closure of regular updates and noted plans in place to monitor the situation going forward.

**f) Apprenticeship Policy**

The Policy, previously considered by Staff Partnership Committee, was developed following the introduction of the apprenticeship levy in 2017 which has seen a big increase in the number of apprenticeships being completed nationally with the aim to improve access to and promote the uptake of a wider range of apprenticeship training programmes supporting the Trust to achieve its target for apprenticeships. The good work in this area was noted including the establishment of an Apprenticeship Steering Group which is well attended. The Committee approved the new Policy.

**g) Terms of Reference**

- Local Negotiating Committee
- Heating and Pipework Committee
- Resilience Planning Group

Subject to some minor amendments the three sets of Terms of Reference were approved by the Committee.

**h) 2021-22 Cycle of Business**

The work programme was noted by the Committee with the agreement to present the Transformation Programme Update on a bi-monthly basis which would contain a section on QIP within the report going forward.

**i) Neurologic Consignment Agreement and Microvention Consignment Agreement**

The Associate Director of Procurement joined the meeting and provided a background on the reason for presenting consignment agreements to the Committee which was to provide visibility to senior trust executives on the level and value of consignment stock holding and to agree to the arrangements with the suppliers. The amounts for the respective agreements for Radiology stock was Neurologic Europe £146,395 and Microvention £335,280.

The two agreements were approved by the Committee but following discussion a review would take place as to how these would be presented going forward. It was noted any change to them coming to BPC would require a change to the Scheme of Reservation and Delegation (SORD).

**j) Sub Committee Chair's Reports**

Six Chair's Reports from sub groups that had taken place were received and noted.

**k) AOB**

A technical issue was raised for the Committee to note within the finance section of the IPR. The revaluation reserve figure of £2m was calculated on the basis of an initial valuation but in the final accounts that figure will decrease due to further work having been completed to provide a more accurate valuation.

**3.0 Progress against the Committee's annual work plan**

The Committee continued to follow its annual work plan this month. The Transformation Programme Board update deferred during the meeting would be re-presented at the May 2021 meeting.



**Report to the Board of Directors**  
**Date: 6<sup>th</sup> May 2021**

<b>Title</b>	<b>Fit and Proper Persons Requirements – Chair’s Annual Declaration</b>
<b>Sponsoring Director</b>	Janet Rosser Chair
<b>Author (s)</b>	Paul Buckingham Interim Corporate Secretary
<b>Previously considered by:</b>	Not Applicable
<b>Executive Summary</b>	
<p>The purpose of this report is to provide the Board of Directors with assurance that all individuals subject to the Trust’s Fit and Proper Persons Policy meet the Fit and Proper Persons Requirements.</p> <p>NHS providers have a legal obligation to meet the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 5: Fit and Proper Persons Requirement (FPPR). The purpose of the FPPR is to:</p> <ul style="list-style-type: none"> <li>• Ensure that NHS providers are not managed or controlled by individuals who present an unacceptable risk either to the organisation or people receiving the services provided by the Trust; and</li> <li>• Ensure that Directors are fit and proper to assume responsibility for the overall quality and safety of care delivered by the Trust.</li> </ul> <p>As Chair of The Walton Centre NHS Foundation Trust, I can confirm that all relevant individuals have satisfied, and continue to satisfy, the Fit and Proper Persons Requirements. The factors informing this declaration are detailed at s3 of the report.</p>	
<b>Related Trust Ambitions</b>	All
<b>Risks associated with this paper</b>	
<b>Related Assurance Framework entries</b>	All
<b>Equality Impact Assessment completed</b>	No
<b>Any associated legal implications / regulatory requirements?</b>	NHS providers have a legal obligation to meet the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 5: Fit and Proper Persons Requirement (FPPR).
<b>Action required by the Board</b>	<p>The Board of Directors is recommended to:</p> <ul style="list-style-type: none"> <li>• Receive the report and note the assurance provided that all individuals subject to the Trust’s Fit and Proper Persons Policy meet the Fit and Proper Persons Requirements.</li> </ul>

## 1.0 Introduction

The purpose of this report is to provide the Board of Directors with assurance that all individuals subject to the Trust's Fit and Proper Persons Policy meet the Fit and Proper Persons Requirements.

## 2.0 Background

NHS providers have a legal obligation to meet the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 5: Fit and Proper Persons Requirement (FPPR). The purpose of the FPPR is to:

- Ensure that NHS providers are not managed or controlled by individuals who present an unacceptable risk either to the organisation or people receiving the services provided by the Trust; and
- Ensure that Directors are fit and proper to assume responsibility for the overall quality and safety of care delivered by the Trust

Regulation 5 places a duty on NHS providers not to appoint an individual, or allow an individual to continue to be, an Executive Director or equivalent or a Non-Executive Director under given circumstances. This means that individuals subject to the FPPR should not be appointed / continue to hold office unless they meet the following criteria. The individual:

- Must be of good character
- Must have the qualifications, competence, skills and experience which are necessary for the relevant office or position or the work for which they are appointed
- Must be able, by reason of health, after reasonable adjustments, to perform the tasks which are intrinsic to the office or position for which they are appointed or to the work for which they are employed
- Has not been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying out a regulated activity or providing a service elsewhere which, if provided in England, would be regulated activity
- Must be able to supply information as set out in Schedule 3 of the 2014 Regulations when requested by the Care Quality Commission.

The Chair is required to submit a declaration to the Board of Directors on an annual basis providing assurance that all individuals subject to the Trust's policy meet the Fit and Proper Persons Requirements.

## 3.0 Chair's Declaration for 2020/21

As Chair of The Walton Centre NHS Foundation Trust, I can confirm that all relevant individuals have satisfied, and continue to satisfy, the Fit and Proper Persons Requirements.

The Trust's Fit and Proper Persons Policy extends the scope of individuals subject to the Fit and Proper Persons Requirements to Deputy Directors and Divisional Directors, in addition to Executive Directors and Non-Executive Directors. This ensures that the appropriate checks and declarations will have been completed for individuals who may have to assume acting up responsibilities as a Board member (a situation which arose during 2020/21 due to the extended absence of the Director of Nursing & Governance).

There were two appointments made to the Board of Directors during 2020/21. Ms K Bentley and Mr D Topliffe were appointed as Non-Executive Directors with effect from 1 November 2020 and satisfactory pre-employment checks and self-declarations were completed for both individuals.

My declaration has been informed by:

- An Internal Audit review of the Trust's Fit and Proper Persons arrangements, reported in February 2021, which resulted in an assessment of Substantial Assurance.
- Satisfactory completion of annual Fit and Proper Person self-declarations and Criminal Record self-declarations by all individuals subject to the Trust's policy.
- Satisfactory completion of checks for all individuals subject to the Trust's policy against the Disqualified Directors Register and Insolvency Register carried out by the Interim Corporate Secretary.
- Satisfactory pre-employment checks and self-declarations for individuals newly appointed to the Board (see above).
- Approval of a Fit and Proper Persons Policy, which clearly defines responsibilities and timetable for completion of annual checks, by the Audit Committee.

A register of relevant self-declarations and completed checks is included for reference at Annex A to this report.

#### **4.0 Recommendations**

The Board of Directors is recommended to:

- Receive the report and note the assurance provided that all individuals subject to the Trust's Fit and Proper Persons Policy meet the Fit and Proper Persons Requirements.

**FIT AND PROPER PERSONS – REGISTER OF ANNUAL CHECKS**

Name	FPP Self Declaration	Insolvency Register	Disqualified Director Register	CRB Self Declaration	Copy of Most Recent Appraisal	Notes
Janet Rosser	8 April 2021	6 April 2021	6 April 2021	13 January 2021	9 September 2020	
Seth Crofts	15 April 2021	6 April 2021	6 April 2021	24 February 2021	2 September 2020	
Su Rai	6 April 2021	6 April 2021	6 April 2021	25 February 2021	18 January 2021	
Nalin Thakkar	6 April 2021	6 April 2021	6 April 2021	25 February 2021	5 January 2021	
Karen Bentley	6 April 2021	7 April 2021	6 April 2021	14 January 2021	-----	Commenced 1 Nov 20
David Topliffe	8 April 2021	6 April 2021	6 April 2021	13 January 2021	-----	Commenced 1 Nov 20
Jan Ross	6 April 2021	6 April 2021	6 April 2021	14 December 2020	4 April 2021	
Lisa Salter	6 April 2021	6 April 2021	6 April 2021	24 January 2021	23 April 2020	
Mike Burns	13 April 2021	6 April 2021	6 April 2021	13 January 2021	20 May 2020	
Mike Gibney	6 April 2021	6 April 2021	6 April 2021	4 December 2020	19 May 2020	
Andy Nicolson	7 April 2021	6 April 2021	6 April 2021	13 January 2021	21 September 2020	
Emma Burraston	-----	6 April 2021	6 April 2021	17 February 2021	12 February 2019	Maternity Leave
Julie Riley	6 April 2021	6 April 2021	6 April 2021	23 November 2020	12 May 2020	
Helen Wells	7 April 2021	6 April 2021	6 April 2021	26 November 2020	29 September 2020	
Jane Mullin	6 April 2021	6 April 2021	6 April 2021	23 November 2020	4 December 2020	
Lindsey Vlasman	6 April 2021	6 April 2021	6 April 2021	13 January 2021	27 August 2019	
Sacha Niven	6 April 2021	6 April 2021	6 April 2021	3 December 2020	30 September 2019	2020 Medical Appraisals deferred due to Covid-19 pandemic



**Report to the Board of Directors**  
**Date: 6<sup>th</sup> May 2021**

<b>Title</b>	<b>Board of Directors – Register of Interests</b>
<b>Sponsoring Director</b>	Jan Ross Interim Chief Executive
<b>Author (s)</b>	Paul Buckingham Interim Corporate Secretary
<b>Previously considered by:</b>	Not Applicable
<b>Executive Summary</b>	
<p>The purpose of this report is to present the Register of Directors' Interests to the Board of Directors for annual review. There is a legal requirement for the Trust to maintain a Register of Directors' Interests which should be available to the public. This requirement is incorporated in the Trust's Constitution.</p> <p>The current Register of Directors' Interests is included for reference at Annex A to this report. Board members are requested to review the Register and confirm that content is accurate and up to date.</p>	
<b>Related Trust Ambitions</b>	All
<b>Risks associated with this paper</b>	
<b>Related Assurance Framework entries</b>	All
<b>Equality Impact Assessment completed</b>	No
<b>Any associated legal implications / regulatory requirements?</b>	The requirement to maintain a Register of Directors' Interests is incorporated in the Trust's Constitution.
<b>Action required by the Board</b>	<p>The Board of Directors is recommended to:</p> <ul style="list-style-type: none"> <li>Review the Register of Directors' Interests at Annex A of the report and confirm that the content is accurate and up to date.</li> </ul>



## **1.0 Introduction**

The purpose of this report is to present the Register of Directors' Interests to the Board of Directors for annual review.

## **2.0 Background**

There is a legal requirement for the Trust to maintain a Register of Directors' Interests which should be available to the public. This requirement is incorporated in the Trust's Constitution.

In addition, the Annual Reporting Manual, published by NHS England & NHS Improvement, requires that the Trust's Annual Report should disclose details of company directorships or other material interests in companies held by Directors where those companies or related parties are likely to do business with the NHS Foundation Trust. An alternative disclosure is to state how members of the public can gain access to the Register of Directors' Interests rather than listing all interests in the Annual Report. The Trust has adopted this latter form of disclosure.

## **3.0 Current Situation**

The Trust's Register of Interests is maintained on an electronic system, Civica Declare, which can be accessed by members of the public through the Trust's website. Directors, and other decision-making staff, are required to update their entries on the Register at least annually and as and when interests may arise during the normal course of business. In this way, an up to date Register should always be available.

The current Register of Directors' Interests is included for reference at Annex A to this report. Board members are requested to review the Register and confirm that content is accurate and up to date.

## **4.0 Recommendations**

The Board of Directors is recommended to:

- Review the Register of Directors' Interests at Annex A of the report and confirm that the content is accurate and up to date.

## REGISTER OF DIRECTORS' INTERESTS

Name	Role	Declaration Made	Interest Type
Mike Burns	Director of Finance and IT	31/03/21	Nil Declaration
Hayley Citrine	Chief Executive	26/01/21	Nil Declaration
Michael Gibney	Director of Workforce and Innovation	31/03/21	Nil Declaration
Janet Ross	Director of Operations and Strategy	31/03/21	Nil Declaration
Janet Rosser	Chair	18/03/21	Nil Declaration
Lisa Salter	Director of Nursing and Governance	15/03/21	Nil Declaration

Name	Interest Type	External Entity / Sponsor	Nature of Interest	Declaration	
				Incurred	Made
Karen Bentley Non-Executive Director	Outside Employment	Kinetic People Limited	Business Consultancy	01/11/20	15/03/21
	Outside Employment	Metro Property Limited	Property Renovation	01/11/20	15/03/21
Seth Crofts Non-Executive Director	Outside Employment	Edge Hill University	"Pro-Vice Chancellor Health, Social Care and Medicine"	01/12/15	20/05/19
	Outside Employment	Quality Assurance Agency	Occasional Reviews	01/04/15	20/05/19
Andrew Nicolson Medical Director	Clinical Private Practice	Andrew Nicolson, Medicolegal practice	Neurology I have not taken on any new cases since 2016, but I have a few remaining outstanding cases requiring occasional input.	01/04/19	20/05/19
	Clinical Private Practice	Andrew Nicolson	Neurology out-patient consultations only	11/05/20	11/05/20
	Clinical Private Practice	Spire Murrayfield	Member of Medical Advisory Committee – not remunerated	26/04/21	21/04/21
Su Rai Non-Executive Director	Outside Employment	Raise Associates	Director of firm of Chartered Accountants	01/04/15	31/03/21
	Outside Employment	Surai Limited	Provision of Consultancy Services	01/08/15	22/04/21

Name	Interest Type	External Entity / Sponsor	Nature of Interest	Declaration	
				Incurred	Made
<b>Janet Ross</b> Director of Operations and Strategy	Loyalty Interests	Energy innovation solutions	The Walton Centre procured PPE equipment through above company, the managing director is my brother in law. I was not directly involved in the procurement process, the relationship with this company came about due to sourcing alternative providers of PPE due to shortages throughout COVID19 management.	12/04/20	28/04/20
<b>Nalin Thakkar</b> Non-Executive Director	Outside Employment	University of Manchester and Manchester University NHS Foundation Trust	"Vice-President for Social Responsibility & Professor of Molecular Pathology at The University of Manchester Consultant Histopathologist at the Manchester University NHS Foundation Trust"	26/03/21	26/03/21
<b>David Topliffe</b> Non-Executive Director	Outside Employment	St Mark's Debt Advice Centre, Chester	Voluntary work as Debt Adviser providing free debt advice/counselling to people suffering hardship or debt	01/09/20	13/01/21
	Outside Employment	The Topliffe Charitable Trust	Trustee (Chair of trustees) of a Charitable Trust	08/09/20	13/01/21
	Outside Employment	Topliffe Consulting Limited	Director of private limited company providing management consultancy	08/02/21	19/03/21