



Public Trust Board Meeting

Thursday 5th May 2022

Agenda and Papers





PUBLIC TRUST BOARD MEETING
Thursday 5th May 2022
Boardroom
 09:30am - 12.30pm

v = verbal d = document p = presentation

Item	Time	Item	Owner	Purpose
1	09.30	Welcome and Apologies (v)	Chair	N/A
2	09.30	Declaration of Interests (v)	Chair	N/A
3	09.35	Minutes and actions of meeting held on 7 th April 2022 (d)	Chair	Decision
4	09.40	Staff Story (v)	Chief Nurse	Information
STRATEGIC CONTEXT				
5	10.00	Chair and Chief Executive's Update (v)	Chief Executive Officer	Information
6	10.10	Trust Strategy (d)	Medical Director	Decision
7	10.35	Principal Strategic Risks 2022/23 (d)	Chief Executive Officer	Decision
INTEGRATED PERFORMANCE REPORT				
8	10.40	Integrated Performance Report (d)	Chief Executive Officer	Assurance
9	10.45	Business Performance Committee: Chair's Assurance Report (d)	Committee Chair	Assurance
10	11.00	Quality Committee: Chair's Assurance Report (d)	Committee Chair	Assurance
BREAK				
QUALITY & SAFETY				
11	11.35	Annual Nursing Revalidation Report (d)	Chief Nurse	Assurance
12	11.45	Ockenden Report (d)	Chief Nurse	Assurance
PERFORMANCE / OPERATIONAL				
13	11.55	Transcranial Magnetic Resonance Guided Focused Ultrasound Thalamotomy Update (p)	Medical Director	Information
FINANCIAL GOVERNANCE				
14	12.05	Trust Operational Plan (v)	Chief Finance Officer	Approval
GOVERNANCE				
15	12.15	Board Effectiveness Survey (d)	Chief Executive	Information
CHAIR'S ASSURANCE REPORTS FROM BOARD COMMITTEES				
16	12.25	Audit Committee (d) <ul style="list-style-type: none"> • Terms of Reference (d) 	Committee Chair	Assurance
17	12.35	Charity Committee (d)	Committee Chair	Assurance
CONSENT AGENDA				
CONCLUDING BUSINESS				
18	12.40	Any Other Business (v)	Chair	Information

Item	Time	Item	Owner	Purpose
19	12.45	Review of Meeting (v)	Chair	Information

Date and Time of Next Meeting: 9.30am, 9th June 2022, Boardroom, The Walton Centre

UNCONFIRMED**Minutes of the Public Trust Board Meeting****Meeting held via Microsoft Teams**

7 April 2022

Present:

Max Steinberg	Chair (C)
Karen Bentley	Non-Executive Director (NED-KB)
Paul May	Non-Executive Director (NED-PM)
Su Rai	Senior Independent Director (SID)
David Topliffe	Non-Executive Director (NED-DT)
Ray Walker	Non-Executive Director (NED-RW)
Mike Gibney	Chief People Officer (CPO)
Andy Nicolson	Medical Director (MD)
Jan Ross	Chief Executive (CEO)
Lisa Salter	Chief Nurse (CN)
Lindsey Vlasman	Chief Operating Officer (COO)

In attendance:

John Baxter	Corporate Governance Officer (CGO) (minutes)
Katharine Dowson	Corporate Secretary (CS)
Mike Duffy	Head of Risk (HOR) (item 13 only)
Lisa Judge	Head of Patient & Family Experience (HPFE) (item 4 only)
Jane Mullin	Deputy Chief People Office (DCPO) (item 12 only)
Julie Riley	Deputy Director of Strategy (DDOS) (items 11 and 12 only)
Helen Wells	Deputy Chief Finance Officer (DCFO) (deputising for CFO)

Observers:

Helen Hunter	Assistant Director, North West NHS Confederation
Louise Pate	Staff Governor
Barbara Strong	Public Governor – Merseyside
Elaine Vaile	Communications and Marketing Manager

Apologies:

Mike Burns	Chief Financial Officer (CFO)
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1 Welcome and apologies

- 1.1 The Chair welcomed everyone to the meeting. Apologies were recorded from CFO.

2 Declarations of interest

- 2.1 The Chair declared that he was also Chair of both the Shakespeare North Playhouse and the Roy Castle Lung Cancer Foundation and a Board member of National Museums Liverpool.

3 Minutes of the meeting held on 3rd March 2022

- 3.1 Requested minor amendments had been received from NED-RW and NED-KB. CN noted that under paragraphs 6.1, 7.2 and 7.3 ACCO should read ACOO. Following completion of these amendments the minutes of the meeting held on 3rd March 2022 were approved as an accurate record of the meeting.

Action tracker

- 3.2 There were no outstanding actions to be updated.

4 Patient Story

- 4.1 HPFE introduced the patient and provided a background to the patient story.
- 4.2 The patient informed that they had suffered a stroke with left sided paralysis and had been taken by ambulance to Countess of Chester NHS Foundation Trust who gave the patient anticoagulant medication and performed scans then referred the patient to the Walton Centre. The patient was classed as a category one transfer due to a stroke however as there had been administration of anticoagulant medication they had been reclassified as a category three transfer.
- 4.3 Following discussions at the ambulance control centre the patient was quickly transferred to the Walton Centre and the patient reported that there were twelve people waiting in the room on arrival. The patient's son was taken aside while staff explained the situation and consent was provided, the patient informed all that they were anaesthetised within 20 minutes of arrival and a successful thrombectomy was performed. The patient reported that they woke from the procedure with no residual side effects and wished to extend their thanks and praise for all the staff involved.
- 4.4 The patient highlighted that all staff had taken the time to ensure that they had understood the process throughout their journey and made them feel comfortable and safe at all times. Staff had also gone to see their family members who were waiting in the canteen to inform them that the procedure would take a little longer than expected and ensured they were fully informed.
- 4.5 CEO thanked the patient for sharing their story and highlighted that ambulance transfer times were the key to the success of the service. The differences between the response time for a category one and category three transfer were noted and discussions around this would continue to be held with North West Ambulance Service (NWAS) as the thrombectomy was time critical.
- 4.6 NED-PM queried if the patient had required any neuro-rehabilitation post procedure and the patient replied that none had been required.
- 4.7 SID asked the patient if they felt that there was anything that could have been done differently that the Trust could learn from to improve patient experience and the patient stated that there was nothing that could be improved and they felt that everything had gone smoothly.
- 4.8 The Chair thanked the patient for their inspiring and moving story and also recorded thanks to the teams who had treated and cared for the patient throughout their journey.

The Board recorded their thanks to the patient for sharing their story**5 Chair & Chief Executive's Report**

- 5.1 The Chair thanked the Board for the warm welcome he had received to the Trust and informed that following discussion some Non-Executive Director (NED) roles had been reassigned. NED-PM would now chair the Research, Innovation and Medical Education

Committee, NED-RW would now chair Quality Committee and NED-KB would be the Freedom To Speak Up Champion NED. All other roles would remain the same pending appointment of a new NED. The position of Deputy Chair would be appointed to in due course.

5.2 The Chair also highlighted that an updated report template had been implemented for Board and all Committees and groups from April 2022.

5.3 CEO updated that the Chair position within the Cheshire & Merseyside Integrated Care System (ICS) had been appointed and interviews for the Director of Nursing within the ICS would be held during the week commencing 11th April. It was also noted that Director of Nursing and Medical Director appointments had been confirmed at Liverpool University Hospitals NHS Foundation Trust (LUFT).

5.4 It was highlighted that the number of Covid positive cases within the community was increasing however this was not currently converting to increased hospital admissions. The number of Covid positive inpatients was impacting on the bed base leading to delays in ambulance transfers. Pressure was being felt across the system and discussions on how the system could be supported were underway. NED-RW queried if data relating to ambulance delays was being captured and it was confirmed that this was being captured at referring Trust level and consideration of collating this data at the receiving Trust were ongoing. It was recognised that this was currently a key risk to activity recovery.

5.5 CEO informed that parking charges for staff and patients had been reintroduced from 1st April.

The Board noted the verbal updates.

6 Key Deliverables 2021/22 against the Trust Strategy 2018-2023

6.1 CEO updated that the Trust had begun work to refresh the Strategy in April 2021 and had therefore agreed key deliverable ambitions for 2021/22 from the previous Strategy. Progress against these had been reviewed and it was proposed to close down the previous strategy in preparation for the launch of the new Trust Strategy.

The Board noted the progress made against the key deliverables and approved the closure of the Trust Strategy 2018-2023.

7 Board Assurance Framework Closure Report 2021/22

7.1 CS presented the closure report for the 2021/22 Board Assurance Framework (BAF) and highlighted that the BAF had been reviewed quarterly throughout the year as it was updated with progress against actions and changes agreed. The strategic risks for 2022/23 would be agreed alongside the new Trust Strategy.

The Board approved the closure of the 2021/22 Board Assurance Framework.

8 Integrated Performance Report

8.1 The CEO informed that check and challenge of the Integrated Performance Report (IPR) took place at Board Committees and the Chairs of the relevant Committee would present their assurance reports.

The Board noted the Integrated Performance Report

9 Business Performance Committee Chair's Assurance Report and Terms of Reference

- 9.1 NED-DT updated that within the IPR there were national targets in place to reduce the number of outpatient appointments including one specifically regarding patient initiated follow ups (PIFU) with top down targets set. The Trust was currently below target however progress was being made and it was recognised that the Trust was in the top quartile for performance. Actions were in place and the Trust was confident that it would meet the target in March.
- 9.2 Sickness absence levels remained high in February and there was also high turnover recorded in some areas, but this was not affecting the number of vacancies. There had been some evidence of staff leaving to take up higher paid positions in other Trusts. NED-KB queried if there was any benchmarking of long term sickness levels and CPO clarified that a deep dive into sickness levels would be undertaken at the next Business Performance Committee (BPC) meeting. Benchmarking was not undertaken due to differences in the way that sickness was recorded and identified.
- 9.3 NED-DT advised that the Trust had previously utilised Friends and Family Test data to record internal staff survey responses however this had been superseded by the People Pulse survey. The results from the most recent People Pulse survey recorded a decrease in the percentage of staff who would recommend the Trust as a place to work to family and friends. Work was underway to understand why this was the case and it was recognised that the response rate was less than 10% so may not be representative of the whole Trust.
- 9.4 It was noted that the Trust had met the increased capital spend targets by the end of the financial year.
- 9.5 The updated terms of reference were presented for approval; membership had been streamlined. CEO commented that it had been considered that this meant that there would be no clinical representative in the membership so it would be important to ensure good communication between Committees and monitor the impact of this change.
- 9.6 Equality, Diversity and Inclusion had been included within the scope of BPC and commercial and business development opportunities highlighted. The quorum had been changed so that only one NED and one Executive were required to attend to meet quorum, although it was noted that this would be unusual as attendance was very good.

The Board noted the Business Performance Committee chair's assurance report and approved the updated terms of reference.

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

- 10.1 NED-RW reported that there had been no significant change in the data contained in the IPR and most changes were due to normal variation. A lot of work was underway to review harm free care and updates would be provided as this work progressed.
- 10.2 Opportunities for the coming year were discussed along with associated management plans to provide more assurance moving forward.

- 10.3 It was noted that the patient story presented to Quality Committee had highlighted the differences in expectations between staffing and patients with staff feeling that the patient care had fallen short but the patient reporting that they had been very happy with their care.
- 10.4 There had been some discussion regarding the Care Quality Commission (CQC) insight report and it was highlighted that the Central Alert System (CAS) data was being verified and if this was found to be inaccurate it would be raised with the CQC.
- 10.5 SID queried the data in the ward scorecard and it was clarified that this data was correct. A new system for recording this data had been piloted and implemented from 1st April and this would inform the scorecard going forward which may result in the format being amended.
- 10.6 The updated terms of reference were presented for approval and changes made were highlighted.

The Board noted the Quality Committee chair's assurance report and approved the updated terms of reference.

11 Trust Strategy Update

- 11.1 MD provided an overview of progress to date towards the development of the Trust Strategy and informed that the draft Strategy would be circulated to the Board for review and comments prior to being submitted to the next Board meeting for approval. It was recognised that the draft Strategy would only contain the content of the Strategy which would be compiled into a professionally presented document following approval.
- 11.2 The previous Strategy update was presented to Board in December 2021 where a number of cross-cutting themes and key ambitions had been identified which included an ambition relating to social ambition; sections around collaboration had been strengthened.
- 11.3 DDOS presented an overview of the cross-cutting themes and key ambitions and recognised that there was a lot included in the Strategy however it was felt that this reflected the feedback received from engagement sessions held with all stakeholder groups. The slides would be circulated to the Board for review and discussion following the meeting and all were requested to forward any comments to MD and DDOS.
- 11.4 The Chair highlighted the need to consider the best way for the Strategy to be presented to enable buy in from all staff and stakeholders.
- 11.5 NED-PM recognised that the Strategy felt original and reflected work that had been required for some time and DDOS noted that it was important for staff and patients how the Trust marketed itself.
- 11.6 CEO informed that marketing had originally formed part of the strategy however this had been removed as it was felt that this should form what the Trust does with the Strategy rather than be a part of it. Discussion was required regarding where the Charity Strategy would fit and if this would form part of the main Strategy or be a standalone Strategy.
- 11.7 NED-RW queried if the Strategy was ambitious enough and noted that there was a big

internal focus to the presentation however there was a requirement for clarity on where the Trust sees itself externally. MD accepted the comments and clarified that there was a big external focus in the draft Strategy document which would be circulated prior to the next Board meeting.

- 11.8 There was some discussion around whether the Trust should review its name, however it was felt that this was not something the Trust wished to explore currently.

The Board noted the Trust Strategy update.

12 NHS Prevention Pledge

- 12.1 DCPO joined the meeting to present progress against the NHS Prevention Pledge noting that the Deputy Directors had worked on this project as it covered all areas of the Trust. The Trust was at the start of the journey and the work was being led by the Health Inequalities Group across Cheshire and Merseyside. The Trust was working on all commitments within the pledge, however those highlighted in grey were the initial focus and monthly meetings were in place to improve partnership working.

- 12.2 DDOS highlighted that the pledge fitted well with the Trust Strategy and projects such as the Anchor Institute, Citizens UK and Everton Minds and would also provide the Trust with a stronger voice within the Integrated Care Board (ICB).

- 12.3 CEO commented that this was a strong plan which placed the Trust in a good position to develop its work externally and wished to record thanks to the Deputy Directors team.

- 12.4 It was agreed to provide an update on progress in six months and then consider the frequency for regular updates to be provided to the Board.

The Board noted the NHS Prevention Plan update.

13 Violence Prevention and Reduction Strategy

- 13.1 HOR joined the meeting and presented the Violence and Aggression Strategy highlighting that there was a national recommendation for Trusts to implement a high-level strategy. HOR informed that there was a high prevalence of violence and aggression from patients towards staff across the organisation and work around this had been ongoing for some time. New national standards had been introduced and one of these was regarding the implementation of a strategy. The Strategy would be monitored at Quality Committee and reported up to Board via the Chair's Assurance Report.

- 13.2 An overview of the six key elements was provided and it was highlighted that multi-disciplinary team (MDT) meetings were held regarding patients with challenging behaviours and work was underway to expand this approach further.

- 13.3 CNO recognised that the number of incidents was increasing and there was a need to raise awareness and inform staff that the Trust took the issue seriously. Work around this was ongoing however there was further progress to be made. It was recognised that the Trust had similar levels of incidents to other Neuroscience centres had shown similar experiences.

- 13.4 HOR updated that there was a good culture for reporting incidents across the Trust and

36 assaults had been reported during the previous quarter however 27 of these had come from three patients.

13.5 CEO recognised that this was a risk that would always be with the Trust due to the nature of the patients treated and this would potentially increase as survival rates improve. The culture within the Trust was to do the right things for the patients with all patients managed as individuals.

13.6 The Strategy would be monitored by the Health, Safety and Security Group and reported to Quality Committee via quarterly governance reports. An update on the implementation of the Strategy would be provided to the Board in six months.

The Board approved the implementation of the Violence Prevention and Reduction strategy.

14 2022/23 Operational Plan Update – Revenue and Capital

14.1 DCFO highlighted that all NHS England and Health Care Partnership submission deadlines had been met to date with the final submission date being 28 April 2022.

The Board noted the assurance provided by the 2022/23 operational plan update.

15 Neuroscience Programme Board Chair's Assurance Report

15.1 MD presented the Neuroscience Programme Board chair's assurance report and informed that the forum would provide one of the main vehicles to push forward the Trust Strategy and the work of the Trust externally across the region.

15.2 CEO highlighted that the Health Care Partnership (HCP) would be reviewing all programme boards going forward and CEO and MD would meet with representatives from the HCP to discuss the programme board further.

The Board noted the Neuroscience Programme Board chair's assurance report

16 Research, Innovation and Medical Education Committee Chair's Assurance Report

16.1 NED-PM provided an update from the recent Research, Innovation and Medical Education Committee and noted that he would be chairing the committee going forward and would meet with CPO and Dr Rhys Davies, Clinical Director of Medical Education and Research, to discuss the committee further.

16.2 Dr Andreas Goebel, Consultant in Pain Medicine and Associate Professor at the University of Liverpool, had co-authored the national guidance for the management of fibromyalgia and this guidance would be launched on 26th April.

16.3

The University of Liverpool was working in conjunction with Professor Michael Jenkins and Professor Christian Ottersmyer regarding the approach to treatment of glioblastoma. It was recognised that focus was currently directed towards treatment and it was planned to review the origins and development of glioblastoma. A clinical PhD would be funded and would be based at the Trust working with the University of Liverpool in collaboration with Clatterbridge Cancer Centre NHS Foundation Trust.

The Board noted the Research, Innovation and Medical Education Committee chair’s assurance report

17 Consent Agenda

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

- 17.2 • **Mixed Sex Accommodation Annual Statement of Compliance** – approved the annual statement of compliance for publication.
- 17.3 • **Vaccination as a Condition of Deployment Update** – noted the update report
- 17.4 • **Report on the Trust Seal 2021/22** – noted the report on use of the Trust Seal during 2021/22

18 Any Other Business

18.1 There was no other business to be discussed.

19 Review of Meeting

19.1 Those present agreed the agenda covered a lot of ground, that the meeting was open, strategic and well chaired with a good level of debate.

There being no further business the meeting closed at 12.15

Date and time of next meeting - Thursday 5th May 2022 at 09:30 Boardroom

Trust Board Attendance 2022-23										
Members:	Apr	May	Jun	Jul	Sept	Oct	Nov	Dec	Feb	Mar
Mr M Steinberg	✓									
Ms K Bentley	✓									
Mr P May	✓									
Ms S Rai	✓									
Mr D Topliffe	✓									
Mr R Walker	✓									
Mr M Burns	A									
Mr M Gibney	✓									
Dr A Nicolson	✓									
Ms J Ross	✓									
Ms L Salter	✓									
Ms L Vlasman	✓									

TRUST BOARD Matters arising Action Log April 2022

	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
03/02/22	11	Reducing the Burden and Releasing Capacity Board to review the continuation of emergency powers.	CS		July 22	
03/03/22	11.3	Infection Prevention and Control Board Assurance Framework An update on air handling units was scheduled to be submitted to the Executive Directors meeting for discussion in April and this would then be fed back to the Board.	CN		June 22	
07/04/02	11.3	Trust Strategy Development Presentation slides and draft strategy content to be circulated to the Board for comment	MD		30 April 2022	

**Report to Trust Board
5 May 2022**

Report Title	The Walton Centre NHS Foundation Trust Strategy 2022 to 2025		
Executive Lead	Dr Andy Nicolson Medical Director		
Author (s)	Executive Directors Julie Riley, Deputy Director of Strategy		
Action Required	To decide		
Level of Assurance Provided			
<input type="checkbox"/> Acceptable assurance Systems of controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/> Partial assurance Systems of controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/> Low assurance Evidence indicates poor effectiveness of system of controls	
Key Messages			
<ul style="list-style-type: none"> • An ambitious but realistic strategy for the next 3 years • Builds on and furthers the Trust's excellent reputation in neurosciences • Developed using a fully inclusive approach 			
Next Steps			
<ul style="list-style-type: none"> • To finalise the strategy • Launch and market the strategy 			
Related Trust Strategic Ambitions		Impact	
Not Applicable		Choose an item.	Choose an item. an item.
Strategic Risks			
Choose an item.	Choose an item.	Choose an item.	
Equality Impact Assessment Completed			
Strategy <input checked="" type="checkbox"/>	Policy <input type="checkbox"/>	Service Change <input type="checkbox"/>	
Report Development			
Committee/ Group Name	Date	Lead Officer (name and title)	Brief Summary of issues raised and actions agreed
Executive away day and Trust Board development session	September 2021	Chair and CEO	To develop the strategy
Trust Board	December 2021	Chair and CEO	Agreement in principle
Trust Board	April 2022	Chair and CEO	Main ambitions agreed and to move to completion

The Walton Centre NHS Foundation Trust Strategy

2022 to 2025

Executive Summary

1. The sharing of the strategy with the Board is to obtain feedback and comment on content. Further work on style and presentation will take place ready for final completion by May 2022.
2. The strategy is focussed over a three-year period due to the pace of change within the NHS which has accelerated due to the impact of the COVID-19 pandemic and the changes in infrastructure brought about by the Health and Care Bill.
3. The Walton Centre is a National leader in the treatment and care of neurology and neurosurgery, placing the patient and their family at the heart of everything we provide. As the only specialist hospital trust in the UK dedicated to providing comprehensive neurology, neurosurgery, spinal and pain management services we are proud to be rated as an 'Outstanding' Trust by the Care Quality Commission (CQC), and champion change throughout the field of neuroscience. We have leading specialists and incredibly dedicated staff delivering excellent clinical outcomes for brain, spinal and neurological care both national and internationally. Teams across our site in Fazakerley, Liverpool, offer a world-class service in diagnosing and treating injuries and illnesses affecting the brain, spine and peripheral nerves and muscles, and in supporting people suffering from a wide range of long-term neurological conditions.
4. We serve a catchment area of 3.5 million people across Merseyside, Cheshire, Lancashire, Greater Manchester, the Isle of Man, north Wales and beyond with service partnerships with 18 NHS hospitals. Our 'Walton Clinics' model on 44 sites providing care for neurology means that many people are able to access outpatient consultations and many tests closer to home, and takes specialist services as close to service users as possible.
5. This satellite model of care for neurology means that many patients are able to access outpatient consultations and many tests closer to home, and takes specialist services as close to patients as possible, with neurosurgery, highly specialised assessments and inpatient care being undertaken at The Walton Centre.
6. Since the last strategy, which was developed in 2018, we have grown, developed and innovated for the benefit of patients and their families. This includes being the first neuroscience centre in the region to provide a 24/7 thrombectomy service, the introduction of the Rapid Access Neurology Assessment (RANA) service and developing a wide range of digital innovations such as Virtual Engagement Rehabilitation Assistant (VERA) and Elementary Routine Nutritional Screening Tool (ERNST). We have been recognised for the highest quality of service in several clinical areas, including achieving Tessa Jowell Centre of Excellence status for the care of patients with brain tumours, recognition as a Centre of Excellence for spinal services by Eurospine, and as a Centre of Excellence for Endoscopic Spinal Surgery by RIWOspine.
7. In this new strategy we are excited to expand our services further and will deliver on further innovation, research and development along with the key initiatives.

8. An inclusive approach has been taken to formulating this strategy and have met with staff from across the Trust, patients and carers, voluntary sector, support groups, our Governors and members and representatives from partner Trusts, primary care and the Integrated Care System (ICS).
9. As progress is made with the implementation of the strategy the organisation will continue to listen and engage and use that feedback to further influence our plans.
10. This strategy sets out the ambitions for The Walton Centre which will inform decisions for the continuing journey to maintain the outstanding rating as both a regional and national centre. Further development of the services across Cheshire, Merseyside, North Wales and Isle of Man will continue as well as developing national neuroscience services. Working in partnership with the emerging Cheshire and Merseyside Integrated Care System (ICS) will show the value and unique position of the Trust as a key partner within that system.
11. The strategy aligns with national, regional and local system plans, including acute and primary care services along with voluntary and third sector, linking in with the Cheshire and Merseyside ICS, place-based plans and those of One Liverpool.

Background and Analysis

12. Covid-19 has dominated lives and the provision of healthcare since March 2020. As we move into a different phase of living with covid, there is a need to focus on the recovery of elective services and the inevitable backlog and longer waiting lists. It is therefore more important than ever to work collaboratively as part of the health and social care system, for the benefit of the population as a whole.
13. The positives that have emerged through the covid pandemic in the delivery of healthcare through collaboration and relationships will be maintained this includes our continuing offer of mutual aid as was clearly seen within the Stroke collaboration during the first phase of the pandemic. NHS organisations have come together and collaborated like never before, and relationships have been built which need to be maintained and developed further. IT infrastructure has been enhanced, through necessity, to provide remote consultations for patients where appropriate, and improve efficiency through remote meetings, which will be continued.
14. The new Health and Care Bill sets out legislative changes required to enable health and care to work more closely together. In our region the Integrated Care System (ICS) covers Cheshire and Merseyside, and as such is one of the largest ICSs in the country serving a population of 2.7 million, across nine boroughs or 'Places'. The ICS will become embedded as the body responsible for delivering health and social care throughout the duration of this strategy, and it is essential that this addresses the needs of our population. One of the main drivers of the development of the ICS is to address health inequalities, which has been highlighted in the 10 year review of the Marmot report (2020). This is of particular relevance in our region, which contains some of the most deprived boroughs in England, but also some of the widest health inequalities even within those 'places'.
15. The Walton Centre aspires to remain an outstanding place to work therefore recognises the challenge in recruiting and retaining the best people and prioritising their health and wellbeing in the workplace.

The opportunities

16. The NHS faces unprecedented challenges currently as we emerge from the covid pandemic. This is on the backdrop of a staffing crisis, especially in nursing with almost 40,000 vacancies across England. The need to work together, with the population and staff to deliver high quality compassionate care for all is of paramount importance.

Our strategy

17. There are five themes which cut across all components of this strategy:

- **People** – Committed to a safe, healthy and productive workplace that promotes diversity of thoughts, heritage and social background
- **Quality care** - Ensuring the delivery of the highest quality of care to our patients and their families
- **Health inequalities** - we play a key role in tackling health inequalities across the system
- **Digitalisation** - Industry leading digital solutions for our patients and our people
- **Best value** - We will maximise use of resources, improve productivity and develop market opportunities to deliver best value for the Trust and the wider system.

18. There are five themes and five strategic ambitions:

- education, training and learning
- research and innovation
- leadership
- collaboration
- social responsibility.

19. All of the above will be underpinned by sub strategies which will provide detail and action plans.

Conclusion

20. The document will be developed into the agreed format for launching and marketing both within and outside of the organisation

21. This strategy sets our ambition and direction for the next 3 years.

Recommendation

To decide whether to approve the content of the Trust Strategy.

Author: Julie Riley

Date: 26 April 2022

Draft

The Walton Centre NHS Foundation Trust strategy

2022 to 2025

Foreword

Welcome to our three-year Trust strategy. We have decided to focus our strategy over a three-year period due to the pace of change within the NHS which has accelerated due to the impact of the COVID-19 pandemic and the changes in infrastructure brought about by the Health and Social Care Bill.

The Walton Centre is a National leader in the treatment and care of neurology and neurosurgery, placing the patient and their family at the heart of everything we do. As the only specialist hospital trust in the UK dedicated to providing comprehensive neurology, neurosurgery, spinal and pain management services we are proud to be rated as an 'Outstanding' Trust by the Care Quality Commission (CQC), and champion change throughout the field of neuroscience. We have leading specialists and incredibly dedicated staff delivering excellent clinical outcomes for brain, spinal and neurological care both national and internationally. Teams across our site in Fazakerley, Liverpool, offer a world-class service in diagnosing and treating injuries and illnesses affecting the brain, spine and peripheral nerves and muscles, and in supporting people suffering from a wide range of long-term neurological conditions.

We serve a catchment area of 3.5 million people across Merseyside, Cheshire, Lancashire, Greater Manchester, the Isle of Man, North Wales and beyond with service partnerships with 18 NHS hospitals. Our 'Walton Clinics' model on 44 sites providing care for neurology means that many people are able to access outpatient consultations and many tests closer to home, and takes specialist services as close to service users as possible.

This satellite model of care for neurology means that many patients are able to access outpatient consultations and many tests closer to home, and takes specialist services as close to patients as possible, with neurosurgery, highly specialised assessments and inpatient care being undertaken at The Walton Centre.

Since the last strategy, which was developed in 2018, we have grown, developed and innovated for the benefit of patients and their families. This includes being the first neuroscience centre in the region to provide a 24/7 thrombectomy service, the introduction of the Rapid Access Neurology Assessment (RANA) service and developing a wide range of digital innovations such as Virtual Engagement Rehabilitation Assistant (VERA) and Elementary Routine Nutritional Screening Tool (ERNST). We have been recognised for the highest quality of service in several clinical areas, including achieving Tessa Jowell Centre of Excellence status for the care of patients with brain tumours, recognition as a Centre of Excellence for spinal services by Eurospine, and as a Centre of Excellence for Endoscopic Spinal Surgery by RIWOspine.

In this new strategy we are excited to expand our services further and will deliver on further innovation, research and development along with the key initiatives which are described in the following pages alongside the supporting enablers.

We have taken an inclusive approach to formulating this strategy and have met with staff from across the Trust, patients and carers, voluntary sector, support groups, our Governors and members and representatives from partner Trusts, primary care and the Integrated Care System (ICS).

It has been incredibly encouraging to see the positive engagement from staff and stakeholders who clearly hold The Walton Centre dear to their hearts. This has been particularly pleasing due to the circumstances in which we have had to engage with them, due to continuing COVID-19 restrictions.

As we progress with the implementation of the strategy we will continue to listen and engage and use that feedback to further influence our plans.

This strategy sets out our ambitions for The Walton Centre which will inform our decisions for our continuing journey to maintain the outstanding rating as both a regional and national centre. We will further develop our services across Cheshire, Merseyside, North Wales and Isle of Man as well as developing national neuroscience services. We want to work in partnership with the emerging Cheshire and Merseyside Integrated Care System (ICS) to show our value and unique position as a key partner within that system.

Our strategy aligns with national, regional and local system plans, including acute and primary care services along with voluntary and third sector, linking in with the Cheshire and Merseyside ICS, place based plans and those of One Liverpool.

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Our strategy

Our vision – Excellence in Neurosciences ([Logo here](#))

Our vision at The Walton Centre is underpinned by a shared set of values. These behaviours are encouraged in all we do.

Our values

At The Walton Centre we are guided by clear values which were developed and are upheld by our staff. We refer to them as The Walton Way

[Walton Way Logo to go here](#)

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About us

The Walton Centre is the only specialist neurosciences NHS Trust providing a high-quality, integrated and multidisciplinary neurosciences service to Cheshire, Merseyside, North Wales, the Isle of Man and parts of West Lancashire which totals a population of 3.5 million people.

We were rated as “Outstanding” for a second time by the Care Quality Commission (CQC) following its inspection in April 2019.

Our clinical model is a “hub and spoke” with satellite clinics in multiple sites across our region, enabling patients to be seen closer to home by the most appropriate specialist, with an average of 180,000 patients per year seen in clinics. We have one of the busiest neurosurgical units in the country, with over 50,000 procedures carried out each year. We are partners in the Merseyside Major Trauma Centre Collaborative with our neighbouring Trust, Liverpool University Hospitals NHS Foundation Trust. We also host the Cheshire and Merseyside Rehabilitation Network and the Cheshire and Merseyside Critical Care Network.

The hospital is five miles from the centre of Liverpool and is based in a purpose-built building which opened in 1998. We have c. 150 acute beds, 30 complex rehabilitation beds, 10 acute rehabilitation beds, and we are one of only a few centres in the UK with a dedicated Neurocritical Care Unit. We are also one of a small number of Trusts who have an intraoperative MRI suite which is in addition to six other operating theatres. We have four additional high resolution MRI scanners and two CT scanners, which ensure that the population we serve have access to the best diagnostic facilities possible. We perform over 40,000 scans per year.

The Sid Watkins building at The Walton Centre, which opened in 2015, houses the Cheshire and Merseyside Complex Rehabilitation Unit together with outpatient facilities, the “Home from Home” centre for use by patient’s families and a dedicated Education Department.

We are proud of being one of the best places to work and we have achieved the industry standard Investors in People Gold for our organisational culture and our health and wellbeing support for staff.

The Walton Centre Charity supports the vital work of the Trust by investing charitable funds in areas and projects which help enhance patient, family and staff experience, treatment and care. There are four key areas which are the main focus for the Charity:

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



Fundraising Strategy will be developed taking into consideration the very different landscape which has emerged following the COVID-19 pandemic. 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 such as community, corporate and major donor fundraising.

New fundraising opportunities and initiatives will be explored, with the aim of moving a lot more of the focus to digital, social media and virtual platforms, as well as offering hybrid event opportunities wherever possible. Consequently, a proposal for how to grow and develop the Fundraising Team to add skills and allow a more focused approach for digital income generation will form part of the strategy.

Our aim will be to embed fundraising into this strategy to ensure the Charity can effectively contribute to the overall income of The Walton Centre NHS Foundation Trust, supporting and enabling developments, particularly in innovation and research.

The focus upon digital fundraising opportunities builds upon the trusts state of the art charity website. This will provide a great opportunity to align the work of fundraising with developments in the field of marketing and communication across the Walton Centre. The aspiration is to raise the profile of the Walton Centre Charity with real-time links to marketing campaigns, communication initiatives and activities across social media platforms.

Context

Covid-19 has dominated our lives and the provision of healthcare since March 2020. As we move into a different phase of living with covid, we also need to focus on the recovery of elective services and the inevitable backlog and longer waiting lists. It is therefore more important than ever that we work collaboratively as part of the health and social care system, for the benefit of the population as a whole.

The positives that have emerged through the covid pandemic in the delivery of healthcare through collaboration and relationships will be maintained. Continued mutual aid will be necessary where appropriate to ensure equity of access. NHS organisations have come together and collaborated like never before, and relationships have been built which need to be maintained and developed further.

IT infrastructure has been enhanced, through necessity, to provide remote consultations for patients where appropriate, and improve efficiency through remote meetings, which will be continued.

The new Health and Care Bill sets out legislative changes required to enable health and care to work more closely together. In our region the Integrated Care System (ICS) covers Cheshire and Merseyside, and as such is one of the largest ICSs in the country serving a population of 2.7 million, across nine boroughs or 'Places'. The ICS will become embedded as the body responsible for delivering health and social care throughout the duration of this strategy, and it is essential that this addresses the needs of our population. One of the main drivers of the development of the ICS is to address health inequalities, which has been highlighted in the 10 year review of the Marmot report (2020). This is of particular relevance in our region, which contains some of the most deprived boroughs in England, but also some of the widest health inequalities within 'places'.

The Walton Centre aspires to remain an outstanding place to work therefore recognises the challenge in recruiting and retaining the best people and prioritising their health and wellbeing in the workplace.

The Opportunities

The NHS faces unprecedented challenges currently as we emerge from the covid pandemic. This is on the backdrop of a staffing crisis, especially in nursing with almost 40,000 vacancies across England. We need to work together, with our population and our staff to deliver high quality compassionate care for all. We will explore different ways of working, using innovation, expanded roles as well as shared/joint appointments, always recognising that the health, wellbeing and experiences of our staff is vital to excellent health care delivery

Our strategy

There are five themes which cut across all components of this strategy:

- **People** – Committed to a safe, healthy and productive workplace that promotes diversity of thoughts, heritage and social background
- **Quality care** - Ensuring the delivery of the highest quality of care to our patients and their families
- **Health inequalities** - we play a key role in tackling health inequalities across the system
- **Digitalisation** - Industry leading digital solutions for our patients and our people
- **Best value** - We will maximise use of resources, improve productivity and develop market opportunities to deliver best value for the Trust and the wider system.

There are five themes and five strategic ambitions:

- education, training and learning
- research and innovation
- leadership
- collaboration
- social responsibility.

The cross-cutting themes

People

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

Our people are fundamental to the delivery of healthcare at The Walton Centre. We aspire to consistently make our employees feel valued and supported to create the conditions for them to deliver the highest possible standard of healthcare. We will build upon our well-established health and well-being programme through a renewed focus upon, psychological support to our employees. We will strive to maintain our industry standard accreditation in health and wellbeing as accredited by Investor's in People. This will ensure that we will attract the very best national/international talent to our centre of excellence and continue to be seen as an NHS employer of choice.

The key performance indicator at an overall organisational level will continue to be the full Investors in People award which is currently accredited to Gold standard. In our pursuit of excellence, the Walton Centre will become the first NHS trust to achieve Platinum IIP status.

It is essential that all staff feel comfortable to bring their whole selves to work. The trust will continue to wholeheartedly commit to the Equality, Diversity and Inclusion agenda and aspire to not only support the organisation, but the new emerging Integrated Care System. We have developed the Strategic Black and Minority Ethnic Group which reports directly to Trust Board, and we have formed a workforce disability group. We will continue to learn and develop in this area and will achieve improved scores in the WRES (Workforce Race Equality Standard) and WDES (Workforce Disability Equality Standard) year on year.

Our focus is always on providing the highest quality of care for our population and this strategy recognises the Trust's obligation to represent the needs of its patient group and the population it serves. We need to understand how we can continue to improve and provide the services which meet the needs of the population. We will therefore carry out an expanded engagement programme

with our communities through a variety of means which will inform how and where we deliver services in future.

Quality Care

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

Providing the highest quality of care is at the heart of all that we do as recognised by the Care Quality Commission, who rated us as 'outstanding'. We pride ourselves on the highest standards for patient safety, experience and outcomes. We consistently achieve excellent clinical outcomes, demonstrated by benchmarking nationally such as for trauma (TARN, as part of the Major Trauma Collaborative with Liverpool University Hospitals), spinal (Spine Tango, British Spine Registry), functional neurosurgery (DBS), critical care (ICNARC), skull base surgery (vestibular schwannoma and pituitary) and the National Shunt Registry. We firmly believe that it is essential to measure patient outcomes to be able to assure ourselves, patients and regulators that we provide the highest standard of care and that we constantly strive to improve further.

The core clinical services we provide are neurology, neurosurgery, pain and interventional radiology. We will build on and improve the current service models and outcomes and provide care and support to patients with acute and long term neurological / neurosurgical conditions, with a focus on high quality care and excellent patient and family experience. We will engage further with patients and families and we will improve information provided to patients at the point of diagnosis of long term conditions and after diagnosis when they feel ready to access further knowledge about their condition.

We treat the whole range of neurological conditions, from the very common to the very rare. We provide the same high quality services for this range of conditions to ensure that the whole of the population we serve are treated according to their needs.

The nature of our services are that we treat the whole range of neurological conditions, from the very common to the very rare. We provide the same high quality services for this range of conditions to ensure that the whole of the population we serve are treated according to their needs.

We provide services specifically for very rare conditions, which continue to grow as medical knowledge increases, such as neurogenetics. We currently provide two national services, and we will further embed and develop these. We are the Centre for the North of England for Neuromyelitis Optica (NMO), which is now a well-established MDT service for this rare neurological condition. We have recently become the second centre in England to be commissioned for the treatment of MRI guided focussed ultrasound thalamotomy for essential tremor. This provides the opportunity for life-changing treatment closer to home for many patients with this disabling condition, as part of an integrated multi-disciplinary movement disorders service. We will embed this service to provide this treatment for the population of the North of England. The functional neurosurgery service will further expand the availability of treatment for patients with Parkinson's disease, epilepsy and pain.

We have an innovative and responsive interventional radiology department, providing an unrivalled quality of care. Serious vascular conditions such as stroke, brain aneurysms and vascular malformations are treated in large numbers achieving excellent patient outcomes. Due to the quality of care delivered we attract many out of area referrals, which we will expand for some of the rarer conditions to provide this very specialist service for a wider catchment area to allow more patients to benefit.

Some facts and figures to insert with graphics (work in progress)

Neurology

% of population with epilepsy, migraine
 Number of patients seen in neurology OP per year
 Number of neurology clinic sites in region including INNS nurses
 % of acute ED attendances which are neurological
 Number of patients we see in wards of other Trusts (if we can find this data)
 Number of patients seen in RANA and projected saved bed days
 Volume of calls to neurology consultant advice line

Neurosurgery

% of population with back pain and health economic impact
 Trauma data
 Number of spinal patients seen each year
 Number of brain tumour patients treated each year

Interventional radiology

Number of strokes in region per year, estimated number of thrombectomies we could be doing
 Number of thrombectomy in last 12 months (?graph showing steady increase with significant increase after October)
 Number needed to treat for thrombectomy to achieve good outcome
 Number of aneurysms treated per year

Pain

Health economic impact of chronic pain
 Right care data on pain prescribing
 Number of pain procedures per year
 Number of patients seen in PMP each year
 Outcome figures if we have them for PMP

Staff Survey has 9 themes :

Compassionate and inclusive
 Recognised and rewarded
 A voice that counts
 Safe and healthy
 Work flexibly
 Teamworking
 Staff engagement
 Morale

Trust are better than average in 5

Same as average in 3

Worse than average in 1

Health and Wellbeing of staff is front and centre of that Trusts staff survey action plan

Health Inequalities

We play a key role in tackling health inequalities across the system

The Liverpool City Region has some of the areas of highest deprivation in the country which is closely linked with poor health outcomes. It is recognised that good clinical care only accounts for 20% of what makes us healthy, other factors that determine good health include a healthy lifestyle, education, employment, housing and the community we live in. Liverpool has the second lowest life expectancy of the English core cities, with a gap of eight years between those who live in the most deprived and most affluent communities. Many of our staff live in the local area and so this also directly impacts the lives of our staff and their families.

The Cheshire and Merseyside ICS (and the populations we serve from outside of this area) has huge variation in geography, social deprivation and health. The 2020 Marmot review highlighted that nationally health inequalities had grown in the last ten years, particularly impacting the most deprived regions in the North of England. Therefore there is a pressing need to focus on reversing this trend and ensuring that all of our population have access to the best quality services in addition to the social determinants of health.

Addressing health inequalities is an integral theme in the One Liverpool 2019-2024 strategy and in the strategy for the Cheshire and Merseyside Health and Care Partnership (ICS) 2021-2025. A focus on addressing health inequalities will run through our strategy. We will use data based on index of multiple deprivation (IMD) to analyse how our communities access our services. We will use the available information to aid our decision-making on where to focus our services to reach out to the vulnerable and those who may not readily access the services they need.

It is well recognised that a number of neurological conditions may exacerbate health inequality by impacting on employment opportunities and independence. It is vital therefore that we understand these issues which may be specific to people with neurological conditions by engaging with patient groups and addressing their needs in a personalised holistic way.

We can help to address the above particularly with our work in Rehabilitation and our collaboration with the Major Trauma Collaborative.

Digitalisation

Industry leading digital solutions for our patients and our people

The Digital Aspirant programme provides a solid digital maturity cornerstone to underpin and enable the deliverables within this strategy. The recent achievement of the international HIMSS stage 5 Digital Maturity (Healthcare Information and Management Systems Society) has recognised the Trust to be in the top 20% of digital maturity in the NHS. A continued improvement programme now in place to improve to higher levels within HIMSS will ensure the Digital function enables and supports the wider strategy and its stakeholders.

<HIMSS Stage 5 logo>

The organisation is aligned, committed and engaged with the national Digital Transformation agenda by supporting the seven pillars of “What Good Looks Like”:

1. Well led
2. Ensure smart foundations (Digital Maturity)
3. Safe practice
4. Support people
5. Empower citizens
6. Improve care
7. Healthy populations

The Digital Transformation Programme underpins and enables these seven pillars within the organisation, by combining all portfolios and programmes into a virtual project management office, which allows visible assurance and governance. We will also support both our internal staff and our patients and carers to thoroughly engage with it.

The Trust will drive the Digital agenda by leading on Digital Maturity, Green Plan and Interoperability on behalf of the Cheshire and Merseyside ICS. The Digital team are actively involved in supporting the digital enablement within the local Liverpool community (Place) to ensure the communities access our digital services and that information is within easy digital reach of those who require it, be that citizen or care giver.

Digital inclusion will also be a continual assessment in all digital programmes to ensure either help can be given to access information be that hardware, software or training or to ensure there is an easy access non-digital equivalent to ensure equity to all citizens and care givers.

Our aim is to improve the environment for staff using technology to support efficient, user friendly ways of working. We will work in collaboration with clinical and support staff to find improved ways of working that promotes interoperability.

Best Value

We will maximise use of resources, improve productivity and develop market opportunities to deliver best value for the Trust and the wider system.

Although Cheshire and Merseyside and the wider health system are facing unprecedented financial challenges, the Trust has continued to perform well financially, delivering to the targets set by the Health Care Partnership and bringing additional income into the system through the elective recovery fund (ERF). The Trust will continue to strive to meet the financial challenges and endeavour to deliver financial excellence through ensuring it delivers best value in its use of funding.

We will work with our partners in health and social care as an integral member of the Cheshire and Merseyside ICS to help improve financial stability across the region.

We will aim to deliver financial stability for The Walton Centre, with the aim of delivering the highest rating of level 1 on the System Oversight Framework (SOF). We will focus on service transformation and maximising productivity to deliver high quality care whilst utilising resources responsibly. There will undoubtedly be tough financial efficiency targets to achieve following the pandemic and the Trust will aim to maximise these opportunities through engaging with its staff to develop plans to deliver best value services whilst maintaining high quality.

As NHS income becomes more constrained we will review opportunities to maximise our market share across Cheshire and Merseyside and beyond through targeted business development to ensure our services are known and recognised across all places and we become the primary choice for neuroscience services. We will also look at non-NHS opportunities to diversify our income such as:

- Developing commercial partnerships to establish new income streams;
- Reviewing opportunities to develop new business such as the overseas patient market which could provide areas for expansion (potentially in partnerships with other stakeholders);
- Assessing the prospect of developing more private work to be carried out in the Trust to maximise use of capacity and develop additional income streams.

All income generated through these areas will be invested directly into clinical patient care.

Where viable, the Trust will also look to partner across corporate services to maximise scale and efficiency. Health Procurement Liverpool (HPL) is an example where the Trust has partnered with other specialist trusts across procurement services to provide the scale and opportunity across purchasing and contract management to deliver greater benefits across the partners.

Utilising digital and Artificial Intelligence (AI) within corporate services could also help to streamline workflows and generate efficiencies that can help us to achieve the savings that will be required to deliver financial balance at the Trust.

The Trust will need to ensure that it creates maximum return on capital investments as capital resources become more constrained in the Cheshire and Merseyside system. It will need a rigorous business case process to ensure that investments are prioritised and the best investment decisions are made that not only make best use of resources, but maximise the benefits to our patients and staff.

The implementation of the Cheshire and Merseyside Integrated Care Board (ICB) provides The Walton Centre with a great opportunity to influence the development of neuroscience care across the region. As the single provider of neuroscience services, the Trust is in an excellent position to help its acute hospital partners to manage some of their ongoing pressures following the pandemic.

By adopting the clinical leadership for neuroscience care in the region we influence the care of patients in the community and secondary care and directly reduce hospital admissions, length of stay and unnecessary investigations. Through influencing the wider delivery of neuroscience services, The Walton Centre can help to deliver best value to the wider health system through our clinical model and ongoing innovative approach to patient care.

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Key ambitions/Strategic directives

Education, teaching and learning

We are recognised leaders in neurosciences education and training. We have close links with the regional Universities, including those in North Wales, and deliver training of the highest standard to the next generation of doctors, nurses and allied health professionals. We continually receive excellent feedback from undergraduate medical students and in the GMC trainee survey, and will achieve year on year improvements.

Through our system leadership role in neurosciences we will share our knowledge expertise and provide support for our colleagues. This will be through direct closer clinical interaction, teaching sessions and learning packages. The aim will be to directly improve the quality of care for patients with neurological symptoms in all settings.

We will continue to engage in regional neuroscience conferences and will share our expertise on a wider footprint through national and international teaching courses and conferences. We aspire to remain one of the leading providers of medical education in neuroscience across the UK and beyond.

Our staff are trained to the highest level using the most up to date techniques and innovations to enable the best outcomes for patients. Our spinal team will develop a national hub for training in innovative, minimally invasive robotic and endoscopic spinal surgery. We are the first NHS Trust to invest in a virtual reality simulator for neurosurgical training. This innovative technology will enhance neurosurgical training using range of techniques. We will expand the training opportunities that this provides to regional neurosurgical trainees and deliver national training courses.

We provide training and further education opportunities such as a number of advanced modules developed in collaboration with local higher educational institutions.

By investing in education and training we will attract the most highly skilled staff to work with us and ensure we have a workforce fit for the future.

Research and Innovation

The Walton Centre has a proud tradition of delivering high quality clinical neuroscience research, in collaboration with our local Universities and commercial partners.

Clinicians at the Trust have particular research expertise in the areas of epilepsy, Multiple Sclerosis, neurological infections, neuro-oncology and spinal disorders. During the covid pandemic clinicians from The Walton Centre led UK research into the neurological manifestations of Covid-19.

There will be a focus on research to ensure that patients can benefit from evidence-based treatment and care and the opportunities that participation in research brings.

We will support our workforce and provide opportunities for all staff groups to undertake research by developing areas of focus, based on the needs of the population we serve. We have excellent links with academic institutes; these will be strengthened further as we recruit to further academic posts for both medical and non-medical staff. We will work with universities to increase research in neurosciences and pain, with collaborations between clinicians and scientists.

We are striving to become a world-leading neurosciences centre collaborating locally, regionally, nationally and internationally. We will do this by developing a business model for the Research Department, offering opportunities for reinvestment and growth.

The most highly skilled and motivated people will want to become part of the team and support our research and innovation ambitions due to our innovative culture and we strive to provide care in the best possible way. All staff will be empowered to create innovative solutions to any issue they identify. Our culture will be one of continuous learning and curiosity underpinned by inquisitive enquiry.

We will foster and develop a culture of innovation to enable our teams to improve services to patient through advanced technologies.

Leadership

We believe that clinical leadership is the key to successful delivery of high quality patient care. We develop our clinical leaders with an inclusive approach, providing opportunities at all levels encouraging our staff to grow into their leadership roles ensuring awareness of issues affecting individuals and their performance. We have an open culture of continued learning and development.

We will attract and retain the best leaders through our culture, and as a result will deliver the best patient outcomes. Our aim is to develop leaders who embrace change and lead through positivity and role modelling. We will succession plan and talent manage ensuring we are constantly supporting the right staff in the right roles to personally develop as well as improve our services.

We strongly believe in a consistent and fair approach to leadership which runs through the organisation and The Walton Way values. We are the first Trust to become an affiliate member of FMLM (Faculty of Medical Leadership and Management) as we recognised the importance of further developing leadership skills in our clinical workforce. We will develop this association with specific input into leadership development, both medical and non-medical, and medical appraisal.

We will lead on developing expertise in neurosciences regionally, by providing a system leadership role with greater involvement along the whole patient pathway from the community through to secondary and tertiary care services. We have developed pathways of care for common conditions such as headache, seizures and back pain. In association with patient groups, primary care and partner Trusts we will enhance this to support the care for patients with neurological conditions across the region. This will enable patients to be managed more appropriately in the correct setting, in a timelier manner, and only access specialist services when required. Examples of current work in this area include, the multiple sclerosis optimum pathway and the Parkinson's Disease Excellence Framework.

System Working

The service we provide has for many years been on a wide geographical footprint. Our current services cover the whole of the Cheshire and Merseyside ICS, but also beyond into North Wales, the Isle of Man and parts of Lancashire and Greater Manchester. The nature of our services therefore has always been to collaborate with partners in the health system for the benefit of patient care. Within the new ICS we will further develop our clinical and non-clinical collaborations which will build on existing services.

The Walton Centre plays a pivotal role in the region in addressing the challenges of quality of care and unwarranted variation. As the sole provider of neurosciences within Cheshire and Merseyside we are committed to demonstrate to the Integrated Care Board how we can provide benefit to the wider health system by a direct impact on patient flow, length of stay and Accident and Emergency capacity. This will be achieved by working closely with our acute partners, social care and voluntary groups.

Neurology

We currently deliver the best quality neuroscience services regionally; we will continue to build on our successful “hub and spoke” model, which provides care closer to home for many. By enhancing this further by developing an acute neurology service with our external clinical partners, based on GIRFT (Getting It Right First Time) recommendations. In addition to this, the newly formed Rapid Access Neurology Assessment service (RANA) will be developed into a ‘one-stop shop’ service. This service will directly contribute to a significant reduction in in-patient bed days in our partner Trusts, in addition to a reduction in investigations, both of which will save resources for the wider system. Most importantly, patients with acute neurological conditions will be assessed and investigated by an appropriate specialist in a timely manner resulting in improved outcomes.

Stroke

We are the only neuroscience service in the North West to provide a 24/7 thrombectomy service for stroke patients. We will work with partners on the optimum pathways so that the best outcomes for patients can be achieved, which will be monitored through the regional MDT. A key driver for success in such a service is access and through improved awareness raising and collaborative working, we will increase the numbers of patients treated with this life saving technique by 20%. We will continue to work in partnership to support the development of the Mid-Mersey stroke model.

Neurosurgery / spinal surgery

We provide neurosurgical care for both our catchment area population, and for many sub-specialties that attract referrals from outside of this area. We work collaboratively with our partners to ensure the highest quality joined up pathways for patients with brain conditions such as tumours, vascular abnormalities, infection and trauma. The Walton Centre is now the single provider of spinal surgery services in Cheshire and Merseyside. This followed a review of the regional services with input from GIRFT to improve quality of care and reduce unwarranted variation. This is a joint neurosurgical / orthopaedic service and for the first time in our region spinal expertise across specialties has come together providing the opportunity for a truly integrated service. Shared expertise will be used to improve patient reported outcomes in degenerative, malignant and infective spinal disease. Working closely with our community and acute providers on pathway development for people with spinal conditions will ensure that they receive the best care possible when needed, by the appropriate professional.

Pain

Chronic pain is a significant issue impacting on health and quality of life for our population. Pain services across our region are inconsistent with significant variation in local accessing of these services. In addition, this region has some of the highest spend on medication for pain which is closely linked with social deprivation. The Walton Centre has a successful track record of providing specialist pain services, and there is an opportunity for our ICS to reconfigure services to greatly improve care for a large proportion of the population. In collaboration with our acute partners we will lead on the Pan Mersey Area pain programme to ensure that standardisation of service is achieved and resources are used effectively. This will achieve a more equitable service across our ICS, with a focus towards non-medical interventions and consequent reduction in spend on pain medication and reduced Emergency Department attendances. The aim of this service redesign is ultimately to improve patient outcomes including health economic benefits. We are recognised as the regional pain service for complex pain.

Rehabilitation

The Walton Centre has a unique complex rehabilitation service supported by state of the art facilities. We successfully host the Cheshire and Merseyside Rehabilitation Network which is another example of an existing collaborative network across providers. The Trust has an ambition to be the Lead Provider in this network and believe that we can work with our current partners and others to enhance rehabilitation further for all patients and to work in collaboration with the stroke rehabilitation services.

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Social Responsibility

The Walton Centre is a national/international organisation that is anchored in the Liverpool City Region. As a public sector health care provider, we recognise our duty to support the local communities we serve. Health and social care is the largest employer across Cheshire and Merseyside. By focusing on the wellbeing of our staff, we are also supporting our local population. The Trust's continued commitment to equity, diversity and inclusion underpins our ambition to have the most inclusive culture possible.

"The Prevention Pledge" feeds into the strategic ambitions of the organisation and we will work with local Places for specific interventions and strategies of relevance to the local communities. We will link with organisations outside of the health service to explore interventions which may benefit people with long term neurological conditions (e.g. work with Sports England on access to exercise) and measures to prevent neurological trauma (e.g. head injury prevention measures, promotion of the wearing of cycle helmets). We will work with NHS partners on prevention strategies for falls and back pain. We are working with Everton Football club on the 'Everton minds' project, contributing to the development of a purpose built health and social facility for people with a range of health issues, including dementia.

The NHS is adopting the government Social Value model from April 2022. This links to our ambitions within this strategy covering health and well-being through to environmental sustainability. We are committed to achieving the Social Value Charter and associated kite mark.

As an Anchor Institute we will support the work within the ICS ensuring the principles of social value, inclusivity and citizenship are realised. We will do this by offering opportunities for support and employment, particularly via the apprenticeship route for the population of the Liverpool city region. By 2025 we will have offered apprenticeships to 80 people. We will work with local schools to offer work experience to students from disadvantaged backgrounds, and to promote the Trust as an employer of choice.

The Trust will continue to prioritise partnership working with staff side and trade unions to deliver genuine change that will improve the quality of life for all our workforce.

We will partner with Citizen's UK, an organisation which is multi-faceted and brings together organisations from different sectors to directly engage with local communities.

It is imperative that we provide care in a way that also looks after our environment. We will develop a sustainability plan which will outline how we can reduce waste, reduce carbon emissions, and use our estate in the most energy efficient way.

Underpinning strategies/drivers

All of the above and the clinical priorities below will be supported by a number of underpinning strategies/drivers

Quality

The Quality Strategy is led by our Chief Nurse and covers the areas of:

- Patient and family centred care
- Key quality indicators
- Supporting staff training
- Clinical Innovation
- Clinical Governance
- Risk management

People

The People Plan is led by our Deputy Chief People Officer and covers the areas of:

- Looking after each other
- Resilient and productive workforce
- Culture of inclusion and belonging
- New ways of working
- Recruitment and grow for the future
- Growing and training the workforce

Estates/Sustainability Strategy

This is led by our Chief Operating Officer and covers the areas of:

- Capital planning
- Contract management
- Energy management
- Waste management
- Training and education
- Emergency Preparedness and Resilience
- Reducing our carbon footprint
- Effective and efficient use of the estate
- Ongoing maintenance and repair

Finance and commercial development

This is led by our Chief Financial Officer and covers the areas of:

- Creating an atmosphere in which staff can thrive and professional values can prosper
- Drive value for patients and taxpayers
- Helping make change happen – being part of the solution
- Ensuring individual members of staff feel valued and can be given the opportunity to develop
- Financial modelling
- Develop tools to compare and assess Trust performance
- Income opportunities

- Cost savings
- Collaboration with specialist Trusts

Communication and Marketing

This is led by our Communication and Marketing Manager and covers the areas of:

- Environment
- Engagement
- External communication
- Staff engagement and communications
- Patient communications
- Collateral

Charity

This is led by our Head of Fundraising and covers the areas of:

- Digital income generation
- Individual regular giving
- Legacy campaign
- Major donors
- Grant making policy and impact reporting

Digital

This is led by our Chief Digital Information Officer and covers the areas of:

- The NHS Digital Health and Care Plan (2022)
- The What Good Looks Like framework:
 - Well led
 - Ensure smart foundations
 - Safe practice
 - Support people
 - Empower citizens
 - Improve care
 - Healthy populations
- Organisational Digital Maturity HIMSS Level 6+
- Digital Sustainability
- Digital Inclusion
- Electronic Patient Record Delivery and Interoperability with the wider community

How will we deliver the strategy?

This is a bold but clear and ambitious strategy, developed by our staff, patients, families carers and support groups.

A series of launch and engagement events will take place. The strategy will be a visible and dynamic framework for our organisation.

We will deliver the ambitions within the strategy using our existing transformational model which is closely aligned with the operational teams within both our clinical and non-clinical divisions.

Annual priorities will be set which will form our strategic framework.

We believe this strategy builds on our existing excellent leadership in neurosciences and provides a platform to further strengthen patient care, collaboration, and transformation.

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Appendices

Appendix one

How we developed the strategy

We took an inclusive and integrated approach to developing this strategy. The steps taken included:

- Trust Board development session to agree high-level external drivers and challenges
- Executive away day to further develop the work undertaken in the Board development session
- Communication and involvement of staff, patients, carers, support groups
- Communication and involvement of acute, ICS and primary care colleagues
- Feedback from communication sessions
- Consolidation of information and development of content

DRAFT

Appendix two

Who did we consult and communicate with?

Internal stakeholders
Multidisciplinary clinical staff
Medical Consultants
Departmental meetings
Clinical staff
Non-clinical meetings/departments
Governors
Trust members
Executive and Non-executive Directors
The Walton Centre Charity

External stakeholders
Neuro Therapy Centre
The Brain Charity
Parkinson's UK
Epilepsy Action
MS Society
MND Association
Cheshire and Merseyside Neurological Alliance
West Cheshire and North Wales Neurological Alliance
Isle of Man Neurological Alliance
North Wales Neuroscience Board
Health Watch
Integrated care partners
General Practitioners
TIDE
Acute partners
Universities
Cheshire West Partnership
Public Health
Pain Relief Foundation
Social services
Public members

Appendix three

Risks and challenges

A new Board Assurance Framework reflecting the ambitions within this strategy will be developed and monitored by the Trust Board.

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The Walton Centre NHS Foundation Trust

Three-year strategy

2022 to 2025



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Welcome

Welcome to our Trust strategy, covering 2022 to 2025. This is a three-year period as the pace of change within the NHS has accelerated due to the impact of the COVID-19 pandemic and the changes in infrastructure brought about by the Health and Social Care Bill.

We have taken an inclusive approach to formulating this strategy and have met with staff from across the Trust, patients and carers, voluntary sector, support groups, our Governors and members and representatives from partner Trusts, primary care and the Integrated Care System (ICS).

The Walton Centre NHS Foundation Trust is the only hospital trust in the UK specialising in neurology, neurosurgery and pain services. It has twice been rated as 'Outstanding' by the Care Quality Commission. Although the majority of our patients come from Merseyside, Cheshire, North Wales, Lancashire and the Isle of Man, we see patients from all parts of the UK for some specialist treatments of complex disorders, referred by GPs or other neurologists, neurosurgeons and pain clinicians.

Since the last strategy, which was developed in 2018, we have achieved a considerable amount for the benefit of patients and their families. This includes being the first neuroscience centre in the region to provide a 24/7 thrombectomy service, achieving Tessa Jowell Centre of Excellence status for the care of patients with brain tumours and recognition as a Centre of Excellence for spinal services by Eurospine, the introduction of the Rapid Access Neurology Assessment (RANA) service and developing a wide range of digital innovations such as Virtual Engagement Rehabilitation Assistant (VERA) and Elementary Routine Nutritional Screening Tool (ERNST).

In this new strategy we will progress our work even further, with a range of key developments and initiatives which are described in the following pages alongside the supporting enablers. These include:

MR-guided focused ultrasound

Continuing development of the 24/7 thrombectomy service linking closely to stroke development

Evolution of our acute neurology model

Developing and embedding a region-wide joint neurosurgery / orthopaedic spinal service

Leading services in the region for complex rehabilitation

Targeting the inequalities within our healthcare system

Developing and embedding the Digital Aspirant programme

Continuing to invest in the health and wellbeing of our workforce

We hope you embrace our strategy and we welcome feedback as we continue to develop our plans.

About us

The Walton Centre is the **only specialist neurosciences NHS Trust providing a high-quality, integrated and multidisciplinary neurosciences service** to Cheshire, Merseyside, North Wales, the Isle of Man and parts of West Lancashire which totals a population of 3.5 million people.

We were rated as "Outstanding" for a second time by the Care Quality Commission (CQC) following its inspection in April 2019.

Our clinical model is a "hub and spoke" with satellite clinics in multiple sites across our region, enabling patients to be seen closer to home by the most appropriate specialist, with an average of 180,000 patients per year seen in clinics. We have one of the busiest neurosurgical units in the country, with over 50,000 procedures carried out each year. We are partners in the Merseyside Major Trauma Centre Collaborative with our neighbouring Trust, Liverpool University Hospitals NHS Foundation Trust. We also host the Cheshire and Merseyside Rehabilitation Network and the Cheshire and Merseyside Critical Care ODN.

The hospital is five miles from the centre of Liverpool and is based in a purpose-built building which opened in 1998. We have c. 150 acute beds, 30 complex rehabilitation beds, 10 acute rehabilitation beds, and we are one of only a few centres in the UK with a dedicated Neurocritical Care Unit. We are also one of a small number of Trusts who have an intraoperative MRI suite which is in addition to six other operating theatres. We have four additional high resolution MRI scanners and two CT scanners, which ensure that the population we serve have access to the best diagnostic facilities possible. We perform over 40,000 scans per year.

The Sid Watkins building at The Walton Centre, which opened in 2015, houses the Cheshire and Merseyside Complex Rehabilitation Unit together with outpatient facilities, the "Home from Home" centre for use by patient's families and a dedicated Education Department.

We have been named as one of the best places in the NHS to work by the Health Service Journal. We have been awarded Investors in People (IIP) Gold, which is the industry standard for people management and sets out the criteria for high performance through people. The Walton Centre received re-accreditation as an IIP Gold Employer for the 'we invest in people' standard in 2020. To maintain accreditation, the Trust undergoes annual interim reviews, and at the last interim review in 2021, the Trust maintained its Gold Award accreditation. The Trust also received Gold accreditation against the revised health and wellbeing standard 'we invest in wellbeing' in 2021.



Caption iusam et atustii stiamusdam ad eum dem harum, sunte cullabo.

The NHS in 2022

The Trust's previous strategy was developed in 2018 and due to run until 2023. However, the changes in the health landscape have been so significant that a refreshed strategy to take this context into account was required.

Covid-19 has dominated our lives and the provision of healthcare since March 2020. As we move into a different phase of living with covid, we also need to focus on the recovery of elective services and the inevitable backlog and longer waiting lists. There has been the indirect impact of covid, such as an increase in delays in diagnosis of some cancers and other serious medical conditions. It is therefore more important than ever that we work collaboratively as part of the health and social care system, for the benefit of the population as a whole.

There are positives which have emerged through the covid pandemic with regard to the delivery of healthcare. NHS organisations have come together and collaborated like never before, and relationships have been built which need to be maintained and developed further. The IT infrastructure has been enhanced, through necessity, to provide remote consultations for patients where appropriate, and improve efficiency through remote meetings, which will be continued.

The new Health and Care Bill sets out legislative changes required to enable health and care to work more closely together. In our region the Integrated Care System (ICS) covers Cheshire and Merseyside, and as such is one of the largest ICSs in the country serving a population of 2.7 million, across nine boroughs or 'Places'. The ICS will become embedded as the body responsible for delivering health and social care throughout the duration of this strategy, and it is essential that this addresses the needs of our population. One of the main drivers of the development of the ICS is to address health inequalities, which has been highlighted in the 10 year review of the Marmot report (2020). This is of particular relevance in our region, which contains some of the most deprived boroughs in England, but also some of the widest health inequalities even within those 'places'.

The NHS faces unprecedented challenges currently as we emerge from the covid pandemic. This is on the backdrop of a staffing crisis, especially in nursing with almost 40,000 vacancies across England. We need to work together, with our population and our staff to deliver high quality compassionate care for all.

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Our charity

The Walton Centre Charity supports the vital work of the Trust by investing charitable funds in areas and projects which help enhance patient, family and staff experience, treatment and care. There are four key areas which are the main focus for the Charity:

Improved environment and facilities for patients and their families

Innovation and new technology

Research and development

Enhanced staff training and wellbeing

Donations make a real positive impact across all these areas as the Trust strives to remain at the forefront of neuroscience care and treatment in the UK. In the last five years over £3.6 million has been spent on charitable projects in the Trust, including initiatives such as the intraoperative MRI (iMRI) scanner and Robotic Arm; the ongoing support of the Home from Home facility; art and animal therapy sessions for patients; research; and enhanced staff training and long service awards.

Looking ahead, a new three-year fundraising strategy will be developed, taking into consideration the very different landscape which has emerged following the COVID-19 pandemic. 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 such as community, corporate and major donor fundraising.

New fundraising opportunities and initiatives will be explored, with the aim of moving a lot more of the focus to digital, social media and virtual platforms, as well as offering hybrid event opportunities wherever possible. Consequently, a proposal for how to grow and develop the Fundraising Team to add skills and allow a more focused approach for digital income generation will form part of the strategy.


The aim during the next three years will be to further embed fundraising into this strategy to ensure the Charity can effectively contribute to the overall income of The Walton Centre NHS Foundation Trust, thereby supporting and enabling developments, particularly in innovation and research. This work will include a review of the current charitable fund application procedures, in order to develop a comprehensive Grant Making Policy which will incorporate assessment and prioritisation procedures for new projects, as well as impact reporting on initiatives funded.

Working closely with the Trust's Communications Team, a Marketing and Communications strategy will be developed to ensure that the Charity's positive impact is shared both internally and externally in order to encourage further involvement and support for future fundraising.

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The Walton Centre
NHS Foundation Trust

Excellence in Neuroscience 

The Walton Centre NHS Foundation Trust
Lower Lane
Fazakerley
Liverpool
L9 7LJ

Call
0151 525 3611

Visit
thewaltoncentre.nhs.uk

Published Month 2022

**Report to Board of Directors
5 May 2022**

Report Title	Principle Risks 2022/23		
Executive Lead	Jan Ross, Chief Executive		
Author (s)	Katharine Dowson, Corporate Secretary		
Action Required	To approve		
Level of Assurance Provided <i>(do not complete if not relevant e.g. work in progress)</i>			
<input checked="" type="checkbox"/> Acceptable assurance Systems of controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/> Partial assurance Systems of controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/> Low assurance Evidence indicates poor effectiveness of system of controls	
Key Messages <i>(2/3 headlines only)</i>			
<ul style="list-style-type: none"> New principle risks for 22/23 proposed following consultation and development with Board members 			
Next Steps <i>(actions to be taken following agreement of recommendation/s by Board/Committee)</i>			
<ul style="list-style-type: none"> Each risk to be developed in the full BAF template with Executive Lead for the quarter 1 report Trust Report template to be updated with new risks 			
Related Trust Strategic Ambitions		Impact <i>(is there an impact arising from the report on any of the following?)</i>	
Leadership		Choose an item.	Choose an item.
Strategic Risks <i>(tick one from the drop down list; up to three can be highlighted)</i>			
Not Applicable		Choose an item.	Choose an item.
Equality Impact Assessment Completed <i>(must accompany the following submissions)</i>			
Strategy <input type="checkbox"/>		Policy <input type="checkbox"/>	Service Change <input type="checkbox"/>
Report Development <i>(full history of paper development to be included, on second page if required)</i>			
Committee/ Group Name	Date	Lead Officer (name and title)	Brief Summary of issues raised and actions agreed
Board Development Session	7 April 2022	K Dowson Corporate Secretary	Discussed proposed risks and agreed priorities. Agreed inherent risk score, assurance committee and risk appetite
Executives	30 March 2022	K Dowson Corporate Secretary	Developed and proposed priority risks. Agreed Executive Lead
Executives	20 April 2022	K Dowson Corporate Secretary	Principal Risks for 22/23 to be submitted to Trust Board for approval

Principle Risks 2022/23

Executive Summary

1. 12 strategic risks have been developed by Executive Directors, in consultation with the full Trust Board. These are the principle risks to achieving the key elements/ ambitions of the new Trust Strategy 2022-25.

Development of Risks

2. Initial discussions started with a blank piece of paper with Executives on 30 March where the main areas of risks were identified. The focus was on strategic risks that would impact the delivery of the new Trust Strategy which is expected to be approved at the Board on 5 May. The risks identified are each linked to the strategic ambitions and cross-cutting themes from the Trust Strategy.
3. An Executive Lead was nominated for each area and the summary attached at Appendix 1 was created.
4. These initial risks were then shared with the full Board on 7 April and a session was held to review these areas. The Board discussed the causes and consequences of these risks and the inherent risk score for each one. Each risk was linked to a Board Assurance Committee and the Risk Appetite was also identified. A summary is attached at Appendix 1.

Conclusion

5. These 12 areas have been identified as the key areas for focus by the Board relating to strategic risk. These risks will be reviewed by the Board quarterly through the year to ensure that they remain appropriate.

Recommendation

To approve.

Author: Katharine Dowson, Corporate Secretary

Date: 27 April 2022

Appendix 1 - Proposed strategic objectives and principal risks 2022/23

Cross Cutting Themes - People Quality of Care Digital Health Inequalities Value for Money

Strategic Ambitions and Themes	Principal Risks	
Collaboration: Working closely with partners and across internal teams to develop high quality standardised services	<p>BAF 001 If the Trust does not develop more collaborative ways of working to influence the system and deliver financial stability then there may be less resource available for the Trust and this will limit the opportunities for the Trust to grow and meet its strategic ambitions Risk Owner: Chief Finance Officer Assurance Committee: Board</p>	<p>BAF002 If the Trust does not succeed in developing and leading well led high quality standardised regional care pathways and networks then patient care and experience may deteriorate and the Trust will not achieve its ambition of providing outstanding and equitable patient care Risk Owner: Medical Director Assurance Committee: Quality</p>
Leadership: Clinically led leadership, embedded across all staff to deliver high quality patient care at the Trust and through the ICS.	<p>BAF 003 If the Trust does not deliver its agreed activity for the year and meet pre-pandemic levels of activity then patient care and experience will be impacted and there will be financial and reputational impacts for the Trust. Risk Owner: Chief Operating Officer Assurance Committee: BPC</p>	<p>BAF 004 If the Trust does not provide the right environment or opportunities for staff to develop, learn and progress the organisation will not have well led services or experienced staff. This will reduce the Trust's ability to provide well led, high quality services and lead to poor staff experience, higher vacancy rates and the requirement for additional resource to recruit and train new staff. Risk Owner: Chief People Officer Assurance Committee: BPC</p>
Quality of Care: Deliver consistent high quality patient care every day across all services	<p>BAF 005 If the Trust does not deliver high quality care for all patients then this will lead to adverse clinical outcomes for patient and a deterioration of patient experience which will reduce staff morale and impact on the reputation of the Trust. Risk Owner: Chief Nurse Assurance Committee: Quality</p>	
Social Value: Supporting local communities and staff to prevent and support physical and mental health issues and become an Anchor Institution	<p>BAF 006 If the Trust does not support its local community to prevent adverse health outcomes and prioritise wellbeing work for staff, then it will require more resource in the long-term to address the issues that arise from health inequalities for our staff and population. Risk Owner: Chief Executive Assurance Committee: SBAC/BPC</p>	<p>BAF 007 If the Trust does not maximise its opportunities to acquire capital funding then it may not have enough resource to deliver its estates strategy and provide a fit for purpose environment for staff and patients leading to poor staff morale, poor patient experience and the risk of increased backlog maintenance. Risk Owner: Chief Finance Officer Assurance Committee: BPC</p>
Education, training and learning: Expand the offer to deliver at a national level for neurosciences education and training	<p>BAF008 If the Trust does not have the right staff with the right skills it will not be able to deliver its ambition of developing a national training offer in Neurosciences and will not deliver its strategic ambitions Risk Owner: Chief People Officer Assurance Committee: RIME</p>	
Research and Innovation: Develop the department to attract world class researchers and embed a culture of innovation	<p>BAF 009 If the Trust does not develop the research department business model it will not attract the right staff or the research projects necessary for the Trust to become a world-class centre for Neurosciences and innovation Risk Owner: Chief People Officer Assurance Committee: RIME</p>	<p>BAF 010 If the Trust does not develop a culture where staff are able to innovate, develop solutions and put patient care first then it will not attract the right staff to support the ambitions of the Trust Risk Owner: Chief Executive Assurance Committee: Board</p>
Digital/ Cyber Security: To keep up with digital opportunities and threats	<p>BAF 011 If Cyber Security attacks continue to evolve and grow then the Trust may be subject to a successful attack which may lead to service disruption, loss of data, sanctions, financial penalties and a loss of public confidence. Risk Owner: Chief Finance Officer Assurance Committee: Audit/ BPC</p>	<p>BAF 012 If the Trust fails to deliver the benefits of the Digital Aspirant funding then the Trust may fail to secure digital transformation leading to poor staff experience, a deterioration of patient safety, reputational damage, financial penalties and missed opportunity. Risk Owner: Chief People Officer Assurance Committee: BPC</p>

Report to Trust Board
05/05/2022

Report Title	Integrated Performance Report		
Executive Lead	Lindsey Vlasman - Interim Chief Operating Officer		
Author (s)	Mark Foy - Head of Information & Business Intelligence		
Action Required	To note		
Level of Assurance Provided <i>(do not complete if not relevant e.g. work in progress)</i>			
<input type="checkbox"/> Acceptable assurance Systems of controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input checked="" type="checkbox"/> Partial assurance Systems of controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/> Low assurance Evidence indicates poor effectiveness of system of controls	
Key Messages <i>(2/3 headlines only)</i>			
<ul style="list-style-type: none"> See summary for performance overview 			
Next Steps <i>(actions to be taken following agreement of recommendation/s by Board/Committee)</i>			
<ul style="list-style-type: none"> Ongoing 			
Related Trust Strategic Ambitions		Impact <i>(is there an impact arising from the report on any of the following?)</i>	
		Choose an item.	Choose an item.
Strategic Risks <i>(tick one from the drop down list; up to three can be highlighted)</i>			
002 Meeting operational performance standards	001 Impact of Covid 19 on delivery of strategic objectives	Choose an item.	
Equality Impact Assessment Completed <i>(must accompany the following submissions)</i>			
Strategy <input type="checkbox"/>	Policy <input type="checkbox"/>	Service Change <input type="checkbox"/>	
Report Development <i>(full history of paper development to be included, on second page if required)</i>			
Committee/ Group Name	Date	Lead Officer (name and title)	Brief Summary of issues raised and actions agreed

Report Title

Executive Summary (required)

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

Operations & Performance Indicators

High Performing

Cancer Standards
Diagnostics
Activity Restoration
Referral to Treatment Stops

Opportunity for improvement

Theatres
Referral to Treatment Waits

Underperforming

N/A

Workforce Indicators

High Performing

N/A

Opportunity for improvement

Mandatory Training
Turnover

Underperforming

Appraisal Compliance
Sickness/Absence

Quality Indicators

High Performing

Complaints
CAUTI
VTE
Hospital Acquired Pressure Ulcers

Opportunity for improvement

Moderate Harm Falls

Underperforming

Infection Control

Finance Indicators

High Performing

Income and Expenditure (subject to audit):

- In month - £41k behind plan
- YTD - In line with plan

Cash balance £40.7m equivalent to 99 days operating expenses

Capital:

- For the year £7k behind plan (excluding deferral of digital aspirant funding to 22/23)

Opportunity for improvement

BPPC (by value) – Target 95%:

- Non-NHS – 92.9%
- NHS – 75.5%
- Total – 86.4%

Conclusion (always required)

As listed above the majority of indicators are high performing either against a set target, local improvement or external benchmarking.

Recommendation (always required)

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

Author: Mark Foy – Head of Information & Business Intelligence

Date: 27/04/2022



The Walton Centre
NHS Foundation Trust

Excellence in Neuroscience 

Board KPI Report May 2022

Data for March 2022 unless indicated

Explanation of SPC Charts and Assurance Icons

SPC charts are widely used in this report in order to provide increased assurance, insight and an indication of future performance. To maximise insight the charts will also include any targets and benchmarking where applicable.

All SPC charts will follow the below Key unless indicated

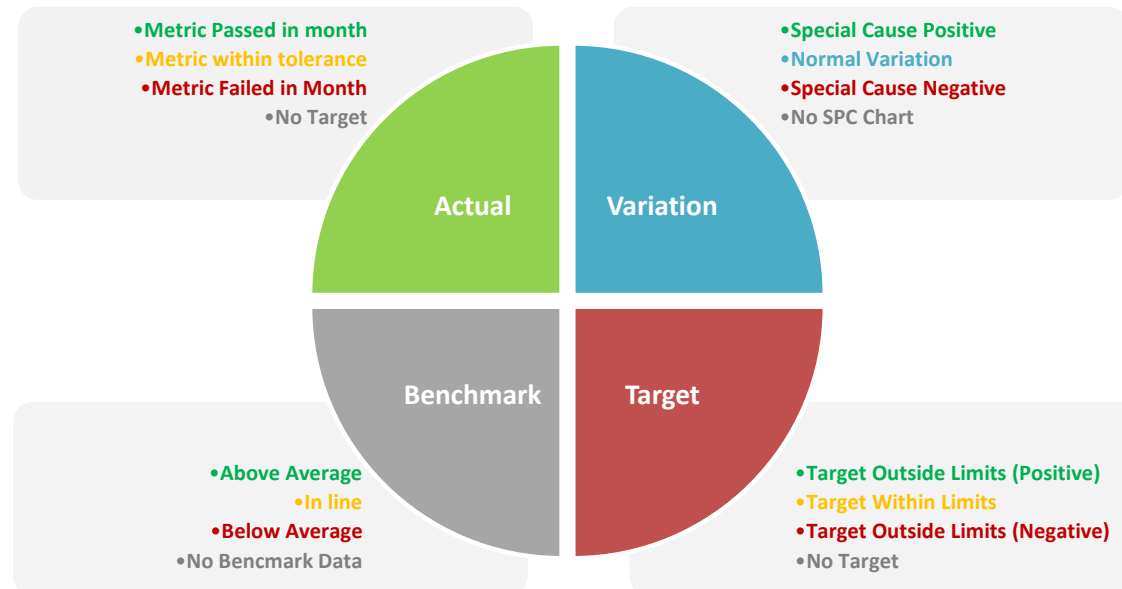
Actual
 UCL
 Average
 LCL
 National Average
 Target

= Part of Single Oversight Framework

= Mandatory Key Performance Indicator

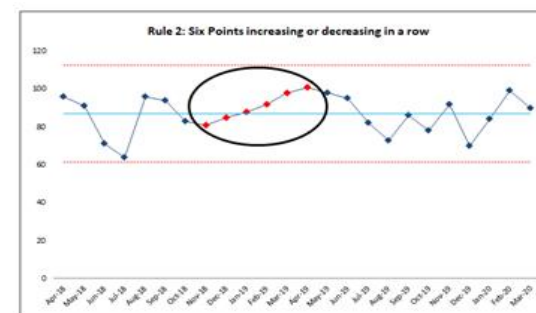
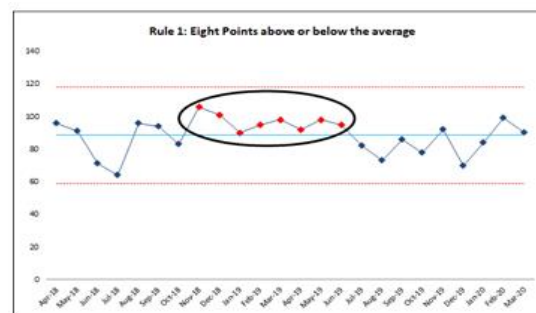
Assurance Icons (Colour Key)

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



SPC Chart Rules

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





The Walton Centre
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Operations & Performance Indicators

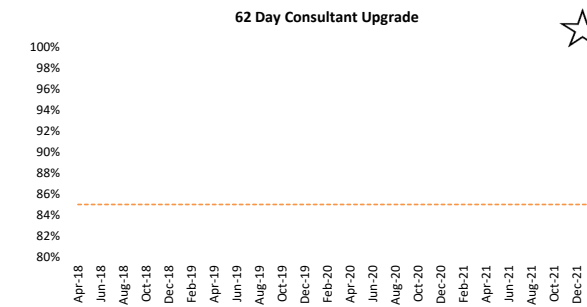
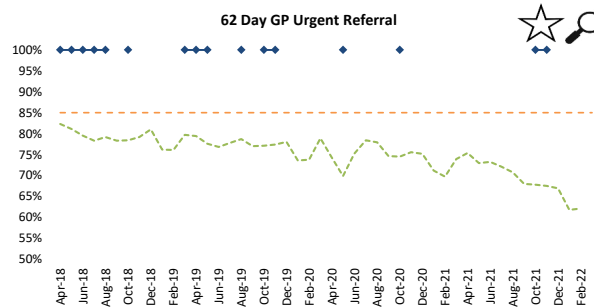
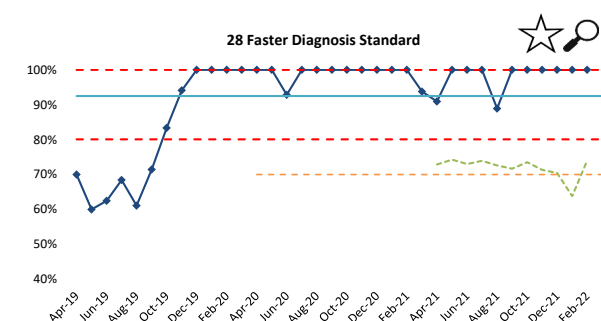
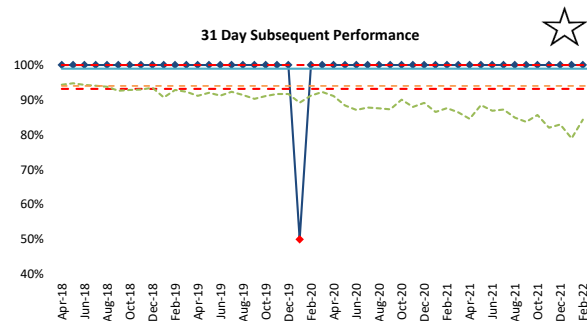
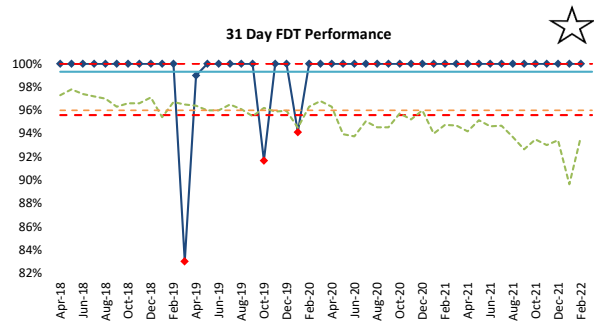
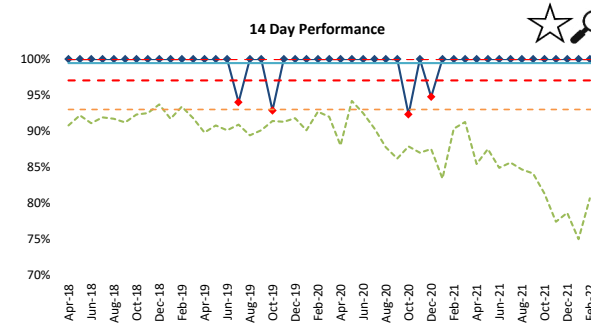
Operational

Responsive - Cancer Standards

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

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

Associated Risks
001 - Covid-19
003 - Performance Standards



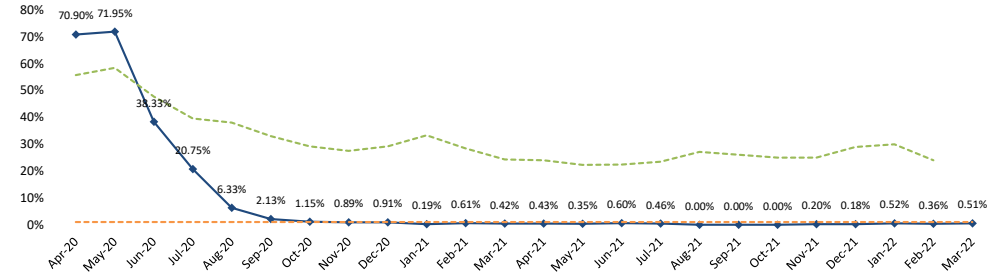
Operational Responsive - Diagnostics

Responsive - Access Standards	Target	Actual	Assurance
Diagnostic 6 Week Performance	1%	0.51%	

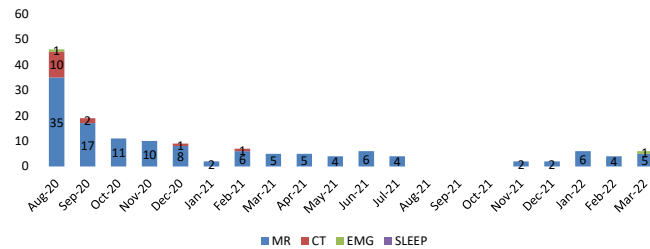
Associated Risks
001 - Covid-19
003 - Performance Standards

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

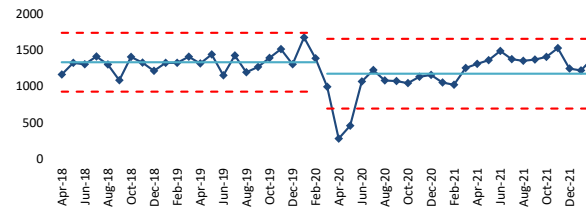
6 Week Diagnostic Performance



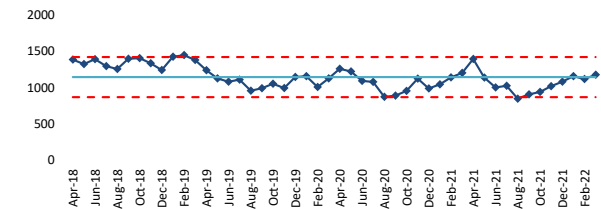
Diagnostic Breaches by Type



Total Diagnostic Activity in Month



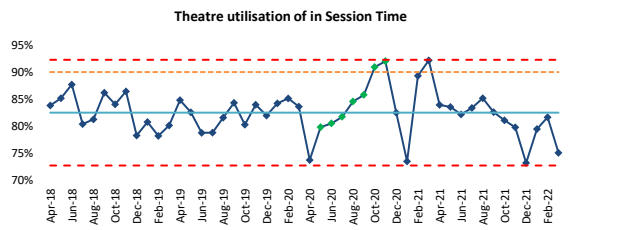
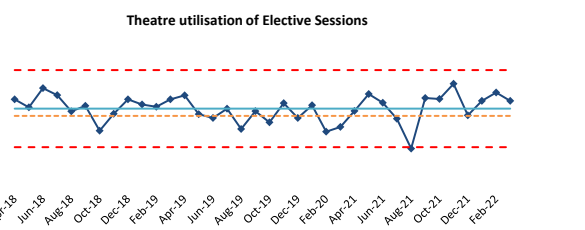
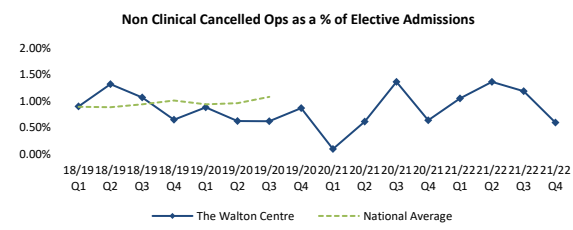
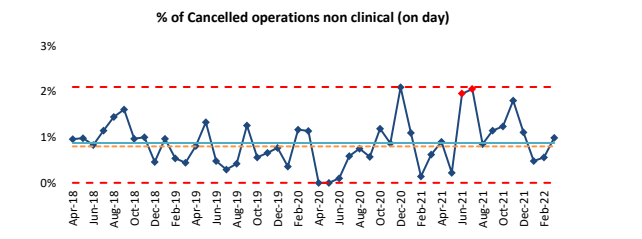
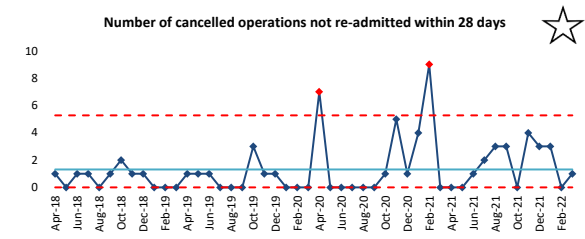
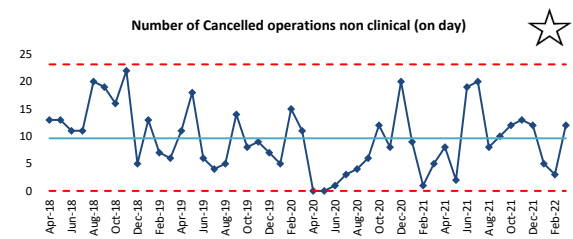
Total Diagnostic Waits at Month End



Operational Effective - Theatres

Effective - Theatres	Target	Actual	Assurance
No. Non Clinical Cancelled Operations	-	12	
% Cancelled operations non clinical on day	0.80%	0.99%	
28 Day Breaches in month	0	1	
Theatre utilisation of Elective Sessions	90%	94.47%	
Theatre utilisation of in Session Time	90%	75.04%	

Non Clinical Cancellations
 There were 12 patients cancelled at last minute for non-clinical reasons in March 2022, the reasons for the cancellations were replaced by more urgent case (5), Staff unavailable (4) and List overrun (3).



Operational

Effective - Activity Recovery Plan

March 22 Activity Performance

POD	Actual (% of 19/20)	Target (% of 19/20)
Daycase	127.95%	89%
Elective	89.13%	89%
Elective & Daycase Total	117.56%	89%
Non Elective	90.42%	-
New Outpatients	94.98%	100%
Follow Up Outpatients	117.02%	100%
Outpatient Total	109.01%	100%

Continuing on from H1, each Trust was required to submit activity trajectories for the remainder of 2021/22 (referred to as H2) by month against the pre-COVID activity levels (comparing with the baseline of actual 19/20 SUS activity levels). The Trust has refreshed the activity plans and is forecasting delivery of 100% of all outpatients and 89% of elective and daycase activity as per national guidance.

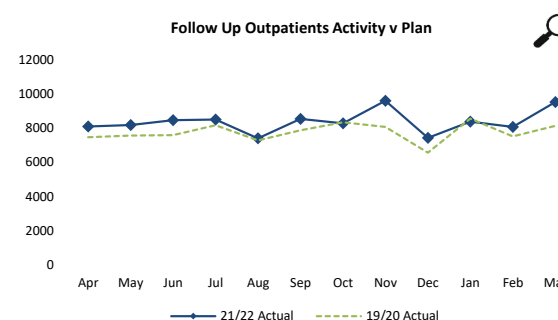
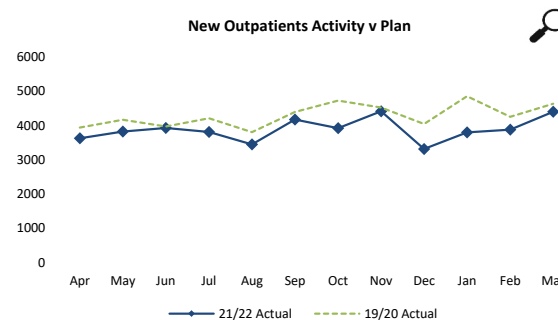
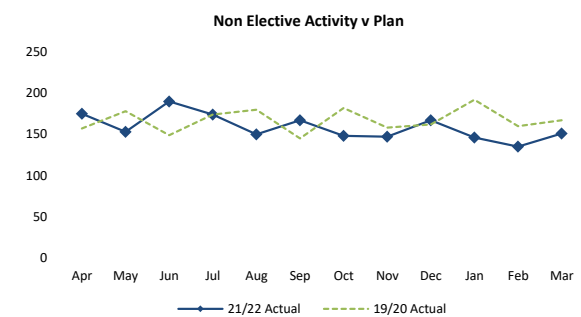
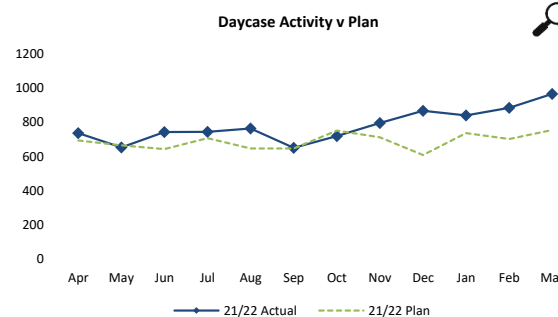
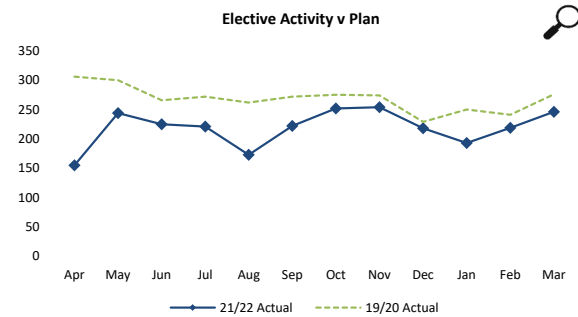
Daily operational huddles continue to review the activity performance against plan, taking into account the new methodology for Elective Recovery Fund (ERF).

During March 2022 the Trust achieved the elective and daycase target of 89% at 117.56% as well as the total Outpatient target at 109.01% (versus 100%).

Operational planning for 2022/23 requires trusts to achieve 104% of new outpatient appointments compared to 2019/20 and an ambition for Trusts to deliver 110% of Elective and Daycase activity.

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

There is no target set against Non Elective activity



Operational

Effective - Elective Recovery Fund

Month	Raw Admitted Stops			Raw Non Admitted Stops			Working Day Tariff Adjusted Performance %
	19/20	21/22	%	19/20	21/22	%	
Oct	287	230	80.14%	2161	2098	97.08%	99.74%
Nov	278	253	91.01%	2047	2122	103.66%	94.10%
Dec	201	224	111.44%	1807	1755	97.12%	98.48%
Jan	277	181	65.34%	1998	2037	101.95%	91.88%
Feb	258	221	85.66%	1774	1970	111.05%	100.63%
Mar	283	208	73.50%	1935	2242	115.87%	86.83%

During H2 Trusts are required to deliver 89% of RTT stops compared to 19/20. ERF funding is based on a working days adjusted tariff model.

In March the Trust stopped 73.50% of admitted pathways and 115.87% of Non Admitted pathways compared to 19/20. When adjusted for working days and tariff the Trust delivered 86.83% of 19/20 performance due to a number of cancellations in month.



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Workforce Indicators

Workforce

Well Led - Workforce KPIs

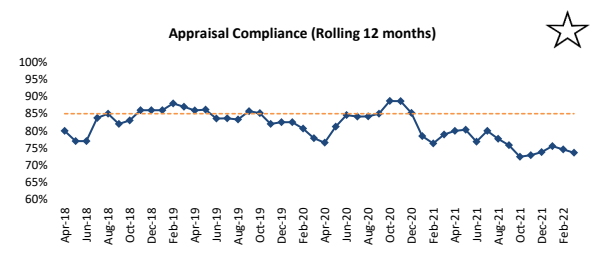
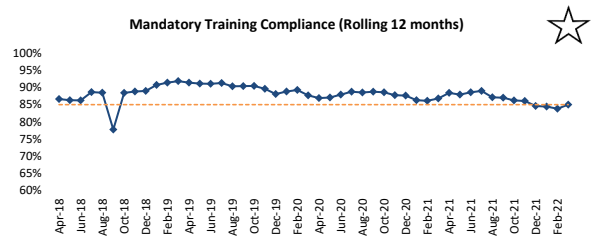
Well Led - Workforce	Target	Actual	Assurance
Appraisal Compliance	85%	73.61%	
Mandatory Training Compliance	85%	85.02%	

Mandatory Training Compliance

Overall mandatory training compliance in March 2022 moved above the target of 85%.





Appraisal Compliance

Appraisal compliance in March 2022 is 73.61%. The training team are continuing to work with individual departments to improve compliance.



Workforce

Well Led - Workforce KPIs

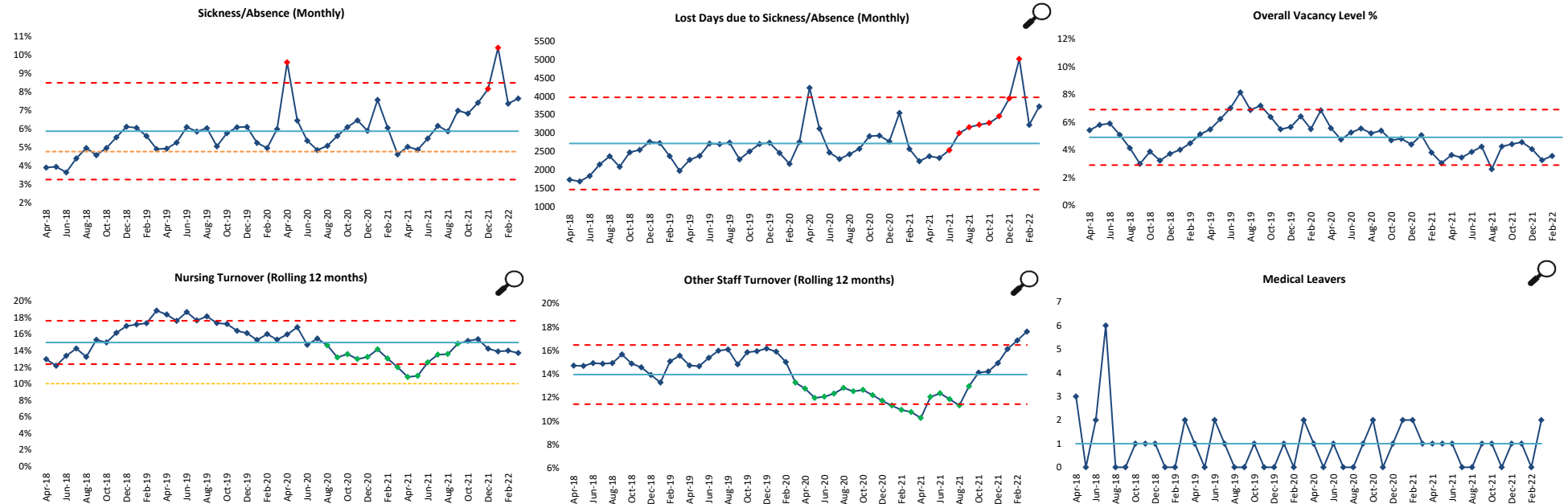
Well Led - Workforce	Target	Actual	Assurance
Sickness / Absence	4.75%	7.63%	
Vacancy Levels	-	3.56%	
Nursing Turnover	10%	13.71%	
Other Staff Turnover	-	17.61%	

Sickness/Absence

Sickness/Absence levels in March 2022 were above the target of 4.75% at 7.63% and has returned to normal variation.

Nursing Turnover

Nursing turnover now stands at 13.71% for March 2022. The position has returned to normal variation after a period of sustained improvement.




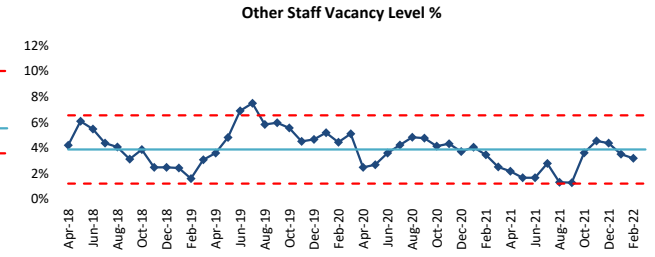
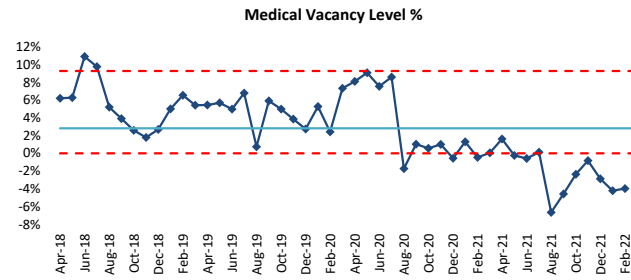
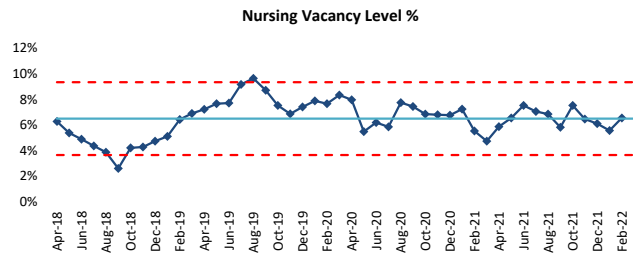
Quality of Care

Well Led - Workforce KPIs



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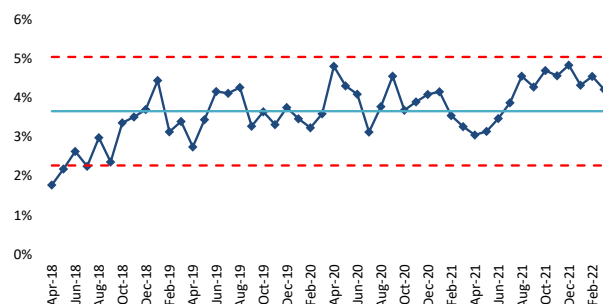
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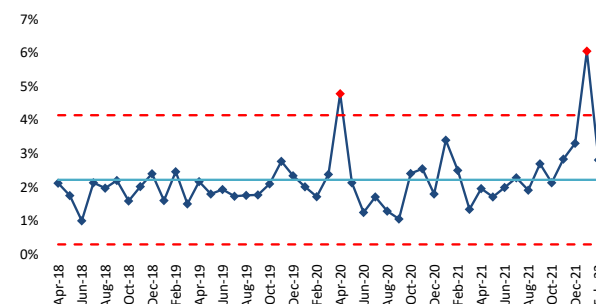
Quality of Care

Well Led - Workforce KPIs

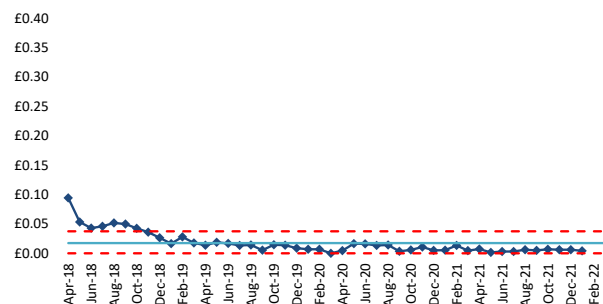
Long Term Sickness/Absence (Monthly)



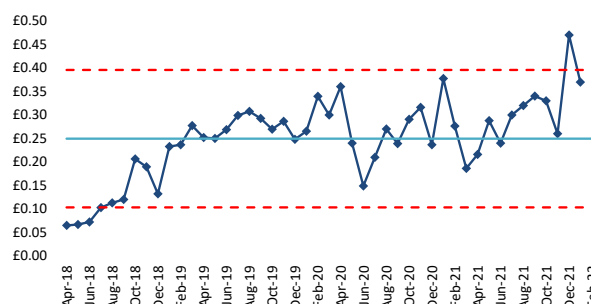
Short Term Sickness/Absence (Monthly)



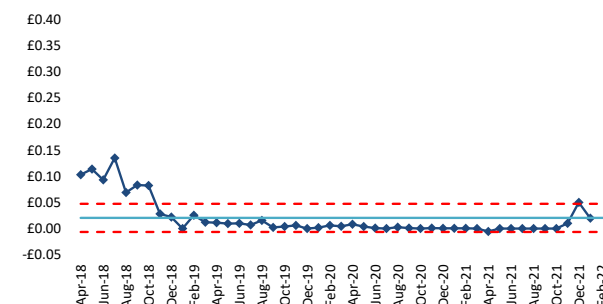
Nursing & HCA Overtime Spend (£m)



Nursing & HCA Bank Spend (£m)



Nursing & HCA Agency Spend (£m)





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Quality Indicators

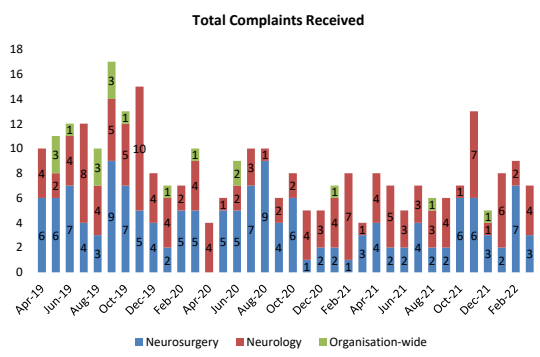
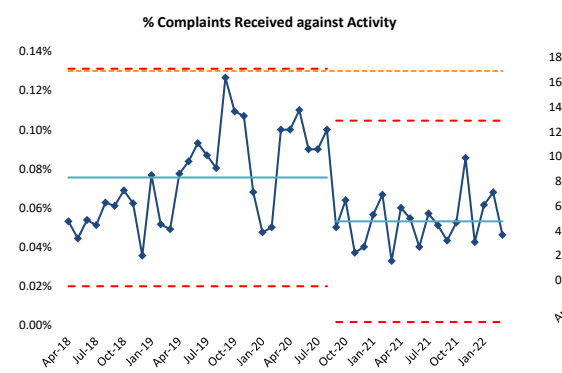
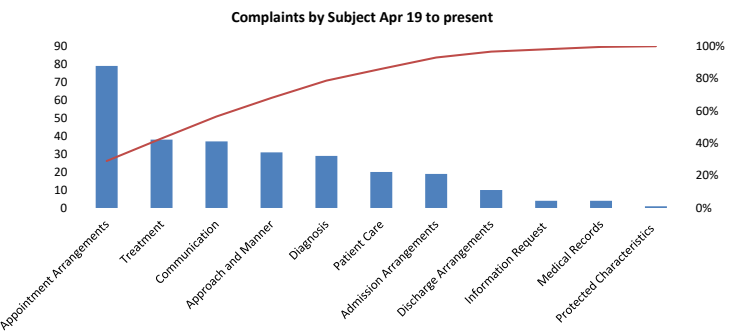
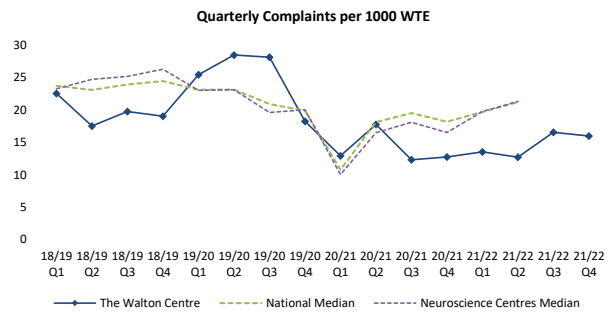
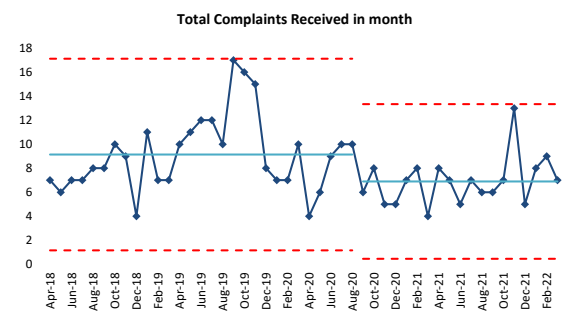


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Quality of Care

Caring - Complaints



Complaints by Outcome

	Not Upheld	Partial Upheld	Upheld
19/20	66	32	24
20/21	42	23	6
21/22	42	19	10

In March 2022 the Trust received 7 new complaints; 4 Neurology and 3 Surgery. Of the 7 complaints received; 5 related to admission or discharge arrangements, 1 related to diagnosis and 1 relating to protected characteristics.

The number of complaints the Trust receives has a wide variation range meaning the expected numbers range from 0 to 13 at an average of 6 per month. The number of complaints received has significantly dropped during recent months.

Due to the reduction seen the Trust is now below the national average and neuroscience centres average up the latest published period of Q2 2021/22.

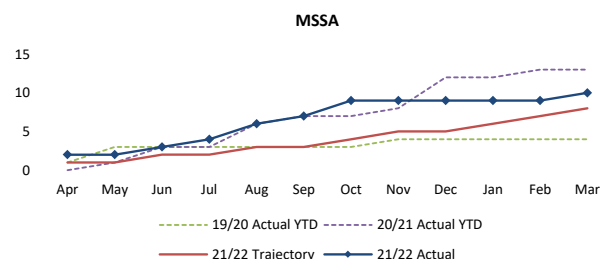
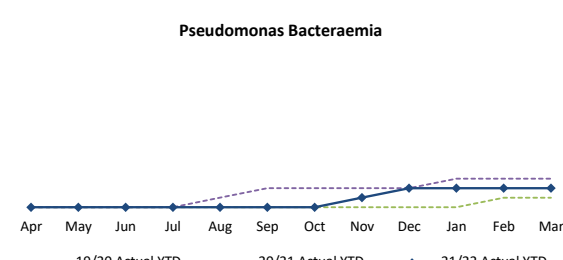
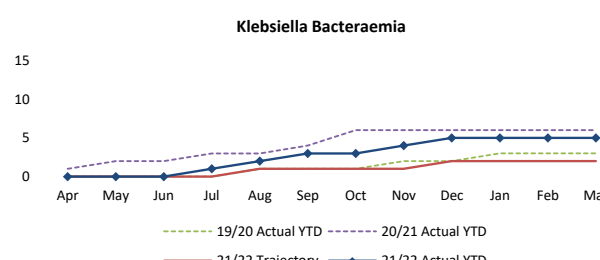
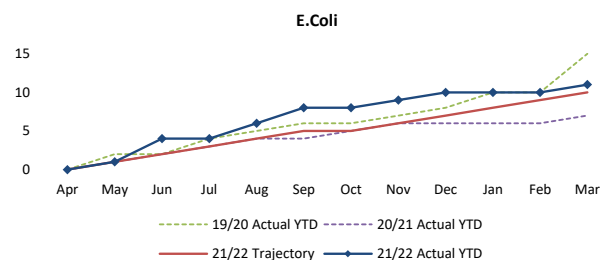
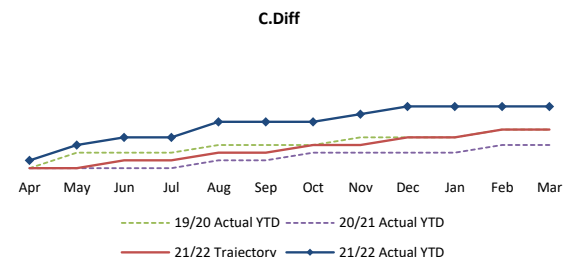
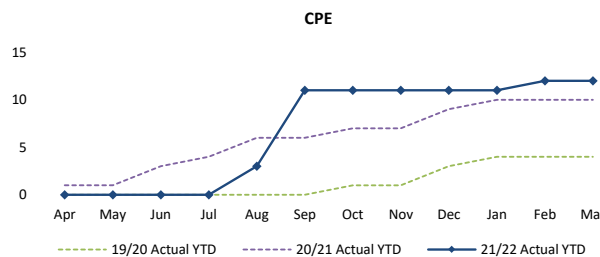
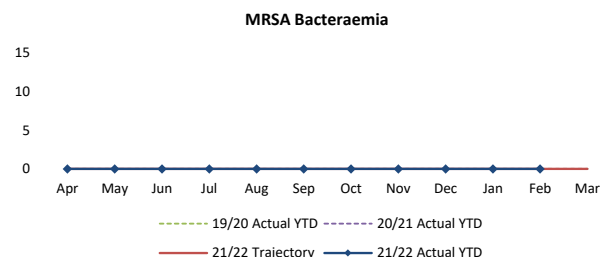


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Quality of Care

Safe - Infection Control



Total Healthcare Acquired Infections 2021/22

	MRSA B	CPE	C.Diff	E.Coli	KB	PB	MSSA	Total
Cairns		4	1	1			1	7
Caton								0
Chavasse				2	1	1	2	6
CRU			1	1				2
Dott				1			1	2
Horsley			5	3	4		6	18
Lipton		1		1				2
Sherrington		7	1	2		1		11
Total	0	12	8	11	5	2	10	48

March Breakdown by Ward

1x E.Coli - Horsley
1x MSSA - Cairns

Quality of Care

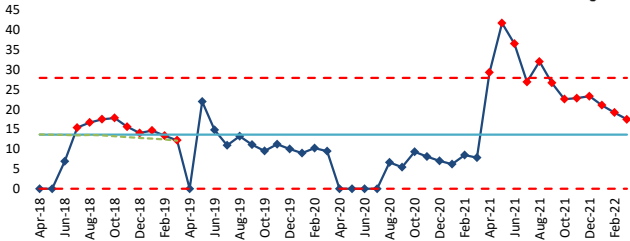
Safe - Infection Control



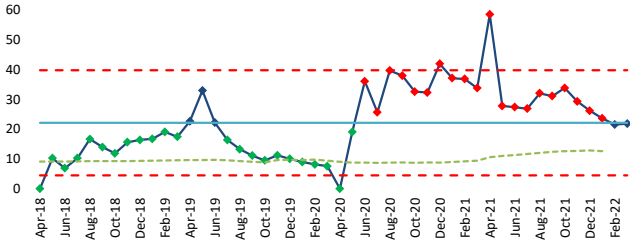
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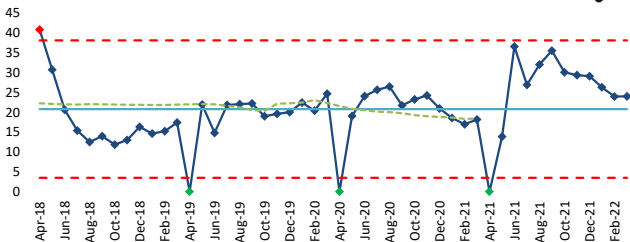
C.Diff Rate per 100,000 Bed Days YTD



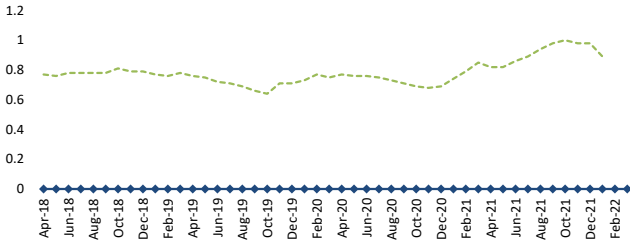
MSSA Rate per 100,000 Bed Days YTD



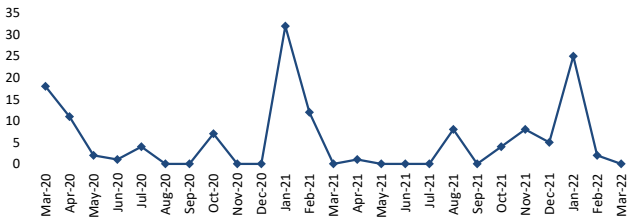
E.Coli Rate per 100,000 Bed Days YTD



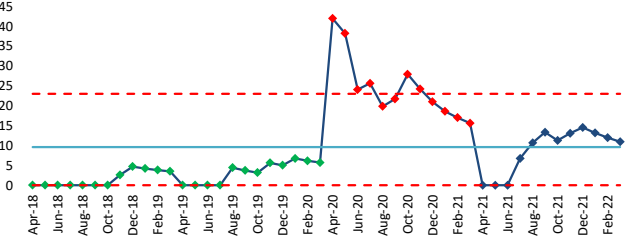
MRSA Rate per 100,000 Bed Days YTD



Covid-19 Nosocomial Infections



Klebsiella Rate per 100,000 Bed Days YTD



There has been improvements in the numbers of HCAs over the last 2 months with no infections reported in January 22, in February and 2 in March 2022.

There are currently ten MSSA instances reported year to date against a year end trajectory of eight. When measured against the benchmark standard of per 100,000 beds the current YTD rate is 21.85 which is significantly above the latest national average (12.66).

There have been eight C.Diff instances year to date against a year end trajectory of five. The rate per 100,000 bed days is currently at 17.48

Year to date there have been ten instances of E.Coli against a year end trajectory of seven. The current rate per 100,000 bed days is 21.85. Due to a counting and coding change nationally there is a delay in publishing the national E.Coli rate.

Quality of Care

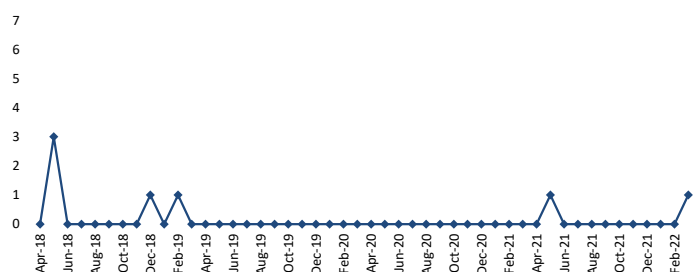
Safe - Harm Free Care



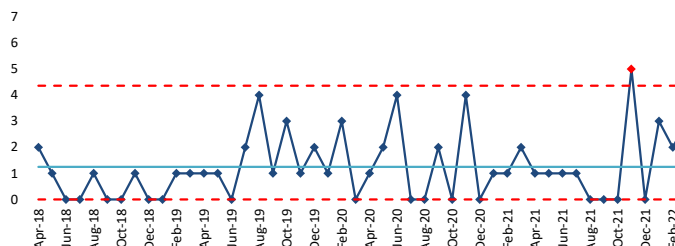
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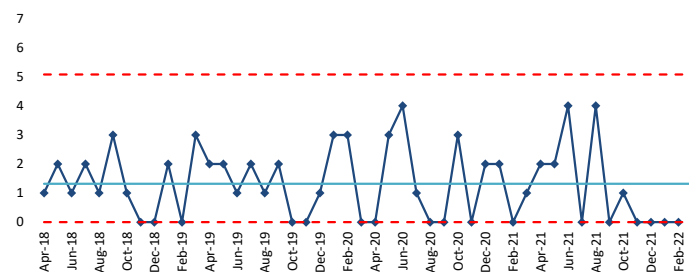
Total Moderate or Above Harm Inpatient Falls



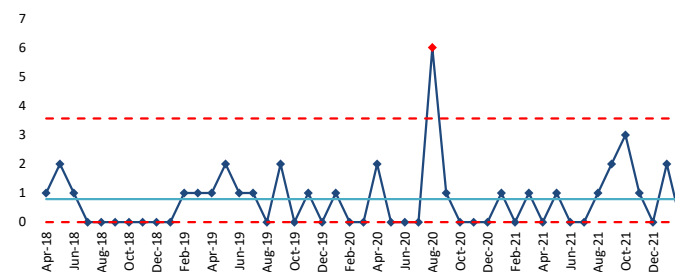
Total Hospital Acquired Pressure Ulcers (Category 2, 3, 4, Unstageable & Mucosal)



CAUTI Incidences



VTE Incidences



Narrative

There was one fall which resulted in moderate or above harm in month.

There were three Hospital Acquired Pressure Ulcers in month

There was zero CAUTI incidence in month

There were two VTE incidences in month

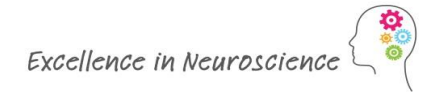
All harm measures are within normal variation.

Ward Scorecard

March 2022



The Walton Centre
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	Safe Staffing				Harms				Infection Control			
	Day Registered	Day Non Registered	Night Registered	Night Non Registered	Pressure Ulcers	Falls (Mod+)	UTI	VTE	MRSA	MSSA	E Coli	C Diff
Cairns	97.6%	99.7%	95.7%	100.0%	0	0	0	0	0	1	0	0
Caton	97.0%	102.3%	102.5%	102.8%	0	0	0	0	0	0	0	0
Chavasse	96.2%	99.9%	91.9%	100.5%	0	0	0	0	0	0	0	0
CRU	91.2%	94.5%	100.0%	98.8%	0	1	0	0	0	0	0	0
Dott	95.2%	100.0%	98.7%	101.5%	0	0	0	0	0	0	0	0
Horsley ITU	100.0%	100.0%	100.0%	100.0%	2	0	0	0	0	0	1	0
Lipton	94.0%	100.0%	100.0%	92.9%	0	0	0	0	0	0	0	0
Sherrington	95.7%	98.6%	100.0%	100.0%	1	0	0	0	0	0	0	0

Trust I&E	In month			Year to date		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
Patient Care Income	10,015	13,509	3,494	115,386	119,475	4,089
Exclusions	2,124	825	(1,299)	25,122	25,590	468
Private Patients	2	3	1	63	33	(30)
Other Operating Income	708	4,393	3,685	6,943	10,900	3,957
Total Operating Income	12,849	18,730	5,881	147,514	155,998	8,484
Pay	(6,701)	(9,862)	(3,161)	(77,026)	(82,059)	(5,033)
Non-Pay	(3,303)	(4,588)	(1,285)	(35,639)	(35,066)	573
Exclusions	(2,199)	(3,629)	(1,430)	(25,573)	(29,836)	(4,263)
COVID	(77)	(45)	32	(1,428)	(1,000)	428
Total Operating Expenditure	(12,280)	(18,124)	(5,844)	(139,666)	(147,961)	(8,295)
EBITDA	569	606	37	7,848	8,037	189
Depreciation	(505)	(581)	(76)	(5,952)	(6,095)	(143)
Profit / Loss On Disp Of Asset	0	0	0	0	19	19
Interest Receivable	0	14	14	0	21	21
Financing Costs	(49)	(42)	7	(612)	(573)	39
Dividends on PDC	(128)	(128)	0	(1,524)	(1,503)	21
I & E Surplus / (Deficit)	(113)	(131)	(18)	(240)	(94)	146
I&E impact capital donations and profit/(loss) on asset disposals	20	(3)	(23)	240	94	(146)
I & E Surplus / (Deficit)	(93)	(134)	(41)	0	0	0

Due to COVID, the financial regime remains based on block funding for the full financial year and anticipated spend for the same period (based on average spend in Q3 of 2020/21). The plan for 2021/22 is break even position (submitted to HCP in November as part of the H2 planning process) in line with C&M requirements.

The current plan includes:

- Elective Recovery Fund (ERF) income and costs for the delivery of activity above the national trajectory targets;
- 'Block' system funding received for Top-up, COVID related costs, growth and CNST;
- Efficiency requirement to ensure a break-even position H1 and system efficiency of at least 2.5% in H2.

In month 12, the Trust reported a £134k deficit position. This is a £41k adverse variance against the planned in month position of £93k deficit. The deterioration in month is in the main due to higher depreciation costs relating to additional capital purchases. The increase in income received in month is mainly due to non-recurrent funding received in M12, which has been offset by an increased level of non-pay spend for purchases associated with this funding. There has been an additional adjustment between income and expenditure for the 6.3% pension top up, which is funded by the Department of Health.

The reported position for year end is breakeven (subject to audit), which is in line with plan. This position includes £2,813k elective recovery funding (£2,086k of which was achieved in H1) against a planned position of £2,998k, £185k below plan. The Trust has assumed £223k ERF income for activity in M12 (as per NHSE/I guidance)

STATEMENT OF FINANCIAL POSITION - 2021/22	March-21	March-22	Movement
	£'000	£'000	£'000
Intangible Assets	869	1,026	157
Tangible Assets	86,164	93,635	7,471
TOTAL NON CURRENT ASSETS	87,033	94,661	7,628
Inventories	1,157	1,618	461
Receivables	7,523	5,203	(2,320)
Cash at bank and in hand	35,689	40,723	5,034
TOTAL CURRENT ASSETS	44,369	47,544	3,175
Payables	(25,914)	(31,399)	(5,485)
Provisions	(245)	(245)	0
Finance Lease	(52)	(52)	0
Loans	(1,569)	(1,557)	12
TOTAL CURRENT LIABILITIES	(27,780)	(33,253)	(5,473)
NET CURRENT ASSETS/(LIABILITIES)	16,589	14,291	(2,298)
Provisions	(701)	(506)	195
Finance Lease	(63)	(53)	10
Loans	(23,635)	(22,241)	1,396
TOTAL ASSETS EMPLOYED	79,223	86,152	6,929
Public Dividend Capital	30,513	34,617	4,104
Revaluation Reserve	2,947	5,866	2,919
Income and Expenditure Reserve	45,763	45,669	(94)
TOTAL TAXPAYERS EQUITY AND RESERVES	79,223	86,152	6,929

STATEMENT OF CASH FLOW - 2021/22	February-22 Actual	March-22 Actual	Variance
	£'000	£'000	£'000
SURPLUS/(DEFICIT) AFTER TAX	36	(94)	(130)
Non-Cash Flows In Operating Surplus/(Deficit)	7,678	8,288	610
OPERATING CASH FLOWS BEFORE MOVEMENTS IN WORKING CAPITAL	7,714	8,194	480
Increase/(Decrease) In Working Capital	2,006	3,811	1,805
Increase/(Decrease) In Non-Current Provisions	(29)	(195)	(166)
Net Cash Inflow/(Outflow) From Investing Activities	(4,716)	(7,488)	(2,772)
NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES	4,975	4,322	(653)
Net Cash Inflow/(Outflow) From Financing Activities	636	712	76
NET INCREASE/(DECREASE) IN CASH	5,611	5,034	(577)
OPENING CASH	35,689	35,689	0
CLOSING CASH	41,300	40,723	(577)

COVID-19 expenditure:

Expenditure incurred on COVID-19 is included within the reported financial position.

In month Actual: £47k.

Year to date Actual: £1,009k.

COVID-19 costs are subject to independent audit if requested through NHSE/I.

COVID -19 Expenditure	Apr-21 Actual £'000	May-21 Actual £'000	Jun-21 Actual £'000	Jul-21 Actual £'000	Aug-21 Actual £'000	Sep-21 Actual £'000	Oct-21 Actual £'000	Nov-21 Actual £'000	Dec-21 Actual £'000	Jan-22 Actual £'000	Feb-22 Actual £'000	Mar-22 Actual £'000	Year to Date Actual £'000
Pay cost (incl. additional shifts, on-call, etc)	93	50	57	49	54	47	36	25	61	123	44	39	678
Decontamination	0	7	3	0	0	0	2	0	1	0	0	0	13
Agile working	0	12	1	0	0	0	0	0	0	0	0	0	13
Infection Control	0	0	0	0	22	4	14	3	0	(9)	0	0	34
Other	20	1	43	19	21	37	27	20	35	19	21	8	271
TOTAL	113	70	104	68	97	88	79	48	97	133	65	47	1,009

Other spend includes providing free car parking for staff, heavy duty mobile Sani-station units to be used across the trust and quarantine costs for overseas nurse recruitment. Covid-19 related Bank spend also increased in December and January with additional costs incurred to cover staff absent due to Covid-19.

To note that car parking charges for staff will resume from April 2022, meaning that no central funding will be available for this.

Capital

In month variance - £1,790k above plan.

Year end spend is £1,007k below plan. However this is primarily due to the deferral of £1m of Digital Aspirant funding into 22/23. When this is adjusted for, capital spend is £7k below plan.

Annual capital funding is now set at a HCP level (rather than using a nationally determined formula). For 21/22 allocated capital funding is £6.2m, which is approx. 50% greater than if the nationally determined formula was used. The Trust also received additional £500k capital funding to spent in M12.

The Trust has received an allocation of external funding in relation to Digital Aspirant and Cyber Security for IM&T innovation of £3.8m. The Trust also received £616K elective plus funding relating to the RANA project and £725k in relation to diagnostic developments.

Division	CAPITAL					
	In month			Year to date		
	Plan £'000	Actual £'000	Var £'000	Plan £'000	Actual £'000	Var £'000
Heating & Pipework	92	108	(16)	1,100	945	155
Estates	213	497	(284)	850	504	346
IM&T	81	399	(318)	969	891	78
Neurology	587	1,435	(848)	2,349	1,614	735
Neurosurgery	649	79	570	2,594	2,248	346
Corporate	123	0	123	490	0	490
Capital Slippage	(454)	0	(454)	(2,150)	0	(2,150)
TOTAL (excl. external funding)	1,291	2,518	(1,227)	6,202	6,202	0
Donated Assets	143	24	119	143	143	0
Digital Aspirant	312	945	(633)	3,746	2,746	1,000
RANA	555	616	(61)	616	616	0
Cyber Security	16	14	2	16	14	2
Diagnostic Digital Capability Funding	699	699	0	699	699	0
Diagnostic Transformation Funding	26	27	(1)	26	27	(1)
HCP Funding	500	489	11	500	494	6
TOTAL (incl. external funding)	2,251	2,814	(563)	5,746	4,739	1,007
TOTAL	3,542	5,332	(1,790)	11,948	10,941	1,007

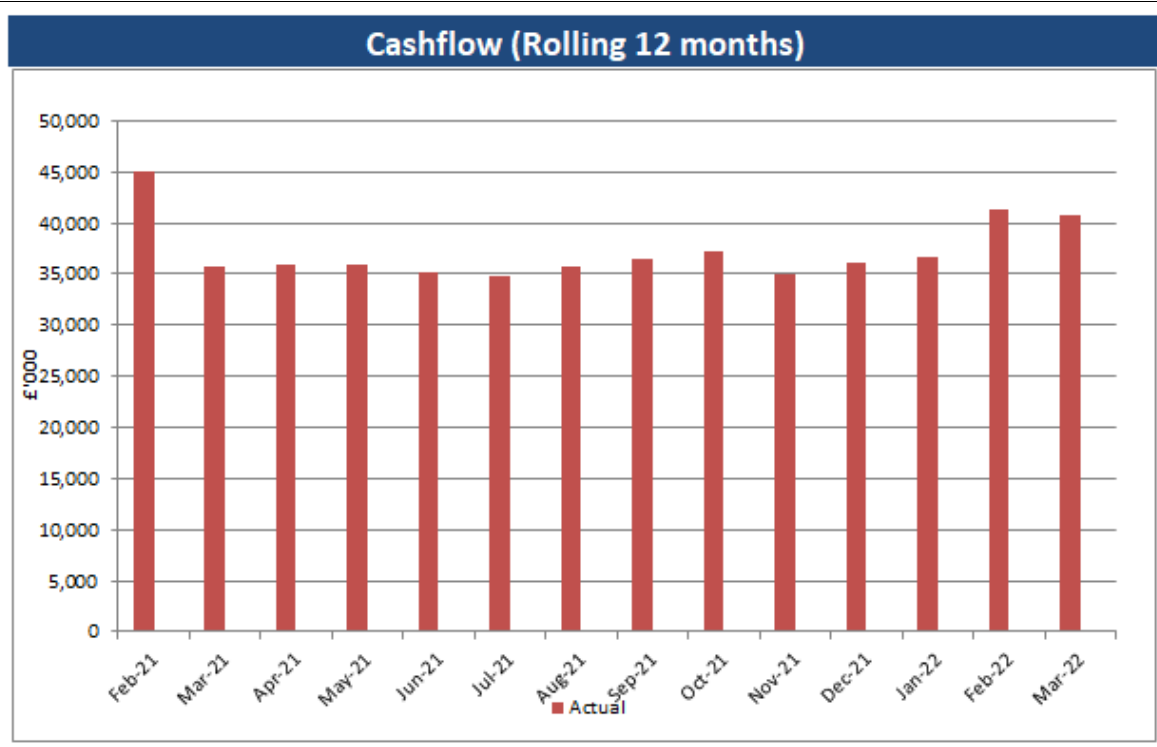
Capital spend in month is £5,332k.

- **Heating & Pipework and Estates:** £605k – Phase 4 works, Bistro Refurbishment and Chilled water system;
- **IM&T:** £399k - Case note scanning and agile working hardware;
- **Neurology:** £1,435k – Replacement of Primary CT Scanner;
- **Neurosurgery:** - £79k –Tissue Processor;
- **Digital Aspirant (PDC funded):** £945k- Datacentre and network architecture;
- **RANA (PDC funded):** £616k
- **Diagnostic Developments:** £726k – Reporting workstations in Radiology and offsite video EEG;
- **HCP funding:** Brainomix, Mentice VR Kit, Mayfield positioning kits and Facial Nerve Simulator.

As of the end of February:

Actual Cash Balance: £40.7m.

Number of days operating expenses = 99 days.



The Trust cash balance at the end of March was £40.7m. This is an decrease of £0.6m compared with the end of February, due to:

- An increase in non-cash inflows within the operating position (depreciation)
- An increase in working capital due to a decrease in receivables and increase in creditors ;
- Offset by an increase in cash outflows on capital items

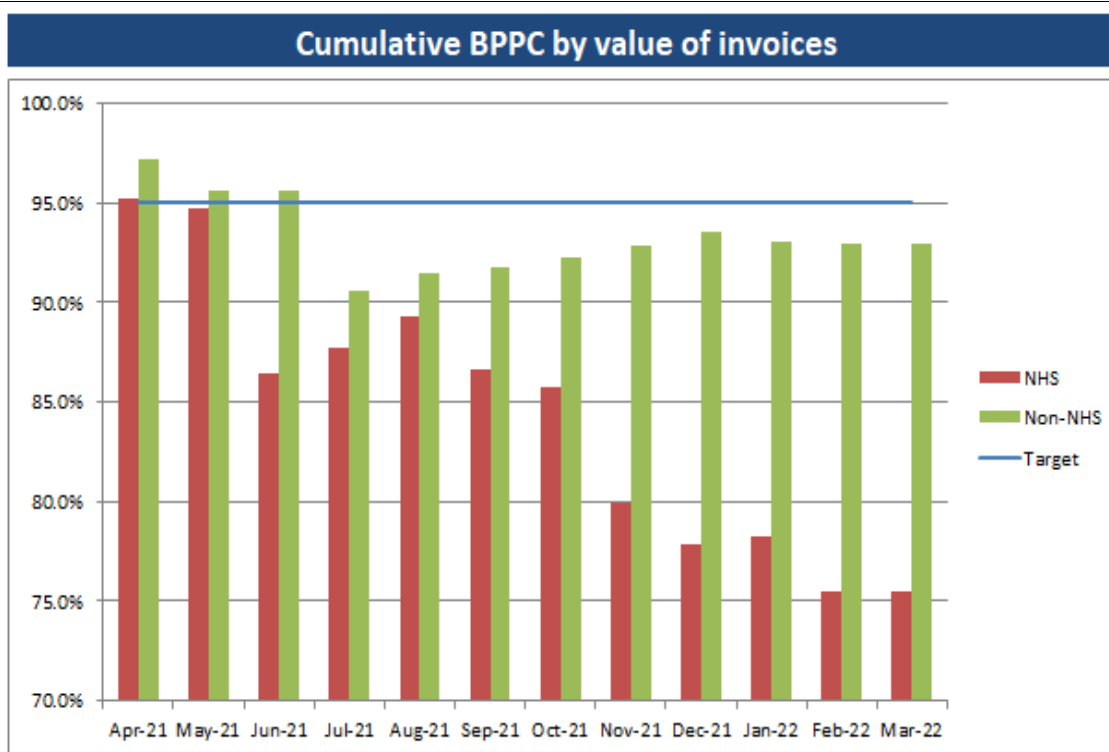
The reduction of cash in March 21 was due to the reversal of the advanced block payments that had been received from commissioners during 20/21 by the Trust each month for the financial arrangements to cover the COVID-19 pandemic.

Better Payments Practice Code (BPPC):

There is a renewed focus by NHSE/I on those Trusts that underperform against the better payments practice code standard of settling at least 95% of invoices within 30 days.

Letters will be sent to provider chief executives, directors of finance and audit committee chairs to seek action plans where there is significant under-performance, based on value of payments made

The Deputy Chief Finance Officer is in the process of developing an action plan to improve BPPC performance.



The Trust BPPC percentage (by value) at the end of March against the target of 95.0% was:

- Non NHS 92.9%;
- NHS 75.5%;
- Total 86.4%.

The Trust BPPC percentage (by number of invoices paid) at the end of March is 86.4%.

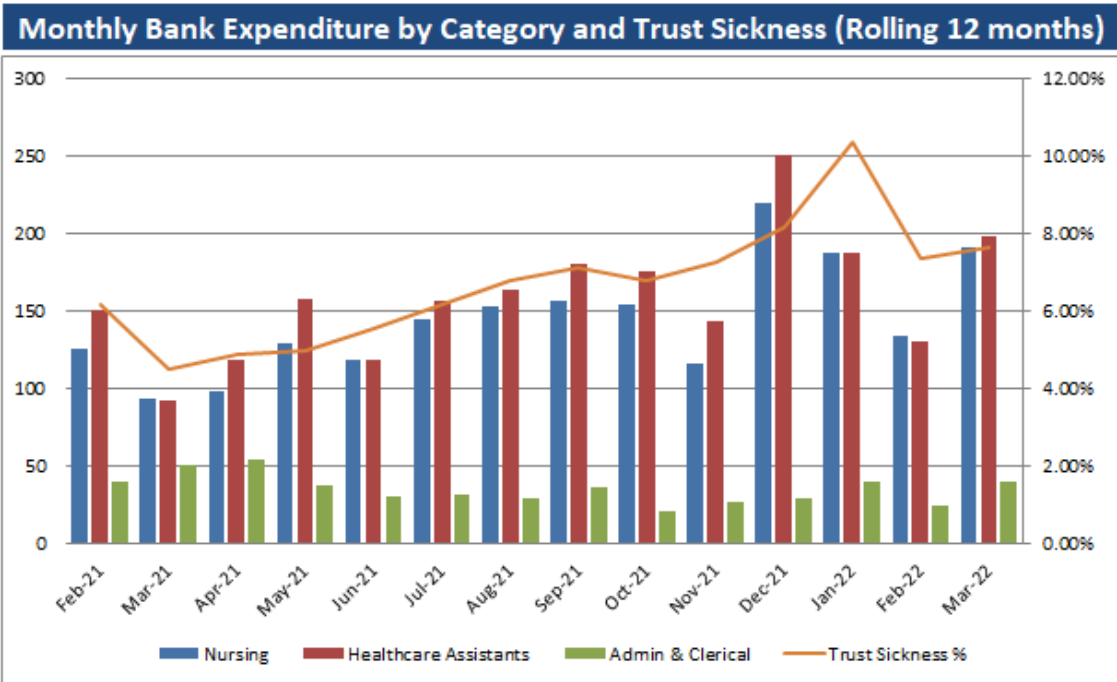
This has seen NHS payments remain static and a small decrease in NHS payments of 0.1% since the end of February.

The low % of NHS invoices paid is due to queries regarding satellite clinic costs and therefore delays in payment in addition to the aged LUHFT debt.

Bank Expenditure:

In month Actual:
£433k.

Year to date Actual:
£4,258k.



Bank expenditure incurred in March was £433k, an increase of £145k (across all staff groups) when compared to February.

Work remains ongoing to reduce the level of bank spend utilising the e-rostering system.

At the end of the year, £580k bank expenditure relates to COVID-19 (and is included within the COVID-19 expenditure analysis).

The trusts overall sickness rate increased from 7.35% to 7.63% in March.

Key Risks in 2022/23

The key risks facing the Trust in 2022/23 that may impact on the delivery of the financial plan in the future:

- ERF Income:
 - Level of income calculated- whether this will materialise at these values
 - Achievement of activity targets to receive ERF-there is a risk that the Trust might not be able to deliver the required level of activity meaning that ERF funding allocated will be clawed back by commissioners making it difficult to reach a break even position.
- Plan delivery – assumptions based on workforce availability and a level of productivity to deliver in 22/23, if this is not possible, the trust will struggle to achieve the activity levels required.
- Delivery of CIP-The 22/23 efficiency requirement of the Trust has currently been set at £4,947k, with £3,500k required to be delivered recurrently. Further work is being undertaken to identify schemes to cover this value, and monthly updates will be provided on the progress of CIP identification and delivery
- Transfer of new services to WCFT – The costing and associated income of services such as the Spinal Transfer has been based upon the latest information available but this could be different to how it materialises.
- Utility costs – climbing price of energy means that although a 10% increase has already been factored in, the worldwide environment could push prices higher still;
- Inflation – since planning assumptions published, inflation has increased well above the levels assumed. This is being reviewed at a regional and national level;
- Block income and exclusions – As these are funded through a combination of block and cost and volume, it means that increased costs will not always be matched by income;
- Still awaiting the outcome of funding of some NICE approved devices-uncertainty whether funding will be available for these;
- ICS partners performance – if other Trusts fail to hit their financial target, this may put pressure on those that can deliver to improve positions to help contribute towards the total system position.
- Capital – reduced level of capital allocation in 22/23 which means trust will have to ration to key priorities;
- Outpatient Follow Up targets – if reductions cannot be made in line with funding, this is a pressure as costs will not be covered above 85% delivery;

Report Date: 27/4/2022		Report of: Business Performance Committee
Date of last meeting: 26/04/2022		Membership Numbers: Quorate
1	Agenda	<p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> • Integrated Performance Report March 2022 • Transformation and QIP Quarterly Report • Cost Improvement Programme 2022-23 • Analysis of Long Term Sickness Absence Report • Response to People Plan and Annual Trust Staff Survey 2021-22 • Health and Wellbeing Strategy 2022-23 • Digital Aspirant NHSX Monthly Update • Trustwide Risk Register for Neurology Risks • Cycle of business 2022-23 • Operation Plan (Final) 2022-23 • Commercial Contracts Strategy and Review (Procurement Department) • Orthotics Services Contract • Sub-committee Chair's Reports for 6 sub-committee meetings
2	Alert	<ul style="list-style-type: none"> • The 'final' finance plan for 2022/23 has been submitted and The Walton Centre plan is based on assumptions in the planning guidance, apart from utilities costs, given the specific pressure in this area. Achieving the Income & Expenditure plan will require stretching activity targets to be met, staff availability to be high and efficiency savings of 3% of turnover to be realised, amongst other risks. The capital allocated to the Trust is significantly less than the internal plan which has already been challenged down. • Sickness remains abnormally high with Covid related clusters continuing to disrupt the achievement of activity targets, notably in theatres. Activity targets are premised on Covid being effectively behind us, whereas in reality with regard to staff availability it is not.
3	Assurance	<ul style="list-style-type: none"> • Activity performance for cancer, diagnostics, activity restoration were all meeting plan in March. RTT stops missed target in the month but met target for the full half year. • The proportion of patients on PIFU (Patient-Initiated Follow-Up, part of outpatient transformation) increased to meet the year-end target, as it was extended to further services. • Theatre activity remains affected by staff sickness. Follow-up outpatients not attending appointments has increased, especially for virtual appointments, and is subject to a focused piece of work to improve. The number of long waiters >52 weeks has progressively increased over the last 3 months, although very long

		<p>>104 week waiters has reduced to 3.</p> <ul style="list-style-type: none"> • Sickness remains high at 8%, around 40% of which is short-term and around 60% are long-term cases. Of the latter, 85% are front-line clinical staff. Assurance was provided on how long-term sickness is managed. • Staff appraisal completion rates and mandatory training compliance both remain below minimum threshold targets. • Income & Expenditure outcome for the full year was at break-even position, in line with plan, achieving a key short-term priority. • A very significant capital spend of £5.3m in March ensured that the plan for the year was achieved. This is an important achievement given the much lower allocation currently for 2022/23. • On-time payment to creditors remains below target (Better Payments Practice Code), markedly so for payments within NHS. Action has now been requested by the regional NHS finance team. Issues centre particularly on disputed and late payments to/from Liverpool University Hospitals NHS Foundation Trust. An action plan is being compiled which will be shared with the Chair of Audit Committee. • The bed repurposing project centred on expanding the Rapid Access to Neurological Assessment (RANA) service is well advanced. There is line of sight of significant benefits including improved service and patient experience, reduced length of stay and other efficiency improvements, staff wellbeing benefits and reduced cost. It is planned to conduct a benefits realisation review after the changes have been fully implemented and consolidated. • Assurance was given on a project approach to steering how the Cost Improvement Plan (CIP) target challenge for 2022/23 is being addressed. There is line of sight on the majority of the target and ideas are continuing to be formulated. Procurement's contribution to this, as part of establishing economy of scale leverage across Health Procurement Liverpool (HPL), was explored with good oversight of Trust contracts and pro-active approach to future procurement processes demonstrated. • End-year progress against implementing the people plan was reviewed, providing assurance of good progress in most aspects. • Good progress in implementing the Digital Aspirant project continues. 		
4.	Advise	<ul style="list-style-type: none"> • The proposed Health & Wellbeing strategy was considered and enthusiastically recommended for approval at Board as soon as the agenda can accommodate. • A business case to place the Orthotics service contract on a national NHS framework, pending a potential system collaborative contract tender, was approved. This will achieve a 10% saving on current costs. 		
5.	Risks Identified	<ul style="list-style-type: none"> • Review of the neurology division risk register centred on the potential impact of consultant vacancies on the epilepsy service. A paper is to be presented to the Executive Team on 21 May 2022 with a plan to mitigate the risk around this issue. • In order to monitor progress on the increase in patients on the Follow Up Waiting List in Neurology (FOWL) the Committee requested a report be presented once full validation of all the entries had taken place. The appointment of a member of staff to the Neurology team solely assigned to this task would expedite matters and a report was expected in 3-6 months. 		
6.	Report Compiled	David Topliffe, Non-Executive Director	Minutes available from:	Corporate Secretary

Board of Directors' Key Issues Report

Report Date: 05/05/22		Report of: Quality Committee
Date of last meeting: 21/04/22		Membership Numbers: 16
1.	Agenda	<p>The considered an agenda which included the following:</p> <ul style="list-style-type: none"> • Patient Story • Medical Director's Update • Integrated Performance Report & KPI Reports • Quality Presentation Neuropsychiatry Team • Quality Account Priorities Update • Tissue Viability Quarterly Report • Closure of CQC Action Plan • Pathology Quality Assurance Dashboard • External Visits with regards to Quality • Infection, Prevention & Control Terms of Reference • Subcommittees Chair's Reports
2.	Alert	<p>Medical Director's Update</p> <ul style="list-style-type: none"> • The first patient underwent MR Guided Ultrasound treatment led by Mr Farah. The procedure was successful. The patient was very pleased with the outcome <p>Integrated Performance Report</p> <ul style="list-style-type: none"> • Mortality rates noted an improvement. Compared to peers, WCFT has performed significantly better. RAMI data discussed further as to how assurance can be gathered so other Trusts can recognise how low rates are achieved at WCFT. • Neurology Division reported a moderate harm patient fall. The patient suffered a fracture of the L3 spine having lost their balance in during a physio session. The rapid review noted no lapses in care • Neurology Division received a complaint with regards to disclosure of sensitive information pertaining to gender. The complaint is under review and it was agreed that important lessons should be learnt from this and highlighted the need for future training. The ED,& I lead is aware of the complaint
	Assurance	<p>Integrated Performance Report</p> <ul style="list-style-type: none"> • Divisional Teams presented the IPR noting positive improvements with regards to increases in Friends & Family Test responses and compliance with risk assessments and NEWS scores. The 104 week waiting list has been reduced to 3 patients with the aim to be at zero by July 2022. The report highlighted on- going work in relation to bed repurposing and noted the priorities of falls prevention, nutrition & hydration and infection, prevention and control.

		<ul style="list-style-type: none"> • Tissue Viability Report - the Q4 report noted a slight increase for the number of verified pressure ulcers for 2021/22 of 19 compared to 18 the previous year. There were 2 unverified cases in 2021/22 compared to 5 cases in 2020/21.. This increase is most likely due to the deep dive undertaken by the TVN. The TVN has successfully engaged with ward staff achieving positive results on Lipton Ward. Similar work is to be undertaken on Chavasse Ward. Education for the year is planned, TV link nurses on the wards have been assigned and TVN is also planning to work with surgical teams. • Quality Presentation - The Neuropsychiatry Team provided a presentation with regards to the work of the Neuropsychiatry In-Patient Service. The service has expanded with activity in 2021 at 1751 in patients and 493 out patients. These figures are set to increase in 2022. The extended services means in-patients are seen quickly which can help to prevent violence and aggression incidents and provides welcome support for ward staff. It was noted that outcomes/benefits are hard to measure within certain fields which is an area for development • Pathology Quality Assurance Report – the report was discussed and noted • Closure of CQC Action Plan - the Committee received assurances that all of the actions from 2019 CQC action plan had either been closed or moved to usual business 		
	Advise	<ul style="list-style-type: none"> • The Patient Story -advised the committee of a patient who was identified to attend face to face PMP service. Arising from a previous trauma, the patient was unable to wear a face mask or clear visor which breached the conditions of attendance. The patient was temporarily removed from the programme whilst Trust policies were investigated. The IPC Lead provided assurances that treatment within WCFT is not withheld if patients are exempt and unable to wear PPE. The story identified communication issues with clinical/divisional teams and the patient. The policy has been revised and shared with Trust staff and the patient will be re-invited to attend the PMP programme face to face. • The Quality Account Priorities for 2021/22 were accepted as closed. There are some outstanding actions which require further work. • The Infection Prevention & Control (IPC) Terms of Reference were presented. Following some minor amendments, the IPC ToR were approved • Arising from IPCC Chair's Report it was noted that the Draft IPC Strategy is being presented to various groups for comment and feedback. Further discussion ensued regarding MSSA rates at WCFT in comparison to other Trusts as WCFT is an outlier for MSSA. A breakdown of MSSA data into contaminants and MSSA cases to be included in IPR for QC next month • Organ Donation Committee now has a new Chair – NED – RW and new clinical lead – Jenny Burgess. • There were no external visits to the Trust this month 		
2.	Risks Identified	<ul style="list-style-type: none"> • No new risks identified 		
3.	Report by	Ray Walker	Minutes available from:	Corporate Secretary

Report to Trust Board
5th May 2022

Report Title	Nurse Revalidation Update Report – 2021/22		
Executive Lead	Lisa Salter - Chief Nurse		
Author (s)	Julie McEnerney – Practice Educator Joseph Towell – Revalidation and Nursing Administrator		
Action Required	To note		
Level of Assurance Provided			
<input checked="" type="checkbox"/> Acceptable assurance Systems of controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/> Partial assurance Systems of controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/> Low assurance Evidence indicates poor effectiveness of system of controls	
Key Messages			
<ul style="list-style-type: none"> All staff in 2021 - 22 period successfully revalidated All staff in 2022 – 23 on target for successful revalidation 			
Next Steps			
<ul style="list-style-type: none"> Continue to support the revalidation of nurses this year 			
Related Trust Strategic Ambitions		Impact	
People		Compliance	Quality Workforce
Strategic Risks			
005 Recruitment and Retention of Staff	Choose an item.	Choose an item.	
Equality Impact Assessment Completed			
Strategy <input type="checkbox"/>	Policy <input type="checkbox"/>	Service Change <input type="checkbox"/>	
Report Development			
Committee/ Group Name	Date	Lead Officer (name and title)	Brief Summary of issues raised and actions agreed

Nurse Revalidation Update Report – 2021/22

Executive Summary (required)

1. 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.
2. The Trust is compliant with all requirements and on target to meet all future requirements

Analysis

3. During 2021/22 a total of 153 staff were required to revalidate. Of these, 153 staff successfully revalidated in accordance with the NMC Guidelines and therefore a 100% success rate (*See Appendix 1 – Table 1 for details*)
4. No issues with the completion process were identified during 2021/22 and the Revalidation and Nursing Administrator either completed the NMC submission with the nurse or obtained confirmation that the process had been undertaken.
5. A proportion of nurses required support with their revalidation submission during 2021/22. The main reasons for the additional support were due to lack of computer skills, confidence or lack of Continuing Professional Development (CPD) hours.
6. In terms of NMC guidance COVID did not have an impact upon the revalidation process and the already established deadline extension process was advertised to concerned revalidators. However, NMC guidance does not take into account pressures staff may have been facing due to either personal or professional circumstances during this time

Conclusion

7. Revalidation process is working successfully in the Trust and the level of support is appropriate. All revalidators for 2022 – 2023 are on track and adequately supported (*See Appendix 1 – Table 2 for details*)

Recommendation

8. To note

Author: Julie McEnerney/Joseph Towell

Date: 12/04/2022

Appendix 1

Table 1 – Apr 2021 to Mar 2022

	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022
Submitted	31	4	5	7	2	39	9	8	2	0	2	6
To Submit	0	0	0	0	0	0	0	0	0	0	0	0
Exemption	0	0	0	0	0	0	0	0	0	0	0	0
Total Number of staff members revalidated during 2021/22 – 153												

Table 2 – Apr 2022 – Mar 2023

	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022
Submitted	31	4	5	7	2	39	9	8	2	0	2	6
To Submit	0	0	0	0	0	0	0	0	0	0	0	0
Exemption	0	0	0	0	0	0	0	0	0	0	0	0
Total Number of staff members revalidated during 2021/22 – 153												

**Report to Trust Board
5 May 2022**

Report Title	Ockenden Review		
Executive Lead	Lisa Salter, Chief Nurse		
Author (s)	Lisa Salter, Chief Nurse		
Action Required	To note		
Level of Assurance Provided			
<input type="checkbox"/> Acceptable assurance Systems of controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/> Partial assurance Systems of controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/> Low assurance Evidence indicates poor effectiveness of system of controls	
Key Messages			
<ul style="list-style-type: none"> To note the poor care delivery identified at Shrewsbury and Telford Hospital NHS Trust for new-born, infant and maternal care The Trust has reviewed the findings and risk assessed the Trust processes and internal controls for lessons to be learnt from the report The Walton Centre has good governance processes in place to ensure that incidents are reviewed to a high standard and this is evidenced below. 			
Next Steps			
<ul style="list-style-type: none"> To note 			
Related Trust Strategic Ambitions		Impact	
Education, Teaching & Learning		Quality	Workforce
			Choose an item.
Strategic Risks			
004 Patient Care and Experience		005 Recruitment and Retention of Staff	Choose an item.
Equality Impact Assessment Completed			
Strategy <input type="checkbox"/>		Policy <input type="checkbox"/>	Service Change <input type="checkbox"/>
Report Development			
Committee/ Group Name	Date	Lead Officer (name and title)	Brief Summary of issues raised and actions agreed
N/A			

Ockenden Review

Executive Summary

1. An independent review was requested by the Secretary of State for Health and Social Care into maternity services at Shrewsbury and Telford Hospital NHS Trust, which would assess the quality of investigations to new-born, infant and maternal harm at the Trust, following escalations of concerns (1486 families) for an independent review of cases since 2000.
2. There were 12 maternal deaths reviewed and, in 9 of the 12 cases (75%), the review team identified significant or major concerns in the care received. 498 cases of stillbirth were reviewed and graded. One in four cases were found to have significant or major concerns in care. Most of the neonatal deaths occurred in the first 7 days of life. Nearly a third of all incidents reviewed (27.9%) were identified to have significant or major concerns in the maternity care that might or would have resulted in a different outcome.
3. Key areas of focus for all NHS organisations following the review, include:
 - Safe staffing levels
 - A well-trained workforce
 - Learning from incidents
 - Listening to families
4. The Walton Centre has good governance processes in place to ensure that incidents are reviewed to a high standard and this is evidenced below.

Background and Analysis

5. An independent review was requested by the Secretary of State for Health and Social Care into maternity services at Shrewsbury and Telford Hospital NHS Trust, which would assess the quality of investigations to new-born, infant and maternal harm at the Trust, following escalations of concerns (1486 families) for an independent review of cases since 2000.
6. An interim report was shared in December 2020 outlining the Local Actions for Learning and Immediate and Essential Actions, to be implemented at the Trust and across the wider maternity system in England. The final report was published in March 2022 and significant learning was identified, not just for Trusts with maternity services but all NHS Trusts.
7. There were 12 maternal deaths reviewed and, in 9 of the 12 cases (75%), the review team identified significant or major concerns in the care received. 498 cases of stillbirth were reviewed and graded. One in four cases were found to have significant or major concerns in care. Most of the neonatal deaths occurred in the first 7 days of life. Nearly a third of all incidents reviewed (27.9%) were identified to have significant or major concerns in the maternity care that might or would have resulted in a different outcome.
8. Key areas of focus for all NHS organisations following the review, include:
 - Safe staffing levels
 - A well-trained workforce
 - Learning from incidents
 - Listening to families

9. The Walton Centre has good governance processes in place to ensure that incidents are reviewed to a high standard and this is evidenced below.

10. Care at The Walton Centre:

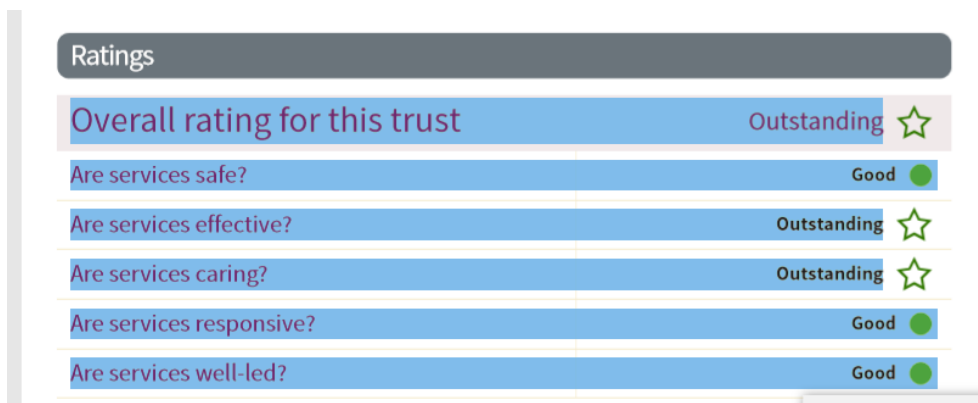
Safe Staffing Levels – The largest part of the workforce is nursing and Allied Health Professional (AHP) staff. A report is completed 6 monthly for Trust Board for these staff groups and compliance with safe staffing (planned versus actual) is shared monthly at Quality Committee and Trust Board. Red flag concerns for staffing are escalated when these occur and any incidents raised, (related to staffing), are captured within the 6-month staffing report. Staff are asked daily at the Trust safety huddle whether there are any concerns relating to safe staffing and these are managed by the relevant manager. Incidents are raised if staffing is a concern and managed through the Divisional Risk and Governance meetings. Staffing for junior doctors is presented to Trust Board by the (Consultant) Guardian responsible for safer working hours. MIAA are due to review the safe staffing for The Walton Centre later this year.

11. **A well-trained work-force** – Staff undertake training as part of their induction to the organisation. Ongoing training is also provided and Key Performance Indicator compliance data is shared with Heads of Department to ensure this is completed. This data is shared in relevant committees and Trust Board and challenged accordingly. The training offer to staff is both extensive and well-resourced and this has been recognised within the Investors in People assurance report which has awarded the Trust a Gold rating.

12. **Learning from incidents** – There are numerous meetings and committees where incidents are discussed in The Walton Centre. The bi-weekly serious incident meeting, which the Chief Nurse, Medical Director, Divisional Clinical Directors, Divisional Nurses, Governance Team and Patient Experience Team attend encourages good discussion and challenge to identify outcomes and escalate risks across the organisation. Bulletins are shared Trust-wide by the Governance team which highlight incidents that have occurred and learning opportunities. The Trust's Risk Management systems were reviewed in 2019 by MIAA and received substantial assurance. Each quarter the Quality Committee receives a Risk and Governance report that notes themes and trends of incidents and has a governance assurance framework whereby themes are monitored until assurance has been gained and matters have been resolved.

13. **Listening to families** – At the Patient Experience Group, Quality Committee and Trust Board, stories are shared from patients, families and staff that are both positive and negative. These are presented in paper form, by video or in person, whichever the person feels more comfortable with. In addition, the clinical teams are committed to engaging with families and carers and meet with families as part of care delivery. With further work on patient and family centred care being progressed, this will enhance engagement even further. In 2021, MIAA reviewed the complaints process which resulted in high assurance. Engagement was recognised as positive with good outcomes. The CQC patient survey noted that The Walton Centre had positive results in 2021 and had improved further from 9th to 8th position out of 76 Trusts for outstanding care and treatment. The CQC noted also as part of the review in 2019 that the Trust enabled full and meaningful investigations.

14. In 2019, The trust received an Outstanding rating from the CQC.



Conclusion

15. The Ockenden review has highlighted that in the Trust concerned, care was poor, and harm came to patients as a consequence of poor culture, poor staffing, inadequate care and learning from incidents. The Trust did not uphold the key 5 key lines of enquiry for the Care Quality Commission (CQC) as they were unable to evidence that they were safe, caring, effective, responsive and well-led.

16. The Walton Centre has good governance processes in place to ensure that incidents are reviewed to a high standard. The Trust was rated as Outstanding at its last two CQC inspections.

Recommendation (always required)

17. To note.

Author: Lisa Salter

Date: 27/4/22

**Report to Board of Directors
5 May 2022**

Report Title	Board Effectiveness Review 2021-22		
Executive Lead	Jan Ross, Chief Executive		
Author (s)	Katharine Dowson, Corporate Secretary		
Action Required	To note		
Level of Assurance Provided <i>(do not complete if not relevant e.g. work in progress)</i>			
<input type="checkbox"/> Acceptable assurance Systems of controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/> Partial assurance Systems of controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/> Low assurance Evidence indicates poor effectiveness of system of controls	
Key Messages <i>(2/3 headlines only)</i>			
<ul style="list-style-type: none"> Self-assessment annual review completed Generally positive responses with a collective recognition of areas for improvement and the actions being taken to address these 			
Next Steps <i>(actions to be taken following agreement of recommendation/s by Board/Committee)</i>			
<ul style="list-style-type: none"> Build findings into Well Led self-assessment and Board Development Programme 			
Related Trust Strategic Ambitions		Impact <i>(is there an impact arising from the report on any of the following?)</i>	
Leadership	Choose an item.	Choose an item.	Choose an item.
Strategic Risks <i>(tick one from the drop down list; up to three can be highlighted)</i>			
Not Applicable	Choose an item.	Choose an item.	
Equality Impact Assessment Completed <i>(must accompany the following submissions)</i>			
Strategy <input type="checkbox"/>	Policy <input type="checkbox"/>	Service Change <input type="checkbox"/>	
Report Development <i>(full history of paper development to be included, on second page if required)</i>			
Committee/ Group Name	Date	Lead Officer (name and title)	Brief Summary of issues raised and actions agreed
N/A			

Board Effectiveness Review 2021-22

Executive Summary

1. The responses to the survey were overall positive about the effectiveness of the Board. There were some areas of disagreement with the statements, but the comments illustrated that these were almost all areas that had previously been identified for improvement and discussed by the Board; in most cases actions were planned or were in place to address these.
2. A summary of the results has been provided at Appendix 1 with a selection of some of the comments received.

Background

3. A formal self-evaluation of performance of the Board is recognised good practice and there is an explicit requirement for this in the NHS Foundation Trust Code of Governance. This links closely to the duty of directors to promote the success of the Trust to maximise the benefits for the members as a whole and for the public, as laid out in the NHS Act 2006. Self-evaluation is also a core principle of the NHS Improvement/ NHS England Well Led Framework by which Board's should evaluate their overall performance and leadership.
4. An annual evaluation allows the Board to benchmark itself, assess its performance, set action plans and identify development gaps. The effectiveness review should be considered alongside individual appraisals of the performance of directors (as Board Members) and the performance of the Board's Committees to develop an overall view of the Board's performance. It is also an opportunity for the Board to reflect on its recent achievements and the work of the past year
5. The Board were asked to assess and rate their agreement or disagreement with 19 statements across five themes: Support, Structure, Leadership, Effectiveness and Engagement. Respondents also had the option to state that they were unable to answer, for example if they were new in post and had not yet been able to sufficiently assess a particular aspect of the Board.

Analysis

6. The most positive responses were around the modelling of organisational values and culture, the time allowed for items on the agenda, the identification of strategic risks and the Board Assurance Framework and the involvement of key stakeholders in the Board's work. The respondents all agreed that the decisions and policies agreed reflect the views of the Board Members which would suggest that this is a Board that is unitary in its nature and work.
7. Identified areas for improvement were in regard to the quality of papers with many comments about the length, content and focus of some papers. Comments recognised the improvements that have been put into place and that this is an area of focus.
8. Visibility in the organisation was recognised as a challenge. Non-Executive Directors in particular felt that this had been difficult as they had not been able to visit the Trust during the Covid-19 pandemic due to the social distancing restrictions in place. All respondents

who commented recognised that this was a priority and were keen to re-establish visits to all areas of the Trust. A plan is in place to reintroduce walkabouts from May.

9. Recent work on developing the new Trust Strategy was recognised but it was felt that there had been less focus on strategic issues previously and it was important that the Board agenda had a more strategic focus in the future – more stewardship than operational delivery.
10. Succession planning was an area that generated the most uncertainty, with several respondents being unsure that this had been discussed at the Board.

Conclusion

11. The responses and comments were considered and proactive. Respondents all commented that improvements were being made. There was a strong theme of commitment to improvements throughout the comments and enthusiasm for change.
12. The findings will feed into the Well Led self-assessment which will be taking place shortly.

Recommendation

To note

Author: Katharine Dowson

Date: April 2022

Board Effectiveness Review April 2022

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Answer	Comments/Actions
Theme 1 Support and Infrastructure						
The Board receives timely information.	2	8	1		1	Most of the time this is the case, however there are times when papers are late which puts pressure on attendees Papers usually come out in good time and important updates are given in between, if need be
The papers received are of an appropriate quality.		6	4	2		Generally this is true, but they could be more focussed at times with clearer summaries We have recognised that we need to improve the quality of committee papers in the Trust. Much effort is being made to address this I recognise we have a plan for improvement Actions are proposed to resolve this, so time will tell if they are effective
The papers received are concise and focused.		4	7	1		Sometimes the whole process isn't understood, its filled with uncertainty and its purpose is to give Board members a line of sight only Previously, papers that had been prepared for other audiences were simply repasted, with too much detail This is an area for improvement
The information received is in an appropriate form to enable the Board to make sound decisions.	1	8	3			The majority of the time this is the case and it is clear what is expected from the board Not always, we need to support improvement; new template for papers may help
Theme 2 –Structure						
The Committee has the right balance of experience, knowledge and skills to deal with current and anticipated challenges.	3	7	1		1	I believe that there is a good mix of skills and experienced executives on the Board I am looking forward to seeing how the newer members make us even stronger as a unitary Board
There is a succession plan in place for all Board roles.	2	2	4		4	An area for development, given the current changes we need to refresh Not aware of one

Theme 3 – Leadership						
The Board periodically review organisational culture and plans to maintain a positive culture.	1	6	2		2	Historically, cultural indicators have not had much time dedicated to them at Board. However, this is improving Not as explicitly as this implies. Elements of culture are discussed but less directly We have reports and discussions on measures which I know underlie a positive culture, but I'm unsure if we have a structured review of culture as a larger topic
The Board collectively and individually models behaviours consistent with organisational values and culture.	4	7			1	I think Board members are well versed in the values of the organisation. It's right that we show Pride in what the Trust has achieved but I sometimes feel that we could be more challenging with ourselves on what <i>more</i> we could do – or do better
Members of the Board are visible in the organisation.	1	3	4	1	3	Covid has provided difficulties over the last couple of years for this area, especially for Non-Executive Directors, but there is a plan in place During Covid all Board members have become understandably less visible but front line staff do just see that we are not around The Board members are anxious to be visible in the trust.
Theme 4 – Effectiveness						
The Board has set a strategy for the Trust and regularly monitors progress against this at Board meetings.	2	8	2			The new strategy is in development and updates are monitored on the existing strategy on a regular basis. Progress reviews have been less frequent for the last year whilst the strategy itself has been reviewed and refreshed Whilst I agree to an extent it could be improved especially with the new strategy.
The Board has identified the strategic risks facing the organisation and that it has the controls to manage them.	5	7				I think this has been an area of improvement over the last few years The BAF is clear and concise and the controls / mitigations are more relevant than previously presented
The Board Assurance Framework is effective.	3	8			1	The BAF covers the strategic risks for the organisation and has become a more progressive / changeable document which is reviewed and updated on a regular basis The detail behind the BAF needs to be kept under review and updated I do appreciate the addition of a summary and analysis in recent months.
The agenda is sufficient to allow the Board to carry out its functions	2	9	1			This is the case though there are a lot of mandatory items that do take time and leave less time for strategic discussion. In past it has been dominated by regulatory functions

The agenda prioritises the right issues.	1	8	2		1	This is generally true but could be improved further by focussing less on discussions which have already taken place in sub-committees We need more focus on strategy and emerging risks More time is given to the oversight role of the board than the stewardship role There were some good suggestions at the recent Board Development session about how to improve the flow and focus. Some ideas have already been incorporated this month.
Sufficient time is spent on each agenda item.	2	8			2	Most of the time
The time spent on strategy results in defined proposals to be incorporated into the forward plan of the Trust.		5	3	2	3	An organisation that understands its strategic ambition regularly says no to things and no action is taken Board discussion on strategy leads to proposals to include in plans We have made much effort to address this over the last 6 months Much of the strategy development has been carried out outside of Board, so less time has been spent by the Board as a whole on strategy
The chair ensures that there is sufficient challenge on each issue on the agenda.	2	6	2		1	I feel that some underperformance issues are sometimes allowed to persist for longer than necessary before concrete action is taken and clear improvement is seen.
Theme 5 – Engagement						
The decisions and policies adopted by the Board reflect the views of the Board members.	3	8			1	There is usually a consensus on decisions which reflects the debate that is had on items and therefore is congruent with the board members reflections
The Board informs and involves key stakeholders in its work.		10			2	Generally very good with internal stakeholders and some system stakeholders. More consideration needs to be given to this issue in relation to the provisions of the current Health and Care Bill. When required but we could increase the patient voice I appreciate the hard work that goes into connecting with and engaging our staff Much effort is made to involve Governors

General Comments on Board Effectiveness

In general, I think the board functions well, however, there is always room for improvement and we should always look to improve to become more effective. The recent session on the role of the board was very useful in highlighting the issues of relevance. The executives require more support in the functioning of the committees which could be achieved with modifying PA roles. This would enable Executives to produce more focussed papers in a timely manner, with effective executive summaries. The Non-Executive Directors need to take assurance from the board sub-committees even if they do not attend them. This in addition to more effective papers would allow for more productive discussions at Board on the issues of most strategic importance. A meeting like this can never be perfect but everything is helped by the civilised behaviour of colleagues and the constructive environment in which the meeting takes place. Going forward we need to separate out strategic Key Performance Indicators (KPIs) from business as usual KPIs and focus on strategic performance as the priority. I believe that the Board has made good progress over the last 6 months. A programme of Board development is seeking to support Board members to be more effective in their roles. The tone of Board discussions, seems more to have become much more strategic over the last three months. The Board generally operates well but needs to regroup following some major changes to the Board membership. Our discussions are nearly always patient-centric. We have some major issues facing the Trust in the coming years and need to ensure that we focus on the right issues with the appropriate level of detail and use our individual and collective expertise to maximise the Trust's impact. After the revised strategy has been finalised and agreed, I would value reviewing progress against the accompanying strategic plan/objectives more regularly, with a corresponding focus on key sub-strategies. Some items which come to the board could better be delegated to relevant board committees rather than requiring main board time. Agenda items are sometimes concluded without the outcome being summarised, leaving room for uncertainty/lack of clarity or differences of understanding. Minutes and actions typically only appear in the papers for the next meeting – well after sharp recollection of the meeting has faded. There is an openness and inclusiveness in meetings which creates an environment where everyone can voice their views or ideas. We have an effective Board and the points above will hopefully move us to highly effective. Due to the Board changes and support of the Corporate Secretary I feel we are in a good position to develop and improve further.

Board of Directors' Key Issues Report

Report Date: 26/04/22		Report of: Audit Committee
Date of last meeting: 26/04/22		Membership Numbers: Quorate
1.	Agenda	<p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> • Internal Audit Progress Report Q4 • Internal Audit Recommendation Report • Internal Audit Review of SMART Team • Internal Audit Plan 2022/23 • Internal Audit Charter • Head of Internal Audit Opinion 2021/22 • Counter Fraud Services Annual Report 2021/22 • Counter Fraud Services Annual Plan 2022/23 • External Audit Plan 2021/22 • External Audit Update and Progress Report 2021/22 • Financial Compliance Report (comprising of Bad Debt Write Off Report and Losses and Compensation Report) • Update to Scheme of Reservation and Delegation • Tender Waivers Q4 • Compliance with Foundation Trust Code of Governance 2022 • Audit Committee Annual Report • Annual Self-Assessment of Committee Effectiveness and Terms of Reference Review
2.	Alert	<ul style="list-style-type: none"> • The CFO has received a letter from the Regional CFO regarding Better Payments Practice Code (BPPC) and has requested an action plan to bring the Trust in Line with payment code. The Committee will oversee this action plan. • The outstanding amounts due from LUFT have continued to increase which has impacted on the BPPC. An action plan has been developed to resolve this issue.
	Assurance	<ul style="list-style-type: none"> • The Committee considered the Internal Audit Progress Report and noted that a number of Audit Reports had been finalised since the last meeting on 18th January 2022. The following audits opinions were noted: <ul style="list-style-type: none"> ○ Review of SMART (moderate assurance)

		<ul style="list-style-type: none"> ○ Exit Interviews (no audit opinion provided) ○ Procurement (substantial assurance) ○ Key Financial Controls (high / substantial assurance) ○ Assurance Framework (no audit opinion provided) ○ Flexible Working (substantial assurance) ○ Waiting List Management (moderate assurance) <p>In addition to these opinions, the following progress was noted for outstanding audits:</p> <ul style="list-style-type: none"> ○ Data Protection and Security Toolkit (phase 1 had been completed, phase 2 would be completed during Q1 and following this an audit opinion would be provided) ○ IT Infrastructure (fieldwork was underway) <ul style="list-style-type: none"> ● The Committee received the Head of Internal Audit Opinion and noted that the Trust had received an overall opinion of substantial assurance. ● The Committee reviewed the two audits providing moderate assurance and received updates from the leads of both areas audited assuring that work to progress and complete recommendations was underway. 		
	Advise	<ul style="list-style-type: none"> ● The Committee reviewed the outstanding internal audit recommendations report and noted that a number of outstanding recommendation remained regarding the cyber security audit. Assurance had been provided at the previous meeting that this was being progressed however no progress had been recorded. ● The Committee recognised that internal audit and anti fraud fees for 2022/23 remained the same as 2021/22 however both were subject to an inflationary increase, the value of which was still to be confirmed. ● The Committee noted that the external audit fees for 2022/23 had increased from 2021/22 however this had followed completion of a tender exercise for the external audit contract. ● The Committee received the anti-fraud services report and noted the details of referrals received throughout the year. ● The Committee was informed that the finance team would include information regarding bad debts in the IPR going forward to provide assurance to Board that this was being managed appropriately. ● The Committee received the external audit plan and noted the timescales included along with risks identified requiring audit consideration. ● The Committee noted the external audit opinion relating to value for money which reported no risk areas or significant weaknesses however external auditors would continue to assess restoration of services post-pandemic. ● The Committee was assured that Quality Assurance would be audited by the internal audit team. ● The Committee reviewed the terms of reference and agreed to update these following offline agreements being reached. These will then be submitted to Trust Board for approval. ● The Committee approved the Internal Audit and the Counter Fraud work plans for the 2022-23 year. 		
2.	Risks Identified	<ul style="list-style-type: none"> ● None 		
3.	Report Compiled by	Su Rai, Non-Executive Director	Minutes available from:	Corporate Secretary

**Report to Trust Board
5 May 2022**

Report Title	Audit Committee Draft Terms of Reference (ToR)		
Executive Lead	Mike Burns, Chief Finance Officer		
Author (s)	Katharine Dowson, Corporate Secretary		
Action Required	To note		
Level of Assurance Provided			
<input checked="" type="checkbox"/> Acceptable assurance Systems of controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/> Partial assurance Systems of controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/> Low assurance Evidence indicates poor effectiveness of system of controls	
Key Messages			
<ul style="list-style-type: none"> ToR has been refreshed following the annual committee effectiveness review Information governance and quality governance oversight made more explicit Implementation and oversight of policy to engage the external auditor for the supply of non-audit services added 			
Next Steps			
<ul style="list-style-type: none"> N/A 			
Related Trust Strategic Ambitions		Impact	
Leadership		Not Applicable	Choose an item. Choose an item.
Strategic Risks			
Not Applicable		Choose an item.	Choose an item.
Equality Impact Assessment Completed			
Strategy <input type="checkbox"/>		Policy <input type="checkbox"/>	Service Change <input type="checkbox"/>
Report Development			
Committee/ Group Name	Date	Lead Officer (name and title)	Brief Summary of issues raised and actions agreed
Audit Committee	27 April 2022	K Dowson Corporate Secretary	Reviewed and proposed changes agreed

Audit Committee Draft Terms of Reference

Executive Summary

1. Following the annual review of Committee Effectiveness the Terms of Reference (ToR) were refreshed and updated by the Committee and changes recommended for approval by the Board of Directors.

Proposed Changes

2. Minimal changes have been proposed. There are no changes to the membership The following changes have been proposed to the ToR and are highlighted in red in the ToR (Appendix 1).

Area	Changes Made
General	General refresh of document and check against good practice for Board Committees
Duties	Information Governance included as an area of focus for Audit Committee, including Cyber Security, to ensure strong systems of internal controls. Externally reported data security incidents to be reported to the next Audit Committee.
	External Audit – the Healthcare Financial Management Association (HFMA) NHS Audit Committee Handbook recommends that a policy should be in place to govern the awarding of non-audit work to external auditors to avoid potential conflicts of interest. The Trust does not currently have one in place and so has agreed to implement this.

Recommendation

3. To approve.

Author: Katharine Dowson, Corporate Secretary
Date: 27 April 2022

Appendix 1

AUDIT COMMITTEE TERMS OF REFERENCE

Authority/Constitution

1. The Audit Committee (the Committee) is authorised by the Board of Directors of The Walton Centre NHS Foundation Trust.
2. The Committee is a Non-Executive Committee of the Board and has no executive powers other than those specifically delegated in these Terms of Reference.
3. The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any member of staff and all members of staff are directed to co-operate with any request made by the Audit Committee.
4. The Audit Committee has the authority to oversee and take decisions relating to the organisation's activities which also support the achievement of the organisation's objectives.
5. The Committee is authorised to create advisory or working groups as are necessary to fulfil its responsibilities within its terms of reference. The Committee may not delegate executive powers and remains accountable for the work of any such group. Any of these groups will report directly to the Committee who will oversee their work.

Purpose

6. The Audit Committee has primary responsibility for monitoring the integrity of the financial statements, assisting the Board of Directors in its oversight of risk management and the effectiveness of internal control, oversight of compliance with corporate governance standards and matters relating to the external and internal audit functions. The Audit Committee shall provide the Board of Directors with a means of independent and objective review of financial and corporate governance, assurance processes and risk management across the whole of the Trust's activities (clinical and non-clinical) both generally and in support of the Annual Governance Statement.
7. The Audit Committee supports the Board of Directors in its responsibility for ensuring effective financial decision-making and internal control including:
 - management of the Trust's activities in accordance with statute and regulations
 - the establishment and maintenance of a system of internal control to give reasonable assurance that assets are safeguarded, waste or inefficiency avoided and reliable financial information produced, and that value for money is continuously sought.

Membership

8. The Committee shall be comprised of at least three independent Non-Executive Directors, at least one of whom should have recent and relevant financial experience who should be appointed Chair of the Committee by the Board.
9. The following are required to attend in a non-voting capacity:

- Chief Finance Officer
 - Chief Nurse
 - Corporate Secretary
 - Deputy Chief Finance Officer
 - External Audit representative
 - Internal Audit representative
 - Local Counter Fraud Specialist
10. The Chief Executive will attend as a required. As a minimum this should be when the Committee considers the draft internal audit plan and the Annual Governance Statement and Annual Accounts.
 11. Other members of the Executive Team, senior managers and or external advisors leads will be invited to attend by the Chair as appropriate to the Agenda.
 12. The Committee will be deemed quorate when two voting members are present.
 13. In the event that the Chair of the Committee is unable to attend a meeting, the Non-Executive Director members shall appoint one of their number to be Chair for that meeting.
 14. The Chair shall have a casting vote in the event of a vote.
 15. Members may only nominate a deputy to attend on their behalf if they have sufficient understanding of the area they are representing to be able to contribute effectively to the Committee's business; however, this should only be in exceptional circumstances. There is no provision for deputies to represent voting members at meetings of the Committee unless they are formally acting-up in accordance with the Trust's Constitution.
 16. An open invitation exists for all members of the Board of Directors to attend the Committee. The Chair of the Trust shall not Chair or be a member of the Committee although may be invited to attend meetings of the Audit Committee as required.

Requirements of Membership

17. Members must attend at least 75% of all meetings each financial year but should aim to attend all scheduled meetings. Attendance will be recorded and monitored.
18. Conflicts of Interest – the Companies Act 2006 defines a conflict of interest as arising when the interests of directors or 'connected persons' are incompatible or in competition with the interests of the organisation. Committee/Group members are required to exercise judgement and to declare such interests as there is a risk of implied improper conduct. The relevant interest, once declared, will be recorded in a register of interests, maintained by the Company Secretary.

Duties

19. In order to fulfil its role and obtain the necessary assurance, the Committee will review:

Financial Statements and the Annual Report

- Monitor the integrity of the financial statements of the Trust, any other formal announcements relating to the Trust's financial performance, reviewing the significant financial reporting judgements contained in them

- Review the annual statutory accounts, before they are presented to the Board of Directors, in order to determine their completeness, objectivity, integrity and accuracy. This review will cover, but is not limited to:
 - the meaning and significance of the figures, notes and significant changes
 - areas where judgement has been exercised
 - adherence to accounting policies and practices
 - explanation of estimates or provision having material effect
 - the schedule of losses and special payments
 - any unadjusted statements
 - any reservations and disagreements between the external auditors and management which have not been satisfactorily resolved
- Review the Annual Report and Annual Governance Statement before they are submitted to the Board of Directors to determine completeness, objectivity, integrity and accuracy
- Review each year the accounting policies of the Trust and make appropriate recommendations to the Board of Directors
- Review all accounting and reporting systems for reporting to the Board of Directors, including in respect of budgetary control

Internal Control and Risk Management

- Review the Trust's internal financial controls to ensure the provision and maintenance of an effective system of financial risk identification and associated controls, reporting and governance
- Review and maintain an oversight of the Trust's general internal controls and risk management systems
- Review processes to ensure appropriate information flows to the Audit Committee from Executive management and other Board Committees in relation to the Trust's overall internal control and risk management position
- Review the adequacy of the policies and procedures in respect of all counter-fraud work
- Review the adequacy of underlying assurance processes that indicate the degree of achievement of strategic objectives and the effectiveness of the management of principal risks
- Review the adequacy of policies and procedures for ensuring compliance with relevant regulatory, legal and conduct requirements

Whistleblowing

- Review arrangements that allow staff and other individuals, where relevant, to raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety and other matters
- Ensure that arrangements are in place for the proportionate and independent investigation of such matters, and for appropriate follow-up action, and ensure safeguards are in place for those who raise concerns.

Counter Fraud

- Approve the appointment of the Local Counter Fraud Specialist
- Seek assurance that counter fraud policies are being developed within the Trust, adequate arrangements are in place and review the outcomes of counter fraud work

Corporate Governance

- Monitor corporate governance compliance (e.g. compliance with terms of the licence, constitution, codes of conduct, standing orders, standing financial instructions, maintenance of registers of interest)

Information Governance

- Review and monitor compliance with information governance standards including the Data Security Protection Toolkit, statutory data security compliance and secure systems of Cyber Security

Internal Audit

- Monitor and review the effectiveness of the Trust's internal audit function, taking into consideration relevant UK professional and regulatory requirements
- Review and approve the internal audit strategy and programme, ensuring that it is consistent with the needs of the organisation
- Oversee on an on-going basis the effective operation of internal audit in respect of:
 - adequate resourcing
 - its co-ordination with external audit
 - meeting relevant internal audit standards
 - providing adequate independent assurances
 - it having appropriate standing within the Trust
- Consider the major findings of internal audit investigations and management's response and their implications and monitor progress on the implementation of recommendations
- Consider the provision of the internal audit service, the cost of the audit and any questions of resignation and dismissal of internal audit staff
- Conduct an annual review of the internal audit function

External Audit

- Review and monitor the effectiveness of the audit process, taking into consideration relevant UK professional and regulatory requirements
- The Council of Governors should take the lead in agreeing with the Audit Committee the criteria for appointing, reappointing and removing external auditors. To support them in this task, the Committee should:
 - provide information on the external auditor's performance, including details such as the quality and value of the work, the timeliness of reporting and fees
 - make recommendations to the Council of Governors in respect to the appointment, re-appointment and removal of an external auditor and related fees as applicable. To the extent that a recommendation is not adopted by the Council of Governors, this should be included in the Annual Report, along with the reasons that the recommendation was not adopted
- Discuss with the external auditor, before the audit commences, the nature and scope of the audit, and ensure co-ordination, as appropriate, with other external auditors in the local health economy
- Assess the external auditors work and fees each year and based on this assessment, to make the recommendation to the Council of Governors with respect to the re-appointment or removal of the auditor. This assessment should include the review and monitoring of the external auditor's independence and objectivity and effectiveness of the audit process in light of relevant professional and regulatory standards
- Oversee the conduct of a market testing exercise for the appointment of an auditor at least once every five years and, based on the outcome, make a recommendation to the Council of Governors with respect to the appointment of the auditor
- Review external audit reports, including the annual audit letter, together with the management response, and to monitor progress on the implementation of recommendations

- **Develop and implement a policy on the engagement of the external auditor to supply non-audit services, taking into account relevant ethical guidance**

Standing Orders, Standing Financial Instructions and Standards of Business Conduct

- Review, on behalf of the Board of Directors, the operation of, and proposed changes to, the standing orders, standing financial instructions, the constitution, codes of conduct and standards of business conduct, including maintenance of registers
- Examine the circumstances of any significant departure from the requirements of any of the foregoing, and whether those departures relate to a failing, an overruling or a suspension
- Review the scheme of delegation.

Other

- Review performance indicators relevant to the remit of the Audit Committee
- Examine any other matter referred to the Audit Committee by the Board of Directors and initiate investigation as determined by the Audit Committee
- Review the work of all other Board Committees in connection with the Audit Committee's assurance function
- Consider the outcomes of significant reviews carried out by other bodies which include but are not limited to regulators and inspectors within the health sector and professional bodies with responsibilities that relate to staff performance and functions

Data Privacy

20. The Committee is committed to protecting and respecting data privacy. The Quality Committee will have regard to the EU General Data Protection Regulation (Regulation (EU) 2016/679) (GDPR) and demonstrate, where applicable, compliance with data protection legislation, in particular the Data Protection Act 1998 (DPA).

Equality, Diversity & Inclusion

21. In conducting its business, the Committee will at all times seek to meet its obligations under the Equality Act 2010 and promote its commitment to equality and diversity by the creation of an environment that is inclusive for both our workforce, patients and service users, including those who have protected characteristics and vulnerable members of our community.

Reporting

22. The Committee will be accountable to the Trust Board of Directors. The Board of Directors will be informed of the Committee's work through an assurance report from the Chair submitted following each meeting. The submission to the Board of Directors shall include details of any matters in respect of which actions or improvements are needed. This will include evidence of potentially ultra vires, otherwise unlawful or improper transactions, acts, omissions or practices or any other important matters.

Administration of Meetings

23. Meetings shall be held as required but not less than five times per year with additional meetings held on an exception basis at the request of the Chair or any two voting members of the Committee.
24. The Corporate Secretary will make arrangements to ensure that the Committee is supported administratively. Duties in this respect will include development and monitoring of a workplan,

agenda setting, taking minutes of the meeting and providing appropriate support to the Chair and Committee members.

25. Agendas and papers will be circulated at least four working days in advance of the meeting.
26. Minutes will be circulated to members for comment as soon as is reasonably practicable.
27. An annual workplan will be agreed which will be reviewed at least quarterly by the Committee to ensure it is meeting its duties.

Review

28. The Terms of Reference shall be reviewed annually and approved by the Board of Directors.
29. The Committee will undertake an annual review of its performance against its work plan and the Trust's Annual Plan in order to evaluate the achievement of its duties.

Approved: 5 May 2022
Review Date: April 2023

Board of Directors' Key Issues Report

Report Date: 27/1/22		Report of: The Walton Centre Charity Committee Meeting
Date of last meeting: 22/1/22		Membership Numbers: Quorate
1	Agenda	<p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> • Update on Violence and Aggression App • Finance Report – including investment reports • Fundraising Activity update • Charity Risk Register • T&D Funding Applications (4 applications) • Formal approval of 2 applications • Impact presentations on Virtual Engagement Rehabilitation Assistant (VERA) and Junior Doctors Mess refurbishment • Outline of Fundraising Strategy 2022-25 • Reserves Policy • Draft Grant Making Policy • Annual Investment Report • Cycle of Business
2	Alert	<ul style="list-style-type: none"> • The charity currently splits funds of £1.2m between 2 investment managers Ruffer and CCLA. From the investment reports provided by both companies it was evident that events in Ukraine were having the same effect as the Covid pandemic on the markets and real growth in portfolios would be hard to deliver. As the funds were invested in low risk stock with immediate access at no, or very little, cost it was agreed to continue with the investments. The Committee decided to give further thought as to where the cash reserves would be placed and would seek the advice of Jaeger and Associates (independent advisors) on this issue. • It was noted that the Home from Home fund that covers the cost of family accommodation in Sid Watkins Building was in deficit after commitments. The major source of income for this fund, Hope Mountain Hike, would no longer be taking place and although a new fundraising initiative had been put in place (Walk for Walton) it would not provide the same amount of funding this year. This fund requires around £50k per year to cover costs and this had always been met pre-Covid.
3	Assurance	<ul style="list-style-type: none"> • The Committee were asked to approve an increase in reserves from £60k to £296k for a 12 month period. Details on how this figure had been calculated

		<p>were detailed in the policy. The Committee approved the Reserves Policy and agreed to review the reserves figure on an annual basis.</p> <ul style="list-style-type: none"> • Good progress continued to be made on the Charity Risk Register. The next report would provide a summary and the top 5 risks would be the focus. New board members would be made aware of their responsibilities as Corporate Trustees of the Charity at a future Board away day session. • The draft Grant Making policy was approved. This would lead to a comprehensive policy being developed as part of the overall fundraising strategy.
4	Advise	<ul style="list-style-type: none"> • The Committee received the Finance Report which showed that fund balances had reduced from £1,693k to by £1,438k as at 31 March 2022. The charity had continued to be affected by the pandemic with the fund balance reducing by £255k in 2021/22. The Committee were appreciative of how the report was now presented containing more narrative and graphs. The charity plan for 2022/23 was noted. • The various funds were discussed and plans outlined on how to encourage movement in stagnant funds and the requirement for fund managers to share plans for expenditure. • The fundraising activity report provided an update on the neuro VR simulator appeal which was successfully completed and the training tool had now been delivered. Work was underway to deliver 2 events in May the annual golf day and 'Walk for Walton'. The Jan Fairclough Ball would take place on 25 November 2022. • The fundraising manager provided an overview of the changing remit of NHS Charities Together from a membership association to a co-active fundraising organisation. In some areas, particularly on national levels, this would make it a direct competitor to many NHS charities. • The Committee received an update on the progress of the Violence & Aggression App following a recent application for funding. The Charity Committee had supported the initiative but noted that process had not been followed and it was presented to the Executive Team who supported the idea but decided it was not the right time to agree to funding. The application would be removed from the Charity commitments. • Impact presentations on Virtual Engagement Rehabilitation Assistant (VERA) and the junior doctors mess refurbishment were received. Both initiatives had succeeded in having a positive impact on patients and staff and the presentations were very well received. It was noted that the majority of funding for the junior doctors mess was received through NHS Charities Together grant. • 4 applications from the Training & Development Department for part funding towards staff professional development were approved. • Formal approval was given to the following applications: <ul style="list-style-type: none"> ○ Uniforms for volunteers £2,587 + VAT (previously approved via email). This was under the threshold of £5k for applications requiring Charity Committee approval but was acknowledged it would be an ongoing request as and when required. ○ Application on behalf of Neuroscience Research Centre £30k. It was agreed at the Charity Committee meeting in January 2018 that £30k should be allocated to the NRC on an annual basis to support excess treatment costs (at the time) and smaller capability studies to help enable and develop research at the Trust. RIME Committee would

		<p>assess and approve requests for funding of smaller studies using these funds and the Committee would expect an annual report on the activity carried out.</p> <ul style="list-style-type: none"> • The Head of Fundraising presented a paper outlining the Charity's proposed direction of travel for the next 3 years, with a comprehensive strategy being developed once the Trust Strategy had been finalised. A particular area of focus was the need to keep up to speed with the latest trends in digital technology and to ensure the charity had the right skills and expertise in digital fundraising and marketing. Following a lengthy discussion the Committee endorsed the investment requirements to appoint a digital fundraising manager and the Head of Fundraising would now move forward with the next stage in the process to achieve this aim. It was noted that this appointment may also have an impact on the Trust and this needed to be reviewed in light of the new post for the Charity. • The Committee is to receive a report from the Charity Executive Lead on fundraising cost and performance benchmarking for the Walton Centre charity • The Committee approved a £30k fund allocation to RIME for additional patient treatment costs • The Charity and Committee will continue to focus on raising the Charity profile 		
5	Risks Identified	<ul style="list-style-type: none"> • None 		
6	Report Compiled by	Su Rai Non-Executive Director	Minutes available from:	Corporate Secretary