NHS
The Walton Centre
NHS Foundation Trust

Public Trust Board Meeting

Thursday 5th October 2023

Agenda and Papers

Excellence in Neuroscience

NHS
The Walton Centre
NHS Foundation Trust

PUBLIC TRUST BOARD MEETING

Thursday 5 October 2023
Boardroom
09:30 – 13.05

v = verbal d = document p = presentation

Item	Time	Item	Owner	Purpose
1	09.30	Staff Story (v)	Chief Nurse	N/A
2	09.50	Welcome and Apologies (v)	Chair	N/A
3	09.55	Declaration of Interests (v)	Chair	Note
4	10.00	Minutes and actions of meetings held on: • 7 September 2023 (d)	Chair	Approve
STRATEGIC CONTEXT				
5	10.05	Chair and Chief Executive's Update (d)	Chief Executive	Note
6	10.20	Trust Strategy Update (d)	Chief Operating Officer	Assurance
7	10.30	Finance & Commercial Development Substrategy Update (d)	Chief Finance Officer	Assurance
8	10.40	Violence & Aggression Strategy Update (d)	Acting Chief Nurse	Assurance
COLLABORATION				
9	10.50	Liverpool Trusts Joint Committee (d) • Key Issues Report	Chief Executive Officer	Assurance
PERFORMANCE				
10	11.00	Integrated Performance Report (d)	Chief Executive Officer	Assurance
11	11.05	Business Performance Committee (d): Chair's Assurance Report – 26 September 2023	Committee Chair	Assurance
12	11.20	Quality Committee (d): Chair's Assurance Report – 21 September 2023	Committee Chair	Assurance
11.35 BREAK				
GOVERNANCE				
13	11.45	Freedom to Speak Up and Fit and Proper Persons: Learning from the Lucy Letby Trial (d)	Interim Chief Nurse	Assurance
FINANCIAL GOVERNANCE				
14	11.55	Liverpool Place Procurement Proposal: Strategic Outline Case (d)	Chief Finance Officer	Approval
WORKFORCE				
15	12.10	Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES)	Chief People Officer	Assurance
QUALITY & SAFETY				
16	12.25	Trust Wide Mortality Report: Learning from Deaths, Quarter 1 Report, 2023/24 (d)	Medical Director	Assurance

Item	Time	Item	Owner	Purpose
17	12.35	Freedom to Speak Up Guardian Update (d)	Deputy Chief Nurse	Assurance
18	12.45	Health and Safety Awareness Report (d)	Deputy Chief Nurse	Assurance
COMMITTEE CHAIR'S ASSURANCE REPORTS				
19	12.55	Neuroscience Network Programmes Board – 23 September 2023 (d)	Committee Chair	Assurance
20	13.00	Remunerations Committee – 4 September (d)	Committee Chair	Assurance
CONSENT AGENDA				
21. Subject to Board agreement, the recommendations in the following reports will be adopted without debate: • NHS England Education Providers Annual Self-Assessment (d) • Modern Slavery Act Statement (d) • Medical Revalidation Annual Report (d)				
CONCLUDING BUSINESS				
22	13.05	Any Other Business (v)	Chair	
23	13.05	Review of Meeting (v)	Chair	Note

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

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

Present:

Max Steinberg (MS)	Chair
Irene Afful (IA)	Non-Executive Director
Mike Burns (MB)	Chief Financial Officer
Mike Gibney (MG)	Chief People Officer
Debra Lawson (DL)	Associate Non-Executive Director
Nicky Martin (NM)	Acting Chief Nurse
Paul May (PM)	Non-Executive Director
Sacha Niven (SN)	Deputy Medical Director (*deputising for Medical Director)*
Su Rai (SR)	Deputy Chair and Senior Independent Director
Jan Ross (JR)	Chief Executive Officer
David Topliffe (DT)	Non-Executive Director
Lindsey Vlasman (LV)	Chief Operating Officer

In attendance:

Jennifer Burgess (JB)	Consultant Anaesthetist & Clinical Lead for Organ Donation (*item 1)*
Katharine Dowson (KD)	Corporate Secretary
Catherine Ellis (CE)	Specialist Nurse for Organ Donation (*item 1)*
Jennifer Ezeogu (JE)	Deputy Corporate Secretary *(for minutes)*
Justin Griffiths (JG)	Chief Digital Information Officer (*item 6)*
Stephen Holland (SH)	Head of Estates and Facilities (*item 7)*
Sally Butler Rice (SBR)	Health Safety and EPRR Manager (*item 19)*

Observers

Maryroger Douglas (MD)	Volunteer Patient Safety Partner
Carol Hopwood (CH)	Public Governor: Merseyside
Belinda Shaw (BS)	Public Governor: Merseyside
Elaine Vaile (EV)	Communications and Marketing Manager

Apologies:

Karen Heslop (KH)	Non-Executive Director
Andy Nicolson (AN)	Medical Director/ Deputy Chief Executive
Ray Walker (RW)	Non-Executive Director

1 Staff Story

1.1 CE presented a video which showed the annual commemoration event held on behalf of patients who had consented for their organs to be donated after they passed away, and where a silver leaf was put up on the Willow Tree (organ donation tree) as a show of appreciation by the Trust to the donor's family.

1.2 JB stated that the Organ Donation Team had been recently named amongst the top 20 in the country for successful donations and the Trust was a level one centre. The Trust had a 100% referral rate for patients who needed to be referred to organ transplant and consent rates were above the national average.

1.3 Organ donation week was in mid-September and there would be social media publicity to promote donation and thank donors. MS thanked the Theatres and Intensive Therapy Unit (ITU) staff, on behalf of the Board, for their help in promoting organ donation and the service provided.

1.4 PM asked why they thought that there had been a decrease in the consent rate for organ donation in the country. JB stated that there were ethnic, cultural belief, and religious barriers including the current cost-of-living crisis that had all contributed to the decrease in organ donation.

2 Welcome and apologies

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

3 Declaration of interest

3.1 DL notified the Board that she was the Director of Corporate Services at Queens Court Hospice and that the interest had been recorded on the Trust's register.

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

4 Minutes of the meeting held on 6 July 2023

4.1 A small number of typos had been noted and the following changes were suggested:

4.2 Paragraph 14.1 – the first sentence was amended by DT to read "DT, as Chair of the Business Performance Committee (BPC) presented the key issues report and highlighted that *excellent performance meeting targets for cancer waiting and diagnostics had been sustained and there were now no 78+ week long waits*." Previously the minutes had implied that there had been a change in cancer performance.

4.3 Paragraph 14.2 – the first sentence was amended to read "Sickness levels *had been achieved* for the first time in over two years *and* the mandatory training overall target had been achieved and maintained for the first time in over a year*."*

4.4 Following the completion of these amendments, the minutes of the meeting held on 6 July 2023 were approved as an accurate record of the meeting.

Action tracker

4.5 All actions had been completed and it was agreed to remove them from the action log.

5 Chair & Chief Executive's Report

5.1 MS informed the Board that the Non-Executive Directors (NEDs) appraisal for 2022/23 had been completed and these would be reported to the Council of Governors (CoG) on 13 September 2023. The Trust had begun the recruitment process for a new NED and the Nominations Committees had agreed on a longlist for the first round of recruitment process. He had also chaired the interview panel in conjunction with the Chair of Liverpool Heart and Chest Hospital for an Associate Non-Executive Director (NED) and DL had been appointed to the Trust. The new Partnership Governors had been invited to the Trust for an introductory meeting with the Chair.

5.2 MS had, since the last Board Meeting, attended the Aintree Joint Site Sub-Committee meeting, the Cheshire and Merseyside Acute Specialist Trusts (CMAST) Leadership Board meeting and the NHS Providers Northwest Chairs and Chief Executives regional meeting.

5.3 MS reported that he and JR had attended a meeting on the review of progress on the Liverpool Clinical Services Review with the Deputy Chair and the Chief Operating Officer of NHS England (NHSE) present. MS had also chaired the Staff Awards judging panel and participated in the interview panel for a Consultant Interventional Radiologist.

5.4 JR advised that industrial action remained a key issue nationally and for the Trust. Formal notifications had been received for Junior Doctors and Consultants industrial action to take place in September and October. Although the Trust had a robust contingency plan in place to manage the situation, there would be both an impact on patients waiting times and a financial impact, and this was being reflected in the Integrated Performance Report (IPR).

5.5 Following the verdict on the Lucy Letby trial, NHSE had issued a letter to all leaders on Friday 18 August 2023 and Boards had been asked to ensure that there were robust processes in place to protect whistle-blowers and to block the appointment of directors who had been deemed unfit.

5.6 JR informed the Board that the Trust had been shortlisted for “Trust of the Year” at the forthcoming HSJ Awards which was a reflection on the hard work of staff. The inpatient survey results from Care Quality Commission (CQC) would be released by the end of September and the Trust had been advised that it had performed ‘better than expected’ which seemed positive.

5.7 JR advised that none of the Trust’s buildings had been identified as having a Reinforced Autoclave Aerated Concrete (RAAC) which had been in the media recently. NHS England had written to the Trust asking them to ensure that they had reported on this issue. JR added that there was a risk that some of the shared services housed on other sites might be affected and investigation outcomes would be reported to the Business Performance Committee (BPC) in due course. The Trust’s Patient Safety Incident Reporting Framework (PSIRF) had been signed off by the Integrated Care Board (ICB) and had gone live on 1 September.

5.8 JR stated that the participation of staff in the staff awards and celebration evening, the Trust’s nomination for the HSJ Awards and the Trust’s performance at the inpatient survey were a reflection that the Trust was doing something right and was a listening organisation.

5.9 NHSE had requested that all Trusts submit a detailed recovery plan with a focus on outpatient recovery by 14 September. The Chief Executive and Chair had been asked to sign this off.

5.10 SR asked what plans the Trust had in place to ensure safe services during the upcoming industrial action. JR stated that the Trust had a robust plan to manage inpatient services but there was a hidden impact for those patients who would have to wait longer as they had not been booked in. The Trust would adjust activities to ensure a safe ratio of doctors to cover the inpatient service. There were a number of workstreams in place to reduce waiting lists including regular clinical reviews of patients on the waiting list conducted by

Consultants, in conjunction with the clinical and operational teams and patients were identified who were suitable to be moved onto a Patient-Initiated Follow-Up (PIFU) pathway.

5.11 SR noted that the Board would like to understand the implications of the outcome of the Lucy Letby trial. JR confirmed that the Board would have an opportunity to discuss this in detail and emphasised that, in her view, Board Members always ensure that they put up the right level of challenge and Board responsibility was taken seriously. KD stated that there would be a paper on the issues arising from the Lucy Letby case at the next Board meeting.

The Board noted the Chair and Chief Executive reports.

6 Digital Substrategy Update Half Year 1 2023/24

6.1 JG presented an update on the Digital Substrategy and highlighted that good progress had been made in a number of areas. The Digital Strategy Group (DSG) has been launched and the Internal Digital Engagement Portal was now live and contained all engagement sessions with live action tracking and live gantt charts linked to all Digital Programmes and projects.

6.2 The Trust's Office 365 high severity test had been completed and reported back to NHSE and plans were underway for the completion of all the recommendations from the internal audit. With regards to digitalisation from papers to electronics, there remained 47 paper forms yet to be digitalised.

6.3 MB noted that there was an impact on the digital team due to the increase of resource required to address (system wide) NHS Digital Care Computing Emergency Response Team (CareCERT) cyber threat alerts, particularly those identified as high-level. MB stated that this did not imply a specific vulnerability for the Trust but related to the NHS as a whole and stated that the Trust was on target and making good progress.

6.4 JR commended the progress of the Digital Substrategy and highlighted that the Board had concerns with regards the Trust's current digital position and what the future of digital looked like for the Trust. JG noted that all Trusts were required to be digitally compliant by 2025.

The Board noted the Digital Substrategy Update Half Year 1 2023/24

7 Estates, Facilities and Sustainability Substrategy Update

7.1 SH presented an update of the Estates, Facilities and Sustainability (EFS) Substrategy and highlighted that there was a lot of work taking place, some of the actions would take some time to achieve as they were long-term aims. The SFS Substrategy would be enhanced by the substrategy reports and was dependent on all the Trust Substrategies.

7.2 SH highlighted that car parking was managed by Liverpool University Hospitals NHS Foundation Trust. JR stated that estates and facilities had been included as one of the three work streams of the Joint Site Sub Committee (JSSC) workplan and it included car parking. It was hoped that through the JSSC issues such as car parking could be resolved as these were site-specific issues which had an impact on patients and staff.

The Board noted the Estates, Facilities and Sustainability Substrategy Update.

8 Trust's Anti-Racism Statement

8.1 MG presented the Trust's Anti-Racism Statement and commented that the statement reflected the Trust's commitment to being a safe, healthy and productive workplace and being an anti-racist organisation. It drew on a number of plans following on from the recommendations received from the Clive Lewis review in January 2023.

8.2 The Anti-Racism statement had been approved by the Health Inequalities and Inclusion Committee (HIIC) and at the @Race Group. Discussions were underway with EV and the communications team on the launch, communication, and implementation of the statement by all leaders. MG advised that MS had included Equality Diversity and Inclusion (ED&I) objectives for the NEDs in their recent appraisals as there was an expectation that all Board Members would have an Equality Diversity and Inclusion (ED&I) objective.

8.3 SR noted the ongoing commitment to ED&I which included the development of the HIIC with a focus on health inequalities and the support provided to new international staff. This was supported by the appointment of an ED&I Lead and the Bystander Training. The North-West Black and Minority Ethnic (BAME) assembly had also produced an anti-racist framework which would be adopted by the Trust.

The Board approved the Trust's Anti-Racism Statement.

9 Cheshire and Merseyside NHS Joint Forward Plan 2023-28

9.1 JR presented the Cheshire and Merseyside (C&M) NHS Joint Forward Plan for 2023-28 and highlighted that the plan was an outline of how the statutory obligations of the ICB would be fulfilled. It detailed the delivery of the Health and Care Partnership's vision, and mission to meet C&M's physical and mental health needs, including delivery of the universal NHS commitments set out in the NHS Long Term Plan.

The Board noted the Cheshire and Merseyside NHS Joint Forward Plan 2023-28

10 Liverpool Trusts Joint Committee Key Issues Report

10.1 JR presented the key issues report from the Liverpool Providers Joint Committee (LTJC) meeting which was held on 16 June 2023 and highlighted that the governance structure had been agreed and the Committee had received and approved the Terms of Reference (ToR) of the individual Site Sub Committees and their workplans.

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

11 Joint Sub-Committee Key Issues Report

11.1 MS presented the key issues report for the Joint Site Sub Committee (JSSC) meeting held on 22 August 2023 and highlighted that the Committee had received an update from the Joint Partnership Group (JPG) and accepted the revised Joint Site Sub Committee Terms of Reference (ToR).

Joint Site Sub Committee Terms of Reference

11.2 MS presented the Joint Site Sub Committee Terms of Reference (ToR) and stated that the ToR had been approved by the LPJC. MS assured the Board that the legitimate interest of the Trust would always be represented and that the Board would always be kept informed about any decisions made by the Committee on behalf of the Board.

The Board noted the Aintree Site Joint Sub-Committee Key Issues Report and the Terms of Reference.

12 Integrated Performance Report

12.1 JR introduced the Integrated Performance Report (IPR) and highlighted that appraisal compliance had been slightly above target for the first time after a focused effort to raise levels, and that the Trust was on course to achieve its financial plan. Check and challenge of the IPR had been undertaken at Board Committees and the Chairs of the relevant Committee would present this as part of their assurance reports.

The Board noted the Integrated Performance Report.

13 Business Performance Committee Chair's Assurance Report

13.1 DT, as Chair of the Business Performance Committee (BPC) presented the key issues report and highlighted that most of the issues discussed at the Committee meeting were on the Board meeting agenda. Outpatient waiting lists remained high, especially in neurology. The proportion of Patient Initiated Follow Up (PIFU) continued to increase which would relieve pressure on follow up appointment lists which were being impacted by industrial action. SN noted that the Radiographers strike had the biggest impact as the Trust were unable to carry out any elective spinal activities.

13.2 DT stated that the alert raised with regard to cyber issues related to an increase in the amount of time required for the cyber team to address system wide issues and the CareCERT cyber threat alerts and was not meant to imply that there was a specific vulnerability to the Trust.

13.3 PM noted the increase in the number of patients waiting to be discharged after 14 days. JR stated that although the national discharge criteria for length of stay was 14 days, the length of stay and plan of care for some of the patients seen at the Trust varied between 14,15,16 or 24 days due to the specialist nature of the Trust. This had been recognised nationally and the ICB had recently introduced a new metric for patients who are 'Discharge Ready'. The new system would enable the ICB to have an accurate number of patients who are classed as delayed discharges, and this would come into effect at the end of September 2023. The operational, nursing and IT teams were working together to plan how this would be embarked on and reported from a Trust perspective.

13.4 SR inquired why sickness levels had increased and if the Trust's sickness policy was being adhered to strictly to ensure the Trust did not incur additional costs. The Trust could also be asked by the system to report on its compliance level to the sickness policy. MG stated that the Trust sickness policy was applied strictly and that most of the numbers recorded were due to mental stress, mental health issues and musculoskeletal issues.

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

14 Quality Committee Chair's Assurance Report

14.1 PM presented the Quality Committee key issues report and noted that there had been one alert recorded which related to a category three pressure ulcer on a patient who had been transferred from LUHFT, they had since progressed to a category four. Documentation issues had been highlighted and the Trust was working with LUHFT around lessons

learned. The family had reported that they were happy with the care the patient was receiving from the Trust.

14.2 There had been a slight increase in numbers of Methicillin-Sensitive Staphylococcus Aureus (MSSA) recorded and a Trust-wide action plan was in place regarding this with the results of a deep dive to be presented at the September Quality Committee meeting.

14.3 JR questioned the spike in MSSA noting that the Trust had implemented an action plan when the first increase was reported and had an external review which saw a reduction in the number of MSSA cases hence it was worrisome that there was still an increase. NM stated that an action plan had been put in place when the first cases were reported in the Intensive Therapy Unit (ITU) which had resulted in a reduction in cases. However, the plan had not been implemented Trust-wide and there had been a number of infections in other wards. The team had learnt from the event that the actions should have been taken Trust-wide. The action plan had now been strengthened and implemented across the Trust. Lessons learnt and safe practices had been discussed across the divisions to help prevent further incidences. There had been no new spikes and the divisions were working together and had plans in place to ensure that when an issue occurred in one area, an action plan would be developed and reflected across all wards.

14.4 PM stated that the Clinical Audit Progress report demonstrated continued excellent work in clearing the backlog of audits and thanked the Medical Director and his team for their effort in reducing the backlogs. The quarter 1 Pharmacy Key Performance Indicator (KPI) report highlighted compliance with all performance KPIs except for the percentage of discharge prescriptions verified on the ward.

14.5 The Committee had approved the Patient Safety Incident Response Framework (PSIRF) plan and policy, and it would be reviewed after a period of twelve months. The Trust scored 4.8 out of a maximum 5 on the listening event held by HealthWatch Liverpool in January 2023.

14.6 SR inquired how the Trust tested and monitored the effectiveness of the duty of candour when never/serious events occurred, and how those lessons learnt were being implemented. NM responded that the duty of candour compliance was reported through the governance reports to the Quality Committee and that specific letters were sent to families and monitored through the Serious Incident groups supervised by SN and AN. LV added that the events were reported on the Trust's incident reporting database and monitored to ensure that patient and their families were sent the report, this was also scrutinised by the governance team.

The Board noted the Quality Committee Chair's Assurance Report

15 Draft Proposal for Updates to the Standing Financial Instructions (SFIs) and Scheme of Reservation and Declarations (SoRD)

15.1 MB presented the Proposal for Updates to the Standing Financial Instructions (SFIs) and Scheme of Reservation and Declarations (SoRD) and highlighted that the changes had become necessary due to inflation and to reduce the number of proposals that needed to come through Board Committees. NHS capital allocations were being allocated late in the financial year which shortened the time scales for business case completion and approval and there was a need to streamline the current processes, improve the better payment

practice code (BPPC) compliance as well as reflect the impact of the current economic environment on current procurement processes.

15.2 It was proposed that the delegation levels be increased for the Capital Management Group (CMG), Executive team, BPC and Trust Board as well as the SFI and waivers thresholds. MB stated that an exemption register would be kept by the Procurement team with regards to waivers that were been issued.

15.3 MB stated that it had been proposed that the responsibility of checking weekly order transactions against the invoices for NHS Supply and other third-party distributors be shared between the Associate Director of Procurement and the P2P and Supply Chain Manager to ensure that was adequate cover to check and approve these invoices in times of absence so that payments were not delayed.

15.4 JR thanked MB and his team for the work done as the changes would help reduce bureaucratic process and the Trust would have a robust system in place to monitor the process.

The Board approved the draft Proposal for Updates to the Standing Financial Instructions (SFIs) and Scheme of Reservation and Declarations (SoRD).

16 2023/24 National Expenditure Controls

16.1 MB presented the 2023/24 National Expenditure Controls and stated that it had been based on the letter received from NHSE in July 2023 which requested that all organisations irrespective of their financial standing provided a written assurance from the Board on expenditure controls within the organisation by 31 August 2023. A draft letter had been submitted to the ICB on behalf of the Board before the deadline and a final copy approved by the Board would be submitted to the ICB following the board meeting.

16.2 The Trust operated a strong system of internal control, and there were a range of controls in place to provide assurance against the national and ICB expenditure control requirements. Improvements in rota management, consultant job planning, and vacancy control had been highlighted in the letter, and work was being undertaken to implement recommendations made.

ACTION: MB and JR to submit a letter from the Board confirming the Trust's expenditure controls.

16.3 MB noted that it had been recommended that non-pay expenditure over £10k which would add to the expenditure run rate had to be approved at an Executive Chaired Group (ECG). It was proposed that the current Finance, Operations and Performance Group which met weekly would consider any requests which could then be approved at the weekly Executive Team meeting.

The Board approved the 2023/24 National Expenditure Controls.

17 NHS England Revised Fit and Proper Persons Test Framework

17.1 KD presented the NHS England Revised Fit and Proper Persons Test (FPPT) Framework published by NHSE on 2 August and highlighted that it had been developed in response to

the recommendations from the Kark Review in 2019 to revise the existing FPPT process originally introduced in 2014.

17.2 The revised FPPT framework introduces additional annual background checks for board members, a new self-starter/annual self-attestation form, a standardised board member reference form, new FPPT checklist and a new Leadership Competency Framework (LCF) for board level roles which was being developed to be implemented alongside the revised FPPT Framework. The Board references must be in place for any staff leaving from 1 October 2023.

17.3 KD stated that a new Board Appraisal Framework would be published by NHSE by March 2024 to be used for all board members annual appraisals and will incorporate the competency reviews described in the LCF. New data fields will be created on ESR to hold individual FPPT information for all board members operating in the NHS and will be used to support recruitment referencing and ongoing development of board members. The Trust's FPPT policy will be updated once the LCF has been published.

17.4 The Framework applied to all Board Members including interim appointments and non-voting members i.e., Associate Non-Executive Directors (NEDs),

The Board noted the NHS England Revised Fit and Proper Persons Test Framework.

18. External Well Led Recommendations Action Plan

18.1 JR presented the External Well Led Recommendations Action Plan which had been developed in line with the recommendations from the external well led review report.

18.2 KD highlighted that some of the actions had been actioned already while others were in progress, but all were expected to be completed by March 2024 and a further report would be brought to Board at that point.

The Board noted the External Well Led Recommendations Action Plan.

19 Emergency Planning Resilience & Response (EPRR) Core Assurance Self-Assessment

19.1 SBR presented the EPRR Self-assessment against NHS England Core Standards and highlighted that the Trust was fully compliant with 48 out of 59 applicable standards resulting in a compliance score of 81%: Partially Compliant. Upon Board approval, the EPRR self-assessment results would be submitted to NHSE on 29 September.

19.2 The annual assurance self-assessment highlighted one area of non-compliance which related to the need for KPIs to be established to monitor compliance against the Trust's Business Continuity Management System (BCMS) but a plan was in place to establish this. Areas of partial compliance were predominantly due to EPRR risks being out of date for review on the Trusts corporate risk register, on call staff portfolios not being completed and required improvements to be made to the BCMS.

19.3 SBR noted that the EPRR annual work plan had been updated to address the aforementioned areas of non and partial compliance, and it would be monitored by the Resilience Planning Group chaired by LV.

19.4 SR asked how the Trust's compliance compared against the previous year. SBR stated that the Trust had 80% last year and that the Trust's compliance was at the same level when benchmarked across other Trusts.

The Board approved the EPRR Core Self-Assessment Submission.

20 Audit Committee Key Issues Report

20.1 SR presented the Audit Committee Key Issues report from the meeting held on 18 July 2023 and highlighted that there were no alerts and no new risks had been identified. 'High Assurance' had been received for the internal audit of the Risk Management Core Controls. 'Moderate Assurance' had been provided against two of the ten national standard levels with substantial assurance provided for the remaining eight national standard levels for the internal audit of the National Data Guardian Standards.

20.2 The Committee had endorsed the proposed amendments to the Standing Financial Instructions (SFI) and Scheme of Reservation and Delegation (SoRD) for Board approval. The Managing of Conflicts-of-Interest Annual report 2022/23 was received and it was highlighted that there had been 100% compliance rate for declaration of interests in 2022/23. SR and KD thanked Nicola Troy, Corporate Governance Officer for her efforts in ensuring that the compliance rate was at 100%.

The Board noted the Audit Committee Key Issues Report.

21 The Walton Centre Charity Committee Key Issues Report

21.1 SR presented the Charity Committee key issues report from the meeting held 21 July and noted that no new risks had been identified. There was an alert with regards to the quarterly investment reports from CCLA Investment Management and Ruffer Investment Co Ltd which highlighted the potential impact of interest rate changes and inflation on the investments portfolios. The Finance Report showed that fund balances had increased from £1,373,910 to £1,426,808 as at 30 June 2023. Good progress was being made towards the planning for the Jan Fairclough (JF) Ball in November and the Optical Coherence Tomography (OCT) machine project had been identified as a potential project for the JF Ball.

The Board noted the Walton Centre Charity Committee Key Issues Report.

22 Neuroscience Programmes Board Key Issues Report

22.1 MB presented the key issues report for the Neuroscience Programmes Board meeting held on 11 May 2023 and highlighted that the majority of actions on the Cranial Getting it Right First Time (GiRFT) were on track. There had been an update to the ORION system to allow a two-way conversation between the referring provider and the Trust but unfortunately, not all providers were able to access the two-way chat which had led to an increase in the number of referrals. The Neurosurgical division were working closely with ORION for this to be rectified.

The Board noted the Neuroscience Programmes Board Key Issues Report.

23 **Consent Agenda**

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

- **Charity Committee Terms of Reference**

24 **Any Other Business**

24.1 There was no other business to be discussed.

25 **Review of Meeting**

25.1 Those present agreed that the meeting had a strategic focus, proper debate and that assurance had been received.

There being no further business the meeting closed at 12:45

Date and time of next meeting - Thursday 5th October 2023 at 09:30 Boardroom

Trust Board Attendance 2023-24

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

PUBLIC TRUST BOARD
Action Log
October 2023

	Complete & for removal
	In progress
	Overdue

Completed and for removal

Date of Meeting	Item Ref	Agenda item & action	Lead	Update	Deadline	Status
07/09/2023	Item 5 Para 5.7	**2023/24 National Expenditure Controls** MB and JR to submit to ICB a letter from the Board confirming the Trust's expenditure controls.	JR/MB	Following the board meeting, the final board approval for expenditure controls was submitted to the ICS.	September 2023	

Actions for future meetings

06/07/2023	Item 7 Para 7.4	**Communications and Marketing Substrategy** Update on stakeholder engagement to be provided to Board.	JR		7 December 2023	
01/06/2023	Item 6	**Charity Substrategy Update** Charity Committee impact statement report to be brought to the Board at the end of the 2023/24 financial year highlighting the achievements and projects approved by the Charity Committee within the year against the focus areas.	MG		4 April 2024	
01/06/2023	Item 12	**Board and Committee Reporting Schedule** Report on the effectiveness and impact of the revised Board and Committee reporting schedule.	KD		4 April 2024	

The Walton Centre
NHS Foundation Trust

Report to Trust Board
5th October 2023

Report Title	Chief Executive's Report
Executive Lead	Jan Ross, Chief Executive
Author (s)	Jan Ross, Chief Executive
Action Required	To note

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

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

Key Messages

- Industrial Action continues to be a key issue both nationally and locally. Whilst the Trust has robust plans in place to manage the actual strike days, the overall impact of cost and waiting list growth remains to be seen in full.
- Winter vaccination planning is underway.
- NHS England have released a sexual safety charter.
- Trust is doing well against Infection Prevention and Control (IPC) trajectories

Next Steps

This paper is intended for information purposes

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

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

All Risks	Choose an item.	Choose an item.

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

Strategy ☐	Policy ☐	Service Change ☐

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

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

Chief Executive's Report

National Update

Industrial Action

1. Further dates for Consultant and Junior Doctors industrial action have been announced for 72 hours from 2-5 October 2023, with "Christmas Day cover" being provided during these periods. The Society of Radiographers have announced industrial action for 24 hours from 3-4 October 2023.

2. The Trust continues to maintain safe services throughout periods of industrial action; however, this does have a financial impact as well as the ongoing impact on our patients and waiting times.

HSJ Trust of the Year

3. Presentations were delivered on Monday 25 September 2023, winners will be announced on the awards evening on the 16 November 2023. We are super proud to have been shortlisted for this award.

Sexual Safety Charter

4. Safety of our staff in the Walton is extremely important to me. The publication of a survey of the surgical workforce published in the British Journal of Surgery in September is a hard read. Whilst the findings are related to surgery, I am sure it is a reflection of the harsh reality for many, and I know that sexual harassment exists across the NHS, with females being disproportionately affected. NHS England have released a sexual safety charter that the Trust is in the process of signing up to and we have a task and finish group established to identify how we can ensure the safety of our staff and their ability to speak up and be listened to.

Cheshire & Merseyside Integrated Care System (ICS)

5. The Cheshire and Merseyside Integrated Care System (ICS) has signed a new agreement with its technology provider C2-Ai, to significantly expand a high-impact waiting list initiative across all its acute hospitals. The ICS will now start to scale successes already achieved by several trusts in the region, where pioneering NHS teams have deployed an AI-backed decision support model to help find, prioritise and support some of the highest-risk patients on waiting lists. Improved outcomes, fewer A&E admissions and shorter hospital stays, are just some of achievements recorded at early adopter hospitals.

6. A new Stroke Emergency Assessment Centre (SEAC) has opened at Aintree University Hospital, the first of its kind in the UK. The £1.5 million purpose-built assessment centre sits alongside Aintree's Emergency Department and will provide specialist care for stroke patients, aiming to minimise the impact of strokes and improve the chances of a good outcome following treatment. As you are aware we work closely with Aintree on stroke services and Dr Nicolson attended the opening.

CMAST Update

7. The Leadership Board of the Cheshire and Merseyside Acute and Specialist Trusts (CMAST) met on 1 September 2023 and considered a number of important issues which included an update on specialised commissioning and programmes of work related to clinical leadership and Laboratory Information Management Systems (LIMS). The Trust is not a direct host of LIMS, the five host Trust Boards are being asked to agree a consolidated Cheshire & Merseyside (C&M) approach and the proposed delegation of the tender process to CMAST.

8. The issues discussed included:

   - Specialised Commissioning: discussions included an update on a Northwest (NW) review of Women and Childrens' Services in line with national standards and service specifications, and upcoming engagement on the emerging proposals with ICS partners through the autumn and spring. The programme of work currently has a targeted outcome by spring / summer 2024. The Board also received an update on the process of delegation of some functions to Integrated Care Boards (ICBs). In the NW a number of functions will be delegated to ICBs, some will be retained by NHS England and a third category will be jointly discussed with all the NW ICBs in a shared forum. CMAST are represented by Alder Hey in these discussions.

   - ICS Clinical Leadership. A request was made for Trusts to consider funding of clinical time for ICB Transformation Programme funding and bids. The Board recognised the need to engage with the ICB on this and to establish a more sustainable approach however the challenge for Trusts to deliver consistently more system contributions while also delivering heightened levels of efficiency was noted to be a challenge.

9. The Board noted the recent conclusion of the Lucy Letby trial, commended opportunities for future system learning and the development of a quarterly Cancer Alliance report for use by stakeholders. The Board also received a C&M ICS Activity Summary Report and C&M ICS Finance Report

10. The Board's next meeting will include Trust Chairs where business is expected to include a review of programme delivery - year to date.

Covid-19

11. We are working closely with the vaccination hub on COVID-19 vaccination uptake. The aim is to vaccinate as many staff as possible to help keep them, their families and our patients safe over the winter months.

12. We have seen a slight increase in COVID-19 number for both staff and patients over the past month. We have good IPC processes in place and the impact is much less that it was previously.

Trust Update

13. Our revamped staff awards and celebration event took place on Friday the 22 September. The event was extremely successful, supported by our very own Walton Centre charity as well as:

- Hill Dickinson
- ISS
- RIWOspine

This enabled the trust to keep the ticket price low and we had almost 400 staff in attendance on the evening. We had two great celebrity supporters (Alan Stubbs and Tony Bellew) who helped give out the awards. We are currently obtaining feedback to help us plan for next year.

Starters & Leavers

14. Two new Consultant Anaesthetists, Rosie Bathurst and Vijai Paulsen Pauliah have been appointed following interviews held on Friday 22 September 2023. On 29 August 2023 Gilbert Gravino was appointed as a Consultant Interventional Neuroradiologist.

Estates & Facilities

15. The Ponta Beam work in ITU has had to be put on hold due to structural issues in the ceiling connections where the system is to be attached. Engineers from Drager are due to undertake a full assessment of the system.

16. Plans for the replacement of the Air Handling Unit continue with a working group in place and mutual aid discussions are ongoing with LUHFT for theatre capacity.

17. The Heating and Pipework project is on track and in the final phase.

18. A PLACE lite inspection was completed in July with much improvement shown from the PLACE inspection in 2022, there was one area where further work was required which was in relation to disability and this has been included onto the action plan for preparations for the PLACE inspection in November 2023.

Business as Usual

Quality

19. The Trust remains below trajectory for all Hospital Acquired Infections, this is a great achievement, and we will continue to work hard to maintain this.

20. The Trust has the lowest number of cases of catheter associated urinary tract infections in the region following the implantation of improvement plan again maintenance of this is now key and the senior Nursing team will continue to work with teams.

21. The MSc module for spine will go live in September 2023 after lots of hard work.

22. The lead Epilepsy Specialist Nurse has had an abstract accepted for NHS England's Centre for Advancing Practice Conference 2023 relating to preconception healthcare for women with epilepsy.

23. The winter vaccination campaign is ready to commence with the Flu campaign to commence on 3 October 2023. We have a number of internal initiatives to encourage staff to take up the vaccine.

24. In April 2022 Amanda Pritchard directed a review into how the NHS works in partnership to effectively deliver on priorities and continuously improve quality and productively in the short, medium and long term. The review recommendations have resulted in NHS IMPACT (Improving Patient Care Together) which is the term used for the new single, shared NHS Improvement approach and underpinning framework, with 5 components highlighted as the necessary ingredients for organisations to create the right conditions for continuous improvement and high performance, resulting in better patient outcomes. We have committed to adopting a quality improvement focus for delivering our vision, aims and objectives, embracing change and investing in a culture of continuous improvement. To that end a number of study days have been organised which will focus on quality improvement using a bespoke methodology, the 6i's of improvement, and how this can work in the context of our organisation, and system working, when considering change.

Finance

25. Financial performance in August and year to date (YTD) is in line with the plan. The Trust delivered a surplus in month of £273k. Year to date the Trust is showing a £2,285k surplus. The full year plan is a £4.1m surplus. There has been over performance in income mainly driven by Agenda for Change (AFC) pay award funding which is matched by the over performance in expenditure. There are still areas of cost pressure, notably in homecare drugs and utilities though this pressure has reduced.

26. Capital is underspent in month, mainly due to heating and pipework being underspent against plan and the revision of IT expenditure to revenue. YTD, capital is £0.5m below plan, driven by lower than anticipated spend on the heating and pipework scheme, IT, neurosurgery equipment and the Ponta system. The recurrent Cost Improvement Plan (CIP) and delivery of planned activity, given on-going Industrial Action, will continue to be key challenges to the delivery of the plan for the Trust.

27. As at 31 August 2023 (Month 5), the System is reporting a YTD deficit of £123.7m against a planned deficit of £73.7m, resulting in an adverse variance of £49.9m. Seven providers are reporting adverse variances against their plans. The key drivers for the variances are Industrial Action costs (£11m), undelivered CIP (£5m), prescribing inflation above funded levels (£16m), CHC activity and inflation pressures (£9.5m) and mental health packages of care (£10m).

28. It has been announced that there will be a national allocation of £200m 'winter funding' which is expected to support existing pressures (including industrial action). Allocations have not been confirmed by ICS at this point (though the C&M 'fair share' would be c£10m).

Performance

29. System wide preparations continue for winter planning and the trust continues to work closely with the ICB to devise the joint winter plan.

30. Patient Initiated Digital Mutual Aid System (PIDMAS) is a digital hub, managed by the National Digital Mutual Aid System (DMAS) team, developed to provide patients with more choice around where to have their medical assessment (and/or treatment) and to raise the profile of patient rights, under the NHS constitution, to request to move to another provider, if they have waited more than 18 weeks.

31. The Prime Minister announced a reinvigoration of patient choice on 25 May 2023 with a further announcement expected on 31 October 2023 to inform the public of their right to request a change of NHS provider, via PIDMAS, should they meet the criteria to do so. The trust is currently devising their plans to ensure this is delivered safely.

32. Performance remains on track for cancers and diagnostics. All the long waiting patients have now been completed for 104 weeks and 78 weeks. The Trust is now focusing on patients who have waited 52 weeks.

33. Due to the Junior doctors, Consultant and radiographer industrial action, there were a number of patient cancellations both inpatient and outpatient. All appointments have been rearranged and patients have been informed.

34. Mutual aid requests continue via the Digital Mutual Aid Systems. Requests have been received for spinal support from Robert Jones and Agnes Hunt Hospital, University Hospital of North Midlands NHS Trust, Salford Royal Hospital and Nottingham University Hospitals NHS Trust; both the clinical and operational teams are working through these requests.

Recommendation

To note

Author: Jan Ross, Chief Executive Officer

Date: 26 September 2023

The Walton Centre NHS Foundation Trust

Report to Trust Board
5 October 2023

Report Title	Trust Strategy Update - Quarter 2 2023-24
Executive Lead	Lindsey Vlasman, Chief Operating Officer
Author (s)	Lindsey Vlasman, Chief Operating Officer
Action Required	To note

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

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

Key Messages

- Good progress against priorities set for Q2.
- Priorities for Q3 23/24 outlined and mapped to each strategic aim.
- Progress with the strategic Key Performance Indicators (KPI), measurements and dashboard.
- Achievement of year 1 objectives has been shared at the strategy board development session along with the communication plans to celebrate the achievements of year 1

Next Steps

- Quarterly progress against priorities to continue to be reported to Trust Board.
- Strategic KPIs dashboard to be fully operational, screen shots of the dashboard have been shared with Trust Board in the strategy away day, next steps will be to include the dashboard into the Strategic Project Management Office (SPMO) for the leads of the programmes to update and measure achievements against the KPIs.

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

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

All Risks	Choose an item.	Choose an item.

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

Strategy ☐	Policy ☐	Service Change ☐

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

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

Trust Strategy Update - Quarter 2 2023-24

Executive Summary

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

2. There has been good progress made against all the priorities for Q2 2023-24. Priorities for Q3 2023-24 are now summarised.

3. The strategic KPIs have been agreed following a Board Development session, and work has taken place with the Divisional teams regarding ongoing monitoring / measurement of these. The KPIs are summarised in this paper and will also be included in the Trust Strategy dashboard. Screenshots of the dashboard have been shared at the Strategy Trust Board development session and an overview of the role of the SPMO in supporting the delivery and monitoring of the Trust Strategy alongside the Enabling Strategies.

Introduction

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

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

Quarterly Objectives - Education, training, and learning

Quarter Set	Previous Quarter Objectives	Exec lead	Progress/ Comments	Status
Q2 23-24	Recruitment of an ODP apprenticeship for the trust theatres.	CNO	Business case completed for 1 ODP apprenticeship for this year further work to be undertaken as part of the service reviews to understand further requirements	
Q2 23-24	Develop first draft of a clinical attachment policy for undergraduate and postgraduate medical attachments.	MD CPO	First draft has now been completed and will be shared at the relevant forums	
Q2 23-24	Procurement training and education for staff to understand the process for procuring resources	CFO	Training has now commenced with positive feedback for both procurement and finance training	
New objectives for next quarter				
Q3 23-24	Further career development for Nurse Consultants, AHPs and Nurse Associates, developing and implementing the career escalator	CNO		
Q3 23-24	Increase Medical student numbers from University of Liverpool and Edge Hill University per rotation	MD		
Q2 23-24	Increase access for non clinical staff to be able to undertake further study courses such as degree and MSC level and also MBA apprenticeships	CPO		

Quarterly Objectives – Research and Innovation

Quarter Set	Previous Quarter Objectives	Exec lead	Progress	Status
Q2 23-24	Circadin lighting trial phase two to commence	CNO	Second phase has now commenced in September 2023 in the theatres department	
Q2 23-24	Agree research strategic priorities with university of Liverpool	CPO	Provisional research strategic priorities have now been agreed	
Q2 23-24	Partnership in the reboot of Liverpool Health Partners (LHP)	CPO	The trust has agreed to continue with the partnership in the reboot of LHP	
New Objectives for next quarter				
Q3 23-24	Recruit to joint academic posts with University of Liverpool	CPO MD		
Q3 23-24	Increase numbers of research studies that we are participating in by 10%	CPO		
Q3 23-24	Bid to be north provider for MRgLITT for treatment of epilepsy	COO		

Quarterly Objectives – Leadership

Quarter Set	Previous Quarter Objectives	Exec lead	Progress	Status
Q2 23-24	Individualised development plans to be developed for all members of Senior Nursing Team and agreed with Chief Nurse	CNO	This has now been completed for all members of the senior nursing team	

Q2 23-24	Service Reviews for divisional teams in the divisions.	COO	The service reviews have now commenced and progress has been made by the divisions this will enable us to understand the requirements of the services.	
Q2 23-24	Hospital Management Group development days bimonthly	CPO	HMG work plan has now been reviewed and planned for bimonthly the development days will commence on the alternate months.	
New Objectives for next quarter				
Q3 23-24	Expand senior nursing team development to the aspiring ward managers	CNO		
Q3 23-24	Quality Improvement training to be delivered to senior teams across the trust	COO		
Q3 23-24	Greater Utilization of apprenticeships to address gaps in leadership	CPO		

Quarterly Objectives – Collaboration

Quarter Set	Previous Quarter Objectives	Exec lead	Progress	Status
Q2 23-24	Collaboration with Stoke, Salford, and Nottingham for spinal services and collaboration with Birmingham for VNS, and pump services	COO	The trust continues to support a number of trusts with mutual aid and has been identified as a expert user of the system.	
Q2 23-24	Collaboration with Liverpool PLACE for improvements in UEC patient pathways and discharge	COO	This forum has now commenced, and the COO is in attendance and leading on Discharge Ready for the trust.	

Q2 23-24	Collaboration with NHS England and productive partners with the implementation of patient initiated DMAS supporting the work in relation to patient choice.	COO	DMAS is now fully implemented at The Walton Centre and we are supporting a number of trusts with spinal mutual aid and other requests	
New Objectives for next quarter				
Q3 23-24	Continue to expand access to acute neurology services	COO		
Q3 23-24	Engagement in the thrombectomy review and next steps with LUFT	COO		
Q3 23-24	Establish Brain Tumour pathway across all trusts in C&M	COO		

Quarterly Objectives – Social Responsibility

Quarter Set	Previous Quarter Objectives	Exec lead	Progress	Status
Q2 23-24	Implementation of activities via the health and wellbeing hub.	CPO	The Health and well being hub has now opened and the activities have now been implemented	
Q2 23-24	Recruitment of the sustainability post and champions across the trust	COO	Sustainability post now recruited into and the work plan has been commenced	
Q2 23-24	Health Inequalities and Inclusion Committee work plan and agenda to be developed.	CEO	Work plan and agenda now developed and dates for the meetings estabilshed	
New Objectives for next quarter				
Q3 23-24	Achieve C&M HCP social value quality mark and social value business quality mark level 1	CPO		
Q3 23-24	Work with external partners to promote sustainability in healthcare	COO		

Q3 23-24	Sustainable waste reduction using CURO			

Strategic Key Performance Indicators (KPIs)

6. The Chief Operating Officer has met with the Business Intelligence team to complete and finalise the dashboard and the strategic KPIs. The dashboard has been built on Minerva and focuses on the 5 strategic ambitions. Some of the KPIs are quantitative and are suitable for monitoring through a dashboard whereas others are qualitative but will also be collected.

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

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

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

- **Collaboration**
  - Reduce C&M length of stay for neurology patients by two days and reduce neurology admissions by 10%.
  - Increase numbers of patients treated with thrombectomy by 20% and reduce mean length of time to treatment by 30 minutes.
  - Proportion of patients with stroke treated with thrombectomy (divide by area / indices of deprivation).
  - Mutual Aid bed days/ diagnostics provided.
  - Patients seen under Rapid Access to Neurological Assessment (RANA) service and bed-days saved.
  - Number of patients referred from ICS partners for pain services.

- UK-ROC data for C&M Rehabilitation Network.
- TARN data for Major Trauma Collaborative with LUHFT.
- Cost savings from HPL and any other collaborations.
- Number of patients treated with MRgFUS and outcome measures.

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

Each strategic ambition has a page for strategic KPIs and targets with ongoing updates screenshots of the dashboard have been shared with the trust board on the away day.

The Strategic Project Management Office (SPMO) will manage the action plan for the Trust Strategy and the enabling strategies and will feed into the dashboard working closely with the Business Intelligence team and the leads for the Enabling Strategies.

Conclusion

7. Successful Trust Strategy away day highlighting the key achievements from year 1 and next steps for year 2.

8. Good progress is demonstrated against the key priorities for Q2 2023-24, and further key priorities set for Q3 2023-24.

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

10. The strategic KPIs have been refined and progress has been made with the dashboard estab

Recommendation

- To note

Author: Lindsey Vlasman, Chief Operating Officer
Date: 11/09/2023

The Walton Centre NHS Foundation Trust

Report to Trust Board
5th October 2023

Report Title	Finance and Commercial Development Substrategy Quarter 1 & 2 Update Report
Executive Lead	Mike Burns, Chief Finance Officer
Author (s) *Name and Job Title*	Andy Green, Interim Deputy Chief Finance Officer Mike Burns, Chief Finance Officer
Action Required	To note

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

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

Key Messages *(2/3 headlines only)*

- The Finance and Commercial 3-year Substrategy was approved in July 2023
- The update for Q1 and Q2 shows that progress is being made across most areas.

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

- Note progress and any feedback
- Continue to progress the objectives of the Finance & Commercial Development Substrategy.

Related Trust Strategic Ambitions and Themes	**Impact** *(is there an impact arising from the report on any of the following?)*		
All Applicable	Finance	Compliance	Quality

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

003 System Finance	007 Capital Investment	Choose an item.

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

Strategy ☐	Policy ☐	Service Change ☐

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

Committee/ Group Name	**Date**	**Lead Officer (name and title)**	**Brief Summary of issues raised and actions agreed**
Business Performance Committee	26.09.23	Mike Burns - CFO	Update reviewed.

Finance and Commercial Development Substrategy Quarter 1 & 2 Update Report

Executive Summary

1. The Finance and Commercial Development Substrategy was approved in April 2023. It covers a 3-year time period to support the overall Trust Strategy.

2. The report outlines progress against quarters 1 and 2 objectives.

Background and Analysis

3. The Finance and Commercial Sub-strategy vision is 'To maximise use of resources, improve productivity and develop market opportunities to deliver best value for the Trust, the public and the wider system.'

4. This mission is to be achieved through 4 elements:
   - Maintaining and improving financial performance;
   - Focusing on improving productivity within the organisation;
   - Maximise our opportunities in procuring capital, goods and services;
   - Assessing the market data to understand and develop areas of opportunity.

5. The programme of work spans across 10 separate areas (noted in the report) and effectively sets out the delivery plan for the Finance Department over the next 3 years. Underpinning the strategy is a detailed document which outlines by year when the objectives are to be achieved. This also includes elements of the objectives by quarter so there is a clear plan for delivery by the Finance Team.

Conclusion

6. There has been good progress on the delivery of objectives for quarters 1 and 2 of the finance and commercial development sub-strategy. The key will be to continue to deliver and collaborate with other areas such as digital and informatics, who are a key enabler in helping to deliver the finance and commercial sub-strategy.

Recommendation

7. To note progress to date and quarter 3 objectives.

Author: Mike Burns
Date: 27th September 2023

Executive Summary

Following approval of the enabling Finance and Commercial Development Substrategy in July 2023, the Finance team have worked collaboratively to develop an underpinning framework to ensure delivery of the set objectives described within the overarching Trust Strategy.

The following information demonstrates the objectives agreed for delivery in Quarters 1&2 of 2023/24 and those set for delivery in Q3

Finance and Commercial Development Substrategy

The Walton Centre
NHS Foundation Trust

Excellence in Neuroscience

Finance and Commercial Development – Vision, Mission and Programme of Works

Finance & Commercial Development Sub-Strategy

Vision

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

Mission – We will achieve this through

- Maintaining and improving financial performance;
- Focusing on improving productivity within the organisation;
- Maximise our opportunities in procuring capital, goods and services;
- Assessing the market data to understand and develop areas of opportunity.

The programmes of work will include:

- Financial Housekeeping and Key Messaging
- Financial and Operational Planning
- Business Insight
- Patient Level Information / Service Line Reporting
- Regional and Local Collaboration
- Efficiency and Productivity in the use of resources
- Improving profitability of R&D and non-patient income
- Digitalisation and process re-design
- Ensuring best value for Trust expenditure
- Capital Investment

Finance and Commercial Development Substrategy Q1-Q2

The Walton Centre
NHS Foundation Trust

Excellence in Neuroscience

Q1&2 Objectives	Q1&2 Progress Update
Financial Housekeeping and Key Messaging • Communication of financial performance to a wider section of staff so they understand the key drivers. • Deliver a sustained improvement in Better Payment Practice Code (BPPC) leading towards the 95% national standard.	**Financial Housekeeping and Key Messaging** • Financial position published on Intranet on a monthly basis so all staff have access; • Regular presentation of monthly finance position at Staff Partnership Committee. • The Trust BPPC has increased from 82.9% in March 2023 to 89.3% in August 2023 and the Trust continues to follow the action plan put in place to improve BPPC performance (Target Y1 90%).
Business Insight • Prepare data packs for each division including clinical, operational, workforce and financial metrics and benchmarks to inform initial discussions. • Use data packs to conduct service line review and identify areas for service improvement and waste reduction.	**Business Insight** • Consistent clinical divisional packs devised and circulated monthly with monthly meetings arranged to discuss. • IN PROGRESS - Further work required although discussions are taking place in specific service lines (Outreach Neurology Clinics, Rehabilitation, and Critical Care).
Patient Level Information / Service Line Reporting • Reporting and Governance of the National Cost Collection (NCC) submission, PLICs and Service Line Reporting.	**Patient Level Information / Service Line Reporting** • IN PROGRESS-NCC submission has been delayed by the national team, Finance are on target to submit within the revised timescales. • Once NCC has been submitted, focus will shift to creating Service Line Reporting model to utilise across the Trust.
Regional and Local Collaboration • Present a minimum breakeven plan and deliver against this in the financial year. • Engage with Liverpool University Hospitals FT regarding any site collaboration opportunities (Joint Committee) highlighted in the Liverpool Clinical Review. • Work with Efficiency at Scale Programme to deliver any collaborative opportunities across Cheshire & Merseyside. • Work with operations colleagues on the data and information in the Trust to develop any further NHS market opportunities.	**Regional and Local Collaboration** • Walton Centre planned position of £4.1m submitted to NHSE / ICS in line with regional requirements including a 5% CIP. • Site Joint Committee is now set up and reviewing areas across emergency pathways, diagnostics and estates and digital opportunities. These will require financial input as they progress. • CFO is lead finance director for medicines optimisation and now a member of the Medicines Improvement Group and Efficiency at Scale Programme Board. • Weekly Operations and Finance Group set up and regularly reviews performance data to review improvements / opportunities. Given the demand for mutual aid, NHS market opportunities will be looked at in the next 6 months.






Finance and Commercial Development Substrategy Q1-Q2

The Walton Centre
NHS Foundation Trust

Excellence in Neuroscience

Q1&2 Objectives	Q1&2 Progress Update
Efficiency and Productivity in the use of resources • Provide an 'efficiency workshop' facilitated by MIAA to identify potential areas of opportunity for improving productivity and efficiency. • Establish regular meetings (chaired by COO) to monitor progress against efficiency schemes identified and establish alternative schemes to cover any slippage in schemes (meetings to involve operational teams, finance, and other senior members of the Trust).	**Efficiency and Productivity in the use of resources** • COO and CFO organised meeting in Q1 which was attended by a cross section of staff from across the Trust. A number of themes were identified and have since been developed into the Trust's initial savings scheme. • This is carried out through the Weekly Operations and Finance Group. This group also identifies areas of financial overspends so that Divisional Directors can discuss these within their divisional operational managers.
Improving profitability of R&D and non-patient income • Update contracts register for all trading activities including NH Service Level Agreements and identify any gaps /opportunities and action plan to address, Implement a system to show non patient related income on individual budget statements creating incentivisation for income generating activities.	**Improving profitability of R&D and non-patient income** • Initial model Service Level Agreement has been designed by Finance to ensure that all contracts are standardised and generating the correct level of income for the specific services that are supplied / purchased. • Non patient related income is now in place on the individual budget statements for the service that generates the income
Digitalisation and process re-design • Reduce paper across trust and printing costs. • Update of financial ledger with review of what information can be uploaded creating a one stop information hub. • Implementation of Robotic Process Automation (RPA) on task that can be utilised through the finance team. • Stronger links with the IT Strategy to understand future projects and any funding that is available.	**Digitalisation and process re-design** • Continued promotion across the Trust on paper free working. • Finance team to reduce to essential printing only for meetings. • Utilisation of BI reports for budget holder meetings. • IN PROGRESS - Currently awaiting supplier action to enable team to build desired templates to achieve this 'hub'. • IN PROGRESS - Business case currently being written to progress to next stage in development. • Process mapping of Accounts Payable and Receivable has taken place. • IM&T and Informatics services are currently under review, the finance team liaise and link in with the requirements of both teams on an informal basis, which can be formalised post review.
Ensuring best value for Trust expenditure • Develop and embed our approach to PLICS, using the data available to highlight potential areas of inefficiency and focus.	**Ensuring best value for Trust expenditure** • Delay in NCC submission has resulted in subsequent delay in focus on PLICS. Files are being created as part of NCC submission to drive dashboards to streamline process in embedding PLICS after submission.

Finance and Commercial Development Substrategy Q1-Q2

The Walton Centre
NHS Foundation Trust

Excellence in Neuroscience

Q1&2 Objectives	Q1&2 Progress Update
Capital Investment • Strengthen the process for identifying capital investments to assist with planning. • Identify the capital budget allocations for IT, backlog maintenance, equipment replacement, minor estates work and strategic schemes. • A Prioritisation group set up to include clinical lead, operational lead, and finance lead to prioritise the schemes to be included in the capital plan.	**Capital Investment** • Given the current limitations on access to capital, the Trust has started to utilise a risk-based approach to capital investment through a risk register; • Finance is also reviewing any access to further capital 'pots' e.g. IFRS 16 opportunities. • Finance has managed to identify allocations for each of these, however, some of these are limited and will need to be managed closely given issues such as price inflation and demand within the Trust; • Finance department reviewing 3 year capital plan with operational / clinical colleagues to understand / manage the demand for capital investment in future years. • Priority group has been set up to include CFO, COO, DMD and DCFO. This group makes decisions as phasing / timing of capital investments changes to manage within the envelopes set.

Finance and Commercial Development Substrategy Q1-Q2

The Walton Centre
NHS Foundation Trust

Excellence in Neuroscience

Q1&2 Objectives – Risks to Delivery / Further work required

Business Insight

- Use data packs to conduct service line review and identify areas for service improvement and waste reduction.
- *Further work required although discussions are taking place in specific service lines (Outreach Neurology Clinics, Rehabilitation, and Critical Care).*

Patient Level Information / Service Line Reporting

- Reporting and Governance of the National Cost Collection (NCC) submission, PLICs and Service Line Reporting.
- *NCC submission has been delayed by the national team, Finance are on target to submit within the revised timescales.*

Regional and Local Collaboration

- Work with operations colleagues on the data and information in the Trust to develop any further NHS market opportunities.
- *Various pieces of work are ongoing and reported into the Operational and Finance weekly meetings update, will need to be planned and formalised in specific areas of work reported to the Executive Team moving forwards.*

Digitalisation and process re-design

- Stronger links with the IT Strategy to understand future projects and any funding that is available.
- *IM&T and Informatics services are currently under review, the finance team liaise and link in with the requirements of both teams on an informal basis, which can be formalised post review.*

Ensuring best value for Trust expenditure

- Develop and embed our approach to PLICS, using the data available to highlight potential areas of inefficiency and focus.
- *NCC submission has been delayed by the national team, Finance are on target to submit within the revised timescales.*

Finance and Commercial Development Substrategy Q3

The Walton Centre NHS Foundation Trust

Excellence in Neuroscience

Q3 Objectives

It is worth noting that some objectives will span multiple quarters given it is a 3 year strategy so may be shown in more than 1 quarter.

Financial Housekeeping and Key Messaging
- Automate and provide access to most requested Finance FOI questions to cut down on responses required.

Financial and Operational Planning
- Put in place systems to monitor activity performance against Elective Recovery Targets.
- Create a clear planning timetable for the 2024/25 planning round resulting in the production of a business plan for approval by the Board in April 2024 and subsequent planning years.
- Development of a medium-term financial plan for submission to the ICS.

Patient Level Information / Service Line Reporting
- Production and submission of the annual National Cost Collection (NCC) return to NHS England.
- Reporting and Governance of NCC submission, PLICs and Service Line Reporting (c/f from Q2).

Regional and Local Collaboration
- Work with operations colleagues on the data and information in the Trust to develop any further NHS market opportunities (c/f from Q2).

Improving profitability of R&D and non-patient income
- Conduct a review of each line of non-patient related income comparing pre/post covid position and identify what can be done to restore remaining income or replace with new trading activities.

Digitalisation and process re-design
- Stronger links with the IT Strategy to understand future projects and any funding that is available (c/f from Q2).

Ensuring best value for Trust expenditure
- Begin to work towards Zero based budgeting, beginning with small discrete departments to enable team to develop processes and standard practices.
- Develop and embed our approach to PLICS, using the data available to highlight potential areas of inefficiency and focus.

Capital Investment
- Strengthen the process for identifying capital investments to assist with planning.

Any questions?

The Walton Centre
NHS Foundation Trust

Excellence in Neuroscience

The Walton Centre NHS Foundation Trust

Report to Trust Board
5th October 2023

Report Title	Violence and Aggression Strategy Update
Executive Lead	Nicola Martin, Interim Chief Nurse
Author (s)	Mike Duffy, Head of Risk and Governance
Action Required	To note

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

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

Key Messages *(2/3 headlines only)*

- Update against the national Violence Prevention and Reduction Standards – currently compliant with 30/42 criteria
- Workplan in place to ensure working towards full compliance

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

- Continue to work towards full compliance of the national Violence Prevention and Reduction Standards and delivery of Trust Violence Prevention and Reduction Strategy.

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

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

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

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

Strategy ☐	Policy ☐	Service Change ☐

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

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

Violence and Aggression Strategy Update

Executive Summary

1. The purpose of the NHS National Violence Prevention and Reduction Standards is to provide a risk-based framework which supports NHS staff to work in a safe and secure environment and safeguards against abuse, aggression, and violence.

2. There are 42 criteria within the standards to comply with; a work plan has been developed and demonstrates the progress made and current position, however further work is required to achieve full compliance against the standards.

3. The Trust is fully compliant against 30 criteria, therefore 12 are currently non-compliant and require further work to be undertaken. This is all detailed within the work plan, which is monitored by the Health, Safety and Security Group on a quarterly basis.

4. Dates for anticipated completion of all remaining non-compliant criteria have all been identified within the work plan.

Background and Analysis

National Violence Prevention and Reduction Standards

5. The purpose of the NHS National Violence Prevention and Reduction Standards is to provide a risk-based framework which supports NHS staff to work in a safe and secure environment and safeguards against abuse, aggression, and violence.

6. NHS Trusts have a statutory duty of care to prevent and control violence in the workplace. NHS England and Improvement have developed benchmarking standards to reduce violence against staff.

7. The NHS National Violence Prevention and Reduction Standards have been developed using the plan, do, check, act approach. PDCA is an iterative four-step management method used to validate, control, and achieve continuous improvement of processes.

    a. Plan - NHS provider and NHS Commissioning organisations should review the status and identify their future requirements. To do this, we need to understand, what needs to be achieved and how, who will be responsible for what, and the associated measures for success. This part of the process includes creating or updating policies and plans to deliver the aims.

    b. Do - During this phase of the cycle the organisation assesses and manages risks, organises and implements processes to deliver plans by communicating and involving NHS staff and key stakeholders and providing adequate resources and training.

    c. Check - NHS organisations must make sure that plans are being implemented successfully and assess how well the risk of the controlled and if the aims have been achieved, for example through audit measures. As part of this process the NHS

organisation will routinely assess any gaps and ensure corrective action is undertaken swiftly.

d. ACT - The NHS organisation should review their performance which enables the senior management team to direct and inform changes to policies or plans, in response to any lessons learnt and data collected in respect of the violence prevention and reduction or overall cycle. Key findings should be shared with internal and external stakeholders.

8. Since the Personal Safety Lead commenced in post in February 2023 the Trust has developed an underpinning work plan to ensure full compliance with the National Violence Prevention and Reduction Standards and deliver the objectives of the Trusts Violence Prevention and Reduction Strategy.

9. The Trust is fully compliant against 30 criteria, therefore 12 are currently non-compliant and require further work to be undertaken. This is detailed within the work plan, along with anticipated dates of completion for each criterion. The plan is monitored by the Health, Safety and Security Group on a quarterly basis.

WCFT Violence Prevention and Reduction Strategy

10. The sections of the Trust strategy include:

- Leadership at all levels
- Data driven decisions.
- Risk reduction.
- Competent people.
- Support.
- Monitoring.

11. We have now aligned each criterion from the national standards to the 6 sections of the Walton Centre's Strategy, employing the Plan, Do, Check, Act approach. The strategy consists of six components and work has been completed to support the strategy which also coincides with delivering the NHS National Violence & Aggression Standards.

12. **Leadership at all levels**

- Violence & Aggression working group has now been re-established.
- The Health, Safety and Security Group now receive quarterly reports on Violence and Aggression.
- The Health, Safety and Security Group also monitors the implementation of the national Violence Prevention and Reduction Standards.

13. **Data-driven decisions**

- The NHS National Violence Prevention and Reduction standards require all Trusts to monitor and report on inequality and disparity in experience for any staff groups with protected characteristics and these are addressed and referenced in the equality impact assessment. This information will now be captured via DATIX incident reporting and captured within the new quarterly V&A report which is presented to the Health, Safety and Security Group.

- The use of DATIX incident reporting has enabled Data benchmarking over a six-month period to create performance criteria outcomes.

14. **Risk Reduction Tools**

- The Personal Safety Lead has developed a Rapid Response Alert system alongside the Divisional Nurse Director of Neurology and Rehabilitation and the Deputy Divisional Nurse for Neurosurgery to ensure a more timely and effective response to moderate/serious incidents of Violence & Aggression. The Rapid response bleep will inform a small response team and create the initial basis of an MDT (Multiple Disciplinary Team) when managing incidents of Violence & Aggression.
- The V&A group have designed an information tool (Behaviour Support Plan) to support all staff groups when managing patients with challenging behaviour.
- The V&A Working Group have designed a Risk Assessment tool for informing all staff groups about the developing risks of Occupational Violence they may face when managing individual patients who exhibit Violence & Aggression behaviour. The Risk Assessment tool will be a function on EP2.

15. **Competent people**

- The delivery of Personal Safety Training sessions has increased from 2 sessions per month to 6 sessions. Mandatory Personal Safety Training has changed from every 3 years to annually, as of January 2023, in line with CQC Guidance.

16. **Support**

- Providing supportive mechanisms post-incident- The introduction of a Formal Debrief tool has now been designed and ratified at the V&A working group. The introduction of a formal debrief tool will improve the support, areas of excellence as well and potential errors made that may not have been captured via Datix incident reporting.

17. **Monitoring**

- Evidencing a culture of change through reporting mechanisms, including the Trust's quarterly and annual governance reports. To include all aspects of work about the strategy and compliance with the national violence, prevention and reduction standards. Further working and assurance groups such as Health, Safety and Security Group & the Violence and Aggression working group monitor and review data for any identifiable trends.

Next steps

18. Implementation and compliance with the NHS National Violence Prevention and Reduction Standards will be used to help achieve the Trust's Violence and Aggression Strategy. Next steps will include:

- Developing objectives and performance criteria in line with Governance monitoring tools, such as Quarterly and Annual Governance reports that evidence a change in culture and reduction in Violence & Aggression incidents in WCFT. **November 2023.**

- Work with WCFT EDMI lead in supporting and monitoring incidents relating to the Equality Act 2010. **November 2023**
- To monitor all incidents of inequality and disparity for any staff groups with protected characteristics. **November 2023.**
- Identified risks of violence and the mitigations/controls to reduce risk throughout WCFT are communicated to all staff groups in regular bulletins. Re-establishing a Governance Bulletin to support all staff groups. **December 2023.**
- Providing supportive mechanisms post incident such as a formal debriefing process. To be reviewed at Health, Safety and Security Quarterly Update**. December 2023.**

Conclusion

19. The Health, Safety and Security Group will continue to monitor the implementation of the Strategy and Compliance with the national Violence Prevention and Reduction Standards.

Recommendation

20. To note

Author: Mike Duffy, Head of Risk and Governance
Date: 13th September 2023

Board Committee Assurance Report

Report to	Board of Directors
Date	28 September 2023
Committee Name	Liverpool Trusts Joint Committee
Date of Committee Meeting	21 July 2023
Chair's Name & Title	David Flory, Chair Liverpool University Hospitals NHS Foundation Trust

Matters for Escalation

There are no matters for escalation.

Key Discussions

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

1. **The Walton Centre NHS Foundation Trust/Liverpool University Hospitals NHS Foundation Trust Joint Committee Update**

   - review of existing collaboration schemes undertaken and workplan developed to identify priority schemes as clinical pathways, radiology and estates, facilities and digital;
   - the development of a governance framework to oversee the joint working programme.

2. **Liverpool Heart & Chest/Liverpool University Hospitals NHS Foundation Trust Joint Committee Update**

   - Workshops had taken place to establish key themes for the Committee's focus, which included site equity for patients, site support for staff, site enablement and site utilisation. Work plans for each of the 4 themes would be identified.
   - The Joint Operational Group had focused on car parking and pharmacy issues. Pharmacy leads from both Trusts have been working together to develop an options appraisal.
   - An update on ACS work had been presented to the Liverpool Cardiology Partnership which included details of piloting of a new model at Aintree.

3. **Clatterbridge Cancer Centre NHS FT/Liverpool University Hospitals NHS FT Joint Committee Update**

   - Priority areas of focus had been identified as pharmacy/medicines optimisation, estates and SLA management.
   - The Committee would focus on utilising pre-existing regional arrangements for oversight of delivery for radiology through the Cheshire & Merseyside Diagnostic Programme, and Emergency Pathways through the Cheshire & Merseyside Urgent Cancer Care Programme.

4. Liverpool Women's Health NHS FT/Liverpool University Hospitals NHS FT Partnership Group (Integrated Care Board sub-committee)

- The Liverpool Clinical Services Review had investigated the possibility of what potential was there to relocate the LWH into the Royal Liverpool Hospital with some services potentially relocated to Crown Street. As a result, a series of workshops had taken place between the two trusts facilitated by Carnal Farrar to review the proposals and identify actions.
- Development of the Joint Risk Register with LUHFT continued to progress.
- Terms of reference had been approved for the joint partnership group between LWH and LUHFT.
- A workplan for the next 12 months was being reviewed by the trusts' Executive Team with a view to agreeing priorities.

The Joint Risk Register between LUHFT & LWH was presented following a review undertaken between the trusts. Significant risks on the register emergency as emergency clinical pathways for deteriorating patients and a lack of access to other adult acute specialties at Crown Street. Risks identified would inform the wider review of the workplan between the two trusts as presented to the Joint Partnership Board.

An update on the PLACE work updates was also presented detailing Alder Hey, Merseyside and Liverpool University Hospitals NHS FT which covered key updates.

Liverpool Electronic Patient Record Review Work

The Committee received a follow-up presentation of the work being undertaken by the Cheshire & Merseycare Health and Care Partnership following an update at the previous meeting. The system-wide review of Electronic Patient Record (EPR) explored the following options which included a consolidated EPR platform across all Liverpool Trusts, integration of the existing EPR platforms across all Liverpool Trusts or a 'do nothing' option to change existing EPR arrangements, whilst developing plans to collaborate more effectively. A timeline had been developed with a view to ensuring interoperability across the system with a shared objective to ensure the best possible outcome for patients.

Decisions Made

The Committee's Terms of Reference were recommended for ratification by each Trust Board of Directors.

Recommendation

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

The Walton Centre NHS Foundation Trust

Report to Trust Board
5th October 2023

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

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

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

Key Messages *(2/3 headlines only)*

- See summary for performance overview

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

- Ongoing

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

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

001 Quality Patient Care	004 Operational Performance	003 System Finance

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

Strategy ☐	Policy ☐	Service Change ☐

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

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

Integrated Performance Report

Executive Summary

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

Operations & Performance Indicators

High Performing
Cancer Standards
Diagnostics
28 Day Emergency Readmissions
Theatres

Opportunity for improvement
Activity Restoration
Referral to Treatment
Outpatient Waiting List
% of Patients on a PIFU

Underperforming
% of beds occupied by 14 day stranded patients

Workforce Indicators

High Performing
Vacancies

Opportunity for improvement
Mandatory Training
Turnover
Appraisal Compliance

Underperforming
Sickness/Absence

Quality Indicators

High Performing
VTE
CAUTI
Friends and Family Test (% Recommended)
Moderate Harm Falls
Complaints
VTE Risk Assessment Compliance
Hospital Acquired Pressure Ulcers
Friends and Family Test (Response Rate)

Opportunity for improvement
Risk Adjusted Mortality Index
Serious Incidents
Infection control
Mortality
Surgical Site Infections

Underperforming
Patient Falls

Finance Indicators

Key Performance Indicators	April	May	June
% variance from plan - Year to date	0.3%	0.9%	0.5%
% variance from plan - Forecast	0.0%	0.0%	0.0%
% variance from efficiency plan - Year to date	0.0%	0.0%	0.0%
% variance from efficiency plan - Forecast	0.0%	0.0%	0.0%
Capital % variance from plan - Year to date	-181.1%	-53.3%	9.1%
Capital % variance from plan - Forecast	0.0%	0.0%	0.0%
Capital Service Cover *	6.1	5.0	5.0
Liquidity **	36.5	40.8	41.2
Cash days operating expenditure ***	106.0	103.0	103.0
BPPC - Number	84.8%	86.5%	87.9%
BPPC - Value	90.9%	83.7%	87.7%

Conclusion

The majority of quality indicators are high performing in August but MSSA remains higher than we'd expect to see at this point in the year and Falls are above target in month. There is more opportunity for improvement in the Operations and Workforce areas, particularly around 14 day long stay (stranded) patients and Sickness absence metrics.

Recommendation

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

Author: Rebecca Sillitoe – Senior Information Analyst
Date: 25/09/2023

The Walton Centre NHS
NHS Foundation Trust

Board Report
October 2023

Data to end August 2023 unless indicated

Notes

Explanation of SPC Charts and Assurance Icons

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

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

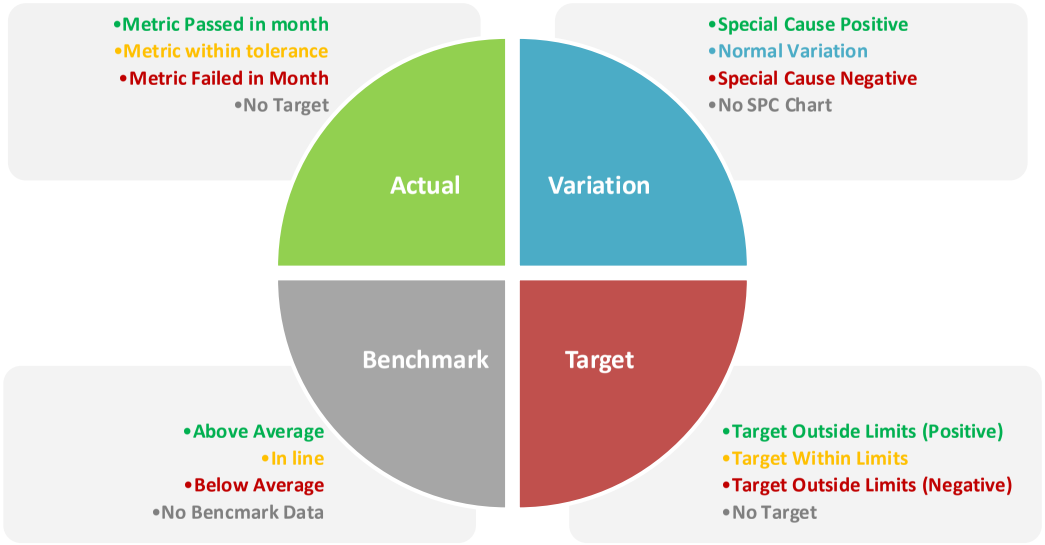
All SPC charts will follow the below key unless indicated

Actual UCL Average LCL National Average Target

= Part of Single Oversight Framework = Mandatory Key Performance Indicator

Assurance Icons (Colour Key)

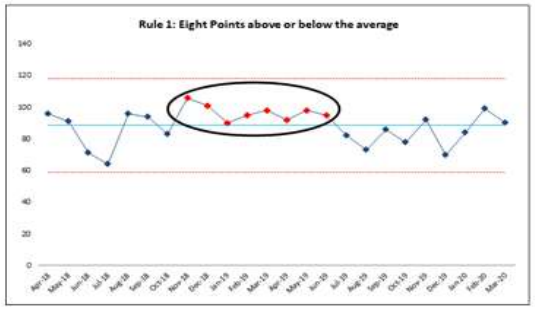
All metrics now have an Assurance Icon consisting of 4 components. These give assurance on; in month performance against target, whether any SPC variation rules have been triggered, whether the target is achievable, and how the organisation compares to benchmarked data.

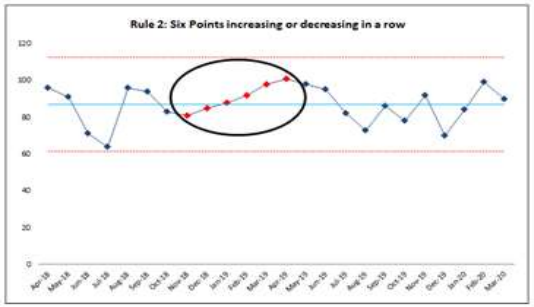


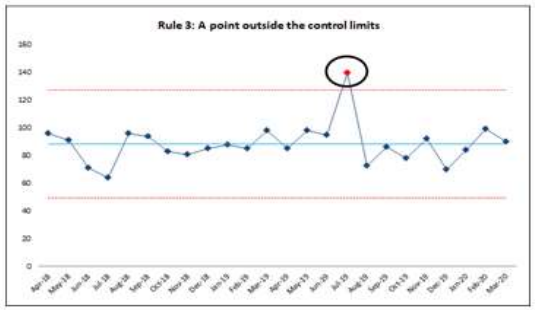
Notes

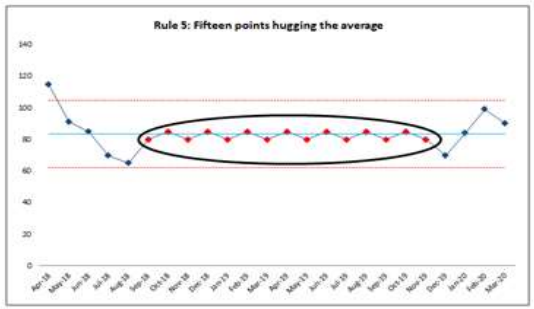
Statistical Process Control Chart Rules

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









Operations & Performance Indicators

Operational - Responsive

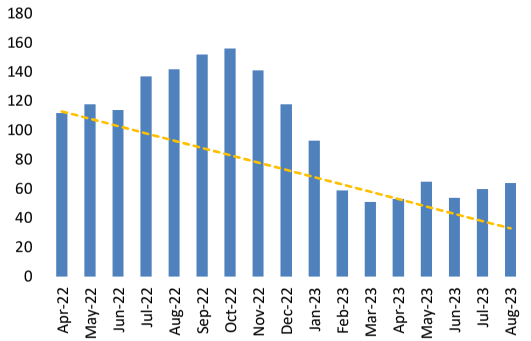
Referral to Treatment

The number of patients waiting more than 52 weeks for treatment been increasing for the last three months and now stands at 64. There are currently no patients who have been waiting longer than 78 weeks for treatment. The trajectory to reach zero patients waiting longer than 65 weeks has been extended to March 2024.

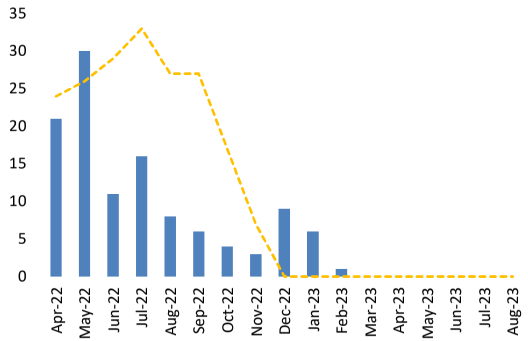
Waiting times in Wales remain in special cause negative variation with a run what is now sixteen months below the mean, the last five of which have been below the lower control limit. Welsh open RTT performance is currently the lowest it has been since September 2020. THe English average wait has increased again this month, giving a run of thirteen months above the mean, the last six of which have consistently increased from month to month. English average wait is now the highest it has been since November 2020.

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

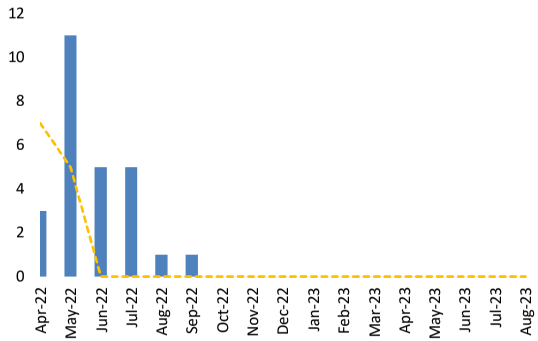
Number of Pathways waiting 52+ weeks at month end



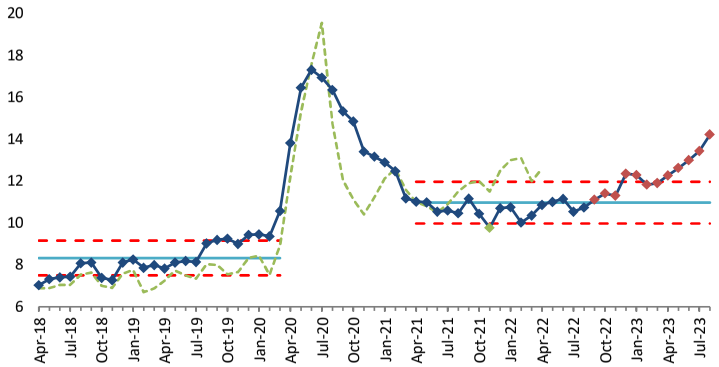
Number of Pathways waiting 78+ weeks at month end



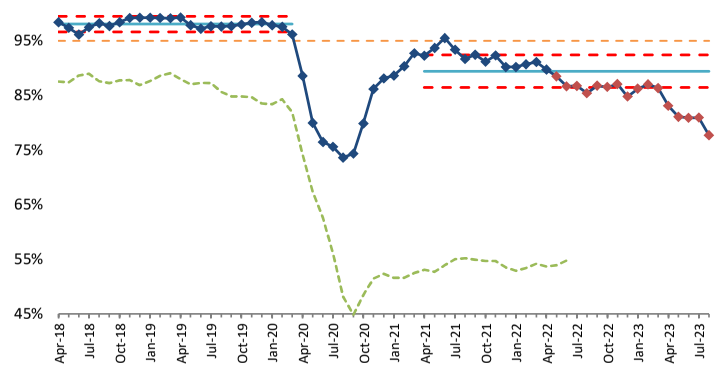
Number of Pathways waiting 104+ weeks at month end



RTT English Average Open Wait (Weeks)



RTT Welsh Open Performance

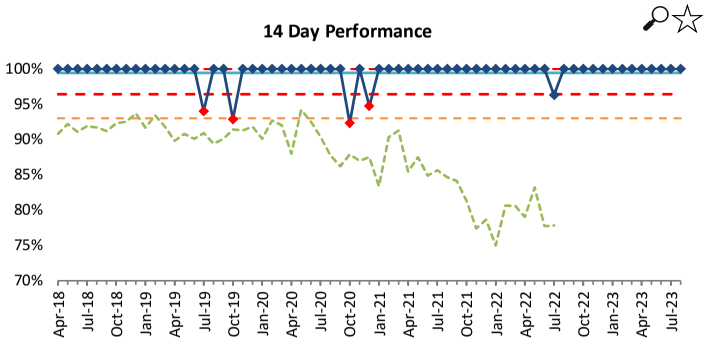


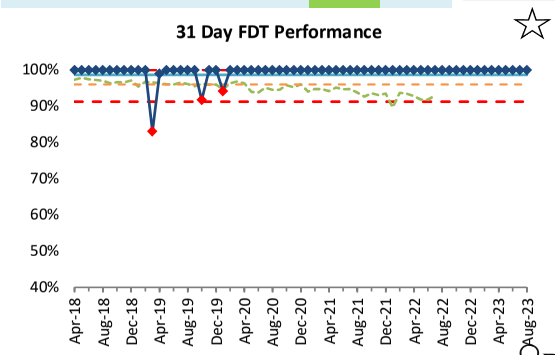
Operational - Responsive

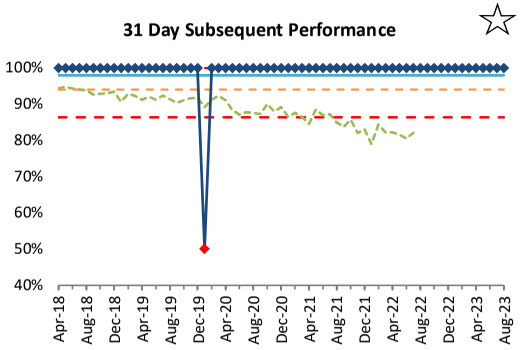
Cancer Standards

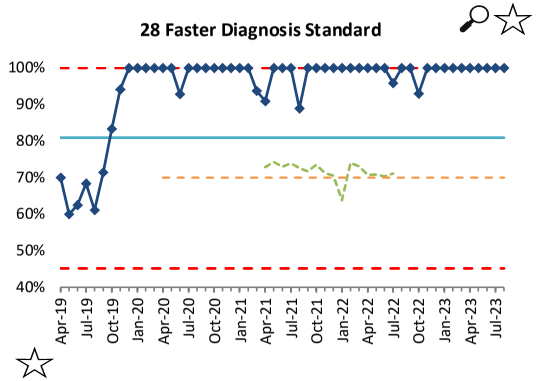
Access Standards	Target	Actual	
Cancer TWW	93%	100%	
Cancer 31 Day FDT	96%	100%	
Cancer 31 Day Sub	94%	100%	
Cancer 62 Day Standard	85%	NA	
28 Day Faster Diagnosis Standard	70%	100%	

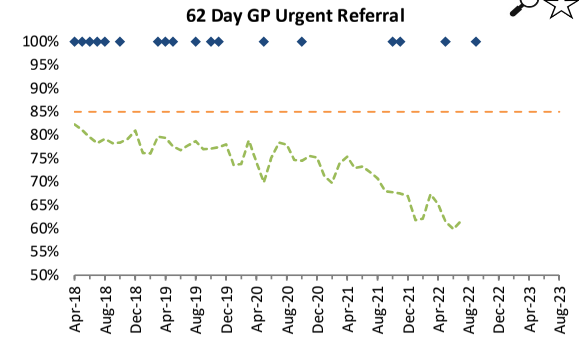
The Trust has continued to see and treat all cancer patients as these patients are designated as urgent, this is in line with NHSE requirements.

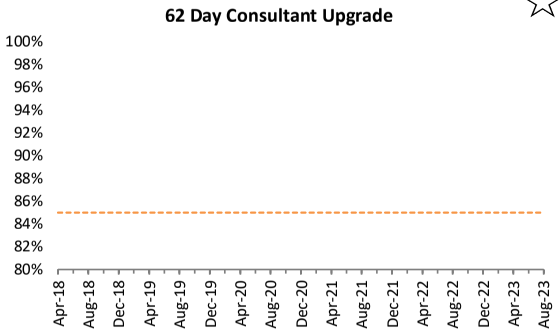










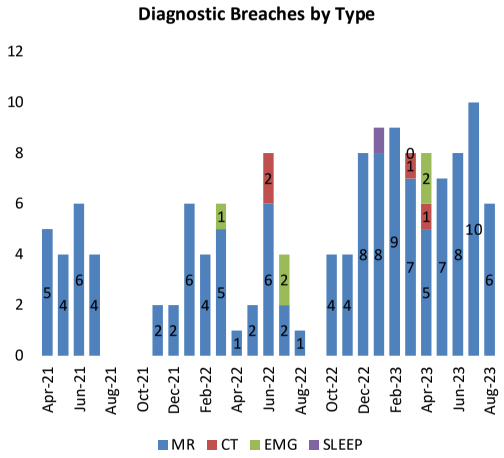


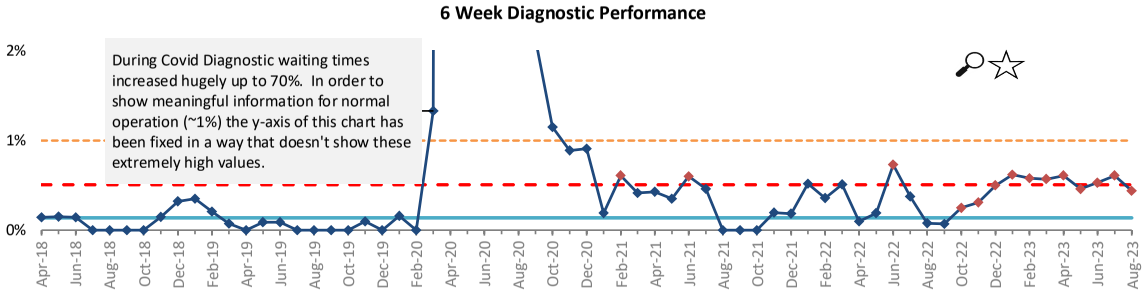
Operational - Responsive

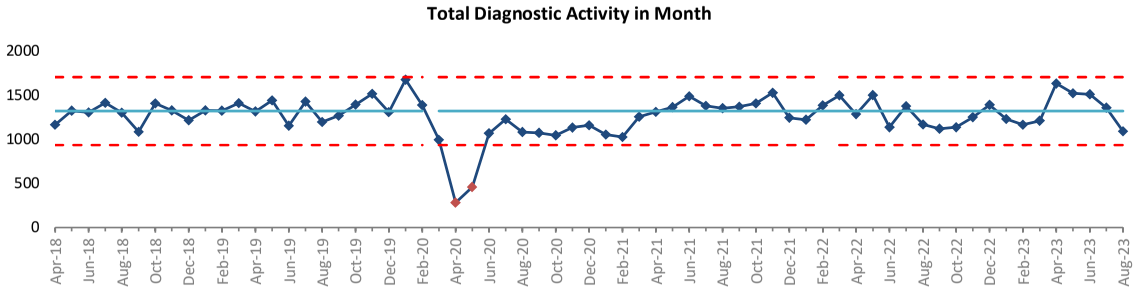
Diagnostics

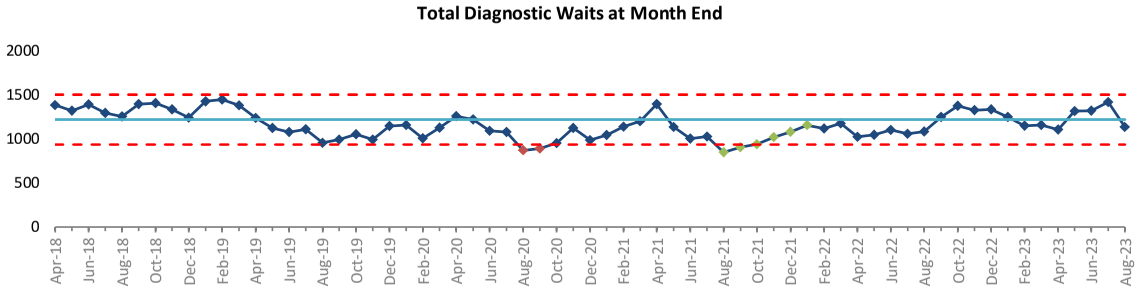
Access Standards	Target	Actual
Diagnostic 6 Week Performance	1%	0.44%

Achievement against the diagnostic six week standard has been met in month. There were six breaches of the six week standard in month, all MRI related. Diagnostic performance remains above the mean but has dropped back within the upper control limit in August.









Operational - Effective

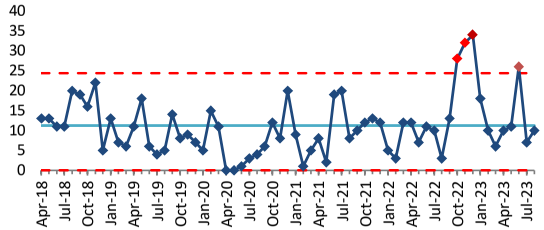
Theatres

	Target	Actual	Assurance
No. Non Clinical Cancelled Operations	-	10	
% Cancelled operations non clinical on day	0.80%	0.76%	
28 Day Breaches in month	0	3	

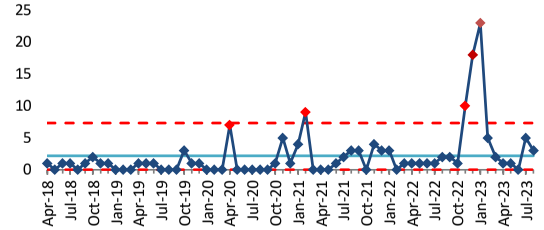
There were 44 unused sessions in August but utilisation is back within the normal range. The trust continues to work with Productive Partners as part of the theatre utilisation transformation work to ensure theatre capacity is utilised appropriately. The most significant reason for unfilled sessions was strike action (accounting for 16 of the 44). The other significant reasons are: lack of anaesthetic cover and an issue with a microscope, each accounting for six unused sessions.

There were ten non-clinical cancellations in August and three breaches of the 28 day reschedule. The dominant reason for cancellation was emergencies/trauma which accounted for seven of the ten cancellations in month.

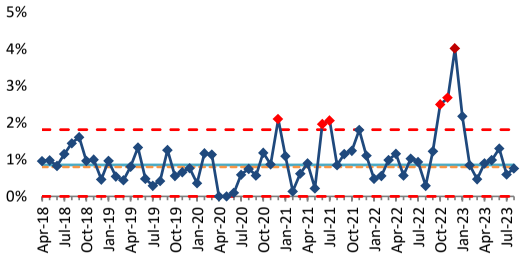
Number of Cancelled operations non clinical (on day)



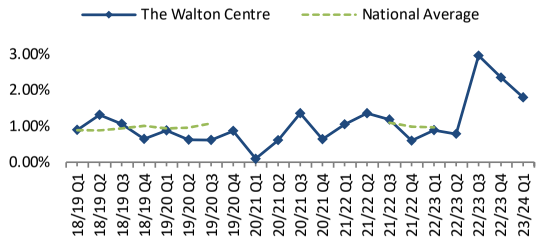
Number of cancelled operations not re-admitted within 28 days



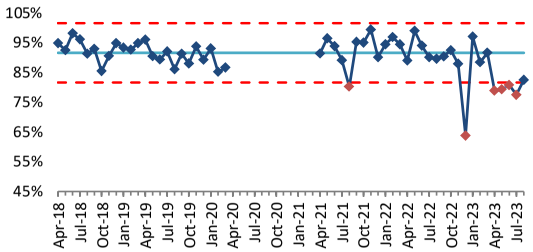
% of Cancelled operations non clinical (on day)



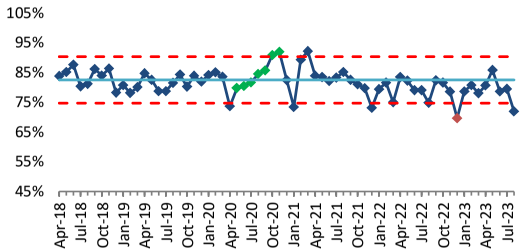
Non Clinical Cancelled Ops as a % of Elective Admissions



Theatre utilisation of Elective Sessions



Theatre utilisation of in Session Time



Operational - Effective

Elective Activity vs Plan

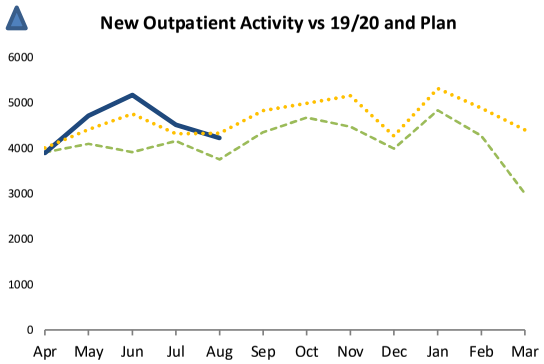
Legend for all charts on page

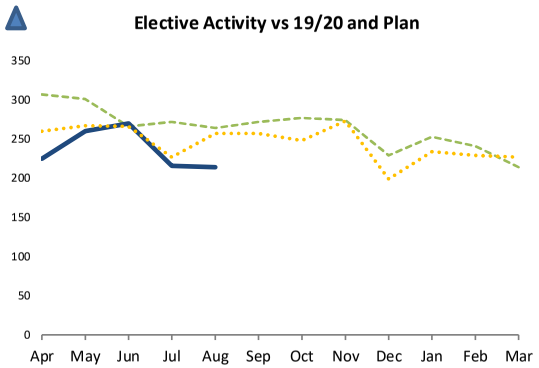
19/20 Act 23/24 Act 23/24 Plan

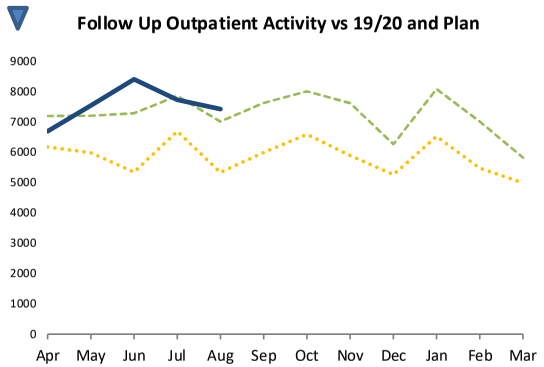
This page monitors the elective performance against plan for this year. The plan for follow up activity requires a reduction in activity rather than an increase as in the case of other metrics. The direction of good performance is indicated by the blue arrow in the top left of each chart.

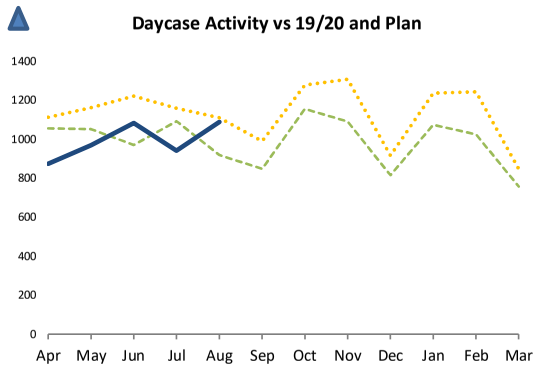
So far this year new outpatient activity is slightly ahead of plan but follow ups remain higher than the targeted reduction. Every type of inpatient activity is behind the year to date plan, though daycase numbers have improved in August.

	Actual YTD 2023/24	Plan YTD 2023/24	Percentage of Plan YTD
Daycase	4,955	5,763	86.0%
Elective	1,185	1,277	92.8%
Elective & Daycase Total	**6,140**	**7,040**	**87.2%**
Non-Elective	740	788	93.9%
New Outpatient	22,518	21,817	103.2%
Follow Up Outpatient	37,778	29,516	128.0%









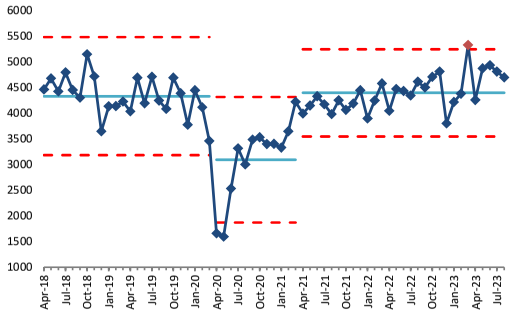
Operational - Effective

Activity

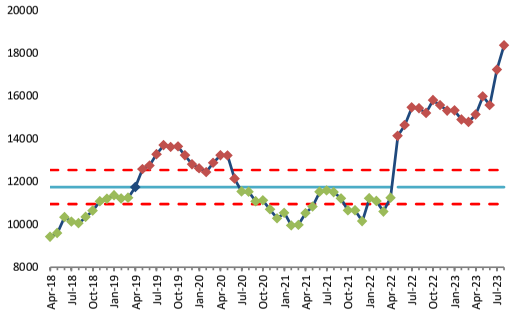
Referrals in month are slightly down from last month but remain within normal variation. New Outpatient Waiting List very high compared to the control range, still driven by pressures in Neurology division, specifically the transistion of patients to new consultants. Neurosurgery has also increased in the last two months. Industrial action has reduced the availability of appointments which, together with a focus on providing follow up appointments has meant that the demand for outpatient appointments currently exceeds the capacity to provide them.

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

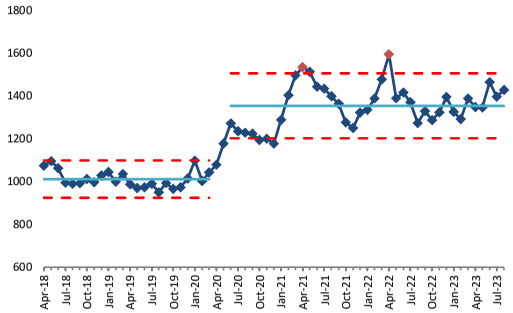
Total New Referrals Received



Trust New Outpatient Waiting List

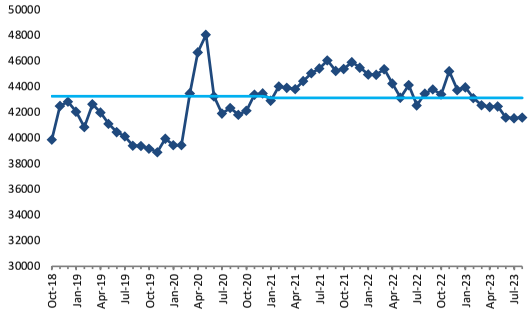


Inpatient Waiting List

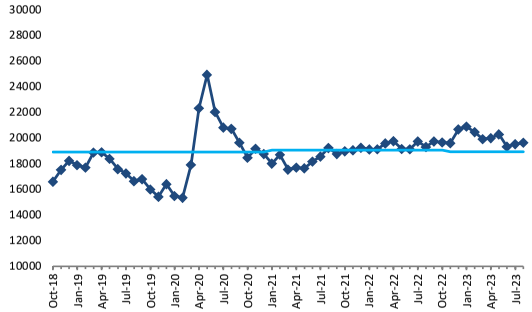


*Spinal transfer patients added to OPWL

Follow Up Outpatient Waiting List



Follow Up Outpatient Waiting List (Overdue)



Operational - Effective

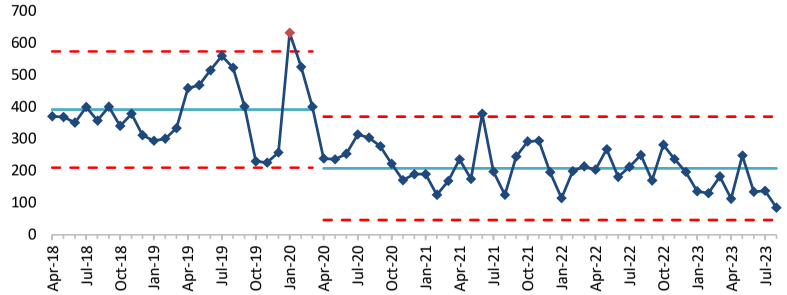
Flow

Effective - Flow	Target	Actual	Assurance
% 28 Day Emergency Readmissions (Local)	-	3.74%	
Total Delayed Discharge Days	-	85	
% Discharges by 5pm	-	52.01%	
% 14 Day Stranded Patients	-	33.72%	

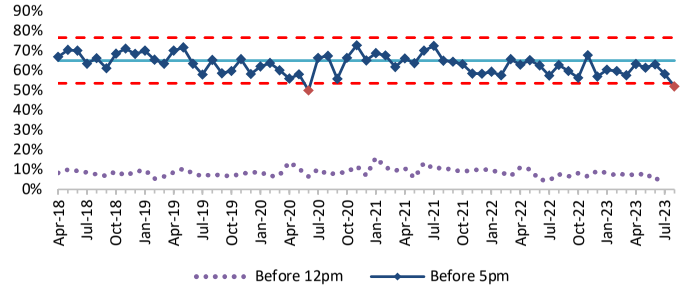
The run of unusually high (above the mean) percentage 14 Day Stranded patients continues, meaning this metric has been high for the last eleven months. Discharges to usual place of residence before 5pm has dropped just slightly outside the control limits in August. All other flow metrics remain within normal variation.
Rehab patients are excluded from the stranded patients metric as they are expected to have long lengths of stay. The majority of 14 day stay patients are non-elective admissions, which would be expected given mean non-elective length of stay in August was 13 days.

Emergency readmissions have dropped increased slightly since las month but are still significantly lower than in June.

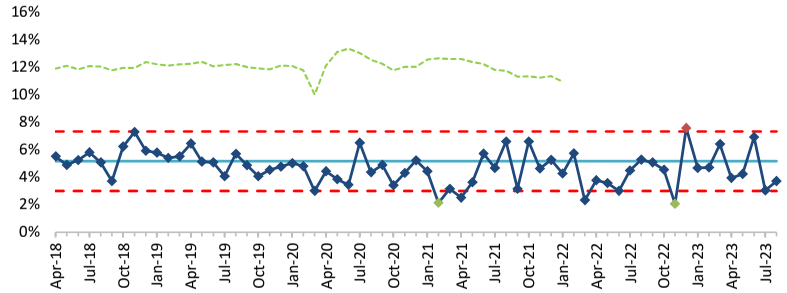
Total delayed transfer of care days



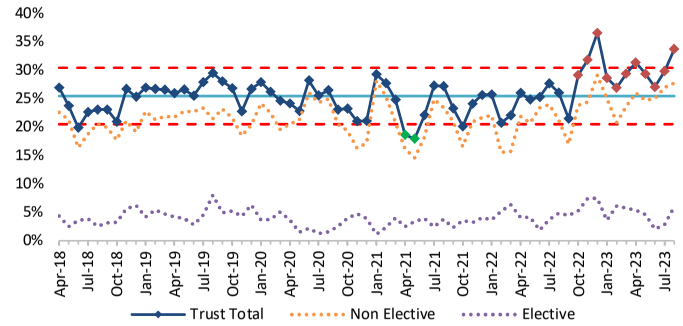
% Discharges to usual residence before 5pm



% 28 day emergency readmissions (local)



% of beds occupied by 14 day stranded patients



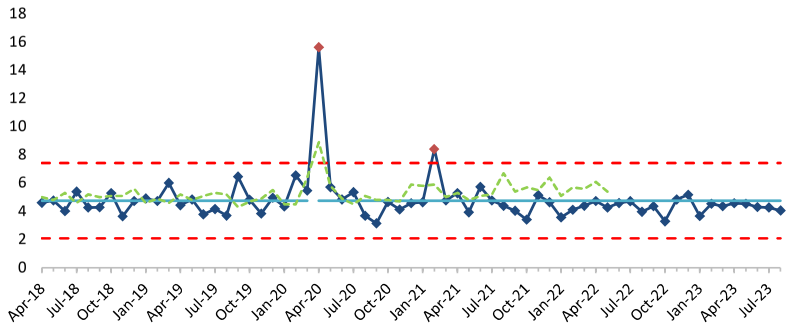
Operational - Effective

Flow (Leading Indicators)

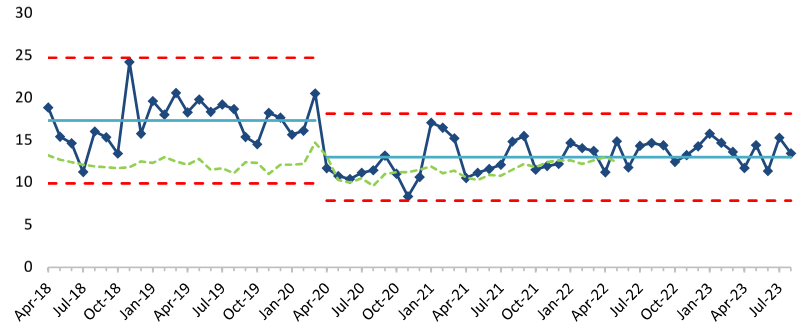
Effective - Flow	Target	Actual	Assurance
Elective LOS	-	4.06	
Non Elective LOS	-	13.44	
Day of Surgery Admission %	-	57.93%	
Daycase Rate	-	83.92%	

Non elective length of stay has decreased this month compared to last. Most metrics are within normal variation which is positive as this is an area of focus for patient flow transformation work. The percentage of elective operations performed as daycases has increased above the upper control limit in August. Day of surgery admission is within normal limits, we do recognise that not all patients can be admitted on the day of procedure due to complexities. Day case admission rates have increased in August to above the UCL.

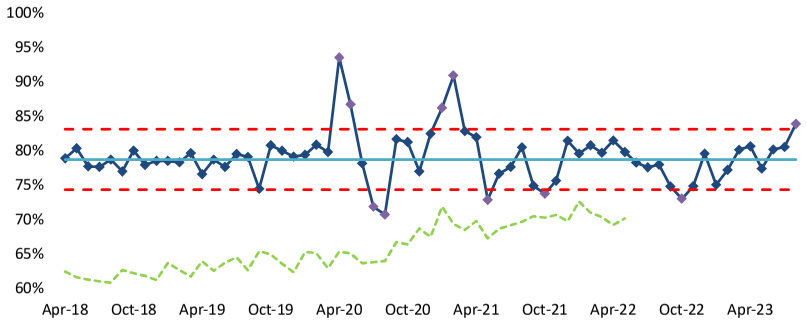
Elective Length of Stay (Days)



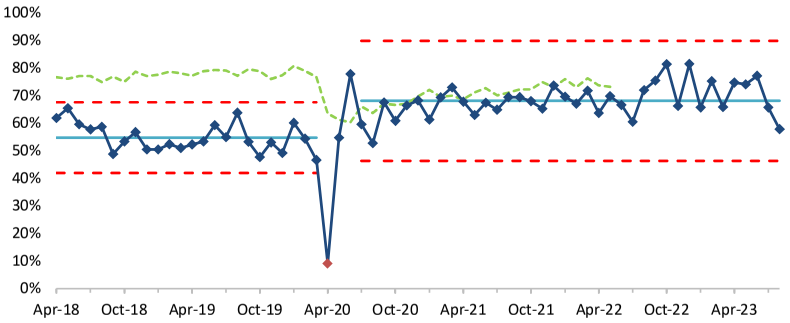
Non Elective Length of Stay (Days)



% of Elective Admissions as Daycases



Day of Surgery Admission %



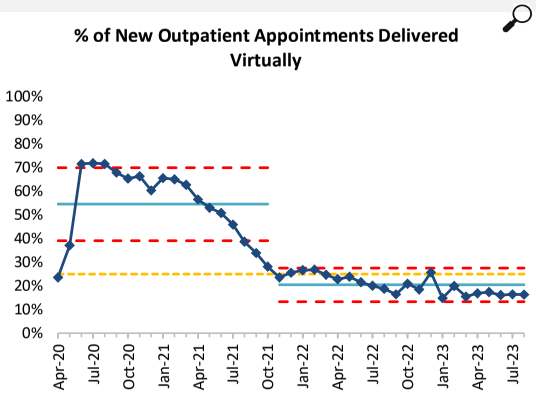
Operational - Effective

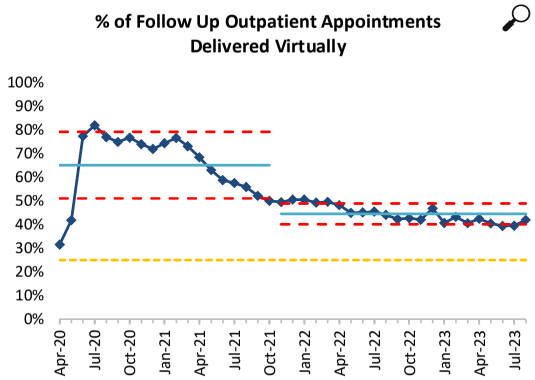
Outpatient Transformation

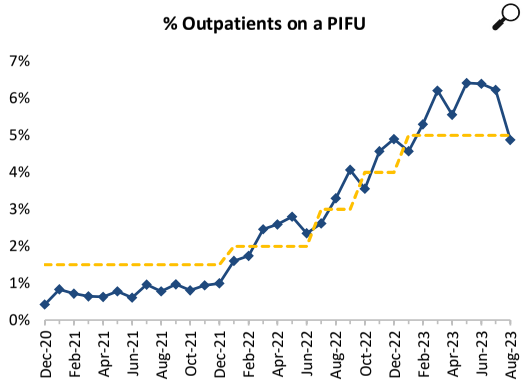
Virtual Appointments: The Trust is required to deliver a minimum of 25% of its total outpatient appointments virtually. Although new appointments have dipped below this threshold in the last five months the trust as a whole remains above the target. Following a switch to deliver mainly virtual appointments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

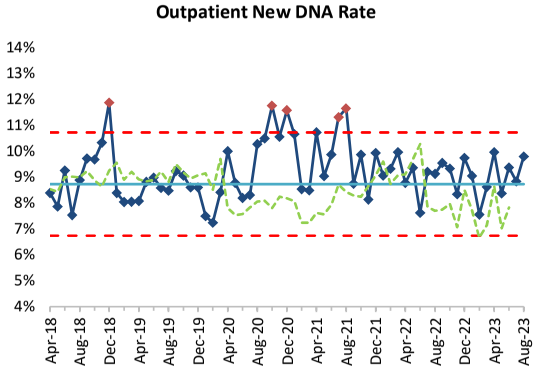
DNA Rate: The New DNA remains within normal variation, as it has been for the last 23 months. The follow Up DNA rate has increased again this month and is starting to approach the previous peak we saw in the winter of 2022. This remains a focus of work in outpatient transformation.

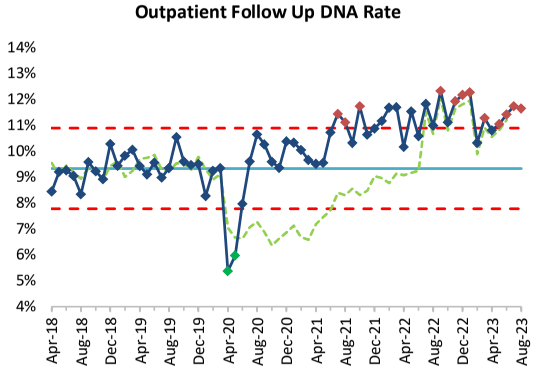
Patient Initiated Follow Up (PIFU): As part of national Outpatient Transformation schemes the guidance is to work towards 5% of our total outpatients on a Patient Initiated Follow Up by March 2023. The percentage of outpatient appointments with PIFU outcome in August is 4.88% which is a significant drop from early the spring but is likely to recover in September. The Neurology division have been undertaking a clinical validation of the follow up waiting lists and have thus far validated 5,948 patients of whom 1,197 have been moved to a PIFU pathway. These patients have increased the % of outpatients on a PIFU in previous months but are not the primary cause of the recent increases. This exercise has removed almost 2,000 patients from the FOWL.

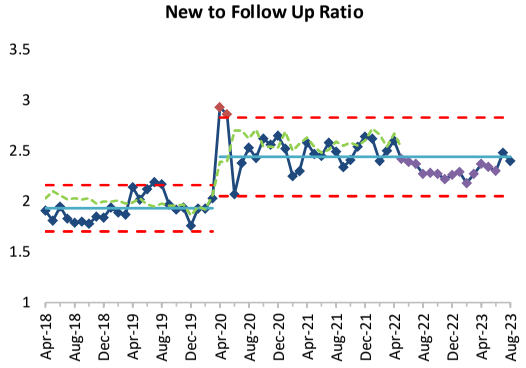












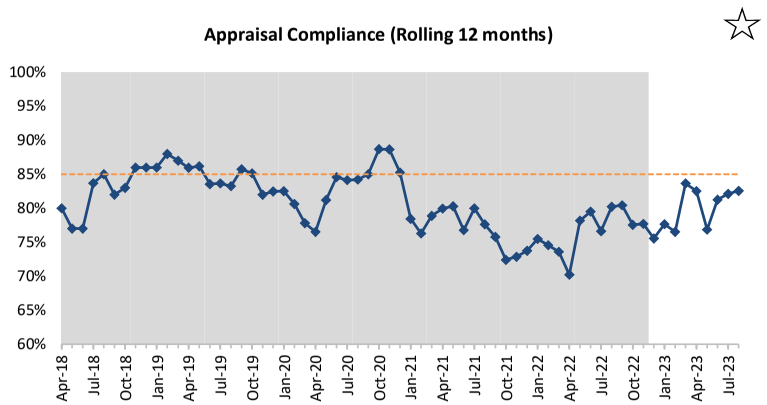
Well Led - Work force

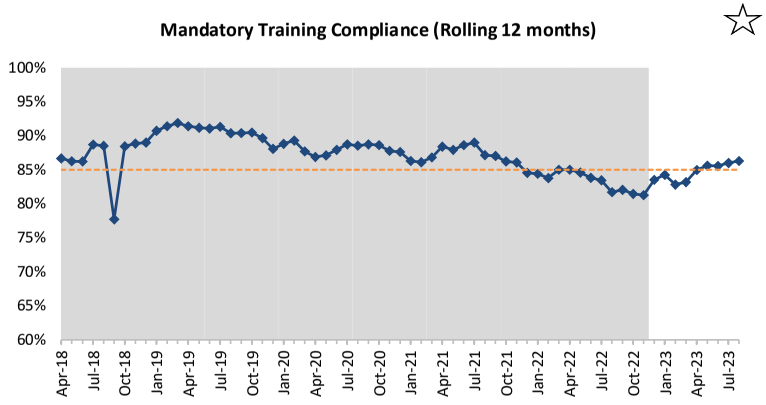
Workforce KPIs

Well Led - Workforce	Target	Actual	Assurance
Appraisal Compliance	85%	82.57%	
Mandatory Training Compliance	85%	86.31%	

Appraisal compliance has remained approximately level with last month, slightly below target. Mandatory training has increased again this month and remains above target.

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

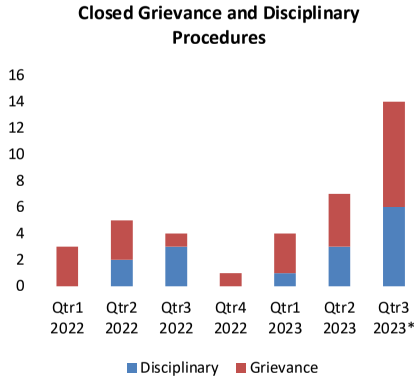




Grievance and Disciplinary Procedures

Included this month are the number of closed grievance and disciplinary procedures. In the interests of anonymity these have been rolled up to quarter level because several months had only one closed process in month.

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



Open Disciplinaries

5

Open Grievances

3

Workforce KPIs

Well Led - Workforce	Target	Actual	Assurance
Sickness / Absence	4.75%	5.33%	
Trust Turnover	-	15.91%	
Nursing Turnover	-	12.10%	
Other Staff Turnover	-	17.75%	

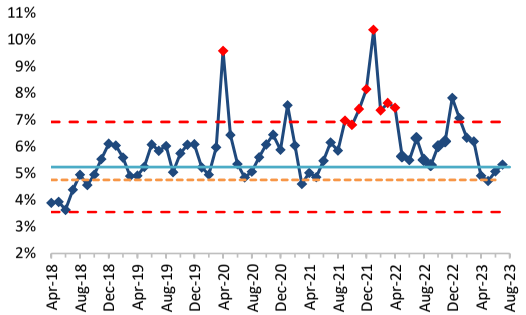
Sickness/Absence

Sickness absence has increased again in August but remains comfortably in the centre of normal variation.

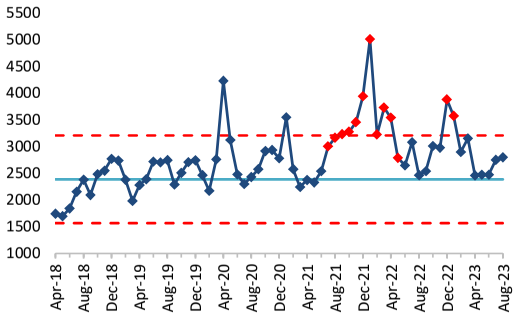
Turnover

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

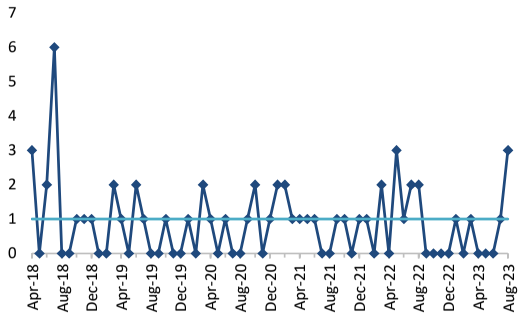
Sickness/Absence (Monthly)



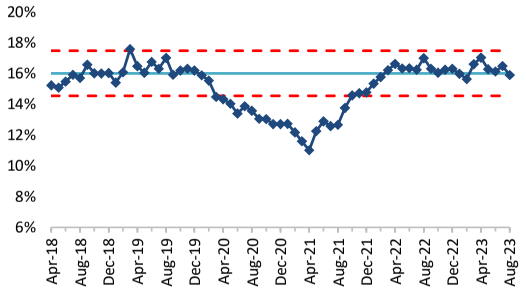
Lost Days due to Sickness/Absence (Monthly)



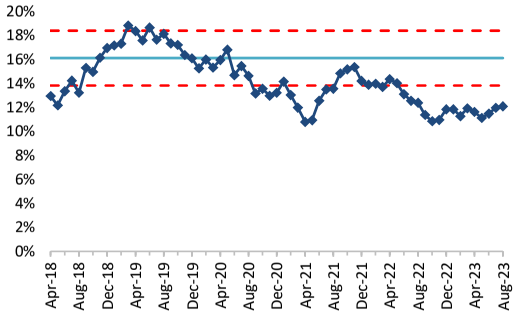
Medical Leavers



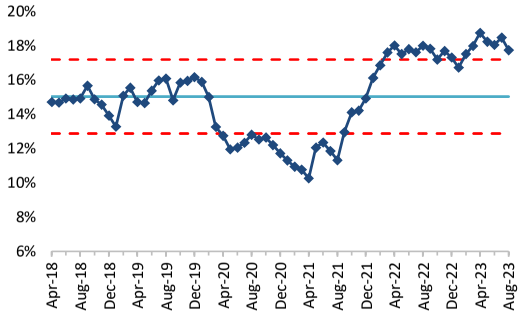
Trust Turnover (Rolling 12 months) - All Staff Groups



Nursing Turnover (Rolling 12 months)

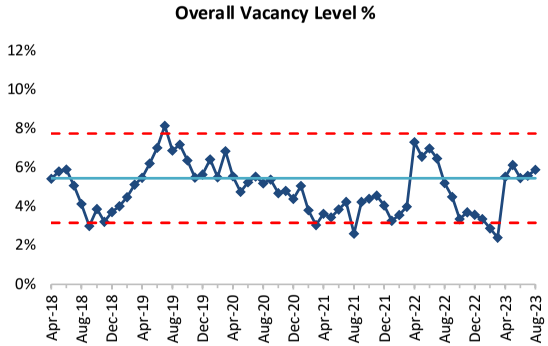


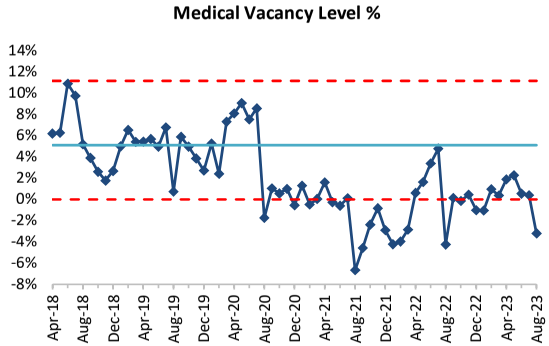
Other Staff Turnover (Rolling 12 months)

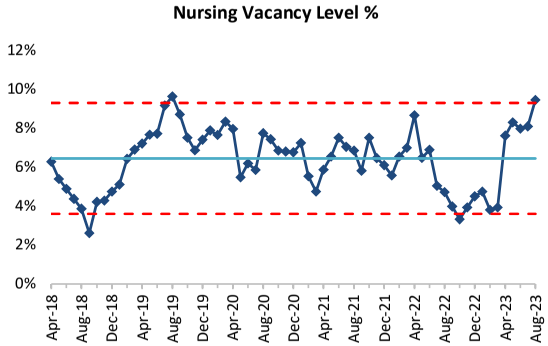


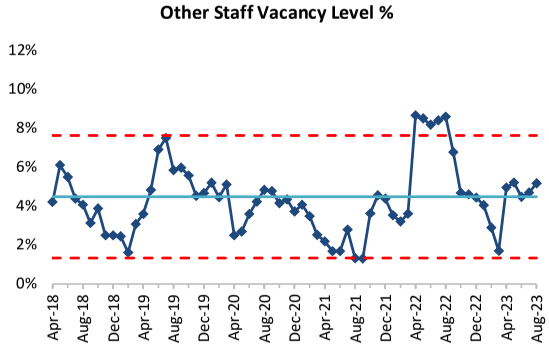
Well Led - Work force

Workforce KPIs





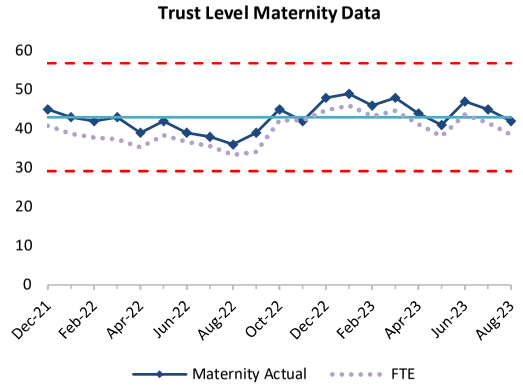




Vacancy Rates

The overall vacancy rate has remained steady this month and has dropped among medical staff. Nursing vacancy level is high in August.

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



Current month maternity figures

Directorate	Headcount	FTE
Corporate Services Directorate	2	1.8
Neurology & Long Term Care	20	17.41
Surgery & Critical Care	20	19.28
Grand Total	**42**	**38.49**

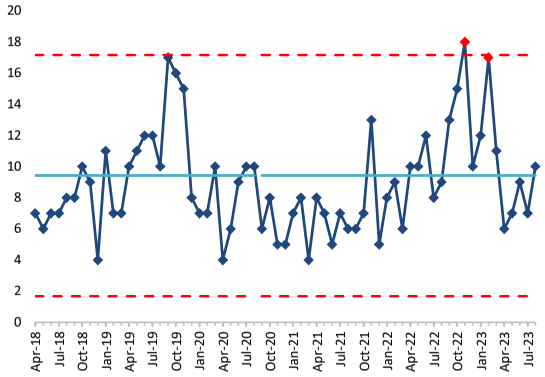
Quality Indicators

Quality of Care

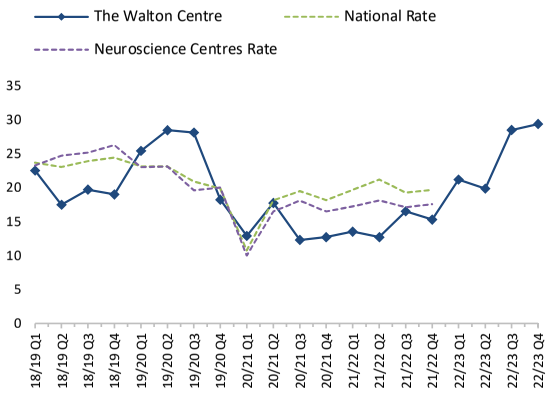
Complaints

In August 2023 the trust received ten new complaints, three in surgery, five in neurology, one corporate and one cross-divisional. Five of these complaints related to Diagnosis/Treatment; two to appointment arrangements and one each to Inpatient Concerns, Communication and Coporate.

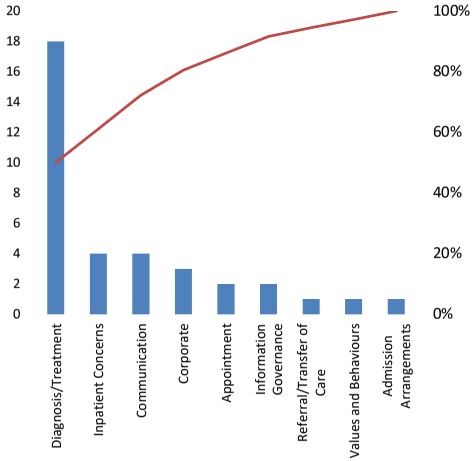
Total New Complaints Received in month



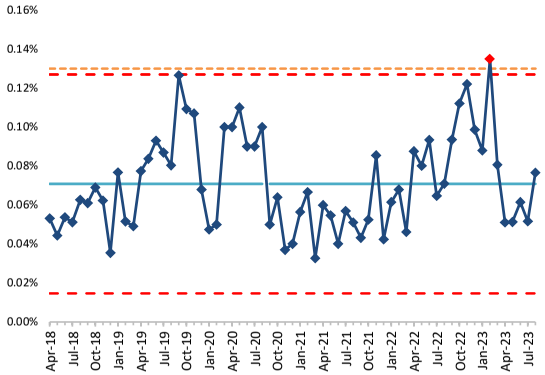
Quarterly Complaints per 1000 WTE



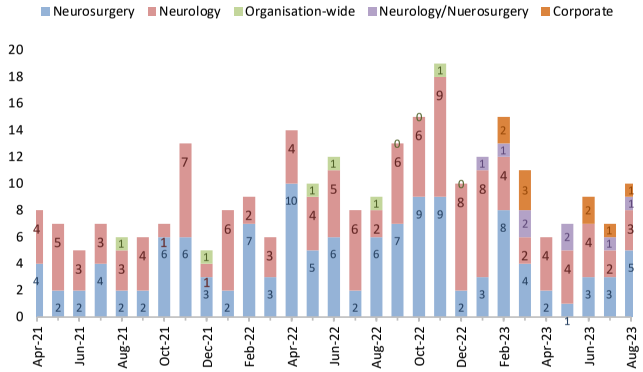
Complaints by Subject Financial Year to Date



% New Complaints Received against Activity



Total New Complaints Received



Complaints by Outcome

	Not Upheld	Partial Upheld	Upheld
19/20	38	18	17
20/21	44	24	5
21/22	38	22	10
22/23	64	36	36
23/24*	8	3	4

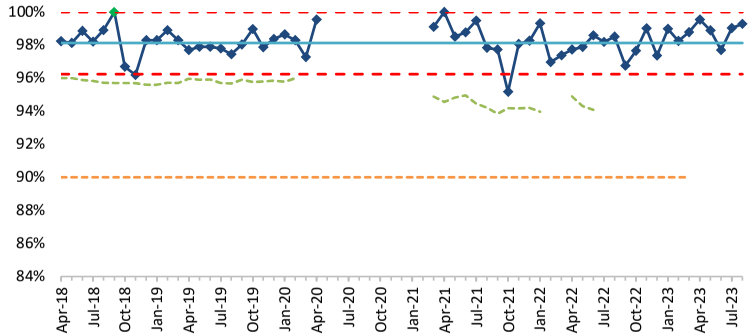
*from January 2023 there is now the option to attribute complaints to both divisions where this is necessary.

Quality of Care

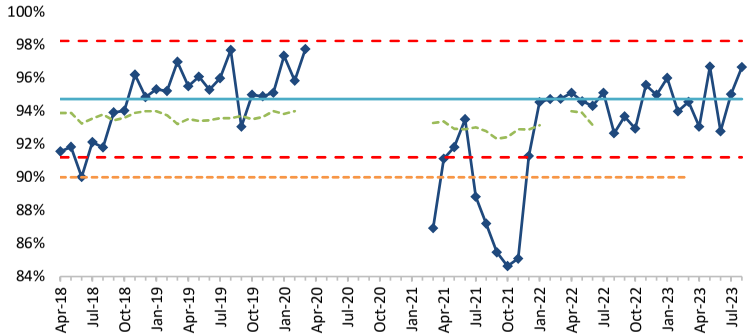
Family and Friends Test

The target for inpatient FFT response rate has been increased in this financial year to 50% which is the mean value for what we've previously seen. Once we have brought the lower control limit closer to 50% we can look again at increasing the target if that seems appropriate. The inpatient response rate for August has increased to 60% thanks to a special effort on the part of the Wards Managers to engage patients with the survey.

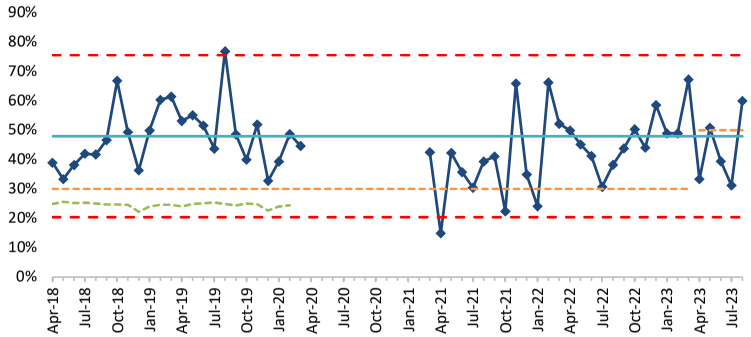
Inpatient FFT % Likely to Recommend



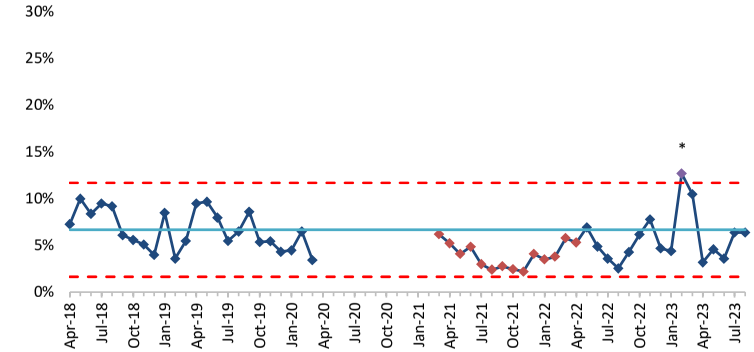
Outpatient FFT % Likely to Recommend



Inpatient FFT Response Rate



Outpatient FFT Response Rate

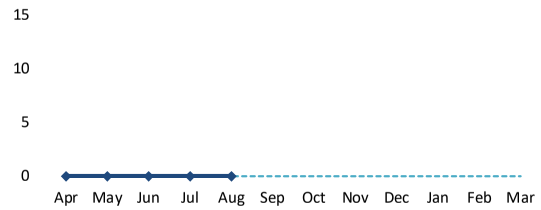


*The increase in OP response rate, though genuine, may be slightly inflated by a data collection issue at the end of January which meant that some January responses have been counted in February.

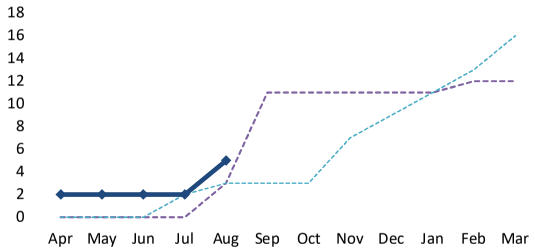
Quality of Care

Infection Control

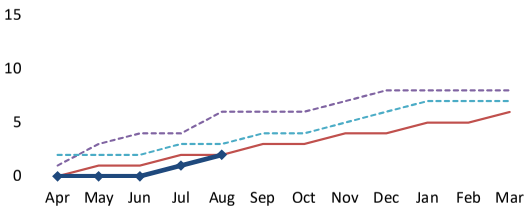
MRSA Bacteraemia



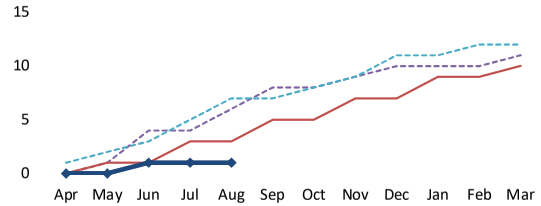
CPE



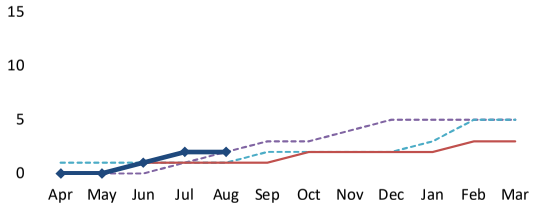
Clostridium difficile



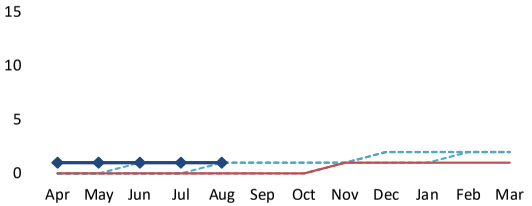
E.Coli



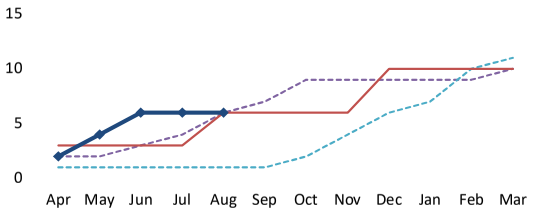
Klebsiella Bacteraemia



Pseudomonas Bacteraemia



MSSA



Total Healthcare Acquired Infections 2023/24

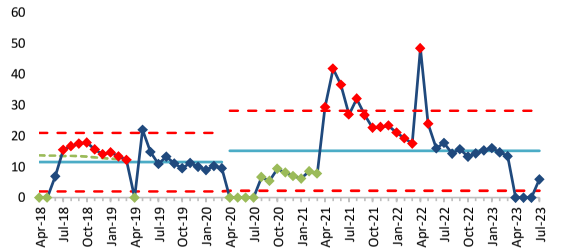
	MRSA B	CPE	C.Diff	E.Coli	KB	PB	MSSA	Total
Cairns		3			1			**4**
Caton							1	**1**
Chavasse			1				3	**4**
CRU		1			1			**2**
Dott		1	1					**2**
Horsley				1		1	2	**4**
Lipton								**0**
Sherrington								**0**
Total	**0**	**5**	**2**	**1**	**2**	**1**	**6**	**17**

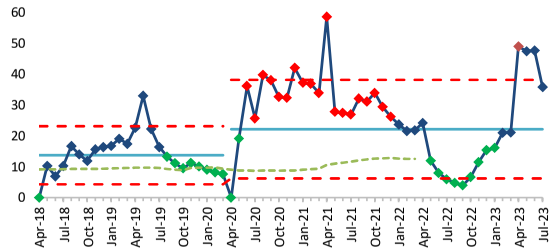
In Month Breakdown by Ward

Three CPE cases reported in month, one each on Dott, Cairns and CRU. One Clostridium Difficile on Chavasse and one CAUTI on CRU.

Quality of Care

Infection Control

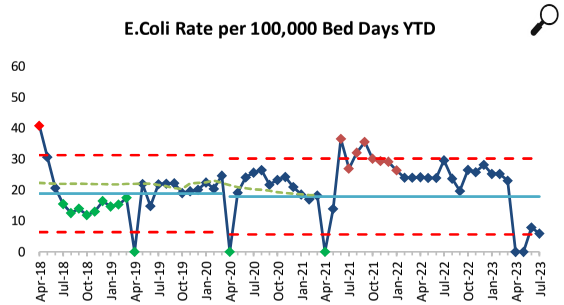


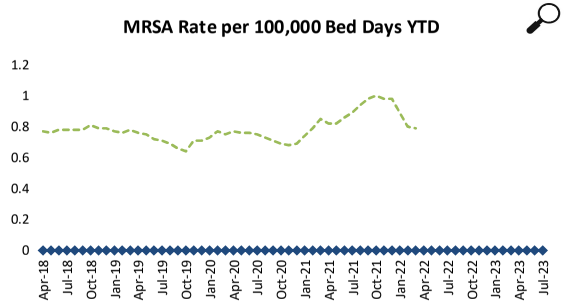


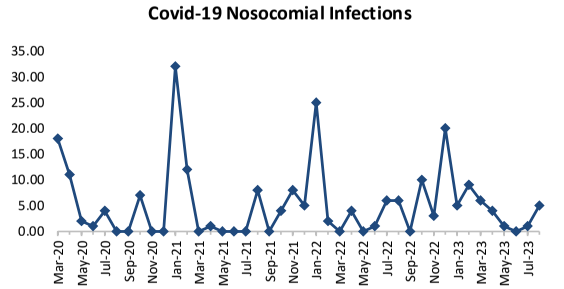
All infection rates are within normal variation this month.

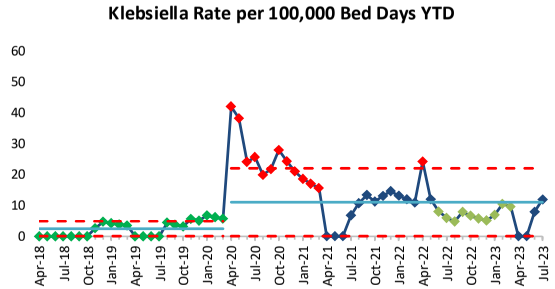
2023/24 to date

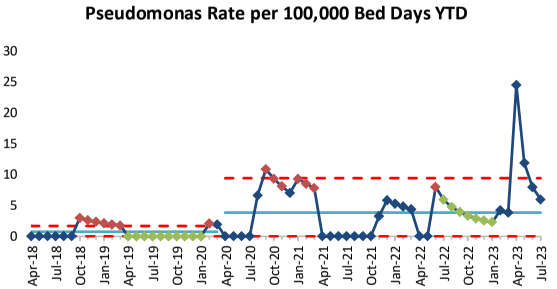
Infection	Number	Rate
C. Diff	1	5.97
MSSA	6	35.81
E. Coli	1	5.97
MRSA	0	0.00
Klebsiella Bacteraemia	2	11.94
Pseudomonas Bacteraemia	1	5.97
Covid -19	5	(in month)











Quality of Care

Harm Free Care

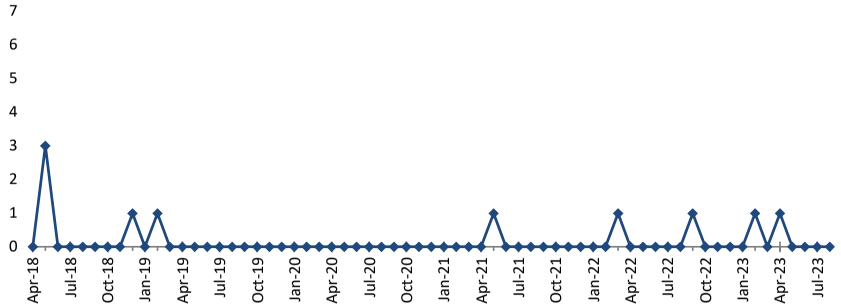
Pressure Ulcers: There were **zero** hospital acquired pressure ulcers in August which is a significant improvement over recent performance.

CAUTI: There was one CAUTI incident this month.

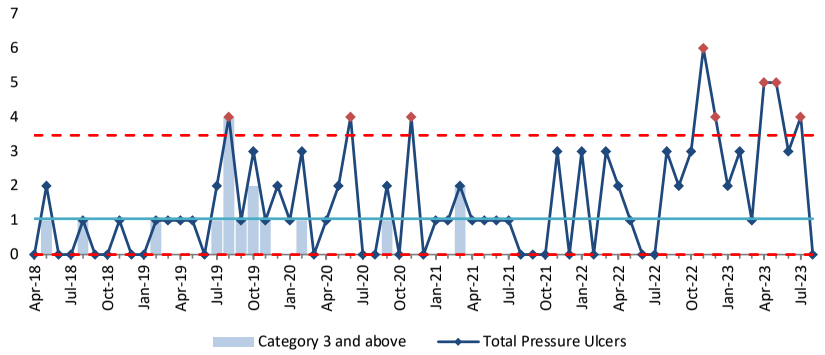
VTE: There were no VTE incident in month.

Falls: There were no serious falls in August.

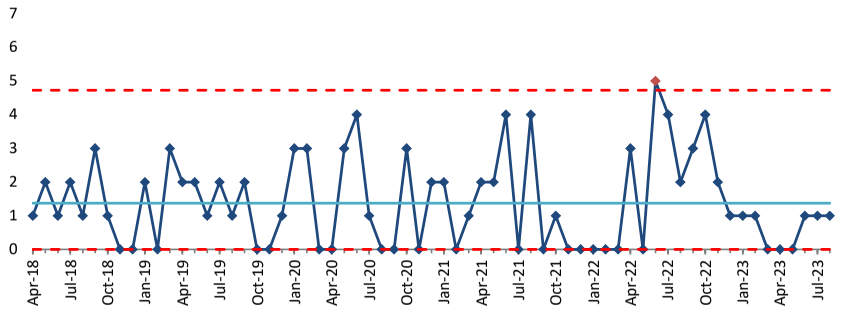
Total Moderate or Above Harm Inpatient Falls



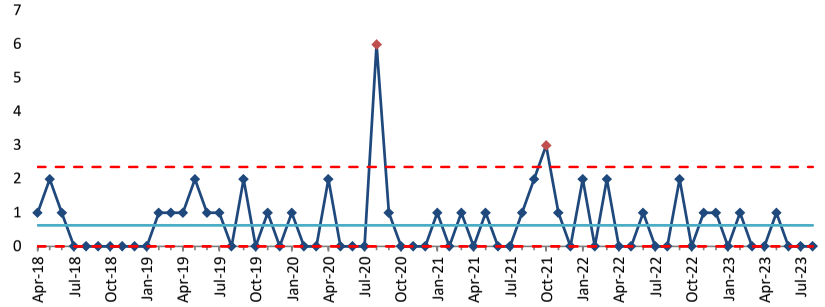
Total Hospital Acquired Pressure Ulcers



CAUTI Incidences



VTE Incidences

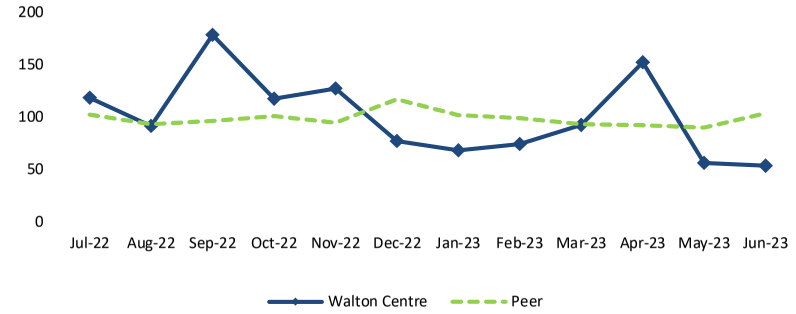


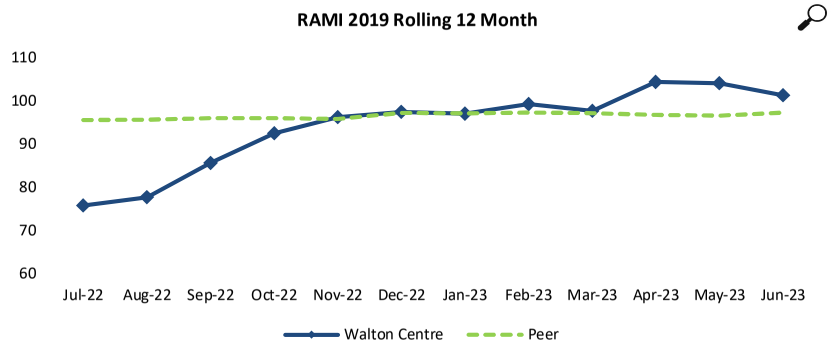
Quality of Care

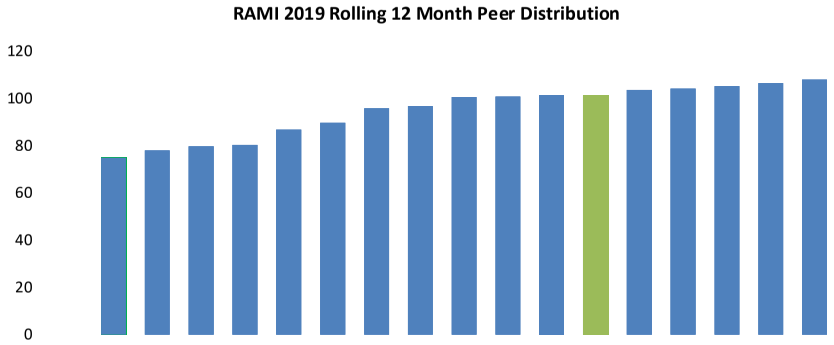
Mortality

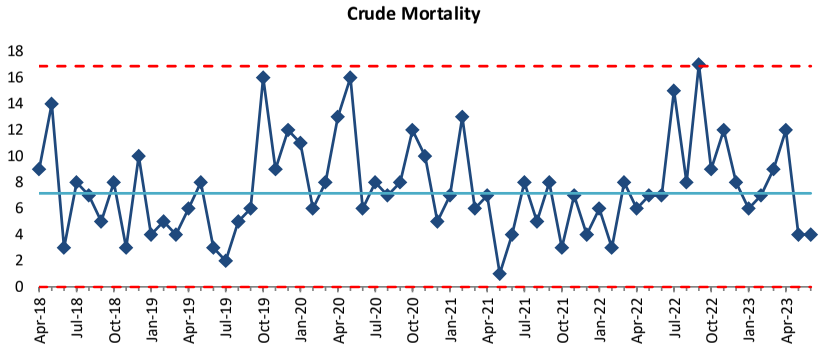
RAMI performance has declined over the last few months. As at June 2023 the rolling 12 month RAMI19 figure is 101.26. During the period there were a total of 100 observed deaths against 99 expected deaths. When viewed against peers the Walton Centre has dropped to 12th place. When looking at the 56 HSMR condition groups for the rolling 12 month period the RAMI risk is 96.80.

RAMI19 excludes deaths following a positive covid-19 result. During the rolling 12 month period there have been 8 deaths following a positive covid-19 result, of which 2 were in December, 0 in January, 1 in February and 0 since March.





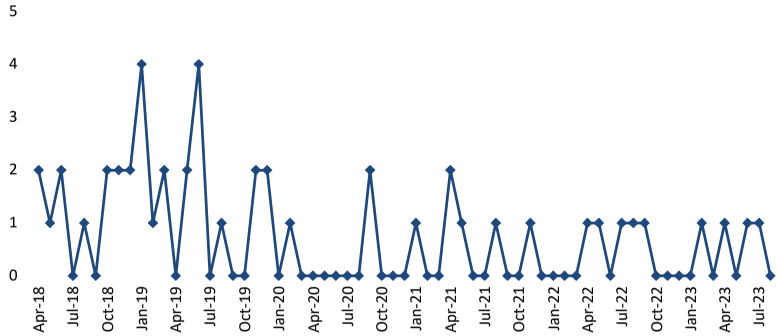




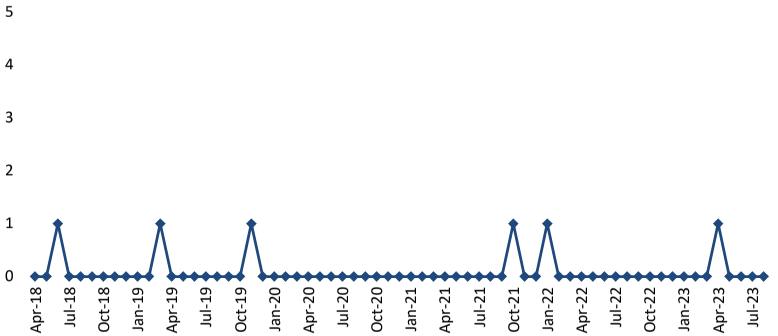
Quality of Care - Safe

Governance

Total Confirmed SIs Reported



Total Confirmed Never Events Reported



There was one serious incident reported during July which was a wrongly sited operation/procedure and which occurred in Theatre. There have been zero Sis or Never Events in August.

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

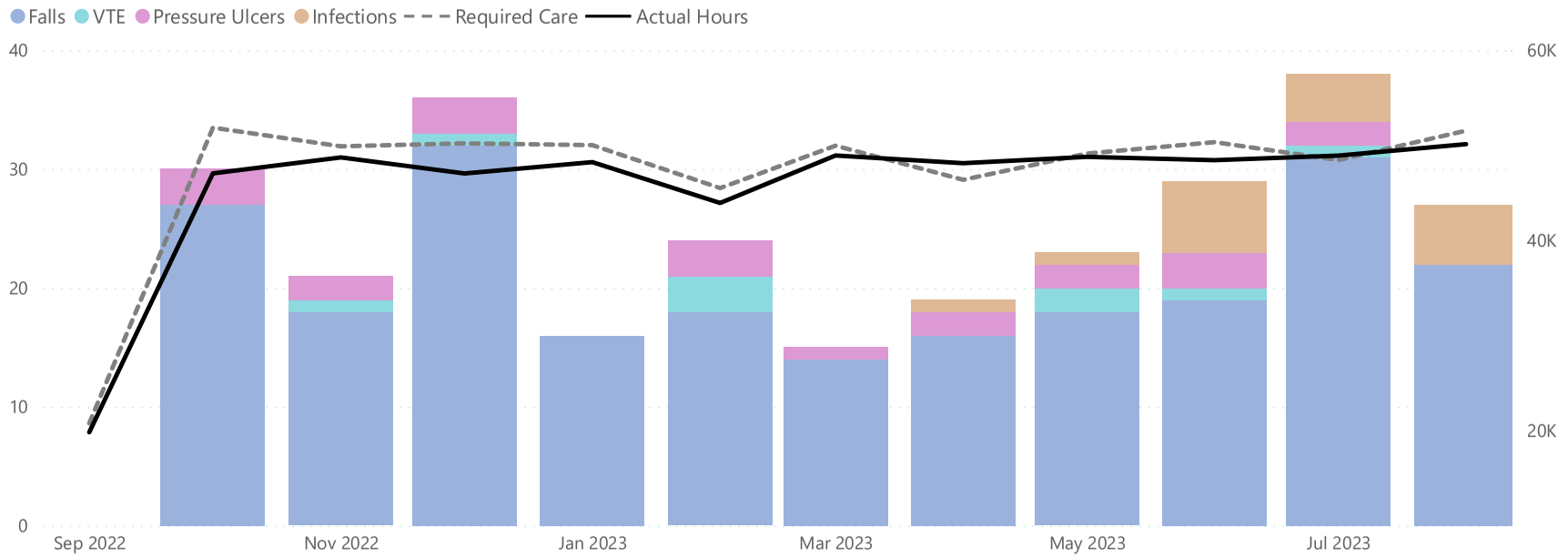
The Walton Centre NHS Foundation Trust

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

Summary Matrix for Aug-2023

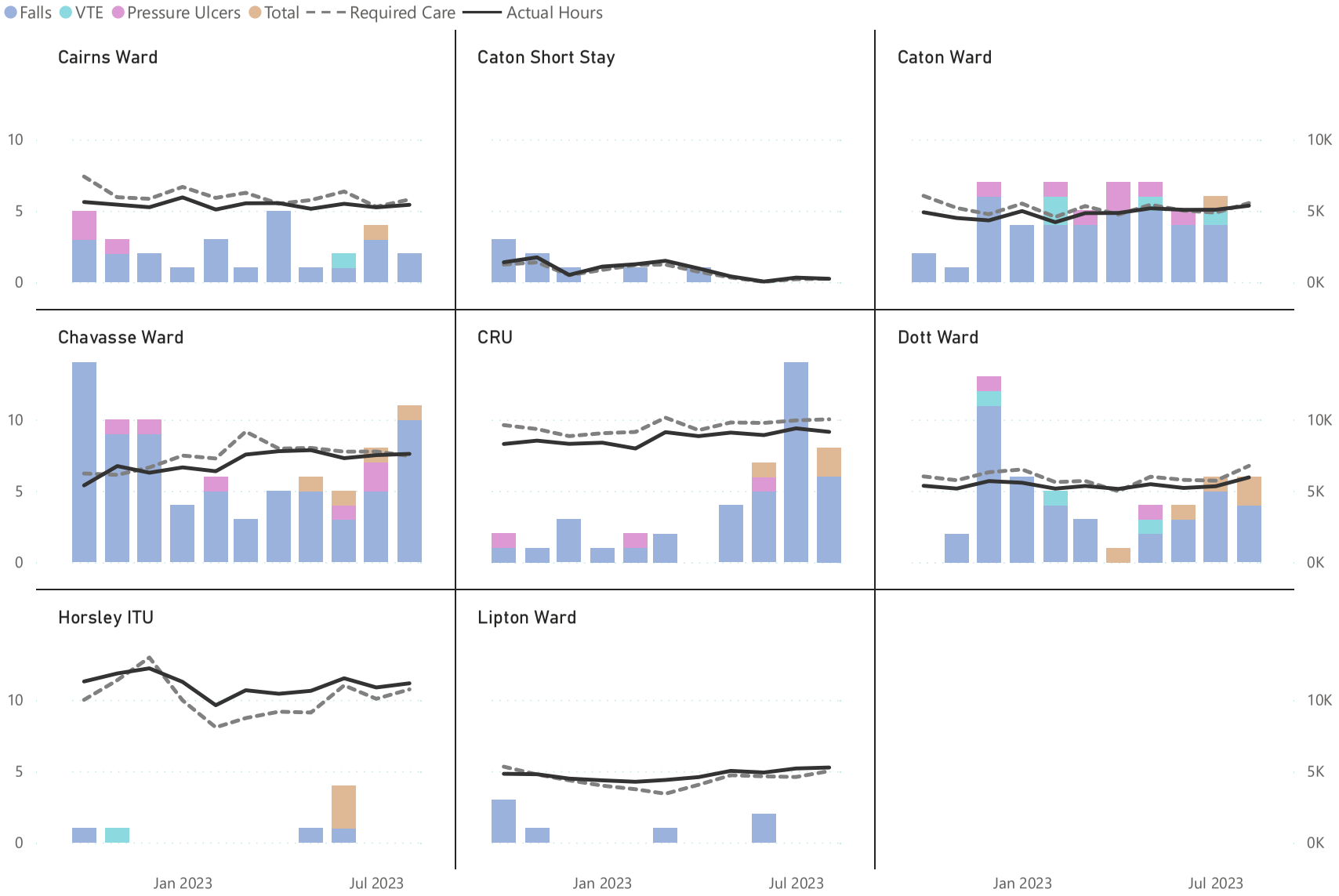
Unit	Planned	Required	Actual	Bank	Additional	Sickness	Parental	Annual	Flags	Infections	VTE	Falls	Pressure Ulcers
Cairns Ward	5,108	5,788	5,417	1,876	610	843	320	1,013	2			2	
Caton Short Stay	833	236	230	38	35	640		403	1				
Caton Ward	4,583	5,538	5,356	1,529	1,201	660	38	726	1				
Chavasse Ward	6,720	7,452	7,601	2,423	1,242	1,049	568	1,153		1		10	
CRU	8,303	10,028	9,145	2,463	1,426	969	254	1,308	1	2		6	
Dott Ward	4,650	6,759	5,955	1,898	1,365	634	74	992	4	2		4	
Horsley ITU	15,338	10,736	11,164	2,072	90	1,770	1,011	3,171					
Lipton Ward	4,613	5,009	5,258	1,908	1,055	543		653	1				
Total	**50,145**	**51,546**	**50,125**	**14,208**	**7,023**	**7,108**	**2,265**	**9,420**	**10**	**5**		**22**	

The chart below shows that we saw high harms in October and December 2022 which are months where the overall level of actual staffing is noticeably below the required level. However in July 2023 we also saw high harms in spite of well matched staffing levels. The next page will show that this is driven mostly by falls on CRU which did have less than required staffing in July.



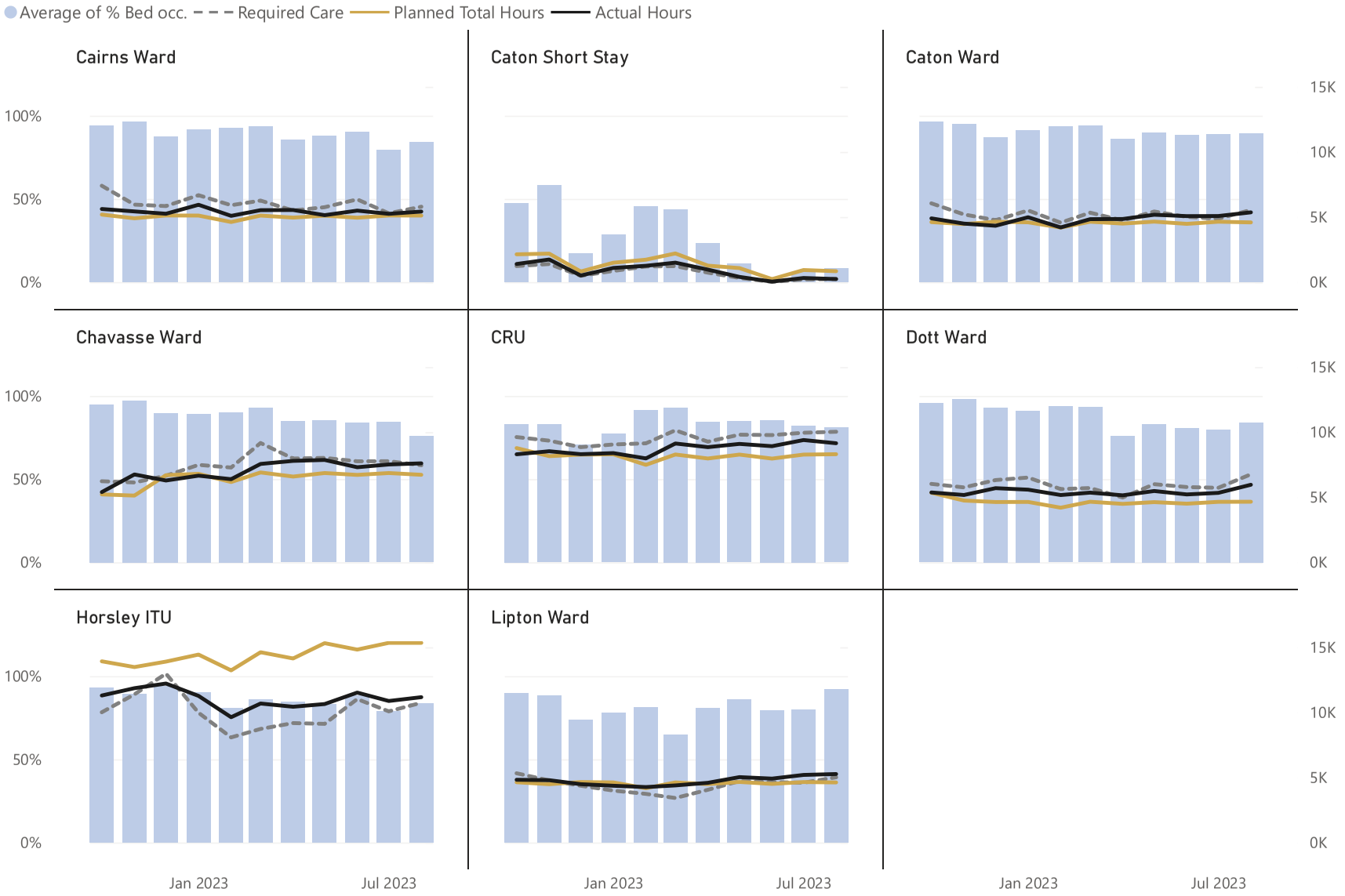
Required and Actual Care Hours Compared to Avoidable Harms by Ward.

The Walton Centre NHS Foundation Trust



Required and Actual Care Hours Compared to Occupancy and Establishment

The Walton Centre NHS Foundation Trust



WELL LED

Finance

Key Performance Indicators	June	July	August
% variance from plan - Year to date	0.5%	0.3%	0.4%
% variance from plan - Forecast	0.0%	0.0%	0.0%
% variance from efficiency plan - Year to date	0.0%	0.0%	0.0%
% variance from efficiency plan - Forecast	0.0%	0.0%	0.0%
Capital % variance from plan - Year to date	9.1%	46.2%	47.0%
Capital % variance from plan - Forecast	0.0%	0.0%	0.0%
Capital Service Cover *	3.1	3.6	3.8
Liquidity **	40.8	43.7	44.9
Cash days operating expenditure ***	92.0	100.0	105.0
BPPC - Number	87.9%	88.9%	89.0%
BPPC - Value	87.7%	89.6%	89.6%

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

Trust I&E	In month			Year to Date			Full Year		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Operating income from patient care activities	14,025	14,839	814	70,125	73,463	3,338	168,305	174,709	6,404
Other operating income	645	815	170	3,225	3,851	626	7,741	9,150	1,409
Donated Income	0	0	0	0	0	0	0	0	0
Total Operating Income	**14,670**	**15,654**	**984**	**73,350**	**77,314**	**3,964**	**176,046**	**183,859**	**7,813**
Employee expenses	(7,480)	(8,805)	(1,325)	(37,395)	(39,619)	(2,224)	(89,787)	(94,102)	(4,315)
Operating expenses excluding employee expenses	(6,889)	(6,605)	284	(33,513)	(35,458)	(1,945)	(81,775)	(85,794)	(4,019)
Total Operating Expenditure	**(14,369)**	**(15,410)**	**(1,041)**	**(70,908)**	**(75,077)**	**(4,169)**	**(171,562)**	**(179,896)**	**(8,334)**
EBIT	**301**	**244**	**(57)**	**2,442**	**2,237**	**(205)**	**4,484**	**3,963**	**(521)**
Finance income	140	199	59	700	902	202	1,680	2,162	482
Finance expense	(47)	(44)	3	(238)	(224)	14	(578)	(539)	39
PDC dividends payable/refundable	(147)	(147)	0	(735)	(735)	0	(1,764)	(1,764)	0
Other gains/(losses) including disposal of assets	0	0	0	0	0	0	0	0	0
Financial performance surplus/(deficit)	**247**	**252**	**5**	**2,169**	**2,180**	**11**	**3,822**	**3,822**	**0**
I&E impact capital donations and profit on asset disposals	21	21	0	106	105	(1)	257	257	0
Adjusted financial performance surplus/(deficit)	**268**	**273**	**5**	**2,275**	**2,285**	**10**	**4,079**	**4,079**	**0**

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

The current plan includes:

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

Month 5 – in month the trust posted a £273k surplus position against a plan of £268k, £5k above plan.

Year to date-the Trust has reported a £2,285k surplus position against a planned position of £2,275k, £10k ahead of plan.

Income – Year to date overperformance of £3,964k, due to:

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

Expenditure (inc. Financing Costs) – Year to date over-spend of £3,953k due to:

- Increased pay costs for year-to-date impact of pay award;
- Increased spend on High-Cost Drugs (Homecare Drugs);
- Increased utility costs compared to budget and 2022/23;
- Provision for backpay in relation to Band 2 to Band 3 HCA uplift

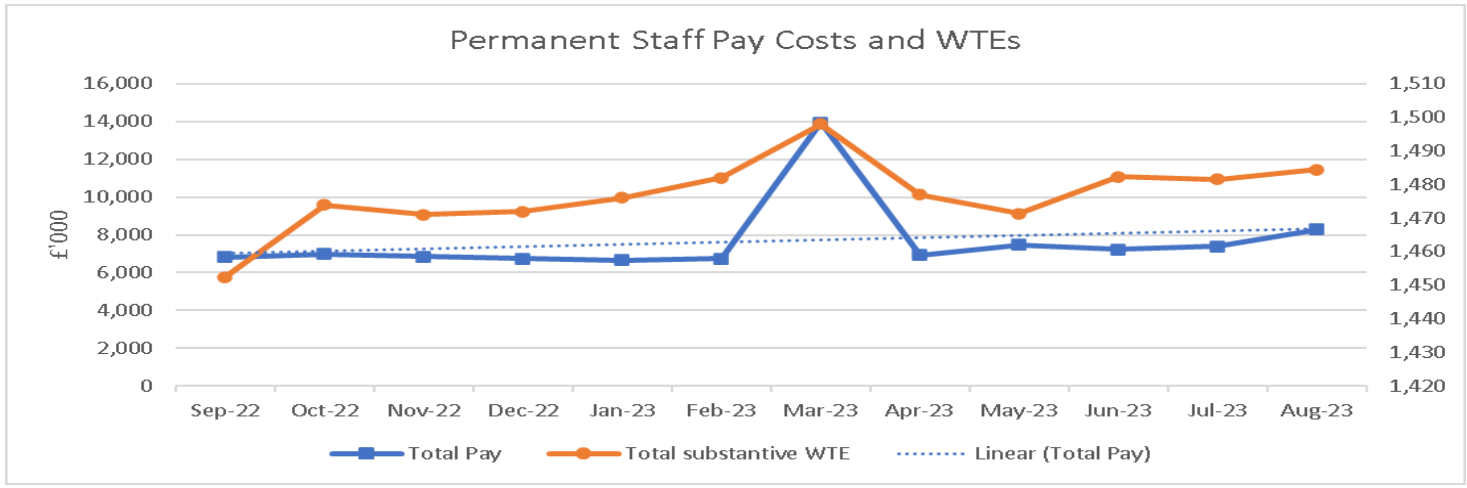
STATEMENT OF FINANCIAL POSITION - 2023/24	Plan Aug-23	Actual Aug 23	Variance
	£'000	£'000	£'000
Intangible Assets	856	817	(39)
Tangible Assets	101,811	101,134	(677)
Least Assets - Right of use assets	814	814	0
Receivables	324	324	0
TOTAL NON CURRENT ASSETS	**103,805**	**103,089**	**(716)**
Inventories	1,043	1,055	12
Receivables	7,401	6,254	(1,147)
Cash at bank and in hand	50,542	49,599	(943)
TOTAL CURRENT ASSETS	**58,986**	**56,908**	**(2,078)**
Payables	(35,795)	(33,054)	2,741
Borrowings	(1,791)	(1,710)	81
Provisions	(80)	(80)	0
TOTAL CURRENT LIABILITIES	**(37,666)**	**(34,844)**	**2,822**
TOTAL ASSETS LESS CURRENT LIABILITIES	**125,125**	**125,153**	**28**
Borrowings	(20,689)	(20,709)	(20)
Provisions	(513)	(509)	4
TOTAL ASSETS EMPLOYED	**103,923**	**103,935**	**12**
Public Dividend Capital	38,028	38,028	0
Revaluation Reserve	14,412	14,412	0
Income and Expenditure Reserve	51,483	51,495	12
TOTAL TAXPAYERS EQUITY AND RESERVES	**103,923**	**103,935**	**12**

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

STATEMENT OF CASH FLOW - 2023/24	Plan Aug-23	Actual Aug-23	Variance
	£'000	£'000	£'000
Cash flows from operating activities			
Operating surplus/(deficit)	**2,442**	**2,237**	**(205)**
Non-cash income and expense:	3,266	3,514	248
Working Capital	(8)	(2,208)	(2,200)
Net cash generated from/(used in) operations	**5,700**	**3,543**	**(2,157)**
Cash flows from investing activities	(1,788)	(599)	1,189
Cash flows from financing activities	(1,089)	(1,064)	25
Increase/(decrease) in cash and cash equivalents	**2,823**	**1,880**	**(943)**
OPENING CASH	**47,718**	**47,719**	**1**
CLOSING CASH	**50,541**	**49,599**	**(942)**

At the end of August - £49,599k cash balance compared to £50,541k plan, an adverse variance of £942k:

- Movement in inventories: (£13k)
- Movement in payables/receivables: (£1,626k)
- Movement in deferred income: (£486k)
- Capital programme: £1,248k
- Other (£65k)
- **Total** **(£942k)**



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

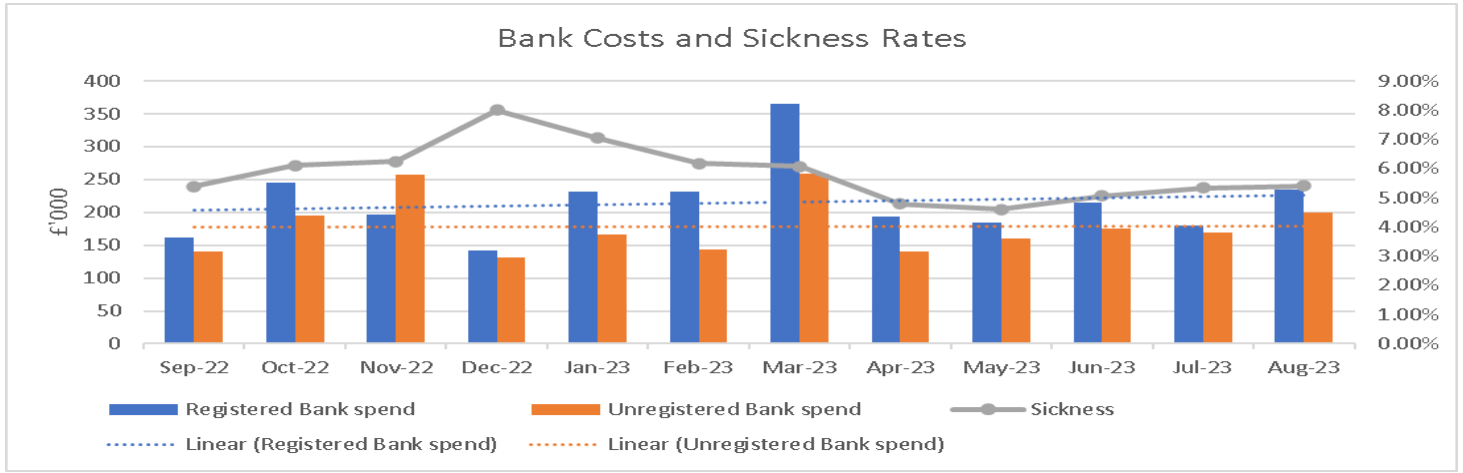
August pay is higher than previous due to built in provision for backdated B2 to B3 pay.

Pay costs:

- Jun: £7,227k
- Jul: £7,403k
- Aug: £8,279k

WTE:

- Jun: 1,482 WTE
- Jul: 1,482 WTE
- Aug: 1,484 WTE



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

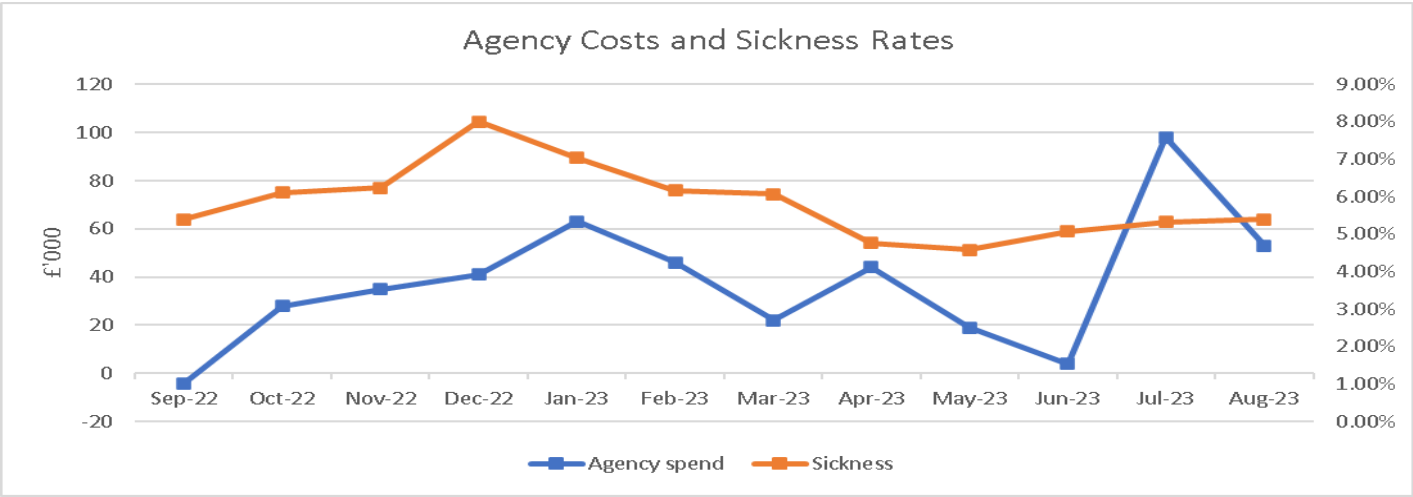
Increase in Registered Bank costs in October 2022, across all wards. Increase in March 23 is due to pay award for bank staff. Increase in RN costs in August due to bed days in ITU, and increased HCA costs due to bed days and acuity across main wards.

Nursing Bank costs:

- Jun: £391k
- Jul: £350k
- Aug: £434k

Sickness rate:

- Jun: 5.07%
- Jul: 5.33%
- Aug: 5.40%



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

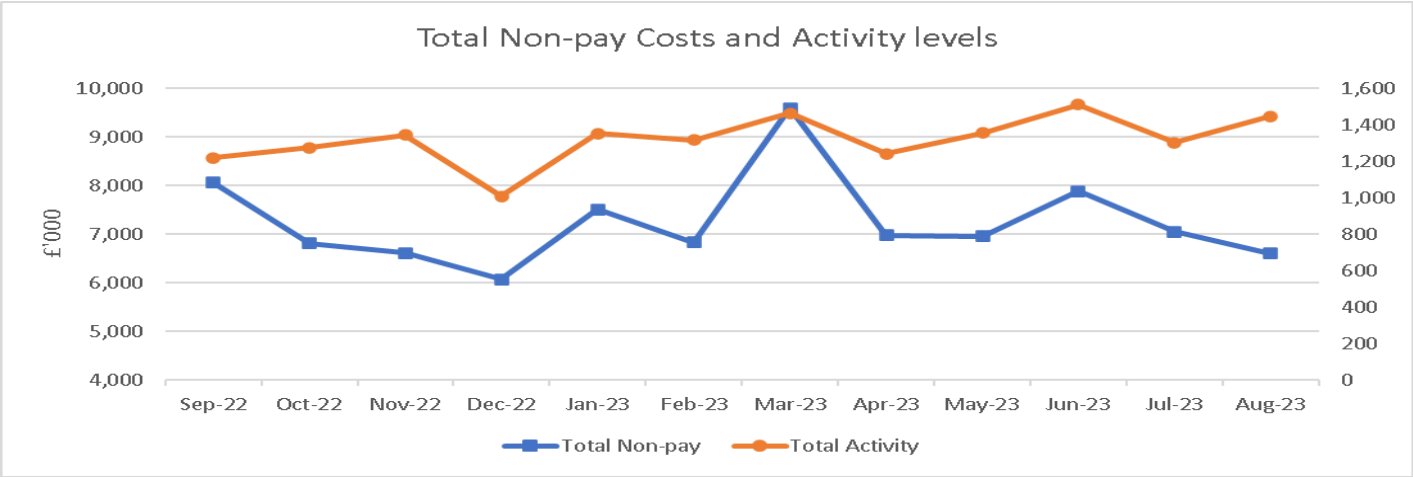
Prior year reversal in September, as all invoices have been received.
Increase in agency in July is due to recoding of IT agency staff previously allocated to specific capital projects.

Agency costs:

- Jun: £4k
- Jul: £98k
- Aug: £53k

Sickness rate:

- Jun: 5.07%
- Jul: 5.33%
- Aug: 5.40%



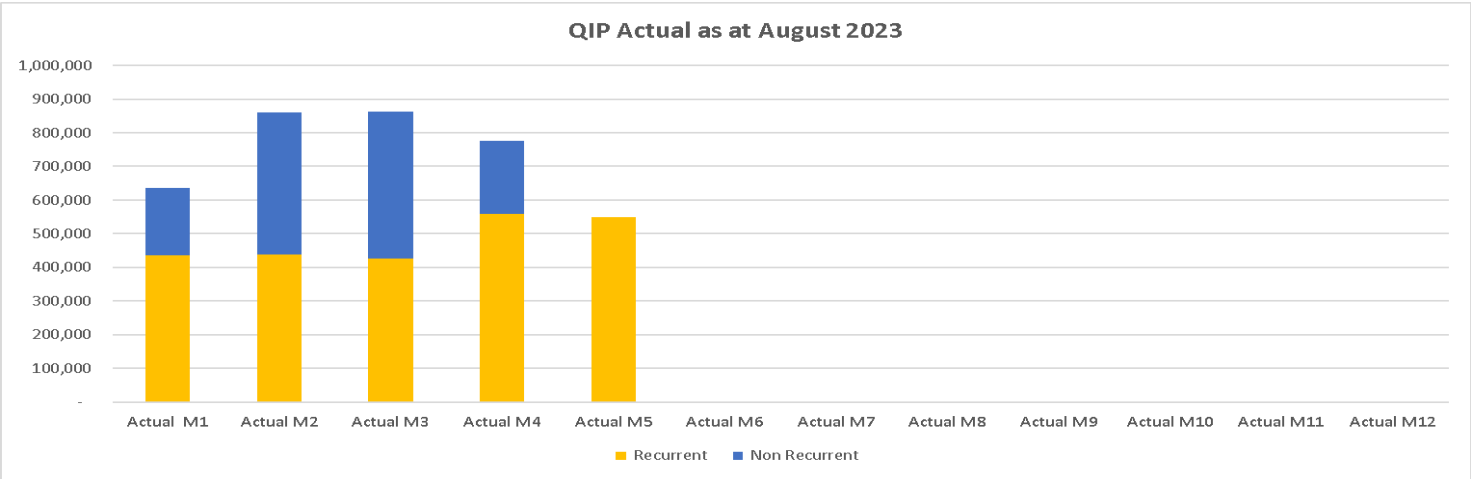
Increased costs in March 2023 are caused by increased consumable spend at the financial year end and works carried out by Estates.

Non-pay costs:

- Jun: £7,879k
- Jul: £7,049k
- Aug: £6,603k

Inpatient activity:

- Jun: 1,506 spells
- Jul: 1,302 spells
- Aug: 1,447 spells



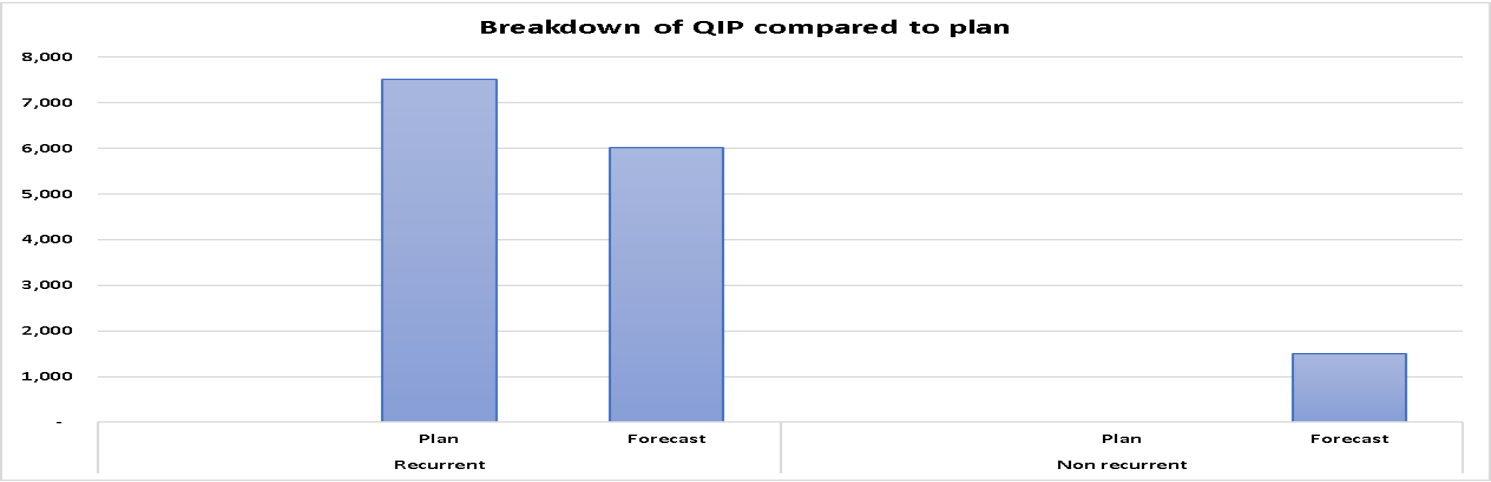
The Trust has a QIP target of £7,520k for the 2023/24 financial year. At M5 the QIP target YTD was achieved via £2,409k recurrently and £1,274k non recurrently.

Recurrent CIP:

- Jun: £423k
- Jul: £559k
- Aug: £549k

Non-recurrent CIP:

- Jun: £435k
- Jul: £217k
- Aug: £0k



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

Year to date 65% of the target was achieved recurrently, with 35% achieved non recurrently.

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

PATIENT RELATED INCOME

	In month			Year to Date			Full Year		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Forecast	Variance
Patient Related	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
NHS England	9,927	10,269	342	49,637	52,011	2,374	119,128	124,078	4,950
Clinical Commissioning Groups	2,099	2,179	80	10,496	10,626	130	25,191	25,413	222
Wales	1,748	1,826	78	8,739	9,118	379	20,972	21,883	911
Isle of Man	177	176	(1)	887	773	(114)	2,130	1,897	(233)
Other Patient Related Income	74	389	315	366	935	569	884	1,438	554
Total Patient Related Income	**14,025**	**14,839**	**814**	**70,125**	**73,463**	**3,338**	**168,305**	**174,709**	**6,404**

To note that patient related income includes ERF income.

NON-PATIENT RELATED INCOME

	In month			Year to Date			Full Year		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Forecast	Variance
Non-patient Related	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Research & Development Income	92	201	109	457	601	144	1,097	1,443	346
Education And Training	273	278	5	1,366	1,503	137	3,277	3,537	260
Employee Benefits Income	187	209	22	934	1,255	321	2,242	3,012	770
Other Non-patient Related Income	93	127	34	468	492	24	1,125	1,158	33
Total Patient Related Income	**645**	**815**	**170**	**3,225**	**3,851**	**626**	**7,741**	**9,150**	**1,409**

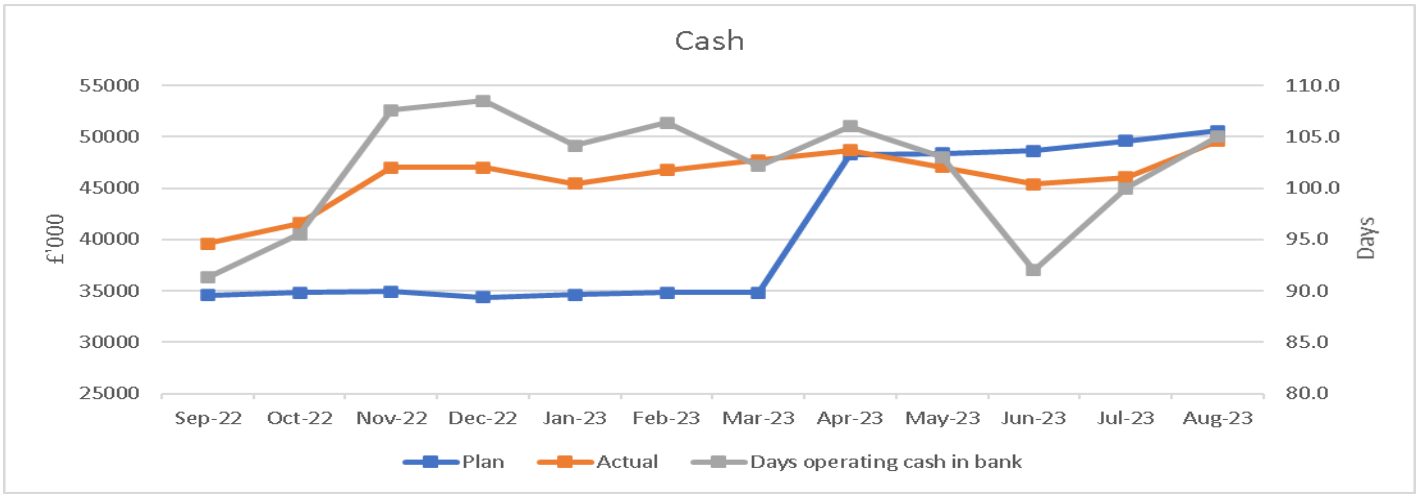
ERF

	In month			Year to Date			Full Year		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Elective Recovery Funding	402	323	(79)	2,009	1,921	(88)	4,821	4,821	0

CAPITAL

	In month			Year to date			Forecast		
	Plan £'000	Actual £'000	Var £'000	Plan £'000	Actual £'000	Var £'000	Plan £'000	Actual £'000	Var £'000
Division									
Heating & Pipework	75	46	29	365	124	241	890	222	668
Estates-Ponta systems	0	5	(5)	450	375	75	450	432	18
Estates-Theatres air handling units	0	1	(1)	0	8	(8)	2,010	1,539	471
Estates-General	0	(3)	3	0	18	(18)	0	115	(115)
IM&T	18	0	18	90	0	90	220	0	220
Neurology-Ultramax Flouro machine	0	0	0	0	0	0	1,050	1,050	0
Neurophysiology	0	3	(3)	0	3	(3)	0	323	(323)
Neurosurgery-Other clinical equipment	19	0	19	92	0	92	225	664	(439)
Corporate	0	0	0	0	0	0	0	500	(500)
TOTAL (excl. external funding)	**112**	**52**	**60**	**997**	**528**	**469**	**4,845**	**4,845**	**0**
Right of Use Assets - MRI	0	0	0	0	0	0	1,400	1,400	0
MR Offices and Canulation Area	0	0	0	0	0	0	13	13	0
Donated Assets	0	0	0	0	0	0	100	100	0
TOTAL (incl. external funding)	**0**	**0**	**0**	**0**	**0**	**0**	**1,513**	**1,513**	**0**
TOTAL	**112**	**52**	**60**	**997**	**528**	**469**	**6,358**	**6,358**	**0**

- Capital expenditure in month of £52k, against a plan of £112k.
- Current year spend on divisional schemes includes:
  - Ponta Systems ITU.
  - Heating & Pipework
  - Air Handling Units
- Meetings have taken place to prioritise the Capital schemes for 2023/24 and to establish timelines of when projects will start within the 2023/24 financial year.
- Full year plan is set at £4,845k (excluding the impact of IFRS 16 for leased assets).



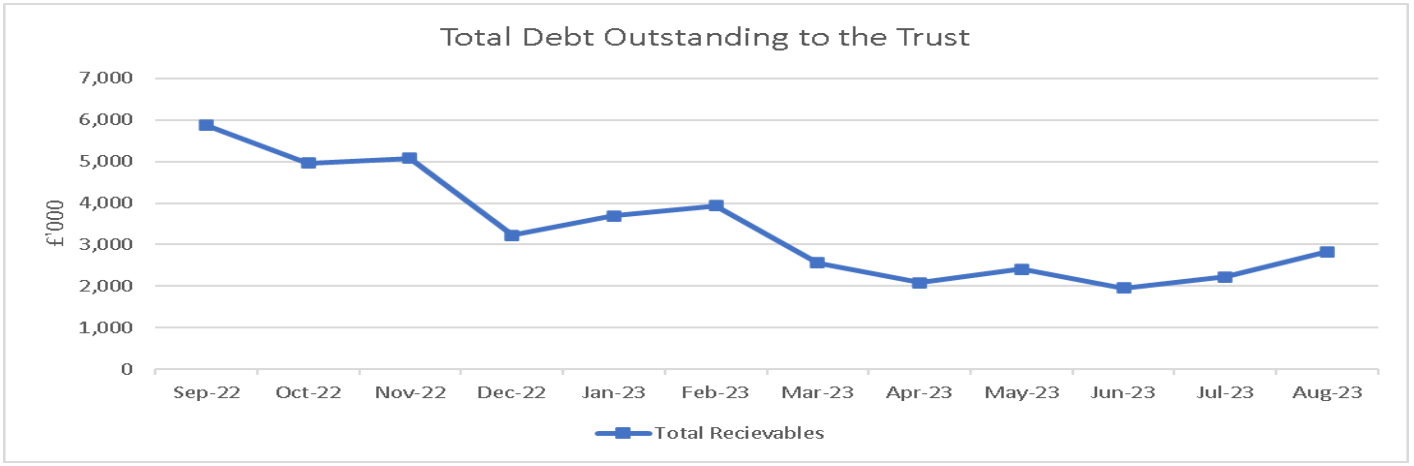
The cash plan was updated this year to reflect the higher cash balances held by the Trust in 2022/23 hence the increase in the planned amount in April 23.

Cash:

- Jun: £45,359k
- Jul: £46,055k
- Aug: £49,599k

Operating expenditure days cover:

- Jun: 92 days
- Jul: 100 days
- Aug: 105 days

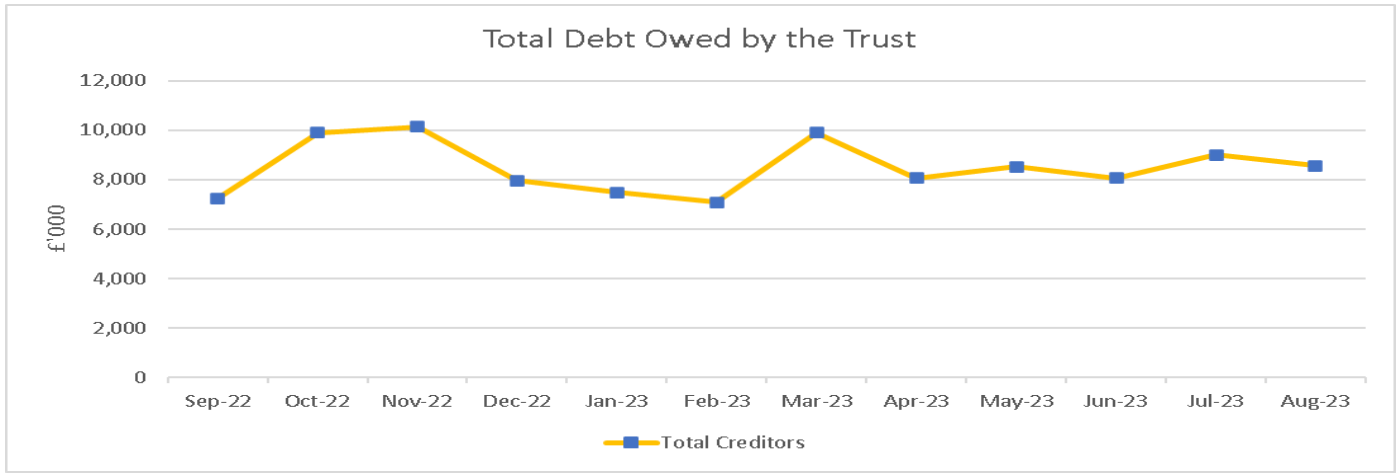


September 2022 increase, due to WHSSC year-end settlement invoice, Isle of Man M1-4 invoice, and Health Education England M4-6 invoice.

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

Debt outstanding to Trust:

- Jun: £1,954k
- Jul: £2,230k
- Aug: £2,828k

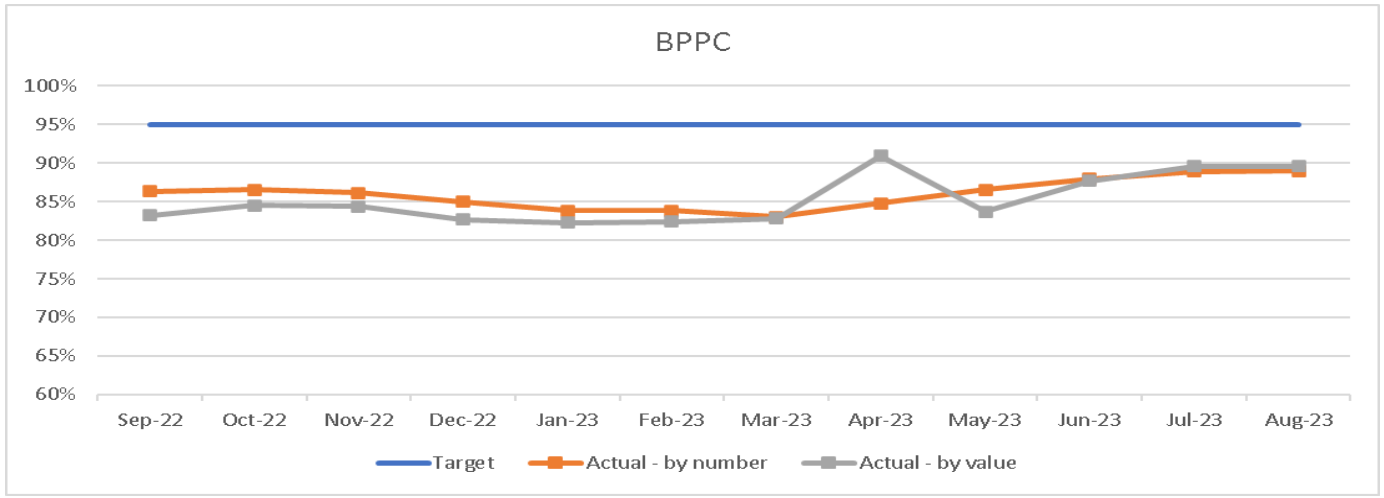


Debt owed by the Trust:

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

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

- Jun: £8,452k
- Jul: £9,848k
- Aug: £8,576k



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

- The Trust BPPC percentage (by number of invoices paid) at the end of August is 89.0%. This has increase slightly from 88.9% at the end of July.
- The Trust BPPC percentage (by value of invoices paid) at the end of August is 89.6%. This is consistent to the 89.6% at the end of July.
- The Trust continues to follow the action plan to improve BPPC performance. This involves collaborative working across the finance team, procurement, and the divisions to ensure that invoices are approved in a timely manner prior to breaching the 30-day limit.
- BPPC is also being closely monitored by Audit Committee.

EXPENDITURE - NEUROLOGY

	In month			Year to Date			Full Year		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Registered nursing, midwifery and health visiting staff	(516)	(448)	68	(2,581)	(2,264)	317	(6,193)	(5,398)	795
Allied health professionals	(546)	(544)	2	(2,717)	(2,635)	82	(6,503)	(6,446)	57
Other scientific, therapeutic and technical staff	(112)	(79)	33	(561)	(417)	144	(1,346)	(973)	373
Health care scientists	(67)	(66)	1	(333)	(331)	2	(798)	(791)	7
Support to nursing staff	(326)	(277)	49	(1,629)	(1,408)	221	(3,910)	(3,347)	563
Support to allied health professionals	(82)	(91)	(9)	(408)	(455)	(47)	(978)	(1,094)	(116)
Support to other clinical staff	(1)	(1)	0	(4)	(4)	0	(9)	(8)	1
Medical - Consultants	(851)	(820)	31	(4,209)	(4,080)	129	(10,062)	(9,817)	245
Medical - Junior	(256)	(246)	10	(1,255)	(1,235)	20	(2,987)	(2,954)	33
NHS infrastructure support	(240)	(209)	31	(1,170)	(1,064)	106	(2,807)	(2,527)	280
Bank/Agency	(44)	(200)	(156)	(230)	(881)	(651)	(230)	(2,284)	(2,054)
Total Pay Expenditure	**(3,041)**	**(2,981)**	**60**	**(15,097)**	**(14,774)**	**323**	**(35,823)**	**(35,639)**	**184**
Supplies and services – clinical (excluding drugs costs)	(705)	(824)	(119)	(3,566)	(4,148)	(582)	(8,558)	(9,955)	(1,397)
Supplies and services - general	(17)	(28)	(11)	(86)	(127)	(41)	(207)	(304)	(97)
Drugs costs	(2,004)	(2,150)	(146)	(10,019)	(11,233)	(1,214)	(24,044)	(26,959)	(2,915)
Establishment	(3)	(11)	(8)	(13)	(42)	(29)	(32)	(100)	(68)
Premises - other	(98)	(108)	(10)	(501)	(558)	(57)	(1,202)	(1,340)	(138)
Transport	(5)	(9)	(4)	(27)	(35)	(8)	(65)	(85)	(20)
Research and development - non-staff	0	7	7	0	0	0	0	0	0
Education and training - non-staff	(2)	(5)	(3)	(9)	(12)	(3)	(22)	(28)	(6)
Lease expenditure	(7)	(6)	1	(30)	(31)	(1)	(72)	(74)	(2)
Other	(8)	(4)	4	(40)	(14)	26	(96)	(32)	64
Total Non-pay Expenditure	**(2,849)**	**(3,138)**	**(289)**	**(14,291)**	**(16,200)**	**(1,909)**	**(34,298)**	**(38,877)**	**(4,579)**
Total Divisional Operating Expenditure	**(5,890)**	**(6,119)**	**(229)**	**(29,388)**	**(30,974)**	**(1,586)**	**(70,121)**	**(74,516)**	**(4,395)**

EXPENDITURE - NEUROSURGERY

	In month			Year to Date			Full Year		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Registered nursing, midwifery and health visiting staff	(1,350)	(1,193)	157	(6,737)	(5,922)	815	(16,115)	(14,274)	1,841
Allied health professionals	(196)	(201)	(5)	(983)	(1,031)	(48)	(2,345)	(2,441)	(96)
Other scientific, therapeutic and technical staff	(54)	(49)	5	(272)	(268)	4	(653)	(610)	43
Health care scientists	(82)	(80)	2	(409)	(402)	7	(981)	(963)	18
Support to nursing staff	(299)	(269)	30	(1,492)	(1,353)	139	(3,568)	(3,238)	330
Support to allied health professionals	(13)	(16)	(3)	(65)	(77)	(12)	(157)	(186)	(29)
Support to other clinical staff	(2)	(1)	1	(9)	(7)	2	(22)	(14)	8
Medical - Consultants	(779)	(774)	5	(3,939)	(3,938)	1	(9,286)	(9,356)	(70)
Medical - Junior	(379)	(371)	8	(1,896)	(2,007)	(111)	(4,538)	(4,603)	(65)
NHS infrastructure support	(253)	(231)	22	(1,237)	(1,105)	132	(2,968)	(2,719)	249
Bank/Agency	(26)	(252)	(226)	(127)	(1,078)	(951)	(127)	(2,834)	(2,707)
Total Pay Expenditure	**(3,433)**	**(3,437)**	**(4)**	**(17,166)**	**(17,188)**	**(22)**	**(40,760)**	**(41,238)**	**(478)**
Supplies and services – clinical (excluding drugs costs)	(1,292)	(1,389)	(97)	(6,463)	(7,080)	(617)	(15,511)	(16,992)	(1,481)
Supplies and services - general	(24)	(44)	(20)	(117)	(157)	(40)	(281)	(377)	(96)
Drugs costs	(85)	(92)	(7)	(427)	(446)	(19)	(1,024)	(1,069)	(45)
Establishment	(11)	(11)	0	(53)	(58)	(5)	(126)	(139)	(13)
Premises - other	(41)	(47)	(6)	(224)	(289)	(65)	(538)	(693)	(155)
Transport	(6)	(6)	0	(29)	(38)	(9)	(69)	(91)	(22)
Education and training - non-staff	(3)	(7)	(4)	(17)	(20)	(3)	(42)	(48)	(6)
Lease expenditure	(24)	(9)	15	(49)	(45)	4	(119)	(107)	12
Other	(21)	(23)	(2)	(90)	(116)	(26)	(215)	(279)	(64)
Total Non-pay Expenditure	**(1,507)**	**(1,628)**	**(121)**	**(7,469)**	**(8,249)**	**(780)**	**(17,925)**	**(19,795)**	**(1,870)**
Total Divisional Operating Expenditure	**(4,940)**	**(5,065)**	**(125)**	**(24,635)**	**(25,437)**	**(802)**	**(58,685)**	**(61,033)**	**(2,348)**

EXPENDITURE - CORPORATE

	In month			Year to Date			Full Year		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Registered nursing, midwifery and health visiting staff	(117)	(89)	28	(586)	(449)	137	(1,407)	(1,069)	338
Support to nursing staff	(1)	0	1	(5)	0	5	(11)	0	11
Medical - Consultants	(5)	(3)	2	(26)	(27)	(1)	(63)	(47)	16
NHS infrastructure support	(983)	(857)	126	(4,916)	(4,477)	439	(11,799)	(10,478)	1,321
Apprenticeship Levy	(27)	(33)	(6)	(134)	(166)	(32)	(321)	(398)	(77)
Bank/Agency	0	(57)	(57)	0	(245)	(245)	0	(643)	(643)
Total Pay Expenditure	**(1,133)**	**(1,039)**	**94**	**(5,667)**	**(5,364)**	**303**	**(13,601)**	**(12,635)**	**966**
Non-executive directors	(11)	(11)	0	(57)	(52)	5	(136)	(126)	10
Supplies and services – clinical (excluding drugs costs)	(27)	(19)	8	(134)	(123)	11	(322)	(334)	(12)
Supplies and services - general	(280)	(316)	(36)	(1,398)	(1,471)	(73)	(3,355)	(3,531)	(176)
Consultancy	(2)	(9)	(7)	(12)	(8)	4	(28)	(19)	9
Establishment	(84)	(91)	(7)	(411)	(506)	(95)	(987)	(1,176)	(189)
Premises - business rates payable to local authorities	(69)	(59)	10	(343)	(334)	9	(824)	(801)	23
Premises - other	(433)	(88)	345	(2,128)	(2,380)	(252)	(5,107)	(5,712)	(605)
Transport	(9)	(32)	(23)	(44)	(157)	(113)	(105)	(376)	(271)
Audit fees and other auditor remuneration	(9)	(9)	0	(43)	(47)	(4)	(103)	(113)	(10)
Clinical negligence	(528)	(529)	(1)	(2,641)	(2,642)	(1)	(6,337)	(6,340)	(3)
Education and training - non-staff	(11)	(29)	(18)	(53)	(121)	(68)	(128)	(294)	(166)
Other	(119)	(62)	57	(596)	(592)	4	(1,431)	(1,420)	11
Total Non-pay Expenditure	**(1,582)**	**(1,254)**	**328**	**(7,860)**	**(8,433)**	**(573)**	**(18,863)**	**(20,242)**	**(1,379)**
Total Divisional Operating Expenditure	**(2,715)**	**(2,293)**	**422**	**(13,527)**	**(13,797)**	**(270)**	**(32,464)**	**(32,877)**	**(413)**

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

Board of Directors Key Issues Report

The Walton Centre NHS Foundation Trust

Date of last meeting: 26/09/2023		**Report of:** Business Performance Committee (BPC) **Membership Numbers: 6 (Quorate)**
1	**Agenda**	The Committee considered an agenda which included the following: • Integrated Performance Report • People Substrategy Update • Finance and Commercial Development Substrategy Update • Trust Wide Risk Register • Emergency Preparedness, Resilience and Response (EPRR) Self-Assessment • Industrial Action Review • Follow Up Waiting List (FOWL) Update • Digital Transformation Monthly Update • Digital Aspirant Finance Update • Draft Digital Maturity Assessment Report • Liverpool Place Procurement Proposal – Strategic Outline Case • NHS England Education Self-Assessment Report 2023 • Capital Management Group Effectiveness Review • Medical Devices Group Effectiveness Review • Information and Data Quality Assurance Group Terms of Reference
2	**Alert**	• None
3	**Assurance**	*Integrated Performance Report* ***Operations and Performance*** • All cancer wait/treatment and diagnostic standards continue to be achieved. • The number of long waiters (52+ weeks) has increased slightly due to industrial action and remains a primary focus to eliminate by March 2024. There are no 78+week waits. Restoring improvement in average waits (Referral To Treatment) will become the focus after that. • Activity was slightly under plan for elective and day cases and above plan for new outpatients. Focus remains on the high level of Did Not Attends (DNA) and revalidation of neurology follow-up waiting lists within the outpatient transformation programme. This is half-way through implementation and is proving slower to complete because of disruption to resource; it does though continue to make a significant improvement to reducing waiting lists, together with a patient safety improvement that a small proportion (2%) of patients have been highlighted to be seen more urgently. ***Workforce*** • Sickness at 5.33% is now back within normal variation. • Mandatory training remains above target and Appraisal compliance reduced slightly to 83%.

		• Turnover of corporate and other non-clinical staff remains high, reflecting pressures in the wider economy, but is also adversely affected by other trusts in the region deviating from agreed Agenda for Change terms & conditions. ***Finance*** • The Income & Expenditure surplus was on plan (£2.3m YTD). The YTD Quality Improvement Programme (QIP) target was delivered, there was an improved proportion of recurrent QIP however this remained below the plan of 100% (65% compared to 100% planned). • Better Payment Practice Code stands at 89% of invoices paid and 89.6% of value against target of 95%. *Other matters* • Progress in implementing the People and Finance & Commercial sub-strategies was reviewed. Good progress was evident. • A review of the measures taken during recent phases of Industrial Action to mitigate the impact as far as possible and avoid patient harm was received. However, significant impact was noted in activity and in the impact of the demands on those involved in leading the mitigations, reducing capacity for other priorities. • The report of Public Digital's assurance review of the maturity of digital provision was received, together with a plan to follow up the recommendations as endorsed by board.		
4.	**Advise**	• The strategic case for a Liverpool Place Procurement Proposal was approved to move to a due diligence phase. • The NHS England Education Self-Assessment Report 2023 was received and recommended for board approval. • 2 sub-group effectiveness reviews were approved, and Key Issues reports from 11 sub-groups were received and reviewed.		
5.	**Risks Identified**	• No new risks identified		
6.	**Report Compiled**	David Topliffe Non-Executive Director	Minutes available from:	Corporate Secretary

Trust Board Key Issues Report

The Walton Centre NHS Foundation Trust

Date of last meeting: 21/09//2023		**Report of: Quality Committee**
		Membership Numbers: 7 (Quorate)
1.	**Agenda**	The Committee considered an agenda which included the following: • Integrated Performance Report and Joint Divisional Report • Trust Wide Risk Register • Quality Substrategy Progress Update • Quality Accounts Priorities Update • Mortality and Morbidity Report • Safeguarding Update Report • PLACE Lite Report • Tissue Viability Annual Report • MSSA Deep Dive and Action Plan Update • Presentation on Tendable System • NICE Guidance Exceptions Report • Amended Patient Safety Incident Response Framework Policy and Plan
2.	**Alert**	**Integrated Performance Report** Safeguarding training has improved however remains below target and a trajectory plan for meeting targets has been requested. **Mortality and Morbidity Report** Intensive Care National Audit & Research Centre (ICNARC) data for the Trust has increased however these cases are being reviewed to ensure the data has been classified correctly. Assurance was provided that overall mortality is within expected rates.
3.	**Assurance**	**Integrated Performance Report** The Trust was performing well in the majority of indicators, and it was highlighted that there had been a slight increase in the number of 14 day stranded patients. It was recognised that due to the patient cohort of the Trust many non-elective patients are expected to have a stay of over 14 days. A new standard will be implemented from 30th September around patients ready for discharge which will replace the 14 day stranded patients standard. Sepsis compliance is noted to be low on the Minerva system however it was confirmed that this data is incorrect. A long-term IT solution to resolving issues relating to patient reviews not being recorded on the system is being explored and manual mitigations are in place while this work continues.

		Trust Wide Risk Register Assurance was provided that risks are being managed appropriately and an improvement in risk culture across the Trust has been evidenced. **Quality Account Priorities** An update on progress against Quality Account Priorities was provided and the majority of this work was on track however there are some priorities that require additional focus. **Meticillin-Sensitive Staphylococcus Aureus (MSSA) Deep Dive** There has been a significant improvement and no MSSA infections have been recorded since June 2023 however there is still work to do in this area. A Trust wide plan is in place which is monitored by the Senior Nursing Team. **Tendable System** A presentation on the Tendable system used on ward areas to complete audits was provided and it was recognised that this system provided a lot of assurance and insight for Ward managers as well as robust preparedness for CQC inspections. **Patient-Led Assessments of the Care Environment (PLACE) Lite Report** Progress had been made against the majority of issues identified in the previous PLACE inspection however it was highlighted that some of the work currently in train may not be fully implemented ahead of the next PLACE assessment. **National Institute for Health and Care Excellence (NICE) Guidance Exception Report** It was recognised that significant work has been undertaken to address the backlog which has reduced from 60 to three outstanding assessments.		
4.	**Advise**	**Integrated Performance Report** There has been an increase in the number of patient falls however there has been no increase in falls with harm. A deep dive on falls has been requested for presentation at a future meeting. VTE rates for August were 100%, given the rapid improvement this figure will be reviewed to provide assurance that the data is accurate. **External Ventricular Drain (EVD) Infections** There have been three EVD infections reported in a short space of time which equates to a 20% increase as there had previously not been any infections since January 2023. There will be additional focus on this from the Infection Prevention and Control team including training for Junior Doctors in this area.		
5.	Risks Identified	There were no new risks identified.		
6.	Report Compiled by	Ray Walker – Non-Executive Director	Minutes available from:	Katharine Dowson – Corporate Secretary

Report to Trust Board
5 October 2023

Report Title	Freedom to Speak Up and Fit and Proper Persons: Learning from the Lucy Letby Trial
Executive Lead	Nicola Martin, Interim Chief Nurse
Author (s)	Nicola Martin, Interim Chief Nurse Julie Kane, Freedom to speak up lead
Action Required	To note

Level of Assurance Provided

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

Key Messages *(2/3 headlines only)*

- Increased numbers of Freedom to speak up champions (FTSU).
- NHS England published a revised Fit and Proper Persons Test framework for all board members on 2nd August 2023/

Next Steps

- FTSU Champion training day.
- Ensure Material for FTSU is available in different languages.
- Ensure roll out of Module 2 of FTSU e-learning.
- Fit and Proper persons policy to be reviewed and updated once all elements confirmed.

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

Strategic Risks

001 Quality Patient Care	006 Prevention & Inequalities	004 Leadership Development

Equality Impact Assessment Completed

Strategy ☐	Policy ☐	Service Change ☐

Report Development

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

Freedom to Speak Up and Fit and Proper Persons: Learning from the Lucy Letby Trial

Executive Summary

1. The purpose of this report is to provide members of board with an update in relation to the outcome of the trial of Lucy Letby and provide assurance regarding the Trust's focus on patient safety, Fit and Proper Person's (FPP) and Freedom to Speak Up (FTSU).

2. This is the first report responding specifically to the outcome of the Lucy Letby trial, and the letter sent to all NHS Trusts following this.

3. The Board will be fully aware of the outcome of the recent trial of nurse Lucy Letby and in particular commentary and discussion regarding the strength and processes as they relate to Freedom to Speak Up (FTSU) and Fit and Proper Persons (FPP).

Background

4. Following the delivery of the verdict NHSE have written to all NHS organisations to ask that consideration is given to our approach to FTSU and FPP and ensure that proper assurance is provided to Boards regarding its prioritisation and efficiency of our processes. The letter is attached in (Appendix 1) for information.

5. Boards are asked to consider: -
    - All staff have easy access to information on how to speak up.
    - Relevant departments, such as Human Resources, and Freedom to Speak Up Guardians are aware of the national Speaking Up Support Scheme and actively refer individuals to the scheme.
    - Boards seek assurance that staff can speak up with confidence and whistleblowers are treated well.
    - Boards are regularly reporting, reviewing, and acting upon available data.
    - Boards are aware of, and have adopted, the newly refreshed NHSE Fit and Proper Person Framework.
    - Approaches or mechanisms are put in place to support those members of staff who may have cultural barriers to speaking up or who are in lower paid roles and may be less confident to do so, and those who work unsociable hours and may not always be aware or have access to the policy or processes that support speaking up.
    - Methods for communicating with staff to build healthy and supporting cultures where everyone feels safe to speak up should also be put into place.

The Freedom to Speak Up Agenda

6. NHS England (NHSE) aims to ensure everyone working within the NHS feels safe and confident to speak up. They encourage our NHS leaders to take the opportunity to learn and improve from those who speak up.

7. NHSE seeks to improve the quality of speaking up arrangements across the NHS in a number of ways:
    a) Firstly, they will evaluate concerns raised by people working within the NHS about the way NHS organisations operate; their cultures and the quality of care they provide

b) Secondly, they will provide a scheme for people that require support after they have spoken up
c) Finally, NHSE will use staff experiences; learning from the handling of speak up matters and best practice to form the basis of policy, guidance and resources. These further support leadership teams to improve operational arrangements around freedom to speak up (FTSU).

8. Our Freedom to Speak Up Guardian (FTSUG) actively promotes opportunities for staff to speak up about issues of concern and is available for staff to discuss and raise their concerns.

9. She often helps staff with ways to address their concerns directly with relevant managers or, for whatever reason if this is not possible or the preferred route, the FTSUG will bring the issues to the attention of another individual such as a Team Leader, Divisional Director or Clinical Director. This is only done with the agreement of the person raising the concern.

10. Information relating to speaking up is available on the Intranet which is accessible by all staff and includes:
    - Information on how to speak up
    - The role of the Guardian and Champions
    - Who to speak up to
    - What happens when staff speak up
    - FTSU Guardian and Champions pledges and contact details.

11. All staff are required to undertake an e-learning package as part of their role and essential training to ensure they are aware of the FTSU process.

12. All managers are required to complete a further e-learning package ‘listen up’ to ensure they can support staff in raising concerns and create a culture in which speaking up is encouraged - This is going live October 2023.

13. The importance of speaking up and how to raise concerns is now included within the trust welcome event for new starters.

14. Drop In Sessions have continued throughout the year and 'walkabouts’ occur throughout the day, evening and weekends to ensure all colleagues have the opportunity to speak up, raise any concerns and meet the speak up team.

15. Following expressions of interest a total of twenty five colleagues will be supporting the speak up process by taking on the role of Speak Up Champion. Staff are encouraged to raise their concerns via this diverse team of Champions.

16. The FTSUG attends ward and departmental meetings to say hello, give an overview of the role, provide contact details and encourages colleagues to raise their concerns without fearing detriment or thinking it is futile to do so.

17. The FTSUG has completed a Mental Health First Aider Training and Neurodivergent Champion Training to further support colleagues across the Trust.

18. In quarter four 2022/23 the Trust launched three staff networks including the Race Group, Disability Group and the LGBT+ Group which the FTSUG attends. These networks provide

a ‘safe space’ for staff to speak openly and an opportunity to raise any issues/concerns directly which will be followed up via the most appropriate route.

19. Meetings with the FTSUG, Executive and Non-Executive Leads for Raising Concerns and the Chief People Officer are undertaken monthly which offers the opportunity for all concerns raised with the FTSUG to be reviewed confidentially and anonymously if necessary.

20. The group will agree the most appropriate way of addressing each concern raised and will track and follow up to ensure issues are being addressed in the most appropriate way and that feedback has been given to the person raising their concern.

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

22. The Freedom to Speak Up Guardian has completed the National Guardian Office (NGO) training and is kept appraised of updates locally and nationally by attending monthly regional network meetings and national conferences. In addition, the FTSUG accesses webinars and further training in relation to changes such as the CQC, speaking up support scheme and the implementation of the Patient Safety Incident Reporting Framework (PSIRF) which was most recently attended in September 2023.

23. Feedback from staff is gathered to ascertain if staff can speak up with confidence and are treated well. This takes the form of staff survey results, questionnaires, pulse surveys and feedback cards.

24. The Audit Committee receive annually a review of the Raising Concerns processes in the Trust to ensure that there is a robust system of internal control relating to speaking out.

The Fit and Proper Persons Test Framework

- **Boards are aware of, and have adopted, the newly refreshed NHSE Fit and Proper Person Framework.**

25. NHS England (NHSE) published a new Fit and Proper Persons Test (FPPT) framework on 2nd August, which on top of current requirements, introduces standardised board member reference, and requires FPPT checks to be part of an individual’s Electronic Staff Record (ESR).

26. This also considers the requirements of the Care Quality Commission (CQC) in relation to directors being fit and proper for their roles. The framework will introduce a means of retaining information relating to testing the requirements of the FPPT for individual directors, a set of standard competencies for all board directors, a new way of completing references with additional content whenever a director leaves an NHS board, and extension of the applicability to some other organisations, including NHS England and the CQC. The framework can be found at https://www.england.nhs.uk/wp-content/uploads/2023/08/PRN00238-i-Kark-implementation-fit-and-proper-person-test-framework.pdf

27. To ensure compliance with the new framework recommendations were taken to board in September 2023:

- FPPT policy will be updated in line with the new FPPT framework-once all elements are published.
- The new annual checklist will be updated ready to be used in 2024/25.
- A reference form will be completed and held for all departing directors from 1st October 2023 and details will be added to ESR when the system has been updated.
- The new Leadership Competency Framework will be reviewed and reported to board once published.
- FPPT will be applied to Board members only and not to Deputy Directors as currently applies at the Trust.
- Triennial DBS checks will be undertaken by HR for all Board Members.

28. In addition to the above, the Trust has available many other opportunities for staff to speak up and openly discuss concerns.
    - Join Jan
    - NED and Senior Nurse Walkabout Rota
    - Listening events with the Senior Nursing team
    - Friday Senior Nurse Walkabout
    - Staff Survey

Conclusion

29. The Board is asked to note the contents of the report.

Author: Nicola Martin, Interim Chief Nurse

Date: 18th September 2023

Appendix 1 – NHS England Letter – Verdict in the trial of Lucy Letby

To:
- All integrated care boards and NHS trusts:
  - chairs
  - chief executives
  - chief operating officers
  - medical directors
  - chief nurses
  - heads of primary care
  - directors of medical education
- Primary care networks:
  - clinical directors

cc.
- NHS England regions:
  - directors
  - chief nurses
  - medical directors
  - directors of primary care and community services
  - directors of commissioning
  - workforce leads
  - postgraduate deans
  - heads of school
  - regional workforce, training and education directors / regional heads of nursing

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

18 August 2023

Dear Colleagues,

Verdict in the trial of Lucy Letby

We are writing to you today following the outcome of the trial of Lucy Letby.

Lucy Letby committed appalling crimes that were a terrible betrayal of the trust placed in her, and our thoughts are with all the families affected, who have suffered pain and anguish that few of us can imagine.

Colleagues across the health service have been shocked and sickened by her actions, which are beyond belief for staff working so hard across the NHS to save lives and care for patients and their families.

Publication reference: PRN00719

On behalf of the whole NHS, we welcome the independent inquiry announced by the Department of Health and Social Care into the events at the Countess of Chester and will co-operate fully and transparently to help ensure we learn every possible lesson from this awful case.

NHS England is committed to doing everything possible to prevent anything like this happening again, and we are already taking decisive steps towards strengthening patient safety monitoring.

The national roll-out of medical examiners since 2021 has created additional safeguards by ensuring independent scrutiny of all deaths not investigated by a coroner and improving data quality, making it easier to spot potential problems.

This autumn, the new Patient Safety Incident Response Framework will be implemented across the NHS – representing a significant shift in the way we respond to patient safety incidents, with a sharper focus on data and understanding how incidents happen, engaging with families, and taking effective steps to improve and deliver safer care for patients.

We also wanted to take this opportunity to remind you of the importance of NHS leaders listening to the concerns of patients, families and staff, and following whistleblowing procedures, alongside good governance, particularly at trust level.

We want everyone working in the health service to feel safe to speak up – and confident that it will be followed by a prompt response.

Last year we rolled out a strengthened Freedom to Speak Up (FTSU) policy. All organisations providing NHS services are expected to adopt the updated national policy by January 2024 at the latest.

That alone is not enough. Good governance is essential. NHS leaders and Boards must ensure proper implementation and oversight. Specifically, they must urgently ensure:

1. All staff have easy access to information on how to speak up.
2. Relevant departments, such as Human Resources, and Freedom to Speak Up Guardians are aware of the national Speaking Up Support Scheme and actively refer individuals to the scheme.
3. Approaches or mechanisms are put in place to support those members of staff who may have cultural barriers to speaking up or who are in lower paid roles and may be less confident to do so, and also those who work unsociable hours and may not always be aware of or have access to the policy or processes supporting speaking up. Methods for

communicating with staff to build healthy and supporting cultures where everyone feels safe to speak up should also be put in place.

4. Boards seek assurance that staff can speak up with confidence and whistleblowers are treated well.
5. Boards are regularly reporting, reviewing and acting upon available data.

While the CQC is primarily responsible for assuring speaking up arrangements, we have also asked integrated care boards to consider how all NHS organisations have accessible and effective speaking up arrangements.

All NHS organisations are reminded of their obligations under the Fit and Proper Person requirements not to appoint any individual as a Board director unless they fully satisfy all FPP requirements – including that they have not been responsible for, been privy to, contributed to, or facilitated any serious misconduct or mismanagement (whether lawful or not). The CQC can take action against any organisation that fails to meet these obligations.

NHS England has recently strengthened the Fit and Proper Person Framework by bringing in additional background checks, including a board member reference template, which also applies to board members taking on a non-board role.

This assessment will be refreshed annually and, for the first time, recorded on Electronic Staff Record so that it is transferable to other NHS organisations as part of their recruitment processes.

Lucy Letby's appalling crimes have shocked not just the NHS, but the nation. We know that you will share our commitment to doing everything we can to prevent anything like this happening again. The actions set out in this letter, along with our full co-operation with the independent inquiry to ensure every possible lesson is learned, will help us all make the NHS a safer place.

Yours sincerely,

Amanda Pritchard
NHS Chief Executive

Sir David Sloman
Chief Operating Officer
NHS England

Dame Ruth May
Chief Nursing Officer, England

Professor Sir Stephen Powis
National Medical Director
NHS England

The Walton Centre NHS Foundation Trust

Report to Trust Board
5 October 2023

Report Title	Liverpool Place Procurement Proposal – Strategic Outline Case
Executive Lead	Mike Burns, Chief Finance Officer
Author (s)	Katie Tootill, Chief Procurement Officer
Action Required	To decide

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

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

Key Messages *(2/3 headlines only)*

- Strategic outline case to look at the feasibility of expanding Health Procurement Liverpool (HPL) to include Liverpool university Hospitals Foundation Trust (LUHFT) and Liverpool Women's Hospital (LWH) Procurement teams.
- Strategic Outline Case (SOC) for Trusts to approve to move to due diligence stage in October 2023 – Final business case to be presented to Trust Boards in December 2023/January 2024
- Potential to start formal collaborative working structure from April 2024 onwards.

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

- Agreement of SOC at Procurement Board – Early September
- Approval of SOC and move to due diligence phase by Execs, BPC and Trust Board Sept/Oct 2023
- Approval of final business case Dec23/Jan 24

Related Trust Strategic Ambitions and Themes	**Impact** *(is there an impact arising from the report on any of the following?)*		
Collaboration Value for Money	Finance	Legal	Workforce

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

003 System Finance	Choose an item.	Choose an item.

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

Strategy ☐	Policy ☐	Service Change ☐

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

Committee/ Group Name	**Date**	**Lead Officer (name and title)**	**Brief Summary of issues raised, and actions agreed**
HMG	21/08/2023	Katie Tootill – Chief Procurement Officer	Version of previous paper shared with HMG members to advise on Liverpool place work to date – Group supportive of direction of travel
Execs	06/09/2023	Katie Tootill – Chief Procurement Officer	First draft/version of SOC presented to Executive team - Supportive of direction of travel and case to progress through BPC/Board
HPL CFO's Group	18/09/2023	Katie Tootill – Chief Procurement Officer	Supported, happy for the case to progress with additional information included from earlier meeting on 04th Sep – Recognition SOC will need to go through each individual trust Exec/appropriate committee Sep/Oct.
BPC	26/09/2023	Katie Tootill – Chief Procurement Officer	Approved process to due diligence stage.

Liverpool Place Procurement Proposal

Executive Summary

1. The purpose of this paper is to share the Strategic Outline Case (SOC) for the Liverpool Place Procurement service.

2. Procurement leads from Health Procurement Liverpool (HPL), Liverpool University Hospitals NHS Foundation Trust (LUHFT) and Liverpool Women's NHS Foundation Trust (LWH) have been working with an external company Business Reform Ltd (BRL) to support the development of a SOC regarding the feasibility of expanding the current HPL service to include both LUHFT and LWH Procurement teams.

3. The SOC is being presented to individual Trust committees and Boards throughout September and October 2023 to seek approval to move to the due diligence stage between Oct-Dec 2023.

4. A final business case will be presented for approval by all Trust Boards in December 2023/January 2024.

Background and Analysis

5. HPL has been in place since May 2021 and is a shared Procurement service across Alder Hey, Clatterbridge, Liverpool Heat & Chest and The Walton Centre. In April 2023 the Procurement lead at LUHFT confirmed they would be leaving post to take up role as the ICB Procurement lead in September. Shortly following this the current Procurement lead at LWH also announced their departure for a role outside of the NHS in September 2023.

6. Following the above announcements, HPL were approached to discuss the potential opportunity to expand the current service to create a Liverpool place-based Procurement function, to include all six procurement services across the Liverpool region.

7. The move to a wider shared Procurement service will support the recommendations outlined in the Carnell Farrar report and is supported by Efficiency at Scale and the C&M ICB Chief Procurement Officer.

8. An initial briefing paper was shared with Chief Finance Officers in May 2023 and approval was provided to explore the feasibility of this through engaging external provider BRL to develop an outline case.

9. A full outline case has been developed and reviewed by the Executive Team and Business Performance Committee (BPC) and is available to Board Members on request. There are also a number of supporting appendices which are part of the existing HPL governance and have been included to provide assurance for potential joining organisations.

10. The SOC and a summary presentation were shared with HPL Procurement Board members, Chief Finance Officers (CFO's) on 04th September 23 and the Chief Finance Officers (CFO) at both LUHFT and LWH. Following this meeting, the CFO's requested some additional information be added to the case which was included in the final version.

11. Each Trust committee and Board are now asked to agree the move to the due diligence stage which will take place between October and December 2023. The due diligence stage will

involve the setup of a Project6 Management Office (PMO), firming up of financial pay and non-pay budgets, review of saving opportunities, HR advice regarding a joint organisational change timetable, communications plan and external legal advice for both the host and transferring organisations.

12. A Liverpool place Procurement service would potentially mean an additional 57 Procurement staff joining the team (which is hosted by TWC) from both LUHFT and LWH to create the shared function that would actively manage over £400m of addressable non-pay expenditure. This equates to over 50% of the total Chesire & Merseyside procurement influenceable spend.

Conclusion

13. The SOC has been presented to all six Chief Finance Officers and has been presented to the committees noted above at the Trust.

14. Each member organisation and potential new member organisation (LUHFT and LWH) are progressing the outline case through local committees to agree moving into the due-diligence stage (October – December 2023).

15. Each organisation will be required to submit the final business case in December 2023/January 2024 for final approval to proceed with the expansion of HPL to create a single shared Procurement service across the Liverpool region.

16. The Board are asked to ratify the decision by Business Performance Committee to move to the Due-diligence stage and agreement to bring back the final business case in December 2023/January 2024.

Recommendation

- To Approve.

Author: Katie Tootill
Date: 21/09/2023

Liverpool University Hospitals NHS Foundation Trust

HEALTH PROCUREMENT LIVERPOOL

Liverpool Women's NHS Foundation Trust

Expansion of the procurement shared service

Strategic Outline Case

5th October 2023

Background of HPL

- Health Procurement Liverpool (HPL) overview:
  - Established 2021
  - presently servicing 4 members:
    - Alder Hey Children's NHS Foundation Trust
    - The Clatterbridge Cancer Centre NHS Foundation Trust
    - Liverpool Heart and Chest Hospital NHS Foundation Trust
    - The Walton Centre NHS Foundation Trust
    - The service is hosted by one organisation (TWC) and all staff have been TUPE transferred.
  - 49.9 WTE, £1.83m annual pay budget
  - There is a partnership agreement and governance in place through our Procurement Board to ensure transparency and delivery of services.
  - There is a three-year strategy in place with thirteen key strategic aims for the service to work towards delivery over the next three years.
  - We have developed the service to address individual weaknesses in services such as:
    - The development of a Procurement data team;
    - Improving contract management within strategic services;
    - Consistent JDs and flexibility operationally to cover sites (offering improved resilience);
    - Plans to improve inventory management across all partner organisations.

Proven HPL service model

- Since inception the service has:
  - Delivered a total £1.5m savings and benefits to date;
  - Aligned workplans, structured in a category-based approach, unified processes, policies and procedures;
  - Maintained service levels/improved level of service seen by some partners;
  - Achieved substantial assurance in both internal audits;
  - Came out very positively in the recent SBS diagnostics review, which essentially assessed the service against the Central Commercial Function standards;
  - Been commissioned to carry out a Procurement service scoping piece for the C&M Diagnostics network;
  - Regarded as a successful programme/transformation to date.

Drivers to develop a wider Liverpool place Procurement service/expansion of HPL

- Associate Directors of Procurement for LUHFT and LWH left their posts in August 23
- Provided an opportunity to further develop our procurement services, combining talents more widely to:
  - foster great supplier relations
  - increase purchasing power
  - further benefit from efficiencies of scale
  - increase resilience in the service
  - and improve strategic focus
  - Compliments the Efficiency at scale programme and corporate service collaboration and the recommendations from the Carnall Farrar review
  - Supports the vision of the C&M ICB Procurement Lead around consolidation & collaboration of Procurement services.

What have we done to date around the expansion of Procurement services?

- In May 23, a high-level overview paper was presented to CFOs from all 6 organisations and agreement was provided to progress to develop a strategic outline case with the support of an external provider Business Reform Ltd (BRL).
- The strategic outline case has been co-developed with Procurement leads from LUHFT, LWH and HPL over past months and was presented to CFOs in early September.
- There was some requests for further clarification from CFO's which has been included on the final version shared today.

Summary of SOC & Vision

- Service expansion:
  - 4 Trusts to 6 Trusts being serviced
  - influenceable expenditure growth from £200m to £408m
  - pay budget from £1.83m to £4.2m
  - staffing from 49.9 to 110.9 WTE

- The expansion will enable us to better deploy, train and use our resources to strengthen procurement, deliver resilience and enhance the service
- A need to be more strategic and work cohesively across Liverpool Place and Cheshire and Merseyside ICS to release the more complex, difficult, longer-term benefits and savings
- The SOC supports the regional and national direction of travel.

Strategic fit

- **Regional strategy** - Supporting the wider Cheshire and Merseyside joint forward plan/Efficiency at scale programme;
- **National Strategy** - NHS England launched the Central Commercial Function (CCF) in 2022 with the aim of unifying the NHS Commercial Community to unlock opportunities for the NHS;
- **Anchor Institutions** – Delivering local employment, professional skills and development, procurement, sustainability
- **Delivering resilience** in the service, attracting talent, developing and retaining staff, thinking about our succession planning

Options considered in the case

Option	Title	Description
1	**Do nothing**	Liverpool University Hospitals NHS Foundation Trust and Liverpool Women's NHS Foundation Trust recruit to their vacancies to secure the service and continue to operate independently.
2	**Partial merger**	Liverpool University Hospitals NHS Foundation Trust and Liverpool Women's NHS Foundation Trust establish their own shared service.
3	**Migrate to the established HPL shared service**	Liverpool University Hospitals NHS Foundation Trust and Liverpool Women's NHS Foundation Trust migrate to the existing HPL shared service.
4	**Outsource to an external shared service provider**	Liverpool University Hospitals NHS Foundation Trust and Liverpool Women's NHS Foundation Trust explore and assess opportunities to outsource to a public or private sector shared service out of the area.
5	**Drive a full Cheshire & Merseyside inclusive shared service**	Working in conjunction with counterparts across Cheshire & Merseyside seek to establish a fully inclusive procurement shared service across the ICS footprint.

Option 3 appears to be the most viable and beneficial to all parties at this time, however, the overall ambition of the Integrated Care Board (ICB) is to establish a Cheshire and Merseyside procurement service as a longer-term strategic vision.

Benefits outlined in SOC

- **Further reduce duplication and deliver strategic focus** and enhance realisation of benefits through the establishment of robust clinical engagement.
- **Increase purchasing power and economies of scale** with an increased non pay spend under management from £200m to £408m.
- **Enhanced clinical engagement** and knowledge through the migration of two dedicated clinical nurses from Liverpool University Hospitals NHS Foundation Trust.
- **Reduction in duplication** of contracts and increased end to end contract management.
- **Strategic supplier management** of the top spending suppliers.
- **Enhanced performance management of contracts** against KPIs, T&Cs and realisation of benefits.
- **Develop, retain and attract high calibre procurement staff** by providing opportunities for career progression and training that a larger organisation brings.
- **Deliver local and sustainable careers for local people** supporting the Anchor principles.
- **Training and development of staff** to develop the acumen to deliver a leading shared procurement service.
- **Structure for strategic delivery** by taking advantage of resource efficiencies to develop enhanced services that add value.
- **Provide resilience and flexibility** in the structure and deployment of resources to respond to complex and changing patterns of healthcare provision through cross functional working and flexibility across resources and sites.

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The costs

The following project and recurring costs have been identified

Interim project resources

Resources	WTE	Duration	Cost
Migration project manager	33 days over 6 months @ £750pd	6 months	£24,750
Human resources manager (Band 7)	0.5WTE	3 months	£7,212.75
I.T. (Band 5)	1 WTE	6 months	£19,008.50
Band 5 & 7 Corporate finance	0.05 WTE		£4,383.00
BAU backfill – interim / temp cover contingency	As required	As required	£25,000.00
Consultancy legal / migration advice	N/A	Ad-hoc consultancy	£5,000
Training / team building Trans 2 Performance	N/A	Ad-hoc consultancy	£10,000
Total migration budget	**£95,354.25**		

Recurring costs / resources

Resources	WTE	Duration	Cost
Recurrent - Band 5 Human resources	1 WTE	Recurrent	£38,017.00
Total additional budget	**£38,017.00**		

Overhead costs for operating LUHFT and LWH are expected to be **£59,771.22*** per Trust, subject to adjustments in headcount. These are not additional costs to the system and instead require redistribution of existing budget to host the organisation.

*To be confirmed through due diligence.

Potential additional opportunities & benefits

- Post migration - Year 2 Potential savings opportunities
- £1.9m to £4m* above and beyond BAU savings as a potential result of the expansion

Category	Initial estimates – subject to further due diligence
Agency	£200k to £400k* Potential savings
Digital	£140k to £280k* Potential savings
Transport	£450k* Potential savings
Medical & Surgical consumables	£396K to £1.32m* Potential savings
Common suppliers' category analysis	£750k to £1.5m* Potential savings

* Note influenceable expenditure is based on the last 12 months from August 2022 to July 2023. A deep dive and sensitivity analysis will need to be conducted once the migration is complete, with data, coding and analytics aligned so that we have a better understanding of the detail within comparable data sets, contracts and initiatives to firm up savings opportunities and numbers.

Key risks

A full risk register has been assembled and will be updated as part of due diligence.

This risk register currently identifies 20 risks, their scores and mitigating actions.

Risks have been categorised as follows based on their scores:

Risk level	Score	Number of risks
Low risk	1-8	7
Medium risk	9-12	10
High risk	15-25	3

The top three risks are identified in the table opposite

Risk	Risk description	Risk rating	Mitigating actions
Loss of key personnel during / post transfer	Impact to continuity of delivery of the services Impact to knowledge transfer Impact to headcount and existing BAU activities	**Score 15** Impact: Moderate Likelihood: Almost certain	Ensure staff are engaged and involved in the migration and the opportunities Establish regular briefings, Q&A for existing and migrating staff Development of a contingency recruitment plan Determine appropriate options for contingency use of interims / outsource projects Identify priority and core BAU activities for prioritisation Establish touchpoints in each organisation to discuss mitigation of any impact Keep customers briefed on progress and any impact
Removal of key role / headcount pre transfer	Destabilisation of the service pre transfer Impact to staff morale and potential transfer Inability to baseline service continuity pre transfer Impact to achievement of KPI's and service delivery	**Score 15** Impact: Moderate Likelihood: Almost certain	Recruit an interim Associate Director of Procurement to cover pre-migration Ensure successful pre handover from exiting staff Determine impact and alternative construct of resourcing Review and assess priorities, resources and current service requirements Establish a KPI, workplan and service specification for each migrating service Interim backfill pre and during migration Ensure staff are supported with joint effective communications from existing organisation and HPL Establish regular briefings, Q&A for migrating staff
HPL and Corporate services capacity / capability to support the migration	Capacity, capability and impact on HPL and corporate functions i.e. HR, Finance and I.T. during migration and bedding in to support the migration	**Score 16** Impact: Major Likelihood: Likely	Corporate HR not currently full time - fund for three months full time during migration Utilise the same resources that managed the previous migration for continuity Where necessary explore potential to backfill to release critical resources Secure short term funding to secure resources Secure a band 5 HR partner to support HPL longer term Establish PMO resources to mitigate impact to BAU

Next steps and timing

- **Approvals of SOC and ask to move to due diligence stage:**
  - Strategic Outline Case approvals through individual trust committees/governance – September/October 2023
  - Stand up PMO and support/costs (C£30k) for due diligence stage – October – November/December 23
  - Approval of final business case to proceed with migration – December 2023 / January 2024

- **If final business case approved in Dec 23/Jan 24 proposed migration timetable:**
  - **Phase 1** SMT migration – April 24
  - Management of change/structure review – April 24 to October 24
  - **Phase 2** Operational migration – October 24
  - Year 2 to opportunity assessment and planning – October to December 23
  - Year 2 opportunity delivery – April 25 to April 26

Liverpool University Hospitals NHS Foundation Trust

HEALTH PROCUREMENT LIVERPOOL

Liverpool Women's NHS Foundation Trust

Any further questions

Q&A

The Walton Centre
NHS Foundation Trust

Report to Trust Board
5th October 2023

Report Title	Workforce Disability Equality Standard Report 2023
Executive Lead	Mike Gibney, Chief People Officer
Author (s)	Emma Sutton, Equality and Diversity Manager
Action Required	To decide

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

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

Key Messages *(2/3 headlines only)*

- Although improvements have been seen in many areas, further work is required to ensure staff feel comfortable disclosing disabilities and that they do not suffer any discrimination as a result of this.
-

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

- Actions to be monitored via EDI Action plan at Health Inequalities and Inclusion Committee

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

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

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

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

Strategy ☐	Policy ☐	Service Change ☐

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

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

Workforce Disability Equality Standard Report 2023

Executive Summary

1 The NHS Workforce Disability Equality Standard (WDES) is designed to improve workplace experience and career opportunities for Disabled people working, or those seeking employment, in the National Health Service (NHS). The WDES follows the NHS Workforce Race Equality Standard (WRES) as a tool and an enabler of change. The WDES is a series of evidence-based metrics that provide NHS organisations with a snapshot of the experiences of their Disabled staff in key areas. By providing comparative data between Disabled and non-disabled staff, this information can be used to understand where key differences lie; and will provide the basis for the development of action plans, enabling the Trust to track progress on a year by year basis. The WDES is based on ten evidence-based Metrics.

2 The data in this report refers to figures and staff experience from 2022/23. Full information relating to 2022/23 WDES Data for each of the 10 Metrics can be found in **Appendix 1**. The 2023 WDES Actions can be found in **Appendix 2**.

Background and Analysis

1. On 31st March 2023 there were 1561 staff members employed within The Walton Centre. Of those, 86.87% had self-reported whether or not they have a disability on the Electronic Staff Records (ERS) system. An improvement from last year's 83.65% of 1511 staff.

2. The proportion of staff recorded as Disabled on ESR was 3.72 % (58) this compares with the 2021/22 figure of 3.77 % (57) of the then total staff of 1511. This shows that the number of Disabled staff at the Trust has decreased by 1 while the total number of staff has risen by 50 in this reporting period.

3. In the NHS Staff Survey 2022, 23.6% of staff who responded reported that they have a long-lasting health condition or illness. As the wording of this question in the staff survey differs for the terminology used on ESR and does not include the word 'disability', this may be one explanation as to why there is such a difference in the number of staff reporting ongoing conditions, however, other factors such as anonymity are also likely to have an impact.

4. Although the percentage of staff self-reporting their disability status on ESR has improved from last year, the disparity between staff recorded as Disabled on ESR (3.72%) and those noting a long term condition or illness in their staff survey reposes (23.6%), as well as 13.13% (205) of staff not having reported or chosen not to disclose their disability status, indicates that there is still further work needed to ensure staff feel comfortable and confident in reporting their disability status. As a result, the information and data within this report may not truly reflect the experience of all Disabled colleagues.

5. In line with ongoing Equality and Diversity work, the Trust will be reviewing our recruitment, onboarding and career progression practises and procedures to ensure they provide equal opportunities for all.

6. The Trust will also be looking at data in relation to any pay gap from a disability perspective (similarly to the Gender Pay Gap reporting) plans for this will be in place in 2025 in line with High Impact Action 3 of the recent NHS EDI Improvement Plan.

Summary of Data

1. Improvements and sustained positive outcomes:

- **Metric 1**
  The number of staff who have declared their disability status has increased year on year – from 76.17% in 2018/19 to 86.87% in 2022/23.
  Non-clinical – of 27 total disabled non-clinical staff, 3 are at bands 5-7 and 1 at bands 8c-9 & VSM.
  Clinical – of the 31 total disabled clinical staff, 20 are at bands 5-7, 3 at bands 8a-8b and 2 at consultant grade.

- **Metric 4.3**
  Although 19.9% of Disabled staff reported having experienced at least one incident of harassment, bullying or abuse at work from other colleagues, this has reduced from last year (23.7%)

- **Metric 4.4**
  The number of Disabled staff who state they or a colleague reported the last instance of bullying, harassment or abuse at work has increased significantly from 54% last year to 66% this year.

- **Metric 6**
  The number of Disabled staff who reported feeling pressure from their manager to come to work when they have been unwell has reduced significantly in the past 2 years from 40% in 20/21 to 25.9% in 22/23.

- **Metric 9b**
  The Trust continues to facilitate the voices of Disabled staff to be heard via the Disability Staff Network Group which is better established and attended than in previous years. Our Reasonable Adjustments policy has been reviewed to continue to support Disabled staff and this was discussed with the Staff Network group for their input and comments.

- **Metric 10**
  There is a 10.57% percentage difference when comparing voting members of the Board who have declared themselves as Disabled to the overall workforce. There is also a higher declaration rate when comparing the Board (92.86%) to the overall workforce (86.87%).

2. Deterioration and sustained unequal outcomes:

- **Metric 2**
  This year we had the highest percentage of applicants choosing not to declare their disability status when compared to previous reporting years (16.24%). We also had a limited number of applicants who identified as Disabled (16 - 3.17%). Due to the above, the likelihood of being appointed following shortlisting was significantly lower for Disabled applicants when compared to non-disabled applicants (5.15 times more likely for non-disabled).

- **Metric 3**
  Disabled staff were relatively 7.46 times more likely to enter the formal capability process on the grounds of performance. Due to the lower numbers Disabled staff and low number

of staff entering the formal capability process, however, it is difficult to form any fair conclusions on this matter.

- **Metric 4.1**
  31.2% of Disabled staff who responded to the Staff Survey reported experiencing at least one incident of harassment, bullying or abuse from patients/service users, their relatives or other members of the public.

- **Metric 4.2**
  15.2% of Disabled staff who responded to the Staff Survey reported experiencing at least one incident of harassment, bullying or abuse from managers.

- **Metric 5**
  Less than half (48.1%) of the Disabled staff who responded to the staff survey stated that they believe the Trust provides equal opportunities for career progression or promotion.

- **Metric 7**
  Less than half (43.7%) of Disabled staff report being satisfied with the extent to which the organisation values their work.

- **Metric 8**
  Of those Disabled staff who noted a reasonable adjustment would enable them to carry out their work only 69.2% stated this had been put in place by their manager.

- **Metric 9a**
  The engagement score for Disabled staff therefore calculated to 7.0 compared to 7.5 for non-disabled staff.

Conclusion

7. Although improvements have been seen in many areas, further work is required to ensure staff feel comfortable disclosing disabilities and that they do not suffer any discrimination as a result of this. Actions in relation to this are outlined at appendix 2 and will be included in the Trust Equality, Diversity and Inclusion Action Plan for monitoring.

Recommendation

8. The group are asked to note the contents of this report and agree the actions set out to drive improvement in this area.

Author: **Emma Sutton, Equality and Diversity Manager**
Date: **1st September 2023**

Appendix 1

Workforce Disability Equality Standard Metric Data and Analysis 2023

Metric 1

The percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce as at 31 March 2023.
Disability Unknown refers to those staff who have indicated that they prefer not to say, as well as those who have not responded to the disability monitoring question in ESR.

As shown below, since reporting began, the number of recorded Disabled staff working at the Trust has remained quite constant between 2.75% and 3.77%. The percentage of staff who have declared their disability status, however, has improved year on year from 76.17% in 2018/19 to 86.87% in 2022/23.

18/19		19/20		20/21		21/22		22/23	
3.04%	76.17%	2.75%	78.51%	3.07%	81.16%	3.77%	83.65%	3.72%	86.87%

The below table shows data by clinical/non-clinical sub-groups.

	22/23	
Total Non-clinical/Clinical	**430**	**1131**
Total staff	**1561**	**%**
Disabled staff total	58	3.72%
Non-clinical	27	6.28%
Clinical	31	2.74%
Non-disabled	1298	83.15%
Non-clinical	353	82.09%
Clinical	945	83.55%
Not Known	205	13.13%
Non-clinical	50	11.63%
Clinical	155	13.70%

This is further split below into pay grades and compared to the previous financial year.

Non-Clinical	%Disabled 21/22	% Disabled 22/23	Clinical	%Disabled 21/22	% Disabled 22/23
Bands 2-4	7.76%	8.58%	**Bands 2-4**	2.09%	2.09%
Bands 5-7	2.17%	2.83%	**Bands 5-7**	4.01%	3.51%
Bands 8a-8b	0%	0%	**Bands 8a-8b**	4.65%	3.53%
Bands 8c-9 & VSM	4.35%	4.00%	**Bands 8c-9 & VSM**	0%	0%
Other	25%	0%	**Other**	0%	0%
Consultants	N/A	N/A	**Consultants**	1.82%	1.79%
Non-Consultants Career Grade	N/A	N/A	**Non-Consultants Career Grade**	0%	0%
Medical Trainee Grade	N/A	N/A	**Medical Trainee Grade**	0%	0%
Total	**5.78%**	**6.28%**	**Total**	**3.05%**	**2.74%**

No Change	0% in post	Increase	Decrease

Metric 2

Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.

For the 2022/23 reporting period the number of Disabled candidates shortlisted was 16, the number appointed was 1. The likelihood of shortlisted disabled candidates being appointed was 0.06.

The number of non-disabled candidates shortlisted was 407 the number appointed was 131. The likelihood of shortlisted Non-disabled candidates being appointed was 0.32.

The data below shows that the likelihood of shortlisted Disabled candidates being appointed was significantly lower this year than any previous years and that there was a significant difference when comparing the likelihood of being appointed between Disabled and non-disabled candidates.

	Disabled			Non-disabled			Not Known			
Applicants	**Number of shortlisted applicants**	**Number appointed from shortlisting**	**Likelihood of shortlisting/appointed**	**Number of shortlisted applicants**	**Number appointed from shortlisting**	**Likelihood of shortlisting/appointed**	**Number of shortlisted applicants**	**Number appointed from shortlisting**	**Likelihood of shortlisting/appointed**	**Relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts**
18/19	28	6	0.21	560	157	0.28	0	0	N/A	1.31
19/20	11	4	0.36	389	175	0.45	68	1	0.01	1.24
20/21	66	7	0.11	1296	211	0.16	15	3	0.20	1.54
21/22	19	10	0.53	379	124	0.33	72	4	0.06	0.62
22/23	**16**	**1**	**0.06**	**407**	**131**	**0.32**	**82**	**1**	**0.01**	**5.15**

Metric 3

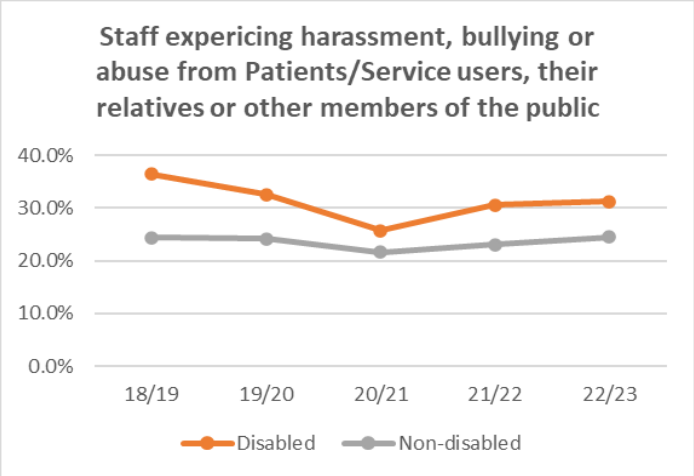
Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

Average number of Disabled staff entering the formal capability process was 0.5 compared to 1.5 for non- disabled staff; this equates to non-disabled staff being 7.46 times more likely to enter the formal capability process.

It is not possible to form firm conclusions from this figure, however, due to the lower number of staff recorded as Disabled and lower numbers of staff entering the formal capability process.

Metric 4 – Staff Survey results

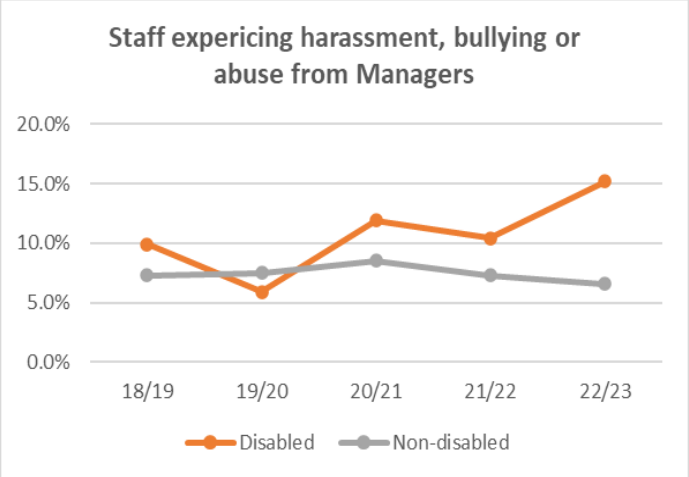
2.1 Percentage of staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months



31.2% of Disabled staff who responded to the Staff Survey reported experiencing at least one incident of harassment, bullying or abuse from patients/service users, their relatives or other members of the public. This has slightly increased from 21/22 (30.6%) and significantly since 20/21 (25.7%).

The same year on year increase can also be seen in non-disabled staff, however, less staff report having experienced this (21.6% in 20/21, 23.1% in 21/22 and 24.5% in 22/23).

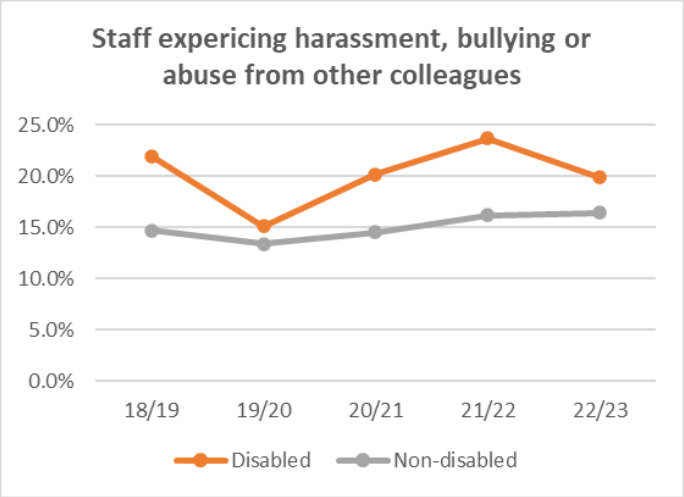
2.2 Percentage of staff experiencing harassment, bullying or abuse from managers in last 12 months



15.2% of Disabled staff who responded to the Staff Survey reported experiencing at least one incident of harassment, bullying or abuse from managers. This is a significant increase from last year (10.4%) and has increased year on year since 19/20 (5.9%).

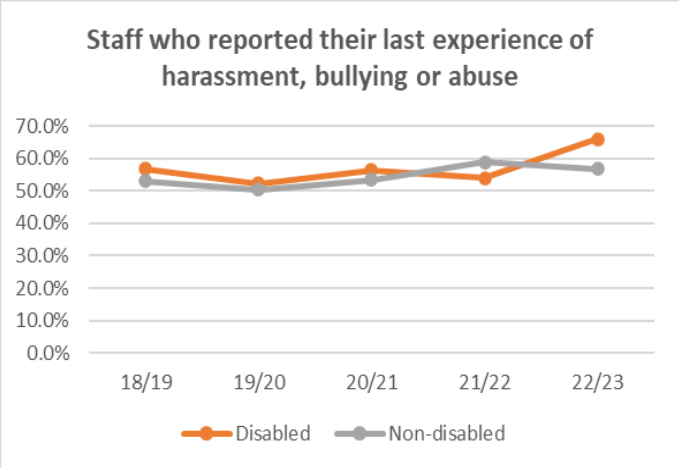
This differs from data for non-disabled staff which has slightly decreased year on year since 20/21. (8.5% 20/21, 7.3% 21/22, 6.6% 22/23).

2.3 Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months



Although 19.9% of Disabled staff reported having experienced at least one incident of harassment, bullying or abuse at work from other colleagues, this has reduced from last year (23.7%) – this is closer inline with non-disabled staff of whom 16.4% reported harassment, bully and abuse from other colleagues.

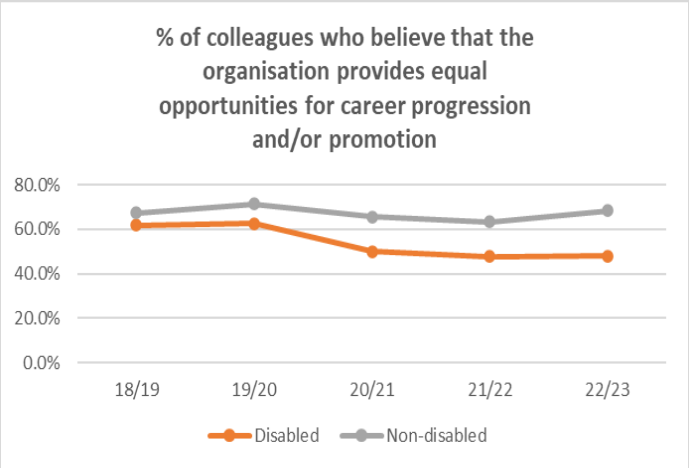
2.4 Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it



The number of Disabled staff who state they or a colleague reported the last instance of bullying, harassment or abuse at work has increased significantly from 54% last year to 66% this year. This figure is now higher than the present on non-disabled staff who reported the incident (56.8%).

Metric 5 - Staff Survey results

Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion

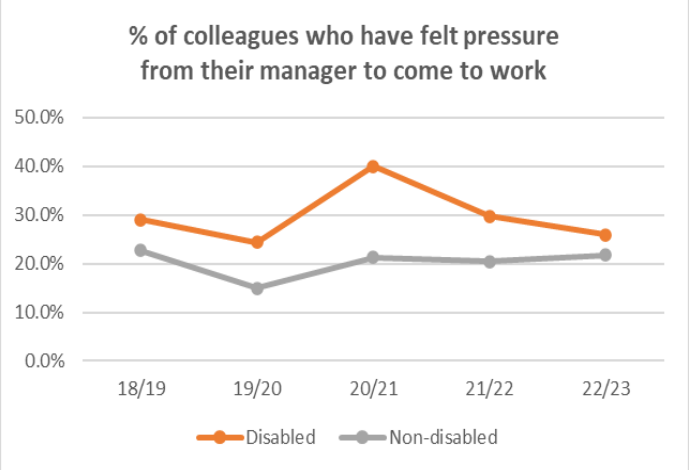


This indicator has improved this year for staff with and without a long-term illness. Less than half of Disabled respondents (48.1%), however, felt that the Trust provides equal opportunities for career progression or promotion. This has deteriorated significantly since 19/20 (62.5%).

There is a clear disparity of more than 15% when comparing responses between Disabled and non-disabled colleagues.

Metric 6 - Staff Survey results

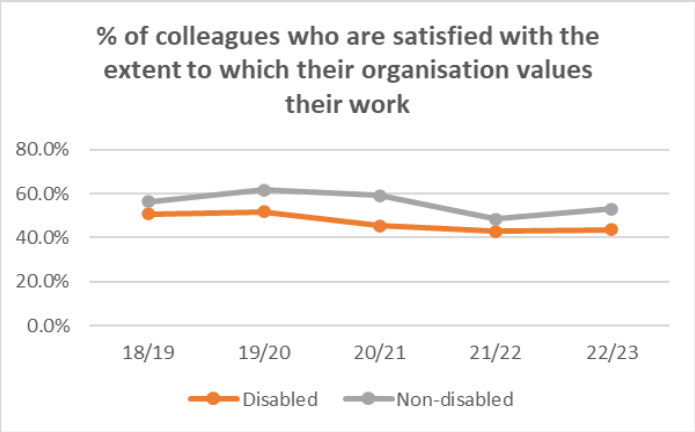
Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties



The amount of Disabled staff who reported feeling pressure from their manager to come to work when they have been unwell has reduced significantly in the past 2 years from 40% in 20/21 to 25.9% in 22/23. This has brought the figures closer inline with non-disabled staff which has remained fairly static since 20/21.

Metric 7 - Staff Survey results

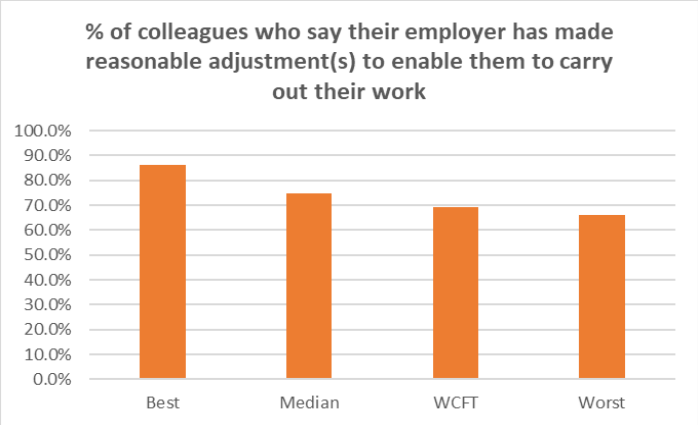
Percentage of staff satisfied with the extent to which their organisation values their work



Less than half (43.7%) of Disabled staff report being satisfied with the extent to which the organisation values their work. This has declined from 50.8% since 18/19 and is much less than the amount of non-disabled staff (53%).

Metric 8 - Staff Survey results

Percentage of Disabled staff saying their employer has made reasonable adjustment(s) to enable them to carry out their work

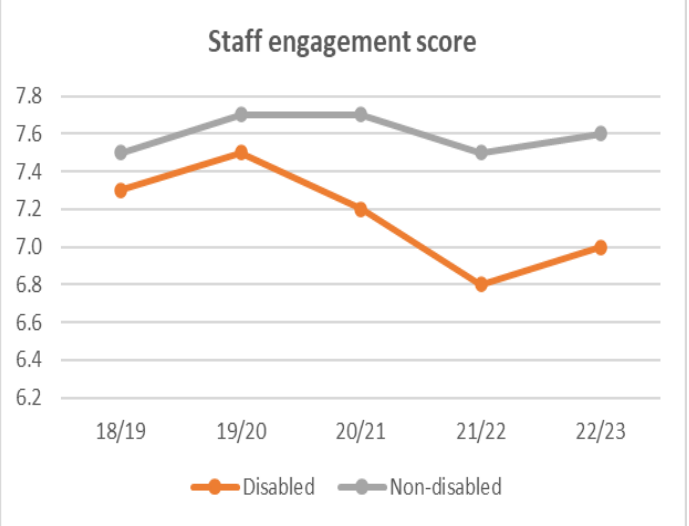


Of those Disabled staff who noted a reasonable adjustment would enable them to carry out their work only 69.2% stated this had been put in place by their manager.

There is no previous years' data to compare this figure to, however, the best Trusts scored an average of 86.4% with the worst scoring an average of 65.9%.

Metric 9a - Staff Survey results

Staff engagement score for Disabled staff, compared to non-disabled staff (0-10)



The engagement score for Disabled staff therefore calculated to 7.0 compared to 7.5 for non-disabled staff.

Scores for the engagement questions on the staff survey have increased across the board (with the exception of 'If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation' which reduced from 84.6% last year to 78.58% this year for Disabled staff and from 90.1% to 89.4% for non-disabled staff). There is a clear disparity, however, when comparing scores from Disabled staff to non-disabled staff – with a decrease in scoring of around 10% across all areas.

Metric 9b

Has your organisation taken action to facilitate the voices of Disabled staff to be heard?

The Trust continues to facilitate the voices of Disabled staff to be heard via the Disability Staff Network Group which is better established and attended than in previous years. Our Reasonable Adjustments policy has been reviewed to continue to support Disabled staff and this was discussed with the Staff Network group for their input and comments.

Metric 10

Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated:

- **By voting membership of the Board**
- **By executive membership of the Board**

There is a 10.57% percentage difference when comparing voting members of the Board who have declared themselves as Disabled to the overall workforce. There is also a higher deceleration rate when comparing the Board (92.86%) to the overall workforce (86.87%) with only 1 Board member not yet declaring their disability status.

Appendix 2

Workforce Disability Equality Standard Actions 2023

All actions outlined below have been included in the Trust Equality, Diversity and Inclusion Action Plan which is monitored by the Health Inequalities and Inclusion Committee.

Metric 2

Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.

- As part of the existing action to review the recruitment process, we must ensure that prospective applicants feel comfortable and confident declaring their disability status and that Disabled applicants are not discouraged from applying in any way.

Metric 4

Instances of staff harassment, bullying or abuse from patients/visitors, managers and other colleagues

- We must ensure all staff are supported in enforcing the NHS zero tolerance policy in relation to abusive behaviour from patients/visitors and remind all staff and managers of the Management of Violent and Aggressive Individuals policy and sanction process.
- The reasonable adjustments policy is currently under review and will support managers in assisting their staff members who may require reasonable adjustments and/or require leave as a result of their disability.
- In addition to this, all managers should attend Building a Culture of Conscious Inclusion training and be responsive to any behaviours witnessed or escalated which do not reflect the Walton Way.

Metric 5

Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion

- As part of the existing action to review talent management and career progression procedures, we must ensure that Disabled staff are not discriminated in any way and that opportunities are available to all appropriate staff.

Metric 7

Percentage of staff satisfied with the extent to which their organisation values their work

- To discuss at the Disability Staff Network Group to understand any themes/trends relating to this matter.
- Review possibility of launching an anonymous survey to gather wider feedback.

Metric 8 - Staff Survey results

Percentage of Disabled staff saying their employer has made reasonable adjustment(s) to enable them to carry out their work

- As part of the existing action to review the reasonable adjustments policy we will ensure this is cascaded to all and actively encourage staff/managers to discuss any need for reasonable adjustments.

Metric 9a - Staff Survey results

Staff engagement score for Disabled staff, compared to non-disabled staff (0-10)

- Continue to encourage staff to engage and speak up regarding their experiences by continuing to drive attendance at the Disability Network Group.

The Walton Centre
NHS Foundation Trust

Report to Trust Board
5th October 2023

Report Title	Workforce Race Equality Standard Report 2023
Executive Lead	Mike Gibney, Chief People Officer
Author (s)	Emma Sutton, Equality and Diversity Manager
Action Required	To decide

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

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

Key Messages *(2/3 headlines only)*

- Urgent work is required to ensure BME staff and applicants do not suffer any discrimination as a result of their race.

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

- Actions to be monitored via EDI Action plan at Health Inequalities and Inclusion Committee

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

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

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

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

Strategy ☐	Policy ☐	Service Change ☐

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

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

Workforce Race Equality Standard Report 2023

Executive Summary

1 The NHS Workforce Race Equality Standard (WRES) requires Trusts to demonstrate progress against nine indicators of workforce race equality. The indicators focus upon Board level representation, recruitment and differences between the experience and treatment of White and BME staff. In addition to producing and publishing the WRES PDF template and action plan on the Trust website and intranet, the Trust is also required to submit a return via the NHS England, Strategic Data Collection Service (SDCS) system to enable further comparisons to be made between NHS trusts.

2 The data in this report refers to figures and staff experience from 2022/23.

3 Full information relating to 2022/23 WRES Data for each of the 9 Metrics can be found in **Appendix 1.** The 2023 WRES Actions can be found in **Appendix 2.**

Background and Analysis

1. On 31st March 2023 there were 1561 staff members employed within The Walton Centre. Of those, 99.17% had their ethnicity recorded on the Electronic Staff Records (ERS) system.

2. The proportion of staff recorded as BME on ESR was 13.77% (215) this compares with the 2021/22 figure of 12.74% (192) of the then total staff of 1507. This shows that the total number at the Trust has increased by 54 and ethnic minority staff having increased by 23.

3. The 2018 BME percentage appears to have been inflated for a temporary period in which there were higher numbers of junior medics at the Trust, many of whom were BME.

4. The Trust have recently produced an anti-racist statement which will be made public to voice our commitment to anti-racism and tackling race inequality both as an employer and a provider.

5. The above statement is being supported by Building a Culture of Conscious Inclusion training which has previously been delivered to over 60 staff with plans to make this available to all Trust staff in the near future.

6. In line with ongoing Equality and Diversity work, the Trust will also be reviewing our recruitment, onboarding and career progression practises and procedures to ensure they provide equal opportunities for all.

7. The Trust will also be looking at data in relation to any pay gap from a race perspective (similarly to the Gender Pay Gap reporting) plans for this will be in place in 2024 in line with High Impact Action 3 of the recent NHS EDI Improvement Plan.

Summary of Data

1. Improvements and sustained positive outcomes:

- **Metric 1**
  The number of BME staff working at the Trust has increased year on year since 2018/19 from 9.39% to 13.77%.
  Non-clinical – of 15 total BME non-clinical staff, 4 are at bands 5-7 and 2 at bands 8c-9 & VSM.
  Clinical – of the 200 total BME clinical staff, 110 are at bands 5-7, 2 at bands 8a-8b and 51 at consultant grade.

2. Deterioration and sustained unequal outcomes:

- **Metric 2**
  This year we had a limited number of BME applicants (58 – 11.49%). The likelihood of being appointed following shortlisting was lower for BME applicants when compared to White applicants (1.32 times more likely for White applicants).

- **Metric 3**
  The percentage of BME staff entering the formal disciplinary process was 0.93% compared to 0.83% for White staff; this equates BME staff being 1.13 times more likely to enter the formal disciplinary process. It is not possible, however, to form firm conclusions from this figure, however, due to the low numbers of staff entering the formal disciplinary process.

- **Metric 4**
  Only 6.05% of BME staff accessed non-mandatory training or CPD; White staff were 5.35 times more likely to access training.

- **Metric 5**
  25.9% of BME staff who responded to the Staff Survey reported experiencing at least one incident of harassment, bullying or abuse from patients/service users, their relatives or members of the public.

- **Metric 6**
  35.2% of BME staff who responded to the Staff Survey reported experiencing at least one incident of harassment, bullying or abuse from staff.

- **Metric 7**
  Less than half of BME respondents (42.6%) felt that the Trust provides equal opportunities for career progression or promotion.

- **Metric 8**
  20.8% of BME staff who responded to the Staff Survey reported experiencing at least one incident of harassment, bullying or abuse from managers.

- **Metric 9**
  There is a -15.86% percentage difference when comparing BME voting and executive members of the Board to the overall workforce.

Conclusion

1. It is clear from this report that further urgent work is required to ensure BME staff and applicants do not suffer any discrimination as a result of their race. Actions in relation to this are outlined at appendix 2 and will be included in the Trust Equality, Diversity and Inclusion Action Plan for monitoring.

Recommendation

2. To note the contents of this report and agree the actions set out to drive improvement in this area.

Author: **Emma Sutton, Equality and Diversity Manager**
Date: **1st September 2023**

Appendix 1

Workforce Race Equality Standard Metric Data and Analysis 2023

Metric 1

The percentage of BME staff in each of the AfC Bands 1-9.

As shown below, the number of BME staff working at the Trust has increased year on year since 2018/19 from 9.39% to 13.77%.

18/19	19/20	20/21	21/22	22/23
9.39%	9.50%	9.89%	12.74%	13.77%

The below table shows data by clinical/non-clinical sub-groups.

Total Non-clinical/Clinical	430	1131
Total staff	**1561**	**%**
White staff total	1333	85.39%
Non-clinical	413	96.05%
Clinical	920	81.34%
BME	215	13.77%
Non-clinical	15	3.49%
Clinical	200	17.68%
Not Known	13	0.83%
Non-clinical	2	0.47%
Clinical	11	0.97%

This is further split below into pay grades and compared to the previous financial year.

Non-Clinical	% BME 21/22	% BME 22/23	Clinical	% BME 21/22	% BME 22/23
Bands 2-4	3.27%	3.36%	**Bands 2-4**	7.17%	5.80%
Bands 5-7	3.26%	3.77%	**Bands 5-7**	14.89%	18.68%
Bands 8a-8b	2.94%	0.00%	**Bands 8a-8b**	2.22%	2.27%
Bands 8c-9 & VSM	4.35%	8.33%	**Bands 8c-9 & VSM**	N/A	N/A
Other	N/A	N/A	**Other**	N/A	N/A
Consultants	N/A	N/A	**Consultants**	41.07%	44.74%
Non-Consultants Career Grade	N/A	N/A	**Non-Consultants Career Grade**	50%	50%
Medical Trainee Grade	N/A	N/A	**Medical Trainee Grade**	72.41%	57.14%
Total	**3.30%**	**3.49%**	**Total**	**16.08%**	**17.68%**

No Change	0% in post	Increase	Decrease

Metric 2

Relative likelihood of staff being appointed from shortlisting across all posts.

For the 2022/23 reporting period the number of BME candidates shortlisted was 58, the number appointed was 12. The likelihood of shortlisted BME candidates being appointed was 20.69%.

The number of White candidates shortlisted was 439 the number appointed was 120. The likelihood of shortlisted White candidates being appointed was 27.33%.

The data below shows that the likelihood of shortlisted BME candidates being appointed was lower this year than previous years (with the exception of 20/21 in which a high number of applications were received) and that there was a significant difference when comparing the likelihood of being appointed between White and BME candidates.

	White			BME			Not Known			
Applicants	**Number of shortlisted applicants**	**Number appointed from shortlisting**	**Likelihood of shortlisting/appointed**	**Number of shortlisted applicants**	**Number appointed from shortlisting**	**Likelihood of shortlisting/appointed**	**Number of shortlisted applicants**	**Number appointed from shortlisting**	**Likelihood of shortlisting/appointed**	**Relative likelihood of White staff compared to BME staff being appointed from shortlisting across all posts**
18/19	373	137	36.73%	65	26	40.00%	7	3	42.86%	0.92
19/20	394	154	39.09%	66	22	33.33%	8	4	50.00%	1.17
20/21	1140	6	0.53%	208	4	1.92%	29	0	0.00%	0.27
21/22	429	140	32.63%	60	19	31.67%	10	6	60.00%	1.03
22/23	**439**	**120**	**27.33%**	**58**	**12**	**20.69%**	**8**	**1**	**12.50%**	**1.32**

Metric 3

Relative likelihood of BME staff compared to White staff entering the formal disciplinary process.

The percentage of BME staff entering the formal disciplinary process was 0.93% compared to 0.83% for White staff; this equates BME staff being 1.13 times more likely to enter the formal disciplinary process.

It is not possible to form firm conclusions from this figure, however, due to the low numbers of staff entering the formal disciplinary process.

Metric 4

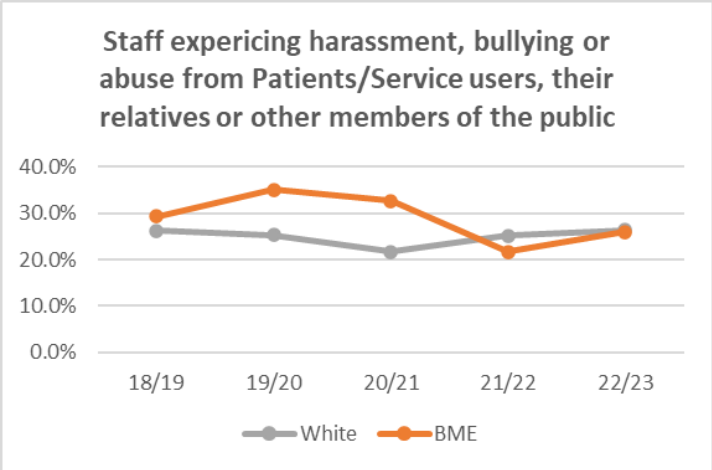
Relative likelihood of BME staff compared to White staff accessing non-mandatory training and CPD.

32.33% of White staff accessed non-mandatory /CPD training compared to 6.05% of BME staff; White staff were therefore 5.35 times more likely to access training. This has increased significantly from 2.54 times more likely in 21/22 and 0.77 times in 20/21 as shown below.

	White			BME			Not Known			
	Number of staff in workforce	Number of staff accessing non-mandatory training and CPD	Likelihood of staff accessing non-mandatory training and CPD	Number of staff in workforce	Number of staff accessing non-mandatory training and CPD	Likelihood of staff accessing non-mandatory training and CPD	Number of staff in workforce	Number of staff accessing non-mandatory training and CPD	Likelihood of staff accessing non-mandatory training and CPD	Relative likelihood of White staff compared to BME staff accessing non-mandatory training and CPD
18/19	1269	89	7.01%	133	13	9.77%	14	0	N/A	0.72
19/20	1300	418	32.15%	138	24	17.39%	14	10	71.43%	1.85
20/21	1338	329	24.59%	148	47	31.76%	11	5	45.45%	0.77
21/22	1303	224	17.19%	192	13	6.77%	12	7	58.33%	2.54
22/23	**1333**	**431**	**32.33%**	**215**	**13**	**6.05%**	**13**	**0**	**0.00%**	**5.35**

Metric 5 – Staff Survey results

Percentage of staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months

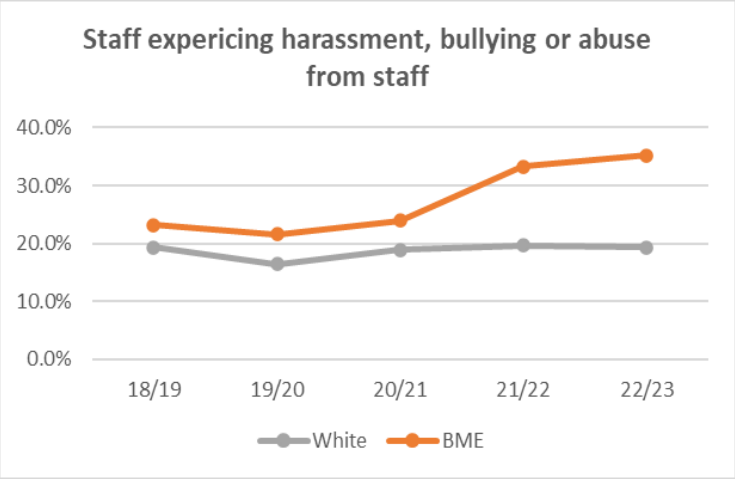


25.9% of BME staff who responded to the Staff Survey reported experiencing at least one incident of harassment, bullying or abuse from patients/service users, their relatives or members of the public. This has increased from 21/22 (21.6%) but is lower than previous years (18/19 29.3%, 19/20 35.1%, 20/1 32.6%).

This is this is closer in line with White staff of whom 26.4% reported harassment, bully and abuse from patients/service users, their relatives or members of the public.

Metric 6 – Staff Survey results

Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

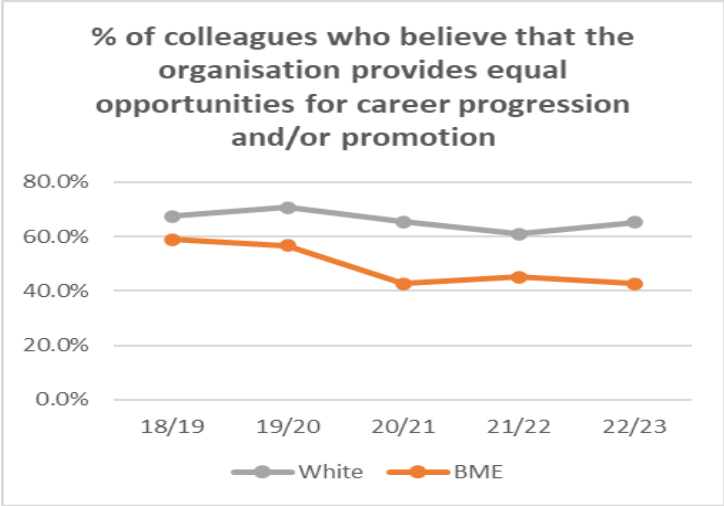


35.2% of BME staff who responded to the Staff Survey reported experiencing at least one incident of harassment, bullying or abuse from staff. This is an increase from last year (33.3%) and a significant increase when compared to previous years (18/19 23.2%, 19/20 21.6%, 20/21 23.9%).

This differs from data for White staff which remained fairly constant since 18/19.

Metric 7 – Staff Survey results

Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion

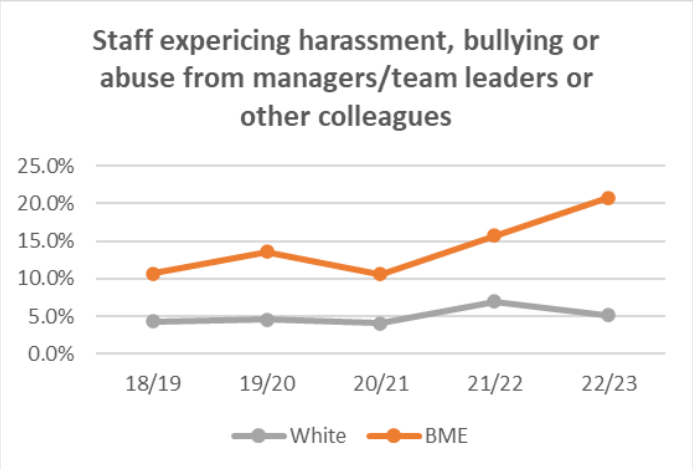


Less than half of BME respondents (42.6%) felt that the Trust provides equal opportunities for career progression or promotion. This has deteriorated significantly since 18/19 (58.9%).

There is a clear disparity of more than 12% when comparing responses between BME and White colleagues.

Metric 8 – Staff Survey results

Percentage of staff experiencing harassment, bullying or abuse from managers/team leaders or other colleagues



20.8% of BME staff who responded to the Staff Survey reported experiencing at least one incident of harassment, bullying or abuse from managers. This is a significant increase from last year (15.7%) and has doubled since 20/21 (10.6%).

This differs from data for White staff which has decreased to 5.1% from last year's 6.9% and has remained fairly constant between 4 and 7%.

Metric 9

Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated:

- **By voting membership of the Board**
- **By executive membership of the Board**

There is a -15.86% percentage difference when comparing BME voting and executive members of the Board to the overall workforce. Although there are 2 BME members of the Board, both are non-voting and non-executive members.

Appendix 2

Workforce Race Equality Standard Actions 2023

All actions outlined below have been included in the Trust Equality, Diversity and Inclusion Action Plan which is monitored by the Health Inequalities and Inclusion Committee.

Metric 2

Relative likelihood of White staff compared to BME staff being appointed from shortlisting across all posts

- As part of the existing action to review the recruitment process, we must ensure that prospective applicants are not discriminated against in any way and have equal opportunity in both applying for roles and being appointed following short listing.

Metric 4

Relative likelihood staff accessing non-mandatory training and CPD

- A planned review of career progression practises and procedures will include access to non-mandatory training and CPD to ensure staff are being given equal opportunities in this regard.

Metric 5, 6 & 8

Instances of staff harassment, bullying or abuse from patients/visitors, managers and other colleagues

- We must ensure all staff are supported in enforcing the NHS zero tolerance policy in relation to abusive behaviour from patients/visitors and remind all staff and managers of the Management of Violent and Aggressive Individuals policy and sanction process.

- In addition to this, all managers should attend Building a Culture of Conscious Inclusion training and be responsive to any behaviours witnessed or escalated which do not reflect the Walton Way.

Metric 7

Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion

- As part of the existing action to review talent management and career progression procedures, we must ensure that BME staff are not discriminated in any way and that opportunities are available to all appropriate staff.

The Walton Centre NHS Foundation Trust

Report to Trust Board
5th October 2023

Report Title	Trust Wide Mortality Report: Learning from Deaths, Quarter 1 Report, 2023/24
Executive Lead	Dr Andy Nicolson, Medical Director
Author (s)	Patricia Crofton, Governance Lead for Mortality
Action Required	To note

Level of Assurance Provided.

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

Key Messages.

- There were 20 inpatient deaths in Quarter 1, 2023-24, 17 in neurosurgery, 3 in the neurology division. 17 patients were admitted as emergencies, 3 were elective admissions.
- Following completion of the initial mortality review, all deaths were presented at the Mortality Surveillance Group (MSG). Several secondary reviews were requested by the MSG.
  3 of those deaths are being reviewed with partner organisations.
  There were no concerns raised and no further actions required in the remaining cases.
- Funding has been approved for the implementation of the Swan End of Life Care (EOL) model. Together with improvements in EOL care for patients and their family and education for staff; the Swan nurses will provide a level of bereavement support for our deceased patients families and carers.
- There will be some changes required to mortality policies and processes with the introduction of the Patient safety Incident response Framework (PSIRF).

Next Steps

- Continue to monitor and review inpatient deaths in line with current Trust policies and escalate any concerns.
- Review those policies in relation to PSIRF recommendations.
- Continue to work closely with partner organisations to complete the outstanding reviews to understand any themes and trends which may lead to changes in practice or process.

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

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

Equality Impact Assessment Completed		
Strategy ☐	Policy ☐	Service Change ☐

Report Development

Committee/ Group Name	**Date**	**Lead Officer (name and title)**	**Brief Summary of issues raised, and actions agreed**
Quality Committee	21/9/23	Dr A Nicolson. Medical Director.	Report Approved

Trust Wide Mortality Report: Learning from Deaths, Quarter 1 Report, 2023/24

Executive Summary

1. This report provides an overview of deaths in Quarter 1 2023 / 2024.The report also details progress of compliance with national guidance regarding Learning from Deaths of patients in our care.

Background and Analysis

2. **Number of in-patient deaths, Critical care /ward areas. Q1 2023-2024.**

Month	April	May	June
Total	12	4	4
Ward Areas	4	1	1
Critical Care	8	3	3

As with previous quarterly reviews, the highest number of patient deaths occurred in ITU.

3. **Number of deaths by Quarter 2023-2024**

Quarter	Total	Critical Care	Acute ward areas
Q1	20	14	6

Off the 20 deaths there were,

- 17 patients admitted as emergencies.
- 3 were elective admissions.

The elective admissions were,

- Elective coiling of unruptured aneurysm
- Elective debulking of tumour (Meningioma).
- Elective debulking of tumour (Schwannoma)

4. **Speciality**

Vascular	Trauma	Spinal Trauma	Oncology	Neurology
10	**1**	**2**	**4**	**3**

There was a reduction in deaths from cranial trauma with the highest number being vascular. events and other life-threatening conditions.

5. Q1 data collected by Intensive Care National Audit and Research Centre (ICNARC) has shown there has been an increase in the number of patients who have died that were predicted to have a mortality risk of <20 %. These patient deaths have been discussed at the Mortality surveillance group. Second in depth reviews had previously been requested by the Group for several cases. The data has been escalated and discussed with the Medical Director.

6. The mortality lead clinician for critical care is leading a clinical panel to review the ICNARC/ Mela Data together with the initial mortality and in-depth reviews. This will be monitored through the Mortality Surveillance group and the outcome, and any actions updated in the Q2 Mortality report.

7. All deaths were referred for either Coronial or Medical Examiner (ME) review. There were 3 direct coroner referrals, and 17 ME referrals. 1 ME referral was escalated to the coroner for further scrutiny, due to an initial presentation of trauma.

8. Of the 20 inpatient deaths, 9 were referred to the Specialist Palliative Care Services for expert advice at End of Life. All families of patients who die in critical care are approached regarding organ donation, if considered suitable. There were 4 patients whose families expressed their consent to the gift of organ donation. 4 patients were accepted for assessment, 1 patient was declined, the deceased patients and their families were supported by the Specialist Nurses for Organ Donation.

9. Following presentation of the initial mortality review, the MSG has requested 5 Structured Judgement Reviews (SJR) following the Royal College of Physicians SJR data collection tool. These reviews are carried out by speciality consultants who have not been involved in the deceased patients care. Following this process 1 patient death has been escalated via the Trust Serious Incident Policy.

10. There are 2 reviews involving partnership organisations: Liverpool University Hospitals Foundation Trust (LUHFT) and Arrowe Park. LUHFT have requested Walton Centre assistance in an investigation after declaring a serious incident related to a patient who was subsequently transferred from Aintree Hospital to the WCFT under the care of the Neurosurgical team.

11. Intelligence and insights gained will be shared among organisations to identify common themes and opportunities for further joined up work to aim to avoid future deaths and improve patient care.

12. Together with improvements in EOL care for patients and their family and education for staff, the SWAN nurses will provide a much-needed level of bereavement support for our deceased patients families and carers. The team will support patients and families requiring EOL care in the ward areas and then contact bereaved families after a death and signpost to any services they may require. In preparation for the implementation, the senior nursing and patient experience teams are working with Aintree Hospital to produce a Bereaved Relatives survey which the team will facilitate to provide qualitative data regarding their experiences.

13. Following the Learning from deaths Guidance, the clinical and governance teams have made significant progress in developing a standardised way of recognising, reporting, and investigating mortality. With the introduction of the Patient Safety Incident Response Framework (PSIRF), those policies and our Trust guidance regarding interactions with the Medical Examiner and HM Coroner will need to be reviewed. The Governance Lead for Mortality will work with the PSIRF implementation team to ensure compliance with the notification of deaths regulations including where they consider that the person's death was due to "undergoing any treatment or procedure of a medical or similar nature".

Conclusion

14. The ICNARC data review will be completed and reported to Quality Committee as part the Quarter 2 mortality report.

15. The Mortality Surveillance Group will monitor the outstanding Mortality reviews and ensure any actions and recommendations are implemented or escalated as required.

16. The Governance Team will support the Senior Nursing and Patient Experience teams in the implementation of the SWAN model of EOL care.

Recommendation

To note.

Author: Patricia Crofton, Clinical Governance Lead for Mortality
Date: 6th September 2023

The Walton Centre NHS Foundation Trust

Report to Trust Board
5 October 2023

Report Title	Freedom to Speak Up Guardian Update Report 2023/24
Executive Lead	Nicola Martin, Interim Chief Nurse
Author (s)	Julie Kane, Quality Manager & Freedom to Speak Up Guardian
Action Required	To note

Level of Assurance Provided

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

Key Messages

- The purpose of this report is to provide the Board with an overview of the Freedom to Speak Up (FTSU) process and activity during quarter one 2023/24
- The report provides information relating to the requirements of the National Guardians Office (NGO) and the Trust processes
- Further information is provided to triangulate data and intelligence to understand themes

Next Steps

- The NGO Freedom to Speak Up Reflection Tool has been drafted in line with national guidance. The tool will help identify strengths/gaps in individuals, the leadership team and the organisation
- Two training sessions for the Speak Up Champions have been scheduled during October
- Launch the role of the Speak Up Champions during 'Speak Up' month in October
- Triangulate more data and feedback to understand if there are emerging or ongoing themes across the Trust

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

Strategic Risks		
001 Quality Patient Care	004 Leadership Development	004 Operational Performance

Equality Impact Assessment Completed		
Strategy ☐	Policy ☐	Service Change ☐

Report Development

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

Freedom to Speak Up Guardian Update Report 2023/24

Executive Summary

1. This report provides data, information and updates on the activities undertaken by the Freedom to Speak Up Guardian (FTSUG) during quarter one 2023/24. It includes data relating to the numbers, types of concerns raised, which division and professional group.

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

3. The FTSUG operates independently, impartially, and objectively whilst working in partnership with individuals and groups throughout the organisation.

4. The FTSUG and Champions play a vital role in supporting an open and transparent 'speak up' culture of improvement and learning where speaking up and raising concerns are welcomed. An open, responsive, compassionate, positive and safe speak up culture is essential to ensuring the organisation is well led.

5. We recognise how important it is that staff and managers have confidence in the independence, confidentiality and fairness of the Freedom to Speak Up process. There are a range of processes to support staff who wish to raise a concern which include an immediate manager, senior manager within the team/department, and HR processes such as dignity and respect. Trade union representatives are also available to support staff if they wish to raise a concern.

6. Staff should feel empowered, confident and safe to raise concerns and be confident that their concern will be addressed in the most appropriate way and that there are no barriers.

7. Following the high-profile case of Lucy Letby, which involved futility, and the devastating consequences means all organisations need to ensure more is done to overcome this feeling.

Background and Analysis

8. Following the Mid-Staffordshire inquiry and the Freedom to Speak Up review, Sir Robert Francis QC stated "Poor standards of care can proliferate unless both patients and staff are listened to by the leaders of our health services and their concerns welcomed and acted upon. Speaking up should be the norm, not a dangerous exception to a general practice of keeping one's head down. Every healthcare leader from ward to board level must promote a culture where speaking up about legitimate concerns can occur without fear of harassment, bullying or discrimination." The full review and executive summary are available http://freedomtospeakup.org.uk/the-report/

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

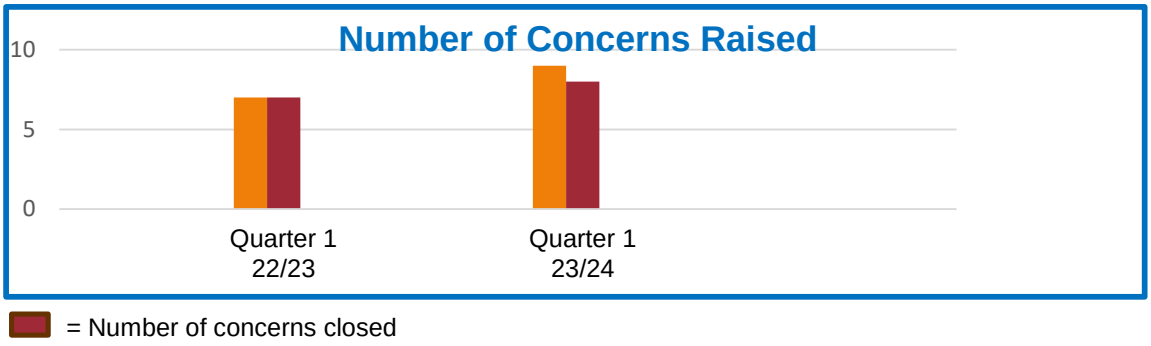
10. The FTSU Reflection and Planning Tool, published by the National Guardians Office, has been reviewed and a draft completed which will be discussed with the Executive Team in November and presented to the Trust Board in December 2023. All organisations are required to complete this tool by January 2024.

Local Activity – Quarter One 2023/24

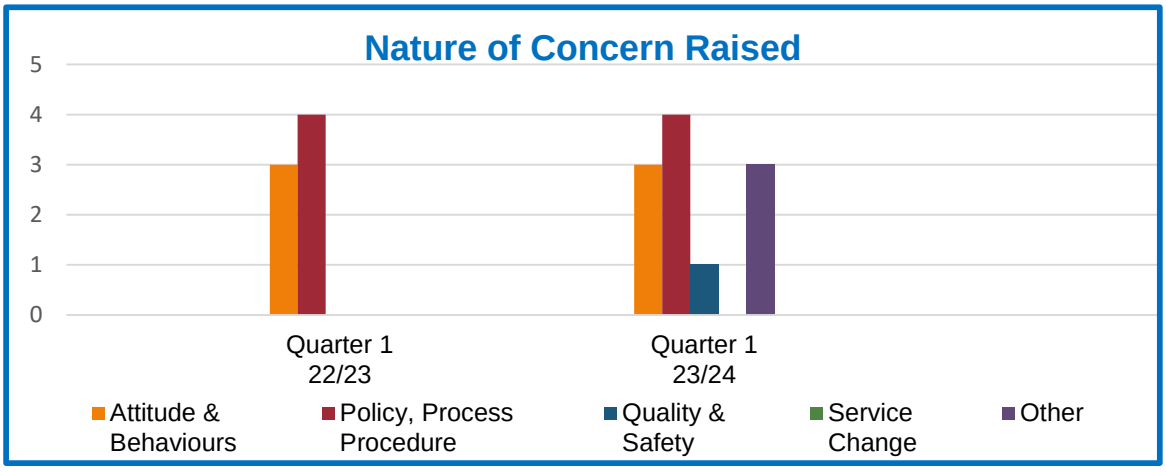
11. The FTSUG has recorded nine cases that were raised during this period of reporting (Q1 2023/24). No concerns were raised anonymously to the FTSUG.

12. The concerns raised were from the neurology and corporate divisions and those raising the concerns included nursing and administrative colleagues.

13. The graph below indicates how many concerns were raised during quarter one in 2022/23 and quarter one in 2023/24:

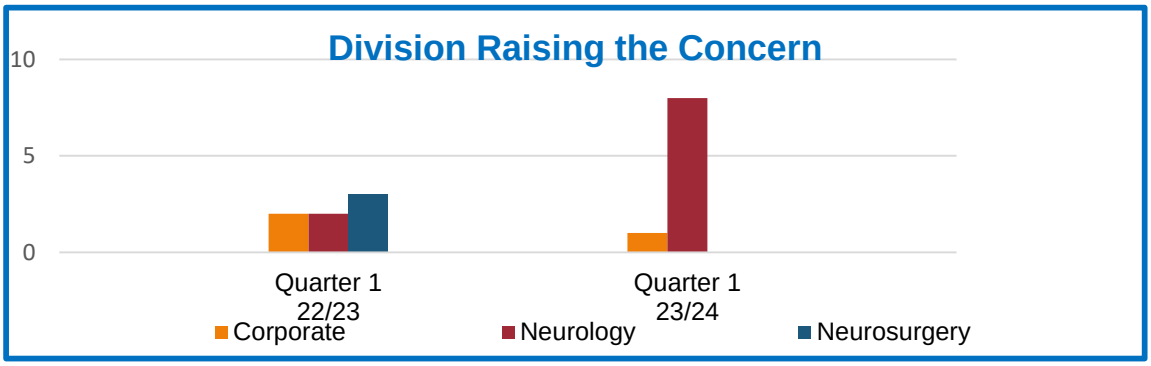


14. The graph below indicates the nature of concerns raised during quarter one in 2022/23 and quarter one in 2023/24:



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

15. The graph below indicates the division raising the concerns during quarters one in 2022/23 and quarter one in 2023/24:



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

What do the numbers mean?

17. It is always difficult to interpret whether a high number of concerns is a positive or negative indicator.

18. We want staff to feel confident in raising their concerns with their supervisor or line manager as part of business as usual and would hope the small numbers speaking up to the FTSUG is an indicator that concerns are being raised and addressed locally and is therefore a good sign.

19. On the other hand if there were larger numbers of concerns raised with the FTSUG this could be seen as positive as staff are aware of the speak up process and have an increased confidence in the importance of the speak up role.

National Activity – Quarter One 2023/24

20. The speak up data for the reporting period nationally is below:
    - Total number of cases raised 6,673 which is a 21.5% increase compared to the same quarter last year
    - 37.5% of cases raised included an element of inappropriate behaviours and attitudes (other than bullying and harassment) and almost a third of cases (31.3%) included an element of worker safety or wellbeing
    - Almost 1 in every 25 cases reported to Guardians are from workers indicating that they have suffered detriment after speaking up

CQC Adult Inpatient Survey Results - 2022

21. The survey results were published on 13th September 2023.

22. The annual survey is commissioned by the CQC and looked at experiences of 63,224 patients across 133 NHS Trusts who stayed at least one night in hospital as an inpatient during November 2022.

23. We have been categorised as performing 'better than expected' compared to similar Trusts.

24. The survey is broken down into 11 areas including admission, the hospital and ward, respect and dignity, and care and treatment, and our results are benchmarked against other Trusts across the North West region.

25. In total 587 Walton Centre patients completed the survey, which is a response rate of 48%. This is 8% higher than the average response rate for all Trusts, and 1% higher than last year's response rate. Key highlights from our survey include:
    - Our Trust scored in the top five Trusts in the region for all 11 areas
    - Our Trust scored 'much better than expected/better than expected' in 10 out of the 11 areas
    - Our Trust's highest score was 9.5 for 'respect and dignity'
    - Our Trust scored 8.9/10 for 'overall experience', with the top score being 9.2

26. The scores for each area of the survey will be shared with the relevant departments and the results will support us in our action planning for the coming year.

27. Our full benchmarking report can be accessed on the CQC website: https://nhssurveys.org/wp-content/surveys/02-adults-inpatients/05-benchmarks-reports/2022/The%20Walton%20Centre%20NHS%20Foundation%20Trust.pdf

National Guardian Office (NGO)

28. The NGO issued a minimum dataset for Trust's to assist with internal and external reporting. Each quarter the FTSUG submits a return to the NGO to enable national benchmarking.

    The information required is listed below:
    - Number of cases raised within the quarter
    - Number of cases including an element of patient safety/quality of care
    - Number of cases including elements of bullying and harassment
    - Number of incidents where the person speaking up may have suffered detriment
    - Number of anonymised cases received

    The Trust's FTSUG collects information from those who have raised concerns by asking the following questions:
    - Given your experience, would you speak up again
    - Please explain your above response

29. Feedback from colleagues speaking up to the FTSUG at the Trust has been positive. Some of the feedback is below:
    - ❖ I think it is very hard to speak up in The Walton Centre and your advice was professional, thank you
    - ❖ I will always speak up if this is the correct process to follow to enhance the care given to patients and the experience of staff
    - ❖ After I did contact you, my whole experience changed from the negative to a positive
    - ❖ The existence of you and your department definitely changes the working environment for the better

30. Once a case in closed, with the agreement of the individual raising the concern, they are asked to make contact if they feel they are being treated differently following them raising a concern. Nobody should fear or suffer detriment as a result of speaking up and they are encouraged to speak up if they do.

31. Since the publication of the NHS Staff Survey results for 2022 have now been published. In response to the results the National Guardian, Dr Jayne Chidgey-Clark, said:

    "It is disappointing that the staff survey results reflect a decrease in workers' confidence to speak up, and especially concerning that this includes about clinical matters. However, fostering a culture where speaking up is supported, and actions taken as a result is the responsibility of each and every one of us. Whether you are a government minister, a regulator, a board member or senior leader; whether you work in a department, in a team, on a ward, or in a GP practice. No one should feel they cannot speak up to protect their patients or their colleagues. These survey results must be a wake up call to leaders at all levels that Freedom to Speak Up is not just a 'nice to have' – it is essential for safe services."

Speak Up Month - October 2023

32. In preparation of the Speak Up Month in October the National Guardian said:

"This October, we will be highlighting the barriers which people face and inviting us all to play our part to help remove them and help others overcome them. As leaders we must demonstrate that we welcome and encourage speaking up, through actions, not just words. That means listening to understand and challenging our own biases; remaining impartial and investigating the matter raised, not the person raising it. The recent publication by NHS England of the framework for implementing the Fit and Proper Person Test illustrates why a supportive response to people who speak up is a critical leadership behaviour, and victimising those who speak up will not be tolerated. I encourage you to get involved in Speak Up Month, whether that's by contributing to raise awareness in your organisation or getting involved nationally. Let's continue to do our utmost to break down the barriers of fear and futility – our patients, their families and our colleagues are depending upon us."

33. As Speak Up Month is nearing plans are afoot and the following will be undertaken:
    - Additional 'Drop In' Sessions and 'Walkabouts' throughout October
    - Speak Up stands displaying information on speaking up, the process and contact details
    - Raffles and quizzes for all staff to partake in
    - Promotion of the speak up e-learning modules
    - Launch of the Speak Up Champions

Lucy Letby Update

34. Following the verdict of the Lucy Letby trial the National Guardian for the NHS wrote to all Guardians to offer support and gather further information as per below:
    - A virtual meeting, to share reflections on the impact of this case and the Office's response and ongoing work, has been scheduled
    - She would like to hear any feedback on how our Trust is responding to the trial and the impact on the Guardian role. She will also answer any questions and concerns we may have
    - The above will provide an opportunity for the whole of the Freedom to Speak Up Guardian network to come together for mutual support, in addition to that offered by our regional and national networks

Fit and Proper Persons Test (FPPT)

35. Following NHS England publishing the new Fit and Proper Persons Test Framework in August 2023 a report on this was taken to Board in September 2023.

Patient Experience Team Update

36. At the close of Q1 2023/24 the Trust received 19 new complaints.

37. The top three themes throughout the reporting period relating to complaints are below (breakdown in brackets):
    - Diagnosis & Treatment (disagreement with diagnosis/or treatment plan)
    - Communication (lack of continued support and failure so support service changes in Neurology)
    - Inpatient Concerns – (no specific sub-subject trend highlighted within the theme. Each complaint had a different subcategory)

38. At the close of Q1 2023/24 the Trust received 234 concerns.

39. The top three themes relating to concerns throughout the reporting period are below:
    - Waiting times (new & follow up appointments)

- Diagnosis & Treatment (urgent reviews requested, disagreement with diagnosis/or treatment plan, delays in homecare medication)
- Communication (Unable to contact departments by telephone, lack of continued support and failure so support service changes in Neurology)

40. As communication has been a long-standing trend the Trust commissioned six two-day courses for Advanced Communication skills Training (Dec 22 – June 23). This was attended by 53 staff in total from clinical backgrounds including doctors, nurses and AHPs including physios and OTs. The course is an evidence-based learning course to explore the challenges of communications, barriers and look at a range of facilitative skills which help gather evidence and deliver information effectively. This also provides skills on how to listen effectively to others.

Friends and Family Test (FFT) – Quarter 1

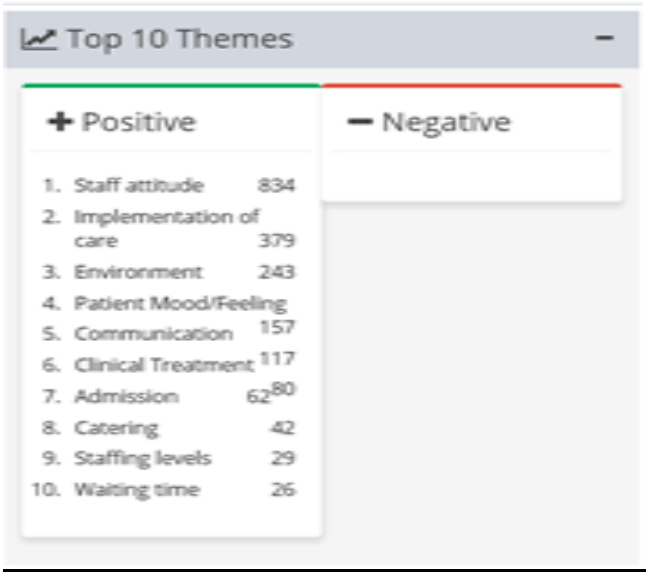
41. The Trust have an FFT response rate for Inpatients of 30% and recommended rate of 90%. The Interim Chief Nurse has increased the 30% response rate for Inpatients to 50% going forward.

42. For the Outpatient Department, the internal rate usually sits around 5% with a recommended rate. Key Performance Indicator (KPI), of 90%. Full results for FFT form part of the monthly Integrated Performance Report and are included in divisional updates at various meetings including the Senior Nursing Team and Patient Experience Group.
43. A monthly poster for each area highlighting response and recommendation rates plus any positive and negative feedback is circulated for actioning. Positive feedback is shared at the daily safety huddle and the Divisional Nurse Directors undertake a review of any negative comments with teams to consider if there are any current themes/trends and whether these are new or known issues to inform future work plans. This information is to be discussed at the Ward Managers Risk & Governance Meetings.

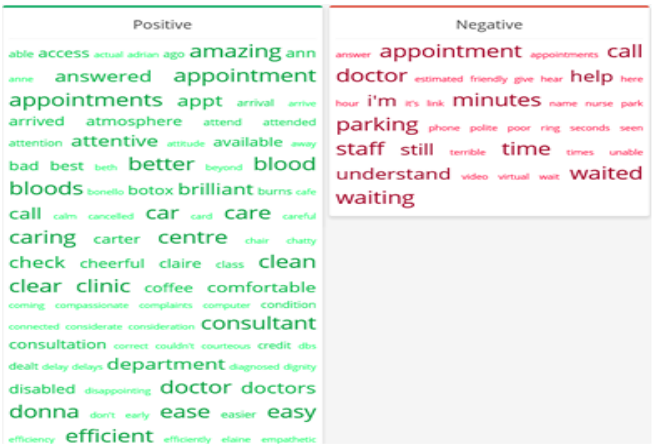
44. <u>A snapshot is below of feedback received from Inpatients during Q1 2023/24:</u>

FFT - Inpatient Feedback Top 10 Themes (Positive/Negative):

45. From the information received there were no negative themes throughout quarter 1 in 2023/24:



46. Below is the word cloud for outpatients which includes negative feedback, summarised in red:



47. Next Steps:
    - A business case is progressing by the Senior Nurse Team with a view to reviewing the way we capture FFT responses with the aim of receiving real time feedback with the latest analytics. This will be presented to Hospital Management Group in October 2023
    - Other local Trusts who have procured the SMS text service have noted an increased response rate across all areas. We have received quotes from three companies within the framework and have raised some queries

Workforce Update

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

49. There has been a notable increase in the turnover of administrative and clerical staff during the period of reporting.

50. Sickness and turnover has been fairly stable during the reporting period.

Exit Questionnaires

51. The tables in Appendix One display information relating to staff groups leaving the Trust and those who completed an exit questionnaire.

52. The return rate of completed exit questionnaires for Q1 2023/24 was 20% which is encouraging as the previous quarter was 9.5%. We are encouraging staff to complete exit questionnaires and will continue to do so.

53. The main themes across the different routes of speaking up are in relation to communication, values, attitudes and behaviours.

54. There is no central log of exit interviews being undertaken and are therefore not reported on. During quarters 2 and 3 a review of the exit interview process will be undertaken.

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

56. In line with the National Guardians Office the following will require further analysis to explore whether the FTSUG role is as effective as it is needed to be, therefore, the following themes will be the focus for the first half of 2023/24:
    - Exit Interview Themes
    - Sickness/Absence
    - Turnover

Join Jan

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

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

Freedom to Speak Up Guardian Update

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

60. Following the escalation of a concern the FTSUG will remain in contact with the person raising the concern to ensure that they are appraised on progress and receive feedback on the outcome. The FTSUG will also ask if the person raising the concern is suffering detriment as a result of speaking up which unfortunately is sometimes the reason why staff do not feel able to speak up nationally.

61. Information relating to speaking up is available on the Intranet which includes how to speak up, who to speak up to, what happens when staff speak up and information on who the FTSU Guardian and Champions are, their pledges and contact details.

62. Drop In sessions have continued throughout the year and 'walkabouts' occur throughout the day and evening to ensure those hard to reach groups have the opportunity to speak up, raise any concerns and meet the speak up team.

63. The Trust has a designated Executive Lead for Raising Concerns who is currently the Interim Chief Nurse and a Non-Executive Lead for Raising Concerns.

64. Meetings with the FTSUG, Executive and Non-Executive Leads for Raising Concerns and the Chief People Officer are undertaken monthly which offers the opportunity for all concerns raised with the FTSUG to be reviewed confidentially and anonymously if necessary. The group will agree the most appropriate way of addressing each concern raised and will track and follow up to ensure issues are being addressed in the most appropriate way and that feedback has been given to the person raising their concern.

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

66. The FTSUG continues to attend virtual regional meetings throughout the year to keep appraised of national guidance, plans going forward and to share views and learn from peers.

67. The second module of the speak up e-learning will be available for all managers to complete during quarter two.

68. Current compliance for the first module of speak up e-learning, which is mandatory for all staff to complete, stands at 85%.

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

70. The FTSUG has completed a Mental Health First Aider Training and Neurodivergent Champion Training to further support colleagues across the Trust.

71. In quarter four 2022/23 the Trust launched three staff networks including the Race Group, Disability Group and the LGBT+ Group which the FTSUG attends. These networks provide a ‘safe space’ for staff to speak openly and an opportunity to raise any issues/concerns directly which will be followed up via the most appropriate route.

Speak Up Champions

72. During October 2022 ‘speak up’ month staff expressed their interest in becoming ‘Speak Up Champions’.

73. The Champions role is to promote speaking up and empower staff to raise their concerns. They will raise awareness around speaking up, promote the role within groups and departments and role model the values and behaviours associated with speaking up and listening.

74. FTSU Champions are available to all staff across the Trust who work in clinical and non-clinical roles. They will meet with colleagues, listen to their concerns about patient or staff safety and will explore

options with those speaking up and direct them to the appropriate personnel, process or guidance document to assist you with your concern. Staff will always be thanked for speaking up.

75. Overall, twenty five colleagues expressed their interest in becoming a Speak Up Champion which is fantastic and offers the opportunity for all staff, volunteers and students to speak with one of the diverse team of Champions.

76. Six Champions have undertaken the in-house speak up training, which was delivered by the FTSUG, in February 2023 with others completing their training throughout October 2023.

77. The FTSU Champions are required to undertake the first module of the speak up e-learning prior to undertaking the in-house speak up training.

78. Following their training the role of the Speak Up Champions will be launched in corroboration with the Communications Team during quarters two and three 2023/24.

79. This October we will be raising awareness of some of the barriers to speaking up. By highlighting them, we hope to give people the confidence to overcome these barriers and make speaking up business as usual. The NGO will be using the hashtag #BreakingFTSUBarriers.

Conclusion

80. Upon completion of the speak up in-house training we will launch the Champions via posters, the intranet, safety huddles, Team Brief, Walton Weekly and will undertake regular 'walkabouts'.

81. The second module of e-learning, which managers are requested to complete, will be launched during quarter two.

82. The draft Freedom to Speak Up Reflection and Planning Tool will be discussed with the Executive Team and presented to the Trust Board prior to January 2024.

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

84. The Board is asked to note that the FTSU Guardian is in place and accessible to staff. She functions independently in line with requirements from the National Guardian's Office. The Guardian continues to promote the role of speaking up mostly through face-to-face engagements with local teams. She encourages Head of Departments to invite her to team meetings to give an overview of the role.

Recommendation

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

Author: **Julie Kane**
Date: **22nd September 2023**

Appendix 1: Staff Leavers Q1 2022/23

Appendix 1

The tables below provide figures and staff groups of those who left the Trust during Q1 23/24:

Staff Group	Headcount
Add Prof Scientific and Technic	1
Additional Clinical Services	11
Administrative and Clerical	23
Allied Health Professionals	3
Medical and Dental	3
Nursing and Midwifery Registered	8
Grand Total	**49**

Division	Headcount
Corporate Services Directorate	10
Neurology & Long Term Care Directorate	23
Surgery & Critical Care Directorate	16
Grand Total	**49**

Incorporated Division and Staff Group	Headcount
Corporate Services Directorate	10
Administrative and Clerical	10
Neurology & Long Term Care Directorate	23
Add Prof Scientific and Technic	1
Additional Clinical Services	7
Administrative and Clerical	7
Allied Health Professionals	2
Medical and Dental	1
Nursing and Midwifery Registered	5
Surgery & Critical Care Directorate	16
Additional Clinical Services	4
Administrative and Clerical	6
Allied Health Professionals	1
Medical and Dental	2
Nursing and Midwifery Registered	3
Grand Total	**49**

The tables below provide figures and staff groups of those who returned an exit questionnaire during Quarter 1 2023/24:

Staff Group	Returned Questionnaires
Administrative and Clerical	4
Allied Health Professionals	3
Medical and Dental	1
(blank)	2
Grand Total	**10**

Division	Returned Questionnaires
Corporate	3
Neurology	4
Neurosurgery	1
(blank)	2
Grand Total	**10**

The Walton Centre NHS Foundation Trust

Report to Trust Board
5th October 2023

Report Title	Health and Safety Awareness Report
Executive Lead	Nicola Martin, Acting Chief Nurse
Author (s)	Sally Butler-Rice, Health, Safety & EPRR Manager
Action Required	To note

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

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

Key Messages *(2/3 headlines only)*

- Health and Safety Audit Tool requires updating
- Arrangements for Manager/Supervisor health and safety management training
- Implementation of safer sharps underway

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

- Implementation of a new Health and Safety Management System

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

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

004 Operational Performance	001 Quality Patient Care	Choose an item.

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

Strategy ☐	Policy ☐	Service Change ☐

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

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

Health and Safety Awareness Report

Executive Summary

1. This report provides Trust Board with information relating to the management of health and safety at the Walton Centre NHS Foundation Trust.

2. The report details current arrangements in place to manage health and safety and how the Health, Safety & EPRR Manager plans to improve arrangements moving forward.

Legal Duties

3. Organisations have a legal duty under the Health and Safety at Work Act (1974) to put in place suitable arrangements to manage health and safety. Current Trust arrangements start with the Health and Safety Policy. The statement of intent within the Policy is the most important part. This details the commitment from Senior Leadership to ensure, so far as is reasonably practicable, the health, safety and welfare of patients, staff and visitors.

Current Arrangements

Health, Safety and Security Group (HSSG)

4. The HSSG oversees the management of health & safety in the workplace, this includes the implementation of organisational arrangements to ensure compliance with the requirements of the Health & Safety Policy.

5. The HSSG provides a forum for communications, consultation and negotiation between management, safety representatives, representatives of employee safety (RoES) and staff.

Health and Safety Audit Tool

6. The Health and Safety Audit tool was developed to provide the Trust with assurance that all departments and relevant areas have assessed the level of risk in relation to health and safety related issues. Ensuring any further actions required are completed and monitored.

7. It is a self-assessment tool, completed annually by all departmental managers.

8. Compliance is monitored via the HSSG.

Training

9. Mandatory induction training is delivered face to face to all new staff. Staff conduct 3-yearly mandatory health and safety training via e-learning on ESR. Current health and safety training compliance stands at 96%.

10. Additional training is co-ordinated and delivered by the Health, Safety & EPRR Manager as requested or when a training need is identified.

Workstreams and issues identified over last 12 months

Review of Health and Safety Audit Tool

11. Following a full review of the audit tool, the Health, Safety & EPRR Manager has identified areas for improvement to ensure we can effectively monitor departmental health and safety arrangements.

12. Improvements required to the system include the implementation of a Health and Safety Management System.

Health and Safety Assurance Visits

13. The Health, Safety & EPRR Manager has conducted departmental health and safety assurance visits. The aim of which is to determine if Trust health and safety arrangements are sufficient and to identify areas for improvement.

14. Common areas identified as requiring improvement are:
    - Manager/Supervisor awareness of responsibilities for health and safety
    - Risk assessments not being completed for hazardous activities
    - Workplace inspections not being documented
    - Staff not being consulted on health and safety arrangements
    - Local health and safety arrangements are not documented

Safer Sharps

15. In line with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013, there is a legal requirement for the Trust to ensure that safer sharps alternatives are implemented, where it is reasonably practicable to do so.

16. There are still a number of traditional, unprotected medical sharps being used across the Trust. These devices have been identified by procurement and a change over to safer alternatives is being arranged for October. The implementation of safer sharps is being monitored by the Senior Nursing Team Group.

Control of Substances Hazardous to Heath (COSHH)

17. Departments were completing the health and safety audit tool stating that they had completed the required COSHH risk assessments. After inspecting areas, it was found that this was not the case and most areas did not have the required measures in place. COSHH compliance has since been rectified, with all wards and departments now having COSHH management folders in place and up to date.

Training

18. Analysis of the annual health and safety audit highlighted a need for manager and supervisor specific health and safety management training. Only recently has the Trust started to provide aspiring manager training for clinical staff, which includes a session on health and safety management.

19. The Health, Safety & EPRR Manager organised and co-ordinated a Ward Managers Risk & Governance training day. The aim of the day was to provide Ward Managers with specific training on the following elements of Risk & Governance;
    - Health and Safety Management
    - COSHH compliance
    - Business Continuity Management
    - Learning from deaths
    - Incident reporting
    - Fire evacuation
    - Implementation of PSIRF
    - Violence & Aggression Management

20. A Deputy Ward Managers Risk & Governance training day is scheduled to take place on 5th October. Health and safety management training is also scheduled for the Community Rehab Team for 3rd October.

Future Arrangements

Implementation of a new Health and Safety Management System

21. There is a requirement to implement a new Health and Safety Management System (HSMS). The Trust currently lacks a unified approach to health and safety. Despite the Trust having a Health and Safety Policy in place, some supervisors and managers are unaware of their responsibilities under the Health and Safety at Work Act 1974 and supporting legislation. This has been identified during recent departmental health & safety assurance visits.

22. The HSMS should be a new electronic system. We will need to explore who could develop the system, whether this should be an external provider or IT department. The electronic system will enable staff to manage departmental health and safety within a single system that is user friendly. This will incorporate elements such as risk assessments, workplace inspections, details of accident/incidents (linked to the risk management process) and the annual health and safety audit.

23. The aim is for the new HSMS to follow the HSG65 model of managing for health and safety. This is a continuous cycle that adopts the **Plan**, **Do**, **Check**, **Act**, approach. The Health, Safety & EPRR Manager will support departments throughout the process of implementing the new HSMS.

Plan

24. The initial planning stage will include a full review of the Health & Safety Policy. A plan for implementing the new HSMS will be established including consultation and communication with staff. The required resources will be determined at this stage including Manager/Supervisor specific health and safety management training.

Do

25. The second stage will implement the plan to organise Trust health & safety arrangements. This will include tasks such as ensuring departmental risk assessments are completed for all hazardous activities, adequate control measures are in place, and processes are

documented. A realistic timeframe will be required to allow departments to complete this stage.

Check

26. Once the plan has been implemented, departmental performance will be measured. This will include a full review of arrangements as part of the annual health and safety audit post implementation. The Health, Safety & EPRR Manager will conduct assurance visits to ensure control measures have been implemented and adequate controls are in place.

Act

27. The final stage of implementation will include learning from performance reviews and acting on lessons learnt. Implementation of actions will trigger the continuous cycle of improvement starting back at the initial planning stage.

Manager/Supervisor Training

28. Managers and Supervisors across the Trust will need additional health and safety management training for implementation of the new HSMS to be successful. Despite having a Health and Safety Policy and staff receiving training on Induction, Health and safety assurance visits have identified this requirement as many managers and supervisors are unaware of important aspects of their duties for health and safety.

29. The Health, Safety & EPRR Manager has met with the Health & Safety Training Manager from Liverpool Universities Hospitals Foundation Trust (LUHFT). LUHFT currently run the 'IOSH Managing Safety' course in house and it is also available as an e-learning module. This is a professionally accredited course that would provide key Managers and Supervisors with the information they need to effectively manage health and safety within their department. Once a quote has been received then discussions will be held to determine if this is a viable option.

Conclusion

30. Implementation of a new Health and Safety Management System will provide the Trust with the required changes to improve health and safety performance. This will be managed by the Health, Safety & EPRR Manager with oversight from the Health, Safety & Security Group.

Recommendation

31. To note

Author: Sally Butler-Rice
Date: 21st September 2023

Board of Directors' Key Issues Report

The Walton Centre NHS Foundation Trust

Date of last meeting: 14/09/23		**Report of: Neuroscience Network Programme Board** **Membership Numbers: 11**
1.	**Agenda**	The Neuroscience Programme Board considered the agenda below:- • Getting it Right First Time (GiRFT) Neurology update • Neurology – National Update • Information to support Commission of FES (Functional Electronic Stimulation) Service for Footdrop for Cheshire & Merseyside • Outpatient Transformation update • Innovation update • Neurosciences Cycle of Business
2.	**Alert**	**Cheshire and Merseyside Rehab Network Review** It was noted that ICB has requested that the Cheshire & Merseyside Rehab Network Review be paused. The ICB are currently unable to nominate a named individual as lead/responsible senior officer (SRO) sponsor as they do not have the resources. However, some work can continue in the background in relation to identifying priority workstreams (eg risks, challenges, issues) and what the outcomes of such would look like. Disappointment with this decision was expressed and that this decision would be reported to the Cheshire & Merseyside Neurological Alliance.
	Assurance	**GiRFT update – Neurology** All key projects are on track. Following changes to the referral criteria for RANA (Rapid Access to Neurology Assessment) utilisation of this has steadily increased, with many more patients benefiting. Work continues to develop this service. **Innovation update** With regards to **Access to Exercise & Well-being** for those with Neurological Conditions, the project is going well. A referral portal has been developed, housed on the Neuro Therapy Centre, where patients can self-refer. Information is also available on the internet (for both patients and staff) It is hoped that the referral system will shortly go live following communication from various sources to publicise this service. Recruitment of a patient to join the steering group is also underway. **Everton in the Community –** a joint health and social care facility for Liverpool 4 residents. Ongoing conversations are taking place within both divisions with regards to what the Trust's offer for the facility would be. This is a long-term project as the demolition of the existing Everton Stadium is only due to commence in 2025. The Trust will be consulted on plans and proposals via the Everton in the Community Partnership

		Group. Through this group, access to Community Programmes, especially for dementia patient is available. The Trust is also working with the group with regards to Veterans Awareness for which the Trust recently gained accreditation.		
	Advise	**Neurology – National Update** An update of possible changes to how neurology services could be commissioned from April 2024 by the ICBs and subsequent management of the neurology funding. It was noted that there could be opportunities for the Trust, as a regional centre which would need to be discussed further. **Outpatient Transformation update** A presentation was delivered to provide an overview of the Quality & Sustainable Improvements being undertaken at the Trust with a focus on the Outpatient Programme. Updates were given relating to optimisation of the patient access centre by the implementation of the 'Dr Doctor app which is a Digital Patient Engagement Platform that provides patients with information about their appointments and care using a digital portal. Further initiatives include e-consent for patients and voice recognition for patient correspondence. **Information to support Commission of FES Service for Footdrop for Cheshire & Merseyside** Access to this service, which is proving effective, is not available in all areas of the ICB with many patients paying for the treatment privately. It was noted that whilst this may be not high on the list of priorities for the ICB, further discussions should take place within the Trust and with commissioning groups to see what could be done to take this forward.		
3	**Risks Identified**	None		
4.	**Report Compiled by**	Medical Director WCFT	Minutes available from:	Corporate Secretary

Board of Directors Key Issues Report

The Walton Centre NHS Foundation Trust

Report Date: 5 October 2023		**Report of:** Remuneration Committee (RemCom)		
Date of last meeting: 4 September 2023		**Membership Numbers:** Quorate		
1	**Agenda**	The Committee considered an agenda which included the following: • Mutually Agreed Resignation Scheme (MARS) for 2023/24 • Recommendations on Digital Leadership • Acting Chief Nurse Arrangements • Chief Nurse Recruitment • Very Senior Manager (VSM) Cost of Living Award 2023/24		
2	**Alert**	• None		
3	**Assurance**	• Arrangements for the Acting Chief Nurse post were scrutinised and the proposal to act up the current Deputy Chief Nurse formally into the role were accepted. Recruitment to the substantive post will now proceed • The Committee reviewed the national recommendation for a cost of living increase for those on the VSM pay scale from 1 April 2023 and approved it.		
4.	**Advise**	• The Committee agreed in principle to the MARS 2023/24 but noted that there was no immediate intention to use it. The Committee would be advised if it was to be offered to staff in 2023/24 • It was agreed to seek the appointment of a new non-voting Executive Director for the Trust to lead on Digital. This appointment would be made under the VSM payscale		
5.	**Risks Identified**	• None		
6.	**Report Compiled**	Max Steinberg, Chair	Minutes available from:	Corporate Secretary

The Walton Centre
NHS Foundation Trust

Report to Trust Board
5th October 2023

Report Title	NHS England Education Self-Assessment Report 2023
Executive Lead	Nicky Martin, Interim Chief Nurse Dr Andy Nicolson, Medical Director Mike Gibney, Chief People Officer
Author (s)	Liz Doherty, Medical Education Development Manager Zoe Kershaw, Senior Education Manager Paula Price, Practice Education Facilitator
Action Required	To approve

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

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

Key Messages *(2/3 headlines only)*

- Trust self-evaluation of multi professional and training against NHSE Education & Training Quality Standards.
- Areas of achievement for include mitigation implemented to cope with increasing student numbers on placement at WCFT.
- Areas of challenge identified arise from maintaining supervisor capacity to safely accommodate increasing numbers of healthcare learners and managing the impact of changing expectations of employment and effects of Less Than Full Time and Reasonable Adjustments requests

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

- To be approved by the Board before submitting to NHSE on 31st October 2023

Ambition/Theme	**Impact** *(is there an impact arising from the report on any of the following?)*		
Education, Teaching & Learning	Compliance	Workforce	Not Applicable

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

008 Medical Education Strategy	Not Applicable	001 Quality Patient Care

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

Strategy ☐	Policy ☐	Service Change ☐

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

Committee/ Group Name	**Date**	**Lead Officer (name and title)**	**Brief Summary of issues raised and actions agreed**
Medical Education Group	06/09/2023	Liz Doherty Medical Education Development Manager	Group informed
RIME Committee	12/09/2023	Liz Doherty Medical Education Development Manager	Report sent electronically in draft form – non-medical education elements had not been included. Comments supporting the report contents from a medical education

			perspective and acknowledgment non-medical sections required further update.
Business Performance Committee	26/09/2023	Liz Doherty Medical Education Development Manager Zoe Kershaw Senior Education Manager	Report approved without comment

NHS England Education Self-Assessment Report 2023

Executive Summary

1. The HEE Self-Assessment Report (Appendix 1) is an evaluation of education and training provided by the Trust as a health education placement provider.

2. The report asks for examples of achievement and of challenge. It is then sectioned into the domains of the HEE Quality Framework, against which we have completed the self-assessment.

3. Areas of achievement for include mitigation implemented to cope with increasing student numbers on placement at WCFT. Areas of challenge identified arise from maintaining supervisor capacity to safely accommodate higher student numbers and managing the impact of Less Than Full Time (LTFT) working patterns for Doctors in Training.

4. While these are threats to the quality and delivery of Medical Education, if successfully mitigated will enable the expansion of Undergraduate education at Walton and instil greater flexibility and increased resilience in the postgraduate workforce.

5. Similarly, areas of challenge across nursing education include the limited attendance at the mentor update sessions delivered by the Trust PEF, following the NMC decision to remove the mandate for mentors to undergo formal training. Discussions underway whether or not to utilise e-learning to attract a wider audience.

Background and Analysis .

6. A primary challenge identified is maintaining adequate Consultant supervisor numbers to educate and support student doctors and postgraduate trainees on rotation at Walton. NHS national medical school expansion will see increased demand on trust resources, therefore sufficient supervisory capacity will be fundamental in maintaining Waltons ability to support the objectives of the NHS Long Term Plan. This challenge is reflected in non-medical education; there is a nation-wide initiative to increase student numbers, however, the infrastructure for supporting learners also needs to be in place.

7. The other challenge is managing the increasing number of trainee requests for Less than Full Time working. The right to request LTFT was extended by HEE/NHSE (with support from DoH, GMC and BMA) to all trainees in 2022, recognising the need to enhance retention, reduce attrition and improve work life balance. LTFT has implications for service delivery and staffing levels. There is a duty placed on the trust to manage LTFT working with appropriate consideration, by education and clinical leads who are informed and aware of the specific needs LTFT training can present, and to ensure the wider team infrastructure is able to absorb the flexibility LTFT patterns require.

8. Areas of good practice have been the trust's response to the increasing student numbers at the University of Liverpool medical school. This has been achieved with creative remodelling of the WCFT year 4 programme and installation of innovative roles to support the delivery of education in a balanced and coordinated manner. Allocation of key tasks to named leads along with Education Fellows responsible for ward education and clinical skills teaching has seen a diffusion of work previously often seen as an addition to the day to day work of

educational and clinical supervisors delivered in a 'goodwill' context. Refining the role of educational supervisor alongside the utilisation of auxiliary roles like the Education Fellow and named leads for teaching activities has defined expectations for activity and built in additional capacity to support the higher student numbers to be introduced this year.

9. A further area of success has been the growth in the simulation and AI offering available at the trust. The undergraduate programme has simulated education integrated into clinical skills training with delivery led by the Education Fellows, through the core simulation sessions element of the Year 4 programme. The Simulation suite now has a permanent home in the education centre and is utilised by all staff groups as part of a trust wide simulation programme.

10. Learner engagement with evaluation processes and NETS was noted as a challenge; ahead of the 2023 NETS survey becoming live, work will be carried out to investigate causes of learner apathy with feedback – e.g. awareness of, time/device lacking or engagement in the feedback process - and support applied.

11. The self assessment against the quality standards required consideration of all aspects of education delivery and oversight and identification of suitable evidence to provide assurance of compliance with each standard.

12. The report requires Board approval before submission.

Conclusion

1. We are confident the completed self-assessment demonstrates all elements of education and training at The Walton Centre meets all standards of the framework.

2. Board will review the report in October and the final report will be submitted to NHSE on 31st October 2023.

Recommendation

To approve

Author: Liz Doherty, Medical Education Development Manager
Date: 27/09/2023

Appendix 1: NHS England Self-Assessment for Placement Providers 2023

NHS England Self-Assessment for Placement Providers 2023

1. The Placement Provider Self-Assessment Tool

Introduction

The Placement Provider Self-Assessment (SA) is a process by which providers carry out their own quality evaluation against a set of standards. It is based on the philosophy of continuous quality improvement, the identification of quality improvement potential, the development of action plans, implementation, and subsequent evaluation.

Providers are asked to complete this online form indicating where they have or have not met the standards as set out in the SA. There is the opportunity under most of the questions to provide comments to support your answer.

Completing the SA

This year the self-assessment **saves your progress at the end of each page - please use the save and next page button**. You can come back and amend or change your responses at any time prior to completing the final submission box in section 12 (just remember to save at the end of the page for any changes you make). Anyone completing any part of this self-assessment can do so using the same link, supplied to you by your regional NHS England WT&E quality team. **Please note only one person should use the link at any one time (you must close the web link in order for someone else to access the survey questions) this will avoid overwriting previous entries.**

Your region and trust name has been pre-populated - **please do not amend this.**

You can print a copy of the self-assessment (on the last page, please skip through to the end and use the print button) at any time prior to and after submission. Please note that only questions with responses will print.

To support a flexible approach to completing the SA, you can move freely around the SA without being forced to complete questions or sections prior to moving to another section (**just remember to save each update at the end of each section, even if you only partially complete a section**). All sections are however mandatory, so it is important that you undertake a final check that every question has been completed prior to submission. In the event that a question or section has not been answered after submission, the SA will be returned to you for completion.

Where free text comments are available the word or character limits are shown within each question.

The SA does not support the upload of attachments, in the event that we require any evidence as part of your submission we will contact you separately after submission.
This submission should be completed for the whole organisation, it is therefore important that those responsible for each section are able to feed into and contribute to the response.

The sections of the SA

Section 1. This section asks you to provide details of (up to) 3 challenges within education and training that you would like to share with us.

Section 2. This section asks you to provide details of (up to) 3 achievements or good practice within education and training that you would like to share with us.

Section 3. This section asks you to confirm your compliance with the contractual key performance indicators of the NHS Education Contract. This **should be completed once on behalf of the whole organisation.**

Section 4. This section asks you to confirm your compliance with the quality, library, reporting concerns and patient safety training contractual key performance indicators of the NHS Education Contract. **This should be completed once on behalf of the whole organisation**. It is important that those responsible for these areas are able to feed into this section.

Section 5. This section asks about your policies and processes in relation to equality, diversity and inclusion and should **normally be completed by your nominated placement provider EDI lead.**

Section 6 - 11. These sections ask you to self-assess your compliance against the Education Quality Framework and standards. Each section must be completed once on behalf of the whole organisation.

There is an opportunity to share examples of good practice. You are asked to confirm whether you meet the standard for all professions / learner groups, or provide further details where you do not meet or partially meet the standard (s). Where you are reporting exceptions, you are asked to provide the professions impacted and a summary of the challenges you face in meeting the standard.

Section 12. Final sign-off.

Further Questions
If you have any queries regarding the completion of the SA, please review the FAQ document. If you still require further information, you can contact your regional NHS England WT&E quality team.

Question 2 – 9 Region and Provider Selection

Please do not amend the region you have been allocated to. If you feel this is incorrect please continue to complete the SA and email your regional NHS England WT&E quality team. *

10. Training profession selection

Please remember to save your progress using the save button at the bottom of this page. You can come back and amend this page (and re-save) at anytime prior to submission.

Please select from the list below those professional groups your organisation currently train, please select all those which apply. Please select only one option for each row.

	Yes we train in this professional group	N/A we do NOT train in this professional group
Advanced Clinical Practice	x	
Allied Health Professionals	x	
Dental		x
Healthcare Science	x	
Medical Associate Professions		x
Medicine Postgraduate	x	
Medicine Undergraduate	x	
Midwifery		x
Nursing	x	
Paramedicine		x
Pharmacy	x	
Psychological Professions	x	

11. Section 1 - Provider challenges

Please remember to save your progress using the save button at the bottom of this page. You can come back and amend this page (and re-save) at anytime prior to submission.

This section asks you to provide details of (up to) 3 challenges within education and training that you would like to share with us. Please consider whether there are any challenges which impact your ability to meet the education quality framework standards. Please select the category which best describes the challenge you are facing, along with a brief description/narrative of the challenge (*the character limit is set at 1000 characters*). In the event you cannot find an appropriate category select other and add the category at the start of your narrative.

Example 1: Please choose the most appropriate category for your challenge.

Please provide your narrative in the comments box

NHSE Category: Supervisors / Educators (lack of supervisors/educator or time for training)

As a small site there are limited pools of educators in all learner groups to provide supervision & training, and any increase in placements requires close and creative management. Ongoing medical school expansion presents a challenge over the long term to continue to accept increasing number of placements, if we're unable to develop the capabilities of staff to deliver, in addition to the challenge of accessing and allocating appropriate remuneration of activity.

For nursing and AHP supervision is being impacted by high staff turn-over coupled with recruitment crisis means continuous vacancies in teams - less resilience and staff capacity to ensure a quality placement for the student while also safely covering caseload. Nursing mentors and educators numbers have been affected by requirement for formal mentor training no longer mandated, attendance at mentorship update sessions is limited and the challenge remains in encouraging attendance. Discussions underway to explore utilisation of e-learning updates in the hope to increase compliance.

Example 2: Please choose the most appropriate category for your challenge.

Please provide your narrative in the comments box

NHSE Category: Increase in Less Than Full Time and Reasonable Adjustments requests

There has been a shift in how the future workforce see their employment and expectations of their employers, expecting greater flexibility in working patterns. This presents a challenge to trust to develop the capabilities to manage effectively and appropriately learners whose career and working life expectations increasingly vary from their predecessors.

Higher numbers of postgraduate medical training LTFT placements has seen increased need for trust grades to plug rota gaps. Trust employed posts presents fiscal costs to the trust as well as potential destabilizing to teamworking if reliance on transient locums becomes more prevalent.

For AHPS the knowledge and competence of students is a concern with a strong pattern of learners requiring far greater levels of support and on-placement teaching with less independence and ability to learn and demonstrate practical skills, placing further demand upon placement educators

(GMC State of Education & Practice 2022: The state of medical education and practice in the UK: The workforce report 2022 (gmc-uk.org) & GMC State of Medical Education & Practice - Work Place Experiences 2023: somep-workplace-experiences-2023-full-report_pdf-101653283.pdf (gmc-uk.org))

Example 3: Please choose the most appropriate category for your challenge.

Please provide your narrative in the comments box

Improving learner engagement with quality assurance processes is a challenge, particularly for clinical learner groups. Formal student feedback for both nursing and AHP students in particular is limited. Although still above the regional average in terms of return rate and the feedback which is received generally positive, the Trust struggles to achieve high return rates from student evaluations and surveys (including NETS), understanding learner apathy is difficult, possibly due to high number of surveys etc. already collected by HEIs and completion of Trust / HEE evaluations not mandated.

12. Section 2 - Provider achievements and good practice

Please remember to save your progress using the save button at the bottom of this page. You can come back and amend this page (and re-save) at anytime prior to submission.

This section asks you to provide details of (up to) 3 achievements within education and training that you would like to share with us. Please select the category which best describes the achievement you wish to share, along with a brief description/narrative (*the word limit is set at 1000 characters*). In the event you cannot find an appropriate category select other and add the category at the start of your narrative.

Example 1: Please choose the most appropriate category for your achievement.

Please provide your narrative in the comments box

NHSE Category: Placement capacity / expansion

Walton has supported the national medical school expansion with creative reconfiguration of placement timetable and introduction of leadership roles to maximise use of on site, satellite activity and remote learning. A ringfenced budget is in place for Education Fellows and named education leads and supervisors for UG activity. Deliberate distribution of students to ensure clinical areas are not overwhelmed, along with Education Fellow led ward based education has enabled Consultants and Junior Doctors to focus on patient care whilst building in capacity to support Education Fellow led education activity as part of a coordinated programme.

Walton has an extensive satellite clinic network with activity taking place across Cheshire, Mersey and North Wales. To mitigate WCFT capacity limitations students are allocated sessions at these other sites which also provides learners with access to experience of Neurological care in alternative settings to the highly specialised Walton Centre.

Medical education has invested in and enhanced undergraduate neurological clinical skills and simulation content. Students undergo a comprehensive Neuro examination and history taking practical refresher on induction which is followed up with bespoke Neuro simulation sessions led by the Education Fellows during the placement. In addition to this the Neurosurgical education leads deliver state of the art surgical skills sessions utilising the Neuro VR simulator and surgical microscope. Sessions delivered using AI and in simulated environments enable students to have access to high quality education and training within the hospital setting and distribution of students between clinical facing and virtual settings.

Example 2: Please choose the most appropriate category for your achievement.

Please provide your narrative in the comments box

NHSE Category: Increased simulation for training

Neurosurgery invested in a Neuro VR simulator which was first of its kind in the UK in 2021. Alongside a microscope for learning, Neurosurgery education leads are developing a growing postgraduate surgical offer outside of the NHSE training programme to which Simulation and AI technology are fundamental.

The trust’s simulation suite has been relocated to a permanent home in the Education Centre and features a remote-control viewing room, and live broadcasts to learners online.

Simulated Neurological training integral to undergraduate clinical teaching delivered by the Education Fellows.

Clinical simulation education has also benefited from the investment in simulation facilities with bespoke simulation and human factors programmes coordinated and delivered by the Clinical Lead For Education & Development.

Example 3: Please choose the most appropriate category for your achievement.

Please provide your narrative in the comments box

AHP education and training in particular OT and SALT teams have received notable praise for the quality of training and supervision provided and have excellent relationships with provider HEIs.

SALT placement student feedback has consistently been excellent with 100% positive clinical placement feedback. There is a practice of peer projects and independent non-clinical tasks to enhance students' abilities in leadership and practices such as research and innovation.

The OT teams have also had consistently excellent placement feedback, including recent special mentions by the Trust PEF for examples of good practice from OT educators supporting students with significant personal needs while on placement, the OT teams has had external HEI recognition for providing a rigorous, dependable and high-quality student experience.

AHP placement at Walton are often sought for students who may require additional support for any reason either due to personal factors, or who may have struggled in previous placements, in recognition of the thorough but fair and supportive educator support at the Trust.

13. Section 3 - Contracting and the NHS Education Contract

Please remember to save your progress using the save button at the bottom of this page. You can come back and amend this page (and re-save) at anytime prior to submission.

This section asks you to confirm your compliance with the contractual key performance indicators of the NHS Education Contract (2021-24). This should be completed once on behalf of the whole

organisation. Please select only one option for each row. There is an option to provide additional comments to support your answer, this is restricted to 2000 characters.

Please confirm your compliance with the contractual key performance indicators of the NHS Education Contract.
This should be completed once on behalf of the whole organisation. Please select only one option for each row.

	Yes	No
There is board level engagement for education and training at this organisation.	X	
The funding provided via the education contract to support and deliver education and training is used explicitly for this purpose.	X	
We undertake activity in the Education Contract which is being delivered through a third party provider		X
We have NOT reported any breaches in relation to the requirements of the NHS Education Contract for any sub-contractor	X	
We are fully compliant with all education and training data requests	X	
There have been NO health and safety breaches that involve a student, trainee or learner	X	
We continue to engage with the ICS for system learning	X	

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

There is a clear reporting line into Trust board for operational level education & training meetings:

1. Medical Education reports into Board directly via the Research Innovation and Medical Education, a sub-committee of Trust Board.
2. Non medical learner education and training is monitored through the Multi-professional Education Group which reports to Trust Board via Staff Partnership and Business Performance Committees.
3. There is a named trust exec with responsibility for each professional group.

4. A proportion of UGME tariff is ringfenced for undergraduate medical education supervision and lead educator roles.
5. The Education Contract is closely managed and any additional income (CPD / Upskilling etc.) is managed via one central Education budget. The Education Department / budget overseas / manages the spend of all additional HEE funding initiatives (Upskilling; CPD; Recovery funds etc.).

Signature

x I confirm I have completed this section accurately and can provide evidence to support my responses if requested by NHS England Workforce, Training and Education.

Name, email address and role of the person completing this section

Liz Doherty Medical Education Development Manager

14. Section 4 - Education Quality

Please remember to save your progress using the save button at the bottom of this page. You can come back and amend this page (and re-save) at anytime prior to submission.

This section asks you to confirm your compliance with the quality, library, reporting concerns and patient safety training contractual key performance indicators of the NHS Education Contract. This should be completed once on behalf of the whole organisation. It is important that those responsible for these areas are able to feed into this section. There is an option to provide additional comments to support your answer, this is restricted to 1000 characters.

Can you confirm as a provider that you...
Please select only one option for each row.

	Yes	No	N/A
Are aware of the requirements and process for an education quality intervention, including who is required to attend and how to escalate issues.	x		
Have developed and implemented a service	x		

	Yes	No	N/A
improvement plan to ensure progression through the Quality and Improvement Outcomes Framework for NHS Funded Knowledge and Library Services			
Have a Freedom to Speak Up Guardian and they actively promote the process for raising concerns through them to their learners	x		
Have a Guardian of Safe Working (if postgraduate doctors in training are being trained), and they actively promote the process for raising concerns through them to their learners	x		

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Library Knowledge Service Quality Outcomes Improvement Framework action plan monitored through Board level sub committee, Research, Innovation and Medical Education

Guardian of Safe Working has monthly forum, presentation on junior doctor induction

Freedom to Speak Up Guardian attends trust induction and departmental meetings

As an organisation, have you been referred to a regulator for education and training concerns in the last 12 months (with or without conditions) (e.g., GMC, GDC, HCPC, NMC, etc)
Note: we are not seeking information about the referral of an individual learner.

x **We have not** been referred to a regulator

☐ **We have** been referred to a regulator and the details are shared below.

If you have received conditions from a regulator please provide more details including the regulator, the profession involved and a brief description

Did you actively promote the National Education and Training survey (NETS) to all healthcare learners?

x Yes
☐ No

Please briefly describe your process for encouraging responses; including your organisations response rate (for the 2022 NETS) and your plans to improve this for the next NETS:

For 2022 NETS promotion we circulated weekly email reminders to all learner groups and associated lead educators. Promotional material were included on email signatures, posters around education centre and main hospital building in areas frequented by learners e.g. Doctors Mess.

On the 2022 survey Postgraduate trainees made up the largest reporting group with 67% of NETS evaluation provided by trainees. For the 2023 survey there will more focus will be on raising awareness with other clinical learner groups, including enabling access to the survey in clinical areas. For medical learners we will build on the impact their 2022 NETS feedback has had by demonstrating how lasts years survey has informed changes made 22/23 in a 'you said, we did' exercise.

Have you reviewed and where appropriate taken action on the outcome of the results of the National Education and Training Survey (NETS)

x Yes
☐ No

Please provide a brief description of the action you have taken as a result; if 'no' please provide further details including your plans to use the NETS data for quality improvement activity in the future:

Postgraduate Medical Education – primary issues reported by trainees in learning environment, culture and teamworking.

A meeting took place with clinical and education leads to understand more about the context and extent of problem. Discussion provided clarity regarding pinch points experienced by trainees in

the named clinical area, and raised awareness of the relationships between trainees and other clinical staff.

Mitigation implemented following the NETS survey to improve inter professional working including support for trainees via access to professional development training.

Patient Safety and the promotion of a Patient Safety culture is integral to the Education Quality Framework. Please provide the following information:

Name and email address of your Board representative for Patient Safety	NICOLA MARTIN, INTERIM CHIEF NURSE
Name and email address of your non executive director representative for Patient Safety	Ray Walker
Name and email address of your Patient Safety Specialist/s	Sarah Craigie
What percentage of your staff have completed the patient safety training for level 1 within the organisation (%)	78% (Sep 23)

Signature

x I confirm I have completed this section accurately and can provide evidence to support my responses if requested by NHS England Workforce, Training and Education.

Name, email address and role of the person completing this section

Zoe Kershaw Senior Education Manager / Liz Doherty Medical Education Devt Manager

15. Section 5 - Equality, Diversity and Inclusion

Please remember to save your progress using the save button at the bottom of this page. You can come back and amend this page (and re-save) at anytime prior to submission.

This section asks about your policies and processes in relation to equality, diversity and inclusion and should normally be completed by your nominated EDI lead. There is an option to provide additional comments to support your answer, this is restricted to 1000 characters.

Please confirm whether your organisation has an Equality, Diversity and Inclusion Lead (or equivalent):

x Yes

☐ No

If 'yes' please add comments to support your answer sharing details of governance and links with education and training alonside the nominated name of your EDI lead for education and training; if 'no' please provide further detail

The ED&I Lead (newly recruited) sits within the HR Department, which is strategically led by the Deputy Chief People Officer who jointly leads the Education Department. As a small organisation, there is not a separate lead for education related ED&I, however, the Education Team links closely with the EDI Lead and members of the team sit on the various EDI sub groups (eg Disability / Race etc.).

EDI lead post has been vacant for some time but new Equality & Diversity Manager in post as of August 2023. Links continue via the EDI Steering Group meeting and review of access to training and development during standard reporting. This will be further developed as part of ongoing actions to ensure equal access to training opportunities for all.

Please confirm that you liaise with your Equality, Diversity and Inclusion Lead (or equivalent) to...
Please select only one option for each row.

	Yes	No
Ensure reporting mechanisms and data collection take learners into account?	X	
Implement reasonable adjustments for disabled learners?	X	
Ensure policies and procedures do not negatively impact learners who may share protected characteristics?	X	
Ensure International Graduates (including International Medical Graduates) receive a specific induction into your organisation?	X	
Ensure policies and processes are in place to manage with discriminatory behaviour from patients?	X	
Ensure a policy is in place to manage Sexual Harassment in the Workplace?	X	

If 'yes' please add comments to support your answer; if 'no' please provide further detail:

Relevant policies in place; Education Team records relevant equality data on study leave applications for reporting purposes.

Reasonable adjustment policy currently under review and include students, all policies and procedures have an equality impact assessment to ensure there is no detrimental impact and/or measures put in place to reduce this, Trust plan to review recruitment and onboarding procedures for all staff from an EDI perspective, Managing Violent and Aggressive Behaviour policy in place to support managers in handling inappropriate behaviour from patients including sexual harassment.

Postgraduate Deans and their teams are keen to consider responses and initiatives and share good practice. Please share details on EDI initiatives that are specific to or have an impact on education and training in your organisation and the email address for someone we can contact to discuss this further.

Internally, all managers attend a 5 day management training programme, Building Rapport, which includes a half day session on ED&I.

External training commissioned in 22/23 (both Trust wide and targeted specific staff groups), including:

Building a Culture of Conscious Inclusion

Neurodiversity Awareness – general awareness training for all staff and both management specific and consultant full day sessions

Transgender Awareness

x4 staff members accredited as Neurodiversity Champions

EDI Lead and Non-Exec Director due to commence EDI Directors programme (will commence in 23/24)

emma.sutton21@nhs.net

For education and training, what are the main successes for EDI in your organisation?

Medical students rated us as number 1 for their 22/23 placements with students stating it is perhaps the best organised placement in the med school and that time was invested in them.

The Trust was reaccredited with the Navajo Kitemark in 2023 and training and education was reviewed as part of the reassessment.

The external ED&I training sessions are consistently well attended and highly evaluated.

For education and training, what are the main challenges for EDI in your organisation?

Work underway across organisation with external partner to review multiple processes and areas in relation to DI and training and development will be included in this to understand our main challenges and ensure actions are in place as appropriate

Signature

x  I confirm I have completed this section accurately and can provide evidence to support my responses if requested by NHS England Workforce, Training and Education.

Name, email address and role of the person completing this section

Emma Sutton ED&I Lead / Zoe Kershaw Senior Education Manager

16. Section 6 - Assurance Reporting: learning environment and culture

Please remember to save your progress using the save button at the bottom of this page. You can come back and amend this page (and re-save) at anytime prior to submission.

For each standard, please confirm whether you meet the following standards from the Education Quality Framework. There is an option to provide additional comments to support your answer, this is restricted to 2000 characters per text box. **This section should be completed once on behalf of the whole organisation,** however it is important that those responsible for these areas are able to feed into this section.

Thinking about the learning environment and culture of your organisation, we are keen to hear about initiatives and good practice that are specific to or have an impact on education and training. If you would like to share any examples, please provide a very brief description of the initiative/good practice, the professional group(s) this relates to and the email address for someone we can contact to discuss this example further.

Undergraduate Medical Education Elizabeth.doherty@nhs.net

Role of the Education Fellow in enhancing learning environment within the clinical areas. Provide undergraduate students with pastoral support as well as leading on delivery of education on the wards. The role takes away reliance on junior doctors to support students on the wards when balancing their own training needs and service duties, and frees junior doctors to support planned bedside teaching in a coordinated manner.

Medical students attend the weekly Grand Round which is followed up by a ‘framing’ session facilitated by a Consultant in which the cases are unpicked and allows for group discussion.

Walton encourages & facilitates undergraduate student led learning with participation in audit, quality improvement and other short term research projects & studies. There is a named consultant Student Projects Lead responsible for matching students with consultants as befits their interests.

Non-medical Paula.Price@nhs.net

Immersive multiprof study days open to all healthcare learners. The days have taken the theme of a patient journey and provided learners with exposure to the diverse range of professions, clinical management and treatment of conditions and scenarios patients would typically encounter, to develop learner awareness of place in a complex system and appreciation of the professional relationships at play.

Quality Framework Domain 1 - Learning environment and culture
Please select only one option for each row.

	We meet the standard for all professions / learner groups	**We have exceptions to report** and provided narrative below
The learning environment is one in which education and training is valued and championed.	x	
The learning environment is inclusive and supportive for learners of all backgrounds and from all professional groups.	x	
The organisational culture is one in which all staff, including learners, are treated fairly, with equity, consistency, dignity and respect.	x	
There is a culture of continuous learning, where giving and receiving constructive feedback is encouraged and routine.	x	
Learners are in an environment that delivers safe, effective, compassionate care and prioritises a positive experience for patients and service users.	x	
The environment is one that ensures the safety of	x	

	We meet the standard for all professions / learner groups	We have exceptions to report and provided narrative below
all staff, including learners on placement.		
All staff, including learners, are able to speak up if they have any concerns, without fear of negative consequences.	x	
The environment is sensitive to both the diversity of learners and the population the organisation serves.	x	
There are opportunities for learners to take an active role in quality improvement initiatives, including participation in improving evidence led practice activities and research and innovation.	x	
There are opportunities to learn constructively from the experience and outcomes of patients and service users, whether positive or negative.	x	
The learning environment provides suitable educational facilities for both learners and supervisors, including space and IT facilities, and access to library and knowledge services and specialists.	x	
The learning environment promotes multi-professional learning opportunities.	x	
The learning environment encourages learners to be proactive and take a lead in accessing learning opportunities and take responsibility for their own learning.	x	

Areas of exception
Please select which professional group(s) are impacted from the list below.
Where you have multiple sites, if the issue is site specific, please select 'site specific' and

enter the site name in the comments box.
If required you can add the details of the sub professions / specific specialties in the comments box.

- **All professions**
- **Site specific**
- Advanced Clinical Practice
- Allied Health Professionals
- Dental
- Healthcare Science
- Medical Associate Professions
- Medicine Postgraduate
- Medicine Undergraduate
- Midwifery
- Nursing
- Paramedicine
- Pharmacy
- Psychological Professions

Please provide the details of the learner groups (and site if applicable) in the comments box e.g. mental health nursing, undergraduate dental training, operating department practitioners, pathology, dental nurses

For the exceptions listed above, please provide further details including; a brief summary of the issues and challenges that are impacting your ability to meet the standard, any barriers you are facing and what (if any) support do you need from WT&E.

Signature

x I confirm I have completed this section accurately and can provide evidence to support my responses if requested by NHS England Workforce, Training and Education.

Name, email address and role of the person completing this section

Paula Price, Practice Education Facilitator, Zoe Kershaw Senior Education Manager, Liz Doherty Medical Education Devt Manager

17. Section 7 - Assurance Reporting: educational governance and commitment to quality

Please remember to save your progress using the save button at the bottom of this page. You can come back and amend this page (and re-save) at anytime prior to submission.

For each standard, please confirm whether the you meet the following standards from the Education Quality Framework. There is an option to provide additional comments to support your answer, this is restricted to 250 words per text box. **This section should be completed once on behalf of the whole organisation,** however it is important that those responsible for these areas are able to feed into this section.

Thinking about the educational governance and commitment to quality of your organisation, we are keen to hear about initiatives and good practice that are specific to or have an impact on education and training. If you to would like share any examples, please provide a very brief description of the initiative/good practice, the professional group(s) this relates to and the email address for someone we can contact to discuss this example further.

Medical Education Elizabeth.doherty@nhs.net

Medical Education reports to a NED chaired sub committee of Exec Committee. Annual Report and external quality reports are monitored through the Exec sub committee ensuring link into senior team and Trust Board.

Ringfenced funding for Undergraduate medical education supervision and lead educator roles.

Educational Appraisal Lead oversees alignment of Trust medical educator appraisal process to external quality standards.

Established practice of working between senior education leads and divisional management in rota and service design.

Non-medical zoe.kershaw1@nhs.net / Paula Price

Spend of additional external funding awards managed through one central budget.

Centralised study leave budget.

In-house creation of full time PEF post (previous SLA with Aintree Hospital) has provided our student nurses and AHPs with the relevant level of training and support. The PEF is supported by ward-based PEFs, lead AHP educators and an overall Lead AHP.

Strong governance framework with education monitored via various committees:

Multi-professional Practice Group – Staff Partnership Committee – Business Performance Committee – Trust Board

People Group – Staff Partnership Committee

Quality Framework Domain 2 - Educational governance and commitment to quality
Please select only one option for each row.

	We meet the standard for all professions / learner groups	**We have exceptions to report** and provided narrative below
There is clear, visible and inclusive senior educational leadership, with responsibility for all relevant learner groups, which is joined up and promotes team-working and both a multi-professional and, where appropriate, inter-professional approach to education and training.	x	

	We meet the standard for all professions / learner groups	We have exceptions to report and provided narrative below
There is active engagement and ownership of equality, diversity and inclusion in education and training at a senior level.	x	
The governance arrangements promote fairness in education and training and challenge discrimination.	x	
Education and training issues are fed into, considered and represented at the most senior level of decision making.	x	
The provider can demonstrate how educational resources (including financial) are allocated and used.	x	
Educational governance arrangements enable organisational self-assessment of performance against the quality standards, an active response when standards are not being met, as well as continuous quality improvement of education and training.	x	
There is proactive and collaborative working with other partner and stakeholder organisations to support effective delivery of healthcare education and training and spread good practice.	x	
Consideration is given to the potential impact on education and training of service changes (i.e. service re-design / service reconfiguration), taking into account the views of learners, supervisors and key stakeholders	x	

	We meet the standard for all professions / learner groups	We have exceptions to report and provided narrative below

(including WT&E and Education Providers).

Areas of exception
Please select which professional group(s) are impacted from the list below.
Where you have multiple sites, if the issue is site specific, please select 'site specific' and enter the site name in the comments box.
If required you can add the details of the sub professions / specific specialties in the comments box.

- **All professions**
- **Site specific**
- Advanced Clinical Practice
- Allied Health Professionals
- Dental
- Healthcare Science
- Medical Associate Professions
- Medicine Postgraduate
- Medicine Undergraduate
- Midwifery
- Nursing
- Paramedicine
- Pharmacy
- Psychological Professions

Please provide the details of the learner groups (and site if applicable) in the comments box e.g. mental health nursing, undergraduate dental training, operating department practitioners, pathology, dental nurses

For the exceptions listed above, please provide further details including; a brief summary of the issues and challenges that are impacting your ability to meet the standard, any barriers you are facing and what (if any) support do you need from WT&E.

Signature

x I confirm I have completed this section accurately and can provide evidence to support my responses if requested by NHS England Workforce, Training and Education.

Name, email address and role of the person completing this section

Paula Price, Practice Education Facilitator Zoe Kershaw Senior Education Manager Liz Doherty Medical Education Devt Manager

18. Section 8 - Assurance Reporting: developing and supporting learners

Please remember to save your progress using the save button at the bottom of this page. You can come back and amend this page (and re-save) at anytime prior to submission.

For each standard, please confirm whether you meet the following standards from the Education Quality Framework. There is an option to provide additional comments to support your answer, this is restricted to 250 words per text box. This section should be completed once on behalf of the whole organisation, however it is important that those responsible for these areas are able to feed into this section.

Thinking about how you develop and support learners within your organisation, we are keen to hear about initiatives and good practice that are specific to or have an impact on education and training. If you would like to share any examples, please provide a very brief description of the initiative/good practice, the professional group(s) this relates to and the email address for someone we can contact to discuss this example further.

Medical Education **Elizabeth.doherty@nhs.net**

Undergrad team follow process for actioning transfer of information forms shared with trust in regard to students with any issues, concerns or needs as flagged up on the TOI. Students are met with by the medical education officer and TOI discussed with a plan agreed if required. Student feedback has been positive, they value this approach and ensures appropriate mitigation can be applied at the outset of the placement.

Non-medical Paula Price

Similar process to above – Trust PEF responsible for all clinical student learners (including apprentice HCAs etc.) and meets all student nurses on first day. AHPs allocated supervisor / student nurses allocated mentor.

Quality Framework Domain 3 - Developing and supporting learners
Please select only one option for each row.

	We meet the standard for all professions / learner groups	**We have exceptions to report** and provided narrative below
There is parity of access to learning opportunities for all learners, with providers making reasonable adjustments where required.	x	
The potential for differences in educational attainment is recognised and learners are supported to ensure that any differences do not relate to protected characteristics.	x	
Supervision arrangements enable learners in difficulty to be identified and supported at the earliest opportunity.	x	
Learners receive clinical supervision appropriate to	x	

	We meet the standard for all professions / learner groups	We have exceptions to report and provided narrative below
their level of experience, competence and confidence, and according to their scope of practice.		
Learners receive the educational supervision and support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.	x	
Learners are supported to complete appropriate summative and/or formative assessments to evidence that they are meeting their curriculum, professional and regulatory standards, and learning outcomes.	x	
Learners are valued members of the healthcare teams within which they are placed and enabled to contribute to the work of those teams.	x	
Learners receive an appropriate, effective and timely induction and introduction into the clinical learning environment.	x	
Learners understand their role and the context of their placement in relation to care pathways, journeys and expected outcomes of patients and service users.	x	
Learners are supported, and developed, to undertake supervision responsibilities with more junior staff as appropriate.	x	

Areas of exception
Please select which professional group(s) are impacted from the list below.

Where you have multiple sites, if the issue is site specific, please select 'site specific' and enter the site name in the comments box.
If required you can add the details of the sub professions / specific specialties in the comments box.

- **All professions**
- **Site specific**
- Advanced Clinical Practice
- Allied Health Professionals
- Dental
- Healthcare Science
- Medical Associate Professions
- Medicine Postgraduate
- Medicine Undergraduate
- Midwifery
- Nursing
- Paramedicine
- Pharmacy
- Psychological Professions

Please provide the details of the learner groups (and site if applicable) in the comments box e.g. mental health nursing, undergraduate dental training, operating department practitioners, pathology, dental nurses

For the exceptions listed above, please provide further details including; a brief summary of the issues and challenges that are impacting your ability to meet the standard, any barriers you are facing and what (if any) support do you need from WT&E.

Signature

x I confirm I have completed this section accurately and can provide evidence to support my responses if requested by NHS England Workforce, Training and Education.

Name, email address and role of the person completing this section

Paula Price, Practice Education Facilitator, Zoe Kershaw Senior Education Manager, Liz Doherty Medical Education Devt Manager

19. Section 9 - Assurance reporting: developing and supporting supervisors

Please remember to save your progress using the save button at the bottom of this page. You can come back and amend this page (and re-save) at anytime prior to submission.

For each standard, please confirm whether you meet the following standards from the Education Quality Framework. There is an option to provide additional comments to support your answer, this is restricted to 250 words per text box. This section should be completed once on behalf of the whole organisation, however it is important that those responsible for these areas are able to feed into this section.

Thinking about how you develop and support supervisors within your organisation, we are keen to hear about initiatives and good practice that are specific to or have an impact on education and training. If you would like to share any examples, please provide a very brief description of the initiative/good practice, the professional group(s) this relates to and the email address for someone we can contact to discuss this example further.

Medical Education **Elizabeth.doherty@nhs.net**

Trust has appointed a named Consultant Education Appraisal Lead. Remit includes increasing understanding of the governance for supervision and education activity including the GMC standards and monitoring process, and raising awareness of resources available to educators. Medical Education coordinated external educator courses and programme of internal updates to be delivered on the trusts Wednesday Postgraduate Medical Education Programme

Annual UG update held in summer ahead of new academic year. Informs ES/CS regarding curriculum changes and other updates pertaining to UoL MBChB programme. Supervisors receive ES guide for each rotation alongside student details.

Quality Framework Domain 4 - Developing and supporting supervisors
Please select only one option for each row.

	We meet the standard for all professions / learner groups	**We have exceptions to report** and provided narrative below
Formally recognised supervisors are appropriately supported, with allocated time in job plans/ job descriptions, to undertake their roles.	x	
Those undertaking formal supervision roles are appropriately trained as defined by the relevant regulator and/or professional body and in line with any other standards and expectations of partner organisations (e.g. Education Provider, WT&E).	x	
Clinical Supervisors understand the scope of practice and expected competence of those they are supervising.	x	
Educational Supervisors are familiar with, understand and are up-to-date with the curricula of the learners they are supporting. They also understand their role in the context of learners' programmes and career pathways, enhancing their	x	

	We meet the standard for all professions / learner groups	We have exceptions to report and provided narrative below
ability to support learners' progression. Clinical supervisors are supported to understand the education, training and any other support needs of their learners. Supervisor performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for continued professional development and role progression and/or when they may be experiencing difficulties and challenges.	x	
	x	

Areas of exception
Please select which professional group(s) are impacted from the list below.
Where you have multiple sites, if the issue is site specific, please select 'site specific' and enter the site name in the comments box.
If required you can add the details of the sub professions / specific specialties in the comments box.

- **All professions**
- **Site specific**
- Advanced Clinical Practice
- Allied Health Professionals
- Dental
- Healthcare Science
- Medical Associate Professions
- Medicine Postgraduate
- Medicine Undergraduate
- Midwifery
- Nursing
- Paramedicine
- Pharmacy
- Psychological Professions

Please provide the details of the learner groups (and site if applicable) in the comments box e.g. mental health nursing, undergraduate dental training, operating department practitioners, pathology, dental nurses

For the exceptions listed above, please provide further details including; a brief summary of the issues and challenges that are impacting your ability to meet the standard, any barriers you are facing and what (if any) support do you need from WT&E.

Signature

x I confirm I have completed this section accurately and can provide evidence to support my responses if requested by NHS England Workforce, Training and Education.

Name, email address and role of the person completing this section

Paula Price, Practice Education Facilitator, Zoe Kershaw Senior Education Manager, Liz Doherty Medical Education Devt Manager

20. Section 10 - Assurance reporting: delivering programmes and curricula

Please remember to save your progress using the save button at the bottom of this page. You can come back and amend this page (and re-save) at anytime prior to submission.

For each standard, please confirm whether you meet the following standards from the Education Quality Framework. There is an option to provide additional comments to support your answer, this is restricted to 250 words per text box. This section should be completed once on behalf of the whole organisation, however it is important that those responsible for these areas are able to feed into this section.

Thinking about how you deliver programmes and curricula to support training within your organisation, we are keen to hear about initiatives and good practice that are specific to or have an impact on education and training. If you would like to share any examples, please provide a very brief description of the initiative/good practice, the professional group(s) this relates to and the email address for someone we can contact to discuss this example further.

Medical Education **Elizabeth.doherty@nhs.net**

Trust consultants have HEI specialty roles leading the development and delivery of Neurosciences content on the MBChB programme.

Similarly, posts are held on national and regional postgraduate bodies, Royal Colleges, professional associations etc… informing the development and delivery of postgrad training.

Remote access for regional teaching has been facilitated post pandemic with improved tech resources. Simulation and AI delivered using TEL solutions are widening access to learners and by capturing training we're able to develop resources for access post event, as demonstrated by the established Neuro Pod cases resource and the embryonic Neurosurgery clinical resource under development.

Non Medical zoe.kershaw1@nhs.net

Postgraduate modules developed and delivered internally by a multiprofessional suite of clinical specialists, accredited by Liverpool John Moores University:

- Complex Rehabilitation
- Neuroscience Module
- Spinal Module (in development)

Healthcare Science Degree apprentices within Neurophysiology benefit from an element of their course delivered onsite by Neurophysiology specialists. The teaching is bespoke and, as such, the Trust is an accredited apprenticeship supporter-provider.

The Rehabilitation Network has developed a bespoke programme of education available for all clinical disciplines working within the Network to access.

Quality Framework Domain 5 - Delivering programmes and curricula
Please select only one option for each row.

	We meet the standard for all professions / learner groups	**We have exceptions to report** and provided narrative below
Practice placements must enable the delivery of relevant parts of curricula and contribute as expected to training programmes.	x	
Placement providers work in partnership with programme leads in planning and delivery of curricula and assessments.	x	
Placement providers collaborate with professional bodies, curriculum/ programme leads and key stakeholders to help to shape curricula, assessments and programmes to ensure their content is responsive to changes in treatments, technologies and care delivery models, as well as a focus on health promotion and disease prevention.	x	
Placement providers proactively seek to develop new and innovative methods of education delivery, including multi-professional approaches.	x	
The involvement of patients and service users, and also learners, in the development of education delivery is encouraged.	x	
Timetables, rotas and workload enable learners	x	

	We meet the standard for all professions / learner groups	We have exceptions to report and provided narrative below
to attend planned/ timetabled education sessions needed to meet curriculum requirements.		

Areas of exception
Please select which professional group(s) are impacted from the list below.
Where you have multiple sites, if the issue is site specific, please select 'site specific' and enter the site name in the comments box.
If required you can add the details of the sub professions / specific specialties in the comments box.

 **All professions**
 **Site specific**
 Advanced Clinical Practice
 Allied Health Professionals
 Dental
 Healthcare Science
 Medical Associate Professions
 Medicine Postgraduate
 Medicine Undergraduate
 Midwifery
 Nursing
 Paramedicine
 Pharmacy
 Psychological Professions

Please provide the details of the learner groups (and site if applicable) in the comments box e.g. mental health nursing, undergraduate dental training, operating department practitioners, pathology, dental nurses

For the exceptions listed above, please provide further details including; a brief summary of the issues and challenges that are impacting your ability to meet the standard, any barriers you are facing and what (if any) support do you need from WT&E.

Signature

x I confirm I have completed this section accurately and can provide evidence to support my responses if requested by NHS England Workforce, Training and Education.

Name, email address and role of the person completing this section

Paula Price, Practice Education Facilitator, Zoe Kershaw Senior Education Manager, Liz Doherty Medical Education Devt Manager

21. Section 11 - Assurance reporting: developing a sustainable workforce

Please remember to save your progress using the save button at the bottom of this page. You can come back and amend this page (and re-save) at anytime prior to submission.

For each standard, please confirm whether you meet the following standards from the Education Quality Framework. There is an option to provide additional comments to support your answer, this is restricted to 250 words per text box. This section should be completed once on behalf of the whole organisation, however it is important that those responsible for these areas are able to feed into this section.

Thinking about developing a sustainable workforce within your organisation, we are keen to hear about initiatives and good practice that are specific to or have an impact on education and training. If you would like to share any examples, please provide a very brief description of the initiative/good practice, the professional group(s) this relates to and the email address for someone we can contact to discuss this example further.

Medical Education **Elizabeth.doherty@nhs.net**

Consideration via TPD & medical staffing will be given to trainees who wish to spend time out of programme or at other sites to gain experiences not available at the trust.

The trust engages with NHSE, HEI careers fairs and other networking events to raise awareness of the opportunities within Neurosciences. Undergraduate and postgraduate learners are able to apply for foundation tasters, electives and observer-ships to gain experience of the specialties the trust offers.

Non-medical zoe.kershaw1@nhs.net

Strong links with local HEIs – Trust PEF and Practice Educator regularly attend careers fairs at universities and participate in Trust wide nurse recruitment days.

Vocational Learning Coordinator leads on Trust work experience programme, pre-employment programme and apprenticeships, working closely with clinical (and non-clincal) department leads to develop pathways into education and employment.

Led by the Vocational Learning Coordinator, the Trust hosted a Workplace Safari in Feb 23, attended by 186 school children across the region to find out information from a large number of clinical and non-clinical departments at The Walton Centre.

Apprenticeships at different levels (from L2 HCA Health & Social to Level 6 in Neurophysiology, OT and Physio) created in a number of areas to create development pathways, as well as the implementation of new Assistant Practitioner roles in Radiology and Physiotherapy. Exploration currently underway into supporting Nursing Associates to “top up” via the RNDA route.

Quality Framework Domain 6 - Developing a sustainable workforce
Please select only one option for each row.

	We meet the standard for all professions / learner groups	**We have exceptions to report** and provided narrative below
Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.	x	
Does the provider provide opportunities for learners to receive appropriate	x	

	We meet the standard for all professions / learner groups	We have exceptions to report and provided narrative below
careers advice from colleagues		
The provider engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs of patients and service.	x	
Transition from a healthcare education programme to employment and/or, where appropriate, career progression, is underpinned by a clear process of support developed and delivered in partnership with the learner.	x	

Areas of exception
Please select which professional group(s) are impacted from the list below.
Where you have multiple sites, if the issue is site specific, please select 'site specific' and enter the site name in the comments box.
If required you can add the details of the sub professions / specific specialties in the comments box.

- **All professions**
- **Site specific**
- Advanced Clinical Practice
- Allied Health Professionals
- Dental
- Healthcare Science
- Medical Associate Professions
- Medicine Postgraduate
- Medicine Undergraduate
- Midwifery
- Nursing
- Paramedicine

Pharmacy

Psychological Professions

Please provide the details of the learner groups (and site if applicable) in the comments box e.g. mental health nursing, undergraduate dental training, operating department practitioners, pathology, dental nurses

For the exceptions listed above, please provide further details including; a brief summary of the issues and challenges that are impacting your ability to meet the standard, any barriers you are facing and what (if any) support do you need from WT&E.

Signature

x I confirm I have completed this section accurately and can provide evidence to support my responses if requested by NHS England Workforce, Training and Education.

Name, email address and role of the person completing this section

Paula Price, Practice Education Facilitator, Zoe Kershaw Senior Education Manager, Liz Doherty Medical Education Devt Manager

22. Section 12 - Final Submission

Please remember to save your progress using the save button at the bottom of this page. You can come back and amend this page (and re-save) at anytime prior to submission.

Before completing your final submission please ensure you have:
1. Completed all questions within the Self-Assessment (including the free text sections)
2. Received Board level sign off for your submission

Board level sign-off

☐ I confirm that the responses in this SA have been signed off at board level

Name, email address and role of Board representative for education and training

Andy Nicolson, Medical Director (Medical Education)

Nicola Martin Interim Chief Nurse (Clinical Education)

Michael Gibney Chief People Officer (Training and Development)

Please confirm the date that board level sign off was received:

DD/MM/YYYY
10/10/2023

Final Submission (please only tick this box when you ready to submit your self-assessment)

☐ I confirm that all sections of this self-assessment have been completed and that this is the final version for submission

23. Thank you for your time

Thank you for your time on this Annual Provider Self-Assessment

Thank you for taking the time to contribute to this provider annual Self-Assessment. If you would like to print a version of your draft submission at any time, please use the print button on the next page (note that you will only print those sections currently completed)

You can continue to update this self-assessment using the link supplied to your by your regional NHS England WT&E education quality team.

Once you have completed all sections in full of this self-assessment please ensure that you complete section 7 final submission and tick the box Complete Submission. At which point your final response will be sent to your regional NHS England WT&E education quality team.

The Walton Centre NHS Foundation Trust

Report to Trust Board
5th October 2023

Report Title	**Modern Slavery Act Statement 2023**
Executive Lead	Mike Gibney, Chief People Officer
Author (s)	Mike Gibney, Chief People Officer Katie Tootill, Associate Director of Procurement
Action Required	To approve

Level of Assurance Provided

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

Key Messages

- The updated statement meets the requirement of the Modern Slavery Act 2015.
- Consideration at Board and the subsequent publishing online, will constitute full compliance with the Trust's duties.

Next Steps

- Following Board approval statement to be published online.

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

Strategic Risks

Not Applicable	Choose an item.	Choose an item.

Equality Impact Assessment Completed

Strategy ☐	Policy ☐	Service Change ☐

Report Development

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

Modern Slavery Act Statement 2023

Executive Summary

1. This statement constitutes the Walton Centre's annual response to the requirements of the Modern Slavery Act 2015. The Trust is required to publish the statement online in accordance with the public sector duties under this Act.

2. The statement has been strengthened in relation to procurement arrangements notably to include training for procurement team members.

Modern Slavery Statement October 2023

The Walton Centre's Response to the Requirements of the Modern Slavery Act 2015

This Act was brought about to make provision about slavery, servitude and forced or compulsory labour and about human trafficking; including provision for the protection of victims; to make provision for an Independent Anti-Slavery Commissioner; and for connected purposes.

Slavery is not an issue confined to history or an issue that only exists in certain countries – it is something that is still happening today. It is a global problem, and the UK is no exception.

Modern slavery is part of the safeguarding agenda for children and adults.

All staff at the Walton Centre, be they in clinical or non-clinical roles, have a responsibility to consider issues regarding modern slavery, and incorporate their understanding of these issues into their day-to-day practice. Front line NHS staff are well placed to be able to identify and report any concerns they may have about individual patients who present for treatment.

Modern slavery is a real issue.

It is also a serious concern for public services.

As a Trust we are committed to working in partnership with local authorities to identify cases of modern-day slavery and to intervene to protect vulnerable adults and children when they are identified.

Who is affected?

Victims found in the United Kingdom come from many different countries, including Romania, Albania, Nigeria, Vietnam, and the United Kingdom itself.

Social and economic deprivation, limited opportunities at home, lack of education, unstable social and political conditions, economic imbalances, and war are some of the key drivers that contribute to the trafficking of victims.

Victims can also face more than one type of abuse and slavery, for example if they are sold to another trafficker and then forced into another form of exploitation.

The Walton Centre is committed to ensuring that no modern slavery or human trafficking takes place in any part of our business or our supply chain and has taken steps to ensure that all staff are aware of the issue of Modern Slavery and what they can do to prevent it by including

information in the Safeguarding Adult and Children Policies. Any concerns are raised with the Safeguarding Matron who will escalate accordingly.

Modern Slavery

Starting in 1 November 2015, specified public authorities have been given a duty to notify the Home Office of any individual encountered in England and Wales who they believe is a suspected victim of slavery or human trafficking.

The 'duty to notify' provision is set out in the Modern Slavery Act 2015 and applies to all police forces and local authorities in England and Wales, the Gang masters Licensing Authority and the National Crime Agency.

Procurement arrangements

Contracts established by The Walton Centre use the NHS Terms and Conditions for Supply of Goods or framework terms and conditions, which contains Anti-Slavery clauses that require providers/contractors to comply with Law and Guidance, use Industry Good Practice and to notify the authorities if they become aware of any actual or suspected incident of slavery or human trafficking. The Walton Centre Procurement team issued Modern Slavery Act 2015 compliance letters to our supply chain and a database of responses has been retained. The Trust's purchase orders issued to suppliers also includes the following statement. "The Walton Centre NHS Foundation Trust expects that all suppliers (and their supply chains) are fully compliant with the requirements of the modern slavery act 2015".

In addition to the above The Walton Centre will investigate any concern raised with the service. This could be by national or local media publicity, through supply chain contacts or by individuals.

In February 2023 and updated Procurement Policy Note PPN02/23 Tackling Modern Slavery in Government Supply Chains was issued.

The updated guidance set out:

- Inclusion of relevant contractual terms in new procurements – for example, wording already included in NHS Standard Terms and Conditions for goods and services (clause 19 "*Modern slavery and environmental, social and labour laws").*
- Procurement team members should undertake the free Government Commercial College training on modern slavery. (This training is in progress across the team).

In parallel to the above PPN, NHS England is working with the Department for Health and Social Care (DHSC) on new regulations that align to PPN 02/23, as required by The Health and Care Act 2022. Further support around this will be provided by NHS England to support teams to comply fully with both PPN 02/23 and The Act in due course.
The Procurement team are currently reviewing their Procurement and tendering policy across all HPL sites and will include information from the recently published guidance (link below for information).
PPN 02 23 - Reissue Tackling Modern Slavery in Government Supply Chains 2023 - Guidance.pdf (publishing.service.gov.uk)

Employment
Employment arrangements: As an NHS Employer we are required to comply with the NHS employment check standard for all directly recruited staff.

The six checks which make up the NHS Employment Check Standards are:

1. Verification of identity checks

2. Right to work checks

3. Professional registration and qualification checks

4. Employment history and reference checks 5. Criminal record checks

6. Occupational health checks

No individual is permitted to commence employment with the Trust without these checks having been completed. The checks are carried out centrally by the recruitment team and recorded on the Trust workforce information system (ESR). These measures ensure that the Trust does not unwittingly employ people subjected to modern slavery.

If staff have concerns about the supply chain or any other suspicions related to modern slavery, they will be encouraged to raise these concerns through line management and report the issues to appropriate agencies. This will be raised particularly with clinical staff that may be in contact with vulnerable people.

Conclusion

4. The updated statement meets the requirement of the Modern Slavery Act 2015. Consideration at Board and the subsequent publishing online, will constitute full compliance with the Trust's duties.

Recommendation

5. To approve

Author: Mike Gibney & Katie Tootill
Date: 27th September 2023

The Walton Centre NHS Foundation Trust

Report to Trust Board
5th October 2023

Report Title	Medical Revalidation Annual Report
Executive Lead	Dr Andrew Nicolson, Medical Director
Author (s)	Dr Andrew Nicolson, Medical Director
Action Required	To note

Level of Assurance Provided

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

Key Messages

- Of the 157 doctors with a 'prescribed connection' to the Trust, 148 (94%) had an annual appraisal between 1/4/22 and 31/3/23.
- Of the 31 doctors who were due revalidation, 25 positive recommendations were made to the GMC, with 6 deferrals and no recommendations for non-engagement.
- The Trust has a robust governance system in place to manage medical appraisal and revalidation.
- An audit of the medical revalidation process by MIAA is currently in progress.

Next Steps

- Continue with the current system which is in place and ensure that we comply with NHS England requirements.
- Await the report from MIAA and address any recommendations made.

Related Trust Strategic Ambitions and Themes	**Impact**		
People	Quality	Workforce	Compliance

Strategic Risks

001 Quality Patient Care	004 Leadership Development	008 Medical Education Strategy

Equality Impact Assessment Completed

Strategy ☐	Policy ☐	Service Change ☐

Report Development

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

Medical Revalidation Annual Report 2022/23

Executive Summary

1. All medical staff are required to have an annual appraisal, as part of a five year revalidation cycle.

2. The governance processes in place in the Trust with regard to medical appraisal, revalidation and managing concerns are reported to NHS England North West through this report. In addition to this the Trust previously has completed an Annual Organisation Audit, but this has been stood down since the onset of the covid pandemic.

3. This Board report is used as evidence for the Board of compliance with the Medical Profession (Responsible Officers) Regulations 2010.

Background and Analysis

4. The Medical Profession (Responsible Officers) Regulations 2010, amended in 2013, require a governance process to be in place related to the appraisal, revalidation and managing concerns of doctors. Prior to the covid pandemic an Annual Organisational Audit was submitted in addition to this Board report, and benchmarking data produced. Since 2019/20 this has not been required, but the Trust Board has received this report annually for assurance of the Trust processes.

5. In the Trust there is an Appraisal and revalidation manager, Medical Appraisal Lead and Responsible Officer (RO). The RO is also the Trust's Medical Director, and undertakes an annual appraisal by an appointed NHS England appraiser.

6. The Trust has an appropriate number of trained appraisers, who participate in quarterly meetings with the Medical Appraisal Lead and RO. Refresher training for appraisers is provided when required, at least every 3 years. All appraisals are reviewed by either the Medical Appraisal Lead or RO and feedback provided to the appraisee and appraiser.

7. The Trust has 157 doctors with a prescribed connection (those doctors who name the Trust as their 'designated body'). In this appraisal year, from 1/4/22 to 31/3/23, 148 (94%) of doctors had an appraisal, with 4 of the 9 missed appraisals being approved. Approved missed appraisals are most commonly due to long term sickness absence.

8. 31 doctors were due for revalidation during the 2022/23 appraisal year. In each case the RO reviews the evidence from the appraisals during the 5-year revalidation cycle and makes a recommendation to the GMC. The RO made 25 positive recommendations to the GMC, with 6 deferrals. Deferral is a neutral act and most commonly is made where more information is required, and the requirements are clearly fed back to the doctor. There were no recommendations of non-engagement.

9. It is considered good practice to periodically undertake an external review of the medical appraisal and revalidation process. Such a review by MIAA is currently in progress.

Conclusion

10. The Trust has a robust system in place for medical appraisal and revalidation. The Trust has achieved the target set by NHS England of >90% of all doctors having an annual appraisal.

Recommendation

To note.

Author: Andrew Nicolson, Medical Director and Responsible Officer
Date: 25th September 2023

NHS England North West
Medical Directorate
Professional Standards Team

2022-2023 Annual Submission to NHS England North West:

Appraisal and Revalidation and Medical Governance

Contents

Introduction:
The Annual Organisational Audit (AOA) has been stood down for the 2022/23 year. A refreshed approach is in development. It still remains a requirement for each Designated Body to provide assurance to their Board about the governance arrangements in place in relation to appraisal, revalidation and managing concerns. In addition, NHS England North West use information previously provided in the AOA to inform a plan for assurance visits to Designated Bodies.

Amendments have been made to Board Report template (Annex D) with the intention of making completion of the submission straightforward whilst retaining the goals of the previous report:

a) help the designated body in its pursuit of quality improvement,

b) provide the necessary assurance to the higher-level responsible officer, and

c) act as evidence for CQC inspections.

This template for an Annual Submission to NHS England North West should be used as evidence for the Board (or equivalent management team) of compliance with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013) or appended to your own board report where a local template exists.

This completed document is required to be submitted electronically to NHS England North West by **31st October 2023** and should be sent to england.nw.hlro@nhs.net

Section 1: General

2022-2023 Annual Submission to NHS England North West:

Appraisal, Revalidation and Medical Governance

Please complete the tables below:

Name of Organisation:	**The Walton Centre Foundation Trust**
What type of services does your organisation provide?	Specialist Trust

	Name	**Contact Information**
Responsible Officer	Andy Nicolson	andy.nicolson@nhs.net
Medical Director	Andy Nicolson	andy.nicolson@nhs.net
Medical Appraisal Lead	Chris Whitehead	chris.whitehead3@nhs.net
Appraisal and Revalidation Manager	Clerita Hopkins	Clerita.hopkins2@nhs.net
Additional Useful Contacts		

Service Level Agreement

Do you have a service level agreement for Responsible Officer services?

No

If yes, who is this with?

Organisation: N/A **Please describe arrangements for Responsible Officer to report to the Board:** **Date of last RO report to the Board:** **Action for next year:**

Section 2a: Appraisal Data

The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions can be recorded in the table below.

Total number of doctors with a prescribed connection as at 31 March 2023?	
Total number of appraisals undertaken between 1 April 2022 and 31 March 2023?	148
Total number of agreed exceptions granted between 1 April 2022 and 31 March 2023?	4
Total number of missed appraisals* between 1 April 2022 and 31 March 2023?	5
Total number of appraisers as at 31 March 2023?	28

*A missed appraisal is an appraisal that is not completed and no exception has been granted in that appraisal year (1 April 2022-31 March 2023).

Section 2b: Revalidation Data

Timely recommendations are made to the General Medical Council (GMC) about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

Total number of recommendations made to the GMC between 1 April 2022 and 31 March 2023?	
Total number of positive recommendations submitted between 1 April 2022 and 31 March 2023?	25
Total number of recommendations for deferral submitted between 1 April 2022 and 31 March 2023?	6
Total number of recommendations for non-engagement submitted between 1 April 2022 and 31 March 2023?	0
Total number of recommendations submitted after due date between 1 April 2022 and 31 March 2023?	4 (all within 24 hours of submission date)

Section 3: Medical Governance
Concerns data

How many doctors have been through the Maintaining High Professional Standards (MHPS) or equivalent process between 1 April 2022 and 31 March 2023?	3
How many doctors have been referred to the GMC between 1 April 2022 and 31 March 2023?	0 (by Trust) 1 self-referral
How many doctors have been referred to the Practitioner Performance Advice Service (PPA) between 1 April 2022 and 31 March 2023?	5
How many doctors have been excluded from practice between 1 April 2022 and 31 March 2023?	1

Organisational Policies

List your policies to support medical appraisal and revalidation	Implementation date	Review date
Appraisal & Revalidation Policy		31.07.26
Maintaining High Professional Standards Policy		01.06.25
Job Planning		31.03.23
Freedom to Speak Up		01.01.26

List your policies to support MHPS and managing concerns	Implementation date	Review date
Remediation Policy		10.03.24
Freedom to Speak Up		01.0.26
Maintaining High Professional Standards Policy		01.06.25
Trust Disciplinary Policy		24.03.25

Other relevant policies	Implementation date	Review date
Grievance Policy		05.10.25
Flexible Working Policy		31.08.25
Sickness Absence Policy		09.08.25
Stress Prevention and Management Policy		01.08.25

How do you socialise your policies?

All policies are available on the Trust intranet.

Any changes are approved at LNC and discussed with Consultants in Medical Policy Board meetings.

Individuals are signposted to relevant policies as required.

Appraisal and revalidation policy is embedded in resources section of L2P and email was sent to all L2P users when it was embedded.

Section 4: General Information

The board / executive management team can confirm that:

4.1 An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Yes - The Trust RO is also the Medical Director. He undertakes annual appraisals by an appointed NHS England appraiser which includes his role as Responsible Officer.
Action for next year (1 April 2023 – 31 March 2024): Continue current process.

4.2 The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Yes - The Trust has a well embedded and effective process for managing medical appraisal and revalidation. The RO is well supported by the Medical Appraisal Lead and Appraisal and revalidation manager.
If No, please provide more detail:

4.3 An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is maintained?

Yes
If yes, how is this maintained? GMC Provides a list of all Doctors with a prescribed connection to the Trust. The list is maintained by the Appraisal and Revalidation Co-ordinator who also receives a monthly list of starters and leavers via the HR Department.
If no, what are you plans to implement a record keeping process? (Action for next year (1 April 2023 – 31 March 2024).

4.4 Do you have a peer review process arranged with another organisation?

If yes, when was the last review? No. MIAA are currently undertaking a peer review of the Trust's appraisal and revalidation process.

4.5 Is there a process in place to ensure locum or short-term placement doctors working in the organisation are supported, including those with a prescribed connection to another organisation?

Yes - Locum and Short Term Doctors are provided with an opportunity for an appraisal whilst at the Trust including those with a prescribed connection to another organisation eg GP with a specialist interest. Data relevant to appraisal is available to them on request if they have their appraisal at their Designated Body. This group of doctors also have access to Educational events within the organisation and receive a Local Trust induction.

4.6 How do you ensure they are supported in their continuing professional development, appraisal, revalidation, and governance?

See 4.5. Doctors who are on fixed-term appointments will have an assigned educational supervisor and appraiser, with full access to internal CPD and support for appropriate external CPD.

Section 5: Appraisal Information

5.1 Have you adopted the Appraisal 2022 model?

Yes
If no, what are your plans to implement this? (Action for next year (1 April 2023 – 31 March 2024). Appraisal and Revalidation Policy has been updated to reflect the changes. Coaching training for appraisers (see section 5.4) is intended to help embed the appraisal model.

5.2 Do you use MAG 4.2?

No
If yes, what are your plans to replace this? For the majority of doctors the electronic appraisal tool by L2P is used. For fixed-term and Trust grade doctors we have used the MAG 4.2 form and uploaded to L2P. Action for next year (1 April 2023 – 31 March 2024): Register all doctors including fixed-term and Trust grade doctors to utilise L2P.

5.3 Please describe any areas of good practice or improvements made in relation to appraisal and revalidation in the last year (1 April 2022 to 31 March 2023).

We have added all Trust grade doctors to L2P.

5.4 Have you any plans for any changes/ improvements in the coming year (1 April 2023 to 31 March 2024)?

We will consider the report from MIAA when available and implement any recommendations. We are currently exploring the possibility of additional appraiser training focussing on a coaching approach to appraisal.

5.5 How do you train your appraisers?

All new appraisers complete the relevant training course by MIAD and existing appraisers complete the refresher course every 3 years.

5.6 How do you Quality Assure your appraisers?

All appraisals are read either by appraisal lead or RO. Feedback is provided anonymously by appraisees, which feeds into the appraisers own appraisal. MAL is currently developing process for more formal QA of appraisals in line with the updated Appraisal and Revalidation Policy.

5.7 How are your Quality Assurance findings reported to the board?

This is reported as part of the annual medical revalidation Trust Board report.

5.8 What was the most common reason for deferral of revalidation?

Sickness absence for Consultants, and incomplete information for Trust grade doctors new to the organisation.

5.9 How do you manage doctors that are difficult to engage in appraisal and revalidation?

We have a clear escalation process in place, where electronic reminders / letters are sent at defined intervals if the appraisal is not completed in line with the agreed date. Face to face meetings take place with the Medical Appraisal Lead or RO for any doctors who seek further advice / support related to appraisal and revalidation or if they are not fully engaging.

Section 6: Medical Governance

6.1 What systems and processes are in place for monitoring the conduct and performance of all doctors?

The Clinical Governance Teams provide data relating to legal claims, complaints, datix incident forms and serious untoward incidents to the Appraisal and Revalidation Co-ordinator. This data is then redacted and provided to the Doctor or directly uploaded onto their portfolio on the electronic appraisal system. Any significant concerns regarding the conduct or performance of doctors may be raised directly with the Medical Director / RO or via the medical management team, and appropriate action is taken.

The Trust's process for responding to concerns about a doctor follows Maintaining High Professional Standards (MHPS). The Trust has an approved MHPS policy that has been discussed and agreed with relevant stakeholders. This has recently been reviewed and approved at LNC.

The RO / Medical Director is responsible for clinical governance for doctors. The monitoring aspects required for this part of the RO's role are through the normal reporting processes to the Divisions, Executive, Quality Committee and Trust Board. This provides the formal assurance structure.

6.2 How is this information collated, analysed and shared with the board? (Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors).

If a doctor is investigated with regard to capability or conduct then this is carried out in accordance with MHPS, and as such is reported to Trust Board. All MHPS investigations are overseen by a Non-Executive Director of the Trust Board. Numbers of cases are reported to the Trust's People group. Data on protected characteristics are not routinely collated as the numbers of cases are small, but this is discussed.

6.3 How do you ensure that any concerns are managed with compassion?

All concerns are managed in line with appropriate policies as outlined in section 3. If a concern is escalated to the MD/RO then a discussion takes place with the doctor in the presence of a representative from HR in a timely manner and the doctor is invited to attend with support from a union representative or colleague. If there are any concerns with regard to health then an Occupational Health referral is made. When relevant the doctor is signposted to the Trust's counselling service. Coaching and / or mentoring is offered when appropriate, as are other appropriate health and wellbeing initiatives.

6.4 How do you Quality Assure your system for responding to concerns?

The Trust has robust policies in place as outlined in section 3, all policies are approved with the Local Negotiation Committee and BMA representatives. All concerns are managed in line with the appropriate policy and Human Resources are involved at all stages to ensure consistency.

6.5 How is this Quality Assurance information reported to the board?

Data around employment cases is reported to the Trusts People Group and discussed as appropriate, MHPS cases are raised with Board in accordance with Policy.

6.6 What is the process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility)?

The Trust uses NHS England's Medical Practice Information Transfer form (MPIT) to transfer information to and from other NHS organisations for new starters. Section 2 of the 'Professional work outside the WCFT' is used annually for existing staff who also work outside the Trust.

6.7 What safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination?

All Trust Policies have an appropriate Equality Impact Assessment, these are quality checked by the Equality, Diversity and Inclusion Lead of the Trust for HR policies.

6.8 Please describe any areas of good practice or improvements made in relation to medical governance in the last year (1 April 2022 to 31 March 2023)?

The establishment of a Mortality Surveillance Group. This is an MDT group which is chaired by the Deputy Medical Director and provides an additional layer of scrutiny over the current mortality review process. Enhanced process to disseminate lessons learnt from incidents and complaints. Establishment of a complex cases MDT in neurology where particularly difficult or challenging cases can be discussed. Policy agreed for the implementation of the new incident investigation process, PSIRF (Patient Safety Incident Response Framework).

6.9 Have you any plans for any changes/ improvements in the coming year (1 April 2023 to 31 March 2024)?

Additional training for medical appraisers, using a coaching approach. Embed the PSIRF process, including medical staff training.

Section 7: Employment Checks

What is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties?

The HR Recruitment team have a robust system in place for pre-employment checks and is subject to external Audits in line with NHS 'Safer Recruitment'. The Trust is provided with locum doctors from agencies through the HTE framework who provide written confirmation of their processes as part of monitoring of the contract. Pre employment checks include ID and Immigration Checks, check GMC registration, DBS check and qualifications at interview.

Do you collate EDI data around recruitment and /or concerns information?

Yes
If yes, how do you use this information?' We have a recruitment equality monitoring form that we collect personal data from the employee, this includes and disabilities, religion, ethnicity and other personal information.

Section 8: Summary of comments and overall conclusion

Please use the table below to detail any additional information that you wish to share.

The appraisal and revalidation process is well embedded, with robust systems in place. The Responsible Officer is well supported in his role by the Medical Appraisal Lead and the Appraisal and Revalidation Coordinator. There are systems in place for peer support of appraisers and Quality Assurance of appraisals. The Trust continues to successfully implement the appraisal process and has achieved completed appraisals in 94% of doctors (97% of doctors if approved missed appraisals are excluded). During this year there were 31 doctors due for revalidation, with 25 positive recommendations were made to the GMC, and 6 recommendations for deferral was made. There were no recommendations for non-engagement. There are no areas of concern to escalate to the Trust Board.

Section 9: Statement of Compliance:
The Board of The Walton Centre NHS Foundation Trust has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body:

Official name of designated body: …The Walton Centre NHS Foundation Trust…….

Name: …Jan Ross……..

Role: …Chief Executive Officer……..

Date: ……5/10/23……..