Public Trust Board Meeting

Thursday 1st September 2022

Agenda and Papers

Dignity Respect Pride Openness Caring

Excellence in Neuroscience

PUBLIC TRUST BOARD MEETING
Thursday 1 September 2022
Boardroom
09:30am - 1.00pm

v = verbal d = document p = presentation

Item	Time	Item	Owner	Purpose
1	09.30	Welcome and Apologies (v)	Chair	N/A
2	09.30	Declaration of Interests (v)	Chair	N/A
3	09.35	Minutes and action log of meeting held on 7 July 2022 (d)	Chair	Decision
4	09.40	Patient Story (v)	Chief Nurse	Information
STRATEGIC CONTEXT				
5	10.00	Chair and Chief Executive's Update (v/d)	Chief Executive Officer	Information
6	10.15	Trust Strategy 2022-25 and Launch (d)	Medical Director	Decision
7	10.30	Communications and Marketing Strategy Update (d)	Chief Executive Officer	Assurance
8	10.45	Social Value Projects (d/p)	Chief People Officer	Information
INTEGRATED PERFORMANCE REPORT				
9	11.00	Integrated Performance Report (d)	Chief Executive Officer	Assurance
10	11.05	Business Performance Committee: Chair's Assurance Report (d)	Committee Chair	Assurance
11	11.15	Quality Committee: Chair's Assurance Report (d)	Committee Chair	Assurance
11.25 BREAK				
WORKFORCE				
12	11.35	Investors in People Health and Wellbeing Award (d/p)	Chief People Officer	Assurance
13	11.55	Workforce Race Equality Standard (d)	Chief People Officer	Assurance
14	12.05	Workforce Disability Equality Standard (d)	Chief People Officer	Assurance
GOVERNANCE				
15	12.15	Trust Constitution (d)	Corporate Secretary	Decision
16	12.25	Well Led Review (d)	Corporate Secretary	Decision
17	12.30	Board Cycle of Business (d)	Corporate Secretary	Assurance
CHAIR'S ASSURANCE REPORTS FROM BOARD COMMITTEES				
18	12.35	Audit Committee Chairs Assurance Report (d) 18 July 2022	Committee Chair	Assurance
19	12.40	Charity Committee Chairs Assurance Report (d) 22 July 2022	Committee Chair	Assurance
20	12.45	RIME Committee Chairs Assurance Report (d) 6 July 2022	Committee Chair	Assurance
CONSENT AGENDA				

Item	Time	Item	Owner	Purpose
Subject to Board agreement, the recommendations in the following reports will be adopted without debate: • Guardian of Safe Working Report (d) • Equality Diversity & Inclusion Annual Report (d) • Sustainability Plan (d)				
CONCLUDING BUSINESS				
21	12.50	Any Other Business (v)	Chair	Information
22	12.55	Review of Meeting (v)	Chair	Information

Date and Time of Next Meeting: 9.30am, 6th October 2022, Boardroom, The Walton Centre

<p style="text-align:center">**UNCONFIRMED**
Minutes of the Public Trust Board Meeting
Meeting held via Microsoft Teams
7th July 2022</p>

Present:

Max Steinberg	Chair
Karen Bentley	Non-Executive Director (NED-KB)
Paul May	Non-Executive Director (NED-PM)
Su Rai	Senior Independent Director (SID)
David Topliffe	Non-Executive Director (NED-DT)
Ray Walker	Non-Executive Director (NED-RW)
Mike Burns	Chief Financial Officer (CFO)
Mike Gibney	Chief People Officer (CPO)
Andy Nicolson	Medical Director (MD)
Jan Ross	Chief Executive (CEO)

In attendance:

John Baxter	Corporate Governance Officer (CGO) (minutes)
Katharine Dowson	Corporate Secretary (CS)
Nicola Martin	Deputy Chief Nurse (DCN) (deputising for CN)
Cathy Stoneley	Neurovascular Advanced Nurse Practitioner (NANP) (item 4 only)

Observers:

Elaine Vaile	Communications and Marketing Manager (CMM)

Apologies:

Lisa Salter	Chief Nurse (CN)
Lindsey Vlasman	Chief Operating Officer (COO)

1   Welcome and apologies

1.1   Apologies were received as above. The Chair welcomed everyone to the meeting.

2   Declarations of interest

2.1   No declarations of interest in the agenda were made, no new declarations were recorded.

3   Minutes of the meeting held on 9th June 2022

3.1   A number of minor amendments had been requested by NED-RW and NED-KB prior to the meeting. Following completion of these amendments the minutes of the meeting held on 9th June 2022 were approved as an accurate record of the meeting.

3.2   NED-RW clarified that with regards to paragraph 10.1 it had since been clarified in Quality Committee that the Never Events and Serious Incidents highlighted in the CQC Insight report would be reported on for another twelve months.

<p style="text-align:center">1</p>

| 3.3 | NED-RW also updated that further to paragraph 10.4 NED-RW, DCN, CEO and MD were working on a process for reporting Never Events and all Never Events would be reported to Quality Committee and escalated to Trust Board from there. |

Action tracker

| 3.4 | Action ref 11 would be presented later on the agenda under item 13 and was closed for removal from the tracker. |

4   Patient Story

| 4.1 | NANP joined the meeting to provide a presentation regarding the patients road to recovery from subarachnoid haemorrhage (SAH). An overview of the cause of subarachnoid haemorrhage was provided and it was reported that the Trust treated approximately 150 SAH patients per year. Published guidelines provide complex advice about the medical management of SAH however they often fail to address the psychological, social and practical needs of patients following discharge. |

| 4.2 | A patient and public involvement project was initiated within the Trust in 2007 to address the holistic needs of the patient and the 'Road to Recovery' training course was introduced following the completion of this project. An overview of the contents of the course was presented and it was highlighted that the course was continually developed and adapted to ensure it meets the needs of patients and their families and was now being adopted nationally with online virtual courses available. |

| 4.3 | Feedback received from patients and their families had been very positive and a project was underway to explore the potential for a similar course to be delivered for arteriovenous malformation (AVM) patients. |

| 4.4 | SID queried if patient families were involved and it was confirmed that family members could accompany the patient on the course. Whilst social distancing was in place there had been a limit of one family member however this had previously been four family members. SID questioned if consideration had been given for a different course for family members and it was stated that patient and family feedback had not been supportive of this. It was recognised that the course was a good example of engaging and including families with changes made to the course following feedback. The course had been amended to include a number of different aspects such as diet, exercise and smoking cessation information as it has progressed. |

| 4.5 | NED-DT suggested that the course may highlight patients who require ongoing treatment and assistance and queried how that would be followed up. NANP informed that the team saw all first follow ups for a holistic review and patients would then be referred back to the Cheshire and Mersey Rehabilitation Network if further input was required and highlighted that Nurse support was available at every session. |

| 4.6 | NED-RW questioned if the Trust was able to track who accessed the programme and it was confirmed that this data was tracked. This data could be mapped against deprivation score data to review what factors prevent attendance and ensure nobody missed the opportunity to participate. |

| 4.7 | NED-PM recognised on behalf of the Board the skill, impact and consistency of the work involved and wished to record thanks to NANP and the team for all their work. |

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The Board recorded thanks to NANP for sharing their story.

5   Chair & Chief Executive's Report

5.1   The Chair provided an update from the recent NHS Professionals Chair and Chief Executive meeting which had been attended by the Secretary of State for Health and Social Care. It had been highlighted at the meeting that NHS spending levels had been the highest ever and additional funding would not be available. It was also discussed that there would be closer working links between GPs and hospitals and plans were also to be introduced to ensure leadership was valued in the NHS.

5.2   The Chair updated that some of the Integrated Care Board (ICB) arrangements such as the Partnership Board were still in the process of being implemented.

5.3   It was recognised that backlog maintenance continued to be a major issue and a half day session to review this would be held on 21st July, the Chair would report back following this session.

5.4   The Council of Governors meeting was held on 14th June and a series of onsite meetings had been organised across the summer for Governors to discuss how they wish to interact with Non-Executive Directors. Governors would also be given the opportunity to be shown around the new Lipton ward area. It was also noted that nominations for Governor's elections were due to close on 11th July and a number of nominations had already been received.

5.5   The Chief Executive informed that the new Health and Social Care Act had been introduced on 1st July. The Trust would continue to stay engaged in the process as the Integrated Care System (ICS) was fully established.

5.6   The Right Honourable Steve Barclay MP had been appointed Secretary of State for Health and Social Care on 5 July 2022.

5.7   Positive Covid infections were rising across the community and the Trust had reintroduced mask wearing in clinical areas. It was recognised that the biggest impact for the Trust currently was staff sickness, with the peak of infections expected towards the end of July. Pressures on urgent care services were increasing across the region and winter planning was underway. It was noted that no guidance had been received regarding a potential winter Covid vaccination programme. Planning for flu and monkey pox vaccination programmes were also underway.

5.8   There was a national push regarding long waiters and the Trust was on target to eliminate 104 week waiters by the end of July. The focus would then move to 78 week waiters and it was recognised that there remained validation work to be completed on this cohort.

5.9   There had been two whistleblowing concerns raised to the Care Quality Commission (CQC) during June and this would have an impact on the Trusts CQC Insight report. The concerns were from two different areas and both regarding staffing levels and skills mix. The Trust had responded to both concerns and it was recognised that a number of internal processes for escalation were in place, however these concerns had been made direct to the CQC. A plan to support the leadership in these areas would be reviewed. NED-RW queried the

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process for reviewing why staff didn't utilise internal escalation processes and it was clarified that this would be reviewed via Quality Committee and the Trust would continue to work closely with their CQC Engagement Manager and feedback following any concerns.

5.10   NED-PM queried how the Trust keeps a track of award successes and events attended by Trust staff for promotion across social media platforms and it was highlighted that CMM had met with clinicians and requests had been made for clinical staff to keep the communications team informed of any events or awards.

5.11   SID questioned if mutual aid had been put on hold and CEO confirmed that an initial approach to the Trust for support had been declined as the Trust was unable to accommodate the request at the time, however discussions around mutual aid and alternative support had continued.

The Board noted the verbal updates.

6   **Chairs Reflections of First Three Months and Aspirations**

6.1   The Chair informed that they would discuss their reflections with the Non-Executive Directors in the coming weeks and then report back.

The Board noted the verbal update.

7   **Trust Strategy**

7.1   MD presented the Trust strategy and highlighted that the main amendment since the previous month was a difference in the formatting of the cross-cutting themes and enabling strategies. There had previously been some discussion around the production of a single page summary of the strategy and it was confirmed that this would be produced following approval of the strategy. Work was underway to develop an implementation plan and this would be presented to the September meeting.

7.2   A programme of Talking, Engagement, Action (TEA) sessions had been introduced across the Trust with the first session to be held on 11th July. A member of the Executive team would be in attendance at each session and present a broad outline of the strategy and listen to staff feedback.

7.3   Feedback regarding the Equality Impact Assessment had been received and this would be amended to include the positive impact of this strategy on those with protected characteristics.

7.4   CEO recognised the hard work of all involved to get to this point and MD highlighted that the main difference in developing this strategy was the enhanced level of engagement undertaken with staff and stakeholders.

7.5   The Chair informed that the aim was for the final public version of the strategy to be published on 1st September and highlighted the work required to ensure staff feel ownership of the strategy.

The Board approved the Trust Strategy.

8   **Board Assurance Framework Quarter 1**

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

8.2   Two risks that had previously been assigned to Trust Board had since been reassigned to RIME and BPC with the Board retaining overall ownership for all strategic risks. It was recognised that further work was required regarding linked operational risks.

8.3   The risk appetite assigned to each strategic risk was now much more variable because the new strategy had set ambitious goals which may require a greater degree of risk taking to achieve.

8.4   NED-DT highlighted that the table outlining the proposed strategic objectives and principle risks required review to ensure clarity and it was clarified that this table would be removed in light of the revisions to the Trust Strategy.

8.5   NED-PM commented that the evidence in BAF risk 8 demonstrated a high degree of quality and success compared to other risks such as BAF 9 Research and Development where there was much more to be done. The risk score for both was 12 (4 consequence x3 likelihood). CS replied that risk 8 was about the development of a new national offer for neurosciences not about business as usual which was why the risk was 12; this risk was about not delivering the strategic ambition to become a leader in neurosciences education. CPO added that that discussion was required around how to resource and strengthen leadership in research and development.

8.6   CS informed that the risk management strategy was currently under review and would be presented to the Audit Committee in October. Operational risk registers would continue to be discussed at the associated Board Committees and work was underway to map these against cycles of business to ensure they were reviewed in Committee after divisional and executive scrutiny. This would be communicated later in the year. NED-RW stated that it would be useful to know where each risk was reported to provide confidence that the appropriate risks were being reported to each committee and it was confirmed that work to align this was underway as part of this piece of work.

8.7   SID reported that Audit Committee had an overarching view of risk governance and risk governance controls had been audited by Mersey Internal Audit Agency (MIAA) in quarter 1 who had provided good feedback. The final audit report would be presented to Audit Committee in July and this would then be fed back to the Board.

The Board approved the Board Assurance Framework for quarter 1.

9   Integrated Performance Report

9.1   The CEO informed that check and challenge of the Integrated Performance Report (IPR) had been undertaken at Board Committees and the Chairs of the relevant Committee would present this as part of their assurance reports. Work was underway to review and update the content of the IPR and an overview of proposed changes would be presented at a future meeting. There remained challenges regarding achieving the required activity to receive Elective Recovery Funding (ERF) due primarily to COVID-19 impacting staff sickness levels which in turn impacted mandatory training and Personal Development Review (PDR) rates.

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9.2   NED-DT as Chair of BPC highlighted that an additional group of long waiters had been identified in early June as part of the transfer of spinal services from Liverpool University Hospitals Foundation Trust (LUHFT) and this had included eleven patients waiting more than 104 weeks. This patient list had been clinically reviewed and 104week waiters included into revised schedules. It was also recognised that this would impact on other waiting lists.

9.3   All cancer treatment and diagnostic targets continue to be achieved and patient flow and outpatient transformation indicators remained strong.

9.4   Sickness absence had increased, this was due to Covid related absences increasing. An action plan had been developed regarding PDRs and improvements had been noted with a target for a return to target levels by August.

9.5   A deep dive into Nursing turnover rates had been presented to BPC and it was reported that vacancies remained low. Nursing turnover was approximately 15% on average however this did not equate to vacancy gaps. Benchmarking had been undertaken which showed that the Trust was not an outlier when compared regionally or nationally.

9.6   Income and expenditure outcome was ahead of plan, however performance against the Elective Recovery Fund (ERF) target was behind plan. Capital allocations had been agreed and it was recognised that capital spend for 2022/23 needed to begin.

9.7   Compliance against the Better Payment Practice Code had reduced during May and an improvement plan would be presented to Audit Committee in July. There had been a big focus on improving payment times during Covid, this had been included within the IPR and would continue to be reported going forward.

9.8   NED-RW updated on discussions held at QC and reported that there had been no Catheter Associated Urinary Tract Infections (CAUTI) recorded in month and no falls with moderate or severe harm.

9.9   One device-related pressure ulcer was recorded in month and a review of this was underway. It was highlighted that there had been a reduction in surgical site infections and this was within normal levels of variation. Reductions in Clostridium Difficile and Methicillin-Susceptible Staphylococcus Aureus (MSSA) infections had been recorded and this was in line with the national average.

9.10   Ten complaints had been received in month and it was reported that there had been a review of the number of re-opened complaints and this would now be an area of focus. The number of Friends and Family Test responses was reported to be above the national average for data reported.

9.11   There was some discussion around the volume of international recruitment and it was clarified that this programme had gone well with the Trust now in a position to offer 28 roles to other Trusts as mutual aid.

The Board noted the Integrated Performance Report

10   Business Performance Committee Chair's Assurance Report

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10.1   NED-DT updated that the BAF had been reviewed in detail and it was highlighted that BPC had been assigned as the lead assurance group for seven of the twelve principal risks.

10.2   Feedback regarding the Sustainability Plan had been received from BPC, Trust Board and NHS England, and this would be included in the implementation plan moving forward.

10.3   The Informatics team continue to gain external qualifications and professional registration and it was highlighted that data quality within the Trust was now one of the highest in the NHS achieving a Data Quality Maturity Index (DQMI) rating of 98.1%. The clinical audit team also met all mandatory and advisory levels of accuracy in the latest internal audit.

10.4   There had been an increase in the number of requests under the Freedom of Information (FOI) Act and an increase in the complexity of requests, however 100% of requests were responded to within the required timescales and it was recognised that there had never been a breach within the Trust.

The Board noted the Business Performance Committee chair's assurance report.

11   Quality Committee Chair's Assurance Report
11.1   NED-RW reported that the Pharmacy and Medicines Management annual report had been presented which was a very comprehensive and positive report. The controlled drugs accountable officer annual report was also presented which provided assurance and no concerns were noted.

11.2   The National Inpatient Survey action plan for 2020 was reviewed and it was agreed that this would be closed and any outstanding actions transferred to the action plan for the results of the 2021 National Inpatient Survey when the currently embargoed results were published.

11.3   Work around clinical audits and National Institute for Health and Care Excellence (NICE) guidance assessment activity was underway in both Divisions with a good process for moving forward in place.

11.4   The risk register was reviewed and it was recognised that a significant amount of work had been undertaken by the risk team however they were dependant on the operational governance teams to ensure that the quality of controls were reflected in the risk registers.

The Board noted the Quality Committee chair's assurance report.

12   Major Incident Plan
12.1   The Chair informed that the Trust was required to adopt a Major Incident Plan and highlighted that the plan did not include learning from the recent incident at Liverpool Women's NHS Foundation Trust (LWH) as this was still being compiled for all Trusts to implement.

12.2   CEO stated that the Major Incident Plan process was dictated by NHS England using the Emergency Preparedness, Resilience and Response (EPRR) route; this was very prescriptive on how the plan was to be presented at Board level and to what timescales. This meant that the plan required approval prior to the Trust EPRR Lead starting in post. It was recognised that the plan could be enhanced with additional feedback as more

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guidance was published such as learning from the LWH incident and lessons learned from Covid.

12.3 A number of tests of the plan had been undertaken which had aways worked well. If no real life testing of the plan was required within a twelve month period then a mock test was performed.

12.4 NED-RW stated that there was no learning from the LWH incident included in the plan which could leave the Trust exposed. CEO informed that the immediate concerns raised from the incident were covered in the plan and this would be referenced further and enhanced as regional guidance was published.

12.5 SID queried when the last test was undertaken and how well the Trust had performed and it was confirmed that a number of tests of the plan had taken place in the last year that ranged from wide ranging tests to desktop testing and specific testing on smaller elements of the plan to ensure the Trusts response was robust.

12.6 CS highlighted that a regional review had been undertaken by NHS England to ensure that there were no gaps and feedback from this was being awaited.

12.7 NED-PM questioned if there was much overlap between the Major Incident Plan and the Major Trauma Centre Plan and it was confirmed that there was some overlap however each plan was tested separately, with results being shared to the Major Trauma Centre Board.

12.8 It was confirmed that links would be made with other strategies and plans and if approved the plan would be published on the Trust website and communications issued to all staff.

The Board approved the major incident plan.

13 **Review of COVID-19 Board Emergency Powers**

13.1 CS presented a proposal for formal agreement to end COVID-19 related emergency powers and revert to agreed Standing Financial Instructions and Scheme of Reservation and Delegation policies. Emergency powers had previously been agreed and implemented during COVID-19 following recommendations made by NHS England and NHS Improvement however the Trust now considered that it had restored services to pre-COVID-19 arrangements.

The Board approved the ending of Board emergency powers.

14 **Non-Executive Director Champion Roles**

14.1 CS informed that a review of Non-Executive Director Champion roles had been undertaken against NHS England and NHS Improvement guidance which had proposed a standard approach within each Trust. The report detailed the recommended Champion roles undertaken by each Non-Executive Director and guidance regarding each Champion role. The report proposed that the guidance was followed which aligned to current Trust practices and there would be no requirement to amend any NED responsibilities as a result.

The Board noted that guidance and approved the proposal regarding Non-Executive Director Champion roles.

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15   **Audit Committee Chair's Assurance Report**

15.1   SID provided an update from the Audit Committee meeting held on 20th June 2022 and highlighted that the Trust had received an unqualified audit opinion and the value for money audit had been completed in advance of the submission date. The external auditors had reported that the audit process had been smooth throughout the year.

15.2   The final accounts for the Trust had been submitted and had been laid before parliament. These would now be presented to the Council of Governors and Annual Members Meeting in September.

The Board noted the Audit Committee chair's assurance report.

16   **Update on Financial Plan 2022/23**

16.1   CFO presented an update on financial planning for 2022/23 and reported that ICS financial plans submitted to NHS England and NHS Improvement in April 2022 had been rejected due to the outstanding deficit that remained. This resulted in a requirement for updated financial plans to be submitted at the end of June with an expectation of a break-even position for the ICS. The deficit was allocated to all organisations using a methodology covering a number of areas. The final result was a requirement for the Trust to deliver a surplus of £2.868m at the end of 2022/23.

16.2   A breakdown of key assumptions utilised in formulating the plan was provided and it was highlighted that assumptions around Cost Improvement Plans (CIP) and ERF delivery were challenging. The Trust had initially submitted a plan to deliver a surplus of £1.4m which would be released to the ICS and it was reported that since this submission the Department of Health had recognised the inflationary process and allocated an additional £0.8m of additional funding.

16.3   There remained unidentified efficiencies of £40m across the ICS and this had been allocated across Trusts using three different streams. The Trusts allocated share was £2m which would have resulted in the Trust needing to deliver a surplus of £4.2m.

16.4   The total allocation of unidentified efficiencies for Specialist Trusts was £7.9m and this was reviewed by the Specialist Trusts who proposed a plan to allocate efficiency requirements differently to the ICS plan while still delivering the required savings. This meant the Trust was allocated a share of £0.7m giving an updated surplus requirement of £2.9m which was recognised as being the largest percentage surplus requirement within the ICS.

16.5   The Trust had received an initial capital allocation of £4.4m however additional capital funding had since been allocated which had mitigated some of the risks around capital planning.

16.6   The updated financial plans had now been submitted to the ICS and it was recognised that there remained risks with the financial plan and non-recurrent mitigations had been built into the plan to assist however this was the same for all providers across the system. ERF allocations would not be known for up to eight months after planning and there were also some concerns around changes to the criteria for accessing ERF.

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16.7   SID commented that activity would be a big issue for the Trust and although inflationary pressures were built into the financial plan these continued to increase. Staff pay increases would also impact on the financial plan and it was recognised that non-recurrent CIP would not be sustainable.

16.8   NED-DT recommended focussing on costs, activity and CIP plans that the Trust had committed to and if these were met the Trust would be able to deliver what it had set out to deliver. However, the difficulty would be for the Trust to deliver what is set out in the new Trust Strategy and how this would be funded. NED-DT also felt that there was value in exploring the potential for developing a mid-term finance plan as recommended by external auditors.

16.9   NED-RW highlighted the requirement to manage the culture of CIPs, the gaps in schemes, the confidence to deliver identified schemes and ensure Quality Impact Assessments (QIA) were undertaken and completed. CFO informed that the financial plan would be presented to BPC on 26th July and CIP schemes would be reported and monitored by BPC. A review of departmental budgets was underway and the need for recurrent CIP schemes was recognised. A process was in place for the completion of QIAs and these were all signed off for completion by MD and CN. These would be presented to QC for monitoring if any risks were highlighted.

16.10   NED-KB queried if the Trust did not meet the surplus required would it need to use cash reserves and CFO confirmed that cash reserves would not need to be used however the Trust would reforecast the financial plan if required.

The Board approved the updated financial plan for 2022/23.

17   Consent Agenda
17.1   The Board agreed the following actions in relation to each Consent Agenda item:
- **Pharmacy and Medicines Management Annual Report** – noted the pharmacy and medicines management annual report.
- **Controlled Drugs Accountable Officer Annual Report** – approved the controlled drugs accountable officer annual report.
- **Risk, Governance and Patient Experience Annual Report** – noted the risk, governance and patient experience annual report.
- **Medical Revalidation Annual Report** – noted the medical revalidation annual report.
- **Medical Education Annual Report** - noted the medical education annual report. NED-RW highlighted the positive feedback regarding medical education and NED-PM would discuss positive communications around this with CMM.

18   Any Other Business
18.1   NED-PM updated that the RIME Committee had met on 6th July and a working group had been formed to review the function of the committee. The working group had reported back initially to RIME and the proposal was likely to have a positive benefit of the function of RIME. Feedback received following the review of medical education had been positive and it was reported that a Research Manager had been appointed.

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18.2 There were some challenges regarding Neuroscience Research Centre (NRC) finance and there was a need to increase recruitment to research studies and also to produce an action plan regarding the increase in finance deficits.

18.3 SID stated that they had recently attended the North West Black, Asian and Minority Ethnic (BAME) Assembly and queried how this agenda fed into research. NED-PM highlighted that there was profound gender progression discrimination within research staff and this was worse for BAME staff. Work was underway to address issues relating to gender across the region and it was recognised that a lot of work was required around BAME staffing.

18.4 CPO informed that the Cheshire and Mersey Clinical Research Network (CRN) was focussing on models of engagement within regional meetings with new models of working implemented by the Innovation Agency and CRN. The CRN was also exploring the potential to join with the Manchester CRN which would make this the largest in the country.

19 Review of Meeting

19.1 Those present agreed the agenda covered a lot of ground, that the meeting was open, strategic and well chaired with a good level of debate. Discussion and participation had changed with Board members more involved and more strategic.

There being no further business the meeting closed at 12.40

Date and time of next meeting - Thursday 1st September 2022 at 09:30 Boardroom

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

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TRUST BOARD
Matters Arising Action Log
September 2022

   	Complete & for removal
   	In progress
   	Overdue

Actions for Completion

Date of Meeting	Item Ref	Agenda item & action	Lead	Update	Deadline	Status
7th July 2022	17	**Medical Education Annual Report** NED-PM to discuss communications regarding the positive feedback received regarding medical education with the Communications and Marketing Manager.	NED-PM		September 2022	

Report to Trust Board
1 September 2022

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

Since the last Trust Board the political environment has remained interesting with a leadership race taking most of the national agenda. Inflation continues to place pressure on public services and its staff. NHS operational pressures have remained high with further COVID-19 impacts, a heatwave and high urgent care demand, as well as elective recovery challenges.

- Political instability
- Continued Operational Pressure
- Pay offer
- Winter planning
- Ambulance turnaround times
- Recovery and restoration

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

1. Operational pressures have remained high with further COVID-19 impacts, a heatwave and high urgent care demand. We continue to see ambulance handover delays and increasing demand on urgent care. NHSE winter planning has been submitted in the last few weeks, the focus on flu and covid booster vaccinations is a key element.

2. Elective recovery remains a key national focus. The expectation was that all 104 week waiters would be eradicated by July 2022. A letter from NHS England (NHSE) outlines the expectation for patients who have waited more than 78 weeks, suspected cancer patients waiting longer than 62 days and an integrated approach between elective and cancer treatments.

3. The NHS pay offer is causing significant concern nationally. There is concern that the government's decision on pay uplifts is not enough to keep pace with cost of living and runs the risk of industrial action and further financial pressure on staff. There is also concern over the financial impact of the pay deal on Trusts. The majority of unions are in the process of balloting their members.

Cheshire & Merseyside Integrated Care System (ICS)

4. At a Cheshire and Mersey level the pay deal and cost of living crisis is also a key concern. The Walton Centre (TWC) is currently working through the expected impact and are working closely with the ICS on expected information and solutions regarding travel expenses. We have also engaged with the Joseph Rowntree Foundation to establish what staff would want as a means of support.

5. The Liverpool clinical services review was awarded to Carnall Farrar and the CEOs and Chairs attended a launch meeting at the beginning of August 2022, where the objectives, timeframe and approach were presented. Carnall Farrar are in the process of the "Discovery phase" which includes interviews with key stakeholders, attendance at Trust Executive meetings and a survey to senior managers. A workshop is planned for September 9th to feedback the key messages from the data analysis.

6. Liverpool University Hospitals Foundation Trust (LUHFT) experienced a fire at Aintree Hospital which resulted in patients being evacuated from their Intensive Treatment Unit (ITU) into theatres. TWC offered support through various networks with some critical care mutual aid.

7. LUHFT plan to move into the new Royal Hospital building in September. There are coordinated plans between LUHFT and the Liverpool Place / ICS regarding the move and the potential impact on other parts of the health and social care system. It is recognised that the offers of mutual aid within the winter plans of the Specialist Trusts could be required during this period.

Covid-19

8. This remains a concern both nationally and regionally, however we have seen a reduction in the overall numbers as we moved into August. In July we had five patients admitted with

Covid and there was an increase in staff absence but this has improved in August. There are currently three patients in the Trust with Covid. As a consequence of the reduction in numbers, we have agreed that masks are no longer needed unless clinically required.

9. The George Cross was awarded to NHS staff in July following 74 years of the NHS and for exceptional efforts during the covid pandemic. The Trust are recognising this by purchasing and positioning these in the entrance of each building.

10. The first draft of the Trust Winter Plan has been approved at executives and shared with NHSE for further comments, there is a strong focus on mutual aid and supporting Urgent and Emergency Care.

Trust Update

Starters & Leavers

11. There have been no new Consultant Appointments.

12. There have been seven new appointments within the Divisional teams:

   a. Jen Duffy -Divisional Director of Operations for the neurology division
   b. Rebekah Phillips - Associate Director of Operations
   c. Sarah Flynn – Divisional Nurse neurology
   d. Sarah Griffiths – Divisional Nurse neurosurgery
   e. Emma Denby – Divisional Manager neurosurgery
   f. Sam Holman – Divisional Manager neurosurgery
   g. Jo Callander – Divisional Manager neurology

Trust Strategy

13. The final Trust Strategy document and launch plan is on the agenda for this Trust Board meeting. Since the previous Trust Board there have been updates to staff groups who were involved in the initial engagement sessions, which have been received positively.

14. The TEA (Talking Engagement Action) sessions have taken place over the summer, open to all staff. Each session was introduced by a member of the Executive team with an overview of the new Trust Strategy.

Branding and Marketing

15. A mew Communications and Marketing Substrategy is currently in development with a new approach by the Trust to brand and profile and post-Covid reflections. It has been slightly delayed due to the development of the new Trust Strategy which included communications and marketing as an enabling strategy.

16. It is to be noted that significant sections of a Communications and Marketing Substrategy and delivery plan will rely on support from other departments and teams within the organisation, and a general buy-in of the change in focus and brand narrative of the Trust.

17. The Trust is in the process of procuring a branding and marketing company to support.

Estates & Facilities

18. The Heating and Pipework project remains on track and we have now commenced phase 5 of the project, this phase includes the old Lipton ward, Neurophysiology, Therapies and Radiology and any issues or concerns will be picked up as part of the Heating and Pipework group which is chaired by the Chief Operating Officer.

19. The Bed Repurposing project has now moved into the next phase, the new Lipton and Caton short stay unit is now completed and open for patients, and the new Rapid Access Neurology Assessment (RANA) work has been commenced.

20. There are three planned Estates capital projects for this year which include the air handling units, the CCTV and security upgrade and the Critical Care ponta systems (the structures behind the beds that hold the monitors and electrical supply).

21. The Trust submitted its Sustainability Plan to NHSE in January 2022 and has now received feedback and developed the next steps which are on today's agenda.

Business as Usual

Quality

22. Cairns ward has achieved a gold status and Lipton ward maintained their silver status in their ward accreditation. The new process has stretch targets and the team are now working hard to achieve their gold status.

23. UKHSA (UK Health Security Agency) visited the Trust 3rd August 2022 following some pseudomonas infections earlier in the year. The team were impressed regarding work that had been undertaken to manage water safety to manage risk. No improvement work was suggested following this visit and asked if the Trust could showcase work completed to date.

Finance

24. The Trust continues to deliver to its Income & Expenditure (I&E) financial plan year to date and is striving to deliver challenging Elective Recovery Fund (ERF) and Cost Improvement Programme (CIP) targets in the rest of the financial year in order to deliver its full year plan of £2.9m. Capital expenditure remains behind plan (£0.9m) with Digital Aspirant funding forming the majority of spend, however the prioritisation process for capital expenditure has been progressed and schemes have been identified that will now be able to move to business case approval and start to spend.

25. At month 3 the north west is showing an overall adverse variance to plan of £49m, with Cheshire & Merseyside (C&M) being £5m behind plan. The plan is to deliver a balanced position at the year end and work continues to ensure this is delivered. Capital expenditure is currently £13.8m behind plan. There are a number of trusts not achieving the Better Payment Practice Code (BPPC) despite having adequate cash balances. CIP is currently £3.5m behind plan with recurrent being adverse against plan and non-recurrent being

positive against plan. Forecast recurrent CIP is well behind plan and work is needed to close this gap.

26. Work is being carried out to triangulate beds, Whole Time Equivalent growth and pay growth in year given the reduction in overall bed capacity in the north west The pay award uplift (1.66%) will be reflected in contract uplifts and this will also be reflected in Wales to ensure that Trusts can cover the element that relates to Welsh commissioners. As a result of the additional funding to cover in-year inflationary pressures, NHSE have confirmed that agency controls will recommence and that systems will be provided with a target to manage from the 2021/22 base line agency expenditure. This will start from September and will be reintroduced as a performance and monitoring target within the NHS Oversight Framework. For C&M the reduction is circa 19%. The maximum reduction set for systems nationally is 30%.

Performance

27. The Trust is in a good position for performance, all diagnostic and cancer targets have been achieved continuously throughout the Covid-19 pandemic and 104 week waits have now been eradicated.

28. Further planning guidance was received in July 2022 in relation to the recovery of elective service with next steps and with two new ambitions of elective recovery to focus on. The next two performance ambitions are:

- to return the number of patients waiting more than 62 days from an urgent referral for suspected cancer back to pre-pandemic levels (by March 2023)
- to eliminate routine elective waits of over 78 weeks (by April 2023), alongside increasing activity to above pre-pandemic levels.

The guidance is clear that these are the two areas of focus until April 2023 supported by:

- Patient initiated follow up
- Mutual Aid
- Reduction in Did not attend (DNA)

Recommendation

To note

Author: Jan Ross, Chief Executive Officer

Date: 22/08/22

NHS
The Walton Centre
NHS Foundation Trust

Report to Trust Board
1 September 2022

Report Title	The Walton Centre NHS Foundation Trust Strategy 2022 to 2025
Executive Lead	Dr Andy Nicolson Medical Director
Author (s)	Executive Directors Julie Riley, Deputy Director of Strategy
Action Required	To approve

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

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

Key Messages *(2/3 headlines only)*

- An ambitious but realistic strategy for the next three years which builds on and furthers the Trust's excellent reputation in neurosciences
- Developed using a fully inclusive approach
- Communications and engagement approach and key documents outlined

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

- Launch and share the strategy with staff, public and stakeholders

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
Executive away day and Trust Board development session	September 2021	Chair and CEO	To develop the strategy
Trust Board	December 2021	Chair and CEO	Agreement in principle
Trust Board	April 2022 May 2022 July 2022	Chair and CEO	Main ambitions agreed and to move to completion

The Walton Centre NHS Foundation Trust Strategy
2022 to 2025

Background

1. The Board approved the Trust Strategy in principle in July 2022, pending the production of the final public document and supporting communications approach. These have now been completed and are included in this paper in the following appendices:
   - Trust Strategy Document – Appendix 1
   - Trust Strategy Summary – Appendix 2
   - Trust Strategy Poster – Appendix 3

2. The Trust Strategy sets out the ambitions for The Walton Centre to continue its journey to maintain its outstanding rating as both a regional and national centre. The strategy aligns with national, regional and local healthcare system plans, including acute and primary care services, along with the voluntary and third sector and social care. The Strategy reflects the changes set out in the Health and Care Bill 2022 and the establishment of an Integrated Care Board (ICB) for the Integrated Care System (ICS) in Cheshire & Merseyside. The Strategy will align to the ICS as well as more local place-based plans and to the strategies of its wider catchment area into North Wales and the Isle of Man.

3. Covid-19 has dominated the provision of healthcare since March 2020. As the Trust moves into living with Covid, there is a need to focus on the recovery of elective services and the inevitable backlog and longer waiting lists. It is therefore more important than ever to work collaboratively as part of the health and social care system, for the benefit of the population as a whole. One of the main drivers of the development of the ICS is to address health inequalities, which has been highlighted in the 10 year review of the Marmot report (2020). This is of particular relevance as some of the most deprived boroughs in England, but also some of the widest health inequalities are local to the Trust.

The Strategy

4. The strategy covers three years from 2022 to 2025 which reflects the pace of change in the NHS due to the Covid-19 pandemic and the changes to healthcare infrastructure described above. High quality patient and family care remains at the forefront of the strategy alongside the following ambitions to grow and develop the Trust to meet the current and future needs of the patients and communities it serves.

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

6. Beneath this there are seven enabling Substrategies which cut across all components of this strategy:

- **Quality** – Ensuring the delivery of the highest quality of care to our patients and their families
- **People** – Committed to a safe, healthy and productive workplace that promotes diversity of thoughts, heritage and social background
- **Estates, facilities and sustainability** – Taking a multidisciplinary approach to ensuring that sustainability in estates and facilities is at the heart of our work
- **Finance and commercial development** – Maximising use of resources, improving productivity and developing market opportunities to deliver best value for the Trust and the wider system
- **Communications and Marketing** – Promoting our work as the only specialist neurosciences NHS trust and ensuring patients and staff receive the best quality information
- **Charity** – Supporting the work of the Trust through new opportunities and initiatives in particular digital fundraising
- **Digital** – Developing and implementing industry leading digital solutions for our patients and our people

7. All of the above will be underpinned by strategic implementation plans which will provide detail and action plans.

Communications and Engagement Plan

8. The agreed Trust Strategy has now been formatted into a final design (Appendix 1) alongside a summary document (Appendix 2) and a poster (Appendix 3). An outline PR plan is also attached as Appendix 4.

9. The objectives of the communications plans are:
- To raise awareness of the new Trust Strategy
- To communicate the plans and ambitions of The Walton Centre NHS Foundation Trust
- To inform stakeholders of the impact of the Trust's work across the region and the country
- To engage staff and patients in the strategy and its execution

10. External stakeholders will be sent the Trust Strategy and an interactive webpage will be established. Presentations will be made to the Council of Governors and at the Annual Members Meeting on 8 September 2022. Use will also be made of newsletters, podcasts and NHS publications.

11. The Strategy will be shared with Trust staff through email, drop-in sessions, posters, stalls, team meetings and through a specific launch event. These will be enhanced by introductory films from the Chair, Chief Executive and Medical Director and the use of all regular Trust communication channels.

Conclusion

12. The Trust Strategy has been developed over several months with engagement from internal and external stakeholders and is now ready to be shared in its final format with these groups. Careful consideration has been given to how to share this in the most effective way.

13. Focus now turns to the implementation of the Strategy and the development of the enabling substrategies which are now in development and will be considered by the Board in due course.

Recommendation

14. To endorse the Trust Strategy 2022-25 and approve the attached documents and approach to communicate the Strategy to stakeholders.

Author: Julie Riley
Date: 22nd August 2022

Appendix 1

The Walton Centre NHS Foundation Trust
Strategy 2022 to 2025

Contents

Foreword

The Walton Centre is the only specialist hospital trust in the UK providing comprehensive neurology, neurosurgery, spinal, pain management and rehabilitation services. Our three-year strategy sets out how we will continue to deliver excellent clinical outcomes and patient experience with our team of dedicated, specialist staff.

The strategy covers the three years from 2022 to 2025, and reflects the pace of change in the NHS due to the COVID-19 pandemic and the infrastructure changes brought about by the Health and Social Care Bill 2021.

At The Walton Centre, we place our patients and their families at the heart of everything we do. We are a national leader in neurology and neurosurgery, and are rated as 'Outstanding' by the Care Quality Commission (CQC). We have leading specialists and dedicated staff across our site in Liverpool, and offer a world-class service in diagnosing and treating injuries and illnesses affecting the brain, spine and peripheral nerves and muscles, and in supporting people with a wide range of long-term neurological conditions.

We serve an area of 3.5 million people across Merseyside, Cheshire, North Wales, the Isle of Man, and parts of Lancashire and Greater Manchester, and have service partnerships with 12 NHS Trusts across 19 hospitals and medical centres. Our 'Walton Clinic' model of care for neurology means that many patients are able to access outpatient consultations and some tests closer to home, through our clinics at these sites. Neurosurgery, highly specialised assessments and inpatient care is carried out at The Walton Centre itself.

Since our last strategy in 2018, we have grown, developed and innovated at pace. This includes being the first neuroscience centre in the region to provide a 24/7 thrombectomy service, and the introduction of the Rapid Access Neurology Assessment (RANA).

We have been recognised for our high-quality service, including achieving Tessa Jowell Centre of Excellence status for the care of patients with brain tumours, and recognition by Eurospine as a centre of excellence for spinal surgery. We have also received Anaesthesia Clinical Services Accreditation from the Royal College of Anaesthetists, Neuromuscular Centre of Clinical Excellence for Adults from the Muscular Dystrophy Campaign, and accreditation by UKAS (United Kingdom Accreditation Service) for the Neuroscience Laboratories.

This new strategy sets out how we will expand our services further and will continue to innovate, research and develop. We also highlight what the key initiatives will be over the next three years, and how we will further develop our services across our regions, as well as developing national neuroscience services.

We will work in partnership with the emerging Cheshire and Merseyside Integrated Care System (ICS), cementing our unique position as a key specialist partner within that system.

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

In developing this strategy, we involved staff from across the Trust, patients and families, the voluntary sector, support groups, our Governors and members, and representatives from partner trusts, primary care and the ICS. There has been positive engagement from staff and stakeholders, who clearly hold The Walton Centre dear to their hearts. We will continue to listen and engage, and use that feedback to further influence our plans as we implement our strategy.

Jan Ross
Chief Executive

Max Steinberg CBE
Chairman

About us

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

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

Our 'hub and spoke' clinical model means we have satellite clinics in multiple sites across our region, enabling patients to be seen closer to home by the most appropriate specialist, with an average of 180,000 patients per year seen in clinics. We have one of the busiest neurosurgical units in the country, and are partners in the Merseyside Major Trauma Centre Collaborative with our neighbouring trust, Liverpool University Hospitals NHS Foundation Trust. We also host the Cheshire and Merseyside Rehabilitation Network and the Cheshire and Merseyside Adult Critical Care and Major Trauma Operational Delivery Networks.

The hospital is five miles from the centre of Liverpool, in a purpose-built building which opened in 1998. We have 119 acute beds, 30 complex rehabilitation beds, 10 acute rehabilitation beds, and it is one of only a few centres in the UK with a dedicated, 20-bedded Neurocritical Care Unit. We are also one of a small number of trusts that has an intraoperative MRI suite, in addition to six other operating theatres. We have four additional high-resolution MRI scanners and two CT scanners, ensuring our patients have access to the best diagnostic facilities possible. We perform over 40,000 scans per year.

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

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

The Walton Centre Charity

The Walton Centre Charity supports the vital work of the Trust by investing charitable funds in areas and projects that enhance patient, family and staff experience, treatment and care.

The Charity focuses on four key areas

Improved environment and facilities for patients and their families

Innovation and new technology

Research and development

Enhanced staff training and wellbeing

Our vision

Excellence in Neuroscience

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

Our mission

Specialist staff working collaboratively to reduce health inequalities and achieve excellent clinical outcomes and patient experience.

The Walton Way

At The Walton Centre we are guided by clear values which were developed and are upheld by our staff.

These values include a learning culture that empowers staff to make and lead change, be curious and seek continuous improvement.

The Walton Centre serves an area of 3.5 million people

The Walton Centre is rated Outstanding by the CQC

Service partnerships with 12 NHS Trusts in the region

Our 'Walton Clinic' neurology model provides clinics at 19 hospitals and health centres in the region

The Walton Centre employs 1,500 members of staff

The Walton Centre hosts:
- Cheshire and Merseyside Rehabilitation Network
- Cheshire and Merseyside Adult Critical Care Network
- Major Trauma Centre Collaborative

The Walton Centre Welcome

180,000 patients per year seen across all our clinics

25,000 procedures carried out every year

119 acute beds, 30 complex rehabilitation beds, 10 acute rehabilitation beds
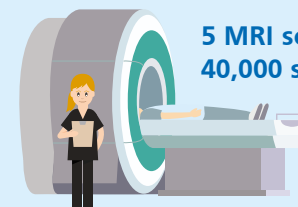
5 MRI scanners and 2 CT scanners, with 40,000 scans per year

The health landscape

The COVID-19 pandemic has had a huge impact on healthcare provision since March 2020, and has had a huge impact on healthcare provision. As we emerge from the pandemic, there needs to be a sustained focus on the recovery of clinical services and tackling the backlog of patients needing care and treatment. It is therefore more important than ever that the health and social care system works collaboratively, for the benefit of the population as a whole.

The NHS has demonstrated its resilience and adaptability during this unprecedented period. There has been increased collaboration between providers which has focused healthcare delivery to ensure equity of access. IT infrastructure has been significantly developed, such as in enabling remote consultations for patients during COVID restrictions. The benefits from these new ways of working will continue to be built on. We need to be responsive to patient needs and further adapt pathways to allow flexibility where clinically appropriate.

The Health and Social Care Bill 2021 set out the legislative changes needed to enable health and care to work more closely together, setting up Integrated Care Boards (ICB) across England. In our region, the Integreated Care System covers Cheshire and Merseyside, and is one of the largest ICSs in the country. The ICB will be responsible for delivering health and social care for the duration of our strategy.

> **The Cheshire and Merseyside Health and Care Partnership will serve a population of 2.7 million people, across nine boroughs, or 'places'.**

One of the main drivers of the development of the ICSs was to address health inequalities. This is a key issue in our region, which contains some of the most deprived boroughs in England and has some of the widest health inequalities.

There is a staffing crisis across the country in health and social care, especially in nursing which has over 40,000 vacancies across England. The Walton Centre is working hard to recruit and retain the best people, to remain an outstanding place to work, and to prioritise the health and wellbeing of our workforce.

Our strategy

The strategy comprises five strategic ambitions which will enable us to continue to deliver world-class care to our patients and their families:

Education, training and learning	Research and innovation	Leadership	Collaboration	Social responsibility

Underpinning these ambitions are seven enabling strategies:

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

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

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

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

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

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

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

Strategic ambitions

These five strategic ambitions outline the key direction for The Walton Centre and our focus for delivering the very best patient-centred treatment and care.

Leading the way in neurosciences education and training.

Education, training and learning

We are a national leader in neurosciences education and training, and aim to improve the quality of care for patients with neurological symptoms in all settings. We are one of the leading providers of medical education in neuroscience in the UK and beyond.

We have close links with universities in north west England and North Wales, and deliver training of the highest standard to the next generation of doctors, nurses and allied health professionals. Consistently excellent feedback is received from undergraduate medical students and in the General Medical Council (GMC) trainee survey.

Through our system leadership role in neurosciences, we will share our knowledge and expertise, and provide support to our colleagues. We will have closer clinical interaction with colleagues in the ICS, and will provide teaching sessions and learning packages.

We will continue to be involved in regional neuroscience conferences and will share our expertise at national and international teaching courses and conferences.

Our staff are trained to the highest level using the most up-to-date techniques and innovations to enable the best outcomes for patients.

We will expand national training opportunities in neurology including the Neuropodcases web resource and the NeuroPACES course for physicians in training.

❚❚ Over the coming years, our spinal team will develop a national hub for training in innovative, minimally invasive robotic and endoscopic spinal surgery. We are the first NHS trust to invest in a virtual reality simulator for neurosurgical training. We will expand the training opportunities that this provides to regional neurosurgical trainees and deliver national training courses.

How we will know we have succeeded

Develop advanced training modules for non-medical staff jointly with higher education institutions

Achieve year-on-year improvements in feedback in the GMC trainee survey

Expand delivery of undergraduate medical education

Establish national virtual reality training programme in neurosurgery and develop a national hub for training in robotic and endoscopic spinal surgery

Lead and deliver a national neuroscience conference

Develop non-medical consultant posts

We will continue to provide training and further education opportunities, such as advanced modules in rehabilitation, developed in collaboration with local higher education institutions.

By investing in education and training, we will attract the best staff to work with us and ensure we have a workforce fit for the future.
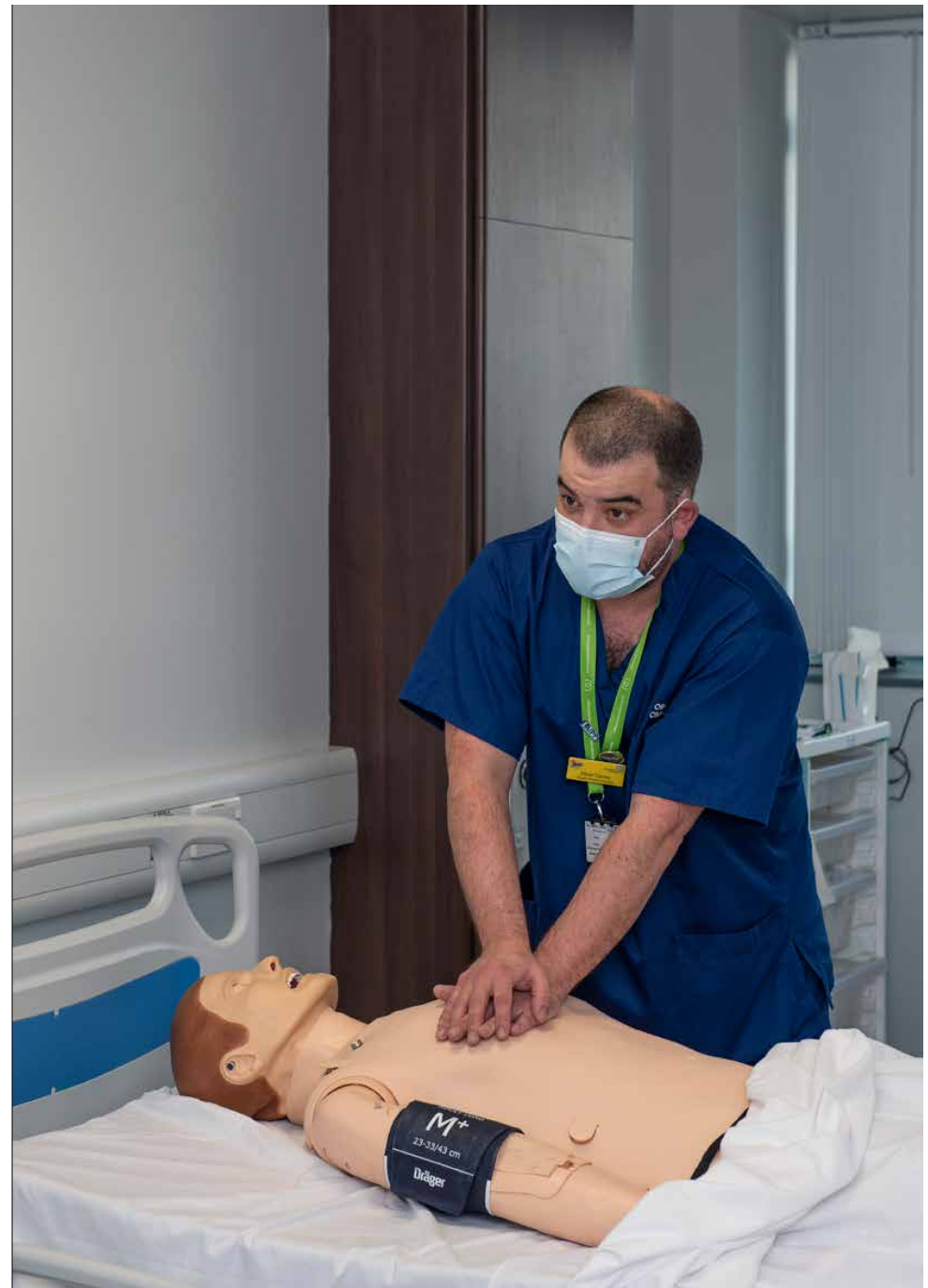
Delivering high-quality clinical neuroscience research, in collaboration with universities and commercial partners.

Research and innovation

The Walton Centre has a proud tradition of delivering high-quality clinical neuroscience research, in collaboration with our local universities and commercial partners, to improve patient outcomes and experiences.

Our clinicians have research expertise in areas including epilepsy, neuroinflammatory disease, neurological infections, neuro-oncology, spinal disorders, pain and neurodegenerative disease. During the pandemic, clinicians from The Walton Centre led UK research into the neurological manifestations of COVID-19.

" **We will continue to focus on research to ensure that patients can benefit from evidence-based treatment and care, and the opportunities that participation in research brings**

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

We want to become a world-leading neurosciences research centre and will do this by developing a business model for research and development, and offering opportunities for reinvestment and growth.

We attract the most highly skilled and motivated people, who want to support our research and innovation ambitions. We will foster and develop a culture of innovation to enable our teams to improve services to patients through advanced technologies. All staff will be empowered to develop innovative solutions to any issue they identify. Our culture will be one of openness, continual learning and curiosity for ways to improve our own practice.

How we will know we have succeeded

Increase the number of active research studies from baseline by year-on-year

Increase the number of research active clinical staff by 20%

Increase the number of our patients offered the opportunity of participation in clinical trials by 20%

Developing the right people with the right skills and values to enable sustainable delivery of health services.

Leadership

Clinical leadership is key to the successful delivery of high-quality patient care. Developing the right people with the right skills and the right values is a key priority to enable the sustainable delivery of health services, as leadership is one of the most influential factors in shaping an organisational culture.

Our aim is to develop clinical and non-clinical leaders who embrace change and lead through positivity. Our succession planning and talent management will ensure we have the right staff in the right roles, and that they personally develop as well as improve our services.

Ensuring the necessary leadership behaviours, and personal qualities is fundamental to the organisation.. The Trust needs high-quality leaders at every level and in every area to ensure that it is able to deliver outstanding, compassionate care to the people it serves. Leaders come in many different forms and can operate at any level; leadership can bring about positive outcomes for staff and the organisation.

We are the first trust to become an affiliate member of the Faculty of Medical Leadership and Management (FMLM). We will develop this association, with specific input into leadership development, both medical and non-medical, and medical appraisal. We will continue to offer non-clinical leaders opportunities to develop.

" We believe in a consistent and fair approach to leadership, which runs through the organisation and our Walton Way values.

We will lead on developing expertise in neurosciences in the region through our system leadership role and with greater involvement along the whole patient pathway, from the community through to secondary and tertiary care services.

How we will know we have succeeded

Develop a clinical leadership programme with the Faculty of Medical Leadership and Management

Lead on the development of clinical pathways regionally

All staff in leadership roles will have the opportunity to complete a leadership programme

We have developed pathways of care for common conditions such as headache, seizures and back pain. In association with patient groups, primary care and partner trusts, we will work to enhance care so that patients are managed in the correct setting, in a timelier manner, and only access specialist services when needed. Examples of current work in this area include the multiple sclerosis optimum pathway and the Parkinson's Disease Excellence Framework.
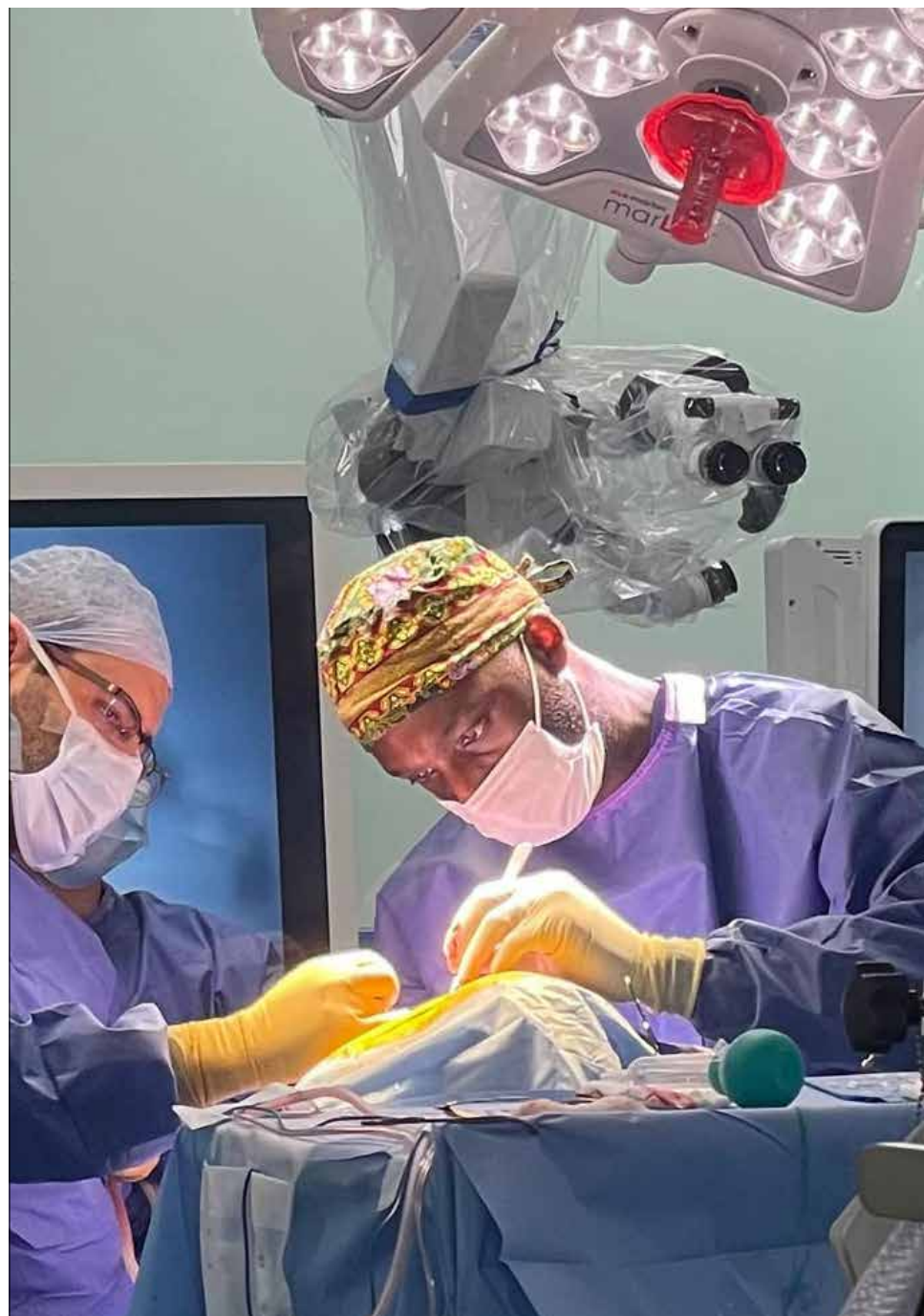
Clinical and non-clinical collaborations across and beyond the ICS, building on existing relationships and services.

Collaboration

We have for many years had a wide geographical footprint, which enables care to be given closer to home. Our services cover the whole of the Cheshire and Merseyside ICS, but also beyond into North Wales, the Isle of Man and parts of Lancashire and Greater Manchester. We have therefore always collaborated with partners in the health system to improve patient care. Within the new ICS, we will further develop our clinical and non-clinical collaborations, which will build on existing services.

The Walton Centre plays a pivotal role in the region in addressing the challenge of unwarranted variation and ensuring quality of care. As the sole provider of neurosciences within Cheshire and Merseyside, we are committed to demonstrating to the Integrated Care Board how we can add value to the wider health system through positively impacting patient flow, length of stay and accident and emergency capacity. We will work closely with our acute partners, social care and voluntary groups to achieve this.

Neurology

We currently deliver the highest quality neuroscience services regionally. We will continue to build on our successful 'hub and spoke' model, which provides care closer to home for many patients. We will enhance this further by developing an acute neurology service with our external clinical partners, based on 'Getting It Right First Time' (GIRFT) recommendations.

The newly formed Rapid Access Neurology Assessment (RANA) service will be developed into a one-stop-shop service. This service will contribute to a significant reduction in inpatient bed days in our partner trusts, in addition to a reduction in investigations, both of which will result in savings for the wider system. Most importantly, patients with acute neurological conditions will be assessed and investigated by an appropriate specialist in a timely manner, which will improve patient outcomes and experience.

Stroke

We are the only neuroscience service in the north west to provide a 24/7 thrombectomy service for patients who have had a stroke. We will work with partners on the optimum pathways so that the best outcomes for patients can be achieved, which will be monitored through the regional multidisciplinary team.

We will increase the number of patients treated with this life-saving technique by 20%. We will continue to work to support the development of the North Mersey stroke pathway.

Rehabilitation

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

Within the three-year duration of this strategy, by working collaboratively with partner organisations, we will:

Reduce mean length of stay for patients with neurological conditions by two days

Reduce admissions to acute trusts by 10% for patients with neurological symptoms by expanding the acute neurology model

Increase the number of patients with acute stroke treated by thrombectomy by 20%

Enhance care and experience for patients with spinal and neurosurgical conditions across the region by collaboratively developing pathways of best care

Establish a new region-wide pain service with partners, to address equity of access and unwarranted variation

Pain

Chronic pain is a significant issue within our population and it severely impacts patients' quality of life. Spend on prescription medication for pain in the region is high, which has been shown to be closely linked with social deprivation. However, there is significant variation in how easily patients can access pain services across our region.

The Walton Centre has a successful track record of providing specialist pain services and is recognised as the regional service for complex pain. There is an opportunity for our ICS to reconfigure services to greatly improve care for the large proportion of the population who have chronic or complex pain.

In collaboration with our acute partners, we will lead on the Pan-Mersey pain programme to ensure that services are standardised and resources are used effectively. This will mean there is a more equitable service across our region, with a focus on non-medical interventions and subsequent reduction in spend on pain medication and attendances at accident and emergency departments. The aims of this service redesign are to improve patient outcomes and to have health economic benefits.

Neurosurgery/spinal surgery

We provide neurosurgical care for our population and attract referrals from further afield. We work collaboratively with our partners to ensure the highest quality, joined-up pathways for patients with brain conditions such as tumours, vascular abnormalities, infection and trauma.

The Walton Centre is now the only provider of spinal surgery services in Cheshire and Merseyside, following a review of the regional services, with input from GIRFT, to improve quality of care and reduce unwarranted variation. Our service is a joint neurosurgical/orthopaedic service and, for the first time in our region, spinal expertise across specialties has come together to provide a truly integrated service. This shared expertise will be used to improve patient-reported outcomes in degenerative, malignant and infective spinal disease. Working closely with our community and acute providers on pathway development, will ensure that people with spinal conditions receive the best care possible when needed, by the appropriate professional.
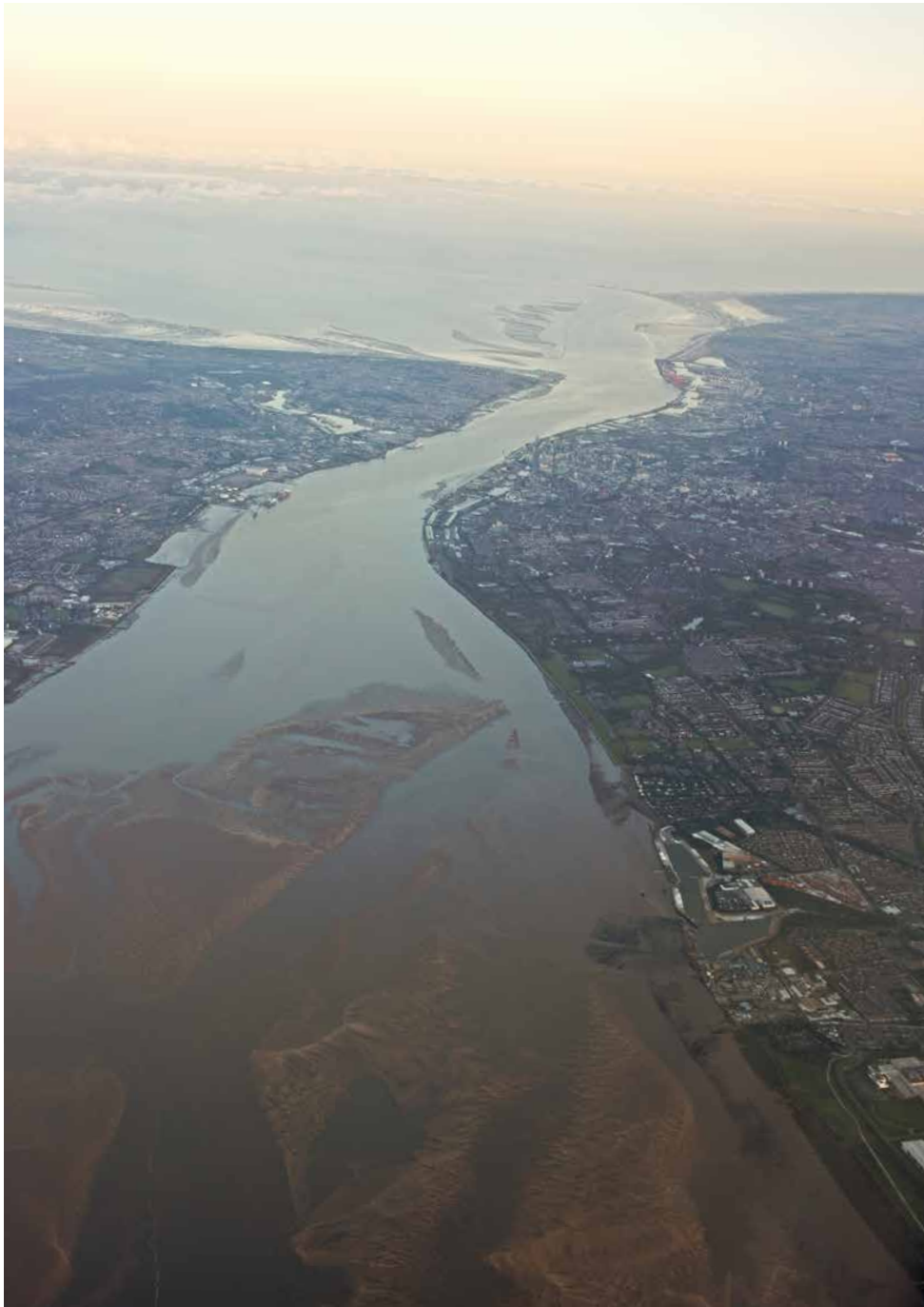
Supporting our local communities and providing services for patients within and beyond Cheshire and Merseyside.

Social responsibility

Although The Walton Centre provides services for patients within and beyond Cheshire and Merseyside, we are anchored in the Liverpool City Region, and we want to support our local community further. Health and social care is the largest employer across Cheshire and Merseyside. By focusing on the wellbeing of our staff and committing to equality, diversity and inclusion, we are also supporting our local population.

There is significant variation in the population we serve in terms of deprivation and health. The 2020 Marmot Review highlighted that, nationally, health inequalities have grown in the last 10 years, and this particularly impacts the most deprived regions in the north of England. There is an urgent need to ensure all of our population have access to the best quality health and social care services. We will use data based on indices of multiple deprivation to analyse how our communities access our services, which will dictate where we need to focus our services so that we reach the most vulnerable and those who may not readily access the services they need.

It is well recognised that a number of neurological conditions may exacerbate health inequality as they can impact employment opportunities and independence. It is therefore vital that we understand the specific issues that people with neurological conditions can have by engaging with patient groups and addressing their needs in a personalised, holistic way.

The Cheshire and Merseyside 'Prevention Pledge' is a place-based approach to creating a sustainable and transformational shift in improving population health. We will work with local areas on interventions and strategies relevant to local communities.

We have committed to become a founder member of Liverpool Citizens, an alliance of active citizens and leaders from local institutions who are dedicated to working together for the common good.

In April 2022, the NHS adopted the Government's Social Value Model, which measures the positive impact NHS providers and suppliers have on their local population. Further to signing up to the Cheshire and Merseyside Healthcare Partnership Social Value Charter, we have committed to achieving the Cheshire and Merseyside Healthcare Partnership Award and the Social Value Quality Mark.

How we will know we have succeeded

Achieve the Cheshire and Merseyside Healthcare Partnership Award and the Social Value Quality Mark

Implement Health Coaches for people with long-term conditions

Make progress towards 80% reduction in NHS carbon footprint by 2028

Establish the Trust as a a founder member of Liverpool Citizens

Through our sustainable procurement policy, develop partnerships with local companies

We will support the ICS on ensuring the principles of social value, inclusivity and citizenship are realised by offering opportunities for support and employment. By 2025, through offering opportunities for support and employment we will significantly increase the number of apprenticeships. We will work with local schools to offer work experience to students from disadvantaged backgrounds, and to promote the Trust as an employer of choice.

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

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

Enabling strategies

Underpinning our five strategic ambitions are seven enabling strategies which feed into all aspects of the Trust's work, providing a critical link between our overarching ambitions and their delivery.

Quality

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

Providing the highest quality of care is at the heart of all that we do, as recognised by the Care Quality Commission, who rated us as 'Outstanding'.

We pride ourselves on meeting the highest possible standards for patient safety, experience and outcomes. We consistently achieve excellent clinical outcomes, as demonstrated by national benchmarking for:

– Trauma (TARN, as part of the Major Trauma Collaborative with Liverpool University Hospitals)

– Spinal (Spine Tango, British Spine Registry)

– Functional neurosurgery (DBS)

– Critical care (ICNARC)

– Skull base surgery (vestibular schwannoma and pituitary)

– Shunts (National Shunt Registry)

– Vascular (AVM registry)

– Cancer pain (National Cordotomy Registry)

– National Neurosurgical Audit Programme

We believe that it is essential to measure patient outcomes so that we can assure ourselves, our patients and the regulators that we provide the highest standard of care and that we are constantly striving to improve.

❝ Over the next three years, we will continue to provide excellent care and support to patients with acute and long-term neurological/ neurosurgical conditions, and we will build on and improve the current service models.

Our core clinical services are neurology, neurosurgery, spinal surgery, pain, rehabilitation, and interventional radiology. We will engage with patients and families to improve the information they receive at the point of diagnosis of a long-term condition, and after diagnosis when they feel ready to know more about their condition.

We treat patients with any neurological condition, from the very common to the very rare. We provide the same high-quality service for all conditions, to ensure that each of our patients is treated according to their individual needs.

Our services for patients with very rare conditions continue to grow as medical knowledge increases, for example in neurogenetics. We currently provide two national services, and we will further embed and develop these. We are the Centre for the North of England for Neuromyelitis Optica (NMO), which is now a well-established multidisciplinary service for this rare neurological condition. We have recently become the second centre in England to use MRI-guided focused ultrasound thalamotomy for essential tremor. This provides the opportunity for life-changing treatment for many patients with this disabling condition, as part of an integrated multidisciplinary movement disorders service. We will embed this service so that people living in the north of England can access this treatment. Our functional neurosurgery service will further expand the availability of treatment for patients with Parkinson's disease, epilepsy and pain.

Our multidisciplinary vascular service provides unrivalled quality of care for patients with serious vascular conditions such as stroke, brain aneurysms and vascular malformations, and achieves excellent patient outcomes. We will further develop this service to ensure that as many patients as possible will benefit from these innovative treatments.
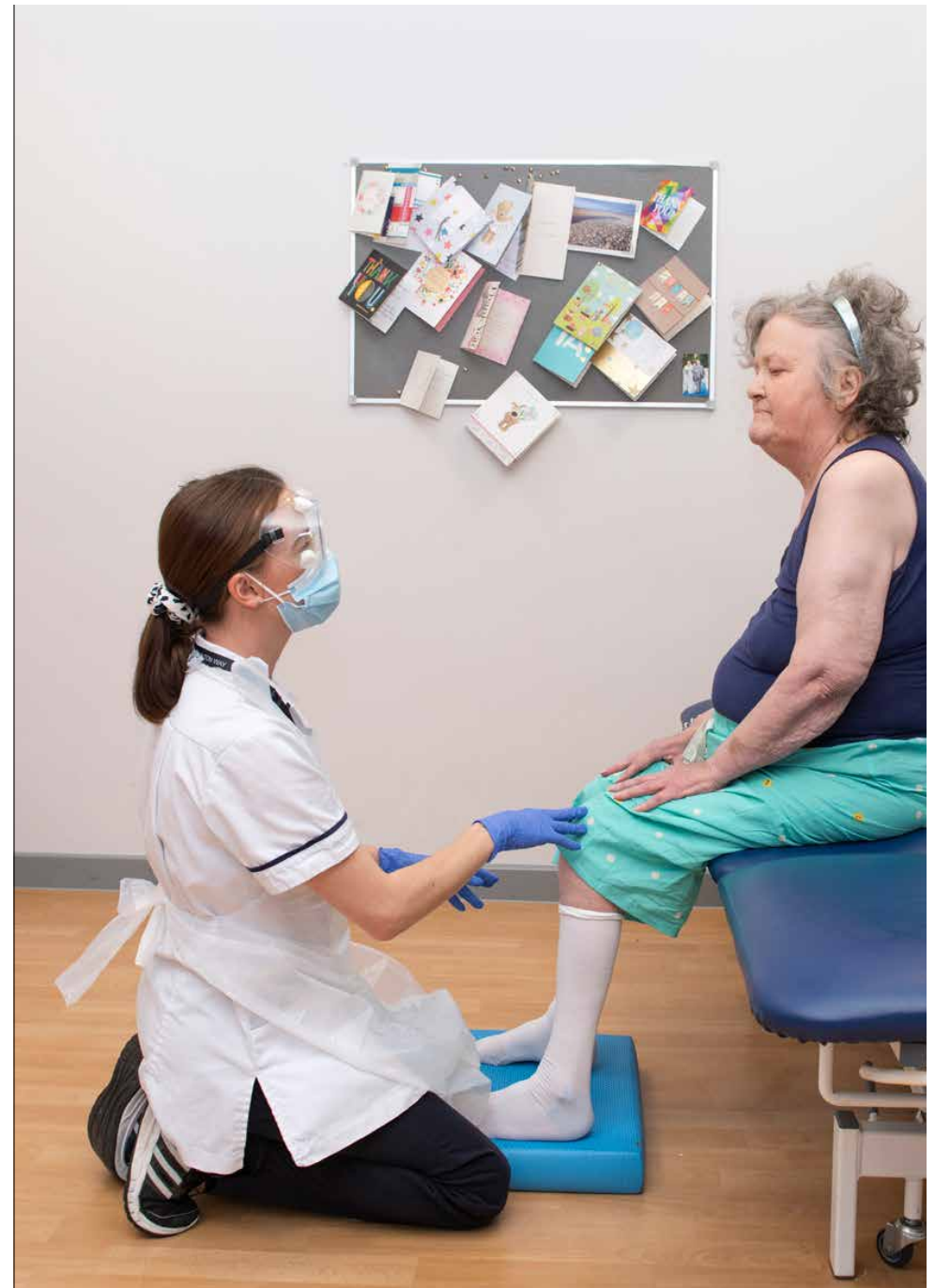
People

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

We will recruit and retain the best people, prioritise the health and wellbeing of our workforce, and provide training opportunities for all staff.

Our people are fundamental to the delivery of high-quality healthcare at The Walton Centre. We want our staff to feel valued and supported, and to create the conditions for them to deliver the highest possible standard of healthcare.

We want to attract the very best talent to our centre of excellence and be recognised as being a great place to work. We will build upon our well-established staff health and wellbeing programme, with a renewed focus on psychological support for our staff.

❝ Our staff will be supported to develop, to have a voice that counts in the organisation, and encouraged by a culture of engagement, listening and action.

We will strive to maintain our industry standard Gold accreditation by Investors in People, and aim to become the first NHS trust to achieve Platinum status.

It important that we attract, develop and celebrate a diverse workforce. It is essential that all staff feel comfortable to bring their whole selves to work. We will continue to wholeheartedly commit to the equality, diversity and inclusion agenda. We have developed the Strategic Black and Minority Ethnic Group, which reports directly to Trust Board, and have formed a workforce disability group. We will continue to learn and develop in this area and will achieve improved scores in the WRES (Workforce Race Equality Standard) and WDES (Workforce Disability Equality Standard) year on year.

The NHS Staff Survey offers a snapshot in time of how people experience their working lives, gathered at the same time each year. The results help inform improvements in staff experience and wellbeing. The health and wellbeing of staff is front and centre of The Walton Centre's Staff Survey action plan.

The NHS Staff Survey has nine themes:

Compassionate and inclusive

Recognised and rewarded

A voice that counts

Safe and healthy

Work flexibly

Teamworking

Staff engagement

Morale

Always learning

Our ambition is to continually improve scores across all themes.

Digital

Industry leading digital solutions for our patients and our people.

We will harness the full potential of digital technologies, increase our digital maturity and prioritise digital inclusion.

Technology can support more efficient, user-friendly ways of working. We will work to harness the full potential of digital technologies to modernise operations and drive performance improvements. We will work in collaboration with clinical and support staff to foster an environment that facilitates digital solutions.

The Trust is in the top 20% of NHS organisations in terms of digital maturity, with our recent achievement of Healthcare Information and Management Systems Society (HIMSS) Stage 5 for Digital Maturity. We will work to achieve an even higher HIMSS level. We are part of the national Digital Aspirant programme, which helps NHS trusts raise their digital maturity by supporting organisations to deliver a set of core capabilities.

We are also committed to the national digital transformation agenda for the NHS, which is underpinned by seven pillars of 'What Good Looks Like':

1. Well-led

2. Ensure smart foundations

3. Safe practice

4. Support people

5. Empower citizens

6. Improve care

7. Healthy populations

We have combined all our portfolios and programmes into a virtual project management office, which enables visible assurance and governance against the digital transformation programme success measures. We will support both our staff and our patients and carers to thoroughly engage with the digitisation of services that can improve outcomes, experience and safety through the introduction of new tools and processes which will improve patient experience and efficiency of services.

The Trust will drive the digital agenda in the region it covers by leading on digital maturity, the green plan and interoperability on behalf of the Cheshire and Merseyside ICS. The Digital Team is actively involved in supporting digital enablement within the Liverpool community to ensure communities can access our digital services and that information is within easy reach of those who require it, be that a patient or carer.

Digital inclusion will be prioritised in all of our digital programmes and initiatives, to ensure either help is given to patients, be that hardware, software or training, or to provide a non-digital equivalent, to enable equity across our population.
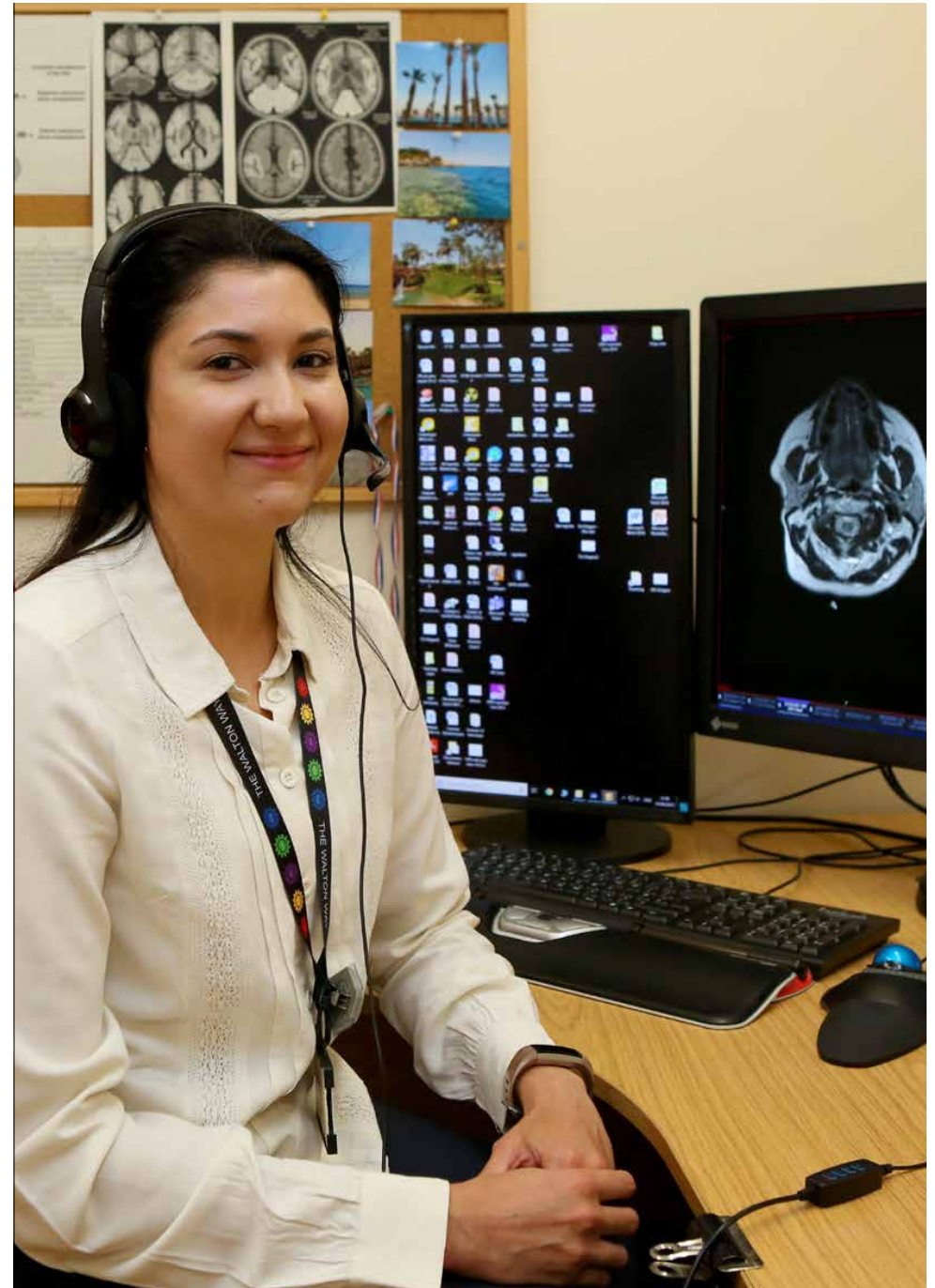
Estates, facilities and sustainability

Estates and facilities are fundamental to the operational management of the Trust and form part of a multidisciplinary approach to keep our patients, staff and visitors safe and comfortable within the environment.

The NHS produces approximately 5.4% of the UK's greenhouse gas emissions and 40% of UK public sector emissions. On a global level, healthcare generates so much carbon dioxide equivalent (CO_2e) that if it were a country, it would be the world's fifth biggest polluter.

Climate change is the greatest health threat facing the world. However, it also offers the greatest opportunity for us to redefine the social and environmental determinants of health to provide sustainable health services across Cheshire and Merseyside and to deliver the ambitions set out in Delivering a Net Zero National Health Service.

In developing a comprehensive Sustainability Plan, The Walton Centre will strive to exceed the emission reduction targets set by the Government and the NHS.

We will develop an 'Estates, facilities and sustainability sub-strategy' to meet the needs of future developments.

As an organisation, we acknowledge the impact we have on the environment and are therefore committed to continuing the work to actively reduce the Trust's carbon footprint.

We are therefore investing significant funds in plant replacement and the introduction of new technology which will deliver reductions in the organisation's carbon footprint.

As part of the Sustainability Plan, all areas within the Trust will be required to embed carbon reduction into their day-to-day activities and business planning processes.

Our work in sustainability is critical in achieving our ambitions to be an Anchor Institution. The Walton Centre aspires to work with local suppliers and businesses to grow the local economy. The Trust will review all its supply chains with the intention of sourcing locally and sustainably thus reducing our carbon footprint.

The Walton Centre plans to focus on the following initiatives:

Estates and facilities

Travel and transport

Medicines

Theatres/Anaesthetics

Digital systems

Finance and commercial development

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

Cheshire and Merseyside and the wider health system are facing unprecedented financial challenges. The Walton Centre has continued to perform well financially, delivering against the targets set by the Health and Care Partnership, and as a result, bringing additional income into the region. The Trust will continue to strive to meet the ongoing financial challenges and to perform well through efficiency to achieve the best value in its use of funding. We aim to maintain the highest rating of level 1 on the System Oversight Framework (SOF).

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

In working to deliver the best value services, we will focus on service transformation and maximising productivity, while ensuring high-quality care and using resources responsibly.

We will review service development opportunities across Cheshire, Merseyside and beyond that ensure our services are known and recognised, so that all patients who require our expertise can access this. We will explore non-NHS opportunities to diversify income. All income generated through these areas will be invested directly into patient care. The Trust will look to partner across corporate services to maximise scale and efficiency. For example, through Health Procurement Liverpool, the Trust has partnered with other specialist trusts on procurement services to provide scale and opportunity across purchasing and contract management, which delivers greater benefits across the partners.

Making use of digital initiatives and artificial intelligence within corporate services will help to streamline workflows and generate efficiencies that can help us achieve the savings that will be required to deliver financial stability.

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

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

Being the clinical leader for neuroscience care in the region, we can have an impact on how patients are cared for in the community and secondary care, and can directly help reduce hospital admissions, length of stay and unnecessary investigations. Through this influence on the wider delivery of neuroscience services, The Walton Centre can help to deliver best value to the health system through our clinical model and ongoing innovative approach to patient care.

Communications and marketing

We will engage with the wider health and care system, raising the profile of The Walton Centre, ensuring that patients, families and staff receive the best quality information.

A specialist neuroscience hospital, this enables a strong clinical focus in our specialties, resulting in better outcomes and experiences for our patients and a positive working environment for staff. It is essential The Walton Centre has a strong brand, to ensure maximum recognition locally, regionally and nationally for the benefit of patients, family and friends, staff and our stakeholders.

A strong brand supports research funding and investment, recruitment and retention and the work of The Walton Centre Charity, as well as providing reassurance to patients and the wider community about the Trust's status as the best place to receive treatment and care for neurological, neurosurgical, spinal, pain and rehabilitation services.

We want to raise the profile of The Walton Centre as a nationally leading trust, and as a trusted voice in neuroscience both regionally and nationally. Internally, we will ensure that staff are communicated with effectively and efficiently and are able to participate in two-way communication and engagement, at all levels of the organisation.

We will work to ensure that all interactions with The Walton Centre, whether as a patient, family member, visitor, stakeholder or staff member are of the highest standard, through a focus on the different communication channels including printed staff and patient materials, the hospital environment, patient information, the recruitment process, fundraising, and digital, including the Trust website, social media and staff intranet.

Every contact with The Walton Centre should be professional, accessible, and engaging. We will work with teams across the Trust to improve processes and outputs where possible through communications – for example, the recruitment journey, patient communications, and the in-hospital experience.

Digital communication is an ever-growing and developing channel for patients, staff and stakeholders. The new Walton Centre website launched in September 2021 and has seen increased visitor numbers and accessibility ratings. We will continue to manage and enhance the website in line with the Trust's strategy and objectives, national and local initiatives, and best practice. We will support the production of engaging online content (including exploration of webinars and podcasts) and explore emerging platforms, tools and technologies to ensure a positive and productive user experience.

Our focus on internal communications will ensure effective two-way communications and engagement with Trust staff, on-site partners, and volunteers to sustain an environment where staff feel informed, included and valued. As part of this, we will embed a new email marketing platform to improve the accessibility and engagement of internal emails. This will also feed into the development of alternative staff communications techniques for those staff for whom digital isn't a best practice channel.
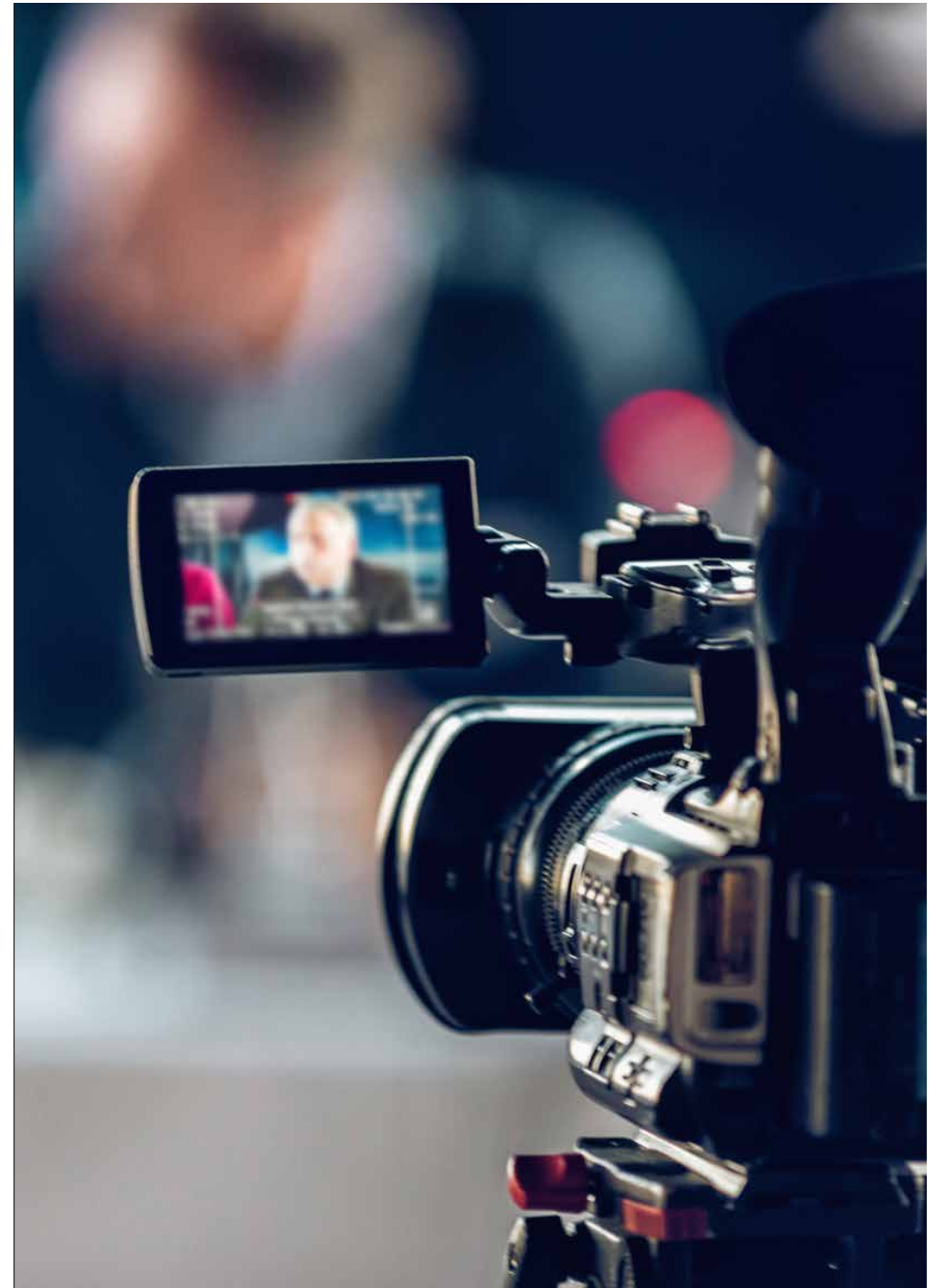
Charity

The Walton Centre Charity supports the vital work of the Trust by investing charitable funds in areas and projects that enhance patient, family and staff experience, treatment and care.

New fundraising opportunities and initiatives will focus on digital, social media and virtual platforms, and enable a more focused approach for digital income generation.

The COVID-19 pandemic had led to a very different landscape in terms of how people work and socialise, and most aspects of the economy have been severely affected. The impact on income-generating potential will differ across income streams such as community, corporate and major donor fundraising. The Charity is therefore developing a new Fundraising Strategy that will take this into consideration.

New fundraising opportunities and initiatives will focus on digital, social media and virtual platforms, as well as offering hybrid event opportunities wherever possible. The new strategy will include a proposal for how to grow and develop the Fundraising Team to add skills and enable a more focused approach for digital income generation.

Emphasis will be placed on ensuring that the Charity's positive impact is shared both internally and externally in order to encourage further involvement and support for future fundraising. Working closely with the Communications and Marketing Team, we will develop a plan to improve existing supporter journeys, as well as develop and implement new digital stewardship programmes. In addition, charitable fund application procedures will be reviewed in order to develop a comprehensive Grant Making Policy which will incorporate assessment and prioritisation procedures for new projects, and impact reporting on initiatives funded.

The Fundraising Strategy will ensure the Charity can effectively contribute to the overall income of The Walton Centre NHS Foundation Trust, supporting and enabling developments, particularly in innovation and research.

The Charity focuses on four key areas:

Improved environment and facilities for patients and their families

Innovation and new technology

Research and development

Enhanced staff training and wellbeing

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Developing and delivering our strategy

In developing this strategy we have created a dynamic and innovative approach for delivery of the leading treatments and care for every patient. Developed in conjunction with our stakeholders, both internal and external, it provides the blueprint to drive our services forward to benefit patients.

Developing and delivering our strategy

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

Trust Board and Executive Team development sessions to agree high-level external drivers and challenges

Communication and involvement of staff, patients, carers and support groups

Communication and involvement of acute, ICS and primary care colleagues

We consulted and communicated with:

Internal stakeholders

Multidisciplinary clinical staff

Medical consultants

Departmental meetings

Clinical staff

Non-clinical meetings/departments

Governors

Trust members

Executive and Non-Executive Directors

The Walton Centre Charity

External stakeholders

Neuro Therapy Centre

The Brain Charity

Parkinson's UK

Epilepsy Action

MS Society

MND Association

Cheshire and Merseyside Neurological Alliance

West Cheshire and North Wales Neurological Alliance

Isle of Man Neurological Alliance

North Wales Neuroscience Board

Health Watch

Integrated care partners

General Practitioners

TIDE

NHS partners

Universities

Cheshire West Partnership

Public Health

Pain Relief Foundation

Social services

Public members

Developing and delivering our strategy

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

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

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

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

This strategy builds on our existing leadership of neurosciences, and our level of treatment and care, and provides a platform to further strengthen patient and family experience, collaboration and transformation.

Credit: khaosproductions

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**Call
0151 525 3611**

**Visit
thewaltoncentre.nhs.uk**

The Walton Centre Strategy 2022-2025

NHS
The Walton Centre
NHS Foundation Trust

Excellence in Neuroscience

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

Our strategic ambitions

Education, training and learning

Research and innovation

Leadership

Collaboration

Social responsibility

Leading the way in neurosciences education and training.

Delivering high-quality clinical neuroscience research, in collaboration with universities and commercial partners.

Developing the right people with the right skills and values to enable sustainable delivery of health services.

Clinical and non-clinical collaborations across and beyond the ICS, building on existing relationships and services.

Supporting our local communities and providing services for patients within and beyond Cheshire and Merseyside.

Enabling strategies

Underpinning our five strategic ambitions are seven enabling strategies which feed into all aspects of The Walton Centre's work, providing a critical link between our overarching ambitions and their delivery.

Quality

People

Digital

Estates, facilities and sustainability

Finance and commercial development

Communications and marketing

Charity
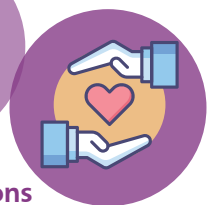
Read our full strategy at: thewaltoncentre.nhs.uk/strategy

NHS

The Walton Centre
NHS Foundation Trust

Excellence in Neuroscience

The Walton Centre NHS Foundation Trust
Strategy summary 2022 to 2025

Welcome

The strategy covers the three years from 2022 to 2025, and reflects the pace of change in the NHS due to the COVID-19 pandemic and the infrastructure changes brought about by the Health and Social Care Bill 2021.

At The Walton Centre, we place our patients and their families at the heart of everything we do. We are a national leader in neurology and neurosurgery, and are rated as 'Outstanding' by the Care Quality Commission (CQC). We have leading specialists and dedicated staff across our site in Liverpool, and offer a world-class service in diagnosing and treating injuries and illnesses affecting the brain, spine and peripheral nerves and muscles, and in supporting people with a wide range of long-term neurological conditions.

Jan Ross
Chief Executive

Max Stienberg CBE
Chairman

These five strategic ambitions will enable us to continue to deliver world-class care to our patients and their families:

Our strategic ambitions

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

Enabling strategies

Underpinning the strategic ambitions are seven enabling strategies which feed into all aspects of the Trust's work

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

People
Providing a safe, healthy and productive workplace that promotes diversity of thought, heritage and social background

Digital
Developing and providing industry leading digital solutions for our patients and our staff

Estates, facilities and sustainability
Fundamental to the Trust's operational management and to keep our patients, staff and visitors safe within our environment

Finance and commercial development
Maximising resources, improving productivity and developing market opportunities to deliver best value

Communications and marketing
Raising the profile of the Trust and ensuring that patients, families and staff receive the best quality information

Charity
Supporting the vital work of the Trust by investing charitable funds in projects that enhance patient, family and staff experience, treatment and care

NHS
The Walton Centre
NHS Foundation Trust

Excellence in Neuroscience

QR code tbc

Read our full strategy at:
thewaltoncentre.nhs.uk/strategy

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Published Month 2022

**The Walton Centre Trust Three-Year Strategy 2022-2025
PR plan**

Introduction
The Trust has developed a new three-year strategy for the period 2022-2025. The previous strategy was due to complete in 2023, however following the impact of the COVID-19 pandemic it was felt the Trust needed to redevelop and refocus sooner than originally planned.

The new strategy has been developed in collaboration with both internal and external stakeholders and will be rolled out from July onwards.

This PR plan is to address the launch of the strategy to staff, patients and their families, and our external stakeholders.

Objectives

- To raise awareness of the new Walton Centre Trust strategy
- To communicate the plans and ambitions of The Walton Centre
- To inform our stakeholders of the impact of our work across the region and the country
- To engage staff and patients in the strategy and its execution

Audience

Internal   Staff
                   Governors
                   Members
                   Volunteers
                   Patients and families

External   NHS Trusts
                   CCGs
                   Government and healthcare partners
                   Research and innovation community
                   Specialist media

Delivery of strategy
- Full document – digital and hard copy
- 'One pager' – digital and hard copy
- Poster – hard copy
- Interactive web page

Tactics
It is important that we take the strategy to people, and engage them with its delivery so they believe in the vision and ambitions. This is critical for staff engagement, and we cannot rely on digital communications considering the amount of staff for whom digital access is not regular or constant.

Internal

Tactic	Timing
Trustwide email from Jan Ross, CEO	Wednesday 14 September
Team Brief+ (Wednesday 14 September) with Jan Ross and Dr Andy Nicolson. Jan to email Team Brief distribution list to inform them of 'Team Brief special edition'	Wednesday 14 September
Piece to camera from Max Steinberg, Chairman	Filmed w/c 5 September
Drop-in sessions to departments and wards around the Trust with Jan, Andy, Julie and Max, including a walk-round session for night staff	Wednesday 14 – Friday 16 September
Introduction and key item in 'Join us for TEA' sessions	Done
Discussion point in team meetings attended by Executive Team members	To start in October
Posters around hospital sites	Wednesday 14 September
Display stand in main hospital and Sid Watkins with Max	Wednesday 14 – Friday 16 September
Trust induction slide in Exec intro	October onwards

External

Tactic	Timing
Mailout of full document to stakeholders with letter from Max, Jan and Andy	Wednesday 14 September mailout
Stakeholder email from Jan and Andy	Wednesday 14 September PM
Briefing document for Max and Board for use in stakeholder meetings and conversations	Circulated w/c 5 September
Individual/group meetings with key stakeholders – Max, Jan and Andy	Wednesday 14 September onwards
Discussion with VIP during visit	Tuesday 20 September
Connect magazine – NHS C&M	Mid-September onwards
Innovation Agency podcast	Mid-September onwards
Liverpool Health Partnership newsletter	Mid-September onwards
Pitch to healthcare media	Mid-September onwards

Report to Trust Board
1 September 2022

Report Title	Communications and Marketing – quarterly update
Executive Lead	Jan Ross, Chief Executive
Author (s)	Elaine Vaile, Communications and Marketing 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)*

- New communications and marketing Substrategy in development
- Profile and awareness work continuing, particularly around media opportunities
- Staff engagement through internal communications and hospital environment work a key focus

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

- Communications and Marketing Team to continue with work noted

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

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

Not Applicable	Choose an item.	Choose an item.

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

Strategy ☐	Policy ☐	Service Change ☐

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

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

Communications and Marketing Strategy – quarterly update

Executive Summary

1. This report seeks to provide an update on communications and marketing activity and provide the Board with an evidence base for the success of activities. It will be repeated on a six-monthly basis, alternating with a verbal presentation on a specific communications project/activity.

2. The report covers external and internal communications, together with Charity and brand communications, digital and events.

Background and Analysis

3. **Communications and Marketing Substrategy and delivery plan**
Following the completion of the new Trust Strategy, a new Communications and Marketing Substrategy is in the process of development. A new strategy was already scheduled considering the change in approach of Trust to brand and profile and post-COVID reflections. It has been slightly delayed due to the development of a new Trust Strategy which included communications and marketing as an enabling strategy. It was felt the overall strategy should be completed first before confirming the individual strategy.

   Alongside the Substrategy will be a delivery plan, identifying specific areas of work and timelines in the different sub-strands, eg external communications, internal communications, environment, patient communications etc.

   It is to be noted that significant sections of a Communications and Marketing Substrategy and delivery plan will rely on buy-in and support from other departments and teams within the organisation, and a general buy-in of the change in focus and brand narrative of the Trust.

   There may be some budget requirements over the life of the strategy and delivery plan, however these will be addressed as specific areas are scoped and prioritised.

   The timeline for completion of the strategy and delivery plan is late autumn 2022 and will be presented to Board at the next communications and marketing quarterly update in December.

4. **External communications**
There has been an overall improvement in the buy-in and approach of consultants and other clinical teams towards media and communications engagement, although there remains work to do. The Senior External Communications Officer, supported by the Communications and Marketing Manager, has held 1-2-1 meetings with approx. 30 consultants over the past six months to refresh their knowledge of the work of C&M and identify areas of interest and assistance. These have proved very positive and will be continued through the specialist nursing teams. It has also been noted that clinical teams have shown a willingness to get involved in communications following the success and coverage of colleagues.

Recent highlights

o Project Jupiter: ITV Granada Reports carried a feature with Mr Jibril Farah, Dr Jay Panicker and first patient Maureen on the new MR-guided focused ultrasound. All three were interviewed on site at the hospital, and Mr Farah was also filmed demonstrating the machine. The piece was supplemented with social media posts and online coverage from ITV. The content was very well-received and has resulted in multiple referral queries both direct into the clinical/ops team, and via the Communications Team.

o Spinal centre of excellence: Mr Rath's work in endoscopic spinal surgery was pitched to BBC North West on the basis of the positive impact on patients regarding the reduced recovery time. Interviews with a patient (who was a former member of Walton Centre staff) and Mr Rath were included, as well as footage from the procedure in theatre.

o PMP: BBC North West have covered the pain management programme at The Walton Centre, following an approach to the Trust to speak on this subject. They interviewed two consultants and multiple patients at the Trust. The piece also received positive social media coverage, partly to the journalist being a pain sufferer herself and writing from a first person perspective.

o Patient stories: Multiple patients/fundraisers have been featured in local and regional media over the summer, including a patient who spoke about her treatment for Tourette's syndrome at Dr da Costa and Dr Macerollo's joint clinic, and a patient and his wife who carried out a fundraising walk to raise money for The Walton Centre Charity following treatment for epilepsy, and a patient who went into anaphylactic shock in outpatients at The Walton Centre, and came back to the hospital to thank staff who saved her life.

Upcoming focus

o ExcelsiusGPS spinal navigational robot: Unfortunately, Oxford University NHS Trust completed the first procedure in the UK, so this project will unlikely bring national coverage, however we are pulling together content and will still try a national pitch. Miss Maggie Lee is due to be the main spokesperson and we are exploring patient case studies to support.

o Migraine Awareness Week: We have been developing a pitch for Migraine Awareness Week in September for long-lead media with Dr Anita Krishnan and several case studies.

o Road to Recovery: We are pitching this project, based on its 15 years of data and move into AVM, alongside a case study family, to nursing media. Good Housekeeping magazine are also interested in carrying a patient case study in their Christmas issue

o Radiofrequency ablation/Laser Interstitial Thermal Therapy: Investigating two new techniques for potential PR opportunities

o Pupilometer trial: Working with Dr Ahmad Ali and Miss Catherine McMahon about the results and impact of this trial with a view to pitching it to health media

o New saliva clinic for MND patients: Press release prepared about the new botox clinic being offered in the MND clinics

o Rehab Times: They have committed to a quarterly column from The Walton Centre. Dr Andy Nicolson has done the first one, this is due out in autumn.

Other long-lead feature ideas are also being developed around areas in which we lead, including the neuropsychiatry service, the Neuro VR and headache service.

Neuromatters magazine
Since its redevelopment and relaunch there have been three issues of the new Neuromatters magazine, with the fourth currently in production. The new design has a fresh, new creative approach and a clear format, together with bespoke photography for each issue.

The new look and feel of the magazine has been well-received by both patients and staff, and engagement with content and photography has been good. Copies are being picked up well across the Trust and we regularly review where the magazines are positioned across the hospital to further maximise the pick-up and readership. Copies are also being sent to stakeholders across Cheshire and Merseyside.

Photography
We have considerably refreshed and increased our brand photography across the majority of the Trust. We have utilised these images across the new website, the magazines, social media and internal communications. More photography is planned, once masks have been removed, to ensure we have a good stock. We are also moving all our photography onto a digital storage system to enable effective and efficient tagging, sorting and sharing of photos.

5. **Internal communications**
Internal comms has had two key areas of focus over the past 12 months, Executive Team communication and engagement, and increased proactive staff engagement and communications rather than simple reactive broadcast communications.

After a plan was presented to the Executive Team in November, it has been executed in stages. Some initiatives have been more successful than others, including the Friday round-up email from Jan and the introductory film for induction, while others, for example the ward/department drop-ins/shadowing and joining team meetings are still a work in progress. The lack of visibility remains a key issue for staff as raised in the People Pulse surveys and the TEA sessions. We will continue to work with Execs, HR and staff groups to identify missing opportunities and what staff actually perceive as 'visibility'.

We have also been working on increasing opportunities and campaigns for staff engagement and communication. We created Jubilee hampers for staff working over the Queen's Platinum Jubilee, alongside activity packs for patients which staff used. We recently held a photography competition for staff entitled 'A day in the life' – the winner was announced on World Photography Day. Looking ahead, we will be creating activities around the World Cup in November/December, and the flu campaign. We are trying to create a mixture of serious and fun activities for staff through the Communications Team but which have real engagement rather than just one-way communication. It is also important to note that this is not just about giving staff free things, but options for real and relevant engagement with staff and patients.

Working with HR, we have a number of small staff projects ongoing or about to start, including welcome emails for staff in their first week, welcome cards (post-contract, pre-start), and a new suite of recognition certificates including new retirement certificates. We are also putting plans in to start 'Join Jan', a combination of in-person and Teams staff meetings.

Email platform
The Trust is now using new email management software, provided by E-shot who also supply to a number of other NHS Trusts and public sector organisations. This software enables comprehensive delivery, open and read analytics and provide insight into future communications techniques and approaches. It also allows for a more visually appealing email, with different creative options.

Most Trustwide emails are now being sent out using the new platform. We have seen open rates of between 28.9% and 38.81% for different emails so far, which is about average for internal emails in the sector. Over the initial six months we will be monitoring general open rates, and assessing how to maximise these including linking to a hidden web page for those staff without regular email access. They can link to the web page through a QR code on posters around break rooms and in the private staff Facebook group. We will then carry out initial analysis of data with a view to introducing additional communications tactics and channels for those whom the emails are not reaching.

We are also working with IT to identify more effective usage of Microsoft Teams now the whole Trust has moved over to nhs.net for communication 'blasts' and targeted 'channels'.

Intranet
A business case is being taken through the Trust for a new Trust intranet. The current site is approx. 10 years old and has not had any development expenditure since its creation. It is now considerably out-of-date both in functionality, design, accessibility and ease of use. The site was originally developed by an external agency on a bespoke system. The web developer no longer has the expertise in this system resulting in a complete lack of development or maintenance. We wish to therefore procure a new intranet solution for the Trust and establish arrangements for ongoing support and development. Technological advancements available in a new software solution would also mean the site would be more responsive, better to navigate, and provide better analytics to ensure the site can be optimised for its audience.

We have identified a preferred supplier and hope to appoint and start the project once the business case process is complete. This is likely to be a 12-month project.

Hospital environment
A project is ongoing to improve the look and feel of the walls and surrounds of the main hospital building. Starting with the long corridors on the ground, first and second floors we are working with Estates and Facilities to plot the current situation and then plan an improved display which will enhance the opportunities for both staff and patient engagement and information. Currently there are a lot of gaps, and out-of-date information on the walls, and a range of brand styles. The plan is to standardise noticeboards, create new opportunities for displaying news, patient feedback, and staff communications.

We are also exploring, in conjunction with the Chief Nurse and the Digital Team, the use of TV screens in both patient and staff areas. The ones that are currently installed are difficult

to maintain and have little standardisation of branding or message. Staff have referenced that messaging on TV screens, alongside channels like noticeboards, would be a welcome addition to digital communications.

6. **Digital**

    Website
    The new Trust website launched a year ago, in September 2021. Over its first year, the data has been very positive around accessibility, visit numbers and time spent on the site. We were aware of gaps in content since the launch and have been liaising with various departments to make initial and ongoing updates. Some areas are still lacking in content and senior clinical and non-clinical leaders have been made aware of this. Content is often based around engagement, and this has been problematic in some areas.

    Social media
    As previously presented to Board, the social media performance of the Trust is very positive. We implemented a new social media scheduling platform (Orlo) in March 2021 which made a significant difference to our output, and both follower and engagement figures have been increasing throughout the year.

7. **Charity communications**
    Working with the Fundraising Team, we have been exploring opportunities to maximise the work of the Charity – both around fundraising and impact. This has been through increased social media and internal comms presence of key events, for example the golf day and Jan Fairclough Ball, and reference to the Charity where relevant in patient and hospital stories. We supported the new fundraising event Walk for Walton in May, both internally and externally including a piece on BBC Radio Merseyside.

    We are also supporting the Charity on the development of this year's impact report, and options for future years, and the new Charity strategy.

8. **Events**

    Mayoral visit
    Metro Mayor of Liverpool, Steve Rotheram, is visiting The Walton Centre in late September after an invite was extended to see some of our leading work, particularly as we launch our new strategy for the future. He is scheduled to visit the Complex Rehabilitation Unit, Radiology, the Neuro VR machine and then hold a round-table event with senior clinical and operational staff.

    Staff Awards
    As in 2021, the Staff Awards will be held internally in 2022. They are due to launch in early September with similar categories to 2021 and will be awarded in a ceremony in mid-November.

    Staff Party
    Following the cancellation of the staff party at Oh Me Oh My, originally scheduled for December 2021 and then rearranged to May 2022, tickets for the new date of 18 November will go on sale mid-September.

For 2023 we will look to combine these two events in an external location.

Conclusion

9. The work to increase the profile of The Walton Centre is ongoing, in particular with some recent media coverage and good social media analytics. We also have some exciting internal communications projects taking shape, which will contribute to our work to support increased staff engagement and morale.

    Some major projects are moving out of planning stage and into delivery, which could lead to pressure on resource. However, we will be keeping a strong focus on both external and internal communications to maximise the profile work already done.

Recommendation

- To note

Author: Elaine Vaile, Communications and Marketing Manager
Date: 19 August 2022

Report to Trust Board
Thursday 1 September 2022

Report Title	Social Value
Executive Lead	Mike Gibney, Chief People Officer
Author (s)	Rachel Saunderson, Innovation Co-ordinator
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

- In response to the regional health equality agenda, the Trust is undertaking several work programmes on a local and regional level with social value at its core.
- Social responsibility and (social) innovation have been identified as strategic ambitions in The Walton Centre's new Trust strategy for 2022-25
- 83% of The Walton Centre's employees live in the Liverpool City Region therefore the impact will directly affect the health and wellbeing of our staff and ultimately, patient outcomes

Next Steps

- Achievement of Social Value Award and Quality Mark Level 1
- Implementation of Anchor Institution principles as defined in the Cheshire and Merseyside Healthcare Partnership Charter
- Continuation of the delivery of the associated work programmes

Related Trust Strategic Ambitions and Themes	Impact		
Health Inequalities	Equality	Quality	Workforce

Strategic Risks

006 Prevention & Inequalities	010 Innovative Culture	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			

Social Value

Executive Summary

1. In line with the recommendations from the 'All Together Fairer' Report published in May 2022 and the Trust's social responsibility and innovation strategic ambitions, several work programmes are being undertaken at a local and regional level of which social value is at its core.

2. 83% of The Walton Centre's employees live in the Liverpool City Region therefore the impact will directly affect the health and wellbeing of our staff and ultimately, patient outcomes.

Background and Analysis

3. In May 2022, the All Together Fairer: health equality and the social determinants of health in Cheshire and Merseyside report by Sir Michael Marmot was published by the Institute of Health Equity (IHE). The report highlighted that 33% of the Cheshire and Merseyside population live in the most deprived 20% of neighbourhoods in England and that Liverpool had the fourth highest proportion of its population living in income deprived households (24%). It also informed that health inequalities were remedial but stated the case for a need to do something different or nothing will change e.g. changes in approach, allocation of resource and strengthened partnerships.

4. Social Value can be defined as the positive impact an organisation creates for its local population not only in monetary terms but also through providing opportunities, addressing inequalities and environmental issues, and improving life chances.

5. This is a key initiative that is being driven by the Cheshire and Merseyside Healthcare Partnership in the form of a regional Charter, Award and Quality Mark. The Trust committed to the Charter in May 2022 and is currently working towards accreditation of the Award and level one of the Quality Mark.

6. It should be noted that there is a national legislative compliance requirement following the implementation of the Social Value Act 2012 which requires all public sector organisations to ensure the money is spends on services creates the greatest value for local communities economically, socially and environmentally. Also, under the Government's Procurement Policy Note, there is a 10% social value requirement for evaluation scoring of all tenders and contracts. In addition, there has been a substantial shift in momentum following the NHS adopting the Government's social value model in April 2022.

7. Social value has been identified by the Cheshire and Merseyside Healthcare Partnership as a key enabler for Anchor Institutions along with Prevention Pledge and Sustainability plans. The Trust signed up to the regional Anchor Institutions Charter following its launch in July 2022. It should be noted that the Integrated Care Board has also committed to the Charter and the recommendations from the All Together Fairer Report with health inequalities being one of the main drivers for the development of the Integrated Care System.

8. Social Value and Anchor Institutions are both cited in the 2022 Marmot report as key deliverables in achieving the seven IHE recommendations in line with the Marmot principles:

    1. Increase and make equitable funding for social determinants of health and prevention
    2. Strengthen partnerships for health equity

3. Create stronger leadership and workforce for health equity
4. Co-create interventions and actions with communities
5. Strengthen the role of business and the economic sector in reducing health inequalities
6. Extend social value and anchor organisations across the NHS, public services and local authorities
7. Develop social determinants of health in all policies

9. Key initiatives being undertaken by the Trust in association to this are as follows:

Liverpool Citizens – Led by Citizens UK, this is a collaboration of local organisations across the city that are dedicated to working together for the common good e.g. health, religious, housing and education, to build people power to lead change in their community. It aims to develop leaders and strengthen organisations to enable change. The Trust has become a founder member as this will enable the organisation to realistically engage with the local community to ensure it focuses on the genuine health priorities of its local population.

NHS Prevention Pledge – A Cheshire and Merseyside Healthcare Partnership programme to ensure ill health prevention is embedded across all NHS providers in the region. The Pledge consists of 14 core commitments to support a healthier workforce, patients and wider communities through encouraging change in diet, physical activity, smoking, alcohol, mental wellbeing, welfare advice and social value practice. The Trust has implemented an action plan to deliver against the ten identified priority commitments which is being progressed through the Trust Deputies Forum and the Cheshire and Merseyside Healthcare Partnership Equalities Group.

EitC Health Zone Development – The Trust is an active partner of Everton in the Community (EitC)/ Everton Minds which focuses on health and social care facilities for ageing and dementia communities. As part of the Goodison Park legacy following the relocation of Everton Football Club to Bramley Moore Dock, a purpose-built health and social facility will be built for people with a range of health issues with a focus on dementia. An expression of interest service specification has been submitted by the Trust and it is currently exploring ownership and management models between EitC and partners.

NHS Veterans Accreditation – In line with the Armed Forces Bill, from April 2022, healthcare organisations will be required to ensure that members of the armed forces community do not face disadvantage when accessing health care services. Particularly, family members should retain their place on any NHS waiting list if moved around the UK due to the service person being posted and Veterans and Reservists should receive priority treatment for a condition(s) which relate to their service, subject to clinical need. The Trust is in the initial stages of working towards achieving Veterans Accreditation.

LCR Fair Employment Charter – Led by Liverpool City Region, the aim of the Charter is to make the region the fairest and most equitable place in the country to work or run a business through four commitments: Healthy – safe workplaces supporting a healthy workforce, Fair – pay and hours, Inclusive – workplaces that support staff to grow and develop and Just – a voice for staff to help deliver justice in the workplace with opportunities available for young people. The Trust has submitted an application and is awaiting the outcome.

Conclusion

10. In response to the regional health equality agenda, the Trust is undertaking several work programmes on a local and regional level with social value at its core. As a responsible leader, it has also identified social responsibility and (social) innovation as strategic ambitions for The Walton Centre in the new Trust strategy for 2022-25 and recognises that the impact will directly affect the health and wellbeing of staff and patient outcomes.

Recommendation

11. The Trust Board is requested to note the content of the report and presentation, and to support the continuation of the delivery of the initiatives aforementioned.

Author: Mike Gibney and Rachel Saunderson
Date: 09/08/22

Appendix 1 – Social Value presentation, September 2022
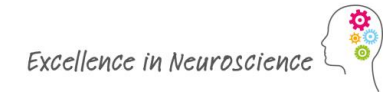
Social Value

Trust Board on 01/09/22

Mike Gibney, Chief People Officer
&
Rachel Saunderson, Innovation Co-ordinator

www.thewaltoncentre.nhs.uk

All Together Fairer Report

- Sir Michael Marmot in May 2022
- Sets out the health inequality challenges for C&M
- Public, private and third sectors one shared aim - to build a fairer and healthier region
- Marmot 8 principles:
  1. Give every child the best start in life
  2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
  3. Create fair employment and good work for all
  4. Ensure a healthy standard of living for all
  5. Create and develop healthy and sustainable places and communities
  6. Strengthen the role and impact of ill health prevention
  7. **Tackle racism, discrimination and their outcomes**
  8. **Pursue environmental sustainability and health equity together**

All Together Fairer Report

Recommendations:

1. Increase and make equitable funding for social determinants of health and prevention
2. Strengthen partnerships for health equity
3. Create stronger leadership and workforce for health equity
4. **Co-create interventions and actions with communities**
5. Strengthen the role of business and the economic sector in reducing health inequalities
6. **Extend social value and anchor organisations across the NHS, public services and local authorities**
7. Develop social determinant of health in all policies and implement Marmot Beacon indicators

Social Value

Positive impact an organisation creates for its local population

- Adding Value not just in monetary terms but also through:
    - Providing opportunities
    - Addressing inequalities & environmental issues
    - Improving life chances

- *Social Value Act 2012* requires the public sector to ensure the money it spends creates the greatest economic, social and environmental value for local communities

- *NHS adopted the Government's social value model* in April 2022

- *Government's Procurement Policy Note* – A minimum of 10% of all tender and contracts evaluation scoring
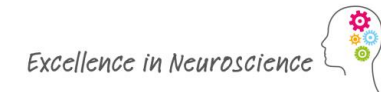
Social Value

- C&M Health Care Partnership and Social Value Business
  - Social Value Charter – signed up
  - Social Value Award – in progress
  - Social Value Quality Mark levels 1&2 – in progress
- Ensure pledges/offer fit with local need – Liverpool Citizens and LCR
- Support Network – C&M Healthcare Partnership and Social Value Business, Accelerator site

Anchor Institutions

NHS organisations investing and working locally and responsibly to have a greater impact on the health of their local population

What makes the NHS an anchor institution?

NHS organisations are rooted in their communities. Through its size and scale, the NHS can positively contribute to local areas in many ways beyond providing health care. The NHS can make a difference to local people by:

Purchasing more locally and for social benefit
In England alone, the NHS spends £27bn every year on goods and services.

Using buildings and spaces to support communities
The NHS occupies 8,253 sites across England on 6,500 hectares of land.

Widening access to quality work
The NHS is the UK's biggest employer, with 1.5 million staff.

Working more closely with local partners
The NHS can learn from others, spread good ideas and model civic responsibility.

Reducing its environmental impact
The NHS is responsible for 40% of the public sector's carbon footprint.

As an anchor institution, the NHS influences the health and wellbeing of communities simply by being there. But by choosing to invest in and work with others locally and responsibly, the NHS can have an even greater impact on the wider factors that make us healthy.

The Health Foundation

References available at www.health.org.uk/anchor-institutions
© 2019 The Health Foundation.

Priorities/delivery:
- Anchor Institutions Charter (ICB signed up in July 2022)
- Sustainability Plan
- Social Value Charter & Award
- Prevention Pledge
- C&M Anchor Network Progression Framework to be developed regionally

Anchor Institutions

Excellence in Neuroscience

Principles:

1. Commit to **real living wage** and creating equality within our local job sector

2. Pledge to **employ and purchase locally** in the first instance with an aim to support the wealth of local businesses within our geography

3. Pledge to work closely with partners and **where possible**, ensure **our buildings are viewed as local community assets**

4. Commit to **measuring and evidencing the progress** made as a result of becoming an Anchor Institution

Cheshire and Merseyside

Anchor Institution Charter Principles
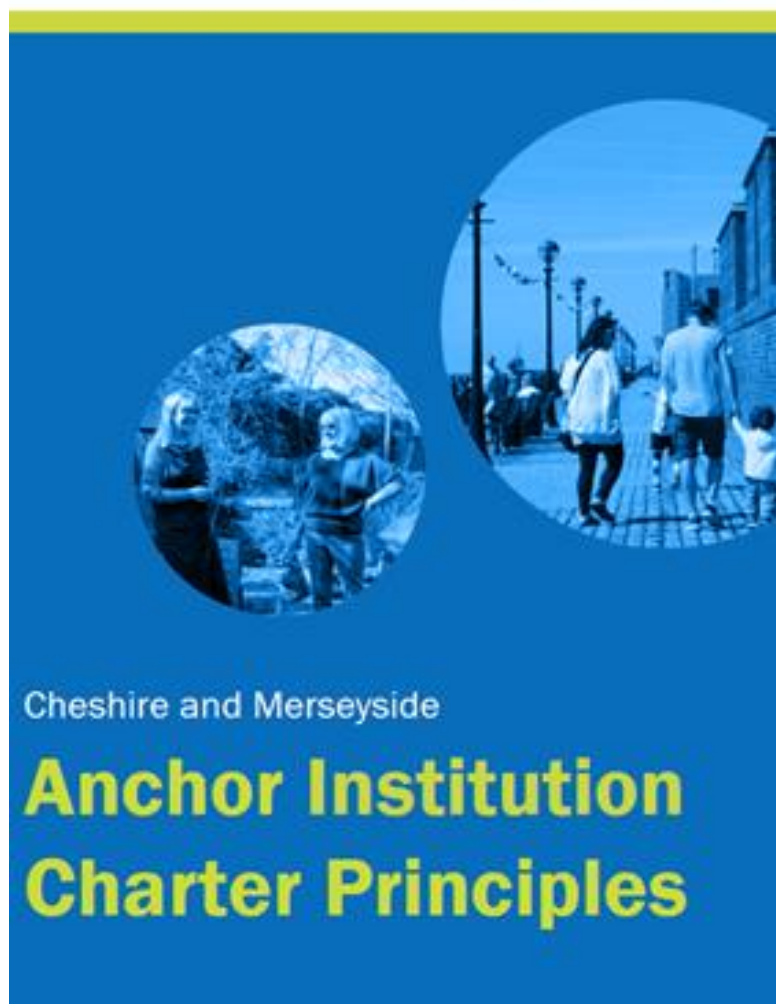
Key Initiatives
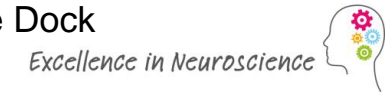
EitC Health Zone Development

- Goodison Park legacy following the relocation of Everton Football Club to Bramley Moore Dock
- Developing a purpose-built health and social facility for people with a range of health

  issues but with a focus on dementia

NHS Prevention Pledge

- Ensure ill health prevention is embedded across all NHS providers in the region
- Trust action plan developed to deliver against the 10 identified priority commitments including social value practice. Progressing through the Deputies Forum and C&M Healthcare Partnership Equalities Group

NHS Veterans Accreditation

- In line with the Armed Forces Bill, from April 2022, healthcare organisations will be required to ensure that members of the armed forces community are not disadvantaged when accessing health care services
- Trust in initial stages of working towards achieving the accreditation

LCR Fair Employment Charter

- Making the region the fairest, most equitable place in the country to work or run a business
- Commitments; safe and inclusive workplaces, fair pay, hours and future, and independent staff voice
- Currently awaiting outcome of application

Any questions?

Report to Trust Board
1 September 2022

Report Title	Integrated Performance Report
Executive Lead	Jan Ross, Chief Executive
Author (s)	Jan Ross, Chief Executive
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)*

- July has been a challenging month due to a wave of Covid impacting staff sickness levels and therefore activity levels in July were generally below target. The Covid wave was significant and resulted in the reintroduction of some Infection Prevention and Control Measures including mask wearing by patients, visitors and staff. This has recently been removed again as Covid levels have reduced
- The heatwave in July had an impact on the health and wellbeing of staff and patients
- Appraisal rates were also impacted by staffing levels due to sickness and the holiday period
- Within the data there remains 5 patients who have waited 104 weeks for treatment. These do not meet the reporting criteria as the issue is not capacity, it is complexity. All patients will have been treated by the end of August. National focus is now on the patients who have waited 78+ weeks and 62 day cancer target.
- As there were no Board Committees in August, Committees have not had an opportunity to scrutinise July data on behalf of the Board.

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

- To continue to review performance on a monthly basis

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	004 Leadership Development

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			

Board KPI Report
September 2022

Data for July 2022 unless indicated

Explanation of SPC Charts and Assurance Icons

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

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

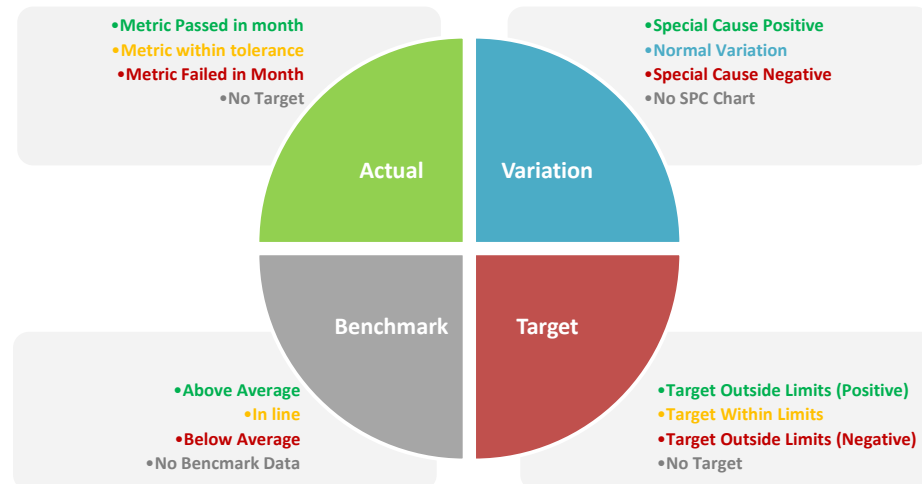**All SPC charts will follow the below Key unless indicated**

Actual   – – –UCL   Average   – – –LCL   - - - - National Average   - - - - Target

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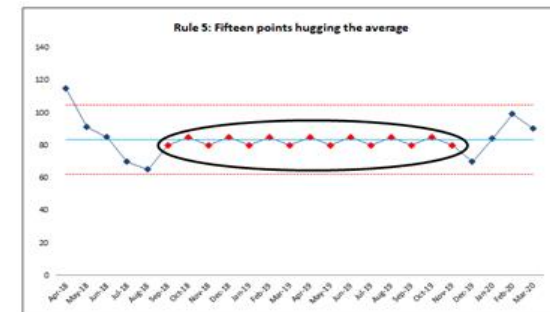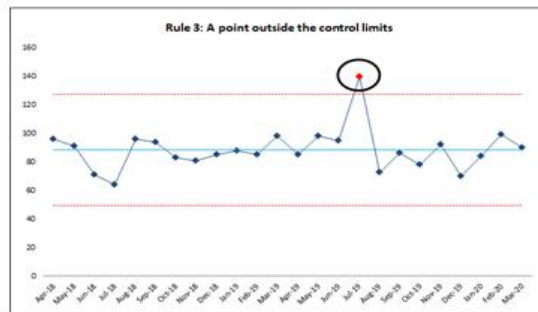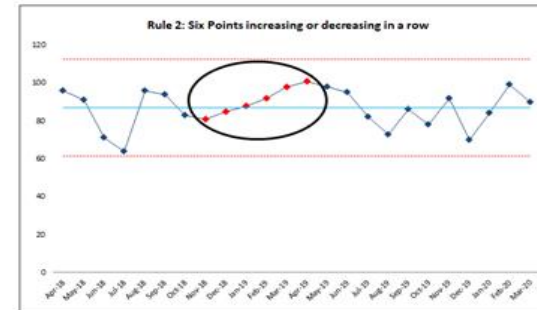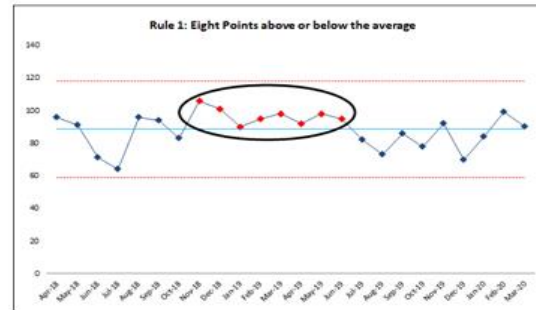
☆ = Mandatory Key Performance Indicator

Assurance Icons (Colour Key)

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

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

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

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

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

SPC Chart Rules

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

Operations & Performance Indicators

Operational
Responsive - Referral to Treatment

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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. This includes having zero patients waiting longer than 104 weeks by July due to capacity issues.

During May the Trust received a further waiting list of over 200 patients as part of the Spinal Service Transfer. This has resulted in the total open pathways increasing significantly. There was a significant number of long waiters included in these which were not included in our long waiter reduction trajectory who are contributin to the under performance.

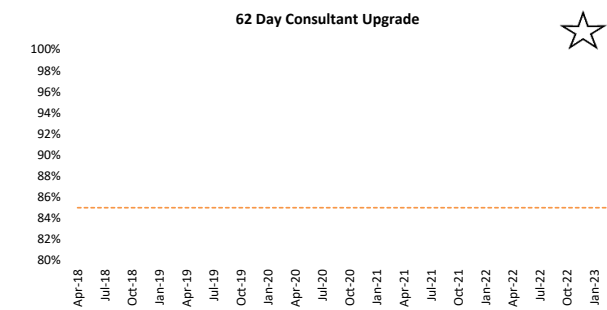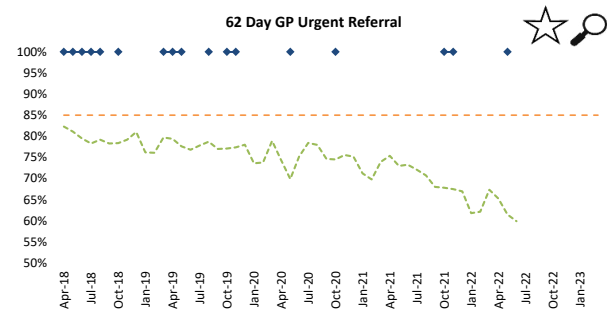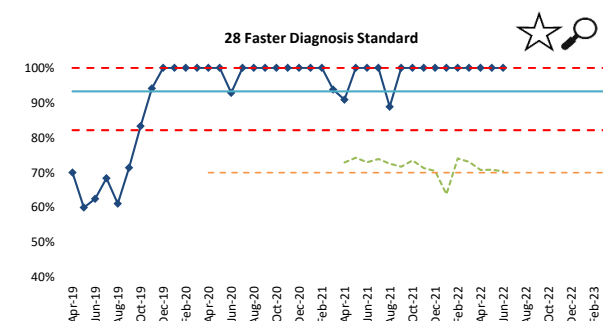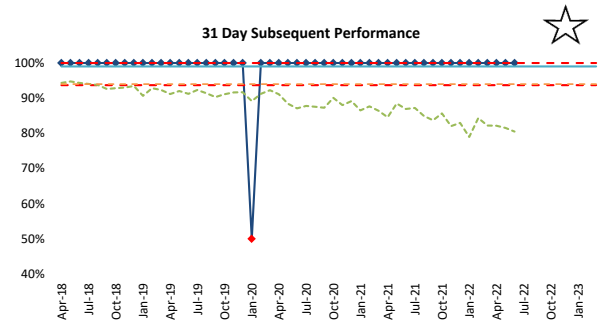**Number of Pathways waiting 52+ weeks at month end**

Number of Pathways waiting 78+ weeks at month end

Number of Pathways waiting 104+ weeks at month end

RTT English Average Open Wait (Weeks)

RTT Welsh Open Performance

5
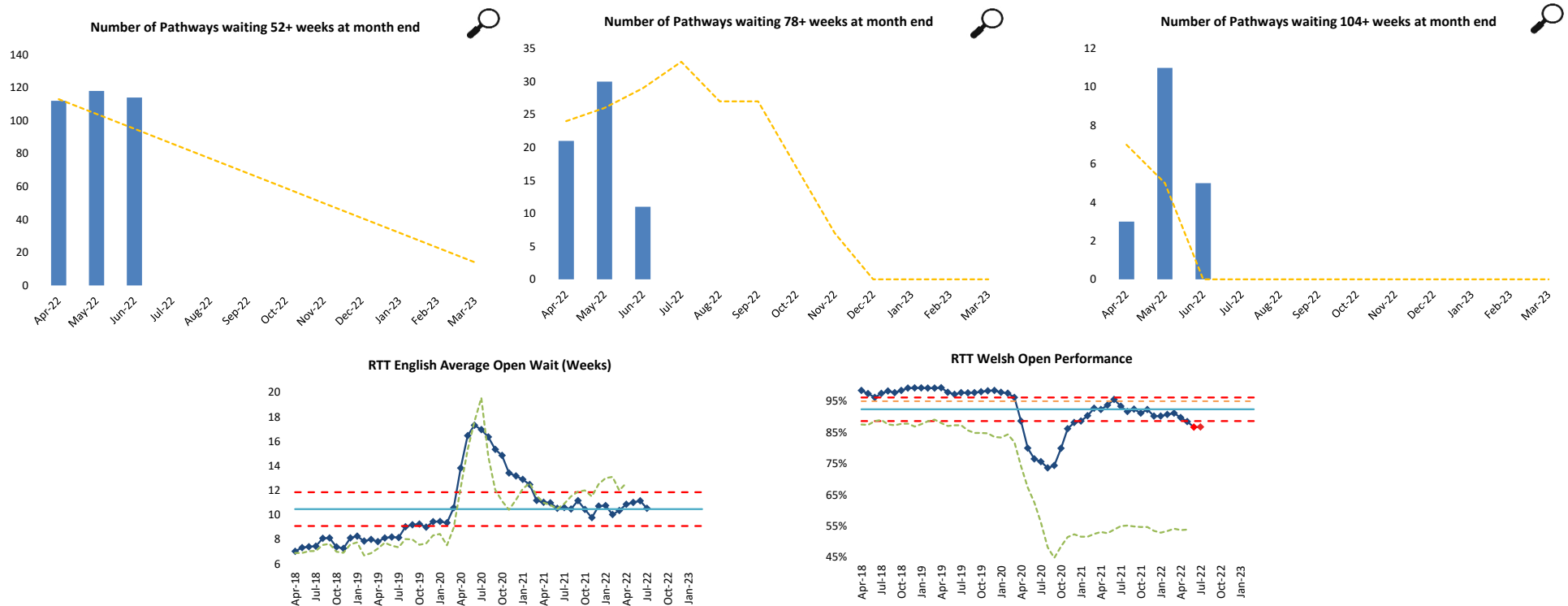
Operational
Responsive - Cancer Standards

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

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

Associated Risks
001 - Covid-19
003 - Performance Standards

14 Day Performance

31 Day FDT Performance

31 Day Subsequent Performance

28 Faster Diagnosis Standard

62 Day GP Urgent Referral

62 Day Consultant Upgrade

6
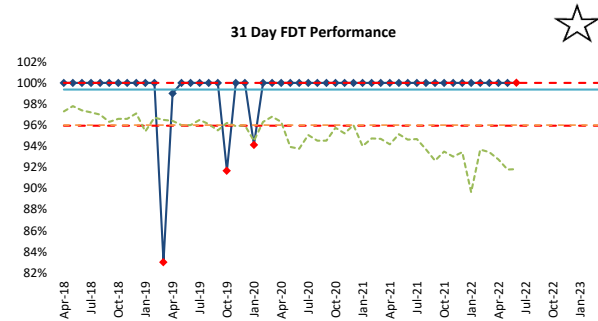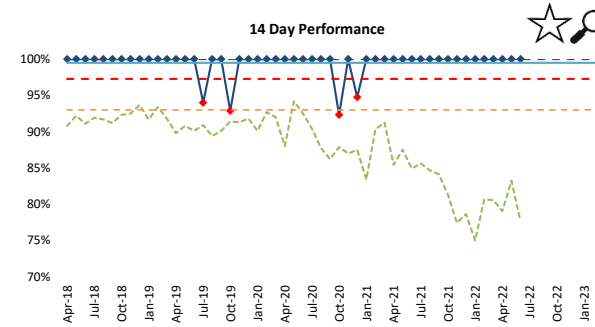
Operational
Responsive - Diagnostics

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Responsive - Access Standards	Target	Actual	Assurance
Diagnostic 6 Week Performance	1%	0.38%	A V B T

Associated Risks
001 - Covid-19
003 - Performance Standards

Achievement against the Diagnostic 6 week standard has been met in month. There was eight 6 week breach in month.

6 Week Diagnostic Performance
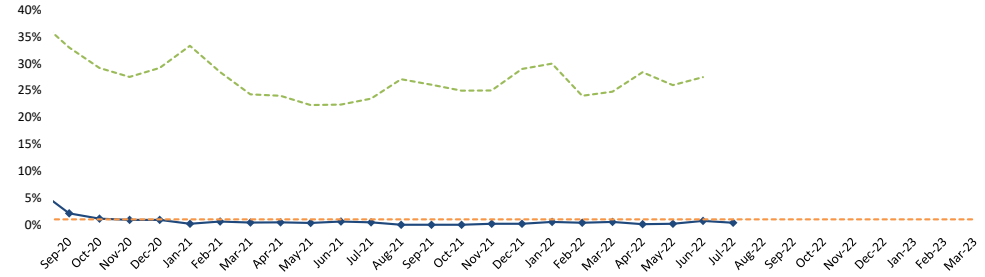
Diagnostic Breaches by Type

■ MR ■ CT ■ EMG ■ SLEEP
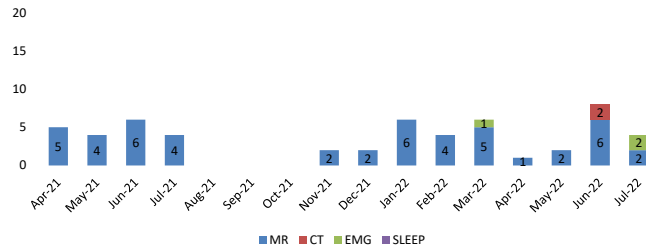
Total Diagnostic Activity in Month
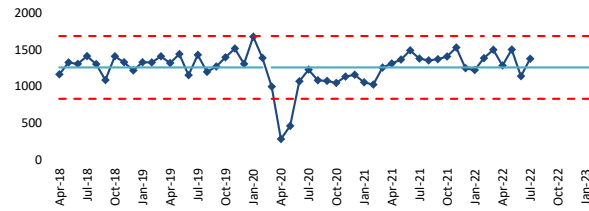
Total Diagnostic Waits at Month End

7
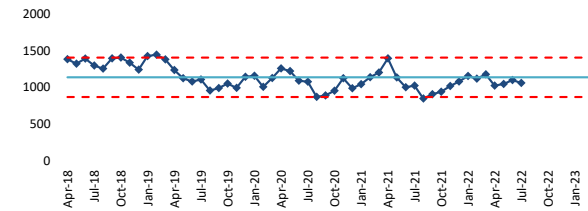
Operational
Effective - Theatres

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Effective - Theatres	Target	Actual	Assurance
No. Non Clinical Cancelled Operations	-	10	
% Cancelled operations non clinical on day	0.80%	0.94%	
28 Day Breaches in month	0	1	

Non Clinical Cancellations

There were 10 patients cancelled at last minute for non-clinical reasons in June 2022, the reasons for the cancellations were List overrun (3),Staff unavailable (4) and Equipment failure (1), Emergencies/Trauma (1) and Admin Error (1).

The Trust is in line with the national average for the % of non clinical cancelled operations based off latest published data .

In July we also had several procedures cancelled due to covid positive patients which impacts utilisation.

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

The Walton Centre --- National Average

Theatre utilisation of Elective Sessions

Theatre utilisation of in Session Time

8
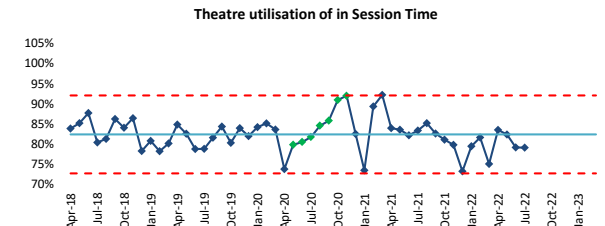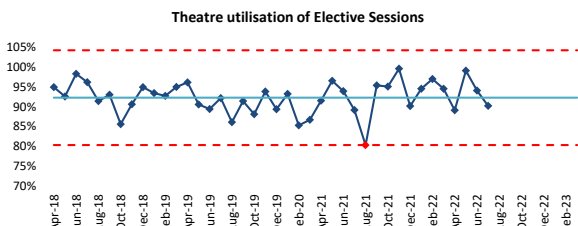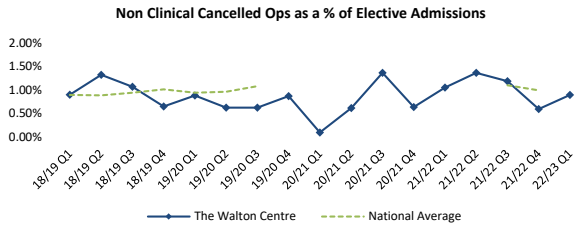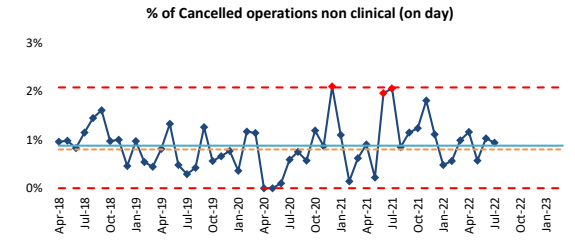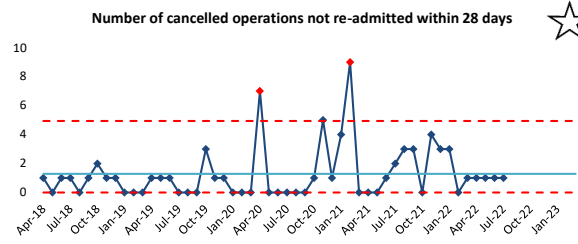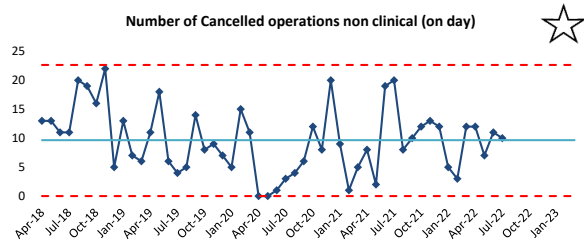
Operational
Effective - Activity Recovery Plan

July 22 Overall Activity Performance

POD	Actual 22/23	Plan 22/23	Actual (% of 19/20)	Target (% of 19/20)	YTD (% of 19/20)
Daycase	819	906	99.4%	104%	103.14%
Elective	250	282	91.9%	104%	79.90%
Elective & Daycase Total	1069	1188	97.5%	104%	99.55%
Non Elective	172	-	98.9%	-	93.16%
New Outpatients	4029	4380	95.7%	104%	101.22%
Follow Up Outpatients	7074	8159	86.7%	100%	95.46%
Enlgish Admitted Stops	219	304	75.0%	104%	79.32%
English Non Admitted Stops	1898	1981	99.6%	104%	104.85%
Total English Stops	2117	2285	92.6%	104%	101.50%

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

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

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

There is no target set against Non Elective activty.

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

A deep dive has been undertaken for elective recovery and was presented at BPC July 2022 meeting

Elective Activity v Plan
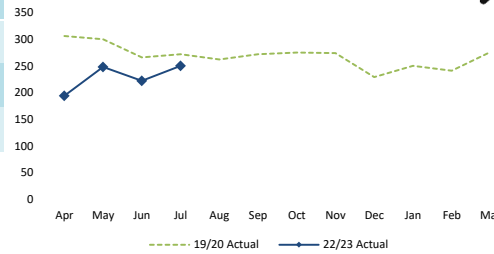
Daycase Activity v Plan
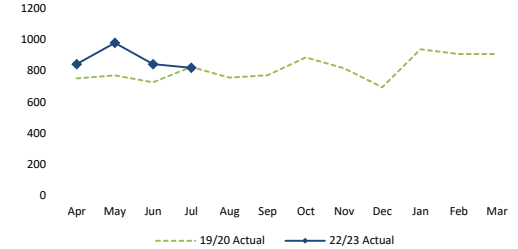
New Outpatients Activity v Plan
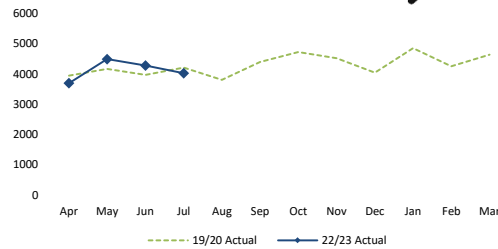
Follow Up Outpatients Activity v Plan
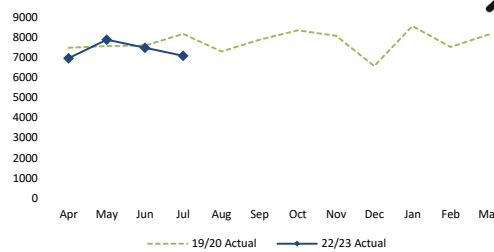
Non Elective Activity v Plan
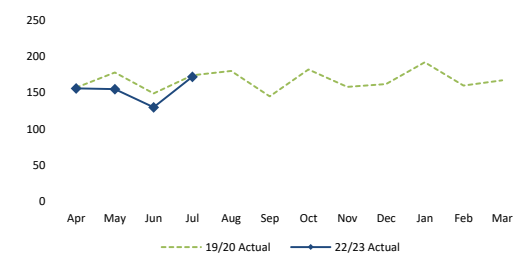
Enlgish Admitted Stops

English Non Admitted Stops

9

Operational
Effective - Flow

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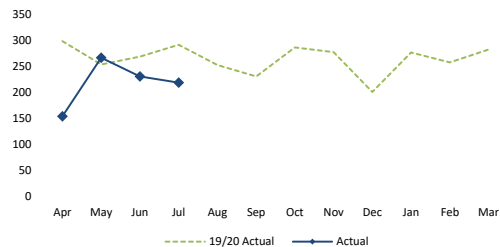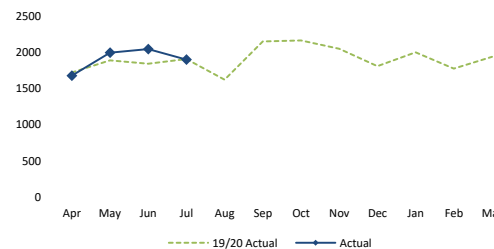
Effective - Flow	Target	Actual	Assurance
% 28 Day Emergency Readmissions (Local)	-	4.49%	A V B T
Total Delayed Discharge Days	-	213	A V B T
% Discharges by 5pm	-	57.53%	A V B T
% 14 Day Stranded Patients	-	27.55%	A V B T

All indicators are stable and within normal variation. These indicators form part of Patient Flow Transformation and are monitored through that workstream.

Total Delayed Transfer of Care Days

% Discharges to usual residence before 5pm

— Before 5pm ···· Before 12pm

% 28 Day Emergency Readmissions (Local)

% of Beds Occupied by 14 Day Stranded Patients

10
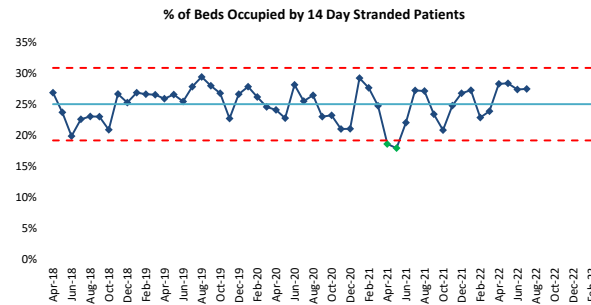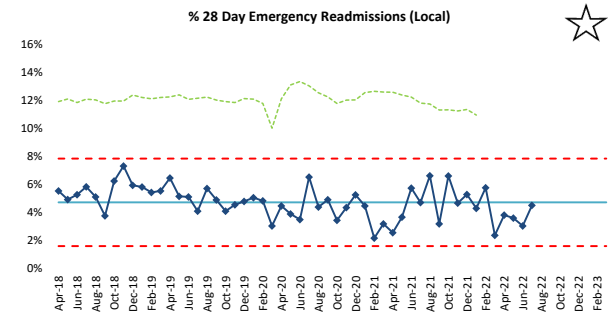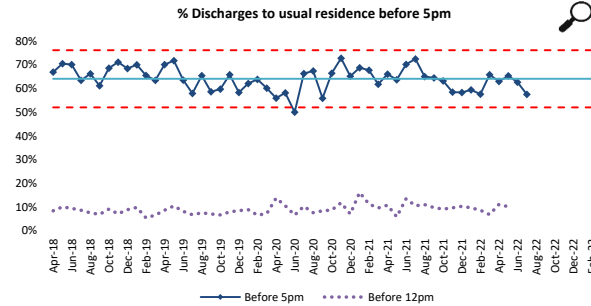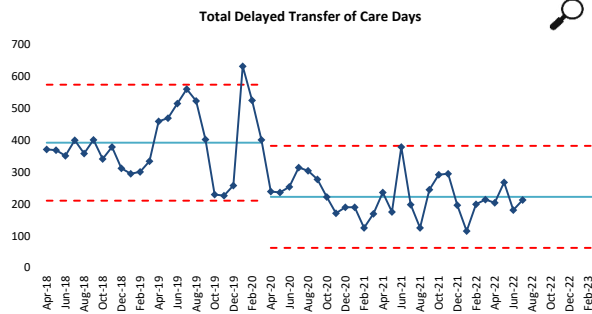
Operational
Effective - Outpatient Transformation

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

Patient Initiated Follow Up (PIFU)
As part of national Outpatient Transformation schemes the Trust the guidance is to work towards 5% of our total outpatients on a Patient Initiated Follow Up by March 2023. In July 22 2.62% of total outpatients were on a PIFU.

% of New Outpatient Appointments Delivered Virtually

% of Follow Up Outpatient Appointments Delivered Virtually

% Outpatients on a PIFU

11
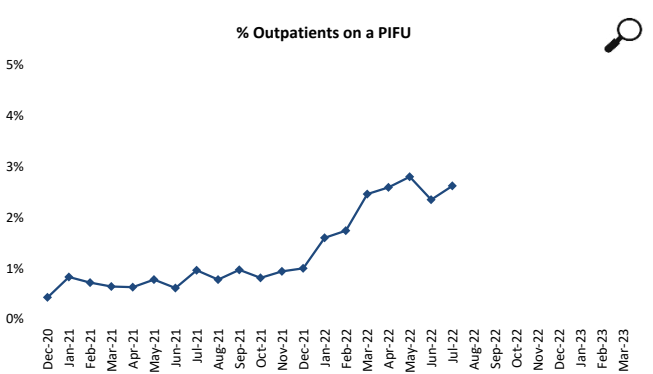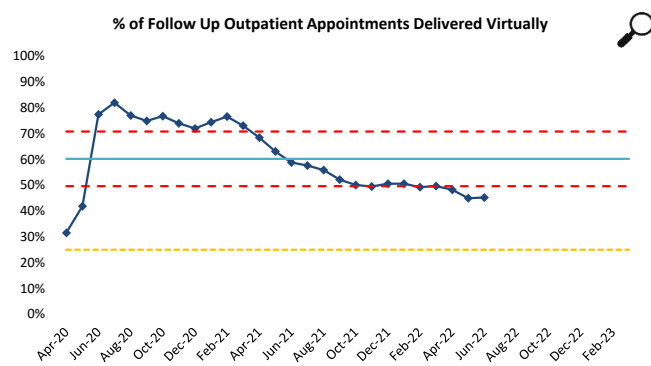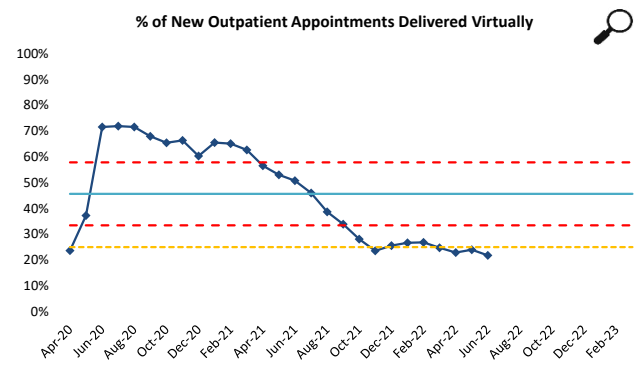
Workforce Indicators

Workforce
Well Led - Workforce KPIs

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Well Led - Workforce	Target	Actual	Assurance
Appraisal Compliance	85%	76.64%	A V B T
Mandatory Training Compliance	85%	83.47%	A V B T

Appraisal Compliance

The Walton Centre PDR target is 85%; since August 2021, the appraisal rates have been in decline, which has directly correlated with an increase in staff sickness and absence. The lowest in month PDR figure was 72% in April 2022. Following a period of targeted chasing and communications from the Chief Executive, appraisal rates acro ss the Trust have started to increase and the end the of June reporting figure was just below 80%.

Targeted chasing and the offer of further support will continue. Following feedback from managers regarding the appraisal proce ss, the paperwork is due to undergo review, however, this is on pause awaiting the outcome from the recommended standardised appraisal system outlined in the Messenger report, "Leadership for a collaborative and inclusive future".

Appraisal Compliance (Rolling 12 months)

Mandatory Training Compliance (Rolling 12 months)

13
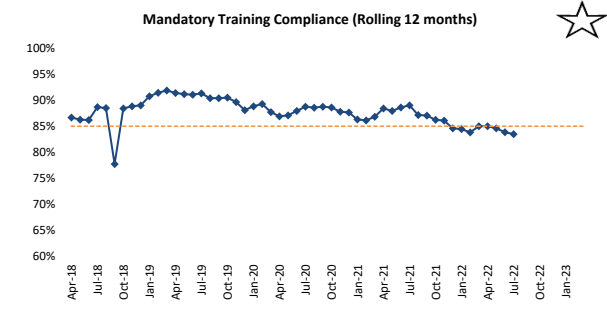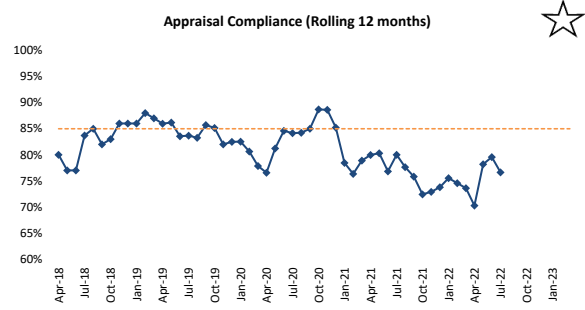
Workforce
Well Led - Workforce KPIs

Well Led - Workforce	Target	Actual	Assurance
Sickness / Absence	4.75%	7.15%	
Trust Turnover	-	16.27%	
Nursing Turnover	-	12.57%	
Other Staff Turnover	-	17.63%	

Sickness/Absence

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

Turnover

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

Other staff turnover has increased steadily and reflects the pressures within the wider labour market. This is exacerbated by other NHS providers non 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)
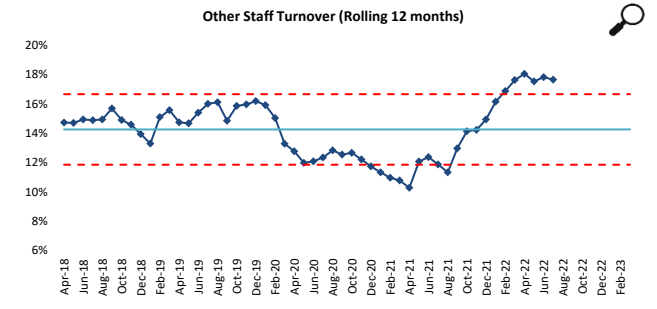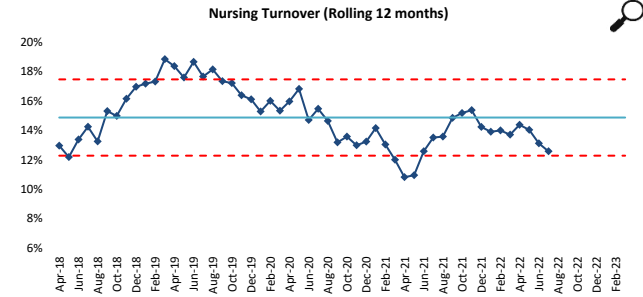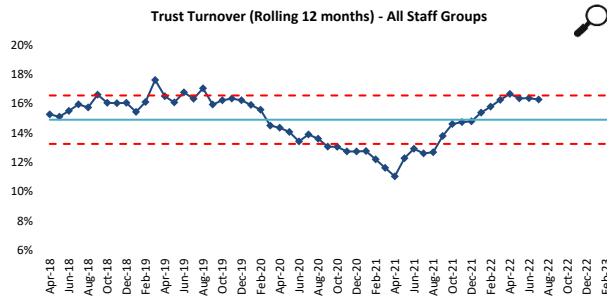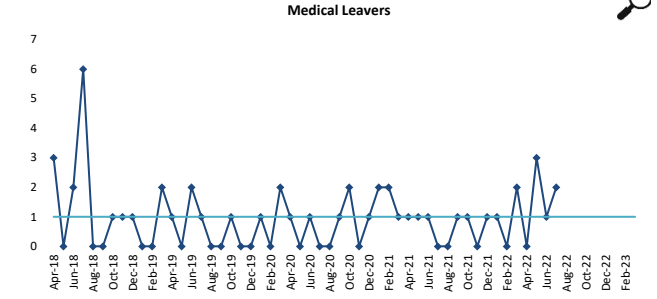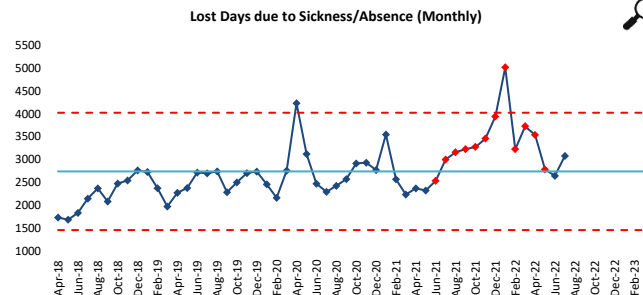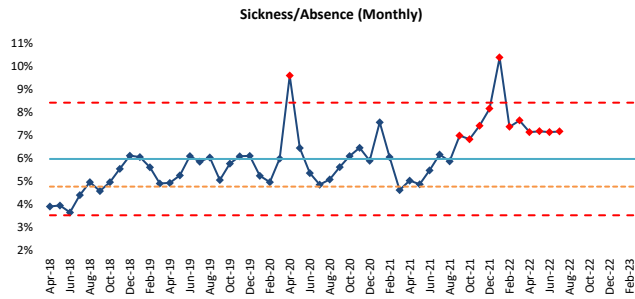
Quality of Care
Well Led - Workforce KPIs

Overall Vacancy Level %
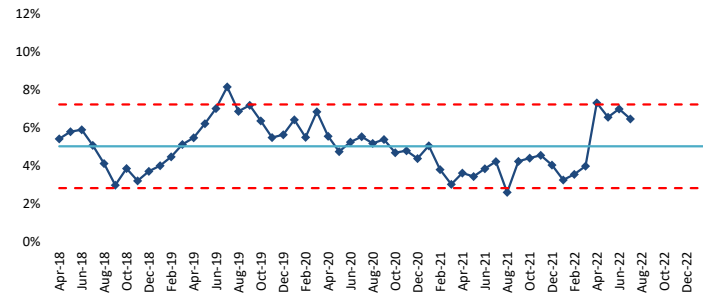
Nursing Vacancy Level %
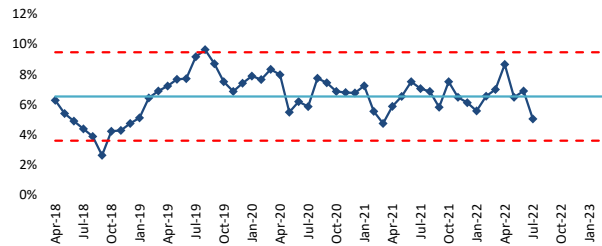
Medical Vacancy Level %
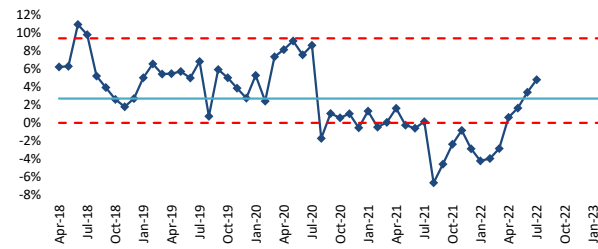
Other Staff Vacancy Level %
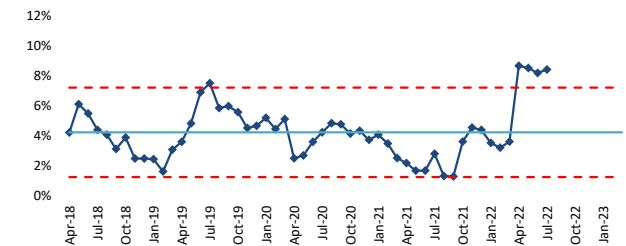
Vacancy Rates

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

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Quality Indicators

Quality of Care
Caring - Complaints

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Total New Complaints Received in month

Quarterly Complaints per 1000 WTE

— The Walton Centre   --- National Rate   --- Neuroscience Centres Rate

Complaints by Subject Apr 19 to present

% New Complaints Received against Activity

Total New Complaints Received

■ Neurosurgery   ■ Neurology   ■ Organisation-wide

Complaints by Outcome

	Not Upheld	Partial Upheld	Upheld
19/20	66	32	24
20/21	42	23	6
21/22	46	18	11
22/23	12	11	6

In July 2022 the Trust received 8 new complaints; 6 Neurology and 2 Surgery. Of the 8 complaints received; 3 related to admission or discharge arrangements and 2 related to treatment or care, 2 related to communcation and 1 to approach and manner.

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

Due to the reduction seen the Trust is now below the national average and neuroscience centres average up the latest published period of Q4 2021/22. However locally there has been an increase in the rate in Q1 2022/23.

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Quality of Care
Caring - Friends & Family Test

Inpatient FFT % Likely to Recommend
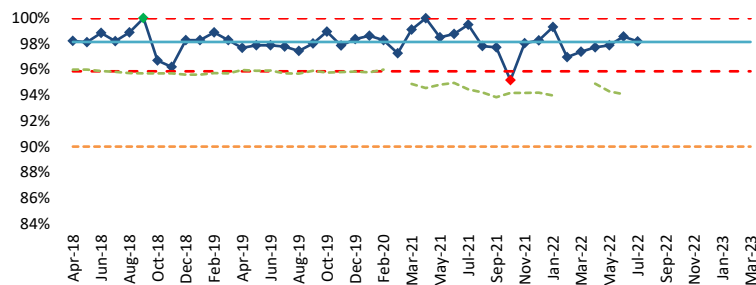
Outpatient FFT % Likely to Recommend
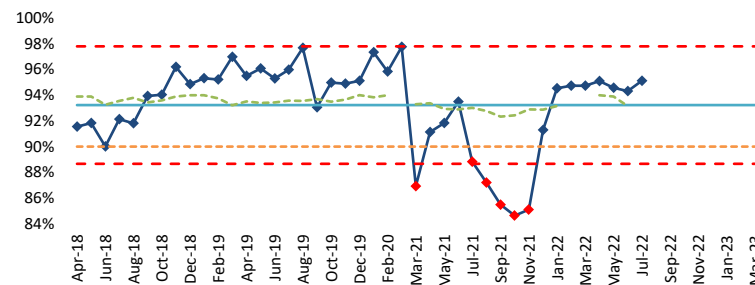
Inpatient FFT Response Rate

Outpatient FFT Response Rate

18

Quality of Care
Safe - Infection Control

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MRSA Bacteraemia

- - - 20/21 Actual YTD
- - - 21/22 Actual YTD
—— 22/23 Trajectory
—•— 22/23 Actual YTD

CPE

- - - 20/21 Actual YTD
- - - 21/22 Actual YTD
—— 22/23 Trajectory
—•— 22/23 Actual YTD

C.Diff

- - - 20/21 Actual YTD
- - - 21/22 Actual YTD
—— 22/23 Trajectory
—•— 22/23 Actual YTD

E.Coli

- - - 20/21 Actual YTD
- - - 21/22 Actual YTD
—— 22/23 Trajectory
—•— 22/23 Actual YTD

Klebsiella Bacteraemia

- - - 20/21 Actual YTD
- - - 21/22 Actual YTD
—— 22/23 Trajectory
—•— 22/23 Actual YTD

Pseudomonas Bacteraemia

- - - 20/21 Actual YTD
- - - 21/22 Actual YTD
—— 22/23 Trajectory
—•— 22/23 Actual YTD

MSSA

- - - 20/21 Actual YTD
- - - 21/22 Actual
—— 22/23 Trajectory
—•— 22/23 Actual YTD

Total Healthcare Acquired Infections 2022/23

	MRSA B	CPE	C.Diff	E.Coli	KB	PB	MSSA	Total
Cairns				1				1
Caton		2				1		3
Chavasse			1	3				4
CRU			1		1			2
Dott			1					1
Horsley			1				1	2
Lipton								0
Sherrington								0
Total	0	2	3	5	1	1	1	13

July Breakdown by Ward

2 x E Coli - Chavasse, Cairns
1 x C.Diff - Chavasse
2 x CPE - Caton

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Quality of Care
Safe - Infection Control

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C.Diff Rate per 100,000 Bed Days YTD

MSSA Rate per 100,000 Bed Days YTD

There have been 2 C.Diff year to date at a rate of 17.79 per 100,000 bed days.

E. Coli cases are at 5 during 22/23 at a rate of 29.65 per 100,000 bed days.

There has been 1 MSSA, 1 Pseudomonas and 1 Klebsiella YTD . All at a rate of 5.93 per 100,000 bed days. The MSSA rate is in line with the national average for the first time since April 2020.

Covid-19 Nosocomial infections are lab confirmed PCR results only. There was 6 in June.

E.Coli Rate per 100,000 Bed Days YTD

MRSA Rate per 100,000 Bed Days YTD

Covid-19 Nosocomial Infections

Klebsiella Rate per 100,000 Bed Days YTD

Pseudomonas Rate per 100,000 Bed Days YTD

20
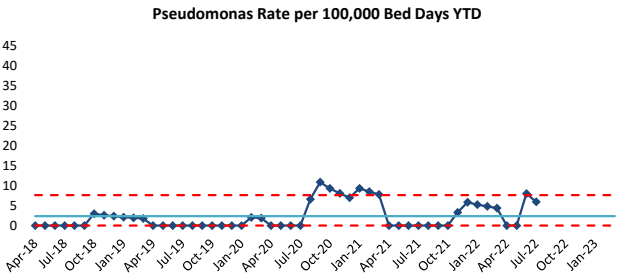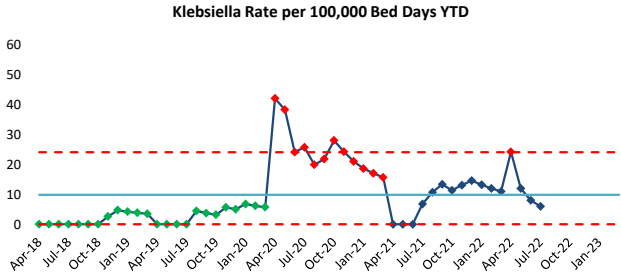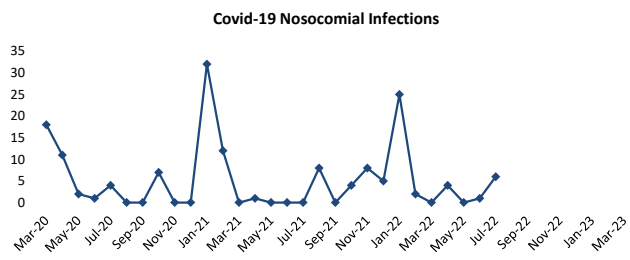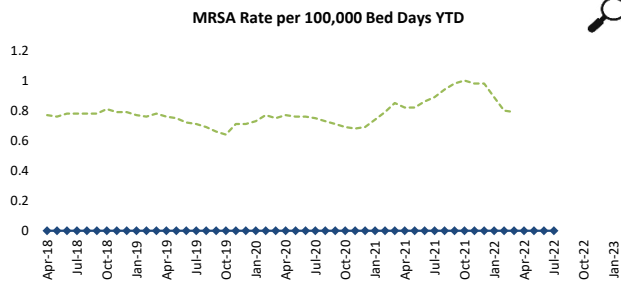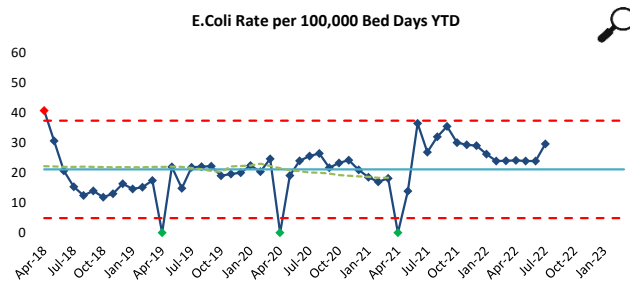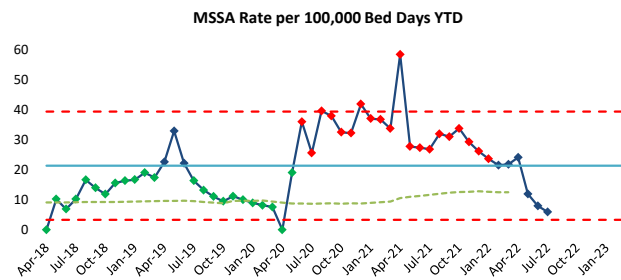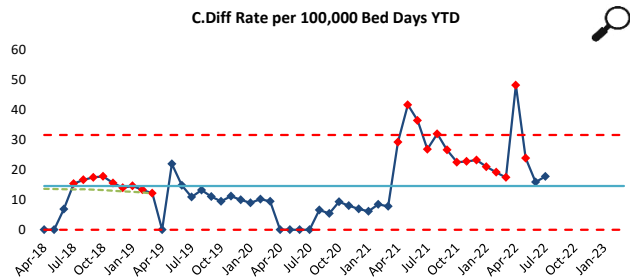
Quality of Care
Safe - Harm Free Care

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Excellence in Neuroscience

Total Moderate or Above Harm Inpatient Falls

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

CAUTI Incidences
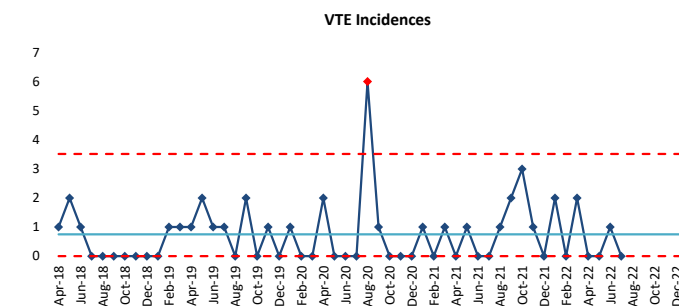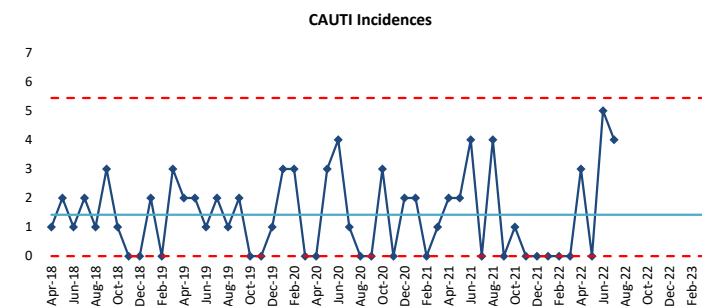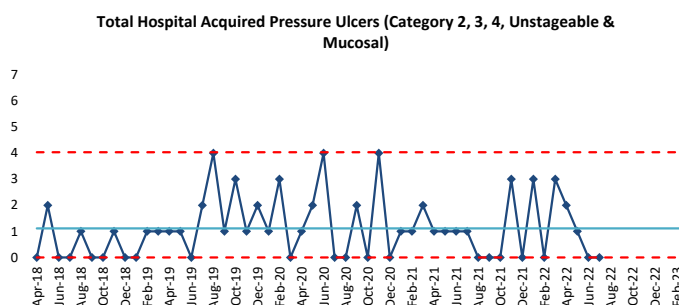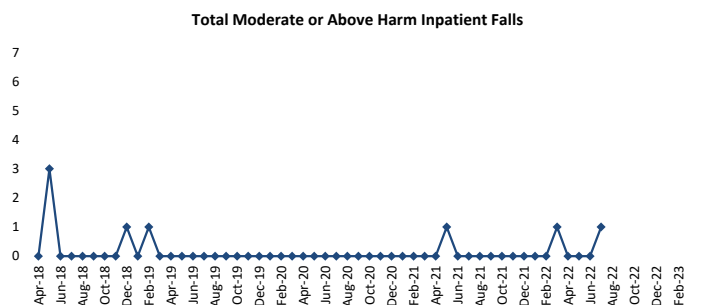
VTE Incidences

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

Pressure Ulcers
There were no Hospital Acquired Pressure Ulcers in month

CAUTI
There were four CAUTI incidence in month

VTE
There were zero VTE incidences in month

All harm measures are within normal variation.

21

Quality of Care
Safe - Mortality

NHS
The Walton Centre
NHS Foundation Trust

Excellence in Neuroscience

RAMI 2019 by Month

Walton Centre — — Peer

RAMI 2019 Rolling 12 Month

Walton Centre — — Peer

RAMI 2019 Rolling 12 Month Peer Distribution

Crude Mortality

As at June 2022 the rolling 12 month RAMI19 figure is 70.10. During the period there were a total of 69 observed deaths against 92 expected deaths. Compared to peers The Walton Centre has performed significantly better during the period.

RAMI19 excludes deaths following a positive covid-19 result. During the rolling 12 month period there have been 3 deaths following a positive covid-19 result. In the most recent two months there has been two.

Crude mortality is within normal variation

22

Quality of Care
Safe - Governance

Total SUIs Reported
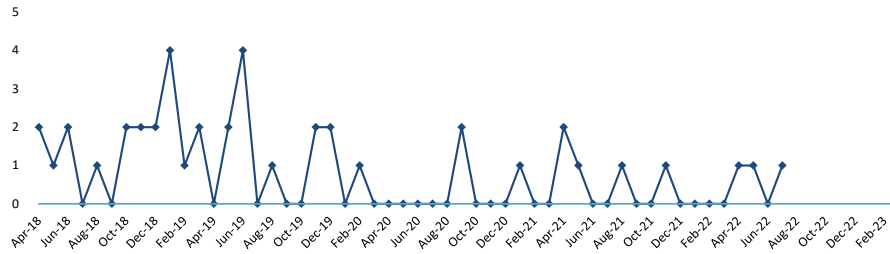
Total Never Events Reported

23
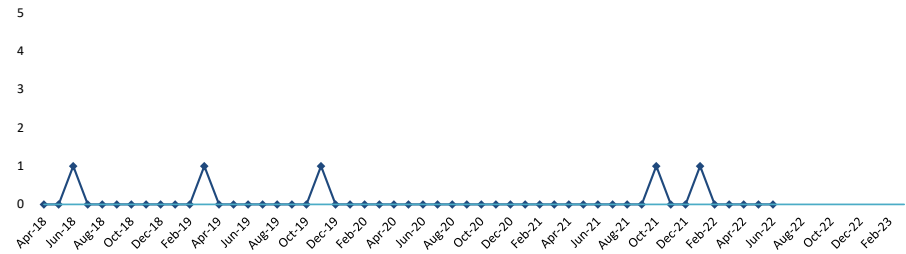
Ward Scorecard

July 2022

NHS
The Walton Centre
NHS Foundation Trust

Excellence in Neuroscience

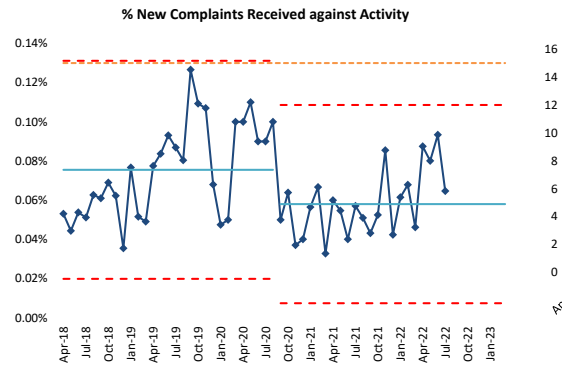|	Safe Staffing				Harms				Infection Control			
	Day Registered	Day Non Registered	Night Registered	Night Non Registered	Pressure Ulcers	Falls (Mod+)	UTI	VTE	MRSA	MSSA	E Coli	C Diff
Cairns	100.3%	108.5%	98.9%	127.4%	0	0	2	0	0	0	1	0
Caton	92.6%	99.9%	98.3%	123.0%	0	0	1	0	0	0	0	0
Chavasse	93.0%	114.1%	98.7%	111.4%	0	0	0	0	0	0	1	1
CRU	90.7%	113.0%	97.5%	139.4%	0	0	0	0	0	0	0	0
Dott	94.6%	100.5%	97.8%	122.6%	0	0	0	0	0	0	0	0
Horsley ITU	132.5%	81.0%	133.7%	69.7%	0	0	1	1	0	0	0	0
Lipton	103.8%	95.7%	122.8%	137.4%	0	0	0	0	0	0	0	0

Board of Directors Key Issues Report

NHS
The Walton Centre
NHS Foundation Trust

Report Date: 27/07/22	**Report of:** Business Performance Committee (BPC)
Date of last meeting: 26/07/22	**Membership Numbers:** Quorate

1	**Agenda**	The Committee considered an agenda which included the following: • Committee Time Efficiency Update and Three month review of BPC changes • Trustwide Risk Register covering BPC risks • Transformation Quarterly Update • Deep Dives into Elective Recovery and Cost Improvement Programme • Digital Aspirant NHSX monthly update • Finance and Procurement Strategy update • Equality, Diversity and Inclusion Annual Report • Key Issues Reports for 6 sub committees
2	**Alert**	• The Information Governance Security Forum reported an externally reportable incident (in May) relating to a patient receiving another patient's letter. This is highlighted to Audit Committee.
3	**Assurance**	*Integrated Performance Report* • All cancer wait/treatment and diagnostic targets continue to be achieved. • Patient flow and outpatient transformation indicators remain strong, with the exception of Did Not Attends (DNA) for follow-ups which remains challenging. • With regards to activity recovery – the number of very long waiters is reducing, high levels of day case and outpatients were achieved in June but elective activity remains below target and continues to be a key focus for improvement. • Sickness remains around 7% (ie high). There was a further improvement in appraisal compliance towards the aim of meeting the target by August. • The reported Income and Expenditure outcome was £111k adverse in June, but this includes adjusting the plan as revised by Board in July. The year to date position is more meaningful (since it incorporates adjustments to both actuals and plan) and shows a small favourable variance of £11k. • Capital spend is behind plan but is expected to pick up in Q2. • Further improvements have been made to narratives in the IPR and to the range of metrics presented. *Other matters* • 'Deep dives' reviews were made of progress against the elective recovery plan, Cost Improvement Plan (CIP) and transformation programme, all providing partial assurance as work is ongoing to achieve planned targets.

		• Numerous challenges (many external or widespread across the sector) negate the premises upon which the elective recovery plan is based but a range of mitigations are being worked at pace. • CIP was on plan in Q1 (£1m delivered) but with a higher proportion of non-recurrent than planned. A total of £3.5m has been so far identified for the full year, which leaves a further £1.4m to be identified, with a high focus on this. • The bed repurposing project now has confirmed financial savings (strong element of recurrent CIP delivery) and wider KPIs in place. The new Lipton and Caton wards are open with Sherrington and Jefferson to follow in October. Good progress is also being made on e-Roster, 'Attend Anywhere' and Patient Initiated Follow-Up. Potential savings from hybrid mail are now better quantified and the business case will be revisited to check proposed savings against latest projections. • Partial assurance was provided on progress implementing the Digital Aspirant project: it continues to progress on track but risks remain. • Key BPC-related risks from the divisional risk registers were reviewed with a focus on assurance of mitigation/action. Improvements in associated actions, gaps in control and assurance were welcomed. • Progress on the current Finance & Procurement Strategy was reviewed. New Finance and Commercial Development Substrategy in development, expected for approval in Q3.
4.	**Advise**	• The Equality, Diversity and Inclusion annual report of statutory returns was presented ahead of coming to Board. • The changes to the terms of reference, cycle of business and reduced number of core attendees made in March were reviewed. It was agreed that the changes had had a positive impact on the effectiveness of the committee in particular regarding the quality and impact of challenge and becoming more strategic in focus and should be made permanent. Further ideas aimed at continued improvement to efficiency and effectiveness were tabled and agreed. • 6 Key issues reports from sub-groups were received and noted. • New guidance from NHSE on elective recovery planning which arrived the day before the meeting was reviewed and considered to be already addressed within current plans. • Quality Committee had referred to BPC a CQC Insight report on their assessment of Well-Led, part of which relates to trends of People metrics. The People Group were asked to include the metrics which CQC track in the suite of expanded indicators which they are compiling and will track.
5.	**Risks Identified**	• Neurology division have added a risk to the register highlighting the shortage of Ophthalmology Consultants at Liverpool University Hospital NHS Foundation Trust (LUHFT) who provide a service to our patients. Due to 1 resignation and 1 retirement the divisional management team are working closely with LUHFT to understand how to mitigate this risk.
6.	**Report Compiled**	David Topliffe, Non-Executive Director	Minutes available from:	Corporate Secretary

Board of Directors' Key Issues Report

NHS
The Walton Centre
NHS Foundation Trust

Report Date: 01/09/22	Report of: **Quality Committee**
Date of last meeting: 21/07/22	**Membership Numbers:16** **Quorate**

1.	**Agenda**	The Committee considered an agenda which included the following: • Patient Story • Quality or Risks for escalation to Quality Committee • Integrated Performance Report/Divisional KPI Reports • Quality Presentation by the Vascular Service • Governance and Risk Quarter 1 Report • Risk Reporting Process • Tissue Viability Quarter 1 Report • Infection Control Quarter 1 Report • Clinical Audit Plan and NICE Guidance Exceptions • Ward Accreditation (CARES) & Tendable Update • CQC – Bi-Monthly Report • Patient Experience Quarter 1 Report • The Brain Tumour Pathway - presentation • Sub-Committee Key Issues Reports to Quality Committee
2.	**Alert**	**Quality or Risks for Escalation to Quality** • It was noted that there is a national shortage of Consultant Neuro-ophthalmologists. The Trust use the service based at LUHFT but both consultants are leaving. Posts are out to advert and LUHFT are engaging with discussions with the divisions. The issue has been added to the risk register **CQC Insight Report** • The Report was noted by the Committee with declines in Safe and Well-Led acknowledged. Business Performance Committee to be advised of impact of staff survey on CQC rating. The CN has a meeting with CQC 21/07/22 and will ask that Pulse Staff Survey to be considered.
	Assurance	**Patient Story** • The story recounted the journey of a patient, suddenly unable to walk. Diagnosed with transverse myelitis, the patient had an 8 week stay on Chavasse Ward. The patient appreciated the knowledge and caring nature of all who looked after him. The patient advised that he will be sad to leave the Trust, describing it as a 'hidden gem'. The Committee noted the emotion in the story and discussed the fact that a local patient was not aware of the WCFT, highlighting the need for branding and increased profile of the Trust.

1

Quality Presentation on behalf of Vascular Team
- The presentation demonstrated how the team manage patients with sub-arachnoid haemorrhage (SAH) Care is underpinned by policy, NICE Guidelines together with a focus on Patient Family Centred Care (PFCC) and Making Every Contact Count (MECC). Road to Recovery course for patients and families and follow up care is acknowledged as an excellent standard. The British Neurovascular Group wants to adapt WCFT Road to Recovery for other organisations. The Committee noted the excellent work of the team discussed how WCFT can be recognised for this work

Integrated Performance Report
- Attention was drawn to the number of Catheter Acquired Urinary Tract Infections (CAUTI) as IPC/LN noted 14 incidents year to date (from April 22) but only 3 incidents are noted on the report. IPC/LN advised that the 3 noted on the report are blood stream infections as opposed to CAUTI. Data to be clarified at next meeting. A quality improvement group has met and a number of workstreams identified

Risk & Governance Report Q1
- Merseyside Internal Audit Agency (MIAA) review of Risk Management – Core Controls. The Trust received an assurance rating of high.
- There has been a slight reduction in the number of violence and aggression incidents. Currently there is a very agitated patient on the ward. Security team recognised as extremely supportive with this patient.

Infection, Prevention & Control Q4 and Annual Report
- C. Difficile infections both regionally and nationally have increased however WCFT are currently on target
- Tendable Audits are now being rolled out. Very positive feedback received with regarding usage and access to data.

Ward Accreditation (CARES) & Tendable update
- Excellent outcome for Cairns Ward, achieving Gold standard. Team to be asked to present at Quality Committee. Caton Ward achieved Bronze. Action plan and support in place for Caton Ward
- Timescales for when all CARES assessments will be completed to be provided to Quality Committee

Clinical Audit & NICE Guidance Exceptions
- The position is much improved since last presentation at Committee
- Timescales to be provided to show trajectory for when NICE Guidance Assessments & Audits have been completed

Brain Tumour Pathway Presentation
- The presentation demonstrated how the pathway aims to manage patients so that no delay is experienced. Excellent collaboration and Patient & Family Centred Care (PFCC) was noted. The team presented to the Cheshire & Merseyside Alliance and have been shortlisted for Nursing Times Award 2022. Warrington, LUFHT and Wirral want to replicate this work

| | Advise | **Governance & Risk Q1 Report** |
| | | • There were 7 unwanted fire signals during Q1 with the fire brigade attending the Trust on 3 occasions. Calls tend to occur out of hours. Divisional Nurse Directors |

2

to focus on ensuring compliance with regards to fire training which currently stands at 79% for the Trust

Mortality & Morbidity Report
- The report noted an avoidable death for which the background was provided. The Coroner has stated natural causes for this death but learning will progress. The Committee noted good governance was in place and followed in being open when investigating the case
- The Swan Model was explained and how this will support patients who are at end of life.

Tissue Viability (TV) Q1 Report
- Wards now have an awareness of how many pressure ulcer free days they have achieved and bedside education is on-going where possible.
- Discussion to take place with Chief People Officer and RIME Committee with regards to whether it is feasible to support research into devices for prevention of pressure ulcers related to Nasogastric Tubes (NGT)
- Tissue Viability Plan to come to Committee in September. IPC/LN noted the Tissue Viability team is only 1.35 WTE and with more specialised surgeons coming in, potentially more TV staff are required. Concerns were noted regarding TV establishments

2.	Risks Identified	• See risk above in alert section (first bullet point)		
3.	Report Compiled by	Ray Walker	Minutes available from:	Corporate Secretary

3

Report to Trust Board
1 September 2022

Report Title	Investors in People 'we invest in wellbeing' Standard Annual Review 2022
Executive Lead	Mike Gibney, Chief People Officer
Author (s)	John O'Sullivan, Investors in People Assessor Jane Mullin, Deputy Chief People Officer Rachel Saunderson, Innovation Co-ordinator
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 Trust has maintained its Gold accreditation and is on course for achieving Platinum as it is able to demonstrate a strong commitment to continuous improvement
- Key areas of focus have been identified for the next 12 months and an action plan is in place to take this forward
- The next annual review of the standard is due to be undertaken in June 2023

Next Steps

- Share review outcome report with Staff Side Partnership Committee on 6 September 2022
- Progress action plan for key areas of focus for the next 12 months to work towards Platinum accreditation

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

Strategic Risks

001 Quality Patient Care	004 Leadership Development	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			

Investors in People 'we invest in wellbeing' Standard
Annual Review 2022

Executive Summary

1. An annual review of the Trust's Gold accreditation for the Investors in People 'we invest in wellbeing' standard took place on the 9 and 10 June 2022. The process consisted of interviews, focus groups and showcase presentations with staff from across the organisation and observation survey data through the NHS Pulse Survey reports.

2. The Trust maintained its Gold accreditation and is on course for achieving Platinum as was able to demonstrate a strong commitment to continuous improvement.

Background and Analysis

3. Investors in People is the industry standard for people management and sets out the criteria for high performance through people. The Walton Centre received accreditation of the Gold Award under the new Investors in People wellbeing framework 'we invest in wellbeing' on the 4 June 2021. Although the awards are valid for three years, in order to maintain accreditation, the Trust is required to undergo annual interim reviews. The first interim review was undertaken on the 9 and 10 June 2022 following which the Trust maintained its Gold Award accreditation.

4. Feedback received through the outcome report informed that the showcase presentations were excellent and that the interviews and focus groups had been very insightful into the Trust's health and wellbeing journey. Areas of notable achievement were highlighted as:

    - The implementation of the Trust's Health and Wellbeing Strategy and that staff feedback received via local Pulse surveys and the National Staff Survey informed this
    - Extensive wellbeing offer inclusive of all areas of wellbeing; physical, emotional, workplace, social and financial
    - Introduction of health MOTs to provide staff with 'lifestyle checks'
    - 28 staff trained as Mental Health First Aiders and Wellbeing Advocate appointments made
    - Wellbeing coaching-style conversations included in appraisal and maternity leave policies
    - Commitment to wellbeing from senior management
    - Strong practical support from HR
    - Strong focus on equality, diversity and inclusion
    - Wellbeing routinely and constructively discussed at Staff Partnership Committee
    - Working towards creating a wellbeing culture that focuses on prevention.

5. As a result of the work undertaken, the Trust has exceeded the national NHS average on a number of the Pulse and National Staff Survey wellbeing indicators and experienced relatively low levels of staff attrition compared to other healthcare providers.

6. Key areas of focus have been identified for the next 12 months and an action plan has been implemented to take this forward. The outcome report will be shared with Staff Side colleagues through the Staff Partnership Committee meeting on the 6 September 2022. The next annual review of the standard is due to be undertaken in June 2023.

7. It should be noted that the Trust also holds the Gold Award for the Investors in People 'we invest in people' standard for which the next annual review is due to be undertaken in November 2022.

Conclusion

8.   An annual review of the Trust's Gold Award accreditation for the Investors in People 'we invest in wellbeing' standard took place on the 9 and 10 June 2022 the outcome from which was that The Walton Centre maintained its Gold status and is on course for achieving Platinum industry standard for people management.

Recommendation

9.   The Trust Board is asked to note the content of the outcome report from the 2022 annual review of the Investors in People 'we invest in wellbeing' standard and the substantial work undertaken on the health and wellbeing agenda culminating in the achievement of maintaining Gold accreditation.

Author: Jane Mullin and Rachel Saunderson
Date: 21/07/22

Appendix 1 – Investors in People 'we invest in wellbeing' Standard Annual Review Outcome Report, 10 June 2022

INVESTORS IN PE⊙PLE®
We invest in wellbeing

12 months on...

The Walton Centre

Project number: NOR-22-00496
Practitioner: John O'Sullivan
Date: 10 June 2022

Investors in People
Office 2.8
3 Lloyd's Ave
London, EC3N 3DS
+44 (0) 300 303 3033

It's been a while!

It's been a year since we finished our assessment and awarded you Gold accreditation.

We checked in with you recently to see how you've got on in the last 12 months and find out what you're planning for the year ahead. The review took place on 9 and 10 June 2022 and consisted of:

- interviews, focus groups and showcase presentations involving twelve staff and two external consultants

- observation of survey data

Last year, we found out…

Wellbeing was fundamental to your business strategy…

Your people considered wellbeing to be an integral element of your ethos and values.

You were offering lots of practical support…

There were accessible advisory and support services relating to physical, mental and financial wellbeing.

People spoke very positively about your culture…

Your people described a culture of openness, trust and mutual support that was reflected in positive feedback against a range of satisfaction, motivation and association factors.

You cared about people's safety…

Most people praised your response to Covid 19 describing how you have shown a demonstrable commitment to their safety and welfare throughout the pandemic.

You had achieved some great results…

CQC inspectors had highlighted a number of examples of outstanding practice, citing how there was 'a strong culture to support staff health and wellbeing' and how '*candour, openness, honesty and transparency were the norm*'.

And we suggested some things to work on…

You agreed to consider the following suggested improvement actions:

We discussed a number of actions that will support your ambition of achieving Platinum status. These were related to:

- continuing to develop the capability of line managers, particularly with regard to skillsets relating to supporting the mental wellbeing of staff

- leaders acting as role models and creating the conditions whereby staff feel comfortable discussing their mental wellbeing and feel encouraged to speak up and share their ideas

- continuing to strengthen processes for engaging staff in finding solutions to issues arising from staff surveys and other data sets

- considering whether more opportunities for social wellbeing activities can be facilitated

What you've achieved so far

You've taken a number of improvement actions …

You are continuing to adopt a progressive approach that focuses on processes, systems and culture. For example, you highlighted how, since your last assessment:

- you have developed a new Health & Wellbeing Strategy

- you have introduced Health MOTs to provide staff with 'lifestyle checks' covering key factors such as blood pressure, cholesterol, blood glucose, BMI waist measurement and body fat percentage

- you have introduced bi-monthly Walton Wellbeing bulletins

- you have updated your appraisal framework to include regular, supportive one-to-one coaching-style conversations that focus on an individual's wellbeing

- you have identified ways (such as a staff break room and a dedicated wellbeing hub) for improving rest spaces

- you have introduced more easily accessible information, advice and signposting

- you have carried out a structured review of flexible working and developed an Agile Working Policy

- the Neurology Division has held sessions with individual departments to discuss staff survey results

- 28 staff have been trained in Mental Health First Aid and a number of wellbeing advocates have been appointed

- you have continued to upskill line managers through progammes such as Brilliant Basics

- Therapies has set up a wellbeing group (having developed their approach by drawing on experience and guidance from colleagues in Theatres and HR)

- the Bistro has been revamped and is offering a range of healthy food options

- Wellbeing conversation templates have been agreed with staff side and included in PDR and maternity leave policies

You've continued to deploy an effective strategic approach…

Your strategic approach to wellbeing continues to reflect a wide number of strengths. For example:

- your Health & Wellbeing Strategy has been developed in accordance with the NHS People Plan and its content has been influenced by a range of internal and external stakeholders

- you have captured your ambitions and purpose in clearly defined vision and mission statements and underpinned these with a number of high level commitments

- you have developed a holistic model embracing physical, mental, workplace, social and financial wellbeing

- you have an extensive wellbeing offer that includes an Employee Assistance Programme, employee benefits, in-house coaches and an occupational health service

- you have developed a balanced combination of both preventative and responsive measures

We invest in wellbeing

- you are seeking to create a culture of wellbeing that focuses on prevention and culture change

- your learning & development strategy is designed to build your capability to discharge your wellbeing ambitions and obligations

- you have continued to deploy surveys to gain insights seek into factors such as lifestyles and work related pressures

- you are utilising data from pulse and national staff surveys to shape your wellbeing strategy

What your people are saying…

"The support from the Trust is always there"

"I feel we've got a connection to the execs here"

"It feels like a really safe environment"

"I couldn't say a bad word about our management"

The excellent showcases, alongside interviews and focus groups provided detailed insights into your health and wellbeing journey. Whereas discussions took place with a relatively small number of staff, feedback reflected a culture of openness, trust and mutual support. People also felt that your approach to wellbeing has gathered momentum over the last twelve months, telling us how:

- they perceive a genuine commitment to wellbeing from senior levels as well as very strong practical support from HR

- senior managers have demonstrated effective leadership by speaking about their own mental wellbeing issues

- there are accessible advisory and support services relating to physical, mental and financial wellbeing

- the Trust continues to have a strong focus on equality, diversity and inclusion

- wellbeing strategy is routinely and constructively discussed at the Staff Side Partnership Committee

- they are seeing surveys being followed up with positive actions

In terms of scope for further development, feedback indicated that staff would like to see a reintroduction of exercise classes.

Your approach is generating outcomes…

People also highlighted how your investment in people is continuing to yield key outcomes such as:

- exceeding the national NHS average on a number of pulse and national survey wellbeing questions

- relatively low levels of staff attrition for the healthcare sector

It was also reported how the Health & Wellbeing afternoon in Theatres led to:

- a more open atmosphere with regards to mental health and work-related stress

- an increase in staff seeking support from Mental Health First Aiders

- an increase in staff seeking coaching

Congratulations on maintaining your Gold accreditation!

Your culture, practices and processes continue to be commensurate with Gold level accreditation.

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

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

What's your focus for the next 12 months?

You're going to roll out your Health & Wellbeing Strategy…

You outlined how key elements of this will include:

- appointing a specialist Health and Wellbeing Lead Practitioner

- providing further development for line managers, Wellbeing Advocates and Mental Health First Aiders

- finalising your Health & Wellbeing Dashboard and utilising the associated data to review uptake and behaviour change

You're going to continue implementing your Health & Wellbeing Action Plan…

You highlighted how key elements of this will include:

- leaders acting as role models by taking part in and supporting wellbeing initiatives

- resumption of the Building Rapport programme

- continued to roll out of TEA events (Talk, Engage, Action)

- replicating the approach of Theatres and Therapists by setting up wellbeing groups in other teams

You're going to work on your five commitments…

You highlighted how you will be taking a wide range of actions that underpin your commitments relating to:

- representing Employee Health & Wellbeing at Board and Divisional Level and demonstrating visible organisational support

- all employees receiving appropriate occupational health support whilst at work

- management taking responsibility for the safety and management of employee wellbeing

- all employees having access to a proactive wellbeing programme and personal support

- measuring the effectiveness health and wellbeing programmes

You're going to utilise data and feedback as lines of enquiry…

You outlined how key actions here will include:

- exploring why the ratings on some pulse survey questions have slipped over the last two quarters

- capturing feedback (broad themes as opposed to specific data) from Mental Health First Aiders and utilising this information to inform strategy and provision

There's almost two years left of your accreditation, and development in the areas above will help towards your next We invest in wellbeing assessment on 4 June 2024.

We invest in wellbeing

INVESTORS®
IN PEOPLE

Want to get in touch?

info@investorsinpeople.com

Report to Trust Board
Thursday 1 September 2022

Report Title	Workforce Race Equality Standard (WRES)
Executive Lead	Mike Gibney, Chief People Officer
Author (s)	Jane Mullin, Deputy Chief People Officer
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 WRES requires Trusts to demonstrate progress against nine indicators of workforce race equality.
- The indicators focus upon Board level representation and differences between the experience and treatment of White and BME staff.
- The reporting period covers 01 April 2021 to 31 March 2022.

Next Steps

- Implementation of WRES action plan
- Continuation of the delivery of the associated work programmes

Related Trust Strategic Ambitions and Themes	Impact		
People	Equality	Quality	Workforce

Strategic Risks

006 Prevention & Inequalities	Not Applicable	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			

Workforce Race Equality Standard Report 2022

Executive Summary

1. The WRES requires Trusts to demonstrate progress against nine indicators of workforce race equality. The indicators focus upon Board level representation 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. This reporting period covers 01 April 2021 to 31 March 2022.

2. The data in this report refers to figures and staff experience from 2021/22.

3. The WRES action plan and Equality Impact Assessment are attached at Appendix 1.

Background and Analysis

4. The NHS Equality and Diversity Council announced on 31 July 2014 that it had agreed action to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

5. This is important because studies shows that a motivated, included and valued workforce helps deliver high quality patient care, increased patient satisfaction and better patient safety.

6. The Trust results for the nine indicators are as follows:

Indicator 1 The percentage of BME staff in each of the AFC bands 1-9

7. This indicator has improved by 2.84 in terms of the overall percentage of BME staff in the organisation.

    -   As at 31 March 2022 there were a total of 1507 members of staff employed within the organisation
    -   Of this total, the number of BME staff employed was 192 (12.74%)
    -   In March 2021 there were a total of 1497 members of staff employed within the organisation
    -   Of this total, the number of BME staff employed was 148 (9.9%)
    -   In March 2020 the total BME staff recorded was 138 (9.5%)
    -   In March 2019 the total BME staff recorded was 133 (9.41%)
    -   In March 2018 the total of BME staff was 181 (12.95%)
    -   In March 2017 the total BME staff was 9%
    -   In March 2016 the total BME staff was 8.4%.

(Note -The 2018 BME percentage appears to have been boosted by a temporary period in which there were higher numbers of junior medics at the Trust many of whom were BME.)

8. If the 2018 figure is discounted as a fluctuation from the normal situation, we can see a small year on year increase in the numbers of BME staff at the Trust year on year from 2016 onward.

9. **Indicator 2 The relative likelihood of staff being appointed from shortlisting across all posts.**
   - The number of White applicants shortlisted was 429/4665 (9.2%)
   - The number of BME applicants shortlisted was 60/4665 (1.29%)
   - Undisclosed ethnicity was 10/4665 (0.21%)
   - The number of White applicants appointed from shortlisting was 140/429
   - The number of BME applicants appointed from shortlisting was 19/60
   - The number of undisclosed ethnicity shortlisted was 6
   - (32.63%) of White applicants were appointed from shortlisting
   - (31.67%) of BME applicants were appointed from shortlisting
   - The relative likelihood of appointment from shortlisting for white staff is 33% and for BME staff is 32%

10. This indicator remains positive in that it shows no evidence of discrimination at the shortlisting to appointment stage of recruitment. The relative likelihood of White candidates being appointed from shortlisting compared to BME candidates = 1.03%
    A figure above 1 would indicate that white candidates are more likely than BME candidates to be appointed from shortlisting

11. **Indicator 3 The relative likelihood of BME staff entering the formal disciplinary process**

12. For the year to March 2022 the Trust had 3 (0.2%) White staff entering a formal disciplinary process and 1(0.07%) BME staff entering into this process in this period. Relative likelihood of BME staff entering the formal disciplinary process compared to white staff is therefore 0%.

13. Statistical analysis of such low numbers of disciplinaries is relatively meaningless. If disciplinaries remain at such low levels within the Trust, it may be more useful monitor the numbers of BME disciplinaries to see if they rise across a significant period. No such pattern is discernible yet.

14. **Indicator 4 The relative likelihood of staff accessing non-mandatory training and CPD.**

    - Total White staff employed in the Trust= 1303
    - Total BME staff employed in the Trust = 192
    - 224 White staff accessed non-mandatory training and CPD = (17.19%) overall participation
    - 13 BME staff accessed non-mandatory training and CPD = (6.77%) overall participation
    - Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff = 2.43%.

15. This indicator is less positive than last year. BME participation in non-mandatory training and CPD is far less likely for BME staff

16. **Indicator 5 The percentage of staff experiencing harassment, bullying or abuse from patients.**

17. This indicator has improved for BME staff.

    - There has been a significant decrease (11%) in the percentage of BME staff reporting experiencing harassment, bullying or abuse from patients from the previous year
    - With a slightly smaller decrease for White staff (3.4%) less BME staff reported experiencing harassment, bullying or abuse from patients in last 12 months
    - Overall White staff reported 25.1% and BME staff reported 21.6%.

18. Staff are encouraged to report all incidents of harassment, bullying or abuse from patients. All reported incidents of harassment, bullying or abuse from patients are addressed by managers and appropriate actions are taken to safeguard staff.

19. **Indicator 6 The percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.**

20. This indicator has deteriorated again this year.

    - This indicator has seen a slight increase for White staff of 0.8% and a significant increase for BME staff of 9.4% from the previous year.
    - Overall White staff reported 19.7% and BME staff reported 33.3%

21. **Indicator 7 The percentage believing that trust provides equal opportunities for career progression or promotion**.

    - There has been a small decrease (4.4%) of White staff believing that the Trust provides equal opportunities for career progression or promotion.
    - There has been a small increase (2.5%) of BME staff believing that the Trust provides equal opportunities for career progression or promotion.
    - Overall fewer BME staff (45.1%) than White staff (61%) believe that trust provides equal opportunities for career progression or promotion.

22. **Indicator 8 In the last 12 months have you personally experienced discrimination at work from a manager/team leader or other colleagues.**

    - There has been an increase (2.9%) of white staff reporting an experience of discrimination at work from manager/team leader or other colleagues from the previous year
    - There has been a larger increase (5.1%) of BME staff reporting an experience of discrimination at work from manager/team leader or other colleagues from the previous year
    - Overall White staff reported 6.9% and BME staff reported 15.7% (more than double the figure of white staff)

23. **Indicator 9 The percentage difference between the organisations' Board voting**

membership and its overall workforce.

24.   As at 31st March 2022 the Trust had 11 total Board members, 10 white staff (90.91%) and 1 BME staff (9.09%) this is lower than the percentage of BME staff in the workforce (12.74%) which is a negative figure for Board diversity in terms of race equality

Conclusion

25.   The Trust are expected to show progress against the nine indicators of workforce equality, including the specific indicator to address the low numbers of BME board members across the organisation.

26.   The first phase of the WRES focused on supporting us to understand the nature of the challenge of workforce race equality and to recognise that it is our responsibility to help make the necessary changes.

27.   The next phase of the WRES will focus on enabling people to work comfortably with race equality. Through communications and engagement, we will work to change any deep-rooted cultures of race inequality, learn more about the importance of equity, to build capacity and capability to work with race.

28.   The WRES will continue evidence the outcomes of the work that is done, alongside the Equality and Diversity Systems (EDS2)

Recommendation

29.   The Trust Board is requested to note the content of the report and appendices and to support the continuation of the delivery of the action plan.

Author: Jane Mullin
Date: 11/08/22

Appendix 1 – WRES Action Plan and Equality Impact Assessment

Draft WRES Action Plan

Objective	Actions	Lead
Equality review of recruitment procedures	Explore the possibility that recruitment panels have access to current ED&I profile for the area of recruitment	ED&I Lead
	Mandatory ED&I training module for all recruiting managers in addition to the basic module	ED&I Lead
	Explore and identify the practicalities of having a BME member of staff on an appointing panel	ED&I Lead
	Additional advertising to reach BME groups including additional funding	ED&I Lead
	Equality review of shortlisting procedures	ED&I Lead
Equality review of non-mandatory training and CPD	People Group to review applications as a standing agenda item	Deputy CPO
	Communication to all staff regarding Trust process for applying for study leave	Head of Education
	People Group to monitor applications	Deputy CPO
Independent review of BME staff experience	Independently led review to understand the experiences of BME staff (initially across the ward areas) to improve the experience of Black, Asian and Minority Ethnic staff and patients, and build resilience in addressing and tackling these issues.	Deputy CPO
Increase Board Diversity	Explore recruitment opportunities as and when they arise	CPO/Corporate Secretary
Raise profile of @race network	Work with the group to understand why only 45% of BME staff believe the Trust provides equal opportunities around promotion and career progression	ED&I Lead
	Increase numbers attending the network to include allies	ED&I Lead
	Network to provide regular feedback to SBAC	ED&I Lead

Appendix 2 - Equality Impact Assessment (EIA) Form

This section must be completed at the development stage i.e. before ratification or approval. For further support please refer to the EIA Guidance on the Equality and Diversity section of the Intranet.

Part

1. Person(s) Responsible for Assessment: Jane Mullin

3. Department(s):   **HR**   4. Date of Assessment: **10.08.22**

5. Name of the policy/procedure being assessed: **Workforce Race Equality Standards (WRES) 2019 Findings**

6. Is the policy new or existing?
                    New   Existing

7. Who will be affected by the policy (*please tick all that apply*)? Staff
                              Patients   Visitors   Public

8. How will these groups/key stakeholders be consulted with?   N/A This document is the result of a consultation process.

9. What is the main purpose of the policy?   This document sets out the findings of the Walton Centre Workforce Disability Equality Standards monitoring for 2020**.**

10. What are the benefits of the policy and how will these be measured? Improving race equality and reducing discrimination in Trust processes and staff, patient and visitor behaviour. This will be measured through the WRES metrics**.**

11. Is the policy associated with any other policies, procedures, guidelines, projects or services? Yes, The Equality, Diversity and Inclusion 5 Year Vision.

12. What is the potential for discrimination or disproportionate treatment of any of the protected characteristics? None, these findings are intended to promote and support equality for all staff.

Protected Characteristic	Positive Impact *(benefit)*	Negative *(disadvantage or potential disadvantage)*	No Impact	Reasons to support your decision and evidence sought	Mitigation / adjustments already put in place

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Age	✓			Race equality is defined within the context of the Equality Act and the report discusses promotion of Race equality relating to all other protected characteristics.	
Sex	✓			Race equality is defined within the context of the Equality Act and the report discusses promotion of Race equality relating to all other protected characteristics.	
Race	✓			Race equality is defined within the context of the Equality Act and the report discusses promotion of Race equality relating to all other protected characteristics.	
Religion or Belief	✓			Race equality is defined within the context of the Equality Act and the report discusses promotion of Race equality relating to all other protected characteristics.	
Disability	✓			Race equality is defined within the context of the Equality Act and the report discusses promotion of Race equality relating to all other protected characteristics.	
Sexual Orientation	✓			Race equality is defined within the context of the Equality Act and the report discusses promotion of Race equality relating to all other protected characteristics.	
Pregnancy / maternity	✓			Race equality is defined within the context of the Equality Act and the report discusses promotion of Race equality relating to all other protected characteristics.	
Gender Reassignment	✓			Race equality is defined within the context of the Equality Act and the report discusses promotion of Race equality relating to all other protected characteristics.	
Marriage & Civil Partnership	✓			Race equality is defined within the context of the Equality Act and the report discusses promotion of Race equality relating to all other protected characteristics.	
Other	✓			Race equality is defined within the context of the Equality Act and the report discusses promotion of Race equality relating to all other protected characteristics.	

If you have identified no negative impact for all please explain how you reached that decision and provide reference to any evidence (e.g. reviews undertaken, surveys, feedback, patient data etc.) The purpose of this report is to set out how Workforce Race Equality will be promoted throughout the Trust in line with the Trust's Public Sector Equality Duty under the Equality Act 2010, therefore there is likely to be a positive impact on other protected characteristic, as according to this legislation all people are protected equally.

13. Does the policy raise any issues in relation to Human Rights as set out in the Human Rights Act 1998? This report supports a Human Rights based approach to supporting staff.

If you have identified negative impact for any of the above characteristics, and have not been able to identify any mitigation, you MUST complete Part 2, please see the full EIA document on the Equality and Diversity section of the Intranet.

Action	Lead	Timescales	Review Date
N/A	N/A	N/A	N/A
Declaration			

I am satisfied this document/activity has been satisfactorily equality impact assessed and the outcome is:

No major change needed – EIA has not identified any potential for discrimination/adverse impact, or where it has this can be mitigated & all opportunities to promote equality have been taken   ✓

Adjust the policy – EIA has identified a need amend the policy in order to remove barriers or to better promote equality
You must ensure the policy has been amended before it can be ratified.

Adverse impact but continue with policy – EIA has identified an adverse impact but it is felt the policy cannot be amended.
You must complete Part 2 of the EIA before this policy can be ratified.

Stop and remove the policy – EIA has shown actual or potential unlawful discrimination and the policy has been removed

Name: Jane Mullin   Date: 10.08.22

Signed: Jane Mullin

Report to Trust Board
Thursday 1 September 2022

Report Title	Workforce Disability Equality Standard (WDES)
Executive Lead	Mike Gibney, Chief People Officer
Author (s)	Jane Mullin, Deputy Chief People Officer
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 WDES requires Trusts to demonstrate progress against ten specific metrics which enable the Trust to compare the workplace and career experiences of disabled and non- disabled staff.
- The WDES allows the Trust to better understand the experiences of our disabled staff and support positive change for all staff by creating a more inclusive environment for disabled people working and seeking employment in the NHS.
- The reporting period covers 1 April 2021 to 31 March 2022.

Next Steps

- Implementation of WDES action plan
- Continuation of the delivery of the associated work programmes

Related Trust Strategic Ambitions and Themes		Impact		
People		Equality	Quality	Workforce

Strategic Risks

006 Prevention & Inequalities	Not Applicable	Choose an item.

Equality Impact Assessment Completed

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 2022

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 2021/22.

3. The WRES action plan and Equality Impact Assessment are attached at Appendix 1 and 2

Background and Analysis

4. On the 31st March 2022 there were 1511 staff members employed within The Walton Centre. Of those, the proportion of staff recorded as Disabled on the Electronic Staff Records system (ESR) was 57 (3.77%) this compares with the 2020/21 figure of 46 (3.1%) measured against the then total staff of 1497. This shows that the number of Disabled staff at the Trust has increased by 11 while the total number of staff has risen by 10 in this reporting period. The data for each metric is below:

    Metric 1 The percentage of staff in Agenda for Change 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 2022.

5. 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.

6. The Walton Centre Workforce as at 31 March 2022:

    - Total staff 1511

    Clinical and Non-Clinical Staff

    - Disabled staff 57 (3.77%)
    - Non-disabled staff 1207 (79.9%)
    - Unknown 247 (16.35%).

    Medical and Dental staff

    (0%) of trainee grades, (0%) of non-consultant's career grade and (1.8%) of consultants had declared a disability.

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7.   An indication of the where Disabled staff are in the Trust in relation to NHS pay grades:

- Of the 393 non-clinical staff, there are 23 Disabled staff, 1 of these staff are at NHS pay band 7+.
- Of the 969 Clinical staff, there are 32 Disabled staff, 9 of these are at NHS pay band 7+.
- Of the 149 Medical staff, there are 2 Disabled staff, both of whom are Consultant grade.

8.   The Trusts reported figures are the best data we have, but they are unlikely to accurately reflect the true numbers of Disabled staff, because we know from our conversations with staff on this subject that Disabled staff are often reluctant to share this information due to the general stigma in society around disability, and responses to the staff survey are often much higher than the declared numbers of Disabled staff at the Trust.

9.   **Metric 2) Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.**

- For the 2021/22 reporting period the number of Disabled candidates shortlisted was 19, the number appointed was 10. The likelihood of shortlisted disabled candidates being appointed was 0.53
- The number of non-disabled candidates shortlisted was 379 the number appointed was 124. The likelihood of shortlisted Non-disabled candidates being appointed was 0.33.

The data shows that there was an insignificant difference in the percentage of Disabled and non-disabled staff being appointed from shortlisting.

10.   **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 1.5 compared to 0.5 for non- disabled staff

- It is not possible to form firm conclusions from this figure other than to observe that, with only 57 staff recorded as Disabled it is not surprising to have low figures for the number of disciplinaries involving those few Disabled staff. To have greater confidence in this metric the Trust will take steps to increase the numbers of staff recorded as Disabled on ESR.

   Metrics 4 to 9A Staff Survey results

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

- This indicator has deteriorated this year for staff with and without a long-term illness.

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- This indicator has seen an increase for staff with a long-term illness from 27.7% in 2020 to 30.6% in 2021 an increase of 2.9%.
- This indicator has seen an increase for staff without a long-term illness from 21.6% in 2020 to 23.1% in 2021 an increase of 1.5%

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

- This indicator has improved this year for staff with and without a long-term illness.
- This indicator has seen a decrease for staff with a long-term illness from 11.9% in 2020 to 10.4% in 2021 a decrease of 1.5%.
- This indicator has seen an increase for staff without a long-term illness from 8.5% in 2020 to 7.3% in 2021 a decrease of 1.2%

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

- This indicator has deteriorated this year for staff with and without a long-term illness.
- This indicator has seen an increase for staff with a long-term illness from 20.2% in 2020 to 23.7% in 2021 an increase of 3.5%.
- This indicator has seen an increase for staff without a long-term illness from 14.5% in 2020 to 16.2% in 2021 an increase of 1.7%

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

- This indicator has deteriorated this year for staff with a long-term illness and improved for staff without a long-term illness.
- This indicator has seen a decrease for staff with a long-term illness from 56.4% in 2020 to 54% in 2021 a decrease of 2.4%.
- This indicator has seen an increase for staff without a long-term illness from 53.3% in 2020 to 58.9% in 2021 an increase of 5.6%

15. **Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion**

- This indicator has deteriorated this year for staff with and without a long-term illness.
- This indicator has seen a decrease for staff with a long-term illness from 50% in 2020 to 47.8% in 2021 a decrease of 2.2%.
- This indicator has seen a decrease for staff without a long-term illness from 65.7% in 2020 to 63.3% in 2021 an increase of 2.4%

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

- This indicator has improved this year for staff with and without a long-term illness.
- This indicator has seen a decrease for staff with a long-term illness from 40% in 2020 to 29.8% in 2021 a decrease of 10.2%.
- This indicator has seen an increase for staff without a long-term illness from 21.3% in 2020 to 20.4% in 2021 a decrease of 0.9%

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

   - This indicator has deteriorated this year for staff with a long-term illness and improved for staff without a long-term illness.
   - This indicator has seen a decrease for staff with a long-term illness from 45.5% in 2020 to 43% in 2021 a decrease of 2.5%.
   - This indicator has seen a decrease for staff without a long-term illness from 59.3% in 2020 to 48.9% in 2021 a decrease of 10.4%

18. **Percentage of staff with a long lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work**

   - This indicator has deteriorated this year
   - This indicator has seen a decrease for staff with a long-term illness from 70% in 2020 to 67.2% in 2021 a decrease of 2.8%.
   - The national average also decreased from 77% to 71.4% a decrease of 5.6%.

19. **Staff engagement score (0-10)**

   - This indicator has deteriorated this year for staff with a long-term illness and improved for staff without a long-term illness.
   - This indicator has seen a decrease for staff with a long-term illness from 7.2 in 2020 to 6.8 in 2021 a difference of 0.4
   - This indicator has seen a decrease for staff without a long-term illness from 7.7 in 2020 to 7.5 in 2021 a difference of 0.2
   - The Trust average decreased form 7.6 in 2020 to 7.3 in 2021 a difference of 0.3

20. **Metric 9b) Has your organisation taken action to facilitate the voices of Disabled staff to be heard?**

   - The Trust has taken action to facilitate the voices of Disabled staff. The Trust has set up a Staff disability Equality Group to lead this action.

21. **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 1 Trust Board member recorded as Disabled. This is the same as last year.

Conclusion

22. This report indicates the need for the Trust to refocus its efforts in terms of disability equality and in particular on renewing and strengthening our dialogue with Disabled staff at the Trust. The Trust remains close to the rather low national average for the overall NHS

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declaration rates for Disables staff in NHS trusts, however, despite some encouraging figures, this report shows the Trust has not made significant improvements to disability inequalities in the year to 31st March 2022 and some indicators show decreased results on the previous year. Disability equality performance trajectories are rather flat year on year. The Walton Centre is definitely not an outlier in this respect, but the Trust's commitment to disability equality is not yet being fully reflected in terms of the current data and outcomes for disabled staff.

Recommendation

23. The Trust Board is requested to note the content of the report and to support the continuation of the delivery of the action plan.

Author: Jane Mullin
Date: 11/08/22

Appendix 1 – **Draft WDES Action Plan**

To understand barriers disabled staff feel they face when applying for senior positions	Via disability network to survey staff for feedback	ED&I Lead
	Review recruitment process	ED&I Lead
	Discuss recruitment data related to disability at People Group	Deputy CPO
	Network with external Disability organisations to help to change the culture within the organisation to break down stigma about what it means to have a Disability at work	Deputy CPO
To increase the recording of disabled people at all levels of the workforce	Work with ESR Lead to look at innovative ways of capturing this information	Workforce analyst
	Remind managers and staff that being off work in relation to a disability is not to be viewed and dealt with in the same way as standard sick leave.	Deputy CPO
	To develop volunteer staff disability support advisors	ED&I Lead
Work towards level 3 disability confident leader	WDES Disability Equality Working Group will consider the possibility of introducing a Disability Reciprocal Mentoring Scheme to help Senior Leaders within the Trust to better understand the barriers Disabled staff perceive in their way regarding progressing their career and to help disabled staff to network within the organisation and learn more about the possibilities for advancement.	ED&I Lead
	Provide guidance on reasonable adjustments at induction and at regular intervals through Trust communications	Deputy CPO
	Work with disabled staff to facilitate the hearing of a powerful disabled staff voice	ED&I Lead
	Work with staff to Celebrate Disability History Month raise awareness and foster a conversation about what it means to be Disabled.	ED&I Lead
Increase diversity at Board level	The Board should consider taking further positive actions to increase its disability make up when recruiting new Board members e.g. by advertising future Board recruitment opportunities at organisations that support Disabled people	CPO/ Corporate Secretary

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Appendix 2

Equality Impact Assessment (EIA) Form

This section must be completed at the development stage i.e. before ratification or approval. For further support please refer to the EIA Guidance on the Equality and Diversity section of the Intranet.

Par

1. Person(s) Responsible for Assessment: Jane Mullin   2. Contact Number: **0151 556 3396**

3. Department(s): **HR**   4. Date of Assessment: **11.08.22**

5. Name of the policy/procedure being assessed: **WDES Findings 2022**

6. Is the policy new or existing?
   New   Existing

7. Who will be affected by the policy (*please tick all that apply*)? Staff
   Patients   Visitors   Public

8. How will these groups/key stakeholders be consulted with?   N/A This document is the result of a consultation process.

9. What is the main purpose of the policy?   **This document sets out the findings of the Walton Centre Workforce Disability Equality Standards monitoring for 2019.**

10. What are the benefits of the policy and how will these be measured? **Improving disability equality and reducing discrimination in Trust processes and staff, patient and visitor behaviour. This will be measured through feedback, including but not limited to complaints, grievances and concerns raised.**

11. Is the policy associated with any other policies, procedures, guidelines, projects or services? **Yes, The Equality, Diversity and Inclusion 5 Year Vison.**

12. What is the potential for discrimination or disproportionate treatment of any of the protected characteristics? **None, these findings are intended to promote and support disability equality for all staff.**

8

Protected Characteristic	Positive Impact *(benefit)*	Negative *(disadvantage or potential disadvantage)*	No Impact	Reasons to support your decision and evidence sought	Mitigation / adjustments already put in place
Age	✓			Defines disability within the context of the Equality Act and discusses promotion of disability equality relating to all other protected characteristics.	
Sex	✓			Defines disability within the context of the Equality Act and discusses promotion of disability equality relating to all other protected characteristics.	
Race	✓			Defines disability within the context of the Equality Act and discusses promotion of disability equality relating to all other protected characteristics.	
Religion or Belief	✓			Defines disability within the context of the Equality Act and discusses promotion of disability equality relating to all other protected characteristics.	
Disability	✓			Defines disability within the context of the Equality Act and discusses promotion of disability equality relating to all other protected characteristics.	
Sexual Orientation	✓			Defines disability within the context of the Equality Act and discusses promotion of disability equality relating to all other protected characteristics.	
Pregnancy / maternity	✓			Defines disability within the context of the Equality Act and discusses promotion of disability equality relating to all other protected characteristics.	
Gender Reassignment	✓			Defines disability within the context of the Equality Act and discusses promotion of disability equality relating to all other protected characteristics.	
Marriage & Civil Partnership	✓			Defines disability within the context of the Equality Act and discusses promotion of disability equality relating to all other protected characteristics.	

| Other | ✓ | | | Defines disability within the context of the Equality Act and discusses promotion of disability equality relating to all other protected characteristics. | |

If you have identified no negative impact for all please explain how you reached that decision and provide reference to any evidence (e.g. reviews undertaken, surveys, feedback, patient data etc.) **The purpose of this report is to set out how disability equality as defined within the context of the Equality Act will be promoted throughout the Trust and therefore there is likely to be a positive impact on other protected characteristic, as according to this definition anybody can become. Disabled.**

13. Does the policy raise any issues in relation to Human Rights as set out in the Human Rights Act 1998? **This report supports a Human Rights based approach to supporting staff with disabilities.**

If you have identified negative impact for any of the above characteristics, and have not been able to identify any mitigation, you MUST complete Part 2, please see the full EIA document on the Equality and Diversity section of the Intranet and speak to Hannah Hall, HR Manager or Clare Duckworth, Matron for further support.

Action	Lead	Timescales	Review Date
N/A	N/A	N/A	N/A

Declaration

I am satisfied this document/activity has been satisfactorily equality impact assessed and the outcome is: ✓

No major change needed – EIA has not identified any potential for discrimination/adverse impact, or where it has this can be mitigated
& all opportunities to promote equality have been taken

Adjust the policy – EIA has identified a need amend the policy in order to remove barriers or to better promote equality
You must ensure the policy has been amended before it can be ratified.

Adverse impact but continue with policy – EIA has identified an adverse impact but it is felt the policy cannot be amended.
You must complete Part 2 of the EIA before this policy can be ratified.

Stop and remove the policy – EIA has shown actual or potential unlawful discrimination and the policy has been removed

Name: Jane Mullin   Date: 11.08.22

Signed: Jane Mullin

Report to Board of Directors
1 September 2022, 9.30am

Report Title	Constitutional Changes
Executive Lead	Jan Ross, Chief Executive
Author (s)	Katharine Dowson, Corporate Secretary
Action Required	To decide

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

- Proposed change to the Constitution regarding the quorum for the Council of Governors

Next Steps

- Approval by Council of Governors
- Ratification by Annual Members Meeting

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

Strategic Risks

All Risks	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
Council of Governors Advisory Group	16 August 2022	K Dowson, Corporate Secretary	Agreed with proposal and recommended approval to Board of Directors and Council of Governors

Changes to Constitution

Background

1. The Trust Constitution includes the Standing Orders of the Trust. These are effectively the Terms of Reference for the Council of Governors and Board of Directors. The Trust Constitution also details how Governors are elected and outline the membership of the Trust. The Constitution was last reviewed in 2018. The quorum is the minimum number of Governors required at a meeting in order for any decisions to be made.

2. A full review of the Constitution was planned for 2022/23, however given the imminent update to the NHS England Code of Governance which may require further Constitutional changes it is proposed to wait until this is published and conduct a full review at a later date. The Code of Governance has recently been out to consultation and Governors were invited to a Liverpool-wide information session for Governors on the new document in June.

3. However, it is considered that the issues caused by the current quorum level need to be addressed more quickly as it has been clear for some time that the level of quoracy required to make decisions is negatively impacting on the flow of business and decision-making. Meetings are frequently delayed while a number of Governors are requested to join to get to eleven. In June the Council was not quorate so was not able to approve the new Membership Engagement Strategic Plan.

Changes to Quorum

4. In 2018, item 4.17 of the Constitution regarding quorum was changed. The number of Governors (eleven) required was maintained, but the requirement to have a certain number of public/ staff/ appointed was removed. The relevant section of the current constitution is below.

4.17 **Quorum**

4.17.1 Eleven Governors shall form a quorum.

4.17.2 If a Governor has been disqualified from participating in the discussion on any matter and from voting on any resolution by reason of the declaration of a conflict of interest s/he shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

4.17.3 The Council of Governors may agree that its members can participate in its meetings by telephone, video or video media link. Participation in a meeting in this manner shall be deemed to constitute presence in person at the meeting.

5. The current quorum of eleven Governors is based on a standard figure (used by many Trusts) which is one-third of Governors. The Walton Centre constitution sets out 33 Governors posts in total. However, as Governor numbers are now at 19 this means that effectively quoracy is

over 50% of Governors. Given work pressures, annual leave and sickness this puts significant pressure on a core group of Governors to attend. A review of other constitutions (Table 1) shows a range of approaches to quoracy.

Table 1 – Quorum for other Foundation Trusts

Trust	Quorum
Liverpool University Hospital NHS FT	10 (5 elected, 1 appointed)
Mid Cheshire Hospitals	1/3 (1 staff, half public Governors)
Kingston Hospital	1/3 (5 public, 2 staff, 1 appointed)
Manchester University Hospitals	11 (4 public, 1 staff, 1 appointed)
Sheffield University Hospitals	1/3 (5 public, 1 staff, 1 patient)
Liverpool Heart and Chest	10 Governors
East London	1/3 (1/3 to be public Governors)

6. It is proposed that the Governors and Board of Directors consider moving to a one-third minimum approach. This would be based on the number of Governors in place, not the number of available posts. This would make the current quorum seven. Following current Governor elections, it is anticipated that the number of Governors in post will be 22 and the quorum would then be eight. It is not proposed to put any further restrictions in on the numbers as this is what was removed in 2018.

7. The proposed new wording for 4.17.1 would be

> One third of current Governors shall form a quorum.

Conclusion

8. The Council of Governors has consistently carried a number of vacancies for some time which indicates that a review of the Governor posts may need to be considered as part of a wider review. With the move to collaborative working at Place having twelve partnership Governors to represent significant local stakeholders may not be as necessary as it was in 2009 when the Trust Constitution was first adopted. Many of these posts have never been filled by the partner organisations

9. The change proposed to the quoracy in the short-term will aid the business of the Trust and take the pressure off the current Governors. Although pressure will be relieved with the new Governors staring in September, moving to a proportional quorum rather than a set number would protect the Governors against non-quorate meetings if there are any further vacancies. However when numbers are stronger the quorum will automatically rise to reflect this.

Recommendation

To approve, subject to Council of Governors approval and ratification by the members at the Annual Members Meeting.

Author: Katharine Dowson, Corporate Secretary
Date: August 2022

Report to Trust Board
1 September 2022

Report Title	Well Led Assessment 2022-23
Executive Lead	Jan Ross, Chief Executive
Author (s)	Katharine Dowson, Corporate Secretary
Action Required	To approve

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

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

Key Messages *(2/3 headlines only)*

- Outline plan to progress towards external assessment against the Well Led Framework in 2022/23

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

- To act on recommendations in Well Led self-assessment
- To procure an external Well Led reviewer

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
Board Development Day	7 June 2022	K Dowson, Corporate Secretary	Findings of self-assessment presented to Board for discussion and key themes identified.

Well Led Assessment

The Well Led Framework

1. The boards of NHS Trust (providers) are responsible for all aspects of the leadership of their organisations. They have a duty to conduct their affairs effectively and demonstrate measurable outcomes that build patient, public and stakeholder confidence that their organisations are providing high quality, sustainable care.

2. Providers are operating in challenging environments with increasing levels of demand and collaboration across wider areas through Integrated Care Systems (ICS). The NHS Health and Care Bill which came into force on 1 July 2022 set out a triple aim for Boards of providers to consider the effects of their decisions on:

   - the health and wellbeing of the people of England (including inequalities in that health and wellbeing)
   - the quality of services provided or arranged by both themselves and other relevant bodies (including inequalities in benefits from those services)
   - the sustainable and efficient use of resources by both themselves and other relevant bodies

3. These challenges require changes in how leaders equip and encourage people at all levels in the NHS to deliver continuous improvement in local health and care systems and take pride in their work. Robust governance processes should give the leaders of organisations, those who work in them and those who regulate them, confidence about their capability to maintain and continuously improve services.

4. In-depth, regular and externally facilitated developmental reviews of leadership and governance are good practice across all industries. Rather than assessing current performance, these reviews should identify the areas of leadership and governance of organisations that would benefit from further targeted development work to secure and sustain future performance.

5. An external review as the final step would safeguard against optimism bias and group think to which even the best organisations may be susceptible. All NHS providers are therefore strongly encouraged to carry out externally facilitated, developmental reviews of leadership and governance using the well-led framework[1] every three to five years.

Background

6. Since May 2022 the Board has been working through an initial self-assessment against the well led framework through a series of interviews and feedback sessions, supported by an external governance consultant. This was reported back to the Board of Directors during a development day in June 2022 to check that the assessment was in line with Board expectations. This assessment also included a number of recommendations and areas of focus for the Board ahead of moving to an external formal assessment. The Board accepted the self-assessment and recommendations made.

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[1] https://www.england.nhs.uk/wp-content/uploads/2020/08/Well-led_guidance_June_2017.pdf

7. The Executive Directors are currently working through the action plan associated with these recommendations and will report back to a Board Development Day in November. Once sufficient progress is made in addressing any areas of concern or issues the next stage would be to appoint an external consultant to complete a formal assessment. It is proposed to complete this during quarter 4 of 2022/23

Conclusion

8. The Trust has not undergone a review against any aspects of the framework since 2018 and therefore should ensure that a review is completed by 2023. Irrespective of the time-frame an external review is a useful review of leadership and governance arrangements at the Trust which will provide useful feedback and bring improvements for the benefit of the Trust and ultimately patients and their families.

Recommendation

To approve the plan to review the Trust against the well led framework and progress to appoint an external reviewer in quarter 4 of 2022/23

Author: Katharine Dowson
Date: 22 August 2022

BOARD CYCLE OF BUSINESS 2022-2023	Purpose	Lead	Assurance /Oversight Committee	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
				April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Standing Items															
Welcome and apologies	Note	Chair		✓	✓	✓	✓		✓	✓	✓	✓		✓	✓
Minutes of previous meeting	Approve	Chair		✓	✓	✓	✓		✓	✓	✓	✓		✓	✓
Matters Arising Action Log	Decision	Chair		✓	✓	✓	✓		✓	✓	✓	✓		✓	✓
Chair and CEO Report	Note	CEO		✓	✓	✓	✓		✓	✓	✓	✓		✓	✓
Patient Story	Note	CN		✓	✓	✓	✓		✓	✓	✓	✓		✓	✓
Strategy (Updates provided by bi-annual review and relevant annual reports)															
Trust Strategy 2022-25	Approve	MD		✓	✓		✓		✓						
Trust Strategy Update	Note	MD										✓			
People Substrategy	Approve	CPO	BPC							✓					
Quality Substrategy	Approve	CN	Quality								✓				
Digital Substrategy	Approve	CPO	BPC						✓	✓	✓				
Marketing and Communications Substrategy	Approve	CEO										✓			
Communications & Engagement Strategy 2020-25 Update	Approve	CEO				✓				✓		✓			✓
Finance and Commercial Development Substrategy (tbc)	Approve	CFO	BPC												
Estates, Facilities and Sustainability Substrategy (tbc)	Approve	COO	BPC												
NHS Prevention Pledge	Note	CPO		✓						✓					
Board Assurance Framework	Approve	Co Sec	QC/BPC/RIME	✓			✓			✓				✓	
Strategic Risks	Approve	CEO			✓										
Quality & Safety															
Mortality and Morbidity Report	Note	MD	Quality							✓				✓	
Complaints and Patient Experience Annual Report	Note	CN	Quality				✓								
Guardian of Safe Working Quarterly Report	Note	MD	Quality			✓	✓		✓			✓			✓
Freedom to Speak Up Guardian Report	Note	CN	QC/Audit				✓				✓				✓
Nurse Staffing - Bi-Annual Acuity Review	Note	CN	Quality				✓				✓				
Nursing Revalidation Report (Annual)	Approve	CN			✓										
Medical Revalidation Report (Annual)	Approve	MD					✓								
Research & Development Annual Report	Note	CPO	RIME						✓	✓					
Innovation Annual Report (tbc)	Note	CPO	RIME												
Safeguarding Annual Report	Note	CN	Quality				✓								
Infection Prevention & Control Annual Report	Note	CN	Quality			✓	✓								
Medicines Management (including AO for Controlled Drugs) Annual Report	Note	MD	Quality			✓	✓		✓						
Performance															
Integrated Performance Report	Note	CEO	BPC/QC	✓	✓	✓	✓		✓	✓	✓	✓		✓	✓
Staff Survey Results	Note	CPO	BPC												✓
Staff Survey Action Plan	Note	CPO	BPC			✓	✓		✓	✓					
National Inpatient Survey	Note	CN	Quality			✓					✓				
Regulatory, Guidance or Contractual															
Annual Audit Letter	Approve	CFO	Audt		✓										
Annual Report and Accounts inc. Annual Governance Statement	Approve	CFO	Audit		✓										
Equality Diversity & Inclusion Annual Report	Note	CPO	BPC			✓	✓								
ERIC Return	Note	COO	BPC			✓				✓					
EPRR Core Assurance Self-Assessment	Approve	COO	BPC								✓				

Item	Type	Lead	Committee	1	2	3	4	(grey)	5	6	7	8	(grey)	9	10
IPC Board Assurance Framework	Approve	CN	Quality			✓				✓				✓	
Major Incident Plan	Approve	COO	BPC				✓								
Medical Education Annual Report	Note	MD	RIME				✓								
Mixed Sex Accomodation; Annual Statement of Compliance	Approve	CN	Quality	✓											
Modern Slavery Act Statement	Approve	CN	N/A									✓			
Operational Plan	Approve	COO	BPC	✓											
Quality Account Priorities	Approve	CN	Quality											✓	
Quality Account	Approve	CN	Quality			✓									
Provider Licence Self Certification (G6, FT4,)	Approve	Co Sec	Audit			✓									
~~SIRO Report~~	~~Approve~~	~~CFO~~	~~Audit~~							✓					
Workforce Race Equality Standard	Approve	CPO	BPC							✓					
Workforce Disability Equality Standard	Approve	CPO	BPC							✓					
Sustainability Plan	Approve	CFO	BPC		✓					✓					
Corporate Trustees															
Charitable Funds Annual Report & Accounts	Approve	CFO	Charity											✓	
Charitable Funds Substrategy	Approve	CFO	Charity		✓	✓				✓	✓	✓			
Governance															
Annual Budget (including capital programme and CIP) - Draft	Note	CFO	BPC	✓											✓
Annual Budget (including capital programme and CIP) - Final	Approve	CFO	BPC		✓										✓
Board Cycle of Business & Development Programme	Approve	Co Sec								✓					✓
Board Effectiveness Review	Note	CPO			✓										
Register of the Seal	Approve	Co Sec		✓							✓				
Standing Financial Instructions, Scheme of Reservation and Delegation	Approve	CFO	Audit								✓				✓
Constitution & Standing Orders	Approve	Co Sec								✓					✓
Risk Appetite Statement (Links to Risk Management Strategy)	Approve	CN	Audit			✓				✓	✓				✓
Committees of the Board															
Audit Committee Chairs Assurance Report	Note	Audit Chair	Audit		✓	✓	✓		✓		✓			✓	
Audit Committee Effectiveness Review and ToR	Note	Co Sec	Audit	✓	✓										
Business Performance Committee Chairs Assurance Report	Note	Com Chair	BPC	✓	✓	✓	✓		✓	✓	✓	✓		✓	✓
Business Performance Committee Effectiveness Review and ToR	Note	Co Sec	BPC	✓											
Charity Committee Chairs Assurance Report	Note	Com Chair	WCC		✓				✓		✓			✓	
Neuroscience Programme Board Chairs Report	Note	MD	NSPB	✓										✓	
Neuroscience Programme Board Effectiveness Review and ToR	Note	MD	NSPB		✓	✓									
Quality Committee Chairs Assurance Report	Note	Com Chair	Quality	✓	✓	✓	✓		✓	✓	✓	✓		✓	
Quality Committee Effectiveness Review and ToR	Note	Co Sec	Quality	✓											
RIME Committee Chairs Assurance Report	Note	Com Chair	RIME	✓		✓			✓	✓		✓		✓	
RIME Committee Effectiveness Review and ToR	Note	Co Sec	RIME			✓			✓						
Strategic BAME Advisory Committee	Note	Com Chair	SBAC		✓	✓			✓	✓				✓	
Strategic BAME Advisory Committee Effectiveness Review and ToR	Note	Com Chair	SBAC		✓	✓									
Remuneration Committee Board Effectiveness Review and ToR	Note	Com Chair	RemCo							✓					
Ad Hoc In Year															
Violence and Agression Strategy	Approve	CN	Quality	✓						✓					
Key Deliverables 2021/22	Note	CEO		✓											
Spinal Contract Recommendation Report (closed)	Approve	MD	RIME		✓										
Transcranial Magnetic Resonance Guided Focused Ultrasound Thalamotomy Update	Note	MD	Quality		✓										
Contract Award for Spinal Implants and Associated Products	Approve	COO	BPC		✓										
Liverpool University Hospitals NHS Foundation Trust - Pharmacy Block Payments	Approve	CFO	BPC		✓										

Item	Type	Lead	Committee												
HR/ Staff Side Away Day Outcomes	Note	CPO			✓										
Ockenden Report	Note	CN	Quality		✓										
Chairs reflections of first 3 months and aspirations	Note	Chair					✓								
Citizens Panel Presentation (Closed Board)	Approve	CPO					✓								
Review of Emergency Powers	Approve	CFO					✓								
Investors in People	Note	CPO	BPC						✓						
Branding Update (in CEO Report)	Note	CEO							✓						
Health Inequalities Data report	Note	CEO							✓	✓					
Well Led Assessment	Note	CEO							✓						

Board of Directors' Key Issues Report

Report Date: 19/07/22	Report of: Audit Committee
Date of last meeting: 19/07/22	Membership Numbers: Quorate

1.	**Agenda**	The Committee considered an agenda which included the following: • Internal Audit Progress Report Q1 • Internal Audit Recommendation Report • Counter Fraud Services Progress Report • External Audit Update and Progress Report 2021/22 • Policy on the Supply of Non-Audit work by External Auditors • Tender Waivers Q1 • Better Payment Practice Code • Annual Report on the Register of Interests • Standards of Business and Personal Conduct Policy • Health Procurement Liverpool Proposed Waiver Process • Information Governance Annual Report 2021/22 and Action Plan 2022/23 • Cyber Security Annual Report 2021/22 • Clinical Audit Plan • External Visits Update Report
2.	**Alert**	• The Committee noted no alerts to be highlighted to the Board.

	Assurance	• The Committee considered the Internal Audit Progress Report and noted that a number of Audit Reports were in progress since the meeting on 26th April 2022. The following audits were underway:
		
		   o 2021/22 data Protection and Security Toolkit (reporting stage)
		   o 2021/22 IT Infrastructure Housekeeping (reporting stage)
		   o Risk Management (reporting stage)
		   o Conflicts of Interest (reporting stage)
		   o Management of Controlled Drugs (fieldwork stage)
		   o Quality Account (fieldwork stage)
		   o Data Quality (scoping stage)
		
		• The Committee received the Information Governance Annual Report for 2021/22 and Action Plan for 2022/23 and noted that the Trust had received substantial assurance on the self-assessment rating of the Data Security and Protection Toolkit for the twelfth year in succession.

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	Advise	• The Committee reviewed the outstanding internal audit recommendations report and noted that there had been a further decrease in the number of outstanding recommendations. Work was ongoing to close all remaining open recommendations.
		• The Committee received the anti-fraud services progress report and noted the details of referrals received throughout the quarter.
		• The Committee received the Clinical Audit Plan and noted that audits would be monitored at Quality Committee along with a review of the audits and their impact on services.
		• The Committee received the external audit plan update report and noted that work on the 2021/22 external audit plan had been completed. An unqualified audit opinion had been provided for the financial statements and these had been approved by Parliament.
		• The Committee noted the update report on work to improve compliance with the Better Payments Practice Code and the Committee were assured that training and robust processes were being implemented to improve compliance.
		• The Committee approved proposed changes to the tender waivers process for all Trusts involved in the Health Procurement Liverpool collaboration to ensure a consistent approach for all parties.
		• The Committee approved the Standards of Business and Personal Conduct Policy and the Policy for the Supply of Non-Audit Work by External Auditors.
2.	Risks Identified	• None
3.	Report Compiled by	Su Rai, Non-Executive Director	Minutes available from:	Corporate Secretary

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Board of Directors' Key Issues Report

The Walton Centre
NHS Foundation Trust

Report Date: 27/7/22	**Report of:** The Walton Centre Charity Committee Meeting	
Date of last meeting: 22/7/22	**Membership Numbers:** Quorate	
1	**Agenda**	The Committee considered an agenda which included the following: • Annual update from Investment Manager – Ruffer • Finance Report and Charity Committee Plan to 31 May 2022 • Benchmark Report on fundraising costs • Investment Reports from Investment Managers Ruffer and CCLA • Fundraising Activity update • Charity Risk Register • 8 applications for funding from Training & Development department • Support for the application for 4 consumable probes for Laser Interstitial Thermal Therapy (LITT) • Formal application towards the support of the Wellbeing strategy through Wellbeing4business • Committee Effectiveness review • Draft Annual Report and Accounts • Draft Charity Governance document • Fundraising Strategy update
2	**Alert**	• Investment Managers, Ruffer presented an annual report on the performance of the portfolio which was well received by the Committee. The total value at 30 June 2022 was £598,191 which showed a positive return of 1.6% in what was a very challenging year. The presentation detailed the need to protect the current portfolio structure due to the likelihood of a recession and the likelihood that in the year ahead charity reserves will struggle with inflation predicted at 10% or more. The volatility of the markets was discussed but the Committee agreed to continue to follow the Ethical Investment Policy. The Committee would receive advice from independent advisors at the next meeting on the cash reserves held by the Trust although it was acknowledged at this point in time investment would not be the best option given forecast market performance. • The Committee considered that the presentation by Ruffer would be appropriate for a closed board agenda item to provide Trust Board insight to the uncertain times ahead. • Fund balances had reduced by £19,920 at 31 May 2022 which was a concern but it was acknowledged it was only 2 months into the financial year. The Head of Fundraising said that more income from events (Golf Day and Walk for Walton) was expected in June 2022.
3	**Assurance**	• The Committee received a benchmark report of fundraising costs and charitable expenditure of 10 NHS charities in the northwest covering a 3 year period. The charities benchmarked against were specialist providers. Fundraising costs

		were difficult to compare but the report provided a deeper understanding of fundraising expenditure and the Committee was satisfied that the Charity was at the right level in relation to costs. The exercise would be conducted on an annual basis going forward.
		• The Committee received the Charity Risk Register report noting there were no new risks since last presented in April 2022. Risk 9 relating to unsatisfactory income generation was highlighted and the Committee noted that the current cost of living crisis would undoubtedly impact on people's ability to give to charity and this was starting to emerge. The Head of Fundraising would work with the Risk and GGovernance team to upload risks on to the Datix Risk Management system to obtain risk IDs and formal review dates.
4	**Advise**	• The Committee gave support to a potential application for the cost of consumable probes for Laser Interstitial Thermal Therapy (LITT) at £10k + VAT per probe (4 probes required). The procedure would be performed on 4 patients and this would put the Trust in a favourable position for being a potential site to provide the functional service in the future. Once the application had been through the process flow, including approval from Clinical Effectiveness and Services Group, it would be re-presented to the Committee for approval.
		• The fundraising costs, particularly to the finance department, were considered high by some members of the Committee as was the cost apportionment of £400 to some of the individual funds. The allocation of fundraising costs together with how the funds benefitted from a share of the reserves in 2018 was explained. Going forward the report would contain more narrative around spending commitments and movement (particularly the top 3 funds) and the Head of Fundraising and Head of Financial Services would arrange meetings with the individual fundholders to discuss plans (particularly for stagnant funds).
		• It was noted that the Charity Financial Plan now had a planned break-even position.
		• Following the presentation of the Training and Development applications for study leave discussion took place around clinical study leave and professional development and the difference between the applications presented to the Committee. Training requests for charitable funds were considered to be 'enhancements', and the study leave policy was clear on expectations. The Committee would receive impact presentations from staff who benefited from charitable funds towards training on an annual basis (January 2023).
		• The presentation of the Committee Effectiveness Review enabled a discussion on the Terms of Reference which would be presented at the next meeting (October 2022) for approval. The voting members and quoracy of the meetings would be reviewed as would the tenure of attendees. It was also suggested that going forward meetings commenced at 09.30 to avoid an overrun.
		• As outlined as part of the Fundraising Strategy update the Committee approved the appointment of a Digital Fundraising Manager and the recruitment process for this post would commence.
5	Risks Identified	• None
6	Report Compiled by	Su Rai Non-Executive Director	Minutes available from:	Corporate Secretary

Board of Directors' Key Issues Report

NHS
The Walton Centre
NHS Foundation Trust

Report Date: 05/08/22	**Report of:** Research, Innovation and Medical Education Committee
Date of last meeting: 06/07/22	**Membership Numbers:** Quorate

1.	**Agenda**	The Committee considered an agenda which included the following: • Committee Governance Review Update • Board Assurance Framework – Q1 2022/23 • Research and Development Strategy Implementation Plan Update • Strategic Partnerships Update • Medical Education Update • Library Quality Outcomes Improvement Framework • Medical Education Annual Report • Innovation Project Pipeline Review • Research and Development Finance and Performance Report • Operational Capability Statement • Sub-committee Chair's Reports for 2 sub-committee meetings
2.	**Alert**	**Strategic Partnerships Update – Clinical Research Network: North West Coast** Committee was informed that there had been a leadership review of the Clinical Research Network to which there had been a highly positive response with 16 out of the 17 trusts consulted responding. Key strengths of the Clinical Research Network were noted as providing links between the regional and national research portfolios and regional commercial trial activity, as well as the support and resource they had provided to the Walton Centre's Neuroscience Research Centre which had culminated in the development of an action plan to deliver a quality improvement strategy over the next 18 months. The Clinical Research Network for the North West Coast currently consisted of Lancashire, Cumbria, Cheshire and Merseyside however under the new configuration, Great Manchester would also be included. **Research and Development Finance and Performance Report – Q2, 2022/23** Overall, there was a £48k deficit reported for the end of month 2 due to commercial trial income being lower than planned. A £275k deficit had been included within the 2022/23 budget which was attributed to the additional expenditure that had been agreed with the Executive Team in response to the Research and Development business case. Current forecast for this financial year was reported as £324k which was £50k lower than expected due to the shortfall in commercial trial activity. It was noted that

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		expenditure was not as high as anticipated due to current vacancies within the department.
		A commercial trial trajectory was unable to be provided at this time however, there was a continued commitment to address the financial challenges and measures taken which included the appointment of the new Head for the Neuroscience Research Centre and the potential collaboration work between AccellaCare and the Neuroscience Research Centre. It was noted that the Trust had a track record of being able to secure commercial contracts but need to ensure the organisation was able to deliver them.
3.	**Assurance**	**Committee Governance Review Update** The first report from the Committee Effectiveness Review Working Group was presented to the Committee. It was noted that to enable the Committee to operate efficiently and therefore fulfil its Terms of Reference and duties delegated by the Trust Board, it was necessary to review the sub-structure in the first instance. Overall, the outcome of the review of the sub-groups was that they were operating effectively and therefore no significant changes were required. The main change of note was the Research Grants Panel which would meet when required to allocate small research grants impartial to the Research Governance Group to avoid conflict of interest from members. Terms of Reference for all sub-groups had been refreshed. The proposals outlined within the report were fully supported by the Committee. The next stage would be to undertake a review of the RIME Committee comprising of streamlining the Committee's cycle of business, review of the membership and for an outcome proposal to be brought back to the next Committee meeting in September 2022. **Medical Education Undergraduate University Feedback** An overview of the undergraduate student placement feedback for the academic year 2021/22 was presented to Committee for year 4 students. No data was available for the year 5 students due to changes in the rotational timings. Overall, there had been an increase in the average scores from the previous year with the only outlier being the engagement of educational supervisors via e-portfolio. The average score was 1.37 compared to 1.42 the previous year (maximum score attainable was 2.0). The Trust had also scored consistently higher than all other provider sites for the University of Liverpool. The feedback received indicated that student experience overall had been excellent, and that the learning environment was valued by the students and was of a high standard. This was reflective of the investment that has been made by the Trust into the faculty. It was noted that the Trust had received double the number of medical students in 2021/22 compared to 2020/21 and that the feedback was indicative of the Trust having met the challenge. It was also highlighted that for the survey statement 'The clinical skills teaching improved my skills and understanding', all sites scored the lowest at 1.19 however, the Trust scored 2.0. The Medical Education Team would continue to build on this year's successes for the next academic year with a particular focus on support for the Educational Supervisors and e-portfolio engagement. **New Appointment to the Head of Neuroscience Research Centre**

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An appointment had been made to the position of Head of the Neuroscience Research Centre. The successful candidate was Gemma Nanson who was currently working for the Clinical Research Network. It was noted that the Clinical Research Network had expressed a willingness to invest in The Walton Centre by facilitating Gemma to be seconded to the Trust for one year and to commence in post in the coming weeks as opposed to honouring the contractual notice period.

The appointment to the Head of Neuroscience Research Centre would bring an increased resource to the department which would ensure appropriate strategic content of papers presented to RIME Committee going forward. The following papers were deferred to the November 2022 Committee meeting: Research and Development Strategy Implementation Plan Update and Operational Capability Statement.

Library Quality Outcomes Improvement Framework
The Quality Improvement Outcomes Framework was introduced by Health Education England in 2021 as the strategic quality monitoring tool for the Library and Knowledge Service for which the service is mapped against the six quality outcomes.

Overall, the Trust had been graded level 1 for the majority of indicators (rating 0-4), with a level 2 being awarded for outcome 4. This was in line with other trusts as all providers had been graded conservatively for the initial assessment. The four actions identified for the Trust and corrective actions were:

1. No evidence of a Board Member promoting the role and value of Library and Knowledge Services – Chief People Officer had been named Executive Lead for the service

2. No evidence of an approved strategy addressing the priorities of The Walton Centre – The strategy would be developed in alignment with the new Trust Strategy when published in 2022

3. No evidence that the Library and Knowledge Service had a separately identified budget that allowed for a provision of a range of services and resources – Information from the Service Level Agreement with Liverpool University Hospitals Foundation Trust would be shared with Health Education England as part of the action plan which would provide details of the budgetary arrangement for the service

4. No evidence of skills and capacity requirements for the Knowledge and Library team considered in service planning for The Walton Centre – As this was a new service, understanding of the Trust and service requirements was currently being explored. The Library and Knowledge Service Manager was evaluating the team resource against Health Education England staffing ratios and would be part of the forthcoming skills/capacity assessment.

The Medical Education Team was confident that the required evidence would be able to be provided to Health Education England. This would be continually monitored through the Medical Education Group.

Innovation Project Pipeline
A review had been undertaken of all the innovation project activity post-COVID and to date there were 6 projects progressing with 2 on hold. An overview of some of the key projects within the pipeline were provided:

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		Headache Chatbot – Working with Tata Consultancy Service to develop a solution for the Headache service using AI chatbot technology to support triage/initial referral stage. Phase one of the project had been completed with a prototype developed. TCS recently visited the Trust to undertake a workshop to trial and demonstrate the prototype with Headache consultants, medical students and divisional managers to which there had been a positive response. Currently looking at phase two and funding options to support this. Virtual Engagement Rehabilitation Assistant (VERA) – Working with local SME company, Citrus Suite, to develop a tailored rehabilitation digital resource that aims to increase opportunity to undertaken therapeutic activity, reduce inactivity and empower patients to have a greater degree of control over their own rehabilitation. Feasibility study currently being undertaken in partnership with the University of Central Lancashire. Exploring IT options for integrating into patient records and options for real-world validation study with Liverpool John Moores University. Expressions of interest from other NHS sites had been received to adopt the technology and an abstract had been submitted to the World Stroke Congress being held in October 2022. Consequences of Head Injury Acquired in Trauma (CHAT) – In partnership with Liverpool City College, developing virtual reality software aimed at adolescent and young adults to improve awareness of the consequences of head injury. This would be developed by technology students as part of their curriculum for the 2022/23 academic year. All social innovation project activity aligns to the regional priorities to address health inequalities as outlined in the All Together Fairer Report by Sir Michael Marmot published by the Institute of Health Equity in May 2022. Two areas of note were: C&M Healthcare Partnership Social Value – Focuses on the positive impact an organisation creates for its local population. Key compliance requirements are to the Social Value Act 2012 and the NHS adoption of the Government's Social Value model in April 2022. The Trust has signed up the Cheshire and Merseyside Healthcare Partnership's Social Charter and is currently working towards achieving the Social Value Award and Level 1 of the Social Value Quality Mark. EitC Health Zone Development – As part of the Goodison Park legacy following the relocation of Everton Football Club to Bramley Moore Dock, the Trust is an active partner working with Everton Minds/Everton in the Community contributing to the development of a purpose-built health and social care facility for people with a range of health issues including dementia. Other social innovation projects include NHS Prevention Pledge and C&M Healthcare Partnership Anchor Institutions. It was noted that there would be a change to the approach in the delivery of the innovation agenda with an increased focus on developing an innovative culture in line with the new Trust Strategy.
4.	**Advise**	**Tessa Jowell National Award** The ceremony was held in London on the 30 June 2022 which formally recognised the Trust and Clatterbridge as a Tessa Jowell neuro-oncology centre of excellence.

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		2022 British Neuro-oncology Society Annual Meeting This year's annual meeting was hosted by the Trust on the 22-24 June 2022. The aim of the meeting was to define current standards, examine alternative treatments available, and to look at future developments. **£50m Government Motor Neurone Disease Research Fund** Professor Young informed Committee that the first £4.25m had been allocated the majority of which had been to universities. The Walton Centre was the only trust asked to apply and so is part of the consortium and therefore a proportion of the funding would be received by the Trust. As part of the process, an international analysis of the Trust was undertaken and endorsed that the universities should come to The Walton Centre for its expertise in Motor Neurone Disease. Update report would be provided at the next Committee meeting in September 2022.		
5.	**Risks Identified**	• No new risks identified		
6.	**Report Compiled by**	Professor Paul May, Non-Executive Director	Minutes available from:	Corporate Secretary

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Report to Trust Board
1 September 2022

Report Title	Guardian of Safe Working Hours Report – 6 month report
Executive Lead	Andy Nicolson, Medical Director
Author (s)	Chrissie Burness, Guardian of Safe Working
Action Required	To note

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

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

Key Messages *(2/3 headlines only)*

- This report covers February to July 2022 as the quarterly report due in June was delayed
- There have been three exception reports through this period

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

- Annual report to be provided in October to Board
- Ongoing quarterly reporting and monitoring of exception reports
- Repeat of Neurology Registrar working hours review in autumn 2022

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

Guardian of Safe Working Hours

Executive Summary

1. During the six months between February and July 2022 there were three exception reports, these were al from neurology registrars and these related to the impact of the introduction of the 24/7 Thrombectomy service at The Walton Centre NHS Foundation Trust (TWC). There has been a notable increase in exception reports since August 2021 the majority of which (27 out of 49) were due to this.

2. The Guardian of Safe Working (GoSW) conducted a work schedule review as a result which was completed in February 2022. Since August 2021 there has been an increase in exception reports. Measures have been put in place to allow registrars to remain off site and to minimise out of hours calls associated with thrombectomy which are having a positive impact. The first on call doctor and SMART teams on site are to manage the patients wherever it is safe and appropriate.

3. The impact of thrombectomy on neurology registrars working hours seems to have reduced since the last reporting period. The review will be repeated in late 2022 to ensure that the measures taken continue to be effective.

Background and Analysis

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

5. In June 2019, amendments to the 2016 contract were agreed as follows:
   - Changes to rest requirements during a 24 hour shift (minimum of 8 hours rest to include 5 hours between 7pm and 7am)
   - Maximum of 72 hours to be worked within any 7 day period.
   - Increased pay for weekend a night shifts (shifts ending between midnight and 4am)
   - £1000 per year extra for LTFT trainees
   - A fifth nodal point on the payscale when doctors reach ST6
   - Transitional pay protection extended until 2015
   - Improvements in rest and stay entitlements (no more 'pay to stay' when too tired to drive)
   - Exception reporting for all ARCP/ portfolio requirements
   - Guaranteed annual pay uplift of 2% per year for the next 4 years
   - Fines to be levied by the GoSW for any breach of safe working hours

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

7. Exception reporting is the mechanism used by doctors to inform the employer (or Host Organisation in our case) when their day-to-day work varies significantly and/or regularly from the agreed work schedule. Primarily these variations will be:
   - Differences in the total hours of work (including opportunities for rest breaks)
   - Differences in the pattern of hours worked
   - Differences in the educational opportunities and support available to the doctor
   - Differences in the support available to the doctor during service commitments

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

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

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

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

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

High Level Data (requested by NHS Employers)

Number of doctors in training (total)	52
Number of doctors on 2016 T&C (total)	52
Amount of time in job plan for guardian to fulfil the role	1PA
Admin support provided to the guardian	0
Support provided by HR	0
Amount of job-planned time for educational supervisors (for education and training)	0.25

13. Annual expenditure to cover junior doctor rota gaps

Junior Medical Agency Spend	Feb-22 £000	Mar-22 £001	Apr-21 £000	May-21 £000	Jun-21 £000	Jul-21 £000
Neurology	0	0	0	0	2	0
Neurosurgery	0	0	0	0	0	0
Grand Total	0	0	0	0	2	0

a) Exception reports
There have been three exception reports during this period two of which did breech the minimum rest requirements.

b) Work schedule reviews
There have been no work schedule reviews during the reporting period.

c) Vacancies
The Trust has 52 established training posts, currently none are unfilled.

d) Fines
The neurology division is fined for each breach to the minimum rest requirement.

Qualitative Information
The exception report during this period have resulted in TOIL.

Issues Arising

14. During the period there have been three exception report, two of which breached the minimum rest requirements of five hours rest between the hours of 22.00 and 07.00 during their 24 hour on call period. This rest is a fundamental safety requirement for junior doctors working a 24 hour on call. Both were submitted by registrars in neurology.

15. Registrars are given compensatory rest immediately after an on call period during which they have had inadequate rest. In addition, registrars will be paid for the additional hours they have worked. As this has not previously been necessary at the Trust, the GoSW along with HR are reviewing the process for these payments to be made and will update the Board on the financial implications as soon as that information is available.

16. The Neurology Registrars working hours have been significantly impacted as the thrombectomy service has developed and expanded. The number of overnight admissions and calls has exceeded predictions and there have been delays in patient transportation causing neurology registrars to be on site during the night on several occasions.

17. The Neurology Specialist Trainees have undertaken a Work Schedule Review as a result which highlighted the impact on working hours and in particular rest. The most recent reporting period of May to July 2022 suggests that the changes made in terms of roles and responsibilities for out of hours thrombectomy care have reduced the requirements for neurology registrars to be on site or disturbed during the night. There have been no exception reports from this group during the last three months. The out of hours working hours seem to have been successfully reduced in order to return to a safe rota pattern which is compliant with the 2016 Terms and Conditions of the Junior Doctors Contract.

18. The impact of coronavirus both professionally and personally remains a threat to the wellbeing of all members of staff. The safety of junior doctors and minimising the risk of fatigue and burnout remains a priority Junior doctors require support during this time.

19. The junior doctor's mess has been refurbished which has improves the facilities available to junior doctors to rest and take breaks during their routine and on call periods.

Conclusion

20. There are currently 52 doctors at the Walton Centre on the new 2016 terms and conditions. Overall, the feedback from junior doctors is positive.

21. Since the introduction of the new contract in August 2016, there have been 97 exception reports. All were resolved with TOIL until August 2021. During this report period, compensatory rest and penalty pay has not been required. The Trust will repeat the monitoring exercise for neurology registrars in autumn 2022 to ensure that safe working hours are maintained.

22. The Trust remains conscious of the potential impact of the pandemic on junior doctors training and wellbeing and are taking all opportunities to offer support and educational experiences throughout this time.

Recommendation

To note

Author: Dr Christine Burness
Date: 24 August 2022